

Alcohol and Other Drug Screening Specialist (ADSS) Screening and Out-of-State Referral Report

Out-of-state residents who receive a charge of driving under the influence of intoxicants (DUII) in Oregon may be referred to an outpatient DUII services provider located and licensed in their state of residence. **Oregon does not accept online programs.**

Residents of states that license DUII services providers must complete a program as required for the equivalent charge in their state of residence. *Please note that completion of a substance use disorder assessment alone does not constitute completion of a DUII services program.*

Residents of states that do not license DUII services providers or states that allow for completion of an assessment only, must complete a program that is substantially equivalent to Oregon's standards outlined on page 4 of this document.

The Oregon Health Authority issues a DUII Treatment Completion Certificate (DTCC) to the Oregon Department of Motor Vehicles for out-of-state residents who have been convicted of DUII upon receipt of a completed Out-of-State DTCC Request Packet. The forms are available for download at www.oregon.gov/oha/HSD/AMH-DUII. A packet may also be requested by sending an email to DUII.Info@dhsaha.state.or.us.

Client information

Name:	Date of birth:
Street address:	Home phone:
Mailing address (<i>if different from above</i>):	Cell phone:
Oregon driver license number (<i>or reference number, customer service number or identification number</i>):	

Incident information

Incident date:	SID number:	Court and case number:	
DUII type (<i>mark all that apply</i>):			
<input type="checkbox"/> Alcohol. Blood alcohol concentration (BAC):	<input type="checkbox"/> Breath	<input type="checkbox"/> Blood	<input type="checkbox"/> Refused
<input type="checkbox"/> Controlled substance. List substance(s):			
<input type="checkbox"/> Inhalant. List inhalant(s):			
Adjudication date:	<input type="checkbox"/> DUII Diversion. Diversion end date:		
	<input type="checkbox"/> DUII Conviction		

Screening information

Screening date: TCU risk score: Total number of DUIIs (*including current*):

Type of screening (*select one*): Face-to-face Telephone

For telephone screenings, please briefly describe why the screening was not face-to-face:

Does the client have previous alcohol and/or other drug arrests? Yes No

If yes, include date/city of arrest and disposition:

Does the client have a prior diagnosis or treatment for alcohol and/or other drugs? Yes No

If yes, include name of treatment provider(s) and date(s) of attendance:

Screening summary – *Please provide any other relevant screening information, including any barriers to completing services the individual may have. Attach additional pages if needed.*

Referred to:

Agency:

Contact person:

Street address:

City/State/ZIP code:

Mailing address:

City/State/ZIP code:

Phone number:

Fax number:

Referred by:

Printed name of ADSS

Signature of ADSS

Referral date:

Phone number:

Email:

Re-referred to (if applicable):

Agency:

Contact person:

Street address:

City/State/ZIP code:

Mailing address:

City/State/ZIP code:

Phone number:

Fax number:

Re-referred by:

Printed name of ADSS

Signature of ADSS

Re-referral date:

Phone number:

Email:

The ADSS shall provide a copy of the referral and screening instrument to the individual and the selected DUII Service Provider within five days of the referral date.

Notice prohibiting re-disclosure of substance use disorder information:

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). **The federal rules prohibit you** from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2.

A general authorization for the release of medical or other information is NOT sufficient for this purpose (see §2.31). The federal rules restrict any use of information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65.

(3) DUII Services Providers shall assess, as outlined in OAR 309-019-0135(3), all individuals seeking DUII services. Level of care, diagnosis, frequency of contact, and duration of treatment services shall be consistent with the current DSM diagnostic and ASAM Criteria.

(4) DUII Education shall be provided for individuals who:

- (a) Do not currently meet DSM diagnostic criteria for a SUD; and
- (b) Meet ASAM Criteria for Level 0.5; and
- (c) Have never been diagnosed with a SUD; and
- (d) Have never been enrolled in a DUII or SUD treatment program.

(5) DUII Education shall include a minimum of four sessions over a four-week period and include the provision of a minimum of 12 hours of didactic education. The minimum 12 hours does not include diagnostic assessment, service planning, or transfer planning. DUII Education shall include but is not limited to:

- (a) Completion of a Division approved DUII Education Pre and Post Test;
- (b) DUII Laws and Consequences in Oregon;
- (c) Use of alcohol and other drugs, and their effects on driving;
- (d) Physical and psychological effects of alcohol and other drugs of abuse;
- (e) SUD signs and symptoms;
- (f) SUD recovery support services; and
- (g) Alternatives to intoxicated driving.

(6) No more than four of the 12 minimum hours shall be conducted utilizing educational films or pre-recorded audio-visual presentations.

(7) DUII Rehabilitation shall be provided for individuals who:

- (a) Meet DSM diagnostic criteria for a SUD; or
- (b) Meet ASAM Criteria for Level 1 or higher; or
- (c) Have been previously diagnosed with a SUD; or
- (d) Have previously been enrolled in a DUII or SUD treatment program.

(8) DUII Rehabilitation shall include:

- (a) DUII Education as described in section (5) of this rule; and
- (b) SUD treatment services as outlined in the individual's service plan.

(9) DUII Service Providers shall use urinalysis testing for use of substances of abuse following procedures in OAR 309-019. Urinalysis tests shall be conducted as deemed clinically appropriate, but no less than:

- (a) At the time of assessment; and
- (b) Twice per calendar month with no more than 14 calendar days between tests; and
- (c) Within two weeks prior to completion; and
- (d) Within 72 hours of receipt of laboratory results indicating that a urinalysis sample was identified as out of range for Creatinine, pH, or Specific Gravity as defined by the urinalysis laboratory results;

(10) Urinalysis shall, at a minimum, test for the following substances of abuse:

- (a) Alcohol;
- (b) Marijuana;
- (c) Cocaine;
- (d) Amphetamines;

- (e) Opiates; and
- (f) Benzodiazepines.

(11) In addition to the substances of abuse outlined in section (10), an EtG/EtS test for alcohol shall be conducted, at a minimum, at the time of assessment and within two weeks prior to completion.

(12) Individuals enrolled in DUII Education are expected to demonstrate abstinence from use of intoxicants as evidenced by negative urinalysis reports, except as allowed in ORS 813.200. Individuals who provide a positive urinalysis test or who self-report use of a substance shall be required to complete DUII Rehabilitation.

(13) Individuals enrolled in DUII Rehabilitation are expected to maintain abstinence from use of intoxicants as evidenced by negative urinalysis tests, except as allowed in ORS 813.200, while outside of a controlled environment for no less than the final 90 days of the DUII Rehabilitation program.