# Chapter 9
# Saskatchewan Impaired Driver Treatment Centre—Delivering the Impaired Driver Treatment Program

## 1.0 Main Points

This chapter sets out the results of our audit of the processes that the Saskatchewan Impaired Driver Treatment Centre used to deliver its impaired driver treatment program to reduce recidivism (i.e., drive impaired again).

The Centre provides a residential treatment alternative to incarceration for adults convicted of a second or subsequent impaired driving offence. The Centre runs a three-week treatment program and can accommodate up to 28 co-ed clients.

For the 12-month period ended November 30, 2017, the Centre had, other than the following, effective processes to deliver the treatment program to reduce recidivism. The Centre needs to:

- Regularly review its program objectives and set measurable expectations to evaluate and report on the success of the program. This would allow the Centre to know whether its treatment program is effective and whether it activities are reducing recidivism.

- Regularly refresh its treatment program to incorporate relevant good practices (e.g., components based on client gender and cultural background). This would reduce the risk of the program not effectively supporting clients in permanently changing their behaviour.

- Consistently collect and complete client information to inform treatment (e.g., intake information, assessments, prior treatment information, individualized treatment plans, and relapse prevention plans). This information would allow the Centre to provide the appropriate treatment that will help clients to not drive impaired again after leaving the Centre.

- Actively connect clients with specific support upon completion of the treatment program. This would reduce the risk of client relapse and repeated impaired driving.

## 2.0 Introduction

### 2.1 Impaired Driving in Saskatchewan

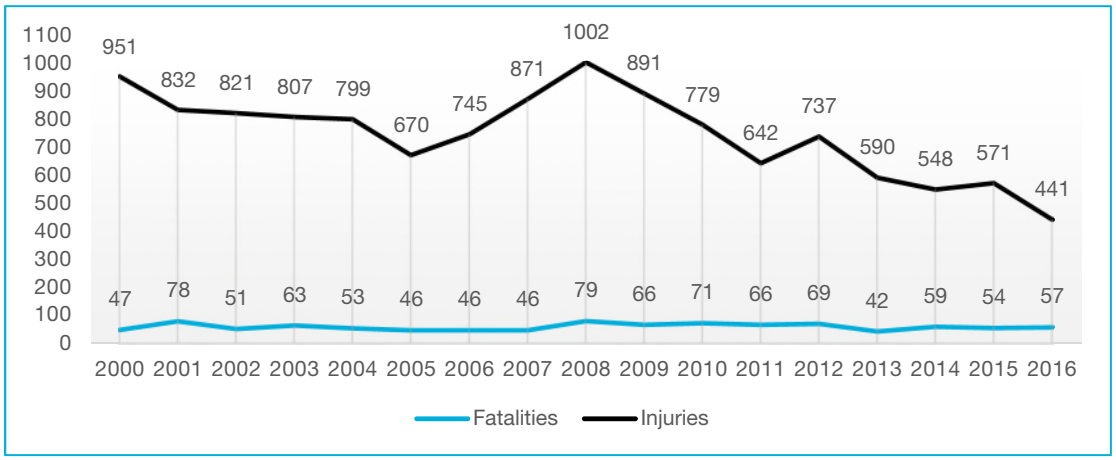
Impaired driving can have serious consequences. Saskatchewan Government Insurance (SGI) reported alcohol involvement as a leading contributing factor in collisions in 2016 causing 57 deaths and 441 injuries.[1] See **Figure 1**.

[1] SGI, *2016 Saskatchewan Traffic Accident Facts*, p. 68.

Saskatchewan had the highest provincial impaired driving rate in Canada with 575 of impaired driving incidents per 100,000 people in 2015. Alberta is the next highest with 314 incidents per 100,000. While all provinces had seen a substantial decline in impaired driving rates in the past 30 years, Saskatchewan had seen the smallest decline.[2]

Impaired drivers may drive impaired again. Nationally, about 16% of people charged with impaired driving had a previous charge within the last 10 years. Impaired drivers who caused death or harm were more likely (20%) to have had a prior charge for impaired driving.[3]

**Figure 1—Number of Saskatchewan Driving Fatalities and Injuries Involving Alcohol From 2000 to 2016[A]**




Source: SGI, *2016 Saskatchewan Traffic Accident Facts*, p. 68.
[A] Most recent data available at February 13, 2018.

An effective impaired driver treatment program can reduce the rate of recidivism and, in turn, can increase the public's safety.

## 2.2 The Saskatchewan Impaired Driver Treatment Centre

Since 1979, the Saskatchewan Impaired Driver Treatment Centre has provided a residential treatment alternative to incarceration for adults convicted of a second or subsequent impaired driving offence.[4] This is the only program in Canada that focuses solely on treating repeat impaired drivers. The Centre is located in Prince Albert. The Centre is a designated correctional facility under *The Correctional Services Act*.[5] This enables individuals found guilty of impaired driving to serve all, or part, of their sentence in the Centre.

Its Cabinet-appointed Board of Governors oversees the Centre. The Board includes representation from the ministries of Justice and Health.

Each year, the Centre spends about $1 million to operate. Wages and benefits account for 75% of its spending. The Ministry of Health funds the Centre.

[2] www.statcan.gc.ca/pub/85-002-x/2016001/article/14679-eng.htm. (31 January 2018). This was the latest available data.
[3] Ibid.
[4] The Centre was established on February 1, 1979, under authority of *The Public Health Act* by Order in Council 165/79.
[5] The Centre is designated as a correctional facility by Order of the Minister of Justice pursuant to section 20 of *The Correctional Services Act*.

The Centre can accommodate up to 28 co-ed clients. About three-quarters of its clients are adult offenders referred to the Centre as part of their court sentence for an impaired driving related charge. In 2016-17, 354 (77%) of its clients were sentenced to the Centre through the courts (when given a minimum 30-day sentence).[6] The remaining one-quarter of its clients are offenders from provincial correctional facilities who are typically serving a sentence of longer than three weeks for an impaired driving related offence.

The Centre runs a three-week treatment program with nine to ten new clients beginning every Friday. In 2017, the treatment program had a wait time between five to eight months.

During 2016-17, the Centre admitted 460 clients and provided 9,660 treatment days (2015-16: 450 clients, 9,450 treatment days).[7] In 2016-17, almost three-quarters of the Centre's clients were male, almost two-thirds of them were between the ages of 25 and 44, and just less than three-quarters of them were Indigenous.[8]

## 3.0 Audit Conclusion

**We concluded that, from December 1, 2016 to November 30, 2017, the Saskatchewan Impaired Driver Treatment Centre had, other than in the following areas, effective processes to deliver the treatment program to reduce recidivism. The Centre needs to:**

- **Regularly refresh its treatment program to incorporate relevant good practices (e.g., components based on client gender and cultural background) into its treatment program**
- **Regularly review its program objectives and set measurable expectations to evaluate and report on the success of the program**
- **Consistently collect and complete client information to inform treatment (e.g., intake information, assessments, prior treatment information, individualized treatment plans, and relapse prevention plans)**
- **Actively connect clients with specific support after completing the treatment program**

**Figure 2—Audit Objective, Criteria, and Approach**

**Audit Objective:** to assess the effectiveness of the processes that the Saskatchewan Impaired Driver Treatment Centre used for the period December 1, 2016 to November 30, 2017, to deliver the impaired driver treatment program to reduce recidivism.

**Audit Criteria:**

Processes to:

1. Design program based on best practices
   - 1.1 Establish policies and procedures that align with best practice
   - 1.2 Set measurable outcomes for program and for clients (e.g., percentage completing program, percentage of no alcohol-related offences after X to Y years)
   - 1.3 Maintain adequately trained staff
2. Operate program
   - 2.1 Screen clients for acceptance into the program

[6] Saskatchewan Impaired Driver Treatment Centre, *2016/2017 Annual Report*, pp. 7-8.
[7] Ibid., pp. 4-5.
[8] Ibid., p. 11.

2.2 Use validated tool to determine appropriate treatment for clients (e.g., determine severity of substance-use problems)
2.3 Select treatment plan suitable for client
2.4 Assess client's progress throughout treatment
2.5 Adjust treatment plan based on client's progress

3. Monitor results
3.1 Track key information for measurable outcomes
3.2 Analyze key outcome information
3.3 Report key results to the Board, stakeholders (i.e., ministries of Health and Justice), and the public
3.4 Periodically evaluate success, on overall basis, of program

**Audit Approach:**

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance* (including CSAE 3001). The criteria is based on related work, reviews of the literature including reports of other auditors, consultation with an independent consultant with subject matter expertise in the area, and in consultation with management at the Centre. The Centre's management agreed with the above criteria.

We used the above criteria to evaluate the Saskatchewan Impaired Driver Treatment Centre's processes. We examined the Centre's related program criteria, policies, and procedures. We interviewed key Centre staff, consulted with an independent consultant with subject matter expertise, and tested a sample of 33 client files. The consultant helped us identify good practice.

# 4.0 Key Findings and Recommendations

## 4.1 Measurable Expectations to Evaluate Treatment Program Needed

The Centre has not set measurable outcomes to monitor its progress in achieving the Centre's program objectives. The Board had not regularly reviewed or updated those objectives.

In 2005, the Board set the following six objectives for the Centre:

- Provide a caring, healthy, and supportive environment where the change process is initiated and/or continued
- Provide effective, research-based, and skills-based intervention that is shown to reduce risk to drink and drive
- Assist in increasing motivation to change substance abuse behaviour
- Facilitate change through group process using guided learning methods as well as adult learning principles
- Maintain positive public relations and co-ordination with other agencies
- Provide educational and therapeutic information and materials for clients[9]

The Board has not reviewed or updated these objectives since they were developed in 2005.

[9] Saskatchewan Impaired Driver Treatment Centre, www.saskidtc.com/home.html (23 June 2017).

Not reviewing program objectives regularly (e.g., every five to ten years) increases the risk of them not aligning with current good practice.

1. **We recommend that the Saskatchewan Impaired Driver Treatment Centre regularly review its program objectives.**

In addition, the Centre has not set formal program success measures and/or related targets. Program success measures enable tracking and monitoring of progress towards achieving program objectives; they go beyond the level of activity within a program (e.g., number of and types of clients). Targets set out results or level of activity expected and by when. Examples the Centre could use include:

- An average of A% increase in B (e.g., problem solving, social skills) from pre- to post-treatment
- An overall recidivism rate of less than Y% at the one-year mark of a client completing the treatment program and Z% at the five-year mark of a client completing the treatment program

Without setting expectations and measuring success, the Centre cannot know whether its treatment program is effective and whether its activities are reducing recidivism of driving impaired.

2. **We recommend that the Saskatchewan Impaired Driver Treatment Centre set measurable expectations to use in evaluating and reporting on the success of its treatment program to reduce impaired driving.**

## 4.2 Regular Program Refresh Needed

While the Centre's treatment program makes use of some research-supported good practices, there is no regular refresh of the program to include current or emerging good practices.

The Centre utilized research-supported good practices to initially design, and redesign its treatment program.[10] As shown in **Figure 3**, the Centre significantly redesigned the program in 2005, and last made program enhancements in 2009. Its last internal review of the program did not result in changes to the program.

**Figure 3—Key Events in Treatment Program Redesign and Updating**

| | |
|---|---|
| 2005: | The Centre's treatment program underwent a significant redesign in 2005 to structure it according to good practices at the time. It set the program objectives as noted in **Section 4.1**. |
| 2007: | An external evaluation concluded, among other things, that the program met good practices. |
| 2009: | The program length was extended from two weeks to three weeks in 2008 when the *Criminal Code of Canada* lengthened the minimum mandatory sentence from two to three weeks. The Centre used this as an opportunity to make program enhancements (e.g., expanding topic areas) in 2009. |
| 2015: | The Centre completed an internal review of its program. The review did not result in adjusting the program. |

Source: Adapted from Saskatchewan Impaired Driver Treatment reports.

[10] Primary sources of good practices were Health Canada and Correctional Services Canada.

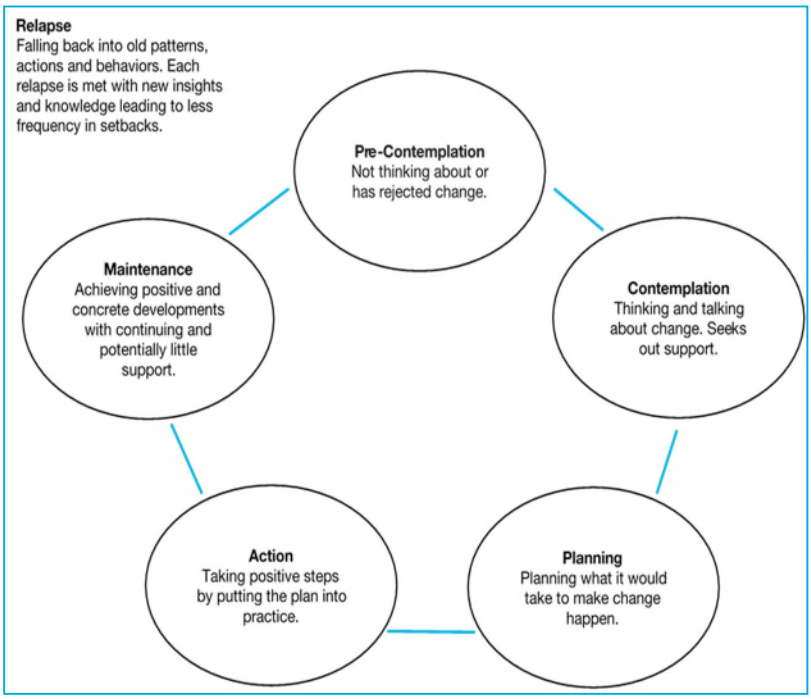
The program continues to use a number of current good practices. For example, the program uses motivational interviewing and five stages of change (see **Figures 4** and **5**) to help clients self-assess and permanently change their behaviour.[11]

**Figure 4—Brief Summary of Treatment Program**

| |
|---|
| The three-week treatment program emphasizes personal responsibility and choice. It uses the Social Learning Model, a cognitive-behavioral approach including the Transtheoretical Model of Change, motivational interviewing, skills acquisition, and relapse prevention planning. It uses standardized assessment tools to have each client self-assess their level of problems related to substance use.<br><br>The Program is delivered using a combination of mandatory group modules, and one-on-one counselling sessions.<br><br>Upon program completion, it actively encourages clients to connect with community support (e.g., community addiction counsellors). |

Source: Adapted from Saskatchewan Impaired Driver Treatment reports.

**Figure 5—Five Stages of Change**




Source: www.kvccdocs.com/KVCC/2015-Fall/MHT218/Lessons/L-05/lesson-online.html (28 January 2018).

However, we found that some of the Centre's treatment practices used, such as certain videos and exercises, are no longer considered good practice. Also, we could not determine how a few program sessions (e.g., sexual health workshops) relate to reducing recidivism of impaired driving.

Also, contrary to good practice, the Centre uniformly applies the same treatment program to all clients. It does not adjust its modules for the unique needs of individual clients or groups of clients. For example, the Centre has not integrated into the core of the program its cultural-specific modules (e.g., visits by an elder). Good practice recommends individualization or customization of treatment based on needs of certain populations (e.g., gender, differences in cultural backgrounds).[12]

[11] Ministry of Health, *Clinical Principles for Alcohol and Drug Misuse Services in Saskatchewan*, (2012), p. 11.
[12] Ibid., p. 12.

Not using all relevant good practices in its program increases the risk of the program not doing enough to effectively support clients in permanently changing behaviour (e.g., controlling problematic substance use). Effectively helping clients make and sustain changes are key to reducing the risk of them driving impaired again.

3. **We recommend that the Saskatchewan Impaired Driver Treatment Centre regularly refresh its treatment program to incorporate relevant good practices to help reduce clients from driving impaired again.**

## 4.3 Staff Adequately Trained

The Centre uses adequately trained staff to deliver the treatment program.

To deliver the treatment program, the Centre employs four permanent addiction counsellors and one casual counsellor (to cover holidays).[13] The Centre requires its addiction counsellors to hold a bachelor's degree (e.g., psychology, social work) or a two-year diploma in addictions counselling.

Direct treatment program staff maintain CPR and first-aid training. The Director of the Centre also receives regular notices from various organizations (e.g., Canadian Centre on Substance Use and Addiction) about upcoming conferences and events.

We found that staff continue their professional development by attending conferences (e.g., addictions, mental health).

## 4.4 Individual Client Progress Monitored

The Centre systematically tracks and monitors the progress of individual clients.

The Centre monitors client progress from pre-treatment (i.e., on admission to the program) to post-treatment (i.e., the end of the program) using a number of client self-assessment tests. Clients complete the same written assessments at the start and at the end of the program. The Centre uses these assessments to measure various skills focused on in treatment (e.g., social, problem solving, decision-making skills).

## 4.5 Consistent Collection and Documentation of Client Information Needed

As described below, the Centre collects and documents client information (e.g., client referrals, client assessments, treatment plans, and relapse prevention plans) inconsistently.

Good practices outline that having consistent and relevant client file information is key to inform treatment. Relevant client information includes:

- Referral information—prior treatment/criminal history/security rating

[13] At November 2017, the Centre had staff in 11 full-time equivalent permanent positions, 5 part-time permanent positions, and 8 casual positions.

- All current client assessments about substance abuse and readiness to change
- Treatment plans including monitoring of client progress and counsellor meetings
- Client relapse plans to respond to risk of driving impaired again

### No Client Intake Policy or Consistent Collection of Information

The Centre does not have policies or guidance outlining who best to take into the program, or what client intake information it needs to inform treatment.

The Centre does not prioritize admission into the program based on the risk of the individual having another impaired driving offence even though it has an admission-wait time of five to eight months. The Centre does not have policies or guidance to help determine suitable clients and to guide intake and screening processes. Rather the Centre accepts clients on a first come, first serve basis. It relies on the justice system and staff in corrections to refer suitable clients using Ministry of Justice policies.

Furthermore, it does not have policies or guidance that sets out what minimum intake information it requires upon intake of new clients to help it determine treatment. For example, intake information should include details of current and past driving offences, driving record, the complete criminal history of the client, etc.

We found the Ministry of Justice's policies were not specific to the Centre. Instead, they were generic to community treatment centres. Also, they were over a decade old (e.g., the intake and placement policies were from 2007, and eligibility criteria policies were from 2004).

For some of the 33 client files that we tested, intake information (e.g., client history, criminal and treatment history) was incomplete and inconsistent. We found:

- About one-third (39%) of them did not include complete intake information such as information on whether the client had health issues that may complicate treatment or had completed prior treatment
- Nearly half (48%) of them did not include a completed client intake information report (e.g., circumstances and summaries of current and past offences)
- Most (70%) of them did not include the client's security rating (i.e., low, medium, or high)

Centre space is limited (i.e., only 28 beds) and the demand for the program exceeds the supply (i.e., the wait time is five to eight months).

Without working with the Ministry of Justice to set policies or guidance outlining criteria for client intake (suitable clients to refer and intake information required to inform treatment), the justice system and the Ministry of Justice may refer clients into the impaired driving treatment program, and it may not fit the clients' needs.

**4. We recommend that the Saskatchewan Impaired Driver Treatment Centre work with the Ministry of Justice to develop guidance for who to take into the program and information needed to inform treatment.**

### Reconsideration of Use of Client Identification Number Needed

The way the Centre assigns client identification numbers impedes treatment for repeat clients.

Upon admission, the Centre assigns a unique identification number to each client. It assigns returning clients a new identification number each time they return. It manually maintains information about clients using these numbers.

This practice of assigning new identification numbers makes it difficult for staff to identify repeat clients and to easily pull their former records for consideration. For the nine-month period to November 2017, the Centre had 12.9% repeat clients (fiscal 2016-17: 13.10%).

In addition, during our testing of client files, we found cases of misspelled names in client logs and client files. Misspelled names can further complicate searches for prior treatment files.

By not assigning the same identification numbers to repeat clients, the Centre is not readily able to review prior treatment files and adjust current treatment accordingly.

5. **We recommend that the Saskatchewan Impaired Driver Treatment Centre assign the same identification numbers to repeat clients.**

### Client Assessment Information Not Always Complete

The Centre does not consistently complete client assessment information and prior treatment results in client files.

When a client is admitted to the Centre for treatment, staff are to assess them using valid tests measuring, for example, a client's level of substance abuse and readiness for change.

For the 33 client files that we tested, we found:

- Not all tests were done or fully completed—about one-third (33%) of client files tested were missing some or all of the assessments or had incomplete assessments; these files did not include reasons for missing or incomplete assessments

- All of the files where the client had prior treatment did not contain evidence showing the counsellors' use of prior treatment results (e.g., previous relapse prevention plans) to help inform current treatment

Without complete client assessment information on file, counsellors may not have sufficient information to select interventions or treatments appropriate for the client.

6. **We recommend that the Saskatchewan Impaired Driver Treatment Centre consistently complete client assessment information to support treatment.**

## No Documented Evidence of Individualization of Client Treatment or Client Progress Kept

The Centre could not show us that it individualizes treatment for its clients; it does not keep records of individualized treatment or one-on-one counselling sessions during the program.

The three-week program consists of a combination of mandatory modules, and providing clients with an opportunity for one-on-one counselling sessions (see **Figure 6**). The Centre does not vary the modules or content thereof based on substance abuse history, gender, cultural background, educational level/comprehension ability of individual clients, or groups of clients in attendance. The Centre does not develop treatment plans for each individual client.

**Figure 6—Brief Summary of Structure of Treatment Program**

Clients are admitted to the Centre for 21 continuous days. The three-week program runs from Monday to Friday with about one-third of the clients being admitted each Friday. It delivers structured modules on weekday mornings, and provides time for counselling clients on weekday afternoons. The Centre does not offer programming during the weekend. A counsellor is available on call on weekends and after hours for any crisis/issue.

All clients must attend the structured modules each morning. There are 15 modules. Each module covers specific topics. For example, on day one, counsellors discuss the stages of change and the physical effects of alcohol/drugs with the clients.

In the afternoons, clients attend various workshops/presentations (e.g., RCMP – police perspectives). In addition, clients can, at their discretion, initiate and participate in one-on-one sessions with their counsellors. For each three-week treatment program, the Centre made a total of 90 hours of one-on-one sessions available to the clients in the program (based on 4 addiction counsellors, 1.5 hours per afternoon; maximum client capacity: 28). Generally, each one-on-one session ranges between 15 to 60 minutes.

Source: Adapted from Saskatchewan Impaired Driver Treatment information and staff interviews.

In addition, while management expects staff to monitor each client's progress throughout treatment, it does not formally require staff to keep any information from one-on-one counselling sessions (e.g., dates of sessions, results of sessions).

For all of the client files that we tested, we did not find documentation that showed staff monitored client progress (e.g., counsellor's notes from one-on-one sessions or observations from the client's participation in the group sessions) during the program.

The lack of documentation from the one-on-one counselling sessions increases the risk that clients may not receive appropriate treatment based on their individual needs. In addition, not keeping such documentation reduces the ability of the Centre to monitor the delivery of treatment to clients. It also means this information is not available to counsellors when making treatment decisions for current and repeat clients.

7. **We recommend that the Saskatchewan Impaired Driver Treatment Centre require its staff to document the results of one-on-one counselling sessions with clients.**

Because the Centre does not keep records of whether counselling sessions are held with individual clients or the results of those sessions, it could not show us whether treatment was tailored or individualized within these sessions to align with the particular needs of the client. Furthermore, without records, we could not determine to what extent clients

participated in one-on-one sessions. Centre staff advised us that the four counsellors were not always fully booked for sessions each afternoon.

While individualizing all aspects of treatment for each client would be difficult in a three-week program, an opportunity to customize some module program content for different clients and sub-groups or to provide additional treatment and support to clients exists for the following reasons:

- The Centre does not provide programming on the weekends (other than the sessions with an elder every second weekend), that is, no programming on 6 of the 21 days of the three-week program

- Some afternoon time is generally available each week because not all clients initiate one-on-one counselling sessions

The Centre could use some of this available time to actively encourage more one-on-one sessions, or hold breakout sessions designed to tackle unique needs common to individuals or groups of clients in the program (e.g., females, Indigenous clients, or clients with similar substance abuse risk factors, levels, or history).

Without a treatment plan that focuses on the specific unique needs of each client or groups of clients in the program, the Centre may not provide treatment that will most help clients from not driving impaired again after leaving the Centre.

**8. We recommend that the Saskatchewan Impaired Driver Treatment Centre customize its treatment program to focus on the specific unique needs of individual clients or groups of clients in the program.**

### Preparation of Client Relapse Plans Inconsistent and Incomplete

Client relapse prevention plans were not consistently prepared and were often incomplete.

The Centre requires clients to develop written relapse prevention plans during their time in the program. Management indicated that each client's counsellor is to review these plans.

Relapse prevention plans are key documents that clients take with them when they complete treatment to help them reduce the risk of driving impaired again. Developing such plans is consistent with good practice. They help clients identify their personal goals, situations, and triggers that could increase their risk of relapse, ways to cope, and where to go for support to respond positively to a relapse. Management indicated each client is at a different stage of change and it is up to the client to determine the level of detail included in the relapse prevention plans.

We found that counsellors did not always make sure their clients prepared the relapse prevention plans or that prepared plans were complete. For the client files that we tested, we found:

- Half of the files tested (51%) had incomplete relapse prevention plans (e.g., missing details in their goals or steps)

- 6% of them did not include any relapse preventions plans.

Without complete client relapse prevention plans, clients may be at greater risk of driving impaired again after being released from the Centre.

**9. We recommend that the Saskatchewan Impaired Driver Treatment Centre have clients consistently complete relapse prevention plans before leaving the Centre.**

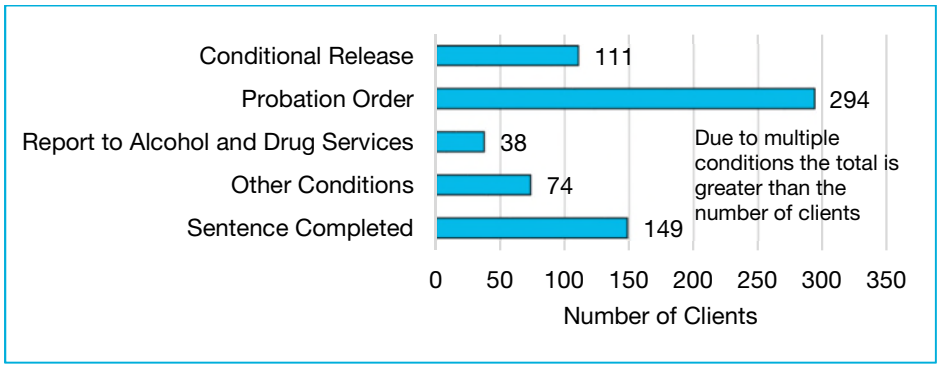
## 4.6 Post-Treatment Support Needed

The Centre does not have procedures to guide staff in encouraging clients to seek post-treatment support.

Good practice recommends one key to sustaining change in behaviour is the ability to access support (e.g., support meetings, mental health, addictions or general counselling) after the completion of a formal treatment program. It suggests programs actively connect clients with the necessary post-program support information (e.g., referring them to specific services, and helping them access those services). We expected the Centre to arrange for post-program support.

Some of the Centre's clients have conditions upon their release from the program. As set out in **Figure 7**, in most cases, the courts or probation officers set the conditions (e.g., conditional release, probation order), and are responsible for monitoring whether they are met.

**Figure 7—Number of Clients with Conditions of Release for the 2016-17 Year**




Source: Saskatchewan Impaired Driver Treatment Centre, *2016/2017 Annual Report*, p. 10.
Conditional Release is a part of the client's court sentence (e.g., abstain from the use of drugs or alcohol). A Probation Order is set by probation staff (e.g., client must report to probation officer every X days). These conditions of release are outside the responsibility of the Centre. Management indicated that if the client is being discharged with conditions to report to probation officers, then the discharge report would be sent to probations.
Probation or the client can set the condition to Report to Alcohol and Drug Services. If set by probation, these conditions are outside the responsibility of the Centre and discharge reports are provided to probations.
Other Conditions are self-directed conditions that the client has identified during relapse planning (e.g., see an addictions counsellor, attend Alcoholics Anonymous).
Once a Sentence is complete, there are no conditions.

As part of completing their relapse prevention plans in the treatment program, staff indicated that they actively encourage clients to connect with community support (i.e., clients may "self set" conditions). For example, clients would report to alcohol and drug services that the Saskatchewan Health Authority offers.[14] Management indicated that staff

[14] http://www.rqhealth.ca/department/addiction-services/addiction-services-in-regina. (07 February 2018).

is to identify the community support required for the client in the final report (i.e., discharge report).

We found staff's documentation of community support for clients was inconsistent (e.g., not always identified in the final reports).

Without successfully connecting clients to post-treatment support, there is an increased risk that a client will not access post-treatment support. If clients do not access this support, it increases the risk of client relapse and repeated impaired driving.

**10. We recommend that the Saskatchewan Impaired Driver Treatment Centre actively connect clients with specific support upon completion of the treatment program.**

## 4.7 Monitoring and Reporting of Program Success Needed

Although the Centre routinely monitors and reports many program activities, it has limited monitoring and reporting on whether the program is achieving its six objectives.

The Centre does not regularly report its progress towards achieving those objectives to its Board, funders, or the public (e.g., through annual report or website). As noted in **Section 4.1**, it has not set measurable expectations to use in evaluating or reporting on its success.

Rather, each quarter, the Centre gives its Board and the Ministry of Health a report that summarizes program activity for that quarter.[15] The report includes:

- Statistics of the program (e.g., number of admissions, patient days for the admissions to the program, occupancy rate)
- Operational items underway (e.g., draft suicide prevention protocol, performance evaluations)
- Methods used to evaluate clients (e.g., pre- and post-testing tools, program evaluations)
- Program development needs of staff within the Centre (e.g., training opportunities)
- Financial information (e.g., details on costs)

In addition, the report provides a breakdown of the clients' self-assessed pre- and post-program test score changes (i.e., how many client test scores increased, decreased, stayed the same). For example, clients self-assessed an increase in their readiness to change in a range of 73% to 88% dependent upon the category (e.g., social skills, problem solving, decision-making skills) for the period of July 1 to September 30, 2017.[16]

[15] Under the funding agreement with the Ministry of Health, the Centre is required to provide the Ministry of Health with quarterly reports.
[16] *Saskatchewan Impaired Driver Treatment Centre Quarterly Report*, October 2017.

Management views changes in scores from client's self-assessments as an indicator of program performance. However, there is no evidence of any analysis of this information beyond a simple calculation of changes in client-assessed scores.

The Centre does not post its annual report on its website to make it readily accessible to the public.

Although the Centre recognizes recidivism is an important indicator of success, its process as to when and how to calculate recidivism rates of its clients is not well defined or documented. Recidivism rate is the rate at which its clients are charged with driving impaired again after completion of the program.

The Centre expects staff to calculate an overall recidivism rate for past clients, and the recidivism of each client at the one-year mark of leaving treatment.[17]

However, we found, in practice, the timing of this check varied. Some took place at the one-year mark (the expected timing) while others occurred later (e.g., 19 months). Also, at November 2017, the Centre had determined only 2014 overall recidivism statistics and was still working on determining the 2015 and 2016 one-year recidivism statistics.

In 2014, for 431 clients at their one-year mark of completing the program, 34 (7.8%) had new charges for a breathalyzer-related charge, 36 (8.3%) had new charges for driving while disqualified, and 114 (26.4%) had new charges.[18]

The Centre does not determine recidivism rates for longer periods (e.g., three to five years), even though this information is available and may provide insight into whether its clients sustained changes they made during the program. Also, recidivism rates at the one-year mark do not capture some clients who are still serving their sentence in a correctional facility.

In addition, the Centre does not share the overall recidivism rate or changes in rates with its Board or ministries of Justice and Health.

Without receiving measurable information about the results of the program, the Centre's management, the Board, and stakeholders cannot assess the Centre's progress towards achieving its program objectives and reducing the risk of clients driving impaired again. See **Recommendation 2** about setting measurable expectations to evaluate and report on its treatment program's success.

## 5.0 Selected References

Andrews, D.A. (2000). *Principles of Effective Correctional Programs*. *Compendium 2000 on Effective Correctional Programming, Chapter 2.* Ottawa: Correctional Service Canada. www.csc-scc.gc.ca/research/com2000-chap_2-eng.shtml (18 July 2017).

Health Canada. (2004). *Best practices: Treatment and Rehabilitation for Driving While Impaired Offenders*. Ottawa: Author.

[17] The Centre can check the Ministry of Justice's provincial database to determine if past clients have any new offence charges, in general or specific to impaired driving.
[18] Note these categories are not mutually exclusive, some had both a breathalyzer and driving while disqualified charge.

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