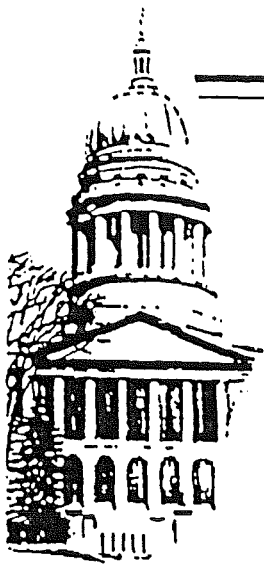


# MAINE STATE LEGISLATURE

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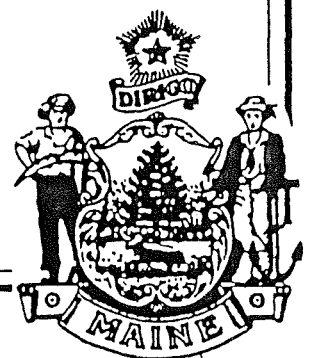
# Review of

DRIVER EDUCATION AND  
EVALUATION PROGRAMS

## Joint Standing Committee on Audit and Program Review

1991 - 1992

Volume 1 of 3





SENATE

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JOHN J. CLEVELAND, DISTRICT 22  
DONALD L. RICH, DISTRICT 27

STAFF

OFFICE OF FISCAL AND PROGRAM REVIEW  
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STATE OF MAINE  
ONE HUNDRED AND FIFTEENTH LEGISLATURE  
COMMITTEE ON AUDIT AND PROGRAM REVIEW

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April 30, 1992

The Honorable Charles P. Pray, Chair  
The Honorable Dan A. Gwadosky, Vice-Chair  
Members of the Legislative Council:

Pursuant to 3 M.R.S.A. §925, we are pleased to submit to the Legislature the final findings and recommendations required to implement the Committee's 1991-1992 study of the following agencies:

- Department of Agriculture, Food and Rural Resources
- State Planning Office
- Department of Secretary of State
- Local Government Records Board
- Driver Education and Evaluation Programs
- Maine Educational Loan Authority
- Board of Registration for Land Surveyors
- Capitol Planning Commission
- State Lottery Commission
- Maine High-Risk Insurance Organization
- Department of Public Safety
- Department of Transportation
- Board of Registration of Professional Engineers
- Maine State Pilotage Commission

In addition to the diligent work of the Committee members, we would like to particularly thank the adjunct members who served on our subcommittees from other Joint Standing Committees and the many agency staff and public who assisted the Committee in its deliberations. Their expertise enriched and strengthened the review process.

The Committee's recommendations will serve to improve state agency performance and efficiency by increasing management and fiscal accountability, resolving complex issues, clarifying Legislative intent, and increasing Legislative oversight. We invite questions comments and input regarding any part of this report.

Sincerely,

Handwritten signature of Beverly M. Bustin in cursive.  
Beverly M. Bustin  
Senate Chair

Handwritten signature of Phyllis R. Erwin in cursive.  
Phyllis R. Erwin  
House Chair



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# Committee Organization

## AUDIT & PROGRAM REVIEW SUBCOMMITTEE #1 Review Assignment

- Department of Agriculture, Food, and Rural Resources;
- State Planning Office;
- Department of Secretary of State
  - Office of the Secretary of State;
  - Maine State Archives;
  - Bureau of Corporations, Elections, and Commissions;
- Local Government Records Board;
- Driver Education and Evaluation Programs;
- Maine Educational Loan Authority;
- Board of Registration for Land Surveyors;
- Capitol Planning Commission; and
- State Lottery Commission.

### MEMBERS:

**Senator Beverly M. Bustin, Chair**  
**Senator John Cleveland**  
**Senator Donald Rich**  
**Representative Phyllis Erwin, Chair**  
**Representative Beverly Daggett,**  
**Subcommittee Chair**  
**Representative John Aliberti**  
**Representative Catharine Lebowitz**  
**Representative Wesley Farnum**

### ADJUNCT MEMBERS:

**Representative Carolyn Mahany**  
Joint Standing Committee on  
Agriculture  
**Senator Georgette Berube**  
Joint Standing Committee on State  
and Local Government  
**Representative Carl Sheltra**  
Joint Standing Committee on  
Business Legislation





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# The Committee Process

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The Joint Standing Committee on Audit & Program Review was created in 1977 to administer Maine's Sunset Act which "provides for a system of periodic justification of agencies and independent agencies of State Government in order to evaluate their efficacy and performance " [3 MRSA Ch. 33 §921 et. seq.]. To carry out its mandate, the goal of the Audit Committee is to increase governmental efficiency by recommending improvements in agency management, organization, program delivery, and fiscal accountability.

The Committee process unfolds in five distinct phases:

## **PHASE ONE: RECEIPT OF PROGRAM REPORTS**

The law requires that agencies due for review must submit a Program Report to the Committee. The Program, or Justification, Report prepared by the agency provides baseline data used to orient staff and Committee to the agency's programs and finances.

## **PHASE TWO: REVIEW BEGINS**

At the start of each review, the Committee Chairs divide the full Committee into subcommittees, appoint subcommittee chairs, and assign each subcommittee responsibility for a portion of the total review. Each subcommittee is augmented by at least one member from the committee of jurisdiction in the Legislature; i.e. the subcommittee reviewing Maine's Department of Agriculture, Food and Rural Resources will include a member of the Agriculture Committee.

## **PHASE THREE: SUBCOMMITTEE MEETINGS**

The subcommittees created by the Committee meet frequently when the Legislature is in session and every three to four weeks to between the sessions to discuss issues regarding the agency and to make recommendations for change. Staff prepares material for the subcommittee's deliberation and presents it to the subcommittee in one of several forms; as an option paper, discussion paper, or information paper. The Committee has found that these formats facilitate its process by accurately describing the topic for discussion and the points necessary for expeditious decision-making. These subcommittee meetings are not formal hearings but are open to the public and are usually well attended by interested parties. The subcommittees conduct their business in an open manner, inviting comment, and providing a forum for all views to be heard and aired.

#### **PHASE FOUR: FULL COMMITTEE MEETINGS**

The full Audit & Program Review Committee considers the recommendations made by each subcommittee. These meetings are another opportunity for the public to express its views.

#### **PHASE FIVE: THE LEGISLATURE**

Following the full Committee's acceptance of subcommittee recommendations, Committee staff prepare a text and draft a bill containing all the Committee's recommendations for change. The Committee introduces this bill into the Legislative session in progress and the legislation is then referred to the Audit & Program Review Committee. As a final avenue for public comment prior to reaching the floor, the Committee holds public hearings and work sessions on all its recommendations. After the Committee concludes final deliberations and amendments, the bill is amended and placed on the calendar for consideration by the entire Legislature.

# Summary of Recommendations

The Committee makes both Statutory and Administrative recommendations. In some instances, the Committee will issue a Finding which requires no action but which highlights a particular situation. The Committee's bill consists of the Statutory Recommendations. Administrative recommendations are implemented by the agencies under review without statutory changes. A simple listing of the Committee's recommendations and findings appears here. Narratives describing the background and rationale for these proposed changes appear throughout the report.

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STATUTORY            1.            Continue the Driver Education and Evaluation/Safety Training Operating-Under-the-Influence Programs under the provisions of the Maine Sunset Law.

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STATUTORY            2.            Change the currently named Safety Training Operating-Under-the-Influence Programs to its former title of Driver Education and Evaluation Programs.

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ADMINISTRATIVE    3.            Initiate contact with identified OUI clients through the use of a nontechnical letter of explanation of DEEP and the steps that clients have to follow.

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ADMINISTRATIVE 4. Revise the confidential information release forms to clearly indicate that clients have the option of not signing them and to provide appropriate locations for necessary signatures.

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STATUTORY 5. Authorize a waiver procedure by which teen clients, on a case-by-case basis, can be allowed by DEEP to use the same service provider for evaluation and treatment.

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STATUTORY 6. Restore the previous requirement that multiple offenders under the age of 21 be required to attend the Weekend Intervention Program.

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STATUTORY 7. Decrease the certification period for individual providers to 2 years to achieve consistent lengths of certification for individual providers and agencies.

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STATUTORY 8. Clarify that the certification process administered by the Office of Substance Abuse to approve agencies as approved treatment facilities should incorporate the process for becoming an approved DEEP service provider.

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ADMINISTRATIVE 9. Wherever practical, standardize parts of the Policy and Procedure Manual for convenient adoption by all DEEP approved service providers.

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FINDING 10. The Committee finds that at least one of the DEEP positions used for case management should be a Licensed Substance Abuse Counselor.

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ADMINISTRATIVE 11. Revise the job descriptions for the classifications used to accomplish DEEP case management responsibilities to specify licensure as a Substance Abuse Counselor as a job requirement.

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STATUTORY 12. Replace the current factors used to identify aggravated OUI first offenders with the results of the SALCE assessment instrument.

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STATUTORY 13. Authorize two additional positions for DEEP to provide adequate case management services for DEEP clients.

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FINDING

14.

The Committee finds that there is a continuing need for the existing statutory requirement that a client must obtain a second opinion before appealing a decision regarding completion of, or need for, treatment.

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STATUTORY

15.

Delay repeal of the DEEP Board of Appeals for one year.

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STATUTORY

16.

Require the DEEP Board of Appeals to report to the Joint Standing Committees on Audit and Program Review and Human Resources on its activities by April 1, 1993.

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FINDING

17.

The Committee finds that DEEP should not continue to approve the use of non-approved service providers for clients in the Teen, First Offender, and Multiple Offender Programs.

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ADMINISTRATIVE

18.

Require that service providers must justify to DEEP any extension of treatment which goes beyond thresholds which are based on existing guidelines.

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ADMINISTRATIVE 19. Provide clients with a list of approved service providers which clearly indicates which providers offer either a sliding or reduced fee based on a client's income.

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ADMINISTRATIVE 20. Conduct a study of the issue of fees charged by approved service providers. Submit a report with any subsequent recommendations by May 1, 1993 to the Joint Standing Committees on Audit and Program Review and Human Resources.

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STATUTORY 21. Require that funds appropriated to the Office of Substance Abuse not be less than the funds generated by DEEP. Also, require that DEEP be funded at the level needed to provide the required services to all clients in a timely manner.

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**SAFETY TRAINING, OPERATING-  
UNDER-THE-INFLUENCE/**

**DRIVER EDUCATION AND EVALUATION PROGRAMS**

**PURPOSE**

The former Safety Training Operating-Under-the-Influence (STOUIP), recently restored to its original title as Driver Education and Evaluation Programs (DEEP), has the purpose of administering state mandated programs which are designed to provide appropriate levels of intervention to people whose drivers' licenses have been suspended for operating a motor vehicle under the influence of alcohol or other drugs. Intervention is provided through the use of education, preliminary assessment, evaluation, and treatment for people that have had their drivers licenses suspended by the Secretary of State or a court for operating a motor vehicle under the influence of alcohol or other drugs. The various programs administered by DEEP correspond to different categories of OUI offenders. Similarly, in responding to a particular category of OUI offenders, each DEEP program includes a set of requirements which correspond to the degree of intervention which is determined to be necessary for a particular client.

**RESPONSIBILITIES UNDER CURRENT LAW**

DEEP is authorized by Maine law (5 MRSA §§20071-20078) as the state agency which administers a series of mandated alcohol/drug education, evaluation, and treatment programs. Each DEEP client is required by current law [5 MRSA §20071 (4)] to satisfy certain criteria. Successful completion of these criteria is referred to as "completion of treatment". These criteria are as follows:

- a client's acknowledgement of the extent of his or her alcohol or drug problem;
- a demonstrated ability to refrain from the use of alcohol and drugs; and
- willingness to pursue voluntary treatment or to participate in an appropriate self-help group.

**CURRENT PROGRAMS**

The various DEEP programs currently authorized by law are described in detail later in this report. A brief description of each program is as follows:

- 
- Adult First Offender - required for clients over the age of 21 without a previous OUI offense. First Offender clients must take and complete an assessment test. The results of this assessment may recommend that the client obtain further evaluation and treatment services;
  - First Offenders Under 21 Years of Age - required for first time OUI offenders under the age of 21. All "teen" clients are required to successfully complete educational and assessment components. Clients in need of additional services may be required to complete evaluation and treatment components;
  - First Offender with an Aggravated Operating-Under-the-Influence offense and Multiple Offenders Program - required for aggravated first offenders and for clients who have had more than one OUI offense in the past 6 years. Aggravated-first offenders is a new category for first offenders whose OUI offense had one or more of the following circumstances:
    - had a Blood Alcohol level of .15 or more;
    - was driving at more than 30 MPH above the speed limit during the operating-under-the-influence incident;
    - eluded, or attempted to elude, a law enforcement officer during the operating-under-the-influence incident; or
    - refused to submit to a BAL test at the request of a law enforcement officer after a operating-under-the-influence incident which resulted in conviction;

This program requires attendance in a residential program consisting of at least 22 hours which includes education, assessment, and evaluation. Like the TEEN programs, the results of the evaluation component from this program may prescribe further treatment outside of the initial 22 hour residential component; and

- Non - Driver - the final program expressly authorized by law is the Non-Driver program which allows clients who have either received appropriate treatment subsequent to the date of the most recent offense, or are currently in treatment, to forgo the requirements for education, preliminary assessment, and evaluation.

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In brief, upon a client's satisfactory completion of the required (or Non-Driver) program, DEEP certifies the same to the Secretary of State who in turn restores the individual's license.

In addition to the aforementioned responsibilities of DEEP, there are several other important institutional components:

- in 1987, the Legislature authorized a Board of Appeals and a process by which a DEEP client could appeal certain decisions made by DEEP. This Board, consisting of 3 members appointed by the Governor, was discontinued on 8/1/90. However, the Board was reestablished by Public Law 1991, Chapter 601. During the interim period, DEEP clients could appeal any DEEP decision to the Office of Administrative Hearings within the Department of Human Services; and
- DEEP has the statutory (5 MRSA §20075) responsibility to certify all providers of the evaluation, intervention, and treatment components of the various DEEP programs. Currently, the Office of Substance Abuse, of which DEEP is a part, administers the certification process for agencies (2 year time periods) and individual practitioners (3 year time periods).

#### HISTORY

A brief history of DEEP is as follows:

- 1972 - a pilot project called the Alcohol Safety Action Program (ASAP) was established in York and Cumberland Counties;
- 1974 - ASAP was renamed as the Driver Rehabilitation Course (DRC) and was established as a statewide program located within the Division of Motor Vehicles, Secretary of State;
- 1977 - DRC was transferred to the Office of Alcohol & Drug Abuse Prevention within DHS and was renamed as the Driver Education and Evaluation Programs (DEEP);
- 1984 - As a result of organizational restructuring, DEEP was organized as a Division (DDEEP);
- 1984 - In cooperation with the Department of Corrections, DDEEP established the DEEP-Teen Program for first time OUI offenders under the age of 21;

- 
- 1986 - Through the use of federal funds, a pilot multiple offenders program was established in Portland and Augusta;
  - 1986 - As a result of a study conducted by the Joint Standing Committee on Human Resources. The following changes were made in DDEEP:
    - established the Multiple Offender Program as a statewide program;
    - Established the Non-Driver option;
    - to avoid potential conflict of interest, the evaluation and treatment of a single client by the same providers was prohibited;
    - a statutory definition of "Completion of Treatment" was created;
    - DDEEP was given responsibility for certifying community based service providers;
    - a fee waiver for indigent clients was established for the First Offender Program;
    - courts were mandated to refer multiple offenders to the Multiple Offender Program; This requirement could be waived if the client had completed appropriate treatment;
    - community based service providers were authorized to recommend work restricted drivers licenses, and the revocation of the same, for their clients;
    - funding for DDEEP was changed from Dedicated Revenues (client fees; self supporting) to General Fund (client fees deposited to the General Fund).
  - 1987 - a DEEP Board of Appeals was created by which any DEEP client could appeal certain DDEEP actions;
  - 1988 - In a study of the Alcohol and Drug Abuse Planning Committee, the Joint Standing Committee on Audit & Program Review recommended that DDEEP promulgate rules to cover specific areas of programs operation;
  - 1988 - a fee waiver for indigent clients in the Multiple Offender Program was statutorily established;

- 
- 1990 - the DDEEP statutes were amended to allow first time offenders to participate in the Multiple Offender program if evaluation was required; and
  - 1991 - During the first regular session, the 115th Legislature took the following actions:
    - transferred DDEEP from the Office of Alcohol and Drug Abuse Prevention in the Department of Human Services to the Office of Substance Abuse in the Executive Department (PL 1991, Ch 601);
    - established that DDEEP will provide each first offender adult client with a clear written and oral explanation of the client's rights and responsibilities under the program, as well as the availability of the special license discussed in the next paragraph; and
    - established that first time offender clients who had successfully completed the educational and assessment components and served the suspension period, could be provided with a special drivers license which is conditioned on the successful completion of the other components of the DDEEP program if so required. The same statutory change also established that the special license would be revoked by the Secretary of State, if the client had not successfully completed the DDEEP program within 6 months of receiving the special license (PL 1991, Ch 516).
  - 1991 - During its second special session in December of 1991, the 115th Legislature took the following actions (PL 1991, ch. 622):
    - a vacant Alcohol Rehabilitation Counselor II position was eliminated for a savings of \$29,723 to the General Fund. This position, which functioned as the Case Manager for the Multiple Offender Program, was vacant since 8/9/91;
    - the title of the division and its programs was changed from "Driver Education and Evaluation Programs" (DEEP) to "Safety Training Operating-Under-the-Influence Programs" (STOUIP);
    - a new category of OUI offenders was created; that of "first offender with an aggravated operating-under-the-influence offense." This

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new category is defined as any person with a first time operating-under-the-influence offense with one or more of the following circumstances:

- had a Blood Alcohol Level of .15 or more;

- was driving at more than 30 MPH above the speed limit during the operating-under-the-influence incident;

- eluded, or attempted to elude, a law enforcement officer during the operating-under-the-influence incident; or;

- refused to submit to a BAL test at the request of a law enforcement officer after the operating-under-the-influence incident;

- the new category of first offenders with an aggravated operating-under-the-influence offense requires that all clients in this category must participate in the Multiple Offenders Program;

- All other Adult First Offenders are required to take an assessment at a cost of \$105. In essence, the new aggravated First Offender requirements (WIP program) and the new First Offender requirements (assessment) replaced the former Adult First Offender Program (DAFOP) which required assessment, 9 classroom hours and, if necessary, evaluation and treatment.

The new assessment requirement for Adult First Offenders is without the classroom, evaluation, and treatment requirements. After paying the fee of \$105 and completing the assessment, the Adult Non-aggravated First Offender client will be done with DEEP requirements. The assessment may recommend evaluation and treatment but these decisions are up to the client. The \$105 fee is unchanged from the amount charged for the more extensive, former Adult First Offender Program; however, the \$105 fee used to pay for assessment and education, now it pays only for assessment;

- The fee that can be charged for the Multiple Offender Program was increased from \$350 to \$425. This same fee is also charged for Aggravated First Offenders who are now required to take the Multiple Offender (or WIP) program;

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- An administrative fee charged for those clients who are Non-Driver participants was set at \$50. Prior to October 17, 1991 there had been a \$25 administrative fee for non-Driver clients but this statutory authority had been inadvertently discontinued when DEEP was transferred from the Department of Human Services to the Office of Substance Abuse;

- The registration fee limit for the TEEN program was increased from \$105 to \$150;

- Under the new law, aggravated first offenders are able to receive a special drivers license after the evaluation component has been successfully completed; and

- A total of \$28,400 was identified as salary savings and was deappropriated from DEEP. This same amount was reappropriated to All Other for the Office of Substance Abuse;

As a consequence of these statutory changes, several other changes took place:

- elimination of 2 positions. The DEEP Director position was laid off. The incumbent in this position "bumped" into the position of Substance Abuse Division Director within the Office of Substance Abuse. However, that position is currently (April 1992) functioning as Director of DEEP. The other position which was laid off is the Case Manager for the Adult First Offender Program. The former Director of the Adult First Offender Program assumed the case management duties of this position. The purpose in laying off these positions was to use salary savings to fund the increased operating costs of the Weekend Intervention Program as described in the following paragraphs;

- the Office of Substance Abuse disencumbered contracts valued at about \$50,000 which were held with individuals who taught in the former First Offender Program; and

- as mentioned previously, the present Multiple Offender Program has been expanded to include all Aggravated First Offender clients. This change will require an additional 12 weekend programs to be scheduled for the time period of February to June of 1992. These 12 additional programs will require existing contracts with WIP providers to be amended to pay an



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additional \$58,600 and also require 22 new contracts to be made at a cost of \$50,200.

- 1992 - The Second Regular Session of the 115th Legislature also took several actions which will have a direct fiscal impact on DEEP:

- first, to provide funds necessary to run the increased number of Weekend Intervention Programs for fiscal year 1992, the Legislature deappropriated \$22,900 in Personal Services for DEEP and reappropriated that same amount for All Other (P&SL 109). The former Personal Services appropriation represented the funds available as a consequence of the previously mentioned lay offs. Prior to Private and Special Law 109, DEEP had not been able to use these moneys to fund all of the additional Weekend Intervention Programs and had canceled three of them; and

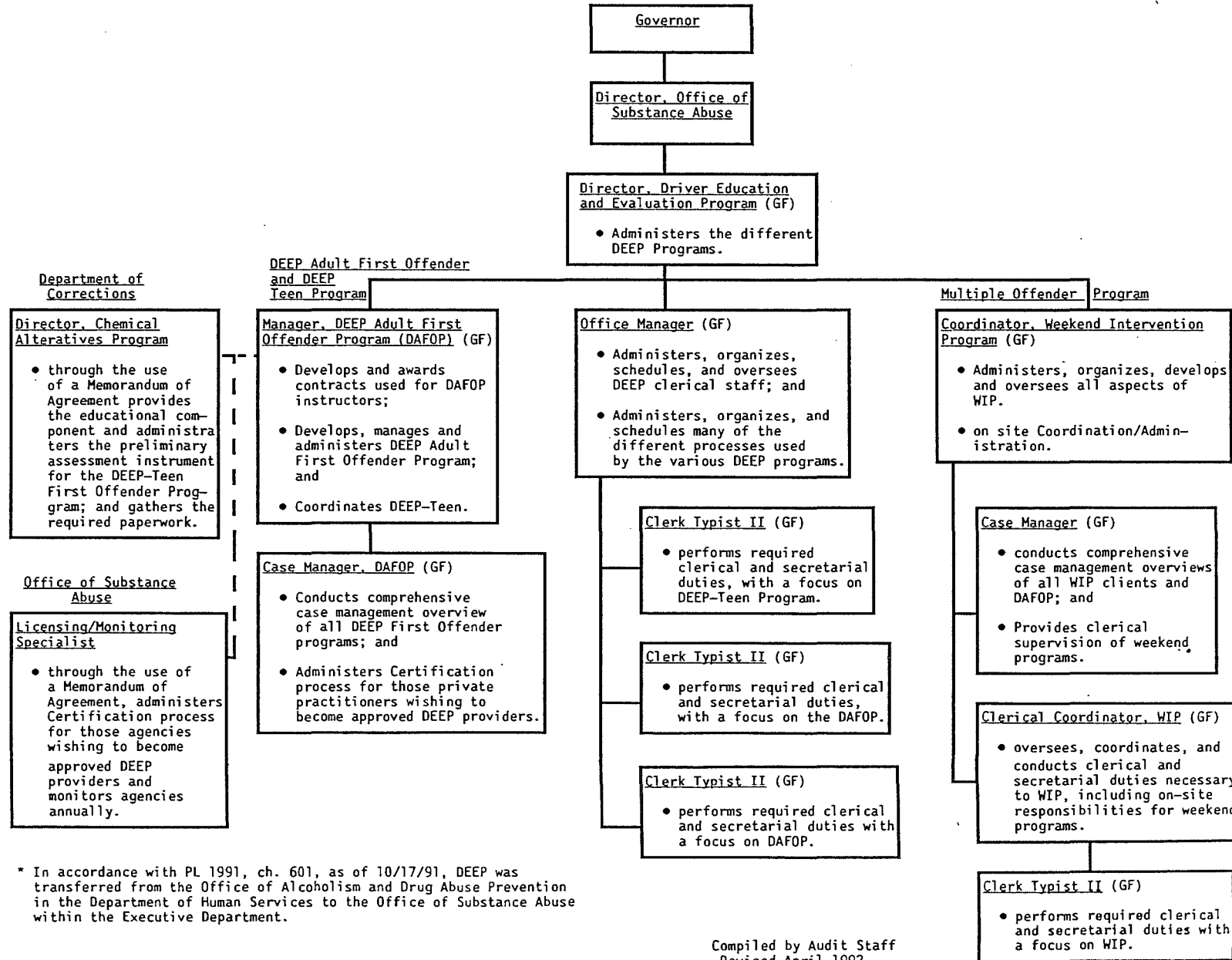
- second, in Public Law 780, in response to the State's severe revenue shortfall, the Legislature deappropriated \$90,545 in Personal Services for DEEP in fiscal year 1993. As with the earlier salary savings, DEEP had hoped to receive legislative authorization to use these funds to provide the additional Weekend Intervention Programs which DEEP clients will need to take to complete the program and get their driver's licenses back. At the time this report was being finalized (April 1992) it was not clear how this \$90,000 shortfall in operating expenses for fiscal year 1993 was going to be covered.

#### **METHOD OF OPERATION**

As its primary method of operation, DEEP makes use of non-state employee service providers to deliver classroom instruction, assessment, evaluation, and treatment. In essence, the current DEEP office staff works to:

- administer the DEEP process as it relates to each client;
- provide case management for each client; and
- respond to queries, complaints, and problems concerning DEEP clients.

CHART 1  
OFFICE OF SUBSTANCE ABUSE  
DRIVER EDUCATION AND EVALUATION PROGRAMS\*  
Prior to PL 1991, ch. 622  
Organizational Structure, Position Count and Working Titles,  
Duties, and Funding Source



\* In accordance with PL 1991, ch. 601, as of 10/17/91, DEEP was transferred from the Office of Alcoholism and Drug Abuse Prevention in the Department of Human Services to the Office of Substance Abuse within the Executive Department.

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## ORGANIZATION

As mentioned earlier, DEEP has been the subject of a number of reorganizations during its relatively short history. To accurately reflect the most recent programmatic, organizational, and staffing changes that have affected DEEP within the past year, the Committee made use of two organizational charts which are included in this report:

- Chart 1 shows DEEP as it existed prior to Public Law 1991, chapter 622. (The Committee noted that at the beginning of the review, DEEP was located within the Office of Alcoholism and Drug Abuse Prevention in the Department of Human Services. DEEP was transferred from the Department of Human Services to the Office of Substance Abuse by Public Law 1991, chapter 601 which took effect on October 17, 1991);
- Chart 2 shows DEEP after the provisions of Public Law 1991, chapter 622 took place on December 23, 1991.

## STAFFING

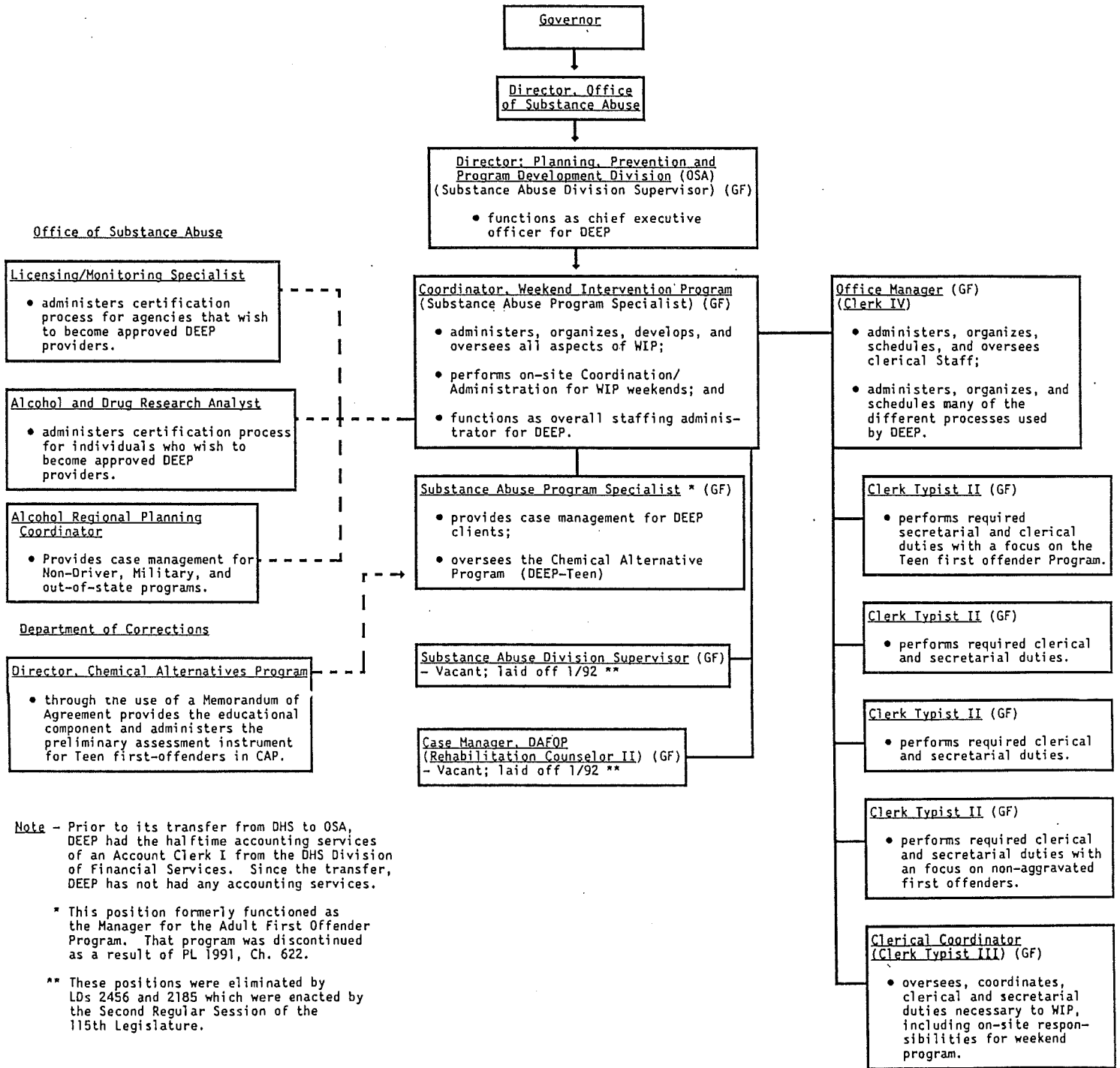
Chart 2 also shows the relatively simple manner in which the agency is internally organized and staffed. As mentioned previously, DEEP is currently headed by a Substance Abuse Division Supervisor who reports to the Office of Substance Abuse Director who in turn reports to the Governor.

DEEP is organized in a manner which corresponds to the various programs it has been mandated to administer. The Multiple Offender program, which is also referred to as the Weekend Intervention Program (WIP), is headed by a Coordinator. From a previous total of three case manager positions, DEEP now has one remaining Case Manager position. The incumbent in this position was formerly the DAFOP Manager and consequently still oversees the TEEN program.

In addition, DEEP has a small organizational unit of support staff who work for all the DEEP programs. The support staff unit is headed by a Office Manager (Clerk IV) who also reports directly to the WIP Coordinator.

CHART 2  
OFFICE OF SUBSTANCE ABUSE  
DRIVER EDUCATION AND EVALUATION PROGRAMS

Subsequent to PL 1991, ch. 622  
Organizational Structure, Position Count  
and Working Titles, Duties, and  
Funding Source



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## FUNDING AND EXPENDITURES

As mentioned previously, DEEP has been funded by the General Fund since 1986. Up until that date, DEEP was funded through its own dedicated revenue account which depended on fees from DEEP programs as its principal revenue.

Since 1986, fees for DEEP programs are deposited into the General Fund and funding is appropriated by the Legislature. Although DEEP is a General Fund Agency, there appears to be an expectation that DEEP would generate revenues which were equal to appropriated expenditures. Up until recently, this had not been true for a number of years. Most recently, because of the significant fee increases authorized by Public Law 1991, chapter 622, it is projected that actual DEEP revenues for Fiscal Year 1992 will exceed expenditures by approximately \$200,000 and even more for Fiscal Year 1993. In previous years, DEEP has needed yearly General Fund "subsidies " of up to \$200,000.

In recent years, DEEP has had the following appropriations:

FY 89	\$ 995,604
FY 90	1,014,775
FY 91	1,027,181
FY 92	835,875
FY 93	826,347

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STATUTORY	1.	Continue the Driver Education and Evaluation/Safety Training Operating-Under-the-Influence Programs under the provisions of the Maine Sunset Law.
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STATUTORY	2.	Change the currently named Safety Training Operating-Under-the-Influence Programs to its former title of Driver Education and Evaluation Programs.
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After completing a lengthy and comprehensive review of DEEP, much of which will be detailed later in this report, the Committee has made recommendations which are designed to provide more appropriate and efficiently administered education, evaluation, and treatment programs for OUI clients.

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In particular, the first two recommendations have the purpose of continuing the DEEP program and restoring it to its former, more familiar, title as "Driver Education and Evaluation Programs.

Therefore, the Committee recommends that the Driver Education and Evaluation/Safety Training Operating-Under-the-Influence Programs be continued under the provisions of the Maine Sunset Law. In addition, the Committee recommends that current law be amended to change the currently named Safety Training Operating-Under-the-Influence Programs to its former title of Driver Education and Evaluation Programs.

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ADMINISTRATIVE 3. Initiate contact with identified OUI clients through the use of a nontechnical letter of explanation of DEEP and the steps that clients have to follow.

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During its extensive review of DEEP the Committee devoted a considerable amount of time to examining the processes used by the various programs administered by DEEP. The Committee found that the process for each program is initiated through the following sequence:

1. OUI offense occurs;
2. Secretary of State administratively suspends the drivers' license for that individual; the individual is notified of the suspension by letter from the Secretary of State. That same letter also informs the individual that they will need to take a DEEP program and that it is their responsibility to contact DEEP to start that process; and
3. individual contacts DEEP for information and registration purposes.

The Committee found that this process is lacking a necessary contact from DEEP to the client. The Committee concluded that client understanding, as well as increased rates of participation, would likely take place if DEEP were to initiate contact with the client through the use of a letter which explains in nontechnical terms the DEEP requirements and what steps the client needs to take to comply.

Therefore, to improve client understanding and rates of

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participation, the Committee recommends that DEEP initiate contact with identified OUI clients through the use of a nontechnical letter of explanation of DEEP and the steps that clients have to follow.

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ADMINISTRATIVE 4. Revise the confidential information release forms to clearly indicate that clients have the option of not signing them and to provide appropriate locations for necessary signatures.

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Each of the DEEP programs make use of confidential information release forms which are provided to all clients. If the client chooses to sign the form, he or she is authorizing DEEP to share necessary client documents with the Secretary of State and approved service providers.

Upon review of the form (RAS-9A) in use as of February 1992, the Committee found that that form did not include a clearly worded statement at the beginning of the form which explicitly states the client's right not to sign this form. The Committee finds that clients need to clearly understand their rights under federal and state law to refuse to release all confidential information.

Similarly, the Committee also noted that the confidential information release form being used by DEEP did not include specific signature lines by which the client could clearly indicate his or her authorization to release confidential information to different parties.

Therefore, to provide clients with a clear opportunity to decide on the release of their own confidential material, the Committee recommends that DEEP revise the confidential information release forms to clearly indicate that the clients have the option of not signing them and to provide appropriate locations for necessary signatures.

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STATUTORY 5. Authorize a waiver procedure by which teen clients, on a case-by-case basis, can be allowed by DEEP to use the same service provider for evaluation and treatment.

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Current law (5 MRSA §20074) prohibits a DEEP approved service provider from providing both evaluation and treatment to the same client. This provision was originally enacted in 1987 in response to a widely held concern that some DEEP service providers were using evaluations to refer clients to treatment with the knowledge that many of those clients would have to return to that same service provider for treatment. Thus, it was alleged that clients in this situation were "captive" to a particular service provider, and may have been referred for treatment simply to ensure continued income for that service provider.

The Committee noted that this statutory provision was designed to address those DEEP programs which included evaluation and treatment as possible components to be delivered by approved service providers. The Committee further noted that the largest such DEEP program, the former Adult First Offender Program, was discontinued as a result of Public Law 1991, chapter 622 which took effect on December 23, 1991. The one remaining DEEP program which included the possible evaluation/treatment sequence is the Teen Program, which out of a total of 684 clients, had 118 (17%) clients finally referred for treatment.

The results of the Committee's survey of Teen clients indicated that of those clients who responded to the survey and had been referred for treatment, 39% would have chosen to use their evaluator for treatment; 34% said they wouldn't and 25% were not sure. (The Committee also noted similar results to the same question for the defunct Adult First Offender Program: 42% would have used their evaluator for treatment, 42% would not have, and 7% were not sure.)

Upon final consideration, the Committee found that the existing DEEP staff could effectively review individual requests by the relatively small number of Teen clients who might wish to receive treatment from their evaluator. Each request could be reviewed for appropriateness and justifiable therapeutic reasons as to why a client might benefit from being able to receive treatment from their evaluator. The Committee concluded that the current prohibition on a DEEP client receiving treatment from his or her evaluator was in response, to some degree, to the much larger population of the former DAFOP program.

Therefore, to allow the possibility of teen clients receiving treatment from their evaluator in a controlled process which will ensure an appropriate and justifiable treatment process, the Committee recommends that current law be amended to authorize a waiver procedure by which teen clients, on a case-by-case basis, can be allowed by DEEP to use the same service provider for evaluation and treatment.



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STATUTORY

6.

Restore the previous requirement that multiple offenders under the age of 21 be required to attend the Weekend Intervention Program.

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Prior to the effective date (12/23/91) of Public Law 1991, chapter 622, Maine Law [5 MRSA §20073 (5)] required that multiple offenders under the age of 21 had to attend the Weekend Intervention Program. Upon review, the Committee found that Public Law 1991, chapter 622 had repealed section 20073 and replaced it with section 20073-A. The Committee noted that section 20073-A had inadvertently failed to include the aforementioned former subsection 5 of 20073.

The Committee found that legislative intent continues to favor the requirement that multiple offenders under the age of 21 must attend the Weekend Intervention Program. Therefore, the Committee recommends that current law be amended to restore the previous requirement that multiple offenders under the age of 21 be required to attend the Weekend Intervention Program.

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STATUTORY

7.

Decrease the certification period for individual providers to 2 years to achieve consistent lengths of certification for individual providers and agencies.

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Current law (5 MRSA §20075) requires that all providers of evaluation, treatment, and intervention for the DEEP program must be certified by the Office of Substance Abuse of which DEEP is a part. This law also stipulates that individual providers are certified for 3 year periods, whereas agencies are certified for 2 year periods.

Upon review of this statutory provision, the Committee was unable to ascertain exactly what the rationale was for the differing lengths in certification periods. The Committee found that both individuals and agencies should have the same length of certification. A uniform certification period will help to promote the more efficient use of current Office of Substance Abuse staff, and in the case of individual providers, increase oversight and accountability of these service providers.

Therefore, to establish a uniform certification period for all DEEP service providers and to maximize the effective use of existing Office of Substance Abuse certification staff, the

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Committee recommends that current law be amended to decrease the certification period for individual providers to 2 years.

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STATUTORY            8.            Clarify that the certification process administered by the Office of Substance Abuse to approve agencies as approved treatment facilities should incorporate the process for becoming an approved DEEP service provider.

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During its review of DEEP, the Committee spent a significant amount of time in discussing the current certification process used to approve DEEP service providers. As a result of its examination of the certification process, the Committee ascertained the following:

- current law (5 MRSA §20075) requires the certification of all DEEP service providers; individuals and agencies alike;
- recent DEEP rules required that agency service providers be certified as an approved treatment facility from the Office of Substance Abuse;
- up until December of 1991, DEEP administered the DEEP certification process for individual service providers and the Office of Substance Abuse handled the certification of agency service providers. Since the staff reductions that occurred at DEEP as a result of Public Law 1991, chapter 622, the Office of Substance Abuse has administered the certification processes for both individuals and agencies;
- currently, the certification process administered by the Office of Substance Abuse for agencies that want to become approved treatment providers, is separate and distinct from the DEEP certification process also administered by the Office of Substance Abuse; and
- the wording of current law [5 MRSA §20003 (3)] appears to equate status as an Office of Substance Abuse approved treatment facility to status as an approved DEEP service provider:

"Approved treatment facility" means a public or private alcohol treatment facility

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meeting standards approved by the office [OSA] in accordance with section 20005 [OSA licensing authority] and [emphasis added] licensed pursuant to Title 22, chapter 1602 [former location of DEEP law, should read "subchapter V"]...

Upon review, the Committee found that the processes used by the Office of Substance Abuse to certify approved treatment facilities and to certify DEEP service providers are very similar and have many elements in common. In addition, these two certification processes are most often administered by the same Office of Substance Abuse staff positions. The Committee also found that these two separate processes are often administered at the same time.

The Committee concluded that the overall certification process could be simplified for the Office of Substance Abuse, as well as applicant agencies, by merging the two certification processes, thereby resulting in every approved treatment facility also being a certified service provider for DEEP. The Committee finds that merging the two certification processes will eliminate duplication, improve the effectiveness of existing staff for the Office of Substance Abuse and non-state agencies, and, though not every agency may choose to serve DEEP clients, increase the number of agencies which are certified as DEEP service providers. Finally, the Committee reiterates that current law already appears to link certification as an approved treatment facility to certification as an approved service provider for DEEP.

Therefore, to improve the effectiveness and efficiency of the Office of Substance Abuse and non-state substance abuse agencies, as well as increase the number of approved DEEP service providers, the Committee recommends that current law be amended to clarify that the certification process administered by the Office of Substance Abuse to approve agencies as approved treatment facilities should incorporate the process for becoming an approved DEEP service provider. The impact of this recommendation will help to allow all Office of Substance Abuse approved treatment providers to provide services to DEEP clients if they so desire.

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ADMINISTRATIVE	9.	Wherever practical, standardize parts of the Policy and Procedure Manual for convenient adoption by all DEEP approved service providers.
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Upon detailed review of the process used to certify

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approved service providers for DEEP clients, the Committee found that service providers are required to develop a Policy and Procedure Manual that has a number of required components. These components include:

- detailed resume;
- evidence of appropriate licensing;
- documentation of evaluation and treatment philosophy, and objectives;
- detailed written admission policies and procedures;
- written description of procedure used for evaluating a client's medical needs;
- written description of general plans of evaluation and treatment including forms;
- written discharge policy, including forms;
- written plan for maintenance of case records;
- written statement of nondiscrimination;
- written code of ethics;
- documentation of clinical supervision arrangement;
- release forms;
- documentation of fire regulations and evaluation plans; and
- documentation of person responsible for records access in case of emergency with regards to client coverage.

The Committee noted that the specific contents of many of these components has been dictated by past DEEP rules, and that a provider's satisfactory completion of these components is recorded by use of an administrative checklist. Further, upon review of the manner in which the Office of Substance Abuse requires the components of the Policy and Procedures Manual to be completed, the Committee found that each applicant must develop most of the written components to satisfy very specific criteria.

After careful consideration, the Committee concluded that this process could be greatly simplified by developing standardized parts of a uniform policy and procedures manual which an aspiring service provider could agree to adopt. The Committee found that many of the previously listed components could be partially or completely standardized. The Committee

further found that such standardization of the Policy and Procedures manual would produce the same results as the present process but with a significantly more efficient use of scarce resources by the Office of Substance Abuse as well as the applicant. Finally, the Committee recognized that certain required parts of the Policy and Procedures Manual require an individualized effort and do not lend themselves to standardization.

Therefore, to increase efficiency, the Committee recommends that the Office of Substance Abuse, whenever practical, standardize parts of the Policy and Procedure Manual for convenient adoption by all DEEP approved service providers.

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FINDING                    10.                    The Committee finds that at least one of the DEEP positions used for case management should be a Licensed Substance Abuse Counselor.

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ADMINISTRATIVE        11.                    Revise the job descriptions for the classifications used to accomplish DEEP case management responsibilities to specify licensure as a Substance Abuse Counselor as a job requirement.

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As recently as 2 years ago, DEEP had 3 authorized and filled positions which were used as Case Managers. Upon review, the Committee found that these positions were classified and used in the following ways:

<u>Classification</u>	<u>Working Title</u>	<u>Salary Grade</u>	<u>Reason for Vacancy</u>
• Alcohol Rehabilitation Counselor II	Case Manager WIP	21 (23,670-32,115)	resigned (9/91), position then deauthorized.
• Rehabilitation Counselor II	Case Manager DAFOP/Certification Coordinator	21 (23,670-32,115)	Laid Off (1/92)
• Rehabilitation Counselor II	Case Manager, DAFOP	21 (23,670-32,115)	resigned (12/89), position then deauthorized.

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Each of these individuals were licensed as Substance Abuse Counselors (LSAC) and were able to bring clinical expertise to these positions. A brief summary of the overall Case Manager responsibilities is as follows:

- review of completion of evaluation and treatment recommendations;
- resolution of client problem/complaints;
- certification and monitoring of community based service providers;
- provide training/technical assistance on DEEP process; and
- represent DEEP's position during appeals process.

At the present time (April 1992), Case Management responsibilities are being handled on a part-time basis for WIP and DEEP Teen by the former DAFOP manager and for the Non-Driver population by a full time Office of Substance Abuse position (Alcohol Planning Regional Coordinator). The Committee noted that neither individual is licensed as a LSAC.

The Committee concluded that effective case management is likely to be greatly enhanced when performed by a LSAC. While not detracting from the skills and dedication of the individuals who are currently performing case management responsibilities, the necessary expertise to accurately review the many evaluations and treatments conducted by approved service providers requires the training and clinical background which are prerequisites to an individual's status as a LSAC.

Therefore, to help ensure the clinical skills and expertise which are essential to successful case management, the Committee takes two actions. First, the Committee issues a finding that at least one of the DEEP positions used for case management should be a Licensed Substance Abuse Counselor. Second, the Committee recommends that the Office of Substance Abuse work to revise the job descriptions for the classifications used to accomplish DEEP case management responsibilities to specify licensure as a Substance Abuse Counselor as a job requirement.

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STATUTORY

12.

Replace the current factors used to identify aggravated OUI first offenders with the results of the SALCE assessment instrument.

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Prior to the enactment of Public Law 1991, chapter 622, all adult first offenders had to participate in the Adult First Offender Program. The requirements for this program were as follows:

- as an **educational component**, client had to take 10 hours of classroom work;
- client had to take an **assessment**, the results of which could require an evaluation;
- if the assessment indicated the need for an **evaluation**, the client was required to pay for an evaluation with an approved service provider; and
- if the evaluation indicated the need for **treatment**, the client was required to receive (and pay for) treatment with an approved service provider.

Current law makes 2 distinctions regarding adult first offenders:

- first, "non-aggravated" first offenders are required to take an assessment [5 MRSA §20073-A (1)]. Having completed (and paid for) this assessment, the client is done with all DEEP requirements. The assessment may recommend further evaluation and/or treatment but the client is not required to follow through on the assessment recommendations; and
- Second, "aggravated" first offenders are required to attend the Multiple Offender Program [5 MRSA §20073-A (3)] which is also referred to as the Weekend Intervention Program (WIP). WIP provides education, assessments, and evaluations. If the evaluation indicates the need for treatment, the client is required to receive (and pay for) treatment with an approved service provider.

Under current law [5 MRSA §20071 (4-B)] aggravated first offenders are those first offenders, who at the time of their OUI offense:

- had a BAL of .15 or greater; and/or
- were driving 30 MPH over the posted speed limit; and/or
- attempted to elude a law enforcement officer; and/or
- refused to take a BAL test for an OUI incident that resulted in a conviction.

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Prior to the recent statutory changes contained in Public Law 1991, chapter 622, DEEP used the Mortimer-Filkens Test as the assessment instrument for Adult First Offenders. The Committee concluded that this instrument was somewhat dated and unreliable.

DEEP is currently using the Substance Abuse Life Circumstance Evaluation (SALCE) as the assessment instrument for non-aggravated Adult First Offenders. Upon review, the Committee found that the SALCE is a 94 item self-administered questionnaire which is computer scored. The instrument is currently used in 24 states and Ontario, Canada. The SALCE focuses on, and examines, patterns of responses rather than relying primarily upon individual test questions. The Committee found that the SALCE simulates the techniques and procedures employed in the personal interview process. The goal of the SALCE assessment is to arrive at the most appropriate type of intervention to bring about the desired behavior change.

Through different types of information gleaned from client responses, including BAL and driving history, the SALCE measures and evaluates the following:

- the degree of any alcohol problem;
- the degree of any drug problem;
- any indication of physical addiction;
- life circumstances (e.g., health, social, and economic life areas) as rated by the individual; and
- the reliability and truthfulness of the client's responses.

The SALCE also provides the following information:

- Demographics of the individual;
- a list of specific symptoms of substance abuse problems; and
- recommends appropriate levels of intervention.

The Committee found that the SALCE assessment instrument, while not ideal, represented a significant improvement over the outdated Mortimer-Filkens Test.

After a careful review of the impact of all the recent statutory and program changes relative to Adult First Offenders, the Committee found the following:

- prior to the changes implemented by Public Law 1991, chapter 622, a significant number of Adult



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First Offenders with serious substance abuse problems would have been appropriately referred for further evaluation/treatment by the outdated Mortimer-Filkens. These same clients are now completing all DEEP requirements by merely completing the more accurate, but non-binding, SALCE;

- the most frequently occurring factor used in current law [5 MRSA §20071 (4-B)] to identify an aggravated first offender, that of a BAL of .15 or greater, is not a reliable indicator of a serious ongoing pattern of alcohol abuse. The Committee further found that a BAL of .15 frequently reflects a one-time occurrence of over-drinking; a circumstance for which the first time offender is appropriately dealt with through the loss of their drivers license and other penalties; and
- the other factors currently used to identify aggravated first offenders, are difficult for DEEP to administer and do not necessarily identify those first time OUI offenders with significant substance abuse problems. For example, DEEP has to rely on clients to disclose whether or not they were operating 30 MPH over the speed limit or had tried to elude a law enforcement officer at the time of the OUI incident. This type of information is not included in the computerized information obtained by DEEP from the Division of Motor Vehicles in the Secretary of State's office.

The Committee concluded that all of the current factors used to identify aggravated first offenders should be replaced with results from the SALCE assessment instrument which definitively indicate a need for further substance abuse intervention. Thus, in practical application, the Committee found that all first offenders should be required to take the SALCE assessment instrument at a cost of \$105. Any first offender with a SALCE summary score of 9 or higher (the most severe range of impairment) would then be identified as an aggravated first offender. A client identified as an aggravated first offender in this manner would be required to attend the Weekend Intervention Program at an additional cost of \$320. The Committee notes that the WIP fee includes the cost of a standardized evaluation, which, when compared to the former DAFOP program, may represent a total cost savings for many clients would have been required to receive an evaluation from a private service provider.

Therefore, to provide a more effective means of determining which first time OUI offenders are in definite need of intervention, the Committee recommends that current law be

amended to replace the current factors used to identify aggravated OUI first offenders with the results of the SALCE assessment instrument.

**NOTE: this statutory recommendation did not receive final approval by the Legislature and, thus, did not become law.**

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STATUTORY	13.	Authorize two additional positions for DEEP to provide adequate case management services for DEEP clients.
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As a consequence of the previous recommendation, the Committee is estimating that there will be a net gain of 740 clients who will be required to attend WIP. Consequently, this increased number of WIP clients will result in increased revenues to the General Fund by the total amount of \$195,175:

	<u>Estimated</u> <u># of new clients</u>	<u>Current</u> <u>fee</u>	<u>Additional</u> <u>fee</u>	<u>Estimated</u> <u>Additional</u> <u>Revenues</u>
• reduced fee of \$200 for Food stamp and Medicaid recipients	185	\$105	\$ 95	\$ 17,575
• full fee of \$425	<u>555</u>	\$105	\$320	<u>\$177,600</u>
TOTALS	740			\$195,175

This increase of 740 new WIP clients will require expenditure adjustments for DEEP. After careful review, the Committee estimates that 10 new WIP programs will need to be scheduled to accommodate the large influx of new WIP clients who will need to successfully complete WIP to first get a special drivers license and eventually have their regular license restored. The Committee found that the total cost of running 10 additional WIP programs will necessitate an additional General Fund appropriation of \$114,928 for DEEP All Other expenditures.

Currently, DEEP has the use of 2 case manager positions (one is a DEEP position and one is on "loan" from the Office of Substance Abuse) to serve an estimated annual case load of 8,500 clients. At the very least, each one of those clients requires a completion of treatment decision by a case manager. Upon review, the Committee found that approximately 5,000 of these clients do not require anything more than administrative approval of the results of routine assessments, evaluations, and treatments.

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On the other hand, the Committee found that the remaining population of approximately 2,500 clients will require a significant degree of professional time from a case manager. The Committee calculated that these figures currently work out to an annual case load of at least 1,200 clients per case manager. The Committee concluded that the existing case loads are almost certainly overwhelming the existing staff of 2 case managers and resulting in less than satisfactory levels of professional services for DEEP clients, thus lowering the overall effectiveness of the program.

Therefore, to address both the current caseload ratio and the additional burden of more than 700 new WIP clients, the Committee finds that two new case manager positions (Alcohol Rehabilitation Counselor II) should be authorized for Fiscal Year 1993 at a total cost of \$76,574 to the General Fund.

In summary, the Committee finds that an additional total of \$191,502 should be appropriated for DEEP in Fiscal Year 1993. The Committee notes that this recommended amount is less than the revenues which will be generated by the Committee's previous recommendation to use the SALCE assessment as the determining factor in identifying an aggravated first offender.

Therefore, to provide adequate case management for DEEP clients, the Committee is recommending that 2 new positions be authorized for DEEP.

**NOTE: This statutory recommendation did not receive final approval by the Legislature and, thus, did not become law.**

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FINDING	14.	The Committee finds that there is a continuing need for the existing statutory requirement that a client must obtain a second opinion before appealing a decision regarding completion of, or need for, treatment.
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Current law [5 MRSA §20078 (6) B] states that DEEP clients can appeal evaluation decisions that refer a client to treatment or a completion-of-treatment decision relative to the statutory requirements (5 MRSA §20073-A) of the various DEEP programs. However, these actions are appealable only after the client has obtained (at their expense) a second opinion regarding a evaluation/treatment decision or a completion-of-treatment decision.

Upon review, the Committee found that members of the Board

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of Appeals find the second opinion requirement to be essential to the efficient accomplishment of their duties as board members. When individual board members hear an appeal on one of these two types of decisions, they use the two opinions as a basis for evaluating the validity of the appeal. Without the second opinion, Board members would, in effect, have to do the clinical work to produce a separate decision to which the original decision could be compared.

During the course of the review, the Committee received comments from several individuals which questioned the necessity of retaining the second opinion requirement. The Committee found that elimination of the second opinion requirement would result in increased Board costs and significantly decreased Board efficiency. Board members would be forced to develop their own clinical conclusion to properly evaluate the decision under appeal.

Therefore, the Committee finds that there is a continuing need for the existing statutory requirement that a client must obtain a second opinion before appealing a decision regarding completion of, or need for, treatment.

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STATUTORY	15.	Delay repeal of the DEEP Board of Appeals for one year.
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STATUTORY	16.	Require the DEEP Board of Appeals to report to the Joint Standing Committees on Audit and Program Review and Human Resources on its activities by April 1, 1993.
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Current Maine law (5 MRSA §20078) establishes a DEEP Appeals Board. This board is authorized to hear appeals from DEEP clients regarding evaluation and completion of treatment decisions. However, these appeals are allowed only after the client has obtained a second opinion on either type of decision. The Board is also authorized to affirm or review evaluation and completion of treatment decisions. In addition, the Board can require further evaluation or make alternative recommendations. Decisions of the Board can be appealed through the judicial system.

The Board consists of three members appointed by the Governor for two year terms. By law, members of the Board must

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have an extensive background in providing substance abuse treatment but may not be DEEP approved service providers. Board members are entitled to compensation of \$75 per day for Board activities.

The Board of Appeals was first established in 1987. The Board was discontinued by statutory changes which took effect on 8/1/90. The board was reestablished on 10/17/91, by Public Law 1991, chapter 622 which transferred DEEP from the Department of Human Services to the Office of Substance Abuse.

During the period in which the Board was discontinued, DEEP clients could appeal any DEEP action to the Office of Administrative Hearings within the Department of Human Services. Not surprisingly, the number of appeals increased significantly during that time.

By law, appeals are heard and decided by one member. Therefore, in practice, the three members do not convene as a body. Instead, each of the three members covers a particular region of the State. Current members and their broad regions of responsibility are as follows:

- Steve Leary; Portland (Southern Maine);
- Kay Landry; Augusta (Central Maine); and
- Susan Polyot; Bangor (Northern Maine)

Upon review of the Board and its current authorizing legislation, the Committee noted that the provisions of 5 MRSA §20078 (8) repeal the Board and all authorizing legislation as of July 1, 1992. The Committee found that this repeal provision was included to ensure that the Board would continue to exist only if the Legislature was convinced that it was effective and necessary.

The Committee concluded that given that the Board was re-established on October 17, 1991, there will not have been enough time by July 1, 1992 to fairly evaluate the Board's performance. The Committee found that the Board should be continued until July 1, 1993 and that it be required to report to the Legislature by April 1, 1993.

Therefore, to adequately assess the Board's effectiveness and whether there is a continued need for its existence, the Committee is making two recommendations. First, the Committee recommends that current law be amended to delay repeal of the DEEP Board of Appeals for one year. Second, the Committee recommends that the DEEP Board of Appeals be statutorily required to report to the Joint Standing Committees on Audit and Program Review and Human Resources on its activities by April 1, 1993.

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FINDING

17.

The Committee finds that DEEP should not continue to approve the use of non-approved service providers for clients in the Teen, First Offender, and Multiple Offender Programs.

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During the course of the review, the Committee examined the process by which service providers are approved by DEEP and under what legal provisions they are required to operate. The Committee found that current law (5 MRSA §20075) requires that all service providers must be certified by the Office of Substance Abuse. In addition, the Committee found that recent rules promulgated by DEEP have interpreted the Non-Driver statute [5 MRSA §5072 (2)] to allow clients who were already in treatment with a qualified, but unapproved treatment provider prior to contact with DEEP to complete the DEEP requirements with that unapproved provider.

However, the Committee learned of several instances in which DEEP clients have knowingly received treatment from unapproved service providers well after entering the DEEP process, and that on occasion, DEEP has accepted these treatment results. In particular, the cases that the Committee was aware of involved clients who received treatment from unapproved Employee Assistance Programs or from unapproved treatment providers employed by the University of Maine (Orono).

The Committee concluded that there is no basis in current law which would allow DEEP to accept treatment completions from unapproved service providers in the Employee Assistance Program and the University of Maine examples described above. In addition, the Committee found that the requirement that all service providers must be approved is necessary to ensure a high quality of clinical service for OUI clients, most of whom are in treatment only as a result of DEEP requirements.

Therefore, the Committee finds that DEEP should not continue to approve the use of non-approved service providers for clients in the Teen, First Offender, and Multiple Offender Programs.

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ADMINISTRATIVE

18.

Require that service providers must justify to DEEP any extension of treatment which goes beyond thresholds which are based on existing guidelines.

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Current law [5 MRSA §20073-A (3) B] requires that treatment plans administered by approved service providers be "... based on the completion of treatment guidelines adopted by the office ...". The Committee noted that DEEP has published a set of "Completion of Treatment Guidelines" which were last revised in March of 1989. These guidelines are not binding or absolute; "... The ultimate decision concerning the necessary number of session and minimum time lines remains of course, in the realm of the counselor's responsibility "(p.4)

In brief, the guidelines identify 5 stages, "... for classifying individuals according to their degree of progression in the disease of chemical addition and recommends appropriate treatment requirements". These stages range from "problem" (least severe) to "final stage" (most severe). Each stage has corresponding treatment guidelines which range from 6 outpatient sessions to extensive residential treatment.

Over the course of the review, the Committee received a number of complaints alleging that DEEP clients had been held in treatment much longer than necessary. It was further alleged that service providers were doing this for financial reasons, i.e. continued fees from clients. The Committee notes that its survey of DEEP approved service providers showed that DEEP clients receive an average of 14 treatment sessions and that this figure falls within the aforementioned guidelines.

However, the Committee remains concerned about any instance in which a service provider inappropriately retains a DEEP client in treatment. Therefore, the Committee recommends that DEEP establish thresholds, based on the existing guidelines, by which treatment cannot be continued by a service provider without specific review and approval by DEEP.

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ADMINISTRATIVE 19. Provide clients with a list of approved service providers which clearly indicates which providers offer either a sliding or reduced fee based on a client's income.

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ADMINISTRATIVE 20. Conduct a study of the issue of fees charged by approved service providers. Submit a report with any subsequent recommendations by May 1, 1993 to the Joint Standing Committees on Audit and Program Review and Human Resources.

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Over the course of the Committee's review of DEEP, the Committee considered the cost of evaluations and treatments provided by service providers. Through the surveying process, the Committee found the following:

- the average costs of evaluation ranged from \$90 (Teen) to \$197 (DAFOP);
- the average cost of treatment included \$203 for Teens, \$408 for DAFOP, \$658 for multiple offenders, and \$1,384 for Non-Driver clients;
- a majority of the clients who were evaluated said their evaluators offered sliding fee scales, and a majority of these clients made use of the sliding fee scales;
- for those clients who received treatment:
  - 34% of the Teen clients had treatment providers with sliding fee scales;
  - 46% of the DAFOP clients had treatment providers with sliding fee scales; and
  - 45% of the Non-Driver clients had treatment providers with sliding fee scales;
- a significant majority of those clients who received treatment, used sliding fee scales if they were available;
- of those DEEP approved service providers responding:
  - the average rate was \$54 per hour; and
  - 53% offered a sliding fee, 45% did not, and 2% did not answer.

After a review of these survey results, the Committee concluded that all DEEP approved service providers ought to offer a sliding fee scale which is based on a clients ability to pay. However, the Committee was reluctant to impose such a requirement on the private sector. However, the Committee found that this issue is deserving of more study in the hope that some better alternative might be developed.

Therefore, as an interim measure, the Committee recommends that DEEP provide clients with a list of approved service providers which clearly indicates which providers offer either a sliding or reduced fee based on a client's income. The Committee also recommends that DEEP conduct a study of the issue of fees charged by approved service providers. Submit a report with any



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subsequent recommendations by May 1, 1993 to the Joint Standing Committees on Audit and Program Review and Human Resources.

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STATUTORY            21.            Require that funds appropriated to the Office of Substance Abuse not be less than the funds generated by DEEP. Also, require that DEEP be funded at the level needed to provide the required services to all clients in a timely manner.

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Over the course of the Committee's review of DEEP, Committee members spent a significant amount of time examining DEEP's recent levels of appropriations. In particular, the Committee noted the following:

- up until fiscal year 1992, DEEP had always received more in appropriations than it had collected in revenues for the General Fund;
- this trend was revised in fiscal year 1992 when the various DEEP program fees were significantly increased. The increase in fees over a full fiscal year was expected to generate somewhere between \$400,000 - \$500,000 more in General Fund revenues than the total amount appropriated from the General Fund to DEEP; and
- Somewhat paradoxically, as DEEP fees were being increased, DEEP appropriations were being decreased:

<u>FY</u>	<u>GF Appropriation</u>
91	\$1,027,181
92	835,875
93	826,347

Upon review, the Committee noted that from a total of 13 authorized full-time positions in 1990, DEEP has lost 5 authorized positions. This loss in positions is exacerbated by the continuing increase in client population (7278 in FY 1990 to 7763 in FY 1991) and by a significant cut of \$90,545 in Personal Services for FY 1993; funds which DEEP had hoped would be reappropriated as "All Other" to meet the costs of running more Weekend Intervention Programs.

The Committee found that this recent trend of growing

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client population and decreasing levels of appropriations (and authorized positions) is already having a decidedly negative impact on the level and quality of DEEP services and programs and that this situation will continue to worsen in fiscal year 1993.

To help address this situation, the Committee found it advisable to develop statutory mandates which will insure that total funds appropriated to DEEP's parent agency, the Office of Substance Abuse, shall not be less than the total revenues generated by DEEP. In developing this mandate, the Committee reasoned that this statutory language will help reserve future DEEP fee revenues for the broad use of substance abuse programming provided by the Office of Substance Abuse.

In the same vein, the Committee also decided upon statutory language which requires that DEEP be funded at the level necessary to provide timely services to its clients.

Therefore, the Committee makes two statutory recommendations. First, the Committee recommends that statutory language be signed into law which will require that funds appropriated to the Office of Substance Abuse not be less than the funds generated by DEEP. Second, the Committee recommends that statutory language be signed into law which will require that DEEP be funded at the level needed to provide the required services to all clients in a timely manner.

**AMENDMENTS TO THE  
COMMITTEE'S ORIGINAL  
STATUTORY RECOMMENDATIONS**

During the Legislature's final consideration of the Committee's statutory recommendations, which were included in L.D. 2438, "An Act to Improve the Effectiveness of the Driver Education and Evaluation Programs," the original L.D. was amended to include several other changes. This amendment was sponsored by the Committee's Senate Chair, Senator Beverly M. Bustin and included the following additional provisions:

- require that the Office of Substance Abuse directly involve the Chief Executive Officer of DEEP in the budgetary process; and
- require that the State Auditor conduct a special purpose audit of the Office of Substance Abuse and DEEP and report to the joint standing committees on Audit and Program Review, Human Resources, and Appropriations and Financial Affairs by July 1, 1992.

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## **FORMER ADULT FIRST OFFENDER PROGRAM**

The Committee started its review of DEEP in the summer of 1991. At that time, the largest DEEP program was the Adult First Offender Program. This program was discontinued by the provisions of Public Law 1991, chapter 622 which took effect on December 23, 1991.

The Committee spent a significant amount of time in reviewing the Adult First Offender Program; its demise was rather sudden and unanticipated. To document the Committee's efforts in reviewing this program, and to provide an important historical context for future legislative interest in DEEP, the Committee has included a detailed description of the former program. The first offender clients that would have been required to take this program are now either required to take the SALCE assessment instrument (non-aggravated) or attend the Weekend Intervention Program (aggravated).

### **PURPOSE AND AUTHORIZATION**

The Adult First Offender Program (which was commonly referred to as the DEEP Adult First Offender Program or "DAFOP") was mandated by state law as the DEEP program for adult first-time OUI offenders. More specifically, recent law [5 MRSA §20073 (1)] had a number of mandates for DAFOP:

- all first offender clients were required to take an education component of 9 hours of information which used films, lectures, and discussion. These teaching tools were designed to educate the clients about the effects of alcohol and other drugs on human behavior, with a particular emphasis on behavior associated with the use of a motor vehicle;
- all first offenders were required to undergo an assessment component which consisted of an assessment (or testing) instrument, the clients driving record for the six years prior to the date of the OUI offense, and an interview. This component was intended to function as a preliminary assessment of the client's possible abuse, or potential for abuse, of alcohol or other drugs. The results of this pre-assessment were intended to be used as a basis for further evaluation if necessary;
- if the assessment component indicated the need for further evaluation for a particular first

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time OUI client, then such an evaluation was required as a third component. If the evaluation indicated that the client needed treatment for alcohol and/or drug abuse, such treatment was required; and

- if the evaluation indicated the need for treatment, the client had to receive the necessary treatment from a community-based service provider. Thus, if treatment was indicated, then this requirement was a fourth component of DAFOP.

### **HISTORY**

DAFOP was the first program administered by DEEP; the other programs were developed in response to specific client populations whose particular needs could be better served by a different program. Thus, DAFOP got its start with the original Alcohol Safety Action Program (ASAP) which was established on a pilot basis in York and Cumberland Counties in 1972. By 1977, ASAP had been established as a statewide program renamed as DEEP, and placed within the Office of Alcohol and Drug Abuse Prevention.

### **STAFFING AND ORGANIZATION**

As shown in Chart 1 (page 9), DAFOP was staffed by the following positions:

- Manager, Adult First Offender Program;
- Case Manager;
- Clerk Typist II; and
- Clerk Typist II.

The Case Manager position also had half-time responsibilities in the approval process for individual (non-agency) service providers. Thus, only half of that position's total time was spent on reviewing and administering the approximately 4,500 DAFOP client case load that occurred on a yearly basis.

Like the other principal DEEP programs, DAFOP was largely delivered to clients by 2 sets of non-state employed professionals:

- First, the educational and preassessment components were delivered by course instructors who contracted with DEEP. These individuals were selected through a competitive RFP process which was administered by the Bureau of Purchases and ultimately approved (or disapproved) by the Contract Review Committee; and

- 
- Second, if so required, the evaluation and treatment components were delivered through DEEP approved community-based service provider(s) selected by the client. These service providers were paid by the client for any necessary evaluations and treatments.

### PROGRAM PROCESS AND CONTENT

DAFOP was offered about 276 times a year in 27 different locations across the state. Recent DEEP regulations required that DAFOP deliver the class (education and pre-assessment) at least once every other month:

- to groups of 3 or more participants within a 30 mile radius of Maine communities which had a population of 1,000 or more persons; and
- by special arrangement to those clients who had a documented handicap or disability which prevents participation in the normal class environment.

The DAFOP classes were held in local public facilities such as schools, recreation centers, and municipal offices. DEEP paid rents ranging from \$50 to \$75 per week.

The statutorily set fee for DAFOP was \$105. A reduced fee of \$50 was available to those clients who were either Medicaid or food stamp recipients.

As mentioned earlier, each DAFOP class was taught by an instructor who contracted with DEEP. In the fall of 1991, DEEP had contracts with 23 individuals across the state to deliver DAFOP classes. DAFOP instructors were paid a base rate of \$175 per complete course and \$7 per class participant. Many DAFOP classes averaged 19 clients, therefore generating a total salary of \$308 for the instructor of a class that size.

The following steps describe in detail the complete process which a DAFOP client went through. This process is also depicted in summarized form in Charts 3 (pages 39-41) and 4 (page 42).

**Step 1** - Person over the age of 21 was stopped by a law enforcement officer for allegedly operating a motor vehicle while under the influence of alcohol or other drugs;

**Step 2** - The arresting law enforcement officer submitted a report to the Secretary of State. Upon receipt of that report, the Secretary of State administratively suspended that person's drivers license. In this particular scenario, a first time offender with a BAL of at least .08 had been

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apprehended; i.e. a person who had not had a previous OUI offense in the past 6 years. Therefore, in accordance with 29 MRSA §1312-B (2) A, the driver's license was suspended for 90 days;

**Step 3** - The Secretary of State notified the individual by letter that their driver's license had been suspended. That same letter also indicated that the person had to successfully complete a DEEP program in order to have the license reinstated. A DEEP pamphlet entitled "How to Complete DEEP" was included with the letter. This pamphlet provided the DEEP phone number with a basic program description. Most importantly, the letter and the pamphlet indicated that it was the individual's responsibility to contact DEEP for program registration purposes;

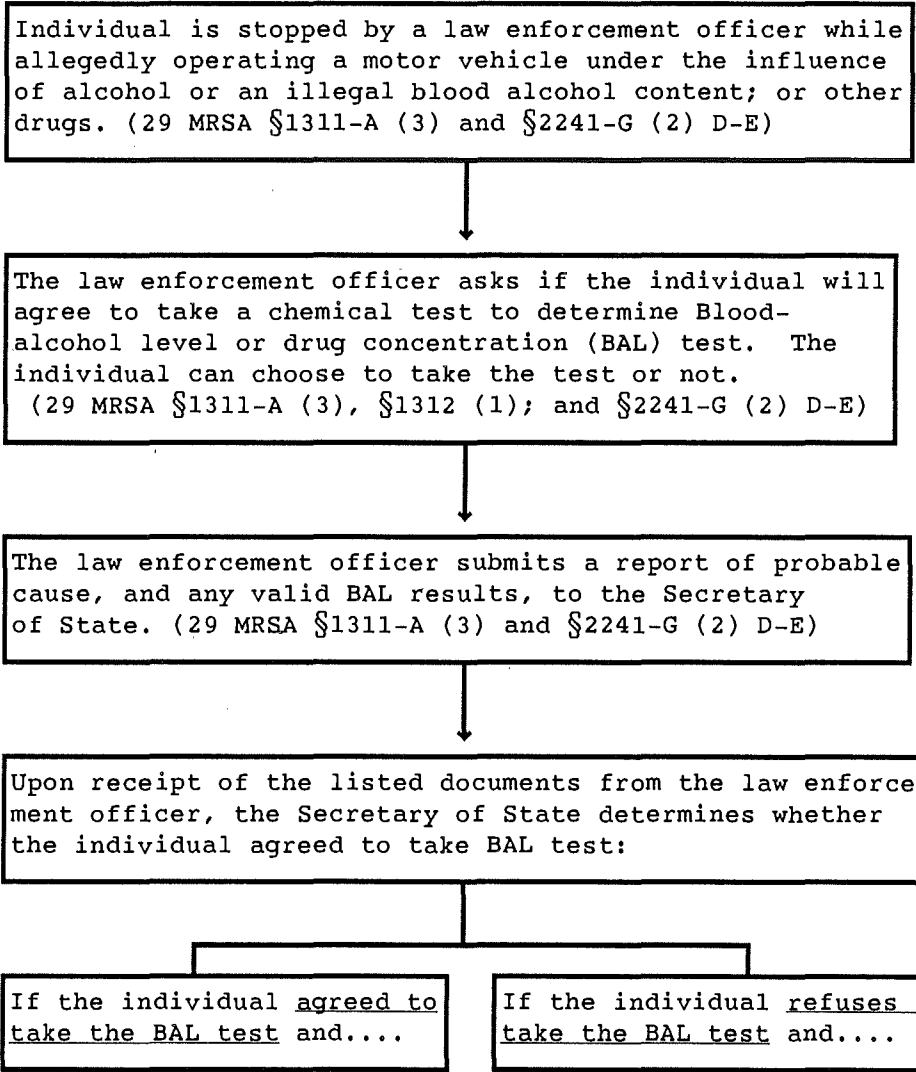
**Step 4** - Using the phone number provided in the "How to Complete DEEP" pamphlet; the individual called DEEP;

**Step 5** - During the initial phone contact, DEEP staff followed a routine of questions and information gathering:

- client was asked for their full name, social security number, date of birth, day-time phone number, current mailing address, and the date of the OUI offense in question. Through a computer link-up with the Secretary of State, the DEEP staff person was able to use the client's name, date of birth, social security number, and date of OUI offense to access 2 computer "screens". The first screen provided a list of any subsequent OUI offenses incurred by the individual. From this information, the DEEP staff person was able to ascertain that this particular client had to take DAFOP. After determining DAFOP placement, the staff person indicated to the client that DAFOP was the required program and informed the client of the upcoming schedule and asked which DAFOP class the client wanted to attend. Based on the client's choice, the staff person recorded the client's name, address, telephone number, social security number, date of OUI offense, and date of birth on a phone registration (RAS 66) sheet and informed the client of the address, date and time of the DAFOP class for which they had signed up. A separate phone registration

CHART 3  
DIVISION OF DRIVER EDUCATION  
EVALUATION PROGRAMS

OUI Related Driver License  
Suspensions\* and Required  
DEEP Involvement



↓ See Chart 3-A

↓ See Chart 3-B

\* As an administrative procedure carried out by the Secretary of State.



CHART 3-A  
DIVISION OF DRIVER EDUCATION  
EVALUATION PROGRAMS

OUI Related Driver License  
Suspensions\* and Required  
DEEP Involvement

See Chart 3

If the individual agreed to  
take BAL test and....

...was under the age of 21 on the date of the offense; and had a BAL level of .02 or more. (29 MRSA §2241-G (2) B) the Secretary of State will suspend that individual's driver license for 1 year. License restoration has the following requirements:

The individual must successfully complete the DEEP-Teen Program (See Chart 5) [5 MRSA §20073-A (2)]. If the DEEP-Teen Program is successfully completed, the Secretary of State can grant a provisional license 6 months from the date of suspension.

Upon successful completion of the DEEP Teen Program, the Secretary of State will restore the individual's drivers license.

...was involved in a fatal accident and had a BAL of .08 or more. [29 MRSA §1313-B (1)] the Secretary of State will suspend that individual's driver's license for 3 years.

The individual is required to successfully complete either the DEEP First or Multiple Offender Programs (See charts 4 and 6). Completion of the DEEP program does not result in reduced length of license suspension.

After completion of DEEP program, and a 3 year period from date of suspension, Secretary of State restores that individual's driver's license.

...was driving a Commercial Motor Vehicle, and had a BAL of .04 or more. [29 MRSA §530-B (6) and §1312 (12)] the Secretary of State suspends that individual's commercial drivers license, for 1 year to permanently.

After completion of DEEP program, and the specified length of suspension, Secretary of State restores that individual's commercial driver's license.

...was operating under a conditional license (no consumption of alcohol before driving) and had a BAL of .05 or more. (29 MRSA §2241-J (3) A) the Secretary of State suspends that individuals drivers license for 1 year.

The individual is required to take the DEEP Multiple Offender Program. (See chart 6). Completion of the DEEP program can lead to restoration of a restricted work license.

After completion of DEEP program, and a 1 year period from date of suspension, Secretary of State restores that individual's Drivers license.

...was operating with a BAL of .08 or more. (29 MRSA §1311-A) the Secretary of State will, depending on that individual's prior record within the past 6 years, suspend that individuals drivers license for either 90 days, 1 year, or 2 years.

Regardless on length of suspension, the individual is required to take either the DEEP First or Multiple Offender Programs (See charts 4 and 6).

If the individual's license is suspended for 90 days, a restricted "work" license can be granted after 60 days by the Secretary of State if the individual has successfully completed the required DEEP program.

After completion of the DEEP program, and the specified length of suspension, the Secretary of State restores that individual's drivers license.

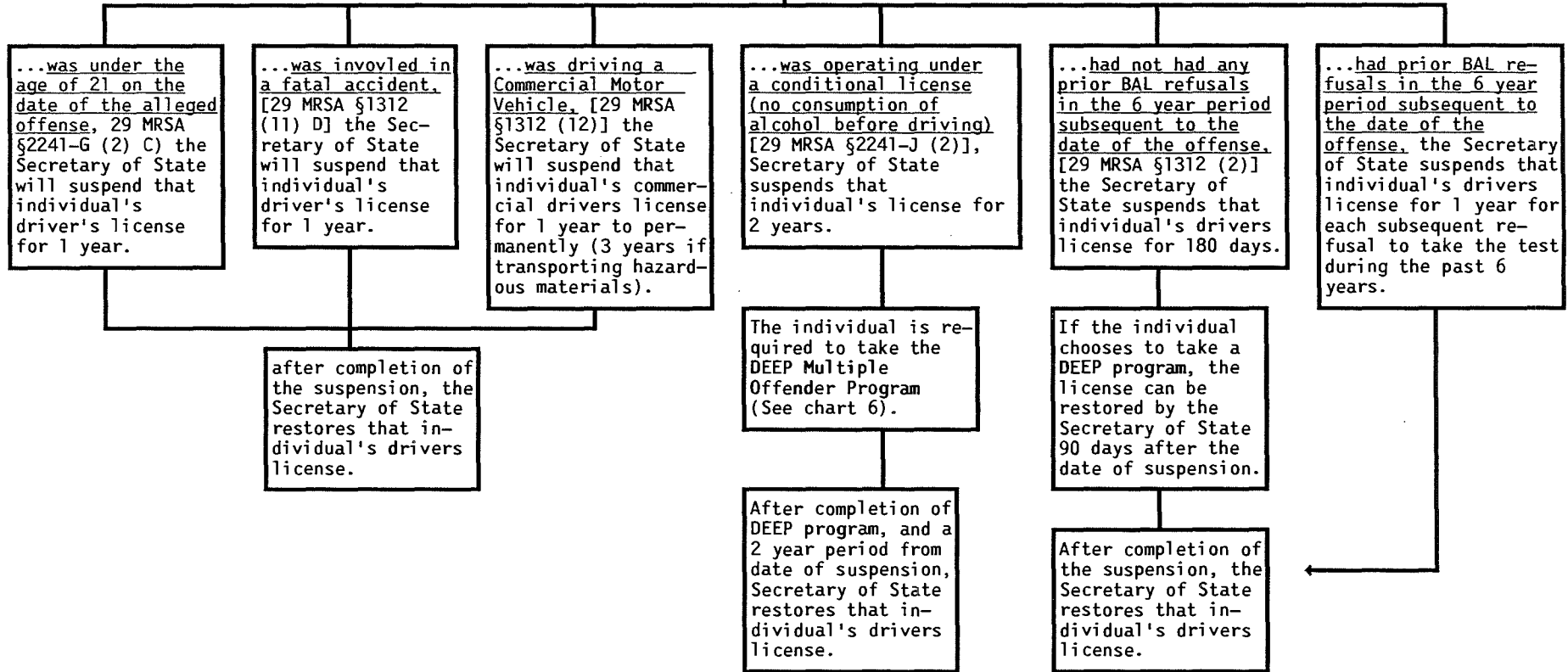
\* As an administrative procedure carried out by the Secretary of State.

Chart 3-B  
DIVISION OF DRIVER EDUCATION  
EVALUATION PROGRAMS

OUJ Related Driver License  
Suspension\* and Required  
DEEP Involvement

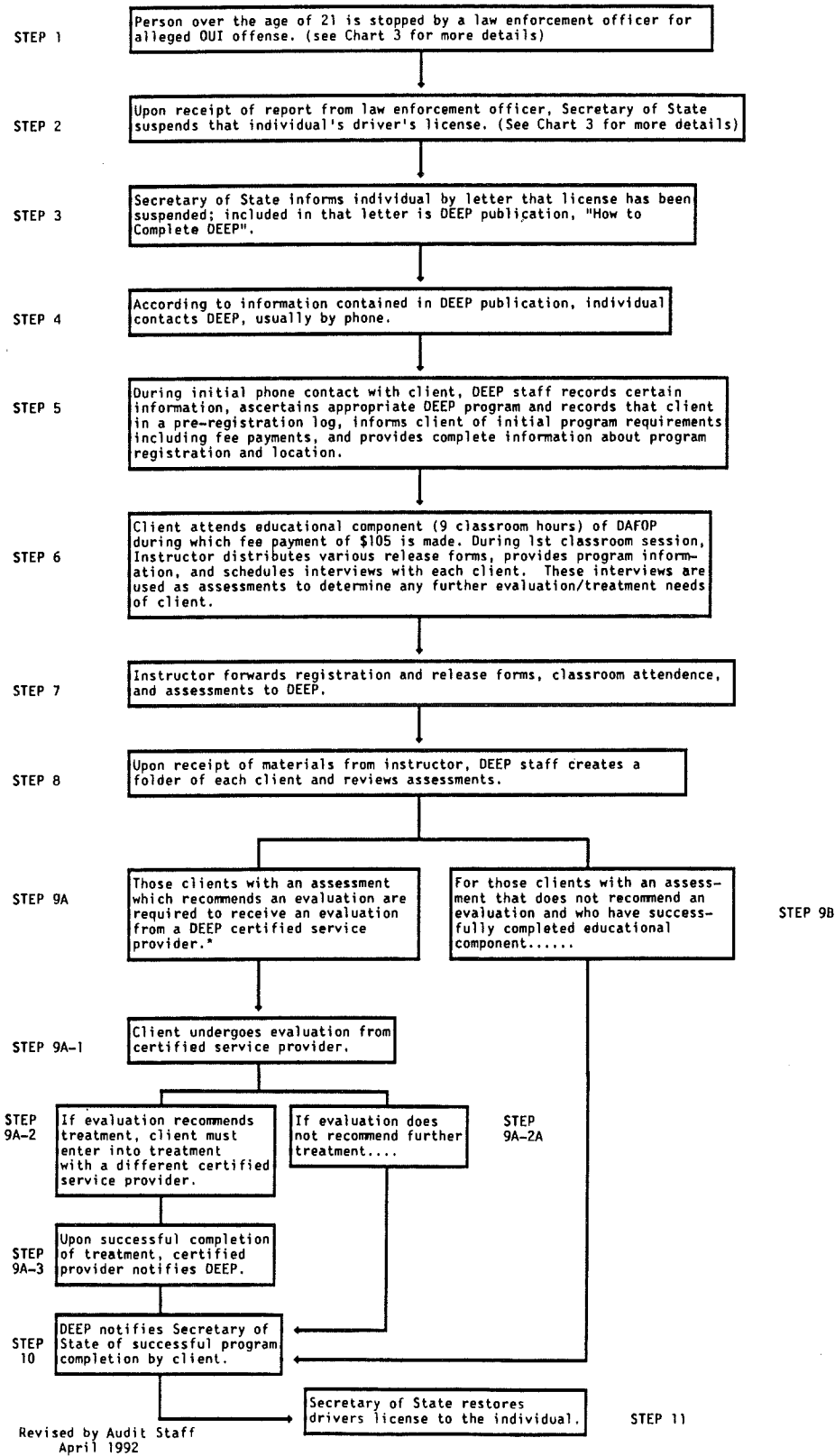
See Chart 3

If the individual refuses to  
take the BAL test and...



\* As an administrative procedure carried out by the Secretary of State.

CHART 4  
FORMER ADULT FIRST OFFENDER Process  
as administered by  
the Driver Education  
and Evaluation Programs



\* In accordance with the provisions of PL 1991, Ch. 516, First time OUI offender clients who have successfully completed the education and assessment components and served the time of their suspension, can receive a special driver's license which is conditioned on the successful completion of the program. This provision is designed to allow clients to drive while undergoing evaluation and treatment if such is required after the period of suspension has been completed.

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sheet was prepared for each upcoming DAFOP; the staff person used the sheet (or form) for the date/location chosen by the client. The phone registration sheet had a maximum of 25 client openings; with 5 additional stand-by slots. In addition, the staff person accessed a second computer screen from the Secretary of State to obtain the blood alcohol level (BAL) test results from the OUI offense, and entered that information on the phone registration sheet;

- Having ascertained the client's need to take DAFOP and the client's choice of a scheduled DAFOP offering, the staff person indicated to the client that:
  - payment of \$105 had to be made by check or money order during the first class with their name and class location/date indicated on the payment instrument; and
  - a reduced fee of \$50 was available if the client was food stamp or Medicaid recipient.
- During this initial phone conversation, the staff person also asked if the client had been through treatment or counseling since the OUI offense. The staff person informed the client that Non-Driver was an option for those clients who had been, or were currently in treatment, subsequent to the date of their offense;
- **Step 6** - The client attended 3 classes which were each 3 hours in length. As a general rule, the 3 DAFOP classes were all scheduled during weekday evenings within the same work-week. DAFOP did have one class regularly scheduled during the day in the Portland area, and was experimenting with day-long (all 9 hours) Saturday classes in Washington and Aroostook Counties.

Prior to the start of the first class, the instructor received from DEEP a copy of the telephone registration sheet (RAS 66) for that class. DEEP also provided the instructor with materials necessary to teach and administer the DAFOP process. These materials included various forms, mailing materials (including postage), and audio-visual materials and equipment.

Each instructor followed an established format which was detailed in a curriculum guide

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developed by DEEP. The structure, content and process of each 3 hour class was as follows:

- First Class: The instructor generally accomplished the following tasks and topics during the first class:
  - took class attendance through use of a "Class Attendance Register". This form was used for attendance purposes for all 3 classes and for recording certain test results and administrative requirements for each client. The class attendance registers were returned to DEEP after the final class;
  - made introductory remarks which sought to:
    - explain DEEP and the various legal requirements of DAFOP;
    - provide certain "housekeeping" information such as facility rules and layout;
    - explain class attendance requirements; and
    - discuss the overall schedule for the three classes;
  - distributed and explained the purpose of certain DEEP forms which needed to be filled out by each client. The instructor went through each of the following forms by reading them out loud, explaining each item, and having the class complete the forms on a step-by-step basis:
    - Registration Form (RAS 4-6). Clients were asked to provide factual information regarding personal history, financial status, family, employment, and any previous OUI/DEEP involvement. The remainder of the RAS 4-6 functioned as a form for the recording of the preliminary results. This last section was completed by the instructor towards the end of the week;
    - Authorization for Release of Confidential Information, DEEP Instructors/Facilitators (RAS-9A). This form provided the client's authorization for the release of needed confidential information to DEEP and the Secretary of State; and

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- Client Rights and Responsibilities  
Signature of this form by a client acknowledged certain rights which included choice of provider(s), right to appeal through a hearing process, right to confidentiality, right to have attendance waived through Non-Driver, right to a reduced fee, right to a prompt and courteous inquiry made to DEEP staff, and a right to a special driver's license upon successful completion of the DAFOP class;

- Administered Part A of the Mortimer-Filkens Test. This testing instrument was used nationally as a court procedure to help assess and diagnosis patterns of problem drinking for individuals. The test was administered in 3 parts. Part A (RAS-53) consisted of 58 questions; the first 2 of which asked for information about marital and living status; the other 56 were True-False responses. The instructor administered this test by reading each question out loud and having clients record their responses. The results of this part of the test were used with the other 2 parts as a primary tool for assessing the need for further evaluation. As stated in recent DEEP regulations [ch. 2, §D (1)], a total score of 50 or greater on all 3 parts, or a score of 40 or greater in combination with a Blood Alcohol Level at the time of arrest of .15 or higher, automatically required further evaluation;
- presented a summary of the various OUI and implied consent laws. In presenting this summary, the instructor sought to explain the legal consequences of further OUI offenses;
- distributed a "Twelve Hour Journal" worksheet Clients were asked to make a written account of exactly what happened in the 12 hours immediately preceding their OUI arrest, and the time period in which the arrest occurred. This exercise served 2 purposes:
  - first, it allowed the client to think and reflect upon exactly how the OUI arrest came to be, and how the client ended up in this program; and

- 
- second, it provided an opportunity for the instructor to ascertain the client's attitude prior to the personal interview which will be described shortly;
  - Handed out a copy of the "Don't Drink and Drive" client workbook. This DEEP publication was intended to be a guide to the overall content of the DAFOP class. Students could refer to it to aid or supplement the class presentations made by the instructor. It was also hoped, that if the client brought the workbook home, that family members would also look through it and learn more about the consequences of drinking and driving;
  - Scheduled individual interviews. During the first class, the instructor also scheduled individual interviews with each client. These interviews were usually held either before or after the second or third classes.

Each interview was scheduled for a full 30 minutes but, as an average, ran for about 20 minutes. During the interview, the instructor administered Part B of the Mortimer-Filkens Test. (RAS-30). This part of the test consisted of a series of personal questions about a client's life history, life style, and drinking history.

After completion of the Part B of the Mortimer-Filkens Test, the instructor scored the test and informed the client as to whether further evaluation was required. At this point, the instructor also filled out the remaining part of the RAS 4-6 which was titled, "Results of Preliminary Assessment". The instructor indicated whether the client had satisfactorily completed DEEP or was being mandatorily referred for further evaluation.

If the preassessment indicated that further evaluation was required, the client was asked to select an approved service provider from a list of such providers. The client was given the option of either deciding on a provider then or informing the DEEP office after several days as to the chosen provider. If the client choose a provider during the interview, that choice was recorded on the RAS 4-6.

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After completion of the interview, the instructor also filled out Part C of the Mortimer-Filkens Test. (RAS-31). Part C asked the evaluator (instructor) to make several diagnostic conclusions about the client.

(For clarity sake, it should be emphasized that the interviewing process described above generally took place after the first class, even though the description has been included in this discussion of the first class.)

- Collected fees and issues receipts - also during the first class, the instructor collected the \$105 fee (or reduced fee of \$50) which was payable by check or money order. The instructor filled out a receipt for each client indicating that payment had been made; and
- Showed a movie of the instructor's choice. If enough time was available at the end of the first class, many instructors chose to show a movie titled "Under the Influence".
- Second Class: The curriculum for the second class was as follows:
  - Presentation regarding the Reasons for Alcohol Related Laws - this presentation sought to define and discuss the importance of the following topics:
    - definition of alcohol;
    - definition of a drink;
    - discussion of Blood Alcohol Concentrations (or Levels);
    - discussion of the sobering up process; and
    - discussion on the effects of alcohol on feelings and behavior; and
  - Presentation on the effects of alcohol in the body - A second part of the second class curriculum was a presentation on the effects of alcohol in the body. This presentation included specific factual information on many aspects of how alcohol affects the overall body and different organs:



- 
- **Third class:** The curriculum for the third class focused on the following topics:
    - presentation regarding alcoholism. This presentation discussed the concept of alcoholism as a disease and the stages of alcoholism: early; middle; late; and recovery;
    - presentation on the sociological effects of alcoholism and substance abuse. The presentation discussed the more severe OUI penalties used by many other countries and reviewed the effect of alcoholism on:
      - family;
      - welfare;
      - industry;
      - crime;
      - economic; and
      - highway safety;
    - presentation regarding the different treatment resources that are often available either through the workplace or in the local community; and
    - presentation regarding what books are available on OUI, alcoholism, and substance abuse.

By the end of the 3rd class, the instructor had completed all of the individual interviews and informed each client as whether further evaluation would be required.

- **Step 7** - After completion of the 3 class sequence, the instructor forwarded the following documents to DEEP:
  - Class Attendance Register;
  - Registration Form (RAS 4-6);
  - Authorization for Release of Confidential Information (RAS-9A);
  - Client Rights and Responsibilities;
  - Mortimer-Filkens Test; Form A (RAS-53); Form B (RAS-30); and Form C (RAS-31);
  - 12 Hour Journal;

- 
- Client fee payments and copies of receipt of payment; and
  - Instructor Billing form (RAS-32).

If the client received an assessment which required further evaluation, and that same client had selected a service provider, then the instructor mailed the chosen service provider a copy of the DEEP Registration Form (RAS 4-6), which had the pre-assessment results, and a copy of the Authorization for Release of Confidential Information form (RAS-9A).

- **Step 8** - Upon receipt of the documents listed in the previous step, DEEP staff created a case folder for each client and reviewed the assessments;
- **Step 9A** - For those clients who received an assessment which required an evaluation, the client had to receive an evaluation from a DEEP approved (or certified) service provider. (For those clients who received assessments with no requirement for evaluations, see Step 9B);

In accordance with the provisions of PL 1991, chapter 516, first time OUI offender clients who successfully completed the education and assessment components, and served the time of their suspension, could receive a special driver's license which was conditional on the successful completion of the program. This provision was designed to allow clients to drive while undergoing evaluation and/or treatment if either was required, after the period of suspension had been completed. The duration of the special license was limited to 6 months;

- **Step 9A-1** - Those clients who were required to undergo treatment, were responsible for contacting the service provider of their choice and for receiving an evaluation;
- **Step 9A-2** - Upon completion of the evaluation, the service provider filled out the Evaluation Results forms (RAS-7, pages 1 & 2). These forms were used to document the results of the evaluation: i.e. was treatment required for this client? The final recommendation(s) for each client depended on whether the client had satisfactorily met the statutory criterion of completion of treatment:

- 
- an acknowledgement by the client of the extent of the client's alcohol or drug problem;
  - a demonstrated ability to abstain from the use of alcohol and drugs; and
  - a willingness to seek continued voluntary treatment and/or participate in an appropriate self-help program.

The evaluation options were as follows:

- Negative finding - the client did not have a problem with alcohol; no treatment is required; 53% of the clients referred for evaluation had this result; and
- Positive Finding - Treatment Required - the client had a significant problem with alcohol or substance abuse and had not taken significant steps to deal with this illness; treatment is required; 47% of clients referred for evaluation had this finding as an evaluation result.

The Evaluation Results forms (RAS-7) also specified: the type of treatment required; a list of 3 approved treatment providers for the client, if so prescribed, to chose from; and the signatures of the DAFOP Director, Evaluator, Client, and the DEEP Director;

- **Step 9A-2A:** If the evaluation did not indicate the need for treatment, than this result was recorded on the RAS-7. The process for a client with no treatment requirements then jumps to Step 10;
- **Step 9A-3:** For those clients for whom treatment had been required; the client was responsible for contacting the approved service provider that he or she selected from the 3 choices listed on the Evaluation Results form (RAS 7). The client then underwent treatment with that service provider. Upon the successful completion of treatment, the client's service provider filled out a "Treatment Status Form" (RAS 8). A copy of this form was retained by the treatment provider and 2 copies were forwarded to DEEP;
- **Step 9B** - For those clients whose assessment results did indicate the need for further evaluation, the process jumped to step 10;

- 
- **Step 10** - DEEP notified the Secretary of State that the client had successfully completed the requirements of DAFOP. This notification was accomplished by furnishing documentation of the last step required for that client:
    - For those clients with no requirement for evaluation, DEEP forwarded a copy of the client's Registration Form (RAS 4-6);
    - For those clients who needed evaluation only, DEEP forwarded copies of the client's Registration Form (RAS 4-6) and the Evaluation Results Form (RAS 7) to the Secretary of State; or
    - For those clients that did require treatment, DEEP forwarded copies of the client's Registration Form (RAS 4-6) and the Treatment Status (RAS 8) to the Secretary of State;
  - **Step 11** - Upon receipt of the aforementioned DEEP documents, assuming that the client had satisfied any other requirements, the Secretary of State restored the client's drivers license.

**CURRENT ADULT FIRST  
OFFENDER PROGRAM**

Since the effective date (12/23/91) of Public Law 1991, chapter 622, there has been 2 separate categories of first offenders:

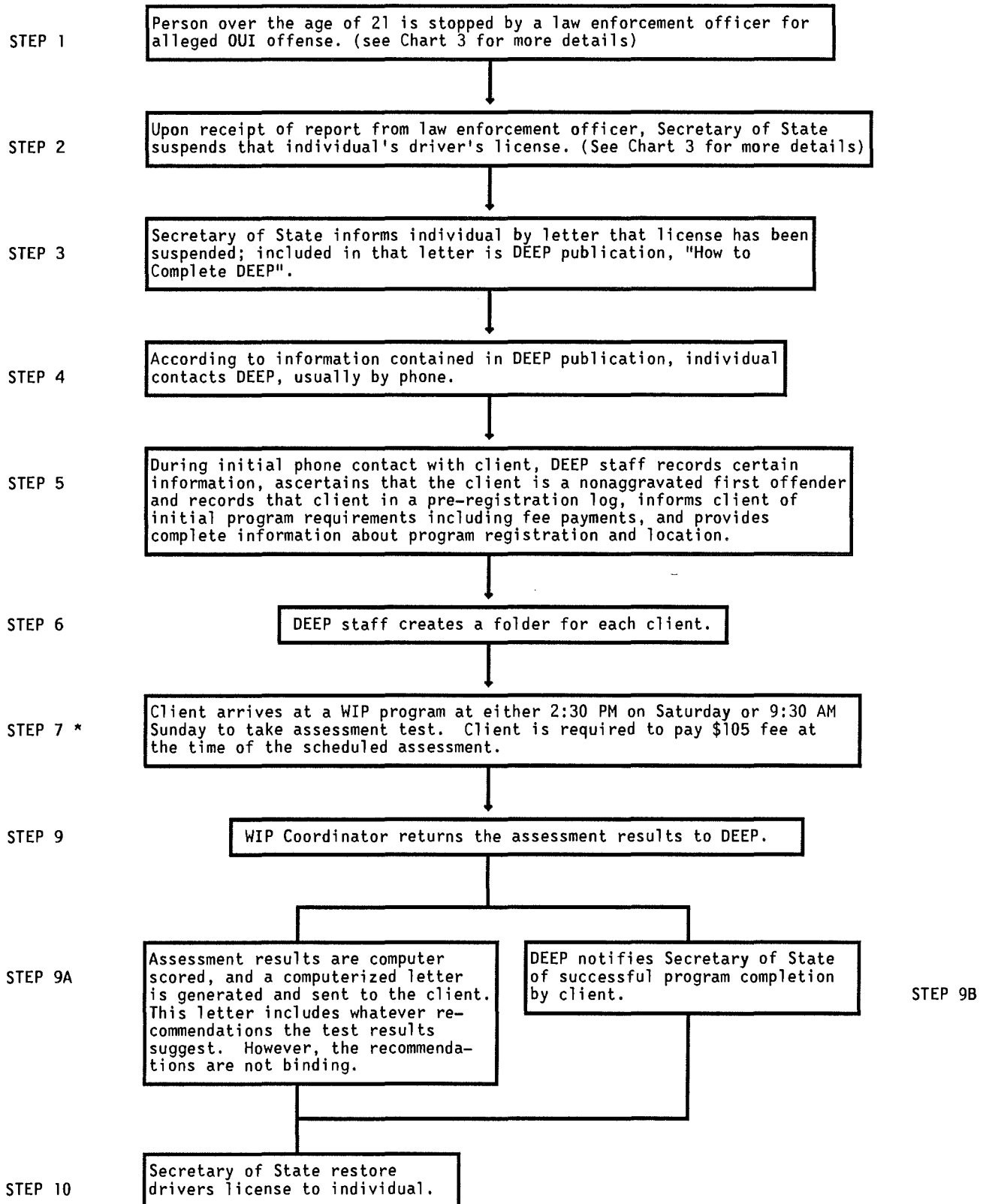
- first, there is the nonaggravated first offender; i.e. an individual who was arrested for an OUI offense who had not had a previous offense within the past 6 years;
- second, there is the aggravated first offender. This individual is described in the same manner as the nonaggravated but also had one or more of the following circumstances at the time of arrest:
  - a BAL of 0.15% or greater;
  - attempting to elude a law enforcement officer;
  - driving 30 MPH or more over the posted speed limit; and
  - failed to submit to a BAL test for an OUI arrest which ended up as a conviction.

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Under current law (5 MRS §20073-A), each of these first offender categories has its own DEEP program requirements:

- a nonaggravated first offender is now required to take an assessment test. DEEP has replaced the Mortimer-Filkens test used in the former DAFOP program with the more up-to-date Substance Abuse/Life Circumstance Evaluation (SALCE). The SALCE may recommend education, further evaluation, or treatment but the client is not required to follow through on any of these recommendations. After having taken the SALCE, the nonaggravated first offender has completed the DEEP program requirements and is able to get his or her drivers license back. This process is illustrated in Chart 4-A (page 53); and
- Aggravated first offenders are now required to attend the Weekend Intervention Program, and are subject to exactly the same process as multiple offenders. Chart 6 (page 92) describes the current process and DEEP requirements for both aggravated first offenders and multiple offenders.

CHART 4-A  
CURRENT NON-AGGRAVATED ADULT FIRST OFFENDER  
Process as administered by  
the Driver Education  
and Evaluation Programs





Total Population - 4,555  
 Total Surveys Sent - 464  
 Total Surveys Returned - 103  
 Return Rate 22%

WPP1727

**STATISTICAL ANALYSIS**

**CLIENT SURVEY**

**DEEP ADULT FIRST OFFENDER PROGRAM**

**Conducted by the Joint Standing Committee on  
 Audit and Program Review**

1. Who made the initial telephone call to register you in the DEEP class? (Circle the number to the right of your answer.)	Self - - - - -	1	86%
	Spouse - - - - -	2	5%
	Friend - - - - -	3	3%
	Parent - - - - -	4	
	Other (Please Specify _____)	5	4%
	<hr/>		N/A

**IF YOU DID NOT CIRCLE NUMBER 1 (SELF) ABOVE, PLEASE SKIP TO QUESTION 6 on the next page.**

2. How many times did you call DEEP before someone answered the telephone? 1.98 Avg.

3. Did you have difficulty contacting DEEP by telephone to register for the course?	Yes - - - - -	1	17%
	No- - - - -	2	69%
	Don't remember- - - - -	3	
	N/A		14%

IF YES, what was the problem in getting through by telephone?	The line was busy - - - - -	1	12%(60)
	It rang but no one answered - - -	2	4%(20)
	Don't remember- - - - -	3	
	Other (Please Specify) _____	4	5%(25)
	<hr/>		N/A

4. Was the DEEP staff person who registered you:  <b>Polite</b>	Very- - - - -	1	57%
	Somewhat- - - - -	2	24%
	Not at all- - - - -	3	2%
	Don't remember- - - - -	4	3%
	N/A		14%



	<b>Informative</b>	Very- - - - -	1	57%
		Somewhat- - - - -	2	18%
		Not at all- - - - -	3	5%
		Don't remember- - - - -	4	
		N/A		19%
5.	Did the DEEP staff person who registered you inform you of the following:	Yes - - - - -	1	51%
		No- - - - -	2	24%
	<b>Fee waivers</b>	Don't remember- - - - -	3	12%
		N/A		13%
	<b>Program Waivers</b>	Yes - - - - -	1	39%
		No- - - - -	2	27%
		Don't remember- - - - -	3	21%
		N/A		13%
	<b>Class locations</b>	Yes - - - - -	1	82%
		No- - - - -	2	4%
		Don't remember- - - - -	3	2%
		N/A		13%
	<b>Time and date of class</b>	Yes - - - - -	1	83%
		No- - - - -	2	3%
		Don't remember- - - - -	3	1%
		N/A		13%
	<b>To bring glasses if needed</b>	Yes - - - - -	1	38%
		No- - - - -	2	32%
		Don't remember- - - - -	3	17%
		N/A		13%
	<b>To bring pen/pencil</b>	Yes - - - - -	1	56%
		No- - - - -	2	17%
		Don't remember- - - - -	3	12%
		N/A		15%
	<b>To bring a check or money order</b>	Yes - - - - -	1	77%
		No- - - - -	2	6%
		Don't remember- - - - -	3	3%
		N/A		15%

---

6.	Did you enroll in the DEEP course within 30 days of receiving a letter from the Division of Motor Vehicles (DMV) about your license suspension?	Yes - - - - -	1	69%
		No- - - - -	2	28%
		Never received a letter from DMV	3	
		Don't remember- - - - -	2	1%
		N/A		2%
	IF NO, what was the major reason you delayed enrolling in DEEP	Financial reasons - - - - -	1	10%(35)
		Transportation problems - - - - -	2	5%(17)

within 30 days? (Circle only one answer.)	Job interference- - - - -	3	4%(14)
	Never received a letter of suspension- - - - -	4	3%(10)
	Did not know about DEEP - - - -	5	1%(3)
	Don't remember- - - - -	6	
	Other (Please Specify)_____	7	6%(21)
	N/A		72%

7. How many miles did you have to travel (one way) to get to the DEEP class? 12.3 Avg. (miles)

8A. How did you get to the DEEP class? 95% Answered

B. If you were driven by someone else, who was it? 74% Answered

9. How many hours (total) did you spend in the DEEP class? 12.4 Avg (hours)

10. Have you been informed that you will be referred for further evaluation-treatment?	Yes - - - - -	1	18%
	No- - - - -	2	76%
	Don't remember/not sure - - - - -	3	4%
	N/A		2%

<u>IF YES</u> , I was referred for evaluation or treatment because: (Circle only one number.)	I had a high BAC- - - - -	1	11%(57)
	I had a high Mortimer-Filkins score	2	4%(21)
	A combination of the above- - - -	3	3%(15)
	Don't know- - - - -	4	2%(10)
	N/A		81%

11. How long has your license been under suspension? 6.2 Avg. (months)

12. What was your Blood Alcohol Concentration (BAC) at the time of your OUI offense?	Under .08 - - - - -	1	4%
	.08 to .15- - - - -	2	48%
	.16 to .20- - - - -	3	27%
	.21 or higher - - - - -	4	6%
	Don't know/dont remember- - - - -	5	7%
	Refused test- - - - -	6	5%
	N/A		4%

13. What was the your Mortimer-Filkins test score?	29 points and under - - - - -	1	16%
	30 to 39 points - - - - -	2	5%
	40 to 49 points - - - - -	3	6%
	50 to 99 points - - - - -	4	
	100 and over- - - - -	5	
	Don't know/don't remember - - - -	6	69%
	N/A		5%

14. What do you need to do next to meet Nothing, I am done- 1 91%  
I need to call an approved

all DEEP requirements? (Circle only one answer.)	evaluator - - - - -	2	2%
	I need to get treatment - - - - -	3	
	I need to call the DEEP office- - - - -	4	1%
	Don't know- - - - -	5	4%
	Other (Please Specify)_____		
	N/A		2%

**QUESTION 15 THROUGH 20 ARE ABOUT THE DEEP COURSE.  
FOR EACH QUESTION, PLEASE CIRCLE THE MOST APPROPRIATE ANSWER.**

15. Blood-Alcohol Concentration tells us the percentage of alcohol to blood.	Yes - - - - -	1	91%
	No- - - - -	2	1%
	Don't Know- - - - -	3	3%
	N/A		5%
16. On average, the body rids (Metabolizes) alcohol at the rate of approximately ___per hour.	.04%- - - - -	1	14%
	.02%- - - - -	2	45%
	.08%- - - - -	3	16%
	Don't Know- - - - -	4	19%
	N/A		7%
17. The higher a person's tolerance to alcohol, the fewer drinks it would take to get high.	Yes - - - - -	1	8%
	No- - - - -	2	83%
	Don't Know- - - - -	3	4%
	N/A		5%
18. A blackout is best described as which of the following?	Memory loss - - - - -	1	77%
	Passing out - - - - -	2	15%
	Falling asleep- - - - -	3	3%
	Don't Know- - - - -	4	2%
	N/A		4%
19. All people at a BAC of .08 percent will show the same level of impairment.	Yes - - - - -	1	8%
	No- - - - -	2	84%
	Don't Know- - - - -	3	2%
	N/A		6%
20. At what BAC is a person's ability to drive affected?	.02%- - - - -	1	50%
	.05%- - - - -	2	20%
	.08%- - - - -	3	19%
	Don't Know- - - - -	4	5%
	N/A		6%

**QUESTIONS 21 THROUGH 26 ARE ABOUT THE DEEP INSTRUCTOR AND CLASS. PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR VIEW.**

21. The DEEP instructor was very knowledgeable of the subject matter.	Strongly agree-	1	57%
	Agree -	2	41%
	Disagree-	3	4%
	Strongly disagree -	4	1%
	N/A		2%
22. The DEEP instructor presented in a professional manner.	Strongly agree-	1	51%
	Agree -	2	42%
	Disagree-	3	3%
	Strongly disagree -	4	2%
	N/A		2%
23. The DEEP instructor encouraged class discussion.	Strongly agree-	1	48%
	Agree -	2	38%
	Disagree-	3	11%
	Strongly disagree -	4	2%
	N/A		2%
24. The DEEP instructor ran a well organized class with scheduled breaks and clear cut course content.	Strongly agree-	1	57%
	Agree -	2	35%
	Disagree-	3	5%
	Strongly disagree -	4	
	N/A		3%
25. The DEEP instructor informed the group in the first class that some class members will be referred for evaluation and/or treatment of alcohol and/or other drugs.	Yes -	1	88%
	No-	2	1%
	Not sure-	3	8%
	N/A		3%
	26. The DEEP class was:	Worthwhile-	1
Not worthwhile-		2	8%
Not sure-		3	4%
N/A			3%

Comments: \_\_\_\_\_

**QUESTIONS 27 through 34 ARE ABOUT DEEP EVALUATION. PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR VIEWS.**

27. Were you referred for further DEEP evaluation?	Yes -	1	20%
	No-	2	76%
	Don't remember/Not sure -	3	2%
	N/A		2%

**IF YOU CIRCLED NUMBER 2 (NO) ABOVE, PLEASE SKIP TO QUESTION 45 ON PAGE 6**

28. The name of my DEEP evaluator is:

14% Answered

Don't remember/Not sure 11%

N/A 76%

29. Please rate your evaluator:                   Excellent - - - - - 1 9%(37)  
  Good- - - - - 2 11%(45)  
  Fair- - - - - 3 1%(4)  
  Poor- - - - - 4 3%(12)  
  Other (please specify)- - - - - 5  
  N/A 76%

Comments: \_\_\_\_\_

30. How many sessions did your evaluation take?   One Session - - - - - 1 7%(30)  
  Two Sessions- - - - - 2 4%(17%)  
  Three Sessions- - - - - 3 6%(26)  
  Four Sessions - - - - - 4 4%(17)  
  More than four sessions - - - - - 5 3%(13)  
  Not yet complete- - - - - 6  
  N/A 77%

31A. At any point of your evaluation, was your evaluation delayed or postponed because of staff changes or vacation time taken by staff employed by your service provider.   Yes - - - - - 1 2%(8)  
  No- - - - - 2 22%(91)  
  Not sure- - - - - 3  
  Other (please specify)- - - - - 4  
  N/A 76%

B. If your answer was "yes" how long was the delay or postponement?   1 wk - 1%  
  N/A 99%

Comments: \_\_\_\_\_

32. How much did your evaluation cost?           Total Cost of Evaluation \$197 Avg. 1  
  Don't remember/not sure - - - - - 2 14%  
  Not yet complete- - - - - 3  
  N/A 77%

Comments: \_\_\_\_\_

33. How did you pay for your evaluation?       Current salary- - - - - 1 13%(61)  
  Savings - - - - - 2 4%(19)  
  Loan- - - - - 3 2%(9)  
  Other (please specify)- - - - - 4 3%(14)  
  N/A 79%

34. In your opinion, the DEEP evaluation that you received was:	Worthwhile- - - - -	1	17%(77)
	Not worthwhile- - - - -	2	6%(27)
	Other (please specify)- - - - -	3	
	N/A		78%
35. Did your evaluator offer a "sliding fee scale"?	Yes - - - - -	1	6%(27)
	No- - - - -	2	13%(59)
	Not sure- - - - -	3	4%(18)
	N/A		78%
B. If yes, did you use it?	Yes - - - - -	1	4%(57)
	No- - - - -	2	3%(43)
	N/A		93%

Comments: \_\_\_\_\_

36. The results of your evaluation were as follows:	You were not referred for treatment	1	9%(39)
	You were referred for treatment -	2	15%(65)
	Your evaluation has not been completed - - - - -	3	
	N/A		77%

Comments: \_\_\_\_\_

**IF YOU DID NOT CIRCLE NUMBER 2 (REFERRED FOR TREATMENT) PLEASE SKIP TO QUESTION 46 ON PAGE 6.**

**QUESTIONS 36 THROUGH 42 ARE ABOUT DEEP TREATMENT**

37. The name of my DEEP treatment provider is:

\_\_\_\_\_ 10% Answered

Don't remember/not sure 4%

N/A 86%

38. Please rate your treatment provider:	Excellent - - - - -	1	5%(35)
	Good- - - - -	2	7%(50)
	Fair- - - - -	3	2%(14)
	Poor- - - - -	4	
	Other (please specify)- - - - -	5	
	N/A		86%

Comments: \_\_\_\_\_

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39. How many sessions did your treatment take?

Less than 4 sessions- - - - -	1	1%(7)
4 to 6 sessions - - - - -	2	5%(35)
8 to 11 sessions- - - - -	3	4%(28)
12 to 17 sessions - - - - -	4	1%(7)
18 or more sessions - - - - -	5	2%(14)
Not yet complete- - - - -	6	1%(7)
N/A		86%

Comments: \_\_\_\_\_

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40A. At any point of your treatment, was your treatment delayed, or completion of the treatment requirements postponed because of staff changes or vacation taken by staff employed by your service provider?

Yes - - - - -	1	2%(15)
No- - - - -	2	11%(84)
Not sure- - - - -	3	
Other (please specify)- - - - -	4	
N/A		87%

40B. If your answer was "yes," how long was the delay or postponement? 1 wk. - 2%  
 N/A 98%

Comments: \_\_\_\_\_

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41. How much did your treatment cost?

Total cost of treatment	\$408 Avg.
Don't remember/not sure	7%
Not yet complete	1%
N/A	87%

Comments: \_\_\_\_\_

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42. If you had been able to, would you have chosen to use your evaluator for treatment?

Yes - - - - -	1	6%(46)
No- - - - -	2	6%(46)
Not sure- - - - -	3	1%(7)
N/A		87%

Comments: \_\_\_\_\_

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43A. Did your treatment provider offer a "sliding fee scale"?

Yes - - - - -	1	4%(30)
No- - - - -	2	6%(46)
Not sure- - - - -	3	3%(23)
N/A		87%

B. If yes, did you use it?

Yes	- - - - -	1	3%(75)
No	- - - - -	2	1%(25)
N/A			96%

Comments: \_\_\_\_\_

44A. Did you have health insurance that covered the cost of treatment?

Yes	- - - - -	1	7%(53)
No	- - - - -	2	5%(38)
Not sure	- - - - -	3	1%(7)
N/A			87%

B. If your answer was "no," how did you pay for treatment?

Current salary	- - - - -	1	5%(71)
Savings	- - - - -	2	2%(28)
Loan	- - - - -	3	
Other (please specify)	_____	4	
N/A			93%

Comments: \_\_\_\_\_

45. In your opinion, the DEEP treatment that you received was:

Worthwhile	- - - - -	1	10%
Not worthwhile	- - - - -	2	1%
Other (please specify)	- - - - -	3	2%
N/A			87%

Comments: \_\_\_\_\_

BACKGROUND INFORMATION

46. What is your Date of Birth? \_\_\_\_\_ 1954 Avg.

Sex: Male	_____	1	72%
Female	_____	2	25%
		N/A	3%

48. How many years of school did you complete \_\_\_\_\_ 12.7 Avg. (years)

49. How could the DEEP Adult First Offender Program be improved?

Suggestions/Comments: \_\_\_\_\_ 67% Answered



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50. NAME (OPTIONAL)

50% Answered

(Please note that signing your name is optional. All personal survey results will be kept confidential.)

Thank you for your time, your comments and suggestions, and for completing this survey. If you would like to be updated on the information we have collected, please contact the Office of Fiscal and Program Review, State House Station #5, Augusta, Maine 04333. Telephone (207) 289-1635.

**NOTE: Aside from this statistical analysis, the Committee compiled all of the written responses to this survey into one document. This lengthy collection of annotated results can be obtained by contacting:**

**OFFICE OF FISCAL  
AND PROGRAM REVIEW  
STATE HOUSE STATION #5  
AUGUSTA, MAINE 04333**

**TELEPHONE - 289-1635**

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## DEEP-TEEN PROGRAM

### PURPOSE AND AUTHORIZATION

The Driver Education Evaluation Program-Teen Program, commonly referred to as the DEEP-Teen Program, is mandated by state law as the DEEP Program for first time OUI offenders under the age of 21 at the time of the offense. The DEEP-Teen program is separate from the Adult First Offender Program which is for persons over the age of 21 at the time of their first OUI offense.

Under current law [5 MRSA §20073-A (2)], the DEEP-Teen program has the following components:

- all DEEP-Teen clients are required to successfully complete an **educational program** of at least 10 hours in length which is designed to educate, at an age appropriate level, teenage clients on substance use, abuse, and addiction. The educational program is required to make use of a group discussion format which is to include segments on values clarification, peer pressure, and decision making;
- all DEEP-Teen clients are also required to receive an **assessment component** which is intended to provide a preliminary indication of the clients actual, or potential for, alcohol and substance abuse;
- The preliminary assessment determines which DEEP-Teen clients have a need to undergo a complete **evaluation**. If required by the preliminary assessment results, the evaluation is intended to identify whether the client is an abuser of alcohol and other drugs; and
- If an evaluation was required for a particular DEEP-Teen client, that evaluation will determine whether that client will be required to undergo **treatment**. The purpose of required treatment is to address the client's specific substance abuse problem.

### HISTORY

DEEP-Teen was established by statute in 1983; DEEP began administering the program in 1984. Then, as is now, the classroom, or educational component, of DEEP-Teen was provided by the Chemical Alternatives Program in Department of Corrections through an administrative agreement with DEEP.

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## STAFFING AND ORGANIZATION

Depending on the particular component, the DEEP-Teen program is provided by a number of different individuals:

- In an administrative sense, DEEP-Teen is largely administered and overseen by DEEP. From an organizational perspective, as a first offender program, DEEP-Teen is included under the responsibilities of the Manager for the Adult First Offender Program. As shown in Chart 2 (page 11), this unit includes the following staff who work on or with the DEEP-Teen Program:
  - Substance Abuse Program Specialist - responsible for overall coordination, administration, and approval authority for the DEEP-Teen program and provides case management for all DEEP clients; and
  - Clerk Typist II - performs required clerical and secretarial duties for the DEEP-Teen program;

As mentioned earlier, the classroom component is provided by the Chemical Alternatives Program (CAP) which is a part of the Department of Corrections. CAP provides the classroom component for the DEEP-Teen Program through the use of a Memorandum of Agreement. To summarize this agreement briefly:

- CAP agrees to:
  - provide the necessary number of prescheduled classes in strategic locations for DEEP-Teen clients estimated to be not more than 1,000 per year;
  - develop and maintain an updated curriculum;
  - administer the assessment instrument and arrange for its prompt return to DEEP for scoring purposes;
  - provide completed registration and release forms for each client within 5 days of the completion of the class; and
  - provide necessary data and required information to DEEP as well as respond to any complaints and criticisms.
- In return, DEEP has the following responsibilities under the Memorandum of Agreement:

- 
- register all eligible clients, and notify CAP as to the need for adjustment in regional class offerings;
  - collect all fees;
  - provide all required DEEP forms;
  - score all tests and make referrals for evaluation;
  - score tests for CAP clients (those who are not DEEP-Teen clients) and promptly return results to CAP;
  - administer all responsibilities of the referral process;
  - communicate with Division of Motor Vehicles regarding client completion of DEEP-Teen; and
  - receive complaints, concerns, and comments regarding CAP and communicate these issues to the CAP Director;

- The Memorandum of Agreement includes the following terms:

- referrals will be limited to 1,000;
- classes will be held in specific locations at least quarterly;
- If necessary, DEEP will subsidize quarterly CAP classes in an amount of up to \$200;
- DEEP will pay CAP \$25 for each DEEP-Teen client who successfully completes the course;
- DEEP will also make monthly payments to CAP which total \$27,930 for a year, to cover administrative (secretarial) and STA-CAP costs; and
- DEEP will receive \$6.50 for each scored test submitted by a CAP client.

CAP is staffed by a Director (Substance Abuse Specialist II), and a Clerk Typist II. The Director's salary is paid by the Department of Corrections from a General Fund appropriation. As mentioned earlier, the Clerk Typist II position is funded by DEEP as stated in the Memorandum of Agreement. By agreement, one

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third of the Clerk Typist II's time is spent working for the Division of Probation and Parole, which shares leased office space with CAP in Skowhegan.

In addition to the approximately 1,000 DEEP-Teen clients referred to CAP (1,020 in FY 91), CAP has its "own" clients. The CAP clients are referred to CAP by the Division of Probation and Parole. In Fiscal Year 1991, CAP had a total of 161 CAP referrals.

### **PROGRAM CONTENT AND PROCESS**

The classes offered by CAP are currently offered in the following locations:

- Auburn;
- Augusta;
- Bangor;
- Houlton;
- Machias;
- Madawaska;
- Portland;
- Presque Isle;
- Rockland;
- Sanford;
- Skowhegan;
- South Paris
- Topsham; and
- Waterville.

In general, classes are available according to demand; ranging from 24 CAP programs in Portland to 4 in South Paris. With the exception of the quarterly classes offered in South Paris and Machias, the other more frequently scheduled classes are tentative until a minimum of 8 students have preregistered. The scheduled CAP offerings in South Paris and Machias are guaranteed regardless of enrollment. By prior agreement, DEEP will subsidize the cost of providing the South Paris and Machias CAP programs, if the revenue from enrollments does not equal the cost of offering the program(s).

Most (75%) of the CAP programs are offered in four classes of 2.5 hours in length. Several (25%) classes are offered on weekends in two classes; each of which are 5 hours in length. With the exception of the classes held in Augusta, Waterville, and Bangor, the CAP classes are held in rent-free facilities.

The individuals who teach the CAP classes are referred to as "Facilitators." CAP facilitators are hired by the CAP Director and paid on a fee-for-service basis. Currently, the CAP facilitators are paid \$25 per client; therefore, CAP Facilitators will earn anywhere from \$200 (for a minimum of eight students) to \$450 (for a maximum class of 18 students).

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The following section describes in detail the process which a DEEP-Teen client goes through from start to finish. This process is also depicted in a summarized form in Charts 3 (pages 39-41) and 5 (page 70).

**Step 1** - Person under the age of 21 is stopped by a law enforcement officer for allegedly operating a motor vehicle while under the influence of alcohol or other drugs;

**Step 2** - The arresting law enforcement officer submits a report to the Secretary of State. Upon receipt of that report, the Secretary of State administratively suspends that person's drivers license. In this particular scenario, a first time offender under the age of 21 with a BAL of at least .02 has been apprehended. Therefore, in accordance with 29 MRSa §2241-G (2) B, the driver's license is suspended for 1 year;

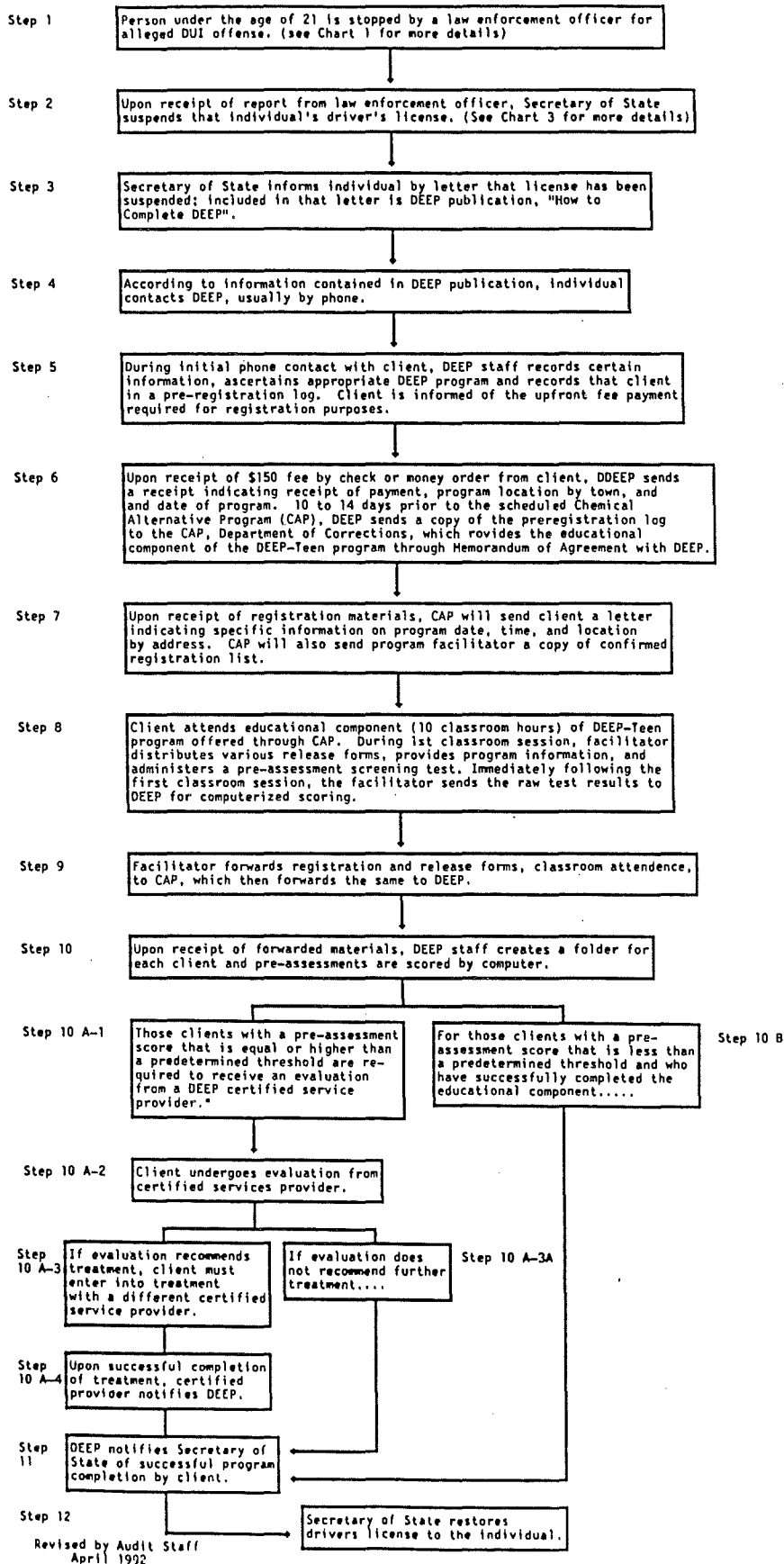
**Step 3** - The Secretary of State notifies the individual by letter that their driver's license has been suspended. That same letter also indicates that the person must successfully complete a DEEP program in order to have the license reinstated. A DEEP pamphlet entitled "How to Complete DEEP" is included with the letter. This pamphlet provides the DEEP phone number and a basic program description. Most importantly, the letter and the pamphlet indicate that it is the individual's responsibility to contact DEEP for program registration purposes;

**Step 4** - Using the phone number provided in the "How to Complete DEEP" pamphlet; the individual calls DEEP;

**Step 5** - During the initial phone contact, DEEP staff follow a routine of questions and information gathering:

- client is asked for their full name, social security number, date of birth, day-time phone number, current mailing address, and the date of the OUI offense in question. Through a computer link-up with the Secretary of State, the DEEP staff person is able to use the client's name, date of birth, social security number, and date of OUI offense to access 2 computer "screens". The first screen provides a list of any subsequent OUI offenses incurred by the individual. From this information, the DEEP staff person is able to ascertain that this particular client must take DEEP-Teen.

CHART 5  
DEEP-TEEN Process  
as administered by  
the Division of Driver  
Education Evaluation Programs



Revised by Audit Staff  
April 1992

\* In accordance with the provisions of PL 1991, Ch. 516, First time offender clients who have successfully completed the education and assessment components and served the time of their suspension, can receive a special driver's license which conditioned on the successful completion of the program. This provision is designed to allow clients to drive while undergoing evaluation and treatment if such is required after the period of suspension has been completed.

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After determining DEEP-Teen placement, the staff person indicates to the client that DEEP-Teen is the required program and informs the client of the upcoming schedule and asks which DEEP-Teen class the client wants to attend. Based on the client's choice, the staff person records the client's name, address, telephone number, social security number, date of OUI offense, and date of birth on a phone registration sheet and informs the client of the address, date and time of the DEEP-Teen class for which they have signed up. A separate phone registration sheet has been prepared for each upcoming DEEP-Teen; the staff person uses the appropriate sheet (or form) for the date/location chosen by the client. In addition, the staff person accesses a second computer screen from the Secretary of State to obtain the blood alcohol level (BAL) test results from the OUI offense, and enters that information on the phone registration sheet;

- Having ascertained the client's need to take DEEP-Teen and the client's choice of a scheduled DEEP-Teen offering, the staff person indicates to the client that:
  - prepayment of \$150 must be made by check or money order prior to the first class with their name and class location/date indicated on the payment instrument; and
  - a reduced fee of \$75 is available if the client is a food stamp or Medicaid recipient.
- During this initial phone conversation, the staff person also asks if the client has been through treatment or counseling since the OUI offense. The staff person informs the client that Non-Driver is an option for those clients who have been, or are currently in treatment, subsequent to the date of their offense;

**Step 6** - Upon receipt of the \$150 fee by check or money order from the client, DEEP sends a receipt indicating receipt of payment, program location by town, and date of program. Approximately 10 to 14 days prior to the scheduled DEEP-Teen program, DEEP will send a copy of the completed pre-registration log to the previously mentioned Chemical Alternatives Program (CAP) which is a program offered by the Department of Corrections through a Memorandum of Agreement with DEEP;



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**Step 7** - After receipt of the registration log(s) from DEEP, CAP will send each client a letter which discusses the scheduled class and various requirements. At this time, CAP also develops a Class Attendance Register and sends a copy to the Facilitator for a particular class. In addition, for its own internal class use, CAP also develops a list of registrants for each scheduled program. This list includes name, phone number, date of birth, address, and BAL test results.

**Step 8** - The client attends the CAP offering. As previously mentioned, by law, the educational (or classroom) component is 10 hours in length. Most of the CAP programs are offered in four sessions of 2 1/2 hours in length.

The CAP Facilitators teach according to a "Facilitator's Handbook" which was developed in 1983 by CAP Director Paul Vestal, Jr. This handbook has been periodically supplemented through the use of memos which are distributed to all current CAP Facilitators. CAP Facilitators are expected to teach from the contents of the Handbook but they are not expected to follow it rigidly.

Given that each Facilitator will teach the CAP materials according to a sequence of their own choosing, the contents of each class is likely to vary. However, the first class is used by all CAP Facilitators to accomplish the following tasks:

- each client is required to fill out a number of forms:
  - Registration Form (RAS 4-6). Clients are asked to provide factual information regarding personal history, financial status, family, employment, and any previous OUI/DEEP involvement. The remainder of the RAS 4-6 functions as a form for the recording of the preliminary results. This section is completed by DEEP after the pre-assessment instrument has been scored;
  - Authorization for Release of Confidential Information, DDEEP Instructors/Facilitators (RAS-9A). This form provides the client's authorization for the release of needed confidential information to DEEP and the Secretary of State; and
  - Client Rights and Responsibilities Signature of this form by a client acknowledges certain rights which include choice of provider(s), right

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to appeal through a hearing process, right to confidentiality, right to have attendance waived through Non-Driver, right to a reduced fee, right to a prompt and courteous inquiry made to DEEP staff, and a right to a special driver's license upon successful completion of the DEEP-Teen class.

After collecting these forms, the Facilitator will review them immediately for completeness. Any incomplete forms will be returned to the DEEP-Teen client.

- Take class attendance through use of the previously mentioned "Class Attendance Register". This form is used for attendance purposes for all classes and for recording certain test results and administrative requirements for each client. The class attendance registers are returned to DEEP after the final class;
- Make introductory remarks which seek to:
  - explain DEEP and the various legal requirements of DEEP-Teen;
  - provide certain "housekeeping" information such as facility rules and layout;
  - explain class attendance requirements; and
  - discuss the overall schedule;
- Administer the Juvenile Automated Substance Abuse Evaluation. The DEEP-Teen Program currently uses the Juvenile Automated Substance Abuse Evaluation (JASE) as the pre-assessment tool. Briefly described, the JASE, which is a product of ADE Incorporated, is a self-reporting, computer scored test consisting of 102 questions. DEEP-Teen has used JASE as the pre-assessment instrument since August 1, 1990.

The JASE is administered by the Facilitator during the first night of the CAP program. The completed tests are sent directly to DEEP where they are scored by a computer. The computer scoring costs \$6.50 per test. For DEEP-Teen clients, the fee is included within the \$105 course fee; CAP clients (non-DEEP-Teen) must pay the \$6.50 charge by separate check or money order which is to be submitted to DEEP with the completed JASE.

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A summary score of 6 or more on the JASE will result in a required evaluation. DEEP-Teen clients with a JASE score of more than 6 are notified through the use of a DEEP form letter that they are required to undergo evaluation with a DEEP approved service provider (for more on this step, please refer to step 10 A-1). In Fiscal Year 1991, a total of 684 clients completed the CAP program. Of that total, 242 (35%) were referred for an evaluation on the basis of the JASE results.

DEEP forwards a copy of the RAS 4-6 to those DEEP-Teen clients with a JASE score of less than 6. This copy of the RAS 4-6 indicates the results of the pre-assessment and that the DEEP-Teen program has been satisfactorily completed.

It is significant to note that, aside from administering the JASE, the CAP Facilitators are not involved in making the decision as to whether a DEEP-Teen client will be required to undergo evaluation. This decision is based solely upon the results of the JASE. When compared to the former DAFOP and WIP, the lack of facilitator involvement is unique; in each of the other 2 programs the equivalent staff persons (Instructors for DAFOP and Counselors for WIP) are involved in the decision as whether evaluation (DAFOP) and treatment (WIP) will be required for a particular client.

As previously mentioned, the CAP Facilitators are required to teach the material in the Facilitators Handbook but they are allowed a great deal of latitude in how they choose to organize and present the material. The Handbook contains 5 lesson plans. These lesson plans, with their objectives, are as follows:

- Lesson Plan I; Introduction and orientation. This lesson plan focuses on familiarizing clients with expectations of the program, orienting clients to the course materials, and accomplishing various housekeeping and administrative tasks;
- Lesson Plan A; Alcohol. This lesson plan has, as its primary objective, the goal of stimulating a client's thinking and awareness of the chemical most often used by adolescents. This awareness is to be accomplished through the presentation of factual information, discussion, and group exercises;

- 
- Lesson Plan D; Drugs. The objective of this lesson plan is to have clients focus on their use of various drugs. The intent is to have clients question previous usage and make new decisions regarding the use of drugs;
  - Lesson Plan V; Values, Choices, Peer Pressure, Decisions. The objective of this lesson plan is to facilitate the thought process of clients by encouraging the use of new decision-making techniques; and
  - Lesson Plan L; Law. This fifth lesson plan is now taught as a part of the other lesson plans. The intent is to provide factual knowledge about the requirements of current OUI related law.
  - **Step 9** - Upon completion of the CAP course, the Facilitator sends the following documents to the CAP office in Skowhegan:
    - Class Attendance Register;
    - Registration Form;
    - Release Form; and
    - CAP Confidential Report (CAP 1) - This document is used by CAP to communicate the Facilitator's personal observations about each client. This report is retained by the CAP Director who may refer to it if further information is needed after completion of the CAP program.

After recording information for its own files, CAP sends the Class Attendance Register, Registration Forms, and Release Forms to DEEP.

As final step to the client's successful completion of CAP, the CAP Director and class Facilitator will sign a Certificate of Completion which is sent to the client.

- **Step 10** - Upon receipt of the documents listed in the previous step, DEEP staff creates a case folder for each DEEP-Teen client and reviews the assessments;
- **Step 10A-1** - For those clients who received an assessment which required an evaluation, the client must receive an evaluation from a DEEP

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approved (or certified) service provider. (For those clients who received assessments with no requirement for evaluations, see Step 10 B);

In accordance with the provisions of PL 1991, chapter 516, first time OUI offender clients who have successfully completed the education and assessment components, and served the time of their suspension, can receive a special driver's license which is conditional on the successful completion of the program. This newly enacted provision is designed to allow clients to drive while undergoing evaluation and/or treatment if either is required, after the period of suspension has been completed. The duration of the special license is limited to 6 months;

- **Step 10A-2** - Those clients who are required to undergo evaluation, are responsible for contacting the service provider of their choice and for receiving an evaluation. The selected evaluator will obtain the client's signature on the Authorization for Release of Confidential Information; Evaluators and Treatment Providers. (RAS 9B);
  
- **Step 10A-3** - Upon completion of the evaluation, the service provider fills out the Evaluation Results forms (RAS-7, pages 1 & 2). These forms are used to document the results of the evaluation: i.e. is treatment required for this client? The final recommendation(s) for each client depends on whether the client has satisfactorily met the statutory criterion of completion of treatment:
  - an acknowledgement by the client of the extent of the client's alcohol or drug problem;
  - a demonstrated ability to abstain from the use of alcohol and drugs; and
  - a willingness to seek continued voluntary treatment and/or participate in an appropriate self-help program.

The evaluation options are as follows:

- Negative finding - the client does not have a problem with alcohol; no treatment is required; In FY 1991, 77% of the DEEP-Teen clients referred for evaluation had this result; and

- 
- Positive Finding - Treatment Required - the client has a significant problem with alcohol or substance abuse and has not taken significant steps to deal with this illness; treatment is required; In FY 1991, 23% of the DEEP-Teen clients referred for evaluation had this finding as an evaluation result.

The Evaluation Results forms (RAS-7) also specifies: the type of treatment required; a list of 3 approved treatment providers for the client, if so prescribed, to choose from; and the signatures of the Substance Abuse Program Specialist (who oversees the DEEP-Teen Program), Evaluator, Client, and the chief executive officer of DEEP;

- **Step 10A-3A:** If the evaluation did not indicate the need for treatment, then this result is recorded on the RAS-7. The process for a client with no treatment requirements then jumps to Step 11;
- **Step 10A-4:** For those clients for whom treatment has been required; the client is responsible for contacting the approved service provider that he or she selected from the 3 choices listed on the Evaluation Results form (RAS 7). The client then undergoes treatment with that service provider. Upon the successful completion of treatment, the client's service provider fills out a "Treatment Status Form" (RAS 8). A copy of this form is retained by the Treatment Provider and 2 copies are forwarded to DEEP;
- **Step 10B** - For those clients whose assessment results did not indicate the need for further evaluation, the process jumps to Step 11;
- **Step 11** - DEEP notifies the Secretary of State that the client has successfully completed the requirements of DEEP-Teen. This notification is accomplished by documentation of the last step required for that client:
  - For those clients with no requirement for evaluation, DEEP forwards a copy of the client's Registration Form (RAS 4-6);
  - For those clients who only needed evaluation, DEEP forwards copies of the client's Registration Form (RAS 4-6) and the Evaluation Results Form (RAS 7) to the Secretary of State; or

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- For those clients that did require treatment, DEEP forwards copies of the client's Registration Form (RAS 4-6) and the Treatment Status (RAS 8) to the Secretary of State;

- **Step 12** - Upon receipt of the aforementioned DEEP documents, assuming that the client has satisfied any other requirements, the Secretary of State will restore the client's drivers license.

Total Population FY 1991 - 684  
 Total Surveys Sent - 333  
 Total Surveys Returned -78  
 Return Rate - 23%  
 WPP1731

**STATISTICAL RESULTS**

**CLIENT SURVEY**

**DEEP TEEN**

**Conducted by the Joint Standing Committee on  
 Audit and Program Review**

1. Who made the initial telephone call to register you in the DEEP class? (Circle the number to the right of your answer.)	Self - - - - -	1	77%
	Spouse - - - - -	2	
	Friend - - - - -	3	
	Parent - - - - -	4	19%
	Other (Please Specify _____)	5	3%
	N/A		1%

**IF YOU DID NOT CIRCLE NUMBER 1 (SELF) ABOVE, PLEASE SKIP TO QUESTION 6 on the next page.**

2. How many times did you call DEEP before someone answered the telephone? 2,5 Avg.

3. Did you have difficulty contacting DEEP by telephone to register for the course?	Yes - - - - -	1	28%
	No- - - - -	2	46%
	Don't remember- - - - -	3	
	N/A		24%

IF YES, what was the problem in getting through by telephone?	The line was busy - - - - -	1	14(38)
	It rang but no one answered - - - -	2	10(27)
	Don't remember- - - - -	3	3(8)
	Other (Please Specify) _____	4	8(22)
	N/A		64

4. Was the DEEP staff person who registered you:  <b>Polite</b>	Very- - - - -	1	31%
	Somewhat- - - - -	2	36%
	Not at all- - - - -	3	5%
	Don't remember- - - - -	4	6%
	N/A		22%



		Very- - - - -	1	29%
	<b>Informative</b>	Somewhat- - - - -	2	31%
		Not at all- - - - -	3	9%
		Don't remember- - - - -	4	6%
		N/A		24%
5.	Did the DEEP staff person who registered you inform you of the following:	Yes - - - - -	1	37%
		No- - - - -	2	27%
	<b>Fee waivers</b>	Don't remember- - - - -	3	14%
		N/A		22%
	<b>Program Waivers</b>	Yes - - - - -	1	24%
		No- - - - -	2	35%
		Don't remember- - - - -	3	18%
		N/A		23%
	<b>Class locations</b>	Yes - - - - -	1	71%
		No- - - - -	2	6%
		Don't remember- - - - -	3	3%
		N/A		21%
	<b>Time and date of class</b>	Yes - - - - -	1	63%
		No- - - - -	2	14%
		Don't remember- - - - -	3	1%
		N/A		22%
	<b>To bring glasses if needed</b>	Yes - - - - -	1	12%
		No- - - - -	2	53%
		Don't remember- - - - -	3	14%
		N/A		22%
	<b>To bring pen/pencil</b>	Yes - - - - -	1	50%
		No- - - - -	2	23%
		Don't remember- - - - -	3	5%
		N/A		22%
	<b>To bring a check or money order</b>	Yes - - - - -	1	49%
		No- - - - -	2	19%
		Don't remember- - - - -	3	9%
		N/A		23%
6.	Did you enroll in the DEEP course within 30 days of receiving a letter from the Division of Motor Vehicles (DMV) about your license suspension?	Yes - - - - -	1	40%
		No- - - - -	2	55%
		Never received a letter from DMV	3	1%
		Don't remember- - - - -	2	3%
		N/A		1%

IF NO, what was the major reason you delayed enrolling in DEEP within 30 days? (Circle only one answer.)

Financial reasons - - - - -	1	21%(38)
Transportation problems - - - - -	2	8%(14)
Job interference- - - - -	3	3%(5)
Never received a letter of suspension- - - - -	4	
Did not know about DEEP - - - - -	5	
Don't remember- - - - -	6	1%(1)
Other (Please Specify)_____	7	23%(41)
<u>N/A</u>		45%

7. How many miles did you have to travel (one way) to get to the DEEP class? 24.6 Avg.  
(miles)

8A. How did you get to the DEEP class? \_\_\_\_\_ 99% Answered

B. If you were driven by someone else, who was it? \_\_\_\_\_ 76% Answered

9. How many hours (total) did you spend in the DEEP class? 7.4 Avg.  
(hours)

10. Have you been informed that you will be referred for further evaluation-treatment?	Yes - - - - -	1	41%
	No- - - - -	2	58%
	Don't remember/not sure - - - - -	3	1%
<u>IF YES</u> , I was referred for evaluation or treatment because: (Circle only one number.)	I had a high BAC- - - - -	1	6%
	I had a high Jose test score- - -	2	18%
	A combination of the above- - - -	3	4%
	Don't know- - - - -	4	10%
	<u>N/A</u>		62%

11. How long has your license been under suspension? - - - - - 8.6% Avg.  
(months)

12. Did your parents delay your entry into the DEEP program?	Yes - - - - -	1	3%
	No- - - - -	2	97%
	Other (please specify)- - - - -	3	

13. Did your parents delay you in getting your driver's license back?	Yes - - - - -	1	3%
	No- - - - -	2	97%
	Other (please specify)- - - - -	3	

14. What was your Blood Alcohol Concentration (BAC) at the time of your OUI offense?	Under .08 - - - - -	1	36%
	.08 to .15- - - - -	2	47%
	.16 to .20- - - - -	3	8%
	.21 or higher - - - - -	4	5%
	Don't know/don't remember- - - -	5	3%
	Refused test- - - - -	6	1%

15. What was your JASE test score?	Below a 6 - - - - -	1	1%
	6 or above- - - - -	2	10%
	Not sure/Don't remember - - - - -	3	86%
	<u>N/A</u>		3%

16. What do you need to do next to meet all DEEP requirements? (Circle only one answer.)	Nothing, I am done- - - - -	1	94%
	I need to call an approved evaluator - - - - -	2	4%
	I need to get treatment - - - - -	3	3%
	I need to call the DEEP office- - - - -	4	
	Don't know- - - - -	5	
	Other (Please Specify)_____		

**QUESTION 17 THROUGH 22 ARE ABOUT THE DEEP COURSE.  
FOR EACH QUESTION, PLEASE CIRCLE THE MOST APPROPRIATE ANSWER.**

17. Blood-Alcohol Concentration tells us the percentage of alcohol to blood.	Yes - - - - -	1	86%
	No- - - - -	2	3%
	Don't Know- - - - -	3	9%
	N/A		3%
18. On average, the body rids (Metabolizes) alcohol at the rate of approximately ___per hour.	.04%- - - - -	1	13%
	.02%- - - - -	2	51%
	.08%- - - - -	3	5%
	Don't Know- - - - -	4	28%
	N/A		3%
19. The higher a person's tolerance to alcohol, the fewer drinks it would take to get high.	Yes - - - - -	1	10%
	No- - - - -	2	82%
	Don't Know- - - - -	3	6%
	N/A		1%
20. A blackout is best described as which of the following?	Memory loss - - - - -	1	79%
	Passing out - - - - -	2	19%
	Falling asleep- - - - -	3	
	Don't Know- - - - -	4	
	N/A		1%
21. All people at a BAC of .08 percent will show the same level of impairment.	Yes - - - - -	1	3%
	No- - - - -	2	87%
	Don't Know- - - - -	3	9%
	N/A		1%
22. At what BAC is a person's ability to drive affected?	.02%- - - - -	1	64%
	.05%- - - - -	2	5%
	.08%- - - - -	3	23%
	Don't Know- - - - -	4	6%
	N/A		1%

**QUESTIONS 23 THROUGH 28 ARE ABOUT THE DEEP INSTRUCTOR AND CLASS. PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR VIEW.**

23. The DEEP instructor was very knowledgeable of the subject matter.	Strongly agree-	1	58%
	Agree - - - - -	2	37%
	Disagree- - - - -	3	4%
	Strongly disagree - - - - -	4	
	N/A		1%
24. The DEEP instructor presented in a professional manner.	Strongly agree-	1	42%
	Agree - - - - -	2	53%
	Disagree- - - - -	3	4%
	Strongly disagree - - - - -	4	
	N/A		1%
25. The DEEP instructor encouraged class discussion.	Strongly agree-	1	67%
	Agree - - - - -	2	31%
	Disagree- - - - -	3	1%
	Strongly disagree - - - - -	4	
	N/A		1%
26. The DEEP instructor ran a well organized class with scheduled breaks and clear cut course content.	Strongly agree-	1	49%
	Agree - - - - -	2	42%
	Disagree- - - - -	3	6%
	Strongly disagree - - - - -	4	1%
	N/A		1%
27. The DEEP instructor informed the group in the first class that some class members will be referred for evaluation and/or treatment of alcohol and/or other drugs.	Yes - - - - -	1	82%
	No- - - - -	2	10%
	Not sure- - - - -	3	6%
	N/A		1%
28. The DEEP class was:	Worthwhile- - - - -	1	68%
	Not worthwhile- - - - -	2	27%
	Not sure- - - - -	3	5%
Comments: _____			

**QUESTIONS 29 through 38 ARE ABOUT DEEP EVALUATION. PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR VIEWS.**

29. Were you referred for further DEEP evaluation?	Yes - - - - -	1	40%
	No- - - - -	2	59%
	Don't remember/Not sure - - - - -	3	
	N/A		1%

**IF YOU CIRCLED NUMBER 2 (NO) ABOVE, PLEASE SKIP TO QUESTION 48 ON PAGE 7**

30. The name of my DEEP Evaluator is:  
18% Answered

Don't remember/Not sure 22%  
 N/A 60%

31. Please rate your evaluator:

Excellent - - - - -	1	17%(38)
Good- - - - -	2	17%(38)
Fair- - - - -	3	4%(9)
Poor- - - - -	4	5%(11)
Other (please specify)- - - - -	5	1%(2)
N/A		56%

Comments: \_\_\_\_\_

32. How many sessions did your evaluation take?

One Session - - - - -	1	1%(2)
Two Sessions- - - - -	2	17%(40)
Three Sessions- - - - -	3	8%(19)
Four Sessions - - - - -	4	13%(30)
More than four sessions - - - - -	5	4%(9)
Not yet complete- - - - -	6	
N/A		58%

33A. At any point of your evaluation, was your evaluation delayed or postponed because of staff changes or vacation time taken by staff employed by your service provider?

Yes - - - - -	1	4%(9)
No- - - - -	2	38%(86)
Not sure- - - - -	3	1%(2)
Other (Please specify)- - - - -	4	
N/A		56%

B. If your answer was "yes," how long was the delay or postponement?

1 wk - 3% (50)
<u>2 wk - 3% (50)</u>

Comments: \_\_\_\_\_

34. How much did your evaluation cost?

Total Cost of Evaluation \$ <u>90</u> Avg. <u>1</u>		
Don't remember/not sure - - - - -	2	14%
Not yet complete- - - - -	3	
N/A		56%

Comments: \_\_\_\_\_

35. How did you pay for your evaluation?

Current salary- - - - -	1	21%(47)
Savings - - - - -	2	14%(31)
Loan- - - - -	3	1%(2)
Parents - - - - -	4	6%(13)
Other (please specify)- - - - -	5	1%(2)
N/A		56%

Comments: \_\_\_\_\_

36A. Did your evaluator offer a "sliding fee scale"?  
Yes - - - - - 1 8%(19)  
No- - - - - 2 24%(57)  
Not sure- - - - - 3 10%(23)  
N/A 58%

B. If yes, did you use it?  
Yes - - - - - 1 8%(66)  
No- - - - - 2 4%(34)  
N/A 88%

Comments: \_\_\_\_\_

37. In your opinion, the DEEP evaluation that you received was:  
Worthwhile- - - - - 1 21%(47)  
Not worthwhile- - - - - 2 21%(47)  
Other (please specify)- - - - - 3 3%(6)  
N/A 56%

Comments: \_\_\_\_\_

38. The results of your evaluation were as follows:  
You were not referred for treatment 1 18%(42)  
You were referred for treatment - 2 23%(54)  
Your evaluation has not been completed - - - - - 3 1%(2)  
N/A 58%

Comments: \_\_\_\_\_

**IF YOU DID NOT CIRCLE NUMBER 2 (REFERRED FOR TREATMENT) PLEASE SKIP TO QUESTION 48 ON PAGE 7 .**

QUESTIONS 39 THROUGH 47 ARE ABOUT DEEP TREATMENT

39. The name of my DEEP treatment provider is:

\_\_\_\_\_ 13% Answered  
Don't remember/not sure \_\_\_\_\_ 13%  
74%

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40. Please rate your treatment provider:

Excellent - - - - -	1	8%(29)
Good- - - - -	2	9%(33)
Fair- - - - -	3	4%(14)
Poor- - - - -	4	3%(11)
Other (please specify)- - - - -	5	1%(3)
N/A		73%

Comments: \_\_\_\_\_

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41. How many sessions did your treatment take?

Less than 4 sessions- - - - -	1	10%(38)
4 to 6 sessions - - - - -	2	12%(46)
8 to 11 sessions- - - - -	3	1%(3)
12 to 17 sessions - - - - -	4	3%(11)
18 or more sessions - - - - -	5	
Not yet complete- - - - -	6	
N/A		74%

Comments: \_\_\_\_\_

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42A. At any point of your treatment, was your treatment delayed, or completion of the treatment requirements postponed because of staff changes or vacation taken by staff employed by your service provider?

Yes - - - - -	1	5%(18)
No- - - - -	2	21%(77)
Not sure- - - - -	3	1%(3)
Other (please specify)- - - - -	4	
N/A		73%

B. If your answer was "yes," how long was the delay or postponement?

	1 wk - 3% (42)
	2 wk - 4% (58)
N/A	94%

Comments: \_\_\_\_\_

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43. How much did your treatment cost?

Total cost of treatment \$203 Avg.	
Don't remember/not sure	8%
Not yet complete	
N/A	73%

Comments: \_\_\_\_\_

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44A. Did your treatment provider offer a "sliding fee scale?"

Yes - - - - -	1	9%(34)
No- - - - -	2	9%(34)
Not sure- - - - -	3	8%(30)
N/A		74%

B. If yes, did you use it?

Yes - - - - -	1	6%(85)
No- - - - -	2	1%(15)
N/A		92%

Comments: \_\_\_\_\_

45. If you had been able to, would you have chosen to use your evaluator for treatment?

Yes	- - - - -	1	9%(39)
No	- - - - -	2	8%(34)
Not sure	- - - - -	3	6%(26)
N/A			77%

Comments: \_\_\_\_\_

46A. Did you have health insurance that covered the cost of treatment?

Yes	- - - - -	1	4%(14)
No	- - - - -	2	22%(81)
Not sure	- - - - -	3	1%(3)
N/A			73%

B. If your answer was "no," how did you pay for treatment?

Current salary	- - - - -	1	12%(51)
Savings	- - - - -	2	4%(19)
Loan	- - - - -	3	1%(4)
Parents	- - - - -	4	4%(19)
Other (please specify)	- - - - -	5	
N/A			79%

Comments: \_\_\_\_\_

47. In your opinion, the DEEP treatment that you received was:

Worthwhile	- - - - -	1	15%(55)
Not worthwhile	- - - - -	2	8%(29)
Other (please specify)	- - - - -	3	4%(14)
N/A			73%

Comments: \_\_\_\_\_

BACKGROUND INFORMATION

48. What is your Date of Birth? \_\_\_\_\_ 1971 (Avg.)

49. Sex: Male \_\_\_\_\_ 1 67%  
Female \_\_\_\_\_ 2 31%  
N/A \_\_\_\_\_ 1%

50. How many years of school did you complete \_\_\_\_\_ 12 Avg.  
(years)



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51. How could the DEEP TEEN Program be improved?

Suggestions/Comments: \_\_\_\_\_ 59% Answered

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52. NAME (OPTIONAL) \_\_\_\_\_ 45% Answered  
(Please note that signing your name is optional. All personal survey results will be kept confidential).

Thank you for your time, your comments and suggestions, and for completing this survey. If you would like to be updated on the information we have collected, please contact the Office of Fiscal and Program Review, State House Station #5, Augusta, Maine 04333. Telephone (207) 289-1635.

**NOTE: Aside from this statistical analysis, the Committee compiled all of the written responses to this survey into one document. This lengthy collection of annotated results can be obtained by contacting:**

OFFICE OF FISCAL  
AND PROGRAM REVIEW  
STATE HOUSE STATION #5  
AUGUSTA, MAINE 04333

TELEPHONE - 289-1635

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## WEEKEND INTERVENTION PROGRAM

### PURPOSE AND AUTHORIZATION

The Multiple Offender Program, [which is also referred to by another title; Weekend Intervention Program (WIP)] is mandated by state law as the DEEP program for aggravated first offenders of any age. As authorized by current law [5 MRSA §20073-A (3)], WIP consists of the following components:

"A rigorous, highly structured, residential intervention program, consisting of at least 22 hours, using films, lectures, group discussion and individual sessions, designed to educate the client on the effects of substance use, abuse and addiction and an evaluation using assessment instruments, data collection and self assessment; and

A treatment program provided by a community-based service provider 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 office, if additional treatment is required as a result of the evaluation."

### HISTORY

The concept of a multiple OUI offender program was first introduced in Maine in 1986 with the establishment of 2 federally funded pilot programs in Portland and Augusta. Based on the apparent success of these programs, and the need for a program designed for multiple first-time offenders, in 1986 the Legislature authorized WIP as a DEEP program. The establishment of WIP was a direct consequence of a study and subsequent recommendations conducted by the Joint Standing Committee on Human Resources.

As a result of PL 1991, Chapter 622, the Weekend Intervention Program was expanded to include aggravated first offenders. In addition, Public Law 1991, chapter 850 statutorily established the name of the program as the "Weekend Intervention Program" to reflect the mandatory attendance of multiple offenders and aggravated first offenders.

### STAFFING AND ORGANIZATION

As shown in Chart 2 (page 11), the Weekend Intervention Program is staffed within DEEP by the following positions:

- 
- Coordinator (Substance Abuse Program Specialist);
  - Case Manager - (Substance Abuse Program Specialist);
  - Clerical Coordinator - (Clerk Typist III);  
and
  - Clerk Typist II.

Like the other DEEP programs, WIP is largely delivered by nonstate employees who are selected through a competitive RFP process which is administered by the Bureau of Purchases, and ultimately approved (or disapproved) by the Contract Review Committee.

#### **PROGRAM PROCESS AND CONTENT**

WIP is currently offered 53 times per year at 5 different locations across the state:

- Bangor;
- Portland;
- Presque Isle;
- Augusta; and
- Auburn.

With the exception of the Augusta location, the WIP offerings are held at the campuses of Maine Technical College System located in each of the cities. The Augusta Weekend Intervention Program offering is held at the Capital Area Regional Vocational Center.

Clients are housed at a nearby motel, the fee for which is included in the program charge of \$425. A reduced fee of \$200 is available to Medicaid and food stamp recipients.

Each Weekend Intervention Program is staffed by the following personnel:

- WIP Coordinator;
- WIP Clerical Coordinator;
- Nurse (contracted thru RFP process);
- Security person (contracted thru RFP process);
- 5 Senior facilitators (contracted thru RFP process); and

- 
- 5 Co-facilitators (contracted thru RFP process).

The 2 DEEP staff people attend each WIP offering; time spent at the weekend programs is considered as part of their 40 hour work week. The nonstate contracted employees are paid the following amounts, with expenses, for each WIP weekend:

- Senior facilitators - \$300;
- Co-facilitators - \$250;
- Nurse - \$250; and
- Security - \$250.

In addition, on those occasions when the WIP Coordinator is not able to attend a WIP program, there are also contracts (for \$350) for Supervisory Senior Facilitators who can replace the Coordinator and carry-out the responsibilities of that position.

At the present time, WIP has contracts with:

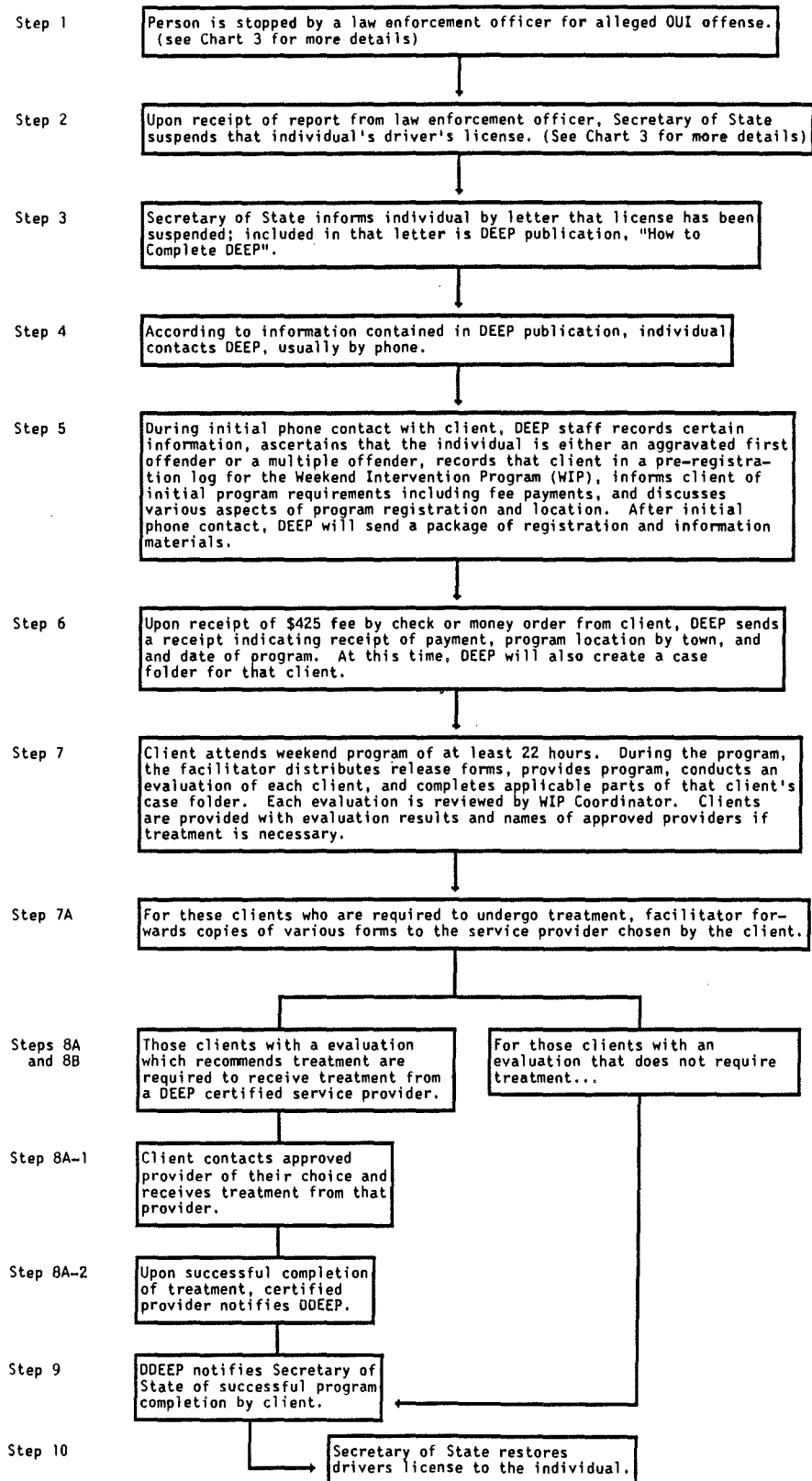
- 4 Supervisory Senior Facilitators;
- 17 Senior Facilitators;
- 22 Co-Facilitators;
- 6 Nurses; and
- 5 Security persons.

The following section describes in detail the process which a WIP client goes through from start to finish. This process is also depicted in a summarized form in Charts 3 (pages 39-41) and 6 (page 92).

**Step 1** - Person is stopped by a law enforcement officer for allegedly operating a motor vehicle while under the influence of alcohol or other drugs;

**Step 2** - The arresting law enforcement officer submits a report to the Secretary of State. Upon receipt of that report, the Secretary of State administratively suspends that person's drivers license. In this particular scenario, either a aggravated first offender or a multiple offender has been apprehended; i.e. a person who has had a previous OUI offense in the past 6 years. Therefore, in accordance with 29 MRSA §1312-B (2) C-D, the driver's license is suspended for either 1 year (one previous offense in the past 6 years) or 2 years (more than one previous offense in the past 6 years);

CHART 6  
Multiple Offender Process  
as administered by  
the Division of Driver  
Education Evaluation Programs



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**Step 3** - The Secretary of State notifies the individual by letter that their driver's license has been suspended. That same letter also indicates that the person must successfully complete a DEEP program in order to have the license reinstated. A DEEP pamphlet entitled "How to Complete DEEP" is included with the letter. This pamphlet provides the DEEP phone number with a basic program description. Most importantly, the letter and the pamphlet indicate that it is the individual's responsibility to contact DEEP for program registration purposes;

**Step 4** - Using the phone number provided in the "How to Complete DEEP" pamphlet; the individual calls DEEP;

**Step 5** - During the initial phone contact, DEEP staff follow a routine of questions and information gathering:

- client is asked for their full name, social security number, date of birth, day-time phone number, current mailing address, and the date of the OUI offense in question. Through a computer link-up with the Secretary of State, the DEEP staff person is able to use the client's name, date of birth, social security number, and date of OUI offense to access 2 computer "screens". The first screen provides a list of any subsequent OUI offenses incurred by the individual. From this information, the DEEP staff person is able to ascertain that this particular client must take WIP. After determining WIP placement, the staff person indicates to the client that WIP is the required program and informs the client of the upcoming schedule and asks which WIP offering the client wants to attend. Based on the client's choice, the staff person records the client's name, address, telephone number, social security number, date of OUI offense, and date of birth on a pre-registration sheet. A separate preregistration sheet has been prepared for each upcoming WIP; the staff person uses the sheet (or form) for the date/location chosen by the client. In addition, the staff person accesses a second computer screen from the Secretary of State to obtain the blood alcohol level (BAL) test results for the OUI offense, and enters that information on the pre-registration sheet;

- 
- Having ascertained the client's need to take WIP and the client's choice of a scheduled WIP offering, the staff person indicates to the client that the program is only available on a first pay, first attend basis and that prepayment of \$425 is required. Specifically, clients are informed that:
    - a reduced fee of \$200 is available if the client is a food stamp or Medicaid recipient; and
    - payment must be made by check or money order with their name and class location/date indicated on the payment instrument.
  - During this initial phone conversation, the staff person also asks if the client has been through treatment or counseling since the most recent OUI offense. The staff person informs the client that Non-Driver is an option for those clients who have been, or are currently in treatment, subsequent to the date of their most recent offense;
  - Finally, after the initial telephone contact, DEEP will send the client the following materials:
    - form letter;
    - Registration Form (WIP-1);
    - Health and Medical Data form (WIP-5);
    - Sheet on Participant Information (WIP-13);
    - Sheet on Rules and Regulations (WIP-13);
    - Directional Maps; and
    - "How to Get Your License Back," WIP pamphlet.
  - **Step 6** - Upon receipt of the required fee, DEEP staff will send the client a receipt of payment which indicates specific dates, time, and location of the WIP. At this time, DEEP staff will also create a case folder for that client. The first piece of information placed in the folder is the DEEP Registration Form (RAS 4-6). DEEP staff will complete the first section (name, address, etc.) based on the factual information collected on the Pre-Registration sheet. When the client returns the earlier cited WIP Registration Form (WIP 1) and the Health and

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Medical Data form (WIP 5), these documents are included in the case folder. Certain demographic information provided by the client on the WIP Registration is recorded by a staff person on the DEEP Registration Form. The DEEP Registration Form (RAS 4-6) is later used to indicate the results of the preliminary assessment;

- **Step 7** - The client attends the scheduled WIP. Each WIP is structured according to a uniform agenda. Although this agenda is not distributed to clients, it is used by WIP staff as the basis for each WIP. The agenda is described in detail below:

#### Friday Night

- 9:00 PM, staff meeting - this meeting is attended by the WIP Coordinator, the Clerical Coordinator, the Senior Facilitators, and the Co-facilitators. Two principal tasks are accomplished during this meeting. First, the staff will discuss any particular clients which may present certain challenges and those with known medical problems. Second, the staff will decide on various work assignments which include group leadership and any lecture assignments. Each group consists of 10 clients with a Senior Facilitator and a Co-facilitator. The Senior and Co-facilitators each have a fairly well defined area of expertise. Senior Facilitators are hired for their extensive knowledge and experience in the field of substance abuse. Co-facilitators have a professional background in facilitating and encouraging group process. Within each group, the Senior Facilitator and Co-facilitator each have "primary" responsibility for 5 clients.

Finally, most WIP offerings have a total of 5 groups or about 50 clients.

#### SATURDAY

- 7:30 - 8:30 Set-up/Sign in - The WIP Coordinator and Clerical Coordinator arrive at the WIP location and prepare sign in and registration materials for each client. The WIP Coordinator brings the case folder for each registered client, with prepared name-tags for use by the clients and a copy of the BAL test results for the clinical use of the WIP staff.



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- 8:30 - 10:00; Registration - WIP staff and clients begin to arrive. During this time period several tasks are accomplished:
    - each client is asked to sign a form (WIP 12) which serves as an attendance list and a release/permission for a luggage check for alcohol, drugs, weapons or other contraband. Clients who refuse to consent to the routine luggage check are not admitted to the program. The Security Guard conducts the required luggage checks;
    - Clients are asked to complete a Pre-Weekend Assessment. (WIP 4). This instrument, known as the Michigan Alcohol Screening Test or "MAST," is used as a preliminary screening instrument. The MAST for each client is scored by the WIP Coordinator who then uses the results to make small group assignments. Each group is intended to be composed of a variety of clients with high and low MAST scores. The MAST forms are then included in the client's case folder as a piece of objective documentation; and
    - the primary clinician (Senior Facilitator or Co-Facilitator) will conduct a short in-take session with each of their 5 clients. During that in-take session, the Clinician will do the following tasks:
      - complete the previously mentioned DEEP Registration Form (RAS 4-6). In essence, the pre-assessment section results will be the same: i.e. all WIP clients are either aggravated first offenders or multiple offenders, who, by law, require "mandatory referral." In this case, the mandatory referral is the WIP program, of which evaluation is a built-in component. The Facilitator will explain this formality to the client and obtain the client's signature. DEEP retains all copies of the RAS 4-6;
      - obtain the clients signature on a "Authorization for Release of Confidential Information, Evaluators and Treatment Providers" (WIP-9B).

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In essence, this form permits the release of confidential information obtained during WIP to DEEP, Secretary of State, and (any) treatment provider. The DEEP copies are retained in the client's case folder;

- complete "Health and Medical Data-Part 2". This form provides more up-to-date medical information about the client. Once completed, this form is reviewed by the Nurse Consultant and included in the client's case folder;

- 10:00 - 10:50, Introduction/"Defenses" Lecture - At this point, all of the clients and staff gather for an introduction by the WIP Coordinator. In this introduction, the Coordinator will explain what the program consists of, outline the basic schedule, and introduce staff. The Coordinator will also distribute several forms for client signature:

- Consent and Release Form (WIP 3). This form provides the clients legal consent to participate in WIP:

- statement of federal law regarding the confidentiality of clients records maintained by WIP;

- statement acknowledging a copy of WIP regulations for client behavior during the program; and

- statement acknowledging an understanding of certain client rights, choice of provider, right to a hearing, right to confidentiality and right to prompt and courteous responses to inquiries.

Once signed by the client, these 4 forms are included in the case folder.

After the introduction, one of the WIP Clinicians will deliver the "Defenses" Lecture. In brief, this lecture introduces the concept of feedback; and introduces the notion that each of us has a "blind spot" in our behavior which is difficult for one to see, but that this blind spot (or Johari Window) can be reduced so that one can more fully understand their own behavior;

- 
- 10:50 - 11:00, Break;
  - 11:00 - 12:30, Small Group I - The goal of this first meeting of the small groups is to establish a non-confrontational environment which facilitates sharing. During this session:
    - the facilitators and clients will introduce themselves;
    - the facilitators will help the group establish certain rules;
    - clients will be provided a time-limited for "no-holds-barred" gripe session about how they came to be at WIP; and
    - clients are encouraged to begin to tell their stories;
  - 12:30 - 1:00, Lunch - During WIP, all meals are offered on-site;
  - 1:10 - 2:00, "Feelings" Lecture/Live, Death, Recovery (Movie) - After lunch, the clients gather for the "Feelings" Lecture which is delivered by a Senior Facilitator. In brief, this lecture correlates the role of feelings contributing to, and resulting from, alcohol and drug abuse. In addition, the lecture, introduces the concept of "life areas"; i.e. what aspects or parts of one's life are really important?

After the lecture, the clients are shown a movie entitled "Life, Death, Recovery". This movie defines alcoholism, and how to recognize and treat it;
  - 2:00 - 2:15, Break;
  - 2:15 - 3:45, Small Group II - This session is an opportunity for brainstorming about what happens to alcoholics with regards to the various life areas. The various comments, or results, are compiled in written form;
  - 3:45 - 4:00, Break;
  - 4:00 - 5:30, Individual Sessions/Tolls, Tears/Five Drinking Drivers (Movies) - This

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time slot is used for individual sessions of about 15 minutes in length between the Clinician and primary clients. While not in session with a Clinician, the clients are watching two movies entitled "Tolls, Tears" and "Five Drinking Drivers";

- 5:30 - 6:15, Supper;
- 6:20 - 7:50, Pathology lectures - This talk, given by the WIP Coordinator, focuses on the biology of alcohol and drugs and their effect on the human body;
- 7:50 - 8:00, Break;
- 8:00 - 9:30, Small group III - This group session focuses on a discussion of the personal impact of alcohol and drugs on individual clients life areas; i.e. each client is asked to focus on, what has happened to them as a result of their involvement with drugs and/or alcohol. Group members also begin to fill out a life area matrix for each client;
- 9:30 - 9:40 Break;
- 9:40 - 10:30, AA meeting - All clients are required to attend a special meeting of Alcoholics Anonymous which is led by several area members of AA on a volunteer basis. This meeting has two purposes:
  - first, to have clients establish some degree of identification with the experiences of the AA speakers; and
  - second, to provide clients with real-life examples of a way out of their current problems with alcoholism;
- 10:30, Bus to Motel - All clients are bused to a local motel under the supervision of the Security Guard. Clients are required to remain in their rooms (2 to a room), unless they check with the Security Guard. The Security Guard makes hourly room checks throughout the night.

#### SUNDAY

- 8:00 AM, Bus to facility - Clients are bussed from the motel back to the WIP facility;

- 8:15 - 8:50 Breakfast;
- 9:00 - 10:30, Small Group IV - This session is used to complete the life area matrix for each client;
- 10:20 - 10:40, Break;
- 10:40 - 11:30, Pathology Lecture II - This lecture, delivered by the WIP Coordinator, focuses on the effect of alcohol and drugs on the brain;
- 11:30 - 12:00, Individuals/begin clean & sober - This time slot is used to complete any individual sessions between clients and their Facilitators and to begin showing a movie entitled, "Clean and Sober";
- 12:00 - 12:45, Lunch;
- 12:45 - 1:50, AA - A second meeting of Alcoholics Anonymous is held to reinforce the impact of the first meeting.

Between 12 and 2, the WIP Coordinator is staffing the final evaluations for each client with their particular clinician/facilitator. The formal evaluation is recorded on 2 different forms:

- first, the client's facilitator fills out a 3 page form entitled, "Client Assessment Information" (WCA-1 thru WCA-3). The facilitator makes use of the information gathered about the client during the weekend to make the final evaluation; and
- second, the facilitator records the final decision on a form entitled, "Evaluation Results". (RAS-7). This form is used to document the results of the evaluation: i.e. is treatment required for this client? The final recommendation(s) for each client depends on whether the client has satisfactorily met the statutory criterion of completion of treatment:
  - an acknowledgement by the client of the extent of the client's alcohol or drug problem;
  - a demonstrated ability to abstain from the use of alcohol and drugs; and

- 
- a willingness to seek continued voluntary treatment and/or participate in an appropriate self-help program.

The evaluation options are as follows:

- Incomplete evaluation - this option will be selected in those cases where there are unsubstantiated claims regarding to recent counseling or treatment; 4% of WIP clients have this evaluation result;
- Negative finding - the client does not have a problem with alcohol; no treatment is required; 6% of the clients have this result;
- Positive finding - In Remission - the client does have an alcohol problem but appears to have acknowledged the problem and taken significant steps to overcome it; no treatment is required; 15% of the WIP clients have this evaluation result; and
- Positive Finding - Treatment Required - the client has a significant problem with alcohol or substance abuse and has not taken significant steps to deal with this illness; treatment is required; 75% of WIP clients have this finding as an evaluation result.

The Evaluation Results form (RAS-7) also specifies: the type of treatment required; a list of 3 approved treatment providers for the client, if so prescribed, to chose from; and the signatures of the WIP Coordinator, Facilitator, Client, and the DEEP chief executive officer;

- 1:50 - 2:00, Break;
- 2:00 - 3:30; Small Group V - This final small group meeting has several purposes:
  - the facilitators ask each client for their decision about their drinking:
    - to stay the same;
    - to cut back; or
    - to quit;

- 
- each client is then asked to select 2 group members to provide feedback on the client's decision;
  - each client is asked to make a summary statement, to be included in the life area matrix, on the effects of alcohol and/or drugs on their life; and
  - the facilitators lead the group through termination; final comments and thoughts;
- 3:30 - 3:40, Break;
  - 3:45 - 4:30, Al Anon - An Al Anon group is held for any family members who might have arrived to pick-up the client. This optional meeting provides an opportunity for relatives of alcoholics to be exposed to the principals of Al Anon and share their experiences if they chose to do so;
  - 3:45 - 4:45, Exit interviews/Clean and Sober cont. - At the same time of the Al Anon meeting, each client meets with their facilitators for an exit interview in which they are informed of the evaluation results. The facilitators will discuss the evaluation with the client and obtain his or her signature on the Evaluation Results form (RAS 7). The client is also asked to select 3 names from a list of approved providers and to choose one. Copies of the form are distributed as follows:
    - 2 copies are retained by DEEP;
    - if treatment is required, 1 copy is forwarded to the treatment provider of the client's choice; if no treatment is required this copy is also retained by DEEP; and
    - 1 copy is retained by the client.

While not in an exit interview, the clients are watching the rest of the "Clean and Sober" movie;

- 4:45 - 5:00, Happy Trails - The program is brought to an end; the staff and clients say their farewells. At this time, clients are asked to fill out an anonymous evaluation form about the weekend;

- 
- 5:00, Staff Debriefing - After the clients have left, the WIP staff assembles for a debriefing. During this meeting, the staff will discuss how the program went, noting particular successes and difficulties;
  - **Step 7A** - After completion of the weekend program, the WIP Coordinator will send copies of the following documents to the service providers selected by the clients who are required to be in treatment: DEEP Registration Form (RAS 4-6), Evaluation Requests (RAS 7), Client Assessment Information (WCA 1-3), and Authorization for Release of Confidential Information (WIP-9B);
  - **Step 8A** - For those clients for whom treatment has been required;
  - **Step 8A-1** - The client is responsible for contacting the approved service provider that he or she selected from the 3 choices listed on the Evaluation Results form (RAS 7). The client then undergoes treatment with that service provider;
  - **Step 8A-2** - Upon the successful completion of treatment, the client's service provider fills out a "Treatment Status Form" (RAS 8). A copy of this form is retained by the Treatment Provider and 2 copies are forwarded to DEEP;
  - **Step 8B** - For those clients who were not required to enter treatment, the process moves to Step 9;
  - **Step 9** - DEEP notifies the Secretary of State that the client has successfully completed the DEEP requirements. This notification is accomplished by documentation of the last step required for that client:
    - For those that needed treatment, DEEP forwards copies of the client's Registration Form (RAS 4-6) and the Treatment Status Form (RAS 8) to the Secretary of State; or
    - for those clients that did not require treatment, DEEP forwards copies of the client's Registration Form (RAS 4-6) and the Evaluation Results (RAS 7) to the Secretary of State;
  - **Step 10** - Upon receipt of the aforementioned DEEP documents, assuming that the client has satisfied any other requirements, the Secretary of State will restore the client's drivers license.



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Total Population - 922  
 Total Surveys Sent - 332  
 Total Surveys Returned - 70  
 Return Rate - 21%  
 WPP1732

**STATISTICAL ANALYSIS**

**CLIENT SURVEY**

**DEEP MULTIPLE OFFENDER PROGRAM**

**Conducted by the Joint Standing Committee on  
 Audit and Program Review**

1. Who made the initial telephone call to register you in the DEEP program? (Circle the number to the right of your answer.)	Self - - - - -	1	87%
	Spouse - - - - -	2	1%
	Friend - - - - -	3	
	Parent - - - - -	4	4%
	Other (Please Specify _____)	5	3%
	<hr/>		N/A

**IF YOU DID NOT CIRCLE NUMBER 1 (SELF) ABOVE, PLEASE SKIP TO QUESTION 6 on the next page.**

2. How many times did you call DEEP before someone answered the telephone?	<u>1.9</u> Avg.		
3. Did you have difficulty contacting DEEP by telephone to register for the course?	Yes - - - - -	1	21%
	No- - - - -	2	60%
	Don't remember- - - - -	3	3%
	N/A		16%
IF YES, what was the problem in getting through by telephone?	The line was busy - - - - -	1	17%(65)
	It rang but no one answered - - -	2	6%(23)
	Don't remember- - - - -	3	1%(3)
	Other (Please Specify) _____	4	
	<hr/>		N/A
4. Was the DEEP staff person who registered you:  <b>Polite</b>	Very- - - - -	1	44%
	Somewhat- - - - -	2	34%
	Not at all- - - - -	3	6%
	Don't remember- - - - -	4	3%
	N/A		13%

	<b>Informative</b>	Very- - - - -	1	49%
		Somewhat- - - - -	2	26%
		Not at all- - - - -	3	6%
		Don't remember- - - - -	4	4%
		N/A		16%
5.	Did the DEEP staff person who registered you inform you of the following:	Yes - - - - -	1	43%
		No- - - - -	2	36%
	<b>Fee waivers/reductions</b>	Don't remember- - - - -	3	9%
		N/A		13%
	<b>Program Waivers (Non Deep)</b>	Yes - - - - -	1	31%
		No- - - - -	2	31%
		Don't remember- - - - -	3	20%
		N/A		17%
	<b>Program locations</b>	Yes - - - - -	1	83%
		No- - - - -	2	4%
		Don't remember- - - - -	3	
		N/A		13%
	<b>Time and date of program</b>	Yes - - - - -	1	83%
		No- - - - -	2	1%
		Don't remember- - - - -	3	1%
		N/A		14%
	<b>To bring glasses if needed</b>	Yes - - - - -	1	37%
		No- - - - -	2	29%
		Don't remember- - - - -	3	20%
		N/A		14%
	<b>To bring pen/pencil</b>	Yes - - - - -	1	64%
		No- - - - -	2	13%
		Don't remember- - - - -	3	10%
		N/A		13%
	<b>To prepay by check or money order</b>	Yes - - - - -	1	77%
		No- - - - -	2	9%
		Don't remember- - - - -	3	
		N/A		14%
6.	Did you enroll in the DEEP program within 30 days of receiving a letter from the Division of Motor Vehicles (DMV) about your license suspension?	Yes - - - - -	1	29%
		No- - - - -	2	57%
		Never received a letter from DMV	3	
		Don't remember- - - - -	4	7%
		N/A		7%
	IF NO, what was the major reason you delayed enrolling in DEEP within 30 days? (Circle only one answer.)	Financial reasons - - - - -	1	27%(42)
		Transportation problems - - - - -	2	
		Job interference- - - - -	3	4%(6)
		Never received a letter of		

suspension- - - - -	4	1%(1)
Did not know about DEEP - - - - -	5	1%(1)
Since my suspension was for 1 to 2 years, I delayed my enrollment-	6	21%(33)
Don't remember- - - - -	7	1%(1)
Other (Please Specify)_____	8	7%(11)
<hr/>		
N/A		36%

7. How many miles did you have to travel (one way) to get to the DEEP program? 33 Avg.  
(miles)

8A. How did you get to the program? 93% Answered

B. If you were driven by someone else, who was it? 83% Answered

9. Have you been informed that you will be referred for further treatment?	Yes - - - - -	1	61%
	No- - - - -	2	33%
	Don't remember/not sure - - - - -	3	
	N/A		6%

IF YES, I was referred for treatment because:	(Please specify)_____	1	34%
	Don't know- - - - -	2	19%
	N/A		47%

10. How long has your license been under suspension? 20.5 Avg.  
(months)

11. What was your Blood Alcohol Concentration (BAC) at the time of your OUI offense?	Under .08 - - - - -	1	4%
	.08 to .15- - - - -	2	40%
	.16 to .20- - - - -	3	23%
	.21 or higher - - - - -	4	9%
	Don't know/don't remember- - - - -	5	11%
	Refused test- - - - -	6	7%
	N/A		6%

12. What do you need to do next to meet all DEEP requirements? (Circle only one answer.)	Nothing, I am done- - - - -	1	90%
	I need to call an approved evaluator - - - - -	2	
	I need to get treatment - - - - -	3	3%
	I need to call the DEEP office- - - - -	4	
	Don't know- - - - -	5	
	Other (Please Specify)_____		3%
	<hr/>		
	N/A		4%

QUESTIONS 13 THROUGH 18 ARE ABOUT THE MULTIPLE OFFENDER PROGRAM (or WIP). PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR VIEW.

13. Please rate the following parts of the WIP program that you attended:

	Worthwhile	Not Worthwhile	Not Sure	N/A
A. Lectures	74%	11%	4%	10%
B. Small groups	69%	14%	7%	10%
C. Individual sessions	59%	20%	9%	13%
D. AA groups	44%	29%	16%	11%
E. Movies	54%	27%	6%	13%

Comments: \_\_\_\_\_

14. In your opinion, the WIP program that you attended was:	Worthwhile- - - - -	1	64%
	Not Worthwhile- - - - -	2	19%
	Not sure- - - - -	3	13%
	N/A		4%

Comments: \_\_\_\_\_

15. The WIP facilitator encouraged group discussion and participation.	Strongly agree- - - - -	1	46%
	Agree - - - - -	2	37%
	Disagree- - - - -	3	6%
	Strongly disagree - - - - -	4	3%
	N/A		9%

16. The WIP program was well organized with scheduled breaks and clear cut content.	Strongly agree- - - - -	1	47%
	Agree - - - - -	2	39%
	Disagree- - - - -	3	7%
	Strongly disagree - - - - -	4	1%
	N/A		6%

17. My WIP group was informed that some clients would be referred for evaluation and/or treatment of alcohol and/or other drugs.	Yes - - - - -	1	89%
	No- - - - -	2	4%
	Not sure- - - - -	3	1%
	N/A		6%

18. Were you treated fairly during the WIP program?	Yes - - - - -	1	70%
	No- - - - -	2	11%
	Not sure- - - - -	3	10%
	N/A		7%

Comments: \_\_\_\_\_

19. The results of your evaluation were as follows:

You were not referred for treatment	_____1	21%
You were referred for treatment	_____2	73%
Your evaluation has not been completed	_____3	
	N/A	6%

Comments: \_\_\_\_\_

IF YOU DID NOT CIRCLE NUMBER 2 (REFERRED FOR TREATMENT), PLEASE SKIP TO NUMBER 28 ON PAGE 5.

QUESTIONS 20 THROUGH 27 ARE ABOUT DEEP TREATMENT.

20. The name of my DEEP treatment provider is:

	_____41% Answered
Don't remember/not sure	_____17%
N/A	_____41%

21. Please rate your treatment provider:	Excellent	_____1	27%(39)
	Good	_____2	17%(25)
	Fair	_____3	14%(20)
	Poor	_____4	6%(9)
	Other (please specify)	_____5	4%(6)
	N/A		31%

Comments: \_\_\_\_\_

22. Please indicate the number of sessions that your treatment took:	Less than 4 sessions	_____1	1%(1)
	4 to 6 sessions	_____2	16%(23)
	8 to 11 sessions	_____3	10%(14)
	12 to 17 sessions	_____4	30%(42)
	18 or more sessions	_____5	14%(20)
	Not yet complete	_____6	
	N/A		29%

Comments: \_\_\_\_\_

23A. At any point of your treatment, was your treatment delayed, or completion of the treatment requirements postponed because of staff changes or vacation taken by staff employed by your service provider?	Yes	_____1	23%(32)
	No	_____2	49%(67)
	Not sure	_____3	1%(1)
	Other (please specify)	_____4	
	N/A		27%

	1 wk - 7%(41)
	2 wks -7%(41)
B. If your answer was "yes," how long was the delay or postponement?	4 wks -3%(18)
	N/A 83%

Comments: \_\_\_\_\_

24. How much did your treatment cost?	Total cost of treatment \$ <u>658 Avg.</u>	1
	Don't remember/not sure _____	2 20%
	Not yet complete _____	3
	N/A	27%

Comments: \_\_\_\_\_

25. If you had been able to, would you have chosen to use your evaluator for treatment?	Yes - - - - -	1 21%(30)
	No- - - - -	2 39%(55)
	Not sure- - - - -	3 11%(15)
	N/A	29%

Comments: \_\_\_\_\_

26A. Did you have health insurance that covered the cost of treatment?	Yes - - - - -	1 27%(37)
	No- - - - -	2 46%(63)
	Not sure- - - - -	3
	N/A	27%

B. If your answer was "no," how did you pay for treatment?	Current salary- - - - -	1 31%(67)
	Savings - - - - -	2 7%(15)
	Loan- - - - -	3 3%(6)
	Other (please specify)- - - - -	4 4%(9)
	N/A	54%

Comments: \_\_\_\_\_

27. In your opinion, the DEEP treatment that you received was:	Worthwhile- - - - -	1 46%(67)
	Not worthwhile- - - - -	2 19%(28)
	Other (please specify)- - - - -	3 4%(6)
	N/A	31%

Comments: \_\_\_\_\_

BACKGROUND INFORMATION

28. What is your Date of Birth? \_\_\_\_\_ 1959 Avg.

29. Sex: Male \_\_\_\_\_ 1 87%  
Female \_\_\_\_\_ 2 7%  
N/A 6%

30. How many years of school did you complete \_\_\_\_\_ 12.2 Avg.  
(years)

21. How could the DEEP TEEN Program be improved?

Suggestions/Comments: \_\_\_\_\_ 43% Answered  
\_\_\_\_\_  
\_\_\_\_\_

32. NAME (OPTIONAL) \_\_\_\_\_ 59% Answered  
(Please note that signing your name is optional. All personal survey results will be kept confidential).

Thank you for your time, your comments and suggestions, and for completing this survey. If you would like to be updated on the information we have collected, please contact the Office of Fiscal and Program Review, State House Station #5, Augusta, Maine 04333. Telephone: (207) 289-1635.

**NOTE: Aside from this statistical analysis, the Committee compiled all of the written responses to this survey into one document. This lengthy collection of annotated results can be obtained by contacting:**

OFFICE OF FISCAL  
AND PROGRAM REVIEW  
STATE HOUSE STATION #5  
AUGUSTA, MAINE 04333  
  
TELEPHONE - 289-1635





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## NON-DRIVER PROGRAM

### CURRENT LAW

Current Maine law [5 MRS §20072 (2)] authorizes a "nondriver Education and Evaluation Program" which allows individuals to complete treatment without going to a DEEP program.

### HISTORY

The Non-Driver program was authorized in 1986 as a result for a study conducted by the Joint Standing Committee on Human Resources.

### METHOD OF OPERATION

Those individuals who have had their license administratively suspended by the Secretary of State for an OUI offense, can choose to bypass the DEEP program(s) by voluntarily going into treatment. Individuals who choose this route are participating in the Non-Driver program cited earlier.

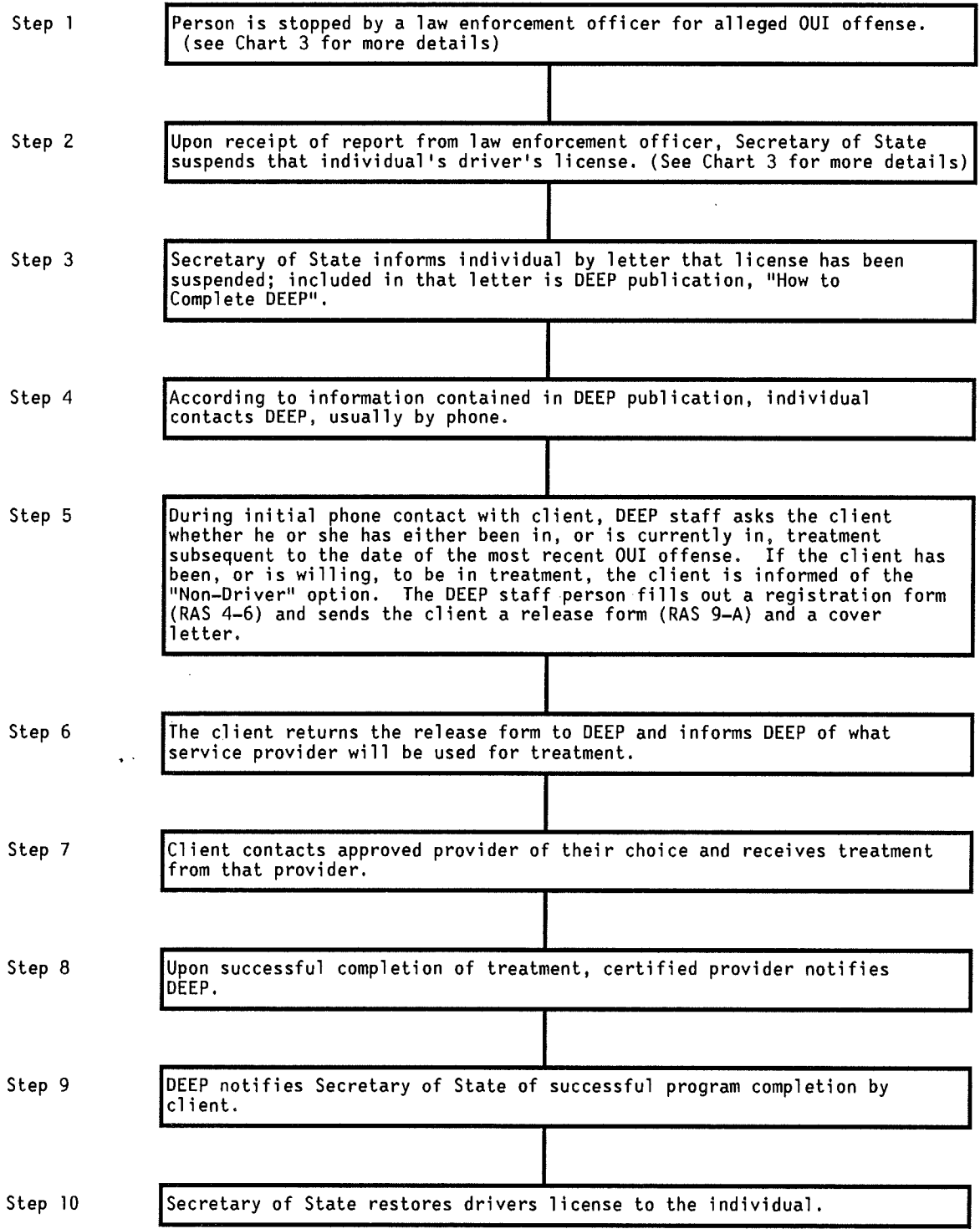
Individuals who choose Non-Driver are stating that they have a significant substance abuse problem which requires treatment. In doing so, the individual has precluded the need for education, assessment, and evaluation.

The Non-Driver program works much like the other major DEEP programs but without the education, assessment, and evaluation steps. The Non-Driver process is illustrated in Chart 7 (page 114).

Compared to the other DEEP programs, the paperwork for Non-Driver is minimal:

- Form Letter - sent to those clients who either qualify for, or are interested in, the Non-Driver program (see step 5, Chart 7.);
- Authorization for Release of Confidential Information (RAS-9A) - sent along with above form letter for client signature; clients must return this form to DEEP (see step 5, chart 7.);
- Registration Form (RAS-4-6) filled out by DEEP staff during initial phone call (see step 5, chart 7); and
- Registration Form (RAS-4-6) filled out by DEEP staff during initial phone call (see step 5, chart 7); and

CHART 7  
 Nondriver Program  
 as administered by  
 the Division of Driver  
 Education Evaluation Programs



- 
- Treatment Status Form (RAS 8) - filled out by approved service provider upon successful completion of treatment and returned to DEEP which then forwards a copy to the Secretary of State (see steps 8 and 9, chart 7).

Most recently, in FY 91 there were a total of 1066 Non-Driver clients.

Several other pieces of information about the Non-Driver program include:

- Up until 10/17/91, Maine law included a \$25 administrative fee for Non-Driver clients. Authorization for this fee was inadvertently omitted in the legislation that moved DEEP from the Department of Human Services to the Office of Substance Abuse. This fee has been reinstated and increased to \$50; and
- Non-Driver clients who have already completed treatment are allowed to have used non-approved clinicians if those clinicians are judged to have been qualified to provide DEEP treatment services. This option is not available to those clients who choose to go into treatment as a consequence of the information provided to them in the initial phone call to DEEP (see step 5, chart 7).

---

Total Population - 1,066  
 Total Surveys Sent - 370  
 Total Surveys Returned - 87  
 Return Rate - 24%  
 WPP1812

**STATISTICAL ANALYSIS**

**CLIENT SURVEY**

**Non-DEEP PROGRAM**

**Conducted by the Joint Standing Committee on  
 Audit and Program Review  
 November 1991**

1. Who made the initial telephone call to register you in Non-DEEP? (Circle the number to the right of your answer.)	Self - - - - -	1	84%
	Spouse - - - - -	2	2%
	Friend - - - - -	3	1%
	Parent - - - - -	4	
	Other (Please Specify _____)	5	10%
	<hr/>		N/A

**IF YOU DID NOT CIRCLE NUMBER 1 (SELF) ABOVE, PLEASE SKIP TO QUESTION 7 on the next page.**

2. How many times did you call DEEP before someone answered the telephone? <u>2.1 Avg.</u>			
3. Did you have difficulty contacting DEEP by telephone to register for Non-DEEP?	Yes - - - - -	1	21%
	No- - - - -	2	56%
	Don't remember- - - - -	3	3%
	N/A		20%
IF YES, what was the problem in getting through by telephone?	The line was busy - - - - -	1	14%(48%)
	It rang but no one answered - - -	2	11%(37%)
	Don't remember- - - - -	3	
	Other (Please Specify _____)	4	3%(10%)
	<hr/>		N/A
4. Was the DEEP staff person who registered you:  <b>Polite</b>	Very- - - - -	1	40%
	Somewhat- - - - -	2	34%
	Not at all- - - - -	3	7%
	Don't remember- - - - -	4	
	N/A		18%
	<hr/>		Very- - - - -
		Somewhat- - - - -	2 33%

Informative				
		Not at all- - - - -	3	8%
		Don't remember- - - - -	4	2%
		N/A		22%
5.	Did the DEEP staff person inform you of the Non-DEEP option?	Yes - - - - -	1	32%
		No- - - - -	2	47%
		Don't remember- - - - -	3	3%
		N/A		17%
6.	Did the DEEP staff person inform you of what paperwork would be needed to complete Non-DEEP?	Yes - - - - -	1	45%
		No- - - - -	2	31%
		Don't remember- - - - -	3	7%
		N/A		17%
7.	Did you enroll in Non-DEEP within 30 days of receiving a letter from the Division of Motor Vehicles (DMV) about your license suspension?	Yes - - - - -	1	25%
		No- - - - -	2	63%
		Never received a letter from DMV_____	3	6%
		Don't remember- - - - -	2	2%
		N/A		3%
	IF NO, what was the major reason you delayed enrolling within 30 days? (Circle only one answer.)	Financial reasons - - - - -	1	24%(43%)
		Transportation problems - - - - -	2	1%(1%)
		Job interference- - - - -	3	
		Never received a letter of suspension- - - - -	4	5%(9%)
		Did not know about DEEP - - - - -	5	3%(5%)
		Don't remember- - - - -	6	1%(1%)
		Other (Please Specify)_____	7	21%(38%)
		N/A		45%
8.	How long was your license under suspension?	- - - - -	<u>14.1 Avg.</u>	(months)
9.	What was your Blood Alcohol Concentration (BAC) at the time of your OUI offense?	Under .08 - - - - -	1	6%
		.08 to .15- - - - -	2	31%
		.16 to .20- - - - -	3	21%
		.21 or higher - - - - -	4	16%
		Don't know/don't remember- - - - -	5	10%
		Refused test- - - - -	6	14%
		N/A		2%
10.	What do you need to do next to meet all DEEP requirements? (Circle only one answer.)	Nothing, I am done- - - - -	1	85%
		I need to get treatment - - - - -	2	6%
		I need to call the DEEP office- - - - -	3	2%
		Don't know- - - - -	4	
		Other (Please Specify)_____		1%
		N/A		6%

11. Blood-Alcohol Concentration tells us the percentage of alcohol to blood.	Yes - - - - -	1	91%
	No- - - - -	2	2%
	Don't Know- - - - -	3	3%
	N/A		3%
12. On average, the body rids (metabolizes) alcohol at the rate of approximately ___per hour.	.04%- - - - -	1	16%
	.02%- - - - -	2	36%
	.08%- - - - -	3	17%
	Don't Know- - - - -	4	26%
	N/A		5%
13. The higher a person's tolerance to alcohol, the fewer drinks it would take to get high.	Yes - - - - -	1	10%
	No- - - - -	2	80%
	Don't Know- - - - -	3	7%
	N/A		2%
14. A blackout is best described as which of the following?	Memory loss - - - - -	1	91%
	Passing out - - - - -	2	1%
	Falling asleep- - - - -	3	
	Don't Know- - - - -	4	5%
	N/A		3%
15. All people at a BAC of .08 percent will show the same level of impairment.	Yes - - - - -	1	6%
	No- - - - -	2	84%
	Don't Know- - - - -	3	7%
	N/A		3%
16. At what BAC is a person's ability to drive affected?	.02%- - - - -	1	47%
	.05%- - - - -	2	14%
	.08%- - - - -	3	23%
	Don't Know- - - - -	4	9%
	N/A		7%
17. The name of my Non-DEEP treatment provider was:			

84% Answered

Don't remember/not sure 8%  
N/A 6%

18. Please rate your treatment provider:	Excellent - - - - -	1	61%
	Good- - - - -	2	26%
	Fair- - - - -	3	5%
	Poor- - - - -	4	2%
	Other (please specify)- - - - -	5	1%
	N/A		5%

Comments: \_\_\_\_\_



19. How many sessions did your treatment take?	Less than 4 sessions- - - - -	1	6%
	4 to 6 sessions - - - - -	2	15%
	8 to 11 sessions- - - - -	3	20%
	12 to 17 sessions - - - - -	4	25%
	18 or more sessions - - - - -	5	23%
	Not yet complete- - - - -	6	6%
	N/A		6%

Comments: \_\_\_\_\_

20A. At any point of your treatment, was your treatment delayed, or completion of the treatment requirements postponed because of staff changes or vacation taken by staff employed by your service provider?	Yes - - - - -	1	24%
	No- - - - -	2	68%
	Not sure- - - - -	3	2%
	Other (please specify)- - - - -	4	1%
	N/A		4%

20B. If your answer was "yes," how long was the delay or postponement?	1 wk -	11%
	2 wks -	5%
	3 wks -	3%
	4 wks -	1%
	6 wks -	1%
	8 wks -	1%
	N/A	77%

Comments: \_\_\_\_\_

21. How much did your treatment cost?	Total cost of treatment \$ <u>1,384</u> Avg.
	Don't remember/not sure <u>29%</u>
	Not yet complete <u>10%</u>

Comments: \_\_\_\_\_

22A. Did your treatment provider offer a "sliding fee scale"?	Yes - - - - -	1	45%
	No- - - - -	2	38%
	Not sure- - - - -	3	11%
	N/A		6%

B. If yes, did you use it?	Yes - - - - -	1	31%(70)
	No- - - - -	2	13%(30)
	N/A		56%

Comments: \_\_\_\_\_

23A. Did you have health insurance that covered the cost of treatment?	Yes - - - - -	1	37%
	No- - - - -	2	56%
	Not sure- - - - -	3	1%
	N/A		6%

B. If your answer was "no," how did you pay for treatment?	Current salary- - - - -	1	34%(56%)
	Savings - - - - -	2	10%(16%)
	Loan- - - - -	3	3%(5%)
	Other (please specify) _____	4	11%(20%)
	N/A		40%

Comments: \_\_\_\_\_

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24. In your opinion, the Non-DEEP treatment that you received was:	Worthwhile- - - - -	1	85%
	Not worthwhile- - - - -	2	9%
	Other (please specify)- - - - -	3	3%
	N/A		2%

Comments: \_\_\_\_\_

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BACKGROUND INFORMATION

25. What is your Date of Birth? \_\_\_\_\_ 1952  
Avg. \_\_\_\_\_

26. Sex:	Male _____	1	84%
	Female _____	2	13%
			N/A 3%

27. How many years of school did you complete \_\_\_\_\_ 12.3 Avg.  
(years)

28. How could the Non-DEEP Program be improved?

Suggestions/Comments: \_\_\_\_\_ 63% Answered

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29. NAME (OPTIONAL) \_\_\_\_\_ 48% Answered

(Please note that signing your name is optional. All personal survey results will be kept confidential.)

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**OFFICE OF FISCAL  
AND PROGRAM REVIEW  
STATE HOUSE STATION #5  
AUGUSTA, MAINE 04333**

**TELEPHONE - 289-1635**

2179

Total population - 186  
Total Surveys sent - 186  
Total Surveys returned - 33  
Return Rate - 17%

ID1721

**LEGISLATURE  
SURVEY REGARDING THE  
DIVISION OF DRIVER EDUCATION  
EVALUATION PROGRAM  
(DDEEP)**

Conducted by the Joint Standing Committee  
on Audit & Program Review.

1. My primary legislative contact(s) with DDEEP have been with the following programs(s):

		N/A	
A.	Adult First Offender Program (Also known as "DAFOP")	<u>70%</u>	30%
B.	DEEP-Teen	<u>12%</u>	88%
C.	Multiple Offender Program (Also known as "WIP")	<u>42%</u>	58%
D.	Non-DEEP	<u>6%</u>	94%
E.	Not sure	<u>0%</u>	100%
F.	No contact with any DEEP Program	<u>15%</u>	85%

**Note: These statistics represent the respondents separate response to each program.**

Comments:

2. The DEEP program(s) that my constituents contact me most frequently about are:

	<u>Favorable comments from constituents</u>	<u>Unfavorable comments from constituents</u>	<u>No Comments from constituents</u>	<u>Other</u>	<u>N/A</u>
A. Adult First Offender Programs					
- As provided by private instructors (classroom)	<u>12% (18)</u>	<u>24% (37)</u>	<u>24% (37)</u>	<u>3% (4)</u>	36%
- As provided by DDEEP (administration)	<u>9% (14)</u>	<u>30% (49)</u>	<u>18% (29)</u>	<u>3% (4)</u>	39%

	<u>Favorable comments from constituents</u>	<u>Unfavorable comments from constituents</u>	<u>No Comments from constituents</u>	<u>Other</u>	<u>N/A</u>
- As provided by private service providers (evaluation and/or treatment)	<u>0% (0)</u>	<u>42% (62)</u>	<u>18% (26)</u>	<u>6% (8)</u>	33%
<b>B. DEEP-Teen</b>					
- As provided by CAP program (classroom)	<u>3% (6)</u>	<u>3% (6)</u>	<u>42% (87)</u>	<u>0%</u>	52%
- As provided by DDEEP (administration)	<u>9% (18)</u>	<u>9% (18)</u>	<u>30% (62)</u>	<u>0%</u>	52%
- As provided by private service providers (evaluation and/or treatment)	<u>0%</u>	<u>12% (25)</u>	<u>36% (75)</u>	<u>0%</u>	52%
<b>C. Multiple Offender Program</b>					
- As provided by WIP staff (Weekend program)	<u>6% (10)</u>	<u>9% (16)</u>	<u>36% (80)</u>	<u>3% (5)</u>	45%
- As provided by DDEEP (administration)	<u>3% (5)</u>	<u>24% (43)</u>	<u>24% (43)</u>	<u>3% (5)</u>	45%
- As provided by private service providers (evaluation and/or treatment)	<u>9% (14)</u>	<u>24% (39)</u>	<u>24% (39)</u>	<u>3% (4)</u>	39%
<b>D. Non-Deep</b>	<u>3% (9)</u>	<u>0%</u>	<u>27% (81)</u>	<u>3% (9)</u>	67%

Comments:

3. In your opinion, is there an overall need for the programs administered by DDEEP?

A. Yes	<u>52%</u>
B. No	<u>6%</u>
C. Not Sure	<u>27%</u>
D. No Opinion	<u>3%</u>

E. Other	<u>3%</u>
N/A	9%

Comments:

4. Do you favor any of the following possible legislative actions with regards to the various DEEP programs:

	strengthening the Statutory mandate and requirements	reducing the Statutory mandate and requirements	Other Action(s) (Please specify)	No Change	N/A
A. Adult First Offender Program	<u>6% (9)</u>	<u>24% (39)</u>	<u>12% (19)</u>	<u>18% (29)</u>	39%
B. DEEP-Teen Program	<u>3% (10)</u>	<u>6% (20)</u>	<u>6% (20)</u>	<u>15% (50)</u>	70%
C. Multiple Offender Program	<u>18% (37)</u>	<u>12% (25)</u>	<u>9% (18)</u>	<u>9% (18)</u>	52%
D. Non-DEEP	<u>0%</u>	<u>6% (22)</u>	<u>3% (11)</u>	<u>18% (66)</u>	73%

Comments:

5. The DEEP staff's response to me when I have contacted the office has been:

	Administrative Staff (Director, Program Managers, Case Managers)	Support Staff (Switchboard Operator, Clerical)
A. Excellent	<u>12% (21)</u>	<u>6% (13)</u>
B. Good	<u>12% (21)</u>	<u>12% (26)</u>
C. Fair	<u>12% (21)</u>	<u>15% (33)</u>
D. Poor	<u>9% (16)</u>	<u>6% (13)</u>
E. Not Sure	<u>0%</u>	<u>0%</u>
F. No Opinion	<u>9% (16)</u>	<u>6% (13)</u>
G. Other	<u>                    </u>	<u>0%</u>
N/A	45%	55%

Comments:

6. The response from DEEP staff to problems experienced by my constituent(s) has been:

A. Excellent	<u>6% (9)</u>
B. Good	<u>12% (19)</u>
C. Fair	<u>12% (19)</u>
D. Poor	<u>18% (29)</u>
E. Not Sure	<u>6% (9)</u>
F. No Opinion	<u>6% (9)</u>
G. Other	<u>          </u>
N/A	39%

Comments:

7. Review of your constituent's case record may assist the Committee in identifying problems within the DEEP program/process. If you wish to identify a constituent you assisted in completing DEEP, please enter their name and date of birth below:

Note: Please do not share a constituent's name without a written release to do so from the constituent. The appropriate release form can be obtained from DDEEP, Ph. 626 5400)

A. Name: <u>0% Answered</u>	Date of Birth: <u>0% Answered</u>
B. The problem	1. was resolved <u>0%</u>
	2. was not resolved <u>6%</u>
	N/A                      94%

Comments:

C. The response from the DEEP staff regarding the above clients's case was:

a. Excellent	<u>0%</u>	e. Not Sure	<u>3% (11)</u>
b. Good	<u>6% (22)</u>	f. No Opinion	<u>0%</u>
c. Fair	<u>3% (11)</u>	g. Other	<u>3% (11)</u>
d. Poor	<u>12% (44)</u>	N/A	73%

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Comments:

8. The existing OUI laws are:

A.	too strict	<u>12%</u>
B.	adequate	<u>61%</u>
C.	too lenient	<u>15%</u>
D.	other (please specify)	<u>3%</u>
E.	no opinion	<u>0%</u>
	N/A	9%

Comments:

9. First time OUI offenders over the age of 21:

	<u>YES</u>	<u>NO</u>	N/A
A. Should continue to have their driver's license suspended for 90 days.	<u>73% (85)</u>	<u>12% (14)</u>	15%
	<u>YES</u>	<u>NO</u>	N/A
B. Should have a shorter period of license suspension	<u>15% (28)</u>	<u>36% (69)</u>	48%
C. Should not have any license suspension	<u>3% (6)</u>	<u>45% (93)</u>	52%
D. Should have a longer period of license suspension	<u>3% (7)</u>	<u>39% (92)</u>	58%
E. Should be required to participate in the DEEP Adult First Offender Program as it is currently mandated (education and pre-assessment are required; evaluation and treatment if required)	<u>30% (49)</u>	<u>30% (49)</u>	39%



F.	Should only be required to take educational and pre-assessment components of the First Offender Program (Evaluation and treatment should no longer be required).	<u>42% (76)</u>	<u>12% (21)</u>	45%
----	--	-----------------	-----------------	-----

Comments:

10. Multiple OUI Offenders:

	<u>Yes</u>	<u>No</u>	N/A	
A.	Should continue to have their driver's license suspended for 1 to 2 years depending on the number of prior offenses.	<u>79% (89)</u>	<u>9% (10)</u>	12%
B.	Should have shorter periods of license suspension	<u>9% (17)</u> <u>YES</u>	<u>42% (80)</u> <u>NO</u>	48% N/A
C.	Should not have any license suspension	<u>3% (6)</u>	<u>45% (93)</u>	52%
D.	Should have longer periods of license suspension.	<u>18% (37)</u>	<u>30% (62)</u>	52%
E.	Should be required to participate in the DEEP Multiple Offender Program as it is currently mandated. (education, pre-assessment, and evaluation are required; treatment if required)	<u>61% (87)</u>	<u>9% (10)</u>	30%
F.	Should only be required to take educational, pre-assessment, and evaluation components of the Multiple Offender Program. (Treatment would not be required).	<u>15% (45)</u>	<u>18% (54)</u>	67%

Comments:

11. Please indicate the components/requirements that you favor in programs administered by DDEEP.

Requirement for:

	<u>First time OUI Offenders</u>	<u>Multiple OUI Offenders</u>	<u>Any OUI Offenders</u>
A. education component	<u>55% yes</u> (45% no)	<u>45% (55)</u>	<u>45% (55)</u>
B. loss of drivers license until education successfully completed.	<u>36% (64)</u>	<u>55% (45)</u>	<u>52% (48)</u>
C. pre-assessment component	<u>27% (73)</u>	<u>30% (70)</u>	<u>21% (79)</u>
D. loss of license until pre-assessment successfully completed	<u>21% (79)</u>	<u>36% (64)</u>	<u>21% (79)</u>

Requirement for:

	<u>First time OUI Offenders</u>	<u>Multiple OUI Offenders</u>	<u>Any OUI Offenders</u>
E. evaluation component, if indicated by results of pre-assessment component	<u>6% (94)</u>	<u>15% (85)</u>	<u>9% (91)</u>
F. loss of license until pre-assessment successfully completed	<u>12% (88)</u>	<u>18% (82)</u>	<u>9% (91)</u>
G. treatment component if indicated by results of evaluation component	<u>12% (88)</u>	<u>21% (79)</u>	<u>9% (91)</u>
H. loss of license, until treatment successfully completed.	<u>12% (88)</u>	<u>42% (58)</u>	<u>15% (85)</u>
I. Other (please specify) _____	<u>0% (100)</u>	<u>0% (100)</u>	<u>0% (100)</u>
J. Other (please specify) _____	<u>0% (100)</u>	<u>0% (100)</u>	<u>0% (100)</u>

Comments:

NAME: (optional): 45% Answered (55% did not)

I serve in the:

A. House of Representatives 58%  
District # \_\_\_\_\_

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B. Senate  
District #

42%

Please go on to separate sheets on DAFOP, DEEP TEEN, and Multiple Offender Programs.

NOTE: The response rate to the separate sheets was extremely low; therefore those negligible results have not been included in this report. However, any interested party can obtain what results the Committee did receive by contacting the Office of Fiscal and Program Review at the address listed below.

Aside from this statistical analysis, the Committee compiled all of the written responses to this survey into one document. This lengthy collection of annotated results can be obtained by contacting:

Office of Fiscal and Program Review  
State House Station #5  
Augusta, ME 04333  
Phone: 289-1635

2135

Total population - 91  
Total Surveys Sent - 91  
Total Surveys Returned - 62  
Return Rate - 68%

ID1744

**STATISTICAL ANALYSIS  
SURVEY OF DEEP  
SERVICE PROVIDERS**

**Conducted by the  
Joint Standing Committee on  
Audit and Program Review**

1. Please indicate whether you are:

A. An approved private practitioner	42%
B. Employed by an approved agency	55%
No Answer	3%

Comments:

2. Approximately how long have you been a DEEP approved service provider?

Number of years 5.6% Avg.

Comments:

3. Please indicate the approximate number of DEEP clients that you see in a typical year for:

A. Evaluation	<u>35.4 % Avg.</u>
B. Treatment	<u>34.1 % Avg.</u>

Comments:

4. What is your current rate?

\$ 54 Avg. per hour

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\_\_\_\_\_ other  
\_\_\_\_\_ 40% answered  
\_\_\_\_\_ 60% No answer

Comments:

5. Do you offer a sliding fee:

Yes \_\_\_\_\_ 53 \_\_\_\_\_  
No \_\_\_\_\_ 45 \_\_\_\_\_  
\_\_\_\_\_ 2 NO answer

If your answer was "yes," please indicate what that scale is:

47% answered  
53 No answer

Comments:

6. Please indicate the average number of sessions that your DEEP clients receive for:

A. Evaluation \_\_\_\_\_ 2.9 % Avg. \_\_\_\_\_  
B. Treatment \_\_\_\_\_ 13.6 \$ Avg. \_\_\_\_\_

Comments:

7. Please answer the following question only if you have had 2 years or more of experience doing DEEP evaluations:

How many months of evaluation experience did it take you to become comfortable to make necessary referrals for DEEP clients to the level of required treatment?

Number of months \_\_\_\_\_ 8.5% Avg.

Comments:

8. Please indicate by rough percentage which DEEP program(s) that your clients have come from:

- A. Adult First Offender Program 38% Avg.
- B. DEEP-Teen 5% Avg.
- C. Multiple Offender Program 37% Avg.
- D. Non-DEEP (DEEP Client voluntarily enters treatment; bypasses assessment, evaluation, and education) 26% Avg.

Comments:

9A. Have you observed and/or attended any of the major DEEP Programs?

Yes 45%

No 53%

B. If yes, which Program(s)?

- 1. Adult First Offender Program 35%
- 2. DEEP-Teen 10%
- 3. Multiple Offender Program 23%

10. Based on your experience as a DEEP service provider, please rate the DEEP programs:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No Opinion</u>	<u>N/A</u>
A. Adult First Offender Program	<u>6%</u>	<u>32%</u>	<u>32%</u>	<u>10%</u>	<u>5%</u>	<u>15%</u>
B. DEEP-Teen	<u>2%</u>	<u>23%</u>	<u>23%</u>	<u>2%</u>	<u>32%</u>	<u>21%</u>
C. Multiple Offender Program	<u>26%</u>	<u>34%</u>	<u>18%</u>	<u>0%</u>	<u>8%</u>	<u>15%</u>
D. Non-DEEP (DEEP Client voluntarily enters treatment; bypasses assessment, evaluation, and education)	<u>10%</u>	<u>34%</u>	<u>21%</u>	<u>13%</u>	<u>10%</u>	<u>13%</u>

Comments:

11. Please rate the current process used by DDEEP to approve (or certify) service providers:

Excellent	<u>13%</u>
Good	<u>48%</u>
Fair	<u>11%</u>
Poor	<u>3%</u>
No Opinion	<u>18%</u>
No Answer	<u>6%</u>

Comments:

12. To the extent that you are familiar with them, please rate the pre-assessment instruments used by the 3 major DEEP programs:

	<u>Adequate</u>	<u>Inadequate</u>	<u>Other</u>	<u>No Opinion</u>	<u>N/A</u>
A. Motimer-Filkens Test used by the Adult First Offender Program.	<u>34%</u>	<u>40%</u>	<u>8%</u>	<u>13%</u>	<u>3%</u>
B. Juvenile Automated Substance Abuse Evaluation (JASAE) used by the DEEP-Teen Program.	<u>45%</u>	<u>13%</u>	<u>6%</u>	<u>29%</u>	<u>5%</u>
C. Michigan Alcohol Screening Test (MAST) used by the Multiple Offender Program.	<u>55%</u>	<u>26%</u>	<u>3%</u>	<u>11%</u>	<u>5%</u>

Comments:

13. What is your estimate of the percentage of DEEP clients who have undergone treatment that drive under the influence of alcohol and/or other drugs after the completion of treatment?

Percentage 44%

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What would be your recommendations to lower this percentage?

68% Answered

32% No Answer

14. Please identify any changes that could be made to improve DDEEP and its programs.

73% Answered

27% No Answer

NAME: (optional) 45% Answered, 55% No Answer

AGENCY: (optional) 40% Answered, 60% No Answer

Please note that signing your name is optional. All personal survey results will be kept confidential.

Thank you for taking the time to complete this survey. Complete survey results can be obtained by contacting the Office of Fiscal and Program Review, State House Station #5, Augusta, Maine 04333. Telephone: (207) 289-1635.

Aside from this statistical analysis, the Committee compiled all of the written responses to this survey into one document. This lengthy collection of annotated results can be obtained by contacting:

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