

Chapter 38

Saskatchewan Impaired Driver Treatment Centre— Delivering the Impaired Driver Treatment Program

1.0 MAIN POINTS

Saskatchewan Government Insurance (SGI) reported alcohol involvement as a leading contributing factor in fatal collisions in 2018 causing 43 deaths and 359 injuries.¹ The Saskatchewan Impaired Driver Treatment Centre provides a residential treatment alternative to incarceration for adults convicted of a second or subsequent impaired driving offence. The Centre admits about 430 clients and provides approximately 9,000 days of care each year.

Since 2018, the Centre has improved many of its processes for delivering the impaired driver treatment program to reduce recidivism (i.e., driving impaired again). By August 2020, the Centre has fully implemented nine and partially implemented one of the ten recommendations we first made in 2018.

The Centre updated its program objectives setting measurable expectations for two of three new objectives, and refreshed its treatment program. It decided to review and update its treatment program and program objectives annually.

In addition, the Centre developed a file checklist to help staff consistently include key information in client files, and document key activities (e.g., one-on-one sessions with clients, information about post-program support). It also required files to include all previous identification numbers for repeat clients to help staff readily identify repeat clients, and in turn, more easily review prior treatment files, and adjust treatment accordingly.

The Centre plans to finish developing the remaining program success measure and targets in September 2020 and give its Board, in October 2020, a comparison of its recidivism rates to provincial and federal rates. Assessing the recidivism rate for the Centre's clients will allow the Centre to determine if the treatment program is reducing impaired driving for its clients and take action to address areas where the treatment program fall short of expectations.

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

2.0 INTRODUCTION

2.1 Background

The Centre is responsible for delivering the impaired driver treatment program to reduce recidivism. The Centre is located in Prince Albert and can accommodate up to 28 co-ed clients. It runs a three-week treatment program with nine to ten new clients beginning every

¹ SGI, *2018 Saskatchewan Traffic Collisions Report*, p. 72.



Friday. The majority of clients are adult offenders referred to the Centre as part of their court sentence for an impaired driving related charge.

During 2019-20 fiscal year, 430 clients received treatment through 9,030 days of care.

A cabinet-appointed Board of Governors oversees the Centre. It is a designated correctional facility under *The Correctional Services Act* and the Ministry of Justice and Attorney General has a designated seat on the Board. The Centre's vision is to provide a professional and effective response to the community by contributing to public safety and healthy attitudes toward substance use. The Centre remains operational through the COVID-19 pandemic at half capacity.

2.2 Focus of Follow-Up Audit

This chapter describes our first follow-up audit of management's actions on ten recommendations we made in 2018 about the Centre's processes for delivering the impaired driver treatment program to reduce recidivism.²

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Centre's progress toward meeting our recommendations, we used the relevant criteria from the original audit. The Centre's management agreed with the criteria in the original audit.

To complete this follow-up audit, we interviewed key staff, reviewed the Centre's objectives, policies and procedures, and examined other relevant documents. In addition, we tested a sample of client files.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation, the status of the recommendation at August 31, 2020, and the Saskatchewan Impaired Driver Treatment Program's actions up to that date.

3.1 Program Objectives Reviewed Regularly

We recommended the Saskatchewan Impaired Driver Treatment Centre regularly review its program objectives. (2018 Report – Volume 1, p. 131, Recommendation 1; Public Accounts Committee has not yet considered this recommendation as of November 2, 2020)

Status—Implemented

The Centre has updated its program objectives and set a future date to review and update those objectives.

In April 2020, the Board of Directors developed and approved three new objectives for the Centre set out in **Figure 1**. The Board of Directors next plans to review its three objectives in April 2022.

² Original audit reported in *2018 Report – Volume 1*, Chapter 9.

Figure 1—Objectives of Saskatchewan Impaired Driver Treatment Program

Objective	Description
1	To assist in developing skills and increasing motivation to change problematic substance use by providing psycho-educational workshops, therapeutic group opportunities and one-to-one support.
2	To provide home community service options to clients for post-treatment community support and assist in coordination of follow-up when requested.
3	To partner with the Ministry of Health, the Ministry of Corrections and Public Safety, and other agencies to maintain positive public relations and health services for clients struggling with problematic substance use.

Source: Adapted from Saskatchewan Driver Treatment Centre information.

Reviewing the program objectives regularly reduces the risk of them not aligning with good practice and the goals of the Centre's program.

3.2 Expectations to Evaluate Treatment Program Success Under Development

We recommended 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. (2018 Report – Volume 1, p. 131, Recommendation 2; Public Accounts Committee

has not yet considered this recommendation as of November 2, 2020)

Status—Partially Implemented

The Centre has developed measures for two of its three new objectives (See **Figure 2**), and plans to develop the remaining measure and targets in October 2020. In addition, the Centre established a process to track instances of recidivism of its clients that occur one year after a client completes its program.

Figure 2—Saskatchewan Impaired Driver Treatment Program Success Measures

Measure	Target	Reporting	
Objective 1 Develop skills and increase motivation	Number of pre and post-tests for clients as a measure of motivation level and skills (i.e., problem solving, social skills, stage of change, self-efficacy, decision balance). Tests are used to measure skills upon entry and at completion of the program.	Not yet set	Summarized results shared with the Board and Ministry of Justice and Attorney General quarterly
Objective 2 Provide home community service options	Types of community supports (e.g., probation, addictions services, Alcoholics Anonymous, non-structured support such as friends, family, cultural traditions) clients choose to access after completing the treatment program	100% of clients aware of supports in their communities Provide all clients with information on post-program support	Summary results shared with the Board and Ministry of Justice and Attorney General quarterly
Objective 3 Work with partner agencies to maintain health services and positive public relations	No measure developed	Not yet set	Summary results shared with the Board and Ministry of Justice and Attorney General quarterly

Source: Adapted from Saskatchewan Driver Treatment Centre information. Shaded areas highlight where measures are not yet set.



The Centre measures client recidivism rates by following up on additional charges clients may have one year after completion of the program. It plans to provide its Board with a comparison of its client recidivism rates to both provincial and federal recidivism rates at its October 2020 meeting.

Having clear and well-defined measures would enable tracking and monitoring of progress towards achieving program objectives. Setting targets helps determine and convey how fast the Centre plans to achieve its objectives, and determine the extent of resources necessary. Reporting results against measures and targets allows the Centre to determine if the treatment program is reducing impaired driving recidivism, and identify adjustments necessary.

3.3 Program Refresh Completed and Regular Interval Set

We recommended the Saskatchewan Impaired Driver Treatment Centre regularly refresh its treatment program to incorporate relevant good practices to help reduce clients from driving impaired again. (2018 Report – Volume 1, p. 133, Recommendation 3; Public Accounts Committee has not yet considered this recommendation as of November 2, 2020)

Status—Implemented

The Centre has updated the treatment program, and has set a regular interval (annually) to review and update the program. It expects the Director and Manager to meet with all of the counsellors to review and update the program content and handouts each December.

We noted, in December 2019, the Centre updated the content of sessions delivered as part of its program removing outdated and no longer relevant videos/exercises.

The Centre reconfirmed its use of good practice by using a cognitive behavioral approach to change behaviour. The Centre decided it was more cost-efficient to focus use of individual treatment plans for each client and one-on-one sessions to address variations in client needs as opposed to implementing program modules for specific sub-groups.

Having relevant good practices in its program decreases the risk of the program not doing enough to effectively support clients in permanently changing behaviour (e.g., controlling problematic substance use). This allows the Centre to help its clients make and sustain changes that are key to reducing the risk of them driving impaired again.

3.4 Client Intake Policy In Place and Information for Treatment Obtained

We recommended 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. (2018 Report – Volume 1, p. 134, Recommendation 4; Public Accounts Committee has not yet considered this recommendation as of November 2, 2020)

Status—Implemented

The Centre developed a Client Admittance Policy to guide who to admit into the treatment program. The Centre utilizes client placement reports to guide information needed about clients to inform treatment.

The Centre consulted with the Ministry of Justice and Attorney General when developing its Admittance Policy outlining specific criteria for admitting adult offenders into the treatment program. The Admittance Policy came into effect on April 25, 2019; its next policy review date is 2023.

We found the Admittance Policy sufficiently outlines the Centre's admittance criteria. The Centre admits clients based on priority: first priority are court-ordered clients, second are client referrals from correctional centres with impaired driving related charges; and third are client referrals from correctional centres with substance-related charges. Client referrals are admitted on a first come, first serve basis.

In 2019-20, 219 (51%) clients were court ordered and 211 (49%) clients were referred from correctional facilities. In 2018-19, 284 (64%) clients were court ordered and 158 (36%) clients were referred from correctional facilities.

The Centre also receives specific background information about clients to inform treatment. Probation officers and corrections centres complete client placement reports. These reports include specific background information about clients to inform treatment. The Centre staff noted while these reports are often inconsistently completed, it uses its access to the Ministry of Corrections and Policing's corrections system to supplement the information needed (e.g., prior treatment, prior impaired history).

All 30 clients tested met the criteria set out in the Admittance Policy and placement reports included information needed to inform treatment.

Having a policy outlining criteria for admitting clients helps the Centre and the Ministry of Justice and Attorney General have a clear and common understanding of prioritization and types of clients to accept into the program. This in turn enables communication to relevant stakeholders (e.g., court system). Having placement forms, augmented with information the Ministry of Corrections and Policing tracks, which includes key background information, assists the Centre in designing effective treatment for clients.

3.5 Previous Identification Numbers Included in Files for Repeat Clients

We recommended the Saskatchewan Impaired Driver Treatment Centre assign the same identification numbers to repeat clients. (2018 Report – Volume 1, p. 135, Recommendation 5; Public Accounts Committee has not yet considered this recommendation as of November 2, 2020)

Status—Intent of Recommendation Implemented

The Centre includes all previous identification numbers and previous treatment information in each new file for repeat clients.³

³ A repeat client is one who attends a treatment program more than once.



Upon admission, the Centre assigns a unique identification number to each client. It manually maintains information about clients using these numbers. Starting April 2018, it assigns returning clients a new identification number each time they return, and includes previous identification numbers and previous treatment information in the new file.

Clients' previous identification numbers were included in each of the 16 repeat client files we tested.

This practice of including all previous identification numbers in each new file allows staff to identify repeat clients, easily review prior treatment files and adjust current treatment accordingly.

3.6 Client Assessment Information Consistently Completed

We recommended the Saskatchewan Impaired Driver Treatment Centre consistently complete client assessment information to support treatment. (2018 Report – Volume 1, p. 135, Recommendation 6; Public Accounts Committee has not yet considered this recommendation as of November 2, 2020)

Status—Implemented

The Centre consistently completes client assessments prior to treatment.

Upon admission to the Centre for treatment, the Centre expects staff to assess new clients (e.g., a client's level of substance abuse and readiness for change). The Centre also recognizes clients may take the program multiple times (repeat clients), and the counsellors who work with a client may change.

In April 2018, the Centre implemented a checklist to guide and document a client's assessment. The checklist documents a client's treatment plan, the objectives of the client, and other assessment information required. The counsellor signs off the checklist and the manager reviews it. The Centre expects staff to include the completed and approved checklist in each file.

In the 30 files we tested, counsellors completed and signed off the checklist. We found the 16 repeat client files we tested appropriately included prior treatment information.

Maintaining complete client assessment information on files enables counsellors to have sufficient information to select the appropriate intervention and treatment for clients.

3.7 Evidence of Client One-on-One Sessions Documented

We recommended the Saskatchewan Impaired Driver Treatment Centre require its staff to document the results of one-on-one counselling sessions with clients. (2018 Report – Volume 1, p. 136, Recommendation 7; Public Accounts Committee has not yet considered this recommendation as of November 2, 2020)

Status—Implemented

The Centre consistently documents the date, and time, and makes notes (e.g., drinking and substance use history, goals, concerns, triggers) of discussions in the one-on-one counselling sessions with clients.

Since January 2018, the program provides a minimum of three structured one-on-one sessions to each client and optional daily one-on-one sessions. One-on-one sessions assess the client's progress and unique needs, help develop their treatment plan, provide the client with information on post-program support and help prepare relapse prevention plans.

In each of the 30 client files we tested, the files included documentation of one-on-one sessions.

Documenting the results of one-on-one sessions increases the ability of the counsellor to provide the appropriate treatment specific to the client. It also allows the Centre to monitor the delivery of the treatment to its clients. Having this information on file makes it available to counsellors when making treatment decisions for repeat clients.

3.8 Treatment Plans Customized for Individual Clients

We recommended 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.

(2018 Report – Volume 1, p. 137, Recommendation 8; Public Accounts Committee has not yet considered this recommendation as of November 2, 2020)

Status—Implemented

The Centre has implemented two unique groups to help its clients (i.e., Elder Program and Female groups) along with unique treatment plans for each client during the one-on-one sessions.

In August 2018, the Centre increased its Elder Program from twice a month to once a week. In July 2018, it added a specific female group, once per month as intake allows. In addition, the counsellors continue to determine a specific focus (e.g., separate drinking and driving, abstain from drinking) and objectives (e.g., reconnect with Alcoholics Anonymous) and use this information to build the relapse prevention plan unique to each client.

In each of the 30 files we tested, the file checklist documented the client's specific treatment plan focus and objectives.

Maintaining a documented treatment plan that focuses on the specific unique needs of each client in the program helps show the Centre provides treatment designed to reduce the risk of a client driving impaired again after leaving the Centre.



3.9 Client Relapse Plans Consistently Completed

We recommended the Saskatchewan Impaired Driver Treatment Centre have clients consistently complete relapse prevention plans before leaving the Centre. (2018 Report – Volume 1, p. 137, Recommendation 9; Public Accounts Committee has not yet considered this recommendation as of November 2, 2020)

Status—Implemented

Clients consistently complete relapse prevention plans.

The Centre requires clients to develop written relapse prevention plans during their time in the program. Developing these plans helps clients identify their personal goals, situations, 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 that since our 2018 audit the Centre has reinforced with counsellors its requirement for them to review relapse prevention plans with the client at the end of the program. It also documents completion of the plans in its file completion checklist and in its final report (i.e., discharge report). This helps confirm clients complete a plan prior to leaving the program.

For each of the 30 files we tested, the file contained the client's completed relapse prevention plan, and the final report (i.e., discharge report) noted the counsellor's review of the relapse prevention plan with the client.

Relapse prevention plans are key documents 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.

3.10 Post-Treatment Information Provided

We recommended the Saskatchewan Impaired Driver Treatment Centre actively connect clients with specific support upon completion of the treatment program. (2018 Report – Volume 1, p. 139, Recommendation 10; Public Accounts Committee has not yet considered this recommendation as of November 2, 2020)

Status—Implemented

Procedures exist to guide Centre staff in encouraging clients to seek post-treatment support.

Since April 2018, counsellors discuss with clients, prior to them leaving the treatment program, supports (e.g., alcoholics anonymous, counselling) the client thinks may be of benefit after release from the program. The counsellor and client locate contact information for the appropriate community supports. The counsellors document the community supports the client plans to access upon completion of the program in the final report (i.e., discharge report).

For each of 30 files we tested, documentation of post-treatment support information provided to the client and client intentions were included.

Good practice suggests one key to sustaining a 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. Successfully connecting clients to post-treatment support decreases the risk of client relapse and repeated impaired driving.

