Washington State
Chemical Dependency Professional
And Probation Assessment Officer

DOL Guidebook

2nd Edition

Expectations for Treatment and Documentation for
Driving Under the Influence/Physical Control
Vehicular Assault/Vehicular Homicide

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NOTE TO THE USER

This is the 2nd Edition of the guidebook and continues to be a work in progress. The guide is intended to provide Chemical Dependency Professionals and Probation Assessment Officers with pertinent and critical information when providing chemical dependency services to persons who have been arrested for DUI/PC.

Throughout this publication, you will find references to the DOL Substance Assessment/Treatment Report. Although the complete title is “Substance Assessment/Treatment Report,” you will discover the guide actually takes some literary license to use more functional titles such as the “DOL Substance Assessment Report” or the “DOL Substance Treatment Report.” While you use the same form for a variety of purposes, there is usually a single function that needs to be reported to DOL at any given time. For instance, when the assessing CDP/PAO has completed a DUI assessment and determined the person has been convicted of DUI, then the CDP should submit a “Substance Assessment Report” to DOL. In this case, “Substance Assessment Report” is a functional title, meaning the assessing CDP/PAO is using the form to report the assessment outcome to DOL. Functional titles will be identified with italics.

Also, we have used the term patient/driver when referring to the driver who may or may not be a patient of a chemical dependency service agency.

Many of the guidelines described within the guidebook are required by WAC and RCW.

A recent revision relates to the inclusion of requirements for conducting chemical dependency assessments for persons arrested for vehicular assault and vehicular homicide. One writer was surprised to determine there has been a requirement for persons convicted of either offense to be evaluated and to participate in chemical dependency treatment when indicated. The reader will find the usual DUI/PC has been changed to DUI/PC/VA/VH to accommodate this recent awareness. There are some minor differences for the chemical dependency service provider, which should be taken into account, but the reporting form and format are identical and should allow an easy transition.

We hope this guidebook will provide you with the guidance and information you need to conduct your business as well as meet the needs of your organization and your patients.
I. **DOL DUI ASSESSMENT REPORTING**

A. **What is the importance of the DOL Substance Assessment Report?**

DOL relies on the assessing CDP/PAO’s diagnostic assessment outcome to determine the follow-up that is required as a result of the outcome.

If the assessing CDP/PAO indicates there was insufficient evidence of substance abuse or dependence, the person being assessed will be expected to complete ADIS.

If the assessing CDP/PAO assesses the person with either a substance abuse or substance dependence, then the person will be expected to enter into and complete a minimum of 60 days of treatment for the diagnosed condition.

The assessing CDP/PAO making the report should ensure there is sufficient documentation to support the assessment outcome. The assessment outcome should be based only on clinical criteria that support it.

B. **Who can submit the DOL Substance Assessment Report?**

The assessing CDP/PAO who conducted the DUI/CD assessment should complete the DOL Substance Assessment Report. A CDP should have a current certificate of certification as a CDP issued by the state of Washington Department of Health in their personnel file at the agency where the DUI/CD assessment was completed. If a CDPT conducted the assessment, then the approved supervisor of the CDPT should at least co-authenticate the DOL report. A PAO who conducts DUI/CD assessments should work for a probation office that is certified by DASA to conduct DUI/CD client assessments and should currently meet the requirements of WAC as a PAO.

C. **When should I complete and submit a DOL Substance Assessment Report?**

The assessing CDP/PAO should complete and submit a report **within five workdays** of the date of assessment completion or date of conviction for DUI/PC/VA/VH, **whichever comes last**.

D. **How should I complete and submit the DOL Substance Assessment Report?**

The assessing CDP/PAO should:

1. Indicate the date the assessment was completed; or

2. Indicate whether the findings were:
   
   a. Insufficient evidence of substance abuse or dependence:

   b. Substance Abuse; or

   c. Substance Dependence.

3. Sign and date the report.

4. Submit the report to DOL by either mail or fax to the address or fax listed on the DOL Substance Assessment/Treatment Report within the required timeframe.

E. **What is the DUI/PC Assessment Report (DSHS 16-140)?**
The DUI/PC Assessment Report is a document provided to the patient/driver by the assessing CDP/PAO upon completion of the assessment in order for the patient/driver to seek the service that is appropriate to his or her assessment outcome.

F. How do I complete the **DUI/PC Assessment Report**?

The assessing CDP/PAO determines the assessment outcome, then completes the **DUI/PC Assessment Report**, keeps the pink copy for his or her own records then gives the other two copies to the patient/driver who will present them to the provider of ADIS or treatment with their copy of the report.

This allows the patient/driver to access the necessary services without waiting for the assessing CDP/PAO to forward assessment information to the service provider. These forms can be ordered by DASA certified chemical dependency treatment providers by contacting:

Washington State Alcohol/Drug Clearinghouse  
6535 – 5th Place South  
Seattle, WA 98108-0243  
Telephone: (206) 725-9696; Fax: (206) 722-0859  
Toll-Free: 1-800-662-9111

Only employees of agencies that are certified by DASA to provide DUI client assessment services can order the forms. Orders should be in writing (facsimiles are acceptable), on **agency letterhead**, and signed and dated by an agency representative. Orders are limited to 50 copies of the form at any one time. Orders will normally be filled within two working days of receipt of the order and will be shipped by the lowest cost available.

II. **DOL ALCOHOL/DRUG INFORMATION SCHOOL REPORTING**

A. What is the importance of the **DOL Information School Report**?

DOL relies on information school instructors to submit reports on persons who have successfully completed ADIS. All patient/drivers who were assessed as having insufficient evidence of substance abuse or dependence are expected to complete the course.

B. Who can submit the **DOL Information School Report**?

The ADIS Instructor who taught the ADIS class should complete the **DOL Information School Report** after the patient/driver completes ADIS. The ADIS Instructor should have a certificate of completion of a DASA approved ADIS Instructor Training Course or evidence of a current DOH credential as a certified CDP in their personnel file at the agency where the ADIS course was taught; and should be working at a DASA certified provider of ADIS.

C. When should I complete and submit the **DOL Information School Report**?

The ADIS instructor should complete and submit a report **within five workdays** of the date the patient/driver completed ADIS or date of notification of conviction for DUI/PC/VA/VH, **whichever comes last**.

D. How should I complete and submit the **DOL Information School Report**?

The ADIS instructor should:

1. Indicate the date the patient/driver completed ADIS;
2. Sign and date the report; and,
3. Submit the report to DOL by either mail or fax to the address or fax listed on the DOL Substance Assessment/Treatment Report within the required timeframe.

III. DOL SUBSTANCE ABUSE/DEPENDENCE TREATMENT REPORTING

A. What is the importance of the DOL Substance Treatment Report?

About 10 years ago, Washington State moved away from a patient/driver driven reporting system to a program driven reporting system. In 1990, when a patient/driver was convicted of DUI or physical control, DOL would send a copy of the DOL Substance Assessment/Treatment Report form to the patient/driver to take to a certified DUI assessment, information school, and/or chemical dependency treatment provider to complete and submit to DOL. The patient/driver was responsible for ensuring the right report was sent to DOL. Today, the patient/driver goes to the certified provider and it is the responsibility of the provider to submit the required forms to DOL at the required times.

It may help to understand the importance of treatment reports by comparing the reporting system to a patient/driver record.

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<th>PATIENT/DRIVER RECORD</th>
<th>DOL REPORT</th>
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<td>Patient/driver record is opened when patient/driver is admitted or transferred in from another agency.</td>
<td>DOL file on patient/driver is opened when Assessment Report is received or DUI/PC/VA/VH conviction is reported by court.</td>
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<td>Record is maintained while patient/driver is in treatment.</td>
<td>File is maintained through completion of DUI assessment and while patient/driver is in ADIS or treatment.</td>
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<td>Record is maintained regardless of noncompliance or compliance with treatment.</td>
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<td>File is closed upon receipt of an information school or treatment report indicating satisfactory completion of ADIS or chemical dependency treatment at a DASA certified agency.</td>
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As you can see, DOL relies completely on the certified assessing, instructing, and/or treating provider and should have the proper reports in order to carry out their mission. Therefore, it is important that providers make the required reports in a complete and timely manner.

B. Who can submit the DOL Substance Treatment Report?

The treating CDP who is responsible for the treatment at the time of the condition or event should complete the DOL Substance Treatment Report. Conditions or events are identified in the next section.

The CDP should have a current certificate of certification issued by the state of Washington Department of Health as a CDP in their personnel file at the DASA certified agency where the DUI assessment was completed. If a CDPT provided the treatment, then the approved supervisor of the CDPT should at least co-authenticate the DOL report.

C. When should I complete and submit a DOL Substance Treatment Report?
1. The treating CDP should complete and submit a report within five workdays of the date of the patient/driver’s completion of a minimum of 60 days of treatment or date of notice of conviction for DUI/PC/VA/VH, whichever comes last.

2. The treating CDP should report instances of emergent noncompliance to DOL within three workdays of making such a determination and after the patient/driver has successfully completed the initial 60-days of substance abuse/dependency treatment. In cases of nonemergent noncompliance, the treating CDP should report the instance within ten workdays of making that determination or date of conviction for DUI/PC/VA/VH, whichever comes last. See the section on reporting noncompliance for further information.

3. The treating CDP should complete and submit a report to DOL within five work days of making the determination the patient/driver is being back in compliance with the prescribed treatment plan (and after the patient/driver has successfully complete the initial 60-days of substance abuse/dependency treatment) or date of notice of conviction for DUI/PC/VA/VH, whichever comes last. (See note below.)

4. The discharging CDP should report the transfer of the patient/driver to another agency to DOL within five work days of the date of discharge and transfer or date of conviction for DUI/PC/VA/VH (and after the patient/driver has successfully complete the initial 60-days of substance abuse/dependency treatment), whichever comes last. (See note below.)

5. The admitting CDP should report the transfer of the patient/driver from another agency to the admitting program within five workdays of the date of admission and transfer or date of conviction for DUI/PC/VA/VH, whichever comes last. (See note below.)

6. The discharging CDP should report the discharge of the patient/driver within five work days of the date of discharge or date of conviction for DUI/PC/VA/VH (and after the patient/driver has successfully complete the initial 60-days of substance abuse/dependency treatment), whichever comes last. (See note below.)

**Note:** If DOL reporting has been delayed due to delays in the patient/driver’s final conviction for DUI/PC/VA/VH, then the CDP should report the current status of the patient/driver.

For instance, it is possible a patient/driver will drop in and out of compliance with treatment while he or she is still pending the outcome of the DUI/PC/VA/VH charge.

The assessing and treating CDP should NOT report each instance of noncompliance that may have occurred during the period of pending court action, but whether or not the patient/driver complies with treatment at the time of the report.

**D. How should I complete and submit the DOL Substance Treatment Report?**

The treating CDP should:

1. Indicate the date when the patient/driver began treatment and successfully completed a minimum of 60 days of treatment.

   **Note:** The treating CDP should include the date the patient/driver began treatment whenever submitting a DOL Substance Treatment Report.

2. Indicate that the patient/driver is noncompliant, when applicable.
3. Indicate when the patient/driver has reestablished compliance, when applicable.

4. Indicate whether the patient/driver is transferring in or out of the agency and the date of transfer.

5. Indicate the date of discharge and indicate whether the patient/driver competed treatment.

6. Sign and date the report.

7. Submit the report to DOL within the required timeframe.

IV. OTHER ISSUES

A. What should I do when there are conflicting reports submitted to DOL by different assessing or treating agencies?

 Sometimes patient/drivers may shop around for assessment outcomes dependent at times upon attorney advice or their own wishes. For instance, if the patient/driver is hoping to obtain a deferred prosecution and the first assessing CDP determines there is insufficient evidence to indicate abuse or dependency at that time, then the patient/driver would not be eligible for a deferred prosecution and may go to another provider in hopes of getting the necessary assessment outcome in order to qualify for the deferred prosecution.

Likewise, there may be patient/drivers who may provide sufficient information to justify an assessment outcome of substance abuse or substance dependence but is in denial and may seek a second opinion from another provider in hopes of avoiding any required treatment.

At times DOL receives assessment reports with conflicting assessment outcomes. As a rule, DOL will not recognize assessment reports that are subsequent to the first because of the assessment shopping practices of some of the patient/drivers. There is always a possibility though that the original assessment may have been based on incomplete or erroneous information and the assessment outcome may legitimately need to be reconsidered. Therefore, it becomes important that we as professionals ensure we are considering all available information when making a diagnostic assessment statement.

DASA encourages CDPs to follow the voluntary State-Wide Protocol: Alcohol and Other Drug Treatment Assessments for Court Referred Patients that was developed jointly by representatives from DASA, treatment providers, the judiciary, probation officers, the state courts and county alcohol and drug coordinators. The protocol and summary sheet are included in this handbook.

If it becomes apparent that there are two assessing CDPs, usually from different programs that have arrived at conflicting diagnostic assessment conclusions then there is a need for the professionals to communicate and discuss the case (with proper written consent from the patient/driver of course). The two professionals should confer long enough to arrive at a mutually agreed upon diagnostic assessment conclusion and report that conclusion to DOL within five working days of reaching the conclusion. Hopefully, this kind of communication will result in a reduction of assessment shopping by various patient/drivers.

B. How do I monitor the patient/driver from date of assessment to final outcome of charges of DUI, physical control, vehicular assault, or vehicular homicide?

Although a DASA certified provider can conduct a DUI/CD assessment on any person who has been arrested for DUI, physical control, vehicular assault, or vehicular homicide, that same person may not ever be convicted of either charge. In some cases, the time between the arrest
for DUI/PC/VA/VH, the arraignment on charges for DUI/PC/VA/VH, and an actual legal outcome may take years (even though Washington State law requires a person to be brought to trial within 60 days of the official charges [right to a speedy trial]).

Defense attorneys often recommend the person charged waive his or her right to a speedy trial. This can stretch out the length of time it takes for the case to be brought to trial and conclusion.

Since DASA certified providers are only required to report the assessment, information school, and treatment outcomes on PERSONS CONVICTED of DUI/PC/VA/VH, it becomes important for providers to monitor the status of any pending charges and to determine if the patient/driver was CONVICTED of DUI/PC/VA/VH before making such a report.

It is possible that a patient/driver could be assessed, and complete the recommended treatment before going to trial for the charge. Therefore, providers should develop a system to monitor the status and eventual outcome of any pending charges in order to ensure that reports are made to DOL when required. This can be done through ongoing contact with the patient/driver or the patient/driver’s defense attorney.

Another possibility is that the charge of DUI/PC/VA/VH may be all together dismissed, may be reduced (such as from DUI/PC/VA/VH to negligent driving), or the patient/driver may be found innocent of the charges for various reasons. If it is determined that any pending charges for DUI/PC/VA/VH are dismissed, reduced to a lesser charge, or if the patient/driver is found innocent of the charges, then the provider should not report to DOL.

Providers making premature reports to DOL have experienced problems with referring attorneys and patient/drivers when the reports have resulted in the person having to participate in treatment when it may not be legally required.

Although we may not agree with a patient/driver’s decision not to participate in recommended treatment, we should recognize the person’s right to make that decision. We should make every effort to engage the person in treatment consistent with the assessment outcome and the treatment recommendations made by the assessing CDP without the benefit of DOL or court-required participation in treatment.

If the CDP/PAO submits a DOL Substance Assessment/Treatment Report in error, the submitting CDP/PAO can send a letter to DOL requesting that the report be withdrawn. The request must be on agency letterhead and state specifically that the report was submitted to DOL in error.

C. How do I obtain more DOL Substance Assessment/Treatment Reports (ACRC-510-410)?

You may order more DOL Substance Assessment/Treatment Reports by contacting DOL at:

Telephone: (360) 902-3965

Alternatively, obtain the form online at:

http://www.dol.wa.gov/forms/510410.htm

D. How do I make a recommendation to DOL when, in my professional opinion, the patient/driver assessed with either a substance abuse or substance dependence does not require chemical dependency treatment at the time of assessment, or needs less than the 60 days of treatment required by WAC 308-104-170?
You should submit a written statement on agency letterhead to DOL that allows them to accept your professional opinion that the patient/driver should not be required to participate in treatment or complete 60 days of treatment at the time of making the statement.

Three examples of statements follow:

1. I completed an assessment on the above-named person as indicated on the attached Substance Assessment Report, (attach either the original or a copy of report.) and in my professional opinion, I have determined referral to chemical dependency treatment is not warranted at this time and would not be in the best interest of the person’s recovery process.

2. I have discharged the above-named person as indicated on the attached Substance Treatment Report, (attach either the original or a copy of report) and in my professional opinion, I have determined that the full 60 days of chemical dependency treatment is not warranted at this time and would not be in the best interest of the person’s recovery process.

3. I have determined the above named person, as indicated on the attached DOL Substance Abuse Report, (attach either the original copy of the report) in my professional opinion is not currently at risk of driving under the influence of alcoholic beverages or other drugs. This is based upon the following: (describe the factors on which your opinion is based).

Therefore, it would not be in the best interest of the person to be required to complete 60 days of chemical abuse/dependency treatment prior to having their driving privilege reinstated. Continued compliance with the recommended treatment for substance abuse or substance dependence should still be required. Any non-compliance with the recommended treatment will be reported to DOL in a timely manner.

This allows DOL to rely on your clear statement that requiring treatment would not be in the patient/driver’s best interest. The assessing or treating CDP should use great care when making this recommendation since there could be some legal ramifications if there are oversights.

E. What constitutes noncompliance?

In order to report instances of noncompliance, the CDP should first be able to establish when a particular person is out of compliance.

WAC 388-805-330 (see below) specifies what is considered to be noncompliance and although the regulations specify when a report of noncompliance should be made to the court, we recommend CDPs use the same criteria for determining when to make a noncompliance report to DOL. The following section outlines the WACs regarding requirements for chemical dependency service providers to report noncompliance to a patient’s court of record.

WAC 388-805-330. What are the requirements for reporting patient noncompliance?

The following standards define patient/driver noncompliance behaviors and set minimum time lines for reporting these behaviors to the appropriate court (and reporting to DOL). Chemical dependency service providers failing to report patient/driver noncompliance with court ordered or deferred prosecution treatment requirements may be considered in violation of chapter 46.61 or 10.05 RCW reporting requirements and be subject to penalties specified in WAC 388-805-120, 388-805-125, and 388-805-130.
(1) For emergent noncompliance: The following noncompliance is considered emergent noncompliance and must be reported to the appropriate court (and reported to DOL) within three working days from obtaining the information:

(a) Patient failure to maintain abstinence from alcohol and other nonprescribed drugs as verified by patient self-report, identified third party report confirmed by the agency, or blood alcohol content or other laboratory test;

(b) Patient reports a subsequent alcohol/drug related arrest;

(c) Patient leaves program against program advice or is discharged for rule violation.

(2) For nonemergent noncompliance: The following noncompliance is considered nonemergent noncompliance and must be reported to the appropriate court (and reported to DOL) as required by subsection (3) and (4) of this section:

(a) Patient has unexcused absences or failure to report. Agencies must report all patient unexcused absences, including failure to attend self-help groups. Report failure of patient to provide agency with documentation of attendance at self-help groups if under a deferred prosecution order or required by the treatment plan. In providing this report, include the agency's recommendation for action.

(b) Patient failure to make acceptable progress in any part of the treatment plan. Report details of the patient's noncompliance behavior along with a recommendation for action.

(3) If a court accepts monthly progress reports, nonemergent noncompliance may be reported in monthly progress reports, which must be mailed to the court within ten working days from the end of each reporting period.

(4) If a court does not wish to receive monthly reports and only requests notification of noncompliance or other significant changes in patient status, the reports should be transmitted as soon as possible, but in no event longer than ten working days from the date of the noncompliance.

Reporting is a process, not an event. For instance, the DOL Substance Assessment Report initiates the reporting process and should be followed by a DOL Information School Report for all persons assessed as there being insufficient evidence of substance abuse/dependence and a DOL Substance Treatment Report through the patient/driver's discharge or transfer from treatment.

F. When do I complete and submit a transfer of treatment report?

The agency initiating the transfer of treatment should submit a transfer of treatment report to DOL within five workdays of a person’s transfer to another chemical dependency treatment agency. The transferring provider should ensure that in addition to making the transfer of treatment report to DOL that the following information is forwarded to the agency where the person is being transferred:
WAC 388-805-315. What are the requirements for treatment, continuing care, transfer, and discharge plans?

(8) When transferring a patient to another treatment provider, the current provider should forward copies of the following information to the receiving provider when the patient signs a release of confidential information:

(a) Patient demographic information;

(b) Diagnostic assessment statement and other assessment information, including:
   (i) Documentation of the HIV/AIDS intervention;
   (ii) Tuberculosis test result;
   (iii) A record of the patient detox and treatment history;
   (iv) The reason for the transfer; and,
   (v) Court mandated or agency recommended follow-up treatment.

(c) Discharge summary; and,

(d) The plan for continuing care or treatment.

G. How do I report the patient/driver has been discharged from treatment?

The discharging CDP should submit a report of the discharge of a patient/driver to DOL within five workdays of the date of discharge from treatment. This may occur some time after the point of last contact, especially if the provider has been attempting to reengage the patient/driver in treatment without any luck. At some point in that process, however, hopefully the treating CDP will decide to discharge the patient/driver and make the appropriate report to DOL and/or the other referring entity.

The discharging CDP should determine whether the patient/driver successfully completed treatment and report it to DOL accordingly.

H. How do I obtain the individual patient/driver's driving abstract?

Patient/drivers can access their driving record through any DOL driver licensing office. The patient/driver should request the complete record that shows all convictions, accidents, and suspension/revocation actions.

I. What are some of the reasons DOL will return the DOL Substance Assessment/Treatment Report?

Reports may be returned by DOL for a variety of reasons. Some may be as follows:

- Use of an incorrect form (not on DOL Substance Abuse Treatment Report Form or agency letterhead);
- Missing the signature of a certified CDP or qualified ADIS Instructor;
- Incorrect/Incomplete patient/driver information;
- Incorrect/Incomplete agency information;
• Missed checking boxes when appropriate;
• Date is missing;
• Reports of non-compliance based on financial reasons;
• The date of assessment or treatment is prior to most recent DUI/PC/VA/VH conviction; and/or,
• The treatment completion report does not include the date treatment began.

J. How do I contact DOL?

• You or the patient/driver can contact DOL by calling the customer service line at (360) 902-3900.
• You may fax questions or concerns to (360) 570-7825, or (360) 664-2298.

K. What should I know about Vehicular Assault and Vehicular Homicide?

RCW 46.61.524 requires a person convicted under RCW 46.61.520(1)(a)[Vehicular homicide], and under RCW 46.61.522(1)(b)[Vehicular Assault], to complete a diagnostic evaluation by an alcohol or drug dependency agency approved by the Department of Social and Health Services. The law goes further to say a report should be forwarded to the Department of Licensing.

Assessment and treatment procedures are virtually the same for VA/VH as DUI/PC.

CDPs/PAOs should use the same mechanism for reporting assessment outcomes and treatment compliance as currently used for DUI/PC.

While review and evaluation of the blood alcohol content and driving abstract is not required when conducting a DUI client assessment, we recommend that evaluations of both be included as part of a chemical dependency assessment for persons convicted of VA/VH.

The DUI/PC Assessment Report Form can be used in the same manner for VA/VH as it is used for reporting assessment outcomes for DUI client assessments.

Persons arrested for VA/VH are not eligible for deferred prosecution.

Note: See Appendices O and P for additional information depicting the differences between assessment and treatment practices for persons arrested for DUI/PC and VA/VH.
Report should include complete information on patient/driver, especially the driver’s license number, regardless of whether or not the person has an active license. Otherwise the report will be returned as being incomplete.

Complete information on reporting certified chemical dependency assessment and treatment program. The Division of Alcohol and Substance Abuse should have certified the agency for DUI client assessment if reporting a DUI client assessment, ADIS if reporting ADIS completion, and/or chemical dependency treatment if reporting treatment.

Assessing CDP/PAO’s DUI client assessment outcome, date of assessment, and dated authentication. CDP should hold a current certification issued by the State of Washington Department of Health as a Chemical Dependency Professional. If a CDP Trainee signs, a CDP should co-authenticate the report. PAO should meet current requirements as PAO. The report should include the date of assessment and the date of signature.

Qualified ADIS Instructor dated signature indicating date driver completed ADIS. ADIS Instructor should hold a Certificate of Completion as a DASA approved ADIS Instructor Training or hold a current Certification as CDP issued by DOH.

Treating CDP’s report of driver/patient’s treatment progress, compliance, or non-compliance, transfer in or out of treatment, or discharge from treatment. CDP should hold a current certification issued by the State of Washington Department of Health as a Chemical Dependency Professional. If a CDP Trainee signs, a CDP should co-authenticate the report. The report should include the date of signature.
APPENDIX B--- SAMPLE DOL SUBSTANCE ASSESSMENT REPORT

SUBSTANCE ASSESSMENT / TREATMENT REPORT

This report to be filed with: Department of Licensing, PO Box 9030, Olympia, WA 98507 • Phone: 360-902-3900
Fax: 360-664-2298

PLEASE PRINT

Reports will be returned if complete name, date of birth, and/or driver license number are not provided.

<table>
<thead>
<tr>
<th>CLIENT NAME (Last, First, Middle)</th>
<th>WASHINGTON DRIVER LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, John C.</td>
<td>DOEJC12N12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENCE ADDRESS</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Jones Street</td>
<td>08/21/52</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olympia</td>
<td>WA</td>
<td>98516</td>
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</table>

MAILING ADDRESS

Same as above

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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</table>

ADDRESS

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>AGENCY PHONE NUMBER</th>
<th>AGENCY GREENBOOK NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>XYZ Recovery Center</td>
<td>(360) 555-1234</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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</thead>
<tbody>
<tr>
<td>Olympia</td>
<td>WA</td>
<td>98504</td>
</tr>
</tbody>
</table>

Assessment

I completed an assessment of the above named person on **May 15, 2002**

My findings are:

☑ Insufficient evidence of substance abuse/dependence. Persons with a low or minimal probability of reoffending, for whom intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving.

☐ Substance abuse. Persons with a greater probability of reoffending without intervention, but for whom substance dependence is not the apparent primary problem at this time. Extensive education/prevention, as part of a treatment program, is required, but intensive treatment for substance dependency is not indicated.

☐ Substance dependence. Persons with a greater probability of reoffending if not treated, for whom substance dependence at any stage of the disease is the primary problem at this time. This category would include persons who come to the assessment at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

*These criteria are intended to serve as guidelines for determining the appropriate reporting level. It is the responsibility of the assessment professional to identify and document the symptoms which support their decision in the patient record.

☐ Signature of Certified Chemical Dependency Professional / Assessment Officer

☐ Date Signed

Information School

☐ Client completed information school on

☐ Signature of Certified Information School Instructor

☐ Date Signed

Treatment Reports—Submit within 5 days

☐ Check all appropriate boxes:

☐ Progress. Treatment began on __________, Patient completed first 60 days with satisfactory progress.

☐ Noncompliance report. Patient is noncompliant (includes any violation of the treatment plan that reflects the patient's unwillingness or failure to participate).

☐ Compliance report. Patient is again complying with treatment program.

☐ Transfer report. Patient transferred: ☐ In ☐ Out on __________.

☐ Discharge report. Patient completed treatment and aftercare program:

☐ Yes, on __________.

☐ No, __________ EXPLAIN

☐ Signature of Certified Chemical Dependency Professional

☐ Date Signed

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-6116.

AORC-510-410 SUBSTANCE ASSESSMENT/TREATMENT (R4/01) DFW
# APPENDIX C-- SAMPLE DOL INFORMATION SCHOOL REPORT

**SUBSTANCE ASSESSMENT / TREATMENT REPORT**

This report to be filed with: Department of Licensing, PO Box 9030, Olympia, WA 98507 • Phone: 360-902-3900
Fax: 360-664-2288

Please print. Reports will be returned if complete name, date of birth, and/or driver license number are not provided.

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<th>WASHINGTON DRIVER LICENSE NUMBER</th>
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<td>Doe, John C.</td>
<td>DOECJC12N12</td>
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<td>WA</td>
<td>98504</td>
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**Agency Name**

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<td>(360) 555-1234</td>
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<th>AGENCY STREET ADDRESS</th>
<th>AGENCY Greenbook Number</th>
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<td>321 Recovery Lane</td>
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<th>STATE</th>
<th>ZIP CODE</th>
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<tbody>
<tr>
<td>Olympia</td>
<td>WA</td>
<td>98504</td>
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</table>

## Assessment

I completed an assessment of the above named person on

My findings are:

- ☐ Insufficient evidence of substance abuse/dependence. Persons with a low or minimal probability of reoffending, for whom intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving.
- ☐ Substance abuse. Persons with a greater probability of reoffending without intervention, but for whom substance dependence is not the apparent primary problem at this time. Extensive education/prevention, as part of a treatment program, is required, but intensive treatment for substance dependency is not indicated.
- ☐ Substance dependence. Persons with a greater probability of reoffending if not treated, for whom substance dependence at any stage of the disease is the primary problem at this time. This category would include persons that come to the assessment at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

* These criteria are intended to serve as guidelines for determining the appropriate reporting level. It is the responsibility of the assessment professional to identify and document the symptoms which support their decision in the patient record.

**Signature of Certified Chemical Dependency Professional / Assessment Officer**

<table>
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<th>Date Signed</th>
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## Information School

- ☒ Client completed information school on **May 18, 2002**

**Signature of Certified Information School Instructor**

<table>
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<tbody>
<tr>
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## Treatment Reports—Submit within 5 days

Check all appropriate boxes.

- [ ] Progress. Treatment began on __________. Patient completed first 60 days with satisfactory progress.

- [ ] Noncompliance report. Patient is noncompliant (includes any violation of the treatment plan that reflects the patient’s unwillingness or failure to participate).

- [ ] Compliance report. Patient is again complying with treatment program.

- [ ] Transfer report. Patient transferred: [ ] In [ ] Out on __________.

- [ ] Discharge report. Patient completed treatment and aftercare program: [ ] Yes, on __________. [ ] No. __________.

**Signature of Certified Chemical Dependency Professional**

<table>
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<th>Date Signed</th>
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The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.

ACRC-510-410 SUBSTANCE ASSESSMENT/TREATMENT (WA/01)OR/W
APPENDIX D -- SAMPLE DOL SUBSTANCE INITIAL TREATMENT

SUBSTANCE ASSESSMENT / TREATMENT REPORT

This report to be filed with: Department of Licensing, PO Box 9030, Olympia, WA 98507 • Phone: 360-902-3900
Fax: 360-664-2298

PLEASE PRINT

Reports will be returned if complete name, date of birth, and/or driver license number are not provided.

CLIENT NAME: (Last, First, Middle)
Doe, John C.

WASHINGTON DRIVER LICENSE NUMBER
DOEJC12N12

RESIDENCE ADDRESS
123 Jones Street

DATE OF BIRTH
08/21/52

CITY
Olympia

STATE
WA

ZIP CODE
98516

MAILING ADDRESS
Same as above

CITY
Olympia

STATE
WA

ZIP CODE
98504

AGENCY NAME
XYZ Recovery Center

AGENCY PHONE NUMBER
(360) 555-1234

AGENCY STREET ADDRESS
321 Recovery Lane

AGENCY GREENBOOK NUMBER

Assessment

I completed an assessment of the above named person on ASSESSMENT DATE

My findings are:

☑ Insufficient evidence of substance abuse/dependence. Persons with a low or minimal probability of reoffending, for whom intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving;

☑ Substance abuse. Persons with a greater probability of reoffending without intervention, but for whom substance dependence is not the apparent primary problem at the time. Extensive education/prevention, as part of a treatment program, is required, but intensive treatment for substance dependency is not indicated.

☑ Substance dependence. Persons with a greater probability of reoffending if not treated, for whom substance dependence at any stage of the disease is the primary problem at this time. This category would include persons that come to the assessment at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

* These criteria are intended to serve as guidelines for determining the appropriate reporting level. It is the responsibility of the assessment professional to identify and document the symptoms which support their decision in the patient record.

☒ Signature of Certified Chemical Dependency Professional / Assessment Officer

DATE SIGNED
5/15/02

Information School

☐ Client completed information school on COMPLETION DATE

☒ Signature of Certified Information School Instructor

DATE SIGNED

Treatment Reports—Submit within 5 days

☑ Progress. Treatment began on 5/15/02. Patient completed first 60 days with satisfactory progress.

☐ Noncompliance report. Patient is noncompliant (includes any violation of the treatment plan that reflects the patient's unwillingness or failure to participate).

☐ Compliance report. Patient is again complying with treatment program.

☐ Transfer report. Patient transferred: ☐ In ☐ Out on TRANSFER DATE

☐ Discharge report. Patient completed treatment and aftercare program: ☐ Yes, on COMPLETION DATE

☒ Signature of Certified Chemical Dependency Professional

DATE SIGNED
July 17, 2002

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 552-3900 or TTY (360) 664-2116.

ACFR 510-410 SUBSTANCE ASSESSMENT/TREATMENT (9/4/01) ORW
APPENDIX E -- SAMPLE DOL SUBSTANCE TREATMENT NONCOMPLIANCE REPORT

SUBSTANCE ASSESSMENT / TREATMENT REPORT

This report to be filed with: Department of Licensing, PO Box 9030, Olympia, WA 98507 • Phone: 360-902-3900
Fax: 360-664-2268

PLEASE PRINT

Reports will be returned if complete name, date of birth, and/or driver license number are not provided.

CLIENT NAME (Last, First, Middle)              WASHINGTON DRIVER LICENSE NUMBER
Doe, John C.                                      DOEJC12N12

RESIDENCE ADDRESS              DATE OF BIRTH
123 Jones Street                06/21/52

CITY              STATE              ZIP CODE
Olympia              WA              98516

MAILING ADDRESS
Same as above

CITY              STATE              ZIP CODE

AGENCY NAME              AGENCY PHONE NUMBER
XYZ Recovery Center        (360) 555-1234
AGENCY STREET ADDRESS
321 Recovery Lane

CITY              STATE              ZIP CODE
Olympia              WA              98504

Assessment

I completed an assessment of the above named person on _______________________.

ASSESSMENT DATE

My findings are:*

☐ Insufficient evidence of substance abuse/dependence. Persons with a low or minimal probability of reoffending, for whom
intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving.

☐ Substance abuse. Persons with a greater probability of reoffending without intervention, but for whom substance dependence
is not the apparent primary problem at this time. Extensive education/prevention, as part of a treatment program, is required,
but intensive treatment for substance dependency is not indicated.

☐ Substance dependence. Persons with a greater probability of reoffending if not treated, for whom substance dependence at
any stage of the disease is the primary problem at this time. This category would include persons that come to the assessment
at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

* These criteria are intended to serve as guidelines for determining the appropriate reporting level.

It is the responsibility of the assessment professional to identify and document the symptoms which support their decision in the patient record.

X

SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL / ASSESSMENT OFFICER

DATE SIGNED

Information School

☐ Client completed information school on _______________________.

COMPLETION DATE

X

SIGNATURE OF CERTIFIED INFORMATION SCHOOL INSTRUCTOR

DATE SIGNED

Treatment Reports--Submit within 5 days

CHECK ALL APPROPRIATE BOXES

☐ Progress. Treatment began on 5/15/02. Patient completed first 60 days with satisfactory progress.

X Noncompliance report. Patient is noncompliant (includes any violation of the treatment plan that reflects the patient's
unwillingness or failure to participate).

☐ Compliance report. Patient is again complying with treatment program.

☐ Transfer report. Patient transferred: ☐ In ☐ Out on _______________________.

TRANSFER DATE

☐ Discharge report. Patient completed treatment and aftercare program: ☐ Yes, on _______________________.

COMPLETION DATE

☐ No, _______________________.

EXPLAIN

X Robert S. Seviners

SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL

DATE SIGNED

Aug 17, 2002

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.
ACOR-510-410 SUBSTANCE ASSESSMENT/TREATMENT (R4AD1)ORW
APPENDIX F --SAMPLE DOL SUBSTANCE TREATMENT COMPLIANCE REPORT

SUBSTANCE ASSESSMENT/TREATMENT REPORT

This report to be filed with: Department of Licensing, PO Box 9030, Olympia, WA 98507 • Phone: 360-902-3900
Fax: 360-664-2298

PLEASE PRINT

Reports will be returned if complete name, date of birth, and/or driver license number are not provided.

CLIENT NAME (Last, First, Middle)  WASHINGTON DRIVER LICENSE NUMBER
Doe, John C. DOEJC12N12

RESIDENCE ADDRESS  DATE OF BIRTH
123 Jones Street  08/21/52

CITY  STATE  ZIP CODE
Olympia  WA  98516

MAILING ADDRESS
Same as above

CITY  STATE  ZIP CODE

AGENCY NAME
XYZ Recovery Center

AGENCY STREET ADDRESS
321 Recovery Lane

CITY  STATE  ZIP CODE
Olympia  WA  98504

Assessment

I completed an assessment of the above named person on ____________________________.

My findings are:*  
☐ Insufficient evidence of substance abuse/dependence. Persons with a low or minimal probability of reoffending, for whom intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving.

☐ Substance abuse. Persons with a greater probability of reoffending without intervention, but for whom substance dependence is not the apparent primary problem at this time. Extensive education/prevention, as part of a treatment program, is required, but intensive treatment for substance dependency is not indicated.

☐ Substance dependence. Persons with a greater probability of reoffending if not treated, for whom substance dependence at any stage of the disease is the primary problem at this time. This category would include persons that come to the assessment at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

* These criteria are intended to serve as guidelines for determining the appropriate reporting level.

It is the responsibility of the assessment professional to identify and document the symptoms which support their decision in the patient record.

X SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL / ASSESSMENT OFFICER  DATE SIGNED

Information School

☐ Client completed information school on ____________________________.

X SIGNATURE OF CERTIFIED INFORMATION SCHOOL INSTRUCTOR  DATE SIGNED

Treatment Reports--Submit within 5 days

CHECK ALL APPROPRIATE BOXES

☐ Progress. Treatment began on 5/15/02. Patient completed first 60 days with satisfactory progress.

☐ Noncompliance report. Patient is noncompliant (includes any violation of the treatment plan that reflects the patient's unwillingness or failure to participate).

☒ Compliance report. Patient is again complying with treatment program.

☐ Transfer report. Patient transferred: ☐ In ☐ Out on ____________________________.

☐ Discharge report. Patient completed treatment and aftercare program:

☐ Yes, on ____________________________.

☐ No, ____________________________ EXPLAIN ____________________________.

☒ Robert S. Skirsing, CDP  Sept. 29, 2002

SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL  DATE SIGNED

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116. ACRC-510-410 SUBSTANCE ASSESSMENT/TREATMENT (R4/01/ORAW)
APPENDIX G --SAMPLE DOL SUBSTANCE TREATMENT TRANSFER OUT REPORT

SUBSTANCE ASSESSMENT / TREATMENT REPORT
This report to be filed with: Department of Licensing, PO Box 9030, Olympia, WA 98507 • Phone: 360-902-3900
Fax: 360-664-2256

PLEASE PRINT

Reports will be returned if complete name, date of birth, and/or driver license number are not provided.

CLIENT NAME (Last, First, Middle)  WASHINGTON DRIVER LICENSE NUMBER
Doe, John C. DOEJC12N12

RESIDENCE ADDRESS
□ PLEASE CHECK □ NEW ADDRESS
123 Jones Street

DATE OF BIRTH
08/21/52

CITY
Olympia

STATE
WA

ZIP CODE
98516

MAILING ADDRESS
Same as above

CITY
Olympia

STATE
WA

ZIP CODE
98504

AGENCY NAME
XYZ Recovery Center

AGENCY PHONE NUMBER
(360) 555-1234

AGENCY STREET ADDRESS
321 Recovery Lane

AGENCY GREENBOOK NUMBER

Assessment

I completed an assessment of the above named person on ________________________.

ASSESSMENT DATE

My findings are:*  
☐ Insufficient evidence of substance abuse/dependence. Persons with a low or minimal probability of recidivism, for whom intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving.

☐ Substance abuse. Persons with a greater probability of recidivism without intervention, but for whom substance dependence is not the apparent primary problem at this time. Extensive education/provocation, as part of a treatment program, is required, but intensive treatment for substance dependency is not indicated.

☐ Substance dependence. Persons with a greater probability of recidivism if not treated, for whom substance dependence at any stage of the disease is the primary problem at this time. This category would include persons that come to the assessment at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

* These criteria are intended to serve as guidelines for determining the appropriate reporting level. It is the responsibility of the assessment professional to identify and document the symptoms which support their decision in the patient record.

☐ X SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL / ASSESSMENT OFFICER
DATE SIGNED

Information School

☐ Client completed information school on ________________________.

COMPLETION DATE

☐ X SIGNATURE OF CERTIFIED INFORMATION SCHOOL INSTRUCTOR
DATE SIGNED

Treatment Reports--Submit within 5 days
CHECK ALL APPROPRIATE BOXES

☐ Progress. Treatment began on __5/15/02________________. Patient completed first 60 days with satisfactory progress.

DATE PROGRAM BEGAN

☐ Noncompliance report. Patient is noncompliant (includes any violation of the treatment plan that reflects the patient's unwillingness or failure to participate).

☐ Compliance report. Patient is again complying with treatment program.

☐ Transfer report. Patient transferred: ☐ In ☐ Out on __10/19/02________________.

TRANSFER DATE

☐ Discharge report. Patient completed treatment and aftercare program: ☐ Yes, on ________________________.

COMPLETION DATE

☐ No, ________________________.

EXPLAIN

☐ X SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL
DATE SIGNED

Oct. 9, 2002

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.
ACRC.510.410 SUBSTANCE ASSESSMENT/TREATMENT (WAAS101W)
APPENDIX H --SAMPLE DOL SUBSTANCE TREATMENT TRANSFER IN REPORT

SUBSTANCE ASSESSMENT / TREATMENT REPORT

This report to be filed with: Department of Licensing, PO Box 9030, Olympia, WA 98507 • Phone: 360-902-3900
Fax: 360-664-2298

PLEASE PRINT
Reports will be returned if complete name, date of birth, and/or driver license number are not provided.

CLIENT NAME (Last, First, Middle)  WASHINGTON DRIVER LICENSE NUMBER
Doe, John C. DOEJC12N12

RESIDENCE ADDRESS
☐ In case of change of address, provide new address.
123 Jones Street

DATE OF BIRTH
08/21/52

CITY
Olympia
STATE
WA
ZIP CODE
98516

MAILING ADDRESS
Same as above

CITY
STATE
ZIP CODE

AGENCY NAME
XYZ Recovery Center

AGENCY STREET ADDRESS
321 Recovery Lane

CITY
Olympia
STATE
WA
ZIP CODE
98504

Assessment

I completed an assessment of the above named person on

ASSESSMENT DATE

My findings are:

☐ Insufficient evidence of substance abuse/dependence. Persons with a low or minimal probability of reoffending, for whom intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving.

☐ Substance Abuse. Persons with a greater probability of reoffending without intervention, but for whom substance dependence is not the apparent primary problem at this time. Extensive education/prevention, as part of a treatment program, is required, but intensive treatment for substance dependency is not indicated.

☐ Substance dependence. Persons with a greater probability of reoffending if not treated, for whom substance dependence at any stage of the disease is the primary problem at this time. This category would include persons that come to the assessment at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

* These criteria are intended to serve as guidelines for determining the appropriate reporting level.
It is the responsibility of the assessment professional to identify and document the symptoms which support their decision in the patient record.

X
SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL / ASSESSMENT OFFICER
DATE SIGNED

Information School

☐ Client completed information school on

COMPLETION DATE

X
SIGNATURE OF CERTIFIED INFORMATION SCHOOL INSTRUCTOR
DATE SIGNED

Treatment Reports--Submit within 5 days

CHECK ALL APPLICABLE BOXES

☐ Progress. Treatment began on

DATE PROGRAM BEGAN

Patient completed first 60 days with satisfactory progress.

☐ Noncompliance report. Patient is noncompliant (includes any violation of the treatment plan that reflects the patient's unwillingness or failure to participate).

☐ Compliance report. Patient is again complying with treatment program.

☐ Transfer report. Patient transferred:

IN [ ] Out [ ] on
TRANSFER DATE

10/16/02

☐ Discharge report. Patient completed treatment and aftercare program:

[ ] Yes, on
COMPLETION DATE

[ ] No, EXPLAIN

[ ]

X
SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL
DATE SIGNED

10/16/02

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-9116.

ADRC.510.410 SUBSTANCE ASSESSMENT/TREATMENT TRANSFER IN REPORT
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<th><strong>CLIENT NAME (Last, First, Middle)</strong></th>
<th><strong>WASHINGTON DRIVER LICENSE NUMBER</strong></th>
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<td>Doe, John C.</td>
<td>DOEJC12N12</td>
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<td>123 Jones Street</td>
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<tbody>
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<tr>
<th><strong>AGENCY NAME</strong></th>
<th><strong>AGENCY PHONE NUMBER</strong></th>
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<tbody>
<tr>
<td>XYZ Recovery Center</td>
<td>(360) 555-1234</td>
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<table>
<thead>
<tr>
<th><strong>AGENCY STREET ADDRESS</strong></th>
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<th><strong>ZIP CODE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>321 Recovery Lane</td>
<td>WA</td>
<td>98504</td>
</tr>
</tbody>
</table>

**Assessment**

I completed an assessment of the above named person on ___________.

**ASSESSMENT DATE**

My findings are:

- ☐ Insufficient evidence of substance abuse/dependence. Persons with a low or minimal probability of reoffending, for whom intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving.

- ☐ Substance abuse. Persons with a greater probability of reoffending without intervention, but for whom substance dependence is not the apparent primary problem at this time. Extensive education/prevention, as part of a treatment program, is required, but intensive treatment for substance dependency is not indicated.

- ☐ Substance dependence. Persons with a greater probability of reoffending if not treated, for whom substance dependence at any stage of the disease is the primary problem at this time. This category would include persons that come to the assessment at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

*These criteria are intended to serve as guidelines for determining the appropriate reporting level. It is the responsibility of the assessment professional to identify and document the symptoms which support their decision in the patient record.*

**SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL / ASSESSMENT OFFICER**

**DATE SIGNED**

**Information School**

☐ Client completed information school on ___________.

**COMPLETION DATE**

☐ SIGNATURE OF CERTIFIED INFORMATION SCHOOL INSTRUCTOR

**DATE SIGNED**

**Treatment Reports**—Submit within 5 days

☐ Progress. Treatment began on ___________. Patient completed first 60 days with satisfactory progress.

**DATE PROGRAM BEGAN**

☒ Noncompliance report. Patient is noncompliant (includes any violation of the treatment plan that reflects the patient’s unwillingness or failure to participate).

**COMPLIANCE DATE**

☐ Compliance report. Patient is again complying with treatment program.

☐ Transfer report. Patient transferred: ☐ In ☐ Out on ___________.

**TRANSFER DATE**

☒ Discharge report. Patient completed treatment and aftercare program: ☐ Yes, on ___________.

☒ No. **ABORTED TREATMENT**

**EXPLAIN**

**COMPLETION DATE**

**SIGNATURE OF CERTIFIED CHEMICAL DEPENDENCY PROFESSIONAL**

**DATE SIGNED**

---

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.

ACID: 510-115 SUBSTANCE ASSESSMENT/TREATMENT (R/14001) OR W
**APPENDIX J--SAMPLE DOL SUBSTANCE TREATMENT COMPLETED DISCHARGE REPORT**

---

**SUBSTANCE ASSESSMENT/TREATMENT REPORT**

This report to be filed with: Department of Licensing, PO Box 9030, Olympia, WA 98507 • Phone: 360-902-3900
Fax: 360-664-2286

**PLEASE PRINT**

Reports will be returned if complete name, date of birth, and/or driver license number are not provided.

<table>
<thead>
<tr>
<th>CLIENT NAME (Last, First, Middle)</th>
<th>WASHINGTON DRIVER LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, John C.</td>
<td>DOEJC12N12</td>
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</tbody>
</table>

**RESIDENCE ADDRESS**

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<tr>
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<td>WA</td>
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**MAILING ADDRESS**

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</table>

**AGENCY NAME**

XYZ Recovery Center

**AGENCY STREET ADDRESS**

321 Recovery Lane

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olympia</td>
<td>WA</td>
<td>98504</td>
</tr>
</tbody>
</table>

---

**Assessment**

I completed an assessment of the above named person on [Assessment Date].

My findings are:

- **Insufficient evidence of substance abuse/dependence.** Persons with a low or minimal probability of reoffending, for whom intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving.

- **Substance abuse.** Persons with a greater probability of reoffending without intervention, but for whom substance dependence is not the apparent primary problem at this time. Extensive education/prevention, as part of a treatment program, is required, but intensive treatment for substance dependency is not indicated.

- **Substance dependence.** Persons with a greater probability of reoffending if not treated, for whom substance dependence at any stage of the disease is the primary problem at this time. This category would include persons that come to the assessment at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

*These criteria are intended to serve as guidelines for determining the appropriate reporting level. It is the responsibility of the assessment professional to identify and document the symptoms which support their decision in the patient record.*

---

**Information School**

- [ ] Client completed information school on [Completion Date].

**Signature of Certified Information School Instructor**

---

**Treatment Reports—Submit within 5 days**

- [ ] Progress. Treatment began on [Date Program Began]. Patient completed first 60 days with satisfactory progress.

- [ ] Noncompliance report. Patient is noncompliant (includes any violation of the treatment plan that reflects the patient's unwillingness or failure to participate).

- [ ] Compliance report. Patient is again complying with treatment program.

- [ ] Transfer report. Patient transferred: [In] [Out] on [Transfer Date].

**Discharge report.** Patient completed treatment and aftercare program: [Yes, on [Completion Date] | [No, [Explain Date]]

**Signature of Certified Chemical Dependency Professional**

---

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.

ACFR-510-116 SUBSTANCE ASSESSMENT/TREATMENT (R/A01)ORW
You can order more DUI/PC Assessment Report forms (DSHS Form #16-140-revised -01/23) by faxing or mailing your request to:

Washington State Alcohol Drug Clearinghouse
6535 – 5th Place South
Seattle, Washington 98108-0243

Fax: (206) 760-0859
Telephone: (206) 725-9696
Toll Free: 800-662-9111 (if calling from within Washington State)

You can also access the form electronically by going to http://www.wa.gov/dshs/dshsfoms/. left click on downloadable forms, and search for DSHS Form #16-140. If you use a downloadable form, ensure the original goes to the client, one copy goes to the treatment center, and one copy is maintained by the assessment agency.
Note: This summarizes the activities reported to DOL in the sample DOL Substance Assessment/Treatment Reports located in Appendices B-J of this guide.

Appendix B:

Robert S. Geissinger, a Certified Chemical Dependency Professional employed by XYZ Recovery Center on May 15, 2002, completed a DUI assessment on John C. Doe. Mr. Geissinger determined there was insufficient evidence of substance abuse or dependence and submitted a DOL Substance Assessment Report on May 15, 2002.

Appendix C:

Robert S. Geissinger, a Certified Information School Instructor, employed by XYZ Recovery Center determined that John C. Doe completed information school on May 8, 2002, and submitted a DOL Substance Information School Report the same date.

Appendix D:

Robert S. Geissinger, a Certified Chemical Dependency Professional employed by XYZ Recovery Center on May 15, 2002, completed a DUI assessment on John C. Doe. Mr. Geissinger determined there was sufficient evidence of substance dependence and submitted a DOL Substance Assessment Initial Treatment Report on July 17, 2002, which indicated the driver had began treatment on May 15, 2002, and completed 60 days of satisfactory treatment by the date of the report.

Appendix E:

Robert S. Geissinger, a Certified Chemical Dependency Professional employed by XYZ Recovery Center on August 17, 2002, determined John C. Doe was noncompliant with her treatment plan and submitted a DOL Substance Treatment Noncompliance Report on the same date.

Appendix F:

Robert S. Geissinger, a Certified Chemical Dependency Professional employed by XYZ Recovery Center on September 29, 2002, determined John C. Doe was once again compliant with her treatment plan and submitted a DOL Substance Treatment Compliance Report on the same date.

Appendix G:

Robert S. Geissinger, a Certified Chemical Dependency Professional employed by XYZ Recovery Center on October 9, 2002, transferred the treatment for John C. Doe to another certified chemical dependency treatment provider that could provide the level of service indicated by the aftercare plan and discharge summary and submitted a DOL Substance Treatment Transfer Out Report on the same date.
Appendix H:

Robert S. Geissinger, a Certified Chemical Dependency Professional employed by XYZ Recovery Center on October 16, 2002, readmitted John C. Doe to the agency to the level of service indicated by the aftercare plan and discharge summary from her previous treatment with the agency and submitted a DOL Substance Treatment Transfer In Report on the same date.

Appendix I:

Robert S. Geissinger, a Certified Chemical Dependency Professional employed by XYZ Recovery Center on November 13, 2002, determined that John C. Doe aborted treatment and submitted a DOL Substance Incomplete Treatment Report on the same date. Mr. Geissinger also indicated on the report that the driver was non-compliant.

Appendix J:

Robert S. Geissinger, a Certified Chemical Dependency Professional employed by XYZ Recovery Center on December 17, 2002, readmitted John C. Doe to chemical dependency treatment, provided at least 60 days additional treatment, discharged the driver from treatment on February 18, 2003, and submitted DOL Substance Treatment Completed Treatment Report on the same date.
THE FOLLOWING IS A TRUE AND CORRECT COPY OF THE INFORMATION BEING MAINTAINED BY THE DEPARTMENT OF LICENSING AT OLYMPIA, WASHINGTON. INSURANCE COMPANIES ARE LIMITED TO A 3 YEAR RECORD WHICH DOES NOT SHOW DEPARTMENTAL ACTIONS. EMPLOYERS ARE LIMITED TO A FULL RECORD, WHICH DOES NOT SHOW DEPARTMENTAL ACTIONS.

*****DOEJ997BA DOE, JANE 01-01-1901 IS NOT AN AKA RECORD!!!!**

LIC# DOEJ997BA AL
DOE JANE
100 MICKEY MOUSE LANE
PUYALLUP WA 98371

SS# 123-45-6789
DOB 01-01-1901
SEX F EYES BLU
HGT 5’ WGT 135

STATUS: PDL DWLS/R 1ST DG
CDL INVALID
LICENSE ISSUED 10-28-98
LICENSE EXPIRES 01-01-02

RECORD REQUESTED
**MAIL ADDR ON FILE? Y**

ALCOHOL ASSESSMENT OR PROOF OF TREATMENT REQUIRED. ONLY SUBMIT DOL SAT REPORT WHEN "AL" IS PRESENT ON ABSTR.

CDL CLASS: A ENDORSEMENTS: M/C3 HNPT
RESTRICTIONS: CORR LENSES MEDICAL FIN RESP
PROBATIONARY LICENSE ISSUED/REQUIRED UNTIL 091803
INTERMEDIATE LICENSE STATUS IN EFFECT UNTIL 01-01-2002
IL RESTR: UP TO 3 PASS UNDER 20 EXCEPT AS ALLOWED BY LAW/NO DRIVING 1AM-5AM
$150 REISSUE FEE ------$20 CDL REQUALIFICATION FEE DUE

5-YEAR PROBATIONARY LICENSE REQUIRED

ONLY REQUIRED FOR DRIVERS 16-17 YEARS OF AGE

IGNITION INTERLOCK RESTRICTION

NOTATION OF ANY OTHER RECORD SUBJECT HAS USED

RE-ISSUE FEE REQUIREMENT

DATE VIOLATION OR COLLISION OCCURRED
DESCRIPTION OF INCIDENT
FAILURE TO APPEAR NOTICE FROM COURT
NAME OF COURT OR STATE WHERE OFFENSE OCCURED
CITATION NUMBER OF VIOLATION

<table>
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<th>DESCRIPTION OF INCIDENT</th>
<th>FAILURE TO APPEAR NOTICE FROM COURT</th>
<th>NAME OF COURT OR STATE WHERE OFFENSE OCCURED</th>
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<td>040600 ACCIDENT</td>
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CONVICTION DATE OR DATE OF FINDING

DISPOSITION TYPE:
Y = DEF PROS
J = JAIL TIME
V = JUVENILE

COURT TYPE:
D = DISTRICT
F = FEDERAL
S = SUPERIOR
J = JUVENILE
B = VIOLATIONS BUREAU
LEGEND
DUI=Driving Under the Influence
PC=Physical Control
VA=Vehicular Assault
VH=Vehicular Homicide
CD=Chemical dependency
CDP=Washington State Certified Chemical Dependency Professional
TX=Treatment
ADIS=Alcohol/Drug Information School
PAO=Probation Assessment Officer

UPON DETERMINATION OF DRIVER CONVICTION FOR DUI/PC/VA/VH

ASSESSING CDP/PAO SHOULD REPORT ASSESSMENT OUTCOME

TREATING CDP OR ADIS INSTRUCTOR SHOULD REPORT COMPLETION OF ADIS OR FIRST 60 DAYS OF CD TX

IF CD TX, CDP SHOULD REPORT UPON DETERMINATION OF NON-COMPLIANCE WITH TX

CDP SHOULD REPORT UPON DETERMINATION OF RETURN TO COMPLIANCE WITH TX

DISCHARGING OR ADMITTING CDP SHOULD REPORT TRANSFER IN OR OUT OF TX AND TRANSFER DATE

DISCHARGING CDP SHOULD REPORT DISCHARGE COMPLETE YES/NO

Reports to DOL should be completed and submitted within five working days of event or determination of driver conviction for DUI/PC/VA/VH
DUI/PC ASSESSMENT AND INITIAL TREATMENT PROCESS

LEGEND
DUI = Driving under the influence
PC = Physical control
CDP = Washington State Certified Chemical Dependency Professional
CD = Chemical Dependency
TX = Treatment
ADIS = Alcohol/Drug Information School
DP = Deferred prosecution
DOL = Department of Licensing
CHG = Charge
IAW = In accordance with
PPC = Patient Placement Criteria
2nd Edition Revised

DRIVER ARRESTED FOR DUI/PC

DRIVER OBTAINS DUI ASSESSMENT

DEFERRED PROSECUTION

Yes

COURT PETITIONED FOR DP

NO DOL REPORTING REQUIRED

DP GRANTED BY COURT AT HEARING

PROSECUTION DEFERRED PENDING OUTCOME OF CD TX

NO DOL REPORT REQUIRED

NOTE: ADIS OR CD TX MAY BEGIN ANY TIME AFTER COMPLETION OF ASSESSMENT

NON-DEFERRED PROSECUTION

No

DRIVER INTENDS TO PETITION COURT FOR DP

PRELIMINARY HEARING TRIAL

NO DOL REPORTING REQUIRED

DRIVER: CONVICTED OF DUI/PC/VA/VH OR CHG REDUCED OR DROPPED

CONVICTED

CD TX IAW ASSESSMENT OUTCOME AND PPC-2R

DOL SUBSTANCE ASSESSMENT AND TREATMENT REPORTING REQUIRED

REDUCED/DROPPED

CD TX IAW ASSESSMENT OUTCOME AND PPC-2R

NO DOL REPORTING REQUIRED

NOTE:
ADIS OR CD TX MAY BEGIN ANY TIME AFTER COMPLETION OF ASSESSMENT

DEFERRED

PROSECUTION

NON-DEFERRED

PROSECUTION

DRIVER: CONVICTED OF DUI/PC/VA/VH OR CHG REDUCED OR DROPPED

CONVICTED

CD TX IAW ASSESSMENT OUTCOME AND PPC-2R

DOL SUBSTANCE ASSESSMENT AND TREATMENT REPORTING REQUIRED

REDUCED/DROPPED

CD TX IAW ASSESSMENT OUTCOME AND PPC-2R

NO DOL REPORTING REQUIRED

NOTE:
ADIS OR CD TX MAY BEGIN ANY TIME AFTER COMPLETION OF ASSESSMENT
VA/VH ASSESSMENT
AND INITIAL TREATMENT PROCESS

LEGEND
VA=Vehicular Assault
VH=Vehicular Homicide
CDP = Washington State Certified
Chemical Dependency
Professional
CD = Chemical Dependency
TX = Treatment
ADIS = Alcohol/Drug Information
School
DOL = Department of Licensing
CHG = Charge
IAW = In accordance with

DRIVER ARRESTED FOR VA/VH

DRIVER OBTAINS CD ASSESSMENT
NO DOL REPORTING REQUIRED

PRELIMINARY HEARING/TRIAL
NO DOL REPORTING REQUIRED

DRIVER CONVICTED OF VA/VH OR CHG DROPPED OR REDUCED

CD TX IAW ASSESSMENT OUTCOME AND PPC
DOL REPORTING REQUIRED

CHGS REDUCED OR DROPPED

CD TX IAW ASSESSMENT OUTCOME AND PPC
NO DOL REPORTING REQUIRED
# Chemical Dependency Assessment Summary

**APPENDIX Q**

**CHEMICAL DEPENDENCY ASSESSMENT SUMMARY**

DATE: ______________________

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<thead>
<tr>
<th>Patient Name: _________________________________________</th>
<th>Date of Birth ________________</th>
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</thead>
<tbody>
<tr>
<td>Patient’s Address: _____________________________________</td>
<td>Patient’s Telephone # _________</td>
</tr>
<tr>
<td>Court: ___________________________</td>
<td>Case # _____________________</td>
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</table>

### BAC Level Analysis:
- [ ] Refused
- [ ] BAC Level _________ Analysis of BAC

### History of CD Related Arrests or Reduced Charges
- [ ] Criminal history was not provided by court
- [ ] Driving record was not provided by client

### Prior CD Eval.?  Previous ADIS?  Prior Def. Pros.?  Prior CD Tx.?

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<tr>
<th>Yes</th>
<th>Date: ______________________</th>
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<tr>
<td>Yes</td>
<td>Date: ______________________</td>
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<tr>
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<td>Date: ______________________</td>
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</tr>
<tr>
<td>Yes</td>
<td>Date: ______________________</td>
<td>None Reported</td>
</tr>
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</table>

### Diagnostic Assessment:

| ____________________________________________________________________________ |

### Treatment Recommendation

**ASAM Level & Estimated Duration**

Recommendations for appropriate level of care and length of stay in accordance with ASAM PPC will be made periodically to the court and the patient based on ongoing assessment of the patient’s progress in treatment and individual treatment needs.

| ____________________________________________________________________________ |

### Factors Considered in Recommendation

| ____________________________________________________________________________ |

| This assessment includes collateral information from: |
| [ ] Attorney | [ ] Court | [ ] Law Enforcement | [ ] Treatment Agency |
| [ ] Child Protective Services | [ ] Physician | [ ] Family |
| [ ] Other |

This assessment, and the treatment recommendations attached, are voided if the patient has failed to fully and honestly disclose information requested of him/her throughout the assessment process.

<table>
<thead>
<tr>
<th>Assessing CD Counselor / Assessment Officer</th>
<th>Agency Name</th>
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<tbody>
<tr>
<td></td>
<td>Telephone Number (_______)</td>
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STATE-WIDE PROTOCOL
ALCOHOL & OTHER DRUG TREATMENT ASSESSMENTS
FOR
COURT-REFERRED PATIENTS

This Protocol is recommended to assure that assessments conducted on court referred patients are based upon common information and incorporate ASAM Patient Placement Criteria (PPC) into any recommended treatment planning.

1. All chemical dependency (CD) treatment agencies and DUI Assessment Services should standardize the manner in which assessments are communicated to the court by using the attached “CD Assessment Summary” as the cover document for all assessment and treatment recommendations provided in regard to pending court cases. The agency may also submit a narrative report, to accompany the Summary form, at their discretion.

2. Consent for the Release of Confidential Information for all courts should be secured from persons seeking an assessment for court-related purposes before an assessment is conducted. If such release is not authorized, such assessment may not be forwarded by the agency to any court or probation department but only to such persons as are authorized by the client.

3. All DUI/PC/VA/VH related assessments should include review and consideration of a current Department of Licensing (DOL) abstract and a current criminal history to be obtained from the Court. Current is defined as “obtained no more than 14 days prior to the assessment date.” Should courts not provide this information, assessment entities should make note of this on the assessment form.

4. All DUI/PC/VA/VH related assessments should include consideration of the breath or blood test readings (unless patient had refused to take such a test).

5. Agencies’ treatment recommendations must be individualized in accordance with requirements set forth in WAC 388-805 and utilize ASAM PPC in determining appropriate level of care and estimated length of treatment service.

6. Every effort should be made by the assessing counselor to obtain and evaluate information from collateral and alternate sources. If not obtainable, the circumstances preventing such efforts should be reported to the court.

7. When questions of patient reporting accuracy or honesty arise, it should be noted. Assessment personnel should contact the court to verify information. In addition, assessment personnel should attempt to obtain a copy of the police report if any doubt or uncertainty arises with regard to a patient’s description of the offense and whether a breath or blood test was refused.

8. A urinalysis should be requested at the time of assessment if indicated by the patient’s history in the judgment of the assessing counselor.
Substance assessment/treatment reports are received in the DOL Reinstatement Unit from various in-state agencies, individuals, and out-of-state facilities. DASA sends a certification status report to this unit once each month that includes a listing all of the agencies in Washington State and the services they are able to provide at the time the report is printed. This report allows DOL staff to determine if the provider is certified by DASA as a chemical dependency service provider.

**QUESTIONS AND ANSWERS**

1. **WHAT HAPPENS TO THE SUBSTANCE ASSESSMENT/TREATMENT REPORTS AFTER THEY ARE RECEIVED IN THE REINSTATEMENT UNIT?**

   The form, along with the client’s driving record, is reviewed to assure it is complete and contains the information required by law. The DOL Substance Assessment/Treatment Report is then incorporated into the client’s driving record. The form is then scanned into the client’s historical database for future reference.

2. **WHAT TRIGGERS THE ADDITION OF AN ALCOHOL FLAG ON SOMEONE’S RECORD?**

   A conviction for an alcohol/drug related offense (DUI/PC/VA/VH), received from court, would result in an alcohol flag.

   The assessing CDP/PAO can determine if an alcohol flag has been placed on a driver’s license by reviewing the driver’s driving abstract, locating the driver’s license number, usually in the upper left hand of the abstract, and determining whether or not the letters “AL” follow the license number. If yes, then an alcohol flag has been placed on the driver’s driving record.

3. **WHO PUTS THE ALCOHOL FLAG ON THE RECORD?**

   DOL staff places the flag after the conviction for DUI/PC/VA/VH is added to the driver’s record.

4. **HOW LONG WILL AN ALCOHOL FLAG/REQUIREMENT STAY ON THE RECORD IF THE REQUIREMENTS ARE NOT MET?**

   Indefinitely.

5. **IS THERE ANY RELATION BETWEEN ALCOHOL FLAGS, ASSESSMENT REPORTS, AND TREATMENT REQUIREMENTS?**

   Yes. A flag with an alcohol/drug related conviction requires an assessment; the diagnosis determines further requirements. A flag with a suspension for Chemical Dependency requires proof of 60 days of treatment OR of not completed, a letter or release form explaining that further treatment would not be in the best interest of the person’s recovery process. The letter, if it is from a facility other than the originator, must explain the CDP is aware of previous treatment, if that is in the client’s history.

6. **HOW LONG DOES A DUI/PC/VA/VH STAY ON A PERSON’S DRIVING RECORD?**
The following convictions have a 15-year driving record retention period:

- RCW 46.61.502 DUI
- RCW 46.61.504 Physical Control
- RCW 46.61.500 Reckless Deriving Reduced from DUI
- RCW 46.61.5249 Negligent Driving 1st Degree
- RCW 46.61.520 Vehicular Homicide
- RCW 46.61.522 Vehicular Assault

Also, any other alcohol-related offense reduced from DUI/PC

7. **WHAT ARE THE MOST COMMON REASONS FOR SUBSTANCE ASSESSMENT/TREATMENT REPORTS BEING RETURNED TO FACILITIES?**

- The client is on deferred prosecution;
- The form is incomplete (missing driver, agency, assessment, treatment information, required dates and signatures when applicable). Dates must include the day, month, and year;
- Date program began and treatment completion date does not constitute 60 days;
- No signature of a Qualified Information School Instructor or Certified Chemical Dependency Professional when report indicates the driver completed ADIS; and/or,
- Incorrect form.

8. **HOW MANY REPORTS DOES THE DEPARTMENT OF LICENSING RECEIVE?**

Between one hundred-fifty to two hundred each day.

9. **WHAT HAPPENS IF SUSPENSION ACTION IS TAKEN BASED ON A SUBSTANCE ASSESSMENT/TREATMENT REPORT MADE WITHOUT A SIGNED RELEASE OF CONFIDENTIAL INFORMATION OR IF THE REPORT WAS MADE TO DOL IN ERROR?**

If DOL receives a letter from the assessing CDP, on agency letterhead, stating that the client did not sign consent for the release of confidential information form, and/or that the report was sent in error, a suspension action against the driver’s license will be removed.

10. **SHOULD A DOL SUBSTANCE ASSESSMENT/TREATMENT REPORT BE SUBMITTED TO DOL WITHOUT FIRST OBTAINING A SIGNED CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION FROM THE PATIENT/DRIVER?**

**NO!** DOL will take action based on the report regardless of whether or not the patient/driver’s consent has been given unless later notified in writing by the provider that driver’s consent was not given to make the report. It is the responsibility of the assessing or treating provider to ensure that a proper consent has been obtained and retained by agency staff before making a report.