

ATTACHMENT A

Client Introductory Letter from DERP

DELAWARE D.U.I. EVALUATION / REFERRAL PROGRAM
DIVISION OF SODAT DELAWARE, INC.
625 ORANGE STREET, WILMINGTON, DELAWARE 19801
PHONE: (302) 656-2810 – (302) 656-4044
In-State Delaware Only Kent and Sussex Counties 1-800-551-6464
FAX: (302) 656-3439

INSTRUCTIONS FOR EVALUATION

September 19, 2007

As indicated on the sentencing order, you are ordered to contact this office within 10 days of your court appearance to be scheduled for an evaluation. This evaluation is a necessary step in the education/treatment process. Failure to schedule this appointment within 10 days will cause your case to be returned to court. Failure to appear for two scheduled appointments will also result in your case being returned to court.

The evaluation will require 90 minutes of your time and will be scheduled in one of our statewide offices. The cost of the evaluation will be \$75.00. We accept cash, money orders, Visa and Master Card. We do not accept personal checks, Discover or American Express. This fee must be paid at the time of your evaluation. We do not accept payments, or partial payments. We require 24 hours notice if you need to cancel an appointment. If you fail to provide notice, or you fail to appear for your appointment, a \$25 missed appointment fee will be added to your balance.

You may contact our office Monday through Friday. We are open from 8am to 8pm, Monday through Thursday and from 8am to 4:30pm on Friday. Our office can be reached at 1-800-551-6464, 302-656-2810 or 302-656-4044.

IF YOU FAIL TO HAVE AN ALCOHOL EVALUATION OR FAIL TO SATISFACTORILY COMPLETE AN ALCOHOL PROGRAM, AS SPECIFIED BY THE EVALUATION UNIT, YOU WILL NOT BE ELIGIBLE TO APPLY FOR YOUR DRIVER'S LICENSE OR DRIVING PRIVILEGES.

In-State Client Letter from DERP

Client Agency Selection for Delaware DUI Treatment and Education Services

As a result of your evaluation at the Delaware DUI Evaluation and Referral Program, you will be referred to either an education program or an outpatient treatment program. Below is a list of authorized service providers in the State of Delaware. Please select one education program and one outpatient treatment program for referral in the country of your choice.

EDUCATION DUI PROGRAMS

New Castle County

- PACE**
5171 Westwood Mill Dr., Ste 9
Woodmill Corporation Center
Wilmington, DE 19808

Kent County

- Open Door**
884 B Walker Road
Dover, DE 19904

Sussex County

- Thresholds**
(Spanish Only)
907 N Dupont Highway, Ste 100
Milford, DE 19963
- Thresholds**
526 N Dupont Highway
Georgetown, DE 19947

OUTPATIENT DUI TREATMENT PROGRAMS

New Castle County

- Open Door**
254 E Main Street
Newark, DE 19711
- Open Door**
3301 Green Street
Claymont, DE 19703
- Pathways**
Meadow Wood Hospital
575 S Dupont Highway
New Castle, DE 19720

Kent County

- Open Door**
884 B Walker Road
Dover, DE 19904
- Pathways**
1059 S. Bradford St
Dover, DE 19904

Sussex County

- Thresholds**
34382 Carpenter's Way, Ste 8
Lewes, DE 19958
- Pathways**
Five Points
Lewes, DE 19958
- Thresholds**
526 N Dupont Highway
Georgetown, DE 19947
- Pathways**
503 Bridgeville Highway
Seaford, DE 19973
- Thresholds**
907 N Dupont Highway, Ste 100
Milford, De 19963

Client Signature: _____

Date: _____

DELAWARE D.U.I. EVALUATION/REFERRAL PROGRAM

DIVISION OF SOCIAL SERVICES
625 N. ORANGE STREET • WILMINGTON, DELAWARE 19801
PHONE (302) 656-2810 • 1-800-551-6464
FAX (302) 656-2439

September 19, 2007

RE: DUI Education Program referral

Dear:

Based upon the clinical review of your screening / evaluation, you have been referred to the program marked below for education services. We have notified the appropriate program of your referral. Please contact the identified agency upon receipt of this letter to begin the enrollment process:

New Castle County:

Pace
302-998-8700

Kent County:

Open Door
302-678-4911

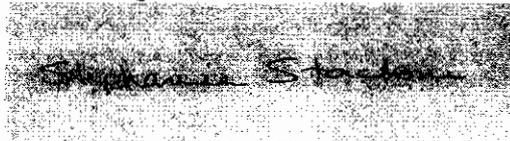
Sussex County:

Thresholds
302-856-1835

You must enroll with the above indicated program. Failure to make contact and/or enroll in the above identified program within thirty (30) days from the date of this letter will result in a remand of your case back to the jurisdiction of the Division of Motor Vehicle and/or Court to comply with the requirements of the law.

If you have any questions regarding this correspondence, please contact this office for assistance at the following numbers: 302-656-2810 or 1-800-551-6464.

Sincerely,



Stephanie Stachoni
Program Director

DELAWARE D.U.I. EVALUATION/REFERRAL PROGRAM

DIVISION OF SOCIAL SERVICES
625 N. ORANGE STREET • WILMINGTON, DELAWARE 19801
PHONE (302) 656-2810 • 1-800-551-6464
FAX (302) 656-3489

September 19, 2007

RE: DUI outpatient program referral

Dear:

Based upon the clinical review of your screening / evaluation, you have been referred to the program marked below for outpatient treatment and education services. We have notified the appropriate program of your referral. Please contact the identified agency upon receipt of this letter to begin the enrollment process:

New Castle County:

Open Door
302-731-1504

Pathways
1-800-734-7700

Kent County:

Open Door
302-678-4911

Pathways
302-736-6135

Sussex County:

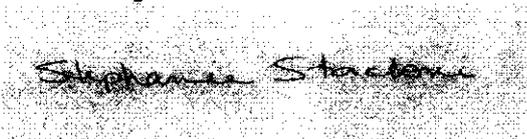
Thresholds
302-856-1835

Pathways
1-800-734-7700

You must enroll with the above indicated program. Failure to make contact and/or enroll in the above identified program within thirty (30) days from the date of this letter will result in a remand of your case back to the jurisdiction of the Division of Motor Vehicle and/or Court to comply with the requirements of the law.

If you have any questions regarding this correspondence, please contact this office for assistance at the following numbers: 302-656-2810 or 1-800-551-6464.

Sincerely,



Stephanie Stachoni
Program Director

xc: file

ATTACHMENT C

Client Non-Compliance Letter from DERP

DELAWARE D.U.I. EVALUATION / REFERRAL PROGRAM

DIVISION OF SODAT DELAWARE, INC.

625 ORANGE STREET, WILMINGTON, DELAWARE 19801

PHONE: (302) 656-2810 – (302) 656-4044

Instate only Kent or Sussex Counties 1-800-551-6464

FAX: (302) 656-3439

October 26, 2007

Dear :

Your case has been referred back to Court for failure to comply with your referral. You will need to contact the court that referred you to this office and request a re-entry letter. Once you have received your re-entry letter, please contact our office for further instruction.

You will be required to forward to this office an administrative processing re-entry fee of \$25. We accept money orders and certified checks. No personal checks will be accepted. You may also pay over the phone with your Visa or Master Card, by calling our office at (302) 656-2810. This fee must be paid before your case will be referred back to the program you are required to complete.

Once we have received this payment you will be notified of the appropriate agency to contact to begin enrollment into the program. Successful completion of this program is mandatory.

If you need information regarding this matter please feel free to contact us at (302) 656-2810.

Sincerely,

Stephanie Stachoni
DERP Program Director
Delaware DUI Evaluation Referral Program

Delaware DUI Evaluation Referral Program -DERP

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ATTACHMENT D

DERP Re-Entry Letter

DELAWARE D.U.I. EVALUATION / REFERRAL PROGRAM

DIVISION OF SODAT DELAWARE, INC.

625 ORANGE STREET, WILMINGTON, DELAWARE 19801

PHONE: (302) 656-2810 -- (302) 656-4044

Instate Delaware only Kent or Sussex Counties 1-800-551-6464

FAX: (302) 656-3439

October 26, 2007

Dear:

We have received your administrative processing fee for your re-entry as well as your re-entry letter.

You must contact _____ at _____ to begin the enrollment process.

Successful completion of this program is mandatory. Failure to enroll and/or complete this program will result in your case being remanded to the referring agency for further action.

Thank you for your prompt cooperation in this matter. Please feel free to contact this office at (302) 656-2810 for any additional assistance.

Sincerely,

Stephanie Stachoni
DERP Program Director
Delaware DUI Evaluation Referral Program-DERP

Copy: File

ATTACHMENT E

Standard Release of Information

CLIENT CONSENT TO RELEASE INFORMATION

in compliance with Federal Regulations (42 CFR Part 2),

(Client name) to the following:

D.O.B.

authorize the Delaware DUI Evaluation and Referral Program to release

*(please initials all agencies listed below) *

Delaware Department of Health and Social Services, DSAMH, Delaware Division of Motor Vehicles, Department of Public Safety, Office of Highway Safety (electronic tracking system), Delaware Probation and Parole, Delaware Attorney Generals office, Delaware Court System

Out of state Provider Agency):

The following information under these conditions:

- (1) The consent can be revoked by the client at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it including the provision of services.
(2) The consent shall be valid for one year or the period reasonably necessary to accomplish the purpose for which it is given, whichever occurs first except that the consent remains valid for a period of five years for the limited purpose of providing historical DUI evaluation and recommendation results to a subsequent treatment agency, if the client returns for evaluation.

Specific type of information to be disclosed:

Current or historical DUI evaluation and recommendation results; client status (for electronic tracking purposes); client disposition as it relates to the above referenced agencies; re-disclosure of clinical documents received from other substance abuse and/or mental health treatment agencies.

Purpose for disclosure:

Confirm participation in DUI evaluation; referral to education and/or treatment program; report status to referral source; driver's license reinstatement; appeal process.

I AGREE THAT I HAVE READ AND UNDERSTOOD THE ABOVE:

Signature line

Signature line

Client or Guardian or Authorized Representative

Date

Signature of Witness

Date

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS: The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

I understand that my records are also currently protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may redisclose the information and it may no longer be protected under the HIPAA privacy law. The Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from redisclosure. I understand that the covered entity seeking this authorization is not conditioning treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization. I also understand that I am entitled to receive a copy of this authorization after it is signed.

Approved by The Office of Highway Safety in conjunction with Delaware's Office of the Attorney General on March 8, 2001.

ATTACHMENT F

Out-of-State Client Information Letters

DELAWARE D.U.I. EVALUATION / REFERRAL PROGRAM

DIVISION OF SODAT DELAWARE, INC.

625 ORANGE STREET • WILMINGTON • DELAWARE 19801

PHONE: (302) 656-2810 – (302) 656-4044

FAX: (302) 656-3439

Dear:

This letter is in response to your recent inquiry concerning an out-of-state DUI program.

The following instructions must be followed in order to comply with the requirements of Delaware regarding your alcohol related offense:

- (1) Review, sign and return to our office the enclosed "Client Consent to Release of Information" form and "Client Rights" form
- (2) **Forward a certified check or money order in the amount of \$100.00 made payable to Delaware DUI Evaluation Referral Program (DERP). Enrollment within the out-of-state DUI Case Management program requires full payment of the above fee. Please note, personal checks will not be accepted.**

The above instructions must be completed **within fifteen (15) days** from the date of this letter. Failure to comply with all of the above stated specifications will result in a remand of your case back to the Court and/or Division of Motor Vehicles for further action.

Upon receipt of your payment, the signed "Client Release of Information" form and "Client Rights" form, our office will provide you with additional referral information to begin the evaluation and education / treatment process in your state. If you have additional questions concerning the above information, please contact our office at (302) 656-2810.

Sincerely,

Kiisha Dorn
DUI Out of State Representative
Delaware DUI Evaluation Referral Program-DERP

Enclosure: Client Release of Information
Client Rights

Copy File

DELAWARE D.U.I. EVALUATION / REFERRAL PROGRAM

DIVISION OF SODAT DELAWARE, INC.

625 ORANGE STREET, WILMINGTON, DELAWARE 19801

PHONE: (302) 656-2810 - (302) 656-4044

FAX: (302) 656-3439

Dear:

This letter is in response to your recent inquiry concerning an out-of-state DUI program. We have your payment and signed consent / client rights forms. Your receipt is enclosed.

The following instructions must be followed in order to comply with the requirements of Delaware regarding your alcohol related offense:

- (1) Within fifteen (15) days from the date of this letter, you must contact the agency listed on the bottom of this letter to arrange for your evaluation. After scheduling an appointment, please take the following to your evaluation: (A) a copy of this letter, (B) your court order and/or motor vehicle referral, and (C) verification of your blood alcohol level (BAC) at time of arrest.
- (2) Forward a copy of the evaluation or letter outlining the evaluation results to the Delaware DUI Evaluation and Referral Program within thirty (30) days of the evaluation date. This evaluation is to determine the type of program the client must complete. If the evaluation agency refers you directly to a treatment and/or education program, you must forward verification of program enrollment to our office.
- (3) Please note that Delaware requires any client who has more than one Alcohol related driving arrest; a BAC of .17 or higher or a client who is under 21 to complete an outpatient treatment program of a minimum, but not limited to 16 hours. In the above circumstances we will not accept an education program. All programs, whether education or treatment must be at least 16 hours in length, in order to qualify for Delaware DUI program completion.
- (4) Upon completion of your program please return the attached "DUI Avoidance Plan" to our office, along with your discharge summary from your program. We require both documents to be postmarked within fourteen (14) days of completing your education or treatment program.
- (5) Please also send us a copy of your arrest information (Court Paperwork or Ticket) if you have not already done so.

Please note that failure to comply with all of the above stated specifications will result in a remand of your case back to the Court and/or Division of Motor Vehicles for further action. If you have additional questions concerning the above information, please contact our office at (302) 656-2810.

Very truly yours,

YOU ARE REQUIRED TO CONTACT:

Kiisha Dorn
Out of State Representative
Delaware DUI Evaluation Referral Program

Copy File

DELAWARE D.U.I. EVALUATION / REFERRAL PROGRAM

DIVISION OF SODAT DELAWARE, INC.

625 ORANGE STREET, WILMINGTON, DELAWARE 19801

PHONE: (302) 656-2810 - (302) 656-4044

FAX: (302) 656-3439

DUI Avoidance Plan

CLIENT NAME: _____ **Date of Birth** _____

Your commitment to avoid a subsequent DUI is one of the final, and most important, steps in your completion of this program. The three keys to prevention are **anticipation, planning and commitment**. In this plan you will need to make plans to ensure that you do not find yourself in a position that will lead to drinking and the risk of another DUI charge.

ANTICIPATION

Know what the high-risk situations are. If you consider the experiences that ultimately lead you to drive under the influence, what are the circumstances and situations that you need to avoid in order reducing the risk of a return to drinking: List them here:

- 1.
- 2.
- 3.
- 4.

PLANNING

List all of the situations that are likely to present a risk for another DUI. Here, you should use your past experiences as well as what you've learned about yourself since your DUI arrest.

- 1.
- 2.
- 3.
- 4.

DELAWARE D.U.I. EVALUATION / REFERRAL PROGRAM

DIVISION OF SODAT DELAWARE, INC.

625 ORANGE STREET, WILMINGTON, DELAWARE 19801

PHONE: (302) 656-2810 - (302) 656-4044

FAX: (302) 656-3439

DUI Avoidance Plan

Client Name: _____ **Date of Birth:** _____

If you decide to return to drinking, the risk of another DUI increases. If you decide to drink alcohol again, what are the steps you will take to ensure that the drinking doesn't lead to a decision to drive under the influence? With the situations listed above, use your past behavior and experience as well as what you've learned in this program to determine what will work best for you.

Situation 1:

Situation 2:

Situation 3:

Situation 4:

What might prevent you from following through with any of the plans outlined above?

COMMITMENT

I am committed to the plan that I have outlined above. I will avoid alcohol and other drugs by using the skills and tools I have learned through the program. In order to get support for this commitment I agree to share my plan with the following people. (List names, relationship to you and phone numbers):

- 1.
- 2.
- 3.

CLIENT NAME: _____ **SIGNATURE:** _____

REVIEWED BY: _____ **DATE:** _____

DELAWARE D.U.I. EVALUATION / REFERRAL PROGRAM

DIVISION OF SODAT DELAWARE, INC.

625 ORANGE STREET, WILMINGTON, DELAWARE 19801

PHONE: (302) 656-2810 – (302) 656-4044

In-State Delaware Only Kent and Sussex Counties 1-800-551-6464

FAX: (302) 656-3439

September 19, 2007

Dear:

We are pleased to announce that you have satisfied your State of Delaware requirements, regarding your Delaware DUI arrest. Please contact the Delaware Motor Vehicle Department at (302) 744-2508 if you have any questions regarding this matter. The Delaware DMV will be able to advise you on the steps necessary for you to obtain your license in your state of residence. If there are any further questions in this matter, please do not hesitate to contact me.

Thank you,

Kiisha Dorn
Out of State Representative
Delaware DUI Evaluation Referral Program-DERP

Copy File

ATTACHMENT G

Client Introductory Letter from Program

September 18, 2007

PATHWAYS PROGRAM
Dover and New Castle
Seaford and Lewes

AAAA

DOVER DE 19901

Dear Pathways Client,

The Delaware Evaluation and Referral Program has advised us that you selected Pathways as your DUI Treatment provider. We would like to thank you for selecting us and assure you that we will do our level best to make the process as therapeutic, interesting and convenient for you as possible.

The treatment program begins with the Orientation night as specified below. The cost for the program is \$600 with an additional \$25.00 urinalysis fee that is required by the State of Delaware. We understand that this may present a financial hardship for many so we offer a payment plan that spreads the cost out over the course of treatment. The initial payment of \$100 is due at the Orientation followed by ten equal installments of \$50 due each week. Cash is preferred but checks, money orders and all credit and debit cards are also accepted. You will not be admitted to the Orientation without the \$100 initial payment. Prior Treatment does not release you from this payment either.

The Orientation Program is offered weekly according to the following schedule. Please attend on _____ Please refer to the enclosed map and directions.

Dover 1059 South Bradford St. Dover, DE 19904
(near Bay Health)
Wednesday 5:00pm-6:30pm

It is very important to understand that you must attend this orientation at the facility you selected within 30 days of the date on this letter. An appointment is not necessary. Should you fail to attend this session within the prescribed 30 days, you will be in violation of the order that sent you to treatment and your case will be referred back to the evaluation agency and possibly, the court.

It is not necessary for you to contact us prior to the Orientation session as it is designed to answer all your questions and establish your schedule for the program. Should it be necessary to contact us, please call 736-8135 or outside Kent County, contact us at 1-800-HAV-A-DUI ext 107.

Liza Ong Ante
Pathways Coordinator

September 7, 2007

Xxxxxx
XXXXXXXXXX
XXXXXXXXXXXX

Dear Mr. xxxxxxx:

You have been referred to PACE, Inc. for the DUI Education Program. We have scheduled for first appointment on Tuesday, September 18th, 2007 at 1:00 pm. This appointment will be a maximum of 1 hour. The State of Delaware requires that you attend 16 hours of Education. You must come to your first appointment with a payment of \$200.00 in cash. At the time of your first appointment the Coordinator will explain the Education Program to you.

Directions to PACE located in Woodmill Corporate Center are as follows: From Wilmington: We are located one and a half blocks past the intersection of Limestone Road (Route 7) and Kirkwood Highway (Route 2), going west on Kirkwood Highway make a right turn into Woodmill Corporate Center and our suite is #8. From Newark: We are located a half block past the intersection of Milltown Road and Kirkwood Highway (Route 2), going east on Kirkwood Highway make a left turn into Woodmill Corporate Center and our suite is #8.

If you cannot attend your appointment, contact Doreen or George to reschedule. Please be advised you must call to cancel at least 24 hours in advance or there will be a \$25.00 cancellation fee. The state requires you are enrolled in a program within 30 days of referral.

If transportation is a problem, please be aware that there is public transportation into this area. Please check with DART regarding the Bus #6 schedule.

If there is a language barrier, we ask that you bring an adult interpreter with you to your appointment.

Thank you for your cooperation.

George H. Benson, CADC, CEAP
DUI Coordinator

ATTACHMENT H

Client Non-Compliance Letter from Program

September 18, 2007

PATHWAYS PROGRAM
Dover and New Castle
Seaford and Lewes

AAAA

DOVER DE 19901

Dear Pathways Client,

The purpose of this letter is to advise you that, while you have completed some of the Pathways program requirements, further sessions and/or a payment are still needed. It is important that you contact this office as soon as possible to arrange for scheduling the remainder of your treatment and making any final payment that may be due. If we do not hear from you soon it will become necessary to return your file to DERP as a non-complied client.

When a non-compliance discharge is issued we must return your file to the evaluation and referral program who must, in turn, advise the court of your non-compliance with the DUI Program to which you were referred. You must then return to the court and request a letter of re-entry. This letter must be delivered to the evaluation and referral program who will charge you an administrative re-entry fee of \$25. Your case will then be referred back to a DUI program, whether you select us again or not, you will be required to pay us a \$25 non compliance fee before you can start that program. Depending on how long you wait before seeking to re-enter, you may also have to get a new evaluation at a cost of \$75 for DERP. The court may even issue a bench warrant for your arrest.

We would like to give you the opportunity to avoid the unpleasantness associated with having the Court receive such a notification.

Sincerely,

Liza Ong Ante
DUI Coordinator
THE PATHWAYS PROGRAM

September 18, 2007

PATHWAYS PROGRAM
Dover and New Castle
Seaford and Lewes

AAAA

DOVER DE 19901

Dear Pathways Client,

We are sending this letter to inform you that you have been Non-Complied from the Pathways DUI Program. The reason for non-compliance is marked below. Please do not contact this office, as we cannot help you at this point.

To re-enter the program you must contact DERP and follow their direction.

REASON FOR NON-COMPLIANCE

- Failed to start the program within 30 days.
- Failed to show for two consecutive scheduled appointments.
- Failed to show for a total of three scheduled appointments.
- Failed to pay the fee according to the payment plan.
- Balance still owing of _____ and no contact with Pathways in over 30 days.

To return to the Pathways program and continue where you left off, you must contact DERP (1-800-551-6464) to get a "re-entry" letter and then call Pathways (1-302-736-9848) to have a new schedule created. You have until thirty days from today to re-schedule remainder of your treatment.

Sincerely,

Liza Ong Ante
DUI Coordinator
THE PATHWAYS PROGRAM

September 18, 2007

**PATHWAYS PROGRAM
Dover and New Castle
Seaford and Lewes**

AAAA

DOVER DE 19901

Dear Client,

It has been over 30 days since you were referred to us for DUI treatment and you have elected not to start the program as required. According to the regulations, we must now issue a non-compliance discharge, which has a variety of consequences. When a non-compliance discharge is issued we must return your file to the evaluation and referral program who must, in turn, advise the court of your non-compliance with the DUI Program to which you were referred. In order to return to treatment you must go back to the court and request a letter of re-entry. This letter must be delivered to the evaluation and referral program who will charge you an administrative re-entry fee of \$25. Your case will then be referred back to a DUI program, whether you select us again or not, you will be required to pay us a \$25 non compliance fee before you can start that program. Depending on how long you wait before seeking to re-enter, you may also have to get a new evaluation at a cost of \$75 for DERP. The court may even issue a bench warrant for your arrest.

The decision to avoid treatment will add a cost of \$50 to your program fee, will further delay your ability to get a license and drive legally again, and there may be possible legal issues with the court. We urge you to attend the next scheduled orientation and get the program started. It is a sure fire way to save at least \$50, and possibly save as much as \$125. Please call us today at 302-736-9848 to be scheduled or to find out when the next orientation in your area is scheduled. Failure to attend orientation or contact us by next week will result in a non-compliance discharge. Once this happens, there is nothing we can do for you until you are referred back.

The purpose of this letter is to offer you a last chance to avoid the additional expense and hassle that will result in a non compliance discharge. Please help us help you!

Liza Ong Ante
DUI Coordinator
THE PATHWAYS PROGRAM

ATTACHMENT I

Discharge Criteria – Supporting Information

Supporting information

SATISFACTORY COMPLETION

This category indicates that the client has completed the program in the he/she has evidenced positive behavioral change which indicates the capacity for responsible future behavior.

A number of behavioral factors are considered in order to measure the client's achievement of this status:

1. Client remained willing to participate in treatment services in the following ways:

- Personal involvement in treatment goals regarding self-assessment of treatment issues: as measured by active, productive completion of group activities including homework and openness to feedback in the group.
- Sober and alcohol/drug free participation in all scheduled treatment sessions and activities: as measured by- staff observation, group member feedback, negative responses to on-site breathalyzer and off-site urine screening, reports from probation officers and other criminal justice personnel, reports from family members, employers, AA Sponsors, etc.
- Demonstrated willingness to examine their alcohol and drug taking behaviors: as measured by- self disclosure in group and individual sessions, active and productive completion of activities, exercises and homework assignments with active discussion in group, openness to staff and group members feedback concerning drinking/drugging behavior and attitudes.
- Encouraging involvement of family and significant others as recommended by the counselor: as measured by- client's voluntary consent to release confidential information in order to include family members and significant others in treatment, openness to self-disclosure and acceptance of personal feedback during family sessions.

2. *Client completed Goals and objectives of the treatment plan*

- Client assumed responsibility for treatment: as measured by- personal involvement in the development of the treatment plan, active participation in the activities developed to accomplish objectives, such as, completion of homework assignments and readiness to discuss results in group and individual sessions, self-disclosure and willingness to accept feedback from staff and group members, demonstrating ability and willingness to try new behavioral and cognitive skills and to “try on” new ways of thinking and doing related to drinking/drugging issues.
- Client assumed responsibility for maintaining changes after program completion: as measured by- active participation in AA or other social systems for support of changes, degree of client’s active involvement in developing an appropriate follow up plan, willingness to accept staff and group member feedback regarding appropriateness of follow up plan.

ADMINISTRATIVE DISCHARGE

The client has evidenced a need for services other than those available through the program. For example, worsening alcoholism that results in admission to detoxification or residential treatment services. A discharge transfer is not an indication of program completion, as measured by- Client self-report, report from family, employer, therapist, sponsor or other significant people in the client’s life. Positive results on breathalyzer or urine screening, staff observance of serious clinical symptoms such as auditory hallucinations, withdrawal symptoms, etc.

DISCHARGE AT RISK

This category indicates that the client has completed the program's attendance requirements and paid the required fee but has not demonstrated sufficient change to indicate responsible behavior in the community. A client in this category would need further treatment or time to accomplish goals that were not accomplished. A recommendation for such further treatment will be a necessary part of the client's discharge summary. Completion of the recommended follow-up treatment and a letter of recommendation from the providing agency are prerequisites for the transmittal of a completion to The Delaware Evaluation and Referral Program.

A number of behavioral factors are considered in order to measure the client's achievement of this status:

1. Client demonstrated marked unwillingness to participate in treatment services in the following ways:

- Personal involvement in treatment goals regarding self-assessment of treatment issues as measured by- passive, unproductive participation of group activities including lack of, or poorly completed homework, minimal self-disclosure and defensiveness toward feedback from staff and members in the group.
- Lack of, or marked difficulty with sober and alcohol/drug free participation in all scheduled treatment sessions and activities as measured by- staff observation, group member feedback, positive responses to on-site breathalyzer and off-site urine screening, reports from probation officers and other criminal justice personnel, reports from family members, employers, AA Sponsors, etc.
- Demonstrated unwillingness to examine their alcohol and drug taking behaviors as measured by- poor self disclosure in group and individual sessions, passive and unproductive participation in activities, exercises and homework assignments with minimal response to discussion in group, active defensiveness towards or disruption of group discussion, defensiveness towards staff and group members feedback concerning drinking/drugging behavior and attitudes.

- Not encouraging involvement of family and significant others as recommended by the counselor as measured by- client's unwillingness to consent to release confidential information in order to include family members and significant others in treatment, minimal self-disclosure and lack of acceptance of or marked defensiveness towards personal feedback during family sessions.

2. *Client lacks completed Goals and objectives of the treatment plan by the end of the program.*

- Client assumed minimal responsibility for treatment as measured by- passive involvement in the development of the treatment plan, passive participation in the activities developed to accomplish objectives, such as, completion of homework assignments and readiness to discuss results in group and individual sessions, minimal self-disclosure and unwillingness to accept feedback from staff and group members, demonstrating inability or unwillingness to try new behavioral and cognitive skills and to "try on" new ways of thinking and doing related to drinking/drugging issues. Client maintains rigid assertion of lack of a problem or repetitive promises not to have another DUI offense without identifying realistic skills, plans or resources with which to accomplish this.
- Client assumed minimal responsibility for maintaining changes after program completion as measured by- passive participation in AA or other social systems for support of changes, low degree of client's involvement in developing an appropriate follow up plan, unwillingness to accept staff and group member feedback regarding appropriateness of follow up plan. Client maintains rigid assertion of lack of a problem or repetitive promises not to have another DUI offense without identifying realistic skills, plans or resources with which to accomplish this.

NON COMPLIANCE

The client who has failed to comply with the rules and regulations associated with program entry and has also failed to comply with the conditions and expectations as outlined in the initial sessions. Examples of conditions that lead to non-compliance discharge are: Failure to begin the program within 30 days of notification of referral. Failure to attend scheduled sessions or missing two consecutive scheduled appointments or three appointments over the entire course of the treatment program; i.e.: chronic no shows. Demonstrating behavior toward staff, which is threatening, overly hostile or disruptive to the group process. Failure to demonstrate observable progress toward treatment plan goal. Failure to pay the program fee according to a schedule designed for the client. Loss of contact with the client. Not completing the requirements of the program within 90 days of referral for the Education Program and 120 days for the treatment programs.

In order to be re-admitted to the program the client must satisfy the requirements of DERP and be referred again to the program. The client must pay all fees in advance after a non-compliance discharge.

ATTACHMENT J
Sample DUI Avoidance Plan

DUI Avoidance Plan

Your commitment to avoid a subsequent DUI is one of the final, and most important, steps in your completion of this program. The three keys to prevention are *anticipation, planning and commitment*. In this plan you will need to make plans to ensure that you do not find yourself in a position that will lead to drinking and the risk of another DUI charge.

ANTICIPATION

Know what the high risk situations are. If you consider the experiences that ultimately led you to drive under the influence, what are the circumstances and situations that you need to avoid in order to reduce the risk of a return to drinking? List them here:

- 1.
- 2.
- 3.
- 4.

PLANNING

List all of the situations that are likely to present a risk for another DUI. Here, you should use your past experiences as well as what you've learned about yourself since your DUI arrest.

- 1.
- 2.
- 3.
- 4.

If you decide to return to drinking, the risk of another DUI increases. If you decide to drink alcohol again, what are the steps you will take to ensure that the drinking doesn't lead to a decision to drive under the influence? With the situations listed above, use your past behavior and experience as well as what you've learned in this program to determine what will work best for you.

Situation 1

Situation 2

Situation 3

Situation 4

What might prevent you from following through with any of the plans outlined above?

COMMITMENT

I am committed to the plan that I have outlined above. I will avoid alcohol and other drugs by using the skills and tools I have learned through the program. In order to get support for this commitment I agree to share my plan with the following people. (*list names, relationship to you and phone numbers*):

CLIENT NAME: _____ **SIGNATURE:** _____

REVIEWED BY: _____ **DATE:** _____

D.U.I. AVOIDANCE PLAN

NAME - _____

DATE - _____

Note – You must complete the following. Check one of the following alternatives and explain why it would work for you as part of your DUI Avoidance Plan.

A. _____ I plan to stop consuming alcohol and other drugs completely. I think this option would work for me because

B. _____ I plan to stop driving at all times. I think this option would work for me because

C. _____ I plan to stop driving whenever I consume alcohol or other drugs. I think this option would work for me because

D. _____ I plan to continue to drive impaired and take my chances. I think this option would work for me because

E. _____ I plan to create my own plan as follows:

I think this option would work for me because

- 1) Who are the people that supported you through the D.U.I. experience and will support you in the future? _____

- 2) How did these people support you? _____

- 3) Are there specific people you need to avoid in the future? If yes, who are they are why do you need to avoid them? _____

- 4) Are there specific places or situations you need to avoid in the future? Is yes, where are they and why do you need to avoid them? _____

- 5) What are the alternative ways you have to travel if consuming alcohol in the future? _____

- 6) What are the legal and personal consequences of another D.U.I. for you? _____

- 7) What stressful situations are you currently experiencing (school, employment, relationships, home, divorce, marriage, death etc.)? _____

- 8) What specific healthy coping skills can you implement to deal with stressful situations? _____

9) **What is different, if anything, about your life now than it was when you received the DUI?**

10) **What, if any, are some of the obstacles that stand in the way of you changing your drinking and driving behavior?** _____

11) **What steps will you take when attending an event or function that you know you will be drinking or using other substances to avoid another DUI?**

For example: you are at a function where alcohol is being served. You drove to the function and unexpectedly or unintentionally, you consume alcohol. Keys are in your pocket. What will you do first and if that doesn't work what is next and so on?

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____
- g) _____

DUI Avoidance Plan

Your commitment to avoid a subsequent DUI is one of the final, and most important steps in your completion of this program. The three keys to prevention are anticipation, planning, and commitment. In this plan you will need to create strategies to ensure that you do not find yourself in a position that will lead to drinking and the risk of another DUI charge.

ANTICIPATION

Know what your high risk situations are. Remember the circumstances that led you to drive under the influence. What are the circumstances and situations that you need to avoid to reduce the risk of a repeat incident?

1.

2.

3.

4.

PLANNING

List all of the situations that are likely to present a risk for another DUI. You should use your past experiences as well as what you have learned about yourself and substances.

1.

2.

3.

4.

Based on the situations you have listed, what steps will you take to ensure that your drinking doesn't lead to a decision to drive under the influence? Remember use your past behavior and experience as well as what you've learned in this program to determine what will work best for you.

Situation 1.

Situation 2.

Situation 3.

Situation 4.

ATTACHMENT K

At-Risk Letter from Program

Pathways At-Risk Letter from Program

Dear: _____

You have been discharged *At-Risk* by the treatment team at Pathways for the reason(s) indicated by a checkmark in the relevant boxes below.

- Failure to remain abstinent while in the program
- No participation in sessions
- No or unacceptable future DUI Avoidance Plan
- Failure to achieve a passing grade (80%) on content test
- Arrested for alcohol or drug related incident while in the program
- Clinical issues indicate that further treatment is necessary in accordance with DSM-IV diagnostic criteria

Your At-Risk Discharge Status has been reported to the court and/or the Division of Motor Vehicles (DMV). You must satisfactorily complete a treatment program and provide documentation of this satisfactory completion to Pathways in order to be eligible for re-instatement of your driver's license. You must pay Pathways a \$100 processing fee to complete the necessary steps for you to be eligible for re-instatement of your driver's license. It takes approximately 5 to 7 working days for the system to be updated with your completion notification.

Failure to complete these requirements will result in the notification of the court and/or DMV of your non-compliance.

You may appeal this decision of the treatment team to discharge you *At-Risk* by submitting an Internal Agency Request for Appeal Discharge At-Risk Completion Status form to the agency within 10 working days from the date of this letter. This form is available at the agency upon request. The Clinical Supervisor and/or Asst. Executive Director at the agency will consider this internal appeal.

If you unsuccessfully appeal the *At-Risk* decision at the agency level and wish to pursue the appeal with the Division of Alcoholism, Drug Abuse and Mental Health (DADAMH), you must submit an Official Request for Appeal Discharge At-Risk Completion Status form. This request must be received by the DADAMH within 10 working days from the date of the Official Notice of Internal Appeal Decision you receive from the treatment/education agency. You must also sign a Consent for Release of Confidential Information form, which will allow the treatment/education agency to provide information to the DADAMH. These forms are available at the treatment/education agency upon request.

Pathways

TREATMENT REQUIREMENTS FOR AT-RISK DUI CLIENTS

You have been discharged *At-Risk* by the treatment team at Pathways for the reason(s) indicated by a checkmark in the relevant boxes below.

- Failure to remain abstinent while in the program
- No participation in sessions
- No or unacceptable future DUI Avoidance Plan
- Failure to achieve a passing grade (80%) on content test
- Arrested for alcohol or drug related incident while in the program

Your *At-Risk* Discharge Status has been reported to the court and/or the Division of Motor Vehicles (DMV).

You have 30 days from the date of your At-Risk Discharge to arrange to enroll in a more in-depth treatment program. You must satisfactorily complete the more in-depth treatment program. You *must provide the following documentation of this satisfactory completion: A discharge summary; including prognosis, description of the treatment (duration and frequency of contact) you received, to Pathways in order to be eligible for re-instatement of your driver's license.* Please note that a certificate of completion is not acceptable of in place of the documentation listed above. You must pay Pathways a \$100 processing fee when you have finished the treatment program, to complete the necessary steps for you to be eligible for re-instatement of your driver's license. It takes approximately 5 to 7 working days for the system to be updated with your completion notification. Failure to complete these requirements will result in the notification of the court and/or DMV of your non-compliance.

**Internal Agency Request for Appeal
Discharge At-Risk Completion Status**

Date of Request: _____

Client Name: _____ Date of Birth: _____

Address: _____

Appeal Process:

- (1) Send this cover sheet and your letter of appeal to:
Phoenix Behavioral Health and Pathways
Attn: Lisa Leidy, Asst. Executive Director
1059 South Bradford Street
Dover, DE 19904
- (2) Make sure your letter contains the address and/or phone number where our staff will be able to contact you.
- (3) All appeals are responded to within (5) business days. A Official Notice of Internal Appeal Decision will be mailed to the address in provided in the client's original appeal letter and a copy will be placed in the client's file.

Official Notice of Internal Appeal Decision

| | |
|------------------------|-----------------------|
| For Agency Use Only: | |
| Date of Receipt: _____ | Date of Review: _____ |
| Decision: _____ | |
| Staff Signature: _____ | |

Effective Date: _____

You have the right to an Administrative Appeal of this decision. You must exercise that right by filing a written appeal on the required form (available upon request at the Treatment/Education agency) and attaching a copy of this form. Your appeal papers must be received by the Division of Alcoholism, Drug Abuse and Mental Health (DADAMH) within ten days of the effective date of this decision.



"A generation of helping others help themselves"

Date: _____

Dear _____:

You have been discharged *At-Risk* by the treatment team at PACE for the reason(s) indicated by a checkmark in the relevant boxes below.

- Failure to remain abstinent while in the program
- No participation in sessions
- No or unacceptable future DUI Avoidance Plan
- Failure to achieve a passing grade (80%) on content test
- Arrested for alcohol or drug related incident while in the program
- Clinical issues indicate that further treatment is necessary in accordance with DSM-IV diagnostic criteria

Your *At-Risk* Discharge Status has been reported to the court and/or the Division of Motor Vehicles (DMV). To resolve a discharge at-risk you must enroll in a more in-depth treatment program, and then satisfactorily complete the program.

- The client may choose to continue with the current agency, or may choose a new agency from which to receive services (a list of alternate agencies will be provided at time of discharge).
- If a new agency is chosen, that agency must be licensed by the Division of Substance Abuse & Mental Health.
- The client must contact the discharging agency prior to the start of the new treatment program and sign a release of information with both agencies.
- The client must remain drug and alcohol free for a minimum of 12 weeks prior to successful discharge.
- The client must return to the discharging agency within 60 days of completing the new treatment services and bring the discharge summary (including prognosis), a description of services received, and the DUI discharge at-risk completion form (Attachment L). A certificate of completion is not acceptable documentation.

You must satisfactorily complete a treatment program and provide documentation of this satisfactory completion to PACE in order to be eligible for re-instatement of your driver's license. You must pay PACE a \$50 processing fee to complete the necessary steps for you to be eligible for re-instatement of your driver's license. It takes approximately 5 to 7 working days for the system to be updated with your completion notification.

Failure to complete these requirements will result in the notification of the court and/or DMV of your non-compliance.

You may appeal this decision of the treatment team to discharge you *At-Risk* by submitting an Internal Agency Request for Appeal Discharge At-Risk Completion Status form to the agency within 10 working days from the date of this letter. This form is available at the agency upon request. The Clinical supervisor at the agency will consider this internal appeal.

If you unsuccessfully appeal the *At-Risk* decision at the agency level and wish to pursue the appeal with the division of alcoholism, Drug Abuse and mental health (DADAMH), you must submit an Official Request for Appeal Discharge At-Risk completion Status form. This request must be received by the DADAMH within 10 working days from the date of the Official Notice of Internal Appeal Decision you receive from the treatment/education agency. You must also sign a Consent for Release of Confidential Information form, which will allow the treatment/education agency to provide information to the DADAMH. These forms are available at the treatment/education agency upon request.

Sincerely,

Bruce C. Johnson, MS, CADC
Executive Director

George H. Benson, CADC, CEAP
DUI Coordinator

cc: file

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS: The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or discuss any information identifying a patient to an alcohol or drug abuser (unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) the disclosure made in medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not prevent any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR, Part 1) prohibit you from making any further disclosure of this information without the specific written consent of a person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other records is not sufficient.

BCJ/GHB/kh

8/8/06 DUI At-Risk
Discharge Letter



"A generation of helping others help themselves"

Date: _____

You are being placed on an "At Risk" status from PACE, Inc. due to one of the following reasons:

- Positive for alcohol
- Positive for drugs
- Inappropriate behavior

You now are required to attend a treatment program and complete that program successfully. Below is a list of acceptable treatment facilities you can attend. It will be your responsibility to notify PACE when you enroll in a treatment program, so that we get a monthly update of your progress and a discharge summary of your completion and status.

Failure to comply with this schedule will result in your discharge from PACE as "At Risk-Non Compliant".

If you have questions, call PACE at 302-998-8700. Thank you.

- PACE 302-999-9812
- Open Door - Newark 302-731-1504
- Brandywine Counseling 302-656-2348
- Open Door - Claymont 302-798-9555
- Center for Pastoral Care 302-656-0651

Sincerely,

Bruce C. Johnson, M.S., CADC
Executive Director

George H. Benson, CADC, CEAP
DUI Coordinator

CLIENT SIGNATURE

COUNSELOR SIGNATURE

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS: The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser. Unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR, Part II) Prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other records is not sufficient.



"A generation of helping others help themselves"

**Internal Agency Request for Appeal
Discharge At-Risk Completion Status**

Date of Request: _____

Client Name: _____

Date of Birth: _____

Address: _____

Reason for Appeal:

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS: The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser. Unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR, Part II) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other records is not sufficient.

Official Notice of Internal Appeal Decision

| | |
|-----------------------------|-----------------------|
| For Agency Use Only: | |
| Date of Receipt: _____ | Date of Review: _____ |
| Decision: _____ | |
| Staff Signature: _____ | |

Effective Date: _____

You have the right to an Administrative Appeal of this decision. You must exercise that right by filing a written appeal on the required form (available upon request at the Treatment/Education agency) and attaching a copy of this form. Your appeal papers must be received by the Division of Alcoholism, Drug Abuse and Mental Health (DADAMH) within ten days of the effective date of this decision.

4/20/84 DUR Request for Appeal
Discharge At-Risk Completion Status

ATTACHMENT L

At-Risk Discharge Clearance Document

“At-Risk Discharge Clearance Document”

You have been discharged from (agency name) with an at-risk status. We have discussed the reasons for this discharge with you and want to be certain that you understand what you need to do in order to clear this up. You will not be eligible to apply for reinstatement of your driving privileges until you complete these steps.

You were discharged at-risk for the following reason(s):

| |
|--|
| |
| |
| |
| |

In order to successfully complete the program you need to do the following specific things:

| |
|---|
| Complete a drug and alcohol assessment at a program licensed to provide treatment by the state of Delaware |
| 1. Provide evidence of clean urine drug screens over the course of a minimum of eight weeks. |
| 2. Address the specific unfinished issues outlined in your treatment plan with (agency). |
| 3. Add others as required by individual circumstance |
| |
| |
| |

"CLIENT PROGRESS REPORT"

Client Name: _____ **Date:** _____

| |
|--|
| ATTENDANCE |
| Individual sessions: _____ Group sessions: _____ |

Urine Drug Screen Results

| Date | Results | Comments |
|------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Specify the issues and recommended treatment here:

| |
|--|
| |
| |
| |
| |
| |

Receiving agency must provide documentation that the issues noted above were addressed as part of their contact with you.

| |
|--|
| |
| |
| |
| |

Agency Name
Page 2 of 2

Counselors Name (Print)

Counselors Signature

ATTACHMENT M
DSAMH Appeals Process

Division of Substance Abuse and Mental Health

**Appeal of At-Risk Discharge
From
DUI Treatment/Education Program**

- **This Notice of Appeal must be submitted to the DSAMH DUI Appeals Team at the address listed below.**
- **It must be received in the DSAMH Appeals Team office or postmarked no later than 10 days from the effective date of the Official Notice of Internal Appeals Decision of the Treatment/Education agency. Notices of Appeal received or postmarked after that date will be returned to the appellant without action.**
- **All required documents (see above page 1, A. Documents) must be included. Incomplete packages will be returned to the appellant without action.**
- **DSAMH Appeals Team decisions will be based solely upon documentation provided by the appellant and the Treatment/Education agency. No in person appearances by the appellant or Treatment/Education agency will be allowed.**
- **The DSAMH Appeals Team will render a decision regarding whether or not the Treatment/Education agency followed the criteria approved by OHS to discharge clients at-risk from the DUI Treatment/Education program.**
- **The decision rendered by the DSAMH Appeals team is FINAL.**

Notices of Appeal must be sent to:

**DSAMH DUI Appeals Team
Treatment Access Center
801 S. Harrison Street
Wilmington, DE 19805**

Name: _____ Date: _____

Address: _____

Date of Birth: _____

Date of Arrest: _____



DUI Treatment/Education Agency From Which Discharged:

- PACE Pathways
- Open Door Thresholds

Effective Date of At-Risk Discharge: _____

Effective Date of Official Notice of Internal Appeals Decision: _____



A. Documents – Place a checkmark in each box to indicate that the following documents are attached to this Notice of Appeal:

- Discharge letter from DUI Treatment/Education agency
- Official Notice of Internal Appeals Decision from DUI Treatment/Education agency
- Fully executed, dated and signed Consent for Release of Confidential Information authorizing the DUI Treatment/Education agency to provide information to the DSAMH Appeals Team

B. Appeal

Clearly cite the specific items in the Discharge At-Risk Letter which you are challenging and present objective, verifiable facts for each item that support your challenge.



DSAMH DUI Appeals Team Decision

Date: _____

Uphold the At Risk Discharge

Deny the At Risk Discharge

Rationale for Appeals Team Decision:

Team Members Present:

Notification sent to Appellant (copy to Treatment/Education Agency) Date: _____

Decision entered into DUI Tracking System Date: _____