STATE OF MAINE
112TH LEGISLATURE
SECOND REGULAR SESSION

A REPORT OF THE STUDY BY THE JOINT STANDING COMMITTEE ON HUMAN RESOURCES ON

THE DRIVER EDUCATION EVALUATION PROGRAM FOR OFFENDERS OF THE MAINE OPERATING UNDER THE INFLUENCE LAWS

DECEMBER 1986

MEMBERS:

Sen. N. Paul Gauvreau, Chair *
Sen. Beverly Miner Bustin
Sen. Barbara Gill

Rep. Merle Nelson, Chair
Rep. P. Kelley Simpson
Rep. Peter Manning
Rep. Donnell Carroll
Rep. Rita Melendy *
Rep. Neil Rolde *
Rep. Susan Pines
Rep. H. Stedman Seavey, Jr.
Rep. Kerry Kimball *
Rep. Priscilla Taylor *

Subcommittee Members *

Staff:
Margaret J. Reinsch, Legislative Analyst
John R. Selser, Legislative Analyst

Office of Policy and Legal Analysis
Room 101, State House--Sta. 13
Augusta, Maine 04333
(207) 289-1670

SUMMARY OF RECOMMENDATIONS

The Joint Standing Committee on Human Resources makes the following recommendations concerning the Driver Education Evaluation Program.

1. Fees, First offenders. The Committee recommends that the fee structure for first offenders be amended to authorize the Division of Driver Education Evaluation Program to charge up to $125 as the fee for the education component of DEEP. A portion of this fee ($25) will be refunded to participants who complete the education component within 3 months of the date of the operating under the influence conviction. In addition the Division should be authorized to subsidize all or part of the fee for people who are unable to pay. This will accomplish two goals.

   A. By providing for an early participation refund of a portion of the fee, it will encourage (and increase) participation in the program.

   B. By providing for a subsidy program, it will eliminate a roadblock for people who cannot afford DEEP. This should increase participation in the program.

2. Clients' rights and responsibilities. The Committee recommends that the DDEEP make clients fully aware of their rights and responsibilities as DEEP participants. The client should be provided a "statement of understanding" to sign as such an acknowledgement.

3. Continuing education requirements. The Committee recommends that continuing education be required for recertification of treatment providers and that the Department of Human Services develop a proposal for continuing education requirements for providers of DEEP services and report to the Committee by mid-February, 1987, explaining their proposal.

4. Monitoring of providers. The Committee approves of the Office of Alocholism and Drug Abuse Prevention's monitoring of providers and recommends that it be continued. Monitoring should be increased to include client evaluations and annual on-site evaluations. The Committee would also like to see more detailed monitoring of providers.

5. Conflict of interest. Although the Committee heard several concerns about the potential conflict of interest problems caused by the fact that evaluators are also providers, the Committe heard no evidence to substantiate the complaints. The Committee recommends that DDEEP monitor the situation, and make sure clients are aware of their rights concerning evaluations and treatment.

6. Multiple offender program. Because the components of the current DEEP do not seem to be able to reach multiple-offenders, the Committee recommends that a more intensive program be developed and instituted for multiple offenders. The committe encourages the use of the Weekend Intervention Program which the Division is developing and recommends a fee schedule necessary to reimburse the state for the cost of the program be authorized. The Committee is also concerned with the number of multiple offenders who are not participating in DEEP, the lack of appropriate treament for these individuals and their continuing use of a motor vehicle without a license (operating after suspension). The Committee encourages judges to require participation in existing DEEP programs as a part of probation. The Committee also encourages cooperation between the Division of Probation and Parole and the Division of Driver Education and Evaluation in order to provide a unified and coordinated program to deal these multiple offenders.

7. Data issues. The Committee recognizes many difficulties in obtaining and maintaining reliable data as a result of inadequate computer hardware and software access, and encourages a quick resolution of the problems. Ready access to reliable data in order to monitor and evaluate the DEEP is an important tool in dealing with motor vehicle operators who are operating on our highways while under the influence of intoxicating liquors or drugs.

TABLE OF CONTENTS

APPENDICES

I. INTRODUCTION

During the Second Regular Session of the 112th Legislature, L.D. 2221, "AN ACT to Amend the Annual Operating-under-the-influence Report and to Establish a State-operated Evaluation Program within the Driver Education Program of the Department of Human Services," was introduced and heard before the Joint Standing Committee on Human Resources. This legislation sought to revise the information submitted in the annual operating-under-the-influence report to conform the report to recent changes in the law, to add additional reporting data, and to delete irrelevant data. In addition it proposed to establish a state-operated evaluation program for the OUI offender within the Division of Driver Education Evaluation Program (DDEEP[1]) of the Department of Human Services. This action was recommended to resolve problems which had been raised concerning client exploitation by a potential conflict of interest situation created by allowing evaluators who recommended treatment to also provide that treatment.

The testimony which the committee heard from the department, from providers and from committee members reflecting their constituents' concerns led the committee to one unanimous conclusion: A substantial amount of evidence existed that the Driver Education Evaluation Program (DEEP) needed some changes and modifications, but there was insufficient information for the committee to reach any reasonable conclusions. There were conflicting solutions proposed and more information was necessary upon which to base an intelligent decision.

The Committee amended the bill to include only the sections which revised the annual report. The committee requested and received authorization to study DEEP more fully to evaluate the concerns expressed and to propose changes whereby DEEP may better reach its full potential.

This report contains the conclusions and recommendations made by the Joint Standing Committee on Human Resources in carrying out the study of DEEP.

A five-member subcommittee, consisting of Senator N. Paul Gauvreau, subcommittee chair, Representative Kerry E. K. Kimball, Representative Rita B. Melendy, Representative Neil Rolde and Representative Priscilla G. Taylor, was appointed to study the issue and report to the full committee. It met twice during the interim. The full Human Resources Committee met twice to review the subcommittee's findings and to make final recommendations.

---

[1] This report frequently uses acronyms. A complete glossary of all acronyms is contained in Appendix A.

Participating in the subcommittee and full-committee meetings were members of the Division of Driver Education Evaluation Programs and the Office of Alcoholism and Drug Abuse with the Bureau of Rehabilitation, Department of Human Services; representatives of the Bureau of Safety, the Alcohol and Drug Planning Committee, the Department of Corrections and local law enforcement agencies; and members of the Maine Association of Substance Abuse Programs, representing providers.

The scope of the study as originally conceived was extremely broad, taking in the entire expanse of DEEP. All aspects were targeted for study, from the program aspects of the education component to qualifications and training for evaluators and treatment providers; from appropriateness of assessment instruments to appropriateness of treatment modalities; from sufficiency of providers to fairness and uniformity throughout the process.

After an overview of DEEP, however, the subcommittee narrowed the focus to a few main areas of concern: the assessment instruments; the use of the incarceration period; qualifications and monitoring of providers; multiple offenders; increasing participation in the program by OUI offenders who operate after suspension without completing their DEEP requirement; and data-gathering questions raised in the process of the study.

II. DESCRIPTION OF THE DRIVER EDUCATION AND EVALUATION PROGRAMS

A. THE PROGRAM

1. Purpose

The overall goal of the Division of Driver Education Evaluation Programs (DDEEP) is to reduce the number of deaths that result from alcohol related motor vehicle crashes.

The objectives of DDEEP are:

1. To educate and motivate to change the behavior of those individuals who drink and drive;

2. To identify those with significant indicators of life problems because of alcohol use and refer for evaluation/treatment;

3. To make the public more aware of the problem of drinking and driving; and

4. To involve law enforcement, the judiciary and the public to make changes which will aid in the overall goal of reducing alcohol related accidents, injury and deaths on Maine's Highways.

2. History

The roots of the current DEEP lie in the federally-funded Alcohol Safety Action Program (ASAP) run in Cumberland and York counties from 1972 through 1974. ASAP offered education, counseling and referral services to alcohol offenders.

In June of 1974, the Motor Vehicles Division of the Department of State assumed the course on a statewide basis. The program, the Driver Rehabilitation Course (DRC), consisted of the same basic components as the current DEEP: Ten-hour education course; use of the Mortimer-Filkins test as an assessment tool; and referral services. (The threshold score on the Mortimer-Filkins test has changed over the years while the test itself has remained the same.) If a first-time Operating Under the Influence (OUI) offender completed the DRC, not mandatory at the time, the person's license could be reinstated in 30 days instead of serving out the full 4-month license suspension.

Starting October 1, 1975, first-time OUI offenders could no longer just serve the 4 month suspension, then have their license reinstated; they were given a choice: They could complete the DRC and reduce their suspension to 30 days, or petition the Secretary of State for a hearing after 2 months of the suspension. If, after the hearing, the Secretary of State determined that the public safety, and the driver, would not be

endangered by restoring the license, the Secretary of State could, after 4 months, reinstate the license without completion of the DRC.

The Driver Rehabilitation Course moved to the Bureau of Rehabilitation in the Department of Human Services in October of 1977. The course was retitled "Driver Education Evaluation Programs," although the statute referred to it as simply "the education program under the auspices of the Department of Human Services." Persons who refused to take a blood-alcohol test could complete DEEP and have their license suspension reduced to 30 days. This reduction in suspension was only available on the first refusal.

Second-time OUI offenders were also required to complete DEEP, as well as an alcohol treatment or rehabilitation program if required by the Department of Human Services. Third-time and subsequent offenders could have their license reinstated after 2 years suspension and satisfactory completion of an alcohol treatment or rehabilitation program, as well as abstention from liquor or drugs for 2 years.

Beginning in September, 1981, however, the statute did not mandate participation in DEEP for any alcohol offenders, although completion of DEEP or counseling could reduce a license suspension by 1/3. The law was also amended in 1981 to reach underage drinking drivers: It is illegal for any person under the legal drinking age to drive with a blood-alcohol level of 0.02% ("the 0.02 law"). A separate education program was developed for these underage drinking drivers in 1984, called DEEP-Teen. Effective May, 1984, the Legislature required satisfactory completion of DEEP, and counseling when required, for all OUI convictions and administrative 0.10% and 0.02% suspensions before the license could be restored. This is the current state of the law regarding DEEP and license restoration.

3. Administration and funding

DEEP and its supporting programs are administered by two separate offices of the Department of Human Services, the Division of Driver Education Evaluation Programs (DDEEP) and the Office of Alcoholism and Drug Abuse Prevention (OADAP).

a. DDEEP

The Division of Driver Education Evaluation Programs (within the Bureau of Rehabilitation) is responsible for all DEEP paperwork, such as ensuring that the Secretary of State receives the documents indicating that a particular DEEP client has completed all DEEP requirements. DDEEP employs or hires by contract the instructors for the education course. DDEEP also oversees evaluations and treatment to ensure that the providers operate within the regulations and guidelines.

b. OADAP

The Office of Alcoholism and Drug Abuse Prevention (OADAP) plays an important, if often behind-the-scenes, role. OADAP licenses/certifies substance abuse service providers, and monitors those providers to determine if they are living up to the requirements.

c. Funding

DEEP is funded entirely through client fees. The education course and the preliminary assessment are funded by the client's $75 fee. The evaluators and treatment providers set their own fees. Clients are required to make their own arrangements directly with the provider for payment of those fees. The providers operating as agencies receive some amount of State funding and are therefore able to offer a sliding fee scale, based mainly on the client's ability to pay. Providers not receiving State funds cannot afford that type of fee arrangement.[2]

B. THE PARTICIPANTS

1. The clients

From 1981 through 1985, a total of 30,775 people participated in DEEP. Of that number, 13,388 were referred for evaluation.[3] It is difficult to correlate these figures with OUI statistics because many offenders do not participate in DEEP until their license suspension is almost or completely served: The OUI offense may have occurred in a different reporting year than the year in which DEEP participation was completed. The 1986 OUI Report (covering January 1, 1985 - December 31, 1985), published by the Office of Alcoholism and Drug Abuse Prevention, finds that 30.5% (1,966) of the people convicted of OUI in 1985 (6,455) completed all DEEP requirements in 1985. This indicates that during 1985, 4,489 people either started and failed to complete DEEP, or simply did not participate at all in DEEP.

According to DDEEP statistics, 79% of all adult DEEP participants in 1985 were first-time OUI offenders; 18% were second-offenders; and 3% had already been convicted of at least

---

[2] Note: Substance abuse treatment is covered by health insurance. Medicaid does not currently cover substance abuse treatment, but may in the future.

[3]The percentage referred for evaluation has gone from a low of 39% in 1982 to about 50% in 1986.)

2 previous OUI offenses. The proportion of first-offenders under 21 is even more lop-sided: Over 92% of of the DEEP participants under 21 have no previous OUI offenses.[4]

DDEEP figures show that approximately half of all DEEP clients are referred, through the preliminary assessment, for in-depth evaluation. About half of those evaluated are determined to have a substance abuse problem and treatment, usually out-patient, is recommended. Those going on to treatment, then, make up about 25% of all DEEP clients.

2. Education instructors

DDEEP currently employs 5 instructors who teach the adult education course and administer the assessment instrument. In addition to these 5, DDEEP contracts with 11 others, not DDEEP employees, to provide the same services to all areas of the State. For offenders under 21, DDEEP contracts with the Chemical Alternatives Program (CAP) in the Department of Corrections

3. Treatment providers

A network of treatment providers exists separately from DDEEP. These providers conduct evaluations and carry out prescribed treatment with the DEEP clients when necessary. Evaluators and treatment providers fall into two classes: Sole practitioners, usually called "private" practitioners; and group practices, usually called "agencies."

Agencies often receive some sort of state funding and are thus able to offer sliding-scale fees for DEEP clients who cannot afford high rates for evaluations and treatment. Agencies usually have several practitioners meeting the Office of Alcoholism and Drug Abuse Prevention (OADAP) requirements for providing evaluation and treatment services. In the past, non-certified practitioners also worked in the agency under the supervision of certified providers; OADAP regulations were amended in May, 1986, to allow only certified providers to provide services to DEEP clients.

There are currently 28 agencies providing evaluation and treatment services for DEEP clients. OADAP estimates that the average agency will experience a staff turnover of about 20% a year.

---

[4]The latest statistics on recidivism of DEEP clients are very positive. According to the 1986 OUI Report, only 0.6% of the people who completed their DEEP requirements in 1985 were convicted of a subsequent OUI, and 0.8% were convicted of operating after suspension.

As of August 12, 1986, there were 31 private DEEP providers. During the year August, 1985 - August, 1986, 8 new providers were approved and 22 providers left the field. Of the 22 that left, at least 7 were forced out because of a new requirement in the DEEP regulations that DEEP providers qualify as Registered Substance Abuse Counselors (RSACs). These 7 were unable to meet the standards for RSACs. This was a one-time occurrence, which produced abnormal figures for provider turnover.

C. THE PROCESS

The DEEP process consists of four basic components:

1. Education;
2. Assessment (administered at the completion of the education session);
3. Evaluation (if required); and
4. Treatment (if required).

The process is illustrated in flow-chart form in Appendix B.

A client enters the DEEP process by having his or her driver's license suspended by one of three methods:

(1) The Secretary of State can suspend the license for 180 days for refusal to comply with the duty to submit to a blood-alcohol test. A person who takes DEEP can have this suspension time halved for the first refusal, but DEEP is not mandatory. For any subsequent refusals, DEEP is not required, and taking DEEP does not reduce the suspension.

(2) The Secretary of State can administratively suspend the license if he determines the driver was operating with an excessive blood-alcohol level, based on the law enforcement officer's written statement and blood-alcohol test results. An excessive blood-alcohol level is 0.10% or above for those 21 or older, and 0.02% for anyone under 21.

(3) The court can also suspend the license once the driver is convicted of OUI, currently a Class D crime.

For suspensions ordered under (2) and (3), the law requires the offender to satisfactorily complete "the alcohol education program of the Department of Human Services" and, when required, satisfactorily complete an alcohol treatment or rehabilitation program approved or licensed by the department, before the Secretary of State can restore the driver's license. (29 MRSA §1312-D, sub-§2.) The offender receives a letter explaining this, and is directed to contact DDEEP to learn when the education component is scheduled. The offender then enters the DEEP process.

1. Education

a. Clients

All OUI offenders are required to participate in the education program, whether first-time offenders, second- or otherwise, unless the client committed a second OUI offense within a year of completing DEEP requirements for a previous offense. In this case, the client goes directly to evaluation, bypassing both the education and assessment stages.

b. The program

The focus of the education component is threefold: (1) To take away the myths about alcohol and drinking; (2) To provide factual information; and (3) The belief that if people are in control of where and when they drink they will make better decisions. Clients learn not only how alcohol affects the body but how it affects mental processes.

There are two separate education programs, one for adults and one for OUI offenders under the legal drinking age of 21. The latter program is often referred to as the "DEEP-Teen" program.

(1) Adults

The adult course consists of 9 hours of classroom instruction. The instruction is provided through lecture, film and a client workbook.

The facilitators are DDEEP employees or private practitioners under contract with DDEEP to provide the education services.

Each class meets for 3 evenings during the week for class work. Individual assessment sessions are also scheduled during that week. The classes are scheduled across the State, and additional classes are added to accommodate greater seasonal interest in the program.[5] For example, 8 extra classes were scheduled this past March, presumably because offenders wanted to complete the requirements in time to have their licenses reinstated for summer. In addition to seasonal schedule changes, the distribution of classes by area may also change. Because DEEP is a mandated program (the law requires a Maine driver to complete DEEP before being able

---

[5] The total number of clients participating in March and April of 1986 are 736 and 650, respectively, compared with 330 who participated in December of 1985.

to legally drive again), the State is responsible for making classes available. The State will provide the class even if only 1 or 2 people are registered to ensure classes are held within a reasonable time of the request.

(2) DEEP-Teen

The education program for underage drinking drivers is administered by the Department of Corrections through the Chemical Alternatives Program (CAP). There are from 15 to 16 facilitators around the State, and each group is limited to 16 youths. These 16 are a mixture of DEEP youths and probation youths attending the program through a source other than DEEP. The group process focuses on peer pressure, decision making and values clarification, through lecture, discussion groups and a workbook for out-of-class use.

c. Training of instructors and facilitators

The 5 DDEEP instructors are classed at the Rehabilitation Counselor II level. DDEEP contracts for additional instructors compatible with the Rehabilitation Counselor II qualifications. DDEEP recruits instructors in the adult education course that have related training and experience in substance abuse and, ideally, also have a familiarity with traffic safety issues. DDEEP requires the instructors to complete a minimum of 32 hours of relevant continuing education each year as a part of their contract. The Division offers various substance abuse courses dealing with topics such as dependent personalities, cross-addiction, and poly-drug abuse.

The contract between DDEEP and CAP specifies the training and qualifications for the DEEP-Teen facilitators. The Teen facilitators are expected to have experience in dealing with teens and to be experienced in group dynamics.

2. Preliminary assessment

a. Clients

All persons entering DEEP also participate in the preliminary assessment. (Again, however, any client required to attend DEEP because of a second or subsequent offense within one year of completion of DEEP requirements will be directly referred to an approved substance abuse counselor for an evaluation.)

b. The program

In conjunction with the classes, each DEEP client completes an assessment instrument, designed to serve as a screening tool. The results of the assessment instrument, alone or in conjunction with other criteria, are used to determine if the client should be referred for an evaluation. DEEP regulations set out the criteria under which an evaluation is required or allowed. If the criteria are met, the client is required to complete an evaluation. If the client does not meet the criteria, no evaluation is necessary. The criteria for evaluation consist of the client's blood-alcohol concentration at time of arrest, the assessment instrument score, and the existence of previous alcohol-related motor vehicle offenses. The assessment instruments are tailored for either adults or youths.

(1) Adults

The preliminary assessment for adults consists of the Mortimer-Filkins Test (M-F). This test was developed by the University of Michigan's Highway Safety Research Institute (HSRI), and is sometimes called the HSRI test. The test consists of a 58-item questionnaire to which the respondent answers yes-no, true-false or supplies a brief response. An interview of up to one hour in length is also part of M-F, and this is with the DEEP instructor, in a counselor role, rather than that of an educator. The M-F evaluates behavior which shows if there is an alcohol problem. It is used as a screening tool, not as a diagnostic instrument, and has been upheld in court.

The criteria for adults for in-depth evaluation are set out in the DDEEP regulations. On the basis of the results of the preliminary assessment, a referral for an extensive alcohol evaluation must be made when:

1. The client's blood-alcohol content at the time of arrest was 0.20% or higher;

2. The Mortimer-Filkins score is 50 or greater;

3. The Mortimer-Filkins score is 40 or greater and the client's blood-alcohol content at the time of arrest was 0.15% or higher; or

4. The client has one or more previous alcohol-related motor vehicle offenses.

On the basis of the results of the preliminary assessment, a referral for an extensive evaluation may be made when:

The client's blood-alcohol at the time of arrest was 0.15% or greater and the instructor concludes that the client's responses to the Mortimer-Filkins test are inaccurate. (The reasons for the instructor's conclusions must be documented in writing and included in the DEEP client's file.)

(2) DEEP-Teen

The assessment instrument for offenders under 21 is the "16PF," short for 16 personality factors. This is a paper-and-pencil questionnaire that measures normal, adult personality. Most questions have no "right" or "wrong" answer. There is no time limit, but most people finish in about 45 minutes. The answer sheets are sent to the Institute for Personality and Ability Testing, where they are entered into a computer and objectively interpreted. The results are sent back to DDEEP in about 2 weeks. The focus of the 16PF is evaluating high-risk personalities. If a youth is at high risk concerning alcohol use, the computer supplies DDEEP with a complete printout of the personality factors and other key data elements, and he or she is referred for evaluation. The information can be used as focal points for developing effective treatment programs.

The criteria for in-depth evaluation for youths are similar to that for adults, and are also contained in the DEEP regulations. On the basis of the results of preliminary assessment, a referral for an extensive alcohol evaluation must be made when:

1. The client's blood-alcohol content at the time of arrest was 0.20 or higher;

2. The client has one or more previous alcohol-related motor vehicle offenses; or

3. The assessment test administered by the DEEP-Teen facilitator indicates the client is at a high risk.

3. Evaluation

a. Clients

Only DEEP clients who meet the criteria in the regulations (M-F/16PF, BAC, alcohol-related offenses) are referred for evaluation. It is at this point that the client leaves the State system and enters the private system because DDEEP employs no evaluators.

Most treatment providers also perform DEEP evaluations. All providers must hold a valid and current Certificate of Approval or license issued by the Department of Human Services. In addition, as of May 1, 1986, all providers must be licensed or registered under: 32 MRSA Chapter 36 (Osteopaths); Chapter 48 (Physicians); Chapter 56 (Psychologists); Chapter 81 (Registered Substance Abuse Counselors); or Chapter 83 (Social Workers). OADAP records show 128 providers eligible to perform evaluations.

b. The program

The purpose of the evaluation is to identify alcohol abusers and problem drinkers by using various tests and interview techniques, and, where appropriate, to refer the problem drinker to an approved provider for treatment. The evaluation is designed to identify underlying problems as well.

DDEEP provides the client with the names and descriptions of at all providers in that geographic area who perform DEEP evaluations, and the client chooses one. An adult client informs the instructor which provider he or she has chosen at the end of the education course. For youth, after receiving a letter from DDEEP indicating that the client, on the basis of the assessment, has been referred for evaluation, the youth client must contact the DDEEP office and inform the director of the choice of evaluator. This is different than the procedure for adult clients because the 16PF results are not available for about 2 weeks after the class ends. DDEEP then forwards the assessment information to the chosen evaluator.

DDEEP regulations prescribe strict time limits for making initial contact and completing the initial session with an evaluator. Each evaluation must consist of at least two and no more than four 50-minute sessions, with a minimum of 5 working days between the first and second sessions. If the provider and the client both agree upon a positive finding after the first session, the evaluator may waive subsequent sessions. A significant other (spouse, parent, girlfriend/boyfriend, etc.) must attend one evaluation session, unless extreme circumstances prohibit it.

Within the DDEEP guidelines, the evaluations are not completely standardized. Because evaluators come from several different professional backgrounds, Each provider brings that background, along with his or her own treatment philosophy and methodology, to the evaluation.

An example of the schedule for an evaluation at a particular agency is as follows: The intake session is scheduled within one week of the client's initial call to the agency. Three or four weeks may pass before the client is assigned to an individual counselor. At the first

evaluation session, the evaluator obtains the psycho-social history of the client, and administers the Michigan Alcohol Screening Test (MAST). The evaluator usually requires that the client maintain sobriety during the entire evaluation period, and attend Alcoholics Anonymous meetings. Family involvement, beyond the DEEP regulations requirement, may also be required. During the second session, the evaluator discusses the test evaluations with the client. The family in included in the third session. This is to determine how the client's behavior is affecting the family. It also allows the evaluator to compare the client's story about drinking habits with the family's version. The evaluator uses the fourth session to talk with the client and discuss what has been indicated by the 3 previous sessions. Other providers may not follow this procedure.

After completing the last scheduled evaluation session, the evaluator informs the client of the results of the evaluation. The result will be either (1) incomplete; (2) negative; or (3) positive. A client who receives an incomplete result has 6 months to satisfactorily complete the evaluation, after which time the client must undergo another complete evaluation. (An incomplete result indicates that the client refused to cooperate and did not attend or complete the 2-4 evaluation sessions.)

A negative finding means that the evaluator has determined that the client does not have an alcohol problem requiring treatment. Upon payment of costs of the evaluation (or acceptable payment arrangement), the client has satisfactorily completed the evaluation. This result is passed back to DDEEP within 5 days by the evaluator. The client has thus completed all DEEP requirements to have the license reinstated.

A positive results indicates that the evaluator has determined that the client does have a substance abuse problem which requires treatment.

The client has a right to a second evaluation once payment has been made for the first evaluation. The client must again contact DDEEP for names of providers. If the second evaluation is the same as the first, the client must complete the treatment prescribed by the first evaluator. If the second evaluator disagrees with the first evaluator, DDEEP arranges for a third evaluation. The Director of DDEEP reviews the results and issues a conclusive finding based on the three evaluations.

4. Treatment and Rehabilitation Services

A positive finding by the evaluation will require that the client satisfactorily undergo treatment and rehabilitation prior to regaining his or her driver's license. The client must complete the prescribed treatment before the DEEP requirements are met for license reinstatement. The evaluator prescribes a course of treatment that is, in the evaluator's judgment, appropriate and likely to be beneficial.

The evaluator is required to provide the client with a list of three approved treatment providers. The evaluator may include himself or herself in the list of approved providers. The evaluator may include his or her own name in the list. When the evaluator is with an agency, at least one of the 3 names must be a provider outside the agency, if possible. In some areas of the State, however, there are not a large number of providers available.

The client chooses the treatment provider, and the evaluator informs DDEEP of the evaluation result and the name of the treatment provider.

a. Clients

There are several types of clients involved in the treatment component. Although the majority are first-offenders, there are a large number of multi-offenders, as well. Another aspect which the treatment providers see is the multi-drug user. Very seldom is the person a pure alcoholic; other drugs are often used in addition to alcohol. The synergistic effects of this multiple drug use can cause serious problems; such use needs to be diagnosed early for proper treatment.

The training and requirements for treatment providers are the same as those for evaluators.

b. The program

The client must complete the treatment program recommended by the evaluator. The great bulk of recommended treatment is done on an out-patient basis, with only a minority being in-patient. The residency-based treatment is for problem drinkers whose degree of illness and supportive surroundings indicate that out-patient treatment may not be effective.

If, after what appears to be successful treatment, the client has a relapse, his or her license may be resuspended. The treatment provider, upon identifying the relapse, can report the problem to the Motor Vehicle Division of the Department of State. MVD then decides whether to resuspend the client's license. DDEEP is informed of the situations in which this occurs, but is not involved. Although this option is available, it is rarely used.

III. DISCUSSION

A. PARTICIPANT ISSUES

1. Incomplete participation or non-participation.

In calendar year 1985, 7,192 people were convicted under the OUI laws.[6] During that same time period, only 1,966 people (27.3%) satisfactorily completed DEEP. There are, of course, many individuals convicted in 1985 who will wait until the end of their suspension period, and beyond, to complete the DEEP program. There were, however, greater convictions for OUI during the two preceding years. It is not an unreasonable assumption that the number of people who were convicted in 1983 or 1984 and who waited until 1985 to complete DEEP is at least sufficient to offset the number of individuals convicted in 1985 who will wait to complete their DEEP requirements until a later year. This would seem to create a balance of sorts in the statistics and allow us to generalize that the 27.3% completion calculation is somewhat accurate.

If that is the case, it is alarming that over 70% of the individuals who were convicted of OUI (5,226) either drop out of DEEP or never even start the program, which is mandated by state law for license renewal. These individuals either fail to make it to the system or through the system. DEEP never has the opportunity to address their drinking and driving problem. There is no therapeutic intervention to break their pattern of behavior.

a. HSDI study

The Human Services Development Institute (HSDI) is finalizing its study of the effectives of DEEP. The study also developed baseline figures to determine improvement in effectiveness from year to year.

The HSDI study used a study sample of 1000 people convicted of OUI in 1983. The analysis determined where people dropped out of the DEEP program, broken down by component.

The figures collected by HSDI show that of the study sample, 378 persons, or 37.8%, did not participate in DEEP at all. See GRAPH 1.

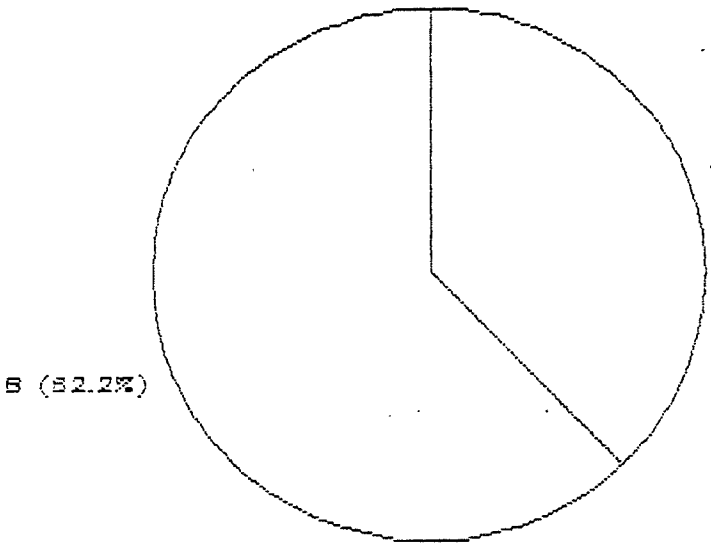
---

[6] The number of OUI convictions was obtained from the Department of State, Motor Vehicle Division.

GRAPH 1

DEEP Participation

SAMPLE N = 1000 (1983 CONVICTION)



A - No DEEP participation (378

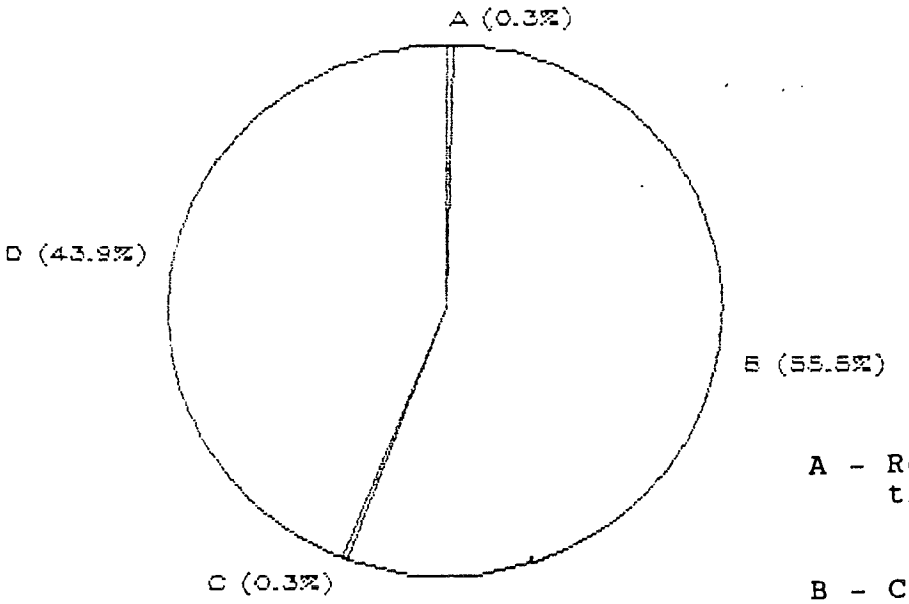
B - Registered for DEEP education course (622)

In looking at the 622 who did participate in DEEP, over half (345, or 55.5%) met all DEEP requirements by completing just the education (and assessment). The next largest group were the clients who completed the course and were referred for evaluation (273, or 43.9% of the 622). Two clients were referred directly to treatment, while 2 others did not complete the course. See GRAPH 2.

GRAPH 2

DEEP COURSE

N = 622 (from GRAPH 1, B)



A - Referred directly to treatment (2)

B - Completed course, met all requirements (345)

C - Did not complete course (2)

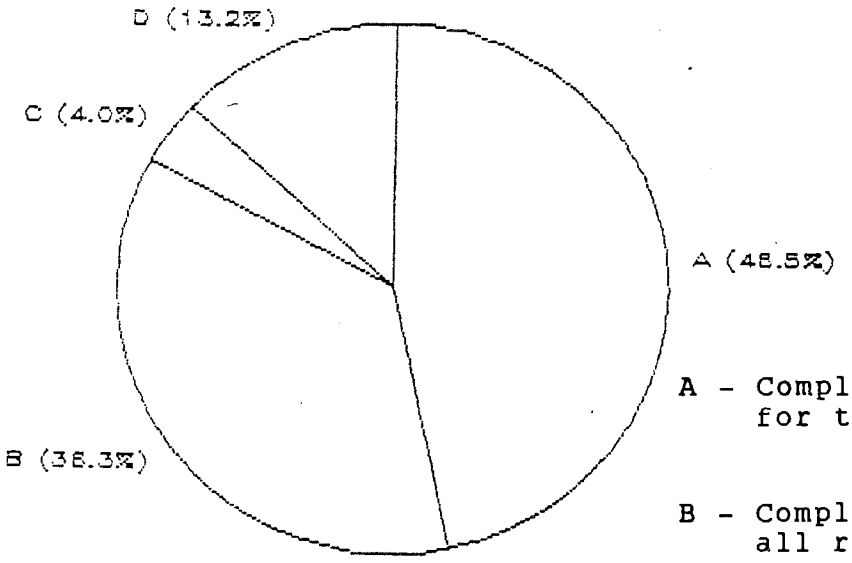
D - Completed course, referred for evaluation (273)

Of the 273 DEEP clients that were referred for evaluation, 127 (46.5% of the 273) completed the evaluation and were referred for treatment. Ninety-nine, or 36.3%, met all DEEP requirements by completing the evaluation. Eleven persons did not complete the evaluation (4.0%), and 36 (13.2%) never even contacted an evaluator to set up an evaluation. See GRAPH 3.

GRAPH 3

EVALUATION

N = 273 (from GRAPH 2, D)



A - Completed evaluation, referred for treatment (127)

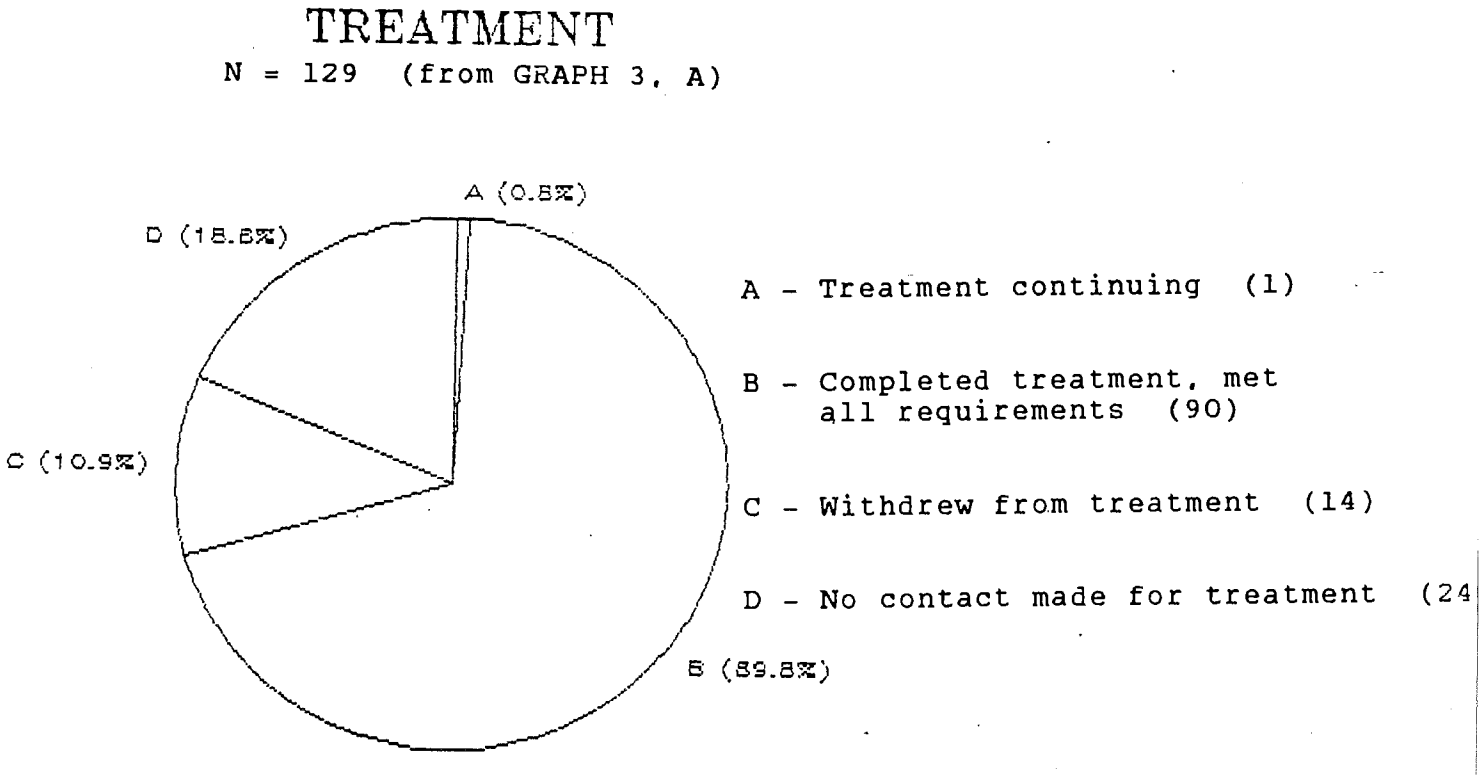
B - Completed evaluation, met all requirements (99)

C - Did not complete evaluation (11

D - No contact made for evaluation

Of the 129 clients who were referred by their evaluator for treatment, 90 (89.8%) met all DEEP requirements by completing the recommended treatment. The next largest percentage of those referred to treatment never started treatment: Twenty-four clients (18.6%) never made contact with a treatment provider. Fourteen persons (10.9%) started treatment, but withdrew before completion. At the time of the study, one person in the sample group was continuing treatment. See GRAPH 4.

GRAPH 4



2. The reasons for lack of participation.

Several reasons for this lack of participation or incomplete participation have been proposed:

a. Inability to pay

Some clients simply do not have enough money to pay. In some cases the judge may even waive the fine due to indigency.[7] Part of this group is eligible for and receives assistance from agencies who offer a sliding fee scale; but, these agencies are often overloaded and require a lengthy waiting period before the client is able to schedule the class. Other clients request to pay the $75 DEEP fee in installments over a longer period of time. (DDEEP has no athorization to extend payments.) It is believed that some of the indigent clients eventually decide to operate after suspension simply because they cannot afford to complete the DEEP program.

b. A decision not to drive

Some people decide not to drive again and never sign up for DEEP. The education aspect of the DEEP is designed to deal with those individuals who seek to continue to drive on our highways. DEEP is not specifically designed to address alcoholism for those who no longer seek to drive on our highways. Although these people are no longer a driving problem, the committee hopes they take advantage of the other rehabilitation programs designed to treat those individuals.

c. Drop-outs

Some clients fail to successfully complete treatment and simply drop out of the program. This issue is discussed in more detail in the section on Treatment Issues.

d. Operating After Suspension

Some people continue to drive without a license. These individuals who completely disregard the law present a serious and growing problem on our highways. In 1985, 1,113 of the 1985 Operating After Suspension (OAS) cases were OUI-related cases. This figure represents 24% of all 1985 OAS cases. These individuals are clearly not dealing with their problem in a manner acceptable to our society. It is apparent that license suspensions are not effective with this population.

---

[7] 29 MRSA §1312-B mandates that minimum fines be imposed on all people convicted of OUI; the statute does not provide for waiver or suspension of fines for any reason.

Whatever the reason for their failure to participate satisfactorily, the committee clearly feels that those individuals who are not dealing with their problem should not be allowed on the road. These people seem to treat the DEEP requirement as optional.

There are many obstacles to effectively dealing with these offenders. The committee notes that the current statute already mandates satisfactory completion of DEEP before a suspended license may be reinstated. It is questionable whether further statutory sanctions will have any affect. Some DEEP participants are rumored to be driving to DEEP classes despite their suspended status.[8] In addition, if everyone who was convicted of OUI completed DEEP, the resources existing at the present time would be exceeded. A third obstacle is the coerced client. This individual has not even admitted he has a problem. He doesn't cooperate, doesn't respond to treatment, and doesn't stay on treatment any more than he responds to the laws.

Whatever the obstacles, this committee believes that solutions must be found.

3. Proposed solutions

Various approaches to increase DEEP participation must be explored if the system is going to have an effect on those who are currently not participating in the program. The committee examined several possible approaches to deal with OUI offenders who failed to participate in the program or dropped-out of the program before completing it. Some solutions increased the penalties while others provided incentives to complete the program.

a. Subsidize or waive the fee for indigents

The Division of Driver Education Evaluation Programs could be authorized to charge up to $125 for the education and assessment components of the program. The statute currently authorizes up to $75. This authorization would allow DDEEP to raise the fee to a level that will help subsidize the clients who cannot pay the fee. DDEEP may either waive the entire fee for those clients, or may institute a sliding-fee scale to take into account a client's ability to pay the fee.

---

[8] Some clients who drive to the DEEP education class may have been issued a restricted license by the Secretary of State. Most restricted licenses issued allow the person to drive only to work or to school, but some accommodation may be made for the need to attend the DEEP class.

b. Mandate DEEP as part of the sentence

Under this proposal DEEP would be mandatory for all OUI offenders. DEEP would be imposed as a part of the offender's sentence either by the court or by statute. Completion of DEEP would be required the same as completion of a period of incarceration, or payment of a fine. The court could impose sanctions, such as incarceration, for failure to complete the DEEP program.

A variation of this would defer sentencing until the assessment and/or evaluation has been completed; then, where indicated, make satisfactory completion of treatment a part of the sentence.

c. Criminal offense

Another approach is to make it a criminal offense to fail to take DEEP within a specified time after conviction. A person who fails to fulfill the DEEP obligations could be convicted of this as a crime separate from OUI or OAS.

d. Period of probation incentives

All individuals could be given a longer period of probation, with the possibility of having their probation reduced if they take DEEP within a specified time.

e. Fines

Impose heavy fines and waive some or all of the fine if DEEP is completed in a certain period of time.

f. Price incentives

The price for the basic education and assessment portion of DEEP could be dramatically increased. Participants who complete the education and assessment portion of DEEP either before sentencing or within a specified period of time after sentencing could be given a significant discount over the regular cost.

4. Recommendations

The committee makes the following recommendations:

a. Fees

DDEEP's authority to set the fee for the education and assessment portions should be increased to $125. This will

allow subsidization of DEEP clients who cannot pay the fee. DDEEP will rely on the judge's determination in the underlying OUI offense for when a client is unable to pay. In addition, $25 of the $125 will be rebated to clients who complete the education and assessment components within 3 months of conviction.

b. Multiple offender program

The Department and DDEEP should implement a multiple offender program, using the Qunicy Court (Massachusetts) program as a model. See Part III, F. Courts should be encouraged to include satisfactory completion of education, evaluation (when necessary) and treatment (when necesssary) as a condition of probation.

5. Client's rights

a. Awareness of rights

It is important that each client be aware of his or her rights. Each client is made aware of his or her rights and obligations through the "client workbook" and through leaflets distributed to the participant. Clients receive the DDEEP phone number in a leaflet distributed at the time they receive their suspension letter. In addition, the clients are advised orally of certain rights at various points during the program. For example, each DEEP client is advised of his or her right to a second evaluation at the time he or she receives the results of the first evaluation.

b. Statement of understanding

Although a client is advised of all of his or her rights throughout the course of participation in the DEEP program, that information is not currently available in one central location as a quick reference guide for the client. The committee recommends that a Client's Rights guide be included as a separate page or section of the "Client Workbook" in order to provide quick reference to all the client's rights and the complaint procedure in one central location, along with a phone number where they can call DDEEP for further information. In addition, the committee recommends that DDEEP provide each client with a form explaining the client's rights and responsibilities. Each client will sign the form to show that he or she has read the information and is aware of DDEEP requirements, as well as client's rights and avenues of problem resolution. A sample form is included as Appendix C.

c. Procedure for complaints

Most complaints are made by telephone to the DDEEP office. DDEEP requires written follow up of the telephone conversation with as much detail as possible in order for them to adequately pursue a complaint initiated by phone.

Complaint procedures are being formalized by the OADAP for dealing with complaints about service delivery by providers or individuals. A copy of the latest draft of those procedures is included in Appendix D. Although the draft has not been finalized, no major changes are expected from that version.

B. PROVIDER ISSUES

1. Certification, orientation

All DEEP evaluators and treatment service providers must be certified by the Department of Human Services. As of May 1, 1986, all providers (evaluators and treatment providers) had to be licensed or registered as an osteopath, a physician, a psychologist, a registered substance abuse counselor (RSAC) or a social worker. In addition, each applicant must submit, as a part of the application, a personal resume, and documentation of their evaluation and treatment philosophy and objectives. The application process is completed by an interview with the Office of Alcohol and Drug Abuse Planning. DDEEP offers an orientation session on administrative matters for all providers. The orientation session covers such items as the current law, correct procedures in filling out forms and treatment philosophy on how to deal with coerced clients.

The vast majority of private providers (23 out of 30) are RSAC's. Agency providers are required to have at least one certified indiviudal ultimately responsible for the DEEP program. Non-certified personnel may conduct the actual evaluation and treatment as long as they are supervised by a certified individual.

2. Recertification, continuing education

Recertification is currently required every 3 years. It involves completing a recertification application and noting any changes from the original application. There are no other requirements for recertification for DEEP. However, each licensed profession has its own requirements for continuing education. The following chart shows the recertification period and continuing education requirements for each group.

Professional	Renewal Period	Education requirements
Osteopath	1 yr.	50 hours every year
Physician	2 yrs.	100 hours every 2 years
Psychologist	2 yrs.	40 clock hours every 2 years
RSAC	2 yrs.	50 clock hours every 2 years
Social Worker	2 yrs.	45 clock hours every other renewal

Although all of the disciplines which are required background for certification as a DEEP provider require continuing education, only the RSAC's require specific drug abuse-related courses.

DDEEP is currently making courses directly related to drug abuse counseling available to its providers; however, participation in these courses is voluntary. (Some disciplines will permit the DDEEP course to qualify as credit towards meeting the continuing education requirements or renewal in that discipline.) Participation in these programs is minimal.

The types of programs which will be offered, based on a survey of DEEP providers, include:

a. Adolescent Assessment;
b. Counseling as a Business;
c. Dual Diagnosis: Identifying Mental and Physical Impairment Problems;
d. Evaluating and Treating Drug Abusers: Similarities to and Differences from Working with Alcoholics;
e. Working with the Significant Other: Overcoming Fear and Denial;
f. Improving Client Record Keeping Skills; and
g. Utilizing the DEEP Referral Criteria.

The committee recommends that DEEP providers (both evaluators and treatment providers) be required to meet a continuing education requirement annually as part of the recertification requirements. This will serve as an excellent step in upgrading the providers. It would help provide them with a better understanding of what DEEP needs are and would provide DDEEP an opportunity to assess the provider. Current programs are available but are not widely used.

The committee has requested the Department of Human Services to develop a proposal for continuing education requirements and to report to the committee by mid-February (in conjunction with the public hearing on legislation resulting from this study) with the proposed continuing education requirements. The program will be gradually phased in to give current providers enough time to meet the requirements without forcing any of them to abandon their DEEP services.

It is anticipated that with any mandatory education requirement there would be a great deal of coordination with the Boards certifying the professionals in their own field so that (1) some courses they take for their professional renewal would qualify for DDEEP certification credit, if drug related, and (2) some DDEEP courses may qualify for their professional continuing education requirements. That type of coordination is currently going on.

3. Monitoring/Evaluating the provider

If the assessment process determines that an evaluation or treatment is necessary, that evaluation or treatment becomes a part of the requirements which must be met before a person's license can be renewed. In those cases where the state has required this counseling as a condition to lifting the suspension of a person's license, the state has a responsibility to ensure a minimum level of competency or quality of counseling.

The Maine Association of Substance Abuse Providers, testifying before the Human Resources Committee during the hearing on LD 2221, suggested that evaluators be examined and monitored on a regular basis.

There is currently only one person available to monitor all DEEP providers. No DEEP providers are evaluated on the basis of clinical supervision. Private providers are harder to monitor than agency providers since the private providers work in isolation.

The monitoring of providers by OADAP currently involves an annual evaluation of each provider consisting of (1) a talk with provider about his or her treatment philosophy, (2) a check of the case records of 10-12 clients, and (3) a comparison of the provider's rate of referral (to treatment) with the state average rate of referral (ca. 50%).

The committee approves of OADAP's monitoring of providers and recommends that it be continued. Monitoring should be increased to include on-site evaluations at least annually plus evaluations with clients.

As a separate but related recommendation, the committee would like to see more detailed monitoring of the providers.

DDEEP has indicated it will report to the Human Resources Committee by mid-February, 1988, on the number of evaluation sessions, length of treatment, and the relationship between the number of evaluation sessions and treatment referrals for the period from January through December 1987.

4. Availability of providers.

One of the concerns expressed to this committee is whether or not there is a sufficient number of providers to deal with the total number of clients. This committee examined the number of providers for each of the five statewide regions and compared that with the number of referrals to evaluation in each region. The results of that study is summarized in the chart on the next page. At the time of the study, there were over 130 counselors available on a weekly basis for a total of 3,127 referrals. The average number of referrals per counselor for the year was 24. All of the regions in the state except region 1 were reasonably close to the statewide average or less than the statewide average. Region 1 had an average of 35 referrals per counselor for the year. Although this is higher than the other regions it does not appear to be excessive.

The second factor the committee examined was the location of the providers geographically. Appendix E shows, by region, the 58 locations served in the state by the providers and the number of providers at each location. Again, it appears that, given the population clusters in the state, all clients are reasonably close to a provider.

Region	Referrals	Agencies*	Private**	Total** Counselors	Locations Served	Referrals per Counselor
I	1409	7	16	40.2	22	35
II	383	4.5	1.75	21.95	6	18
III	440	4.25	8.25	22.25	8	20
IV	674	11.25	9	26	15	26
V	221	1	0	20	7	11
State-wide Totals	3127	28	35	130.5	58	--
State-wide Average per Region	--	--	--	--	12	24

* The figures for agency providers reflects the number of agencies providing DEEP counseling in that region. See Appendix E for the number of counselors in each agency. Note that one agency has 50% of its counselors available in Region II, 25% of its counselors available in Region III, and 25% of its counselors available in Region IV.

** The figure for private providers, and total counselors, reflects the number of individual counselors available on a weekly basis, e.g. in Region I, there are 40 counselors available every day of the week and one counselor available one day of the week (.2 of a week).

NOTE: These figures do not take into account how much time each counselor who does DEEP has free to devote to DEEP clients. See phone survey results in text for a random spot check on their waiting lists.

In addition to reviewing the statistics, the committee contacted several providers at random throughout the state and asked them if there was a long waiting list for evaluation or treatment under the DEEP. All of the providers consistently indicated that at certain times of the year there may be a waiting list of 2 or 3 weeks; otherwise it was not a problem.

In view of this data, the committee concludes that the evaluators and treatment providers are generally adequately available throughout the state.

5. Conflict of interest

A 6,000 case study conducted by the DDEEP found that 95% of the clients chose to receive treatment from their evaluator. To a certain extent, this is understandable. The client has already developed a rapport or a feeling of confidence with the evaluator by his or her participation in the evaluation process. The evaluator has, in a sense, begun the treatment already. This practice, however, has also given rise to allegations of conflict of interest. It would be possible for an unscrupulous evaluator to require treatment in hopes of gaining additional clientele. The fact that the client may not receive his or her license until the treatment has been completed provides a strong incentive to undergo treatment.

This potential conflict of interest was the major impetus for the introduction of LD 2221 during the 112th Legislature. At the public hearing on LD 2221, MASAP suggested that providers be prohibited from treating a client whom they evaluated. During the course of this legislative study, the allegations of conflict of interest have not been substantiated in one single instance. Indeed, no factual data has been presented even to suggest that this is a problem.

The committee recommends that, rather than adopt legislation to correct a problem that may not actually exist, DDEEP monitor the conflict of interest allegations. The requirement that DDEEP emphasize clients' rights, and that each client must sign a notification form, may quell the fears that apparently foster most of the conflict of interest questions.

C. ASSESSMENT AND EVALUATION ISSUES

1. Assessment

Concern was voiced that the adult assessment instrument, the Mortimer-Filkens test, may not be accurate or appropriate as a tool to determine who is a problem drinker and should be sent on for further evaluation. The literature appears to support the accuracy of M-F in categorizing problem drinkers,

but not necessarily in predicting recidivism. In addition, M-F may have problems in picking up persons who drink because of other problems in their lives, and apparently cannot accurately spot a person who has a drinking problem, but that problem is not yet serious enough to register. A more sensitive assessment tool may be needed; the University of Maine is interested in working with DDEEP to develop such a test. The committee encourages the University of Maine and DDEEP to work together to review the sensitivity of the M-F test. Until a better instrument is available, and because M-F is used only as an assessment instrument and more in-depth evaluation and possibly treatment follow, the M-F test appears to be appropriately used.

Maine statistics indicate that about half of those individuals who participate in DEEP are referred on to the evaluation phase. Half of those who are evaluated are referred on to treatment. This would seem to indicate that about 25% of the participants of DEEP are identified as having a drinking problem serious enough to warrant treatment. Studies in Massachusetts and Pennsylvania have indicated that 80% of their OUI population are problem drinkers. There appears to be some merit in the continued study of the M-F test to determine if it is sensitive enough to accurately identify all the problem drinkers.

2. Evaluation

a. Excessive evaluations

Anecdotal testimony at the public hearing on L.D. 2221 during the 112th Legislature, Second Regular Session, indicated that evaluators may be prolonging evaluations longer than necessary - possibly for harassment purposes, possibly because the client must pay for the evaluation. DDEEP has investigated such complaints and has not been able to substantiate them. It appears that clients who have an alcohol problem and are deep into the denial phase will complain the most about this and about other aspects of DEEP as well. DDEEP regulations require 2, but no more than 4 evaluation sessions. The client and DEEP may waive the last two evaluations, but often these sessions are necessary to work through the client's continual denial.

b. Uniformity of evaluations

As was mentioned earlier, the individuals certified to perform evaluations come from several different professional backgrounds. Each provider brings that background, along with his or her own treatment philosophy and methodology, to the evaluation. These different approaches and different philosophies lead to vastly

different evaluations. The most important question, however, is whether or not the people who need treatment are referred for treatment.

About half of the people who participant in the evaluation are referred on to treatment. One indicator of the effectiveness of the evaluation is to examine the referral rates. On a state-wide basis, about 50% of the clients in evaluation are referred for treatment.

Another indicator is to examine how many multiple offenders are being referred for treatment. In Maine, only 50.9% of repeat offenders are referred for treatment.

Recently DDEEP has clarified its standards for determining the symptoms of substance abuse for purposes of referral. The committee will be interested to see if this results in more referrals among all offenders and particularly among multiple offenders.

c. Evaluator shopping

Some clients will participate in what is known as "evaluator shopping". They will actively seek out evaluators known for certain characteristics, driving miles and spending fortunes to find the right one. Some of the desired characteristics are : Cheaper, less requirements, availability, ease of completion. There is an active grapevine communications network in operation among those individuals inclined in this direction.

One monitoring tool recently became available to provide at least part of an evaluation of these providers. OADAP can now compare the referral rate of each provider to the state-wide referral rate of 50%. For example, one provider recently voluntarily terminated his DEEP activity when the state indicated it was going to investigate his referral rate of 80% negative. A closer evaluation of providers by monitoring referral rates may be the best way to decrease the negative effects of "evaluator shopping."

D. TREATMENT ISSUES

1. Excessive treatment

Clients sometimes complain that they are required to complete too much treatment. One charge is that treatment providers require excessive treatment in order to keep the client and his or her fees for a longer period of time. The client may feel he is finished with the treatment program long

before the provider is willing to certify successful completion. This is a difficult situation to evaluate since it is characteristic for substance abusers to deny they even have a problem.

The committee did not receive any documented cases of excessive treatment. The input to date has been anecdotal, without specifics. Accordingly, it is difficult to evaluate the validity of the allegations. The proposed guidelines (See # 4, below) should provide a stronger basis upon which to evaluate excessive treatment.

2. Insufficient treatment

There is always the possibility that insufficient treatment will be provided to a person who has a serious substance abuse problem. The real danger in this is that DDEEP will not find out about such insufficient treatment: A client almost never complains that he or she is not getting enough services. (The complaints are usually that they are required to go through too much.) The only check on this is the diligence of the provider themselves.

3. Uniformity of treatment/ quality control

Another area of concern raised in the treatment arena was the lack of uniformity of treatment between practitioners. Other than minimum regulations concerning confidentiality and types of records and other administrative matters, each treatment provider is free to pursue the treatment plan as he or she sees best. This creates the possibility of "unfair disparity in the time and financial burdens borne by clients with essentially the same levels of clinical problems."

Recidivism is one measure of the effectiveness of the treatment. The Human Services Development Institute (HSDI), in its draft report of DEEP, concluded that the recidivism rate of drivers who did not participate in DEEP was 27.2%; while the reate for those who completed DEEP was 19.7%. (HSDI used a study sample of 1000 1983 convictions.)

More detailed monitoring of providers (See part B, supra) and institution of the completion of treatment guidelines (See # 4, below) should provide a more complete understanding of the uniformity and quality of treatment. See also the discussion in Part B relating to continuing education of providers.

4. Proposed guidelines

The problem of knowing when treatment is completed and uniformity of treatment criteria is being addressed by the DDEEP, in consultation with treatment providers. DDEEP formed a committee to draft guidelines for determining the completion of treatment for DEEP participants. These guidelines recognize that chemical addiction is a progressive disease. The committee has identified four stages of substance abuse: The problem user (a non-addictive stage), the early stage, the middle stage, and the late and final stages.

The guidelines recommend treatment modalities and the duration and frequency of treatment. The treatment modalities range from outpatient treatment with aftercare to extended residential care. The recommended timelines range from 6 contact hours over a 30 day period to an indefinite period of residency time subject to review by DDEEP followed by an outpatient mode requiring "substantial treatment and/or AA involvement for extensive period of time previous to completing".

These draft guidelines were finalized in October and are contained in Appendix E. The guidelines are voluntary, not mandatory, and will be reviewed in 6 months.

5. Aftercare / Post treatment monitoring

After care, i.e. maintaining contact with the client after treatment has been completed to make sure the progress is maintained, is sometimes performed by agencies. It is rarely, if ever performed by private providers. It is not required as a part of treatment.

Post treatment monitoring, i.e. periodic evaluations after treatment has been completed, is not a part of the DEEP program. It could become a regular part of an individual's driver's license renewal, similar to the requirement for an eye examination for some individuals.

E. INCARCERATION ISSUES

1. Proper use of incarceration time

Another complaint involving DEEP is that, as far as completing DEEP requirements is concerned, the time OUI offenders spend in a state or local corrections facility is wasted. There exists more than an undercurrent that OUI offenders are taking up scarce corrections space, and other programs should be found to utilize the sentence for DEEP purposes while reducing the burden on the overcrowded corrections system at the same time.[9]

It may be possible to make constructive use of the time the OUI offender is held in the corrections system to begin the DEEP process. This approach is not congruent with the theory that OUI offenders need to serve their sentences just as would any other person who commits a crime. The punishment value of the sentence is seen as extremely important. Balanced with this theory is the recognition that the sooner the offenders get into the system the better chance there is of them sticking with the program and benefiting from it. The closer the intervention is to the "trauma" - the OUI and arrest - the better chance of the person realizing and admitting there is an alcohol problem and seeking help.

Before instituting any incarceration-based education, counseling or rehabilitation, we must first ask, "What do we want to accomplish with this period of time?" Is the goal to get the individual to enter the DEEP, and treatment, system; to help the offender admit that he or she has a problem (if, in fact, they do); to complete evaluations; to actually begin treatment: or to serve other purposes?

2. Concerns

Balanced against the use of incarceration time are several concerns. Eliminating incarceration or making it less onerous for OUI offenders makes drunk driving seem like a lesser offense. It is a Class D crime, and the punishment should reflect society's belief that drunk driving is a serious offense. Diverting OUI offenders into a special program, some people have pointed out, may project the message that operating under the influence, for all the hoopla over Maine's "tough" drunk driving law, is not totally unacceptable afterall. If one of the goals of incarceration is to force the offender to realize that his or her behavior is unacceptable, that must be retained in any sentence served.

A question that must be answered is whether a correctional facility, be it county jail, detention center or State prison, is a good learning environment: Do OUI offenders have the ability to learn while they are also experiencing anxiety because of the setting and the idea of being locked up? If not, any services thrown at them at this time would also be wasted. The early-intervention principal, then, must be implemented in light of the varying capacity of the individual to learn.

---

[9] It must be kept in mind that as of September 19, 1985, the statute does not mandate any incarceration time for first-time offenders when no "aggravating circumstances" exist.

If an incarceration based program is desired, the components of the program must be coordinated with DEEP. Currently, various correctional institutions are offering limited services for people with substance abuse problems. These services, however, do not fit into the DEEP system; no credit is given for any education or counseling received while incarcerated. To fully utilize the incarceration time, the program must be compatible with DEEP and, ideally, qualify as a substitute for the DEEP equivalent. If DEEP cannot accept the services provided within the jails as a substitute for its required programs, then needless duplication is not only possible but probable (assuming an offender would bother to take advantage of offered services when it is known that he or she must still go through all of DEEP once released).

For example, parallel alternatives could most easily be done with the education component of DEEP: The instructors in the facilities could use the same curriculum and materials used by DEEP facilitators, or could actually be DEEP employees, or at least under contract with DEEP. The crucial point is that the education provided in the facilities must be consistent with the education programs offered by DEEP outside the corrections system. Of course, the issue of qualification and training of instructors must also be addresses in this situation.

3. Alternatives

A few alternatives to the present system of totally separate DEEP and incarceration time have already been discussed.

a. Kennebec County

Sheriff Frank Hackett of Kennebec County has just begun a type of diversion program for first-time OUI offenders. The major impetus for his program, however, is the problem jail overcrowding, which costs Kennebec County extra money in paying for the housing of prisoners in other counties' jails. His figures show that in 1985, adults served a total of 19,822 days in the Kennebec County jail; 5,286 of those days were served by OUI offenders. OUIs account for 26% of the jail population in the county. Sheriff Hackett is using the provision in the Maine statutes (34 MRSA §1009) which allows a sheriff to permit inmates to participate in municipal public works-related projects. In exchange for the public service, the county school board allows the county to house drunk drivers in a junior high school on weekends. The weekend programis to include, in addition to the 16 hours of community service, 8 hours of alcohol education. (DEEP is not providing the instruction and it may not serve as a substitute for the DEEP-sponsored education.) The program is to be run 5 or 6 times a year,

with the judges allowing a stay of execution of the jail sentence until the weekend the program is scheduled. It is still the offender's choice whether or not to go through this program or to serve the whole sentence in jail. Sheriff Hackett estimates that the county will be saving $4,000-5,000 per weekend that the program is run (based on participation of up to 75 men and 13 women). This program will serve as a test to determine: Feasibility; cost savings; and its affect on recidivism.

b. Wellspring proposal

Another option which may be offered in the future is the Alternative Short Term Confinement Program for OUI Offenders, proposed by Wellspring, Inc., a service provider in Bangor. The major thrust behind this program is instituting alcohol abuse and alcoholism education during short periods of incarceration, and seriously addressing the fact that until the offender admits that he or she has a problem, treatment can never take place. The Wellspring proposal is modeled on a similar program in operation in Portland, Oregon. Each weekend offenders spend 48 hours on "Skid Row," rather than in the Multnomah County jail. The offender pays the agency $80.00 per weekend to cover a large part of the cost of the program. The program includes time for education, time for group interaction and self-evaluation, work details for social services agencies and churches, and confrontation with the realities of life for the chronic alcoholic living in the area. The results show that many of the participants show significant changes in their attitude about their own drinking. Wellspring is currently undertaking more research to adapt the program to Maine. It may serve three purposes in that it would help drinking drivers to assess their behavior and be more receptive to treatment; it would alleviate jail overcrowding; and it might even reduce costs to the county or municipality. A start-up date is not available.

c. Justice Assistance Act of 1984

Use of jail space and time for OUI offenders has also been addressed by the United States Department of Justice in developing regulations concerning the implementation of the Justice Assistance Act of 1984. The Department produced a program brief entitled "Jail overcrowding/Alternatives to Pretrial Detention," reviewing the Jail Overcrowding Program. The Department has a small amount of funds available for pilot projects to ease jail overcrowding. The report briefly mentions that the issue of alcohol-related jail admissions is debated throughout the country. It concludes that "jailing of inebriates appears to be the least productive use of jail space and the least

immediately desirable for the inebriate. Modest expansions in the operation of local detox centers (24 hour drop-in type or longer-term facilities) and the cooperation of local police can have a substantial impact on alcohol-related jail bookings." This view is obviously one-sided and just addresses the jail overcrowding issue without any thought to the law enforcement or treatment needs in the OUI context.

d. Postponed sentencing

Still another avenue of attack is to postpone sentencing until an evaluation can be completed. The evaluation would allow the sentencing judge to include various counseling and treatment requirements in setting the sentence. Currently a pre-sentence evaluation is not required, although some judges do use it. If an alcohol problem is indicated, the judge will order a year probation to retain jurisdiction over the offender and make sure he or she participates in the proper treatment. The option is always available to the judge to require completion of DEEP as a part of the sentence.

F. MULTIPLE OFFENDER ISSUES

DEEP appears to be reaching the "social drinker," that is, the person who does not have an alcohol problem. This is evidenced by the fact that of all DEEP clients, only about 20% have a previous conviction and have, therefore, been through DEEP before. DEEP is not seen as effective for multiple-offenders (persons with more that one OUI conviction), however. Problems arise because of this flaw throughout the process.

The Education program of DEEP is aimed at people who can be helped by understanding alcohol and its effects. Education appears to do little for multi-offenders. DEEP clients who have committed an OUI offense within the previous year, are sent directly to the evaluation phase of DEEP, bypassing education and assessment.

In reality, the current DEEP program is not designed to deal effectively with multiple offenders and is not reaching the hard-core problem drinker.

1. Weekend Intervention Program: A possible alternative

Multiple offenders should have a different, more rigorous and intensive program. DEEP is currently working on a Weekend Intervention Program (WIP) for multiple offenders. They are considering a pilot project and may be requesting legislation

to mandate the program for multiple offenses. The weekend program would not be a substitute for jail time but rather an additional program. (Colorado, Ohio, and Alberta, Canada already have such a program; N.H. has a hybrid program; and Alaska is considering it.) The weekend program, which has been in operation since 1978, involves four major components:

a. Alcohol Education;
b. Counseling;
c. Recognition of the health or disease model; and
d. Referral for services (a link to the community treatment).

WIP is a highly structured intervention program. Individuals in the WIP program would go directly to treatment, bypassing DEEP education, assessment, and education. The program is designed to create an acceptance by the client of this pre-treatment plan and to make a commitment to treatment referral.

WIP recognizes that alcoholism is a progressive disease and provides graduated intervention responses and follow up treatment recommendations to adapt to the client's needs.

Unfortunately, WIP cannot be paid for with the current $75 maximum fee authorized in the statute. It may require a grant for start up funding and an increase in the allowable fee to provide continued client support for the program.

In Ohio, where this program originated, the court orders the intervention program as part of the sentence. The program is under the supervision of the court and the court receives continuing reports on the progress of the client.

The committee recommends the institution of the WIP program and the authorization of additional fees to pay for this program.

2. The Quincy Approach

The District Court in Quincy, Massachusetts, based on studies in Pa. and Mass. that 80% of the OUI offenders were problem drinkers, revised its approach to OUI offenders in January 1983. This committee has reviewed that approach in relation to multiple offenders.

The Quincy approach for repeat offenders consists of a 90 day sentence with 14 days served and 76 days suspended, provided the offender completes two years of probation. As a condition of probation, the offender is required to complete a 30 week treatment program consisting of 5 evenings a week of monitored alcohol counseling and Alcoholics Anonymous meetings. Two absences from the meetings result in termination from the program. The offender is returned to court and given a series

of weekend sentences. After serving the first weekend, the offender is given another chance to attend meetings in a probationary status and have the remainder of his sentence stayed.

The committee recommends that the Quincy approach be adapted to Maine for multiple offenders. Instead of mandating that judges include participation in DEEP, especially WIP for multiple offenders, as part of probation, the committee instead recommends that the OUI statutes include a policy statement explaining the Legislature's intention regarding the consequences OUI offenders should face.

It should be made clear that the minimum sentences established by the statute are not meant to reflect the Legislature's concept of an appropriate sentence in all cases, but merely the absolute minimum which can be imposed. The Legislature has determined that drunk or drugged driving is a very serious offense and is appropriately categorized as a Class D crime. The minimum sentences included in the statute are not meant to detract from that seriousness.

The policy statement should also indicate that the Legislature encourages judges to use their existing authority and discretion to make use of the programs offered by DDEEP as a part of probation for OUI offenders. Although DEEP completion is already required for offenders to have their licenses reinstated, a judicial directive ordering that DEEP be completed as part of probation will ensure that the people who need the help most will enter the treatment system. This method of communicating the Legislature's intent concerning OUI offenders is seen as a more appropriate way to include education, evaluation and treatment in the OUI offender's sentence and probation than the exact method used by the Qunicy Court in Massachusetts. The Committee is optimistic that the judges in Maine will exercise their discretion appropriately in fulfilling this Legislative intent.

The committee realizes that inclusion of DEEP as a condition of probation will place additional, but as yet unmeasurable, burdens on the Division of Probation and Parole and DDEEP. The committee recommends that DDEEP assume the day-to-day tasks of monitoring offenders on probation who are participating in DEEP, while Probation and Parole retain the administrative duties concerning probation. The committee is confident that the two agencies can develop satisfactory arrangements to carry out this intent. The agencies have a history of successful cooperation, as the DEEP-Teen program is run in conjunction with the Department of Corrections' Chemical Alternatives Program.

3. Availability of Client Records to Subsequent Providers.

Records of the evaluation and/or treatment for a previous offense are not available to evaluator or treator unless a waiver (release) is signed by the client. These records are valuable tools to successful evaluation and treatment of the client. Many DEEP clients refuse to release their previous records.

DDEEP is currently pursuing the possibility of establishing DDEEP as an umbrella treatment agency and contracting with providers through a qualified service agreement. Previous records would then be available to each provider currently dealing with that client.

G. DATA (COMPUTER) ISSUES

1. Lack of statistics

A real problem in determining the effectiveness of DEEP is that appropriate statistics are not available. This stems from many factors.

a. Timing

A major problem is that a person who completes DEEP in 1985, for example, may have committed his or her crime in late 1983 and was convicted in 1984. This particular person will show up in three different reporting years: 1983, as an OUI arrest; 1984, as an OUI conviction; and 1985, as a DEEP completor (a person who completes DEEP). This makes it very difficult to determine how many OUI offenders are not going to DEEP, or are just delaying participation. There are two ways to address this problem. One approach is to assume that the time between arrest, conviction and completion are constant for all OUI offenders. The missing numbers on completion for 1985 convictions can then be filled in, theoretically, by using the numbers on for 1984 convictions who completed DEEP in 1985. (Of course, the numbers collected on completion do not actually show the year of conviction, so we cannot be sure that these assumptions are accurate.) The other approach is to install a data-gathering system which tracks each client through all stages of DEEP. Prohibiting factors include cost, of course, and possible concerns about confidentiality. Preliminary research shows that such a follow-up system has been installed in Massachusetts and Pennsylvania, with apparent success. Not only is the data available, which can be used to improve the education and treatment programs, but the client most at risk of relapse can be monitored and assisted over a long period of time.[10]

b. Lack of hardware

Perhaps the most frustrating problem to all involved is the lack of available hardware to do any statistical compilation or analysis. DDEEP currently has only 2 computer terminals to access their information collected on the computer. A linkage with the Motor Vehicles Division has been discussed for some time, but various problems have delayed its implementation. Apparently, many agencies want access to some of MVD's data base. In addition, the Department of Human Services is undergoing a computer system overhaul, evaluating computer needs. DDEEP's needs cannot be met until the entire Department is analyzed.

Establishing a link with MVD would allow DDEEP to enter DEEP-related data in DEEP files to track cases, analyze treatment, and store and analyze data. Without a data base to determine who is and who is not being served by present system, improvements can not be made confidently.

A problem DDEEP has seen arise because this link does not exist is the inability to determine if a person who attends DEEP is there before conviction. Early attendance is encouraged, of course, but the situation is counterproductive when the person attending before the court date has an earlier OUI conviction. By entering DEEP before that second conviction, even though they have already been arrested for drunk driving again, DEEP will treat them as a first-offender. This is significant in that a second-offender is automatically referred for evaluation. If the link with MVD were in place, DDEEP could immediately check the person's record for prior convictions and scheduled court dates in order to provide the client with the services actually needed. As it is, DDEEP defers all paperwork on repeat offenders until after the court date. This problem occurs only once or twice a month.[11]

The committee encourages a quick resolution to the data and computer problems.

---

[10] The Alcohol and Drug Abuse Planning Committee is in the process of developing a data-gathering and management system along these lines for all state-funded substance abuse treatment programs which will allow follow-ups after completion of treatment.

[11] According to DDEEP estimates, a significant number - 15-20% - attend DEEP before going to court.

H. FUNDING ISSUES

1. DDEEP budget

DEEP operates on a current annual budget of approximately $600,000 which is entirely supported by client fees of $75 per participant. The 111th Legislature in 1984 approved an increase in DEEP fees from $50 to $75. This allowed the program to expand and improve the services in many ways. The increased fee and the expanded budget were based on projections of an expanded caseload. The actual number of DEEP participants has fallen well below those projections with a resulting shortfall of revenue. The past experience of the program, the 1984 projections and the actual experience since 1984 are summarized below.

DEEP Participants[12]

	1981	1982	1983	1984	1985	1986	1987
Actual	4895	5926	6852	7375	6603	6400	----
Estimated (in 1984)				8000	9000	9500	9750

Instead of an increase, a marked decrease in participants occurred after 1984. This appears to be the result of a ruling by the Maine Supreme Court which eliminated the civil tier of the OUI statutes,[13] making it more difficult to convict individuals arrested for OUI.

Number of Convictions and Administrative Suspensions
(Department of Human Services figures)

	1982	1983	1984	1985
Convictions	8,614	9,874	9,225	7,192
Admin. Susp. 0.02	--	--	1,301	1,183
Total	8,614	9,874	10,526	8,375

The decrease in participation necessitated a change in the Fiscal Year 1987 budget to avoid a deficit. It appears that further drastic action will be required in future years.

The projected $98,000 deficit in FY'87 has been eliminated by making the following changes:

---

[12] The numbers of DEEP participants includes people who were convicted outside of Maine but, because of reciprocity agreements with other states, the Maine driver's license is suspended and the offender must go through DEEP to have the Maine license reinstated.

[13] State v. Freeman, 487 A.2d 1175 (Me. 1985).

Reduced the share being paid for two positions:
OADAP licensing agent (75%); and
Division of Accounting account clerk (50%);
One vacant position unfilled;

Postponed an evaluation of the DEEP-Teen program and continuation of an evaluation of DEEP-Adult;

Reduced number and frequency of classes and increased class capacity;

Relocated some classes resulting in a decrease in amount of rent; and

Eliminated prevention activities.

In FY'88 and '89 it will be necessary to make additional reductions or to increase fees. At the current fee level the following actions will be taken:

Five staff people will be laid off prior to July 1, 1987. A current vacancy will remain unfilled. An additional staff member will be laid off prior to FY'89. The positions affected will include:
One program manager;
One field staff coordinator;
One clerk typist II;
One clerk typist I;
One rehabilitation counselor II; and
One regional instructor (FY'89).

Funding for the Department of Corrections Chemical Alternatives Program will be reduced from $60,000 to $45,000.

The number and amount of individual instructor contractors will be reduced.

The number of sites will be reduced.

No capital equipment will be purchase.

The Department of Human Services has recommended, as an alternative to the reductions, an increase in fees. Based on FY'88 and '89 budget projections the minimum level would need to be $104 for the first year and $109 for the second. A fee of $125 would cover full operating costs and permit the development of a "scholarship" fund to enable a sliding fee scale to be instituted for lower income participants. However, to continue staffing at current levels, the fee increase must be implemented immediately.

The committee recommends the increase in fees to $125.

2. Other states

The Department of Human Services compiled information on the fees and services provided in 4 other New England states.

State	Fee	Services
Vermont	$165	Evaluation included for those meeting certain criteria (Everyone pays $165; only those who need an evaluation receive one).
New Hampshire	$215	Fee includes evaluations.
	$295	Residential weekend program. Evaluation included.
Connecticut	$250	Collected as part of court cost. Evaluation included.
Massachusetts	$290	Includes evaluation.
	$600	Multi-offenders 14-day residential treatment program. Client pays cost of additional required treatment.

I. LEGISLATIVE/STATUTORY STRUCTURE

Current statute does not include any mention of the Driver Education Evaluation Programs by name. The committee recommends that the statutes be amended to clearly refer to DEEP, and to provide the Division's basic structure and responsibilities by statute.

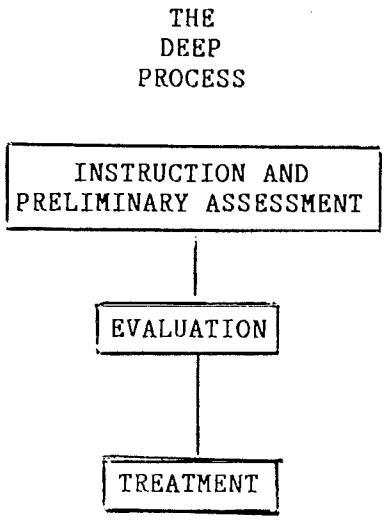
7651
C:8043

APPENDIX A
A GLOSSARY OF ACRONYMS

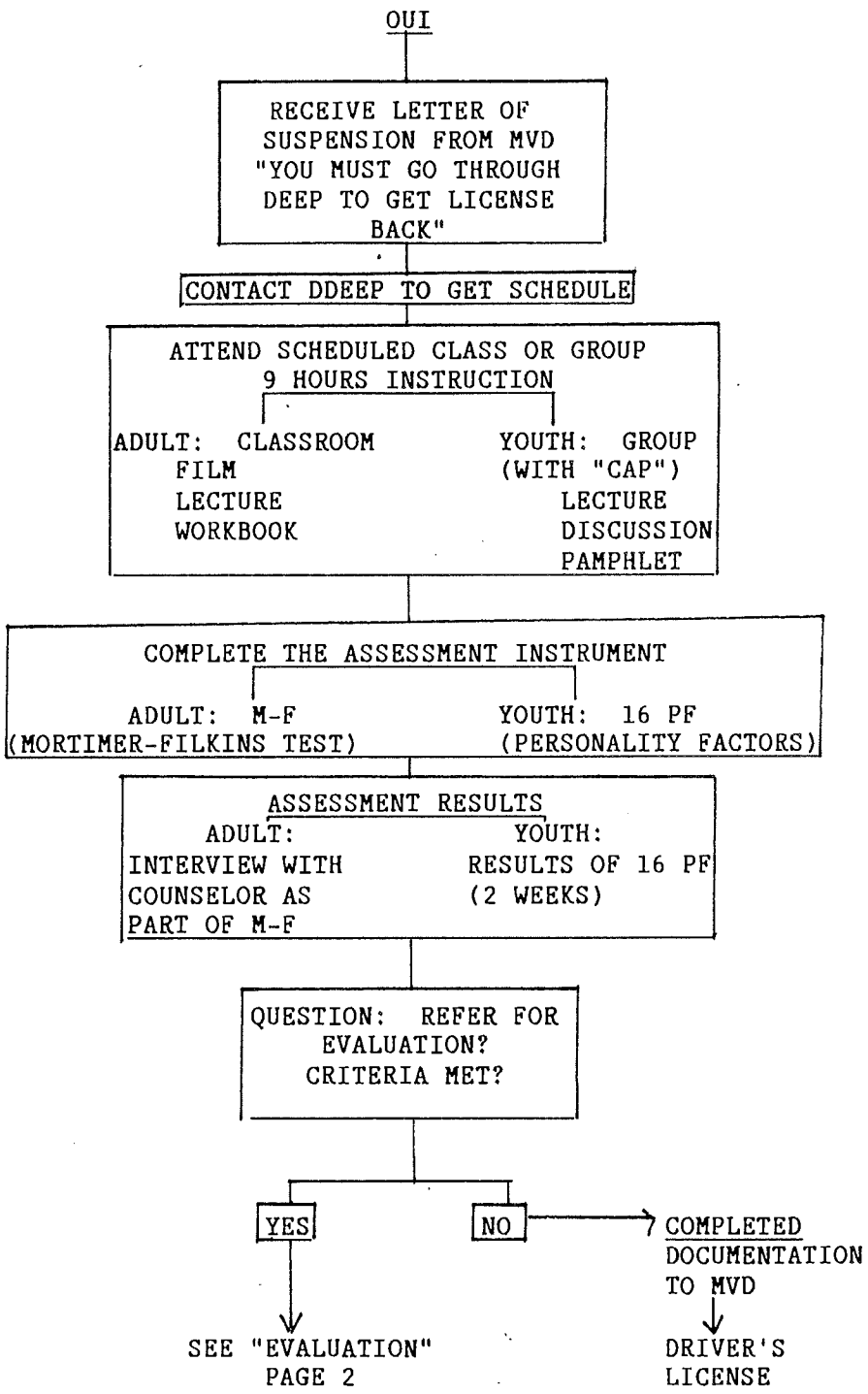
AA	Alcoholic Anonymous
ASAP	Alcohol Safety Action Program
BAC	Blood Alcohol Concentration: Represents the alcohol content of blood by weight, usually expressed as a percentage. It is illegal to operate or attempt to operate a motor vehicle with a BAC of 0.10% or more, or, if under 21, with a BAC of 0.02% or more
DDEEP	Division of Driver Education Evaluation Programs, within the Bureau of Rehabilitation, Department of Human Services: Administers DEEP
DEEP	Driver Education Evaluation Programs: Required program for persons convicted of drunk driving, consisting of education, preliminary assessment, evaluation (when necessary) and treatment (when necessary)
DEEP-Teen	DEEP program designed especially for underage drinking-drivers, run under contract by the Chemical Alternatives Program of the Department of Corrections
DRC	Driver Rehabilitation Course: Precursor of the current DEEP
HSDI	Human Services Development Institute: Research institute carrying out third-party evaluation of DEEP
M-F	Mortimer-Filkins test: Assessment instrument used in the preliminary assessment stage of DEEP to help determine if a person has an alcohol abuse problem
MASAP	Maine Association of Substance Abuse Providers
MVD	Motor Vehicle Division within the State Department
OADAP	Office of Alcoholism and Drug Abuse Prevention, within the Bureau of Rehabiliation, Department of Human Services: Licenses and administers drug and alcohol treatment providers and programs
OAS	Operating After Suspension: Operating a motor vehicle after the person's driver's license is suspended and before it is reinstated (29 MRSA §2184)

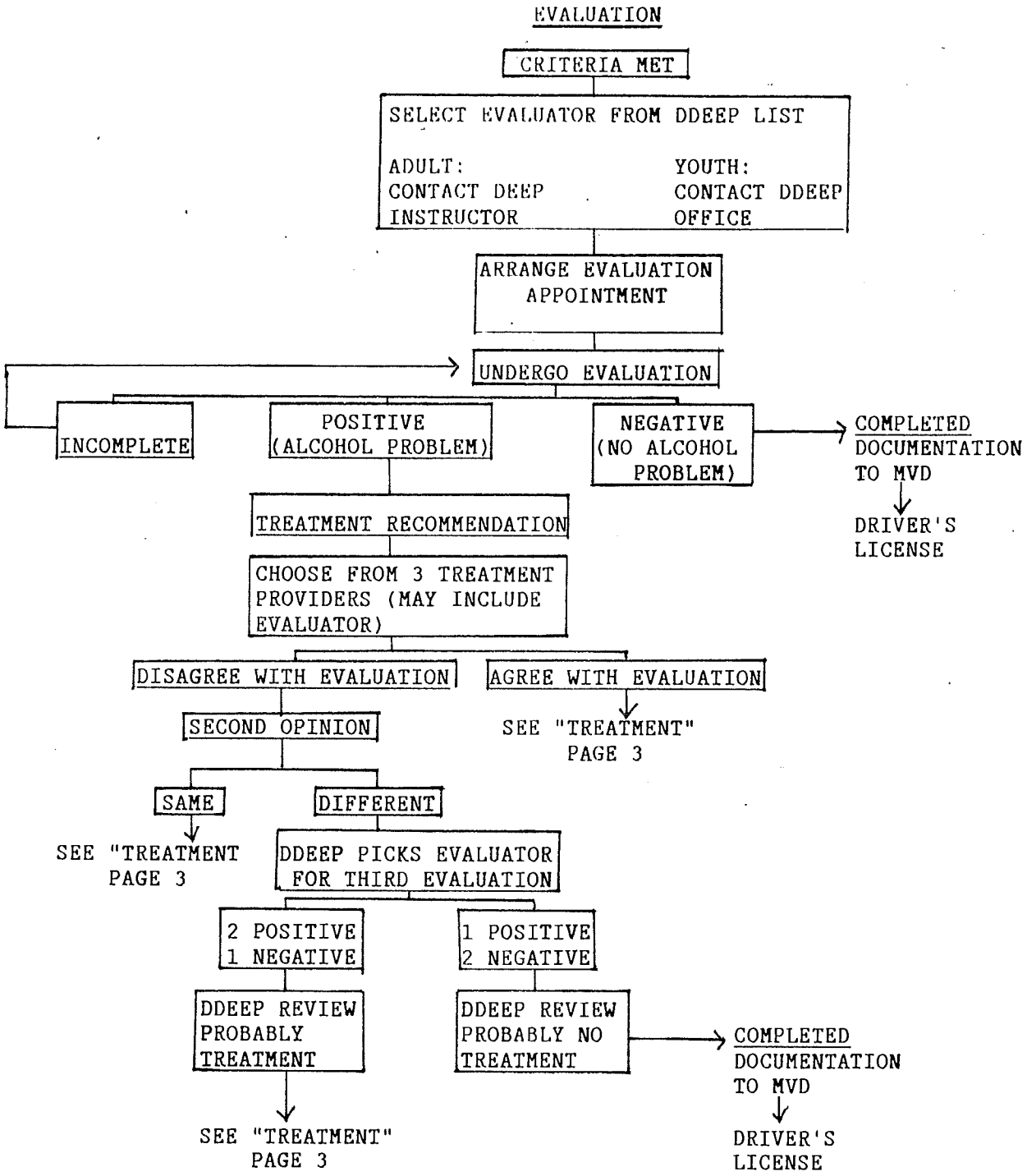
OUI	Operating Under the Influence: The crime under Maine law of operating or attempting to operate a motor vehicle under the influence of intoxicating liquor or drugs or a combination of liquor and drugs, or while having 0.10% or more alcohol by weight of alcohol in the blood (29 MRSA §1312-B)
RSAC	Registered Substance Abuse Counselor
16 PF	16 Personality Factors: Assessment instrument used in the preliminary assessment stage of DEEP to help determine if a person under 21 years of age has a high-risk personality
WIP	Weekend Intervention Program: Intensive program developed for multiple-offenders

"THE PROCESS": A flow chart of the DEEP process

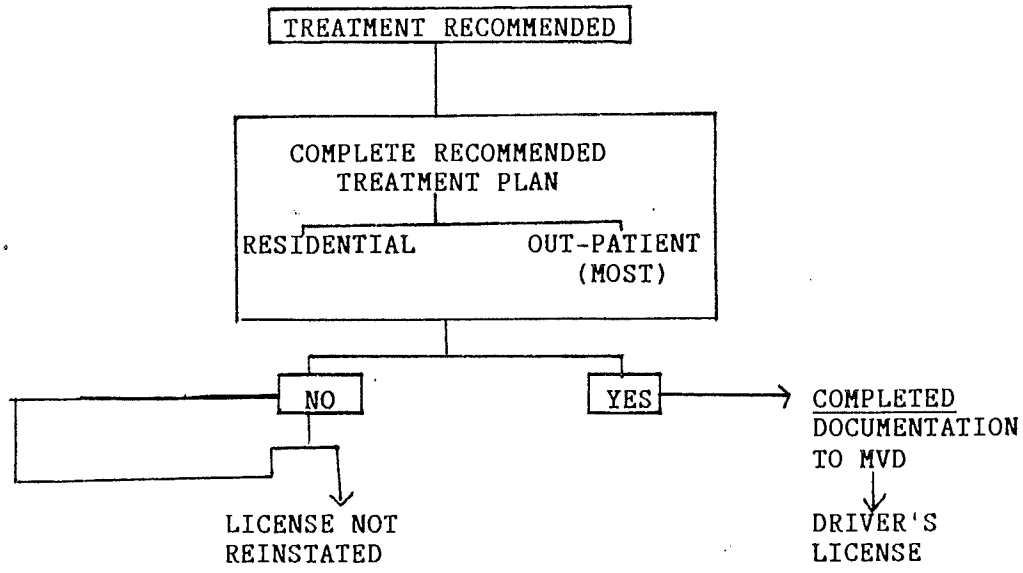


INSTRUCTION AND
PRELIMINARY ASSESSMENT




EVALUATION
CRITERIA MET
SELECT EVALUATOR FROM DDEEP LIST
ADULT:
CONTACT DEEP
INSTRUCTOR
YOUTH:
CONTACT DDEEP
OFFICE
ARRANGE EVALUATION APPOINTMENT
UNDERGO EVALUATION
INCOMPLETE
POSITIVE (ALCOHOL PROBLEM)
NEGATIVE (NO ALCOHOL PROBLEM)
COMPLETED DOCUMENTATION TO MVD
DRIVER'S LICENSE
TREATMENT RECOMMENDATION
CHOOSE FROM 3 TREATMENT PROVIDERS (MAY INCLUDE EVALUATOR)
DISAGREE WITH EVALUATION
AGREE WITH EVALUATION
SEE "TREATMENT" PAGE 3
SECOND OPINION
SAME
DIFFERENT
SEE "TREATMENT PAGE 3
DDEEP PICKS EVALUATOR FOR THIRD EVALUATION
2 POSITIVE 1 NEGATIVE
1 POSITIVE 2 NEGATIVE
DDEEP REVIEW PROBABLY TREATMENT
DDEEP REVIEW PROBABLY NO TREATMENT
COMPLETED DOCUMENTATION TO MVD
DRIVER'S LICENSE
SEE "TREATMENT" PAGE 3

TREATMENT



PR/elk/6869

DIVISION OF DRIVER EDUCATION EVALUATION PROGRAMS
32 Winthrop Street, Augusta, ME 04330
Tel: 289-2028/2054

CLIENT RIGHTS AND RESPONSIBILITIES

As a client of the Driver Education Evaluation Program (DEEP), you are entitled to certain rights as well as responsibilities. This form is designed to inform you of those rights and responsibilities. If you have any questions regarding anything on this page, ask your instructor or contact the DEEP office.

As a client of DEEP, your rights include:

1. The Right to Confidentiality - no information regarding your relationship with DEEP can be released to any other individual or agency without your written consent. A "Consent for Disclosure" is contained in your workbook. Youthful offenders* please call the DEEP Office.

2. The Right to Choose your Evaluator - if you are referred for a formal evaluation, you have the right to choose your evaluator from a list of State approved evaluators provided by your instructor during your interview. Youthful Offenders* will receive providers names by contacting the DEEP Office.

3. The Right to a Prompt Evaluation - once you contact the evaluator of your choice, you have the right to an appointment within 15 working days unless notified differently by the evaluator during your initial contact.

4. The Right to Choose Your Treatment Provider - if you are required to complete treatment, you have the right to choose your treatment provider from a list of State approved treatment providers provided by your evaluator.

5. The Right to a Second Opinion - If you do not agree with the recommendations made by your evaluator, you have the right to request a second evaluation by a state approved evaluator. Clients must contact the DEEP Office to arrange a second evaluation.

6. The Right to a Prompt and Courteous Response to your Inquiries - should you have any questions or problems with any aspect of your DEEP involvement, your case will be reviewed and discussed with you by a qualified case manager within a reasonable amount of time.

As a client of DEEP, you have the responsibility to:

1. a. Complete DEEP in the week in which you are enrolled.
   b. Be in class on time.
   c. Attend class chemically free.

2. If referred to evaluation, you are responsible for completing the evaluation and any treatment which may be recommended.

3. You are responsible to pay the registration fee in effect at the time of your attendance.

4. You are responsible for completing the entire DEEP process within one year of your class attendance. If you have not completed this process or made any effort to do so you will have to repeat the DEEP and pay the registration fee in effect at the time of current attendance.

I have read the above listed rights and responsibilities and have been given an opportunity to ask questions about anything I did not understand.

Signature_____ Date _____

Parent or Guardian Signature_____

*Youthful Offender - Those under 21 years of age at the time of arrest and attending the Chemical Alternatives Program/DEEP-TEEN. 10/8/86

APPENDIX C: CLIENT'S RIGHTS FORM

Protocol for Dealing with Complaints about Service Delivery by Facilities or Individuals

Statement of Fact

There are at least two bases for complaint concerning delivery of services dealing with substance abuse by facilities or individuals:

1. Complaints originating from outside the office usually addressing a single incident or process, but possibly addressing an on-going process or situation, and

2. Complaints originating from within the office, addressing either a specific instance, or an ongoing circumstance which does not fit into the expectation of the DDEEP/OADAP office, or which is felt to represent lack of compliance with applicable regulations.

Documentation of the Complaint

Documentation of the complaint shall be provided to the Licensing Unit Supervisor.

In the case of an individual complaint originating from outside the office, this documentation should be specific and first-hand (i.e. - expressed in the first person). In the event that the complaint is submitted by an appropriate representative of the complainant (attorney, parent, etc.), the need that it be first-hand is waived. However, in such an instance, releases complying to federal confidentiality regulations from the complainant must be submitted, along with a statement of fact from the complainant.

APPENDIX D: COMPLAINT PROCEDURE

Complaints from outside the office dealing with an on-going process or situation must have sufficient written detail and supporting evidence to warrant an investigation.

The Licensing Unit Supervisor will decide upon the significance of the complaint(s) and judge whether or not there is sufficient evidence. He may direct appropriate staff to seek out additional specific and first-hand evidence if he feels there is insufficient documentation.

Complaints from inside the office, whether dealing with specific circumstances, on-going processes or practices which are felt to be inappropriate or contrary to expectations or contrary to regulations, may be made by memorandum to the Licensing Supervisor. The need for specificity in this memorandum is as outlined above.

Preparation for Investigating the Complaint

The Licensing Supervisor will evaluate the complaint and the supporting documentation, and communicate his findings to the DEEP/OADAP Directors, if appropriate.

If the complaint warrants an on-site investigation, the Licensing Supervisor will schedule a visit to the facility or individual against whom the complaint is directed. Such a visit shall be scheduled within 10 working days of the receipt of a single complaint, or in the event of on-going processes or practices, as soon as possible after the decision to investigate has been made.

The Licensing Supervisor will determine any OADAP/DEEP personnel within whose scope of responsibility the resolution of the complaint may lie. If additional expertise (for example: clinical, financial or administrative) is necessary to adequately investigate the complaint, the Licensing Supervisor may request the inclusion of persons expert in the area required to be included in the team.

Prior to the visit, all the persons participating will meet to discuss the complaint and to consider appropriate strategies.

Conduct of the Investigation

The date and time of the visit, with statement of purpose, will be sent in writing by the Licensing Supervisor to the facility or individual against whom the complaint is directed, along with whatever preparatory arrangements need to be made prior to the visit.

If, in the judgement of the Licensing Supervisor, the person or program would alter records, or make such other changes as would render the investigation impossible to conduct, the Licensing Supervisor shall bring the notice of the complaint with him and give it to the facility or individual immediately upon arrival for the investigation. The recipient shall be given adequate opportunity to read and understand the nature of the complaint.

The visit shall be detailed and specific. The investigators will have access to any and all records, personnel, and clients that are necessary either to confirm or to disclaim the validity of the complaint.

Report of the Investigation

Within five working days following the visit, those participating will document their own findings and recommendations, and all parties will meet to discuss appropriate action and/or recommendations.

Within fifteen working days after the visit, the Licensing Supervisor will prepare a report containing the findings of the visit and, what, if any, recommendations the team has made for change.

The findings and recommendations will be sent to the individual or facility against whom the complaint was directed and to the individual(s) who made the complaint.

If the visit should produce information suggesting the necessity or desirability of suspension or revocation of a license or certificate, such action will be accomplished as described in the current Regulations for Licensing/Certifying of Substance Abuse Treatment Facilities in the State of Maine.

AVAILABLITY OF PROVIDERS

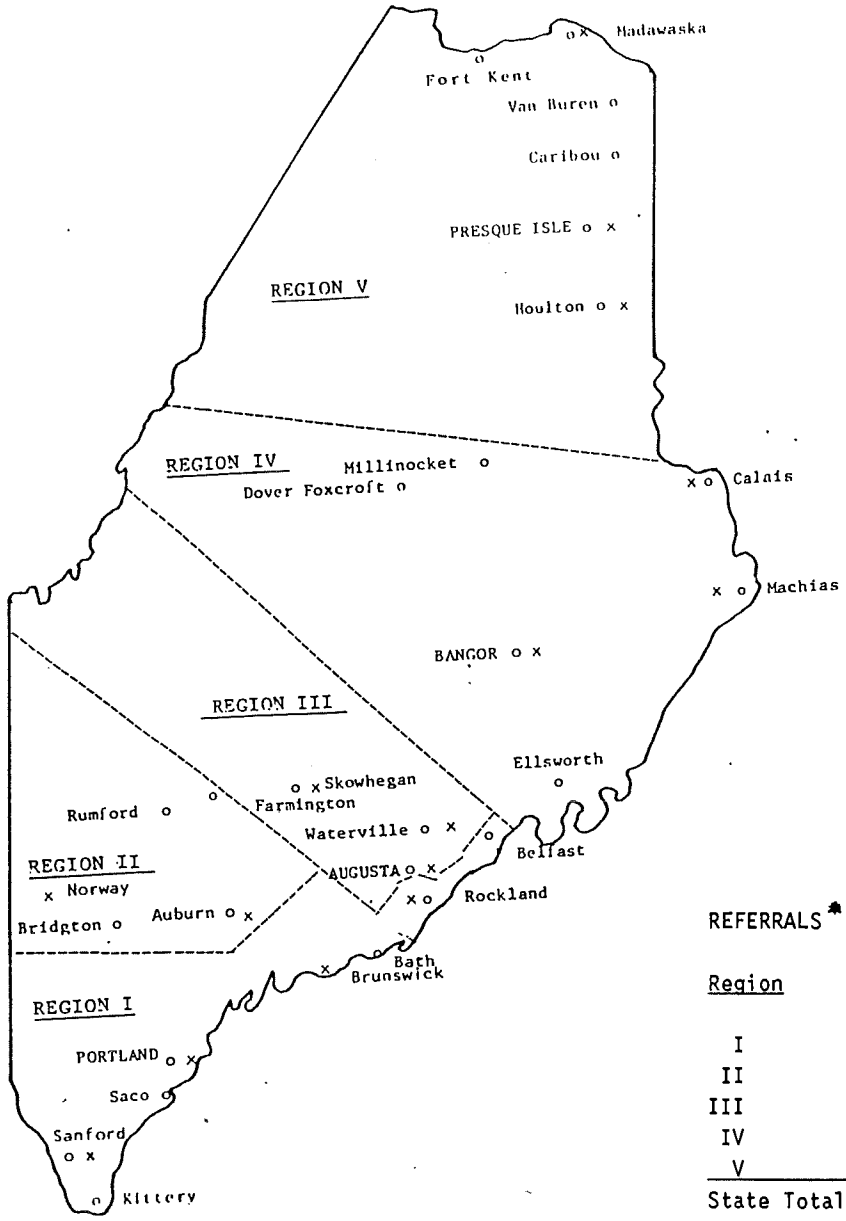
The following charts and maps show the five DEEP regions throughout the state. The upper charts refer to the number and location of providers in each region. The lower charts refer to the location of DEEP classes in each region and the number of referrals from those classes to evaluation. The first page is a state-wide map showing state-wide summaries of providers and DEEP class locations and referrals.

AVAILABILITY OF PROVIDERS

STATE-WIDE SUMMARY

PROVIDERS

Region	Locations Served	Agencies	Agency Counselors	Private Counselors	Total
I	22	7	24.2	16	40.2
II	6	4.5	20.2	1.75	21.95
III	8	4.25	14	8.25	22.25
IV	15	11.25	17	9	26
V	7	1	20	0	20
State Total	58	28	95.4	35	130.4



o = Location of Adult Classes
x = Location of DEEP-TEEN Groups

Availability Ratio (Referrals per Counselor)

Region	Ratio
I	35
II	17.5
III	20
IV	26
V	11

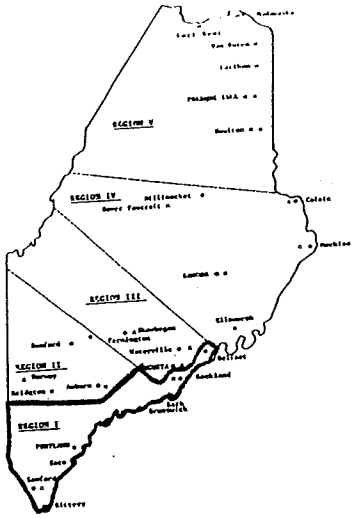
State Average Availability Ratio = 24
State Average of Regional Ratios = 22

REFERRALS*

Region	Locations served	Adult	Teen	Total
I	9	1317	92	1409
II	4	358	25	383
III	3	410	30	440
IV	7	626	48	674
V	6	207	14	221
State Total	29	2918	209	3127

* Based on SFY86 referral rates. TEEN group referral rate estimated by populati

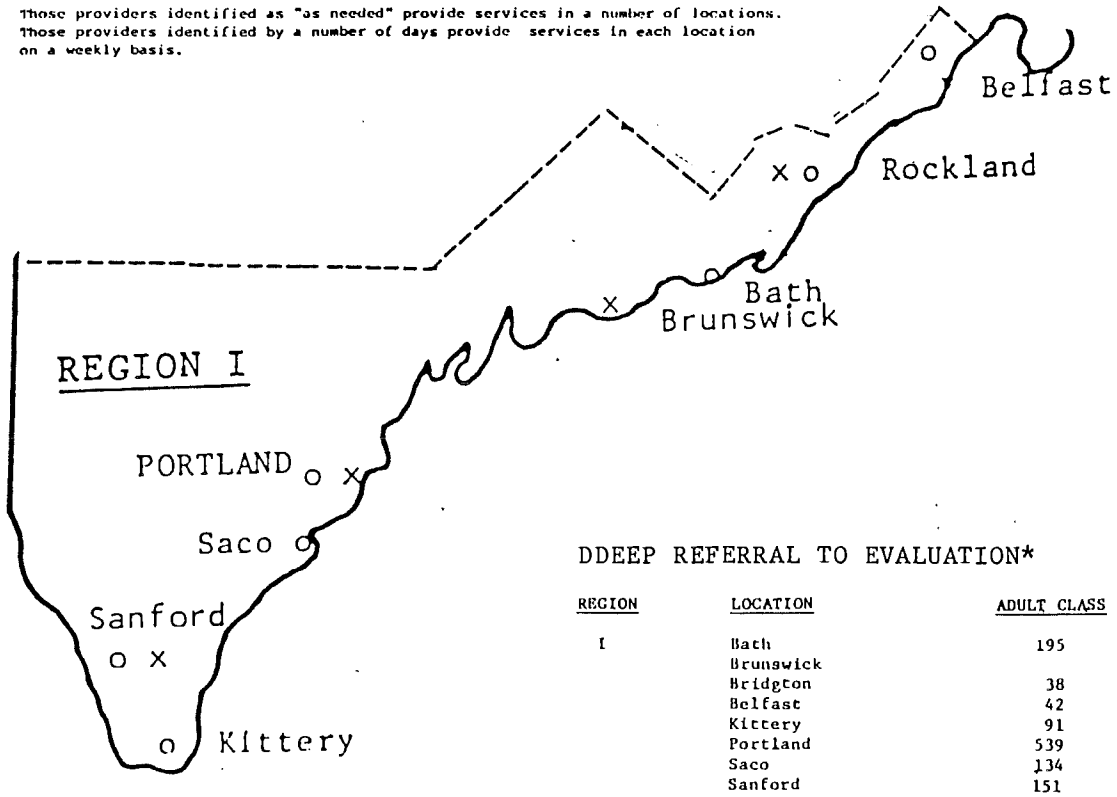
REGION I



PROVIDERS

REGION	LOCATION	NAME	AGENCY	PRIVATE	NUMBER OF COUNSELORS
I	Kennebunk	Mike Laverriere		x	1
	Kennebunk	John Donovan		x	1
	York	York County Hospital	x		1
	York	York County Counseling Service	x		2
	Saco	York County Counseling Service	x		2
	Saco	Cherry Denno		x	1
	Sanford	York County Counseling Service	x		3
	Sanford	Thomas Kimball		x	as needed
	Sanford	Rosaire Dubois		x	as needed
	Old Orchard	Stephen Leary		x	1
	Eliot	Malcolm Brewer		x	as needed
	Standish	Eric Krantz		x	as needed
	Portland	Day One (Teens Only)	x		2
	Portland	Community Alcohol Services	x		6
	Portland	Rosaire Dubois		x	as needed
	Portland	Thomas Kimball		x	as needed
	Portland	Malcolm Brewer		x	as needed
	Portland	Eric Krantz (Bruce Montgomery)		x	1
	South Portland	Theodore Rice		x	1
	Cape Elizabeth	Cliff Leavis		x	1
	Gorham	Dr. Kerry Kimball		x	1
	Gray	David Finn		x	1
	North Windham	Thomas McLauchlin		x	1 (4 days)
	Bath	Merrymeeting House	x		1 (1 day)
	Brunswick	Merrymeeting House	x		1 (1 day)
	Bowdoinham	Merrymeeting House	x		1 (1 day)
	Wiscasset	Merrymeeting House	x		1 (1 day)
	Bath	Eric Krantz (Bruce Montgomery)		x	as needed
	Belfast	CAS/CHOICE/SKYWARD	x		1
	Belfast	Thomas McWalters		x	1
	Belfast	Waldo County General Hospital	x		2
	Rockland	Skyward (Women Only)	x		1
	Rockland	CAS/Choice	x		3
	Rockland	Amy Barnett		x	1
	Damariscotta	Merrymeeting House	x		1 (1 day)
	Boothbay Harbor	Merrymeeting House	x		1 (1 day)
	Palermo	Dale McGee		x	1
	Rockland	Thomas McWalters		x	as needed
	Wiscasset	Thomas McLauchlin		x	Monday onl

Those providers identified as "as needed" provide services in a number of locations. Those providers identified by a number of days provide services in each location on a weekly basis.

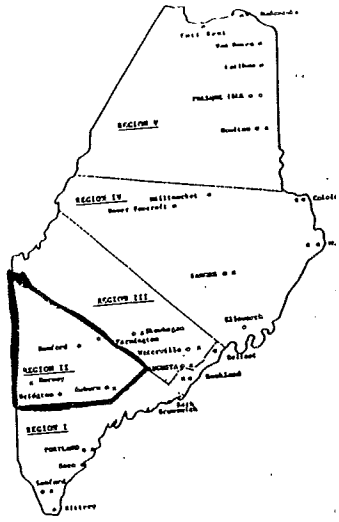


DDEEP REFERRAL TO EVALUATION*

REGION	LOCATION	ADULT CLASS	TEEN GROUP
I	Bath	195	
	Brunswick		13
	Bridgton	38	
	Belfast	42	
	Kittery	91	
	Portland	539	43
	Saco	134	
	Sanford	151	24
	Rockland	127	12

* Based on SFY86 referral rates. TEEN group referral rate estimated by population.

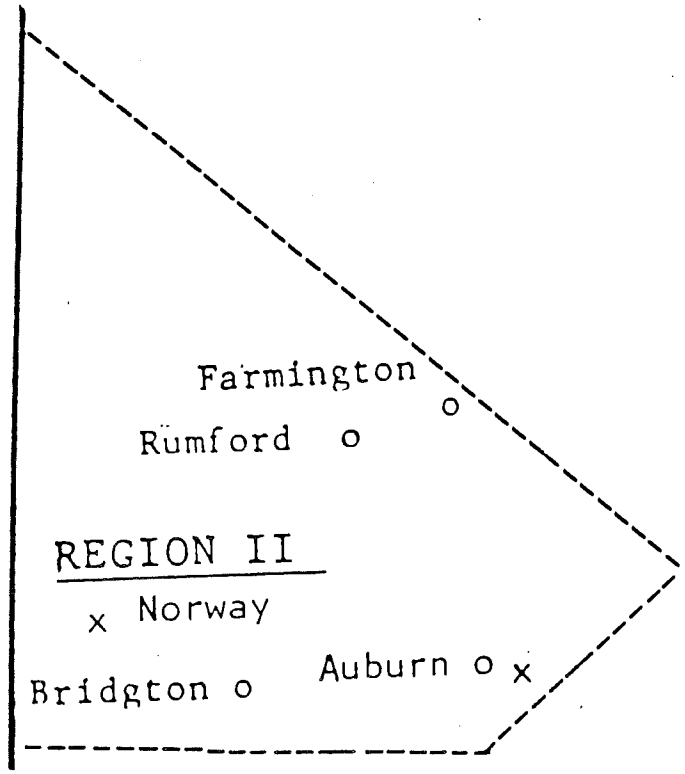
REGION II



PROVIDERS

REGION	Location	NAME	AGENCY	PRIVATE	NUMBER OF COUNSELORS
II	Bridgeton	Western Maine Counseling Service	x		6
	Lewiston	Central Maine Counseling Service	x		4
	Lewiston	St. Mary's Hospital (treatment only)	x		1
	Lewiston	Tri-County Mental Health Center	x		3
	New Gloucester	David Finn		x	as needed
	South Paris	Tri-County Mental Health Center	x		1 (1 day)
	Rumford	Jean Litchfield		x	1
	Rumford	Tri-County Mental Health Center	x		2
	Farmington	Thomas McWalters		x	as needed
	Farmington	Tri-County Mental Health Center	x		2
	Farmington	Hancock Plantation	x		2

Those providers identified as "as needed" provide services in a number of locations. Those providers identified by a number of days provide services in each location on a weekly basis.



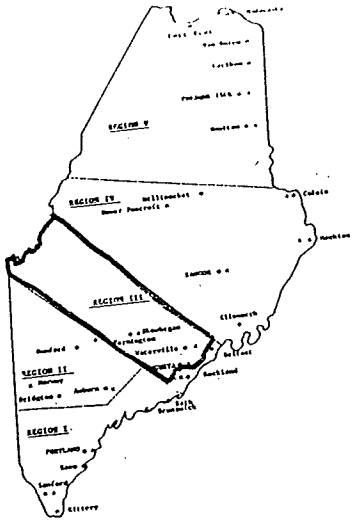
o = Location of Adult Classes
x = Location of DEEP-TEEN Groups

DDEEP REFERRAL TO EVALUATION*

REGION	LOCATION	ADULT CLASS	TEEN GROUP
II	Auburn	241	17
	Farmington	66	
	Norway		8
	Rumford	51	

* Based on SFY86 referral rates. TEEN group referral rate estimated by populatio

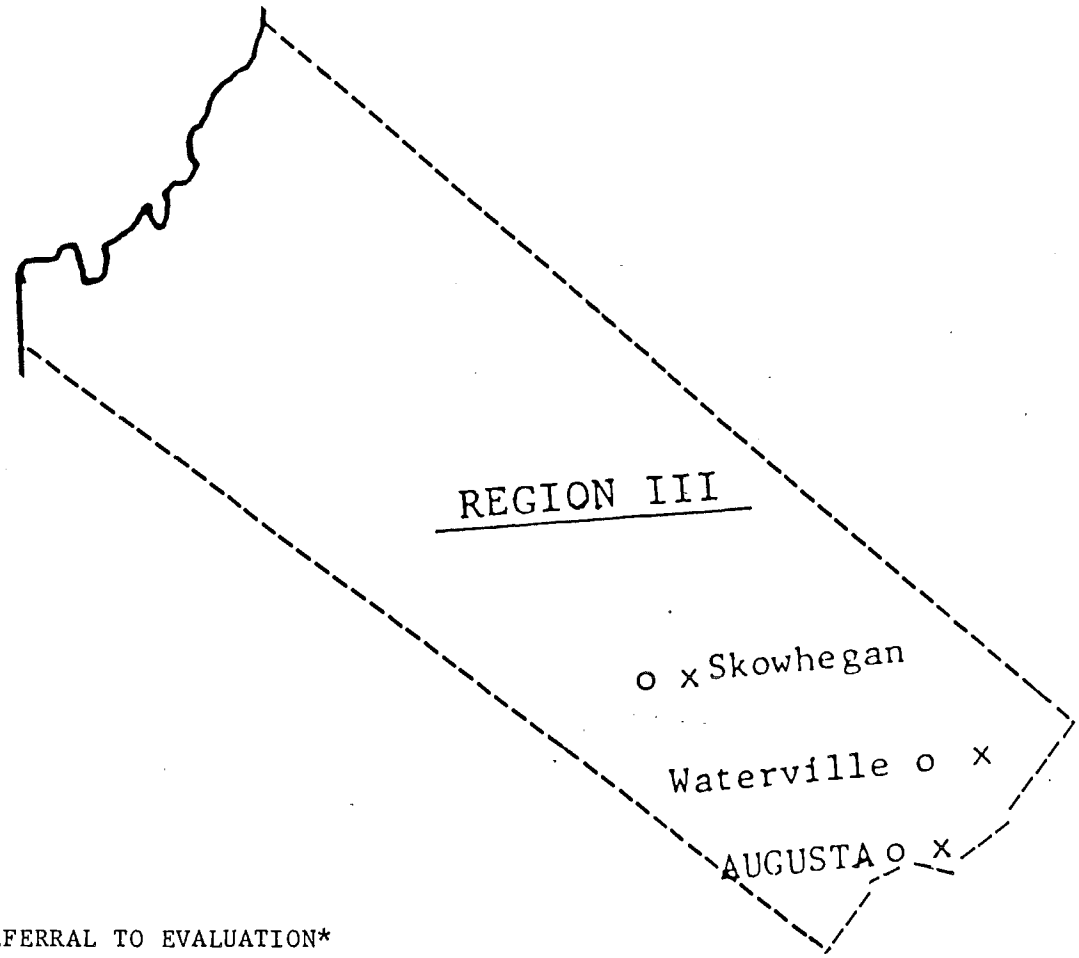
REGION III



PROVIDERS

REGION	LOCATION	NAME	AGENCY	PRIVATE	NUMBER OF COUNSELORS
III	Waterville	New Directions	x		1
	Waterville	Dale McGee (Judy Osting)		x	1
	Waterville	Seton Unit (In-Patient Only)	x		7
	Waterville	Tom McWalters		x	as needed
	No. Vassalboro	Frank Passini		x	1
	Madison	New Directions	x		1
	Clinton	Judith Redding		x	1
	Pittsfield	George Hite		x	1
	Skowhegan	Youth & Family Services (Donald DeGraffenried)		x	1
	Augusta	Dale McGee		x	1
	Augusta	Hancock Plantation	x		2
	Augusta	Dale McGee (Margaret Palmer)		x	1
	Augusta	Larry Tyler		x	1
	Augusta	Crisis and Counseling	x		1
	Augusta	New Directions	x		
	Togus	Veterans Administration (Treatment Only)	x		1

Those providers identified as "as needed" provide services in a number of locations. Those providers identified by a number of days provide services in each location on a weekly basis.



DDEEP REFERRAL TO EVALUATION*

REGION	LOCATION	ADULT CLASS	TEEN GROUP
III	Augusta	226	16
	Skowhegan	79	6
	Waterville	105	8

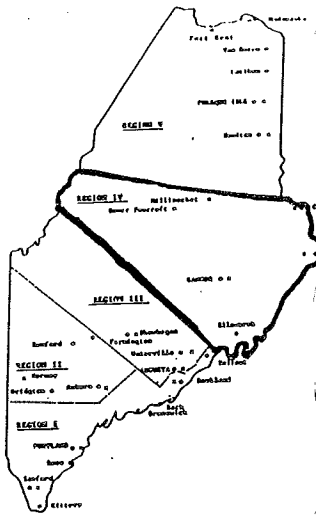
o = Location of Adult Classes
x = Location of DEEP-TEEN Groups

* Based on SFY86 referral rates. TEEN group referral rate estimated by population.

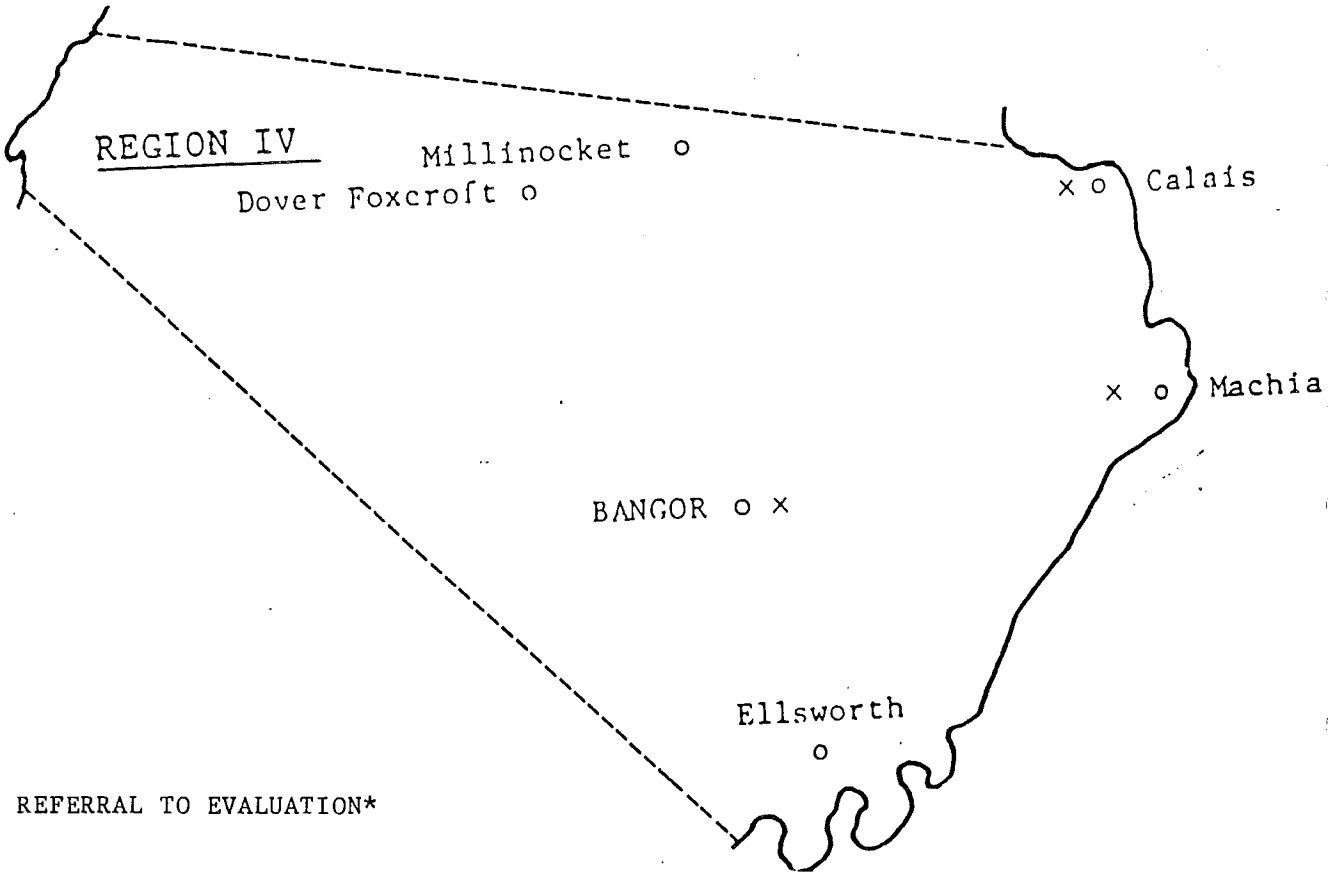
REGION IV

PROVIDERS

REGION	LOCATION	NAME	AGENCY	PRIVATE	NUMBER OF COUNSELORS
IV	Bangor	Eastern Maine Medical Center	x		1
	Bangor	Charles Tingley, Ph.D., CRC		x	1
	Bangor	Al Dietrich, Ph.D.		x	1
	Bangor	Ira Lipsky		x	1
	Brewer	JNF Associates	x		3
	Orono	John Lorenz, PH.D.		x	1
	Old Town	Mary Lee Rounds		x	1
	Blue Hill	Blue Hill Memorial Hospital	x		1
	Woodland	JNF Associates	x		2
	Ellsworth	Maine Coast Memorial Hospital	x		1
	Ellsworth	Warren Curtis		x	1
	Ellsworth	Carl Allen		x	1
	Eastport	Eleanor Mason		x	1
	Calais	Calais Regional Hospital	x		1
	Machais	Downeast Community Hospital	x		3
	Bar Harbor	Mt. Desert Hospital	x		1
	Dover Foxcroft	Mayo Regional Hospital	x		1
	Dexter	Plummer Memorial Hospital	x		1
	Jackman	New Directions	x		1
	Millinocket	Millinocket Regional Hospital	x		1
	Millinocket	Elaine Shapiro		x	1



Those providers identified as "as needed" provide services in a number of locations. Those providers identified by a number of days provide services in each location on a weekly basis.



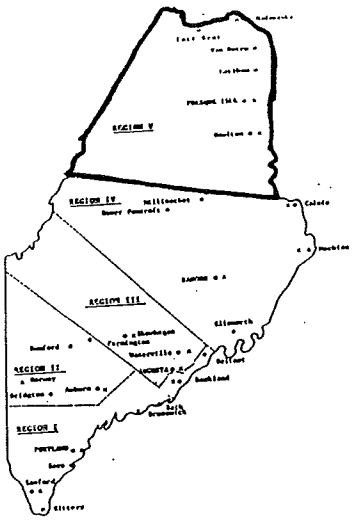
DDEEP REFERRAL TO EVALUATION*

REGION	LOCATION	ADULT CLASS	TEEN GROUP
IV	Bangor	372	43
	Calais	34	2
	Dover Foxcroft	69	
	Ellsworth	82	
	Machias	30	3
	Millinocket	34	
	Lincoln	5	

o = Location of Adult Classes
x = Location of DEEP-TEEN Groups

* Based on SFY86 referral rates. TEEN group referral rate estimated by population.

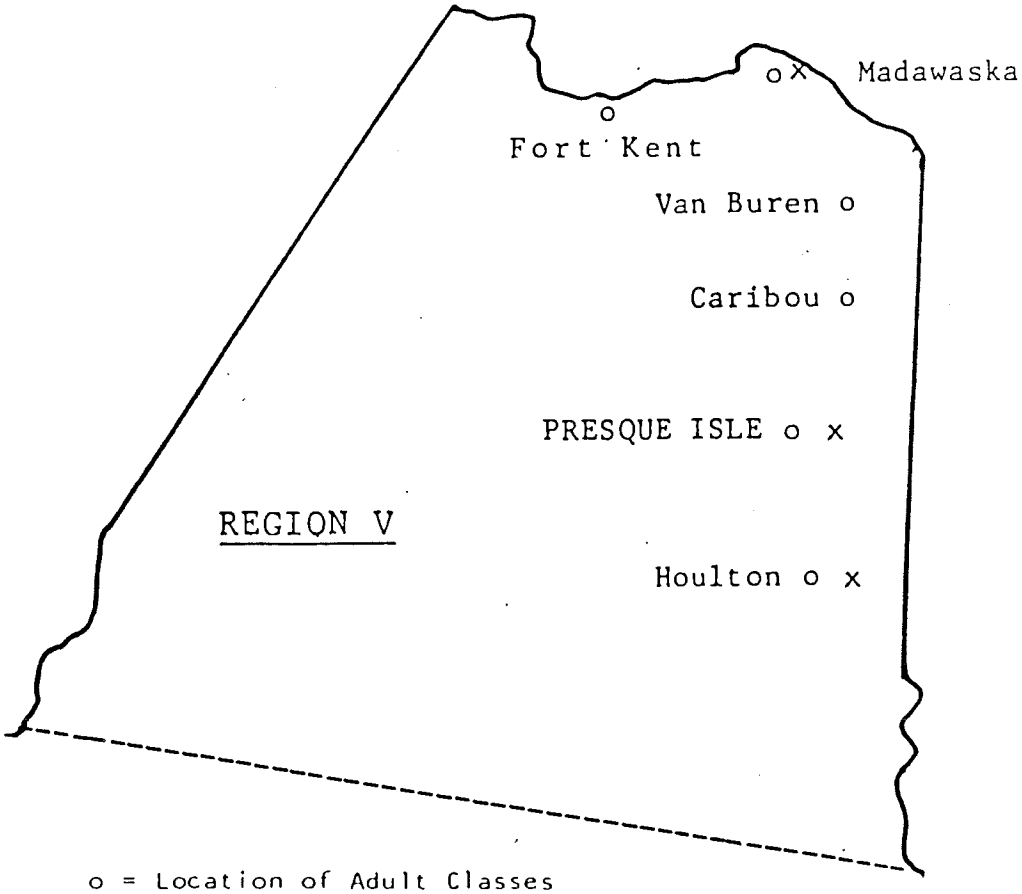
REGION V



PROVIDERS

REGION	LOCATION	NAME	AGENCY	PRIVATE	NUMBER OF COUNSELORS
V	Madawaska	Aroostook Mental Health Center	x		4
	Van Buren	Aroostook Mental Health Center	x		2
	Fort Kent	Aroostook Mental Health Center	x		3
	Ashland	Aroostook Mental Health Center	x		1
	Presque Isle	Aroostook Mental Health Center	x		2
	Houlton	Aroostook Mental Health Center	x		3
	Caribou	Aroostook Mental Health Center	x		5

Those providers identified as "as needed" provide services in a number of locations. Those providers identified by a number of days provide services in each location on a weekly basis.



o = Location of Adult Classes
x = Location of DEEP-TEEN Groups

DDEEP REFERRAL TO EVALUATION*

REGION	LOCATION	ADULT CLASS	TEEN GROUP
V	Caribou	56	
	Fort Kent	10	
	Houlton	37	3
	Madawaska	17	6
	Presque Isle	77	5
	Van Buren	10	

* Based on SFY86 referral rates. TEEN group referral rate estimated by population.

DIVISION OF DRIVER EDUCATION EVALUATION PROGRAMS

Department of Human Services
Bureau of Rehabilitation

COMPLETION OF TREATMENT PROJECT

DRAFT

COMMITTEE MEMBERS	REPRESENTING
Fred Burke, RSAC	*Association of Private Providers and Licensed Evaluators
Steve Leary, RSAC	Maine Association of Substance Abuse Programs
Linwood K. Oakes, Sr., Director	Division of Driver Education Evaluation Programs
Nancy Pare', RSAC	*Association of Private Providers and Licensed Evaluators
Nick Ruf, M.A.	Driver Education Evaluation Program
Catherine Sabine, RSAC	*Association of Private Providers and Licensed Evaluators
Mel Tremper, Ph.D.	Office of Alcoholism and Drug Abuse Prevention

*Members of APPLE at the start of the Completion of Treatment Project

APPENDIX F: TREATMENT GUIDELINES

DEEP Completion of Treatment Project

Statement of Purpose

This document is a preliminary effort to provide a common framework within which providers of DEEP approved substance abuse services can evaluate, treat, and certify the completion of treatment of persons convicted of operating under the influence. It presents criteria for classifying individuals according to their degree of progression in the disease of chemical addiction and recommends appropriate treatment requirements. Although it is the product of several month's effort by a group of professionals in the field, it is not presented as a final product but as a vehicle for discussion.

From this discussion will emerge a final product aimed at producing a more uniform approach to the DEEP evaluation, referral and treatment process. The perceived need for such a product has arisen from the current disparities between the practice of DEEP providers across the State. The lack of uniformity between practitioners has two potential effects. In the first place it creates the possibility of unfair disparity in the time and financial burdens borne by clients with essentially the same levels of clinical problems. This leads to the second possible difficulty. Differential treatment arising from what appears to be the lack of a standardized set of criteria, leaves the entire DEEP process open to legal challenge.

Introduction: An overview of the group's assumptions

The group began with the basic assumption that chemical addiction is a progressive disease. The group also recognized that not all persons experiencing problems with alcohol or other drugs are addicted. There are those who may be labeled "problem users". These individuals experience physical, social and other problems due to their misuse of alcohol or other substances. However, they do not experience the physical addiction and the loss of control which is characteristic of the addicted person.

Although addicted persons share the characteristics of loss of control, they nevertheless differ in the degree to which they have progressed in their disease. This progression is a gradual worsening of the person's condition and an increasing dependence on, and involvement with substances. This continuum of change has often been conceptualized as a series of stages, the physical, psychological, social, economic and other conditions. The group has followed this common practice by distinguishing four stages of substance abuse.....the early stage, the middle stage, the late and final stages, and a non-addicted stage of problem user.

After establishing and defining these stages the group's next assumption was that the client's needs; and thus the appropriate treatment response, differed according to the client's stage in the progression. That is, a treatment approach which might be effective with a problem user may be completely ineffective with middle stage. Conversely what might be appropriate for a middle stage person might be entirely too intensive and restrictive for a problem user.

The group originally convened to define "successful completion of treatment". It soon became apparent that achieving successful treatment required different levels of effort for different types of clients. Also, the indicators for a successful outcome for a person in the final stages of addiction would be very different from those for a problem user. In short, successful outcome depends on resolving the problems and symptoms manifested by the client. This led the group to turn to defining these problems and symptoms.

The group used its clinical experience and knowledge of published studies to generate the series of stages mentioned above. Completing this process took a number of months. Once the needs of the clients were defined, the group then matched those needs with the types of treatment most suited to meeting those needs.

Alcoholism and substance abuse affect many areas of the abuser's life. In constructing the present classification system, the group focused on three broad areas: physical; psychological and social.

Each stage was then characterized by the number of negative consequences, and the frequency and severity of occurrence of each consequence. In this system, the number, severity, and frequency of negative consequences increase as the individual progresses from problem user to final stage.

Obviously, eliciting sufficient information about a wide range of an individual's life is not always easy. Especially when the individual may be consciously or unconsciously denying or minimizing the extent of his involvement with substances. Thus the true pattern of a person's involvement with substances may only emerge after a somewhat lengthy interview, often supplemented by information from significant others in the person's life. This information may then be used to clarify the individual's degree of chemical addiction.

This is no magic formula for classifying every individual unambiguously into one particular category. Rather, this system describes general patterns of behavior which usually are associated with a given degree of progression into alcoholism/chemical addiction. It provides a set of reference points for gauging an individual's degree of harmful involvement with substances. Based on these reference points, a suitable intensity and modality of treatment may be recommended.

The Committee realizes that chemical addiction is an illness which effects each individual differently. Each individual because of his/her own particular circumstances responds differently to required treatment. The recommended number of sessions and minimum timelines should be utilized in that context.

Some problem users and chemically addicted clients may respond readily to recommended treatment. In these cases, the guidelines may require more treatment than necessary. Other clients may not respond to treatment for a significant period of time resulting in the continued need for treatment beyond the recommended number of sessions and minimum timelines.

The guidelines represent what the Committee recognizes as the generally appropriate number of contact hours necessary within a minimum time period for significant client improvement in each stage. As such, they provide a reference point which can be used by DEEP when reviewing completions.

The ultimate decision concerning the necessary number of sessions and minimum timelines, of course, in the realm of the counselor's responsibility.

The rest of this document is given over to delineating the typical problems and behaviors experienced by individuals in each of the identified stages. Associated with each stage is the treatment approach recommended by the group as having the highest probability of successful outcome, without being overly restrictive. In an effort to reduce ambiguity, terms requiring precise definition are defined in the appendix of the document.

Salient Characteristics/Symptoms

PROBLEM USER

The most important distinguishing characteristics of this group is that they have not yet lost control over their use of drugs. Although there is always some risk of adverse consequences from drug use, most individuals do not experience such consequences, or experience them only infrequently and to a mild degree. Problem user, on the other hand, display a pattern of experiencing negative consequences, often to a relatively severe degree. Problem drinkers often display a pattern of inappropriate or irresponsible use of alcoholic beverages. Users of other drugs have passed beyond casual, intermittent or experimental use.

Persons in this stage are focused on the short term and artificial benefits substance use appears to bring them. Typically, use is fostered by social pressure or by internal needs. The person may have turned to substance use to dull feelings of pain and insecurity. They may use them as substitutes for other forms of satisfaction.

Interventions in this stage typically do not require intensive treatment approaches. Generally, individuals may require a bolstering of their self esteem in order to better withstand peer pressure, and to inject more intrinsic satisfaction into their lives. These persons should also receive objective information on the effects of substance abuse and the long term risks of continuing their pattern of use. Some individuals may have deep rooted underlying problems which may require intensive treatment, possibly including referral to specialized programs.

These less intensive treatment interventions can usually be accomplished in approximately 6 outpatient contact hours spread over a 30 day period.

PHYSICAL

- Occasional abuse of substance(s)
- Risk of physical injury as a result of abuse
- May* be experiencing physical difficulties as a result of abuse
- No physical addiction
- Occasional impairment as a result of substance abuse

PSYCHOLOGICAL

- Use of substance may* eliminate ability to perceive harmful consequences
- Abuse of substance has enabled the individual to learn that the substance may* be used to relieve stress/problems
- Harmful consequences may* have resulted from occasional abuse of substance
- Individual justifies the occasional abuse of substance

SOCIAL

SOCIAL (Symptoms are based on result of abuse)

- Possible financial, legal, housing, employment and/or educational difficulties as a result of substance abuse (less than several occasions)
- Beginning difficulties with family and significant others as a result of abuse
- Association with those who will accept and encourage use

Treatment Modality	Recommended Duration and Frequency of Treatment
Outpatient Elective aftercare	6 Contact hours over a 30 day period

*or may not is implied

EARLY STAGE

EARLY STAGE SUBSTANCE ABUSER.

The individual in this stage has become dependent upon the use of substances. It is likely that he/she has experienced loss of control over consumption of one or more substances. The person has begun to make psychological adjustments to minimize the appearance of substance use, and to ensure continued access to substances.

Many physical, economic and social problems experienced by the problem user have begun to worsen and new problems have arisen.

Generally the person is still employed, and still within an intact family. The involvement of significant others is an important component of the treatment process.

Treatment needs to overcome the person's denial, rationalization and minimization of his/her substance use. Education and awareness of the nature of substance abuse are also required. Once the denial has been overcome, the person must be given the tools required to live a life free from substance use. It is often necessary to provide counseling for the resolution of ancillary problems which have arisen due to the person's substance abuse.

In order to accomplish these tasks, a minimum of 12 contact hours over a 90 day period is required. Usually, successful treatment can be accomplished in an outpatient setting. Severe situational problems may justify residential services. As in all subsequent stages of the illness, the treatment agent should forge a link between the person and an appropriate self help group. Suitable formal aftercare programs are also usually necessary to ensure continued maintenance of sobriety.

PHYSICAL

- Frequent abuse of substance(s)
- May experience physical injury as a result of abuse
- Physical difficulties as a result of abuse
- Physical addiction not readily evident
- Possible unpleasant and/or fearful experiences with substance(s)
- Loss of memory as a result of substance abuse
- Tolerance increase (appropriate substance)

PSYCHOLOGICAL

- Dependence on substance to relieve stress/difficulties
- Stress/difficulties as a result of substance use
- Minimizes use/abuse of substance(s)
- Attempts to control use/abuse of substance(s)
- Frequent loss of control of quantity and frequency results in impaired judgment and reasoning ability
- Increasing inpatience, reliance and/or preoccupation with the use of substances
- Cause and effect of use, feelings and/or consequences projected onto other people, places and/or things

SOCIAL

- Has experienced difficulties in the area of financial, legal, housing, employment and/or education several times as a result of substance abuse
- Difficulties with family and significant others as a result of substance abuse
- Seeks out those who will accept and encourage substance abuse
- Seeks out social activities to include substance abuse situations

Treatment Modality	Recommended Duration and Frequency of Treatment
Outpatient Aftercare	12 contact hours over a 90 day period

*or may not is implied

MIDDLE STAGE

MIDDLE STAGE SUBSTANCE ABUSER

Individuals in this stage are still maintaining some elements of a "normal" affiliation with society. However, their substance abuse has become a primary component of their life and affects every area of it. Substance abuse has become almost a prerequisite for feeling "normal". Problems in all areas of living are more numerous and more severe than in earlier stages.

It is possible that individuals in this stage may require detoxification to rid their bodies of toxic effects of substance abuse prior to participating in counseling. Given the severity of their problems, a longer and more intensive period of treatment is required. Some persons with a relatively intact and supportive home environment may only require outpatient services. These should consist of at least 18 contact hours over a 120 day period. Persons living in a deteriorated environment, or with physical problems requiring some supervision, or with more severe psychological or social problems may require residential treatment. An emerging alternative which my be more appropriate for some clients is that of "community based rehabilitation". This would consist of 3-5 hours per day of counseling, for 4 to 6 weeks.

Formal aftercare programs geared to the person's needs are strongly recommended and may be required for as much as two years following initial treatment.

PHYSICAL

- Repeated abuse of substance(s)
- May* be experiencing physical injury/disorders as a result of repeated abuse
- Experiencing unpleasant/fearful experiences with substance(s)
- Tolerance change (appropriate substances)
- Physical addiction, but may not always be evident
- Frequent loss of memory
- Frequent incapacitation as a result of repeated abuse

PSYCHOLOGICAL

- Dependence on substance(s) as primary means of coping
- Dependence on substance(s) to relieve stress and negative feelings
- Stress/difficulties as a result of abusing substance(s)
- Repeated loss of control of quantity and frequency
- Further impairment of judgment and reasoning abilities
- Inability to discriminate different feelings
- Denial/rationalization of substance(s) abuse
- Repeated substance(s) abuse to maintain feeling of "normalcy"
- Projection onto other people, places and/or things continues

SOCIAL

- Serious difficulties with family and significant others as a result of repeated substance(s) abuse
- Several problems in areas such as financial, legal, housing, employment and educational as a result of repeated substance(s) abuse
- Changes in social relationships which allow repeated substance abuse
- Social activities generally limited to substance using situations

Treatment Modality	Recommended Duration and Frequency of Treatment
Possible detoxification Day Residential Rehab Residential Rehabilitation	18 contact hours over 120 day period or
Outpatient Aftercare	Completion of a Residential Rehab Program and 6 contact hours over a 30 day period

* or may not is implied

LATE STAGE

LATE STAGE SUBSTANCE ABUSER

This person's entire life typically revolves around substance use and abuse. The person displays continual use of substances and many chronic physical symptoms of such use. Psychologically, his cognitive and emotional states are dulled and confused by substance use. Usually the person has lost the defensive denial or rationalization of substance abuse found in earlier stages. Normal social and other relations have been seriously disrupted.

Treatment in this stage almost always requires detoxification due to the patterns of substance abuse. This should be followed by residential rehabilitation. If the person has experienced many treatment contacts and requires more extensive treatment, halfway house treatment is recommended. This should be followed by 6 contact hours over a 30 day period from discharge.

If the person has not had prior treatment experience and has some family or social supports, halfway house treatment may not be necessary. In this case, residential treatment should be followed up by 30 contact hours over a 180 day period of continuing outpatient treatment.

Continued aftercare is also recommended.

PHYSICAL

- Continual abuse of substance(s)
- Experiencing physical injury/disorders as a result of continual abuse
- Unpleasant/fearful experiences become expected and tolerated
- Physical addiction evident
- Inability to tolerate substance(s) evident (appropriate substance(s)
- Continual loss of memory
- Continual incapacitation

PSYCHOLOGICAL

- Substance(s) provides only means of (temporary) relief
- Continual dependence on Substance(s) to relieve stress and negative feelings
- Substance(s) abuse without consideration of risks
- Severe inability to identify different feelings
- Severe confusion as evidenced by a state of disorder, embarrassment and failure to distinguish between personal values as a result of substance(s) abuse
- Minimal denial or rationalization of substance(s) abuse

SOCIAL

- Serious disruption of relationships with family and significant others as a result of continual substance(s) abuse
- Financial, legal, housing, employment and educational areas disintegrate as a result of continual substance(s) abuse
- Withdrawal from social relationships except association with late and final stage abusers
- Acceptance of continual substance(s) abuse

Treatment Modality	Recommended Duration and Frequency of Treatment
Late Stage A*	
detoxification Residential Rehabilitation Halfway House Outpatient Aftercare	6 contact hours over 30 day period after discharge from halfway house or one year documented sobriety
Late Stage B**	
detoxification Residential Rehabilitation Outpatient Aftercare	30 contact hours over a 180 day period

*Late Stage A (A) - unsuccessful repeated treatment episodes resulting in utilizing a halfway house as a necessary treatment modality.

**Late Stage B (B) - Initial treatment experiences with family/social re-entry after residential rehabilitation.

FINAL STAGE

FINAL STAGE

Individuals in this stage are not likely to have much opportunity to drive since their social and financial position is commonly so severely disrupted. They display continuous abuse of substances with accompanying life threatening physical deterioration. They are totally disengaged from society and their social world is restricted to fellow final stage abusers and the commercial and social systems which serve them.

Since these individuals are often homeless, they need shelter which may become a necessary part of the treatment plan. Detoxification is certainly necessary. This should be followed by extended care and then possibly by half way house treatment. This should be followed by a period of outpatient contact prior to issuance of a renewed license to drive.

Given the extreme deterioration of these individuals, their treatment plans should be individually reviewed by DEEP staff with the approved provider.

PHYSICAL

- Continuous abuse of substance(s)
- Life threatening physical deterioration
- Physical injury/disorders as a result of continuous abuse
- Unpleasant/fearful experiences accepted
- Physical addiction evident
- Absence of tolerance to substance(s) (appropriate substance(s)
- Continuous loss of memory
- Continuous incapacitation

PSYCHOLOGICAL

- Complete dependence on substance(s) as a means of living
- Continuous substance(s) abuse without consideration of risks
- Substance included psychological deterioration
- No denial or justification of abuse
- Emotional disorganization

SOCIAL

- Complete disintegration of meaningful social relationships
- Behavior acceptable to only final stage substance(s) abusers
- Inability to be self supporting as a result of continuous substance(s) abuse/chemical addiction
- All resources, regardless of origin, are used to maintain continuous substance(s) abuse/chemical addiction
- Unattached and may be transience

Treatment	Recommended Duration and Frequency of Treatment
Shelter/detoxification Extended Care Halfway House Outpatient Aftercare	Individually reviewed by DEEP with the approved agency or provider. Substantial treatment and/or AA involvement for extensive period of time previous to completing

DRAFT

* DEFINITIONS *

DRAFT

ABUSE	-use of alcohol or other substances which may result in harm to oneself or another.
CONTACT HOUR	-at least fifty minute group or individual session comprised of education and/or interaction for the purpose of attaining the treatment goal(s).
CONTINUAL	-close prolonged succession or occurence.
CONTINOUS	-without voluntary interruption.
DIFFICULTY	-trouble or distress.
DISINTEGRATE	-breaking up.
DISORDER	-to upset normal functions or health of
FREQUENT ABUSE	-use of alcohol or other substances which may result in harm to oneself or another more than four times per year.
OCCASIONAL	-irregular or rare intervals.
OCCASIONAL ABUSE	-use of alcohol or other substances which may result in harm to oneself or another at irregular or rare intervals.
PROBLEM	-any puzzling or difficult circumstances or person.
RARE	-four times or less per year.
REPEATED	-established pattern or frequent abuse.
SERIOUS	-giving cause for concern.
SEVERAL	-more than two.
TOLERANCE	-the ability to resist the effects of a drug, etc., taken over a period of time in larger and larger doses.

FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document No.

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY SEVEN

AN ACT to Implement the Recommendations of the Driver Education Evaluation Program Study.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA Chapter 1602 is enacted to read:

CHAPTER 1602

DRIVER EDUCATION EVALUATION PROGRAM

§ 7201. Definitions

As used in this Chapter, unless the context indicates otherwise, the following words have the following meanings.

1. Alcohol or Drug Related Motor Vehicle Offense. "Alcohol or drug related motor vehicle offense" means an arrest or administrative action resulting in the suspension of a motor vehicle operator's license for a violation under Title 29, Section 1311-A, 1312-B, 2241-G, former section 1312, sub-section 10-A, former section 1312-B, former section 1312-C, illegal transportation of liquor, or refusal to submit to a blood alcohol test.

2. Client. "Client" means a person who is required to complete the alcohol and other drug education, evaluation, and treatment program for a alcohol or drug related motor vehicle offense.

3. Multiple offender. "Multiple offender" means a client who has more than one alcohol or drug related motor vehicle offense within a 6 year period.

§7202. Program components

1. First Offenders. The alcohol and other drug education evaluation and treatment program required for clients without a previous alcohol or drug related motor vehicle offense consists of education, assesment, evaluation, and treatment components. All first offender clients are required to complete the education and assessment component. The evaluation and treatment components may be required if necessary.

A. The education component is designed to educate the client about the effects of alcohol and other drugs on his or her behavior, especially behavior involving the operation of a motor vehicle.

B. The assessment component is designed to make a preliminary assessment regarding the extent of a client's alcohol or other drug use or abuse or potential for abuse. A client may be referred for further evaluation based on the results of his or her preliminary assessment.

C. The evaluation component is designed to identify abusers of alcohol and other drugs. If the evaluation indicates that treatment for alcohol or other drug abuse is needed, the client will be referred to the appropriate alcohol or other drug treatment service.

D. The treatment component is designed to address the client's specific problem with or abuse of alcohol or other drugs.

2. Multiple offenders; adults. The education, evaluation, and treatment program required for adult multiple offenders consists of the following components:

A. A rigorous, highly-structured intervention program designed to create an acceptance and committment by the client for treatment, and an evaluation designed to identify abusers of alcohol and other drugs;

B. A treatment program, if indicated, designed to address the client's specific alcohol or other drug problem and abuse, using a treatment plan based on the completion of treatment guidelines adopted by the Department.

3. Multiple offenders; under 21. Multiple offenders under 21 years of age shall attend the alcohol and other drug alcohol education, evaluation and treatment program for adult first offenders under subsection 1.

§7203. Fees

1. First offense program. The Department may charge a registration fee, not to exceed $125, to clients for the education and assessment components of the program. This fee shall be used to defray the cost of the program. The client is responsible for the costs of the evaluation and treatment components.

A. The Department may refund up to $25 of the fee for clients who successfully complete the education and assessment components of the program within 3 months of conviction.

B. The Department may waive all or part of the fee for clients who are unable to pay.

2. Multiple offender program. The fees and costs for the multiple-offender program are as follows.

A. The Department may charge a registration fee, not to exceed $300, to clients for the expenses of the intervention program. This fee shall be used to defray the cost of the program.

B. The client is responsible for any costs associated with evaluation or treatment which is not a part of the cost in paragraph A.

A. The Department may charge a registration fee, not to exceed $300, to clients for the expenses of intervention component and the probationary component of the program. This fee shall be used to defray the cost of the program.

B. The client is responsible for any costs associated with evaluation or treatment which is not a part of the cost in paragraph A.

§7204. Certification, recertification

All providers of the evaluation, intervention, and treatment components of the program shall be certified by the Department. The certification period for individual providers is 3 years and for agencies is 2 years. The Department shall adopt rules requiring continuing education for recertification.

Sec. 2. 29 MRSA §1312-D, sub-§2, is amended to read:

2. Education and treatment programs. Following the expiration of 2/3 of the total period suspension imposed pursuant to subsection 1 and 1-A, section 1312-B, former section 1312-B, subsection 2 or Title 15, section 3314, the Secretary of State may issue a license or permit to the person if he receives written notice that the person has satisfactorily completed the alcohol and other drug education, evaluation and treatment program ~~of~~ administered by the Department of Human Services as defined in Title 22, Chapter 1602 ~~and, when required, has satisfactorily complied with any rehabilitation program approved or licensed by the department.~~

Sec. 3. 29 MRSA §1318 is enacted to read:

§1318. Legislative intent concerning operating under the influence

1. Minimum sentences. It is the intent of the Legislature to mandate minimum sentences for operating under the influence offenses. Minimum sentences are mandated in the statute to indicate the least penalty which is considered appropriate for the offense. The minimum sentence is not intended to be the maximum sentence. The court is encouraged to use its discretion to individualize each sentence in accordance with Title 17-A section 1151 and the circumstances of the particular case to ensure the appropriateness of each sentence to the seriousness of the offense.

2. Use of education, evaluation and treatment program. Education, evaluation, and treatment are essential in responding to the problems created by people operating under the influence of alcohol or other drugs. It is the policy of the State to use approved education, evaluation, and treatment programs to the maximum extent possible as an appropriate sentence component for persons convicted of operating under the influence. These programs shall be coordinated with the alcohol and other drug education, evaluation, and treatment programs required in Title 29, § 1312-D.

Sec. 4. 34-A MRSA §5405 is enacted to read:

§5405. Supervision of persons convicted of operating under the influence.

The Division of Probation and Parole and the Division of Driver Education Evaluation Program shall coordinate their efforts to treat and monitor the treatment of offenders who are required to participate in an alcohol or other drug treatment program as part of their sentence for an operating under the influence offense.

Sec. 5. 29 MRSA §1312-D, sub-§3, is amended to read:

3. Restricted licenses. After certificiation under subsection 2, the Secretary of State may issue the license or permit with whatever conditions, restrictions or terms he deems advisable, having in mind the safety of the public and the welfare of the petitioner. Following the expiration of the total period of suspension imposed pursuant to subsections 1 and 1-A, section 1312-B or Title 15, section 3314, the Secretary of State may issue a license or permit, subject to the conditions, restrictions or terms he deems advisable, to the person if the Secretary of State has received or when he receives written notice that the person has satisfactorily completed the alcohol and other drug educational, evaluation and treatment program ~~of~~ administered by the Department of Human Services as defined in Title 22, chapter 1602 ~~and, when required, has satisfactorily completed an alcohol treatment or rehabilitation program approved or licensed by the department~~. The license or permit may contain the condition that the person abstain from the use of intoxicating liquor or drugs. Any license or permit issued under subsection 2 or under this subsection shall be restricted to use for travel to an alcohol education or treatment program or to employment if the amount of the total period of suspension which has expired is less than 90 days. Any such license or permit issued shall remain restricted until the amount of time the license or permit was actually suspended plus the amount of time the restricted license or permit has been issued equals a minimum of 90 days.

Sec. 6. 29 MRSA §1312-D, sub-§4, is amended to read:

4. Special restricted license for participation in programs. Notwithstanding any other provisions of law, the Secretary of State may issue a temporary restricted license to a person suspended under section 1312-B for the purpose of allowing that person to participate in the alcohol and other drug education evaluation and treatment program ~~of~~ administered by the Department of Human Services as defined in Title 22, chapter 1602, or in any other program under subsection 2 or 3.

Sec. 7. 34-A MRSA §5405 is enacted to read:

§5405. Probation subject to alcohol and other drug education, evaluation and treatment program for multiple offenders.

1. Department of Human Services. Notwithstanding section 5404, subsection 3, the Department of Human Services shall supervise the probation of all clients of the alcohol and other drug education, evaluation and treatment program, as defined in Title 22, chapter 1602, whose sentence under Title 29, section 1312-B is suspended, in whole or in part, subject to the conditions imposed under title 17-A, section 1204, subsection 2-A, paragraph M, by Title 22, chapter 1602.

A. The Department of Human Services shall report to the Division of Probation and Parole monthly concerning each client of the alcohol and other drug education, evaluation and treatment program. The report must indicate whether the client is complying with the conditions of probation imposed by Title 22, chapter 1602. The report must also include any other information the Division of Probation and Parole is required to compile under this subchapter.

B. The Department of Human Services shall report to the Division of Probation and Parole when any client of the alcohol and other drug education, evaluation and treatment program fails to comply with the conditions of probation imposed by Title 22, chapter 1602. The report must contain all relevant facts concerning the violation of probation conditions.

2. Division of Probation and Parole. The Division of Probation and Parole, in supervising the probation of clients of the alcohol and other drug education, evaluation and treatment program, may accept the reports the Department of Human Services submits, along with review of those reports, as fulfilling the requirements under section 5404, subsection 3, for those clients.

3. Violation of probation conditions. Clients of the alcohol and drug education, evaluation and treatment program who violate conditions of probation are subject to Title 17-A, Chapter 49.

Sec. 8. 29 MRSA §1312-D, sub-§6, is repealed.

Sec. 9. Allocation. There is allocated from the Other Special Revenue Fund accruing to the division of Driver Education Evaluation Programs for the fiscal years ending June 30, 1988 and June 30, 1989 the following sums:

	1987-88	1988-89
HUMAN SERVICES, DEPARTMENT OF		
Office of Alcoholism and Drug Abuse Prevention		
Division of Driver Education Evaluation Programs		
First Offender Program		
Positions-Legislative Count	(5)	(6)
Personal Services	$130,301	$162,684
All Other	----	----
Capital Equipment	11,550	6,450
Total	$141,851	$169,134

This allocation is made solely to replace positions and funds eliminated by the Department in its Part I Budget request and only to the extent that revenues are available from the increase in fees established in §7203 sub-§1. It is legislative intent that the total position count for this program shall not exceed that in existence as of January 1, 1987.

Sec. 10. Allocation. There is allocated from the Other Special Revenue Fund accruing to the division of Driver Education Evaluation Programs for the fiscal years ending June 30, 1988 and June 30, 1989 the following sums:

Multiple Offender Program

Positions	(4)	(4)
Personal Services	$ 81,230	$ 88,743
All Other	256,570	269,909
Capital Equipment	11,850	---
Total	$349,650	$358,652

This allocation is made from revenues obtained by the fee established in §7203 sub-§2. It is legislative intent that the Multiple Offender Program be considered separate and distinct from the First Offender Program.

FISCAL NOTE

If judges place OUI offenders on probation with conditions that the offenders satisfactorily participate in DEEP there will be added costs to Probation and Parole for supervision of probation, as well as extra costs to the Division of Driver Education Evaluation Program. The amount of the costs will depend on how may judges utilize the program as a part of probation and how the two divisions divide up the day-to-day tasks involved in the supervision of such probation. The amount of these costs cannot be estimated at this time.

STATEMENT OF FACT

This legislation is the result of the study, authorized by the Legislative Council, conducted by the Joint Standing Committee on Human Resources to evaluate the Driver Education Evaluation Program (DEEP) for OUI offenders.

This bill recognizes, in statute, the existing Division of Driver Education Evaluation Program and the DEEP. The study determined that the DEEP program did not adequately address the problem of OUI multiple-offenders. It creates a special program for people who are convicted of OUI more than once within six years. It establishes a weekend intervention program to specifically address the offender who will not admit that he or she has a substance abuse problem.

The bill, without amending the substantive OUI laws, inserts into the chapter containing the OUI statutes a statement of legislative policy and intent. The statement clarifies that the mandatory minimum sentences are not intended to be interpreted as maximum sentences as well. The Legislature, in creating the crime of operating under the influence, determined that such behavior was serious enough to warrant being classed as a Class D crime. Mandating minimum sentences was the Legislature's method of ensuring that sentences would not be suspended, except in certain first-offense cases, and that a minimum period of incarceration would be required on a base period of incarceration of all offenders.

The statement of intent also clarifies that education, evaluation and treatment are very important in dealing with OUI offenders and in eliminating the danger they cause by their operating under the influence. The Legislature encourages judges to consider using DDEEP's programs for first-offenders and multiple-offenders when imposing probation in appropriate circumstances. The Division of Probation and Parole and the Division of Driver Education Evaluation Program shall coordinate with each other in supervising probation which includes participation in DEEP.

The bill increases the fee for all OUI offenders. The fees are increased to (1) pay for the program, and (2) provide a small fund which can be used to subsidize the fees of indigent offenders who have had their fine waived by the judge. A separate fee is established to pay for the increased cost of the multiple-offender program.

The bill also establishes continuing education requirements for treatment providers and evaluators. This requirement will help provide some quality control over the service providers.

7381