



A Descriptive Analysis of Pennsylvania's Driving Under the Influence Programs: Compliance with Statutory Provisions Regarding Pre-Disposition Screenings and Assessments and Data Reporting

Submitted by:

DUI Treatment Compliance Oversight Committee
A Joint Project of
Pennsylvania Department of Drug and Alcohol Programs (DDAP)
and
Pennsylvania Department of Transportation (PennDOT)

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COMMONWEALTH OF PENNSYLVANIA

45TH JUDICIAL DISTRICT

MICHAEL J. BARRASSE
PRESIDENT JUDGE

December 15, 2017

Honorable Leslie S. Richards
Secretary
Department of Transportation
Commonwealth Keystone Building, 8th Floor
Harrisburg, PA 17120

Honorable Jennifer S. Smith
Acting Secretary
Department of Drug and Alcohol Programs
Health and Welfare Building, Room 903
Harrisburg, PA 17120

Dear Madame Secretary:

Thank you for your support in sponsoring and administering the DUI Treatment Compliance Project. I am pleased to provide the final report to you that summarizes the findings and recommendations of this project.

With your support, we identified and recruited recognized leaders in the criminal justice and substance use disorder treatment fields in Pennsylvania to serve on a project oversight committee that guided the project. We also recruited a project manager who worked with staff at the Pennsylvania Department of Drug and Alcohol Programs to plan the project, conduct site visits to 56 sites and workshops at 23 events.

Pennsylvania's impaired driving statutes are nationally recognized as being both comprehensive and evidence-based in their approach to substance use disorder treatment for individuals in the criminal justice population identified as needing treatment. But for those provisions to be effective, they must be fully implemented. A 2014 Pennsylvania Supreme Court decision focused attention on compliance with those requirements. Your vision and leadership in sponsoring a study of local practices and compliance with state statutes is commendable.

Our goal was to identify and address the existing and emerging challenges we face to improve how both the criminal justice and treatment systems address the issues of impaired driving. Our initial survey revealed that about 45 percent of the counties were not in full compliance with the statutory requirements. By the conclusion of the project, 80% of those counties now report compliance. At this time, 90 percent of all counties report they are in compliance with the requirements of the DUI statute. The remaining counties have acknowledged the issue and are working diligently to improve their processes.

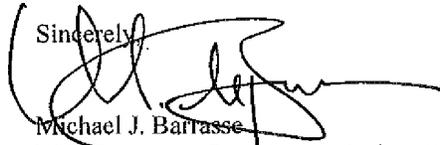
We must ensure that quality assessment and treatment services with clinical integrity are being required and provided for DUI offenders with substance use disorders in every county in Pennsylvania and accurate and complete reports are being maintained. Our efforts will: make

MICHAEL J. BARRASSE
PRESIDENT JUDGE

our highways safer, reduce violent crime in our communities reduce criminal justice and health care costs, and result in healthier families and communities across the commonwealth.

We plan to continue to identify and promote the use of evidence-based practices in both the criminal justice and treatment fields. We are grateful for your continued support of those efforts.

Sincerely,



Michael J. Barrasse
DUI Treatment Compliance Project Oversight Committee Chair
President, Judge, Lackawanna County Court of Common Pleas

II. Executive Summary

Impaired driving continues to be a serious problem. While we have made significant improvements in reducing the number of impaired-driving-related fatalities and injuries, those numbers remain stubbornly too high. Traffic safety experts continue to examine all aspects of both the criminal justice and treatment systems to further reduce fatalities and injuries and improve public safety.

Pennsylvania's DUI (Driving Under the Influence¹) statute universally mandates that all DUI offenders with substance use disorders (SUDs) engage in individualized treatment based on a clinical assessment done as part of their sentence or pretrial disposition. It effectively leverages research-based substance use disorder screenings, assessments, and treatment processes with criminal justice sanctions -- an approach proven to be effective in reducing crime. The act also requires detailed reporting requirements to provide ongoing measures of trends and effectiveness in countermeasures.

For the research-based treatment practices set forth in Pennsylvania's DUI statute to work, they must be enforced. Laws provide a foundation for policies, strategies, and programs. How laws are implemented and translated into practice determines whether they will accomplish their intended purpose.

The Pennsylvania Department and Drug and Alcohol Programs (DDAP) and the Pennsylvania Department of Transportation (PennDOT) conducted an audit to examine compliance with existing laws, identify, and troubleshoot challenges to compliance and identify and promote innovative local practices in SUD treatment/criminal justice program development and improvement practices.

The study is descriptive in nature and intended to lay the foundation for future evaluation efforts and to identify research-based best practices being used at the local levels to ensure that quality assessment and individualized treatment services with clinical integrity (sufficient level of care and length of stay) are being required and provided for DUI offenders in every county in the Commonwealth.

An Oversight Committee consisting of diverse stakeholders in the SUD/criminal justice systems has guided the process under the leadership of the Honorable Michael J. Barrasse, President Judge of the Court of Common Pleas of Lackawanna County and Judicial Outreach Liaison for PennDOT. The Oversight Committee consisted of the complete spectrum of stakeholders in both systems and was a forum for knowledgeable discussions on emerging issues.

The project included gathering data from PennDOT, the Administrative Offices of Pennsylvania Courts (AOPC), the Pennsylvania Commission on Sentencing (PCS), and stakeholders at the county level. Surveys, on-site and telephone interviews, and data analytics provided the information that is the basis of this report. The findings and recommendations are:

Systemic

County criminal justice and treatment systems should commit to the common goal of using criminal justice sanctions to encourage the work of effective treatment programs. The committee recommends that counties coordinate and collaborate where possible between the systems to develop a common, goal-driven strategy.

Public policy decisions must be data-driven and research-based. There should be a continuing commitment to develop and improve management information systems (MIS) for each component of both the criminal justice and treatment systems to allow for data sharing consistent with privacy and confidentiality statutes and regulations.

There is universal recognition among the committee of the benefits that systemic thinking and collaborative planning could have to improve the criminal justice/treatment systems approaches to the ongoing challenge of impaired driving.

The National Association of Drug Court Professionals (NADCP) has developed a ground-breaking reform model: The Annals of Research and Knowledge on Effective Justice Programming (ARKTM)². Based on the Risk-Need-Responsivity (RNR) theory, the ARKTM was designed as a reform framework to assess offenders and sort them into a systemic continuum of evidence-based options at the different stages of the criminal justice system. The ARKTM framework is scheduled to be released before the end of 2017. Consideration should be given to further study of ARKTM to identify gaps in available services, opportunities to fill gaps, and enhance outcomes in such topics as high-risk repeat offenders and drug-impaired drivers.

¹ There are several descriptive terms and acronyms describing the offense of driving while impaired by drugs and/or alcohol, including Driving While Intoxicated (DWI), Driving Under the Influence (DUI), Driving While Impaired (also DWI). The title of the pertinent section in Pennsylvania statutes is Driving under the influence of alcohol or controlled substances. Accordingly, for this report, the acronym DUI will be used.

² An earlier version was called the Annals of Research and Knowledge on Effective Offender Management (ARKTM).

Court Reporting Network (CRN) evaluation

The common characteristics of counties that follow the requirements of the DUI statute that mandate completion of the Court Reporting Network (CRN) evaluation and comprehensive drug and alcohol assessment prior to case disposition include:

- Training, cooperation, and buy-in by the magisterial district judge, prosecutor, defense counsel, probation, and CRN evaluator;
- Intentional design of case management and procedures through collaboration among treatment and criminal justice stakeholders that provide for early and repeated notice to offenders as well as easy scheduling and monitoring of case management status;
- Processes to get needed objective information to the CRN evaluator prior to the CRN evaluation. Access to the criminal complaint and affidavit of probable cause is useful;
- Processes to regularly monitor status and follow-up with action as needed;
- Processes to ensure that the CRN evaluation is completed promptly after the interview and the summary is distributed to appropriate parties;
- Delays between time of arrest and CRN evaluation could also be tracked and monitored to create a benchmark upon which the timeline could be improved.

Counties should explore adapting these characteristics to meet local needs and capacities.

Drug and Alcohol Assessments

To provide the judge handling the final disposition of a criminal case with the most accurate, complete and up-to-date information on the background of the offender, when appropriate, a full drug and alcohol assessment should be done prior to case disposition. Factors for consideration include:

- Early and repeated notice to the offender;
- Design of case management and procedures that promptly schedule full drug and alcohol assessment after CRN evaluation determines a full assessment is needed;
- Design of case management and procedures to get needed objective data (CRN summary and criminal complaint with affidavit of probable cause) to the person conducting the drug and alcohol assessment;
- Use of urine screens to develop additional objective data to provide evidence of current or recent exposure to intoxicants that could affect the patient's status and to serve as an objective means of verifying patient's substance use history as reported by patient or collaterals;
- Recognition that the drug and alcohol assessment mandated by the DUI statute and the Risk-Needs-Responsivity Assessment mandated by Act 95 of 2010 (42 Pa.C.S. §2154) are separate but related assessment tools designed to assist the judge handling disposition of the criminal case. Case disposition in a DUI case is essentially a re-entry court decision. The offender will continue to be part of the general community either continually or after release from incarceration and treatment. One of the goals should be to identify offenders with SUDs and facilitate their ultimate return into the community as a non-recidivist, productive citizen in recovery. It involves identifying the specific needs of the offender, providing treatment with clinical integrity (level of care, length of stay and aftercare) that meets the specific needs of the offender, and motivating the individual to constructively engage in treatment and the recovery process;
- The assessing individual must be properly trained on emerging issues. For example, the presence of Fetal Alcohol Spectrum Disorder (FASD) will affect the type of treatment provided, but to do so requires training in recognizing the disorder;
- Judges, probation officers, and treatment providers need to develop a common understanding and agreement regarding the quality of reporting of the treatment recommendation following the assessment;
- Cross-reference data reported to PennDOT and data reported to AOPC on sentencing guideline forms to ensure that the data is accurate;
- Develop cross-disciplinary training that provides a better understanding to both criminal justice and treatment professionals regarding their respective expectations and requirements.

Treatment

- Because treatment is a condition in a sentencing or Accelerated Rehabilitative Disposition (ARD) placement

order, there is joint authority between the criminal justice and treatment systems regarding acceptable treatment. While determinations regarding level of care, length of stay, and aftercare should be determined solely by the treatment provider, compliance and sanction decisions should be decided collaboratively. Both public safety and treatment needs are factors to be considered. Each county should consider developing local processes for ongoing dialogues regarding treatment, both system-wide and individual-specific;

- Regular training regarding common issues and concerns of both the criminal justice and treatment communities should take place;
- Quality of care is a topic of interest and concern and should be a topic of continuing dialogue between the criminal justice and treatment communities.

III. Introduction

Impaired driving continues to be a serious and stubbornly persistent problem. In 2015, 10,265 individuals were killed nationally in impaired-driving-related collisions, and another 290,000 were injured. That same year, 345 individuals were killed and another 7,055 were injured in impaired-driving-related crashes in Pennsylvania. While the number of impaired-driving-related fatalities has declined 51 percent over the last 35 years, the fatality rate has plateaued, hovering at around 10,000 nationally and 300 statewide. A disproportionate number of DUI crash-related fatalities involved drivers with either high blood alcohol content (BAC³), prior DUI convictions, or both. Researchers have also noted an increase in the number of drug-impaired driving cases. A more detailed description of the nature of the problem of impaired driving at both the national and state level is set out in Appendix A.

Pennsylvania has a large DUI-offending population demanding a large network of DUI programs to provide education, intervention, and treatment services as ordered by the court systems. Each year, more than 50,000 individuals are arrested for violating the DUI statute. It is estimated that more than 100,000 individuals are currently under some form of court-ordered supervision. DUI offenses account for a significant part of the criminal justice population.

Traffic safety, criminal justice, and treatment experts are examining all aspects of both the criminal justice and treatment systems to work toward further reduction of fatalities, injuries, and recidivism to improve outcomes, public health, and safety.

Pennsylvania's DUI statute (Act 24 of 2003, 75 Pa.C.S. §3801-3817, hereinafter the "Act" or "Act 24") universally mandates that all DUI offenders with substance use disorders (SUDs) engage in individualized treatment based on a clinical assessment done as part of their sentence or pretrial disposition. It effectively leverages research-based substance use disorder screenings, assessments and treatment processes with criminal justice sanctions – an approach proven to be effective in reducing crime. The Act also requires detailed reporting requirements to provide ongoing measures of trends and effectiveness in countermeasures. A summary of the relevant statutes is set out in Appendix B.

For the research-based treatment practices set forth in Pennsylvania's DUI statute to work, they must be enforced. Laws provide a foundation for policies, strategies, and programs. How laws are implemented and translated into practice determines whether they will accomplish their intended purpose.

This joint project by DDAP and PennDOT was performed by conducting an audit to examine compliance with existing laws, identifying and troubleshooting challenges to compliance, and identifying and promoting innovative local practices in SUD treatment/criminal justice program development and improvement practices.

IV. Rationale for Project

Using the event of an arrest to leverage a DUI offender with a SUD into treatment and recovery will make our highways safer, will reduce violent crime in our communities (those with alcohol use disorders are disproportionately represented among those committing violent crimes), will reduce criminal justice and health care costs, and will result in healthier families and communities across the Commonwealth. We all stand to

³ Blood alcohol concentration (BAC) is measured in grams of alcohol per 100 milliliters of whole blood. A BAC of .01 indicates .01 grams of alcohol per 100 milliliters of blood or .01 percent. Percentages will be used in this report.

benefit from strict compliance with the mandates of Act 24. Although the General Assembly has mandated in the Act that addicted/alcoholic DUI offenders must get the treatment they need as part of their sentence or pretrial disposition, implementation in most counties has proven difficult.

The Pennsylvania Supreme Court decision in *Commonwealth v. Taylor* (104 A.3d 479 (Pa. 2014)) focused attention on the issue of compliance with the requirements for pre-disposition CRN evaluations and assessments.

In that case, Terry Lee Taylor, a repeat DUI offender, pled guilty to one count of DUI in violation of 75 Pa.C.S. §3802(b). He was later sentenced to a minimum of 45 days' incarceration and a maximum of six months. The sentencing court noted that Taylor had failed to obtain a full drug and alcohol assessment prior to sentencing and directed him to do so after sentencing. Taylor appealed the sentence raising three issues:

- Does a court have authority to sentence on a DUI before completion of the drug and alcohol assessment;
- Are the provisions of §3814 dealing with the assessment mandatory sentencing provisions;
- Can the offender waive preparation of an assessment prior to sentencing?

Taylor argued that the sentence was illegal not because of its duration but because of its procedural inadequacy. The Commonwealth contended that the sentence was not illegal if it fell within the applicable guidelines ranges and did not exceed the statutory limit.

Justice Baer, writing for the majority, held that the legality of the sentence challenge implicates more than its duration. He interpreted the use of the word "shall" in §3814(2) as mandating an assessment before a repeat DUI offender's sentencing. The legislative intent was that treatment recommendations developed through a drug and alcohol assessment should be implemented as part of the offender's sentence. A sentencing court has no discretion or authority to impose a sentence for a DUI violation prior to completion of the assessment (104 A.3d at 493).

The Court did not resolve the issue of waiver, holding that the matter was not properly presented before the court, but its analysis on the jurisdictional issue may be instructive. The provisions of the sentencing code that deal with appellate review provide that a defendant or the Commonwealth may appeal as of right the legality of a sentence. (42 Pa.C.S. §9781(a)). It also provides that no appeal of the discretionary aspects of the sentence shall be permitted beyond the appellate court that has initial jurisdiction of such appeals. (42 Pa.C.S. §9781(f)). The Taylor case determined that a challenge on this issue dealt with the legality of the sentence and not with discretionary aspects of the sentence (104 A.3d at 490). It could be argued that since the issue of legality of a sentence can be appealed "as of right," it cannot be waived. By way of comparison, the provision of the Sentencing Code that mandates a pre-sentence investigation and report for all sentences of over a year or more specifically allows a waiver "unless the court specifically orders to the contrary" (42 Pa.C.S. §9731). The provisions dealing with CRN evaluations and a comprehensive drug and alcohol assessment do not contain similar language authorizing a waiver. By way of further comparison, individuals convicted of a sexually violent offense are also mandated to undergo an assessment but the requirements of the assessment do not require the participation of the offender in conducting the assessment (42 Pa.C.S. §9799.24). Assessments are usually done without the participation of the offender. A claim of waiver may be subject to appellate review.

The aim of Act 24 is to ensure that DUI offenders in need of treatment are getting quality assessments and treatment services with clinical integrity in every county in Pennsylvania. Doing the CRN evaluation and comprehensive drug and alcohol assessment add little value if their results are not considered and addressed by the court at the time of case disposition and treatment compliance is not enforced by the county probation/parole department. If the need for treatment is not determined prior to disposition, the length of supervision may have to be extended to allow sufficient time to allow its completion.

Failure to comply with the provisions of the law constitutes both a systemic noncompliance with the law and a significant lost opportunity for our criminal justice and treatment systems. This noncompliance also carries a potentially serious adverse impact on both public health and safety as well as the health and safety of those directly involved.

The *Taylor* decision and a survey conducted by the Pennsylvania DUI Association brought to light instances where the statutory requirements of pre-sentence/pre-disposition full drug and alcohol assessments were not being followed. A review of mandated reports by PennDOT to the legislature also reveals gaps in the reporting process. Finally, concerns have been expressed by both criminal justice and treatment providers regarding the quality of assessments and treatment.

Although DUI programs have been in continuous operation for several decades, evaluations of processes and procedures regarding treatment and supervision have been very limited. This is the first known review of criminal justice and treatment systems involving DUI offenders in Pennsylvania. Because of this, there is no existing benchmark of prior performance.

Information on the effectiveness of the overall DUI offender management program or its elements is generally lacking. There has been no recent comprehensive report on court-ordered programs for DUI offenders. The last national comprehensive meta-data analysis of DUI treatment programs was conducted in 1995.⁴

Another study summarized the state of research as follows:

“It is evident from the current review that there is a dearth of high quality evaluations of DUI interventions. The methodologies utilized across the studies were typically rated as weak, limiting the robustness of the conclusions that can be drawn.”⁵

Pennsylvania has a very decentralized criminal justice system. There are 67 counties and 60 judicial districts. Pennsylvania is one of ten states with county-administered probation. Three-quarters of Pennsylvania’s criminal justice population is either on county supervision or incarcerated⁶.

County probation services are mainly funded by counties and there is no uniformity on staffing and caseloads. Case management practices and information systems are decided locally and there is no statewide monitoring system in place to track and analyze probation supervision and treatment systems.

The current system for managing DUI offenders has grown over the past 40 years through a process of trial and error that developed as the result of case law. Systems were primarily controlled by two authorities: local criminal courts that manage the criminal cases and the transportation department whose authority over driver’s licenses provides them with the power to establish DUI education or treatment requirements and to require ignition interlocks as a provision for relicensing suspended drivers⁷.

V. Study Objective, Guiding Principle, Data Components and Activities

The objectives of the study include:

- Determining the status of compliance in each county with the requirements of the DUI statute regarding completion of both a CRN evaluation and comprehensive drug and alcohol assessment prior to disposition of the criminal case;
- Identifying and sharing information on obstacles to compliance with those requirements;
- Identifying and sharing information on remedies to those obstacles;
- Identifying and sharing information on innovative local practices;
- Providing an overview of programs in Pennsylvania.

The guiding principle for the project is that treatment works if it is done:

- In a timely manner (early intervention);
- Using validated and standardized screenings and assessments;
- With individualized assessments and treatment with clinical integrity (appropriate level of care and length of stay);
- With appropriate step-down in intensity in a continuum of care;
- By trained and experienced staff familiar with both treatment and criminal justice issues;
- In programs committed to collaboration, communication and continuous improvement.

As with the treatment of other diseases, there is no “one-size-fits-all” approach.

⁴ “Countermeasures to Address Impaired Driving Offenders: Toward an Integrated Model”. A Symposium. Transportation Research Circular Number E-C174. August 2013. Page 14.

⁵ Miller, Peter G., Curtis, Ashley, Sønderlund, Anders, Day, Andrew and Droste, Nic. “Effectiveness of Interventions for convicted DUI offenders in reducing recidivism: a systematic review of peer-reviewed scientific literature.” The American Journal of Drug and Alcohol Abuse 41:1, Pages 16-19. (2015)

⁶ Justice Center: The Council of State Governments. “Justice Reinvestment in Pennsylvania: Second Presentation to Working Group.” 2016 Slide 46. <http://www.pccd.pa.gov/Pages/Justice-Reinvestment.aspx>.

⁷ “Countermeasures to Address Impaired Driving Offenders: Toward an Integrated Model.” A Symposium. Transportation Research Circular Number E-C174. August 2013. Page 10.

Data collection for this study consists of:

- Retrieval and analysis of existing data;
- A statewide survey of district attorneys;
- Site visits;
- Feedback at meeting presentations.

PennDOT provided copies of their annual reports to the legislature for the years 2010-2016, access to CRN annual summaries for individual counties and statewide for the years 2014-2016, the 2016 Strategic Plan to Reduce Impaired Driving, and the State Highway Safety Plan. The Administrative Office of Pennsylvania Courts (AOPC) prepared and provided a count-by-county breakdown of the average length of time to process DUI cases in 2013-2015.

A survey was sent to all 67 district attorneys in Pennsylvania regarding compliance with the statutory requirements for screenings and assessments prior to criminal case disposition. Four separate questions about CRN evaluations and full assessments for accelerate rehabilitative disposition (ARD) cases and plea cases were asked. In addition, they were requested to list any obstacles to compliance.

Of the counties reporting, 34 reported full compliance and another three reported “usually” compliant. Of the 30 counties reporting non-compliance:

- Twenty-four reported CRN evaluations were conducted prior to ARD placement, six reported they were not;
- Seven reported full assessments were done prior to ARD placement, 23 reported they were not;
- Twenty-two reported CRN evaluations were completed prior to sentencing, eight reported they were not;
- Nine reported full assessments were completed prior to sentencing, 21 reported they were not.

The Pennsylvania DUI Association surveyed DUI coordinators and the Pennsylvania Commission on Crime and Delinquency (PCCD) surveyed Criminal Justice Advisory Board (CJAB) coordinators. Both organizations provided copies of the survey results.

Based on the survey results, Judge Barrasse sent letters to the president judges of all 60 judicial districts advising them of the project and of the preliminary findings.

Meetings were held with representatives from PennDOT, clerks of courts and county probation/parole officers to discuss current procedures on reporting mandated data. The Oversight Committee adopted a recommendation regarding changing current forms. A copy of those forms and explanatory information regarding the sentencing guideline form used by the Pennsylvania Commission on Sentencing is set forth in Appendix D.

Over the course of the project, 56 sites were visited. Meetings were held with judges, prosecutors, probation officers, Single County Authorities (SCAs), DUI coordinators, and treatment providers to gain an understanding regarding:

- Current status regarding compliance with the requirements of the DUI statute regarding completion of the CRN evaluation and, if needed, the comprehensive drug and alcohol assessment prior to final disposition of the underlying DUI charge;
- A summary of criminal and treatment processes used in the county;
- If a county is not currently in compliance, what are the obstacles to compliance;
- If a county is compliant, innovative local practices used to ensure compliance.

A summary of county-by-county findings is set forth in Appendix E.

The Oversight Committee met quarterly to review the status of the project and to offer suggestions regarding issues that arose during the project. Special presentations were given to the committee about York County’s Target 25 project and Allegheny County’s Stiptrak case management system and Pretrial Services Division. Committee representatives also gave presentations about the project to 23 meetings and conferences.

Monthly meetings were held with Troy Love, who is part of PennDOT’s Bureau of Maintenance and Operations. Mr. Love manages the impaired driving programs and served as the PennDOT point of contact for this project. Regular meetings were held between DDAP staff and Judge Barrasse.

VI. Findings Regarding CRN

Background

The CRN is a uniform pre-screening evaluation procedure for all DUI offenders to aid and support clinical treatment recommendations offered to the judiciary, prior to sentencing.⁸ It gathers a social history of the client as well as insights into the client's present and past alcohol and drug use. The evaluation also provides background information on prior arrest history (including alcohol and drug related arrests), employment, and medical history. Though most of the information is self-reported, PennDOT does include all information on previous DUI arrests, license status, and any previous traffic-related citations on the final evaluation printout. The evaluation is to be done prior to final disposition of the criminal case to aid the court in determining ARD/sentencing provisions. The CRN recommends Alcohol Highway Safety School (AHSS) only (first and second offenses), comprehensive drug assessment, comprehensive alcohol assessment, or comprehensive drug and alcohol assessment.

The statutorily stated purpose of the CRN evaluation is “to determine the extent of the person’s involvement with alcohol or controlled substances and to assist the court in determining what sentencing, probation or conditions of ARD would benefit the person or the public” (75 Pa.C.S. §3814(1); 3816(a)).

The statute also mandates a comprehensive drug and alcohol assessment if any of the following apply: the defendant’s blood alcohol content (BAC) for the underlying offense is 0.16 percent or greater; the defendant, within the past ten years prior to the offense for which the sentence is being imposed had been sentenced for a DUI under current or prior law or an equivalent offense in another jurisdiction; or, the CRN evaluation indicates a need for counseling or treatment (75 Pa.C.S. §3814(2)(i) (A), (B); (ii) (A), (B)).

The average BAC for DUI arrests for the past three years is 0.17 percent, so it would not be surprising to find that the clear majority of those who submit to a CRN evaluation are recommended to do a comprehensive drug and alcohol assessment. The percentages are as follows:

2014	87 percent
2015	88.3 percent
2016	88.8 percent ⁹

Some counties automatically do both the CRN evaluation and the comprehensive drug and alcohol assessment. It has been suggested by some that we eliminate the CRN evaluation requirement and require a comprehensive drug and alcohol assessment for all offenders because of the duplication of information sought. However, there are compelling reasons to continue the practice. In many cases, the CRN evaluation is done by an individual familiar with the county criminal justice system. The CRN evaluation affords the offender the opportunity to get information on court procedures, expenses involved, deadlines, etc. that may not be available otherwise. The CRN evaluation is also a primary source of statistical information used by PennDOT. If that information were obtained during a comprehensive drug and alcohol assessment, confidentiality concerns would arise and may make information sharing more difficult.

The Pennsylvania DUI Association is in the process of updating the format of the CRN evaluation to improve screening for drugged driving situations among other issues. Improvements to the CRN evaluation were not part of this study.

Early Intervention

From both the treatment and criminal justice systems perspectives, early intervention is desirable. From a treatment perspective, an arrest can be a “teaching moment” and the individual may be more open to counseling. As time passes, that openness may dissipate.

Drug court studies establish that outcomes were significantly better for drug treatment courts that reduced the delay from arrest to treatment to less than 50 days, and ideally less than 20 days.¹⁰

During the study, there were many instances of substantial delay between the date the charges were filed and commencement of any involvement by treatment providers. It was not uncommon for there to be a six to nine-month delay between the date charges were filed and the date the CRN was conducted. This delay has several adverse consequences. First, with the passage of time, motivation for change by the offender may dissipate.

⁸ 67 Pa. Code §94.2.

⁹ CRN Annual State Reports, 2014-2016.

¹⁰ 50-day study—Carey, S.M., Mackin, J.R. and Finigan, M.W. “*What Works: the 10 key components of Drug Court: research-based best practices.*” Drug Court Review 8, 6-42. 20-day study—Carey, S.M., Finigan, M.W. and Pukstas, K. “*Explaining key components of Drug Courts: a comparative study of 18 Adult Drug Courts on practices, outcomes and costs*” (2008), Portland, OR; NPC research.

Second, if the CRN evaluation is delayed, any drug and alcohol assessment recommended by the CRN will also be delayed. In many cases, the offender will report the date of last use as the date of arrest (whether true or not). A period of abstinence is a factor in evaluating the needs of the offender. There are a wide range of approaches to this issue. Some providers we met with would report that a period of abstinence of several months could result in a recommendation of no treatment. Others adopt the philosophy that abstinence is not recovery. They would ask additional questions regarding support structures that are in place to identify social and familial patterns that can better evaluate the current condition of the offender.

Since the individual CRN evaluation summaries contain both the date of arrest and date the CRN was conducted, we recommend that PennDOT track the average time between arrest and CRN on a county-by-county basis. Presently, there is no way to track the average time between arrest and full drug and alcohol assessment on a county-by-county basis.

Systemic Concerns

In the criminal justice system, the use of validated and standardized screening and assessment instruments is important to identify offenders who have substance use disorders. Without accurate identification of the presence of these disorders, practitioners miss an opportunity to address the underlying cause of the offense and, subsequently, reduce further recidivism. At this stage, offenders who do not have substance use disorders are identified and those who do have those issues can be sent for a more in-depth assessment. Screening is a way to strategically target limited resources by separating offenders into different categories.

There are a lot of moving parts involved in both the criminal justice and treatment systems. The criminal justice system tracks the participants involved, the arresting officer, police department, the magisterial district judge (MDJ), defendant, defense counsel, prosecuting attorney, court administrator, presiding judge, and the probation department with their respective support staffs. At this stage, the CRN evaluator is the initial point of contact with the treatment field. Synchronizing multiple activities involving different systems can be challenging due to variations in county processes.

These observations led to the conclusion that the process can be separated into components and scheduled in a sequence. Those components include:

- Notice to the offender of the need for the CRN evaluation;
- Scheduling the CRN evaluation (by the offender, defense counsel, MDJ, CRN evaluator or other);
- Acquisition of needed information by CRN evaluator prior to evaluation;
- Tracking and enforcement.

Sequencing and Synchronization Issues

Counties that follow the requirements of the DUI statute have used collaborative planning approaches to develop processes and procedures to ensure compliance with the statute and best practices. Each county has its own unique set of circumstances based on size, population, caseload, staffing, historic practices, personalities, and the judicial philosophy of the president or presiding judge.

Notice: Many counties have developed an information sheet providing information to the offender regarding the need of the CRN evaluation, a description of what it entails, what fees are required, and contact information. In some counties, that information sheet is included in the initial summons mailing by the MDJ. In a larger number of counties, the information is provided at the preliminary hearing. Others wait until the arraignment at the common pleas level. In a few counties, the offender is not notified until the time of plea or ARD placement. Additional processes for notification at subsequent court proceedings are common.

Scheduling: There are a variety of approaches to scheduling the CRN evaluation. At least 28 counties conduct their preliminary hearings in a central court setting. In some counties, DUI cases are scheduled for a specific hearing date in the central court setting. This offers an opportunity for the entity that performs the CRN to be present and schedule the CRN. In some instances, the CRN is done the same day as the preliminary hearing.

The preliminary hearing is the first time all the necessary participants are together and can resolve issues. Involvement of the MDJ in scheduling the CRN is both desirable and effective. In some counties, the MDJ schedules the CRN evaluation at the preliminary hearing. In other counties, an information sheet is provided to the offender. Some MDJs will not permit a waiver of the preliminary hearing until arrangements for scheduling the CRN evaluation have been confirmed. In the past, some MDJs made the scheduling of the CRN by the offender within a stated time a condition of bail. This practice was held unlawful. In *Commonwealth v. Parsons*, 166 A.3d. 1242 (Pa Super 2017), a three judge panel held that neither the DUI statute nor the Rules of Criminal

Procedure authorize a general bail condition requiring the offender to complete a CRN prior to the offender being offered ARD or after being convicted of ARD by plea or verdict.

Accurate information for CRN: Processes needs to be developed to permit so that the CRN evaluator can obtain the necessary information to allow prompt scheduling of the CRN evaluation.

The CRN evaluator will need both objective and subjective information to conduct a proper screening. Objective information will include information regarding the basis of the criminal charges. The criminal complaint and affidavit of probable cause are a valuable source of facts related to the case such as date and time of incident and circumstances of encounter (traffic stop, accident, observations of the offender's condition, field sobriety test results, BAC level, admissions, etc.) Currently, there is no way to review this information online. Some counties have policies in place for automatically providing a copy of the criminal complaint and affidavit of probable cause to the district attorney and defense counsel. In some circumstances, a copy is also provided to the CRN evaluator. This is frequently the case when the CRN evaluations are done by the county adult probation and parole department. That office would have other uses for the information contained in those documents. The cost of photocopying and distribution are also factors. Other CRN evaluators instruct the offender to bring the criminal complaint and affidavit of probable cause to the evaluation. Still other counties have developed a DUI arrest sheet which contains basic information about the incident. Counties vary on who completes the form with options including completion by the MDJ, police officer, prosecutor, and defense counsel.

The way criminal complaints related to DUI are filed is also a factor. In some counties, the filing of the criminal complaint is delayed until the BAC test results are completed and received by the arresting officer. If the testing lab is local, that could be a few days. If it is regional, that may result in a delay of weeks. To avoid that delay, some police departments will file a complaint alleging a DUI-general impairment charge and amend the complaint to include other charges based on the test results. 75 Pa.C.S. §3802(a)(1). In those cases, procedures should be developed to ensure that the CRN evaluator has the updated information regarding BAC levels. In 2016, 8.2 percent of the CRN evaluations reported that the BAC level was unknown.

Self-Incrimination/Confidentiality

We need to acknowledge and respect due process rights of individuals charged but not yet convicted of DUI offenses. During some county site visits, the committee was informed that local defense counsel raised concerns regarding potential self-incrimination by offenders if they participate in a CRN evaluation prior to a determination of guilt. Federal confidentiality laws provide protection against those concerns. Specifically, 42 USC §290dd-2 contains the following relevant provisions:

(a) Requirement

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(c) Use of records in criminal proceedings

Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

Information obtained from the offender during a CRN interview would fall within the "identity, prognosis, or treatment" category of subsection (a) and be confidential. Under subsection (c), it could not be used to "substantiate any criminal charges against a patient."

An offender in a criminal proceeding is "cloaked with the presumption of innocence" until the offender either pleads guilty or is found guilty at trial. There may be reluctance to compel that an offender undergoes CRN evaluations or assessments and incur their costs prior to some determination of how the case will be resolved. From a systems perspective, waiting until that point gives a much shorter timeframe to schedule and complete the evaluations/assessments.

Many counties address this quandary by offering incentives to offenders who voluntarily agree to early evaluations or assessments. An offender is not being punished for asserting his rights but can be rewarded for desirable cooperation. Some counties offer reduced fees or reduced amounts of community service as incentives to early completion of the evaluation/assessment. When possible, the system should be designed so that doing the right thing is simply the path of least resistance.

Non-Compliant Offenders

When asked what the biggest obstacle to compliance with the requirements of the DUI statute regarding completing of CRN evaluations and comprehensive drug and alcohol assessments prior to case disposition, the most frequent response was noncompliance by the offender due to inability to pay or failure to comply with the CRN evaluation and/or the full drug and alcohol assessment.

There were several responses to the challenge of inability to pay. The cost of the CRN is generally set below \$50. In counties in which the CRN is done by representatives of the probation department, the CRN fee is often included as a court cost and collected later while under supervision. In at least one county, a revolving fund is set up. If the offender can pay immediately, the fee is lower than if the offender wants to pay it as part of court costs, fines and fees.

The other compliance issue involves offenders who do not schedule or appear at CRN evaluations. We recognize that offenders are not voluntary participants in the criminal justice system and may not have any motivation to cooperate. Many providers have noted that where there are incentives (such as ARD, county intermediate punishment with house arrest, reduced fees, or community service hours for example), there is an incentive to complete the CRN. However, offenders facing jail time may not be motivated to cooperate. An additional factor is that some of the symptoms of SUD disorder include evasion, minimization, and denial. An offender may also be impaired by substance use and forget the appointment. In short, lack of cooperation is foreseeable.

The approach taken by many counties reporting compliance with the statutory requirements includes a process of planned and repeated notices to the offender, regular monitoring of the status of scheduling, and completion of the CRN evaluation. In most cases, the monitoring is done by the CRN evaluator and starts as soon as they receive notice of a pending DUI charge against the offender. Monitoring maintains records of all contacts with the offender as well as attendance at appointments. In some counties, failure to keep a scheduled appointment can result in an additional charge or notice to the district attorney and potential disqualification for ARD or a modified plea arrangement.

VII. Findings Regarding Drug and Alcohol Assessments

Background

An assessment is a formal process that uses standardized and comprehensive instruments to explore individual issues in-depth. It evaluates not only the presence of a substance use disorder, but also its extent and severity. Screenings and assessments should occur at the beginning of the process (pre-trial) so that the results can be used to inform sentence decisions, case management plans, supervision levels, and treatment referrals/plans. Assessments can be repeated at multiple junctures to identify progress and to inform changes to existing plans as needed.

The DUI statute mandates a comprehensive drug and alcohol assessment in certain circumstances. The quality and accuracy of the assessment are dependent on the accuracy and extent of the information developed during and after the assessment. This is dependent on the training and experience of the assessor, access to the CRN evaluation and other sources of information, and the ability to consult with other staff members.

Scheduling

Because of the wide range of practices, there are multiple approaches to scheduling the comprehensive drug and alcohol assessment if the CRN evaluation determines there is a need.

In some cases, both the CRN and the assessment are done by the same organization and scheduling is relatively easy. In other counties, the CRN evaluation is done by one organization and the comprehensive drug and alcohol assessment is done by a single designated organization. Scheduling in this situation can also be done after the CRN evaluation. However, in many counties, the offender is given the opportunity to select the organization from a list of DDAP-licensed treatment providers. Under this circumstance, the offender is responsible for scheduling the assessment.

Ability to pay is also a factor in scheduling.

Access to CRN Evaluation

We were surprised to discover that in many cases, the CRN evaluation is not made available to the person conducting the comprehensive drug and alcohol assessment. The need for the comprehensive assessment is based on the information developed during the CRN evaluation. The CRN summary contains much valuable information such as BAC level, prior arrest record, Mortimer/Filkins index, beverage index, impairment index, and drug use information. It is valuable as both objective information and a resource to corroborate or contradict subjective information provided by the offender.

Challenges like those discussed regarding scheduling also apply here. In situations where the same organization does both the CRN and the comprehensive assessment, there isn't a problem. In cases where one organization does the CRN and another organization does the comprehensive assessment, the committee encourages the CRN evaluator to automatically forward the CRN to the assessor. In those counties where the offender is given the option to choose among a list of licensed providers, most rely solely on the offender remembering to bring the CRN to the comprehensive assessment. Confidentiality regulations would prevent the provider from contacting the CRN evaluator without informed waiver of confidentiality by the offender. Some assessors do have policies in place that tell the offender to bring it along when calling to schedule the assessment and in a follow-up written confirmation of the appointment. Developing a secure electronically stored information (ESI) platform to access both the criminal complaint, affidavit of probable cause, and the CRN would be helpful to improving the quality of both the CRN evaluation and the comprehensive assessment.

Urine Screens

The American Society of Addiction Medicine's "Public Policy on Drug Testing as a Component of Addiction Treatment and Monitoring Programs and in other Clinical Settings" (adopted July 2002, revised October 2010) states, in part:

"When patients are initially assessed to determine if there is a diagnosis of a substance-related disorder, it is essential for the health care professional to have objective evidence about the recent substance use status of the patient. Drug testing can provide evidence of current or recent exposure to intoxicants which could affect the patient's status, and can serve as an objective means of verifying the patient's substance use history as reported by the patient or collaterals. **ASAM recommends the use of drug testing where medically appropriate in clinical diagnostic settings.**"

As noted previously, date of last use and length of periods of abstinence are relevant factors in conducting an assessment. It is not uncommon for the offender to state the date of last use was the date of arrest. Admitting what can be already proven is not viewed as detrimental. However, a urine screen test can objectively determine the current condition and recent drug use history and can also corroborate or contradict the substance use history provided by offender.

Data indicates that there is a growing problem of impaired driving caused by drugs – prescribed or otherwise. One of the concerns is that limited testing at the time of the arrest may not reveal the presence of drugs and the magnitude of the problem. Urine screens at the time of the assessment will result in a more accurate understanding of the nature of the substance use disorder.

Treatment practices regarding a drug test at the time of the substance use disorder assessment vary widely. Some do it in all cases, and others never do it and instead place a greater priority on developing trust.

Recommendations to the Court

The comprehensive assessment determines whether treatment is needed, and, if so, shall include recommendations regarding length of stay, level of care, and follow-up care and monitoring. (75 PA. C.S. §3814(4)).

Sentencing and Supervision

If the drug and alcohol evaluation recommends treatment, the Act requires that the disposition order include provisions that:

- The offender participates in and cooperates with drug and alcohol addiction treatment;
- Treatment must conform with the recommendations in the evaluation and be done by a DDAP-licensed program;
- The treatment provider shall report periodically to the assigned probation/parole officer on the offender's progress in the treatment program;

- If the offender fails to comply with treatment program rules and expectations, refuses to constructively engage in the treatment process, or terminates participation without authorization, the provider shall promptly notify the probation/parole officer who shall promptly schedule a revocation hearing.

Most sentencing judges have incorporated general language in their sentencing order to the effect that the offender “shall participate in and cooperate with drug and alcohol addiction treatment as recommended by the comprehensive drug and alcohol assessment.” This avoids the problems that can arise from a recommendation and order that specify the number of sessions. The comprehensive assessment is an initial assessment and the depth of the offender’s problems may not be fully revealed. As treatment progresses, the need for a higher level of care or more sessions may become evident. If the initial sentencing order adopts language from the assessment that provides a specified number of sessions, the offender may attach too much weight to the quantity of treatment rather than the quality of treatment.

There is a need for an ongoing dialogue among the court, probation department, and treatment providers regarding expectations for the content of the initial recommendation as well as the periodic progress reports.

The commonwealth also has confidentiality provisions that provide that information released to the criminal justice system (judges and probation officers) for determining the advisability of continuing the client with the assigned project and shall be restricted to the following:

“(1) whether the client is or is not in treatment; (2) the prognosis of the client, (3) the nature of the project, (4) a brief description of the progress of the client and (5) a short statement as to whether the client has relapsed into drug, or alcohol abuse and the frequency of such relapse” (4 Pa. Code §255.5(b) (1-5)).

Under federal regulations, the individual must give written consent prior to release of the above-listed information to the criminal justice system.

It is important for the criminal justice and treatment providers to communicate clearly and regularly in a manner that fully informs the court of all needed information to ensure compliance with the terms of supervision while also complying with the confidentiality requirements of federal and state statutes and regulations. The tension between the requirements of the two systems can be artfully and skillfully negotiated.

Risk-Needs-Responsivity Evaluation

A DUI offender is subject to multiple evaluations. The DUI statute requires that most offenders undergo a “full assessment for alcohol and drug addiction” (75 Pa.C.S. §3814(2)). At the time of sentencing, the sentencing judge must assess the risk that the offender will endanger public safety and consider that risk in determining the offender’s sentence. Recent legislation requires the offender to undergo a Risk-Needs-Responsivity (RNR) assessment to make a recommendation regarding the level of supervision required for the offender (Act 95 of 2010, 42 Pa.C.S. §2154.7). The RNR assessment assesses factors that affect the likelihood that the individual will fail on community supervision or commit another offense. They have been validated against the likelihood that the individual’s behavior will not improve, which is analogous to the medical concept of a serious or guarded prognosis. For this reason, it is sometimes referred to as prognostic risk.¹¹ Risk identifies *who* needs to be supervised.

When an individual possesses characteristics or issues that increase their likelihood of committing a crime again, they are said to have criminogenic needs. If these needs are ameliorated, the likelihood that a person will return to crime is significantly reduced. The most common criminogenic need is an untreated substance use disorder.¹² Examples of criminogenic needs include a history of antisocial behavior, antisocial personality pattern, antisocial cognition, antisocial associates, family/marital circumstances, poor work/school performance, low levels of involvement/satisfaction in anti-criminal leisure pursuits, and substance abuse.¹³ Needs identifies what should be changed to reduce recidivism.

Responsivity maximizes the ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities, and strengths of the offender. Responsivity addresses the *how*.¹⁴

Recognizing that some DUI offenders do not fall within the demographic norms of the general criminal justice population, DUI offenders have not been included in the first phases of implementation of the program. The County Chief Adult Probation and Parole Officers Association of Pennsylvania (CCAPPOAP) established an

¹¹ Marlowe, Douglas B. “*Doing Justice: The Executive Summit on Criminal Justice Reform Progress Report—ARD: Annals of Research and Knowledge on Successful Offender Management.*” National Association of Drug Court Professionals, October 2015, page 12.

¹² *Ibid.*, page 13.

¹³ Andrews, D., and Bonta, J. (eds). *The Psychology of Criminal Conduct (5th edition)*. Matthew Bender & Company, Inc., LexisNexis Group, 2010.

¹⁴ Texas Juvenile Justice Department, “*Risk, Needs and Responsivity and Target Population.*” September 7, 2016.

evidence-based practices committee that is reviewing RNR screening instruments with the goal of identifying a limited pool of RNR screening instruments to be recommended for use for all county probation departments.

While RNR screening instruments for DUI offenders may have common traits with the screening and assessment instruments currently used to meet the requirements of the DUI statute, at present, there is no consensus on approval of a “universal instrument” that can be used for both processes.

The statute authorizing county intermediate punishment (IP) programs limits the program for DUI offenders to first, second, or third offenders who have undergone a drug and alcohol assessment (42 Pa.C.S. §9763(c)(1)). Many IP plans are voluntary. While the programs offer the incentives of house arrest, there is also mandatory treatment and a more intensive level of supervision. Some probation officers have expressed concern that some high-risk offenders may choose to just “do their time” and be more resistant to treatment. They suggest policies that mandate IP or DUI Court for repeat offenders.

These matters bring into focus the need to develop an evidence-based sentencing approach that can optimally balance costs, public safety, and positive psychosocial impact on offenders. The goal should be to develop a continuum of options that can be considered in determining the most effective and cost-efficient options for use with the large number of individuals with substance use disorders coming before the courts and into the criminal justice population.

The National Association of Drug Court Professionals (NADCP) has developed a ground-breaking justice reform model: the Annals of Research and Knowledge on Successful Offender Management (ARK™). Based on the RNR theory, the ARK™ was designed as a reform framework to assess offenders and sort them into a systemic continuum of evidence-based options at the different stages of the criminal justice system.

The ARK™ framework is scheduled to be released before the end of 2017. Consideration should be given to further study of this project to identify gaps in available services, fill the gaps, and enhance outcomes.

VIII. PennDOT Annual Report to the Legislature

The Act requires that PennDOT, the Pennsylvania Commission on Sentencing (PCS), and AOPC exchange pertinent information to develop an annual report to the legislature. The report includes a variety of metrics on impaired drivers, including:

1. The number of offenders charged with a violation of section 3802 (relating to driving under influence of alcohol or controlled substance) sorted by the subsection under which the offender was charged.
2. The number of offenders convicted of violating section 3802 sorted by the subsection under which the offender was convicted.
3. The number of offenders admitted to an ARD program for violating section 3802 sorted by the subsection under which the offender was charged.
4. The number of offenders completing an ARD program for a violation of section 3802 sorted by the subsection under which the offender was charged.
5. The number of persons refusing a chemical test sorted by the number of prior offenses.
6. The number of offender's subject to treatment under section 3807 (relating to ARD) sorted by the subsection of section 3802 under which the offender was charged.
7. The number of offender's subject to section 3815 (relating to mandatory sentencing) sorted by the subsection of section 3802 under which the offender was convicted.
8. The number of offenders sent to treatment for alcohol and drug problems and addiction.
9. The names of the treatment facilities providing treatment and the level of care and length of stay in treatment.
10. The number of offenders successfully completing treatment.
11. The number of first, second, third, and subsequent offenders sorted by the subsection of section 3802 under which the offender was charged.

12. The number of first, second, third, and subsequent offenders sorted by the subsection of section 3802 under which the offender was convicted.
13. The number of offenders who violated section 3802 for whom costs for assessment and treatment were waived by the court.
14. The number of offenders who violated section 3802 for whom fines and costs were waived by the court.

Not all of the above requirements have been reported in the past and one of the tasks of this project was to identify the problem and make recommendations.

PennDOT, AOPC, and PCS have developed two tracks to gather the data. PennDOT developed two forms to implement the requirements of this provision by requiring the county clerk of courts to electronically file information in the Common Pleas Case Management System (CPCMS). Form DL-2A (5-08) reports whether treatment was ordered. Form DL-21CF (1-04) reports the date that DUI treatment was completed. Copies are attached in Appendix D.

Current forms do not include information required to be reported by 75 Pa.C.S. §3817(9), which includes names of treatment providers, levels of care, and lengths of stay. DDAP currently licenses the treatment providers and an identification number is issued. That information could be used to identify the treatment provider.

The project oversight committee adopted the following resolution:

The DUI Treatment Compliance Oversight Committee recommends to the Pennsylvania Department of Transportation Secretary that forms used to meet the reporting requirements of 75 Pa.C.S. §3816(b) be amended to include the name of the treatment provider, the level of care (inpatient or outpatient), whether treatment was completed, and whether multiple levels of care were provided. It is further recommended that PennDOT and AOPC work together to ensure that the state and federal confidentiality rights of offenders be preserved by ensuring that this report be sealed and not part of the public criminal justice record.

The sentencing report form developed by PCS may be an alternative reporting source or may serve to corroborate PennDOT data. Copies of those data fields are included in Appendix D.

PCS did provide a county-by-county breakdown of these data fields and it appears that the data is not being properly entered. The numbers reported by PCS vary significantly with those reported by PennDOT.

If additional treatment information is part of the criminal case file in the clerk of courts' office, protection of the privacy rights of the offender need to be enforced and steps need to be taken to prohibit public access to the treatment information.

Software providers were identified for the case management systems used by all probation departments and provided the information to CCAPPOAP. A suggestion was made that they consider incorporating the data fields contained in the PennDOT forms to ultimately allow electronic transfer of the information regarding whether treatment was ordered, what provider was involved and when treatment was completed. It was also suggested that consumers of specific case management software programs meet and develop a consensus on a uniform report field regarding status reports on offender treatment.

There are currently two methods in place for reporting whether a drug and alcohol treatment has been ordered as a condition of the disposition of the criminal case. Cross-referencing those two methods will identify inconsistencies in reporting. These inconsistencies can be corrected by additional training and supervision of those staff members who track and enter the reporting data.

Data collection is important to provide researchers and policymakers with information to help determine the scope of the impaired driver problem and how best to deal with it. High quality data makes it possible to accurately gauge the extent and trends in impaired driving, as well as the effectiveness of implemented countermeasures. Data enables legislators, policymakers, and administrators to prioritize the much-needed interventions and to allocate resources necessary to properly implement them. It is equally important that the collected data is valid, complete, readily accessible, and available in a timely manner. Data that is incomplete may be misinterpreted, fail to provide the whole picture, and can result in faulty conclusions. Poor access to good quality impaired driving data makes it a challenge for law enforcement and other justice practitioners to detect, prosecute, sentence, and appropriately manage these offenders. Continued offending is costly in terms of criminal justice costs, fatalities and injuries, lost productivity, and property damage among other costs.

Pennsylvania has a very decentralized system of governance. The commonwealth has 67 counties and 60 judicial districts. The judicial system has developed the Common Pleas Case Management System (CPCMS) for tracking the status of criminal justice data. Sixty-five of the 67 counties have county adult probation and parole departments and those departments are charged with the responsibility of monitoring the status of treatment. Several software vendors have developed case management programs for probation departments. There is no

uniform set of data fields. In most cases, supervision of DUI offenders is done by county probation officers and that data is maintained within their case management system, which is separate and apart from the CPCMS system.

From a treatment perspective, there is no central or regional repository information of data, and silos of information are widespread. A county's Single County Authority (SCA) has access to case management data for clients who are funded by the SCA but has minimal access to data for clients funded by other sources. Tracking simple information such as disposition rates (number successfully completing treatment, number discharged unsuccessfully, and number transferred) is difficult. For example, PennDOT maintains a database of information gathered as part of the CRN evaluation. They regularly summarize the outcomes of the CRN evaluations – how many are recommended for AHSS only, drug, alcohol, or drug and alcohol evaluations – on a county-by-county and statewide basis. The reports are generated monthly with a year-to-date summary as well. We currently do not have a similar capability for tracking the comprehensive drug and alcohol assessments. We do not know how many people who had an assessment were recommended to undergo treatment, nor is there currently a way to track how many people who were recommended for treatment actually entered treatment.

To continuously improve the criminal justice and treatment systems, significant improvements in the data gathering, reporting, and analyzing capacities are required to ensure that a robust information system exists and can provide information that is accurate, complete, readily accessible, and available in a timely manner.

IX. Findings and Recommendations

Systemic

County criminal justice and treatment systems should commit to the common goal of using criminal justice sanctions to encourage the work of effective treatment programs. The committee recommends that counties coordinate and collaborate where possible between the systems to develop a common, goal-driven strategy.

Public policy decisions must be data-driven and research-based. There should be a continuing commitment to develop and improve management information systems (MIS) for each component of both the criminal justice and treatment systems to allow for data-sharing consistent with privacy and confidentiality statutes and regulations.

The oversight committee recognizes the benefits that systemic thinking and collaborative planning could have to improve the criminal justice and treatment systems approaches to the ongoing challenge of impaired driving.

Consideration should be given to further study of the NADCP's ARK™ reform model to identify gaps in available services, opportunities to fill gaps, and enhance outcomes in such topics as high-risk repeat offenders and drug-impaired drivers.

CRN Evaluation

The common characteristics of those counties that follow the requirements of the DUI statute that mandate completion of the CRN evaluation and comprehensive drug and alcohol assessment prior to case disposition include:

- Training, cooperation, and buy-in by the magisterial district judge, prosecutor, defense counsel, probation and CRN evaluator;
- Intentional design of case management and procedures through collaboration among treatment and criminal justice stakeholders that provide for early and repeated notice to offender as well as easy scheduling and monitoring of case management status;
- Processes to get needed objective information to the CRN evaluator prior to the evaluation. Access to the criminal complaint and affidavit of probable cause is useful;
- Processes to regularly monitor status and follow-up with action as needed;
- Processes to ensure that the CRN is completed promptly after the interview and the summary is distributed to appropriate parties;
- Delays between time of arrest and CRN evaluation could also be tracked and monitored to create a benchmark upon which the timeline could be improved.

Counties should explore adapting these characteristics to meet local needs and capacities.

Full Drug and Alcohol Assessments

To provide the judge handling the final disposition of a criminal case with the most accurate, complete, and up-to-date information on the background of the offender, a full drug and alcohol assessment should be done prior to case disposition when appropriate. Factors for consideration include:

- Early and repeated notice to the offender;
- Design of case management and procedures that promptly schedule full drug and alcohol assessment after CRN evaluation determines a full assessment is needed;
- Design of case management and procedures to get needed objective data (CRN summary and criminal complaint with affidavit of probable cause) to the person conducting full drug and alcohol assessment;
- Use of urine screens to develop additional objective data to provide evidence of current or recent exposure to intoxicants that could affect the patient's status. This also serves as an objective means of verifying patient's substance use history as reported by patient or collaterals;
- Recognition that the drug and alcohol assessment mandated by the DUI statute and the RNR assessment mandated by Act 95 of 2010 (42 Pa.C.S. §2154.7) are separate but related assessment tools designed to assist the judge handling disposition of the criminal case. Case disposition in a DUI case is essentially a re-entry court decision. The offender will continue to be part of the general community, either continually or after release from incarceration and treatment. One of the goals should be to identify offenders having SUDs and facilitate their ultimate return into the community as a non-recidivist, productive citizen in recovery. It involves identifying the specific needs of the offender, providing treatment with clinical integrity (level of care, length of stay and aftercare) that meets the specific needs of the offender and motivating the individual to constructively engage in treatment and the recovery process;
- The assessing individual must be properly trained on emerging issues. For example, the presence of FASD will affect the type of treatment provided, but to do so requires training in recognizing the disorder;
- Judges, probation officers, and treatment providers need to develop a common understanding and agreement regarding the quality of reporting of the treatment recommendation following the assessment;
- Cross-reference data reported to PennDOT and data reported to AOPC on the sentencing guideline forms to ensure that the data is accurate;
- Develop cross-disciplinary training the provide a better understanding to both criminal justice and treatment professionals regarding their respective expectations and requirements.

Treatment

- Because treatment is a condition in a sentencing or ARD placement order, there is joint authority between the criminal justice and treatment systems regarding acceptable treatment. While determinations regarding level of care, length of stay and aftercare should be determined solely by the treatment provider, compliance and sanction decisions should be decided collaboratively. Both public safety and treatment needs are factors to be considered. Each county should consider developing local processes for ongoing dialogues regarding treatment, system-wide and individual specific;
- Regular communication regarding common issues and concerns of both the criminal justice and treatment communities should take place;
- Quality of care is a topic of interest and concern and should be a topic of continuing dialogue between the criminal justice and treatment communities.

DUI Remains a Serious Problem¹⁵

Since 1982, alcohol-impaired driving fatalities have decreased 51 percent but since 2009, the decline in the fatality rate has plateaued. Nationally, in 2015, 10,265 individuals were killed in impaired-driving related collisions, and another 290,000 were injured. In Pennsylvania during the same year, 345 individuals were killed and another 7,055 were injured in impaired-driving related crashes.

Alcohol-Impaired Driving Fatalities 1982-2015

Learn more at

Responsibility.org

TOTAL ALCOHOL-IMPAIRED DRIVING FATALITIES



Offering
PROVEN STRATEGIES to STOP IMPAIRED DRIVING

In 2015, nationally, the rate of alcohol-impaired driving fatalities per 100,000 population was 3.2, representing a 65 percent decrease since 1982, when record keeping began. Alcohol-impaired driving fatalities accounted for 29 percent of the total vehicle traffic deaths in 2015. According to the National Highway Traffic Safety Administration, 35,092 people died in traffic crashes in 2015, including an estimated 10,265 people who were killed in drunk driving crashes involving a driver with an illegal BAC (.08 or greater). Among the people killed in these drunk driving crashes, 67 percent (6,865) were in crashes where at least one driver in the crash had a BAC of .15 percent or higher.¹⁶

National Statistics

Mothers Against Drunk Driving (MADD) gathered and published the following information regarding impaired driving:

- On average, two in three people will be involved in a drunk driving crash in their lifetimes;¹⁷
- Adults drink too much and drive about 121 million times each year—more than 300,000 incidents of drinking and driving a day. However, only about 3,200 are arrested each day;¹⁸

¹⁵ Section prepared by oversight committee.

¹⁶ Responsibility.org website “*Drunk Driving Fatalities.*”

¹⁷ National Highway Traffic Safety Administration (NHTSA). “*The Economic and Societal Impact of Motor Vehicle Crashes, 2010.*” NHTSA, May 2014

¹⁸ Arrest data: Federal Bureau of Investigation (FBI), “*Crime in the United States: 2014.*” Incidence data: Centers for Disease Control and Prevention. “*Alcohol-Impaired Driving Among Adults—United States, 2012.*” Morbidity and Mortality Weekly Report, August 7, 2015.

- In 2013, 9.9 million people reported driving under the influence of illicit drugs in the past year;¹⁹
- In 2013, 28.7 million people admitted to driving under the influence of alcohol. That's more than the population of Texas;²⁰
- Over 1.1 million drivers were arrested in 2014 for driving under the influence of drugs or alcohol;²¹
- Every day in America, another 27 people die because of drunk driving crashes;²²
- Every two minutes. A person is injured in a drunk driving crash;²³
- In 2015, 10,265 people died in drunk driving crashes—one every 51 minutes—and 290,000 were injured in drunk driving crashes;²⁴
- Drunk driving costs the United States \$132 billion a year;²⁵
- 50 to 75 percent of convicted drunk drivers continue to drive on a suspended license;²⁶
- An average drunk driver has driven drunk more than 80 times before first arrest;²⁷
Another source put this number at 400;²⁸
- Approximately two-thirds of convicted DUI offenders are alcohol dependent;²⁹
- The Traffic Injury Research Foundation (TIRF) suggests that there are two general types of DUI offenders: the social and the hardcore.³⁰ Further analysis of these numbers reveals that less than five percent of drivers account for 80 percent of the impaired driving episodes and the remaining 20 percent of DUI episodes are accounted for by the remaining 185 million drivers in the US;³¹
- NHTSA's National Center for Statistics and Analysis data indicates that 25 to 30 percent of drivers with a blood alcohol concentration (BAC) of .08 percent or above who were involved in fatal crashes are repeat offenders.³²

Drivers with prior DUI convictions are overrepresented in fatal crashes and the relative risk of fatal crash involvement is greater for these repeat DUI offenders. Although it is estimated that 2.1 percent of licensed drivers had a prior arrest for DUI within the past three years in 2010, 8 percent of intoxicated drivers (BAC > 0.08 involved in fatal crashes had at least one prior DUI conviction in the past three years during that same year. Drivers with prior DUI convictions are overrepresented in fatal crashes by a factor of 1.62 or are 62 percent more likely to be in a fatal crash. Though repeat DUI offenders are at a substantially higher risk of fatal crash involvement, most intoxicated drivers in fatal crashes do not have a prior DUI conviction in the past three years (11 out of 12) according to Fatality Analysis Reporting System records for the year 2010.³³

Concern about drug-impaired drivers has escalated recently. In 2017, the Governors Highway Safety Association (GHSA) and the Foundation for Advancing Alcohol Responsibility (Responsibility.org) released a study that found that 43 percent of drivers tested in fatal crashes had drugs of any kind – prescription or illegal – in their system compared to 37 percent who showed alcohol levels above the legal limit.³⁴

¹⁹ Substance Abuse and Mental Health Services Administration (SAMHSA), "Results from the 2013 National Survey on Drug Use and Health, National Findings." SAMHSA 2014.

²⁰ *Ibid.*

²¹ Federal Bureau of Investigation (FBI), "Crime in America, 2014."

²² National Highway Traffic Safety Administration. "Traffic Safety Facts 2014: Alcohol-Impaired Driving." NHTSA 2016.

²³ National Highway Traffic Safety Administration. "The Economic and Societal Impact of Motor Vehicle Crashes, 2010." National Highway Traffic Safety Administration, May 2014, DOT HS 812 013. <http://www-nrd.nhtsa.dot.gov/Pubs/812013.pdf>.

²⁴ National Highway Traffic Safety Administration. "Traffic Safety Facts 2015: Alcohol-Impaired Driving." NHTSA 2016.

²⁵ MADD 5th Anniversary report to the Nation, 2011.

²⁶ Peck, R.C., Wilson, R.J., and Sutton, L. "Driver license strategies for controlling the persistent DUI offenders, Strategies for dealing with intent drinking drivers." Transportation Research Board, Transportation Research Circular NO. 437, 1995, and Beck, H.H. et al. "Effects of Ignition Interlock Restrictions on Drivers with Multiple Alcohol Offense: A Randomized Trial in Maryland." American Journal of Public Health, 89 Vol. 11 (1999).

²⁷ Arrest data: Federal Bureau of Investigation (FBI), "Crime in the United States: 2014." Incidence data: Centers for Disease Control and Prevention. "Alcohol-Impaired Driving Among Adults—United States, 2012." Morbidity and Mortality Weekly Report, August 7, 2015.

²⁸ Cavaiola, Alan. "The Challenges of Screening DUI Offenders." Criminology & Public Policy, Volume 12, No. 2, page 173.

²⁹ Lapham, S., Smith, E., C'de Baca, J., Chang, L., Skipper, B., and Baum, G. "Prevalence of psychiatric disorders among persons convicted of driving while impaired." Archive of General Psychiatry, 58 (2001), cited in Responsibility.org publication "Screening and Assessment for ALL Convicted Drunk Drivers."

³⁰ Simpson, H. H., and Mayhew, D.R. "The hard-core drinking driver." Traffic Injury Research Foundation. 1991.

³¹ Beirness, D.J., Simpson, H.M., and Desmond, K. "The road safety monitor 2003: Drinking and Driving." Traffic Injury Research Foundation. (2003).

³² Lowe, Nathan. "Screening for Risk and Needs Using the Impaired Driving Assessment." NHTSA (2014).

³³ Fell, James C. "Update: Repeat DUI Offenders Involvement in Fatal Crashes in 2010." Pacific Institute for Research and Evaluation. 2014.

³⁴ Hedlund, James. "Drug-Impaired Driving: A Guide for States" Updated April 2017. Governors Highway Safety Association and Foundation for Advancing Alcohol Responsibility.

Pennsylvania Statistics

Table 1: Alcohol Related Crash Data³⁵

Year	Alcohol-Related			Daily Average		
	Crashes	Deaths	Injuries	Accidents	Deaths	Injuries
2016	10,256	297	6,589	28	0.8	18
2015	10,558	345	7,055	29	0.9	19
2014	10,550	333	7,265	29	0.9	19
2013	11,041	381	7,900	30	1.0	22

Table 2: Alcohol vs. Drug Crash/Fatality Data³⁶

DUI Crashes	2011	2012	2013	2014	2015
Alcohol Impaired (.08+) Crashes	5,298	5,266	4,747	4,527	4,176
Alcohol Impaired (.08+) Fatalities	331	337	289	244	229
Drug Impaired Crashes	3,043	3,282	3,241	3,308	3,771
Drug Impaired Fatalities	116	125	145	127	129

Analysis of data from this chart shows that, on average, one alcohol-impaired fatality occurs for every 18 alcohol-related crashes and one drug-impaired fatality occurs for every 29 drug-impaired crashes. This table also reveals a trend of increasing numbers of drug-related crashes and fatalities at the same time there is a reduction in the number of alcohol-related crashes and fatalities. PennDOT notes that it is unclear whether the drug-impaired driving problem is increasing or if law enforcement is becoming better in identifying drug-impaired drivers through increased training.

That report notes that just over one quarter of the DUI arrests in 2015 were a result of an impaired driving crash.

In 2015, more than 15,000 individuals were convicted of a second or subsequent DUI offense. Convictions for a second or subsequent offense accounted for 56 percent of all DUI convictions that year and 60 percent the previous year.

Table 3A: DUI-Related Conviction Data – Prior Convictions Within Past 10 Years³⁷

DUI Convictions	2015		2014	
	Number	Percent	Number	Percent
First Offense	11,860	44%	10,572	40%
Second Offense	9,568	35%	9,828	37%
Third Offense	3,610	13%	3,650	14%
Subsequent	2,211	8%	2,204	9%
TOTAL	27,249		26,254	

³⁵ PennDOT Crash Facts and Statistics, 2013-2016.

³⁶ PennDOT Strategic Plan to Reduce Impaired Driving in Pennsylvania (2016), page 17.

³⁷ PennDOT Annual Report to Legislature 2014, 2015.

Table 3B: DUI Case Disposition Data³⁸

Table 3A reports conviction disposition. When ARD dispositions of offenders (as reported in PennDOT’s annual report to the legislature) are included, the results are set forth below:

	2015		2014	
	Number	Percent	Number	Percent
ARD	22,004	45%	22,299	46%
DUI Conviction				
First Offense	11,860	24%	10,572	22%
Second Offense	9,568	19%	9,828	20%
Third Offense	3,610	7%	3,650	8%
Subsequent	2,211	4%	2,204	4%
TOTAL	49,253		48,553	

Table 3A shows that 56 percent (2015) and 60 percent (2014) of those convicted had a prior conviction. Table 3B shows that 68 percent (2014) of all case dispositions had no prior convictions and 32 percent (2014) had prior DUI convictions. That number is consistent with national averages.

Table 4A and B: DUI Charges and Convictions³⁹

Charges

DUI Charges	2011	2012	2013	2014	2015	2016
(a)(1) General Impairment	49,020	47,751	45,300	43,707	41,934	40,489
(a)(2) BAC <.10	4,296	4,019	3,545	3,533	3,182	2,927
(b) BAC .10-.159	14,343	13,989	12,350	12,320	11,371	10,534
(c) BAC >.16	23,149	22,256	21,385	20,545	19,128	17,575
(d) Drugs	15,445	17,064	18,987	20,691	26,382	32,470
TOTAL*	56,774	56,317	54,121	52,636	52,382	53,578

*Total numbers also include charges for subsections 3802 (e) (DUI minors) and 3802(f) (DUI commercial or school vehicles) even though those subsections are not included in the chart.

Please note the declining number of DUI-alcohol related and the increasing number of DUI-drug cases. In 2011, Driving Under the Influence of Drugs (DUID) cases were 27.2 percent of the total; in 2016, DUID cases were 60.6 percent of the total.

The above numbers involve circumstances where an offender may be charged with multiple subsections of the DUI statute. The doctrine of merger results in merger of cognate (offenses that have similar elements arising out of the same incident) would result in a lower number of convictions as set forth below.

³⁸ *Ibid.*

³⁹ PennDOT Strategic Plan to Reduce Impaired Driving (2016), page 17.

Convictions

DUI Convictions	2011	2012	2013	2014	2015	2016
(a)(1) General Impairment	5,524	5,087	5,190	5,118	5,062	11,325
(a)(2) BAC <.10	907	917	838	10	820	663
(b) BAC .10-.159	5,124	5,187	4,808	4,576	4,377	3,028
(c) BAC >.16	9,807	9,434	8,740	8,253	7,952	4,995
(d) Drugs	4,525	5,272	5,730	5,756	6,631	6,788
TOTAL*	26,491	26,426	26,556	24,860	25,149	27,030

*Total numbers also include charges for subsections 3802 (e) (DUI minors) and 3802(f) (DUI commercial or school vehicles) even though those subsections are not included in the chart.

Table 5: BAC Levels at Time of Arrest⁴⁰

	2014	2015	2016
BAC Level	Percent	Percent	Percent
.20 or above	22.8%	21.5%	18.9%
.16-.19	17.8%	16.7%	15.2%
.10-.15	25.0%	23.3%	21.7%
.08-.09	4.4%	4.4%	4.1%
Below .08	1.6%	1.6%	1.7%
Drug-related	14.3%	17.5%	20.8%
Refusals	9.0%	9.2%	9.5%
Unknown	6.0%	5.8%	8.2%

Table 6A: Impaired Drivers in Fatal Crashes with Prior Convictions (five-year lookback)⁴¹

2015		
Prior Convictions		Percent
0	184	90%
1	16	8%
2	4	2%
3	0	0%
Unknown	0	0%
TOTAL	204	100%

⁴⁰ CRN Statewide Data Reports, 2014-2016.

⁴¹ PennDOT Strategic Plan to Reduce Impaired Driving (2016), page 43.

Table 6B: Impaired Drivers in Fatal Crashes with Prior Convictions (three-year lookback)⁴²

Prior Convictions	2011		2012		2013		2014	
		Percent		Percent		Percent		Percent
0	291	93%	225	92%	219	96%	210	93%
1	17	5%	11	5%	7	3%	11	5%
2	5	2%	9	3%	2	1%	4	2%
3	0	0%	0	0%	0	0%	0	0%
Unknown	1	0%	0	0%	1	0%	0	0%
TOTAL	314	100%	245	100%	229	100%	225	100%

Table 7: Percent of Alcohol-Impaired Driving Fatalities Involving High BAC Drivers (.15+)* in 2014⁴³

	Pennsylvania	Nationwide
BAC .15+	75.8%	71.6%

Table 8: Percent of Drivers in Fatal Crashes Involving Repeat Offenders

	Pennsylvania	Nationwide
BAC .08-.14	15.8%	27%
BAC >.15	84.2%	73%

*Among drivers with known alcohol test result

Table 9: DUI Drugs Charges (10 year trends)

	2007	2010	2013	2016
3802(d)(i)	1,464	2,646	3,029	7,761
(d)(ii)	733	1,264	1,512	3,294
(d)(iii)	454	877	1,647	4,558
(d)(2)	3,013	4,212	5,563	10,857
(d)(3)	1,942	2,371	2,713	3,714
(d)(4)	48	73	76	77
TOTAL	7,654	11,443	14,540	32,470

The total number of DUI Drug charges in 2016 (32,470) is 420 percent of the total DUI Drug charges in 2007 (7,654).

⁴² *Ibid.*, page 43.

⁴³ Responsibility.org website

The columns in Table 9 are based on the following subsections of the applicable statute:

75 Pa.C.S. §3802(d)(1)(i) DUI any detectible amount of Schedule I controlled substance

75 Pa.C.S. §3802(d)(1)(ii) DUI any detectible level of Schedule I or Schedule II controlled substance which has not been medically prescribed to the individual

75 Pa.C.S. §3802(d)(1)(iii) DUI metabolite of substances under subparagraphs (i) and (ii) above

75 Pa.C.S. §3802(d)(2) DUI drug/drugs which impair the individual's ability to safely drive, operate or be in actual physical control of the movement of a vehicle.

75 Pa.C.S. §3802(d)(3) DUI combined influence of alcohol and a drug/combination of drugs to a degree that impairs the individual's ability to safely drive, operate or be in actual physical control of the movement of the vehicle.

75 Pa.C.S. §3802(d)(4) DUI solvent or noxious substance

Analysis and Commentary:

Pennsylvania has a large DUI offending population with serious substance use disorder problems.

- The number of offenders is a significant share of the criminal justice system caseload;
- Over the past five years, an average of 57,600 individuals were arrested annually for DUI offenses (Table 4 above);
- The number of DUI offenders under supervision in ARD, incarceration, probation and parole exceeds 100,000;⁴⁴
- County probation officers report that 19.3 percent of their caseload is for DUI offenders;⁴⁵
- State parole officers report that 5.8 percent of their caseload is for DUI offenders.⁴⁶

Many DUI offenders have serious substance use disorders.

- The average BAC of offenders over the past five years is 0.17.⁴⁷
- The Alcohol Profile Code found in CRN evaluations over the past three years identify 43.7 percent as having a severe drinking problem, 18.5 percent as having a moderate drinking problem and 37.8 percent as being social drinkers. On average, 62.2 percent of the offenders were categorized as either severe or moderate problem drinkers.⁴⁸
- Almost half of repeat DUI offenders have a diagnosable substance use disorder and often co-occurring psychiatric disorder including bipolar disorder (manic depression), post-traumatic stress disorder (PTSD), or generalized anxiety disorder.⁴⁹
- The criminal justice system was the major source of referrals to substance use treatment with probation or parole treatment admissions representing the largest proportion of criminal justice referrals.⁵⁰

Individual with substance use disorders are disproportionately found in state prisons.

Pennsylvania has a current population of nearly 13 million. According to the most recent (2013-2014) National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), there is an estimated prevalence of 900,000 cases of substance use disorder within this population.⁵¹

Overall, 68 percent of inmates in Pennsylvania's state correctional institutions have substance use problems.⁵²

There has been a steady increase in the number of DUID offenses. We may not know the magnitude of this problem. Under Pennsylvania's tiered DUI statute, DUID is treated the same as DUI with a BAC greater than 0.16 percent. Blood testing for drug levels is more expensive and takes longer to complete. In some cases, blood testing for drugs does not occur because there is no additional sanction for DUID if the offender has a BAC greater than 0.16 percent.

⁴⁴ Calculation by author.

⁴⁵ Pennsylvania Board of Probation and Parole County Adult Probation and Parole Annual Statistical Report 2014, page 2.

⁴⁶ Full citation in progress.

⁴⁷ CRN Statewide Statistical Reports 2012-2016.

⁴⁸ CRN Statewide Statistical Reports 2014-2016.

⁴⁹ National Drug Court Institute (NDCI), "Painting the Current Picture: A National Report on Drug Courts and Other Problem-Solving Courts in the United States," page 18. (June 2016)

⁵⁰ U.S. Department of Health and Human Services Fiscal Year 2017 Justification of Estimates for Appropriations Committee, page 232.

⁵¹ DDAP Annual Plan and Report 2015-2016, page 8.

⁵² Pennsylvania Department of Corrections press release, "Department of Corrections Secretary Wetzel Participates in White House Substance Abuse Meeting," June 17, 2016.

Statutory and Regulatory Provisions

75 Pa.C.S. §1541(d): Period of disqualification, revocation or suspension of operating privilege.

(a) Continued suspension of operating privilege

A defendant ordered by the court under section 3816 (relating to requirements for driving under influence offenders), as the result of a conviction or Accelerated Rehabilitative Disposition of a violation of section 3802 to attend a treatment program for alcohol or drug addiction must successfully complete all requirements of the treatment program ordered by the court before the defendant's operating privilege may be restored. Successful completion of a treatment program includes the payment of all court-imposed fines and costs, as well as fees to be paid to the treatment program by the defendant. For the purposes of restoring a suspended license, being current on a payment plan shall be considered as a part of a successfully completed program. If a defendant fails to successfully complete the requirements of a treatment program, the suspension shall remain in effect until the defendant completes the program and is otherwise eligible for restoration of his operating privilege. The treatment agency shall immediately notify the court of successful completion of the treatment program. The final decision as to whether a defendant has successfully completed the treatment program rests with the court.

75 Pa.C.S. §3814. Drug and alcohol assessments.

If a defendant is convicted or pleads guilty or no contest to a violation of section 3802 (relating to driving under influence of alcohol or controlled substance), the following apply prior to sentencing:

- (1) The defendant shall be evaluated under section 3816(a) (relating to requirements for driving under influence offenders) and any other additional evaluation techniques deemed appropriate by the court to determine the extent of the defendant's involvement with alcohol or other drug and to assist the court in determining what type of sentence would benefit the defendant and the public.
- (2) The defendant shall be subject to a full assessment for alcohol and drug addiction if any of the following subparagraphs apply:
 - (i) The defendant, within ten years prior to the offense for which sentence is being imposed, has been sentenced for an offense under:
 - (A) Section 3802;
 - (B) Former section 3731; or
 - (C) An equivalent offense in another jurisdiction.
 - (ii) Either:
 - (A) The evaluation under paragraph (1) indicates there is a need for counseling or treatment; or
 - (B) The defendant's blood alcohol content at the time of the offense was at least 0.16 percent.
- (3) The assessment under paragraph (2) shall be conducted by one of the following:
 - (i) The Department of Health or its designee.
 - (ii) The county agency with responsibility for county drug and alcohol programs or its designee.
 - (iii) The clinical personnel of a facility licensed by the Department of Health for the conduct of drug and alcohol addiction treatment programs.
- (4) The assessment under paragraph (2) shall consider issues of public safety and shall include recommendations for all the following:
 - (i) Length of stay.
 - (ii) Levels of care.
 - (iii) Follow-up care and monitoring.

75 Pa.C.S. §3815(b-h) Mandatory Sentencing

(b) Parole

- (1) An offender who is determined pursuant to section 3814 (relating to drug and alcohol assessments) to be in need of drug and alcohol treatment shall be eligible for parole in accordance with the terms and conditions prescribed in this section following the expiration of the offender's mandatory minimum term of imprisonment.
- (2) The following shall be conditions of parole:
 - (i) If the offender is not determined under the procedures set forth in section 3814 to be addicted to alcohol or another substance, the offender must refrain from:

- (A) The use of illegal controlled substances; and
- (B) The abuse of prescription drugs, over-the-counter drugs or any other substances.
- (ii) If the offender is determined under the procedures set forth in section 3814 to be addicted to alcohol or another substance, the offender must do all of the following:
 - (A) Refrain from:
 - (I) the use of alcohol or illegal controlled substances; and
 - (II) The abuse of prescription drugs, over-the-counter drugs or any other substances.
 - (B) Participate in and cooperate with drug and alcohol addiction treatment under subsection (c).

(c) Treatment

- (1) Treatment must conform to assessment recommendations made under section 3814.
- (2) Treatment must be conducted by a drug and alcohol addiction treatment program licensed by the Department of Health
- (3) The treatment program shall report periodically to the assigned parole officer on the offender's progress in the treatment program. The treatment program shall promptly notify the parole officer if the offender:
 - (i) fails to comply with program rules and treatment expectations;
 - (ii) refuses to constructively engage in the treatment process; or
 - (iii) without authorization terminates participation in the treatment program.
- (4) Upon notification under paragraph (3), the parole officer shall report the offender's actions to the parole authority and to the department for compliance with section 1553(e) (relating to occupational limited license). The parole authority shall schedule a revocation hearing to consider recommendations of the parole officer and the treatment program.
- (5) Nothing in this subsection shall prevent a treatment program from refusing to accept an offender if the program administrator deems the offender to be inappropriate for admission to the program. A treatment program shall retain the right to immediately discharge into the custody of the assigned parole officer an offender who fails to comply with program rules and treatment expectations or refuses to constructively engage in the treatment process.

(d) Enforcement

- (1) This subsection applies to an offender ordered to participate in a treatment program under subsection (b)
- (2)(ii) who:
 - (i) fails to comply with program rules and treatment expectations;
 - (ii) refuses to constructively engage in the treatment process; or
 - (iii) terminates participation in the treatment program without authorization.
- (2) Notwithstanding any other provision of law, all of the following apply to an offender under paragraph (1):
 - (i) The offender's parole, prerelease, work release or any other release status shall be revoked.
 - (ii) The offender shall be ineligible for parole, prerelease, work release or any other release from the correctional facility prior to the expiration of the offender's maximum term unless the offender is permitted to be readmitted to a treatment program.
- (3) Nothing in this subsection shall be construed to grant a legal right to parole to an offender previously ineligible for parole, on the grounds that the offender is currently prepared to participate in, comply with and constructively engage in the treatment process. Under such circumstances, parole or reparole of the offender shall be at the parole authority's discretion.

(e) Follow-up

After an offender has completed the treatment program under subsection (c), the parole officer shall take reasonable steps to ensure that the offender does not abuse alcohol, use illegal controlled substances or abuse prescription drugs, over-the-counter drugs or any other such substances. These reasonable steps include requiring chemical testing and periodic reassessment of the offender by the treatment program.

(f) Fees

- (1) Except as set forth in paragraph (2), the parole authority shall impose upon an offender subject to this section reasonable fees to cover the cost of any of the following:
 - (i) Chemical testing of the offender required under this section.
 - (ii) An assessment of the offender required under this section.
 - (iii) Drug or alcohol treatment provided in accordance with the assessment.
- (2) If the parole authority finds the offender to be unable to pay the full amount of the fees required by paragraph (1) and section 1541(d) (relating to period of disqualification, revocation or suspension of operating privilege), it shall require the offender to pay as much of the fee as is consistent with the offender's ability to pay and shall direct the assigned parole officer to establish a reasonable payment schedule for the offender to pay as much of the remaining fees as is consistent with the offender's ability to pay.

(g) Insurance

(1) This subsection shall only apply to a health insurance, health maintenance organization or other health plan required to provide benefits under section 602-A of the act of May 17, 1921 (P.L. 682, No. 284), known as The Insurance Company Law of 1921.

(2) If an individual who is insured by a health insurance, a health maintenance organization or other health plan, that is doing business in this Commonwealth, the individual may not be deprived of alcohol and other drug abuse and addiction treatment or coverage within the scope of that plan due to the identification of an alcohol or other drug problem which occurs as a result of an assessment under this section.

(h) Additional funding

In order to support and augment the diagnostic assessment and treatment services provided under this section, the Department of Health, the department and the Pennsylvania Commission on Crime and Delinquency shall seek all available Federal funding, including funds available through the United States National Highway Traffic Safety Administration and the Department of Health and Human Services.

75 Pa.C.S. § 3816. Requirements for driving under influence offenders

(a) Evaluation using CRN

In addition to any other requirements of the court, every person convicted of a violation of section 3802 (relating to driving under influence of alcohol or controlled substance) and every person offered Accelerated Rehabilitative Disposition as a result of a charge of a violation of section 3802 shall, prior to sentencing or receiving Accelerated Rehabilitative Disposition or other preliminary disposition, be evaluated using CRN instruments issued by the department and any other additional evaluation techniques deemed appropriate by the court to determine the extent of the person's involvement with alcohol or controlled substances and to assist the court in determining what sentencing, probation or conditions of Accelerated Rehabilitative Disposition would benefit the person or the public.

(b) Court-ordered intervention or treatment

A record shall be submitted to the department as to whether the court did or did not order a defendant to attend drug and alcohol treatment pursuant to the requirements of sections 3804 (relating to penalties), 3814 (relating to drug and alcohol assessments) and 3815 (relating to mandatory sentencing). If the court orders treatment, a report shall be forwarded to the department as to whether the defendant successfully completed the program. If a defendant fails to successfully complete a program of treatment as ordered by the court, the suspension shall remain in effect until the department is notified by the court that the defendant has successfully completed treatment and the defendant is otherwise eligible for restoration of his operating privilege. To implement the recordkeeping requirements of this section, the department and the court shall work together to exchange pertinent information about a defendant's case, including attendance and completion of treatment or failure to complete treatment.

75 Pa. C.S. §3817. Reporting requirements for offenses.

(a) Requirement

The department shall make an annual report on the administration of this chapter. The department, the Administrative Office of Pennsylvania Courts and the Pennsylvania Sentencing Commission shall work together to exchange pertinent information necessary to complete this report.

(b) Contents

The report shall include the following information by county:

- (1) The number of offenders charged with a violation of section 3802 (relating to driving under influence of alcohol or controlled substance) sorted by the subsection under which the offender was charged.
- (2) The number of offenders convicted of violating section 3802 sorted by the subsection under which the offender was convicted.
- (3) The number of offenders admitted to an Accelerated Rehabilitative Disposition program for violating section 3802 sorted by the subsection under which the offender was charged.
- (4) The number of offenders completing an Accelerated Rehabilitative Disposition program for a violation of section 3802 sorted by the subsection under which the offender was charged.
- (5) The number of persons refusing a chemical test sorted by the number of prior offenses.
- (6) The number of offender's subject to treatment under section 3807 (relating to Accelerated Rehabilitative Disposition) sorted by the subsection of section 3802 under which the offender was charged.
- (7) The number of offender's subject to section 3815 (relating to mandatory sentencing) sorted by the subsection of section 3802 under which the offender was convicted.

- (8) The number of offenders sent to treatment for alcohol and drug problems and addiction.
- (9) The names of the treatment facilities providing treatment and the level of care and length of stay in treatment.
- (10) The number of offenders successfully completing treatment.
- (11) The number of first, second, third and subsequent offenders sorted by the subsection of section 3802 under which the offender was charged.
- (12) The number of first, second, third and subsequent offenders sorted by the subsection of section 3802 under which the offender was convicted.
- (13) The number of offenders who violated section 3802 for whom costs for assessment and treatment were waived by the court.
- (14) The number of offenders who violated section 3802 for whom fines and costs were waived by the court.

(c) Recipients

The annual report shall be submitted to the Judiciary Committee, Public Health and Welfare Committee and Transportation Committee of the Senate; the Health and Human Services Committee, Judiciary Committee and Transportation Committee of the House of Representatives; and the Department of Health Bureau of Drug and Alcohol Programs, who shall utilize the data for program planning purposes. The Bureau of Drug and Alcohol Programs shall consider increases in county drug and alcohol program costs that result from the implementation of this chapter when proposing annual appropriations requests. The report shall be made available to the public.

42 United States Code §290dd (a, c)

(a) Requirement

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(c) Use of records in criminal proceedings

Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

DUI Treatment Compliance Oversight Committee Membership

Honorable Michael J. Barrasse, President Judge, Lackawanna County, Pennsylvania, Committee Chair
 Honorable Jennifer Smith, Acting Secretary, Pennsylvania Department of Drug and Alcohol Programs
 Troy Love, Manager, Bureau of Maintenance and Operations, Pennsylvania Department of Transportation
 Honorable Dennis Joyce, Magisterial District Judge, Allegheny County, Pennsylvania
 Honorable John Kennedy, Judge, York County, Pennsylvania
 Honorable Jon Mark, Judge, Monroe County, Pennsylvania
 Mark Bergstrom, Executive Director, Pennsylvania Commission on Sentencing
 David J. Buono, Jr., Consumer Liaison, Pennsylvania Insurance Department
 Robert Merwine, Director, Office of Criminal Justice Systems Improvements, Pennsylvania Commission on Crime and Delinquency
 Joseph J. Mittleman, Director of Judicial Programs, Administrative Offices of Pennsylvania Courts
 Maureen Barden, Project Fellow, Pennsylvania Health Law Project
 Deb Beck, President, Drug and Alcohol Service Providers Organization of Pennsylvania
 Michele Denk, Executive Director, Pennsylvania Association of County Drug and Alcohol Administrators
 David Drumheller, Esquire, Traffic Safety Resource Prosecutor, Pennsylvania District Attorney Institute
 C. Stephen Erni, Executive Director, Pennsylvania DUI Association
 Philip Gelso, Esquire, Past President, Pennsylvania Association of Criminal Defense Lawyers
 Shea Madden, Executive Director, West Branch Drug and Alcohol Abuse Commission
 Brinda Carroll Penyak, Deputy Director, County Commissioners Association of Pennsylvania
 Helene Placey, Executive Director, County Chief Adult Probation and Parole Officers Association of Pennsylvania
 Nichole Schnovel, Co-Executive Director, Berks Connection/Pretrial Services
 Glenn Welsh, Esquire, President, Public Defenders Association of Pennsylvania
 Jodi Skiles, Director, Bureau of Treatment, Prevention and Intervention, Pennsylvania Department of Drug and Alcohol Programs
 Jeffrey Geibel, Chief, Treatment Division, Pennsylvania Department of Drug and Alcohol Programs
 Dianne Schrode, Drug and Alcohol Program Manager, Treatment Division, Pennsylvania Department of Drug and Alcohol Programs

Former members:

Honorable Gary Tennis, former Secretary, Pennsylvania Department of Drug and Alcohol Programs
 Robert McCullough III, former Executive Director, County Chief Adult Probation and Parole Officers Association of Pennsylvania
 Ronna Yablonski, Prevention Education Coordinator, Twin Lakes Center
 Angela Episale, former Director, Bureau of Treatment, Prevention and Intervention, Pennsylvania Department of Drug and Alcohol Programs

Support Staff

Jerry Spangler, DUI Treatment Compliance Project Manager, Pennsylvania Department of Drug and Alcohol Programs
 Justin White, Drug and Alcohol Program Analyst, Pennsylvania Department of Drug and Alcohol Programs

PENNSYLVANIA COMMISSION ON SENTENCING

GUIDELINE SENTENCE FORM [7th Edition; 12/28/2012]

SGS Web generated form (PCS 12A 12/2012)

Date printed:
Date submitted:

SGS Web ID Number

PO Box 1200
State College, PA 16804

Offender's Name (Last, First, Middle)			Date of Birth		Sex	Form
State ID Number	Police Photo ID Number	Social Security Number		Race	Date of Sentence	
Judge's Name		County	Person Completing Form		Offender Employed	Offender Wage Rate

<p>Prior Offenses</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:35%; text-align: center;">Juvenile Adjudication</td> <td style="width:35%; text-align: center;">Adult Conviction</td> </tr> <tr><td>Murder & Inchoates</td><td></td><td></td></tr> <tr><td>Vol. Manslaughter</td><td></td><td></td></tr> <tr><td>Rape</td><td></td><td></td></tr> <tr><td>Kidnapping</td><td></td><td></td></tr> <tr><td>I.D.S.I.</td><td></td><td></td></tr> <tr><td>Arson Endangering Persons (F1)</td><td></td><td></td></tr> <tr><td>Robbery (F1)</td><td></td><td></td></tr> <tr><td>Rob. Motor Veh</td><td></td><td></td></tr> <tr><td>Agg. Assault (F1 - cause SBI)</td><td></td><td></td></tr> <tr><td>Burglary (house/person)</td><td></td><td></td></tr> <tr><td>Agg. 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Drugs >=50g.</td><td></td><td></td></tr> <tr><td>[Other] Felony Drugs</td><td></td><td></td></tr> <tr><td>Subtotal</td><td></td><td>X3=</td></tr> <tr><td>[Other] Felony 3 Offenses</td><td></td><td></td></tr> <tr><td>M1 Offenses Involving Death</td><td></td><td></td></tr> <tr><td>M1 Offenses Involving Weapons</td><td></td><td></td></tr> <tr><td>M1 Offenses Involving Children</td><td></td><td></td></tr> <tr><td>Subtotal</td><td></td><td>X1=</td></tr> <tr><td>DUI Offenses [Do not include 1st DUI in total]</td><td></td><td></td></tr> <tr><td>Uncl. Misd.</td><td></td><td></td></tr> <tr><td>M-2</td><td></td><td></td></tr> <tr><td>M-1</td><td></td><td></td></tr> <tr><td>Subtotal</td><td></td><td>X1=</td></tr> <tr><td>Other Misd. 0-1=0 4-6=2 2-3=1 7+=3 *** = *</td><td></td><td></td></tr> </table>		Juvenile Adjudication	Adult Conviction	Murder & Inchoates			Vol. Manslaughter			Rape			Kidnapping			I.D.S.I.			Arson Endangering Persons (F1)			Robbery (F1)			Rob. Motor Veh			Agg. 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M-2			M-1			Subtotal		X1=	Other Misd. 0-1=0 4-6=2 2-3=1 7+=3 *** = *			<p>Offense Name/Description:</p> <p>Title & Section _____ Date of Offense _____ Age at Offense _____</p> <p>OTN _____</p> <p>Grade _____ U/G/S _____ P/R/S _____ Docket# _____ Count# _____</p> <p>GUIDELINE RANGES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Mitigated</td> <td>Standard</td> <td>Aggravated</td> <td>LEVEL</td> </tr> <tr> <td>Fines</td> <td>Community Service</td> <td>STATUTORY LIMITS:</td> <td>Minimum Maximum</td> </tr> </table> <p>Mandatory Minimum: MANDATORY</p> <p>ENHANCEMENT</p> <p><input type="checkbox"/> None <input type="checkbox"/> Youth/Drug Distribution <input type="checkbox"/> Deadly Weapon Possessed <input type="checkbox"/> School/Drug Distribution <input type="checkbox"/> Deadly Weapon Used</p> <p>OTHER INFORMATION</p> <p>Victim Age _____</p> <p><input type="checkbox"/> D&A Eval/Pstlm. Yes No <input type="checkbox"/> JP SEXUAL OFFENDER INFORMATION</p> <p><input type="checkbox"/> D&A Dependent <input type="checkbox"/> PSI Completed <input type="checkbox"/> Assessment Required</p> <p><input type="checkbox"/> D&A Eval. / Full <input type="checkbox"/> IP Eligible <input type="checkbox"/> Assessment Ordered</p> <p><input type="checkbox"/> Hearing Held <input type="checkbox"/> Sexually Viol. Predator</p> <p>RISRI MINIMUM INFORMATION (entire JP)</p> <p>Yes No</p> <p><input type="checkbox"/> Judge approved with prior RRRRI sentences. Number of prior RRRRI sentences: _____</p> <p><input type="checkbox"/> Offender ineligible: prior offenses</p> <p><input type="checkbox"/> Offender ineligible: prior offenses, behavior, mandatories, etc.</p> <p><input type="checkbox"/> DA Waived Ineligibility <input type="checkbox"/> JP Minimum Sentence _____</p> <p><input type="checkbox"/> Judge authorizes waiver <input type="checkbox"/> JP RRRRI Sentence _____</p> <p><input type="checkbox"/> Judge States RRRRI</p> <p><input type="checkbox"/> Confinement/State Facility</p> <p><input type="checkbox"/> Confinement/County Facility</p> <p>Min: _____ (mos.) <input type="checkbox"/> County Re-entry Authorized</p> <p>Max: _____ (mos.) <input type="checkbox"/> Boot Camp Authorized</p> <p>Credit for Time Served: _____ <input type="checkbox"/> Work Release Authorized</p> <p><input type="checkbox"/> COUNTY INTERMEDIATE PUNISHMENT (CIP) <input type="checkbox"/> STATE IP (SIP)</p> <p>RIP Period: _____ (mos.) Program: _____</p> <p>RS Period: _____ (mos.) Program: _____</p> <p>Community Service Hours: _____</p> <p>IF DRUG DEPENDENT, is IP consistent with clinical recommendation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>RESTORATIVE SANCTIONS</p> <p><input type="checkbox"/> Probation Period: _____ (mos.)</p> <p><input type="checkbox"/> Conditions: _____</p> <p><input type="checkbox"/> Fines: \$ _____</p> <p><input type="checkbox"/> Restitution: \$ _____</p> <p><input type="checkbox"/> JP Costs: \$ _____</p> <p><input type="checkbox"/> JP Fees: \$ _____</p> <p><input type="checkbox"/> Guilty without further penalty (NFP)</p> <p>Is the Probation for THIS OFFENSE, Concurrent or Consecutive to the Incarceration for THIS OFFENSE?</p> <p><input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive</p> <p>... to the IP for THIS OFFENSE?</p> <p><input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive</p> <p>Community Service Hours: _____</p> <p>CONFORMITY</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Departure</p> <p><input type="checkbox"/> Aggravated <input type="checkbox"/> Below</p> <p><input type="checkbox"/> Mitigated <input type="checkbox"/> Above</p> <p>TYPE OF DISPOSITION (CONVICTION)</p> <p><input type="checkbox"/> Neg. Guilty Plea <input type="checkbox"/> Nolo Contendens</p> <p><input type="checkbox"/> Non-Neg Guilty Plea <input type="checkbox"/> Jury Trial</p> <p><input type="checkbox"/> Other <input type="checkbox"/> Bench Trial</p> <p>NEGOTIATED PLEA AS TO SENTENCE: _____ PROBLEM SOLVING COURT: _____</p> <p>TOTAL AMOUNT OF SUPERVISION (all sanctions) FOR THIS OFFENSE Is this offense TOTALLY CONCURRENT to any other offense?</p> <p>Reasons for sentence:</p>	Mitigated	Standard	Aggravated	LEVEL	Fines	Community Service	STATUTORY LIMITS:	Minimum Maximum
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<p>CRIME FREE, age 18-28:</p> <p>If A is 5 points or greater, and the OGS=9 or more:</p> <p>PRIOR _____</p> <p>Otherwise, if A + B is 6 points or greater:</p> <p>RECORD _____</p> <p>Otherwise, PRS = A + B + C [maximum = 5]:</p> <p>SCORE _____</p> <p>Juvenile adjudications do NOT Lapse:</p> <p>*Juvenile adjudications Lapse:</p>	<p>REVOC _____</p> <p>RFEL _____</p>
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Pennsylvania Sentencing Guidelines Form Instructions Regarding "Other Information" Block

This form is filed electronically and has the following mandatory data fields, that is, if the offense is a DUI, then the user must actively choose between Y or N.

PSI Completed *: Y
Preliminary Assessment and/or CRN Evaluation Completed [75-3816]? *: Y
Offender is Drug or Alcohol Dependent and in Need of Treatment? *: Y
Drug and Alcohol Evaluation and/or Full Assessment [75-3814] Completed? *: Y

Treatment Program is a required field

Was a treatment program imposed pursuant to recommendations required by [75-3814 (4)]? *

If Yes:

- For the treatment program, what was the highest level of care imposed?
- Was the treatment imposed as a condition of:
 - IP
 - Probation
 - Parole

- Outpatient (PCPC 1A)
- Intensive Outpatient (PCPC 1B)
- Partial Hospitalization (PCPC 2A)
- Halfway House (PCPC 2B)
- Medically Monitored Detox (PCPC 3A)
- Medically Monitored Short-Term Residential (PCPC 3B)
- Medically Monitored Long-Term Residential (PCPC 3C)
- Medically Monitored Inpatient Detox (PCPC 4A)
- Medically Monitored Inpatient Residential (PCPC 4B)

This offender is not eligible to receive RRRIM for the following reason(s):

- There should be at least one incarceration sentence in a State Facility for the offender to be eligible to receive RRRIM.

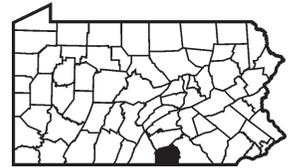
County-by-County Summary

Statistics regarding case processing times are averages of annual information for the years 2013- 2015 provided by AOPC. Some counties have changed processes and those averages may not reflect current status.

Statistics regarding CRN evaluations are based on annual information for the years 2014-2016 provided by the PennDOT CRN database.

The summary of local processes is based on site visits and telephone interviews conducted from 2015-2017. The summary reflects information that is accurate at the time of last contact but does not reflect any changes since that time.

ADAMS COUNTY



Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No

The average annual case-processing times is as follows:

ARDs:	160 days
Pleas/verdicts:	119 days

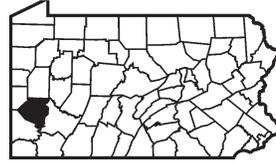
Adams County is a fifth-class county. The average number of CRN evaluations done annually (three-year average) is 495.

Adams County has both a central booking unit and a central court is held every Wednesday. CRN evaluations are done by probation/parole department staff and an office representative is present at central court and prepares a contact sheet (confirming accuracy of address on criminal complaint and other contact information).

The Adams County Department of Probation Services schedules the CRN evaluation and tracks the status using the CPCMS docket number. There is no backlog in completing the CRN evaluations. The department recently collaborated with the York-Adams SCA to fund a position to conduct assessments. The SCA does the drug and alcohol assessments.

ALLEGHENY COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	263 days
Pleas/verdicts:	213 days

Allegheny County is a county of the second class. The average number of CRN evaluations done annually (three-year average) is 4,696. Allegheny County has the highest number of DUI cases each year. Shortly after enactment of the current DUI law, county criminal justice leaders recognized a need to develop a case-flow process and worked collaboratively with other professionals in both the criminal justice and treatment fields to develop it. Allegheny Pretrial Services Unit (administered by the court administrator) handles both pretrial services and ARD cases. The Pretrial Services Unit schedules and conducts the CRN evaluations. The office supervises about 4,000 ARD DUI cases annually with a staff of four.

The DA's office determines eligibility prior to the preliminary hearing. Common Pleas Court proceedings are held on Friday and proceedings alternate between pretrial conferences and ARD hearings. If the offender advises the court that he wants to proceed with ARD, the court informs the offender that the ARD hearing will be held in about six weeks and that the offender should complete the CRN evaluation, and if needed, the drug and alcohol assessment prior to the ARD hearing.

Pretrial Services has contracted with four licensed providers to conduct an assessment—Mon-Yough Community Services, UPMC/WPIC, Turtle Creek Valley Health Systems and Pittsburgh Mercy Health Systems. After completion of the CRN evaluation, if an assessment is recommended, the client is referred to one of these four providers based on the zip code of the client. The assessment used by these providers does not use the Pennsylvania Client Placement Criteria (PCPC) – it is another screening tool and recommends either treatment, intervention or no treatment; it is not a level of care assessment. Level of care assessments will be done as part of the intake evaluation.

The court has an expedited docket for misdemeanor cases and most criminal cases in that docket are handled by two common pleas judges. They also offer intermediate punishment programs and a DUI Court program (for third and subsequent offenders). They operate their own electronic monitoring program and use transdermal alcohol detectors (TAP) for the first part of house arrest. They also use portable breathalyzer with photo ID and GPS tracking capabilities.

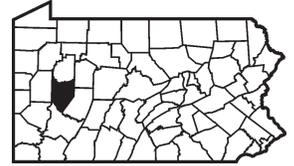
They operate a DUI Hotel which provides 25 hours of AHSS and intervention services over a 4-day period. This program is for first-offenders whose mandatory sentence is at least 72 hours (BAC > .16, refusal or controlled substances). Prior to entering the DUI hotel, the offender must have completed the CRN evaluation and drug and alcohol assessment and have started treatment.

Allegheny County has several technology innovations. In 2005, they initiated the Allegheny Standardized Arrest Program (ASAP). The program was developed to expedite required court paperwork preparation, electronically share information among law enforcement and other criminal justice agencies and identify and reduce delays between the time of arrest and the time of preliminary arraignment. This program deals with data reporting up to the point of the preliminary arraignment before the MDJ, but it is also the initial source of information that migrates through the data systems of various criminal justice systems.

The Pretrial Services Unit has also developed an information management program called Stiptrak. The system tracks and allows for information sharing among the Pretrial Services Unit, the treatment providers, the district attorney and the court. The system tracks the status of both CRN evaluations and AHSS (including scheduling), and the status of the case. The individual's CRN evaluation result is posted in the system and is available for review by the treatment provider to consider in conducting its evaluation.

Allegheny County has an active criminal justice advisory board (CJAB) and there is regular consultation and collaboration among the criminal justice and treatment communities, both on policy issues and on individual client matters.

ARMSTRONG COUNTY



Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No

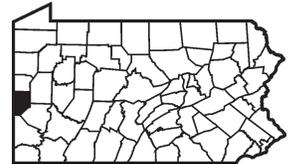
The average annual case-processing times is as follows:

ARDs:	172 days
Pleas/verdicts:	233 days

Armstrong County is a sixth- class county. The average number of CRN evaluations done annually (three-year average) is 285. They have a unified system under which an individual in the probation department also serves as the DUI Coordinator and works with the treatment provider. Probation does the CRN evaluations and Family Services, a provider, does the drug and alcohol assessments.

President Judge Valasek has developed a notice form which is provided to the offenders at the preliminary hearing which generally describes the ARD program and the need for the CRN evaluation. The court has a case disposition day monthly and ARD cases and plea hearings are held at that time.

BEAVER COUNTY



Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No

The average annual case-processing times is as follows:

ARDs:	117 days
Pleas/verdicts:	178 days

Beaver County is a fourth-class county. The average number of CRN evaluations done annually (three-year average) is 688.

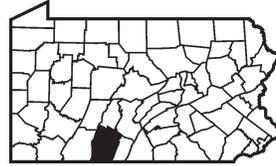
At Central Court, the offender is advised of the need for the CRN evaluation. In many cases, an agreement regarding case disposition is completed at Central Court.

The Adult Probation Department conducts the CRN evaluations and has three staff members who do them. There is no backlog. Assessments are done by the SCA. A urine screen is done at every assessment.

Judges will not accept a guilty plea from an offender if the CRN evaluation is not complete. There is a very good working relationship between the criminal justice and treatment professionals.

BEDFORD COUNTY

Central Court:	Yes
Central Booking/Booking Center	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	155 days
Pleas/verdicts:	238 days

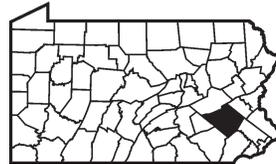
Bedford County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 195.

At the Common Pleas level, the court administrator creates a list of pending DUI cases and forwards it to the probation department. The probation department contacts the offender to schedule the CRN evaluation which is conducted by probation. In many cases, the defense counsel has also advised the offender to contact probation to schedule the CRN.

The SCA completes drug and alcohol assessments for income-qualifying clients as well as for multiple offenders. Two other providers also do drug and alcohol assessments.

BERKS COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	263 days
Pleas/verdicts:	260 days

Note: during the time this data was gathered, CRN evaluations and drug and alcohol assessments were not being completed prior to final disposition of the cases. New processes were implemented in 2016.

Berks County is a third- class county. The average number of CRN evaluations done annually (three-year average) is 1,229.

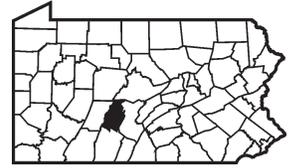
Offenders are notified at central court of the need for the CRN evaluation. Treatment, Access and Services Center (TASC) does the CRN evaluations as well as the drug and alcohol assessments for income-qualifying clients. They estimate that about 50% of offenders have private health insurance.

Berks County has several programs for DUI offenders, including:

1. ARD
2. Second-Time Offenders Program (STOP)—a pre-sentence drug and alcohol treatment program. Successful participants are eligible for an intermediate punishment alternative sentence.
3. Driving under suspension intermediate punishment program
4. DUI treatment court (third offenders)
5. Drug Court
6. Ignition interlock
7. Community service

BLAIR COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	136 days
Pleas/verdicts:	143 days

Blair County is a fifth-class county. The average number of CRN evaluations done annually (two-year average) is 403.

At the common pleas level, cases are first scheduled for a preliminary conference proceeding. They are held every other week and serve as a status conference. At the offender's first appearance, the offender is notified of the need to contact Blair County DUI Services to schedule the CRN evaluation. The SCA does drug and alcohol assessments in all cases.

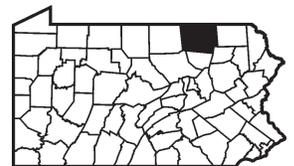
Case disposition alternatives:

1. Not Guilty Pleas—trial
2. ARD
3. Guilty plea/sentence
4. Guilty plea-intermediate punishment—any case with mandatory jail sentence
5. Guilty plea-intermediate punishment—any repeat offender DUI cases
6. DUI Court—available for any 2nd offense with BAC greater than .25 or any 3rd offense with BAC of .16 or higher/refusals/drug case.

Blair County has a long-standing and well-developed local system of collaboration. Treatment and criminal justice professionals have been meeting monthly since 1989.

BRADFORD COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes -hybrid Drug/DUI Court
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	117 days
Pleas/verdicts:	153 days

Bradford County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 274.

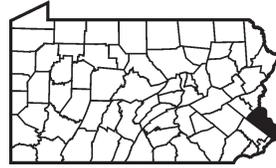
Offenders are notified at the preliminary hearing of the need for the CRN evaluation and the MDJ schedules it with the DUI Coordinator who conducts the CRN evaluations.

The SCA does drug and alcohol assessments for their clients but does not do Medicaid or other insurance for the assessments. Three other providers in the county do those assessments.

The court schedule includes regular "call" days where the status of pending cases is reported to the court. Cases are handled by the two judges and Sr. Judge Smith on a rotating basis. Senior Judge Smith also handles the Drug/DUI court.

BUCKS COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	185 days
Pleas/verdicts:	179 days

Bucks County is a class 2A county. The average number of CRN evaluations done annually (three-year average) is 2,373.

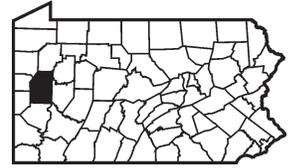
The county has three DUI coordinators, each of which is a licensed DDAP treatment provider. At the preliminary hearing, the offender is instructed to contact one of the three within 72 hours to schedule the CRN. The instruction sheet also contains contact information including phone number, case data information including BAC and date of arrest. A copy is also sent to the provider. If the offender doesn't contact the provider, the provider contacts the offender. In many cases, both the CRN and full assessment are completed on the same day.

Providers had differing approaches to urine screens and testing. One provider did urine screens for all offenders and randomly tested 30 percent of their clients on a weekly basis. Another tested only when there was an indication of drug use.

There are very good communications and regular contact between the treatment providers and the probation department. Some general guidelines are in place. Outpatient treatment is expected to last at least eight weeks and a follow-up assessment is done at that time.

BUTLER COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	119 days
Pleas/verdicts:	188 days

Butler County is a fourth-class county. The average number of CRN evaluations done annually (three-year average) is 760.

Butler Alcohol Countermeasures Program (BACP) was one of the first non-profit organizations in the state created to manage CRN evaluations and AHSS programs. They offer two tracks for AHSS—one for first offenders and the other for repeat offenders. They have also developed another educational program, Phase II, a 10-hour group session. All DUI offenders attend AHSS and then do a follow-up assessment. For those that the CRN evaluation does not recommend a drug and alcohol assessment, the president judge has contracted with an individual (who also conducts AHSS for repeat offenders) to complete a follow-up assessment.

The offender is notified at least five times during the criminal proceedings of the need for the CRN evaluation. At the preliminary arraignment/hearing, the offender is provided a packet of materials. At the common pleas level, DUI cases are processed on alternating Mondays in a proceeding locally referred to as DUI Court. The first appearance at “Butler County DUI Court” is no later than six weeks after the preliminary hearing. If the CRN evaluation has not been scheduled by the time of the first appearance at that proceeding, the CRN is scheduled at that time.

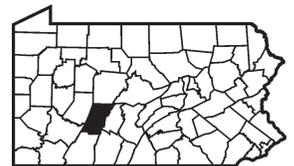
Drug and alcohol assessments are done by the SCA and three treatment providers.

Butler County is implementing a program like York County’s Target 25 program, a program involving identification of repeat offenders at the time of the traffic stop and bond supervision requirements. They are using the SCRAM bracelet more frequently as part of a pretrial bond supervision program

Butler County is implementing a program similar to York County’s Target 25 program, a program involving identification of repeat offenders at the time of the traffic stop and bond supervision requirements. They are using the SCRAM bracelet more frequently as part of a pretrial bond supervision program.

CAMBRIA COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

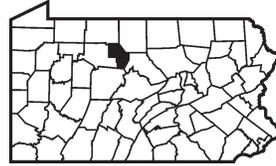
ARDs:	227 days
Pleas/verdicts:	254 days

Cambria County is a fourth-class county. The average number of CRN evaluations done annually (three-year average) is 526.

CRN evaluations are handled by Cambria County DUI Counter-Attack Program, the DUI Coordinator. The offender is notified of the need for the CRN evaluation at the preliminary hearing. The DA’s office will maintain a status list of pending DUI cases and the offender will not be placed on ARD or can enter a guilty plea prior to completion of the CRN. The SCA does full drug and alcohol assessments. Due to staffing issues, they are currently only able to do assessments for repeat offenders and for cases involving drugs. The assessments are not being done for first offenders and in ARD cases. We have suggested that they work with licensed treatment providers in the county to conduct the full drug and alcohol assessment.

CAMERON COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

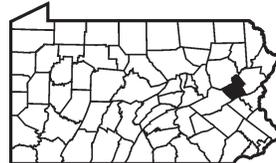
ARDs:	181 days
Pleas/verdicts:	233 days

Cameron County is an eighth-class county. The average number of CRN evaluations done annually (three-year average) is 15.

CRN evaluations are done by the county probation department. Offenders are first informed of the need for the CRN evaluation at the preliminary hearing. Drug and alcohol assessments are done by the SCA/Alcohol and Drug Services, Inc. (ADAS)

CARBON COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	143 days
Pleas/verdicts:	193 days

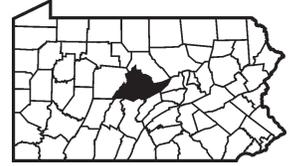
Carbon County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 486.

CRN evaluations and drug and alcohol assessments are done by the SCA. The offender is notified at the preliminary hearing about the need for a CRN evaluation and the MDJ schedules it. The SCA follows up if the offender fails to come to the scheduled appointment. They have weekly monitoring of status checks of the numbers scheduled and the number completed. A staff member attends common pleas court proceedings to reschedule those who did not keep their appointment.

There is good communication between the SCA and probation department.

CENTRE COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

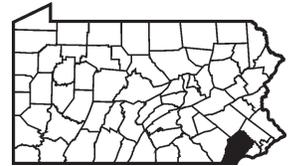
ARDs:	126 days
Pleas/verdicts:	165 days

Centre County is a fourth-class county. The average number of CRN evaluations done annually (three-year average) is 607.

CRN evaluations are done by the probation department. Offenders are notified at the preliminary hearing of the need. ARD eligible offenders are identified at the preliminary hearing and are scheduled for a fast track ARD hearing within 4-6 weeks of the preliminary hearing. CRN evaluations are conducted by probation officers at the preliminary hearings on paper and later entered electronically. Offenders are not told of the results after the CRN evaluation interview. ARD cases are scheduled separately and no criminal information is filed. CRN evaluation recommendations are made conditions of ARD. The probation department DUI coordinator coordinates scheduling the drug and alcohol assessment, assigning county residents to one of three contracted providers based on zip code of the offender. The providers are notified of the need of the assessment for the individual within about 10 days from the ARD hearing. Scheduling is done by the provider. In some cases, there is up to a two-month backlog.

CHESTER COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	Yes



The average annual case-processing times is as follows:

ARDs:	126 days
Pleas/verdicts:	165 days

Chester County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 1,791.

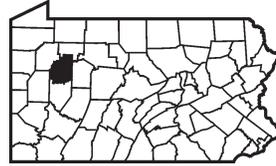
The DUI Coordinator Agency (Chester County DUI Program) is part of the probation department. There are 19 MDJs in the county and an assistant district attorney is present at all preliminary hearings. Scheduling the CRN is a condition of bail. Eligibility for ARD is usually determined at that level. CRN evaluations are done by Chester County DUI Program. Drug and alcohol assessments are done by ten licensed providers in the county. The SCA does assessments for incarcerated individuals

Arraignment at the common pleas level usually takes place within 30 days of the preliminary hearing. ARD hearings are held every Tuesday. Paperwork is reviewed and signed in the morning and the hearings are held in the afternoon. The usual front-loaded fee is \$1,600 but the public defender can request a waiver in indigent cases. They have an incentive program – if AHSS is completed promptly, the required number of community service hours is reduced.

In trial cases, there is a three-month lag between preliminary hearing and trial listings. All the listed cases are assigned to trial judges for disposition. Judges have regularly scheduled two-week trial terms about every six weeks and cases are called and processed during those trial terms.

CLARION COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes -hybrid Drug/DUI Court
Bail Condition:	No



The average annual case-processing times is as follows:

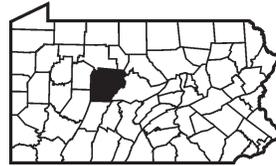
ARDs:	271 days
Pleas/verdicts:	182 days

Clarion County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 157.

Offenders are notified at central court of the need to get the CRN evaluation. The probation department does the CRN evaluations. Drug and alcohol assessments are done by two treatment providers. The SCA does assessments for incarcerated offenders.

CLEARFIELD COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	130 days
Pleas/verdicts:	216 days

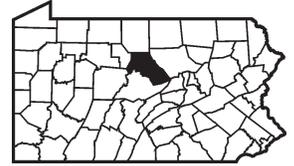
Clearfield County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 251.

CRN evaluations are done by the DUI Coordinator, who is a probation officer in an adjoining county. Offenders are notified after plea of the need for the CRN evaluation and, if needed assessment. Clearfield County uses Substance Abuse Education and Demand Reduction (SAEDR) funds to pay for CRN evaluations/assessments for indigent individuals. Assessments are done a provider.

Offenders who have applied for intermediate punishment have an incentive to complete CRN evaluations and drug and alcohol assessments promptly.

CLINTON COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes -hybrid Drug/DUI Court
Bail Condition:	No



The average annual case-processing times is as follows:

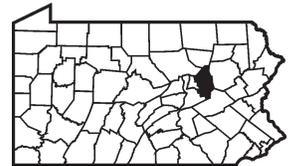
ARDs:	101 days
Pleas/verdicts:	146 days

Clinton County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 118.

CRN evaluations and assessments are done by the SCA, West Branch Drug and Alcohol Abuse Commission. Fees are collected as part of fines and costs in the criminal case.

COLUMBIA COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	242 days
Pleas/verdicts:	275 days

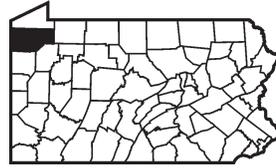
Columbia County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 233.

Offenders are notified at the preliminary hearing of the need for the CRN and it is scheduled by the MDJ. Copies are provided to the DA, defense counsel, probation and SCA. CRN evaluations are done by the county probation department and drug and alcohol assessments are done by the SCA-Columbia-Montour-Snyder-Union (CMSU) Drug and Alcohol Program. Inability to pay is an ongoing problem.

There is good communication between probation and the SCA.

CRAWFORD COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	193 days
Pleas/verdicts:	206 days

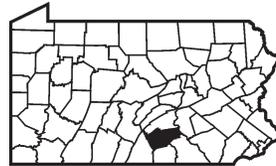
Crawford County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 407.

The SCA in Crawford is a functional unit. CRN evaluations are done by the probation department and they notify the SCA if a drug and alcohol assessment is needed.

When an offender applies for consideration for ARD, he is notified of the need for the CRN evaluation. At the time of a guilty plea, the status is reviewed and the offender is notified of any requirements for either the CRN evaluation or drug and alcohol assessment. The DA's office monitors the status.

CUMBERLAND COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes -hybrid Drug/DUI Court
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	291 days
Pleas/verdicts:	239 days

Cumberland County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 991.

Offenders are notified of the need for the CRN at central court. An extensive information packet is provided at that time. CRN evaluations are done by the SCA, Cumberland/Perry Drug and Alcohol Commission. CRN evaluations are scheduled at central court and are usually completed within 30 days of the central court appearance. The SCA also does drug and alcohol assessments for County intermediate punishment offenders. ARD and other disposition offenders are assessed by licensed providers that have been approved by the probation department.

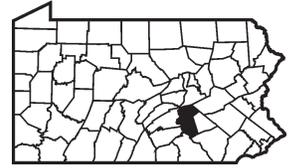
Two different ARD tracks are offered. The Fast Track ARD for DUI has been "economically incentivized" by reducing the court costs and fees by \$500. The offender waives the preliminary hearing, and the only common pleas court appearance is at the ARD hearing. Three installment payments of the fees and costs are permitted. Estimated costs and fees: \$1,400.00

The second type of ARD is a standard program with two court appearances. Estimated costs and fees: \$1,900.00

Cumberland County has a long history of effective inter-agency collaboration and a very active CJAB. They have worked collaboratively on the Fast Track ARD program and on timely drug and alcohol assessments. Comments included concerns about the complexity of DUI procedures and the multiple hoops that may be required – CRN evaluation, drug and alcohol assessment, and possible assessment by insurance-approved provider at intake.

DAUPHIN COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes -hybrid Drug/DUI Court
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	268 days
Pleas/verdicts:	355 days

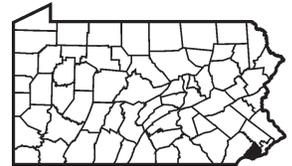
Dauphin County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 1,375.

Offenders are notified of the need for the CRN evaluation at central court and CRN evaluation is scheduled at that time. The county probation department does the CRN evaluation. If the offender fails to keep the appointment, a notice of noncooperation is sent to the offender, defense counsel, the DA and the court. If the CRN recommends a drug and alcohol assessment, the offender is instructed to contact the SCA within two days to schedule the assessment. The assessment is scheduled within seven days of the contact.

The county has a criminal justice administrator who also serves as the Drug/DUI Hybrid and Veteran's Court coordinator. The administrator is using the Unified Case Management software system to develop data to track performance. Common pleas judges are assigned to geographic districts in the county and this has reduced "judge-shopping." The program has worked to frontload the processes so that judges who want to do both pleas and sentences the same day can continue to do so, but with the benefit of having the recommendations of the CRN evaluation and of the drug and alcohol assessment.

DELAWARE COUNTY

Central Court:	No
Central Booking/Booking Center	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	Yes



The average annual case-processing times is as follows:

ARDs:	195 days
Pleas/verdicts:	183 days

Delaware County is a class 2-A county. The average number of CRN evaluations done annually (three-year average) is 1,946.

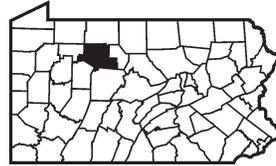
The county probation department operates a pretrial diversion program that includes a diagnostic unit that does both CRN evaluations and drug and alcohol assessments. In the initial packet of materials sent out by the MDJ with the criminal complaint and summons, there is an information sheet instructing the offender to contact the pretrial services unit within 48 hours. At preliminary arraignment, conditions of bail include scheduling the CRN evaluation. Pretrial services also complete risk assessments. Second and subsequent DUI offenses usually result in a recommendation of a cash bail with conditions.

Police have a policy of filing the DUI charges without having the BAC levels and amending the criminal complaint or information when that information is available. The usual delay is four to six weeks.

Common pleas court arraignment usually takes place about four weeks after the preliminary hearing. The pretrial services unit reviews the case list and identifies those offenders who have not yet had the CRN evaluation or the drug and alcohol assessment. A staff member is present in court and escorts the offender to the office to schedule the CRN evaluation. If a drug and alcohol assessment is recommended, it is completed immediately after the CRN evaluation at pretrial services. Common pleas arraignments occur weekly and a pretrial conference is held within four weeks of arraignment. The system is designed with the intention that case dispositions are decided by the time of the pretrial conference.

ELK COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

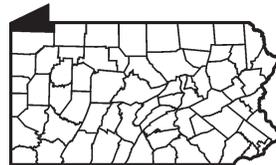
ARDs:	117 days
Pleas/verdicts:	209 days

Elk County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 100.

CRN evaluations are done by the probation department. Written instructions are provided to the offender at the preliminary hearing. CRN evaluations are completed in all cases, both ARDs and plea/verdicts, prior to disposition. Assessments are done by the SCA, Alcohol and Drug Abuse Services, Inc. (ADAS).

ERIE COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

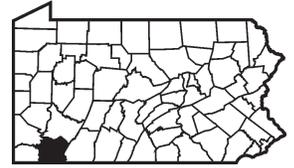
ARDs:	206 days
Pleas/verdicts:	198 days

Erie County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 1032.

CRN evaluations are completed by the DUI Coordinator agency, Erie County DUI Program, Inc. The agency and the county probation department have developed an information sheet that is provided to the offender at the preliminary hearing. Drug and alcohol assessment are done by the SCA (if offender qualifies financially) or by one of five treatment providers. CRN evaluation recommendations are included in ARD placement/sentencing orders. During intake at the probation office, the probation officer contacts a provider and schedules the drug and alcohol assessment.

FAYETTE COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	Yes



The average annual case-processing times is as follows:

ARDs:	233 days
Pleas/verdicts:	232 days

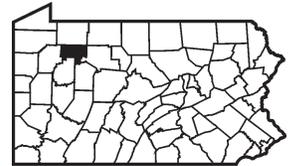
Fayette County is a fourth-class county. The average number of CRN evaluations completed annually (three-year average) is 598.

Fayette County Drug and Alcohol Commission, Inc, the SCA, is a functional unit. The agency does both the CRN evaluations and drug and alcohol assessments. The county court conducts a central court of PSP cases. A representative from the agency is present at those hearings to schedule the CRN evaluation.

The SCA and county probation department are in weekly communication. The SCA maintains a list of pending DUI cases and tracks the status of CRN evaluations and drug and alcohol assessments.

FOREST COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

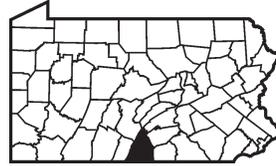
ARDs:	159 days
Pleas/verdicts:	207 days

Forest County is an eighth-class county. The average number of CRN evaluations done annually (three-year average) is 34.

CRN evaluations are done by the county probation department. The offender is notified orally and in writing at the preliminary hearing of the need for the CRN and instructed to contact the probation department within 72 hours to schedule it. Drug and alcohol assessments are done by providers and offenders are provided a list to select from.

FRANKLIN COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

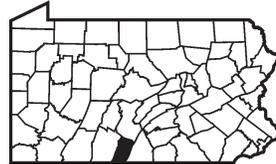
ARDs:	120 days
Pleas/verdicts:	174 days

Franklin County is a fourth-class county. The average number of CRN evaluations done annually (three-year average) is 700.

CRN evaluations are completed by the county probation department. Drug and alcohol assessment are done by the SCA.

FULTON COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	105 days
Pleas/verdicts:	164 days

Fulton County is an eighth-class county. The average number of CRN evaluations done annually (three-year average) is 70.

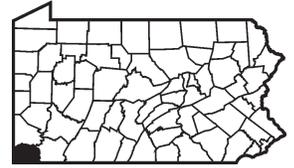
Central court is held every Monday. The DA is present and has reviewed the complaint, police report and prior record and in most cases, and an agreement is reached on case disposition at that time. The county probation department completes the CRN evaluations and it is scheduled at the preliminary hearing.

Fulton County does offer bond supervision and uses SCRAM bracelets to monitor compliance. An offender who agrees to the SCRAM bracelet and is compliant may be offered a plea to a lower-tiered offense.

Drug and alcohol assessments are done by the SCA or a local provider. CRN evaluations are provided to the assessing agency.

GREENE COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

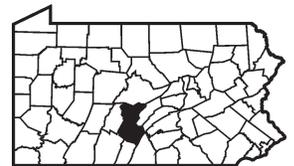
ARDs:	180 days
Pleas/verdicts:	220 days

Greene County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 135.

The SCA does both the CRN and drug and alcohol assessment. A notice of the need for the CRN and the process to obtain one is included with the criminal complaint and summons. At the preliminary hearing, the offender is again notified. They encourage getting both the CRN and assessment the same day and offer a \$25 discount if done together.

HUNTINGDON COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	164 days
Pleas/verdicts:	189 days

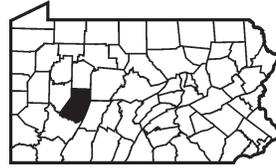
Huntingdon County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 184.

The county probation department does the CRN evaluation and one provider does the drug and alcohol assessment. Central court is held weekly with preliminary hearings/waivers being done one week and preliminary hearings held the other. The defense counsel provides a copy of the criminal complaint to both probation and the provider. Copies of the CRN are provided to the assessor.

Challenges include ability to pay, transportation issues (rural county), and missed appointments.

INDIANA COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	Yes



The average annual case-processing times is as follows:

ARDs:	260 days
Pleas/verdicts:	258 days

Indiana County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 352.

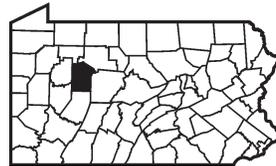
Offenders are notified of the need for the CRN evaluation at the preliminary hearing and it is made a condition of bail. CRN evaluations are done by a provider and a representative is at the preliminary hearing to schedule the CRN evaluation. The same provider also does the drug and alcohol assessment. Urine screens are done for all assessments. There is a multi-level internal review prior to making a recommendation regarding level of care.

Probation and the provider complete bi-weekly status reports regarding CRN evaluations/assessments.

The DA conducts a monthly call and the status of CRN evaluations/assessments is reviewed in conjunction with the plea/ARD negotiations. If a plea is entered and the CRN or evaluation has not been completed, the scheduling order includes a provision ordering that they be completed. Pre-sentence reports are done in all cases and at the time of the pre-sentence report interview, the offender is again reminded of the requirement. At sentencing, if the assessment is not completed, the hearing is continued one time to allow for completion. If the drug and alcohol assessment has not been done by the second hearing, the offender's bond is revoked and he is remanded to the county jail. The assessment is scheduled promptly and the sentencing hearing is rescheduled.

JEFFERSON COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

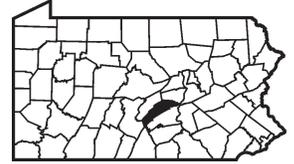
ARDs:	191 days
Pleas/verdicts:	186 days

Jefferson County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 146.

The county probation department completes the CRN evaluation and the drug and alcohol assessments are completed by the SCA and two providers. CRN evaluations are completed prior to disposition in all cases. Full drug and alcohol assessments are completed prior to placement in the county intermediate punishment program.

JUNIATA COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

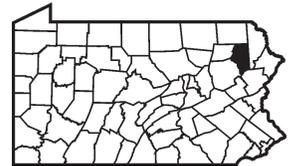
ARDs:	110 days
Pleas/verdicts:	174 days

Juniata County is a seventh-class county. The average number of CRN evaluations done annually (three-year average) is 85.

CRN evaluations are completed by the county probation department and drug and alcohol assessments are completed by either the SCA or a provider.

LACKAWANNA COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	Yes



The average annual case-processing times is as follows:

ARDs:	161 days
Pleas/verdicts:	152 days

Lackawanna County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 624.

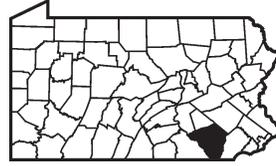
DUI cases are handled at central court on Thursdays. ARD eligibility is usually determined at the preliminary hearing. A non-profit organization, Drug and Alcohol Treatment Services (DATS) does both the CRN evaluations and AHSS. The SCA and all licensed providers that have contracted with the SCA do the assessments.

Lackawanna County was a pilot county for the Computerized Assessment and Referral System national test. It was one of six counties nationwide that tested the screening tool that is designed to identify co-occurring disorders of drugs/alcohol and mental illness. Lackawanna County was the only county to use the tool at the pretrial stage.

CRN status is monitored. In ARD, cases, the criminal information is not signed and filed until the CRN summary has been received by the DA's office. DATS tracks offenders who fail to keep their CRN evaluation appointment and reports it to the DA's office.

LANCASTER COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	246 days
Pleas/verdicts:	224 days

Lancaster County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 1,596.

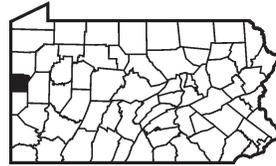
The county probation department does the CRN evaluation. They have seven probation officers certified to do CRN evaluations. Costs are assessed as court costs. Probation officers monitor status and provide regular reports to the DA.

Full drug and alcohol assessments are completed by one of eleven licensed providers in the county.

Lancaster County has implemented the Target 25 protocol with identification of repeat offenders at time of arrest and pretrial supervision. Cases are reviewed prior to the preliminary hearing and in most cases, resolution is agreed upon at that time.

LAWRENCE COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

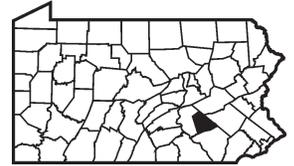
ARDs:	136 days
Pleas/verdicts:	189 days

Lawrence County is a fifth-class county. The average number of CRN evaluations done annually (three-year average) is 289.

Lawrence County DUI Program, a non-profit, is the DUI coordinator agency and does the CRN evaluations. They also offer two tracks to the AHSS program, one for first offenders and the other for repeat offenders. The multiple offender track includes more education, a family night and specialists. They also offer a Phase II education program for those determined not to need treatment but in need of something more than AHSS. Drug and alcohol assessments are completed by the SCA in all cases. Offenders are notified at central court of the need for a CRN evaluation. There is frequent communication between the CRN evaluators and the drug and alcohol assessors.

LEBANON COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment	Yes
DWI Court:	Yes
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

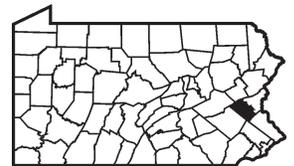
ARDs:	177 days
Pleas/verdicts:	258 days

Lebanon County is a fifth-class county. The average number of CRN evaluations done annually (three-year average) is 467.

Upon filing the complaint at the MDJ, a copy is sent to the DA's office for review by staff that handle DUI cases. At the preliminary hearing, the CRN evaluation is scheduled. A local provider has been contracted to do the CRN evaluation. If a drug and alcohol assessment is needed, the offender is provided a list of licensed providers. The SCA completes assessments for offenders involved in the DUI court.

LEHIGH COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	265 days
Pleas/verdicts:	228 days

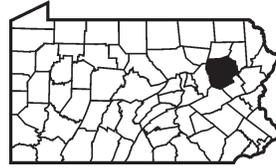
Lehigh County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 1,652.

Offenders are notified of the need for the CRN at the preliminary hearing. The county probation department does the CRN evaluations and tracks the status. The offender is again advised of the need for the CRN at the common pleas arraignment.

If a drug and alcohol assessment is recommended, the offender is provided a list of 26 licensed providers.

LUZERNE COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	205 days
Pleas/verdicts:	233 days

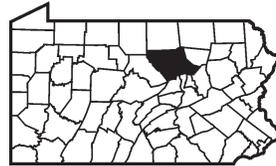
Luzerne County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 924. CRN evaluations are done by the DUI Program.

Offenders are notified at the preliminary hearing to contact the program within three days of the hearing. The MDJ also completed a District Judge Referral Form which provides arrest information. That information is provided to Luzerne County AHSS Program, which is affiliated with Catholic Social Services, and case tracking begins upon receipt of the form. If the offender has not already contacted the program, the AHSS Program contacts the offender and schedules the CRN evaluation.

Drug and alcohol assessments are completed by two providers in the county, one in Wilkes-Barre and one in Hazelton.

LYCOMING COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

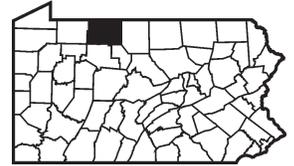
ARDs:	95 days
Pleas/verdicts:	176 days

Lycoming County is a fifth-class county. The average number of CRN evaluations done annually (three-year average) is 722.

The SCA does both CRN evaluations and drug and alcohol assessments. Offenders are notified at the preliminary hearing of the need for the CRN evaluation. Lycoming County has a fast-track ARD program and expedites the hearing. About 50 percent of ARD cases have the CRN evaluation and drug and alcohol assessment at the time of ARD placement – the remainder have it done within 90 days of placement. CRN evaluations and drug and alcohol assessments are completed in all plea cases prior to final disposition.

MCKEAN COUNTY

Central Court:	Yes
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	215 days
Pleas/verdicts:	161 days

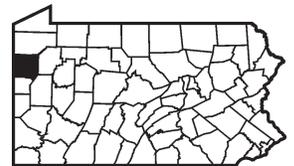
McKean County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 155.

At the time of arrest, the police officer prepares a fact sheet and forwards it to the DA's office. The DA's office does a prior record check, reviews available case information and decides of ARD eligibility. Preliminary hearings are held at central court every Thursday. Offenders are presented a packet of information and the offender is referred to the Probation Department the day of the hearing to schedule the CRN evaluation. There is a \$100 charge for failure to appear at the CRN and the CRN is automatically rescheduled. After the CRN, the offender is provided two documents. The first is a notice to schedule the drug and alcohol assessment. The form indicates the date of the referral and the deadline for completion. The CRN result is included. The second is to be provided to the assessor and to be completed and returned to the DA's office after the assessment is completed. Drug and alcohol assessments are done by Alcohol and Drug Abuse Services (ADAS).

The county has a fast-track ARD. If the offender agrees to the program at the preliminary hearing, he can avoid four to six court appearances, save \$300 in court costs, and avoid some attorney's fees.

MERCER COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	168 days
Pleas/verdicts:	193 days

Mercer County is a fifth-class county. The average number of CRN evaluations done annually (three-year average) is 450.

CRN evaluations are done by the county probation department and the SCA does drug and alcohol assessments for all offenders. The SCA has access to the CRN while doing the assessment.

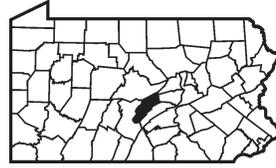
CRN evaluations are scheduled by the MDJ at the time of time preliminary hearing. They are scheduled through the court administrator's office. On many occasions, both the CRN and drug and alcohol assessment are scheduled at the same time. In about 90 percent of the cases, both the CRN and assessment are completed prior to common pleas court arraignment.

At the common pleas level, after arraignment, there are monthly Calls of Lists. Pleas are entered at that time and sentences are scheduled on regular court dates, usually within 30-45 days of the plea. The court administrator tracks the status and the status is reported to the judge at the time of the plea. If needed, the court orders completion of the CRN and assessment prior to sentencing.

Mercer County is one of two counties that does not have a fully operational probation department. Their probation officers handle ARD cases, intermediate punishment cases, community services, and cost collection.

MIFFLIN COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court/drug court:	Yes -hybrid DUI/drug court
Bail Condition:	No



The average annual case-processing times is as follows:

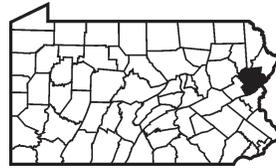
ARDs:	77 days
Pleas/verdicts:	151 days

Mifflin County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 191.

Central court is held weekly. CRN evaluations are completed by the county probation department. A probation officer is present at central court to schedule the CRN evaluation. They also complete risk/needs assessments to assist in bond considerations. Cases are often screened at that level to determine ARD eligibility. After the CRN evaluation, the offender is instructed to contact one of two local treatment providers for a drug and alcohol assessment.

MONROE COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

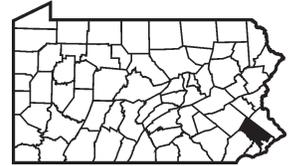
ARDs:	110 days
Pleas/verdicts:	161 days

Monroe County is a fourth-class county. The average number of CRN evaluations done annually (three-year average) is 1,028.

CRN evaluations are done by the DUI Services of Monroe County, a for-profit entity. They are present at preliminary hearings and schedule CRN evaluations at that time. They also have “walk-in Wednesday” and are available to complete CRN evaluations. They also attend common pleas status conference days. They cross-check the listed offenders against their list of completed CRN evaluations to identify those who still need a CRN evaluation.

When the CRN is completed, if it recommends a drug and alcohol assessment, the offender signs an acknowledgement of the need for an assessment and is handed a list of licensed treatment providers.

They have a fast-track ARD program and the ARD hearing is usually held within six to eight weeks after the preliminary hearing.

MONTGOMERY COUNTY

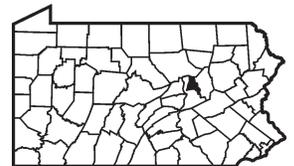
Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No

The average annual case-processing times is as follows:

ARDs:	338 days
Pleas/verdicts:	279 days

Montgomery County is a class 2-A-class county. The average number of CRN evaluations done annually (three-year average) is 2,751.

CRN evaluations are done by the Montgomery County DUI Administration, a subdivision of the county probation department. Offenders are notified of the need for the CRN evaluation at the preliminary hearing. DUI Administration tracks cases after the preliminary hearing using the CPCMS docket number. Drug and alcohol assessments are done by one provider and they have access to the CRN to review in their assessment.

MONTOUR COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court/drug court	Yes - joint county hybrid
Bail Condition:	No

The average annual case-processing times is as follows:

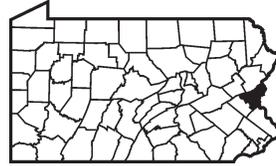
ARDs:	164 days
Pleas/verdicts:	217 days

Montour County is an eighth-class county. The average number of CRN evaluations done annually (three-year average) is 35.

Offenders are provided an information sheet at the preliminary hearing. CRN evaluations are completed by the DUI coordinator. The coordinator, a licensed provider, can also complete full drug and alcohol assessments but provides a list of treatment facilities that can also do the assessments.

NORTHAMPTON COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	182 days
Pleas/verdicts:	212 days

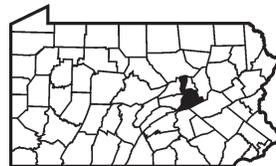
Northampton County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 1,340.

The county probation department does the CRN evaluations and drug and alcohol assessments. The MDJ faxes a copy of the complaint/affidavit of probable cause to the county probation department. Probation does a record check and schedules the CRN. Case preparation is front-loaded with the goal of having a decision on how the case will be resolved by the time of common pleas arraignment. ARD cases are not scheduled for disposition unless CRN/assessment are in the file. If the case is listed for hearing and is continued a few times because the CRN evaluation or drug and alcohol assessment are not completed, the case is dropped from ARD list.

Drug and alcohol assessments are completed by Lehigh Valley Drug and Alcohol Intake. This includes a review of the affidavit of probable cause and, if available, any newspaper articles regarding the traffic stop. In addition to the drug and alcohol assessment, they use the Behaviors and Attitude Drinking and Driving Scale (BADDSS) to assess attitudes about drinking and driving.

NORTHUMBERLAND COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	253 days
Pleas/verdicts:	198 days

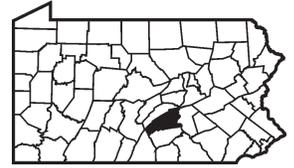
Northumberland County is a fifth-class county. The average number of CRN evaluations done annually (three-year average) is 318.

Offenders are notified at the preliminary hearing of the need for the CRN. They are provided a contact sheet directing them to schedule the CRN evaluation with the DUI Coordinator program, Northampton County DUI Program.

Offenders whose cases are to be handled through ARD are given a four-month window from the time of determination of ARD eligibility. During that time, they are expected to complete the CRN evaluation and drug and alcohol assessment, AHSS, and pay a \$2,000 deposit toward fine and costs. In many cases, offenders are already in treatment at the time of ARD placement.

PERRY COUNTY

Central Court:	Yes
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	150 days
Pleas/verdicts:	170 days

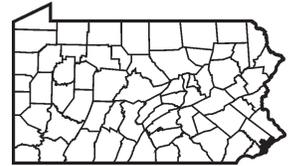
Perry County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 168.

Central Court is held every Friday. If an agreement on case resolution is made, the case is waived. Otherwise, it is remanded to the local MDJ. The public defender's office handles about 80 percent of the DUI cases and is very cooperative in assisting in ensuring completion of CRN evaluations and drug and alcohol assessments.

CRN evaluations are completed by the county probation department and drug and alcohol assessments are completed by either the SCA or a local provider. The local provider also completes evaluations and provides treatment for incarcerated offenders at the county jail.

PHILADELPHIA COUNTY

Central Court:	No
Central Booking/Booking Center	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

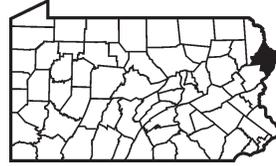
ARDs:	118 days
Pleas/verdicts:	180 days

Philadelphia County is a first-class county. The average number of CRN evaluations done annually (three-year average) is 3,069.

At the common pleas level, all cases are called at a "staging day." ARD-eligible offenders are continued to a date-certain court day and directed to contact a provider, (currently Livingrin) to schedule the CRN. At the time of the ARD hearing, if a drug and alcohol assessment is recommended, the offender is directed to one of five providers based on zip code of the offender. In plea cases, the offender is instructed at the "staging day" to contact Public Health Management Corp. (PHMC) to schedule the CRN. At the time of the plea, if a drug and alcohol assessment is recommended, the offender is directed to one of the same five providers.

PIKE COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

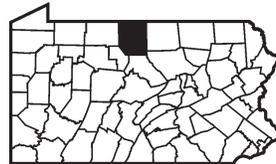
ARDs:	138 days
Pleas/verdicts:	207 days

Pike County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 200.

Offenders are notified at the preliminary hearing of the need for the CRN evaluation and are ordered to schedule it within 48 hours. Both CRN evaluations and drug and alcohol assessments are done by Catholic Social Services. CRN evaluations and full assessments are included in pre-sentence reports and probation monitors status prior to sentencing.

POTTER COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	139 days
Pleas/verdicts:	195 days

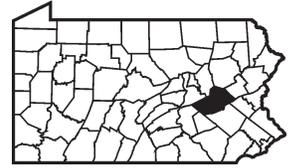
Potter County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 59.

The county probation department is notified when a case is received at the clerk of court's office. The department notifies the offender of the need to schedule the CRN evaluation with them. If the offender misses the CRN evaluation appointment, the fee that is charged is increased. CRN evaluation status is reviewed at criminal conference day sessions.

The SCA completes drug and alcohol assessments on all offenders. In plea cases, offenders are court-ordered to schedule the full assessment at time of the plea. Sentences are usually completed one and a half months after pleas.

SCHUYLKILL COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

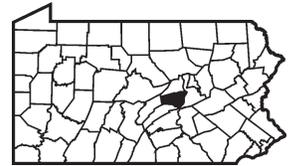
ARDs:	284 days
Pleas/verdicts:	338 days

Schuylkill County is a fourth-class county. The average number of CRN evaluations done annually (three-year average) is 443.

Offenders are notified of the need for the CRN at the preliminary hearing. Both CRN evaluations and drug and alcohol assessments are completed by Lehigh Valley Health Network. CRN evaluations and assessment recommendations are faxed to the county probation department and they track the status and report it to the judge prior to any court disposition.

SNYDER COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	Yes



The average annual case-processing times is as follows:

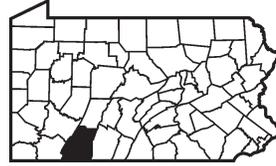
ARDs:	244 days
Pleas/verdicts:	242 days

Snyder County is a seventh-class county. The average number of CRN evaluations done annually (three-year average) is 123.

CRN evaluations are done by the county probation department. The offender is notified of the need at the preliminary hearing. There is a bond condition requiring contact within 15 days. If recommended, the drug and alcohol assessment is completed by the SCA: Columbia-Montour-Snyder-Union Drug and Alcohol Program.

SOMERSET COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	224 days
Pleas/verdicts:	259 days

Somerset County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 317.

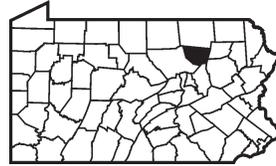
The county probation department tracks CRN evaluations, prepares a data sheet and forwards the information to a treatment facility/DUI Coordinator. Evaluations are completed by that provider. If a drug and alcohol assessment is recommended, the offender decides between that provider and another located in the county.

The CRN evaluators are conducting a pilot project that sends a CRN evaluator to the preliminary hearings in two of the smaller MDJ offices allowing the offender to complete the CRN while they wait for their preliminary hearing.

Probation tracks CRN evaluations/assessments and reports the status to the court and DA's office. ARD and sentencing hearings are continued if either the CRN or assessment are not completed.

SULLIVAN COUNTY

Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	No
Bail Condition:	No



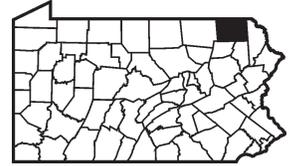
The average annual case-processing times is as follows:

ARDs:	126 days
Pleas/verdicts:	154 days

Sullivan County is an eighth-class county. The average number of CRN evaluations done annually (three-year average) is 14.

CRN evaluations are done by the county probation department and are done at time of application for ARD or preparation of pre-sentence investigation. There are no in-county treatment providers so providers from adjoining counties are used. A Better Today is a regularly used treatment provider.

SUSQUEHANNA COUNTY



Central Court:	No
Central Booking/Booking Center:	No
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No

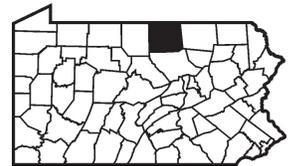
The average annual case-processing times is as follows:

ARDs:	126 days
Pleas/verdicts:	184 days

Susquehanna County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 69.

Both CRN evaluations and drug and alcohol assessments are done by Trehab. At the preliminary hearing, the offender completes an “Adult Information Sheet” and provides it to the prosecutor. The document is forwarded to Trehab and they schedule the CRN evaluation. After completion, the CRN evaluation is faxed to the DA.

TIOGA COUNTY



Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No

The average annual case-processing times is as follows:

ARDs:	152 days
Pleas/verdicts:	207 days

Tioga County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 171.

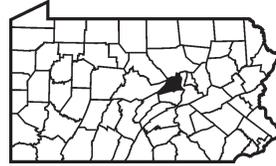
CRN evaluations are completed by the county probation department. The offender is notified of the need for the CRN evaluation at the preliminary hearing and the MDJ schedules it at that time. In plea cases, if the CRN evaluation and full drug and alcohol assessment are not completed by the time of the plea, those requirements are made a condition of continued bail.

Drug and alcohol assessments are done by the SCA. Status is monitored by county probation as part of preparation of pre-sentence report.

The Tioga County Alcohol and Highway Safety Program compiles data from CRN data and other sources and prepares an annual report of activities, services and trends.

UNION COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	Yes



The average annual case-processing times is as follows:

ARDs:	157 days
Pleas/verdicts:	204 days

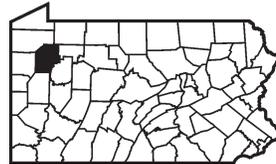
Union County is a seventh-class county. The average number of CRN evaluations done annually (three-year average) is 119.

CRN evaluations are completed by county adult probation department. At the preliminary hearing, the MDJ sets a bail condition to include contacting the probation department within 15 days to schedule the CRN evaluation. If the CRN evaluation recommends a drug and alcohol assessment, the probation officer contacts the SCA, Columbia-Montour-Snyder-Union Drug and Alcohol Program, to schedule the assessment.

Probation officers are present at all common pleas proceedings and can arrange for prompt scheduling of the CRN if not done by that time.

VENANGO COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	No
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	161 days
Pleas/verdicts:	161 days

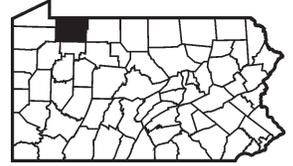
Venango County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 193.

Offenders are advised at central court of the CRN evaluation requirement. Probation officers are present to schedule the CRN evaluation. The SCA does the assessment. Some offenders have insurance with a high deductible and the SCA has negotiated with providers to charge these clients the same rate as they charge SCA-funded clients.

Venango County probation handles ARD cases, intermediate punishment cases and juvenile cases and the state board of probation and parole handles the remaining cases.

Venango County is working toward establishing a problem-solving court with a DUI component.

WARREN COUNTY



Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	Yes

The average annual case-processing times is as follows:

ARDs:	180 days
Pleas/verdicts:	175 days

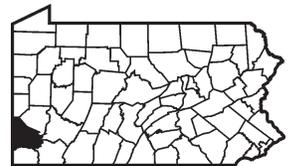
Warren County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 148.

CRN evaluations are done by the county adult probation department. Offenders are notified of the need for the CRN at the time they apply for ARD or at the time of a guilty plea/verdict. Drug and alcohol assessments are done by either the SCA or by two licensed providers in the county. If possible, the probation officer doing the CRN will schedule the assessment. Payment of the drug and alcohol assessment fee is incentivized. If the offender can pay at the time of the assessment, the fee is \$100. If unable to pay, the fee is collected as part of costs in the case but the fee increases to \$150.

Probation provides the assessing agency with a rough draft of the pre-sentence report, including CRN, PSP criminal history report, traffic safety violations and a copy of the criminal complaint/affidavit of probable cause.

There is regular communication between probation and the providers. The county operates a treatment court and the weekly preparation sessions provide an opportunity for updates on recent events.

WASHINGTON COUNTY



Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No

The average annual case-processing times is as follows:

ARDs:	174 days
Pleas/verdicts:	231 days

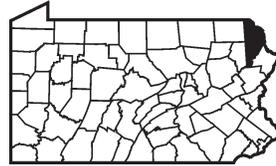
Washington County is a fourth-class county. The average number of CRN evaluations done annually (three-year average) is 891.

Since the time of our site visit in May 2016, substantial changes and improvements to processes are in place. They conduct a DUI central court on the first and third Fridays of each month. After the preliminary hearing, the offender is scheduled for an appointment at the central booking facility at which time the offender is fingerprinted and undergoes the CRN evaluation which is done by the county probation department. After the CRN, the offender is scheduled to attend AHSS and, if recommended by the CRN, a drug and alcohol assessment is completed by either the SCA or Southwestern Pennsylvania Human Services.

They have developed a process tracking card which is provided to the offender at the time of the preliminary hearing. As steps in the process are completed (fingerprinting, scheduling CRN, completing CRN, etc.), those steps are noted on the card. Washington County is planning to develop a DUI specialty court for second and third offenders.

WAYNE COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	No
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	131 days
Pleas/verdicts:	161 days

Wayne County is a sixth-class county. The average number of CRN evaluations done annually (three-year average) is 119.

Offenders are notified of the need for a CRN evaluation at the preliminary hearing. A written notice is provided to the offender, the DA and the Wayne County Drug and Alcohol Commission. The Commission contacts the offender to schedule the CRN evaluation. For out of state offenders, efforts are made to schedule the CRN the same day as the preliminary hearing. The drug and alcohol commission does both CRN evaluations and drug and alcohol assessments. The commission tracks the status and sends warning letters if appointments are missed. Failure to appear for the CRN may be the basis of a determination of ineligibility for ARD.

WESTMORELAND COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	No
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	166 days
Pleas/verdicts:	213 days

Westmoreland County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 1,398.

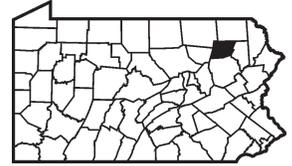
Both CRN evaluations and drug and alcohol assessments are done by Southwestern Pennsylvania Human Services (SPHS). At the preliminary hearing, the MDJ contacts SPHS to schedule the CRN evaluation. If the CRN recommends a drug and alcohol assessment, the assessment is done at the same time. Drug tests are done at the time of an assessment.

SPHS is provided a copy of the CPCMS daily court list for ARD/plea days and cross-references the scheduled cases to ensure that CRN evaluations and needed assessments have been completed prior to court disposition. Cases are continued if they have not been completed.

Levels of care include AHSS, an 18 hour DUI intervention group program, and levels of care as set forth in the Pennsylvania Client Placement Criteria (PCPC).

WYOMING COUNTY

Central Court:	No
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes - Drug/DUI hybrid Court
Bail Condition:	No



The average annual case-processing times is as follows:

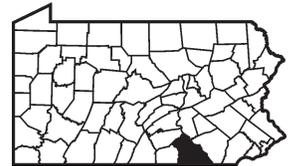
ARDs:	151 days
Pleas/verdicts:	183 days

Wyoming County is a seventh-class county. The average number of CRN evaluations done annually (three-year average) is 151.

CRN evaluations are completed by the DUI coordinator, who is affiliated with the county probation department. If the CRN recommends a drug and alcohol assessment, the offender is referred to A Better Today, Inc., for the assessment. The treatment provider has a background in probation services and there is very good communication between the county probation department and the treatment provider.

YORK COUNTY

Central Court:	Yes
Central Booking/Booking Center:	Yes
County Intermediate Punishment/ County Restrictive Intermediate Punishment:	Yes
DWI Court:	Yes
Drug Court:	Yes
Bail Condition:	No



The average annual case-processing times is as follows:

ARDs:	175 days
Pleas/verdicts:	192 days

York County is a third-class county. The average number of CRN evaluations done annually (three-year average) is 2,245.

The probation department has identified six providers to complete the CRN evaluations. Offenders are notified at central court of the need for the evaluation. The probation department had developed a list of expectations for providers who are treating DUI offenders. Among them are requirements that the offender bring the CRN evaluation to the assessment, that at the time of the assessment, a urine screen be obtained, and that there be regular urine screens during treatment.

York County has a nationally-recognized program: Target 25. At the time of a traffic stop, the offender's prior record is reviewed. If he has a prior DUI, he is taken to a MDJ for arraignment. Bond supervision, including use of a SCRAM bracelet, is established. York County has also streamlined their DUI processing, cutting waiting times to ensure prompt screenings, assessments and treatment.

They also have a robust data tracking an analytics system that results in accurate, current measurements.