

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

1700 K STREET  
SACRAMENTO, CA 95814-4037  
TDD (916) 445-1942  
(916) 322-2964

**ADP BULLETIN**

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**PURPOSE**

This bulletin provides information relating to the requirements contained in AB 1916 (Torlakson), Chapter 656, Statutes of 1998. Counties are required to establish an alcohol and other drug program assessment program that would be used to determine the need for additional treatment for certain offenders. Each county is required to develop, implement, operate, and administer the assessment program using the specifications developed by the Department to select or create an assessment instrument.

**DISCUSSION**

AB 1916 requires each county to develop, implement, and administer an alcohol and drug assessment program. The court is required to review and consider the assessment results to determine the need for additional treatment services. Any additional treatment required by the court may become a condition of the convicted person's probation.

Under the provisions of this statute, the court is compelled to order a person to the assessment program who has been dismissed from a multiple offender program for the first time for a reason other than payment. The court also has authority to order any other person convicted of a DUI to the assessment program.

This statute required the Department to establish minimum specifications for assessment instruments and reports. In order to meet this task, the Department formed a work group comprised of representatives from the California Association of Drinking Driver Treatment Programs, the County Alcohol Program Administrators Association of California, the Judicial Council, consultants in the alcohol and drug field, and the Departments of Alcohol and Drug Programs and Motor Vehicles.

Counties may charge up to \$100 to cover some or all of the cost associated with the assessment program. The work group also took into consideration the assessment tools recommended for the System of Care Redesign (SOCR). These minimum specifications are consistent with the instrument used by SOCR.

The minimum specifications contained herein shall be mandatory in that any assessment tool used must contain these elements.

### **REFERENCES**

1. Chapter 656, Statutes of 1998, Health and Safety Code Section 11837(c)(2)
2. Chapter 487, Statutes of 1998, Vehicle Code Section 23103.5(e)
3. Vehicle Code 2349.55
4. Vehicle Code 2349(a)(c)(d)(1)
5. Vehicle Code 23249.52(b)(1)

### **HISTORY**

Prior to enactment of AB 1916, the vehicle code authorized courts to voluntarily establish an assessment program within their respective judicial district. Previously, each court district was responsible for establishing criteria for assessments and designating an agency to conduct assessments. Since implementation of the statute was optional, the majority of court districts chose not to establish an assessment program. However, under AB 1916, the assessment program is mandatory.

### **QUESTIONS/MAINTENANCE**

Any question or concerns may be directed to Isaac Ozobiani, DUI program analyst, at (916) 327-9224.

### **EXHIBITS**

Exhibit A, [Minimum Assessment Specifications](#)

Exhibit B, [Example List, Assessment Specifications](#)

### **DISTRIBUTION**

County Alcohol and Drug Program Administrators  
Judicial Council  
AB 1916 Work Group Members  
DUI Advisory Committee  
Director's Advisory Council  
Wagerman Associates, Inc.

**Minimum Assessment Specifications**

The following criteria shall be utilized for assessment tools and reports for alcohol and other drug assessment programs in each county.

- A. Any assessment instrument shall address and include the following:
- I. Demographic Information**
    - A. Identification
    - B. Driver's license number
  
  - II. Current/Past Drug/Alcohol Use**
    - A. Activity leading to DUI arrest
    - B. BAC level at time of arrest
    - C. Use and previous treatment history
    - D. Standard indicators of dependency
    - E. Self-assessment
  
  - III. Legal History/Status**
    - A. Jail
    - B. DUI
    - C. Arrest
  
  - IV. Medical Status**
    - A. Medical History
    - B. Current status
    - C.
  
  - V. Psychiatric Status**
    - A. Mental health history
    - B. Current status
  
  - VI. Employment/Lifestyle**
    - A. History of alcohol/drug use related to job problems and current work situation
    - B. Current living conditions and social life
  
  - VII. Family/Social**
    - A. Interests/hobbies, etc.
    - B. Do you currently spend time with people who are abusing AOD?

B. Report:

Upon completion of each assessment, a report shall be submitted to the court no more than 14 days after the date the assessment was conducted. The report should indicate the following:

- Defendant's identifying information
- Result of the assessment
- Recommendation for any additional treatment
- Recommended duration of treatment, if any
- Rationale for recommendation noted in the report

## EXAMPLE LIST

### Assessment Specifications

An example list of specific assessment questions relative to the 7 domains might include the following:

#### **I. Demographic Information**

- a. Client name, and other identifying information (social security number, driver's license number, date of birth)
- b. Date of assessment
- c. Have you been in a controlled environment in the last 30 days? What kind? How many days?
- d. Why were you referred here?

#### **II. Current/Past Drug/Alcohol Use**

- a. How many times in your life have you been treated for alcohol/drug abuse?
- b. How many times in the past 30 days have you used alcohol, heroin, methadone, cocaine, amphetamines, inhalants, etc.?
- c. What is the route of administration you used?
- d. What age were you when you first used alcohol or other drugs?
- e. Have you ever experienced blackouts due to alcohol or other drug use?
- f. How long have you continuously used alcohol or other drugs?
- g. What quantity of alcohol or other drugs do you use in a week?
- h. How important to you now is treatment for these AOD problems?
- i. What was your BAC at time of arrest?

#### **III. Legal History/Status**

- a. How many times in your life have you been arrested/convicted?
- b. How many times in your life have you been charged with driving while intoxicated, major driving violations, disorderly conduct, etc.?
- c. How many days in the past 30 were you detained or incarcerated?
- d. How many months were you incarcerated in your life?
- e. Have you ever been arrested or convicted of a violent offense?

#### **IV. Medical Status**

- a. How many times in your life have you been hospitalized for medical problems?
- b. Do you have any chronic medical problems that continue to interfere with your life?
- c. Are you taking any prescribed medication on a regular basis for a physical problem?
- d. Have you ever had delirium tremens?
- e. Do you have diabetes?

- f. Do you have high blood pressure?
- g. What medications do you use; and what medications have you used in the past?
- h. When was your last physical examination?

**V. Psychiatric Status**

- a. How many times have you been treated for any psychological or emotional problems?
- b. Do you receive a pension for a psychiatric disability?
- c. How many days in the past 30 have you experienced problems with depression, anxiety, suicide, etc.?
- d. Have you visited an emergency psychiatric facility in the last thirty days? How many times?

**VI. Employment/Lifestyle**

- a. What level of education have you completed?
- b. What vocational training or skills do you have?
- c. Are you employed and where? Doing what?
- d. What is the longest period you have held a job?
- e. Are you eligible or approved for Medi-Cal?
- f. Are you a CalWORKs recipient?
- g. Are you receiving support from another source?

**VII. Family/Social**

- a. What is your marital status?
- b. What is your present living arrangement?
- c. Do you have children? Do they live with you?
- d. Do you live with anyone who has a current alcohol/drug problem?
- e. Have you experienced serious problems getting along with family/friends/neighbors/co-workers?
- f. What are your hobbies or interests?