Breathe.

1401 Lane Street

Kannapolis, NC 28083

704-782-3050

www.breathewellnessnc.com

Dear treatment provider:

Thank you for assisting our mutual client meet the North Carolina DWI requirements:

When a person receives a DWI in North Carolina (no matter how far back it was), the client is required to have a comprehensive substance use assessment and complete either education or treatment. Please send a copy of the assessment and recommendations for either education or treatment. No education or treatment is NOT an option for North Carolina. The results of your assessment will determine the level of care. No diagnosis will require an education program .5 ASAM level. Severe diagnosis required a long term program of not less than 60 days. North Carolina will accept your first offenders program if this is the participants' first offense. If you have any questions regarding placement criteria, please feel free to give us a call. North Carolina does recognize the Prime For Life program. If a short term out-patient treatment is recommended, North Carolina requires that it is no less than 20 hours. North Carolina does recognize any state approved programs from your state. The substance use education or treatment needs to be completed to satisfy North Carolina's requirements to release the hold on the driving privileges.

When client completes the education or treatment, North Carolina DMV requires that the facility or you to mail or fax to us a letter or certificate stating the following: Name of the program, Start date, completion date and the number of hours of treatment/education completed, cost of program, diagnosis, topics covered, and completion certificate.

Sincerely,
Alanna Brewton, MS, LCAS
Clinical Director

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Outline of Minimum Requirements for those convicted of DWI in NC

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Persons convicted of DWI in the state of North Carolina are required by court order to submit to a clinical assessment for substance use disorders. The following outline lists the NC minimum requirements for educational and treatment programs that are recommended by assessors. The client must begin the recommended program within 6 months of the date of the assessment. Otherwise, the assessment will be considered expired and a new assessment will be required per NC DWI Services Office policy. As a result of this client being a resident of your state, the referral is being transferred to your state for compliance with court order.

DWI Education (Alcohol & Drug Education Traffic School) can be recommended if:

- No more than one DUI/DWI conviction in client's lifetime.
- BAC at time of DWI arrest did not exceed 0.14.
- Client did not refuse breath test.
- Client does not meet DSM-V diagnostic criteria for a Substance Use Disorder.
- Program must be a minimum of 16 face-to-face contact hours and cannot be completed in less than 4 sessions.

Short Term Treatment can be recommended if:

- Client has one or more DUI/DWIs in their lifetime.
- Client refused breath test.
- BAC at time of DWI arrest was 0.15 or higher.
- Client meets DSM-V diagnostic criteria for a Substance Use Disorder, Mild.
- Client meets ASAM program placement criteria for Level One services.
- Program must be a minimum of 20 face-to-face contact hours and cannot be completed in less than 30 days.

Longer Term Treatment can be recommended if:

- Client meets DSM-V diagnostic criteria for Substance Use Disorder, Moderate.
- Client meets ASAM program placement criteria for Level One services.

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- Program must be a minimum of 40 face-to-face contact hours and cannot be completed in less than 60 days.

Intensive Outpatient Treatment can be recommended if:

- Client meets DSM-V diagnostic criteria for a Substance Use Disorder, Moderate to Severe.
- Client meets ASAM program placement criteria for Level Two services.
- Program must be a minimum of 90 face-to-face contact hours and cannot be completed in less than 90 days.
- Additionally, the IOP program should include at least 3 sessions per week that total 9 hours per week.

Inpatient/Residential Treatment can be recommended if:

- Client meets DSM-V diagnostic criteria for a Substance Use Disorder, Severe.
- Client meets ASAM program placement criteria for Level Three or Level Four services.
- Upon discharge from inpatient treatment, the client must enroll in an approved continuing care outpatient program to meet the required minimum 90 day time frame.

If you have any questions, please call Breathe.

- **Phone**: 704-782-3050
- **Fax**: 704-908-0394
- **Address**: 1401 Lane Street Kannapolis NC 28083
- **Website**: www.breathewellnesscenternc.com

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Proof of Completion of Assessment and DWI Education or Treatment

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- **Client Name**:_____
- **Date of Birth**:_____
- **Hours of Assessment**:_____
- **Date of Assessment**:_____
- **Facility or Counselor Name**:_____
- **DSM-V Diagnosis**:_____
- **Recommendation**: *(Please note: Recommended DWI education or treatment must be started within 6 months of the assessment date.)*

Hours of DUI/DWI Education/Instruction:

- **Start Date**:_____
- **End Date**:_____
- **Counselor or Facility**:_____

Hours of Individual Counseling:

- **Start Date**:_____
- **End Date**:_____
- **Counselor or Facility**:_____

Hours of Outpatient Group Counseling:

- **Start Date**:_____
- **End Date**:_____
- **Counselor or Facility**:_____

Hours of: (Please specify other services)

- **Start Date**:_____
- **End Date**:_____
- **Counselor or Facility**:_____

Please include discharge summary or certificate of completion for program completed.

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A Certified Addictions Counselor, Licensed Professional, or State Approved DUI/DWI Evaluator (not instructor) must complete this form. Individuals trained as DUI/DWI Instructors or other office personnel are not authorized to complete this form.

This is to certify that the individual referenced above has completed services as outlined above in accordance with a clinical assessment and the requirements for successful completion of the licensed facility, during which time an acceptable DUI Risk Profile was demonstrated. Every reasonable effort will be made to ensure that the public's safety and the welfare of the individual will not be appreciably endangered by the reinstatement of driving privileges.

- **Signature of Person Completing Form**:_____
- **Print Name**:_____
- **Date**:_____

I further certify that I possess state and/or national certification, licensure, and/or other state credentials to provide assessment, diagnosis, and referral services.

- **Licensure/Certification** (Please list in full i.e., National Addiction Counselor):_____
- **Personal certificate Number** (not program or agency #):_____
- **Expiration Date**:_____
- **Agency Address**:_____
- **Phone Number**:_____