

## Section VIII Adult DUI/Drug Court Standards

### 1. DUI/Drug courts integrate alcohol and other drug treatment services with justice system case processing.

- 1.1. The goals of DUI/Drug court programs in Georgia shall be the participant's abstinence from alcohol and other illicit drugs and promotion of individual accountability in the interest of public safety.
- 1.2. Pursuant to O.C.G.A. § 15-1-19, prior to implementation, each DUI/Drug court shall establish a planning group to develop a work plan. The planning group shall include the judge, program coordinator, prosecuting attorneys, defense attorneys, probation officers, law enforcement and persons having expertise in the field of substance abuse. The work plan shall address the operational, coordination, resource, information management, and evaluation needs and include eligibility criteria for the court. The court shall combine judicial supervision, treatment of participants, and drug testing.
- 1.3. Prior to commencement of program operations, the DUI/Drug Court planning group shall collaboratively develop, review, and agree upon all aspects of court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, program structure guidelines).
- 1.4. Each of these elements shall be compiled in writing in the form of a Policies and Procedures Manual which is reviewed and updated as necessary, but no less than every two years.
- 1.5. Once established, the DUI/Drug court shall have a continuing court team which shall include, at a minimum, the following representatives: judge, defense attorney, prosecutor, program coordinator, law enforcement, treatment provider/certified addiction treatment clinicians, and probation/supervision officer.
- 1.6. The team shall operate pursuant to a Memorandum of Understanding (MOU) between all parties, which shall be updated annually or as necessary.
- 1.7. All members of the DUI/Drug court team are expected to attend and participate in a minimum of two formal staffings per month.
- 1.8. Members of the DUI/Drug court team should attend DUI/Drug court sessions (i.e. status conferences/hearings).
- 1.9. DUI/Drug courts should provide for a continuum of services through partnership with a primary treatment provider to deliver treatment, coordinate other ancillary services, and make referrals as necessary.<sup>1</sup>
- 1.10. The Adult DUI/Drug Court shall adopt standardized evidence-based treatments to ensure the quality and effectiveness of counseling services. Refer to the Adult DUI/Drug Court Treatment Standards (see Section IX) for a list of approved curriculums.
- 1.11. The court shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the court with reports on the progress of, and any significant events involving, each participant. A reporting schedule and method of reporting shall be agreed upon by the DUI/Drug court team and put in writing as part of the court's operating procedures.
- 1.12. Participants shall have contact with DUI/Drug court staff, probation officer, or treatment representative at least once per week during the first twelve months of the program. Thereafter, participant contact shall be determined based on need.

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<sup>1</sup> Ideally, treatment providers should be limited to no more than two.  
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## **2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.**

- 2.1. Prosecution and defense counsel shall both be members of the DUI/Drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility, and case-processing policies and procedures.
- 2.2. The prosecutor and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.
- 2.3. The prosecution shall: review cases and determine whether a defendant is eligible for the DUI/Drug court program; file all required legal documents such as contracts/written agreements, waiver of rights, sanction orders, and termination orders; participate in and enforce a consistent and formal system of sanctions in response to positive drug tests and other participant noncompliance; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that admission; and make recommendations regarding the participant's continued enrollment in the program based on progress and response to treatment rather than on legal aspects of the case, with the exception of additional criminal behavior.
- 2.4. Pursuant to O.C.G.A. § 15-1-19, DUI/Drug courts may accept offenders with non-DUI charges.
- 2.5. For any participant whose charges include a property crime, the court must comply with the requirements and provisions set forth in the Crime Victim's Bill of Rights (O.C.G.A. § 15-17-1, et seq.).
- 2.6. All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form.
- 2.7. The judge, on the record, must apprise a participant of all due process rights, rights being waived, any process for reasserting those rights, and basic program expectations.<sup>2</sup>
- 2.8. Where the state or the participant seeks a revocation or modification of a DUI/Drug court sentence, there shall be notice and a hearing at which the participant shall be afforded all due process rights.
- 2.9. The consequences of revocation from a DUI/Drug court should be comparable to those sustained in other similar cases before the presiding judge. The sentence shall be reasonable and not excessively punitive solely based on termination from DUI/Drug court.

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<sup>2</sup> Each right that will be temporarily or permanently relinquished as a condition of participation in drug court shall be distinguished and explained separately to ensure the defendant fully understands the rights being waived.

**3. Eligible participants are identified early and promptly placed into the DUI/Drug court program.**

- 3.1. Targeting is the process of identifying a subset of the DUI offender population for inclusion in the DUI/Drug court program. This is a complex task given that DUI courts, in comparison to the traditional drug court programs, accept primarily one type of offender: the person who drives under the influence of alcohol or drugs. The DUI court target population, therefore, shall be clearly defined with eligibility criteria clearly documented.
- 3.2. Eligibility should be defined by objective criteria to ensure clinical and legal suitability for the program.
- 3.3. The target population for DUI/Drug courts should be multiple DUI offenders with a minimum of two DUIs in five years or three or more DUIs in a lifetime. Courts may grant a case by case exception when an offender has a first DUI charge, other alcohol related offenses, or a history of substance abuse or addiction.
- 3.4. Participant eligibility requirements/criteria shall be developed and agreed upon by all members of the DUI/Drug court team and included in writing as part of the program's policies and procedures.
- 3.5. Courts shall only admit eligible DUI/Drug court participants post-conviction. Under no circumstance shall a DUI charge be dismissed as a condition of completing a DUI court sentence/program.
- 3.6. Program eligibility determination shall include the review of the potential participant's criminal history, legal requirements, and clinical appropriateness, including the administration of a risk and needs assessment.
- 3.7. Members of the DUI/Drug court team and other designated court or criminal justice officials shall screen cases for eligibility and identify potential DUI/Drug court participants.
- 3.8. Participants being considered for a DUI/Drug court should be promptly advised about the program, including the requirements, scope, potential benefits, the effects on their case and consequences of failing to abide by the rules.
- 3.9. Participants should begin treatment as soon as possible after sentencing.
- 3.10. DUI/Drug courts shall use a standardized/validated screening instrument approved by the Council of Accountability Court Judges. The current approved screening instrument is the DUI Risk and Needs Triage (DUI-RANT). Courts that serve misdemeanor drug offenders or offenders with non-DUI related charges may elect to utilize the Level of Service/Case Management Inventory (LS/CMI) with those participants. Deviation from these tools must first be approved by the Council of Accountability Court Judges. Screening instruments shall be utilized prior to program entry to ensure the program is targeting appropriate participants.
- 3.11. Additional risk and needs assessments should be conducted with participants to identify co-morbidities and poly-substance use.
- 3.12. DUI/Drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.
- 3.13. Individuals who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, gender identity, physical or mental disability, age, national origin, marital or parental status, religion, or socioeconomic status shall receive the same opportunities as other individuals to participate and succeed in the drug court.

#### **4. DUI/Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.**

- 4.1. Substance dependence is a chronic, relapsing condition that can be effectively treated with the right type and length of treatment regimen. In addition to having a substance abuse problem, a significant proportion of the DUI population also suffers from a variety of co-occurring mental health disorders. Therefore, DUI/Drug courts must carefully select and implement treatment practices demonstrated through research to be effective with the hard-core impaired driver to ensure long-term success.
- 4.2. DUI/Drug courts shall use treatment providers that are on the Department of Behavioral Health and Developmental Disabilities Registry for the State Multiple Offender Program so that both re-licensing requirements and court requirements are met.
- 4.3. A DUI/Drug court shall require a minimum of 12 months of supervision and treatment.
- 4.4. DUI/Drug court programs should be structured into a series of phases. The final phase may be categorized as “aftercare/continuing care.” Phases and phase movement should have defined criteria that are maintained in writing and reviewed with participants.
- 4.5. DUI/Drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include, but are not limited to:
  - Group counseling
  - Individual counseling
  - Drug testing
- 4.6. DUI/Drug court programs should ideally offer or make appropriate referrals to:
  - Family counseling
  - Assessment and treatment for trauma
  - Gender specific counseling
  - Domestic violence counseling
  - Anger management
  - Health screening
  - Assessment and counseling for co-occurring mental health issues
- 4.7. DUI/Drug court programs should ideally offer or make appropriate referrals for ancillary services to meet the needs of participants, including but not limited to:
  - Employment counseling and assistance
  - Educational component
  - Medical and dental care
  - Transportation
  - Housing
  - Mentoring and alumni groups
  - Assistance with re-licensing
- 4.8. Case management plans shall be individualized for each participant based on the results of the initial assessment. Ongoing assessment shall be provided according to a program schedule and treatment plans should be modified or adjusted based on results.

- 4.9. Treatment shall include standardized, evidence-based practices (see Section IX, Adult DUI/Drug Court Treatment Standards) and other practices recognized by the Substance Abuse and Mental Health Services Administration Evidence-Based Practices Resources Center. All treatment providers must be appropriately licensed and certified to administer those curricula and services. Similarly, they must be appropriately licensed and certified to administer any clinical services to any accountability court participant. The court should keep a copy of treatment provider licensure and certification on file.
- 4.10. Treatment providers shall maintain a calendar that outlines the dates and times that group treatment sessions and individual counseling sessions take place. The treatment provider shall provide this calendar to the court and the Council of Accountability Court Judges upon request.
- 4.11. Treatment providers shall maintain individualized treatment plans with appropriate dosage hours as determined by the American Society of Addiction Medicine (ASAM).
- 4.12. A set of quality controls/review process shall be in place to ensure accountability of the treatment provider. Court staff may, from time to time, observe evidence-based group treatment sessions. Additionally, group counseling sessions are subject to fidelity monitoring by the Council of Accountability Court Judges with adequate notice to the drug court team.
- 4.13. Programs shall not exclude any participant solely on the basis of his or her use of a prescribed addiction or psychotropic medication. Programs shall consider these services for participants where clinically appropriate and available.

**5. Abstinence is monitored by frequent alcohol and other drug testing.**

- 5.1. Each participant shall be administered a drug test a minimum of twice per week until the final phase of the program. A standardized system of drug testing shall continue until completion of the final phase of the program.
- 5.2. Participant shall be subject to drug testing on weekends and holidays due to the likelihood of use during these times, and to ensure substances with shorter testing windows are detected.
- 5.3. In addition to specific targeted testing, drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization. Participants should be given a minimum window of notice to report for drug testing, ideally, no more than eight hours prior to testing.
- 5.4. All DUI/Drug courts shall utilize urinalysis as the primary method of drug testing. Breath analysis should ideally be conducted at multiple points of contact including field visits and court attendance. A variety of alternative methods may be used to supplement urinalysis, including, hair, sweat, and saliva testing and electronic monitoring.
- 5.5. All collection of urine samples shall be directly observed by a licensed/certified medical professional, an authorized same-sex member of the drug court team, or other approved official of the same sex.
- 5.6. Drug tests should be analyzed as soon as practicable. Results of all drug tests should be available to the court and action should be taken as soon as practicable, ideally within 48 hours of receiving the results.
- 5.7. In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug test.
- 5.8. A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.
- 5.9. Each DUI/drug court shall establish a method for participants to dispute the results of positive drug tests through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.
- 5.10. Creatinine violations (not medically explained) and drug tests scheduled and missed without a valid excuse as determined by the presiding judge shall be considered positive drug tests.
- 5.11. Each DUI/Drug shall maintain the drug testing procedures in a policy and procedure manual. The drug testing procedure should include the steps taken to ensure proper chain of custody of all specimen throughout the testing and confirmation process.
- 5.12. Drug testing procedures should be included in the participant handbook and reviewed with participants upon entering the program. Participants should be made aware of the possible consequences of using substances including alcohol and other non-illicit substances.

**6. A coordinated strategy governs DUI/Drug court responses to participants' compliance.**

- 6.1. Driving under the influence presents a significant danger to the public. Increased supervision and monitoring by the court, probation department, law enforcement, and treatment provider must occur as part of a coordinated strategy to intervene with repeat and high-risk DUI offenders to protect against future impaired driving.
- 6.2. DUI/Drug courts will have supervision components that include home visits, random observed drug tests, and may include curfews and use of alcohol and other drug monitoring equipment and recognized techniques as appropriate.
- 6.3. Courts shall implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.
- 6.4. Regular and frequent communication between all members of the DUI/Drug court team shall provide for swift responses to all incidents of non-compliance, including positive drug tests. Sanctions should be imposed immediately following noncompliance.
- 6.5. A DUI/Drug court shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, established in writing and included in the court's policies and procedures.
- 6.6. The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.
- 6.7. There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention.
- 6.8. Incarceration or detention should only be considered as the last option in the most serious cases of non-compliance. Incarceration sanctions should ideally be less than 3-5 days. Where possible, participants should continue receiving treatment while incarcerated.
- 6.9. Participants shall be subject to progressive positive drug test sanctions prior to being considered for termination, unless there are other acts of noncompliance affecting this decision.
- 6.10. For a participant that does not have a valid driver's license, a transportation plan should be developed with the participant. Additionally, the court should consider local transportation system ridership for program participants during the license suspension period.
- 6.11. The court should have a clearly defined policy which cautions the participant against and outlines potential consequences of driving without a license.
- 6.12. DUI/Drug courts will incorporate the completion of state administrative re-licensing requirements for DUI convictions into the program.
- 6.13. Program infractions, including relapse, should result in a review of the participant's treatment plan and modification as needed.

## **7. Ongoing judicial interaction with each DUI/Drug court participant is essential.**

- 7.1. Judges are a vital part of the DUI/Drug court team. As leader of this team, the judge's role is paramount to the success of the DUI/Drug court program. The judge must possess recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the DUI/Drug court team, therefore, is of utmost importance. The judge should be committed to serving in this role for at least two years.
- 7.2. DUI/Drug courts shall be conducted by a state court judge, senior judge, or superior court judge.
- 7.3. The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of court, on a time-limited basis when the presiding judge is unable to conduct court.
- 7.4. The judge shall attend and participate in all pre-court staffings.
- 7.5. A regular schedule of DUI/Drug court sessions (i.e. status conferences/hearings) shall be used to monitor participant progress.
- 7.6. There shall be a minimum of two DUI/Drug court sessions (i.e. status conferences/hearings) per month in the first phase of DUI/Drug court programs. In other phases, frequency of DUI/Drug court sessions (i.e. status conferences/hearings) may vary based on participant needs and benefits, as well as judicial resources, except as provided in Standard 7.7.
- 7.7. DUI/Drug court sessions (i.e. status conferences/hearings) shall be held no less than once per month during the last phase of the program.
- 7.8. Status reviews shall be conducted with each participant on an individual basis to optimize program effectiveness. Group reviews should be avoided unless necessary on an emergency basis.<sup>3</sup>
- 7.9. The judge, to the extent possible, should strive to spend an average of three minutes or more with each participant during status review.
- 7.10. The judge and team shall minimize discussion of protected health information, and otherwise private information, in an open court setting, even where a participant has executed a HIPAA waiver.

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<sup>3</sup> Insufficient time based on program census does not constitute an emergency.  
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**8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.**

- 8.1. Participant data should be gathered, monitored, and analyzed on a regular basis to determine the effectiveness of the program.
- 8.2. Courts should track significant changes in program policies, to include the change that was made and the date the change went into effect, to monitor the effectiveness of those changes, and to inform future changes in policy and practice.
- 8.3. A process and outcome evaluation should be conducted by an independent evaluator within three years of implementation of a DUI/Drug court program and in regular intervals as necessary, appropriate, and/or feasible for the program thereafter.
- 8.4. Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make any necessary modifications to program operations, procedures, and practices.
- 8.5. Courts shall use a case management system approved by the Council of Accountability Court Judges, in the interest of formal and systematic data collection. Data shall be provided at least quarterly and in a format prescribed by the Council of Accountability Court Judges.
- 8.6. Courts shall collect, at a minimum, a mandatory set of performance measures determined by the Council of Accountability Court Judges. The minimum performance measures to be collected shall include: recidivism (re-arrests and reconvictions), number of moderate- and high-risk participants, drug testing results, drug testing failures (including substances), number of days of continuous sobriety, units of service (e.g. number of court sessions, number of treatment sessions attended), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (e.g. terminations, administrative discharges). The court should develop a process to collect recidivism data following participant graduation.

**9. Continuing interdisciplinary education promotes effective DUI/Drug court planning, implementation, and operations.**

- 9.1. DUI/Drug court programs shall have a formal policy on staff training requirements and continuing education including formal orientation and training for new team members.
- 9.2. All members of a DUI/Drug court team shall receive training through the National Drug Court Institute, as available (depending on financial resources and availability to the team).
- 9.3. Completion of the National Center for DWI Courts Planning Initiative shall be required prior to implementation in order to attain certification.<sup>4</sup>
- 9.4. Existing programs, with all core team members present, shall attend tune-up or refresher training every three to five years. All core team members shall attend the Council of Accountability Court Judges annual training conference every other year. The National Association of Drug Court Professionals annual training conference can substitute the CACJ conference. However, the team must attend the CACJ annual training conference the following year.
- 9.5. DUI/Drug court judges and staff should participate in ongoing continuing education as it is available through professional organizations including, but not limited to: Institute of Continuing Judicial Education (ICJE), NADCP, etc.
- 9.6. New accountability court judges and coordinators shall attend formal orientation and training administered by the Council of Accountability Court Judges offered annually.
- 9.7. DUI/Drug court staff should participate in ongoing cultural competency training on an annual basis.

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<sup>4</sup> Applicable only if training is available and offered.  
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**10. Forging partnerships among DUI/Drug courts, public agencies, and community-based organizations generates local support and enhances DUI/Drug court program effectiveness.**

- 10.1. Ideally, a local steering committee consisting of representatives from the court and including, but not limited to, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance, and feedback to the drug court program.
- 10.2. DUI/Drug courts should consider forming an independent 501(c)(3) organization for fundraising and administration of the steering committee.
- 10.3. DUI/Drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing.

## **Section IX**

### **Adult DUI/Drug Court Treatment Standards**

#### **1. Screening Prior to Program Entry (Eligibility)**

- 1.1. Legal: DUI/Drug court programs should work with an interdisciplinary team to ensure systematic, early identification, and early engagement of a target population.
- 1.2. Clinical: DUI/Drug courts will enroll participants who meet diagnostic criteria for a Substance- Related Disorder and whose needs can be met by the program. Brief screens for mental health problems should occur.
- 1.3. Programs should focus on high-risk and high-need participants. High-risk participants are defined as having a second and subsequent arrest of two DUIs in five years, three or more DUIs in a lifetime, or having a blood alcohol level (BAC) of 0.15 or higher. High need participants are defined as those unlikely to be successful without the level of supervision, treatment, and support provided by the DUI/Drug court program and community public safety.

#### **2. Post-Sentence Assessment for Risk of Recidivism and Need for Treatment**

- 2.1. DUI/Drug courts will employ an assessment tool that captures offenders' risk of recidivism and need for treatment. This should also include a short assessment for mental health needs. Recommended tools may include but are not limited to:
  - Level of Service Inventory-R (LSI-R); NEEDS Assessment
  - Texas Christian University, Substance Abuse II (TCUDS)
  - Addiction Severity Index-Drug Use Subscale (ASI-Drug)
  - Substance Abuse Subtle Screening Inventory-3 (SASSI-3)
  - Brief Jail Mental Health Screen, National GAINS Center.
- 2.2. Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate, and are able to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of committing future criminal behavior.

#### **3. Level of Treatment**

- 3.1. DUI/Drug courts will offer an appropriate level of treatment for the target population which matches participant risk of recidivism and treatment needs with an appropriate level of treatment and supervision. Ideal program duration should be 12-18 months. DUI/Drug courts will provide referrals for appropriate levels of care based on the participant's progress or lack thereof. Recommended tools:
  - ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R).<sup>5</sup>
- 3.2. Assessment tools should also be suitable for use as a repeated measure.

#### **4. Addiction Treatment Interventions**

- 4.1. DUI/Drug court treatment providers must hold a license to practice within the mental health field or be supervised by a professional with said license. Such person must hold a license issued by the State of Georgia including one or more of the following: Licensed Professional Counselor (LPC); Clinical Social Worker (CSW); Clinical Nurse Specialist; Psychiatry/Mental Health (CNS/PMH); Marriage and Family Therapist (MFT); Psychologist; or Medical Doctor (psychiatry).

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<sup>5</sup> Minimum of ASAM Level 1  
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- 4.2. DUI/Drug courts will use an evidence-based curriculum and structured approach recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP). All treatment providers shall comply with state law and regulations regarding license reinstatement of all participants.<sup>6</sup>
- 4.3. Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming.

## **5. Recidivism/Criminality Treatment Interventions**

- 5.1. DUI/Drug courts will incorporate programming that addresses criminogenic risk factors. Criminal risk factors are those characteristics and behaviors that affect a person's risk for committing future crimes and include, but are not limited to, antisocial behavior, antisocial personality, criminal thinking, criminal associates, substance abuse, difficulties with impulsivity and problem-solving, underemployment, or unemployment. Recommended tools may include but are not limited to:
  - Thinking for a Change (TFAC)
  - Matrix Model
  - Prime Solutions
  - Moral Reconciliation Therapy
  - Motivational Enhancement Therapy
  - Cognitive Behavioral Therapy
  - Relapse Prevention Therapy
  - Seeking Safety
  - Rational-Emotive Behavioral Therapy

## **6. Treatment/Case Management Planning**

- 6.1. DUI/Drug courts will use treatment/case management planning that follows participants from assessment to program completion and systematically addresses core risk factors associated with relapse, recidivism, and other ongoing needs.
- 6.2. Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

## **7. Case Management Systems**

- 7.1. DUI/Drug courts will employ a case management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.
- 7.2. All data management practices shall comply with all applicable state and federal laws, rules, and regulations including, but not limited to, 42 CFR Part 2 and HIPAA.
- 7.3. All DUI/Drug courts should protect the confidentiality of participant data outside of the requirements of the program.

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<sup>6</sup> <https://gaduiintervention.dbhdd.ga.gov/Home.aspx>  
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