

Title of Proposed Rule: Rules for DUI Level II Four Plus Treatment

CDHS Tracking #: 16-12-21-1

Office, Div, & Prog: OBH, CBH,
Criminal Justice Services

Rule Author: Ryan Templeton

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STATEMENT OF BASIS AND PURPOSE

Summary of the basis and purpose for new rule or rule change.

Explain why the rule or rule change is necessary and what the program hopes to accomplish through this rule.

The proposed rule creates a new service provision in treating an individual who has been convicted of four (4) or more separate and distinct episodes of driving under the influence, driving while ability impaired, vehicular homicide, vehicular assault, or any combination thereof. Rule promulgation began in response to legislation passed in 2015 (House Bill 15-1043) which established that a violation of driving under the influence will be a Class 4 Felony if the violation occurred after three (3) or more prior convictions, arising out of separate and distinct episodes of driving under the influence, driving while ability impaired, vehicular homicide, vehicular assault, or any combination thereof. A requirement before an individual is sentenced to the Department of Corrections for a Felony DUI, is that all other available sanctions and responses to the violation must have been exhausted, including treatment. The proposed rule establishes a more comprehensive treatment service provision for individuals with four (4) or more impaired driving offenses under the Level I and Level II education, therapy or treatment provision authorized in Section 42-4-1301.3(3)(c)(IV), C.R.S.

State Board Authority for Rule:

Code	Description
26-1-107, C.R.S. (2015)	State Board to promulgate rules
26-1-109, C.R.S. (2015)	State department rules to coordinate with federal programs
26-1-111, C.R.S. (2015)	State department to promulgate rules for public assistance and welfare activities.

Program Authority for Rule: *Give federal and/or state citations and a summary of the language authorizing the rule-making function AND authority.*

Code	Description
27-81-106, C.R.S. (2016)	The unit shall establish standards for approved treatment facilities that receive public funds. The standards shall be met for a treatment facility to be approved as a public or private treatment facility.
27-82-103, C.R.S. (2016)	The unit shall establish standards for approved treatment facilities that receive public funds or that dispense controlled substances or both. The standards shall be met for a treatment facility to be approved as a public or private treatment facility.
42-4-1301.3(3)(c)(IV), C.R.S. (2016)	For the purpose of this section, "alcohol and drug driving safety education or treatment" means either level I or level II education or treatment programs that are approved by the unit in the department of human services that administers behavioral health programs and services, including those related to mental health and substance abuse.

Does the rule incorporate material by reference?

Yes

No

Does this rule repeat language found in statute?

Yes

No

If yes, please explain.

Rule references other rule sections in the same rule volume (2 CCR 502-1).

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REGULATORY ANALYSIS

1. List of groups impacted by this rule.

Which groups of persons will benefit, bear the burdens or be adversely impacted by this rule?

Individuals with four or more impaired driving offenses, referred to this level of services, will both benefit and bear the majority of the burden of this new rule. They will benefit in that they will receive more comprehensive treatment services to better meet their needs and reduce DUI recidivism; the burden for these individuals is more time in treatment and greater financial responsibility. However, the Division of Probation Services may be able to financially assist those offenders who may be struggling to pay for necessary services.

DUI providers, licensed by the Office of Behavioral Health, will benefit from the opportunity to expand their services to meet the needs of this high risk population. The public at large will benefit from the increase in public safety, since the high risk repeat DUI offenders will have the opportunity to receive appropriate services in order to change their impaired driving behavior.

2. Describe the qualitative and quantitative impact.

How will this rule-making impact those groups listed above? How many people will be impacted? What are the short-term and long-term consequences of this rule?

Individuals with four or more impaired driving offenses, referred to this level of services, will be required to spend more time in treatment, which produces a greater financial impact on these individuals. However, the Division of Probation Services may be able to assist financially for those offenders who may be struggling to pay for necessary services.

The Office of Behavioral Health's data system collects data on those clients evaluated by probation officers following DUI charges being filed; there were 1459 clients in FY 2016 that had 3 or more priors, and were currently being evaluated for their 4th or greater DUI offense. This represents about 7% of all the DUI offenders being evaluated by probation officers in FY 16.

The short term consequences primarily involve the Office of Behavioral Health modifying forms and processes for licensing and data entry. Educating and training DUI providers regarding the new level of DUI treatment will also be a responsibility of the Office of Behavioral Health. Long term, the consequences are reduced recidivism for very high risk repeat DUI offenders.

Overall, this rule should benefit the community as a whole by providing more comprehensive services to individuals who did not find success in their previous three or more treatment episodes.

3. Fiscal Impact

For each of the categories listed below explain the distribution of dollars; please identify the costs, revenues, matches or any changes in the distribution of funds even if such change has a total zero effect for any entity that falls within the category. If this rule-making requires one of the categories listed below to devote resources without receiving additional funding, please explain why the rule-making is required and what consultation has occurred with those who will need to devote resources.

State Fiscal Impact (Identify all state agencies with a fiscal impact, including any Colorado Benefits Management System (CBMS) change request costs required to implement this rule change)

There is a fiscal impact to the Office of Behavioral Health. Those fiscal impacts are minimal and involve changes to the SUD licensing and data systems which can readily be absorbed.

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County Fiscal Impact

County and district courts, probation offices and defense attorneys across the State may also be impacted by this proposed rule as the level of services provided by this rule will allow for another treatment option they can refer to which may be better suited for an individual's needs. Additional training administered by the Office of Behavioral Health will be offered on a regional basis.

Federal Fiscal Impact

There is no known federal fiscal impact, as this program is specific to Colorado with no federal oversight.

Other Fiscal Impact (such as providers, local governments, etc.)

There may be minimal fiscal impact to DUI licensed providers who choose to become licensed for Level II Four Plus as they adjust treatment and staffing models to accommodate this new level of service. Becoming licensed for Level II Four Plus is not a requirement if providers choose to not provide this level of service. There is no charge to providers for applying for a license modification from OBH to add this level of service.

4. Data Description

List and explain any data, such as studies, federal announcements, or questionnaires, which were relied upon when developing this rule?

This new rule was primarily developed in response to felony DUI legislation that was passed in 2015. DUI stakeholders were given the opportunity to respond to the proposed Level II Four Plus rules multiple times in both face-to-face workgroups and web-based applications over the last 14 months.

5. Alternatives to this Rule-making

Describe any alternatives that were seriously considered. Are there any less costly or less intrusive ways to accomplish the purpose(s) of this rule? Explain why the program chose this rule-making rather than taking no action or using another alternative.

An alternative to rule-making was providing a more comprehensive training for current Level II providers, but upon discussions with stakeholders it was determined that the existing DUI education/therapy structure does not adequately meet the array of clinical needs of those offenders with four or more impaired driving offenses. Developing a more comprehensive service provision via rule-making that aligns with the current statutory and regulatory structure was considered to be the least intrusive to individuals, providers, and State agencies.

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OVERVIEW OF PROPOSED RULE

Compare and/or contrast the content of the current regulation and the proposed change.

Rule section Number	Issue	Old Language	New Language or Response	Reason / Example / Best Practice	Public Comment No / Detail
21.240.1	Definition needed for "Level I and Level II Education, Therapy, or Treatment"	New	"Level I and Level II Education, Therapy, or Treatment" means an approved alcohol and drug driving safety education or treatment program as defined in 42-4-1301.3(3)(c)(IV), C.R.S.	Provides a definition for the Levels under which DUI services are administered	No
21.240.85	A rule does not exist for treatment services for an individual who has four or more alcohol and/or drug impaired driving offenses	New	Title only	N/A	No
21.240.85 A	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	Level II Four Plus Treatment is an approved alcohol and drug driving safety education or treatment program as defined in Section 42-4-1301.3(3)(c)(IV), C.R.S. (2016), intended for someone who has four (4) or more alcohol and/or drug impaired driving offenses.	Provides authority	No
21.240.85 B	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	In order to provide Level II Four Plus treatment an agency must be licensed to provide: 1. Level II Therapeutic Education; and, 2. Level II Therapy.	Provides applicability	No
21.240.85 C	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	Level II Four Plus Treatment must consist of not less than eighteen (18) months of attendance which includes a minimum of one-hundred eighty (180) hours of treatment.	Sets length of service requirements	Yes
21.240.85 D	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	All Level II Four Plus Treatment shall be driven by the individual's clinical assessment.	Ensures services are driven by an individual's assessment	No
21.240.85 E	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	Level II Four Plus staff requirements 1. Staff providing Level II Four Plus Treatment must meet the requirements in Section 21.240.3(D), and: A. CAC II credentialed staff must be receiving clinical supervision by a CAC III or LAC; or, B. Licensed staff must have at least one (1) year of documented addiction counseling experience.	Establishes minimum staff requirements	Yes

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Rule section Number	Issue	Old Language	New Language or Response	Reason / Example / Best Practice	Public Comment No / Detail
			2. Staff providing specialized treatment services must hold current and valid credentials and/or licensure in the area of service provision. 3. Staff providing assessment must hold current and valid credentials and/or licensure in the area of service provision.		
21.240.85 F	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	Level II Four Plus Clinical Assessment(s) 1. A full assessment must be administered in accordance with Section 21.190.3. 2. In addition to the requirements in section 21.190.3(d), the assessment must contain information on: a. Cognitive functioning; b. Traumatic brain injury; c. Adverse childhood experiences (ACEs); d. Grief and loss; and, e. Co-occurring mental health issues. 3. Agencies shall utilize an assessment tool specifically designed to address co-occurring mental health issues in the impaired driver population. 4. Agencies shall document results and coordinate further services as appropriate.	Details assessment requirements	Yes
21.240.85 G	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	Level II Four Plus Service Planning and Reviews 1. Level II Four Plus service planning and reviews must be administered in accordance with Section 21.190.4. 2. Agencies providing Level II Four Plus treatment shall conduct service plan reviews at a minimum of every sixty (60) days in collaboration with supervising probation officers. 3. Consideration shall be given to clients' needs for aftercare and peer recovery support services.	Details service planning requirements	Yes
21.240.85 H	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	Level II Four Plus discharge planning must be administered in accordance with Section 21.190.6.	Details discharge planning requirements	No
21.240.85 I	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	Provision of level II Four Plus services shall: 1. Be determined by the results of the screenings and clinical assessment. 2. Be a combination of education and treatment strategies that include, but not limited to: a. Individual counseling; b. Group therapy, unless clinically contraindicated;	Outlines areas of services which may be addressed in treatment	No

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Rule section Number	Issue	Old Language	New Language or Response	Reason / Example / Best Practice	Public Comment No / Detail
			<p>c. Family/other supportive adult therapy, if applicable; d. Interlock counseling, if the individual has an ignition interlock installed; e. DUI Level II Education or Level II Therapy, if applicable; f. Education, if applicable; g. Medication assisted treatment, if applicable; h. Residential treatment, if applicable; i. Other treatment as indicated by the initial and ongoing clinical assessment. 3. Agencies providing Level II Four Plus treatment shall provide case management activities, where applicable, to ensure the coordination of client services and needs, and the continuity of care, with other services.</p>		
21.240.85 J	DUI Level II Treatment provision for individual with four or more alcohol and/or drug impaired driving offenses	New	<p>Testing and monitoring 1. All clients shall be regularly tested and/or monitored for alcohol and drug use. Testing and/or monitoring may include the following: a. Urinalysis; b. Breath analysis; c. Continuous alcohol monitoring; d. Mobile/remote breath testing; e. Direct and indirect biomarker testing; f. Drug and other testing as appropriate. 2. Agency drug and alcohol toxicology collection shall be observed by trained staff. 3. If testing is not done by the agency, there must be documentation of the efforts to obtain test results. 4. Testing and sharing of results shall be coordinated with probation.</p>	Requires that individuals receiving this level of service are monitored for alcohol and drug use	Yes

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STAKEHOLDER COMMENT SUMMARY

Development

The following individuals and/or entities were included in the development of these proposed rules (such as other Program Areas, Legislative Liaison, and Sub-PAC):

The initial DUI Level II Four Plus rule draft was developed in collaboration with the Colorado Task Force on Drunk and Impaired Driving. The Colorado Task Force on Drunk and Impaired Driving members represent: Statewide Association of Chiefs of Police; Colorado Department of Transportation; Colorado State Patrol; Colorado Department of Revenue, Driver's License Sanctioning; Colorado Department of Revenue, Liquor Enforcement; State Court Administrator's Office; State Public Defender's Office; Colorado Department of Human Services, Office of Behavioral Health, DUI Substance Abuse Treatment; Colorado Department of Human Services, Office of Behavioral Health, Minors Substance Abuse Treatment; Division of Probation Services; Colorado Department of Public Health and Environment; Colorado Peace Officers Standards and Training Board; Statewide Organization of County Sheriffs; Family Member of a Victim of Drunk or Impaired Driving; Mothers Against Drunk Driving; Statewide Organization of District Attorneys; Colorado Criminal Defense Bar; On-Premise Alcohol Beverage Retailers; Off-Premise Alcohol Beverage Retailers; Alcoholic Beverage Distributors; Alcoholic Beverage Manufacturers; A Person Under 24 who is Enrolled in a Secondary or Postsecondary School; Colorado Association of Addiction Professionals; Statewide Organization of Retail Marijuana for Consumption Off Premises; Researcher Who Specializes in the Field of Impaired Driving.

This Rule-Making Package

The following individuals and/or entities were contacted and informed that this rule-making was proposed for consideration by the State Board of Human Services:

In addition to the Colorado Task Force on Drunk and Impaired Driving, stakeholders who were contacted about the opportunity to provide feedback on these rules include: Colorado Department of Public Health and Environment (CDPHE); Colorado Department of Health Care Policy and Financing (HCPF); CDHS Colorado Mental Health Institutes; CDHS Division of Child Welfare; Colorado Behavioral Healthcare Council; community mental health centers; community mental health clinics; Colorado Designated Managed Service Organizations; Colorado Hospital Association; consumer and family advocacy agencies; designated mental health facilities; substance abuse treatment providers; Mental Health Advisory Board for Service Standards and Regulations; Behavioral Health Transformation Council; Behavioral Health Planning and Advisory Council; Behavioral Health Crisis Response System vendors; representatives for first responders; and, individuals with lived experience.

Other State Agencies

Are other State Agencies (such as HCPF or CDPHE) impacted by these rules? If so, have they been contacted and provided input on the proposed rules?

Yes No

If yes, who was contacted and what was their input?

The other State Agencies who may be impacted by these rules include: Colorado Department of Transportation; Colorado State Patrol; Colorado Department of Revenue; State Court Administrator's Office; State Public Defender's Office; and Colorado Department of Public Health and Environment. All of the listed State Agencies are represented on the Colorado Task Force on Drunk and Impaired Driving. The proposed rule was developed in collaboration with the Colorado Task Force on Drunk and Impaired Driving allowing for the other State Agencies to provide feedback and recommendation throughout the rule development process.

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Sub-PAC

Have these rules been reviewed by the appropriate Sub-PAC Committee?

Yes No

Name of Sub-PAC	Not applicable		
Date presented	Not applicable		
What issues were raised?	Not applicable		
Vote Count	<i>For</i>	<i>Against</i>	<i>Abstain</i>
	n/a	n/a	n/a
If not presented, explain why.	There is not a Behavioral Health Sub-PAC, this rule-making packet was presented to PAC on December 8, 2016 without a Sub-PAC review.		

PAC

Have these rules been approved by PAC?

Yes No

Date presented	December 8, 2016		
What issues were raised?	No issues were raised.		
Vote Count	<i>For</i>	<i>Against</i>	<i>Abstain</i>
	Unanimous	0	0
If not presented, explain why.	Not applicable		

Other Comments

Comments were received from stakeholders on the proposed rules:

Yes No

If "yes" to any of the above questions, summarize and/or attach the feedback received, including requests made by the State Board of Human Services, by specifying the section and including the Department/Office/Division response. Provide proof of agreement or ongoing issues with a letter or public testimony by the stakeholder.

General Feedback

I understand it isn't so easy to just change the DUI treatment, please take my thoughts with a grain of salt. I currently do DUI, DV, and SO treatment in a variety of settings. I find myself wishing my DUI clients had a similar process as the DV clients. Meaning, a competency and time based program not just a time based program. It seems the Four Plus has the similar intentions; I would just like to catch folks earlier on at their 2nd DUI, instead of their 4th. As I said, I understand that changing the DUI system is not that easy and I appreciate the effort you guys are making. I bet you got a lot of push back if you tried to do the 2nd. From a treatment standpoint, giving me more flexibility in their treatment could (and I think would) reduce recidivism. I teach all of my clients to take responsibility for their own behavior and not blame others. With my DV clients, I can keep them in treatment until they show they can do just that. My DUI clients I cannot do that as easily. I think a lot of them are able to leave groups with their errors in thinking that allow them to continue their substance use behavior.

I appreciate you making the CAC II an approved provider level. There are very few CAC III in my area. It would have severely restricted and hurt treatment to make the requirement a CAC III minimum.

Response: The Office of Behavioral Health needed to work within the current DUI treatment system to address this level of service. Statutory changes in 2015, with a 4th impaired driving offense

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potentially being a felony, is what started the discussion on how services should be administered to individuals with habitual driving offenses. The Office of Behavioral Health agrees that having comprehensive, individualized services for all levels of offenders is the goal, the Office of Behavioral Health needed to work within the limitation of this system to ensure providers have the resources and capacity to meet all service requirements.

21.240.85(C) Length of Services

This is more of a question; how do you plan to count services such as Residential in the 180 hours?

Response: When an individual is in Residential Treatment the length of service requirement (18 months) will drive the service provisions rather than the number of hours. Since 180 hours in a residential setting could potentially be accomplished in one month, the individual will be required to attend appropriate treatment services for a minimum of 18 months in accordance with rule.

If someone starts treatment and stays sober, 18 months and 180 hours of treatment may include unnecessary time, expense, and go past the point of diminishing returns to engender a sense of bitterness and oppositional attitudes and/or behavior. I think assessment should drive the length and intensity of treatment. I do not know any ethical treatment providers who will keep someone in treatment for 18 months/180 hours based solely on a criminal charge without regard to assessment and individualized treatment plan. I am a survivor of DUI and a CAC III so I do not make this comment lightly. I also think since we are asking them to attend treatment that is often 20-50 miles from home there should be a portion, perhaps up to 50% of all treatment hours that can be completed online. There is growing evidence to support tele-therapy and many of these defendants are asked to travel thousands of miles without a valid operator's license. I say this having provided DUI education and treatment for years in Alaska and more recently in Colorado's rural 7th JD. Sample case: Paradox to Norwood, 94 mile round trip every week for 55 weeks (Level II Track D) = 5170 miles actual miles traveled by a real person treated by me. That did not include testing, which is an extra 70 miles from Norwood to Telluride per test. The proposed rules could easily require 10,000 or more miles of travel in a rural area by someone who we as a society do not want on the road until after they get sober and legal to drive.

Response: The Office of Behavioral Health agrees that seeking behavioral health services, not only DUI services, can be very burdensome on individuals, especially in rural counties. Due to the habitual nature of the offenses of the individual referred to this level of service, the Office of Behavioral Health feels that having hour and length of treatment requirements fit into the services already in place.

Level II Four Plus Treatment is designed to be assessment driven, with routine service plan reviews in attempt ensure services encompass areas that were not addressed in the three or more prior DUI Treatment episodes.

21.240.85(E) Staff Requirements

It is suggested that the Department remove Section "E" in its entirety. It prevents Peer Educators and other valuable psychotherapists from providing any type of service to this population.

The Colorado Department of Regulatory Agencies regulates certifications and licenses. As such, DORA has identified that Registered Psychotherapists are legally permitted to provide Substance Use Disorder Treatment to all ASAM levels of care. Level II Four Plus, as written, is more restrictive than Residential and Intensive Outpatient Program; which will cause disharmony to continuity of care in SUD treatment.

Response: Current treatment staff rules requirements for SUD providers align with this level of services, excluding CAC I staff. Due the habitual nature of the offenses of the individual referred to this level of service, treatment staff must have additional documented experience working with DUI offenders.

The Office of Behavioral Health agrees that Peer Specialists may play an important role in behavioral health services. However their role may be more as an adjunct to primary care since Peer Specialists may not have the necessary clinical credentials and skills to provide primary treatment.

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21.240.85(F)(2) Additional Assessment Requirements

This seems odd to require in one category of rules and not others. Because of CCAR/DACODS requirements we already look for TBI, IDD, co-occurring and social history (trauma); this seems redundant and will be onerous for programs with other treatment services.

Response: The completion of data entry is not considered an assessment. The results of the assessment can drive what data is being entered. Due to the habitual nature of the offenses of the individual referred to this level of treatment, additional assessment requirements are needed. These additional assessment requirements are designed to uncover areas in an individual's life that may have been overlooked or not adequately treated in previous treatment episodes. This is an attempt to intervene in the habitual nature of the offenses.

21.240.85(G)(2) Service Plan Review

Requiring a Review every 2 months isn't consistent with other rules. IOP which technically is more frequent contact; 9 hours a week falls under the outpatient requirement of every 6 months. ORT is every 3 months. And requiring PO involvement is onerous and outside the providers complete control. We can try to get input but the PO would have to give it.

I suggest stating that more generally, Service plans should be based on client needs and input from collaterals where appropriate (e.g. family, Probation officers, etc).

Consider: "...service plan reviews at a minimum of every 180 days..."

Every 60 days is more restrictive than Intensive Outpatient Program. It is inconsistent with the ASAM model and inconsistent with the type of service and number of hours here.

Response: Level II Four Plus Treatment is designed to be assessment driven, and without a specific treatment structure, more frequent service plan reviews are necessary in order to ensure individuals receive the type, quality and quantity of services needed to effectively address their identified issues. Providers should collaborate with probation officers as much as possible regarding the individuals treatment plan reviews.

21.240.85(J)(1) Testing and Monitoring

Instead of "regularly tested" (annual is "regular", so is monthly) I suggest "frequent and random" as befits the high risk and need of this population. I would even propose a floor such as "at least four times per month" for the first six months, twice per month for the second six months, etc.

I would even suggest moving testing from treatment to probation. Anyone with 4+ belongs on supervised probation and no treatment provider in my district does any testing.

Response: The Office of Behavioral Health agrees that the use of "regularly tested" leaves uncertain requirements. "Regularly" will be removed from rule. This section of rule does not specify that the DUI provider needs to be doing the testing. This section allows probation to do the testing as long as the provider is receiving the test results. The interval of testing has so many variables that it should be a collaborative process between the provider and the probation officer and not specified in rule.

(2 CCR 502-1)

21.240 DUI/DWAI, BUI, AND FUI EDUCATION AND TREATMENT

21.240.1 DEFINITIONS

“LEVEL I AND LEVEL II EDUCATION, THERAPY OR TREATMENT” MEANS AN APPROVED ALCOHOL AND DRUG DRIVING SAFETY EDUCATION OR TREATMENT PROGRAM AS DEFINED IN 42-4-1301.3(3)(C)(IV) C.R.S.

21.240.85 LEVEL II FOUR PLUS TREATMENT

- A. LEVEL II FOUR PLUS TREATMENT IS AN APPROVED ALCOHOL AND DRUG DRIVING SAFETY EDUCATION OR TREATMENT PROGRAM AS DEFINED IN SECTION 42-4-1301.3(3)(C)(IV) C.R.S. (2016), INTENDED FOR SOMEONE WHO HAS FOUR (4) OR MORE ALCOHOL AND/OR DRUG IMPAIRED DRIVING OFFENSES.
- B. IN ORDER TO PROVIDE LEVEL II FOUR PLUS TREATMENT AN AGENCY MUST BE LICENSED TO PROVIDE:
 - 1. LEVEL II THERAPEUTIC EDUCATION; AND,
 - 2. LEVEL II THERAPY.
- C. LEVEL II FOUR PLUS TREATMENT MUST CONSIST OF NOT LESS THAN EIGHTEEN (18) MONTHS OF ATTENDANCE WHICH INCLUDES A MINIMUM OF ONE-HUNDRED EIGHTY (180) HOURS OF TREATMENT.
- D. ALL LEVEL II FOUR PLUS TREATMENT SHALL BE DRIVEN BY THE INDIVIDUAL'S CLINICAL ASSESSMENT.
- E. LEVEL II FOUR PLUS STAFF REQUIREMENTS
 - 1. STAFF PROVIDING LEVEL II FOUR PLUS TREATMENT MUST MEET THE REQUIREMENTS IN SECTION 21.240.3(D), AND:
 - A. CAC II CREDENTIALLED STAFF MUST BE RECEIVING CLINICAL SUPERVISION BY A CAC III OR LAC; OR,
 - B. LICENSED STAFF **MUST** HAVE AT LEAST ONE (1) YEAR OF DOCUMENTED ADDICTION COUNSELING EXPERIENCE.
 - 2. STAFF PROVIDING SPECIALIZED TREATMENT SERVICES MUST HOLD CURRENT AND VALID CREDENTIALS AND/OR LICENSURE IN THE AREA OF SERVICE PROVISION.
 - 3. STAFF PROVIDING ASSESSMENT MUST HOLD CURRENT AND VALID CREDENTIALS AND/OR LICENSURE IN THE AREA OF SERVICE PROVISION.
- F. LEVEL II FOUR PLUS CLINICAL ASSESSMENT(S)
 - 1. A FULL ASSESSMENT MUST BE ADMINISTERED IN ACCORDANCE WITH SECTION 21.190.3.

2. IN ADDITION TO THE REQUIREMENTS IN SECTION 21.190.3(D), THE ASSESSMENT MUST CONTAIN INFORMATION ON:
 - A. COGNITIVE FUNCTIONING;
 - B. TRAUMATIC BRAIN INJURY;
 - C. ADVERSE CHILDHOOD EXPERIENCES (ACES);
 - D. GRIEF AND LOSS; AND,
 - E. CO-OCCURRING MENTAL HEALTH ISSUES.
 3. AGENCIES SHALL UTILIZE AN ASSESSMENT TOOL SPECIFICALLY DESIGNED TO ADDRESS CO-OCCURRING MENTAL HEALTH ISSUES IN THE IMPAIRED DRIVER POPULATION.
 4. AGENCIES SHALL DOCUMENT RESULTS AND COORDINATE FURTHER SERVICES AS APPROPRIATE.
- G. LEVEL II FOUR PLUS SERVICE PLANNING AND REVIEWS
1. LEVEL II FOUR PLUS SERVICE PLANNING AND REVIEWS MUST BE ADMINISTERED IN ACCORDANCE WITH SECTION 21.190.4.
 2. AGENCIES PROVIDING LEVEL II FOUR PLUS TREATMENT SHALL CONDUCT SERVICE PLAN REVIEWS AT A MINIMUM OF EVERY SIXTY (60) DAYS IN COLLABORATION WITH SUPERVISING PROBATION OFFICERS.
 3. CONSIDERATION SHALL BE GIVEN TO CLIENTS' NEEDS FOR AFTERCARE AND PEER RECOVERY SUPPORT SERVICES.
- H. LEVEL II FOUR PLUS DISCHARGE PLANNING
- LEVEL II FOUR PLUS DISCHARGE PLANNING MUST BE ADMINISTERED IN ACCORDANCE WITH SECTION 21.190.6.
- I. PROVISION OF LEVEL II FOUR PLUS SERVICES SHALL:
1. BE DETERMINED BY THE RESULTS OF THE SCREENINGS AND CLINICAL ASSESSMENT.
 2. BE A COMBINATION OF EDUCATION AND TREATMENT STRATEGIES THAT INCLUDE, BUT NOT LIMITED TO:
 - A. INDIVIDUAL COUNSELING;
 - B. GROUP THERAPY, UNLESS CLINICALLY CONTRAINDICATED;
 - C. FAMILY/OTHER SUPPORTIVE ADULT THERAPY, IF APPLICABLE;
 - D. INTERLOCK COUNSELING, IF THE INDIVIDUAL HAS AN IGNITION INTERLOCK INSTALLED;
 - E. DUI LEVEL II EDUCATION OR LEVEL II THERAPY, IF APPLICABLE;

- F. EDUCATION, IF APPLICABLE;
 - G. MEDICATION ASSISTED TREATMENT, IF APPLICABLE;
 - H. RESIDENTIAL TREATMENT, IF APPLICABLE;
 - I. OTHER TREATMENT AS INDICATED BY THE INITIAL AND ONGOING CLINICAL ASSESSMENT.
3. AGENCIES PROVIDING LEVEL II FOUR PLUS TREATMENT SHALL PROVIDE CASE MANAGEMENT ACTIVITIES, WHERE APPLICABLE, TO ENSURE THE COORDINATION OF CLIENT SERVICES AND NEEDS, AND THE CONTINUITY OF CARE, WITH OTHER SERVICES.
- J. TESTING AND MONITORING
- 1. ALL CLIENTS SHALL BE TESTED AND/OR MONITORED FOR ALCOHOL AND DRUG USE. TESTING AND/OR MONITORING MAY INCLUDE THE FOLLOWING:
 - A. URINALYSIS;
 - B. BREATH ANALYSIS;
 - C. CONTINUOUS ALCOHOL MONITORING;
 - D. MOBILE/REMOTE BREATH TESTING;
 - E. DIRECT AND INDIRECT BIOMARKER TESTING;
 - F. DRUG AND OTHER TESTING AS APPROPRIATE.
 - 2. AGENCY DRUG AND ALCOHOL TOXICOLOGY COLLECTION SHALL BE OBSERVED BY TRAINED STAFF.
 - 3. IF TESTING IS NOT DONE BY THE AGENCY, THERE MUST BE DOCUMENTATION OF THE EFFORTS TO OBTAIN TEST RESULTS.
 - 4. TESTING AND SHARING OF RESULTS SHALL BE COORDINATED WITH PROBATION.