



**Division of
Substance Use Prevention and Recovery
(SUPR)**

David Jones, Director

Laura Garcia, NCC, LPC, Chief of Staff

DUI Orientation Training

**LaKeshia Sumrall-Carr, NCC, LCPC
Grant Management Supervisor**

WELCOME TO SUPER DUI TRAINING



TRAINING ROOM AGREEMENTS

1. Only One Person Speaking At A Time
2. Be Respectful and Professional
3. Stay On Point
4. Enjoy Academic Freedom
 - A. Please don't talk about others/programs
 - B. Free to ask anything
5. You can not drive and take attend



What do you want to learn today?

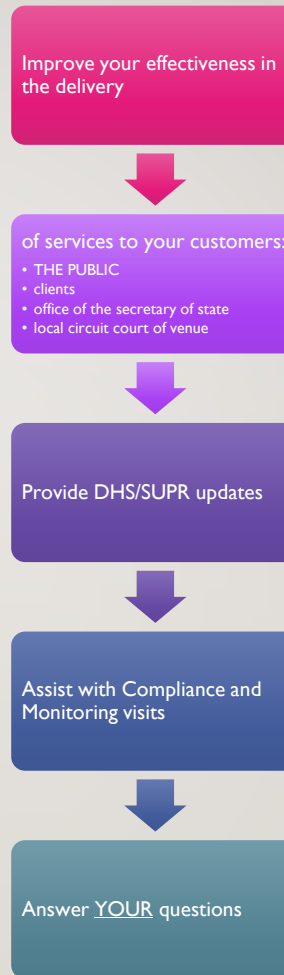
1. _____.
2. _____.
3. _____.

Do you have goals for this class?

1. _____.
2. _____.



TRAINING GOALS CONTINUED



SUPR ROLE

- Lead state agency for the field of substance abuse in the state of Illinois
- Licensure of intervention and treatment services related to alcoholism and substance use
- Regulatory oversight of the application process
- Initiates compliance visits – **900 + licensed facilities**
- Investigate complaints
- **Resource for providers**, clients, secretary of state, and the judicial system



77 ILLINOIS ADMINISTRATIVE CODE CHAPTER X, SEC. 2060, SUBCHAPTER D

TITLE 77: PUBLIC HEALTH
CHAPTER X: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER d: LICENSURE

PART 2060

ALCOHOLISM AND SUBSTANCE ABUSE TREATMENT
AND INTERVENTION LICENSES

SUBPART A: GENERAL REQUIREMENTS

Section
2060.101 Applicability
2060.103 Incorporation by Reference and
Definitions

SUBPART B: LICENSURE REQUIREMENTS

Section
2060.201 Types of Licenses
2060.203 Off-Site Delivery of Services
2060.205 Unlicensed Practice
2060.207 Organization Representative
2060.209 Ownership Disclosure
2060.211 License Application Forms
2060.213 License Application Fees
2060.215 Period of Licensure
2060.217 License Processing/Review
Requirements
2060.219 Renewal of Licensure
2060.221 Change of Ownership/Management
2060.223 Dissolution of the Corporation
2060.225 Relocation of Facility
2060.227 License Certificate Requirements
2060.229 Deemed Status (Repealed)

SUBPART C: REQUIREMENTS – ALL LICENSES

Section
2060.301 Federal/State/Local Regulations/Court
Rules
2060.303 Rule Exception Request Process
2060.305 Facility Requirements
2060.307 Service Termination/Record Retention
2060.309 Professional Staff Qualifications
2060.311 Staff Training Requirements
2060.313 Personnel Requirements and
Procedures
2060.315 Quality Improvement
2060.317 Service Fees
2060.319 Confidentiality – Patient Information
2060.321 Confidentiality – HIV Antibody/AIDS
Status
2060.323 Patient Rights
2060.325 Patient/Client Records

2060.327 Emergency Patient Care
2060.329 Referral Procedure
2060.331 Incident and Significant Incident
Reporting
2060.333 Complaints
2060.335 Inspections
2060.337 Investigations
2060.339 License Sanctions
2060.341 License Hearings

SUBPART D: REQUIREMENTS – TREATMENT LICENSES

Section
2060.401 Levels of Care
2060.403 Court Mandated Treatment
2060.405 Detoxification
2060.407 Group Treatment
2060.409 Patient Education
2060.411 Recreational Activities
2060.413 Medical Services
2060.415 Infectious Disease Control
2060.417 Assessment for Patient Placement
2060.419 Assessment for Treatment Planning
2060.421 Treatment Plans
2060.423 Continued Stay Review
2060.425 Progress Notes & Documentation of Service
Delivery
2060.427 Continuing Recovery Planning and Discharge

SUBPART E: REQUIREMENTS – INTERVENTION LICENSES

Section
2060.501 General Requirements
2060.503 DUI Evaluation
2060.505 DUI Risk Education
2060.507 Designated Program
2060.509 Recovery Homes

AUTHORITY: Implementing and authorized by the Illinois Vehicle Code [625 ILCS 5] and the Alcoholism and Other Drug Dependency Act [20 ILCS 301].

2060 DEFINITIONS 2

- **"Intervention"** means activities or services that assist persons and their significant others in coping with the immediate problems of substance use or dependence and in reducing their substance use. Such services facilitate emotional and social stability and involve referring persons for treatment, as needed.
- **"Treatment"** means a continuum of care provided to persons addicted to or abusing alcohol or other drugs that is designed to identify and change patterns of behavior that are maladaptive, destructive and/or injurious to health; or to restore appropriate levels of physical, psychological, and/or social functioning.

2060 DEFINITIONS 3

- **"Early Intervention"** means services that are sub-clinical or pre-treatment and are designed to explore and address problems or risk factors that appear to be related to substance use and/or to assist individuals in recognizing the harmful consequences of inappropriate substance abuse.

2060 DEFINITIONS 4

- **"DUI Evaluation"** means the services provided to a person relative to a DUI offense in order to determine the nature and extent of the use of alcohol or other drugs as required by the Unified Code of Corrections [730 ILCS 5] and Section 6-206.1 of the Illinois Driver Licensing Law [625 ILCS 5/6-206.1].

2060 DEFINITIONS 5

- **"Alcohol and Drug Evaluation**

- **Uniform Report (UR)**

means the form, mandated by the Department and produced from the DUI Services Reporting System (eDSRS), that is required to report a summary of the DUI evaluation to the circuit court or the Office of the Secretary of State (SOS).

2060 DEFINITIONS 6

- **"Assessment"** means the process of collecting and professionally interpreting data and information from an individual and/or collateral sources, with the individual's permission, about alcohol and other drug use and its consequences as a basis for establishing a diagnosis of a substance use disorder, determining the severity of the disorder and comorbid conditions and identifying the appropriate level and intensity of substance abuse treatment, as well as needs for other services.

2060 DEFINITIONS 7

- **"ASAM Patient Placement Criteria"** means the **American Society of Addiction Medicine's Patient Placement Criteria for the Treatment of Substance-Related Disorders, Fourth Edition (ASAMPPC-2R)**

WHO CAN PROVIDE INTERVENTION SERVICES?

- **2060.309 Professional staff qualifications**

Clinical services

- **IAODAPCA (ICB) certified alcohol & drug abuse counselor**
- **Licensed social worker or clinical social worker**
- **Licensed professional counselor or licensed clinical professional counselor**
- **Physician, providing direct patient care**
- **Licensed psychologists**

Intervention services (evaluation and/or education)

- **ICB certified assessment and referral specialist (CARS)**

There is no two-year window to become certified / licensed teach to DUI Education or conduct DUI Evaluations.

INTERVENTION SERVICES TRAINING REQUIREMENTS

DUI Evaluation

- Attend this class within **6** months of hire or starting to provide evaluations

Driver Risk Education

- Attend this class within **12** months of hire or starting to teach these classes

**YOU MUST BE CERTIFIED OR LICENSED TO
PROVIDE THESE SERVICES**

DUI EVALUATION FILE COMPONENTS

- Services provided regardless of persons ability to pay, indigent guidelines 2060.503 b)
 - Drunk and Drugged Driving Prevention Fund
- Face to face interview
- Governors Proclamation COVID-19 Telehealth Services
 - Must have policy and procedure's for Telehealth Service
 - HIPPA Compliance
- All applicable notices reviewed and signed
 - Informed Consent
 - Referral List Verification Form, etc.
- **Requirements of 2060.325**



JB Pritzker, Governor

Grace B. Hou, Secretary-designate

100 South Grand Avenue East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

INFORMED CONSENT

In order to obtain an Alcohol and Drug Evaluation for the Circuit Court or the Office of the Secretary of State, I agree to provide the following information:

- A copy of my driving abstract or a written summary of my driving history obtained from the Office of the Secretary of State;
- The written results of any chemical testing or documentation of refusal of such testing that occurred after my arrest for driving under the influence of alcohol and/or other drugs (DUI); and
- Alcohol and drug use history from first use to present.

I also attest to the fact that I have not undergone any other alcohol and drug evaluation as a result of my DUI arrest or if I have, I agree to provide a copy of all such evaluations, if completed and/or the name and address of such program(s). I also give my consent for this program to obtain information from any program(s) where I previously began and/or completed any alcohol and drug evaluation relative to my arrest for DUI. I have read the Department of Human Services brochure entitled "DUI Processes and Evaluations" explaining the alcohol and drug evaluation procedure. I understand that I have the right to withdraw from this evaluation process at any time, refuse the completed alcohol and drug evaluation or seek a second opinion by obtaining another evaluation. I further understand that any information I do provide can be released to the Circuit Court, the Office of the Secretary of State or the Department of Human Services upon request. If I do not complete the evaluation or do not return to sign and obtain my copy of the evaluation within 30 days of its completion date, notice will be sent to the Circuit Court or the Office of the Secretary of State along with any relevant information pertaining to my involvement with this program.

Offender Signature

Date

Parent/Guardian Signature (If offender is under age 18)

Date

Witnessed:


Signature

Date

IF CONSENT IS NOT GIVEN, PLEASE INDICATE THAT YOU HAVE READ THIS FORM BY INITIALING ON THIS LINE. _____

- Located in the resource section of the eDSRS system under Informed Consent
- Spanish & English

Located in the resource section of the eDSRS Spanish & English


Illinois Department of Human Services

JB Pritzker, Governor Grace B. Hou, Secretary-designate


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REFERRAL LIST VERIFICATION FORM

I have been shown a listing of licensed DUI and/or substance abuse treatment programs. I understand that I may seek any necessary services at the program of my choice.

Offender Signature _____
Date

Evaluator Signature _____
Date


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FORMULARIO PARA VERIFICACIÓN DE LISTA DE REFERENCIAS

Se me ha mostrado la lista de programas de tratamiento para DUI y/o abuso de sustancias con licencia. Yo entiendo que puedo buscar los servicios necesarios en el programa que yo escoja.

Firma del Acusado _____
Fecha

Firma del Evaluador _____
Fecha

RISK IDENTIFICATION COMPONENTS

- **Objective test results:**
 - **Driver Risk Inventory (DRI) or**
 - **Mortimer/Filkens test or**
 - **Adult Substance Use Driver Survey (ASUDS-RI)**
- **The offender's current driving record**
- **The Law Enforcement Sworn Report**



MINIMUM DUI EVALUATION RECORD REQUIREMENTS

- **Copies of the following:**
 - **IL-DHS-SUPR Informed Consent 2060.503(d)(eDSRS)**
 - **Offender's driving record 2060.503(o)**
 - **Law Enforcement Sworn Report 2060.503**
 - **chemical tests results**
 - **IL-DHS-SUPR Referral List verification form 2060.(j)(eDSRS)**

MINIMUM DUI EVALUATION RECORD REQUIREMENTS CONT-

- **Additionally when applicable:**
 - Notification of Incomplete **(eDSRS)**
 - Refused **Evaluation Form (eDSRS)**
 - **Documentation to** support any subsequent change **in** risk assignment or intervention
 - **Fee Schedule prior to DUI Services 2060.317**
 - **Signed " rights statement" 2060.325**
 - **Credentials 2060.325 (d)**
 - **Appropriately signed consent to serve agreement 2060 325 (k)**

MOST COMMON MISTAKES IN EVALUATION RECORDS

- **No Consent To Serve Agreement or Client Rights Statement**
- **No or Poor – history substance use first to present**
- **High scores on objective tests may indicate symptoms of Moderate or Severe Substance Use Disorder**
- **Unqualified Staff**
- **Mixing DUI and treatment terms, such as significant treatment or level 2 DUI services**
- **Use of outdated rules, policies and procedures (2056)**

RISK EDUCATION

- Pre and post-test administered, 75% must be scored on the post test
- No more than 24 participants per session
 - Telehealth
- Issuance of DSRS certificate of completion
- Notify entities of change in level or termination

RISK EDUCATION FORMAT

- Curriculum content outlined in Rule 2060.505c
- Minimum of ten hours
- Divided into four sessions
- Four separate days
- No session should exceed 3 hours in length
- Audio-Visual not to exceed 25% of total class time

MINIMUM COMPONENTS OF A RISK EDUCATION RECORD

- **Copies of the following:**
 - **Alcohol and Drug Evaluation Uniform Report 2060.505 (o)**
 - **pre- and post-test specifying percentage score 2060.505 (e,f,g)**
 - **DUI Risk Education Certificate of Completion n (eDSRS) 2060.505 (d)**
- **Additionally when applicable:**
 - **Notice of Involuntary Termination from DUI Risk Education form 2060.505 (m)**
 - **notification regarding a change in the risk level assignment and intervention**

RISK EDUCATION CURRICULUM

- 1) information on alcohol as a drug;**
- 2) physiological and pharmacological effects of alcohol and other drugs, including their residual impairment on normal levels of driving performance;**
- 3) other drugs, legal and illegal, and their effects on driving when used separately and/or in combination with alcohol;**
- 4) substance abuse/dependence and the effect on individuals and families;**

2060.505 c)

RISK EDUCATION CURRICULUM

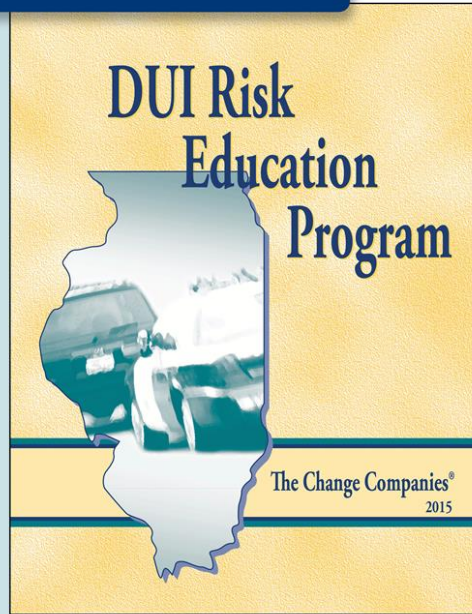
- 5) blood alcohol concentration (BAC) level and its effect on driving performance;**
- 6) information about Illinois driving under the influence laws and associated penalties;**
- 7) factors that influence the formation of patterns of alcohol and drug abuse; and**
- 8) information about referrals for services that can address any identified problem that may increase the risk for future alcohol/drug related difficulty.**

SUPR APPROVED DUI RISK EDUCATION

INSTRUCTOR GUIDE FOR ILLINOIS DUI RISK EDUCATION PROGRAM

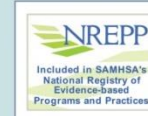
Summary

The Illinois DUI Risk Education Program Participant Journal provides accurate information about alcohol and other drugs in an effort to help participants make responsible decisions about their high-risk behaviors that involve alcohol or other drugs.



Illinois DUI Risk Education Program

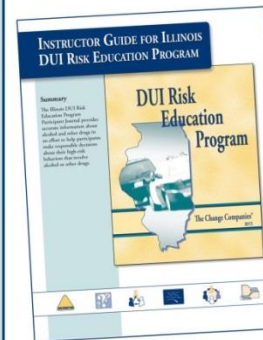
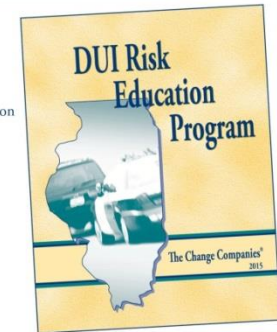
The Change Companies® offers an evidence-based program designed specifically for the State of Illinois. This curriculum uses the most widely replicated national model for DUI offender education.



Interactive Journaling is included in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

Participant Journal

- 56-page Interactive Journal
- Printed on durable heavyweight paper
- Use of color on every page to increase retention and comprehension
- Perforated pre- and post-test
- User-friendly format



New Instructor Guide for 2015!

- Features miniature versions of the Participant Journal pages with facilitation instructions and activities wrapped around the border of each page.
- Quick and easy-to-use reference for facilitation
- Highlights key journaling content with additional information for instructors.
- Ideal for programs that have time constraints or minimal preparation time.

Order today, promote change!

**Curriculum meets 2060.505 requirements
Use of Change Companies materials is optional**

MOST COMMON MISTAKES IN EDUCATION RECORDS

Incomplete client file

- **No Uniform Report in client file**
- **No pre and post test in client file**
- **No Consent To Serve Agreement**
- **No Client Rights Statement**
- **2060.325 record keeping items missing**

Unqualified Staff

DRUNK AND DRUGGED DRIVING PREVENTION FUND

**Purpose - to serve indigent
evaluation and risk education
clients**

**Funding as available, not
guaranteed \$135 for Evaluations
and \$100 for Risk Education**

**Funded by drivers license
reinstatement fee as a result of
a **DUI** arrest**

**Cannot be used for non DUI
evaluations**



DRUNK AND DRUGGED DRIVING PREVENTION FUND

- **Purpose - to serve indigent evaluation and risk education clients**
- **Funding as available, not guaranteed**
- **Funded by drivers license reinstatement fee as a result of a DUI arrest**
- **Cannot be used for non DUI evaluations or treatment**

DDDPF ELIGIBILITY

- Established income guidelines of the U.S. Department of Health and Human Services

Pay check stubs, SSI, Medicaid documents

Notarized affidavit of assets and liabilities, unemployment security documentation

Pension information, Retirement information



**Illinois Department
of Human Services**



**DUI Service Reporting System
(eDSRS)
User Reference Manual**

**Management
Information
Systems**

01 July 2020

**Division of
Substance Use
Prevention and
Recovery**

REGISTRATION

- **Organization Representative (1 Per agency) Registration Website**
- <https://dui2.dhs.illinois.gov/duipublic/duireg/dynamic/registration/registration.jsf>
- DHS/SUPR – verify & approve/disapprove
- Organization Representative Initially approves Organization Administrator
- Organization Administrator Initially approves staff and roles:
 - Entrant (counselor)
 - Fiscal

A staff member may have 1 or all agency roles

ORGANIZATION ADMINISTRATOR ROLES

- **Initially approves staff registration**
 - **Final approval for all agency staff is SUPR**
- **Updates certification or license expiration dates**
- **Opens completed files**
 - **60 days for Risk Education or voucher**
 - **180 days evaluation or voucher**
- **Manages general day to day operations**

REGISTRATION



Unified Health Systems

eDSRS Registration

* Required Fields

Completion of this form is required in order to receive appropriate system access to the Illinois Department of Human Services DUI Service Reporting System (eDSRS) application. The email address submitted will become the User ID for the individual and information entered on this page.

Worker Information

Email Address:*

Re-Type Email Address:*

Last Name:* First Name:* Middle Initial:

Provider: *

- I am responsible for the overall operations (Provider Representative)
- I am responsible for the daily business operations (Provider Administration)
- I am responsible for the financial aspect and bill submissions (Provider Fiscal Operations)
- I am responsible for entering Evaluation and/or Risk Education information (Provider Entrant)
Appropriate credential(s) must be entered.

Submit

Cancel















REGISTRATION

I have attended a DUI Orientation session: * Yes No

*** At least one Expiration Date must be entered ***

Credentials

Expiration Date
(mm/dd/yyyy)

Certified Advanced Alcohol & Other Drug Abuse Counselor (CAADC)	<input type="text"/>	
Certified Alcohol & Drug Counselor (CADC)	<input type="text"/>	
Certified Alcohol, Tobacco & Other Drug Abuse Preventionist (CADP) - Risk Ed Only	<input type="text"/>	
Certified Assessment & Referral Specialist (CARS)	<input type="text"/>	
Certified Reciprocal Alcohol & Other Drug Abuse Counselor (CRADC)	<input type="text"/>	
Certified Senior Alcohol, Tobacco & Other Drug Abuse Preventionist (CSADP) - Risk Ed Only	<input type="text"/>	
Certified Supervisor Alcohol & Other Drug Abuse Counselor (CSADC)	<input type="text"/>	
Doctor of Medicine (MD)	<input type="text"/>	
Doctor of Osteopathy (DO)	<input type="text"/>	
Licensed Clinical Professional Counselor (LCPC)	<input type="text"/>	
Licensed Clinical Psychologist (LCP)	<input type="text"/>	
Licensed Clinical Social Worker (LCSW)	<input type="text"/>	
Licensed Professional Counselor (LPC)	<input type="text"/>	
Licensed Social Worker (LSW)	<input type="text"/>	

User Name: SUMRALL-CARR, LAKESHIA M. Options

**A Provider must first be chosen to view the
Evaluation and Risk Education activity...**
Provider Search

Display ALL Registration Requests, regardless of Role, which do not have a Registration Decision

POLICY AND PROCEDURES

- **Do you have an emergency contact set up for your organization?**
 - **Who will take over your files**
 - **Who will notify individuals your serving**
 - **Linkage agreements should be reviewed annually.**

IF YOU
PLAN TO
CLOSE
YOUR
AGENCY
YOU
MUST
NOTIFY
IL-DHS-
SUPR

- You can send a letter on your agency letter head to the licensing department:
 - What date will you agency cease from providing services?
 - Where will your files be stored/ transferred to?
 - If we have further questions how can we contact you?
 - Were you able to notify people you are serving?

LICENSE AND COMPLIANCE QUESTIONS

**Laura Garcia, Deputy Director of Bureau of
Licensure, Compliance and Monitoring**

Phone: [312-814-6357](tel:312-814-6357)

Email: Laura.Garcia@Illinois.gov

**Questions and Complaints Related to Opioid
Treatment Programs (Methadone):**

Richard Weisskopf, State Opioid Treatment Authority

Phone: [312-814-6380](tel:312-814-6380)

Email: Richard.Weisskopf@Illinois.gov

Questions Regarding Compliance & Monitoring:

Kim Fornero, Administrator of Compliance and
Monitoring

Phone Number: [312-793-1566](tel:312-793-1566)

Email: Kimberly.Fornero@Illinois.gov

Questions Regarding DUIs:

Lakeshia Sumrall-Carr, DUI Training, Technical
Support and Monitoring Program Liaison

Phone: [312-814-5826](tel:312-814-5826)

Email: Lakeshia.Sumrall-Carr@illinois.gov

Questions Regarding Complaints:

Tracey Loggins, Assistant

Phone: [312-814-6357](tel:312-814-6357)

Email: Tracey.Loggins@Illinois.gov

Questions Regarding Licenses:

Octavia Saffold, Licensing and Certification

Phone Number: [312-814-5814](tel:312-814-5814)

Email: Octavia.Saffold@Illinois.gov

Questions Regarding Renewals:

Andrea Mayberry, Licensing and Certification

Phone: [312-793-1471](tel:312-793-1471)

Email: Andrea.Mayberry@illinois.gov

Questions Regarding Exceptions:

Oscar Colon, Licensing and Certification

Phone: [312-814-6390](tel:312-814-6390)

Email: Oscar.Colon@illinois.gov

EDSRS

- **Systems Questions:**

- **Password & Access Problems email**
- **DoIT.DHS.MisSecurity@ILLINOIS.GOV**
 - **Response time - - 24 Business Hours**
- **All other issues email**

DoIT.DHS.UHSINFO@ILLINOIS.GOV

ADDITIONAL QUESTIONS

- Email SUPR Help Desk Clinical, Medicaid or 2060 issues

DoIT.SuprHelp@illinois.gov

- SUPR Web Sites: <http://www.dhs.state.il.us>
- Smart alerts. <https://www.dhs.state.il.us/page.aspx?item=42567>
- LaKeshia Sumrall-Carr, NCC, LCPC
- Grant Management Supervisor
- Illinois Department of Human Services
- Division of Substance Use Prevention and Recovery
- 401 S Clinton, Chicago, IL 60607
- Ph312-814-5826
- Fax: 312-814-1192
- Lakeshia.sumrall-carr@illinois.gov

THANK YOU FOR ATTENDING

