

SMALL GROUP ONE

Use of Collaterals: Allowable for IDP assessment (“may” per DHS 62).

Assessor can gather information from other persons, client records, other screening tools.

ISSUES TO CONSIDER

1. Is use of collaterals a “best practice”? If yes what sources; for all clients?

2. Is there need for assessment agency policies/procedures? If so, what.

3. Potential unintended consequences of using collateral(s):

- a. Assessor bias: Will info gathered prior to assessment taint assessor’s interaction with client?
- b. Safety Concerns: potential risks for client/collateral due to domestic violence
- c. Economic Concerns: potential risks to client (additional time off work, use of employer/co-worker as collateral)
- d. Client Rights: potential inequitable burden for clients required to provide person as collateral
- e. Efficacy: Is collateral good source of info? Will collateral be knowledgeable/honest?
- f. Other...

4. Other Issues/Concerns:

SMALL GROUP TWO

Specificity of DSP when Referral is Treatment: *Inconsistency in DHS 62.*

- 1. It is not typical, but allowable (“may”) for assessment agency to conduct SUDS screening (in addition to WAID assessment)*
- 2. Regardless, DSP treatment agency required (“shall”) to evaluate client (“SUDS screening”) and develop individualized treatment plan using placement criteria*

ISSUES TO CONSIDER

1. What is best practice for specificity of DSP when referral is treatment?

2. Is there need for assessment agency policies/procedures? If so, what?

3. Considerations:

- Neither WAID nor assessment process diagnostic
- Time/staff capacity for assessment agency to conduct “SUDS screening”
- Efficacy of developing specific treatment plan w/o “SUDS screening” and/or placement criteria
- Duplication of effort (treatment agency requirements regardless of assessment agency)
- Other...

4. Other Issues/Concerns:

SMALL GROUP THREE

Clients Referred to Treatment Who Don't Meet SUDS Diagnosis: *DHS 62 does not provide specific recourse for completion of DSP. Possible options:*

1. *Update WAID (as applicable) based on new information and amend DSP to education.*
2. *Amend DSP to lower level of care.*
3. *Accept diagnostic assessment as required DSP SUDs service (e.g., the "SUDS screening" becomes the only required DSP treatment service).*
4. *Other...*

ISSUES TO CONSIDER

1. What is best practice(s) for clients referred to treatment who subsequently don't meet diagnostic criteria for a SUD?

2. Is there need for assessment agency policies/procedures? If so, what?

3. Considerations:

- a. Treatment agency may not provide services for client who does not meet diagnostic criteria.
- b. insurance may not cover treatment services without diagnosable SUD.
- c. Client and agency burdens to amend plan.
- d. Other...

4. Other Issues/Concerns:

SMALL GROUP FOUR

DSP Referral(s) for Finding of Irresponsible Use-Borderline: *Per DHS 62, education and/or treatment allowable DSP referral(s).*

ISSUES TO CONSIDER

- 1. What is best practice(s) for DSP referral(s) with WAID finding of irresponsible use-borderline?**

- 2. Is there need for assessment agency policies/procedures? If so, what?**

- 3. Considerations—when referring to BOTH treatment and education**
 - a. Purpose of IDP is prevention of recidivism, not additional punitive requirements
 - b. Goals of education and treatment may conflict
 - c. Client Rights: inequity (time, money) for clients required to participate in both education and treatment
 - d. Other...

- 4. Considerations—when referring to EITHER treatment or education**
 - a. Time/Cost to amend DSP if original DSP referral (education or treatment) is not best fit for client
 - b. Other...

- 5. Considerations—when referring to treatment**
 - a. Client may not meet diagnostic criteria for SUD (WAID NOT diagnostic)
 - b. Risk of “overtreating”
 - c. Other...

- 6. Other Issues/Concerns:**

SMALL GROUP FIVE

DSP Referral to Victim Impact Panel (VIP): *Allowable per DHS 62, but not considered best practice.*

ISSUES TO CONSIDER

1. What is best practice(s) for DSP referral to VIP?

2. Is there need for assessment agency policies/procedures? If so, what?

3. Considerations

- a. Limited evidence regarding efficacy of VIP
- b. Potential unintended consequences (e.g., traumatizing) for panel members and/or clients
- c. Additional burden for assessment agency and client
- d. Other...

*Note: when VIP is required by another entity (e.g., courts, justice case workers, probation) the agency requiring the referral monitors participation, NOT the assessment agency and the VIP is not included on the DSP

3. Other Issues/Concerns:

SMALL GROUP SIX

DSP Requirement for Alcohol/Drug Testing: *Alcohol/drug testing is allowable for IDP assessment purposes (under the DHS 62 section describing use of collaterals). DHS 62 is silent on use for other IDP purposes. It is not considered a best practice as part of the IDP process.*

ISSUES TO CONSIDER

1. What is best practice(s) for requiring drug testing on DSP?

2. Is there need for assessment agency policies/procedures? If so, what?

3. Considerations

- a. What is the purpose of testing (IDP assessment is not punitive)? Are some, all clients tested?
- b. Stigmatization of clients
- c. Negative impact on therapeutic relationship with client
- d. Are results shared with treatment provider? Does testing align with individualized treatment plan?
- e. Does testing compete with other required testing (e.g., courts, corrections)
- f. Staff time/capacity to implement testing. Has staff been trained to collect samples, interpret results?
- g. Burden to agency or client to pay for testing
- h. If using urinalysis testing, how is it being monitored?
- i. Other...

4. Other Issues/Concerns:

SMALL GROUP SEVEN

DSP Requirement for Abstinence: *DHS 62 silent regarding assessment agency requiring abstinence on DSP.*

ISSUES TO CONSIDER

1. What is best practice(s) for requiring abstinence on DSP?

2. Is there need for assessment agency policies/procedures? If so, what?

3. Considerations

- a. The IDP assessment process is not punitive
- b. The WAID is not diagnostic
- c. If a client is referred to education, abstinence can be contrary to the education goals
- d. If the client is referred to treatment, it is the responsibility of the treatment agency to conduct a diagnostic assessment, develop an individualized treatment plan, and monitor abstinence if required
- e. Absolute and lifetime sobriety is not a goal for all OWI clients
- f. Staff time/capacity to monitor abstinence, enforce as necessary
- g. Other...

4. Other Issues/Concerns:

SMALL GROUP Eight

License Denial on DSP: *use of license denial on a DSP is allowable per DHS 62, but not typically recommended by DOT.*

ISSUES TO CONSIDER

1. What is best practice(s) for including license denial on DSP?

2. Is there need for assessment agency policies/procedures? If so, what?

3. Considerations

- a. To order license denial on a DSP the WAID finding must be is suspected dependency, dependency, or dependency in remission
- b. Assessor must have sufficient evidence client will not participate in DSP to completion or will continue to driver impaired while on the DSP
- c. Rationale for license denial must be related to a client's use of alcohol/other drugs
- d. Assessor must include specific conditions on the DSP required to lift denial
- e. Assessment agency must monitor successful completion of additional DSP requirements to lift denial
- f. Assessment agency is responsible for lifting denial once additional DSP requirements have been satisfied
- g. Other...

4. Other Issues/Concerns: