JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

INTERIM REPORT TO THE GENERAL ASSEMBLY OF NORTH CAROLINA

2004 REGULAR SESSION

TABLE OF CONTENTS

NORTH CAROLINA GENERAL ASSEMBLY
STATE LEGISLATIVE BUILDING
RALEIGH, NORTH CAROLINA 27603

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

Senator Martin L. Nesbitt, Jr., Co-Chair
300B Legislative Office Building
Raleigh, NC 27603
(919) 715-3001

Representative Verla Insko, Co-Chair
2121 Legislative Building
Raleigh, N.C. 27601
(919) 733-7208

May 10, 2004

TO THE MEMBERS OF THE 2003 GENERAL ASSEMBLY

Pursuant to Session Law 2000-83, House Bill 1519 of the North Carolina General Statutes, the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services submits its report to the 2003 General Assembly for the 2004 Regular Session.

Respectfully submitted,

Senator Martin L. Nesbitt, Jr., Co-Chair

Representative Verla Insko, Co-Chair

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES MEMBERSHIP LIST

2003-2004

Senator Martin L. Nesbitt, Jr., Co-Chair*
180 Robinhood Rd.
Asheville, N.C. 28804
H: 919-255-8114 B: 919-252-0490

Senator Austin Allran
515 Sixth St., N.W.
Hickory, N.C. 28601
H: 828-327-2632 B: 828-322-1410

Senator Charlie Dannelly
3167 Dawnshire Ave.
Charlotte, N.C. 28216
H: 704-392-1227

Senator Virginia Foxx
11468 Highway 105
Banner Elk, N.C. 28604
H/B: 828-963-5829

Senator Cecil Hargett
PO Box 857
Richlands, N.C. 28574
H: 910-324-5698 B: 910-347-1398

Senator Jeanne Lucas
PO Box 3366
Durham, N.C. 27702
H: 919-688-2838 B: 919-682-0217

Senator William Purcell
1301 Dunbar Dr.
Laurinburg, N.C. 28352
H/B: 910-276-7328

Senator Eric Reeves
PO Box 510
Raleigh, NC 27602
B: 821-1155

Representative Verla Insko – Co-Chair
610 Surry Rd.
Chapel Hill, N.C. 27514
H: 919-929-6115

Representative Martha Alexander
1625 Myers Park Dr.
Charlotte, N.C. 28207
H: 704-365-1003

Representative Jeffrey Barnhart
PO Box 246
Concord, NC 28026
H:704-788-4801 B: 919-715-2009

Representative Beverly Earle
312 S. Clarkson St.
Charlotte, N.C. 28202
H: 704-333-7180

Representative Carolyn Justice
PO Box 296
Hampstead, NC 28443
H: 910-270-4604 B: 910-270-9975

Representative Edd Nye
P.O. Box 8
Elizabethtown, N.C. 28337
H: 910-862-2420 B: 910-862-3679

Representative John Sauls
PO Box 8
Sanford, NC 27332
H: 919-499-0282 B: 919-258-3774

Representative Paul Stam
5127 Robin Roost
Apex, NC 27502
H: 919-362-4835 B: 919-362-8873

STAFF

Dr. Alice Lin
Project Manager
733-6215

Rennie Hobby
Committee Assistant
733-5639

* Senator Steve Metcalf served as Senate Co-Chair until his resignation from the General Assembly on February 2, 2004.

PART I

INTRODUCTION

The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services (LOC) is submitting this report to update the General Assembly on the activities of the Legislative Oversight Committee and to fulfill the requirement of Senate Bill 934, Session Law 2003-396, an act to "ESTABLISH A REGISTRATION FEE FOR THE AUTHORIZATION OF A PRIVATE FACILITY TO SERVE DWI OFFENDERS AND TO REQUIRE THAT THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO STUDY THE SUBSTANCE ABUSE SERVICES OFFERED BY AN ASSESSING AGENCY AND THE ADEQUACY OF THE FEE IMPOSED FOR A SUBSTANCE ABUSE ASSESSMENT CONDUCTED BY AN ASSESSING AGENCY."

In September, the LOC Co-Chairs, Senator Steve Metcalf and Representative Verla Insko, designated Representative Martha Alexander to convene a DWI Committee, so that a set of findings and recommendations could be reviewed, and presented to the LOC. The DWI Committee developed a scope of work, methodology, and with the assistance of staff from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, reviewed data from a statewide survey and on-site cost findings, as well as information available elsewhere, to arrive at a set of findings and recommendations.

Representative Alexander held three DWI Committee meetings on October 23, February 5, 2004, and March 11, 2004. The LOC reviewed preliminary Committee findings on February 11, 2004 and approved Committee findings and recommendations on April 20, 2004.

The LOC met on November 12, 2003, February 11, 2004, and April 20, 2004 to monitor the implementation of HB 381 on Mental Health Reform. Following the resignation of Senator Steve Metcalf, Senator Martin Nesbitt was appointed Co-Chair in April 2004 and attended the April 20, 2004 meeting. Committee proceedings are included in this report.

FINDINGS AND RECOMMENDATIONS OF THE DWI COMMITTEE

The DWI Committee findings and recommendations are based on extensive review of statewide data on DWI offenders, and survey of 147 assessing agencies and 15 on-site cost findings. More detailed descriptions of the survey methods, statistical summary and data analysis can be found at the end of this report.

The LOC has reviewed these findings as highlighted below:

- Out of 86,242 individuals charged for alcohol related driving offenses, 46,150 were convicted offenders, and only 21,670 (47%) of the convicted completed required assessment and/or treatment services. The offender demographics showed 46% were between 21 and 34 years old, 66% were White, and 81% were male.
- The survey showed special needs among the assessed population: Among those with special needs, 8.8% are with a severe hearing impairment, 1.5% with other physical disability, 25.9 with co-occurring mental health and substance problems, 34.7% Spanish speaking, and 27.9% other languages.
- Standardized assessment tools, though not uniform across the state, were used in assessment; 71% of total DWI service levels completed were education and training, and short-term treatment.
- Qualifications of staff vary, and 59% were credentialed.
- Recidivism rate was 70% higher for untreated drivers over a 2-year period.
- For DWI offenders, recidivism rate was 4.7% for those completed services, compared to 8.1% for those who did not complete the services.
- Average cost of the assessment is $89.48, from the cost findings performed on-site.
- Other states charged higher assessment fees, ranging from $75 to $350.

The LOC has also reviewed the DWI Committee's recommendations with comments below:

The LOC underscores the importance of having a strong and effective quality assurance function at the Division level in order to oversee implementation of these recommendations. A review of the DWI Committee recommendations is described below:

Recommendation #1: Increase the minimum qualifications of individuals conducting a DWI substance abuse assessment, effective October 1, 2008. (See proposed legislation in Appendix IV.)

Effective October 1, 2005, the DWI substance abuse assessment that is needed by a person to obtain a certificate of completion under G.S. 20-17.6 as a condition of restoration of a driver's license shall be conducted by a Substance Abuse Counselor Intern, or a Certified Substance Abuse Counselor (CSAC) or a Certified Clinical Addiction Specialist (CSAC), as defined by the Commission, an individual licensed by the North Carolina Medical Board or North Carolina Psychology Board, or a physician certified by the American Society of Addiction Medicine (ASAM). As of October 1,

2008, a Substance Abuse Counselor Intern would no longer be able to administer DWI substance abuse assessments.

Rationale for Recommendation:

This is a reasonable recommendation given that the emphasis for the certification is on experience, training, and supervision, rather than academic degrees. An individual with a high school diploma and supervised training hours as determined by the Commissioner can be eligible for certification upon oral and written exams.

Based on information from DWI Committee members, many non-credentialed assessors currently performing DWI assessments can be made eligible based on the new standard with minimum hardship. The final implementation date is set for October 2008, which should support necessary phase-in steps to be taken so that assessing agencies can comply with this recommendation.

Recommendation #2: Increase the assessing agency fee for conducting a DWI substance abuse assessment from $50 to $100, effective October 1, 2004, in order to offset the increased cost of assessments associated with staff qualifications, facility compliance monitoring, web-based reporting of service completion, and NC-TOPPS outcomes measurements. (See proposed legislation in Appendix IV.)

Rationale for Recommendation:

The system-wide survey and on-site cost findings—as well a review of fees in other states—support an assessment fee increase. However, to support the increase, concurrent increase of credentialing as described in Recommendation #1 should be a condition. Furthermore, both steps should only be taken when the Division is properly given administrative and clinical capacity to assure effective monitoring and oversight.

Detailed description of the survey and cost-findings can be found in Appendix III.

Recommendation #3: Study the Minimum Qualifications of Individuals Conducting Alcohol and Drug Education Traffic School (ADETS). (See proposed legislation in Appendix IV.)

It is recommended that Section 2 of S.L. 2003-396 be amended to direct the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services (LOC) to study the minimum qualifications of individuals who conduct Alcohol and Drug Education Traffic School (ADETS).

Rationale for Recommendation:

In FY 2002-2003, nearly 23% of individuals who completed a DWI level of service attended Alcohol and Drug Equation Traffic School (ADETS). This early intervention provides an opportunity for DWI offenders to both modify their behavior and attain recognition of the early signs of substance abuse and dependence. The minimum qualifications of individuals who conduct ADETS should reflect the required competencies of professionals in the field of alcoholism and addictions counseling and preventions.

Recommendation #4: Study the Fee Paid to the Treatment Facility or Alcohol and Drug Education Traffic School providing education or treatment services. (See proposed legislation in Appendix IV.)

It is recommended that Section 2 of S.L. 2003-396 be amended to direct the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services (LOC) to study the fee paid to the facility or Alcohol and Drug Education Traffic School providing education or treatment services.

Rationale for Recommendation:

Because the fee charged for ADET services is not part of the current scope of work, this recommendation is deferred for a future study. However, the attached report from the Division contains relevant information to justify such a study. That prevention of DWI-related accidents should address not only assessment and treatment, but also early intervention and effective education and training, is of little dispute. The survey reveals the inadequacy of current ADET programs in terms of strength and curriculum, and improvement is recommended pending a future study.

In addition, results from the Provider Survey indicate a broad range of costs associated with the delivery of ADETS. Further study is necessary to verify whether initial average cost estimates of approximately $150 associated with conducting ADETS are accurate. Additional cost factors that may need to be taken into account are those associated with the enhanced program monitoring of DWI facilities and the Division's current and planned quality improvement recommendations. These include increased provider qualifications, the planned implementation of the web-based reporting system, and required participation in the NC-Treatment Outcomes and Program Performance System (NC-TOPPS). Other factors that should be considered in any proposed change is fees include changes in ADETS requirements such as increasing the certification requirements for persons conducting ADETS, increasing the required number of hours for ADETS, adopting an evidence-based curriculum, and reducing the maximum class size.

Recommendation #5: Request that the Governor's Task Force on DWI address the issue of compliance with completion of substance abuse services by DWI offenders.

This recommendation is in recognition of the systemic issues affecting DWI offenses that are beyond assessment, education, and training. The DWI Committee supports inter-system collaboration among the service delivery system, the law enforcement agencies, and educational institutions, and endorses ongoing efforts through the Governor's Task Force on DWI.

Part II

DWI COMMITTEE PROCEEDINGS

October 23, 2003

Senator Steve Metcalf, Co-Chair of the LOC, called the meeting to order and introduced the Chair of the DWI Committee, Representative Martha Alexander. Attending Committee members included: Senator Steve Metcalf, Co-Chair; Representative Martha Alexander, Representative John Sauls, David Edwards, Robert Foss, Ernest Gore, Robert Guy, Mario Moraga, Wrenn Rivenbark, Flo Stein and Cecil Yount. Staff attending included: Dr. Alice Lin, LOC Project Manager; Don Willis, Spencer Clark, Sonya Brown, from the Division of MH/DD/SAS and Jim Klinger, Sandra Alley, Legislative staff and Rennie Hobby, LOC staff.

Representative Alexander, Chair, welcomed members and asked for self-introductions. She explained the structure of the Committee, and its responsibility in reviewing and providing feedback to LOC on study findings and recommendations.

Ms. Flo Stein, Chief of the Community Policy Management Section of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (Division) provided an overview of available data on DWI offenders, pre-trial and trial process, and status of assessment and treatment follow-up. Group discussion included two primary types of assessment, conducted in either a free-standing agency or a multi-purpose agency, the relationship between assessment and education and training programs, assessment and treatment services, and their relative effectiveness in preventing future DWI offenses. The members also reviewed a statewide statistical summary on the demographic characteristics of the offenders, and statistics on utilization of education or treatment services following assessment.

Representative Alexander clarified a common misconception of DWI assessment services by noting that not everyone assessed is immediately referred for treatment. The data supported this, in that only a small percentage is assessed to require treatment, most do receive services from Alcohol and Drug Education Traffic Schools.

Dr. Alice Lin, Project Manager for the Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services (LOC), provided a scope of work outline based on SB 934. The scope of work will include:

(1) The type of testing provided by an agency;
(2) The treatment offered by any agency;
(3) The average duration of a program;
(4) The average cost of assessment and treatment;
(5) The rates of recidivism;
(6) The adequacy of fee paid to the assessing agency by a client for a required substance abuse assessment.

She went over the proposed methodology for the study for input. The Committee endorsed a combined paper system-wide survey of all assessment agencies, and a limited

number of on-site cost finding surveys. The Division staff will be responsible for data collection; survey questionnaires will be sent to the members for review in advance.

The members recommended a cost finding that will include all related costs to the assessment, including staffing and administration.

The Committee also endorsed a sampling method for choosing focused on-site cost findings that will address: (1) fair and equitable distribution of geographic diversity; (2) types of assessing agencies to include outpatient, inpatient, sole practitioner; and (3) the populations served to include diverse racial and ethnic groups.

Finally, the Committee developed a work plan for completing the mail-in surveys, on-site cost findings, and preliminary project findings and recommendations for the project.

February 5, 2004

Representative Martha Alexander, Chair of the DWI Committee, called the meeting to order. Attending Committee members included: Representative Martha Alexander, Chair, David Edwards, Robert Foss, Ernest Gore, Barden Grimes, Mario Moraga, Wrenn Rivenbark, Flo Stein. Staff attending included: Dr. Alice Lin, LOC Project Manager; Spencer Clark, Michael Eisen from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS) and Sandra Alley, Kory Goldsmith, Jim Klinger, Legislative staff and Rennie Hobby, LOC staff.

Ms. Flo Stein of the DMHDDSAS reported on the progress of the DWI study and introduced Ms. Carol Council, an expert on highway safety and DWI programs, who will assist the Division staff in data collection and analysis.

Mr. Michael Eisen, Director, Office of DWI Services from DMHDDSAS, provided the preliminary findings from the statewide survey. His review showed that over 86,242 individuals charged with DWI in 2003, 46,150 were convicted offenders, and only 21,670 (47%) required assessment and/or treatment services. Seventy-one percent of them were being served at the education or short-term levels. Though the outcome data were lacking, Mr. Eisen pointed out that the data from the UNC Highway Safety Research Center seemed to show that treatment does have an effect on recidivism, with a decrease in future arrests and convictions. The initial survey showed an average cost of $79 per assessment. The Division staff recommended a raise in the qualification of staff, as only 59% of the staff are credentialed.

Members raised questions about:

(1) The time lapse between conviction and assessment services;
(2) The need to factor in consumers that will take more than one hour to complete the assessment, and the role of language barrier places on the assessment process;
(3) Whether changing staff qualifications will affect treatment staff qualification, and whether there is inconsistent staff qualifications between Medicaid and non-Medicaid programs; and
(4) Potential disruption to the field if staff qualifications are changed along with the fee change.

Representative Alexander suggested some process consideration be given to allowing existing programs to come in compliance.

Dr. Robert Foss from the UNC Highway Safety Research Center (HSRC) reported to the Committee a related research study conducted at HSRC. He indicated that though the number of alcohol related deaths have not been changed for the last 10 years, accidents for individuals ages 21-35 have climbed steadily. He underscored the fact that related state statutes have not been sufficiently integrated to provide a coordinated response to reduce DWI offenses. He explained four objectives (with strategies) to reduce alcohol-related collisions as:

(1) Reduce excessive drinking and underage drinking;
(2) Enforce DWI laws efficiently;
(3) Prosecute, sanction and treat DWI law offenders appropriately; and
(4) Employ more controlling sanctions for high Blood Alcohol Content (BAC) and repeat offenders.

Dr. Foss shared with the group some of the recommendations from the Governor's DWI Task Force, such as improving the system's ability to move individuals into assessment and increasing the use of ignition interlock to prevent driving by those with DWI offenses.

The members followed his presentation with a discussion on various recommendations contained in the Task Force deliberations, including the cost of the interlock system, effects of drug and alcohol on drivers, and the importance of understanding the effect of statutory and administrative infrastructure on the delivery of DWI assessment and treatment services.

March 11, 2004

Representative Alexander called the meeting to order. Attending Committee members included: Representative Martha Alexander, Chair, David Edwards, Ernest Gore, Barden Grimes, Mario Moraga and Wrenn Rivenbark. Staff attending included: Dr. Alice Lin, LOC Project Manager; Spencer Clark, Michael Eisen and Don Willis from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS) and Sandra Alley, Kory Goldsmith and Jim Klinger, Legislative staff and Rennie Hobby, LOC staff.

Representative Alexander read the language contained in SB 934 on the scope of study to remind members about the focus of the committee. She then invited Mr. Michael Glass, a private provider of substance abuse services, to give a snapshot of assessment service costs, using the same cost finding grid developed by the Division.

Mr. Glass walked the Committee through the application of the Division's grid to the cost findings, which resulted in $115.28 per assessment. Follow-up questions were raised about charges for labor and expenses.

Mr. Michael Eisen led the presentation on cost findings and asked Mr. Spencer Clark, Director of Team Operations and Clinical Services from the Division, to explain the

methodology and survey grid chart for the cost findings. Mr. Eisen then presented five preliminary findings:

(1) Increase the minimum qualifications of individuals conducting a DWI assessment services, effective October 1, 2005.
(2) Increase the assessing agency fee from $50 to $100, effective October 1, 2004.
(3) Increase the minimum qualifications of individuals conducting an ADET School to a Certified Substance Abuse Counselor (CSAC) or a Certified Substance Abuse Prevention Consultant (CSAPC).
(4) Increase the fee paid to the treatment facility or school from $75 to $150.
(5) Support the Governor's Task Force on DWI to address related statutory and administrative issues.

The ensuing discussion centered on the merits of these recommendations, suggested time frames, and inclusion of recommended fee increases for both assessment and ADETS services. Though recommendations #1 and #2 had been previously discussed and endorsed by the group, the members deliberated on their potential impact on the service delivery system, the time frame necessary to come into compliance. With respect to Recommendations #3 and #4, there were different opinions on how to broach an area that is not part of the scope of work given to this Committee. The Committee agreed not to pursue #3 and #4 at this time, but defer them for another study through the LOC in the following year.

Following lengthy discussion about the degree of difficulty in getting existing staff credentialed, and the attendant advantage of raising the performance expectations, to be supported by an improved monitoring and oversight function at the Division, the committee agreed to:

(1) Accept the recommendation to increase credential requirements for staff conducting DWI substance abuse assessment.
(2) Modify the implementation date for increased credential requirements from October 1, 2004 to October 1, 2008, using a phase-in approach.
(3) Accept the recommended increase for the $100 assessment agency fee from $50 t $100, effective October 1, 2004.
(4) Request a review of the ADETS program by the LOC in 2005.
(5) Endorse the support for the Governor's Task Force on DWI.

Representative Alexander requested that Kory Goldsmith of the Research Division, General Assembly, redraft Recommendations #3 and #4 to include proposed legislative changes for the immediate short session. These changes would be incorporated into the DWI Committee's findings and recommendations to the LOC. Dr. Lin informed the Committee of the pending final report to the LOC for review and approval at the April meeting to be scheduled. Representative Alexander invited the members to attend the meeting.

LOC PROCEEDINGS

The Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Services (LOC) met three times, on November 12, 2003, February 11, 2004 and April 20, 2004. The following summary of proceedings includes the portion of LOC discussion on DWI issues on February 12, 2004 and April 20, 2004.

November 12, 2003

The LOC members attending this meeting included Representative Verla Insko, Co-Chair; Senators Austin Allran, Charlie Dannelly, Virginia Foxx, William Purcell and Eric Reeves and Representatives Martha Alexander, Jeffrey Barnhart, Carolyn Justice and John Sauls. Alice Lin, Project Manager, Jim Klingler, Sandra Alley, Kory Goldsmith and Rennie Hobby provided staff support to the meeting.

Deputy Secretary Lanier Cansler from the Department of Health and Human Services (DHSS) provided a status report on the progress of mental health reform. He mentioned the challenges ahead and the public concern about access to services during the process of change. DHHS has taken special care in communicating changes to stakeholders at each step, and that the DHHS is committed to developing community capacity, especially acute care beds.

Senator Foxx queried the state's own tracking of the progress, whether there is a good measure of progress. Senator Purcell raised the concern about a lack of private providers to assume direct service function. Deputy Secretary Cansler responded to both concerns by reiterating continuous feedback from consumers and ensuring consumer choices in developing provider capacity.

Senator Reeves expressed his concern about potential erosion of services both in urban and rural communities. Representative Insko asked the Division staff to prepare information about the transition from hospitals to community with respect to location and type of services provided.

Dr. Richard Visingardi, Director of the Division of MHDDSAS (Division), explained a number of initiatives underway, including the development of a statewide boiler-plate contract model that will be used for all Local Management Entities (LMEs), thus creating consistency and standardization across the state. Representative Insko reviewed some of the accomplishments to date, including uniform definitions for target population, promulgation of evidence-based best practices, outcome-driven monitoring, and person-centered planning.

Leza Wainwright, Deputy Director of the Division, provided a summary of the mental health trust fund expenditure. Senator Dannelly inquired about the justification for the cost of planning at the local level (.5 million is dedicated to planning). Dr. Vinsigardi explained that for a system responsible for close to a 2 billion dollar budget, the planning fund is necessary and prudent to ensure adequate service delivery.

Dr. Stan Slawinski, Chief of State Operated Systems, gave an overview of the relationship between institutional downsizing and community capacity building. He described the allocation of the trust fund for capacity building. Representative Nye asked for confirmation that money actually follows the client. Mr. Slawinski emphasized that

long term patients will not be discharged without adequate community alternative services.

Representative Insko expressed an interest in the Division's operational policy on acute care admissions and discharges. Dr. Visingardi mentioned the civil liberty issue, and the limitation of holding someone in the hospital against his/her will, as well as the problem of follow-up upon discharge. Senator Foxx expressed an interest in receiving information about individuals discharged from institutions. The Division staff would provide the requested data.

Dr. Alice Lin, Project Manager of the LOC, explained the formation of a DWI Committee to study the assessment fee, pursuant to SB 934. She went over the scope of work, time frame for completing the study, and scheduled briefing to the LOC at future meetings about the progress of the DWI study. She reported that due to the heightened interest in acute care admission/discharge and concern about the problem of homelessness, she had recently visited the Wilmington Street Homeless Shelter. She found individuals were discharged from Dix directly into the homeless shelter due to lack of options. She stressed the importance of the accountability of the local system for follow-up and the necessary linkage from hospital to local community via LME. She also reported on a focus group she had attended at Juvenile Justice and Prevention on the agency's reallocation plan for juvenile treatment facility. She noted that the data showed 89% of youth in the juvenile justice system as having a diagnosable mental illness, thus highlighting the need for inter-agency collaboration. She also reviewed the red flag issues to be reviewed by the LOC on proposed Medicaid amendment, transition planning for LMEs.

February 11, 2004

LOC members attending this meeting included Representative Verla Insko, Co-Chair; Senators Austin Allran, Charlie Dannelly, Virginia Foxx, Cecil Hargett, and William Purcell and Representatives Martha Alexander, Jeffrey Barnhart, Beverly Earle, Edd Nye, John Sauls and Paul Stam. Alice Lin, Project Manager, Jim Klingler, Sandra Alley, Kory Goldsmith and Rennie Hobby provided staff support to the meeting.

Representative Alexander reported preliminary findings from the statewide survey of assessing agency providers to the LOC. She indicated that the survey showed variability in staff qualifications. It also shows that current cost exceeds allowable assessment fee of $50.00. She informed the LOC that a more in-depth, on-site cost findings would be performed at more than a dozen sites in the month of March, to study actual cost of delivering assessment services. In anticipation of further information from the cost findings, she reported the preliminary recommendation from the DWI Committee of a fee increase, with increasing staff qualifications as a condition.

Senator Virginia Foxx asked about the cost effectiveness of the assessment services, and whether any outcome standards were used. Ms. Flo Stein from the Division of MHDDSAS responded that refined outcome measures are to be developed for assessment of substance abuse service needs, however, recidivism rate has been included in the current study.

Senator Charlie Dannelly inquired about the readiness of the provider community for a higher staffing standard, and whether this would create hardship. Representative Alexander indicated that this would be addressed by the DWI Committee.

Dr. Alice Lin, Project Manager, reported on the proposed changes in service definitions and implications for increased federal revenue for community-based services.

Dr. Rich Visingardi, Director of DMHDDSAS, provided a brief report on the status of changes in service definitions and responded to questions from Senator Foxx and Representative Barnhart about the differences between the current and proposed services.

Representative Earle and Senator Dannelly asked for more detailed information about children in residential settings per levels of care. The Division would furnish the requested information.

Representative Alexander asked if the change in service definitions would affect substance abuse services. Dr. Visingardi indicated that new early intervention and treatment services based on the Association of Society of Addiction Medicine (ASAM) standards will become available.

A series of presentations by community programs followed, to showcase exemplary practices at the local level.

Mr. Ron Morton, Executive Director of Center Point, provided the divestiture plan for the area program, stating that as of July 1, 2004, the Center would become a full fledged LME, having successfully divested its direct services. He was followed by the presentation of Laurie Coker, Chair of the Consumer and Family Advisory Committee (CFAC), who described the process by which CFAC was established, and its close involvement in policy, planning, and service delivery. They also shared challenges regarding the reform, such as insufficient funds for housing and the need to stay vigilant in ensuring a smooth transition for staff and consumers during the divestiture.

Ms. Maria Spaulding, Executive Director of Wake County Human Services, spoke on the county's implementation of the mental health reform. She cited many new community services and close relationship with local hospitals in developing acute care capacity. She cautioned that some delay in implementation would be unavoidable.

Mr. Roy Wilson, Executive Director of Neuse Center, introduced his staff Mr. Steve Pocklington, Deputy Director of Quality Management, who described the efficacy of Wellness and Recovery Action Plan (WRAP), which as a tool, has assisted the consumers on their road to recovery. A panel of consumers and family members provided personal testimony on the benefit of WRAP. They received congratulatory comments from the LOC members for sharing their stories.

Senator Allran inquired about the training for WRAP, whether it is transferable to other regions. Mr. Pocklington explained the training model and its easy adoption.

April 20, 2004

LOC members attending this meeting included Senator Martin Nesbitt, Co-Chair and Representative Verla Insko, Co-Chair; Senators Austin Allran, Charlie Dannelly, Virginia Foxx, Cecil Hargett and William Purcell and Representatives Martha Alexander, Jeffrey Barnhart, Beverly Earle, Edd Nye, John Sauls and Paul Stam. Dr. Alice Lin, Project Manager, Gann Watson, Jim Klingler, Sandra Alley, Kory Goldsmith and Rennie Hobby, provided staff support to the meeting.

Senator Martin Nesbit, newly appointed Co-Chair of the LOC to replace Senator Metcalf, was introduced to the LOC.

Dr. Alice Lin, Project Manager, reported on her activities during the last two months. She explained her role in facilitating a monthly meeting of public policy partners. The public policy group is convened by the Director of MHDDSAS, participated by representatives from the County Commissioners Association, NC Council on Community Services, and Division of Medical Assistance. She described the purpose of the group as public purchasers using such a forum for coordinating policy direction prior to engaging a wider stakeholders group in policy development and service planning. Recently the group reviewed the timelines for Medicaid plan amendment, and relationship to service definitions and transition planning.

Dr. Lin gave a summary of her visit to a homeless project in East Ponte, and a review of the use of the mental health trust fund in Wake County for developing community alternatives for discharged patients from Dix Hospital. She noted that the staff responsible for the homeless project in East Pointe, while showing good work, did not target the street homeless mentally ill, but rather relying on referrals from the clinics, thus missing the opportunity to address the problem of street homelessness. She mentioned that she had shared her observations with the East Pointe staff, as well as Division staff. She noted that the problem of homelessness is multi-faceted, requiring a joint effort among mental health, housing, and other generic services. In terms of her visit to Wake County, she reported that her program visit showed a close and effective working relationship between Dix staff and community staff in preparing patients for discharge.

Representative Nye expressed his interest in whether the East Pointe homeless problem is related to downsizing at Cherry Hospital. Dr. Lin explained that this was not viewed as a close connection, given that only one-third of the individuals identified as homeless and on the streets of downtown Goldsboro may have had a prior history of involvement with the service system. She added that her visit ended on a positive note with more effective strategies being considered at the local level to tackle the problem.

Representative Earle inquired about the locations patients were discharged to, whether there is an increase of homelessness in urban area. Representative Insko referred her to the statistical charts prepared by the Division staff. Dr. Stan Slawinski offered further explanation of the charts which showed a gradual reduction of use of homeless shelters following discharge from Dix. Representative Earle indicated that she wished to have more detailed information.

Senator Foxx asked whether the accountability for services is clear. Representative Insko mentioned that the LME is the locus for assuring appropriate community services are available in the local community.

Secretary Carmen Hooker Odom introduced the new director of DMHDDSAS Mr. Mike Moseley. She praised his experience with the service system, and deep respect he has generated from staff, area programs, and community groups. She described her own positive assessment of his performance during her tenure, and expressed her gratitude that he is now serving as the Division director. She added that Martha Orr, a special coordinator of the homeless project, is now established in DHHS. She urged the LOC to include Ms. Orr in future deliberations on the problem of homelessness.

Mr. Mike Moseley gave a short introduction to the LOC. He shared his commitment to the reform direction, and assured the LOC of his attention to ensuring a smooth transition to the new system.

Ms. Leza Wainwright provided the LOC with the overview of scheduled events for the service definitions. She explained that the new definitions are under review by a Physician Advisory Group (PAG) which should be concluded sometime in the spring. She mentioned the fact that the draft definitions were issued for public review in April 2003, and to date, thousands of comments have been received. She mentioned that certain services, including day services and sheltered workshop for DD individuals, are under review, and stay the same until a special work group completes its review and recommendations. Mr. Mosley added his support for the necessary planning on this issue.

Representative Martha Alexander, Chair of the DWI Committee, provided an overview of the findings and recommendations from the DWI Committee (see attached). She went over each recommendation for input and comments.

Representative Stam asked about the impact of increased credentialing on the providers, and its expected benefit. Representative Alexander stressed the need to improve assessment, a key cornerstone of identifying substance abuse problems for appropriate intervention and treatment, and the proposed phase-in approach would help bring all providers into compliance with minimum hardship.

Representative Barnhart was interested in knowing how individuals with special needs (disability, language barrier, etc.) would fare in the proposed fee change and improved credentialing. Ms. Flo Stein from the Division responded that improved quality improvement at the Division would provide closer monitoring that has not been available up to now, and state standards would ensure culturally sensitive practices.

Representative Alexander also explained the recommendation that the assessment fee be increased from $50 to $100, based on the cost findings, fee schedule for assessment services in other states, and the fact that the fee has not been changed since 1983.

Ms. Kory Goldsmith, Research Division, went over the bill summary on the DWI recommendations. Mr. Jim Klinger, Fiscal Research Division, provided fiscal impact analysis of the proposed legislation. He shared his assumption on the trend analysis of revenues over future years in that the revenue generated by the area programs may be shifted to private providers in the future when area programs divest from direct services.

Ms. Gann Watson, Bill Drafting Division, went over a proposed legislation to clarify the involuntary commitment warrant, a bill to be proposed by Representative Insko.

Representative Insko explained that she had been assured of the need for this clarification as one way to assist local magistrates in the involuntary commitment process. Senator Foxx asked if other related sections might need a similar clarification. Ms. Watson indicated that her review had not yielded this need.

Representative Insko asked for a vote to adopt both DWI drafted legislation and the draft legislation on involuntary commitment warrant. Motion was passed to endorse both as part of the LOC's interim report to the General Assembly.

Mr. Bert Wood, President/CEO of Partnership for a Drug Free NC, Inc., presented the provider community's interest in assisting with divestiture of services at the local level. He described his agency mission, and a commitment to not doing business as usual, and issues and challenges facing the provider community. Two issues generated follow-up questions from the LOC: (a) the slow payment process, and (b) 13% of the service rate not passed on to providers, but kept at the LME level. He explained that as a result of slow payment, his agency suffered a cash flow of $400,000.

Representative Insko asked the Division staff to explain the rationale for not passing the 13% of the fee to the providers as some providers claimed that it should. Ms. Wainwright explained that in the previous funding formula, the 13% was considered part of the area program management services, and was never passed on to the providers. In the new funding formula, the providers do not receive more—or less—of what they have received in the past. To pass 13% to the providers would amount to an increase of payment of 13%. Representative Insko queried about the management cost at the provider level as part of the service fee. Ms. Wainwright indicated that is correct. Representative Earle requested that the Division provide a chart showing the meaning and impact of the 13%.

Senator Nesbit asked about the formula for allocation of resources, given that this is part of the reform legislation. He asked the Division to return with a proposed fiscal formula to address a historic inequity in allocation of resources to counties.

APPENDIX I

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

SESSION LAW 2003-396
SENATE BILL 934

AN ACT TO ESTABLISH A REGISTRATION FEE FOR THE AUTHORIZATION OF A PRIVATE FACILITY TO SERVE DWI OFFENDERS AND TO REQUIRE THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO STUDY THE SUBSTANCE ABUSE SERVICES OFFERED BY AN ASSESSING AGENCY AND THE ADEQUACY OF THE FEE IMPOSED FOR A SUBSTANCE ABUSE ASSESSMENT CONDUCTED BY AN ASSESSING AGENCY.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-142.1(a) reads as rewritten:

"(a) Services. - An area authority shall provide, directly or by contract, the substance abuse services needed by a person to obtain a certificate of completion required under G.S. 20-17.6 as a condition for the restoration of a drivers license. A person may obtain the required services from an area facility, from a private facility ~~that has complied with this subsection,~~ authorized by the Department to provide this service, or, with the approval of the Department, from an agency that is located in another state. ~~Before a private facility located in this State provides the substance abuse services needed by a person to obtain a certificate of completion, the facility shall notify both the designated area facility for the catchment area in which it is located and the Department of its intent to provide the services and shall agree to comply with the laws and rules concerning these services that apply to area facilities.~~"

SECTION 2. The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services shall study the programs offered by assessing agencies to clients who must obtain a substance abuse assessment and a certification of completion of a substance abuse program. The study should include information on the type of testing provided by an agency, the treatment offered by an agency, the average duration of a program, the average cost of treatment, the rates of recidivism, and the adequacy of the fee paid to the assessing agency by a client for a required substance abuse assessment. The Committee must report its findings and any recommended legislation to the 2004 Regular Session of the 2003 General Assembly.

SECTION 3. G.S. 122C-142.1 is amended by adding a new subsection to read:

"(a1)Authorization of a Private Facility Provider. V The Department shall authorize a private facility located in this State to provide substance abuse services needed by a person to obtain a certificate of completion if the private facility complies with all of the requirements of this subsection:

(1) Notifies both the designated area facility for the catchment area in which it is located and the Department of its intent to provide the services.

(2) Agrees to comply with the laws and rules concerning these services that apply to area facilities.

(3) Pays the Department the applicable fee for authorizing and monitoring the services of the facility. The initial fee is payable at the time the facility notifies the Department of its intent to provide the services and by July 1 of each year thereafter. Collected fees shall be used by the Division for program monitoring and quality assurance. The applicable fee is based upon the number of assessments completed during the prior fiscal year as set forth below:

Number of Assessments	Fee Amount
0-24	$250.00
25-99	$500.00
100 or more	$750.00."

SECTION 4. G.S. 122C-142.1 is amended by adding a new subsection to read:

"(f1)Multiple Assessments. - If a person has more than one offense for which a certificate of completion is required under G.S. 20-17.6, the person shall pay the assessment fee required under subsection (f) of this section for each certificate of completion required. However, the facility shall conduct only one substance abuse assessment and recommend only one ADET school or treatment program for all certificates of completion required at that time, and the person shall pay the fee required under subsection (f) of this section for only one school or treatment program.

If any of the criteria in subdivisions (c)(1), (c)(2), or (c)(3) of this section are present in any of the offenses for which the person needs a certificate of completion, completion of a treatment program shall be required pursuant to subsection (c) of this section.

The provisions of this subsection do not apply to subsequent assessments performed after a certificate of completion has already been issued for a previous assessment."

SECTION 5. This act becomes effective October 1, 2003. Section 2 of this act applies to assessing agencies conducting substance abuse assessments on or after that date. Section 3 of this act applies to private facilities providing substance abuse services on or after that date. Section 4 of this act applies to assessments pending on or after that date.

In the General Assembly read three times and ratified this the 18th day of July, 2003.

s/ Beverly E. Perdue
President of the Senate

s/ Richard T. Morgan
Speaker of the House of Representatives

s/ Michael F. Easley
Governor

Approved 5:31 p.m. this 7th day of August, 2003

APPENDIX II

DWI ADVISORY COMMITTEE MEMBERS
SB 934
Joint Legislative Oversight Committee on MH/DD/SAS
2003 – 2004

Legislative Oversight Committee
Representative Martha Alexander, Chair
1625 Myers Park Dr.
Charlotte, NC 28207
704-365-3841
Email: Marthaa@ncleg.net

Legislative Oversight Committee
Representative John Sauls
5127 Robin Roost
Sanford, NC 27332
919-499-0282
Email: Johns@ncleg.net

North Carolina Substance Abuse Professional Certification Board
Mr. Barden Grimes (Private Provider)
NC Behavioral Health Services
136 East Morgan Street
Raleigh, NC 27501
919-834-1818
Email: ncbehav@bellsouth.net

Addiction Professionals of North Carolina
Mr. Wrenn Rivenbark (Private Provider)
Serenity/Phoenix Counseling Services
1409 East Blvd.
Charlotte, NC 28203
704-338-1155
Email: charlotte@arp-phoenix.com

NC Council of Community Programs
Mr. Cecil E. Yount, Substance Abuse Director (Public Provider)
Smoky Mountain Center
131 Walnut Street
Waynesville, NC 28786
828-456-9452
Email: ceyount@charter.net

Provider to Hispanic Community
Mr. Mario Moraga (Private Provider)
Americas Addiction Treatment, Inc.
42 Westchester Dr.
Asheville, NC 28803
704-806-0394
Email: maragabiz@yahoo.com

The UNC Highway Safety Research Center
Robert D. Foss, Ph.D., Research Scientist
CB # 3430
Chapel Hill, NC 27599
919-962-8702
Email: rob_foss@unc.edu

North Carolina Division of Community Corrections
Mr. Robert Lee Guy, Director
4250 Mail Service Center
Raleigh, NC 27699-4250
919-716-3100
Email: grl08@doc.state.nc.us

NC Division of MH/DD/SAS
Ms. Flo Stein, Chief
Community Policy Management Section
3007 Mail Service Center
Raleigh, NC 27699-3007
919-733-4670
Email: Flo.Stein@ncmail.net

Mr. Ernest Gore (Private Provider)
PRI Counseling Services
2724 Bennington Rd.
Fayetteville, NC 28303
910-814-0394
Email: E1stet1954@aol.com

Mr. David Edwards (Private Provider)
Counseling Insights, Inc.
4938 Central Avenue, Suite 3
Charlotte, NC 28205
704-568-1122
Email: dave@counselinginsights.org

Staff
Dr. Alice Lin, Project Manager
201 V Legislative Office Building
Raleigh, NC 27603
919-733-6215
Email: mentalhealthola@ncleg.net

Rennie Hobby, Assistant
201 U Legislative Office Building
Raleigh, NC 27603
919-733-5639
Email: mentalhealthca@ncleg.net

APPENDIX III

Study of North Carolina DWI Substance Abuse Programs: Assessment, Education, and Treatment Services

Prepared In Response to Senate Bill 934 for the
DWI Advisory Committee of the
Joint Legislative Oversight Committee on
Mental Health, Developmental Disabilities, and Substance Abuse Services
of the
North Carolina General Assembly

April 2004

by the
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services
North Carolina Department of Health and Human Services

Executive Summary

In response to Senate Bill 934, the General Assembly of North Carolina, Session Law 2003-396, requested that the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services study the programs offered by assessing agencies to DWI clients who must obtain a substance abuse assessment and a certification of completion of a substance abuse program. They requested that the study include information on:

- the type of testing provided by an agency,
- the treatment offered by an agency,
- the average duration of a program,
- the average cost of treatment,
- the rates of recidivism, and
- the adequacy of the fee paid to the assessing agency by a client for a required substance abuse assessment.

The Committee was required to report its findings and any recommended legislation to the 2004 Regular Session of the General Assembly. This report documents the DWI Study Committee's findings and recommendations.

In order to respond accurately to this request, the Study Committee requested that North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) conduct a mail survey of those facilities providing DWI assessment in North Carolina. Staff created a comprehensive mail survey titled "*DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04.*" The survey contained both open and closed format questions, covered aspects of the six study areas, and collected data on additional topics for future technical assistance efforts. The survey was disseminated to the 367 DWI programs throughout North Carolina. One hundred and forty seven programs responded. Data was collected, entered, analyzed and interpreted in the months of December through February 2004. In addition, researchers conducted follow-up site visits and telephone calls to a representative sample of 15 facilities to obtain additional contextual information about variations in procedures and to conduct a more in-depth cost-finding of the personnel and administrative cost basis for a standardized State-mandated DWI substance abuse assessment fee.

Findings and Policy Considerations were presented to the DWI Advisory Committee at both the February and March meetings for a full discussion by the Committee members, for further consideration by the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services.

Table of Contents

I. Introduction

Driving While Impaired (DWI) continues to be a growing problem in North Carolina that costs the State an estimated 3.8 billion dollars a year. Thirty-eight percent of automobile fatalities on North Carolina highways in 2002 were alcohol-related. A Governor's Task Force on DWI is being developed to examine this problem further.

Although many people believe that a DWI arrest is not an indication of a substance abuse problem, several important studies indicate between 27 and 55 percent of those arrested for a DWI have an alcohol disorder Miller, et al, 1986; Scoles, et al, 1986; Iffland & Grassnack, 1995). A large proportion of those driving while impaired go undetected (Voas, et al, 2001) and estimates based on roadside surveys suggest that the number of times a person drives drunk before being arrested has ranged from 300 (Voas & Hause, 1987) to 2,000 (Borkenstein, 1975). Voas (2001) suggests that findings such as these have implications for both the courts and those assessing DWI offenders. "First, few drivers coming before the courts for the first time are actually first-time offenders. Most have driven under the influence many times without being apprehended. Second, many people who drive while impaired do not get caught and arrested or are not involved in crashes." Thus, one must not assume that a first time conviction of a DWI in North Carolina indicates that the offender really doesn't have a problem.

The North Carolina General Assembly has long realized that preventing alcohol-related driving behavior involves a multi-pronged approach. To reduce this problem, the State has relied on enhanced public information, targeted enforcement, swift and certain adjudication, and structured penalties. A DWI arrest provides an opportunity to identify that portion of the convicted population with a substance abuse/dependence problem, to get them to the treatment services they need, and to expose the remaining portion of the DWI population with the education needed to help them make more informed decisions about combining alcohol/drugs with driving.

Determining whether a driver arrested for DWI has a substance abuse problem is done during the DWI assessment process. As detailed below, this assessment is conducted by public and private agencies across North Carolina under the jurisdiction of the Department of Health and Human Services (DHHS). Critical roles in the Department are performed by the Division of Facility Services, that is responsible for licensure, and the Division of Mental health, Developmental Disabilities, and Substance Abuse Services (hereafter referred to as the "Division") that is responsible for authorization and monitoring of facilities. The assessor uses an assessment instrument in conjunction with a clinical interview to determine if the offender has a substance abuse handicap; and if yes, to suggest the most appropriate level of service. If the offender is found not to have a substance abuse handicap, he/she is required to, at a minimum, attend the Alcohol Drug Education Traffic School (ADETS).

Since 1981, North Carolina has had statewide programs aimed at identifying and intervening with the substance abuse problem among DWI offenders. In the 1980's following the National Highway Traffic Safety Administration guidelines for Alcohol Safety Action Programs (ASAP), the State required that all persons convicted of a DWI attend ADETS and persons completing ADETS received less stringent sanctions. The findings of a UNC study (Popkin et al, 1982), sponsored by the Division, indicated that people with more severe alcohol problems might benefit from more directed treatment and that offenders should not be given lesser sanctions for completing ADETS. The Safe Roads Act and subsequent refinements of the State's DWI laws have lead to the current system of adjudication.

With regard to assessment and treatment, North Carolina' Division of Mental Health, Development Disabilities, and Substance Abuse Services has contracted for external evaluations of its DWI program, and these evaluations have resulted in the refinement of State statutes, development of program standards and promulgation of a set of rules for service providers (effective September 1994). A complete review and revision of the rules governing providers of substance abuse services to DWI offenders was conducted in FY 2000. Omissions in the 1994 rules were addressed and inadequacies identified were corrected. The revised rules (10 NCAC 14V.3805-.3817) became effective on April 1, 2001. These revised rules are presented in Appendix A.

II. Formation of the DWI Advisory Committee and Study Design and Methodology

In 2000, through HB 1519, the North Carolina General Assembly established the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services (hereafter referred to as the Committee") to provide study of the mental health, developmental disabilities, and substance abuse services system and make definitive recommendations in the form of proposed legislation for system change. In response to Senate Bill 934 (Appendix B), the General Assembly of North Carolina, Session Law 2003-396, requested that the Committee study the programs offered by assessing agencies to DWI clients who must obtain a substance abuse assessment and a certification of completion of a substance abuse program.

It requested that the study include information on: (1) the type of testing provided by an agency, (2) the treatment offered by an agency, (3) the average duration of a program, (4) the average cost of treatment, (5) the rates of recidivism, and (6) the adequacy of the fee paid to the assessing agency by a client for a required substance abuse assessment. The Committee is required to report its findings and any recommended legislation to the 2004 Regular Session of the General Assembly.

To respond to this directive, the DWI Advisory Committee was convened in October 2003. Comprised of State legislators, the LOC Project Manager, Division staff and selected representatives from state DWI programs, the committee devised a plan to obtain relevant information and other issues for review and study were identified. Using the scope of work developed by Dr. Alice Lin, the LOC Project Manager, a final research plan for the DWI Study was undertaken to address the six areas.

Over the next four months, program administrators, researchers and project staff met to review progress and revise additional study documents. To this end the *DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04* was created and mailed to all facilities providing DWI Assessment (see Appendix C).

DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders was a comprehensive survey of all currently licensed and authorized DWI Substance Abuse Facilities was developed in October 2003 and information obtained from this survey was used both to inform the DWI Advisory Committee of the LOC and to provide information about assessment, treatment, costs of delivering services, qualifications of staff, and current issues and concerns of DWI providers. At the time of this report, 147 surveys were completed. However, follow-up and telephone calls to non-reporting facilities are planned.

1. Site Visits and Cost Finding Exercise

DWI Quality Assurance Consultants conducted a combined total of 15 site visits and carefully structured telephone interviews with a broad sample of facilities to obtain additional contextual information about variations in assessment procedures and to review and accurately estimate the true cost of a DWI Substance Abuse Assessments provided by an assessor who is credentialed at the level of a Certified Substance Abuse Counselor (CSAC) or above. To assure uniformity in information obtained during the site visit, a protocol for a structured interview was created entitled "*The DWI Facility Quality Management Site Visit Interview for Selected Substance Abuse Services DWI Providers*" (Appendix D). Documentation on the four completed site visits can be found in Appendix E. These cost estimates formed the basis for the Committee's recommendations for a standardized State-mandated substance abuse assessment fee. Estimates were inclusive of personnel and administrative costs and factored in the amount of time of the provider in conducting the average assessment interview.

To complement the data collected on the survey, the Division also developed a formula-based Cost-Finding Methodology Worksheet in consultation with Division Budget and Finance Office for verification of cost basis of DWI Substance Abuse Assessment Fee. Using both methods, site visits and telephone surveys, enabled the research team to cover a much larger scope of providers, varying in size, service provision, capacity, and urbanization. The goals of these interviews were to review, validate, and accurately present the cost of a DWI Substance Abuse Assessment that is provided by assessors credentialed at the level of a Certified Substance Abuse Counselor (CSAC) or above including personnel and administrative costs and amount of time of provider in conducting the average assessment interview. Information from these interviews was used to inform the DWI Study Committee.

To create the *Cost-Finding Methodology Worksheet for SB934 Study of DWI Assessment Fee*, the Research Team met with State Fiscal Officers. The intent was to devise a thorough, itemized worksheet that enabled interviewers to calculate the **total hourly cost of a DWI Substance Abuse Assessment.** Two main budget areas were calculated to create this total, *personnel costs* for DWI substance abuse services, and *administrative costs* for DWI substance abuse services. Table A illustrates these calculations.

Table A. Itemized Costs Used to Calculate Total Hourly DWI SA Assessment Costs

PART 1.

Annual Salary and Fringe Benefits for 1.0 FTE Designated Direct Service Staff Member

- Annual Salary $_____
- Taxes $_____
- Retirement $_____
- Health Insurance $_____
- All Other $_____

TOTAL Salary plus Fringe $_____

PART 2.

Annual Administrative Costs Related Exclusively to DWI SA Services

- Clerical/Support Staff (not counted in staff above) $_____
- CSAC review and 508-R approval (not counted in staff above) $_____
- Facility rent and utilities $_____
- Office furniture/equipment rental and supplies $_____
- Cost of use of copyrighted assessment instrument(s) $_____
- Cost of copy of DMV Driver Record $_____
- Cost of arrest records and/or court records $_____
- Printing, including 508-R forms, etc. $_____
- Telephone, postage, and fax costs $_____
  - Insurance, liability, marketing, accounting, and fees $_____
- Professional licensure, certification, and membership fees $_____
- All other administrative costs $_____

TOTAL Administrative Costs **$_____**

Once these numbers were collected, a formula was applied based on three figures:

1. number of full-time equivalent (FTE) direct service staff employed by the program,
2. the average length of time (in decimal hours) the DWI SA Counselor spends face-to-face in direct service for completion of a DWI SA Assessment, including orientation, test administration, clinical interview, interpretation, and follow-up consultation, and
3. yearly direct service billable hours for FTE SA staff = 1040.

The State bases its' billable time on the assumption that a clinician spends approximately 50% of his or her time on direct service or billable activities. Unless otherwise indicated, all programs surveyed used the 50% time yearly figure for the calculation, which is the equivalent of 1040 hours for a full-time staff person. Please refer to Appendix F. for a copy of the *Cost-Finding Methodology Worksheet for SB934 Study of DWI Assessment Fee*. Included within the document is a detailed example of how to calculate the total hourly cost of a DWI Substance Abuse Assessment.

Results of the Cost-Finding Study

A total of 15 programs was surveyed, either through a site visit or were interviewed by telephone. Results are displayed in Table B below.

Although there is some variability across the programs surveyed, all calculated hourly rate totals fall within the $ 52.26 to $130.76 range. This information is critical because as described earlier in the results, data collected on the survey indicated assessment costs to facilities ranged from $20.00 to $200.00, a range too large to draw conclusions, or make recommendations from. A variable that strongly contributes to the range of hourly costs is the total administration time. Those programs that indicated an assessment time of 1.5 hours have hourly costs greater than $100.00. Those within the hour assessment time report costs under $85.00.

Table B. Cost-Finding Study- Description of Sites and Cost-Finding Results

	Facility Type (profit vs. not)	**Location (Region of NC)**	**Urbanization (rural, urban, suburban)**	**Nature of Contact (Telephone vs. In-Person)**	**Cost-Finding Total Cost of DWI SA Assessment (1-1.5hrs)**
1	Public Not-For-Profit	North Central	Urban	In-Person	$52.26 (1.0 hour)
2	Private- Not-For-profit	North Central	Urban	In-Person	$59.76 (1.0 hour)
3	Private For-Profit	South Central	Rural	In-Person	$80.28 (1.25 hours)
4	Private For-Profit	Eastern	Rural	Telephone	$72.01 (1.0 hour)
5	Private For-Profit	Western	Urban	In-Person	$130.29 (1.5 hours)
6	Private- Not-For-Profit	Eastern	Rural	Telephone	$103.66 (1.3 hours)
7	Private- For-Profit	Western	Urban	In-Person	$120.36 (1.5 hours)
8	Private- For-Profit	South Central	Rural	Telephone	$99.65 (1.5 hours)
9	Private- For-Profit	South Central	Urban	Telephone	$78.91 (1.0 hours)
10	Private- For-Profit	Western	Urban	Telephone	$126.19 (1.25 hours)
11	Private- For-Profit	Eastern	Rural	Telephone	$45.99 (1.0 hours)
12	Private- For-Profit	North Central	Urban	Telephone	$57.85 (1.0 hours)
13	Private- For-Profit	Western	Urban	Telephone	$130.76 (1.5 hours)
14	Private- For-Profit	Western	Urban	Telephone	$98.90 (1.25 hours)
15	Private- For-Profit	Western	Rural	Telephone	$85.32 (1.5 hours)
				AVERAGE	$89.48
				MEDIAN	$85.32

2. Data Sources

Data provided in this report comes from three different sources:

1. DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04
2. The DWI Facility Quality Management Site Visit Interview for Selected Substance Abuse Services DWI Providers
3. The Driving While Impaired (DWI) Substance Abuse Services Report (DHHS, February 2004.). See Appendix G. for a copy of this report.

The remaining sections of this report present information about the DWI Assessment and Service System in North Carolina followed by responses to questions posed in SB 934, and then completed with a set of policy considerations.

III. Current Assessment and Treatment of DWI Offenders

In addition to legal sanctions, fees, community service, and insurance penalties resulting from a DWI conviction, the offender must complete an assessment and required education or treatment, if indicated. These must be completed prior to reinstatement of the driving privilege. The assessment requirements for DWI offenders are described in Section .3800 of the Division's rules which set forth the procedures for providing, supervising and reporting DWI substance abuse assessments and treatment and ADETS provided to DWI offenders. The interface between the DWI offender and the assessment/ treatment system is shown in Figure 1.

The Division is responsible for providing screening/assessment and appropriate education or treatment to those offenders who present for such services. The assessment may be sought voluntarily, pretrial. In other cases the assessment is made post conviction. DWI substance abuse assessments may only be provided by a facility licensed by the State as a substance abuse treatment facility under 10 NCAC 14.3500 or .3700 as specified in 10 NCAC 14V .0400 Licensing Procedures or a facility which provides substance abuse services and is exempt from licensure under G.S. 122-C-22.

The assessment requires the use of an approved standardized test as well as a clinical interview that involves a face-to-face interview between a client and a substance abuse counselor. The assessment test coupled with the clinical interview are designed to gather information on the client, including, but not limited to the following: demographics, medical history, past and present driving offense record, alcohol concentration of current offense, social and family history, substance abuse history, vocational background and mental status.

The assessor is required to review the complete driving record as well as verify the alcohol concentration reading at the time of the current arrest. The assessor must obtain the appropriate release of confidential information per state and Federal law. The client Release of Confidential Information provides the client with the opportunity for granting permission for the assessing agency to communicate with and report its findings to the Division, the area mental health, developmental disabilities, and substance abuse authority, the Division of Motor Vehicles (DMV), the court, the Department of Correction, the agency providing the recommended treatment or education and any agency or individual the client's requests to be informed.

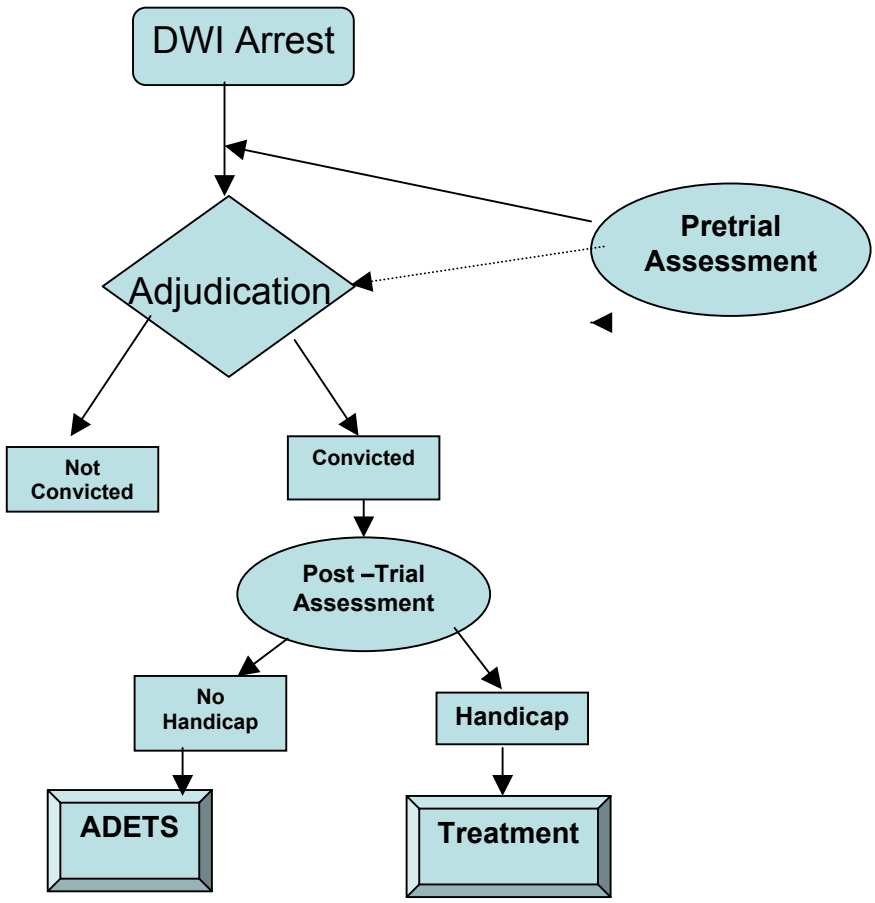


Figure 1. DWI Assessment, Adjudication and Treatment/ADETS

The objective of the assessment is to formulate a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis and arrive at a treatment service level recommendation consistent with the placement criteria accepted by the American Society of Addiction Medicine (ASAM). A copy of these criteria is presented in Appendix J. The assessor completes the assessment portion of the DHHS Certificates of Completion form known as the 508-R, which must be reviewed and signed at the time of review by a certified alcoholism, drug abuse, substance abuse counselor. The date of expiration of that professional's certification and credentials must be included on the client's Certificate of Completion, and no assessment may be signed after the expiration date. The facility providing the recommended treatment or education shall have the client sign the appropriate release of information, and provide periodic progress reports. The agency is required to retain a copy of the form for a minimum period of at least 5 years.

If the client is found not to have a substance abuse diagnosis, he or she is required to attend an ADETS course. If a client is found to have a substance abuse problem, the client is required to complete the level of treatment need identified in the assessment.

IV. Assessment Instruments Endorsed by the Division

Accurate and comprehensive assessment is fundamental to treatment of alcohol problems and clinicians are primarily concerned with the clinical utility of the measure, particularly how well it identifies the extent of the needs of a given client and guides treatment planning. The Institute of Medicine (1990) reports that access to needed treatment is often constrained by lack of capacity in treatment programs, costs of treatment, and lack of or inadequate intake assessment. In other words, the critical part of treatment effectiveness is the initial assessment and assignment to the appropriate treatment. In screening for alcohol and drug problems for DWI clients, it is especially important that the assessor select instruments that have been normed on an appropriate population (DWI/DUI offenders) and that the psychometric properties of measures, especially validity are acceptable. In addition, costs both in terms of the cost of the instrument, time to administer, score and report on findings are very important. The ability of the screening/assessment instrument to produce a written description of the offender's problem is particularly valuable to the client, the courts and to the assessor in that it provides documentation of the problem. Such written documentation may well have more credibility, and thus influence, with clients than conclusions based on less formal procedures (Allen 1991). The use of assessment instruments with Spanish language versions is beneficial when large segments of the population are Hispanic.

Instruments offer unique and very important advantages. Their standardization permits uniformity in administration and scoring across interviewers with diverse experience, training, and treatment philosophy. Moreover, the measurement properties of formal assessment procedures, including their strengths and weaknesses, are known.

While the assessor uses such instruments as an integral part of the assessment, much of the determination of treatment need is based on the assessor's clinical training and the client interview. "While better assessment of alcoholic patients does not ensure more specific or more effective treatment, chances for successful rehabilitation are clearly enhanced if specific patient needs can be more accurately identified and if treatment can be tailored accordingly" (Allen 1991, p. 183). The Division used the findings from several studies of assessment instruments to develop a list of acceptable assessment instruments. Descriptions of Assessment Instruments endorsed by the Division and other frequently used instruments are presented in Appendix H. The three most commonly used instruments endorsed by the Division include:

Substance Abuse Subtle Screening Inventory (SASSI). Used by 65 percent of facilities, the SASSI is a short, one-page self-report screening tool for chemical dependency for use with adolescents aged 12-18 and for adults in both inpatient and outpatient settings. A Spanish version of the SASSI is available. Currently five states use the SASSI. Costs vary from a low of $5.00 per instrument and higher. A web-based system is available.

Substance Abuse Life Circumstances Evaluation (SALCE). Twenty-five percent of the facilities use the SALCE that was developed for DWI offenders. It assesses attitudes, emotional stability, substance abuse, employment, relationships, health, education, and criminality. It includes truthfulness estimation. The substance abuse scale and recommendations for both instruments are based on DSM-IV criteria. The questionnaire and audiotapes that accompany them are available in English and Spanish. Instruments range in price from $4.50 to $6.00 per evaluation. Currently nine states use the SALCE or the NEEDS instruments.

Juvenile Automated Substance Abuse Evaluation (JASAE). Used by 8 percent of facilities, the Juvenile Automated Substance Abuse Evaluation is a computer-assisted instrument for assessing alcohol and other drug use behavior in adolescents. The JASAE simplifies the often-difficult task of conducting

assessments with juveniles by focusing on attitude, age and life situations as a part of the substance use assessment. It is written at the 5th grade level. Tests are available on audiotape in both English and Spanish for those who cannot read. It takes approximately 20 minutes to complete and about 5 minutes to key in responses and receive the printed evaluation.

V. Level of Treatment/ Service Provided by DWI Facilities

The treatment offered by facilities is dependent upon the appropriate services level identified by the assessment, diagnosis, and level of care determined to be necessary for treatment. Table 1 shows that 71 percent of total DWI service levels completed are for ADETS and short-term treatment. ADETS requires a minimum of 10 hours of education over a 3-day period. Short-term treatment, described more fully below, requires a minimum of 20 hours of treatment over a 30-day period.

Table 1. DWI Assessment Completions by Service Level- FY 2002-2003

Service Level Recommended	# of Assessments (Based on service completed)	% of Assessments (Based on service completed)
ADET School (Education)	4,902	22.6%
All Treatment Levels	**16,768**	**100.00%**
* **Short term**	**10,413**	**48.1%**
* **Long term**	**4,762**	**22%**
* **Intensive outpatient**	**744**	**3.4%**
* **Inpatient and continuing care**	**380**	**1.8%**
*Special services plan	88	0.4%
Unknown	**381**	**1.8%**
TOTALS:	**21,670**	**100.00%**

Source: The Driving While Impaired (DWI) Substance Abuse Services Report (DHHS, February 2004.)

The following is a brief description of service/treatments available.

Alcohol and Drug Education Traffic (ADET) School. Individuals whose assessment did not identify a substance abuse handicap, who had no previous DWI offense conviction and who had an alcohol concentration of 0.14 percent or less at the time of arrest, and who did not refuse to submit to a chemical test, meets the admission criteria for Level 0.5 (Early intervention) and is assigned to ADETS. Currently ADETS consists of a standardized curriculum. ADETS must include a minimum of ten hours of classroom instruction, and class size is limited to a maximum of 35 persons.

Note: The Division plans to present proposed changes to ADETS to the Commission in the near future. Recommendations may include: changing the curriculum for ADETS to adopt evidence-based curriculum; increasing the number of hours for ADETS; decreasing maximum allowable class size; increasing qualification requirements for ADETS instructors to a Certified Substance Abuse Counselor (CSAC), CCAS, CCS, CSAPC or a Substance Abuse Counselor Intern with completion signed by a supervising CCAS or CCS; and raising the ADETS fee from $75.00 to $150.00.

Short-Term Outpatient Treatment. Individuals whose assessment suggests a diagnosis of substance abuse only, who doesn't fully fall under a substance abuse diagnosis, but who are believed to be better served by service received in a treatment setting rather than ADETS are assigned to short term treatment.

Individuals who have alcohol concentrations of 0.15, who refuse the chemical test, who have problems related to a family history of substance abuse, other problems that seem to be contributing to the current DWI behavior and/or clients meeting the criteria for Level I of the ASAM Placement Criteria. This services category requires a minimum of 20 hours contact over a minimum of 30 days with the offender having services scheduled weekly.

Note: The Division plans to present proposed changes to short-term outpatient treatment to the Commission in the near future. Recommendations may include requirements for the use of evidence-based practices.

Longer –Term Outpatient Treatment. When the offender's assessment diagnosis suggests that the individual meets minimal conditions for when a client meets minimal conditions for the diagnosis of "substance dependence" and the criteria for Level I ASAM placement. This services category requires a minimum of 40 contact hours over a minimum of 60 days with the offender having services scheduled weekly.

Day Treatment/Intensive Outpatient Treatment. When the offender's assessment confirms a diagnosis of substance dependence, with or without physiological dependence and the criteria for ASAM Level II Outpatient Treatment is met, the offender is directed to a program that offers additional continuing care, urging voluntary participation of the client and significant others. This level of service requires a minimum of 90 contact hours and participation of the client over a period of at least 90 days. The program may be preceded by a brief inpatient admission for detoxification or stabilization of a medical or psychiatric condition.

Inpatient and Residential Treatment Services. When the offender's assessment confirms a diagnosis of substance dependence and outpatient treatment of other associated problems has not been successful; or if the offender meets the placement criteria for Levels III.5 or IV.7 (inpatient) of the ASAM Placement Criteria with regard to the "Criteria Dimensions" as set forth in ASAM Patient Placement Criteria, Adult Crosswalk:

(i) withdrawal risk;
(ii) need for medical monitoring;
(iii) emotional and behavioral problems requiring a structured setting;
(iv) high resistance to treatment;
(v) inability to abstain; and
(vi) lives in a negative and destructive environment.

In order for the client to meet the required minimum 90-day time frame for treatment, the client, upon discharge, must enroll in an approved continuing care or other outpatient program. These services are provided according to a written continuing care plan, which addresses the needs of the client. These services use individual, family and group counseling as required to meet the needs of the client; and the plan includes client participation.

Special Service Plan. If the assessment documents the need for a special program for such cases as severe hearing impairment; other physical disabilities; concurrent psychiatric illness and; or language

differences and communication problems, the offender is placed into this category of treatment. Individuals assigned to this plan, are first assessed to determine their appropriate service level. Next a special service plan is tailored to meet their special needs. Per .3800, offenders are referred for the appropriate type of service using ASAM placement criteria. The Special Service Plan must be approved by the Division prior to implementation.

1. Notification of Completion of Services.

Working closely with the courts and Division of Motor Vehicles (DMV), the Division developed the DHHS 508-R Form known as the "Certificate of Completion" (Appendix I.) to provide verification that the offender has completed his/her screening, ADETS, and/or treatment and to facilitate the collection of data for its annual reports. Originating in 1987, the 508-R was revised in 1996. The current 508-R form is a multi-copy form that provides the only documentation accepted by the Division and the DMV to remove the "stop" that is entered on a convicted DWI offender's driving record. Completion involves the appropriate signatures being obtained at each stage of the offender's assessment and service. A signed and completed DMH 508-R form verifies that the offender has completed all assessment/treatment requirements of the current DWI conviction and is eligible to have the ADETS/treatment 'hold' removed from his/her DMV record for this DWI conviction.

Upon completion of all required services and payment of required fees and service charges, an authorized DWI provider forwards the Certificate of Completion (508-R) form to the Division. At the Division, the form is reviewed for accuracy, compliance with State statutes, and administrative rules. The original top copy is delivered to the Division of Motor Vehicles, usually within twelve hours, for further processing. The second copy is forwarded in a weekly batch to the Data Support Branch of the Division to be added to a DHHS database. Data in this database is used for program monitoring and is reported upon in a Division annual report titled "The Driving While Impaired (DWI) Substance Abuse Services Report".

Currently, the Division is unable to identify where the offender is in the assessment/service system. The Division has been actively working on making improvements to its ability to track such DWI clients and is currently pilot testing a Web-Based DHHS 508-R Form Reporting System. This new system will require data entry of offender information when the offender completes assessment and will enable the Division to monitor offenders in the programs over which it has jurisdiction.

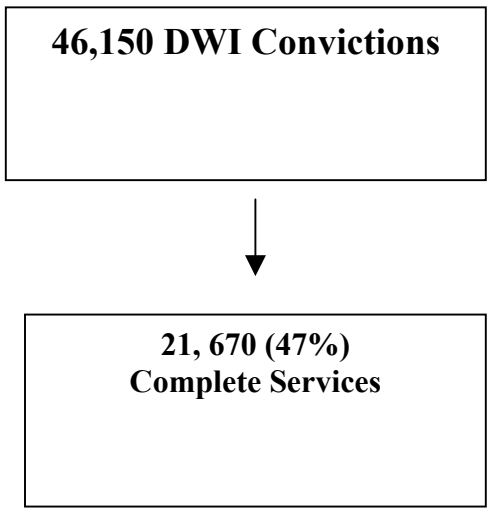
In FY 2002-2003, 81, 626 individuals were charged with a DWI. Table 2. illustrates that 46,150 persons were convicted of a DWI offense in FY 2002-2003 in North Carolina. As indicated in Figure 2., only 47% percent (21,670) of those convicted, complete required DWI services.

Table 2: DWI Convictions-FY 2002-2003

Charge	**Number Convicted**
DWI (Level 1-5)	40,230
DWI (aide and abet)	62
Driving after consuming under age 21	5,543
DWI commercial vehicle	32
Habitual DWI*	283
Total	**46,150**

*Offenders convicted of Habitual DWI cannot be re-licensed to operate a motor vehicle.

Figure 2: Proportion of those Convicted of DWI Who Complete DWI Substance Abuse Services



Source: The Driving While Impaired (DWI) Substance Abuse Services Report (DHHS, February 2004.)

2. Fees Charged

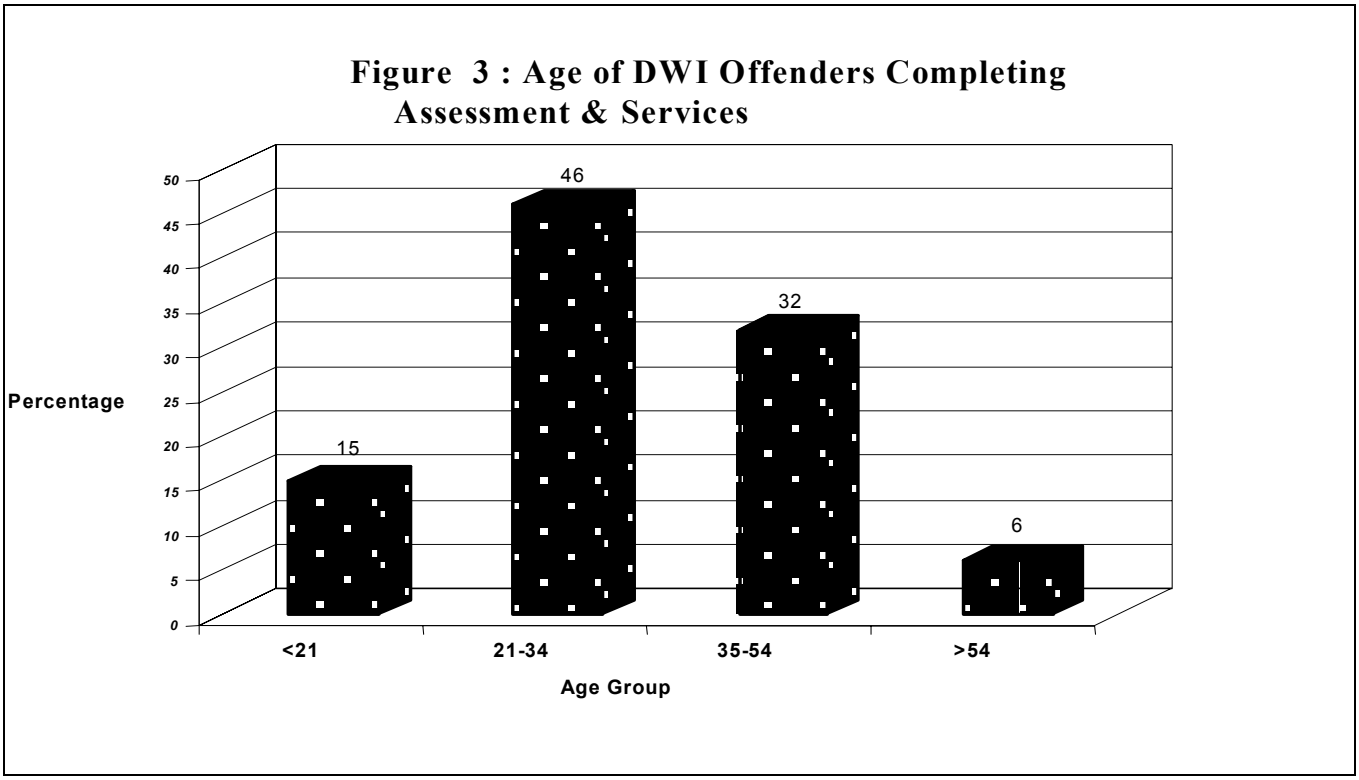
Currently, the DWI offender pays a $125.00 fee—a $50.00 assessment fee and $75.00 for ADETS or applied towards treatment costs, depending on the findings of the assessment. The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility's costs in providing those services as required by North Carolina General Statute 122C-142.1(I). The Legislature established the DWI substance abuse assessment fee at $50.00 and the fee for the ten to twelve hour educational program (ADETS) at $75.00. An additional minimum fee of $75.00 was set by Statute to offset the costs of treatment. Service providers may charge additional fees for treatment; however, the public system providers may not delay nor deny services pending the up front payment of fees. All providers are allowed to delay forwarding the DWI Certificates of Completion Form (DMH 508-R) to the State Substance Abuse Services office pending the receipt of fees that the client has agreed to pay. At present, North Carolina charges fees that are lower than fees many other states charge. Example of fees for DWI assessment services in other states are listed below:

- Georgia $75.00
- Virginia $250.00-$350.00
- South Carolina $75.00
- California $75.00
- Ohio $100.00
- New York $175.00
- Arizona $24.00 - $100.00
- Vermont $150.00

VI. Description of Clients and Programs

1. Characteristics of DWI Clients Completing Assessment and Service Requirements

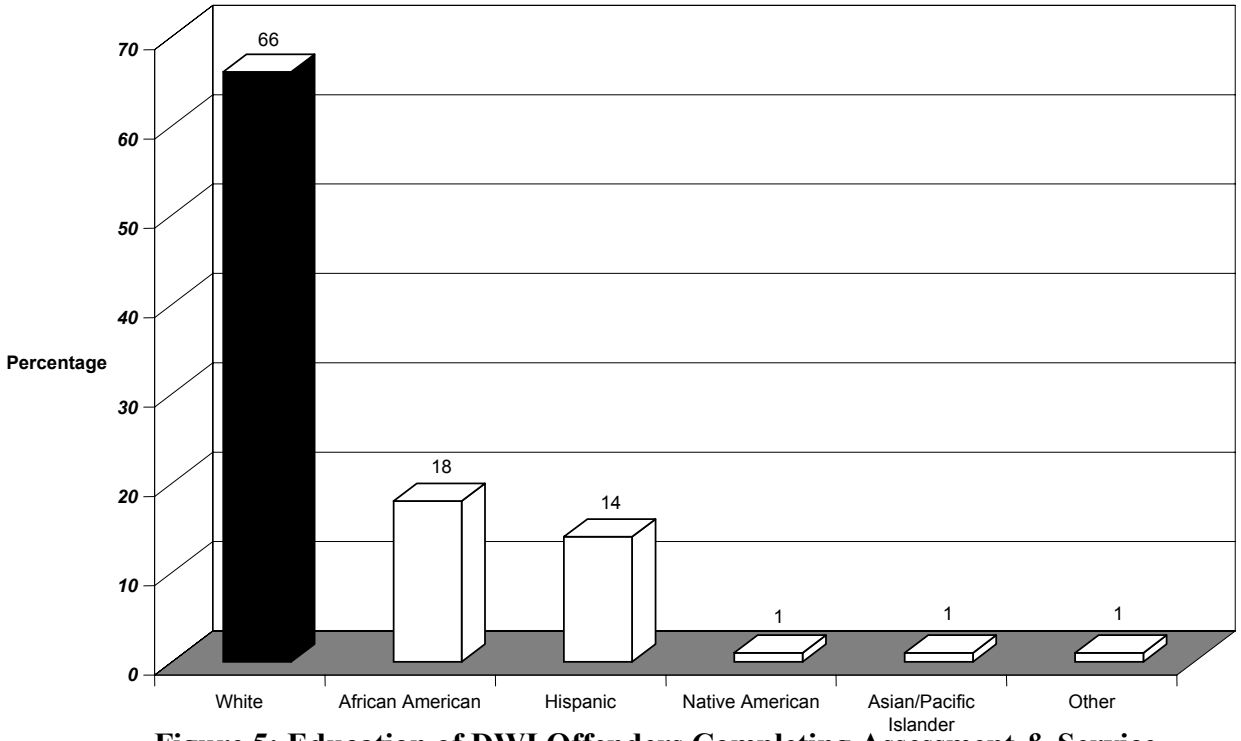
A recent report on North Carolinian DWI offenders completing both an assessment and treatment/ADETS in FY 2002-2003 provides demographic data on clients served (NCDHHS 2004). This information is gathered and analyzed quarterly by the Division's Justice Systems Innovations Team. The following demographic data pertains to the 21,670 clients who completed both an assessment and other required services (ADETS/Treatment) in North Carolina within FY 2002-2003[1]. The majority of offenders are male (82 percent) shown in Figure 3, and the majority of clients are between the ages of 21 and 34 years of age. Race/Ethnicity of offenders is shown in Figure 4. The majority of offenders are white (66.1percent), followed by African Americans (17.7 percent), and Hispanics (13.7 percent). Only 28.6 percent of offenders are married. As shown in Figure 5, 38 percent of offenders are high school/GED graduates, followed by 23 percent who had some college.



Source: The Driving While Impaired (DWI) Substance Abuse Services Report (DHHS, February 2004.)

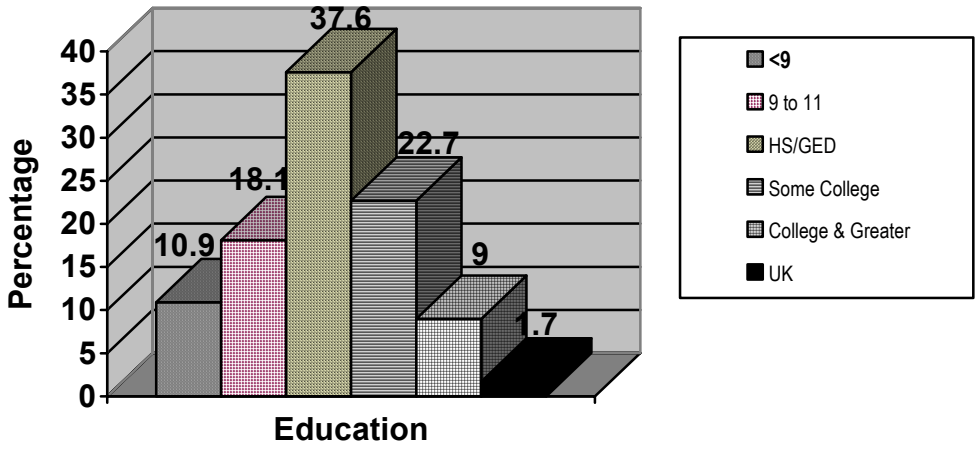
[1] We do not have information on the characteristics of DWI offenders who do not present for treatment.

Figure 4: Race of DWI Offenders Receiving Assessment and Services



Source: The Driving While Impaired (DWI) Substance Abuse Services Report (DHHS, February 2004.)

Figure 5: Education of DWI Offenders Completing Assessment & Service

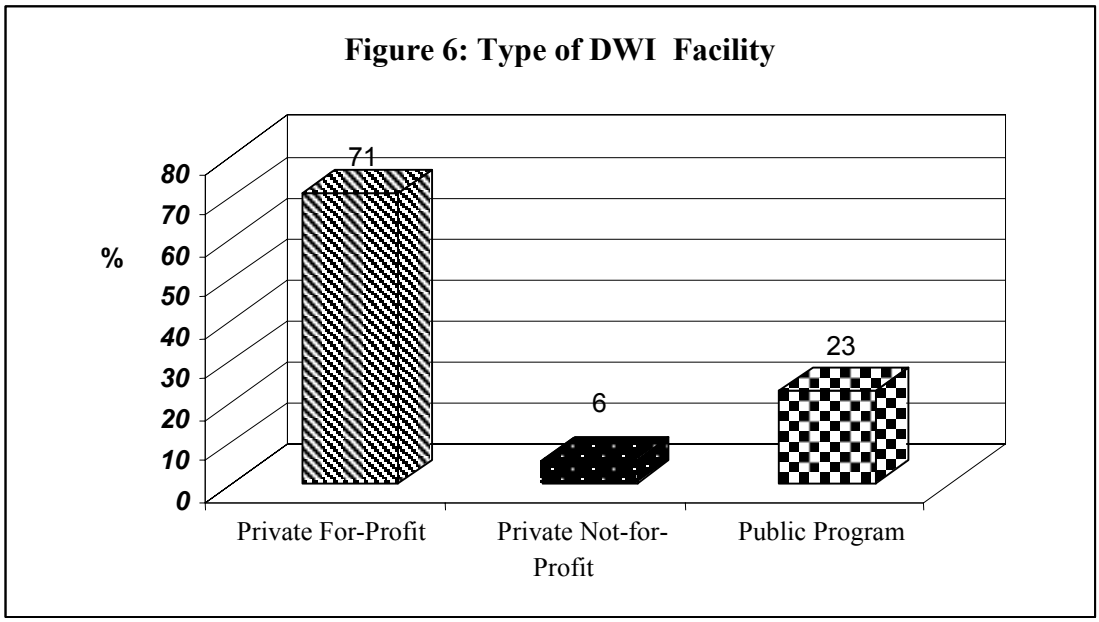


Source: The Driving While Impaired (DWI) Substance Abuse Services Report (DHHS, February 2004.)

2. Program Characteristics

The DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offender –FY 03-04 included seven items (items A12-A18) focusing on DWI Program characteristics. Of particular interest was the type of facilities providing DWI services. As shown in Figure 6, the majority of facilities (71 percent) reporting to our survey were private for-profit facilities, followed by public programs (MH/DD/SAS Area Program or Local Managing Entity).

Figure 6: Type of DWI Facility



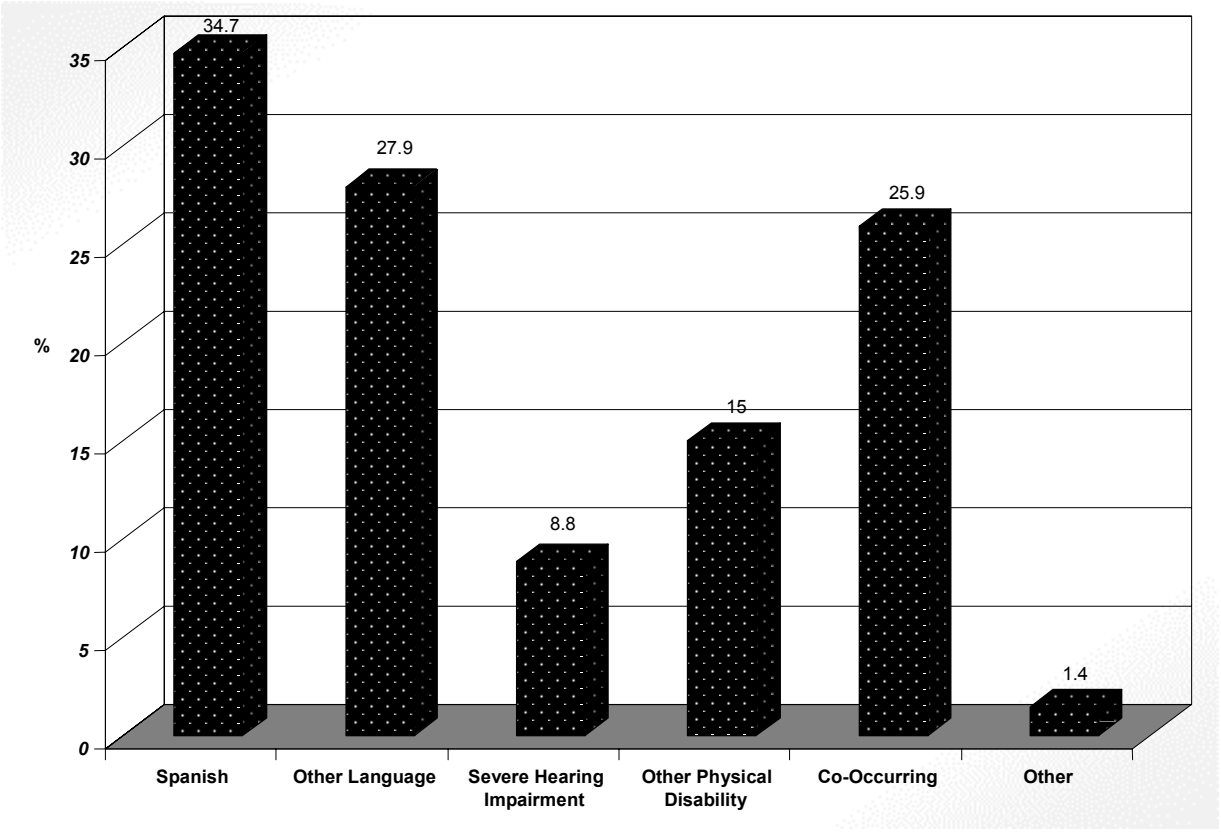
Source: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04

Facilities were asked about their accreditation status by a national accreditation group (Question A-14). Sixty-five percent of reporting labs indicated that their facility was not accredited. Of the 35 percent that were accredited, the Council on Accreditation (COA) accredited most.

Facilities provided information on number of full-time and part-time employees or contracted staff. Although staff size varied considerably, the majority (71%) of reporting programs indicated that their facility had less than ten to twelve staff members, taking into consideration both full and part-time staff. Thirty-six percent of facilities had four or fewer staff members and only eight (5 percent) reported having a staff size exceeding 50 people.

Facilities were asked to describe special client populations they served or language or cultural groups that were the targets of their facility's client outreach services and culturally sensitive services. As may be seen in Figure 7, 35 percent of the programs report providing services to Spanish speaking clients. Twenty-six percent provide services to clients with co-occurring disorders.

Figure 7: Facilities Reporting Services for Special Populations

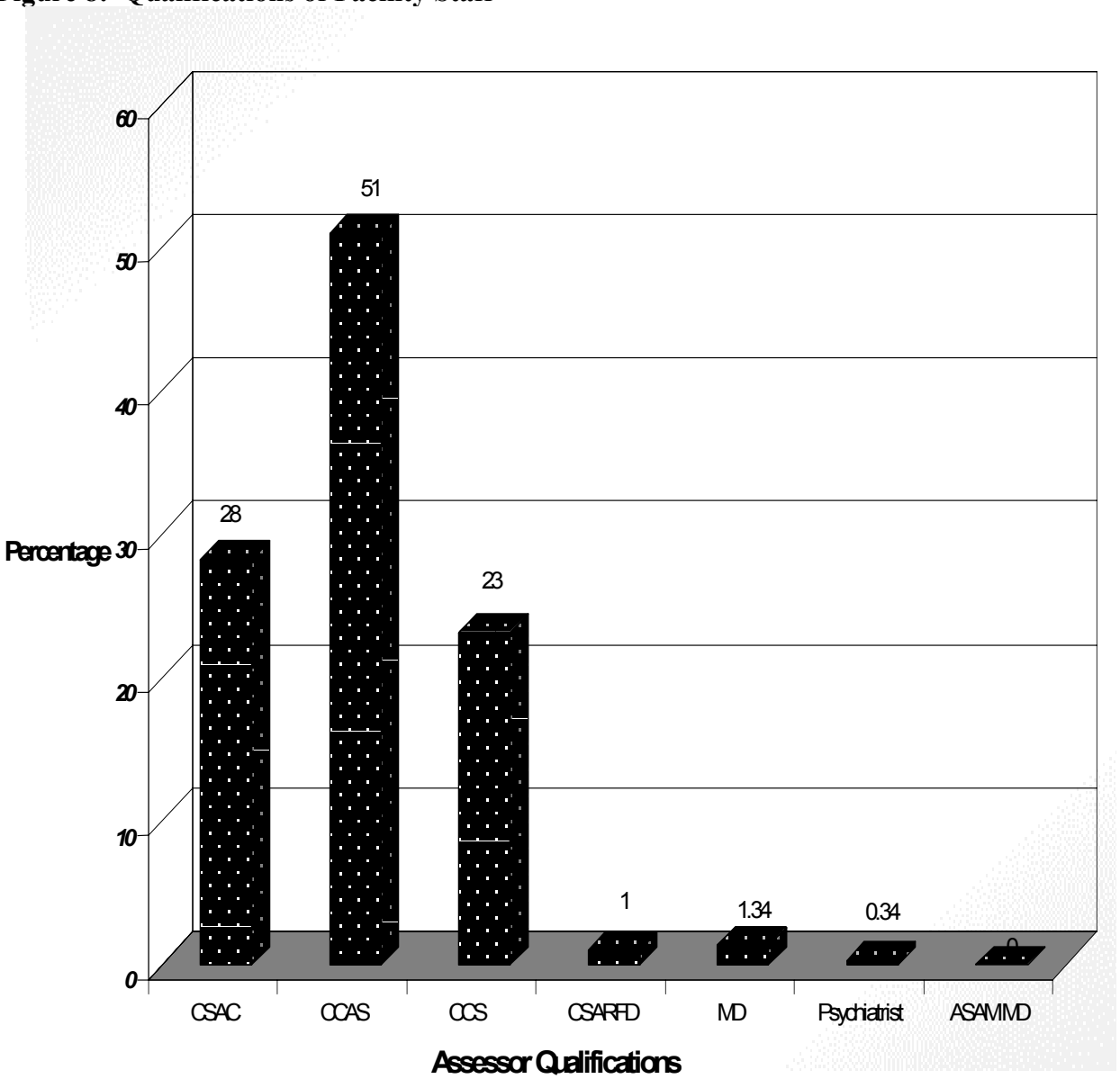


Source: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04

3. Qualifications of Assessors

Qualifications of staff members providing assessments are presented in Figure 8. It shows that 51 percent of the staff are credentialed as CCAS and 28 percent are Certified Substance Abuse Counselors (CSACs). A Certified Substance Abuse Counselor (CSAC) is required to have a HS education or higher, complete the written examination, have the equivalent of 3 years full-time paid or volunteer, supervised experience (6,000 Hours), and 270 hours of Board approved education and training. In addition they must have successfully completed a competency-based oral examination/case presentation.

Figure 8: Qualifications of Facility Staff



Source: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04

4. Assessment and Service Utilization

Table 3 presents the percentage of clients falling into each of the sic treatment categories and the average costs associated with each level of service.

Table 3. DWI Treatment Service Levels, Percentage of DWI Clients Completing*, Duration and Average Costs to the Client**

Treatment Service Level	DWI Clients Completing	Duration	Average Cost
ADETS	23%	10 hours over 3 day period	$75.00
Short Term Outpatient TX	48%	Minimum 20 hours of TX over 30 days	$352.18
Longer –term Outpatient TX	22%	Minimum of 40 hours of TX over 60 days	$573.09
Day TX/Intensive Outpatient TX	3%	Minimum of 90 hours of TX over 90 days	$866.79
Inpatient and Residential TX Services	2%	Minimum of inpatient and outpatient over 90 days	$1,075.68
Special Service Plan	.4%	As per ASAM placement	$559.51

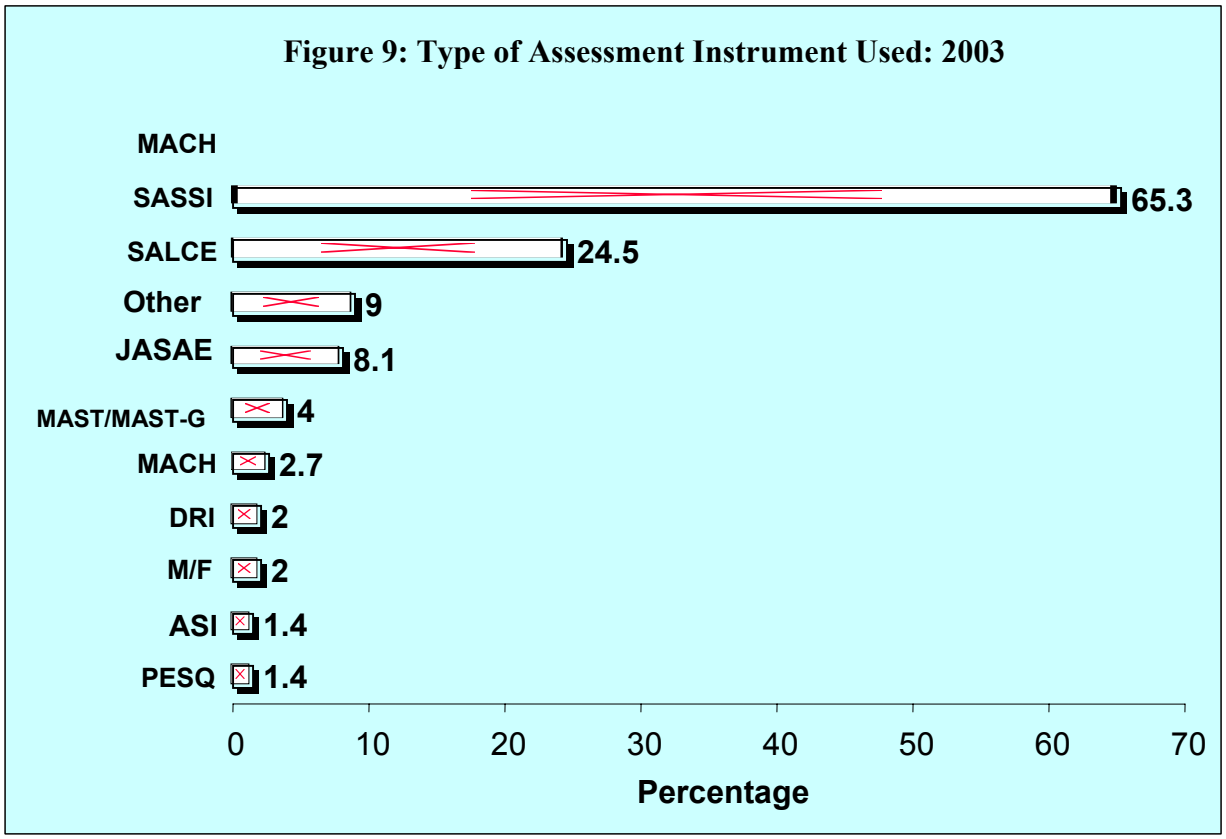
* The Driving While Impaired (DWI) Substance Abuse Services Report (DHHS, February 2004.)
** Average cost is based on data obtained from the DWI Facility Survey.

VII. Provider Responses to Survey Questions

Of Note: When reviewing the data in this report, please note that for each item, the sample size may differ, depending on how many programs responded to that particular item. Also, depending on the types of services provided by each program, certain items and/or sections might have been excluded intentionally. When possible or necessary, both the percent and the total number of respondents/responses will be provided.

1. Type of Testing Provided by Agencies

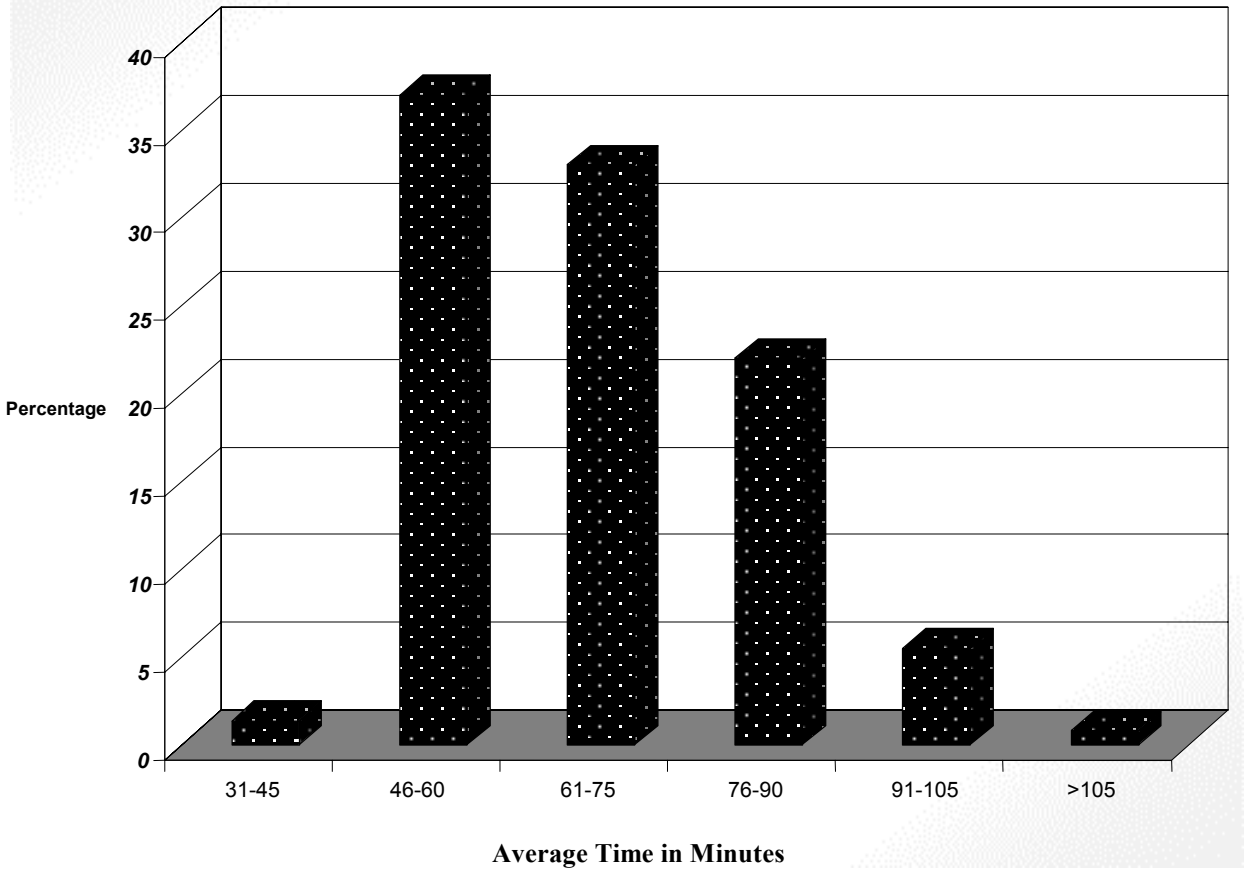
A. Most frequently used assessment instrument. Figure 9 presents a chart indicating the types of assessment instruments used by facilities responding to the facility survey (N=147). As mentioned earlier, the description of Assessment instruments currently endorsed by the Division appears in Appendix H. The SASSI is the most frequently used assessment instrument. The second most commonly used by the programs is the SALCE. Other assessment tools mentioned less frequently were the JASAE, MAST-G, DRI, MACH and Mortimer-Filkins. Many facilities reported using more than one instrument as part of their assessment.



B. Administration Time. The administration of an assessment instrument takes up a small part of the assessment time. The assessor is skilled at discussing with the client the events leading to the arrest, previous substance-related problems and prior treatment episodes. Collaterals (family members and friends) are frequently contacted to obtain a more complete picture of the nature of the problem. If the assessment instrument includes a printed report, the assessor will review this with the client and discuss with him/her a suggested course of remedial education or treatment. When no diagnosis requiring treatment is identified, the client is referred to ADETS. In the event that a handicap is discovered, the client is sent to the level of treatment required in the Division Rules.

As shown in Figure 10, a third of facilities (39 percent) responded that, on average, they spend an hour or less in direct service, face-to-face time with each of their clients when administering a DWI Substance Abuse Assessment. The majority (61 percent) spend an hour or longer in direct service. Clients with special needs such as deaf, illiterate, or non-English speaking clients frequently require a longer assessment time. In some cases the assessor will use a complex assessment instrument that requires more time for interpretation.

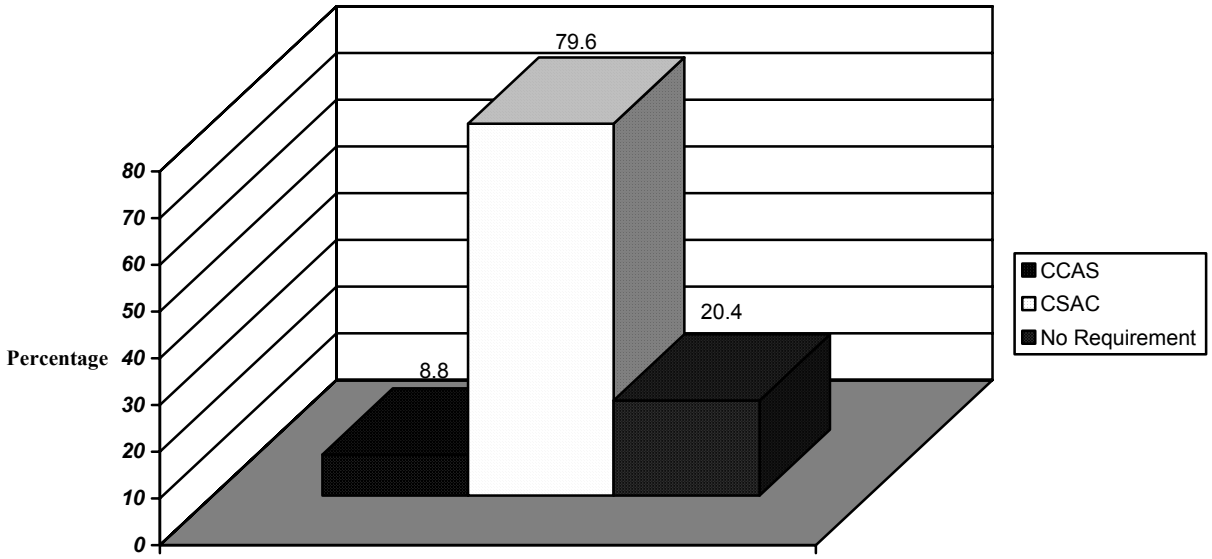
Figure 10: Average Assessment Time of Reporting Facilities: 2003



Source: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04

C. Qualifications of the Assessor. In the early 1970s, it was believed that most people arrested for a DWI were not problem drinking drivers and early screening instruments were originally designed to be administered by clerks in courtroom settings. Several difficulties associated with this practice led to the use of assessors located at other locations. Subsequent research indicates otherwise. Personnel with appropriate training and supervision are significantly more capable of conducting an interview with a client who is denying the existence of a problem. The higher the level of clinical skill, the greater likelihood that the offender will be appropriately assessed and an adequate treatment planned. As part of our survey, we asked respondents about the proportion of credentialing of the DWI service staff. They reported that 59 percent of their staff were credentialed. We also asked them to make recommendations regarding the minimum qualification for DWI assessors. Their recommendations are presented in Figure 11. It shows that 54 percent of facilities recommend that persons conducting assessments have a CSAC, 7 percent recommend a CCAS.

Figure 11: Survey Participants Recommendations for Minimum Certification Requirements for DWI Assessors



Source: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04

2. Types of Treatment Offered by an Agency

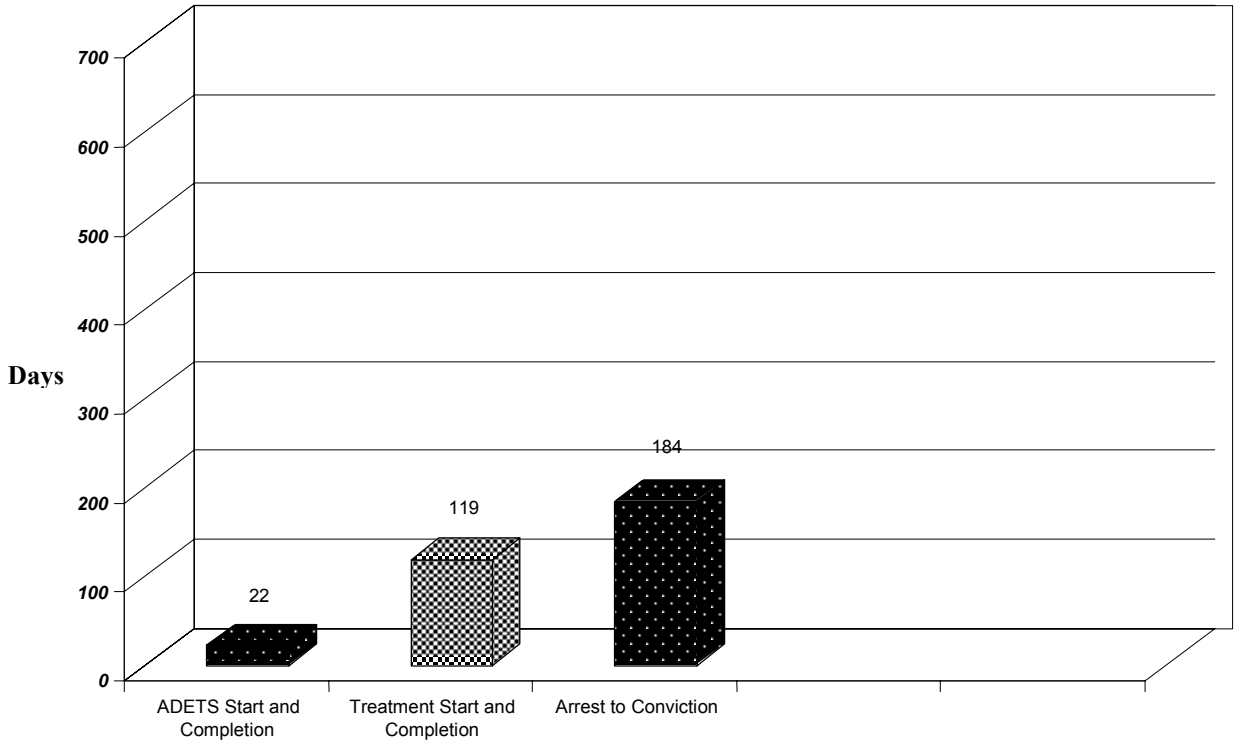
As mentioned earlier, 35 percent of facilities are licensed at the .3500 outpatient treatment level and 9 percent are licensed to provide SA Day Treatment. Thirty-two percent of facilities responding to the *DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders* reported providing ADETS services, 78 percent provide shorter term outpatient treatment, 76 percent provide longer term outpatient treatment services, and 45 percent provide day treatment or intensive outpatient (IOP) services to DWI offenders.

Facilities were asked about the types of therapeutic milieus provided, including treatment model and therapy utilized by the facility, and the name of any manualized or evidence-based treatment curriculum used. Forty- five percent of facilities responded. Thirty percent responded that they used some form of Cognitive Behavioral Therapy and the 12 Step Model/ Alcoholics Anonymous Model. Other highly endorsed therapies and models reported were psycho-educational groups, the Medical or Disease Model, and Reality Therapy. Most programs focus heavily on group therapy as the primary treatment format in conjunction with some combination of individual and/or family therapy. Many skills-based techniques were also mentioned and approximately 10 percent of the programs reporting endorsed training clients in the following: anger management, relaxation, conflict resolution, acculturation, goal setting and decision-making.

3. Average Duration of a Program

Figure 12 presents duration between arrest to conviction and program start to completion. The average length of time from ADETS start to completion is 22 days. The average between treatment start and completion is 119 days. This is in accordance with the guidelines for service levels described in Table 1 on page 9.

Figure 12: Average Length of Time to Completion



Source: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04

Treatment duration statistics come from a sample of 16,768 clients who completed both an assessment, and some form of substance abuse treatment in North Carolina within the FY 2002-2003. Approximately 50% of the DWI clients who received substance abuse treatment completed Short-Term Outpatient Treatment Services**.** This service level requires 20 hours of treatment over a minimum of 30 days. Twenty-two percent of the clients completed longer-term outpatient treatment, requiring 40 hours of treatment over a minimum of 60 days. The smallest referral group (5.2%) completed Day treatment/Intensive Outpatient. This level of treatment requires clients to receive 90 hours of services over a minimum of 90 days.

4. The Rates of Recidivism

The Division has sponsored independent evaluations of its DWI programs over the past twenty years. The University of North Carolina Highway Safety Research Center (UNC HSRC, 2001) conducted an important evaluation with regard to recidivism rates. Data from DMV and the Division were used in these analyses and recidivism was defined as a re-arrest and conviction for a DWI offense following an initial DWI conviction. Resulting from this evaluation, an extensive database was created with information for each DWI arrest and conviction of a North Carolina driver between January 1, 1996 and February 1, 2000 and includes 191,519 convictions involving 167,167 individuals. It enables us to compare compliance with required assessment and service as well as recidivism. The report indicates that the compliance rate for individuals required to be assessed and participate in a specified level of education or treatment was 57%.

With regard to recidivism, we are only able to compare recidivism rates for those offenders who received assessed and treatment and the balance of the offender group. Since we are unable to randomly assign offenders into a treatment/no treatment group, the information presented does not control for other factors that may affect who completes treatment and their subsequent DWI behavior. The HSRC report indicates that individuals who comply with required assessment and treatment requirements were less likely to re-offend in one year, i.e., 4.7 % those who received services compared to 8.1% of those who do not comply. The difference in recidivism rates between those who receive services and those who do not may suggest the positive impact of the services on subsequent DWI offenses.

Although reduction in DWI recidivism is very important, it is dependent on a number of factors; and as mentioned earlier, the likelihood of apprehension is relatively low. The Division in its NC Treatment Outcomes Performance Program (NC-TOPPS) collects individual level data on special population groups receiving substance abuse assessment and treatment services and contains matched information on a sample of DWI clients served in the public sector who are enrolled in substance abuse treatment. Eighty-two percent of the DWI clients in the sample are in the labor force. At intake, these clients reported that in the past 12 months, 49 percent were heavy alcohol users and 27 percent were users of opiates, cocaine and/or marijuana. Comparing progress in treatment for clients who remained in treatment for three months is shown in Appendix J. In this group heavy alcohol use declines from about 76 percent at assessment to 5 percent at three months, and opiate, cocaine, or marijuana use drops from 30 percent to 9 percent.

5. The Adequacy of the Fee Paid to the Assessing Agency by a Client for a Required Substance Abuse Assessment and ADETS

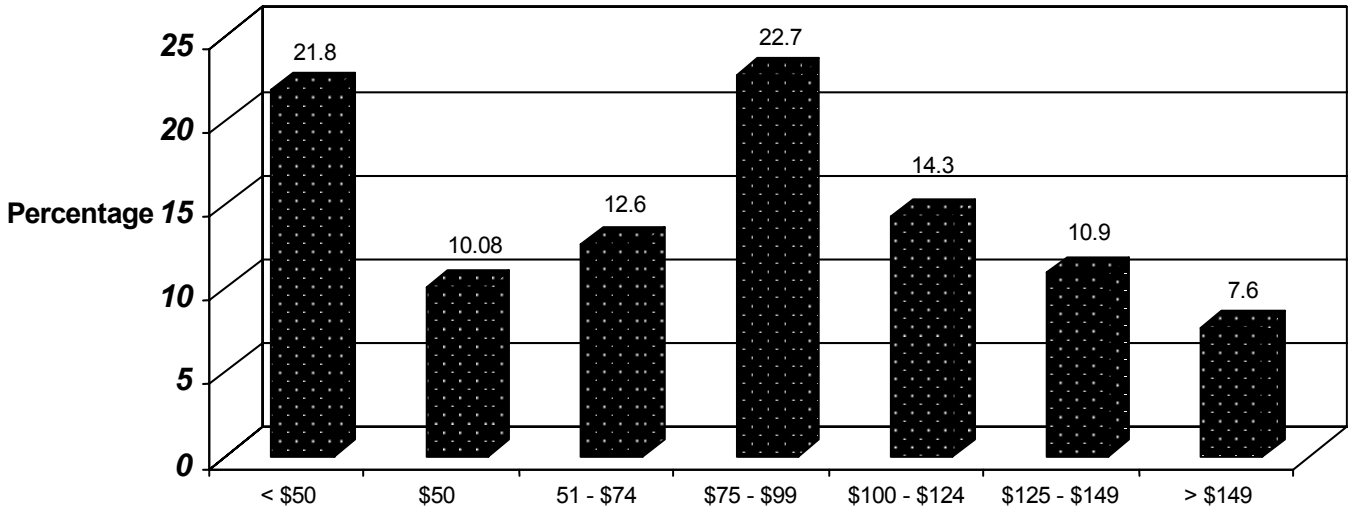
In making its fee recommendations, the Committee wanted to assure the availability of appropriate, affordable, and readily accessible services for DWI offenders while taking care that providers of such services are fairly compensated for these services. Moreover, the Committee is recommending changes that are in keeping with the Division's goals of improving accountability, quality and effectiveness of services provided. The current system of fees and course requirements for ADETS has not been modified since 1987.

In order to consider the adequacy of the assessment fee paid, the Committee used information obtained from the provider survey as well as a combination of structured site visits and telephone calls designed to examine this issue more closely. A cost worksheet entitled" Cost Finding Methodology Worksheet for SB 934 Study of DWI Assessment Fee" (Appendix F.) was designed to calculate the actual costs of the assessment including the face-to face clinical interview, the costs of better instrumentation, interpretation of findings, costs of DMV driver record, contacts with collaterals, administrative matters such as the DHR-508-R form and usual required documentation, review of the necessary consent forms, rent utilities, and other cost factors. As part of our survey, we asked questions about the adequacy of the current $50.00 assessment fee, asked what facilities

would recommend as an adequate fee, and also asked about the perceived burden that increasing the fee would place on their clients.

The current fee for an Assessment is $50.00, and 84 percent of facilities charge this amount. However, results from the facility survey indicate that the average actual cost for assessments was $78.55. As may be seen in Figure 13., a substantial portion of facilities are not covering their costs for assessment. Our site visit and telephone cost finding indicated that the average cost to the facility was $89.48, with a median cost of $85.32. Lower costs were associated with facilities where assessors had other jobs and were not paying themselves any benefits.

Figure 13: Actual Cost to DWI Programs for a DWI Substance Assessment



Source: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04

Facilities were asked what they thought would be a reasonable amount to charge for an assessment. Seventy-four percent (109) of the programs indicated they **would favor** a change of the current $50.00 fee. Thirty-eight programs (26%) indicated they did not favor a fee change. Of the suggested fees provided, the average fee amount was $ 96.00, with a low of $60.00 and a high of $200.00. Seventy-two percent (79) of the programs favored a fee between $75.00 and $100.00, 30 percent (33) of the programs favored a fee in the $75.00 range, and 42percent (45) favored a slightly higher fee of $100. Eighteen programs indicated a fee of $120.00 or more and ten indicated a fee of less than $70.00.

Facilities were asked about the burden they thought DWI assessment fees placed on their customers. Facilities indicated that fees exceeding $125.00 might cause high to extreme barriers to clients accessing DWI Assessment Services. The open-ended item used to further assess this construct asked programs to "briefly explain the facility's methods of computing estimated actual costs, per offender, for completion of the DWI Substance Abuse Assessment" (item B10).

There was great consistency across programs regarding their cost computation methods. In most cases, programs did not provide calculations by specific dollar amounts. They instead grouped costs into different budgetary areas. The majority of programs indicated costs in the following four areas:

1. Staffing (e.g., salary, benefits to clinical and support staff)
2. Administrative (filing, faxing, mailing, copying)
3. Overhead (rent, utilities, cleaning)
4. Case Management/ (contacts with attorneys, probation officers)

Several programs indicated nominal fees for the assessment tool itself, usually in the range of $2-$6 and a few mentioned the cost of the 508 Form itself.

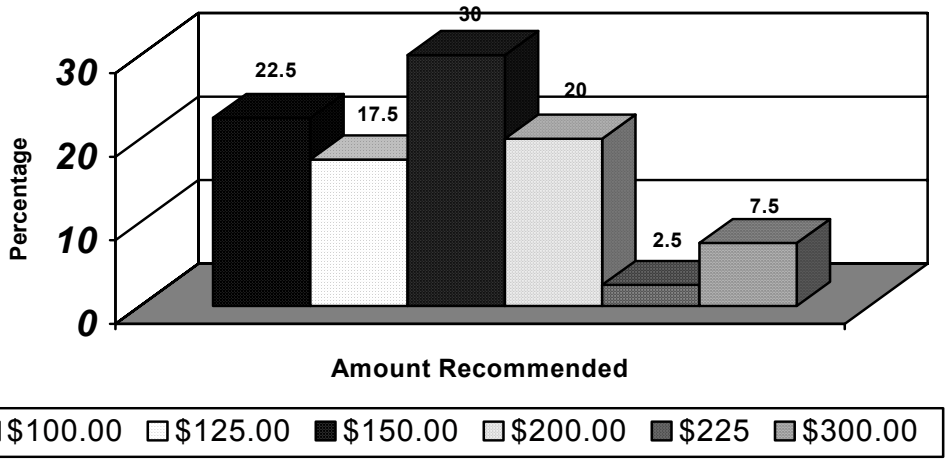
Cost to DWI Programs for ADETS

Until recently, only Public Area Programs and/or Local Managing Entities were certified to provide Alcohol and Drug Education Traffic School (ADETS) Services. For this reason, the sample of providers responding to the ADETS Survey items was fairly small at forty-seven (32 percent).

Presently, the fee for ADETS is set at $75.00. The majority of programs responding to the Facility Survey (64 percent) indicated that their costs for ADETS range between $100.00 and $175.00, with an average cost of $142.00 and a median cost of $96.00.

Facilities were asked whether they favored a change in the standard fee for ADETS. Sixty-seven percent of programs indicated that they would favor such a change. They suggested raising the fees to an average of $157.00 with facilities responding between $100 and $300.00. The median fee was $150.00. Seventy-one percent favored a fee between $100.00 and $150.00. The distribution of their recommended fees is shown in Figure 14. below.

Figure 14. Recommended Fee for ADETS



Source: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04

In addition, facilities were asked about the burden they thought ADETS fees placed on their customers. Facilities reported that fees exceeding $200.00 might cause high to extreme barriers to clients accessing DWI Assessment Services.

VIII. Current and Planned DWI Substance Abuse Services Provider and Service System Enhancements

For the past twenty years, the Division has monitored its DWI assessment and service system. In order to improve the quality of its DWI services, the Division has identified and implemented meaningful and constructive steps and processes to address related system issues and concerns.

Important initiatives currently being undertaken include:

A. DWI Facility Compliance Review Monitoring of Authorized Facilities

Coordinated by the Division Regulatory team, the Division is conducting facility compliance reviews of authorized DWI facilities as required under 10A NCAC 27G .3800. A preliminary monitoring tool and review protocol has been developed for scheduled site visits; and roles and responsibilities of the Regulatory Team have been defined. The regulatory staff has been trained in review protocols and monitoring visits began in March. Findings of this monitoring effort will be reviewed by the Regulatory Team in consultation with the DWI Office of the Justice Systems Innovations Team and plans are being made for the provision of targeted technical assistance and training efforts to be coordinated as part of the DWI Independent Peer Review and Quality Management Initiative by the DWI Office of the Justice Systems Innovations Team beginning in July, 2004.

B. DWI Quality Advisory Council

A DWI Quality Advisory Council within the Community Policy Management Section has been initiated, and staff have developed the structure, purpose and meeting protocols. Regular meetings of the Council Planning are conducted for discussion of DWI-related concerns and recommendations to the Community Policy Management Section regarding current issues and future directions including those of the LOC DWI Advisory Committee.

C. DWI Certificates of Completion Web-based Reporting System Initiative

The Division has developed a web-based reporting system for the to replace the current provider submission and Division processing of manual four-part carbon paper-based DWI Certificates of Completion (DMH 508-R) forms. The initial development of the web-based system was organized in collaboration with the Division of Information Resource Management (DIRM) in SFY 03-04. Pilot site training of approximately 12 DWI Quality Advisory Council members occurred in January, 2004. Implementation of the DWI web project has been scheduled for the spring and early summer of 2004, with full implementation scheduled for all pilot sites in late summer of 2004. Following the execution of the pilot, training of all DWI providers and planned rollout implementation across the state of North Carolina is scheduled to begin SFY 04-05, in no less than three implementation groups, with implementation of each group no later than October 1, 2004, January 1, 2005, or April 1, 2005.

The benefits of this web-based system are as follows:

- new real-time capacity to accurately measure and monitor volume of provider assessment activity including the potential for analysis of patterns of client and provider assessment recommendations,

- direct cost-savings to provider in expenditures related to postage, form printing, faxing, and manual paper-based form processing,
- more efficient, timely, and predictable electronic form submission by providers,
- improved provider response accuracy and completeness due to web-based entry process and format of questions,
- enhanced processing capacity for quality compliance oversight activities by DWI Office of the Justice System Innovations Team,
- direct cost savings to Division in expenditures related to manual form review, oversight, processing, and submission of approvals to the Division of Motor Vehicles (DMV),
- improved data security and storage capacity,
- new system capacity to store information on all completed assessment through web medium and to monitor multiple assessments of individual clients,
- direct cost savings to Division in expenditures related to manual data entry into electronic database,
- new Division real-time capacity to alter, amend, adjust, or add data questions to DWI Certificates of Completion Form, and
- enhanced tracking of client compliance with assessment recommendations.

It is planned that all DWI providers will be exclusively operating on the web-based system on July 1, 2005. Annualized resources will be devoted to the continued development, management, maintenance, and evaluation of the web-based system as well as for provider training and technical assistance, including the following:

- plan for development and utilization of client-specific individual client data base,
- use of data base for research of client profiles and provider utilization services patterns,
- plan for integration of data into Client Data Warehouse and Decision Support System with query capacity for analysis and reporting, and
- utilization of data to track treatment success and offender recidivism by both client and provider profile, level of care, and other factors.

D. DWI Independent Peer Review (IPR) Program Monitoring and Quality Assurance Initiative

Plans have been established beginning in July 2004 to target substantive expertise of Independent Peer Review (IPR) consultants with Masters level advanced clinical substance abuse treatment credentials (CCAS or CCS) to provide quality assurance technical assistance program and provider intervention monitoring to improve professional program processes and evidence-based practices for assessment, education, and treatment and increase program accountability and outcome effectiveness. This initiative will be developed in consultation with the Section's DWI Quality Advisory Council, and will include identification, development, and orientation of a team of expert Independent Peer Review (IPR) Consultants who are Certified Clinical Addiction Specialists (CCAS) and/or Certified Clinical Supervisors (CCS). The Division will focus on authorization of targeted quality assurance technical assistance and training efforts by IPR Consultants as follow-up to identification of DWI providers with significant needs identified through DWI Facility Compliance Review Monitoring site visits, and plans for increased emphasis on ongoing provider training needs.

E. North Carolina Treatment Outcomes and Program Performance System Initiative (NC-TOPPS)

The Division is developing the capacity for inclusion of private DWI Providers in the web-based enhanced North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS) on a voluntary basis in FY 04-05 and on a required basis for FY 05-06. It is proposed that training of all DWI providers take place in SFY 04-05 with a planned rollout across the state in no less than three implementation groups with implementation no later than October 1, 2004, January 1, 2005 and April 1, 2005, with the capacity for inclusion of all DWI providers on web-based system enhanced NC-TOPPS on July 1, 2005

IX. Policy Considerations

With regard to the following policy considerations, all are based on larger efforts to improve the overall quality and effectiveness of DWI Substance Abuse Services, including DWI assessment, education, and treatment.

Prominent among these concerns are insuring the availability of appropriate, responsive, affordable, and readily accessible services for offenders, fairly reimbursing providers for the provision of such services, improving the overall accountability, efficiency, quality and effectiveness of such services, and insuring the implementation of coordinated and comprehensive measures for protecting the public safety.

A. Assessor Qualifications

Although outlined in General Statute 122C-142.1, North Carolina's laws regarding DWI assessor qualifications are fairly lenient. In its' movement towards highlighting the importance of the DWI assessment and the assessor qualifications, the North Carolina Department of Health and Human services is strongly interested in raising the criteria in North Carolina, to match the credentials recommended and/or required by other state, federal, and private agencies. The rationale for increasing the qualifications of a DWI assessor in North Carolina is founded on the premise that the substance abuse assessment for DWI offenders is both complex and extremely important component in attaining client success and improved public safety. The minimum requirements of an individual who may provide this assessment should reflect the highest standards and be on parity with other professional counselors, related professional organizations, and research findings. Requiring that an individual be certified as a substance abuse counselor would achieve that goal.

As dictated in the *North Carolina Mental Health, Developmental Disabilities and Substance Abuse Laws, 2001 Edition*, "to conduct a DWI substance abuse assessment, a facility shall give a client a standardized test approved by the Department to determine chemical dependency and shall conduct a clinical interview with the client (GS 122C-142.1)." Although it is indicated in statute that a standardized test be administered, no specific test is indicated. At present, the majority of DWI programs across North Carolina report using the Substance Abuse Subtle Screening Inventory (SASSI) for substance abuse assessments in conjunction with a clinical interview (DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders-SFY 03-04, 2004). Furthermore, there is great variability across programs with regard to assessor qualifications. As indicated in "*The DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04"*, little more than half of the individuals surveyed were credentialed, indicating that over 40 percent of DWI assessors have no substance abuse specific credentials or certifications.

Federal Resources

In contrast to the standards outlined in North Carolina GS 122C-142.1, the Center for Substance Abuse Treatment (CSAT) has much more stringent policies regarding assessor qualifications. CSAT, of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS), was created in October 1992 with a congressional mandate to expand the availability of effective treatment and recovery services for alcohol and drug problems. CSAT's initiatives and programs are based on research findings and the general consensus of experts in the addiction field that, for most individuals, treatment and recovery work best in a community-based, coordinated system of comprehensive services. CSAT supports a variety of activities aimed at fulfilling its mission:

> *"To improve the lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective addiction treatment that reduces the health and social costs to our communities and the nation."* (SAMHSA website, 2003)

The Treatment Improvement Protocols (TIPs), one of CSAT's leading initiatives, are best practice guidelines for the treatment of substance abuse. CSAT's Office of Evaluation, Scientific Analysis, and Synthesis draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPs, which are distributed to a growing number of facilities and individuals across the country (SAMHSA website, 2003). Currently there are 37 volumes in the series.

The TIP volume most relevant to statewide DWI assessment and treatment initiatives is TIP # 7, ***Screening and Assessment for Alcohol and Other Drug Abuse Among Adults.*** This volume provides guidelines to: identify AOD abuse screening and assessment services that need to be provided to offenders with various levels of AOD abuse problems and concurrent needs for correctional supervision; identify specific screening and assessment tools that appear to be particularly appropriate for offender populations and help to facilitate treatment planning; and assist criminal justice and related agencies in the use of screening and assessment tools to enhance treatment outcomes (USDHHS, 1994).

A clinical assessment, as defined in TIP 7, is the collection of detailed information concerning the client's substance use, emotional and physical health, social roles, and other areas that may reflect the severity of the client's abuse of alcohol or other drugs, as a basis for identifying an appropriate treatment regimen. The primary purpose of the clinical assessment is to develop a picture of the client's substance abuse pattern and history, social and psychological functioning, and general treatment needs. A second function of the assessment is to initiate the process of treatment (USDHHS, 1994).

Also outlined in TIP 7 are the suggested qualifications for individuals providing assessments. Experts indicate that to perform an in depth clinical assessment reliably, the assessor ***should*** be a qualified human services professional with demonstrated competence in AOD (alcohol and other drugs) such as a psychologist, licensed social worker, certified substance abuse or addiction counselor, or clinical nurse specialist. It is also desired that that each individual assessor work in a licensed or certified setting to ensure adequate resources are available, and ongoing training and supervision are considered critical as these components ensure the skill level and accountability of the services providers. Training for all portions of the clinical assessment, including the medical assessment should build on several kinds of skills: (1) the ability to establish rapport, (2) the ability to conduct non-judgemental, non-threatening interviews, (3) the ability to succinctly document information throughout the assessment and in the integrated summary; and (4) cultural competence. Additionally, specific training should be given for the use of any specific assessment instrument (USDHHS, 1994).

State Resources

To become certified as a substance abuse professional in the state of North Carolina, an individual must satisfy the criteria outlined by the North Carolina Substance Abuse Professional Certification Board (NCSAPCB). There are several levels of certification status available, and individuals satisfying the necessary criteria are also bound by the ethical principles of conduct outlined in the North Carolina Administrative Code. The purpose statement of the NCSAPBC clearly states a standard that the recommendation to increase the qualifications of individuals conducting a DWI substance abuse assessment in north Carolina can be based upon. :

- To establish standards for professional practice in alcoholism and addiction service delivery systems;
- To provide a means by which individuals certified under these standards may be recognized and identified possessing the necessary competencies as professionals in the field of alcoholism and addictions counseling; and,
- To establish a means by which alcoholism and addiction professionals may demonstrate their integrity and credibility to the general public and to other health care professionals.

Private Resources

To support this argument further, information was gathered on the SASSI, reported by DWI providers as the most widely used DWI substance abuse assessment instrument (DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders- SFY 03-04, 2004). As indicated by the SASSI Institute, "the substance abuse measures they offer are carefully developed assessment instruments that require proper administration, scoring and interpretation. Eligibility to purchase, administer, and/or use the measures for clinical purposes is limited to individuals with training and experience in the area of assessment" (sassi.com, 2004). Furthermore, the institute states that the SASSI may be only used by: (1) human services practitioners whose certification and/or professional training includes assessment (e.g., psychologists, social workers, certified addictions counselors); or (2) individuals who have completed authorized SASSI training. Individuals who do not have professional training can administer and score the instrument if there is appropriate supervision available (sassi.com, 2004).

One of the leading assessment resource companies in the country is Psychological Assessment Resources, Inc. (PAR). In accordance with the Standards for Educational and Psychological Testing and PAR's competency-based qualification guidelines, eligibility to purchase clinical assessment tools, including the SASSI, is restricted on the basis of training, education and experience. More specifically, to purchase the SASSI one must possess a degree from an accredited 4-year college or university in Psychology, Counseling, or a closely related field **PLUS** satisfactory completion of coursework in Test Interpretation, Psychometrics and Measurement Theory, Educational Statistics, or a closely related area; **OR** license or certification from an agency that requires appropriate training and experience in the ethical and competent use of psychological tests (parinc.com, 2004). Certification from the NCSAPCB would satisfy these criteria.

Assessor Qualifications: Policy Considerations

In support of the information outlined above and the opinions of professionals in the field, it is suggested that 122C-142.1 be revised to require that the substance abuse assessment that is needed by a person to obtain a certificate of completion under G.S. 20-17.6 as a condition of restoration of a drivers license shall be conducted by an individual who is certified as a Certified Substance Abuse Counselor (CSAC), a Certified Clinical

Addiction Specialist (CCAS), a Certified Clinical Supervisor (CCS), as defined by the Commission, or a physician certified by the American Society of Addiction Medicine (ASAM).

As a transitional measure in order to allow non-certified individuals to become certified, it should be considered that effective July 1, 2005 a substance abuse assessment shall be conducted by either a certified counselor or physician or by a Substance Abuse Counselor Intern under the supervision of a CCAS or CCS, and that effective July 1, 2007 that the substance abuse assessment shall only be conducted by a certified counselor or physician.

B. Assessment Fee

Results form the Provider Survey and from the Cost Methodology Interview indicates a broad range of costs associated with the delivery of the DWI Substance Abuse Assessment, and an average cost of approximately $80 to $90 associated with conducting a substance abuse assessment. In addition to the current costs associated with the provision of a DWI Substance Abuse Assessment, it is recommended that additional cost factors be taken into account that are associated with the enhanced program monitoring of DWI facilities and the Division's current and planned quality improvement recommendations. These include increased provider qualifications, the planned implementation of the web-based reporting system and required participation in the NC-Treatment Outcomes and Program Performance System (NC-TOPPS).

Consideration should be given to revising 122C-142.1 to require that a person who has a substance abuse assessment conducted for the purpose of obtaining a certificate of completion shall pay to the assessing agency a fee of one hundred dollars ($100.00). A suggested start date could be October 1, 2004.

C. Support the Governor's Task Force on DWI in Addressing the Issue of Compliance with Completion of Substance Abuse Services by Driving While Impaired Offenders

It is suggested that the forthcoming Governor's Task Force on Driving While Impaired investigate the issue of non-compliance by DWI offenders with substance abuse services. Research indicates that recidivism rates decrease for individuals receiving education and treatment for a DWI offense. It is imperative that the entire system related to the DWI offender is more responsive to ensuring that the required substance abuse services are received and completed. Increasing compliance rates strongly suggest that improved public safety can be expected. During FY 02/03 46,150 persons were convicted in North Carolina of a DWI offense. In the same time period, 21,670 individuals completed the required DWI substance abuse service. Therefore, only 47% of individuals convicted of driving while impaired in FY 02/03 completed the required level of DWI substance abuse services. Furthermore, 81,626 people were charged with a DWI offense during FY 2002-2003, however only half (46,150) were ultimately convicted. A question is raised here with regard to the large discrepancy between these two figures.

X. References

Allen, J.P.; Columbus, M.; and Fertig, J. Assessment in Alcoholism Treatment: An Overview. In: NIAAA *Treatment Handbook Series 4, Assessing Alcohol Problems: A Guide for Clinicians and Researchers*. NIH publication no. 95-3745., 1995.

Borkenstein, R. F. (1975) Problems of enforcement, adjudication and sanctioning. In: Israelstam, S., and Lambert, S., eds. *Alcohol, Drugs and Traffic Safety*. Toronto, Ontario: Addiction Research Foundation of Ontario. Pp 655-662.

Chang, I., Gregory, C. & S. C. Lapham. (2002). Review of Screening Instruments and Procedures for Evaluating DWI [Driving While Intoxicated/Impaired]Offenders. Prepared for AAA Foundation for Traffic Safety, Washington, DC 20005 retrieved 1/20/04 from http://www.aaafoundation.org/pdf/DWIScreeningReport.pdf

Chang, I., Lapham, S. C. & Wanberg, K. W. (2001.) Alcohol use inventory: screening and assessment of first-time driving-while-impaired offenders. I. Reliability and profiles. *Alcohol and Alcoholism* Vol. 36, No. 2, pp. 112-121, 2001.

Iffland, R. and Grassnack, F. (1995) Epidemiologische untersuchung zum CDT und andere indikatoren für alcoholprobleme in blut alcoholauffalliger Deutsche PKW fahrer. *Blutalcohol* **32**, 27–41.

Institute of Medicine (D. R. Gerstein & H.. J. Hardwood, Eds.). (1990). Treating drug problems: Volume 1. *A study of the evolution, effectiveness, and financing of public and private drug treatment systems.* Washington, DC: National Academy Press. [Available at http://books.nap.edu?catalog/1551.html}

Lacey, JH, Jones, RK, and Wiliszowski, CH. Validation of problem drinking screening instruments for DWI offenders. NHTSA Technical Report. 1999. Washington DC, US Department of Transportation.

Miller, B. A., Whitney, R. and Washousky, R. (1986) Alcoholism diagnoses for convicted drinking drivers referred for alcoholism evaluation. *Alcoholism: Clinical and Experimental Research* **10**, 651–656.[

Mortimer, R. G., Filkins, L. D., Lower, J. S., Kerlan, M. W., Post, D. V., Mudge, B., & Rosenblatt, C. (1971). *Court procedures for identifying problem drinkers: Report on Phase I.* (DOT HS-800 630). Washington, DC: U. S. Department of Transportation.

National Institute of Alcoholism and Alcohol Abuse. *Alcohol Alert: Assessing Alcohol*. National Institute on Alcohol Abuse and Alcoholism No. 12 PH 294 April 1991. Retrieved from the NIAAA website on February 23, 2004 from http://www.niaaa.nih.gov/publications/aa12.htm

North Carolina Substance Abuse Professional Certification Board (NCSAPCB), 2004. Retrieved from the NCSAPBC website on April 1st 2004 from: http://www.ncsapcb.org/.

Nochajski, T. H., Miller, B. A., Wieczorek, W. F, & Parks, K. A. (1993, June). The utility of non-obvious indicators for screening of DWI offenders. Paper presented at the annual meeting of the Research Society on Alcoholism, San Antonio, Tx.

Popkin, C. L., Kannenberg, C. H., Lacey, J. H. & P. F. Waller. (1988) *Assessment of Classification Instruments Designed to Detect Alcohol Abuse.* Final Report No. DOT HS 807475. Chapel Hill, NC: UNC Highway Safety Research Center.

Psychological Assessment Resources, Inc. (PAR), 2004. Retrieved from the PAR website on March 30th 2004 from: http://www.parinc.com/qual_levels.cfm.

SASSI Institute, 2004. Retrieved from the SASSI Institute website on March 30th 2004 from: http://www.sassi.com/sassi/index.shtml

Scoles, E. A., Fine, E. W. and Steer, R. A. (1986) DUI offenders presenting with positive blood alcohol levels at pre-sentencing evaluation. *Journal of Studies on Alcohol* **47**, 500–502.

Selzer, M. L. (1971). The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry*, 127, 89-94.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System, Treatment Improvement Protocol (TIP) Series ,* 1994. Retrieved from the SAMHSA website on March 30th 2004 from http://ncadi.samhsa.gov/govpubs/bkd138/.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2003. Retrieved from the SAMHSA website on March 30th 2004 from: http://www.samhsa.gov/about/content/about_main.html.

Voas, R. B. & D. A. Fisher. (2001). Court Procedures for Handling Intoxicated Drivers. *Alcohol Health and Research World*. January 1, 32-42.

Voas R.B., AND Hause, J.M. (1987). Deterring the drinking driver: The Stockton experience. *Accident Analysis and Prevention* 19(2):81-90.

XII. Appendices

Appendix A

North Carolina Mental Health, Developmental Disabilities and Substance Abuse Division Rules

DWI .3800
10 NCAC 14V.3805-.3817

North Carolina Mental Health, Developmental Disabilities and Substance Abuse Division Rules

DWI .3800
10 NCAC 14V.3805-.3817

SECTION .3800 - SUBSTANCE ABUSE SERVICES FOR DWI OFFENDERS

10 NCAC 14V .3801 ALCOHOL AND DRUG EDUCATION TRAFFIC SCHOOLS (ADETS)

(a) An alcohol and drug education traffic school (ADETS) is a prevention and intervention service which provides an educational program primarily for first offenders convicted of driving while impaired as provided in G.S. 20-179(m).

(b) Provisions shall be made for family members and other non-students to attend classes if the instructor determines that their presence will not disrupt the class or result in class size exceeding the maximum.

History Note: *Authority G.S. 20-179; 20-179.2; 143B-147;*
Eff. May 1, 1996.

10 NCAC 14V .3802 STAFF

(a) Certification. Each class shall have a designated instructor who is certified by DMH/DD/SAS. An individual seeking initial certification as an instructor shall:

(1) be a high school graduate or its equivalent;
(2) have a working knowledge of alcohol, other drugs, and traffic safety issues;
(3) complete and submit the original and one copy of the application to the DWI/Criminal Justice Branch of DMH/DD/SAS;
(4) complete an initial in-service training program provided by DMH/DD/SAS; and
(5) demonstrate skills by teaching all classes.

(b) Notice. DMH/DD/SAS shall notify the applicant of the decision regarding initial certification within 60 days after receipt of the application.

(c) Duration. The duration of full certification shall be for a maximum period of two years.

(d) Provisional certification. An applicant who does not obtain initial certification may be issued a provisional certification, and shall be:

(1) informed as to the specific reasons why full certification was denied;
(2) provided with eligibility requirements necessary to reapply for full certification; and
(3) informed regarding the right to appeal the certification decision.

(e) Recertification:

(1) Individuals seeking recertification shall submit documentation of having received a minimum of 48 hours of training in alcohol and drug education traffic subjects during the previous two years. This training shall be provided by or subject to approval by DMH/DD/SAS. Documentation of having received this training shall be submitted to the DWI/Criminal Justice Branch at least 30 days prior to expiration of the current certification.
(2) An individual seeking recertification for each subsequent two-year cycle shall submit documentation of having received 30 hours of training in alcohol and drug education traffic subjects during the preceding two years;
(3) The training shall be provided or approved by DMH/DD/SAS; and
(4) Documentation of this training shall be submitted to the DWI/Criminal Justice Branch of DMH/DD/SAS at least 90 days prior to expiration of the existing certification.

(f) Revocation or suspension of certification may be issued for failure to:

(1) cover the required subjects outlined in the prescribed curriculum;
(2) maintain accurate student records;
(3) comply with certification requirements;
(4) report all students who complete the prescribed course to DMH/DD/SAS in a timely manner.

History Note: *Authority G.S. 20-179; 20-179.2; 143B-147;*
Eff. May 1, 1996.

10 NCAC 14V .3803 OPERATIONS

(a) Curriculum. School instructors shall follow the requirements in G.S. 122C-142.1.
(b) The program of instruction shall consist of not less than ten hours of classroom instruction.
(c) Each school may provide up to three additional hours for classroom time and such activities as an initial student assessment, data gathering or a summary conference with students.
(d) Class Schedule. Each school shall provide a written notice to each student referred by the court as to the time and location of all classes which the student is scheduled to attend.
(e) Each student shall be scheduled to attend the first and the last class sessions in the order prescribed in the curriculum.
(f) Classes shall be scheduled to avoid the majority of employment and educational conflicts.
(g) Each school shall have a written policy which allows for students to be excused from assigned classes by the instructor provided that the excused absence is made up and does not conflict with Subparagraph (b)(1) of this Rule.
(h) No class session shall be scheduled or held for more than three hours excluding breaks on any day or evening.
(i) Class Size. Class size shall be limited to a maximum of 35 persons.
(j) Requirements contained in 10 NCAC 18F .0300 SUBSTANCE ABUSE ASSESSMENTS FOR INDIVIDUALS CHARGED WITH OR CONVICTED OF DRIVING WHILE IMPAIRED (DWI) shall be followed by anyone who provides DWI assessments.
(k) DWI Services Certificates Of Completion. The original copy of the North Carolina Department of Human Resources DWI Services Certificates of Completion shall be forwarded to DMH/DD/SAS for review within two weeks of completion of all services.

History Note: *Authority G.S. 20-179; 20-179.2; 143B-147;*
Eff. May 1, 1996;
Amended Eff. July 1, 1998.

10 NCAC 14V .3804 PURPOSE AND SCOPE

(a) These Rules set forth procedures for providing, supervising and reporting DWI substance abuse assessments and the treatment and education (ADETS) provided to DWI offenders.
(b) Assessments may be sought either voluntarily on a pre-trial basis, by order of the presiding judge and as a condition for driver license reinstatement.
(c) These Rules apply to any facility that conducts DWI assessments and alcohol and drug education traffic schools (ADETS) or treatment.
(d) In order to perform DWI assessments, a facility shall be authorized by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services to provide services to this population (See Rule .3806); and

(1) be licensed by the State to provide services to individuals with substance abuse disorders; or
(2) provide substance abuse services and be exempt from licensure under G.S. 122C-22; and
(3) follow state DWI laws, administrative rules contained in this Section and the generic rules for substance abuse facilities contained in 10 NCAC 14V .0100 through .0700. The rules can be found in Division publication APSM 30-1, "RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE FACILITIES AND SERVICES", and include any subsequent editions and amendments. This publication may be obtained through the Division of MHDDSAS at a cost of five dollars and seventy-five cents ($5.75).

History Note: *Authority G.S. 20-179(e)(6); 122C-142.1;*
Eff. April 1, 2001.

10 NCAC 14V .3805 DEFINITIONS

For the purpose of the rules in this Section, the following terms shall have the meanings indicated:

(1) "American Society of Addiction Medicine (ASAM) Placement Criteria" means the Patient Placement Criteria for the Treatment of Substance-Related Disorders, copyright 1996 by the American Society of Addiction Medicine.
(2) "Certified ADETS Instructor" means an individual who is certified by the Division in accordance with 10 NCAC 14V .3800 ALCOHOL AND DRUG EDUCATION TRAFFIC SCHOOLS (ADETS) contained in Division publication APSM 30-1 RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE FACILITIES AND SERVICES and available at the current printing cost.
(3) "Clinical Interview" means the face to face interview with a substance abuse counselor intended to gather information on the client, including, but not limited to the following; demographics, medical history, past and

present driving offense record, alcohol concentration of current offense, social and family history, substance abuse history, vocational background and mental status.

(4) "Continuing Care" means an outpatient service designed to maximize the recovery experience begun in more intensive inpatient or outpatient treatment. As a continuation of the treatment experience this service is expected to begin upon the client's discharge from intensive treatment.

(5) "Division" means the same as defined in G.S. 122C-3 (hereafter referred to as DMH/DD/SAS).

(6) "DMH Form 508-R (DWI Services Certificate of Completion)" means the form which is used in documenting the offenders completion of the DWI substance abuse assessment and treatment or ADETS.

(7) "Driving Record" means a person's North Carolina complete driving history as maintained by the North Carolina Driver's License Division's history file, as well as records in other states in which the client has resided,

(8) "DSM" means the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, 1400 K Street, N.W., Washington, D.C. 20005 at a cost of thirty nine dollars and ninety-five cents ($39.95) for the soft cover edition and fifty four dollars and ninety-five cents ($54.95) for the hard cover edition. Where used in these definitions, incorporation by reference of DSM-IV includes subsequent amendments and editions of the referenced material.

(9) "DWI Facility Authorization Process" means the process specified in 10 NCAC 14V .3806, by which facilities are granted the privilege to serve this sanctioned population.

(10) "DWI Offenses" means impaired driving as described in G.S. 20-138.1, impaired driving in a commercial vehicle as described in G.S. 20-138.2 and/or driving by person less than 21 years old after consuming alcohol or drugs as described in G.S. 20-138.3.

(11) "DWI Categories of Service" means:
Level I Alcohol and Drug Education Traffic School (ADETS);
Level II Short Term Outpatient Treatment;
Level III Longer Term Outpatient Treatment;
Level IV Day or Intensive Outpatient Treatment;
Level V Inpatient and/or Residential Treatment.

(12) "DWI Substance Abuse Assessment" means a service provided to persons charged with or convicted of a DWI offense to determine the presence or absence of a substance abuse handicap. The assessment involves a clinical interview as well as the use of an approved standardized test.

(13) "Facility" means the term as defined in G.S. 122C-3(14).

(14) "Interpreter" means a person who can accurately provide spoken exchange between languages including idiomatic differences.

(15) "Language Barrier" means the situation in which a client's primary and native language is not English, and staff available to the facility do not speak a language in which the client is proficient.

(16) "Licensure Rules" means the rules contained in 10 NCAC 14V .0100 through .7200 of the North Carolina Administrative Code and published in Division publication APSM 30-1, RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE FACILITIES AND SERVICES.

(17) "Minimal Program Content" means the required educational topics, learning experiences and counseling issues applicable to each level of treatment (See Rule .3817 of this Section - Minimal Program Content)

(18) "Notice of Intent" means the initial step in the process for a licensed substance abuse facility or exempt agency to be authorized to provide services to DWI offenders in accordance with Rule .3806 of this Section. This written notice shall declare the facility's intent to comply with applicable laws and rules and shall be copied to the designated area authority as provided in G.S. 122C-142.1 (a).

(19) "Special Service Plan" means a plan for persons who exhibit unusual circumstances, such as severe hearing impairment; other physical disabilities, and/or concurrent psychiatric illness.

(20) "Standardized Test" means an instrument approved by the Department of Health and Human Services with documented reliability and validity, which serves to assist the assessment agency or individual in determining if the client has a substance abuse handicap. A current listing of the approved standardized tests may be obtained at no cost by writing the DWI/Criminal Justice Branch, Division of MH/DD/SAS, 3008 Mail Service Center, Raleigh, NC 27699-3008.

(21) "Substance Abuse Handicap" means a degree of dysfunction directly related to the recurring use, abuse or dependence upon an impairing substance as described in the current edition of the DSM.

History Note: *Authority G.S. 122C-3; 122C-142.1; 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3806 AUTHORIZATION: FACILITIES PROVIDING SA SERVICES TO DWI OFFENDERS

(a) Application Process: Facilities licensed to provide substance abuse services by the Division of Facility Services, or determined by DFS to be exempt from license under the provisions of G.S. 122C-22 are eligible to apply for Authorization to provide services to DWI offenders.

(b) The DWI/Criminal Justice Branch of the Substance Abuse Section of the DMHDDSAS will provide application materials to facilities within 10 business days of the receipt of the request. Requests may be made in writing to DWI Services, 3008 Mail Service Center, Raleigh, NC 27699-3008.

(c) The applicant facility shall submit the application form and required supportive documentation to DWI Services for review.

(d) When the review of the facility documents confirms that the applicant is in compliance with applicable Rules, Statutes and the Code of Facility Conduct, the facility will be authorized to begin services to DWI offenders.

(e) A decision on the application for Authorization shall be communicated to the facility within 20 business days of the receipt of the application by the DMH/DD/SAS. Upon approval, a five-digit Facility Code shall be issued to identify the facility as authorized to provide services to DWI offenders.

(f) Term of Authorization: Facility Authorization to provide DWI services shall be granted for a period not to exceed two years.

(g) A facility's Authorization shall expire at any time the facility license ceases to be in effect.

(h) Facility Monitoring of Authorized Facilities: Facility compliance reviews shall be conducted according to a schedule determined by DMH/DD/SAS. The interval between reviews for any facility shall be no greater than two years.

(i) Compliance problems and program deficiencies will be addressed in the review and correction plans developed with the facility. Each correction plan will have a follow-up plan.

(j) Refusal to complete a correction plan or persistent non-compliance will be grounds for suspension until correction or revocation of the Authorization.

(k) The DMH/DD/SAS will conduct reviews of reports and DWI Certificates of Completion Forms generated by facilities. Compliance and procedural problems will be addressed through communication with facilities and correction plans.

(l) Written complaints of misconduct against facilities shall be forwarded to the DMH/DD/SAS. All written complaints will be reviewed and investigated. When non-compliance is confirmed, it will be addressed with the facility through communication, correction plans or the suspension/revocation process.

(m) Suspension and Revocation: DMHDDSAS may suspend or revoke a facility's authorization to provide services to DWI offenders at any time for failure to comply with applicable Statutes and Rules.

(n) Such suspension or revocation will apply to the Authorization to serve DWI offenders and will not directly affect the facility's license to serve the public at large. The DMH/DD/SAS will inform licensing and certification bodies of any such action against a facility and its staff.

(o) In circumstances in which the direct care of a client is compromised or when there is failure to comply with a specific statute or rule concerning services to clients, the suspension shall be immediate. Serious and persistent non-compliance will result in revocation of the approval.

(p) When the non-compliance involves procedural or programmatic issues and presents no immediate threat to clients, the facility will be afforded an opportunity to propose and complete a plan of correction to be monitored by the DMH/DD/SAS.

(q) Failure to complete the correction plans, which were the subject of a suspension, will result in revocation of the Authorization.

(r) A facility whose Authorization has been revoked may apply for Authorization after one year upon demonstration that all relevant problems have been corrected.

(s) Revocation Process: The Branch Head will initiate action affecting the Authorization of a facility. Such action shall be limited to the following:

(1) Revocation of the Authorization;
(2) Suspension of the Authorization until such time as the problem is corrected and the correction verified; or
(3) A Written Correction Plan shall be completed by the facility while continuing to operate under close monitoring.

(t) Appeal Process: A facility whose Authorization is revoked may appeal to the DWI Quality Improvement panel for a review of the revocation within 30 working days from the date of notification.

(u) An appeal hearing shall be scheduled and conducted by the DWI Quality Improvement Panel within 60 working days after the request.

(v) The facility owner shall be notified, in writing of the decision of the DWI Quality Improvement Panel within 30 working days after the hearing.

History Note: Authority G.S. 20-17.6(c); 122C-22; 122C-142.1;
Eff. April 1, 2001.

10 NCAC 14V .3807 DWI SUBSTANCE ABUSE ASSESSMENT ELEMENTS

(a) DWI substance abuse assessments shall only be provided by a facility licensed by the State as a substance abuse treatment facility as specified in 10 NCAC 14V .0400 LICENSING PROCEDURES or a facility which provides substance abuse services and is exempt from licensure under G.S. 122C-22.
(b) A face to face clinical interview shall be conducted, in a licensed facility, with the individual, by a substance abuse counselor in accordance with the minimum qualifications specified in Rule .3808 of this Section. The purpose of this interview is to formulate a DSM diagnosis and arrive at a service level recommendation consistent with the placement criteria accepted by ASAM.
(c) In addition to the clinical interview, the clinician performing the assessment shall administer to the individual, an approved standardized test and must review the complete driving record as defined in Rule .3805 in this Section, as well as verify the alcohol concentration reading at the time of arrest.
(d) The agency or individual performing the assessment shall have the individual execute the appropriate release of information form per 42 C.F.R., Part 2. This form provides permission for the assessing agency to communicate with and report its findings to the DMH/DD/SAS, the area authority, the Division of Motor Vehicles, the Court, the Department of Correction, the agency providing the recommended treatment or education and any agency or individual the client requests to be so informed.

History Note: *Authority G.S. 20-17.6(c); 122C-22; 122C-142.1;*
Eff. April 1, 2001.

10 NCAC 14V .3808 QUALIFICATIONS OF INDIVIDUALS PERFORMING ASSESSMENTS
Individuals performing DWI substance abuse assessments shall have at least one of the following qualifications:

(1) certification/licensure or other credential issued by the North Carolina Substance Abuse Professional Certification Board that acknowledges an individual to be qualified to provide counseling for persons with substance abuse disorders; or
(2) graduation from a masters degree level program and one year of supervised experience in the profession of alcohol and drug abuse counseling; and be registered with the North Carolina Substance Abuse Professional Certification Board; or
(3) graduation from a four-year college or university and two years of supervised experience in the profession of alcohol and drug abuse counseling, and be registered with the North Carolina Substance Abuse Professional Certification Board; or
(4) graduation from high school or equivalent and three years of supervised experience in the profession of alcohol and drug abuse counseling and be registered with the North Carolina Substance Abuse Professional Certification Board; or
(5) be licensed by the Board of Medical Examiners of the State of North Carolina or the North Carolina Psychology Board; or
(6) be a diplomat of the American Society of Addiction Medicine.

History Note: *Authority G.S. 20-17.6(c); 122C-142.1; 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3809 RESPONSIBILITIES OF ASSESSING AGENCY
(a) Following the completion of the assessment process, which may include a staffing conference and review of the assessment by the supervisor, the agency or clinician performing the assessment shall inform the individual of the service level required.
(b) If treatment is required the individual shall be informed, in writing, of any other available treatment facilities within the county, both private and public, which provide the level of required treatment.
(c) Facilities shall refer any individual who is required to attend ADETS to the area authority, or its designated agency. A DMH 508-R Form and documentation of the driving record, alcohol concentration and the DSM diagnosis shall accompany all referrals regardless of the level of service. There shall be no charge for providing these documents within the state.
(d) The agency or clinician performing the assessment shall inform the client of the possible consequences of failing to comply with required treatment or ADETS.
(e) All persons assessed shall be provided written documentation that explains the requirements for reinstatement of the drivers license, including the minimum hours and duration of service. If a level of treatment is required, this written documentation shall be in the form of a client contract that minimally addresses program requirements and fees
(f) When a language barrier is identified the assessing agency shall arrange for the services of an interpreter to assist in the services provided as defined in Rule .3805(14) of this Section.

History Note: *Authority G.S. 20-17.6(c); 122C-142.1; 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3810 RESPONSIBILITIES OF TREATMENT AND ADETS PROVIDERS

(a) All providers shall conduct an orientation/intake interview with every client being admitted to a level of treatment, in which the assessment, diagnosis and placement shall be reviewed in the light of the client's current situation and an individual treatment plan shall be developed in compliance with 10 NCAC 14V .0203 located in the Licensure Rules as defined in Rule .3805(16) of this Section.
(b) Any facility accepting a transferred case shall provide the level of intervention required by the assessor, unless there is a subsequent negotiated agreement between the assessor and the service provider at which time a corrected DMH-508R shall be completed by assessor.
(c) The facility providing the recommended treatment or ADETS shall have the individual execute the appropriate release of information giving that facility permission to report the client's progress to the DMHDDSAS, Division of Motor Vehicles, Court, Department of Correction; and, assessing and treatment agencies, as appropriate.
(d) Identification of a substance abuse handicap shall be considered indicative of the need for treatment, when diagnostic criteria apply. In such instances, educationally-oriented and support group services shall only be provided as a supplement to a more extensive treatment plan.
(e) When the court determines that an individual shall receive services, such services shall be provided by a facility licensed by the State to provide services.

History Note: *Authority G.S. 20-17.6(c); 122C-142.1; 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3811 REPORTING REQUIREMENTS
(a) The assessment portion of the DMH Form 508-R shall be completed for each client who received a DWI Substance Abuse Assessment. An initial supply of this form may be obtained from the DWI/Criminal Justice Branch of the DMH/DD/SAS, 325 N. Salisbury Street, Raleigh, NC 27603 reviewed and signed by a substance abuse counselor who is credentialed by the North Carolina Professional Substance Abuse Certification Board or by an ASAM certified physician. An initial supply of this form may be obtained from the DWI/Criminal Justice Branch of the DMH/DD/SAS, 3008 Mail Service Center Raleigh, NC 27699-3008 at no cost.
(b) The assessment portion of DMH Form 508-R shall be reviewed and signed, at the time of the review, by a certified alcoholism, drug abuse, substance abuse counselor . The date of expiration of that professional's certification and credentials shall be indicated on the client's Certificate of Completion and no assessment shall be signed after the expiration date.
(c) The facility providing the recommended treatment or education shall have the client sign the appropriate release of information, and provide periodic progress reports. That report shall be filed at intervals not to exceed six months, with the court and with the Department of Correction per their request.
(d) The purpose of the rules of this Section is to establish specific procedures for conducting and reporting DWI substance abuse assessments, Alcohol and Drug Education Traffic Schools (ADETS), and treatment of DWI offenders.
(e) Upon completion of the recommended treatment or ADETS service, the agency shall forward the top page of the completed DMH 508-R to the DWI/Criminal Justice Branch, DMH/DD/SAS; and distribute any remaining copies to the offender and the court. The agency shall retain a copy of the form for a minimum period of at least 5 years.
(f) In the event that an assessment or treatment agency ceases to provide DWI-related services, the agency shall notify, in writing, the DWI Criminal Justice Branch to assure that all DMH Form 508-R's and other related documents as specified in these Rules are properly processed, or transferred to another provider authorized by DMH/DD/SAS to conduct DWI Assessments. The licensing and certifying bodies shall be notified of violations of this Rule.
(g) By February 15 of each year, all assessing agencies shall forward, in writing, to the DWI Criminal Justice Branch of the Division the following information on the previous year's activities, which shall include but need not be limited to the number of:

(1) pre-trial assessments conducted;
(2) post trial assessments conducted;
(3) individuals referred to ADETS; and
(4) substance abuse handicaps identified and the recommended levels of treatment.

History Note: *Authority G.S. 20-17.6 (c); 122C-142.1; 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3812 PRE-TRIAL ASSESSMENTS
(a) A DMH Form 508-R shall be initiated for each individual who voluntarily refers himself or herself for a DWI assessment, under the provisions of G.S. 20-179(e)(6).
(b) The DMH Form 508-R shall not be used to report the results of the pre-trial assessment to the court or attorney. The results shall be summarized in a concise, easy to interpret fashion on agency letterhead and signed by the individual who performed the assessment or the assessor's supervisor.

History Note: *Authority G.S. 20-179(e)(6) and (m); 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3813 PLACEMENT CRITERIA FOR ASSESSED DWI CLIENTS

(a) Clients who have completed a DWI substance abuse assessment shall be placed in the appropriate service level.

(b) Placement of clients in a specific category shall be based on the assessment outcome, diagnosis, and level of care determined to be necessary for treatment.

(c) In addition to the terms defined in Rule .3805(10) of this Section for each of the following progressive categories, determination for placement shall be based on the criteria specified in this Paragraph.

(1) Alcohol and Drug Education Traffic School (ADETS):
- (A) the assessment did not identify a substance abuse handicap;
- (B) the person has no previous DWI offense conviction;
- (C) the person had an alcohol concentration of 0.14% or less at the time of arrest;
- (D) the person did not refuse to submit to a chemical test;
- (E) the person meets the admission criteria for Level 0.5 (Early Intervention) of ASAM PPC-2; and
- (F) ADETS shall be conducted in accordance with the rules established in this Section.

(2) Short-term Outpatient Treatment:
- (A) the assessment outcome suggests diagnosis of psychoactive substance abuse only;
- (B) the client does not fit all aspects of the diagnosis, but, under certain circumstances, the clinical impression provides reason to conclude that a treatment setting would be more appropriate than ADETS. Some of these circumstances include, but are not limited to:
  - (i) alcohol concentration is .15 or higher
  - (ii) refusal of chemical test at time of arrest;
  - (iii) problems relating to family history of substance abuse;
  - (iv) other problems which seem to be a contributing factor to DWI behavior, such as grief, loss; and
  - (v) the client meets the criteria for Level I of the ASAM Placement Criteria;
- (C) this category of service requires a minimum of 20 contact hours over a minimum of 30 days. Each client must have services scheduled weekly.

(3) Longer –term Outpatient Treatment:
- (A) when a client meets minimal conditions for the diagnosis of "substance dependence";
- (B) the criteria for Level I of the ASAM placement criteria are met; and
- (C) this category of service requires a minimum of 40 contact hours over a minimum of 60 days. Each client must have services scheduled weekly.

(4) Day Treatment/Intensive Outpatient Treatment:
- (A) the assessment confirms a diagnosis of substance dependence, with or without physiological dependence;
- (B) the ASAM placement criteria for Level II Outpatient Treatment is met;
- (C) the program:
  - (i) offers additional continuing care, urging voluntary participation of the client and significant others; and
  - (ii) requires a minimum of 90 contact hours and participation of the client over a period of at least 90 days, for any client referred under G.S. 20-179(g - k), or G.S. 20-17.6; and
- (D) the program may be preceded by a brief inpatient admission for detoxification or stabilization of a medical or psychiatric condition.

(5) Inpatient and Residential Treatment Services:
- (A) the level of care requires that the client meets the same diagnostic criteria as Day Treatment, as defined in this Rule;
- (B) outpatient treatment of other associated problems has not been successful;
- (C) the client meets the placement criteria for Levels III.5 or IV.7 (inpatient) of the ASAM Placement Criteria with regard to the "Criteria Dimensions" as set forth in ASAM Patient Placement Criteria, Adult Crosswalk:
  - (i) withdrawal risk;
  - (ii) need for medical monitoring;
  - (iii) emotional and behavioral problems requiring a structured setting;
  - (iv) high resistance to treatment;
  - (v) inability to abstain; and
  - (vi) lives in a negative and destructive environment;
- (D) in order for the client to meet the required minimum 90-day time frame for treatment, the client, upon discharge, shall enroll in an approved continuing care or other outpatient program:

(i) these services shall be provided according to a written continuing care plan which shall address the needs of the client;
(ii) these services shall utilize individual, family and group counseling as required to meet the needs of the client; and
(iii) the plan shall include client participation.

(6) Special Service Plan:
(A) Documentation of the need for a special program to correspond with the recommendations of the DWI assessment;
(B) Conditions under which a Special Service Plan is implemented may include, but need not be limited to, the following:
(i) severe hearing impairment;
(ii) other physical disabilities;
(iii) concurrent psychiatric illness and; or
(iv) language differences and communication problems.

History Note: *Authority G.S. 20-17.6(c); 122C-142.1; 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3814 DOCUMENTATION REQUIREMENTS

(a) When conducting the assessment for an individual charged with, or convicted of, offenses related to Driving While Impaired (DWI), a DMH Form 508-R shall be completed.

(b) If treatment is recommended, client record documentation shall include, but not be limited to the following minimum requirements for each DWI Category of Service listed in Rule .3805 of this Section, except for the ADETS category:
(1) all items specified in the "clinical interview", as defined in Rule .3805 of this Section;
(2) results of the administration of an approved "standardized test", as defined in Rule .3805 of this Section;
(3) release of information as set forth in Rules .3807 and .3810 of this Section; and
(4) release of information covering any collateral contacts, and documentation of the collateral information.

(c) Substance abuse facility policies and operational procedures shall be in writing and address and comply with each of the requirements in 10 NCAC 14V .0201.

(d) Substance abuse treatment records shall comply with the elements contained in 10 NCAC 14V .0203, .0204, .0206 of this Subchapter and 10 NCAC 14V .3807 and 10 NCAC 14V .3810.

History Note: *Authority G.S. 20-179 (e)(6) and (m); 122C-142.1; 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3815 AUTHORIZATION TO PROVIDE DWI SUBSTANCE ABUSE ASSESSMENTS

Any facility that provides DWI assessments shall comply with 10 NCAC 14V .3801 through .3817 of this Subchapter.

History Note: *Authority G.S. 20-17.6 (c); 122C-142.1; 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3816 SERVICES FOR NON-ENGLISH SPEAKING OFFENDERS/CLIENTS

(a) Providers offering services to special populations/language groups shall inform DMHDDSAS in writing and include these services in facility monitoring activities.

(b) When a facility represents to the DMHDDSAS and to the public that it provides assessment and treatment services to DWI offenders of a certain language group, those services must be provided in compliance with applicable rules by staff who not only are qualified to provide the service, but are also fluent in the language of the target group. When such services are available in the county, facilities not able to provide them shall refer persons needing such services to facilities prepared to serve them.

(c) When services described in Paragraph (b) of this Rule are not available in the County:
(1) A facility may provide DWI assessments with the help of a competent interpreter. The facility must first attempt to locate a Certified Interpreter. If that is not possible, the facility may use an individual whose competence as an interpreter is recognized in the community and who can provide references from persons who are in a position to know, such as a leader in the language/cultural group represented. In no case shall a person of the offender's family or immediate social group be used to interpret.
(2) It is not acceptable to conduct group and individual treatments services via interpreter.
(3) When an offender presents for services and speaks only a language in which no Substance Abuse Services are available in the area, the facility must assist the offender in locating acceptable services. If the services of a

competent interpreter are available, a Special Plan may be developed which will provide the offender basic information to proceed in resolving the DWI offense. Such special plans must be documented in detail.

(4) Clients who meet this criteria are clients whose primary/native language is not English and who can not communicate English fluently to complete an assessment or treatment.

History Note: *Authority G.S. 20-17.6(c); 122C-142.1; 143B-147;*
Eff. April 1, 2001.

10 NCAC 14V .3817 MINIMAL PROGRAM CONTENT

(a) All levels of Substance Abuse Services for DWI offenders shall include education for all clients on:

(1) all items specified in the "clinical interview", as defined in Rule .3805 of this Section;
(2) North Carolina DWI laws, penalties and requirements for driver license reinstatement;
(3) the effects of alcohol and other psychoactive substances on the body, brain, judgment and emotions of individuals, with special attention to the systems and abilities used in the operation of a motor vehicle;
(4) the measurement of alcohol in the system, Alcohol Concentration; and
(5) the effects of fatigue, hunger, anger, depression and prolonged inattention on driving behavior, by themselves and in conjunction with mood altering drugs in the body.

(b) Short Term Outpatient Treatment shall include all of Paragraph (a) of this Rule and the following items:

(1) responsible decision making concerning the use of alcoholic beverages;
(2) indicators that a person is at increased risk for more serious alcohol/drug problems:
(A) family history of alcohol/drug problems;
(B) attachment to a peer group in which primary social activities center on alcohol or other drug use;
(C) strong need for approval and acceptance and a desire to alter feelings; and
(D) early signs of tolerance.
(3) introduce coping skills appropriate to the problem level: to include skills for refusing to drink/use, planning and limit setting strategies and an abstinence contract as a learning experience.

(c) Longer Term Outpatient Treatment shall include all of Paragraph (a) of this Rule and the following items:

(1) an explanation of alcohol/drug dependence, as a bio-psycho-social illness characterized by:
(A) general progression of dysfunction in body, emotions and social/family functioning;
(B) strong emotional defense patterns including denial, rationalization and deflecting blame;
(C) pronounced ambivalence, i.e. the individual wants to be different yet wants to continue in the present behavior; and
(D) difficulties in social and family systems of the individual.
(2) The introduction of concepts, skills and resources for recovery:
(A) relapse Prevention concepts and skill building;
(B) assistance in learning to address spiritual needs; and
(C) resources for self-help, support and ongoing recovery.

(d) Day Treatment/Intensive Outpatient Treatment Provide (a) and (c), but in the context of the client's more advanced problems and greater need for intensive treatment (see ASAM Level II):

(1) The program shall take a thorough history of the client and address all relevant problems through further assessment and/or services provided by the program or referral. Problem areas shall include the following:
(A) health and medical conditions;
(B) family relationships;
(C) manifestations of emotional problems or psychiatric illness;
(D) legal issues; and
(E) employment related issues.
(2) Training and Continued Education: Individuals who conduct and/or supervise DWI substance abuse services shall complete at least 12 hours of DWI-specific education within each two-year period, which must be documented in the personnel record of the employee and reported to DWI Services with the application for renewal of the approval process.

History Note: *Authority G.S. 20-17.6(c); 122C-142.1;*
Eff. April 1, 2001.

Appendix B

Senate Bill 934

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

SESSION LAW 2003-396
SENATE BILL 934

AN ACT TO ESTABLISH A REGISTRATION FEE FOR THE AUTHORIZATION OF A PRIVATE FACILITY TO SERVE DWI OFFENDERS AND TO REQUIRE THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO STUDY THE SUBSTANCE ABUSE SERVICES OFFERED BY AN ASSESSING AGENCY AND THE ADEQUACY OF THE FEE IMPOSED FOR A SUBSTANCE ABUSE ASSESSMENT CONDUCTED BY AN ASSESSING AGENCY.

SECTION 2. The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services shall study the programs offered by assessing agencies to clients who must obtain a substance abuse assessment and a certification of completion of a substance abuse program. The study should include information on the type of testing provided by an agency, the treatment offered by an agency, the average duration of a program, the average cost of treatment, the rates of recidivism, and the adequacy of the fee paid to the assessing agency by a client for a required substance abuse assessment. The Committee must report its findings and any recommended legislation to the 2004 Regular Session of the 2003 General Assembly.

Appendix C

DWI Facility Quality Management Survey
of Substance Abuse Services to DWI Offenders
SFY 03-04

NC Department of Health and Human Services

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Community Policy Management Section

Joint Legislative Oversight Committee on MH, DD, and SAS: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders - SFY 03-04

Statutory Authority: General Assembly of North Carolina Session Law 2003-396, Senate Bill 934

SECTION 2. The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services shall study the programs offered by assessing agencies to clients who must obtain a substance abuse assessment and a certification of completion of a substance abuse program. The study should include information on the type of testing provided by an agency, the treatment offered by an agency, the average duration of a program, the average cost of treatment, the rates of recidivism, and the adequacy of the fee paid to the assessing agency by a client for a required substance abuse assessment. The Committee must report its findings and any recommended legislation to the 2004 Regular Session of the 2003 General Assembly.

Instructions: Responses to the DWI Facility Quality Management Survey will be utilized by the Division in conducting the study of the Legislative Oversight Committee. **This study is intended to assist the Division in improving access to care for DWI offenders, increasing the quality and effectiveness of services, insuring best practices and accountability of providers, and improving the safety of North Carolina's roads and communities.** DWI services providers are encouraged to provide candid and complete responses to this Survey. An electronic copy of this Survey is available upon request. **Please complete and mail (preferred), deliver, e-mail, or fax this DWI Facility Quality Management Survey for receipt by 5:00 p.m. on Friday, December 19, 2003 to:**

Daisy Adams, Quality Management Team,
Community Policy Management Section, NC DMH/DD/SAS,
3004 Mail Service Center, Raleigh, NC 27699-3004,
or Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603,
Telephone (919) 733-0696 Fax (919) 715-2772 E-Mail: Daisy.Adams@ncmail.net

Address questions to:

Jennifer Resnick, DWI Services QM Project Consultant, at (919) 733-0696, or
Michael Eisen, Director of DWI Services, at (919) 733-0566, or Michael.Eisen@ncmail.net,
or Spencer Clark, Director of Operations and Clinical Services, at (919) 733-4670, or Spencer.Clark@ncmail.net.

Timely submission of this Survey by all authorized DWI facilities is a requirement of DMH/DD/SAS facility authorization for provision of services to DWI offenders.

Date Survey Received by Division of MH/DD/SAS:

Section A: Description of DWI Substance Abuse Services Facility

A-1. Name of DFS Licensed Facility	**A-2. Name and Title of Facility Director or CEO** *(Facility's Administrative Director responsible for facility compliance with DMH/DD/SAS Licensure Rules)*
A-3. Facility Location (Street Address, City, County, State, Zip)	**A-4. Name and Title of Facility Clinical Director (Qualified SA Professional: QSAP)** *(Facility's Clinical Director responsible for oversight of assessment, treatment, supervision, and clinical records and practices)*
A-5. Mailing Address (PO Box or St., City, State, Zip)	

A-6. DMH/DD/SAS DWI Facility Code ☐☐☐☐☐	**A-7. Telephone No.(s)**	**A-8. Fax No.**
A-9. Name/Title of Staff Completing Survey	**A-10. E-Mail Address (if available)**	**A-11. Web Site Address (if available)**

A-12. Division of Facility Services Licensure Type(s) *(Check ✓ and complete for all DFS licenses held)*:

☐ **.3500 Outpatient SA Treatment**

_____ DFS License Expir. Date

_____ Name(s) and Certification(s) of NCSAPCB Certified Counselor(s) Whose Services Are Available to Each Client Served by the Facility

☐ **.3700 SA Day Treatment**

_____ DFS License Expir. Date

_____ Name(s) and Certification(s) of Each Fulltime NCSAPCB Certified Counselor in Day Treatment Facility for Every 16 or Fewer Clients

A-13. Type of DWI Facility *(Check ✓ one):*

☐ Public MH/DD/SAS Area Program or Local Managing Entity (LME)

☐ Private Not-for-Profit Agency

☐ Private For-Profit Agency

☐ Other (Describe)_____

A-14. Is facility accredited by a national accreditation group? ☐ Yes ☐ No

If *"Yes"*, please list name of accreditation group:_____

A-15. Facility Operating Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

A-16. Number of Full time Employees or Contracted Staff of Licensed Facility *(Check ✓ one):*

☐ 2 or Fewer Staff ☐ 3 to 5 Staff ☐ 6 to 10 Staff ☐ 11 to 24 Staff

☐ 25 to 50 Staff ☐ 51 to 99 Staff ☐ 100 to 199 Staff ☐ 200 or More Staff

A-17. Number of Part-time Employees or Contracted Staff of Licensed Facility *(Check ✓ one):*

☐ 2 or Fewer Staff ☐ 3 to 5 Staff ☐ 6 to 10 Staff ☐ 11 to 24 Staff

☐ 25 to 50 Staff ☐ 51 to 99 Staff ☐ 100 to 199 Staff ☐ 200 or More Staff

A-18. Description of Special Client Populations or Language or Cultural Groups that are targeted in your facility's client outreach efforts and/or your provision of culturally competent services *(Check ✓ or list all that apply):*

☐ Severe Hearing Impairment ☐ Other Physical Disabilities ☐ Concurrent Psychiatric Illness

☐ Spanish Speaking ☐ Other Communications Problem (List):_____

☐ Other Language/Cultural Group (List) _____

☐ None of Above

Section B: DWI Substance Abuse Assessment Services and Fees

B-1. Does your facility provide DWI Substance Abuse Assessment Services? ☐ Yes ☐ No

If "Yes", complete remainder of questions in Section B and Section C. If "No", skip to Section D.

B-2. What is the Staff Assessor's *average* direct service face-to-face time required with each client for the completion of a DWI Substance Abuse Assessment Service? *(Check ✓ one)*

☐ 30 minutes or less ☐ 31 to 45 minutes ☐ 46 to 60 minutes ☐ 61 to 75 minutes

☐ 76 to 90 minutes ☐ 91 to 105 minutes ☐ 106 to 119 minutes ☐ 2 Hours or more

B-3 What are the Division approved standardized test(s) utilized by your facility in the DWI SA Assessment?
(Check ✓ or list all that apply)

☐ Substance Abuse/Life Circumstance Evaluation (SALCE)

☐ Court Procedures for Identifying Problem Drinkers (Mortimer-Filkens)

☐ Juvenile Automated Substance Abuse Evaluation (JASE)

☐ Minnesota Assessment of Chemical Health (MACH)

☐ Other (List):_____

☐ Other (List):_____

☐ Substance Abuse Subtle Screening Inventory (SASSI)

☐ Driver Risk Inventory (DRI)

☐ MacAndrew Alcoholism Scale (MAC) /Revised (MAC-R)

☐ Personal Experience Screen Questionnaire (PESQ)

☐ Other (List):_____

☐ Other (List):_____

B-4. **What is the *estimated %* of clients assessed in your facility that enroll in an ADETS within:**
(Include clients enrolled either at your facility or at another DWI facility)

1 year of Assessment? ☐☐ %

2 years of Assessment? ☐☐ % (Include all enrolled within 1 yr.)

☐ Unable to provide estimate from existing program records and tracking system

B-5. **What is the *estimated %* of clients assessed in your facility that enroll in a Treatment Program within:**
(Include clients enrolled either at your facility or at another DWI facility)

1 year of Assessment? ☐☐ %

2 years of Assessment? ☐☐ % (Include all enrolled within 1 yr.)

☐ Unable to provide estimate from existing program records and tracking system

B-6. **Does your facility require the DWI offender to pay a $50.00 standard fee for the DWI SA Assessment?** ☐ Yes ☐ No
If "Yes", skip to B-8. If "No", answer B-7.

B-7. **If *"No"*, what are the minimum, maximum, and average fees charged?** $☐☐☐.00 $☐☐☐.00 $☐☐☐.00
(Complete all three categories) Minimum Maximum Average

B-8. **In your experience, *how much* of a barrier to timely services access does the current standard fee of $50.00 for a DWI SA Assessment present to the DWI Offender?** *(Check ✓ one)*

☐ Extreme Barrier ☐ High Barrier ☐ Medium Barrier ☐ Low Barrier ☐ Not a Barrier

B-9. **What is the *estimated actual cost* to your facility, per assessed DWI offender, for the provision of the DWI SA Assessment Service?**

$☐☐☐.00

B-10. Provide a brief explanation of your facility's method of computing the above *estimated actual cost*, per offender, for completion of the DWI Substance Abuse Assessment.

B-11. Do you *favor* a change in the current $50.00 standard fee that the DWI offender is required to pay to the assessing agency for the DWI Substance Abuse Assessment?

If "Yes", answer B-12, and skip B-13. If "No", skip B-12, and answer B-13. ☐ Yes ☐ No

B-12. If *"Yes" above,* what standard fee would you *favor* requiring the DWI offender to pay to the assessing agency for the DWI Substance Abuse Assessment?

$☐☐☐.00

B-13. If *"No" above*, why do you *not favor* a change in the current $50.00 standard fee that the DWI offender is required to pay to the assessing agency for the DWI Substance Abuse Assessment?

B-14. In your view, *how much* of a barrier to services access would an increase in the current $50.00 standard DWI SA Assessment fee present to the DWI Offender? *(Check ✓ one for each proposed fee amount)*

a. Increase to $75 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
b. Increase to $100 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
c. Increase to $125 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
d. Increase to $150 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
e. Increase to $175 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
f. Increase to $200 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
g. Increase to over $200 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier

Section C: Qualifications of Staff Assessors Providing DWI Substance Abuse Assessment Services

Provide the following information for each Substance Abuse Services staff member who provides DWI Substance Abuse Assessment Services in this facility. *(For more than four staff, attach additional pages as necessary)*

		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4
C-1.	What is staff member's educational degree(s) attained and major field(s) of study? *(Check ✓ and list all that apply)*	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____
C-2.	What is staff member's total number of years of supervised experience in providing substance abuse counseling?	Years:_____	Years:_____	Years:_____	Years:_____

Provide the following information for <u>each</u> Substance Abuse Services staff member who provides DWI Substance Abuse Assessment Services in this facility. *(For more than four staff, attach additional pages as necessary)*					
		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4
C-3.	Is staff member registered with the NCSA Professional Certification Board?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
C-4.	List staff member's current NCSAPCB Certification(s) or Other Approved Credential(s). *(Check ✓ all that apply)*	Certification or Credential ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	Certification or Credential ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	Certification or Credential ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	Certification or Credential ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat
C-5.	List languages (other than English) that staff member speaks or signs fluently. *(Check ✓ all that apply)*	☐ Spanish ☐ American Sign Language ☐ Other: ________ ☐ Other: ________	☐ Spanish ☐ American Sign Language ☐ Other: ________ ☐ Other: ________	☐ Spanish ☐ American Sign Language ☐ Other: ________ ☐ Other: ________	☐ Spanish ☐ American Sign Language ☐ Other: ________ ☐ Other: ________
C-6	What do you recommend should be North Carolina's <u>minimum</u> education requirements for a facility staff member to provide DWI Substance Abuse Assessment Services? *(Check ✓ one)* ☐ HS or GED ☐ Associate *(in related field)* ☐ Bachelor *(in related field)* ☐ Masters *(in related field)*				
C-7.	What do you recommend should be North Carolina's <u>minimum</u> substance abuse certification requirements for a facility staff member to provide Substance Abuse Assessment Services? *(Check ✓ one)* ☐ None ☐ CSAC ☐ CCAS				

Section D: Alcohol and Drug Education Traffic School (ADETS) Services and Fees

D-1. Does your facility provide Alcohol and Drug Education Traffic School (ADETS) Services? ☐ Yes ☐ No

If "Yes", complete remainder of questions in Section D and Section E. If "No", skip to Section F.

D-2. ADETS Schedule *(List hours each day)*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

D-3. Generally, in the past 12 months, what is the number of students in an ADETS group in your facility?

(Complete all three categories) Min. No. ☐☐ Avg. No. ☐☐ Max. No. ☐☐

D-4. What do you recommend should be the maximum number of students in an ADETS group? Max. Recom. No. ☐☐

D-5. What is the *estimated %* of clients that enroll in ADETS in your facility that complete an ADETS Program within:
(Include clients who complete either at your facility or at another DWI facility)

1 year of enrollment? ☐☐ %

2 years of enrollment? ☐☐ % (Include all enrolled within 1 yr.)

☐ Unable to provide estimate from existing program records and tracking system

D-6. Describe the name of any manualized or evidence-based prevention education curriculum/curricula used in your facility's ADETS.

D-7. Does your facility require the DWI offender to pay a $75.00 standard fee for ADETS? ☐ Yes ☐ No
If "Yes", skip to D-9. If "No", answer D-8.

D-8. **If *"No"*, what are the minimum, maximum, and average fees charged?** $☐☐☐.00 $☐☐☐.00 $☐☐☐.00
(Complete all three categories) Minimum Maximum Average

D-9. **In your experience, *how much* of a barrier to timely services access does the current $75.00 standard fee for ADETS present to the DWI Offender?** *(Check ✓ one)*
☐ Extreme Barrier ☐ High Barrier ☐ Medium Barrier ☐ Low Barrier ☐ Not a Barrier

D-10. **What is the *estimated actual cost* to your facility, per student, for the provision of the 10 Hour ADETS Service?**
$☐☐☐.00

D-11. **Provide a brief explanation of your facility's method of computing the above *estimated actual cost*, per student, for provision of the 10 Hour ADETS Service.**

D-12. **Do you *favor* a change in the current $75.00 standard fee that the DWI offender is required to pay to the ADETS facility for the ADETS Service?**
If "Yes", answer D-13, and skip D-14. If "No", skip D-13, and answer D-14. ☐ Yes ☐ No

D-13. **If *"Yes" above*, what standard fee would you *favor* requiring the DWI offender to pay to the ADETS facility for the ADETS Service?**
$☐☐☐.00

D-14. **If *"No" above*, why do you *not favor* a change in the current $75.00 standard fee that the DWI offender is required to pay to the ADETS Facility for the ADETS Service?**

D-15. In your view, *how much* of a barrier to services access would an increase in the current $75.00 standard ADETS fee present to the DWI Offender? *(Check ✓ one for each proposed fee amount)*

a. Increase to $100 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
b. Increase to $125 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
c. Increase to $150 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
d. Increase to $175 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
e. Increase to $200 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
f. Increase to over $200 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier

Section E: Qualifications of Staff Instructors Providing ADETS Services

Provide the following information for each Substance Abuse Services staff member who provides ADETS Services in this facility. *(For more than four staff, attach additional pages as necessary)*

		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4
E-1.	What is staff member's educational degree(s) attained and major field(s) of study? *(Check ✓ and list all that apply)*	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____
E-2.	What is staff member's total number of years of supervised experience in providing substance abuse counseling?	Years:_____	Years:_____	Years:_____	Years:_____
E-3.	Is staff member registered with the NCSA Professional Certification Board?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Provide the following information for <u>each</u> Substance Abuse Services staff member who provides ADETS Services in this facility. *(For more than four staff, attach additional pages as necessary)*					
		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4
E-4.	List staff member's current NCSAPCB Certification(s) or Other Approved Credential(s). *(Check ✓ all that apply)*	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat
E-5.	List languages (other than English) that staff member speaks or signs fluently. *(Check ✓ all that apply)*	☐ Spanish ☐ American Sign Language ☐ Other: ____________ ☐ Other: ____________	☐ Spanish ☐ American Sign Language ☐ Other: ____________ ☐ Other: ____________	☐ Spanish ☐ American Sign Language ☐ Other: ____________ ☐ Other: ____________	☐ Spanish ☐ American Sign Language ☐ Other: ____________ ☐ Other: ____________
E-6.	What do you recommend should be North Carolina's <u>minimum</u> education requirements for a facility staff member to provide ADETS Services? *(Check ✓ one)* ☐ HS or GED ☐ Associate *(in related field)* ☐ Bachelor *(in related field)* ☐ Masters *(in related field)*				
E-7.	What do you recommend should be North Carolina's <u>minimum</u> substance abuse certification requirements for a facility staff member to provide ADETS Services? *(Check ✓ one)* ☐ None ☐ CSAC ☐ CCAS ☐ CSAPC				

Section F: DWI Substance Abuse Outpatient and Day Treatment/IOP Services

- **Shorter-Term (20 Hours over Minimum of 30 Days)**
- **Longer-Term (40 Hours over Minimum of 60 Days)**
- **Day Treatment/Intensive Outpatient Program (90 Hours over Minimum of 90 Days)**

F-1. Does your facility provide: *(Check ✓ all that apply)*

DWI Substance Abuse **Shorter-Term (20/30)** Outpatient Treatment Services?	☐ Yes	☐ No
DWI Substance Abuse **Longer-Term (40/60)** Outpatient Treatment Services?	☐ Yes	☐ No
DWI Substance Abuse **Day Treatment/IOP (90/90)** Services?	☐ Yes	☐ No

If "Yes", complete remainder of questions in Section F and Section G. If "No", skip to Section H.

**F-2. In your Shorter-Term (20/30) Outpatient Treatment, over the past 12 months, what is the estimated % of clients in each of the following three Substance Abuse diagnostic groups: (*Three categories should add up to 100 % of your 20/30 clients)*

No Substance-Related Diagnosis	Substance Abuse Diagnosis(es) Only	Substance Dependence Diagnosis(es)
☐☐☐%	☐☐☐%	☐☐☐%

☐ Check ✓ if Not Applicable (Facility does not provide 20/30)

(Questions do not pertain to other psychiatric disorders)

**F-3. In your Longer-Term (40/60) Outpatient Treatment over the past 12 months, what is the estimated % of clients in each of the following two Substance Abuse diagnostic groups: (*Two categories should add up to 100 % of your 40/60 clients)*

Substance Abuse Diagnosis(es) Only	Substance Dependence Diagnosis(es)
☐☐☐%	☐☐☐

☐ Check ✓ if Not Applicable (Facility does not provide 40/60)

(Questions do not pertain to other psychiatric disorders)

**F-4. In your Day Treatment/IOP (90/90) over the past 12 months, what is the estimated % of clients in each of the following two Substance Abuse diagnostic groups: (*Two categories should add up to 100 % of your 90/90 clients)*

Substance Abuse Diagnosis(es) Only	Substance Dependence Diagnosis(es)
☐☐☐%	☐☐☐%

☐ Check ✓ if Not Applicable (Facility does not provide 90/90)

(Questions do not pertain to other psychiatric disorders)

F-5. DWI SA Outpatient Treatment Schedule *(List hours each day)*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

F-6. Generally, in the past 12 months, what is the number of clients in a DWI SA Outpatient Treatment group in your facility?

(Complete all three categories) Min. No. ☐☐ Avg. No. ☐☐ Max. No. ☐☐

F-7. What do you recommend should be the maximum number of persons treated in a DWI SA Outpatient Treatment group?

Max. Recom. No. ☐☐

F-8. Describe the DWI SA Outpatient Treatment Services treatment model and therapy utilized by your facility, including the name of any manualized or evidence-based treatment curriculum/curricula used.

F-9. What is the *estimated %* of clients enrolled in DWI SA Outpatient Treatment in your facility that complete a Treatment Program within: *(Include clients who complete treatment either at your facility or at another DWI facility)*

1 year of enrollment? ☐☐ %

2 years of enrollment? ☐☐ % (Include all completed within 1 yr.)

☐ Unable to provide estimate from existing program records and tracking system

F-10. Day Treatment/ IOP Services Schedule *(List hours each day)*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

F-11. Generally, over the past 12 months, what is the number of clients in a DWI SA Day Treatment/IOP group in your facility?
(Complete all three categories) Min. No. ☐☐ Avg. No. ☐☐ Max. No. ☐☐

F-12. What do you recommend should be the maximum number of clients treated in a DWI SA Day Treatment/IOP group?
Max. Recom. No. ☐☐

F-13. Describe the DWI SA Day Treatment Services treatment model and therapy utilized by your facility, including the name of any manualized or evidence-based treatment curriculum/curricula used.

F-14. What is the *estimated %* of clients enrolled in DWI SA Day Treatment/IOP in your facility that complete a Day Treatment/IOP within: *(Include clients who complete either at your facility or at another DWI facility)*

1 year of enrollment? ☐☐ %

2 years of enrollment? ☐☐ % (Include all completed within 1 year)

☐ Unable to provide estimate from existing program records and tracking system

F-15. Does your facility charge the DWI offender a standard fee for the DWI SA Treatment Services? ☐ Yes ☐ No
If "Yes", answer F-16, and skip F-17. If "No", skip F-16, and answer F-17.

F-16. If *"Yes"*, what are standard per client fees charged, by Level? *(Complete all that apply)*

Shorter-Term (20/30) $☐☐☐☐.00
Longer-Term (40/60) $☐☐☐☐.00
Day Treatment/IOP(90/90)) $☐☐☐☐.00

F-17. If *"No"*, what are the minimum, maximum, and average per client fees charged? *(Complete all that apply)*

Shorter-Term (20/30)	$☐☐☐☐.00 Minimum	$☐☐☐☐.00 Maximum	$☐☐☐☐.00 Average
Longer-Term (40/60)	$☐☐☐☐.00 Minimum	$☐☐☐☐.00 Maximum	$☐☐☐☐.00 Average
Day Treatment/IOP (90/90)	$☐☐☐☐.00 Minimum	$☐☐☐☐.00 Maximum	$☐☐☐☐.00 Average

F-18. List the *estimated* % of funding from each of your facility's sources of reimbursement revenue received for the provision of Substance Abuse Treatment services to DWI Offenders in the past 12 months. (All sources combined should total 100%)

☐☐% Client Self-Pay ☐☐% Private Insurance ☐☐% DMH/DD/SAS (IPRS System)

☐☐% Medicaid ☐☐% Medicare ☐☐% Health Choice

☐☐% CHAMPUS or CHAMPVA ☐☐% Other Public Agency Contract ☐☐% Private Contract

☐☐% All Other Sources (Describe):_____

F-19. In your experience, how much of a barrier to timely services access do your *current fees* for treatment present to the DWI Offender? *(Check ✓ one)*

☐ Extreme Barrier ☐ High Barrier ☐ Medium Barrier ☐ Low Barrier ☐ Not a Barrier

Section G: Qualifications of Staff Providing DWI SA Outpatient Treatment and Day Treatment

Provide the following information for each Substance Abuse Services staff member who provides DWI Substance Abuse Outpatient Treatment and Day Treatment Services in this facility. *(For more than four staff, attach additional pages as necessary)*

		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4

Provide the following information for <u>each</u> Substance Abuse Services staff member who provides DWI Substance Abuse Outpatient Treatment and Day Treatment Services in this facility. *(For more than four staff, attach additional pages as necessary)*

		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4
G-1.	What is staff member's educational degree(s) attained and major field(s) of study? *(Check ✓ and list all that apply)*	Degree & Major ☐ HS or GED ☐ Associate ______ ☐ Bachelor ______ ☐ Masters ______ ☐ Doctorate ______	Degree & Major ☐ HS or GED ☐ Associate ______ ☐ Bachelor ______ ☐ Masters ______ ☐ Doctorate ______	Degree & Major ☐ HS or GED ☐ Associate ______ ☐ Bachelor ______ ☐ Masters ______ ☐ Doctorate ______	Degree & Major ☐ HS or GED ☐ Associate ______ ☐ Bachelor ______ ☐ Masters ______ ☐ Doctorate ______
G-2.	What is staff member's total number of years of supervised experience in providing substance abuse counseling?	Years:______ Months:______	Years:______ Months:______	Years:______ Months:______	Years:______ Months:______
G-3.	Is staff member registered w/ the NCSA Professional Certification Board?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
G-4.	List staff member's current NCSAPCB Certification(s) or Other Approved Credential(s). *(Check ✓ all that apply)*	Certification or Credential ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	Certification or Credential ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	Certification or Credential ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	Certification or Credential ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat
G-5.	List languages (other than English) that staff member speaks or signs fluently. *(Check ✓ all that apply)*	☐ Spanish ☐ American Sign Language ☐ Other: ______ ☐ Other: ______	☐ Spanish ☐ American Sign Language ☐ Other: ______ ☐ Other: ______	☐ Spanish ☐ American Sign Language ☐ Other: ______ ☐ Other: ______	☐ Spanish ☐ American Sign Language ☐ Other: ______ ☐ Other: ______

G-6 What do you recommend should be North Carolina's <u>minimum</u> education requirements for a facility staff member to provide Substance Abuse Outpatient Treatment or Day Treatment/IOP Services?
(Check ✓ one) ☐ HS or GED ☐ Associate *(in related field)* ☐ Bachelor *(in related field)* ☐ Masters *(in related field)*

G-7. What do you recommend should be North Carolina's <u>minimum</u> substance abuse certification requirements for a facility staff member to provide Substance Abuse Outpatient Treatment or Day Treatment/IOP Services? *(Check ✓ one)* ☐ None ☐ CSAC ☐ CCAS

Section H: DWI Substance Abuse Services Quality Management and Program Performance Initiatives and Measurement of Client Outcomes and Recidivism

H-1. Describe your facility's *current initiatives, results, and planned future strategies* in the measurement of client outcomes and recidivism to improve the effectiveness of services to DWI Offenders.

(Use additional space as needed)

H-2. Would your facility be interested in considering participation in the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS): (*Check ✓ one box for each question)*

a. With the current manual TeleForm scanable forms provided by the Division? ☐ **Yes** ☐ **No**

b. With the newly developed NC-TOPPS Web-Based Reporting Initiative? ☐ **Yes** ☐ **No**

Section I: DWI Substance Abuse Services Issues and Concerns

I-1: Describe *issues and concerns* related to the study of DWI Substance Abuse Services in North Carolina and to the Division's efforts to improve services access for DWI offenders, to promote quality and effectiveness, and to ensure provider best practices and accountability.

(Use additional space as needed)

Section J: Signatures of DWI Facility Staff

The following individual(s) affirm(s) that the information provided on this Survey is both accurate and complete:

J-1. **REQUIRED** **- Facility Director or CEO** **(Printed Name and Signature)** **(Date Signed)**
Printed Name, Signature, and Date Signed of Facility's Administrative Director responsible for facility compliance with DMH/DD/SAS Licensure Rules

---

J-2. **OPTIONAL** **– Facility Clinical Director (Qualified Substance Abuse Professional: QSAP)** **(Printed Name and Signature)** **(Date Signed)**
Printed Name, Signature, and Date Signed of Facility's Clinical Director responsible for oversight of assessment, treatment, supervision, and clinical records and practices

---

J-3. **OPTIONAL** - **NCSAPCB Certified Counselor (CSAC or CCAS) or ASAM Certified Physician** **(Printed Name and Signature)** **(Date Signed)**
Printed Name, Signature, and Date Signed of Individual Responsible for Provision of Facility's DWI SA Assessment Reviews and DMH 508-R Form Signatures

****

- Thank you for your assistance in completing this Survey -

Mail (preferred), deliver, e-mail, or fax to:
Daisy Adams, Quality Management Team,
3004 Mail Service Center, Raleigh, NC 27699-3004, or
Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603.
Telephone: 919-733-0696 Fax (919) 715-2772 Daisy.Adams@ncmail.net
Survey is to be received by 5:00 p.m. on Friday, December 19, 2003

Address questions to:
Jennifer Resnick, DWI Services QM Project Consultant at (919) 733-0696
Michael Eisen, Director of DWI Services, at (919) 733-0566, or Michael.Eisen@ncmail.net, or
Spencer Clark, Director of Operations and Clinical Services, at (919) 733-4670, or Spencer.Clark@ncmail.net.

Appendix D

The DWI Facility Quality Management Site Visit Interview for Selected Substance Abuse Services DWI Providers

NC Department of Health and Human Services

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Community Policy Management Section

Time **arrived**: AM/PM
Time site visited **completed**: AM/PM

Joint Legislative Oversight Committee on MH, DD, and SAS: DWI Facility Quality Management Site Visit Interview for Selected Substance Abuse Services DWI Providers SFY 03-04

Statutory Authority: General Assembly of North Carolina Session Law 2003-396, Senate Bill 934

SECTION 2. The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services shall study the programs offered by assessing agencies to clients who must obtain a substance abuse assessment and a certification of completion of a substance abuse program. The study should include information on the type of testing provided by an agency, the treatment offered by an agency, the average duration of a program, the average cost of treatment, the rates of recidivism, and the adequacy of the fee paid to the assessing agency by a client for a required substance abuse assessment. The Committee must report its findings and any recommended legislation to the 2004 Regular Session of the 2003 General Assembly.

Address questions to:

Jennifer Resnick, DWI Services QM Project Consultant, at (919) 733-0696, or
Michael Eisen, Director of DWI Services, at (919) 733-0566, or Michael.Eisen@ncmail.net,
or Spencer Clark, Director of Operations and Clinical Services, at (919) 733-4670, or Spencer.Clark@ncmail.net.

Section B: Introduction

To open the interview:

BI. Provide a brief description of the **purpose of the site visits**.

Interviewer
To complement the information gathered on the provider surveys, the DWI research team decided to conduct informational site visits with a small percentage of providers. The purpose of these visits is to:
(1) follow up on the data gathered in the surveys,
(2) obtain in-depth feedback about your opinions on raising the fee, and
(3) collect information that will guide future technical assistance and quality improvement efforts.

Also, we wanted to have the opportunity to visit programs, face-to-face, to…

- *give providers more of a voice*
- *be more available to providers on a personal level*
- *encourage/ support use of evidence-based service delivery*
- *identify needs and concerns*
- *July 1st 2004 fee-want money to be applied to quality assurance and technical assistance efforts*

B2. Provide a brief description of **interviewer's clinical and research background**- build up strengths about clinical background

B3. Tell me a little bit about yourself and **what brought you to this field of work**?	***B4. Interviewer observations of facility (tour of facility)*** ***Location:*** ***Transportation:*** ***Office space:*** ***Privacy:*** ***Resources:***

SECTION C. **To begin, I would like to talk a bit about your assessment process. I am trying to form a picture of what happens with a client when he/she enters your facility…**

SECTION C. DWI- ASSESSMENT	
C1. How do clients/providers find out about your facility?	
C2. Assessment Process *You indicated on your survey that you use the following assessment tools:* • _ • _ In your opinion, is this assessment sufficient/ what should be included in an assessment to adequately assess a client?	• *Substance use symptoms assessed* • *Other MH issues assessed*
Does your facility maintain a **court liason**?	**Y N**
Do you provide the **court** with a copy of your assessment?	**Y N**
Do you collect co-lateral information from client's family and friends?	**Y N**
Do you provide the client with a written copy of the results of your assessment?	**Y N**
How do you handle the needs of Hispanics and other non-English speaking clients?	How would you feel about a statute that mandates the use of certain tools?
***C3.* Assessor and Supervisory Qualifications and Duties** What are your thoughts about the **qualifications of assessors** who administer assessments to DWI clients? • Do you find the qualifications of assessors sufficient? • What would you change?	

What are your thoughts about the **qualifications of individuals who oversee/sign off on the assessments** delivered to DWI clients? • mention what state is considering??- CSAC?	
When the assessment is complete, is it reviewed by your clinical supervisor?	**Y N**
Do you ever change the results of your assessment based on discussion with the clinical supervisor?	**Y N**
When treatment is completed, could you tell me how the 508 form is signed off? • Process for handling signing off of assessments- "rubber stamp vs. in-depth"	
C4. *Although you have indicated your facility provides SA treatment,* ***do you know of any providers in the area that ONLY provide assessments?*** • What are your thoughts on this? • Do they usually send clients to your program?	**Y N**
C5. Once the assessment is complete and it is decided that a client needs to be referred for treatment… ***how does your facility go about informing a client of his/her treatment options (in the area)?***	• Handout/ documentation • Verbal • Is it posted publicly?
• Do you usually provide services to the clients you assess?	**Y N**

Section D: Fee Increase for Assessment and Education Services (feeling/opinion)

The <u>next area</u> I would like to talk about today, but one of the most important with regard to the DWI Study, is that of the fee increase for assessment and ADETS services…

D1. As indicated on your survey, your (*circle appropriate response*) **facility / you, favor(s) / do(es) not favor,** a change in the current <u>$50.00</u> standard fee for DWI SA **<u>Assessment</u>**.

- *Can you talk with me about your **<u>feelings</u>** on this fee change?*

D2. As indicated on your survey, your (*circle appropriate response*) **facility / you, favor(s) / do(es) not favor,** a change in the current <u>$75.00</u> minimum required fee for **<u>ADETS</u>**?

- *Can you talk with me about your **<u>feelings</u>** on this fee change?*

D3. **OPTIONAL** **-**What is your feeling on **<u>standardizing treatment fees</u>**?

- Would you favor standardizing treatment fees for certain levels over others?

Section E: DWI-Substance Abuse Treatment Provision
(knowledge/opinion/feeling)

E1. *"From what you indicated in your survey, you offer":*

ADETS ☐ Yes ☐ No

Shorter-Term (20/30) Outpatient Treatment Services? ☐ Yes ☐ No
(level 2 DFS license 3500)

Longer-Term (40/60) Outpatient Treatment Services? ☐ Yes ☐ No
(level 3 DFS license 3500)

Day Treatment/IOP (90/90) Services? ☐ Yes ☐ No
(level 4 DFS license 3700)

Have you ever used any evidence-base treatments (e.g., manuals, journal articles)? ☐ Yes ☐ No

Do you use:

- ***Handouts*** ☐ Yes ☐ No
- ***Homework assignments*** ☐ Yes ☐ No
- ***Videos/ posters*** ☐ Yes ☐ No

*"Talk to me a bit about your **treatment program(s)**":*

E2. OPTIONAL- What **treatment models/ theoretical approaches** do you use in your treatment program?
(if already indicated in survey, do not ask again…)

OPTIONAL

E5. What is your understanding of the **special level of treatment?**

Definition- clients with physical, mental, emotional, learning disabilities deserve and require specialized treatment services. The provider is instructed to create a specialized treatment plan and submit it to the state for approval. Look up definition in rule book…

Would training on this area be helpful?

☐ Yes ☐ No

Interviewee Response:

OPTIONAL

E6. "Tell me about some factors that you feel influence **treatment completion**":

Section F: Computation of Assessment & Treatment Fees- COST FINDING (knowledge)

The third main area I would like to talk about was also covered on the survey – computation of assessment and treatment fees

ASSESSMENT **FI.** As you described on your survey, your facility **computes costs** by… *Actual cost $* *Suggested new fee $*	**"***Talk with me a little bit more about your facility's method of computing the* ***estimated actual cost****, per offender, for completion of the DWI Substance Abuse* ***Assessment.*****"**
ADETS **F2.** As you described on the survey, your facility **computes costs** by… *Actual cost $* *Suggested new fee $*	*"Talk with me a little bit more about your facility's method of computing the* ***estimated actual cost****, per offender, for completion of* ***ADETS."***

Section G: OPTIONAL--Staff Supervision and Training (knowledge/opinion/feeling)

The last area I would lie to talk about is the supervision and training provided to you and your staff…

G1. Earlier we discussed supervision provided to assessment staff. Let's talk a bit about the **supervision** available to staff who are providing **substance treatment**: ▪ **Hours/week** ▪ **Who provides** ▪ **Do you feel it is adequate?**	**Interviewee Response:**
G2. Tell me about any additional **training/resources** made available to the staff. Please describe: ▪ **Conferences** ▪ **In-house training** ▪ **Financial support for coursework etc.** **What areas would you or your staff like to receive additional training on:** **1.** **2.** **3.**	**Interviewee Response:**
G3. FINAL QUESTION…Are there any areas you or your staff would be interested in receiving technical assistance in?	

Appendix E

Site Visit Reports

Site Visit Summary: Facility 1 –Wake County

Date Interviewed 3/4/04	**Name of Interviewer** Jennifer Resnick	**Special Populations** Students	**FY2002-2003 total # of assessment completed: 64**

Facility Overview: Facility 1 is a newly opened, medium-sized, private, not-for-profit agency that provides a range of behavioral health treatment services to clients in Wake County. Facility 1 has two locations in Wake County and staffs a team of 25 experienced psychologists, psychiatrists, family nurse practitioners and substance abuse counselors. Treatment services include a sex offender program, psychiatric evaluations and treatment, medication management, outpatient psychotherapy, substance abuse counseling and DWI-specific substance abuse assessments. This facility was chosen to be visited because it is a newer, medium-sized facility that serves an urban population. In addition to treating clients on-site, Facility 1 contracts with two local adolescent programs in the Raleigh area that provide behavioral health treatment services to adolescents, the Life Course Academy, an alternative school for youth, and the Wake County Day Reporting Center.

The site visit interview was conducted with Mr. Smith, BS, CCAS, the Executive Director of the facility. The interview covered the following topic areas: intake and assessment, staff qualifications, education and treatment services, support for fee increases, staff supervision and a cost finding exercise. The following narrative provides an overview of the highlights of this visit.

Intake/Assessment: Facility 1 staffs five substance abuse assessors for DWI-specific clients. Two are CCASs (Certified Clinical Addictions Specialist), two are interns, and one is registered but not certified. Upon entering the facility, the client meets with administrative staff who gather general demographic information and copies of records, and also get releases signed. Once completed, a staff assessor is contacted to meet with the client and begin the assessment process. Along with a clinical interview, the MACH is administered to every client, results are reviewed, and treatment options are discussed. All clients are given a list of treatment providers in the area, before deciding on treatment options. Mr. Smith indicated that approximately 75% of the clients assessed at Facility 1 are treated there as well. The assessment process takes a total of 60 minutes.

Although Mr. Smith indicated he would support a statute to increase the qualifications of DWI assessors, he doesn't feel assessors need to be certified. Intern or registered status would be acceptable as long as the individuals were closely supervised. He feels that to obtain the training necessary to become certified requires internships at facilities such as Facility 1. Mr. Smith indicated it might be difficult for interns to gain the necessary certification experience if they are not empowered to administer assessments.

Supervision: Mr. Smith is one of the two clinicians at Facility 1 who are responsible for handling both clinical review and administrative processing for all the DWI clients. Charts are reviewed daily and signed off on by one of the two CCASs on staff only. Individual clinical supervision is conducted weekly with the substance abuse assessment staff by a CCAS. Because the facility employs an array of behavioral health professionals, a team approach is used and all staff are available for consultation or supervision on an as needed basis.

Support for Fee Increase and Cost-Finding Exercise (Assessment and ADETS): Mr. Smith strongly supports fee increases for DWI assessments and ADETS. He feels that as compared to the state assessment fee of $124.91 per hour /the amount that is reimbursable through Medicaid, the present fee of $50.00 is not cost-effective. The present low fee also lowers the credibility of the field. He would support a fee increase in the range of $100 to $125.
At present, Facility 1 does not offer ADETS services but feels the fee charged is much too low. Mr. Smith cautioned that specific variables must be considered when recommending a fee increase. If, in addition to an increase, the recommendation is to decrease the class size, increase the number of hours, revise the curriculum, and increase instructor credentials, the fee increase should be in proportion to these added changes, which are all costly to the provider.

Treatment: All individuals assessed for services at Facility 1 are given a worksheet to sign that provides information on facilities in the area that offer recommended treatment. Facility 1 offers Short-Term treatment at $350.00 and Longer-Term treatment at $700.00. A 12-Step Model is supported, coupled with education and psychotherapy. Emphasis is placed on meeting clients "where they are", somewhat of a motivational enhancement approach. Services are provided individually as needed, and in a group setting and all clients are strongly encouraged to attend AA/NA meetings. A holistic approach is used and internal referrals are made for clients who present with additional behavioral health concerns (e.g., bi-polar disorder, major depression).

Site Visit Summary: Facility 2 – Cumberland County

4. Date Interviewed	5. Name of Interviewer	6. Special Populations	FY2002-2003 total # of assessment completed:
2/17/04	Jennifer Resnick	Spanish Speaking, adolescent, female	381

Facility Overview: Facility 2 is a large, private, not-for-profit agency that provides prevention, education, and treatment services to clients with high-risk or substance abuse/dependence diagnoses. The facility is located in Cumberland county, serving both urban and rural communities, and contracts with the local Mental Health Center, for DWI assessment and treatment services. This facility was chosen to be visited because of its' Latino program and the visit focused on services for this population. In addition to providing DWI services, Facility 2 offers a Women's program, an adolescent program, TASC, a methadone program, an Adult Substance Abuse program and a Latino substance abuse program. They are one of the larger providers in the state with a staff of approximately 100 people.

The site visit interview was conducted with Mr. Jones, MAC, LPC, CCAS, who is both the Coordinator for all DWI Services and the Latino Services Director at Facility 2. The interview covered the following topic areas: intake and assessment, staff qualifications, education and treatment services, support for fee increases, staff supervision and a cost finding exercise. The following narrative provides an overview of the highlights of this visit.

Intake/Assessment: Mr. Jones is the only clinician for the DWI program who scores the standardized assessment, evaluates and interprets the assessments and provides a diagnosis where applicable for clients. To assist with administrative duties for the DWI Latino Services Program, such as paperwork completion and assessment administration, the program staffs two Bachelor's level assistants. Mr. Jones is representative of a highly qualified DWI substance abuse assessors in North Carolina in that he is a master's level clinician as well as a Certified Substance Abuse Counselor (CSAC). A significant percentage of DWI SA assessors either are not certified or are certified without a graduate degree in a clinical discipline. All consent and release forms have been translated into Spanish and the SASSI-Spanish Version is administered to all Latino Services clients. Mr. Jones indicated that the assessment process takes a total of 60 minutes. He does feel that Spanish-speaking clients require approximately 10 minutes of extra time for translation and cultural exploration.

Mr. Jones also indicated that he would strongly support a statute to increase the qualifications of DWI assessors because he feels that assessors must have experience working this population. In Mr. Jones's experience, agencies tend to serve their own needs rather than those of their clients, if assessors are not certified.

Supervision: Mr. Jones is the clinician at Facility 2 responsible for handling both clinical review and administrative processing for all the DWI clients. A strict and successful system has been put in place to greatly reduce the incidence of fraud. Mr. Jones holds all Certificate of Completion forms (508-R) in a locked cabinet in his office, each form has the Facility 2 logo on it, and only Mr. Jones's name can appear on the bottom of the form. A check-off list has been created to assist with the clinical chart review and charts are returned to counselors if all treatment items are not satisfied.

Support for Fee Increase and Cost-Finding Exercise (Assessment and ADETS): Mr. Jones supports fee increases for DWI assessments and ADETS although he is cautious about raising the assessment fee above $100.00. Latino clients often find it difficult to pay for assessment and treatment services out-of-pocket and Facility 2 supports Mr. Jones's efforts to keep clients in treatment regardless of their financial situation. As calculated on the cost-finding worksheet, each DWI substance abuse assessment costs Facility 2 $59.76. Although lower than the average, Facility 2 still loses approximately $10.00 per assessment. The large staff size contributes some to the lower hourly rate as administrative costs can be shared among the numerous prevention and treatment programs offered at Facility 2.

At present, Facility 2 does not offer ADETS services but is very interested in doing so. Mr. Jones is very interested in offering a Spanish version of ADETS in his area, as there currently are none available. Raising the fee would enable Mr. Jones to research, obtain, translate and organize the ADETS materials needed for the classes.

Treatment: All individuals assessed for services at Facility 2 are given a worksheet to sign that provides information on facilities in the area that offer recommended treatment. This worksheet is included in the client's record. If a client wishes to receive treatment at Facility 2, additional paperwork is completed, including a treatment plan, and client goal worksheet. Facility 2 offers Short-Term treatment at $300.00, Longer-Term treatment at $540.00, and Day Treatment for a cost of $720.00. Treatment is individualized according to each client's strengths, needs, abilities and preferences. Service delivery utilizes various therapeutic approaches including, but not limited to, Cognitive-Behavioral Therapy, Rational- Emotive Therapy, reality based, motivational based, harm reduction based and Twelve-Step based theories and principles. Services are provided individually and in a group setting and all clients are required to participate in a multi-family group.

Site Visit Summary: Facility 3

Date Interviewed	Name of Interviewer	Special Populations	FY2002-2003 total # of assessment completed:
3/2/04	Jennifer Resnick	Spanish-Speaking	115

Facility Overview: Facility 3 is the state mental health center for a three county area in north central North Carolina. The bulk of the Center's clients come from rural areas in central North Carolina. In addition to the suburban facility visited, the program staffs location in three neighboring rural cities. Facility 3 provides services to individuals with mental health concerns, developmental disabilities, and substance abuse problems and this Center was chosen as the single Public MH/DD/SAS Area Program to be included in the site visit review.

The site visit interview was conducted with Mrs. Brown, the DWI/DES Coordinator and Mr. Black, The Director of Judicial Services. Mr. Black also serves as the supervisor for the DWI Substance Abuse Assessment staff across the three counties. The interview covered the following topic areas: intake and assessment, staff qualifications, education and treatment services, support for fee increases, staff supervision and a cost finding exercise. The following narrative provides an overview of the highlights of this visit.

Intake/Assessment: Two staff administer, score, evaluate and interpret DWI assessments and provide diagnoses where applicable for clients. Both assessors are Certified Substance Abuse Counselors (CSAC). Mr. Black is available to the DWI assessment staff for supervision and consultation on all clients with regard to assessment. To serve all Spanish-speaking clients within the Facility 3 catchment area, Facility 3 contracts with SASA, in a neighboring city. SASA (Services for Alcohol and Substance Abuse) provides assessment (SASSI-Spanish Version), case management, and treatment services in Spanish, as well as ADETS classes. Consistent with the majority of providers in the state, Facility 3 administers the SASSI to all of its' clients and indicated that the assessment process takes a total of 60 minutes, on average.

Mr. Black and Mrs. Brown both specified they would strongly support a statute to increase the qualifications of DWI assessors. They mentioned two issues to support their opinion on this, (1) higher qualifications bring credibility to the system, and (2) to perform a thorough, precise substance abuse assessment, assessors must have a full understanding of the intricacies of this population. Certification can help to insure that staff abide by the same standards and guiding principles, therefore adding an element of quality control to the field. They stated that educational level is not as critical as the certifications received and at a minimum, they would prefer all assessors to be Certified Substance Abuse Counselors and with associate's degrees.

Supervision: Staff supervision is provided by the Clinical Director, who conducts weekly individual supervisory meetings with each clinician. In addition, the Clinical Director is the only individual privileged to sign-off on their client's 508 forms. Charts are reviewed weekly for thoroughness and accuracy, and the treatment recommendations are signed-off on. Charts are returned if any problems are sighted, and will only be signed-off on after a thorough review. The DWI SA Assessment staff are supervised by the Judicial Services

Director, Mr. Black. He also conducts weekly supervisory sessions with his staff, traveling to each of the four facility locations weekly and is available for additional consultation on an as needed basis.

Support for Fee Increase (Assessment and ADETS) and Cost-Finding: Mr. Black and Mrs. Brown strongly support fee increases for both DWI assessments and ADETS. They feel the increase may make more of a financial impact with DWI offenders, thereby potentially discouraging them from re-offending. Through the cost-finding exercise, it was calculated that on average, each assessment costs OPC a minimum of $50.26. Facility 3 is losing approximately $10.00 for each assessment administered. Mr. Black indicated he would like to see the fee rose to $100, but cautioned that such an increase could potentially pose a barrier to a small population of their DWI clients.
As a public mental health center, Facility 3 offers ADETS classes and would strongly support a fee increase of as much as $200.00. However, Mrs. Brown cautioned that a fee increase must be accompanied by strict controls with regard to both class size and class content. A higher ADETS fee may attract providers who are more interested in profitability, and less interested in delivering quality services. If raised, the additional ADETS funds would go towards the training and preparation required for administration of ADETS classes to clients.

Treatment: All individuals assessed for services at Facility 3 are informed in writing about facilities in the area that offer recommended treatment. If a client wishes to receive treatment at Facility 3, additional paperwork is completed. Approximately 75% of the clients assessed choose Facility 3 for treatment. Facility 3 offers the full range of services to its' DWI clients: Short-Term treatment at $325.00, Longer-Term treatment at $725.00, and Day Treatment for a cost of $1500.00. Treatment is individualized according to each client's strengths, needs, abilities and preferences. Treatment is delivered in a group format; individual sessions are recommended on an as needed basis. Although multi-family groups are not used, each level of treatment contains a family night, encouraging the attendance of a family member or loved one.
Many models and therapies are endorsed at Facility 3; Motivational Enhancement Therapy, Cognitive Behavioral Therapy, and the AA Model are widely used. In addition, skills-based training is used, in the areas of stress reduction, risk prevention, and coping. All groups contain elements of psychoeducation. Group therapy is manualized, however group facilitators are encouraged to incorporate their own ideas into the treatment. The manual was created by clinical staff at Facility 3 and its' purpose is to provide structure and guidance to the facilitators. It provides an outline for each session, as well as complimentary exercises and homework assignments.

Site Visit Summary: Facility 4 – Harnett County

Date Interviewed	Name of Interviewer	Special Populations	FY2002-2003 total # of assessment completed:
2/19/04	Jennifer Resnick	Spanish-Speaking	198

Facility Overview: Facility 4 is a small, private, for-profit agency in central North Carolina that provides treatment services to clients with high-risk or substance abuse/dependence diagnoses. Ninety percent of their clients are DWI offenders seeking assessment and treatment services. Facility 4 has two locations of operation, a larger facility that oversees the company administration, and a smaller facility in a neighboring city. Additionally, Facility 4 operates two halfway houses in the state, a center for youth and another for adult substance abusers. The local mental health center is the only additional provider of DWI services in the area. Facility 4 was visited because it is a small for-profit program that serves a quaint rural community. Although Facility 4 is a fairly small facility that employs four people, their size falls within the majority; 71% of DWI programs across North Carolina have a staff size of twelve or less.

The site visit interview was conducted with Mr. Grin, MS, LPC, CCAS, CCS who is the Facility Clinical Director. The interview covered the following topic areas: intake and assessment, staff qualifications, education and treatment services, support for fee increases, staff supervision and a cost finding exercise. The following narrative provides an overview of the highlights of this visit.

Intake/Assessment: Two staff administer, score, evaluate and interpret DWI assessments and provide diagnoses where applicable for clients. Both assessors are Certified Substance Abuse Counselors (CSAC). Mr. Grin is available for supervision and consultation on all clients, however does not administer assessments. Ms. White, one of the CSACs on staff, is bilingual and provides services to all Spanish -speaking clients, assisting with translation of forms and the assessment. Consistent with the majority of providers in the state, PRI administers the SASSI to all of its' clients. Mr. Grin indicated that the assessment process takes a total of 75 minutes, on average. Additional time is needed in many cases because of the high literacy problem in the Lillington area. This added time greatly influences the cost of delivering assessments and this is one of the main reasons Mr. Grin highly supports raising the assessment fee. Mr. Grin also indicated that he would strongly support a statute to increase the qualifications of DWI assessors. He stated that educational level is not as critical as the certifications received and at a minimum, he would prefer all assessors to be Certified Substance Abuse Counselors and receive regular (weekly) supervision. He feels that uncertified individuals are under-qualified to appropriately assess substance abuse problems, a task that requires a certain level of knowledge and expertise.

Supervision: Mr. Grin is responsible for handling the clinical review of DWI client files. The two assessors are privileged to sign-off on their client's 508 forms, however periodic audits of client charts are conducted by Mr. Grin for quality control purposes. Mr. Grin leads weekly individual supervision sessions, and is also available for consultation on an as needed basis.

Support for Fee Increase (Assessment and ADETS) and Cost-Finding: Mr. Grin strongly supports fee increases for both DWI assessments and ADETS. As mentioned earlier, additional assessment time is needed with many clients because of the high incidence of illiteracy in the area. This added time greatly influences the cost of the assessment process. In all cases, the agency loses money. Through the cost-finding exercise, it was

calculated that on average, each assessment costs Facility 4 a minimum of $80.28. Facility 4 is losing approximately $30.00 for each assessment administered. Mr. Grin indicated he would like to see the fee increased to $125.00 and does not feel this increased fee would pose a barrier to his clients.

At present, Mr. Grin does not offer ADETS services but is very interested in doing so. Mr. Grin feels it is important to offer the full array of services to his clients. He also indicated that he would support a fee increase to $200.00, because of the training and preparation required to deliver ADETS classes to clients.

Treatment: All individuals assessed for services at Facility 4 are verbally informed about facilities in the area that offer recommended treatment. If a client wishes to receive treatment at Facility 4, additional paperwork is completed. Facility 4 offers Short-Term treatment at $300.00, Longer-Term treatment at $550.00, and Day Treatment for a cost of $750.00. Treatment is individualized according to each client's strengths, needs, abilities and preferences. The therapeutic model endorsed at Facility 4 is the Grief Model, with Adlerian influences, and Gestalt therapy is used as the basis for much of the individual and group work. Group therapy is manualized, and group facilitators are encouraged to incorporate their own ideas into the treatment. The purpose of the manual is to provide structure and guidance to the facilitators. The manual was created on-site by Facility 4.

Appendix F

Cost-Finding Methodology Worksheet
for
SB 934* Study of DWI Assessment Fee

Rev. 02/20/04 **DRAFT DOCUMENT FOR REVIEW AND COMMENT**

NC Division of MH/DD/SAS Community Policy Management Section

Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services - DWI Advisory Committee

Cost-Finding Methodology Worksheet for SB 934 Study of DWI Assessment Fee*

1. **DWI Facility No.**	**2.** **Name of DWI Facility and City/County**		**3.** **Name & Title of Person Interviewed**
4. **Date Interviewed**	**5.** **Name of Interviewer**		**6.** **Interview Type:** ☐ **In-Person** ☐ **Telephone**
7. ***(State Staff Use Only)*** **No. of DWI Assessments Reported by DWI Facility In SFY 02-03**	**8.** (Example: 3.0 FTE) **No. of FTE Professional SA Staff Currently Providing DWI SA Services**	**9.** (Example: MA, CSAC) **Highest Degree and Certification(s) of Most Highly Qualified Staff in Facility Providing DWI SA Assessments**	**10.** (Example: 1 Hr. 15 Mins. or 1.25 Hrs.) **Avg. Length of Time (in Decimal Hours) of DWI SA Counselor in Face-to-Face Direct Service for DWI SA Assessment, including Orientation, Test Administration, Clinical Interview, Interpretation, and Follow-Up Consultation**

CALCULATION OF PERSONNEL AND ADMINISTRATIVE COSTS	**$ Total Amount**	**Illustrative Example:**
PERSONNEL COSTS FOR DWI SUBSTANCE ABUSE SERVICES		
11. Annual Salary for 1.0 FTE Designated Direct Service DWI SA Staff Member (for staff member identified in Item No. 9 above)	**$ Annual Salary for DWI SAS:** **:**	$40,000
12. Annual Fringe Benefits for 1.0 FTE Designated Direct Service Staff Member • Taxes $_____ • Retirement $_____ • Health Insurance $_____ • All Other $_____ **TOTAL FRINGE** $_____ (for staff member identified in Item No. 9 above)	**$ Annual Fringe for DWI SAS:**	$8,000

CALCULATION OF PERSONNEL AND ADMINISTRATIVE COSTS	$ Total Amount	Illustrative Example:
13. Total Annual Personnel <u>Cost for Salary and Fringe Benefits</u> for Staff Member (Addition of amounts from Item 11 and Item 12 above)	**$ Total Annual Personnel Cost for DWI SAS:**	$48,000
14. Formula for Calculation of <u>Hourly Personnel Cost</u> for Staff Member (Division of Total Personnel Cost by 1040 hours per year of 1.0 FTE staff member estimated billable hours for position – based on 50% of 2080 hours, or 1040 hours per year, dedicated to direct service billable hours, with remaining 50% of hours dedicated to scheduling, client records, documentation, supervision, travel, training, etc.)	**Total 1.0 FTE $ Annual DWI SAS Personnel Cost ÷ 1,040 Hours**	$48,000 ÷ 1,040 Hours
15. Calculated <u>Hourly Personnel Cost</u> for Staff Member (Calculation from Item 14)	**$ Hourly DWI SAS Personnel Cost:**	$46.15

ADMINISTRATIVE COSTS FOR DWI SUBSTANCE ABUSE SERVICES			
16. <u>Annual Administrative Costs Related Exclusively to DWI SA Services</u> • Clerical/Support Staff (not counted in staff above) $_____ • CSAC review and 508-R approval (not counted in staff above) $_____ • Facility rent and utilities $_____ • Office furniture/equipment rental and supplies $_____ • Cost of use of copyrighted assessment instrument(s) $_____ • Cost of copy of DMV Driver Record $_____ • Cost of arrest records and/or court records $_____ • Printing, including 508-R forms, etc. $_____ • Telephone, postage, and fax costs $_____ • Insurance, liability, marketing, accounting, and fees $_____ • Professional licensure, certification, and membership fees $_____ • All other administrative costs $_____ TOTAL ADMIN $_____		**$ Total Annual DWI SAS Admin. Cost:**	$60,000
17. Formula for Calculation of <u>Hourly Administrative Costs</u> (Division of Total Administrative Costs by 1040 hours per year multiplied by combined number of FTE staff members dedicated to direct service billable hours of SA services as listed in Item 8)		**$ Total Annual DWI SAS Admin.Cost ÷ (1,040 Hours X # of FTE Staff)**	$60,000 ÷ (1,040 Hours X 3 FTE Staff)
18. Calculated <u>Hourly Administrative Costs</u> for DWI SA Services (Calculation from Item 17)		**$ Hourly DWI SAS Admin. Cost:**	$19.23

CALCULATION OF PERSONNEL AND ADMINISTRATIVE COSTS	$ Total Amount	Illustrative Example:
COMBINED PERSONNEL AND ADMINISTRATIVE COSTS for DWI SA ASSESSMENT		
19. Combined <u>Hourly Cost for Personnel and Administrative Before Adjustment</u> (Addition of amounts from Item 15 and Item 18 above)	**$ Hourly Combined DWI SAS Cost:**	$65.38
20. Formula for <u>Hourly Cost Adjustment</u> Based on Length of DWI Assessment (Multiplication of Item 19 times Item 10)	**$ Hourly Combined DWI SAS Hourly Cost X Avg. # Hrs.** For DWI SA Assessment	$65.38 X 1.25 Hrs.
21. <u>Total Hourly Cost for Personnel and Administrative With Adjustment</u> (Calculation from Item 20)	**$ Total Hourly Cost w/ Adjust. For DWI SA Assessment:**	$81.73
NOTES ON COST FINDING AT THIS FACILITY		

Appendix G

The Driving While Impaired (DWI)
Substance Abuse Services Report

(DHHS, February, 2004.)

SUMMARY

DRIVING WHILE IMPAIRED (DWI)

SUBSTANCE ABUSE ASSESSMENT REPORT

February 2004

This is an annual report to the North Carolina General Assembly, initiated in the 1995 Legislative Session, and required thereafter to be submitted to the Joint Legislative Commission on Governmental Operations. The objective of the report is to provide an overview of Substance Abuse Services provided to DWI offenders, which is a major component of the State's response to the problem of impaired driving.

The report is generated from DWI substance abuse services Certificate of Completion (508-R) forms submitted within the fiscal year ending June 30, 2003 for individuals whose initial assessment occurred after January 1, 1996.

Tables within the report show the demographic characteristics of DWI offenders, with numbers and percentages for Gender, Race, Marital Status, Education and Age. The service recommended and completed are shown (Attachment B & C) by totals and percentages of offenders referred to each of the defined service levels:

1. Alcohol/Drug Education Traffic School (ADETS)
2. Short-term Counseling
3. Long-term Outpatient Treatment
4. Intensive Outpatient Treatment
5. Inpatient Treatment with Continuing Care
6. Special Service plans for persons whose circumstances prevent participation in one of the other programs.

The list of active facilities is listed by DWI facility code (Attachment E). Also listed are the number of clients completing education (ADETS) and treatment and fees paid to providers by DWI offenders which are compiled and shown as averages for the levels of service (Attachment F).

The statistical sample forming this report amount to 21,670 persons who meet the criteria stated above. 22.61% were recommended to education (ADETS) with the remainder recommended to a level of treatment. Tables in the body of this report show the details of these placements. The demographic characteristics of this population are also shown in detail. Fees charged and collected are tabulated by type of service.

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

3008 Mail Service Center • Raleigh, North Carolina 27699-3008
Tel 919-733-0566 • Fax 919-733-9455 • Courier 56-20-24

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D., Director

MEMORANDUM

TO: Carmen Hooker Odom

FROM: Richard J. Visingardi

DATE: January 13, 2004

SUBJECT: Driving While Impaired (DWI) Substance Abuse Services
Annual Report to the Joint Legislative Commission on Governmental Operations

As mandated by Chapter 496 (House Bill 458) of the 1995 Session of the General Assembly, please find attached the Driving While Impaired (DWI) Substance Abuse Services Report.
House Bill 458 became effective for persons arrested and convicted on or after January 1, 1996.

This statute directs the Department of Health and Human Services to provide an annual report on DWI substance abuse services to the Joint Legislative Commission on Governmental Operations by February 1st of each year. The Community Policy Management Section and the Division Office have approved the report. It is being forwarded to you for your review.

cc: Flo Stein, Chief, Community Policy Management
Sonya Brown, Team Leader, Justice Systems Innovations Team

Enclosure (2)

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE SERVICES REPORT

Prepared for:

NORTH CAROLINA GENERAL ASSEMBLY
JOINT LEGISLATIVE COMMISSION ON
GOVERNMENTAL OPERATIONS

Prepared by:

Michael Eisen, Director of DWI Services
JUSTICE SYSTEMS INNOVATIONS TEAM
COMMUNITY POLICY MANAGEMENT SECTION
and
JUDY BOONE, STATISTICIAN,
DATA OPERATIONS BRANCH
INFORMATION TECHNOLOGY

February 2004

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

DWI SUBSTANCE ABUSE SERVICES REPORT

(July 1, 2002– June 30, 2003)

BACKGROUND:

North Carolina has had laws targeting DWI behavior since 1909 and statewide programs aimed at identifying and intervening with the substance abuse problems among DWI offenders since 1980. Evaluations of this effort over the past twenty years have resulted in the refinement of the State statutes and the development of program standards and rules for service providers (effective September 1994).

A review and revision of the rules governing providers of substance abuse services to DWI offenders was conducted in FY 2000. These revised rules became effective on April 1, 2001.

THE REPORT PROCESS:

This report is based on information received from the Certificates of Completion (DMH-508-R) received in fiscal year 2003 (July 1, 2002 – June 30, 2003). The individuals represented are those who completed their services from July 1, 2002 through June 30, 2003.

The individuals represented were:

1. Arrested and convicted of DWI, commercial vehicle DWI, or driving while less than 21 years old after consuming alcohol or drugs;

2. Received a substance abuse assessment in accordance with State law; and,

3. Completed the educational component “Alcohol and Drug Education Traffic School” (ADETS) or a level of treatment recommended by the assessing agency during calendar year 2002.

The DMH 508-R form was originated in 1987 and revised effective January 1, 1996. A single copy of this form is included with this report as ATTACHMENT A. This form assists in facilitating the removal

of the “stop” that is entered on a convicted DWI offender’s driving record by the Division of Motor Vehicles.

Upon completion of required services, an authorized DWI provider forwards the Certificate of Completion (508-R) form to the DMHDDSAS. It is reviewed for accuracy, compliance with State statutes and administrative rules. An original is forwarded to the DMV for further processing.

INFORMATION (as per G. S. 122C - 142.1 [i]):

The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring the person’s drivers license under G. S. 20-17.6

The following statistical information was obtained from data generated by the Information Services Division of the Administrative Office of the Courts for persons convicted of alcohol-related driving offenses during the 2001-2002 State fiscal year.

CHARGE CONVICTED FY 2002-2003

DWI (Levels 1-5)	**67,439**
DWI (aid and abet)	**1,935**
Driving after consuming under age 21	**16,325**
DWI (commercial vehicle)	**107**
Habitual DWI*	**436**
TOTAL	**86,242**

***** Currently offenders convicted of Habitual DWI in North Carolina cannot be re-licensed to operate a motor vehicle.

All persons arrested and convicted of DWI offenses on or after January 1, 1996 are notified by the Division of Motor Vehicles of their obligation to obtain a substance abuse assessment and to comply with the recommendations prior to being eligible for license reinstatement in this or any other state. Persons are also to be notified that if they fail to comply with these intervention sanctions, they may be arrested and charged with the more serious charge of “driving while license revoked” (prior to January 1, 1996 the chargeable offense was “no operator’s license”).

In addition, ratification of S. L. 1997-379 (HB 448) - AN ACT TO IMPLEMENT THE GOVERNOR’S RECOMMENDATIONS ON DRIVING WHILE IMPAIRED (effective December 1, 1997) mandated trial judges to include these intervention provisions as a condition of a probationary sentence. In addition to court imposed probationary sanctions or amended orders, offenders must continue to comply with provisions of the administrative system to be licensed to operate a motor vehicle.

(2) The number of substance abuse assessments conducted during the previous year for the purpose of obtaining a certificate of completion as required by North Carolina General Statute 122C-142.1 (l) (2).

State law requires offenders to obtain a substance abuse assessment and an intervention service. The DWI Certificate of Completion (DMH 508-R) is forwarded only after both conditions are satisfied. During this report period, 21,670 forms meeting these criteria were forwarded to the DMHDDSAS to be reviewed and processed.

Providers are required in 10 NCAC 14V.3811 (g)) to submit an independent Annual DWI Assessment Report for the previous fiscal year. The report includes the status of the client at the time of assessment (pre-trial or post-trial), and the number placed in each level of service. In the **Fiscal Year 2002 / 2003 DWI Assessment Report**, **55,470 DWI assessments** were reported and 58% of these individuals were pre-trial at the time of the assessment. It is likely that not all pre-trial individuals were subsequently convicted of DWI. Implementation by the Division of an improved system is expected to significantly improve tracking capabilities. The summary findings are as follows:

Pre-trial + Post-trial = Total

32,173 + 23,297 = 55,470

(3) (Attachment C) Of the number of assessments reported under subdivision (2) of this subsection, the number recommending attendance at an ADET school, the number recommending treatment and, for those recommending treatment, the level of treatment recommended as required by North Carolina General Statute 122C-142.1 (l) (3).

- **4,902 individuals were referred to ADETS (22.6%)**
- **16,768 individuals were referred to treatment (77.4%)**

Service Level Recommended	# of Assessments (Based on service completed)	% of Assessments (Based on service completed)
ADET School (Education)	4,902	22.6%
All Treatment Levels	16,768	100.00%
*Short term	10,413	48.1%
*Long term	4,762	22%
*Intensive outpatient	744	3.4%
*Inpatient and continuing care	380	1.8%
*Special services plan	88	0.4%
Unknown	381	1.8%
TOTALS:	21,670	100.00%

*****The above levels of treatment are based upon patient placement criteria developed and accepted by the American Society of Addiction Medicine.

Services are based upon minimum formulas of hours and days. For example, the minimum service plan accepted for "short term" treatment is twenty hours of treatment extending over at least thirty days; hence the abbreviation symbol "20/30". These minimum hour/day combinations apply to each of the treatment levels. "Special Services Plans" are developed for persons who exhibit unusual circumstances.

- Highest alcohol content found in this group of offenders is 0.35
- Mean of 0.13% (1.5 times greater than the *legal* definition of impairment (0.08%) in North Carolina)
- 7,262 or 33% convicted of at least one prior offense

Demographics (Attachment B):

Documents the demographic characteristics of DWI offenders for fiscal year 2002/2003. The largest group represented in each category is as follows:

- White (66%)
- Males (81%)
- Never married (46%)
- Completed high school or received a GED education (38%)
- **46% are between 21 and 34 years of age**
- **14.5% are between 15 and 20 years of age**

According to the National Highway Traffic Safety Administration (NHTSA), drivers between the age of 21 and 34 are involved in 50% of the alcohol related highway fatalities annually. It is imperative to intervene with this young adult driving population.

(4.) Of the number of persons recommended for an ADET School or treatment under subdivision (3) of this subsection, the number who completed the school or treatment as required by North Carolina General Statute 122C-142.1 1) (4).

The chart in **Attachment C** shows the ADETS and treatment levels actually completed as distinct from the level recommended by the assessor. A majority of clients completed at least the level of service that was originally recommended. There are cases where the level of treatment recommended is not readily available. For example, intensive outpatient services are not available in every county of the State. In other situations, a change in clinical circumstances may lead to an adjustment from service level recommended to services actually completed.

The percentages for successfully completing the recommended service levels are as follows:

ADETS – 99.9%,
Short term treatment – 99.6%,
Long term treatment – 98%,
Intensive outpatient treatment – 93%,

Residential treatment followed by continuing care – 83%.

Administrative rules promulgated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services specifically require under 10 NCAC 14V.3810(b), RESPONSIBILITIES OF TREATMENT AND ADETS PROVIDERS, that "Any facility accepting a transferred case shall provide the level of intervention required by the assessor, unless there is a subsequent negotiated agreement between the assessor and the service provider at which time a corrected DMH-508R shall be completed by the assessor."

(5.) The number of substance abuse assessments conducted by each facility and, of these assessments, the number that recommended attendance at an ADET school and the number that recommended treatment as required by North Carolina General Statute 122C-142.1 (l) (5).

The number of assessments conducted by all public and private licensed facilities and subsequent referrals to the various treatment levels are shown in **Attachment D**. Public and private service providers referred 4,899 individuals to the education (ADETS) program and 16,771 to treatment.

Attachment E is an accounting of assessments conducted by each licensed facility for the clients completing in FY2001 and their referrals to ADETS or treatment by the facility DWI authorization number (assigned by DMHDDSAS – Justice Systems Innovations Team).

(6.) The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility's costs in providing those services as required by North Carolina General Statute 122C-142.1 (l) (6).

The DWI substance abuse assessment fee is $50.00 and the fee for the educational program ADETS is $75.00. Both fees are set by Statute. An additional minimum treatment fee of $75.00 is also established by Statute. Service providers may charge additional fees for treatment; however, the public system providers may not delay nor deny services due to an inability to pay. All providers are allowed to delay forwarding the DWI Certificate of Completion form (DMH 508-R) to the DMHDDSAS – Justice Systems Innovations Team pending the receipt of fees which the client has agreed to pay. The average amounts of fees charged and received are documented in **Attachment F**.

SUMMARY OF FINDINGS:

- DWI offenders are failing to comply fully with required substance abuse intervention sanctions during the first year of driver license revocation. A statewide tracking system coordinated with the Division of MH/DD/SAS, Division of Motor Vehicles and the Administrative Office of the Courts would be required to determine offender activity.

- Average amounts being charged and paid by offenders for treatment services are moderate. This raises concerns about quality. Positive clinical interventions are often dependent on staff to client ratio, individualized care and qualified professional staff. Further research is required to determine if lower fees are correlated to reduced standards and services.

- Only 24% of individuals convicted of DWI complete a level of treatment. The recidivism rate over a two-year period is 70% higher for drivers who have not received treatment.

Appendix H

Instruments Endorsed by the Division

Substance Abuse Assessment Instruments **Instrument Name**	**Description**	**Contact/Source**
Addiction Severity Index (ASI)	The Addiction Severity Index is administered as a structured interview. The ASI is a semi-structured interview designed to address seven potential problem areas in substance abusing patients: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. In 1 hour, a skilled interviewer can gather information on recent (past 30 days) and lifetime problems in all of the problem areas. The ASI provides an overview of problems related to substance, rather than focusing on any single area. Its primary application has been in guiding treatment planning and outcome evaluations, because it provides an overview of problems related to substance abuse. It has been normed on alcohol and drug abusers in a treatment setting. Reading level is low. Each domain is composed of subjective ratings derived by the interviewer about the severity of the problem and of composite scores based on individual item responses from the patient. The interviewer notes whether the patient appears to be misrepresenting information. Four states are currently using ASI.	Thomas McLellan, Ph.D. Building 7 PVAMC University Avenue Philadelphia, PA 19104
Cut Down, Annoyed, Guilt, and Eye-Opener (CAGE).	The CAGE is a self-reported instrument comprised of four questions taking one minute to administer. It is convenient for its brevity, non-threatening nature, and ease of scoring. The CAGE has been advocated primarily for screening of AUD in primary care. It was developed based on data from patients (39% alcoholic) admitted to a psychiatric service. The name of the instrument serves as an acronym for the content of the four items that comprise it: (1) Have you ever felt the need to cut down on your drinking? (2) Have people annoyed you by criticizing your drinking? (3) Have you ever felt bad or guilty about your drinking? and (4) Have you ever had a drink first thing in the morning (eye opener)? Five states are currently using CAGE. There is no fee for its use.	J.A. Ewing (1984, October 12), "Detecting Alcoholism: The CAGE Questionnaire" (*Journal of the American Medical Association,* 252[14], 1905-1907; see p. 1906)
Driver Risk Inventory (DRI)	The DRI was developed in 1987 by Behavior Data Systems for DWI screening and normed specifically for convicted drunk drivers. It consists of 5 independent scales: truthfulness, alcohol, drugs, driver risk, and stress coping, each with a risk assignment to one of four levels, and a percentile score. The recently released version II added a substance dependency scale built on DSM-IV criteria. Behavior Data Systems, Ltd. (BDS) tests are available in English and Spanish. Reading levels typically vary around the 5th or 6th grade. "Short-Form" versions of several tests	Behavior Data Systems, Ltd. P.O. Box 44256, Phoenix, Arizona, 85064-4256.

	have been developed for reading impaired assessment. Many BDS tests are now available in the Audio (Human Voice) Reading test administration mode**.** Twelve states are currently using DRI. The DRI costs approximately $7.50	
Juvenile Automated Substance Abuse Evaluation (JASAE)	This is a computer-assisted instrument for assessing alcohol and other drug use behavior in adolescents. Test addresses issues and attitudes unique to adolescents, and includes items that address society's values and beliefs. Suggested for use with follow-up interview to provide focus and conserve amount of time necessary to conduct interview. The JASAE simplifies the often difficult task of conducting assessments with juveniles by focusing on attitude, age and life situations as a part of the substance use assessment. The self-administered questionnaire, can be given to individuals or groups. It is written at the 5th grade level. Tests are available on audiotape in both English and Spanish for those who cannot read. It takes approximately 20 minutes to complete, and about 5 minutes to key in responses and receive the printed evaluation. Cost: $ 4.50.	ADE, Inc. P.O. Box 660 Clarkston, MI 48347 1-800-334-1918
MacAndrew Alcoholism Scale (MAC).	The MAC was developed by Hathaway and McKinley in 1943 and revised in 1989 from the MAC scale of the Minnesota Multiphasic Personality Inventory (MMPI). It screens for personality characteristics related to alcoholism without explicitly mentioning alcohol. Thus, it is Especially helpful for identifying alcoholics, who are likely to deny problems with drinking if asked directly. It is possible, therefore, for a subject to score as high risk yet not have any history of drinking, since it does not directly query alcohol use. The items are extracted from the longer MMPI, which measures objective personality inventory for abnormal behaviors and was originally normed on members of the public who were friends or relatives of patients in the University Hospitals in Minneapolis. MMPI has been well validated in clinical populations. The MAC is a subscale and has been used for predicting DWI recidivism. Three states are currently using MAC.	National Computer Systems Assessments Division Minneapolis, MN 55343
Minnesota Assessment of Chemical Health (MACH).	The MACH was developed by Kincannon in 1984. It consists of interactive questioning that branches, depending on the subject's answers. MACH is fully computerized and must be interpreted by a counselor and explored with the client to arrive at a plan. It includes items from the MAST, MF, and DSM-IV criteria, and yields measures of pathological use, consequences, risk factors, stressors, and social functioning related to alcohol and drug use. This is a standardized interview in computer format that can be self-administered. It takes about 30 minutes to administer and results are generated immediately. The MDI scale is used to identify	Minnesota Assessment of Chemical Health 110709 Kings Lane Chaska, MN 55318 (612) 887-0332

	adolescent drug involvement. It is available in English and Swedish. Two states currently use the MACH. It costs approximately $5.00 per administration.	
Michigan Alcoholism Screening Test (MAST)	The MAST quantifies the severity of alcohol problems for adults, using a 24-item self-administered questionnaire calling for "yes" and "no" responses. The measure is a 25-item questionnaire designed to provide a rapid and effective screening for lifetime alcohol-related problems and alcoholism. Shorter versions of MAST are the Brief Mast (10 items), Malmo Modification (nine items), and Short Mast (SMAST) (13 items). The MAST was originally tested on five groups including a control group, hospitalized alcoholics, convicted DWI offenders, persons convicted of drunk and disorderly behavior, and drivers whose licenses were under review. The MAST takes five minutes to score and no computerized scoring or interpretation is available. There is no copyright and no fee for use. Fourteen states are currently using MAST.	Melvin L. Selzer, M.D. 4016 Third Ave. San Diego, CA 92103 (619) 299-4043
Mortimer-Filkins: Court Procedures for Identifying Problem Drinkers (MF)	The MF was explicitly designed for assessing DWI offenders, and contains both a self-report questionnaire and structured interview components, although the interview is sometimes omitted. Developed in 1971, MF questions cover marital and family problems, recent stress, employment and finances, depression, nervousness, drinking, feelings, and ability to cope. It was developed using a sample of alcoholics (known problem drinkers) and a sample of controls (known nonproblem drinkers) and field tested on DWI offenders during screening. Scores place a respondent into one of three risk categories—social drinker, presumptive problem drinker, or problem drinker. The questionnaire does not contain a correction or assessment for truthfulness. It has 58 items. No cost for administration. Twenty-one states are currently using MF.	R. Mortimer & L. Filkens U of Michigan Highway Safety Research Institute Available from NHTSA 400 Seventh St., N.W. Washington, DC 20590
Personal Experience Inventory (PEI)	This two-part instrument is designed to assess the extent of psychological and behavioral issues with alcohol and drug problems; assess psychosocial risk factors associated with teenage chemical involvement; evaluate response bias or invalid responding; screen for the presence of problems other than substance abuse; and aid in determining appropriateness of inpatient or outpatient treatment. A sixth grade reading level is needed to take the self-administered assessment which takes 45 to 60 minutes (McLellan & Dembo, 1992). The 147-item questionnaire is available in pencil and paper and computerized versions. A French translation is available in audio (Schaefer, 1992). Cost: PEI Kit (manual and 5 test report forms) is $135.00	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025 (310) 478-2061

Personal Experience Screening Questionnaire (PESQ)	The PESQ is a self-reported screening questionnaire for use with adolescents suspected of abusing alcohol or other drugs. The 40-item questionnaire is written at a fourth grade reading level and is available in pencil-and-paper form. It takes about 10 minutes to administer and score, but is not really an in-depth evaluation. This instrument provides a quick, cost-effective way to screen 12- to 18-year-olds for substance abuse to identify teenagers who should be referred for a complete chemical dependency evaluation. It is not scored by computer. There is a French version and a Spanish version is under development. Cost: PESQ Kit (manual and 25 tests) is $70.00	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025 (310) 478-2061
Substance Abuse Life Circumstances Evaluation (SALCE).	The SALCE was developed for DWI. NEEDS is an expanded version of SALCE. It assesses attitudes, emotional stability, substance abuse, employment, relationships, health, education, and criminality. It includes a truthfulness estimation. The substance abuse scale and recommendations for both instruments are based on DSM-IV criteria. The ADE reports require minimal staff time to generate. The respondent fills out the self-reported paper and pencil survey (written at a fifth grade reading level) which takes about 25 minutes. Survey responses can then be entered manually into the computer and an assessment report is immediately printed. It can also be scored using a Scantron optic scanner. The questionnaire and audio tapes which accompany them are available in English and Spanish. Instruments range in price from $4.50 to $6.00 per evaluation. Currently nine states use the SALCE or the NEEDS instruments.	ADE Incorporated P.O. Box 660 Clarkston, MI 48347
Short Michigan Alcohol Screening Test (SMAST)	This is a 13-item questionnaire to identify alcohol problems. It reviews an individual's drinking habits, history, and alcohol-related problems. Takes approximately 15 minutes to complete and requires a seventh grade reading level (Singer, 1992).	M.L. Selzer, A. Vinokur & L. van Rooijen (1975), "A Self-Administered Short Michigan Alcoholism Screening Test (SMAST)" (*Journal of Studies on Alcohol,* 36[1], 117-126; see p. 124)
Substance Abuse Subtle Screening Inventory (SASSI)-Adult or Adolescent Version	The SASSI is a short, one-page self-report screening tool for chemical dependency for use with adolescents aged 12-18 and for adults in both inpatient and outpatient settings. The SASSI takes approximately 10 to 15 minutes to administer. There are adolescent and Spanish versions available. It can be objectively scored and plotted by support staff in 1 minute and has objective decision rules to classify individuals as chemically dependent (CD) or nonchemically dependent (non-CD). It is available in paper form, computer disk, and optical scanning form for both adults and adolescents. The SASSI's resistance to efforts at faking may well be its most important attribute. It is especially effective in identifying early stage CD individuals who are	SASSI Institute P.O. Box 5069 Bloomington, IN 47407 1-800-726-0526

	either in denial or deliberately trying to conceal their chemical dependency pattern. In addition to its validity as a screening tool in classifying individuals as CD or non-CD, the configuration of the eight subscales also adds clinical insights into the client's defensiveness and other charteristics.They are now up to a third version, the SASSI-3, which presents10 subscales assessing substance abuse, symptoms, legal difficulties, as well as a client's falsity on answers, concealing evidence, and undesired answering patterns. The developers described their clinical dataset as consisting of offenders and non-offenders from treatment centers, hospitals, and rehabilitation programs. A Spanish version of the SASSI is available. Currently five states use SASSI. A web-based system is available. Starter kit with 25 tests, manual, scoring key: $75.00; additional tests: less than $2.00 each.	

.

Appendix I

DWI Certificates of Completion

DMH 508-R

County of Arrest: _____

Transferred to: _____

Transferred to: _____

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DWI CERTIFICATES OF COMPLETION* (DMH 508-R)

1. Name: _____ (First / Middle / Last / Maiden)
2. Address: _____ (Street/Route / City / State / Zip)
3. Telephone No.: ( ) _____ (home) ( ) _____ (work)
4. Driver's License #: ☐☐☐☐☐☐☐☐ 5. State Other than NC: ☐☐

6. Gender: 01☐ Male 02☐ Female

7. Race/Ethnicity: 01☐ White 02☐ African American 03☐ Native American 04☐ Asian/Pacific Islander 05☐ Hispanic 06☐ Other (List): _____

8. Education Completed: 01☐ Less than 6th Grade 02☐ Less than 9th Grade 03☐ Less than 12th Grade 04☐ Completed HS/GED 05☐ Some College 06☐ Bachelor's Degree 07☐ Graduate Degree

9. Marital Status: 01☐ Never Married 02☐ Married 03☐ Divorced 04☐ Separated 05☐ Widowed

10. Date of Birth: ___/___/___ (mm dd yy)

11. County of Res.: _____

12. Arrest Date: ___/___/___ (mm dd yy) 13. Conviction Date: ___/___/___ (mm dd yy) 14. Docket #: ☐☐ CR ☐☐☐☐☐☐

SUBSTANCE ABUSE ASSESSMENT COMPLETION

15. Interview Date: ___/___/___ (mm dd yy) 16. Number of Prior DWI Convictions: ☐☐

17. 01☐ Pre-Trial 02☐ Post-Trial 18. BAC 0.☐☐

Local Agency Use Only:

19. Service Level Recommended: 01☐ ADETS 02☐ 20/30 03☐ 40/60 04☐ 90/90 05☐☐ 90 06☐ Special

20. Facility Code: ☐☐☐☐☐ 21. Release of Information on File? YES ____ NO ____

22. ASAM Certified Physician's Signature: _____ 23. Certificate #: ☐☐☐☐

24. Certified Counselor's Signature: _____ 25. Certification #: ☐☐☐☐☐

26. Expire. Date: ___/___/___ (mm dd yy)

27. Assessor's Name (Please Print) if different from #22 or #24: _____

ALCOHOL & DRUG EDUCATION TRAFFIC SCHOOL (ADETS) COMPLETION

28. Date Started: ___/___/___ (mm dd yy) 29. Date Completed: ___/___/___ (mm dd yy) 30. School #: ☐☐☐☐☐

31. Certified Instructor's Signature: _____ 32. Expire. Date: ___/___/___ (mm dd yy)

SUBSTANCE ABUSE TREATMENT PROGRAM COMPLETION

33. Date Sessions Started: __/__/__ (mm dd yy) 34. Date Sessions Completed: __/__/__ (mm dd yy) 35. Facility Code: ☐☐☐☐☐

36. Service Level Completed: 01☐ ADETS 02☐ 20/30 03☐ 40/60 04☐ 90/90 05☐☐ 90 06☐ Special

37. Fees Charged: $☐☐☐☐☐ 38. Fees Received: $☐☐☐☐☐

39. Clinician's Signature: _____ 40. Completion Date**: ___/___/___ (mm dd yy)

* Statutory Authority: G.S. 122-C-142.1/G.S.20 - 17.6 Effective 01-01-96

** Entered only upon completion of financial obligations.

Copies: Top - DMV 2nd - DHR 3rd - Agency 4th - Client

Appendix J.

NCTOPPS Figures
(North Carolina Treatment Outcome and Program Performance System)

Discharged, Completed Treatment, Update Assessments Received
July 1, 2003 to December 31, 2004 Matched to Initial Assessment
Behaviors, Indicators, and GAF Scores at Initial and Discharge
DWI Clients at 2 Time Periods

8 NC TOPPS

Discharged, Completed Treatment, Update Assessments Received July 1, 2003 to December 31, 2004 Matched to Initial Assessment Behaviors, Indicators, and GAF Scores at Initial and Discharge DWI Clients at 2 Time Periods

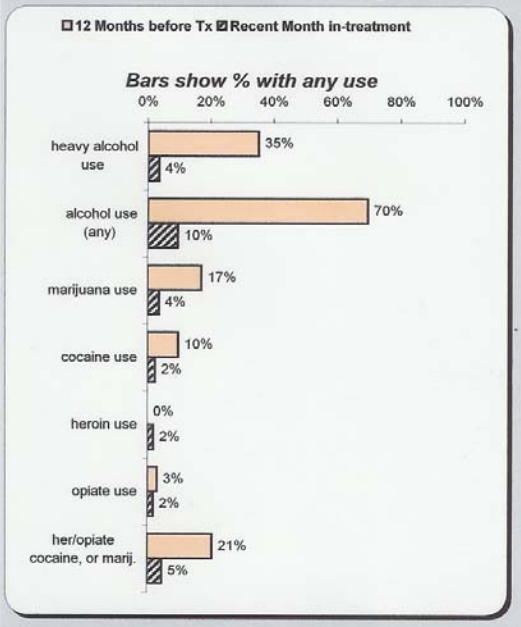
Interpreting Matched Record Data

Charts and tables on this page compare information from a group of clients who have both an Initial and a Discharge with a discharge status of "completed treatment." This group of clients may not be representative of all such discharges since the in-person interview rate is generally low. Initial Assessment time frames refer to behaviors in the 12 months or 3 months before the interview while Update Assessment time frames may refer to "since the last assessment" or the month prior to the interview.

8-1: Demographics

Measure	(n=233)
Male	79%
African American	40%
White/Caucasian	45%
30 years and younger	34%

8-2: Substance Use Before & During Treatment



8-3: Injection Drug Use and Abstinence

Measure	Before	During
Injection use*	2%	0%
90 days or more abstinence	55%	42%

*Ever injected before initial is compared to since last assessment.

8-4: Employment

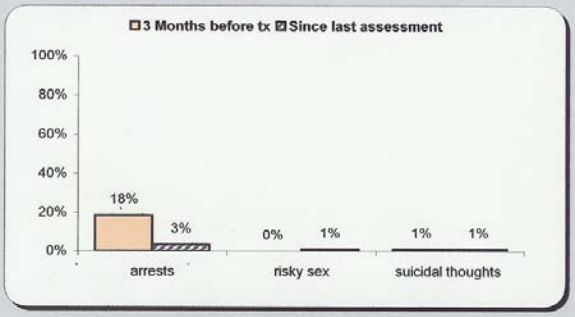
Employment Indicator	3 Months Before Initial	Last Month of trtmt
In Labor Force	82.7% (n=139)	76.8% (n=129)
Employed full-time*	56.8% (n=79)	73.6% (n=95)
Employed part-time*	19.4% (n=27)	10.9% (n=14)
Unemployed*	23% (n=32)	15.5% (n=20)

* of those in the labor force.

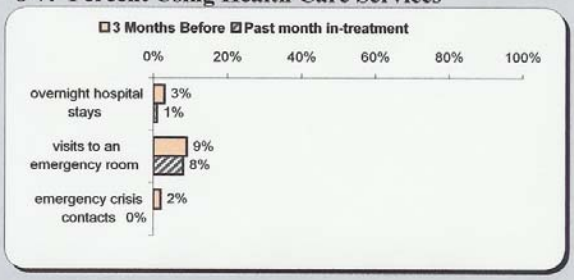
8-5: GAF Score at Initial and Update

Measure	Initial	Update
% with GAF scores	99%	88%
Mean	57.3	62.5
Median	60	62

8-6: Problem Indicators



8-7: Percent Using Health Care Services



8-8: Average Days Between Assessments

The average number of days between the Initial and Discharge Update Assessment was 133 days.

Number of Matched Assessments: 233. Number in-person for Section III: 100

page 8

Appendix K

North Carolina Mental Health, Developmental Disabilities and Substance Abuse Laws
2003 Edition

122C-142.1 (I)

122C-142.1 (I)

§ 122C-142.1. Substance abuse services for those convicted of driving while impaired or driving while less than 21 years old after consuming alcohol or drugs.

(a) Services. - An area authority shall provide, directly or by contract, the substance abuse services needed by a person to obtain a certificate of completion required under G.S. 20-17.6 as a condition for the restoration of a drivers license. A person may obtain the required services from an area facility, from a private facility authorized by the Department to provide this service, or, with the approval of the Department, from an agency that is located in another state.

(a1) Authorization of a Private Facility Provider. - The Department shall authorize a private facility located in this State to provide substance abuse services needed by a person to obtain a certificate of completion if the private facility complies with all of the requirements of this subsection:

(1) Notifies both the designated area facility for the catchment area in which it is located and the Department of its intent to provide the services.

(2) Agrees to comply with the laws and rules concerning these services that apply to area facilities.

(3) Pays the Department the applicable fee for authorizing and monitoring the services of the facility. The initial fee is payable at the time the facility notifies the Department of its intent to provide the services and by July 1 of each year thereafter. Collected fees shall be used by the Division for program monitoring and quality assurance. The applicable fee is based upon the number of assessments completed during the prior fiscal year as set forth below:

Number of Assessments	Fee Amount
0-24	$250.00
25-99	$500.00
100 or more	$750.00.

(b) Assessments. - To conduct a substance abuse assessment, a facility shall give a client a standardized test approved by the Department to determine chemical dependency and shall conduct a clinical interview with the client. Based on the assessment, the facility shall recommend that the client either attend an alcohol and drug education traffic (ADET) school or obtain treatment. A recommendation shall be reviewed and signed by a certified alcoholism, drug abuse, or substance abuse counselor, as defined by the Commission, a Certified Substance Abuse Counselor, or by a physician certified by the American Society of Addiction Medicine (ASAM). The signature on the recommendation shall be the personal signature of the individual authorized to review the recommendation and not the signature of his or her agent. The signature shall reflect that the authorized individual has personally reviewed the recommendation and, with full knowledge of the contents of the recommendation, approved of the recommended treatment.

(c) School or Treatment. - Attendance at an ADET school is required if none of the following applies and completion of a treatment program is required if any of the following applies:

(1) The person took a chemical test at the time of the offense that caused the person's license to be revoked and the test revealed that the person had an alcohol concentration at any relevant time after driving of at least 0.15.
(2) The person has a prior conviction of an offense involving impaired driving.
(3) The substance abuse assessment identifies a substance abuse disability.

(d) Standards. - An ADET school shall offer the curriculum established by the Commission and shall comply with the rules adopted by the Commission. A substance abuse treatment program offered to a person who needs the program to obtain a certificate of completion shall comply with the rules adopted by the Commission.

(e) Certificate of Completion. - Any facility that issues a certificate of completion shall forward the original certificate of completion to the Department. The Department shall review the certificate of completion for accuracy and completeness. If the Department finds the certificate of completion to be accurate and complete, the Department shall forward it to the Division of Motor Vehicles of the Department of Transportation. If the Department finds the certificate of completion is not accurate or complete, the Department shall return the certificate of completion to the area facility for appropriate action.

(f) Fees. - A person who has a substance abuse assessment conducted for the purpose of obtaining a certificate of completion shall pay to the assessing agency a fee of fifty dollars ($50.00). A person shall pay to a treatment facility or school a fee of seventy-five dollars ($75.00). If the defendant is treated by an area mental health facility, G.S. 122C-146 applies after receipt of the seventy-five dollar ($75.00) fee.

A facility that provides to a person who is required to obtain a certificate of completion a substance abuse assessment, an ADET school, or a substance abuse treatment program may require the person to pay a fee required by this subsection before it issues a certificate of completion. As stated in G.S. 122C-146, however, an area facility may not deny a service to a person because the person is unable to pay.

An area facility shall remit to the Department five percent (5%) of each fee paid to the area facility under this subsection by a person who attends an ADET school conducted by the area facility. The Department may use amounts remitted to it under this subsection only to support, evaluate, and administer ADET schools.

(f1)Multiple Assessments. - If a person has more than one offense for which a certificate of completion is required under G.S. 20-17.6, the person shall pay the assessment fee required under subsection (f) of this section for each certificate of completion required. However, the facility shall conduct only one substance abuse assessment and recommend only one ADET school or treatment program for all certificates of completion required at that time, and the person shall pay the fee required under subsection (f) of this section for only one school or treatment program.

If any of the criteria in subdivisions (c)(1), (c)(2), or (c)(3) of this section are present in any of the offenses for which the person needs a certificate of completion, completion of a treatment program shall be required pursuant to subsection (c) of this section.

The provisions of this subsection do not apply to subsequent

assessments performed after a certificate of completion has already been issued for a previous assessment.

(g) Out-of-State Services. - A person may obtain a substance abuse service needed to obtain a certificate of completion from a provider located in another state if the service offered by that provider is substantially similar to the service offered by a provider located in this State. A person who obtains a service from a provider located in another state is responsible for paying any fees imposed by the provider.

(h) Rules. - The Commission may adopt rules to implement this section. In developing rules for determining when a person needs to be placed in a substance abuse treatment program, the Commission shall consider diagnostic criteria such as those contained in the most recent revision of the Diagnostic and Statistical Manual or used by the American Society of Addiction Medicine (ASAM).

(i) Report. - The Department shall submit an annual report on substance abuse assessments to the Joint Legislative Commission on Governmental Operations. The report is due by February 1. Each facility that provides services needed by a person to obtain a certificate of completion shall file an annual report with the Department by October 1 that contains the information the Department needs to compile the report the Department is required to submit under this section.

The report submitted to the Joint Legislative Commission on Governmental Operations shall include all of the following information and any other information requested by that Commission:

(1) The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring the person's drivers license under G.S. 20-17.6.

(2) The number of substance abuse assessments conducted during the previous fiscal year for the purpose of obtaining a certificate of completion.

(3) Of the number of assessments reported under subdivision (2) of this subsection, the number recommending attendance at an ADET school, the number recommending treatment, and, for those recommending treatment, the level of treatment recommended.

(4) Of the number of persons recommended for an ADET school or treatment under subdivision (3) of this subsection, the number who completed the school or treatment.

(5) The number of substance abuse assessments conducted by each facility and, of these assessments, the number that recommended attendance at an ADET school and the number that recommended treatment.

(6) The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility's costs in providing those services. (1995, c. 496, ss. 10, 13; 2001-370, s. 9; 2003-396, ss. 1, 3, 4.)

APPENDIX IV

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

U **D**

BILL DRAFT 2003-RCz-15 [v.6] (4/5)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
4/20/2004 3:24:06 PM

Short Title:	Increase Fees/Qualifs. for DWI Assessments.	(Public)
Sponsors:	.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO ENACT THE RECOMMENDATIONS OF THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO INCREASE THE QUALIFICATIONS OF PERSONS WHO WILL BE ELIGIBLE TO ADMINISTER SUBSTANCE ABUSE ASSESSMENTS, TO INCREASE THE FEE PAID BY DWI OFFENDERS FOR SUBSTANCE ABUSE ASSESSMENTS, TO STUDY THE MINIMUM QUALIFICATIONS OF INDIVIDUALS CONDUCTING ALCOHOL AND DRUG EDUCATION TRAFFIC SCHOOL, AND TO STUDY THE FEE PAID BY DWI OFFENDERS FOR EDUCATION OR TREATMENT SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-142.1 is amended by adding a new subsection to read:

"(b1) Persons authorized to conduct assessments. - The following individuals are authorized to conduct a substance abuse assessment under subsection (b) of this section:

(1) A Certified Substance Abuse Counselor (CSAC), as defined by the Commission.

(2) A Certified Clinical Addiction Specialist (CCAS), as defined by the Commission.

(3) A Substance Abuse Counselor Intern who is supervised by a Certified Clinical Supervisor (CCS), as defined by the Commission, and who meets the minimum qualifications established by the Commission for individuals performing substance abuse assessments.

(4) A person licensed by the North Carolina Medical Board or the North Carolina Psychology Board.

(5) A physician certified by the American Society of Addiction Medicine (ASAM)."

SECTION 2. G.S. 122C-142(b1), as enacted in Section 1 of this act, reads as rewritten:

"(b1) Persons authorized to conduct assessments. - The following individuals are authorized to conduct a substance abuse assessment under subsection (b) of this section:

(1) A Certified Substance Abuse Counselor (CSAC), as defined by the Commission.

(2) A Certified Clinical Addiction Specialist (CCAS), as defined by the Commission.

~~(3) A Substance Abuse Counselor Intern who is supervised by a Certified Clinical Supervisor (CCS), as defined by the Commission, and who meets the minimum qualifications established by the Commission for individuals performing substance abuse assessments.~~

(4) A person licensed by the North Carolina Medical Board or the North Carolina Psychology Board.

(5) A physician certified by the American Society of Addiction Medicine (ASAM)."

SECTION 3. G.S. 122C-142.1(f) reads as rewritten:

"(f) Fees. – A person who has a substance abuse assessment conducted for the purpose of obtaining a certificate of completion shall pay to the assessing agency a fee of ~~fifty dollars ($50.00).~~ one hundred dollars ($100). A person shall pay to a treatment facility or school a fee of seventy-five dollars ($75.00). If the defendant is treated by an area mental health facility, G.S. 122C-146 applies after receipt of the seventy-five dollar ($75.00) fee.

A facility that provides to a person who is required to obtain a certificate of completion a substance abuse assessment, an ADET school, or a substance abuse treatment program may require the person to pay a fee required by this subsection before it issues a certificate of completion. As stated in G.S. 122C-146, however, an area facility may not deny a service to a person because the person is unable to pay.

An area facility shall remit to the Department five percent (5%) of each fee paid to the area facility under this subsection by a person who attends an ADET school conducted by the area facility. The Department may use amounts remitted to it under this subsection only to support, evaluate, and administer ADET schools."

SECTION 4. Section 2 of S.L. 2003-396 reads are rewritten:

"**SECTION 2.** The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services shall study the programs offered by assessing agencies to clients who must obtain a substance abuse assessment and a certification of completion of a substance abuse program. The study should include information on the type of testing provided by an agency, the certification requirements for persons conducting alcohol and drug education traffic school, the treatment offered by an agency, the average duration of a program, the average cost of treatment, the rates of recidivism, ~~and~~ the adequacy of the fee paid to the assessing agency by a client for a required substance abuse ~~assessment.~~ assessment and the

adequacy of the fee paid to the treatment facility or school by a client for receiving treatment or education. The Committee must report its findings and any recommended legislation to the ~~2004 Regular Session of the 2003~~ 2005 General Assembly."

SECTION 5. Section 1 becomes effective October 1, 2005 and applies to substance abuse assessments conducted on or after that date. Section 2 becomes effective October 1, 2008 and applies to substance abuse assessments conducted on or after that date. Section 3 becomes effective October 1, 2004 and applies to substance abuse assessments administered on or after that date. The remainder of the act is effective when it becomes law.

BILL DRAFT:
Increase Fees/Qualifs. for DWI Assessments.

BILL ANALYSIS

Committee:	Joint Legislative Oversight Committee for MH/DD/SAS	**Introduced by:**	
Date:	April 19, 2004	**Summary by:**	Kory J. Goldsmith Staff Attorney
Version:	2003-RC-15[v.5]		

SUMMARY: Effective October 1, 2004, the bill would increase, from $50 to $100, the fee a DWI offender must pay for a substance abuse assessment. The bill would require that by October 1, 2005, only Substance Abuse Counselor Interns under supervision and that meet certain other qualifications, Certified Substance Abuse Counselors (CSAC), Certified Clinical Addition Specialists (CCAS), persons licensed by the North Carolina Medical Board or the North Carolina Psychology Board, or physicians certified by the American Society of Addiction Medicine (ASAM) could conduct a DWI substance abuse assessment. Beginning October 1, 2008, Substance Abuse Counselor Interns could no longer do DWI assessments Finally, the bill would direct the Joint Legislative Oversight Committee for MH/DD/SAS (LOC) to study the certification requirements for persons conducting alcohol and drug education traffic school (ADET) as well as the fee that should be paid by a DWI offender who receives treatment or attends an ADET school.

CURRENT LAW: G.S. 20-17(a)(2) provides that the Division of Motor Vehicles (DMV) shall revoke the drivers' license of a person convicted of driving while impaired (DWI). DMV may restore the DWI offenders license if it receives a certificate of completion indicating that the driver has had a substance abuse assessment and either attended an ADET school or received substance abuse treatment. G.S. 20-17.6.

G.S. 122C-142.1(f) provides that a person who has a substance abuse assessment done for purposes of obtaining a certificate of completion must pay $50 to the entity that conducts the assessment. The DWI offender must also pay of fee of $75 for ADET school or towards a substance abuse treatment.

G.S. 122C-142.1(b) provides that to conduct a substance abuse assessment, a facility must use a standardized test approved by North Carolina Department of Health and Human Services (DHHS). The purpose of the DWI assessment is to determine whether the offender should attend an ADET school or obtain treatment for substance abuse. The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services (Commission) has adopted Administrative Rules providing the qualifications for individuals performing DWI assessments:

- A credential issued by the North Carolina Substance Abuse Professional Certification Board (Board) that acknowledges an individual is qualified to provide counseling for persons with substance abuse disorders; or
- A masters degree, one year of supervised experience in substance abuse counseling, and registration with the Board; or
- A undergraduate degree, two years of supervised experience in substance abuse counseling, and registration with the Board; or
- Graduation from high school or the equivalent, three years of supervised experience in substance abuse counseling, and registration with the Board; or

- Licensure by the NC Board of Medical Examiners or the NC Psychology Board; or
- Certification by the American Society of Addiction Medicine (ASAM).

BILL ANALYSIS:

Section 1 of the bill amends G.S. 122C-142.1 by requiring that as of October 1, 2005, only the following persons would be authorized to administer a DWI substance abuse assessment:

- A Certified Substance Abuse Counselor (CSAC), as defined by the Commission.
- A Certified Clinical Addiction Specialist (CCAS), as defined by the Commission.
- A Substance Abuse Counselor Intern who is supervised by a Certified Clinical Supervisor (CCS), as defined by the Commission, and who meets the minimum qualifications established by the Commission for individuals performing substance abuse assessments.
- A person licensed by the North Carolina Medical Board or the North Carolina Psychology Board.
- A physician certified by the American Society of Addiction Medicine (ASAM).

Section 2 provides that as of October 1, 2008, Substance Abuse Counselor Interns would no longer be able to administer DWI substance abuse assessments.

Section 3 amends G.S. 142.1(f) to increase the fee, from $50 to $100, that a DWI offender must pay to obtain a substance abuse assessment. The fee increase applies to assessments conducted on or after October 1, 2004.

Section 4 directs the LOC to study the certification requirements for persons conducting ADET schools and also the fee that a DWI offender should pay to attend an ADET school or receive treatment for substance abuse. The LOC is directed to submit its recommendations to the 2005 General Assembly.

BACKGROUND: In 2003, the General Assembly directed the LOC to study the substance abuse services offered by agencies that administer substance abuse assessments and the adequacy of the fee imposed for a substance abuse assessment. S.L. 2003-396, Sec. 2. The LOC created a DWI Committee to undertake this study. According to information gathered by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, about 59% of the individuals administering DWI assessments are currently credentialed. Of those who hold credentials, 51% are Certified Clinical Addiction Specialists (CCAS) and 28% are Certified Substance Abuse Counselors (CSAC). CCAS certification generally requires a Masters level degree. A CSAC is required to have at least a high school education, the equivalent of 3 years full-time paid or volunteer supervised experience, 270 hours of Board approved education and training, and successful completion of an oral and a written exam. The survey results also indicated that the average actual cost of administering the DWI assessment is $78.55. Based upon Division site visits, the average actual cost was $89.48.

§ 122C-142.1. Substance abuse services for those convicted of driving while impaired or driving while less than 21 years old after consuming alcohol or drugs.

(a) Services. – An area authority shall provide, directly or by contract, the substance abuse services needed by a person to obtain a certificate of completion required under G.S. 20-17.6 as a condition for the restoration of a drivers license. A person may obtain the required services from an area facility, from a private facility authorized by the Department to provide this service, or, with the approval of the Department, from an agency that is located in another state.

(a1) Authorization of a Private Facility Provider. – The Department shall authorize a private facility located in this State to provide substance abuse services needed by a person to obtain a certificate of completion if the private facility complies with all of the requirements of this subsection:

(1) Notifies both the designated area facility for the catchment area in which it is located and the Department of its intent to provide the services.

(2) Agrees to comply with the laws and rules concerning these services that apply to area facilities.

(3) Pays the Department the applicable fee for authorizing and monitoring the services of the facility. The initial fee is payable at the time the facility notifies the Department of its intent to provide the services and by July 1 of each year thereafter. Collected fees shall be used by the Division for program monitoring and quality assurance. The applicable fee is based upon the number of assessments completed during the prior fiscal year as set forth below:

Number of Assessments	Fee Amount
0-24	$250.00
25-99	$500.00
100 or more	$750.00.

(b) Assessments. – To conduct a substance abuse assessment, a facility shall give a client a standardized test approved by the Department to determine chemical dependency and shall conduct a clinical interview with the client. Based on the assessment, the facility shall recommend that the client either attend an alcohol and drug education traffic (ADET) school or obtain treatment. A recommendation shall be reviewed and signed by a certified alcoholism, drug abuse, or substance abuse counselor, as defined by the Commission, a Certified Substance Abuse Counselor, or by a physician certified by the American Society of Addiction Medicine (ASAM). The signature on the recommendation shall be the personal signature of the individual authorized to review the recommendation and not the signature of his or her agent. The signature shall reflect that the authorized individual has personally reviewed the recommendation and, with full knowledge of the contents of the recommendation, approved of the recommended treatment.

(c) School or Treatment. – Attendance at an ADET school is required if none of the following applies and completion of a treatment program is required if any of the following applies:

(1) The person took a chemical test at the time of the offense that caused the person's license to be revoked and the test revealed that the person had an alcohol concentration at any relevant time after driving of at least 0.15.

(2) The person has a prior conviction of an offense involving impaired driving.

(3) The substance abuse assessment identifies a substance abuse disability.

(d) Standards. – An ADET school shall offer the curriculum established by the Commission and shall comply with the rules adopted by the Commission. A substance abuse treatment program offered to a person who needs the program to obtain a certificate of completion shall comply with the rules adopted by the Commission.

(e) Certificate of Completion. – Any facility that issues a certificate of completion shall forward the original certificate of completion to the Department. The Department shall review the certificate of completion for accuracy and completeness. If the Department finds the certificate of completion to be accurate and complete, the Department shall forward it to the Division of Motor Vehicles of the Department of Transportation. If the Department finds the certificate of completion is not accurate or complete, the Department shall return the certificate of completion to the area facility for appropriate action.

(f) Fees. – A person who has a substance abuse assessment conducted for the purpose of obtaining a certificate of completion shall pay to the assessing agency a fee of fifty dollars ($50.00). A person shall pay to a treatment facility or school a fee of seventy-five dollars ($75.00). If the defendant is treated by an area mental health facility, G.S. 122C-146 applies after receipt of the seventy-five dollar ($75.00) fee.

A facility that provides to a person who is required to obtain a certificate of completion a substance abuse assessment, an ADET school, or a substance abuse treatment program may require the person to pay a fee required by this subsection before it issues a certificate of completion. As stated in G.S. 122C-146, however, an area facility may not deny a service to a person because the person is unable to pay.

An area facility shall remit to the Department five percent (5%) of each fee paid to the area facility under this subsection by a person who attends an ADET school conducted by the area facility. The Department may use amounts remitted to it under this subsection only to support, evaluate, and administer ADET schools.

(f1) Multiple Assessments. – If a person has more than one offense for which a certificate of completion is required under G.S. 20-17.6, the person shall pay the assessment fee required under subsection (f) of this section for each certificate of completion required. However, the facility shall conduct only one substance abuse assessment and recommend only one ADET school or treatment program for all certificates of completion required at that time, and the person shall pay the fee required under subsection (f) of this section for only one school or treatment program.

If any of the criteria in subdivisions (c)(1), (c)(2), or (c)(3) of this section are present in any of the offenses for which the person needs a certificate of completion, completion of a treatment program shall be required pursuant to subsection (c) of this section.

The provisions of this subsection do not apply to subsequent assessments performed after a certificate of completion has already been issued for a previous assessment.

(g) Out-of-State Services. – A person may obtain a substance abuse service needed to obtain a certificate of completion from a provider located in another state if the service offered by that provider is substantially similar to the service offered by a provider located in this State. A person who obtains a service from a provider located in another state is responsible for paying any fees imposed by the provider.

(h) Rules. – The Commission may adopt rules to implement this section. In developing rules for determining when a person needs to be placed in a substance abuse treatment program, the Commission shall consider diagnostic criteria such as those contained in the most recent revision of the Diagnostic and Statistical Manual or used by the American Society of Addiction Medicine (ASAM).

(i) Report. – The Department shall submit an annual report on substance abuse assessments to the Joint Legislative Commission on Governmental Operations. The report is due by February 1. Each facility that provides services needed by a person to obtain a certificate of completion shall file an annual report with the Department by October 1 that contains the information the Department needs to compile the report the Department is required to submit under this section.

The report submitted to the Joint Legislative Commission on Governmental Operations shall include all of the following information and any other information requested by that Commission:

(1) The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring the person's drivers license under G.S. 20-17.6.

(2) The number of substance abuse assessments conducted during the previous fiscal year for the purpose of obtaining a certificate of completion.

(3) Of the number of assessments reported under subdivision (2) of this subsection, the number recommending attendance at an ADET school, the number recommending treatment, and, for those recommending treatment, the level of treatment recommended.

(4) Of the number of persons recommended for an ADET school or treatment under subdivision (3) of this subsection, the number who completed the school or treatment.

(5) The number of substance abuse assessments conducted by each facility and, of these assessments, the number that recommended attendance at an ADET school and the number that recommended treatment.

(6) The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility's costs in providing those services.

FISCAL ANALYSIS MEMORANDUM

[This confidential fiscal memorandum is a fiscal analysis of a draft bill, amendment, committee substitute, or conference committee report that has not been formally introduced or adopted on the chamber floor or in committee. This is not an official fiscal note. If upon introduction of the bill you determine that a formal fiscal note is needed, please make a fiscal note request to the Fiscal Research Division, and one will be provided under the rules of the House and the Senate.]

DATE: April 15, 2004

TO: **The Mental Health, Developmental Disability, and Substance Abuse Services Joint Legislative Oversight Commission**

FROM: Jim Klingler
Fiscal Research Division

RE: Increase of DWI Assessment Fee

FISCAL IMPACT

Yes (X) **No ( )** **No Estimate Available ( )**

	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
REVENUES					
Area Mental Health Authorities*	$665,625	$887,500	$887,500	$887,500	$887,500
EXPENDITURES					

PRINCIPAL DEPARTMENT(S) & PROGRAM(S) AFFECTED: Department of Health and Human Services

EFFECTIVE DATE: October 1, 2004 for the fee change. See the bill summary for other effective dates in this Bill Draft.

*** Area Authorities will be required to divest all direct services under Mental Health Reform, including DWI assessments, within the next five-years. This will decrease and eventually eliminate the increase revenues listed above. Due to the uncertainty of when these services will be divested, Fiscal Research excluded the effect of Reform on this forecast. Please see the Assumptions and Methodology section for more details.**

BILL SUMMARY: Bill Draft 2003-RC-15 [v.5] makes several changes to the existing General Statutes governing substance abuse services provided through Area Mental Health Authorities to persons convicted of Driving While Intoxicated. Specifically, this Bill Draft makes changes to service requirements and the fee associated with DWI assessments that are either provided directly by the Area Authority or through a contract with a qualified private provider.

Section 1 – This section revises G.S. 122C-142.1 to add a subsection that sets the professional requirements for being a qualified DWI assessor. Qualified assessors are limited to the following: Certified Substance Abuse Counselors; Certified Clinical Addiction Specialists; Substance Abuse Counselor Interns who are supervised by Certified Clinical Supervisors; persons licensed by the North Carolina Medical Board or the North Carolina Psychology Board; and physicians certified by the American Society of Addiction Medicine. These standards will become effective on October 1, 2005.

Section 2 – This section further revises the subsection of G.S. 122C-142.1 that is established in Section 1 of this Bill Draft. The professional requirements for providing DWI assessments are again changed to eliminate Substance Abuse Counselor Interns as a qualified assessor. This statutory change will become effective on October 1, 2008.

Section 3 – This section changes the fixed fee charged to offenders by providers of DWI assessment services. Currently, G.S. 122C-142.1 requires that providers charge $50.00 to DWI offenders who receive an assessment. This section would increase the amount of that fee to $100.00. This change will become effective on October 1, 2004.

Section 4 – This section revises Session Law 2003-396 to require the Mental Health, Developmental Disability, and Substance Abuse Services Joint Legislative Oversight Commission to study the service requirements and the fee associated with the Alcohol and Drug Education Traffic Schools.

ASSUMPTIONS AND METHODOLOGY: DWI Assessments are provided by a variety of providers, including the Area Mental Health Authorities and private providers. The fees charged by private providers pass directly from the DWI offenders to the private providers and have no fiscal impact to the State or local governments. *Since the Area Authorities are local governments, changes to the fee that the Area Authorities charge for DWI assessments will result in a fiscal impact.* By increasing the DWI assessment fee from $50.00 to $100.00, this Bill Draft will increase the revenues that Area Authorities collect for assessment services.

Assumptions

1. The percentage of certificates of completion, as defined in G.S. 122C-142.1, provided through services received at the Area Authorities is 32% of total certificates of completion administered in FY 2002-03.

2. The percentage of DWI assessments performed by the Area Authorities, out of total assessments performed in FY 2002-03, is equivalent to the percentage of certificates of completion provided by the Area Authorities stated in Assumption 1.

3. The number of DWI assessments in subsequent years will remain at the same level as FY 2002-03.

4. Delivery of DWI assessment services by the Area Authorities will not be impacted by the divestiture of Area Authority services through Mental Health System Reform Plan, developed pursuant to G.S. 122C-102. *Please see the note in the box on the front page and the discussion further down in this section regarding the impact of Mental Health Reform on DWI assessment services.*

Methodology

The Division of Mental Health, Developmental Disabilities, and Substance Abuse services could not provide, at this time, an accurate accounting of DWI assessments performed by the Area Authorities in FY 2002-03. The Division is still collecting this data. The Division was able to provide a total number of DWI assessments performed by all providers in FY 2002-03.

The Division was also able to provide Certificate of Completion data for FY 2002-03 by provider type. A Certificate of Completion is provided to DWI offenders when they complete the DWI assessment and all recommended treatment or education stemming from the assessment. Of all the Certificates of Completion issued, a portion are issued from the Area Authorities. Absent an accurate accounting of DWI assessments made by the Area Authorities, the Division felt that the percentage of Certificates of Completion issued by the Area Authorities would serve as a proxy for the percentage of DWI assessments.

Certificates of Completion Issued in FY 2002-03

Issuing Agency	# of Certificates	Precentage
Area Programs	6,832	32%
Private Providers	14,838	68%
Total	**21,670**	**100%**

Assessments Performed in FY 2002-03

Provider	DWI Assessments	Precentage
Area Program Estimate*	17,750	32%
Private Provider Estimate*	37,720	68%
Actual Total	**55,470**	**100%**

*Estimate based on the percentage of Certificates of Completion provided by Area Authorities in FY 2002-03

Through using the percentage of Certificates of Completion issued by the Area Authorities (32%), the FY 2002-03 number of DWI assessments performed by the Area Authorities was derived. This number (17,750) was factored with the $50.00 increase of the existing DWI

assessment fee. **The result is a total increase in annual revenue of $887,500.** Assuming that the number of individuals seeking assessment remains relatively constant, this revenue increase would remain constant from FY 2004-05 to FY 2008-09, assuming no change in service delivery due to Mental Health System Reform. The only exception is FY 2004-05. Since this fee increase will not occur until October 1, 2004, the fee increase will only be reflected for the remaining nine-months of the fiscal year.

Projected Increase in Revenues to Area Authorities

Estmated Assessments by Area Authorities	17,750
Fee Increase	$50
Total Annual Increase in Revenues	$887,500
Revenues in FY 2004-05, based on an October 1 effective date	$665,625

Mental Health Reform

According to the State Plan being implemented pursuant to G.S. 122C-102, all direct services provided by the Area Authorities will be divested and delivered through contracts with private providers. This change will occur over the next several years and will result in all DWI assessments being delivered by the private providers. This will result in a decreasing of DWI assessment revenues received by Area Authorities, as the Authorities contract for assessment services.

The challenge in forecasting this decrease in revenues is that each Area Authority will decide how to divest of these assessment services. Different Area Authorities will divest DWI assessment services at different times, without statewide uniformity. Without uniformity in the divestiture of services or sufficient detailed divesture plans from the Area Authorities, any forecast of the decrease in DWI assessment revenues would be arbitrary.

Fiscal Research chose instead to keep the expected revenues constant, isolating the impact of Reform. Legislators should be aware that Reform will likely result in these revenues decreasing for the Area Authorities and eventually ending within a five-year timeframe.

APPENDIX V

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

H **D**

BILL DRAFT 2003-LNz-144 [v.4] (4/6)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
4/20/2004 12:18:10 PM

Short Title:	Involuntary Committment Warrant clarification.	(Public)
Sponsors:	Representative Insko.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO PROVIDE THAT AN ORDER ISSUED BY THE CLERK OF COURT, THE MAGISTRATE, OR THE COURT FOR CUSTODY RELATING TO INVOLUNTARY COMMITMENT IS VALID THROUGHOUT THE STATE .

The General Assembly of North Carolina enacts:

SECTION 1.(a) G.S. 122C-261(e) reads as rewritten:

"(e) Upon receipt of the custody order of the clerk or magistrate or a custody order issued by the court pursuant to G.S. 15A-1003, a law enforcement officer or other person designated in the order shall take the respondent into custody within 24 hours after the order is signed, and proceed according to G.S. 122C-263. The custody order is valid throughout the State."

SECTION 1.(b) G.S. 122C-281(e) reads as rewritten:

"(e) Upon receipt of the custody order of the clerk or magistrate, a law-enforcement officer or other person designated in the order shall take the respondent into custody within 24 hours after the order is signed. The custody order is valid throughout the State."

SECTION 2.(a) G.S. 122C-265(a) reads as rewritten:

"§ 122C-265. Outpatient commitment; examination and treatment pending hearing.

…

(a) If a respondent, who has been recommended for outpatient commitment by an examining physician or eligible psychologist different from the proposed outpatient treatment physician or center, fails to appear for examination by the proposed outpatient treatment physician or center at the designated time, the physician or center shall notify the clerk of superior court who shall issue an order to a law-enforcement officer or other person authorized under G.S. 122C-251 to take the respondent into custody and take him immediately to the outpatient treatment physician or center for evaluation. The

custody order is valid throughout the State. The law-enforcement officer may wait during the examination and return the respondent to his home after the examination."

SECTION 2.(b) G.S. 122C-273(a)(2) reads as rewritten:

"§ 122C-273. Duties for follow-up on commitment order.

…

"(a) Unless prohibited by Chapter 90 of the General Statutes, if the commitment order directs outpatient treatment, the outpatient treatment physician may prescribe or administer, or the center may administer, to the respondent reasonable and appropriate medication and treatment that are consistent with accepted medical standards.

…

"(2) If the respondent fails to comply, but does not clearly refuse to comply, with all or part of the prescribed treatment after reasonable effort to solicit the respondent's compliance, the physician, the physician's designee, or the center may request the court to order the respondent taken into custody for the purpose of examination. Upon receipt of this request, the clerk shall issue an order to a law-enforcement officer to take the respondent into custody and to take him immediately to the designated outpatient treatment physician or center for examination. The custody order is valid throughout the State. The law-enforcement officer shall turn the respondent over to the custody of the physician or center who shall conduct the examination and then release the respondent. The law-enforcement officer may wait during the examination and return the respondent to his home after the examination. An examination conducted under this subsection in which a physician or eligible psychologist determines that the respondent meets the criteria for inpatient commitment may be substituted for the first examination required by G.S. 122C-263 if the clerk or magistrate issues a custody order within six hours after the examination was performed."

…

SECTION 2.(c) G.S. 122C-290(b) reads as rewritten:

"(b) If the respondent whose treatment is provided on an outpatient basis fails to comply with all or part of the prescribed treatment after reasonable effort to solicit the respondent's compliance or whose treatment is provided on an inpatient basis is discharged in accordance with G.S. 122C-205.1(b), the area authority or physician may request the clerk or magistrate to order the respondent taken into custody for the purpose of examination. Upon receipt of this request, the clerk or magistrate shall issue an order to a law enforcement officer to take the respondent into custody and to take him immediately to the designated area authority or physician for examination. The custody order is valid throughout the State. The law enforcement officer shall turn the respondent over to the custody of the physician or area authority who shall conduct the examination and release the respondent or have the respondent taken to a 24-hour facility upon a determination that treatment in the facility will benefit the respondent. Transportation to the 24-hour facility shall be provided as specified in G.S. 122C-251,

upon notice to the clerk or magistrate that transportation is necessary, or as provided in G.S. 122C-408(b). If placement in a 24-hour facility is to exceed 45 consecutive days, the area authority or physician shall notify the clerk of court by the 30th day and request a supplemental hearing as specified in G.S. 122C-291."

SECTION 3. This act is effective when it becomes law.