



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

David Jones, Director

Laura Garcia, NCC, LPC, Chief of Staff

DUI Orientation Training

LaKeshia Sumrall-Carr, NCC, LCPC

Grant Management Supervisor

WELCOME TO SUPER DUI TRAINING



TRAINING ROOM AGREEMENTS

1. Only One Person Speaking At A Time
2. Be Respectful and Professional
3. Stay On Point
4. Enjoy Academic Freedom
 - A. Please don't talk about others/programs
 - B. Free to ask anything
5. Remember Andrea is the contact for all attendanc, registration and certificates



TRAINING SCHEDULE

Day I Session

- SUPR Staff-Understanding 2060 Rules and Regulation

AM

PM

Day I PM Session

- IL-State Police-DUI arrest: Standardized Field Sobriety Testing and BAC determination

TRAINING SCHEDULE

Day 2 Session

- DUI Evaluation

AM

PM

Day 2 PM Session

- DUI Assessment Tools

TRAINING SCHEDULE

Day 3 Session

- Understanding Secretary of State Administrative Hearing Process for DUI Offenders

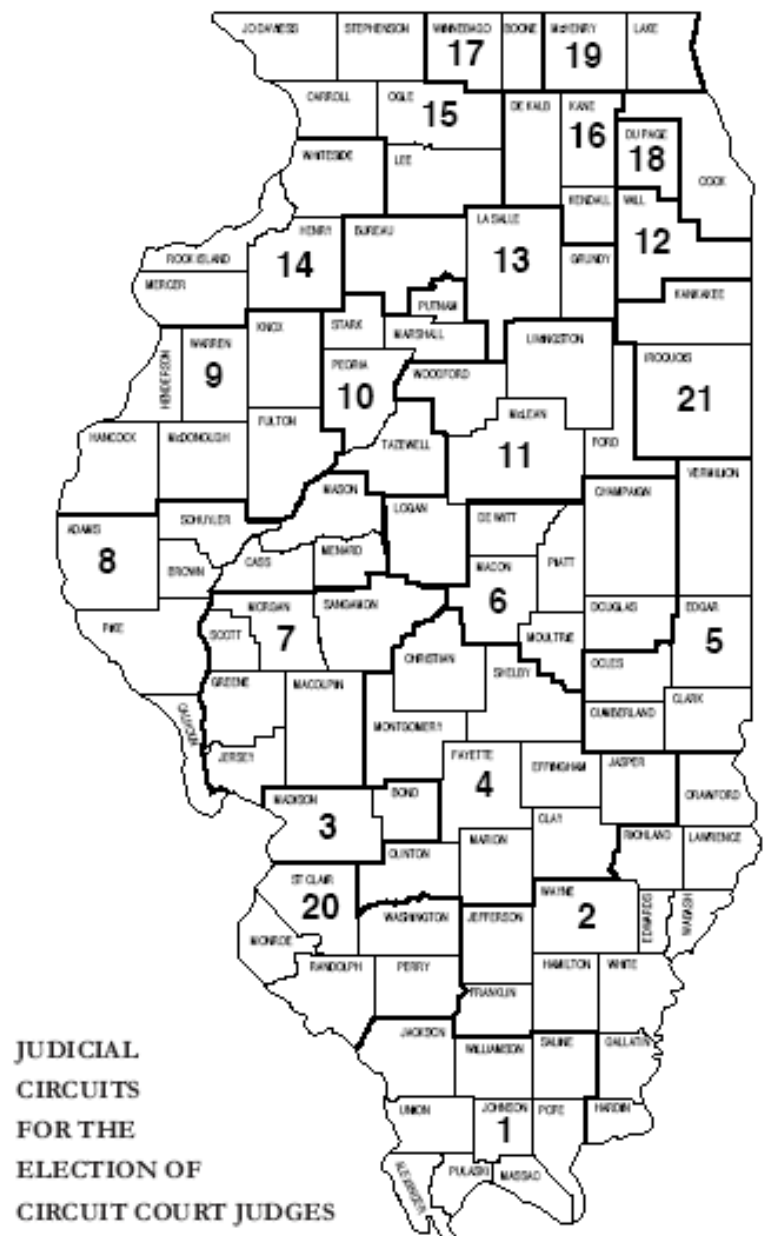
AM

PM

Day 3 PM Session

- DUI Hearing Process

- **Illinois 6th Largest Population.**
- **How far did you travel to get here?**
- **What is your Circuit Court?**
- **Do you know:**
 - **The Chief Judge**
 - **Parole / Probation Officers**
 - **TASC Staff**
 - **SOS Hearing Officers**
- **Do you know two other programs in your area/county?**





DUI BASIC

What do you want to learn today?

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

Do you have goals for this class?

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

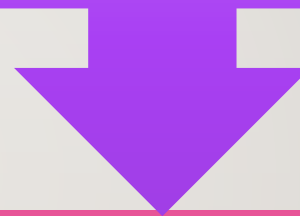
What is your destination?

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



TRAINING GOALS

Staff Training Requirements 2060.
311 b) & c).



Enhance your AODA Counselor
Core Skills and Functions:

Screening

Intake

Orientation

Assessment

TRAINING GOALS CONTINUED

Improve your effectiveness in
the delivery



of services to your customers:

- THE PUBLIC
- clients
- office of the secretary of state
- local circuit court of venue



Provide DHS/SUPR updates



Answer YOUR questions



OVERVIEW



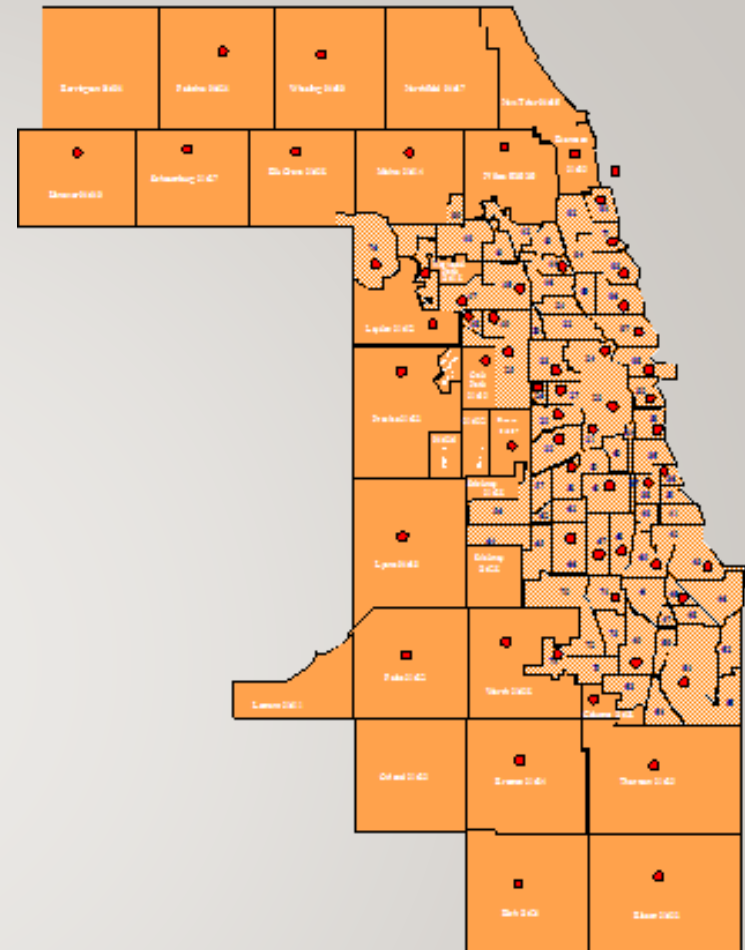
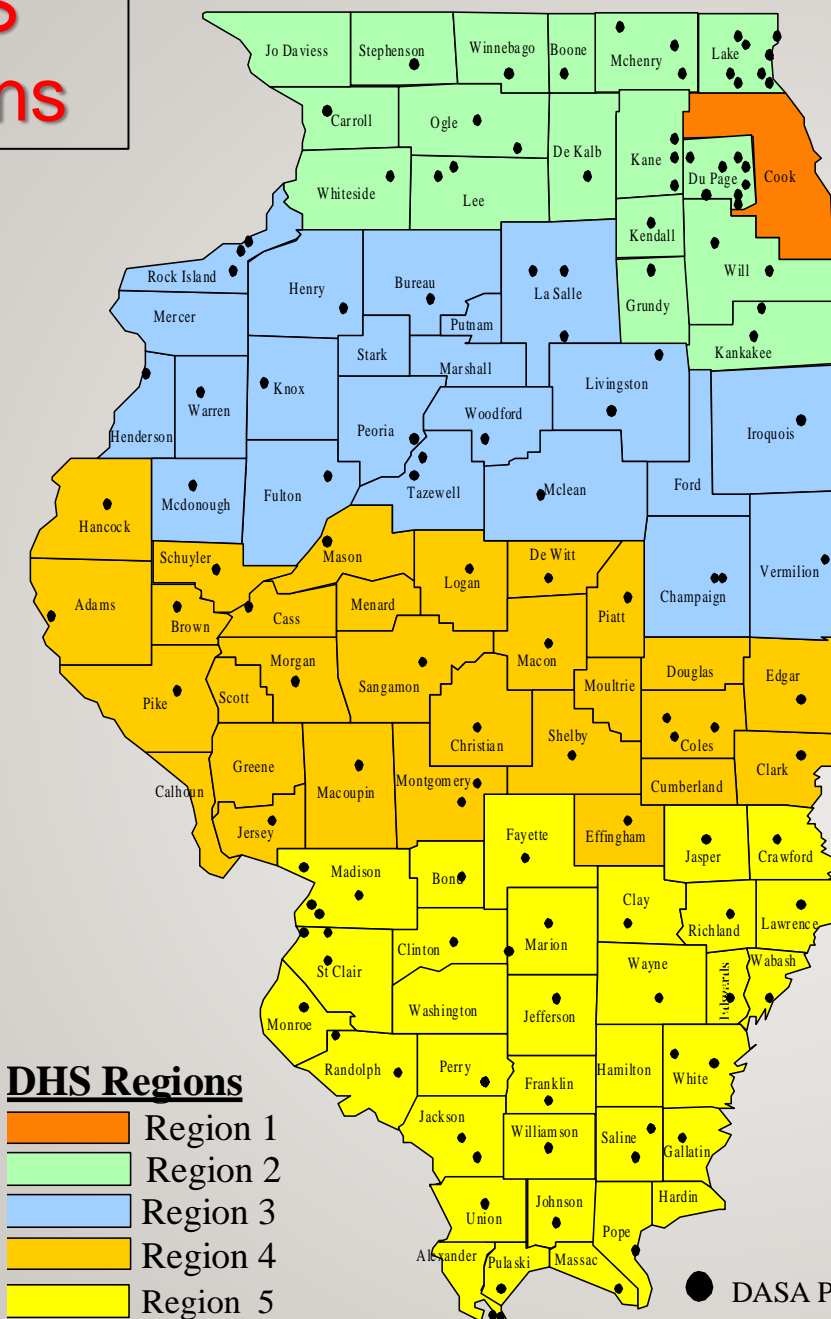
- 2060 Review & Definitions
- DHS/SUPR Role
- DUI Evaluation & Driver Risk Education
- **electronic DUI Service Reporting System eDSRS**
- Most common mistakes, errors, findings

SUPR ROLE

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



IDHS Regions



FUNDED PROGRAMS
WHO IS YOUR
CONTRACT MANAGER?

GRANT MANAGEMENT

- Bobby Gilmore, Deputy Director
- Business and Fiscal Operations
- LaKeshia Sumrall-Carr, NCC, LCPC, Grant Management Supervisor
- Olympia Cure, Grant Manager
- Maria Herrera, Grant Manager
- Gajef McNeill, Grant Manager
- Christian Smith, Grant Manager
- Brandy Shumate, Grant Manager



View up to date information on Illinois' (COVID-19) vaccine plan and vaccination eligibility from the [State of Illinois Coronavirus Response Site](#)



Illinois Department of Human Services

JB Pritzker, Governor · Grace B. Hou, Secretary

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IDHS > Providers > Grants >

Grant Application Information and Instructions

The Federal regulations under 2 CFR 200, the Uniform Guidance, was adopted by Illinois in 2014 as the requirement for all grants. This includes state-only funded grants, federally funded grants, those which are pass-through funded, and those with any combination of state and federal funds. The Illinois law is called the Grant Accountability and Transparency Act, or GATA. As a result, there is an ongoing centralization process to unify and streamline the way grants are handled across all state agencies, including the Illinois Department of Human Services.

NOTE: Please use the browser *Internet Explorer* for the best results when accessing the GATA and IDHS systems noted below.

Finding a Funding Opportunity (Grant)

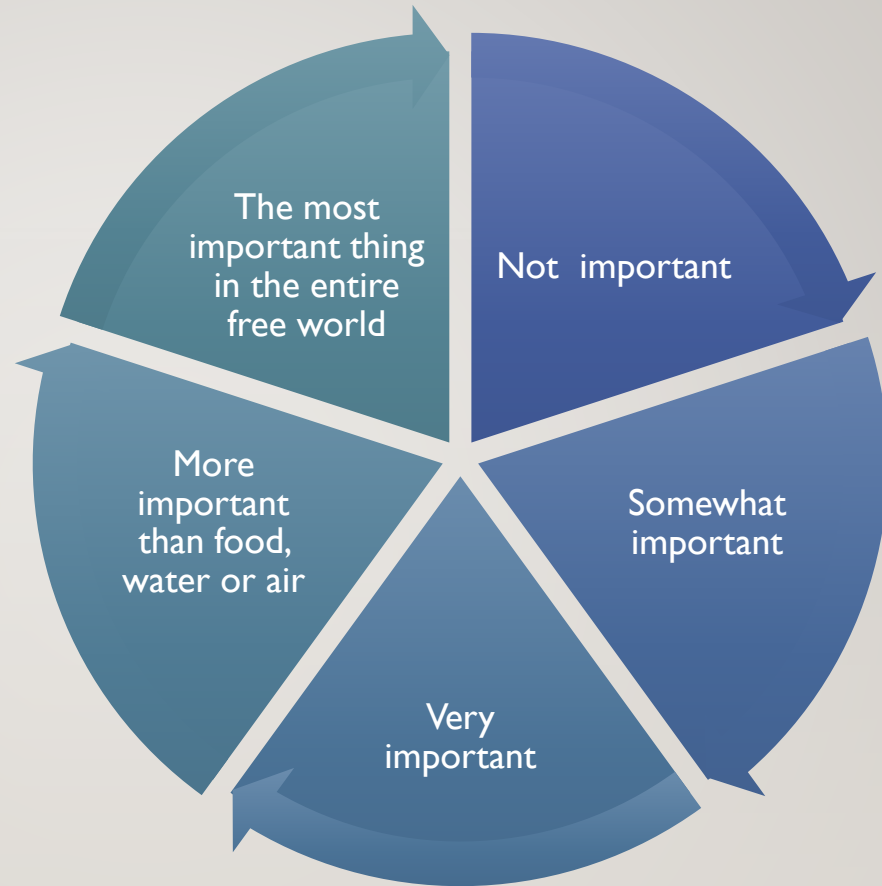
Potential grantees will find IDHS's **Notices of Funding Opportunities (NOFOS)** on both the GATA Catalog of State Financial Assistance and on this website. Each IDHS division has a Grant Information webpage, with information about the programs and grants they authorize and monitor. (See links on the right.) All competitive and discretionary grants must have a NOFO. Non-competitive grants may be made available by the individual IDHS division and may or may not be posted.

Registration and Pre-Qualification

Prior to applying for any Notice of Funding Opportunity (NOFO), every applicant must first be registered and prequalified through the following steps. This must be done on or before the application's due date or their application **CANNOT** be accepted.

- Apply for or update their DUNS number (<https://www.dandb.com/>). This must be done yearly.
- Apply for or update their SAM registration and receive a SAM cage code. (<https://www.SAM.gov>) This must be done yearly.
- Be registered and in good standing with the Illinois Secretary of State. (<http://www.cyberdriveillinois.com/>) (This is not required of governmental entities and schools.)
- Register with the GATA/CSFA system at <https://grants.illinois.gov/registration/>. The system will automatically check your registrations with the above mentioned systems. It will also check to see if your entity is on the federal excluded parties list and if your entity is on the State of Illinois Stop Pay/Compliance list. If your entity is not up-to-date on the registrations, or is listed on the federal list or Illinois Stop Pay/Compliance list, your application will not be accepted until these situations are resolved.

HOW IMPORTANT IS 2060 TO YOU AS A PROVIDER ?

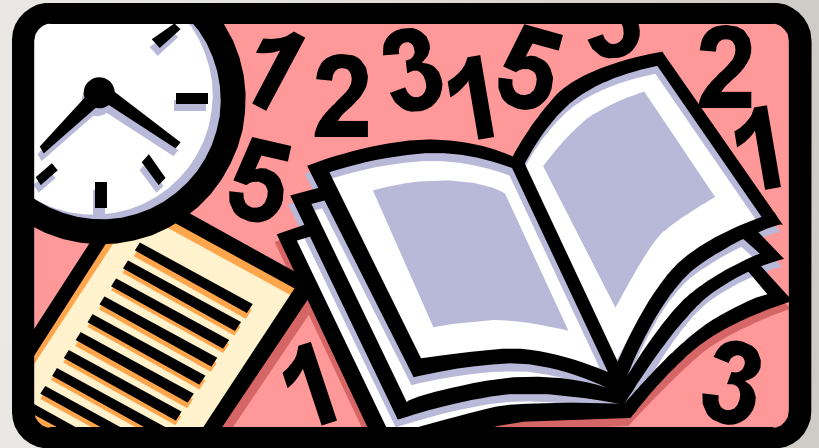


PLEASE READ & UNDERSTAND THE RULE

- 
- 2060 is your friend
 - 2060 can make the big bad inspector go away
 - 2060 can save you time & money

What Sub-part (s) of 2060 apply to intervention services?

1. A & B
2. E only
3. A, B & C
4. A, B, C, & D
5. A, B, C, & E



The correct answer is _____!!!!

What Sub-parts of 2060 apply to intervention services?

- Sub-part E (Intervention Licenses)
 - DUI Evaluation
 - Risk Education
 - Designated Program Services
- All applicable provisions in sub-parts A, B,C & E



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

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

PART 2060

ALCOHOLISM AND SUBSTANCE ABUSE TREATMENT
AND INTERVENTION LICENSES

SUBPART A: GENERAL REQUIREMENTS

Section
2060.101 Applicability
2060.103 Incorporation by Reference and
Definitions

SUBPART B: LICENSURE REQUIREMENTS

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

SUBPART C: REQUIREMENTS – ALL LICENSES

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

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

SUBPART D: REQUIREMENTS – TREATMENT LICENSES

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

SUBPART E: REQUIREMENTS – INTERVENTION LICENSES

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

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

SOURCE: Adopted at 20 Ill. Reg. 13519, effective October 3, 1996; recodified from Department of Alcoholism and Substance Abuse to Department of Human Services at 21 Ill. Reg. 9319; emergency amendment at 23 Ill. Reg. 4488, effective April 2, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 10803, effective August 23, 1999; amended at 25 Ill. Reg. 11063, effective August 14, 2001; amended at 26 Ill. Reg. 16913, effective November 8, 2002; amended at 27 Ill. Reg. 13997, effective **August 8, 2003**.

2060 DEFINITIONS 1

- **"Client"** means a person who receives intervention services
- **"Patient"** means a person who receives substance abuse treatment services as defined in this Part from an organization licensed under this Part.

2060 DEFINITIONS 2

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

2060 DEFINITIONS 3

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

2060 DEFINITIONS 4

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

2060 DEFINITIONS 5

- **"Alcohol and Drug Evaluation**

- Uniform Report (UR)**"

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

2060 DEFINITIONS 6

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

2060 DEFINITIONS 7

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

2060.201 (TYPES OF LICENSES)

- **Treatment (adult/adolescent)**

- **Level I: outpatient**
 - Level 0.5:
 - early intervention (sub component of level I)
- **Level II: intensive outpatient - partial hospitalization**
- **Level III: inpatient - sub-acute/residential (detox)**
- **Level IV: medically managed intensive inpatient**

- **Intervention**

- **Evaluation**
- **DUI risk education**
- Recovery homes
- Designated program

RULE 2060.211 LICENSE APPLICATION

- Illinois Department of Human Services, Division Substance Use Prevention and Recovery (SUPR) Licensing and Certification
401 South Clinton Street, 2nd Floor
Chicago, Illinois 60607
- Phone (312) 814-3840
- License Information-- **<http://www.dhs.state.il.us>**
 - Click Providers
 - Click Becoming a provider
 - Click..... Substance Use Disorder Treatment and Prevention

Note: \$200.00 fee per license for each location

RULE 2060.40 I LEVELS OF CARE

ASAM Patient Placement Criteria

- Level I: Outpatient (* average < 9 hrs./week)
 - **Level 0.5: Early Intervention**
- Level II: Intensive Outpatient /Partial Hospitalization (*minimum 9hrs./week)
- Level III: Inpatient Sub-acute/residential
(*minimum 25 hrs./week)
- Level IV: Medically Managed Intensive Inpatient (*24hrs./managed)

*** Planned regimen of regularly scheduled sessions per 2060.40 I**

WHO CAN PROVIDE INTERVENTION SERVICES?

1. People that have a lot degrees.
2. Doctors
3. Lawyers
4. Professionals that Meet 2060.309



The correct answer is_____.

WHO CAN PROVIDE INTERVENTION SERVICES?

- **2060.309 Professional staff qualifications**

Clinical services

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

Intervention services (evaluation and/or education)

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

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

INTERVENTION SERVICES TRAINING REQUIREMENTS

DUI Evaluation

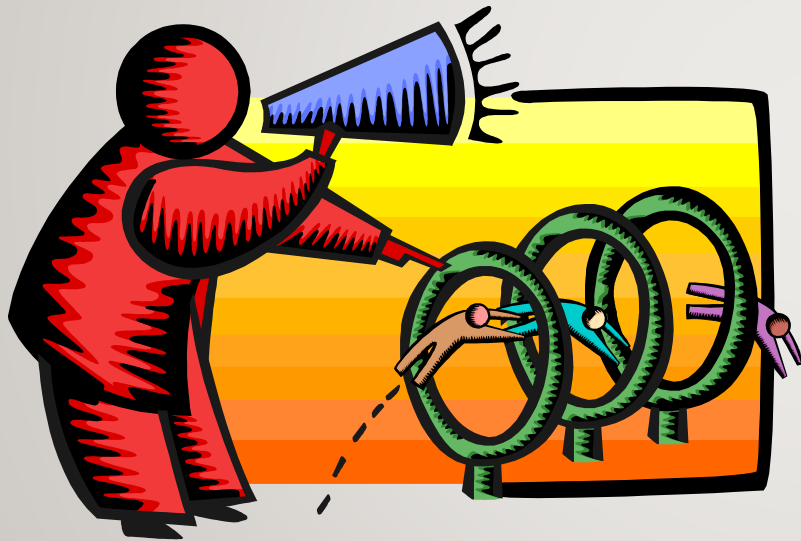
- Attend this class within **6** months of hire or starting to provide evaluations

Driver Risk Education

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

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

HOW MANY CERTIFICATES OR LICENSES DOES IT TAKE TO PROVIDE INTERVENTION SERVICES?



1. Feels like 20
2. I know it is 2
3. Could it be 3
4. “The answer is blowing in the wind”

**THREE
IMPORTANT
THINGS YOU
MUST HAVE TO
PROVIDE
INTERVENTION
SERVICES?**

MEET 2060.309
PROFESSIONAL
QUALIFICATIONS

COMPLETE DUI
BASIC TRAINING

SUPR LICENSED
FACILITY

PURPOSE OF A DUI EVALUATION (CON'T)

- Identify the offender's risk to public safety
- Recommend an **initial** intervention
 - DUI offender
 - The Circuit Court of Venue
 - Office of the Secretary of State.

**A DUI EVALUATION IS NOT A DSM-5 DIAGNOSIS
or AN ASAM ASSESSMENT 2060.417**

DUI EVALUATION COMPONENTS

- Services provided regardless of persons ability to pay, indigent guidelines 2060.503 b)
 - Drunk and Drugged Driving Prevention Fund
- Face to face interview
- All applicable notices reviewed and signed
 - Informed Consent
 - Referral List Verification Form, etc.
- Requirements of 2060.325

JB Pritzker, Governor



Grace B. Hou, Secretary-designate

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

INFORMED CONSENT

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

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

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

Offender Signature _____

Date _____

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

Date _____

Witnessed:


Signature _____

Date _____

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

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

Located in the resource section of the eDSRS Spanish & English



IDHS
Illinois Department of Human Services

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Grace B. Hou, Secretary-designate

REFERRAL LIST VERIFICATION FORM

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

<hr/> <i>Offender Signature</i>	<hr/> <i>Date</i>
<hr/> <i>Evaluator Signature</i>	<hr/> <i>Date</i>



IDHS
Illinois Department of Human Services

JB Pritzker, Governor

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Grace B. Hou, Secretary-designate

FORMULARIO PARA VERIFICACIÓN DE LISTA DE REFERENCIAS

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

<hr/> <i>Firma del Acusado</i>	<hr/> <i>Fecha</i>
<hr/> <i>Firma del Evaluador</i>	<hr/> <i>Fecha</i>

RISK IDENTIFICATION

- Determine the person's probability to operate a motor vehicle in an **unsafe** manner.



2060.103

HOW SAFE IS THIS GUY ???



SAFE BOATING ... NOT!



RISK IDENTIFICATION COMPONENTS

- **Comprehensive chronological history of substance use from first use to present**
 - **Part of the new eDSRS - - Uniform Report**
 - **eDSRS Manual page 16 & appendix page 5**

RISK IDENTIFICATION COMPONENTS

Has substance use/abuse negatively impacted
the clients major life areas?

Marital Family Legal Emotional

Social Vocational Physical Economic

RISK IDENTIFICATION COMPONENTS

- **An analysis of the offender's verbal description of:**
 - **Alcohol and drug related legal history, driving history**
 - **Past history of substance abuse evaluations, alcohol or drug treatment and/or self-help group involvement**
 - **Family history of substance abuse**

RISK IDENTIFICATION COMPONENTS

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



LAW ENFORCEMENT SWORN REPORT

- FTPO -

Circuit Court, GALLATIN County, 2ND Municipal DistrictCase Number 19-06-375

DUI TRAFFIC CITATION NO. (11-501A1)

DUI TRAFFIC CITATION NO. (11-501A2)

DUI TRAFFIC CITATION NO. (OTHER)

Name MR. OBVIOUS

Last

First

Middle K

Driver's License Number

State

☐ CDLOPERATING: ☐ Commercial Motor Vehicle ☐ Placarded Haz. Mat. Vehicle

Street Address

RDGWAY, IL

City & State

M / 02-18-78 /

Sex

Date of Birth

Notice of Summary

Suspension Given On 06 / 10 / 06

Mo.

Day

Yr.

Arrest

City and/or County of Arrest GALLATIN

Date

06 / 10 / 06 / 1:07 AM

Mo.

Day

Yr.

Time

Place of Refusal or Location of Test(s)

Ref. or

Test Date 06 / 10 / 06 / 2:29 AM

Mo.

Day

Yr.

Time

THE SUSPENSION SHALL TAKE EFFECT ON THE 46th DAY FOLLOWING ISSUANCE OF THIS NOTICE OF SUMMARY SUSPENSION. SUBSEQUENT TO AN ARREST FOR VIOLATING SECTION 11-501 OF THE ILLINOIS VEHICLE CODE, OR A SIMILAR PROVISION OF A LOCAL ORDINANCE, YOU ARE HEREBY NOTIFIED that on the date shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drug or drugs, intoxicating compound or compounds or any combination thereof content of your blood and warned of the consequences pursuant to Section 11-501.1 of the Illinois Vehicle Code. You have a right to a hearing to contest your suspension. You must file a petition to rescind your suspension within 90 days of this notice.

☐ Because you refused to submit to or failed to complete testing, your driver's license and/or privileges will be suspended for a minimum of 6 months.*

☒ Because you submitted to testing conducted pursuant to Section 11-501.2 which disclosed:

- ☒ an alcohol concentration of .190, which is 0.08 or more; ANSWER 2.7
- ☐ any amount of a drug, substance or intoxicating compound in your blood or urine resulting from the unlawful use or consumption of Cannabis listed in the Cannabis Control Act, a controlled substance listed in the Illinois Controlled Substances Act or an intoxicating compound listed in the Use of Intoxicating Compounds Act;

your driving privileges will be suspended for a minimum of 3 months.*

*NOTE: If it is determined that you are not a "first offender", as defined in Section 11-500 of the Illinois Vehicle Code and:

You refused to submit to, or failed to complete, all requested chemical testing, the period of suspension will be a minimum of 3 years; or if

You submitted to chemical testing which resulted in an alcohol concentration of 0.08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis listed in the Cannabis Control Act, a controlled substance listed in the Illinois Controlled Substances Act or an intoxicating compound listed in the Use of Intoxicating Compounds Act, the period of suspension will be a minimum of 1 year.

Driver's license surrendered? ☒ Yes ☐ No: Reason

Driver's license valid at time of arrest? ☒ Yes (Sign receipt) ☐ No (Void receipt)

I have complied with Section 11-501.1 by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance:

(Explain) REASON FOR STOP WAS IMPROPER LANE USAGE. DETECTED THE ODOR OF AN ALCOHOLIC

BEVERAGE ON THE DRIVERS PERSON AND OBSERVED OPEN ALCOHOLIC BEVERAGE CONTAINERS
IN THE VEHICLE. DRIVER ADMITTED DRINKING ALCOHOL AND FAILED FIELD SOBRIETY
TEST. * PBT .175

Pursuant to Section 11-501.1 of The Illinois Vehicle Code I have:

- ☒ Served immediate notice of summary suspension of driving privileges on the above named person.
- ☐ Given notice of summary suspension of driving privileges to the above named person by depositing in the United States mail said notice in an envelope with the postage prepaid addressed to said person at the address as shown on the Uniform Traffic Ticket.

Under penalties as provided by law pursuant to Section 11-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer

ISP

Identifying Number

4849

Date

06 / 10 / 06

Law Enforcement Agency

Mo.

Day

Yr.

887319

POLICE OFFICER - SEND TO SECRETARY OF STATE

DSD DC-35.21

LAW ENFORCEMENT SWORN REPORT

FTP0

Circuit Court, COLES County, 5TH Municipal District

Case Number _____

DUI TRAFFIC CITATION NO. (11-501A1)

DUI TRAFFIC CITATION NO. (11-501A2)

DUI TRAFFIC CITATION NO. (101A&B)

Name _____

Last

First

Middle

☐ CDL

Driver's License Number

State

OPERATING:

☐ Commercial Motor Vehicle☐ Placarded Haz. Mat. Vehicle

Street Address

MATTON, IL 61938

City & State

Sex F Date of Birth 09-21-72

Notice of Summary

Suspension Given On

01 / 18 / 02

Arrest

City and/or County of Arrest MATTON / COLESDate 01 / 17 / 02 Time 11:12Place of Refusal or Location of Test(s) COLES CO. JAILTest Date 01 / 18 / 02 Time 1:22

THE SUSPENSION SHALL TAKE EFFECT ON THE 46th DAY FOLLOWING ISSUANCE OF THIS NOTICE OF SUMMARY SUSPENSION. SUBSEQUENT TO AN ARREST FOR VIOLATING SECTION 11-501 OF THE ILLINOIS VEHICLE CODE, OR A SIMILAR PROVISION OF A LOCAL ORDINANCE, YOU ARE HEREBY NOTIFIED that on the date shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drug or drugs, intoxicating compound or compounds or any combination thereof content of your blood and warned of the consequences pursuant to Section 11-501.1 of The Illinois Vehicle Code.

☐ Because you refused to submit to or failed to complete testing, your driver's license and/or privileges will be suspended for a minimum of 6 months.*

☒ Because you submitted to testing conducted pursuant to Section 11-501.2 which disclosed:

☒ an alcohol concentration of .101 which is 0.08 or more; ITEM 2.7
any amount of a drug, substance or intoxicating compound in your blood or urine resulting from the unlawful use or consumption of a compound listed in the Cannabis Control Act, a controlled substance listed in the Illinois Controlled Substances Act or an intoxicating compound listed in the Use of Intoxicating Compounds Act;

your driving privileges will be suspended for a minimum of 3 months.*

*NOTE If it is determined that you are not a "first offender," as defined in Section 11-500 of The Illinois Vehicle Code and:

You refused to submit to, or failed to complete, all requested chemical testing, the period of suspension will be a minimum of 3 years; or if

You submitted to chemical testing which resulted in an alcohol concentration of 0.08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis listed in the Cannabis Control Act, a controlled substance listed in the Illinois Controlled Substances Act or an intoxicating compound listed in the Use of Intoxicating Compounds Act, the period of suspension will be a minimum of 1 year.

Driver's license surrendered?

☐ Yes☒ No, Reason OUT OF STATE (MS)Driver's license valid at time of arrest? ☒ Yes (Sign receipt)☐ No (Void receipt)

I have complied with Section 11-501.1 by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance.

(Explain) SUBJECT WAS OUT OF GAS TRYING TO DRINK ON THE SHOULDER TO THERYET. I COULD SMELL AN ODOR OF AN ALCOHOLIC BEVERAGE FROM HER. FIELEDFIELD SOBRIETY. P.B.T. 18 MAY USE ITEM 2.10 OR 2.11

Pursuant to Section 11-501.1 of The Illinois Vehicle Code I have:

☒ Served immediate notice of summary suspension of driving privileges on the above named person.☐ Given notice of summary suspension of driving privileges to the above named person by depositing in the United States mail said notice in an envelope with the postage prepaid addressed to said person at the address as shown on the Uniform Traffic Ticket.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer

Identifying Number

Law Enforcement Agency

Date 01 / 18 / 02

0086341

POLICE OFFICER - SEND TO SECRETARY OF STATE

DSD DC-318

DUI EVALUATION CLASSIFICATION

- **All information obtained during the evaluation shall be analyzed and the offender's risk to public safety shall be determined.**
- **This initial finding that may be subject to change when more comprehensive and definitive information is obtained.**

DUI EVAL CLASSIFICATION CHANGES

- **New information is discovered or disclosed indicates the offender was not correctly classified - the discovering party notifies:**

- **evaluating agency**
- **treatment provider**
- **circuit court of venue**
- **Office of the Secretary of State** 2060.505 I

DUI CLASSIFICATIONS/RECOMMENDATIONS

Minimal Risk (first time offender)

- No prior conviction or court ordered supervisions for DUI
- No prior statutory summary suspensions
- No prior reckless driving conviction reduced from DUI
- BAC of less than .15 of most current arrest for DUI
- No DSM 5 symptoms on the substance use disorder spectrum

2060.503 g) 1)

• Minimal Recommended Intervention

- 10 Hours of Risk Education

2060.503 h) 1)

DUI

CLASSIFICATIONS/RECOMMENDATIONS

Moderate Risk

- No prior conviction or court ordered supervisions for DUI
- No prior statutory summary suspensions
- No prior reckless driving conviction reduced from DUI
- **1 DSM 5 symptom on the substance use disorder spectrum**
- BAC of .15 to .19 or a refusal of chemical testing

DUI Classifications/Recommendations

Moderate *Risk* Intervention Recommendation

- 12 Hours of Counseling(*Early Intervention or .05)
- 10 Hours of Risk Education

* Early Intervention

- minimum of four weeks
- with no more than three hours per day in any seven consecutive days.

DUI CLASSIFICATIONS/RECOMMENDATIONS

Significant Risk

- One prior conviction or
- Court ordered supervision for DUI or
- One prior statutory summary suspension or
- One prior reckless driving conviction reduced from a DUI; **and/or,**
- A BAC of .20 or higher as a result of the most current DUI; **and/or**
- **2-3 DSM 5 symptoms on the substance use disorder spectrum**

SIGNIFICANT RISK INTERVENTION **RECOMMENDATION**

- **20 Hours of Substance Use Treatment and**
- **10 Hours of Risk Ed**

**20 hours of treatment is a minimum requirement and maybe extended
in order for the patient to complete treatment goals**

DUI

CLASSIFICATIONS/RECOMMENDATIONS

High Risk Classifications

- **4 or more DSM 5 symptoms on the substance use disorder spectrum**
- **Within a ten year period prior to the date of the most current (third or subsequent) arrest any combination of two prior convictions or court ordered supervisions for DUI, or prior statutory summary suspensions, or prior reckless driving conviction reduced from DUI resulting from separate incidents**

HIGH RISK INTERVENTION **RECOMMENDATIONS**

- **75 Hours of Substance Use Treatment and**
- **Continuing Care Plan**

**75 hours of treatment is a minimum requirement and maybe
extended**

in order for the patient to complete treatment goals

RISK INTERVENTION SUMMARY

- **Classifications and recommendations made during evaluation are the**

MINIMUM

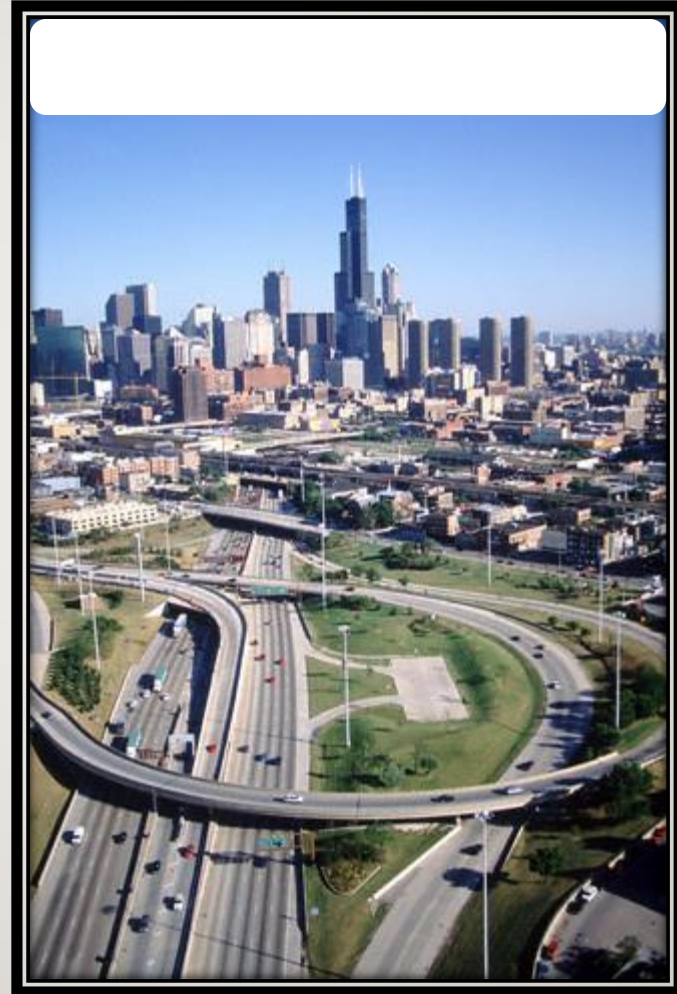
**requirements necessary - - - not the
determinate.**

RISK INTERVENTION SUMMARY

- Subsequent information relevant to the offenders substance use or arrest history discovered during the offender's participation in treatment, early intervention, and intervention programs shall be considered for further recommendations to reduce risk to **PUBLIC SAFETY.**

WHICH LEVEL OF RISK IS MOST COMMON ?

- Minimum
- Moderate
- Significant
- High



STATEWIDE EVALUATION RISK LEVELS

Year	Minimal		Moderate		Significant Risk		High		Total
2014	5975	14%	8469	20%	17850	43%	8475	20%	40751
2015	6158	14%	8660	20%	18636	44%	8605	20%	42059
2016	5939	13%	10069	23%	17692	41%	9424	21%	43124
2017	4951	12%	10612	26%	14858	37%	9004	22%	39425
2018	3948	11%	8994	26%	12851	38%	7766	23%	33559

Big Joe's Program

State of Illinois
Department of Human Services
DUI Service Reporting System

Evaluation Statistics
01/01/2012 - 04/10/2014

Offender Information

Number of Male Offenders:	452	Average Household Income:	\$37243
Number of Female Offenders:	148	Average Number of Dependents:	1
Average Offender Age:	34	Number Qualified as Indigent:	58

Current DUI Arrest Information

Referral Source -		Blood-Alcohol Testing -	
Court:	591	B.A.C. Under the Limit:	9
Secretary of State:	5	B.A.C. Over the Limit:	374
Attorney:	3	Number Refusing Test:	165
Self:	0	Number Not Applicable:	52
Other:	1		

Most Significant Substances: Alcohol, Marijuana, Other, Nicotine, Methamphetamines

Classification/Minimal Required Intervention

Minimal Risk:	99	Significant Risk:	245
Moderate Risk:	110	High Risk:	140

Evaluation Disposition

Total Number of Evaluations:	600	Total Completed:	589
		Total Not Completed:	11

Statistics

Average Number of Days Between Arrest Date & Beginning Date of Evaluation:			3
Number of Evaluations Begun & Ending on the Same Day:			0
Average Number of Appointments:	1	Average Hours for Interviews:	1
		Average Hours for Paperwork:	1

Sally's Program

State of Illinois Department of Human Services DUI Service Reporting System

Evaluation Statistics
01/01/2012 - 04/10/2014

Offender Information

Number of Male Offenders:	76	Average Household Income:	\$27463
Number of Female Offenders:	25	Average Number of Dependents:	1
Average Offender Age:	37	Number Qualified as Indigent:	27

Current DUI Arrest Information

Referral Source -

Court:	66
Secretary of State:	0
Attorney:	29
Self:	0
Other:	6

Blood-Alcohol Testing -

B.A.C. Under the Limit:	2
B.A.C. Over the Limit:	65
Number Refusing Test:	29
Number Not Applicable:	5

Most Significant Substances: Alcohol, Marijuana, Amphetamines, Non-Barbiturate Sedatives, Other O

Classification/Minimal Required Intervention

Minimal Risk:	27	Significant Risk:	33
Moderate Risk:	35	High Risk:	6

Evaluation Disposition

Total Number of Evaluations:	101	Total Completed:	101
		Total Not Completed:	0

Statistics

Average Number of Days Between Arrest Date & Beginning Date of Evaluation:		3	
Number of Evaluations Begun & Ending on the Same Day:		0	
Average Number of Appointments:	1	Average Hours for Interviews:	1
		Average Hours for Paperwork:	1

MINIMUM DUI EVALUATION RECORD REQUIREMENTS

- **SUBSTANCE USE HISTORY FIRST TO PRESENT.**
- **DETERMINATION OF THE EXTENT THAT SUBSTANCE USE HAS CAUSED IMPAIRMENT.**
- **REQUIRED ITEMS IN 2060.325 (RECORD KEEPING)**
- **UNIFORM REPORT, NARRATIVE INFORMATION SUPPORTING THE CONCLUSION**
- **COPIES OF THE OBJECTIVE TEST:**
 - **Adult Substance Use and Driving Survey (ASUDS)**
 - ☐ **Driver Risk Inventory (DRI)**
 - ☐ **Mortimer/Filkens test**

MINIMUM DUI EVALUATION RECORD REQUIREMENTS

- **Copies of the following:**
 - **Informed Consent Release form**
 - **Offender's driving record**
 - **Sworn officers statement**
 - **chemical tests results**
 - **Referral List verification form**
- **Additionally when applicable:**
 - **Notification of Incomplete (eDSRS)**
 - **Refused Evaluation Form (eDSRS)**
 - **Documentation to support any subsequent change in risk assignment or intervention**

MOST COMMON MISTAKES IN EVALUATION RECORDS

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

PURPOSE OF RISK EDUCATION

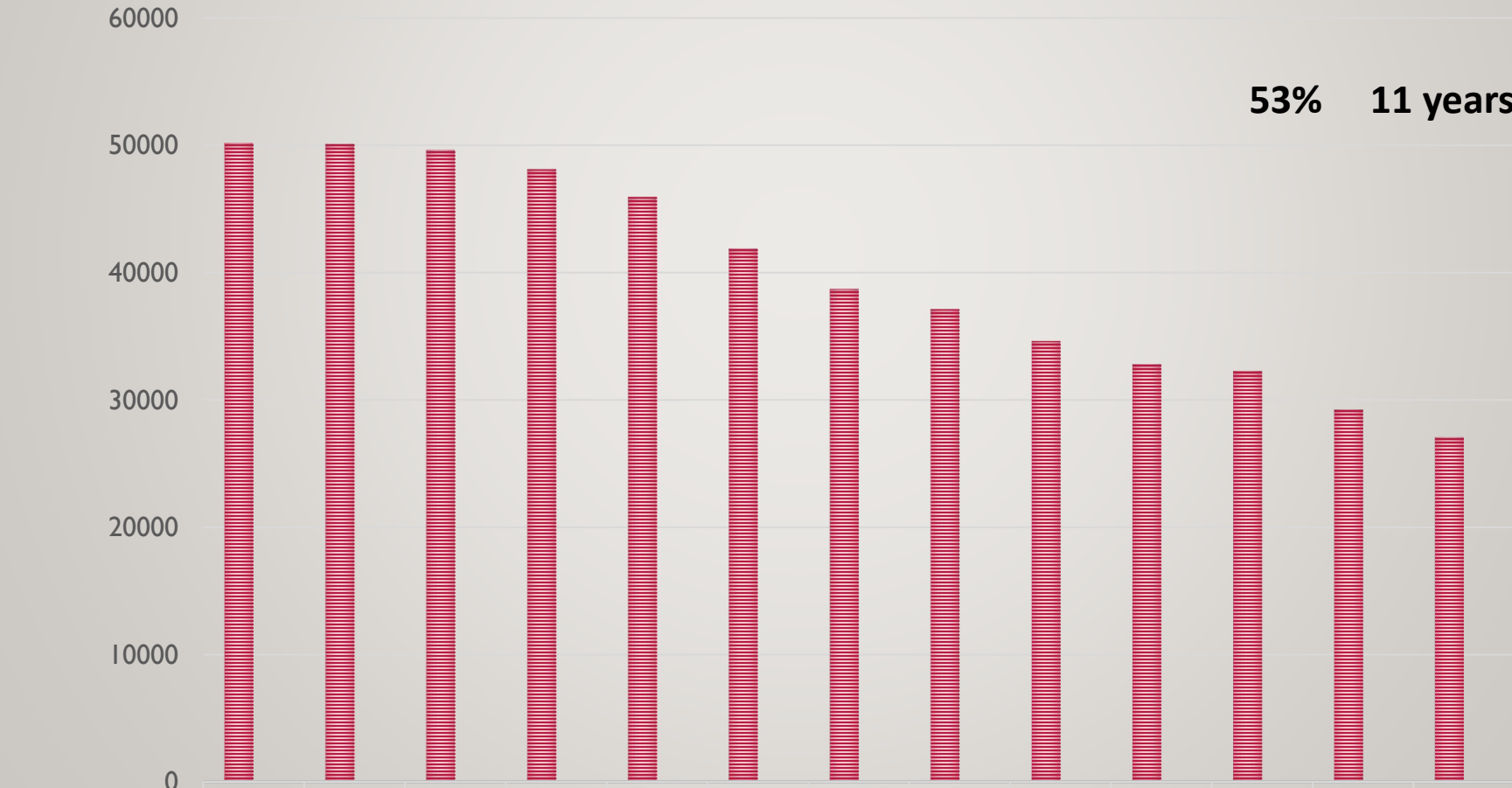
- Orient offenders regarding the impact of alcohol or other drugs on individual behavior and driving skills
- Explore the personal ramifications of their own substance use and abuse



DUI ARRESTS 2005 - 2017

Illinois Secretary of State Fact Book

CHART TITLE



DUIs Per Year

2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
50192	50109	49624	48113	45946	41900	38704	37126	34611	32822	32285	29258	27046

DUI ARRESTS 2014 - 2019

Illinois Secretary of State Fact Book

YEAR	NUMBER OF DUI'S	
2019	26,224	
2018	26,386	
2017	27,046	
2016	29,258	
2015	32,285	
2014	32,822	
2013	34,611	

RISK EDUCATION FORMAT

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

RISK EDUCATION

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

RISK EDUCATION CURRICULUM

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

2060.505 c)

RISK EDUCATION CURRICULUM

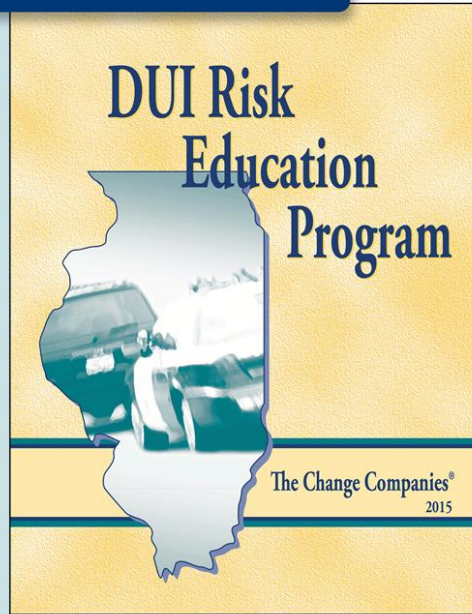
- 5) blood alcohol concentration (BAC) level and its effect on driving performance;**
- 6) information about Illinois driving under the influence laws and associated penalties;**
- 7) factors that influence the formation of patterns of alcohol and drug abuse; and**
- 8) information about referrals for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

SUPR APPROVED DUI RISK EDUCATION

INSTRUCTOR GUIDE FOR ILLINOIS DUI RISK EDUCATION PROGRAM

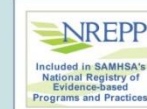
Summary

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



Illinois DUI Risk Education Program

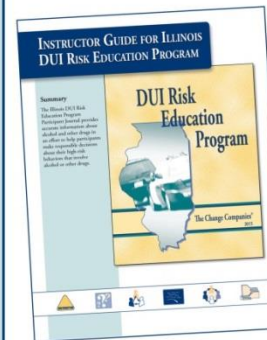
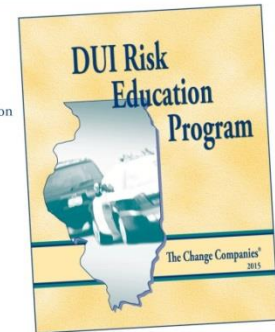
The Change Companies® offers an evidence-based program designed specifically for the State of Illinois. This curriculum uses the most widely replicated national model for DUI offender education.



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

Participant Journal

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



New Instructor Guide for 2015!

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

Order today, promote change!

Curriculum meets 2060.505 requirements
Use of Change Companies materials is optional

MINIMUM COMPONENTS OF A RISK EDUCATION RECORD

- **Copies of the following:**
 - **Alcohol and Drug Evaluation Uniform Report**
 - **pre- and post-test specifying percentage score**
 - **DUI Risk Education Certificate of Completion**
- **Additionally when applicable:**
 - **Notice of Involuntary Termination from DUI Risk Education form**
 - **notification regarding a change in the risk level assignment and intervention**

2060.505 o) Section 2060.325

MOST COMMON MISTAKES IN EDUCATION RECORDS

Incomplete client file

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

Unqualified Staff

DRUNK AND DRUGGED DRIVING PREVENTION FUND

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

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

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

**Cannot be used for non DUI
evaluations**



DRUNK AND DRUGGED DRIVING PREVENTION FUND

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

DDDPF ELIGIBILITY

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

Any public entity that utilizes income guidelines established by the US Department of Health and

Human Services and has verified a person eligibility could possibly be utilized.

Confirmation that the agency does use the guidelines should be made.

DDDPF ELIGIBILITY

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



Pay check stubs, SSI, Medicaid documents



Notarized affidavit of assets and liabilities,
unemployment security documentation



Pension information, Retirement
information

DDDPF ELIGIBILITY

Examples of back-up documentation to prove eligibility :

- **Pay check stubs**
- **SSI**
- **Medicaid**
- **IDPA Recipient (ID card/award letter)**
- **Notarized affidavit of assets and liabilities**
- **Unemployment Security Documentation**
- **Pension information**
- **Retirement information**

\$\$\$\$\$\$ DDDPF Funds are Recoupable \$\$\$\$\$\$

THE NEW AND IMPROVED DUI SERVICE REPORTING SYSTEM

- **The eDSRS - Web Based System**
- **Requires internet service**
- **The eDSRS Manual is on line only**
 - **DDDPF requirements are in this manual**
- **EACH STAFF MEMBER MUST HAVE THEIR OWN –
UNIQUE EMAIL ADDRESS**



**Illinois Department
of Human Services**

DUI Service Reporting System (eDSRS) User Reference Manual

**Management
Information
Systems**

01 July 2021

**Division of
Substance Use
Prevention and
Recovery**

ELECTRONIC DUI SERVICE REPORTING SYSTEM (EDSRS) FOR INTERVENTION PROGRAMS

- **eDSRS Purpose:**
 - **\$\$\$\$ billing indigent clients to DDDPF\$\$\$\$**
 - **Collect and report statistics**
 - **DUI Evaluation - Alcohol and Drug Uniform Reports**
 - **Risk Education completion certificates**
 - **Refusal or incomplete forms**


REGISTRATION

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



A staff member may have 1 or all agency roles

REGISTRATION



Unified Health Systems

eDSRS Registration

* Required Fields

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

Worker Information

Email Address:*

Re-Type Email Address:*

Last Name:* First Name:* Middle Initial:

Provider: *

- ☐ I am responsible for the overall operations (Provider Representative)
- ☐ I am responsible for the daily business operations (Provider Administration)
- ☐ I am responsible for the financial aspect and bill submissions (Provider Fiscal Operations)
- ☐ I am responsible for entering Evaluation and/or Risk Education information (Provider Entrant)

Appropriate credential(s) must be entered.

2000 Character Space To Tell The “Story” History




REGISTRATION

I have attended a DUI Orientation session: * ☐ Yes ☐ No

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

Credentials

Expiration Date
(mm/dd/yyyy)

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

PROVIDER ADMINISTRATOR ROLES

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

REGISTRATION PROCESS

- Process for being approved for eDSRS access:
- Once you have registered a confirmation email will be sent to you to validate your email address. Check your inbox and all spam folders for this confirmation.
- Once you have confirmed your email address. An email will be sent to your organization representative to confirm you can register under their organization. This can be approved two ways. First an approval email will be sent to the organization representative for you to register under their organization. Please check all mail boxes, sometimes this can be found in the spam/junk folder. Second an organization representative can approve someone from their dashboard when they log into eDSRS.
- After the request is approved by the organization representative the request is then sent to IL-DHS-SUPR for approval. If approved you will receive an email informing you the registration has been approved. If denied you will be giving an explanation as to why and how it can be corrected.
- The registration web site is:
<https://dui2.dhs.illinois.gov/duipublic/duireg/dynamic/registration/registration.jsf>

Home

Home

File Edit View Favorites Tools Help

IDHS OneNet Human Serv... eDSRS State of Illinois Employme... Map - SAMHSA Behaviora... Enterprise Vault Search Suggested Sites PART 2060 ALCOHOLISM ... State of Illinois Enterprise ... Web Slice Gallery

Unified Health Systems

eDSRS Version: 5.0.2
User: lakeshia.sumrall-carr@illinois.gov

HOME Offender Search Provider Search Reports Billing Resources Help Logout

DUI Service Reporting System

User Name: SUMRALL-CARR, LAKESHIA M. Options

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

Provider Search

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

EDSRS


- **Systems Questions:**


- Password & Access Problems email
- Organization License number, Organization name, your registered email address
- DoIT.DHS.MisSecurity@ILLINOIS.GOV
 - Response time - - 24 Business Hours
- All other issues email


DoIT.DHS.UHSINFO@ILLINOIS.GOV

ADDITIONAL QUESTIONS

- **Email SUPR Help Desk Clinical or 2060 issue**
- **DoIT.SuprHelp@illinois.gov**
- **SUPR Web Sites: <http://www.dhs.state.il.us>**

 View up to date information on Illinois' (COVID-19) vaccine plan and vaccination eligibility from the [State of Illinois Coronavirus Response Site](#)

 **Illinois Department of Human Services**
JB Pritzker, Governor · Grace B. Hou, Secretary

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IDHS > Providers > Provider Information by Division > Substance Use Prevention & Recovery (SUPR) Provider Information >

SUPR Licensing and Certification Forms

[Substance Use Disorder Services Application \(pdf\)](#) All original completed forms should be mailed to:

Illinois Department of Human Services
Division of Substance Use Prevention and Recovery
Licensing and Certification
401 South Clinton Street, Second Floor
Chicago, Illinois 60607-3800

For additional information about SUPR licensing and certification, please call [\(312\) 814-3840](tel:3128143840).

LICENSURE QUESTIONS

LICENSE AND COMPLIANCE QUESTIONS

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

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

Email: Laura.Garcia@Illinois.gov

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

Richard Weisskopf, State Opioid Treatment Authority

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

Email: Richard.Weisskopf@Illinois.gov

Questions Regarding Compliance & Monitoring:

Kim Fornero, Administrator of Compliance and Monitoring

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

Email: Kimberly.Fornero@Illinois.gov

Questions Regarding DUIs:

Illinois HELPLINE

Phone: [833-234-6343](tel:833-234-6343)

Webpage: <https://helplineil.org>

Questions Regarding Complaints:

Tracey Loggins, Assistant

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

Email: Tracey.Loggins@Illinois.gov

Questions Regarding Licenses:

Octavia Saffold, Licensing and Certification

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

Email: Octavia.Saffold@Illinois.gov

Questions Regarding Renewals:

Andrea Mayberry, Licensing and Certification

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

Email: Andrea.Mayberry@illinois.gov

Questions Regarding Exceptions:

Oscar Colon, Licensing and Certification

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

Email: Oscar.Colon@illinois.gov

PRESENTER INFORMATION

- LaKeshia Sumrall-Carr, NCC, LCPC
- Grant Management Supervisor
- Illinois Department of Human Services
- Division Substance Use Prevention and Recovery
- 401 S Clinton, 2nd Floor
- Chicago, IL 60607
- Ph: 312-814-5826
- Fax: 312-814-1192
- Lakeshia.sumrall-carr@illinois.gov

DID WE MEET YOUR TRAINING GOALS?

- Increase participants Knowledge Skills & Attitudes (KSA) by meeting 2060.311 b) & c) requirements.
- Improve provider and staff effectiveness in the delivery of services to their customers:
 - **the public**
 - **clients**
 - **office of the secretary of state**
 - **local circuit court of venue**
- Provide DHS/SUPR updates
- Answer YOUR questions



DAY 1 AM SESSION
COMPLETED

