

# STATE OF COLORADO



## REQUEST FOR PROPOSAL COVER SHEET & SIGNATURE PAGE

Date: February 6, 2008

RFP Number: RFP-SJN-0803

Submit Sealed Proposals to: Department of Regulatory Agencies  
Purchasing Office  
1560 Broadway, Suite 1550  
Denver, CO 80202

Purchasing Agent: Tammy Baca

RFP Submission Deadline: March 10, 2008  
2 p.m. (Mountain Time)  
Caution: Daily mail may not be received prior to 4 pm.  
Vendors are responsible to ensure timely receipt.

Number of Copies: One Original plus  
6 BLIND Hard Copies  
and One Electronic  
Copy on CD/Disk  
Required

All Bids Shall be Quoted F.O.B. Destination unless Otherwise Specified

### *Nursing Peer Health Assistance or Nurse Alternative to Discipline Program*

Per the attached specifications, terms and conditions

F.E.I.N.: 84-0942147

Delivery Date: March 10, 2008

Authorized Signature: \_\_\_\_\_

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**IMPORTANT:** The following information must be on the outside of the Bid Return Envelope:

*Bid Number -Opening Date and Time*

Please be advised that telegraphic or electronic bids (Fax, Western Union, Telex, e-mail, etc.) cannot be accepted in the Purchasing Office as a sealed proposal. Offerors are urged to read the solicitation document thoroughly before submitting a proposal. Offerors are required to submit Federal Employer Identification Number (F.E.I.N.) prior to execution of a contract with the State of Colorado.

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Elizabeth M. Pace, Chief Executive Officer  
Lee Ann Aden, Finance and Operations Director  
Jackie Westhoven, EAP and Workplace Programs Director  
Donna Lindsey, Alternative to Discipline Programs Director  
Barbara Ezyk, Substance Use Education Director  
Simone Bober, Human Resources Director  
Cynthia Koenck, Operations Manager

**Attachment 2—Position Descriptions**

Director  
Case Manager  
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Peer Support Group Facilitator

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Richard T. Lindsey, PhD  
Laura R. Mehringer, MS, RXN, CNS

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### **5.1.1 Executive Summary**

**Condense and highlight the contents of the proposal. The summary should provide the reader with an overall understanding of the proposal and offeror's approach.**

Peer Assistance Services, Inc. (PAS) is a statewide, non-profit 501(c)(3) organization founded in 1984. PAS was founded to serve RNs and LPNs with substance use disorders and related problems. Originally incorporated as N.U.R.S.E.S. (Nurses United for Recovery, Support and Education Successfully) of Colorado Corporation, PAS has dedicated itself to quality, accessible prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues for 24 years. PAS' Board of Directors and staff are particularly dedicated to the wellbeing of nurses and the nursing community.

PAS is an experienced provider of the services sought in Request for Proposal SJN-0803. PAS assures the State that all services are available currently. Once awarded the contract, the immediate tasks are to meet with the State Board of Nursing staff and current vendor's staff to review the transition plan and prepare for implementation, to initiate the existing plan to hire program-specific staff, and to secure office space in Grand Junction. All other program services are currently in place.

PAS offers the State enhanced capacity and assurance that the SBON can rely upon us to provide the best programming using state of the art methods. The Colorado Nurse Health Program (CNHP) enjoys the luxury of incumbent status with some existing staff in place. Of course, as a new bidder, we do not. However, throughout the proposal we hope to address every question regarding agency capability to implement the program. The RFP indicates that an on site visit may be conducted. We would welcome that opportunity.

PAS presents this proposal with these commitments to advance the utilization of the Nursing Peer Health Assistance Program/Nurse Alternative to Discipline Program to the Department of Regulatory Agencies (DORA), Division of Registrations, State Board of Nursing (SBON), to nurses and to nursing organizations through:

- Supporting the philosophy of DORA and the State Board of Nursing.
- Delivering and advancing the practice of state-of-the-art, evidence-based services for a comprehensive monitoring program.
- Providing ongoing awareness of state-of-the-art programming and practice trends to the State Board of Nursing.
- Flexibility to create new relationships with nursing organizations and employers to enhance program knowledge, enhance public protection and increase help-seeking behaviors.
- Enhancement of interface and reporting to the professional nursing community through accessibility via face-to-face meetings, presentations, exhibits, website and other venues as appropriate that demonstrates the effectiveness of their license fees allocated to this program.
- Emphasis on reporting customer satisfaction to include the SBON, the licensee, chief nursing officers, nurse managers and supervisors, employers, nurse organizations and others.
- Authentic, thorough, external, independent program review to include all customer and client satisfaction.

- Employment of exemplary staff to deliver services focused on public safety and rehabilitation of the nurse.
- Providing staff capacity to be fully responsive to SBON, its staff and to the nurse community.
- Clinical Consulting Panel (addictionologist, psychologist, clinical nurse specialist) providing regular staff supervision.

The approach of this agency is informed by the following:

- 24 years of combined experience in alternative to discipline and peer assistance programming.
- Program delivery based on experience in workplace issues and dynamics.
- Current relationships with statewide network of behavioral health treatment providers.
- Comprehensive transition plan for immediate implementation.
- Current staff capacity.
- Staffing plan for the Nursing Peer Health Assistance Program/Nurse Alternative to Discipline Program for immediate implementation.
- Program components and process for the implementation of the Nursing Peer Health Assistance Program/Nurse Alternative to Discipline Program statewide.
- Comprehensive reporting mechanisms.
- Organization strength and financial capacity.
- Evaluation capacity of treatment providers and their services.
- Comprehensive state of the art drug screening services.
- Budget with narrative consistent with license fee estimates.

In a review of the external evaluation made available by the current vendor, several infrastructure recommendations were made for "improvement in streamlining the monitoring process, restructuring the non-compliance system, expanding the data management system, and refining the administrative code regarding admission criteria and how evaluations are paid for as a means of curbing program costs." We ask the reviewers to note that PAS proposes a straightforward and efficient monitoring process that accounts for non-compliance through a state-of-the-art data management system already operational. Admission and discharge criteria are clear with simple and understandable language to describe program services and how to access them. Nurses will not pay for any assessment or evaluation done by the program or reassessment conducted by the program.

#### Historical, Regulatory and Organizational Perspectives

Legislation enacted in Colorado during the late 1980s and in other states has permitted regulatory boards to utilize an alternative to the disciplinary process to rehabilitate licensed healthcare professionals while at the same time providing for rigorous monitoring to protect the public. In the late 1970s and early 1980s peer assistance programs were sponsored by state professional nurses associations as a mechanism to help to get colleagues into treatment. Two of the first states to employ the employee assistance program model of service delivery were Rhode Island and Colorado. This provided for services along the continuum of prevention and intervention and referral to treatment, as well as to address other problems that may affect professional practice and put the public at risk. This workplace focused strategy has been successfully employed in Colorado with physicians, pharmacists and dentists.



The background of the nurse “alternative or diversion” programs and peer assistance programs reflects the policy or position of the National Council of State Boards of Nursing, the American Nurses Association, state nurses associations, and other professional groups. Over the years terminology and scope of services has been debated. Historically, these programs were intended to address alcohol and other drug abuse or addiction.

The NCSBON recommendations, while focused on chemical dependency, include “promoting public health and safety by facilitating early intervention and entry into a non punitive and non-public process for monitoring recovery, promoting early identification, decreasing the time between acknowledgement of a problem and entry into treatment, compliance, assuring public safety, and education to nurses, schools and employers”.

The change in law that resulted from the passage of HB 07-1102 not only provided for a competitive bidding process, it also broadened the scope of services to be provided. The proposed program fulfills the statutory requirement and provides the State Board of Nursing and Colorado’s nurses a colleague-to-colleague approach, a continuum of prevention and intervention with the ability to address personal problems that may affect practice, and an alternative to discipline program providing for comprehensive assessment, treatment, long-term rehabilitation contracts with rigorous monitoring.

DORA states that trends in regulation specifically related to health care professions include continuing efforts to assure that impaired practitioners obtain the help they need through peer assistance programs or are taken out of practice if they pose a danger to public safety (<http://www.dora.state.co.us/registrations/About.htm#activities>). In its Strategic Plan DORA sets forth as part of its enforcement duty that: *Peer Assistance Programs provide licensees an opportunity for rehabilitation with appropriate monitoring before irreparable harm is done and their impairment creates grounds for discipline. And to...continue to provide effective peer assistance programs in order to safeguard the public, rehabilitate health care professionals and avoid increasing the Division's disciplinary caseload* (<http://www.dora.state.co.us/registrations/StrategicPlan.pdf>).

According to the American Nurses Association: *Nurses who are challenged with substance abuse and psychiatric disorders not only pose a potential threat to those they care for, they have neglected above all to care for themselves. In 2002, the ANA House of Delegates adopted a resolution, “The Profession’s Response to the Problems of Addictions and Psychiatric Disorders in Nursing” calling attention to the prevalence of impaired practice. The resolution seeks ways to assist those nurses with substance addictions or psychiatric disorders to pursue recovery and reclaim their careers. While focusing chiefly on substance abuse and addictions, the resolution recognized implicitly that psychiatric disorders often manifest in similar threats to the safety of a nurse’s patients, colleagues and self. Nursing’s ethical responsibility is the foundation for ANA’s strong support for “alternative to discipline” or “peer assistance” programs offered by most—but not all—of the state boards of nursing. These programs offer comprehensive monitoring and support services to reasonably assure the safe rehabilitation and return of the nurse to her or his professional community* ([www.nursingworld.org](http://www.nursingworld.org)).

Services for the Nursing Peer Health Assistance Program/Nurse Alternative to Discipline Program must be delivered in the context of the current healthcare environment to be most relevant. DORA states that *Colorado is experiencing an increased demand for nursing services resulting in a nursing shortage. Compared to previous Colorado and national shortages, this shortage appears to be a new and different type, reflecting the need for experienced specialist nurses, particularly in the acute care setting. Hospitals are facing competition for qualified nurses from managed care, pharmaceutical and non-health-related companies. The shortage may impact staffing ratios and thus the quality and standard of nursing care provided* (<http://www.dora.state.co.us/registrations/About.htm#activities>).

The Colorado Center for Nursing Excellence has documented information on the nurse shortage, the aging nurse workforce and aging faculty, diminished work environment resources, enhanced consumer activism and healthcare system challenges of competition, financing, complex delivery systems and disparities in rural healthcare settings ([www.coloradonursingcenter.org](http://www.coloradonursingcenter.org)). These are factors that are part of the context in which the Nursing Peer Health Assistance Program/Nurse Alternative to Discipline Program should be provided.

PAS is committed to a meaningful partnership with the State Board of Nursing that enhances their mission *to safeguard the public, rehabilitate health care professionals and avoid increasing the disciplinary caseload.*

## **5.1.2 Technical Component**

Describe how you will meet the requirements set forth in Section 4.1.

### **4.1 Technical Requirements**

1. Describe in detail how you would provide a nursing peer health assistance or nurse alternative to discipline program that:
  - a. **Provides assessment, evaluation, monitoring, support services and case management for Recipients with physical, emotional, psychological, substance use and/or abuse problems.**

The program to be implemented, a state-of-the-art alternative to discipline program, will be delivered based on current expertise, experience, and working knowledge of national and local models. The program elements will include assessment, evaluation, monitoring, support services and case management for Recipients with physical, emotional, psychological, substance use and/or abuse problems.

#### **Assessment and Evaluation**

The Program, through its director and case managers will assess and evaluate all licensees referred to the program, either for participation in a rehabilitation contract or for evaluation only, to determine the extent of physical, emotional, psychiatric, psychological, substance use and/or abuse and to provide assessment, intervention and/or develop treatment plan recommendations. Generally, the assessment process would follow this outline:

- PAS receives referral.
- Schedule initial appointment.
- Obtain signed releases of information, consents, notice of confidentiality.
- Safety of the licensee is confirmed.
- Confirm licensure on DORA website.
- Determine potential patient safety issues.
- Initiate a biopsychosocial assessment interview with licensee (see Attachment 5).
- Order a Colorado Bureau of Investigation background check.
- Initiate recommendations.
- Establish rehabilitation contract as indicated (this process provides for an immediate connection with relevant resources and immediate monitoring that assures safety to practice).
- Initiate this plan with the nurse.
- Reassess upon relapse or other significant event, as indicated.

It should be noted that all of the above services are available to recipients at no cost as a function of the program.

Part of the initial assessment process may be completed over the phone, providing for information, coaching and guidance. An initial call from a licensee includes a preliminary assessment and initial problem identification and triage including potential for drug and/or alcohol withdrawal and need for immediate medical attention. It should be noted that all calls for

assessment are returned promptly, on the same day received or the next business day, and emergent calls during non-business hours are directed to 24-hour, on-call staff for more immediate response. An appointment is made for a comprehensive face-to-face assessment in Denver or in Grand Junction within two business days. Until the Grand Junction office is open and staffed, individual nurses from the Western Slope will be required to travel to Denver for face-to-face assessment. Effort will be made to have Front Range staff travel to Grand Junction depending upon availability and client circumstance.

The assessment generally is covered in one session of approximately 3 hours. This is a critical function for the case manager to provide a foundation of information for treatment and recovery planning, as well as to establish an important relationship with the nurse. This relationship contributes to enhanced compliance with the contract. These services are delivered with compassion and concern for the licensee and their family and respect for their professional practice. This is balanced with a matter of fact approach to problem identification, planning, and public safety.

The comprehensive biopsychosocial assessment is conducted to identify a licensee's problem, to develop a plan of action, and to refer to appropriate resources to include treatment and/or referral to community resources. The object is to match the licensee with the appropriate level of care. Accurate assessment and appropriate referral increases the likelihood of safe practice and the well being of the licensee. Once the licensee is assessed, the case manager and the licensee develop specifics of the comprehensive Rehabilitation Contract. If further assessment is needed for example a full psychological evaluation or medical testing, the Recipient will be referred to a qualified practitioner. This might include a fitness-for-duty evaluation to determine if the nurse was capable of practice within acceptable standards.

The biopsychosocial assessment (see Attachment 5) each of the following categories:

- Identifying information
- Demographics
- Legal and licensure information
- Employment Status
- Job performance information
- Work performance problems/practice issues
- Physical health history
- Type of medical insurance/benefits
- Mental health history
- Risk of violence (to self or others)
- Family history and support systems identification
- Substance use history
- History of previous help
- Primary Presenting Problem
  - Health
  - Addiction
  - Relationships (e.g., marital)
  - Environmental (e.g., financial, legal)

- Referral source information

Immediate family/household members may be interviewed with client consent to supplement the assessment. Corroboration with family, significant other, prior treatment and/or therapist, is an integral part of the assessment process. Part of the assessment includes the identification of client support systems.

As part of the assessment process, consultation, technical assistance and training services are available to nurse managers and supervisors, concerned family members, work site personnel and others. Experience suggests that telephone consultation can be effective. Information is provided concerning signs and symptoms of impaired practice, the need to document behaviors on the job, and specifics on worksite confrontation techniques. Services may be accessed during normal business hours, Monday through Friday, 8:00 a.m. to 5:00 p.m. in Denver. Similar hours will be available in the Grand Junction office. On-call staff are available during non-business hours to address emergent questions or concerns.

Case managers will be experienced in the use of corroborating tools including the Global Assessment of Functioning (GAF) Scale. This is used to report the case manager's judgment of the licensee's overall level of functioning. This information is useful in planning treatment and measuring its impact and in predicting outcome. In addition, the physical health history helps to support the ability to assess physical problems. The MAST and CAGE screening tools are used, in addition to others, for drug and alcohol assessment, as indicated necessary. When indicated a toxico-legal checklist for gaseous anesthetic and inhalant use is utilized. It includes assessing intermediate and delayed symptoms as well as recommended laboratory tests and medical tests.

The Diagnostic and Statistical Manual IV (DSM-IV-TR) is used to determine diagnostic criteria and degree of illness. This is used with the American Society of Addiction Medicine patient placement criteria to determine level of care and most appropriate treatment referral. The biopsychosocial assessment includes a number of screening tools that are used as clinically indicated. They include:

- GAF—Global Assessment of Functioning Scale
- SOFA—Social & Occupational Functioning Assessment Scale
- MAST—Michigan Alcohol Screening Test
- RAFFT—Relax, Alone, Friends, Family, Trouble
- Yale-Brown Obsessive-Compulsive Scale
- CAGE—Cutting down, Annoyed, Guilty, Eye-opener
- Depression Self-Rating Scale
- Mood Disorder Questionnaire (Bipolar inventory)
- PFAM screening tool for dual diagnosis—Prior, Family, Abstinence, Multiple
- Toxico-legal checklist (to identify/rule out nitrous/vapors)
- COWS—Clinical Opiate Withdrawal Scale

**Case Management and Monitoring**

Just as an accurate assessment is crucial to the appropriate contract requirements for the nurses' rehabilitation, monitoring compliance with those recommendations is integral to demonstrating the ability to practice nursing with reasonable skill and safety. The monitoring process involves receiving reports from the licensee and everyone involved in their program. Receipt in a timely manner (both routine and non-compliance) is noted as reports are entered into a data management system. Reports are required a minimum of monthly for an indefinite period of time and are received from therapists, treatment providers, medical monitoring sites, UA/BA sites, supervisors/managers/practice monitors, sponsors, self-reports including 12-step log, Peer Support Group (PSG) log, self-status reports, and others that may be required. Reports are then reviewed by case managers for content and compliance with requirements.

Case management is central to the continuum of care for substance use and mental health disorders. Case management is not treatment. It is through the practice of case management, with review of progress and compliance, regular client and community resource contacts, that the goals and objectives of a treatment and rehabilitation plan are supported and accomplished. Case management as an intervention strategy is complemented through community collaboration that includes the development and maintenance of a service provider network, participation in professional affiliations and informational presentations.

The State of Colorado Addiction Counselor Certification rules (6 CCR 1008-3) define case management services as "an array of services which include at a minimum, assessment of the needs of the client and the client's family, service planning, referral and linkage to other services, advocacy, monitoring, and crisis management." The quality of case management affects client outcomes. A comprehensive case management process strives to make recommendations in a broad range of life domains. Again, the comprehensive nature of a case management plan as part of the Rehabilitation Contract serves to make recommendations with individually tailored treatment goals and progress expectations that are specific to guiding a nurse through the process of recovery toward wellness and safe practice.

PAS currently provides comprehensive case management services to multiple populations throughout Colorado including healthcare practitioners through contracts with several regulatory boards. Comprehensive case management services are based on the Rehabilitation Contract (Attachment 5) and include the following monitored items:

- Abstinence from mood-altering substances
- Contact with case manager
- Participation in a treatment program and any evaluation as recommended
- Therapy with reports
- Supervisor reports
- Random urine screens
- Blood monitoring for therapeutic prescription levels
- Breath/body fluids/hair analysis if required
- Attendance at Peer Support Group meetings
- Attendance at 12-step meetings and/or other mutual help groups
- Ongoing reports from 12-step sponsor or equivalent

- Ongoing reports from practice monitor (APN only)
- Safety to practice measures
- Medication such as Antabuse as a deterrent to alcohol/drug use
- Compliance with relapse prevention plan
- All necessary authorizations to release information kept current and not revoked
- Ongoing self-status reports
- Voluntary agreement to cease practice and required reassessment upon relapse
- Reevaluation of contract requirements based upon compliance
- Maintenance of confidentiality
- Immediate reporting of changes in employment, treatment or residence
- Professional complaints
- (All reporting forms can be found in Attachment 5)

Upon award, PAS will initiate a Clinical Consulting Panel, an addictionologist, psychologist, and clinical nurse specialist, to assist the program director and case managers with clinical supervision and support on difficult cases. These professionals will be hired as consultants to meet monthly with program staff to review and advise on selected and difficult cases. SBON staff are welcomed to participate. Redacted information will be sent to the Panel one week in advance of the meeting. Confidentiality of clients will be maintained on voluntary participants.

The professionals that have committed to participation include:

- Richard T. Lindsey, PhD CV—Attachment 3
- Laura R. Mehringer, MS, RXN, CNS, Resume—Attachment 3
- An addictionologist/psychiatrist and an advance practice nurse have both indicated interest and wish to be contacted upon receipt of award. This professional clinical supervision process will support the work of the case managers with their clients.

### **More on Monitoring**

Every contract component and every referral requires documentation either from the referral itself or from client. Reports are double checked for compliance first via computer database entry with reporting dates and contract fulfillment; a second check by the case manager to review content, progress, and compliance is also completed.

Part of monitoring includes in person appointments. The following outlines the PAS protocol for face-to-face nurse contact:

**In cases of full compliance:**

- First Quarter
  - Assessment/problem identification/initial planning sessions
  - Weekly for the first month of participation to orient to program/forms/reporting requirements
  - Twice per month in months two and three for follow-up on referral compatibility/continued orientation
- Second/third/fourth quarters (year one)
  - Monthly for the remainder of the first year
- Year two
  - Quarterly for ongoing support
- Year three
  - Twice per year for ongoing support
- Year four
  - Twice per year for ongoing support
- Year five
  - Quarterly for quarters one/two/three
  - For the last quarter of participation, see at least monthly as planning for program completion (relapse prevention, important program components to continue once completed)

**In cases of relapse:**

- Reassess, conduct problem identification and planning, followed by weekly face-to-face meetings for one month, then twice per month for two months, etc. per above noted plan.

**In cases of technical non-compliance:**

- Meet face to face monthly for at least one quarter.

**In cases of staff or case manager changes:**

- Meet face to face individually with both case managers at least once.

Within the framework of the rehabilitation process, a licensee is monitored for a minimum of three to five years. Return to, or continuation of practice, requires a detailed Return to Practice/Work Agreement Attachment 5 and conference with a supervisor and or staff. The Rehabilitation Contract may be extended based on non-compliance and safety to practice issues. The case management function includes reporting to the SBON as required in the event of a relapse or inability to practice with reasonable skill and safety. Reassessment is part of this process. Monitoring of compliance with all aspects of treatment and rehabilitation is the hallmark of the program as it provides assurances for public safety.



**Support Services**

PAS understands the necessity for comprehensive, holistic services including the provision of and referral to multiple support services. Supportive counseling regarding contract requirements is part of the case management process.

Support services include but are not limited to:

- Statewide network of vendor provided Peer Support Groups
- Twice annual mandatory client meetings (Attachment 8 for agenda)
- In-house employment workshops for clients (Attachment 8 for agenda)
- 12-Step programs for alcoholism and other substance use disorders
- 12-Step programs for family members of those suffering from substance use disorders (ALAteen, ALANON)
- Referral to on line support groups (e.g., Anesthetists in Recovery, International Nurses Anonymous, Nurses in Recovery)
- Referrals to relapse prevention groups and services
- Referrals to financial counseling
- Referrals to marital or family counseling
- Referrals to support groups for eating disorders
- Referrals to support groups for specific mental illness (bi-polar, depression disorders)
- Referrals to grief support groups
- Referrals to sexual abuse/violence survivors support groups (RAAP, EVE, PAVE)
- Referrals to domestic violence support groups
- Referrals to faith-based or religion specific support groups

When the SBON requests an evaluation only for a licensee, it will be provide in a timely fashion based on the assessment process already described. We have provided actual, health care professional evaluations that have been completed for regulatory boards by PAS in Attachment 6 for your review. These redacted evaluations include 1) a substance use disorder, 2) a mental health disorder, and 3) a physical disorder, each with comprehensive recommendations to the respective board.

PAS could provide the evaluation only for nurses eligible for the Rule Out Risk Program to include urinalysis and monitoring of the contract with the SBON. The current Color Line provided by CNHP would no longer be necessary as all collection sites maintain their own six-day randomized call-in schedule. PAS has always used the collection site mechanism in lieu of using professional program staff time for this time consuming task that is redundant.

- b. Shall have qualified staff available either in house or through subcontractors to be dedicated to provide Recipients with the necessary evaluation, education, diagnosis, counseling, test administration and monitoring.**

As a potential vendor, PAS has confidence to assure DORA and the SBON that our agency has the following qualifications:

- Capacity to operationalize the program immediately—staff outlined
- Ability to conduct a transition effectively—an initial plan is presented elsewhere
- Ability to provide required reports—demonstrated throughout the proposal
- Ability to contract for a performance review within 6 months of start date—proposal provided
- Ability of the agency to employ qualified staff—plan for this process is presented elsewhere

PAS currently employs 85 individuals, 30 of whom meet or exceed the criteria proposed for case managers for the Nursing Peer Health Assistance Program/Nurse Alternative to Discipline Program, thus demonstrating our capacity to manage this process and hire qualified staff. PAS employs a qualified Human Resources Director who manages all aspects of recruiting and hiring. Upon award notification from DORA, PAS had prepared for immediate advertisement for all proposed positions both externally and internally. Additionally, PAS has the expertise, infrastructure and capacity to manage the transition and operationalize the program immediately.

Because of the PAS' breadth and capacity, the staff of the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program will be able to focus 100% on program delivery. The program staff will be part of a significantly larger agency than the current vendor. PAS infrastructure/capacity includes:

- Executive support
  - A CEO dedicated to administrative duties (no programmatic work)
  - A Finance and Operations Director (CPA) dedicated to financial administration and operations
  - A Human Resources Director dedicated to recruiting, hiring, personnel policies and procedures
  - Seven Program Directors dedicated to the programmatic management of various PAS programs
- Board of Directors
  - An eighteen member Board to provide agency oversight and financial review (including 5 nurses) (see Attachment 13 for a full list by name, profession, credentials and geographic location)
- Administrative support
  - An Operations Manager who manages day-to-day operations including facilities, purchasing, travel, etc.
  - A Data and Information Manager who performs all data analysis, ensures data veracity, implements all data-related/data entry protocols
  - 4 Administrative Coordinators
  - A Receptionist/Administrative Assistant
- Annual independent audit is conducted in August for all agency programs

Most relevant to the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program, PAS currently employs professionals with the qualifications necessary to provide comprehensive peer health assistance/alternative to discipline program services. PAS provides these services to dentists, pharmacists and pharmacy interns. In addition PAS provides similar services based regulatory board referrals for veterinarians, chiropractors and dental hygienists. Qualifications include Master of Science in Management, Master of Science in Counseling, Registered Professional Nurses, Certified Employee Assistance Professionals, Certification as Addiction Counselors and Certified Addiction Registered Nurses. PAS has extensive experience with substance abuse and mental health treatment providers throughout the state and refers licensees to qualified professionals for mental, physical or other examinations as indicated. Staff competence is critical to program success. Relevant training is required and is supported by the annual budget.

Comprehensive personnel policies and procedures are in place and are consistent with applicable state and federal law. The policies have been reviewed by the agency attorney and are reviewed periodically by our Human Resources Director. Staff hired for the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program would receive an orientation to all agency policies and procedures. Ethical codes relevant to specific practice are adhered to and include the Employee Assistance Professionals Association Code of Ethics, American Counseling Association, the National Association of Social Workers and the American Nurses Association Code of Ethics.

The following briefly describes current selected staff located in southeast Denver:

<b>Title</b>	<b>Credentials</b>	<b>Responsibilities</b>
Chief Executive Officer	MSM, RN, CEAP	Contract management, overall program supervision
Finance & Operations Director	MS, CPA	Accounting, billing, statistics, audit preparation
EAP and Peer Assistance Program Director	RN, CEAP, CARN	EAP program oversight, assessment, referral, short-term problem resolution, management consultation, education presentations
Alternative Program Director	RN, CEAP, CARN	Assessments, referrals, test administration, client case management, rehabilitation contract monitoring, reporting, clinical on call, presentations
Substance Use Education Director	RN, JD	Educational outreach to the public and professional communities regarding substance use/abuse prevention.
EAP Assistant Director	MA, CAC II, EA-CS, CEAP	Assessment, referral, short-term problem resolution, management consultation, education presentations
EAP Coordinator	MA, Counseling psychology	Assessment, referral, short-term problem resolution, management consultation, education presentations, materials development
Human Resources Director	BA	Responsible for human resources functions, ensuring the agency conforms to statute and quality system procedures
Data and information manager		Statistical, demographic, progress and compliance reports for all programs/clients. Creation, modification, maintenance, data entry, and training for all database forms, systems, and procedures
Facilitators	Various	Facilitation of groups consistent with guidelines; provide reports

Our philosophy as an agency, as an employer, is to attract, retain, reward and motivate the productivity and commitment of highly qualified, diverse staff. We affirmatively state our compensation and benefits philosophy with the objective of maintaining a healthy and secure staff. We are committed to providing a set of core benefits to include:

- Health care with prescription plan.
- Dental, Vision, and Chiropractic/Massage Discount plan.
- Group Life Insurance equal to annual salary.
- Short and Long-Term Disability equal to 60% of salary after declared disabled.
- 403(b) Retirement Plan—employee contributions only.
- Employee Assistance Program through Anthem Blue Cross/Blue Shield.
- Paid training for professional development
- Generous PTO (18 hours per month) and flexible hours.
- Safe and professional work environment.

The following procedure will be followed to hire staff for the Nursing Peer Health Assistance/Nurse alternative to Discipline Program:

- Identified position vacancies for the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program will be posted internally, in newspapers and on appropriate community and recruiting web sites listed below. In addition we have requested a list of the Colorado membership of the International Nurses Society on Addictions and the National Organization of Alternative Programs (PAS has membership in both organizations).
  - Denver Post Newspaper ad
  - Peer Assistance Services Website
  - Colorado Non-Profit Website
  - CU School of Nursing
  - Craig's List
  - University of Denver
  - CU at Boulder and Denver
  - Colorado Nurses Association Website
  - Colorado Department of Labor
  - Journal of American Psychiatric Nurses Association
  - [www.nurse-recruiter.com](http://www.nurse-recruiter.com)
  - [www.mynurserecruiter.com](http://www.mynurserecruiter.com)
  - [www.comphealth.com](http://www.comphealth.com)
  - [www.hirenursing.com](http://www.hirenursing.com)
  - [www.medhunters.com](http://www.medhunters.com)
  - [www.nurse.com](http://www.nurse.com)
  - [www.healthcareers.com](http://www.healthcareers.com)
  - [www.absolutelyhealthcare.com](http://www.absolutelyhealthcare.com)
  - [www.rnwork.com](http://www.rnwork.com)
  - [www.physicianwork.com](http://www.physicianwork.com)
  - [www.coloradonurseleaders.org](http://www.coloradonurseleaders.org)
  - Foundation Medical Staffing

- Candidates for all positions are required to submit a written employment application and professional vitae/resumes containing information regarding education, experience, licensure, and references.
- All applicants that participate in an interview for positions at PAS will take an appropriate computer evaluation, which will assess his/her skill level by giving a score rating based on a percentage from 1%-100%. Each test will vary depending upon the requirements for the position.
- Qualified candidates must provide proof of license/certification from regulatory agencies that is verified prior to hire.
- Candidates will be interviewed by an ad hoc committee of individuals with similar skill sets following reference checks.
- CBI investigation and Division of Motor Vehicles checks may be done, if necessary national background checks will be conducted through Screen Now.
- The Chief Executive Officer makes the final selection in consultation with SBON Program Director, Mark Merrill, or his designee.
- Employment will be confirmed in writing setting forth the salary rate, position, classification, date of hire, and any other terms of employment including signed statements of confidentiality.
- The SBON participation in the staffing process is critical to the success of the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program and is invited throughout.

### **Staff Descriptions**

**Nursing Peer Health Assistance/Nurse Alternative to Discipline Program Director** will be a Master's prepared nurse with demonstrated knowledge and skill in psychiatric and addictions nursing. Other requirements to include experience as a supervisor, excellent communication skills, understanding of healthcare organization and computer skills. The Director will be responsible for day-to-day program and staff supervision, communication with the State Board of Nursing, developing and sustaining relationships in the nursing community statewide, and identifying strategies to promote the program to the working community of nurses. PAS will provide full support and the tools necessary as the Director becomes fully oriented to the program. This will include meeting with SBON staff the CNHP Program Director, the SBON Attorney General or others as indicated by the SBON. See transition plan for more detail page 52.

**Case Managers** (5) to be hired with a desired staff mix to include a majority of nurses requiring demonstrated knowledge and skill in psychiatric and addictions nursing with bachelor level preparation. Professionals with preparation in counseling psychology will be considered. Experience and additional credentials to include the Certified Addictions Counselor, levels II and III. One nurse case manager will be on the Western Slope in office space to be leased in Grand Junction. Because approximately 10% of the nurses in Colorado reside on the Western Slope, it is our view that the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program should have greater visibility in the 20 plus hospitals and other healthcare facilities in that geographic area. This enhanced accessibility and utilization for licensees using program services is a clear advantage for frequent face-to-face client contact with the case manager, decreases travel, and increases in-person consultation with employers, nurse managers and supervisors.

The Grand Junction case manager will receive program orientation and training including meeting with the SBON staff in the Denver Metro area.

#### Data & Administrative Coordinator

The coordinator will be supervised by the PAS Information/Data Manager and will assist with the Client and Compliance databases (which are operational and described in detail elsewhere). Preferred qualifications will include a Bachelor's degree and 3 years of administrative/data entry experience. Responsibilities include data entry, running simple queries, reports and implementing mailings. The Coordinator will be responsible for creating and/or editing various documents including letters, presentations, and spreadsheets for the case managers and program director.

#### Peer Support Group Facilitators

The facilitator is responsible for monitoring group activities, providing information and summarizing ideas and suggestions that are discussed in the group meeting. The Peer Support Group facilitator is also responsible for enforcing the Peer Support Group Guidelines and maintaining the attendance records which are submitted to the data manager for compliance documentation. PAS currently employs 9 Peer Support Group Facilitators who facilitate 396 groups annually statewide. An annual training is provided for facilitators with time and expenses paid. Quarterly conference calls are conducted with facilitators for clinical supervision with case managers participating. Additional supervision is always available. Job description and criteria for Peer Support Group Facilitators can be found in Attachment 2.

Current Peer Support Group times, locations and staff are as follows:

City	Time	Facilltator
Denver	Tuesday, 6:30–7:30 p.m.	Ann Muñiz, MA
	Friday, 11:00 a.m.–12:00 p.m.	Andrea Schmidt, BSW
	Women Only 1 <sup>st</sup> Wednesday each month 12:00–1:00 p.m.	Caitlin Kozicki, MA
Aurora	Friday, 11:00 a.m.–12:00 p.m.	
Louisville	Every other Friday 12:00–1:00 p.m.	Colleen Todd, LPC, CAC III
Colorado Springs	Wednesday, 5:00–6:00 p.m.	Joni Zepp, MA, RN, CAC III
Pueblo	Thursday, 3:00–4:00 p.m.	Janice Schultz, MA, LPC
Greeley	Tuesday, 6:00–7:00 p.m.	Peggy Yarwood, MA, BSN
Grand Junction	Tuesday, 5:30–6:30 p.m.	Mary Corcoran, RN
Durango	Wednesday, 12:00–1:00 p.m.	Melinda Coleman, CAC III
Statewide	Every 2 <sup>nd</sup> and 4 <sup>th</sup> Saturday 8:00–9:00 a.m.	Peggy Yarwood, MA, BSN

The facilitators provide quarterly psychoeducational offerings to clients focused on the following topics:

- Grief and loss
- Relationship skills
- Relapse prevention (planning, techniques, skills)
- Communication skills
- Time management
- Anger management
- Parenting skills
- Stress management

In addition, relevant articles on addiction, mental health, stress and wellness are distributed by mail statewide on a monthly basis. Facilitators for groups in addition to those already in existence will be hired and trained as needed upon award of the contract. PAS would be happy to consider the facilitators employed by the current vendor to facilitate the proposed additional groups that will be needed for the increased number of participants. For many years clients have consistently evaluated the peer support group as one of the most positive reinforcements for their recovery.

**c. Is available to all potential Recipients statewide in all geographical areas of the state.**

PAS currently maintains fully staffed offices in Denver, Aurora, Englewood, Westminster, Ft. Collins, Greeley, Longmont, Colorado Springs, Pueblo, Durango and Grand Junction. While these office facilities will not be available to the program upon award, this demonstrates the PAS capacity to manage a statewide program and the ability to retain facilities and staff throughout the state. Please see Transition Plan on page 52.

To accomplishing statewide service availability, a professional office with a full-time nurse case manager in Grand Junction will be established within 1–2 months of the contract award. In the interim, clients will be served by Front Range staff. PAS has experience with acquiring office space on the western slope. Current office space in Grand Junction is used for peer support group meetings.

A full-time staff member in Grand Junction will enhance program presence, visibility and availability of services, increasing the opportunity to make presentations, consult with nurse managers, meet with licensees regularly, attend relevant local conferences or workshops and eliminate unnecessary travel to Denver for licensees. It should be noted that this represents an enhanced service from that which is currently provided.

The current statewide Peer Support Groups demonstrate the statewide capacity of PAS. Once awarded the contract, the geographic location of participants would be identified in order to enhance the number of available groups for greater recipient accessibility. The groups and facilitators provided by the current vendor would be evaluated as part of the transition process and would certainly be considered for continuation. As indicated earlier, PAS would happily consider retaining the existing facilitators and locations, if possible. This would be evaluated

during the period between the award date and contract start date. A facilitator training would be scheduled within one month to review their role and obligations, to review required forms, to identify resources that they may request such as printed materials and to sign agreements for the performance of their duties as facilitators. The outcome would be minimal interruption for existing participants, an increased number of groups to be accessed that would increase the convenience for the nurse, and assurance of contract compliance.

Statewide accessibility is enhanced through a long-standing, dedicated, toll-free 866 telephone number and 24-hour, on-call professional staff. A nurse-only, on-call number will be made available for recipients/licensees in the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program. The network of providers discussed in another section is also statewide. The Program Director will travel throughout the state to enhance visibility and understanding of the program as well.

- d. Identifies a statewide treatment resource network which includes treatment and screening programs and support groups. Contractor must demonstrate a process for evaluating the effectiveness of such programs.**

PAS currently refers to treatment providers throughout the state of Colorado and nationwide. PAS affirmatively states that it, as an agency, and its employees do not provide treatment to clients of the program. PAS maintains abstracts of information with treatment organizations and individual providers. Further, PAS refers to licensed and accredited treatment providers all of which is documented in the client database.

#### **Statewide treatment resource network**

PAS works with substance abuse and mental health treatment providers throughout the state. Attachment 10 highlights addiction psychiatry professionals, treatment programs, individual therapists, out-of-state treatment programs with expertise in working with healthcare professionals, physicians certified for Buprenorphine treatment and pain management specialists.

PAS works with various substance abuse and mental health treatment programs including Managed Service Organizations and Behavioral Health Centers in Colorado to maintain a network of licensed providers that offer a continuum of services throughout the state. Substance abuse services include detoxification, inpatient, outpatient, and short- and long-term modalities.

A web-based directory of Licensed Treatment Programs through the Colorado Alcohol and Drug Abuse Division is utilized to search for licensed treatment programs via city or judicial district that includes all licensed treatment programs including Level I and Level II DUI education, treatment for minors, women, and emergency treatment. Out-of-state resources are utilized, dependent upon the licensee clinical status. Those include licensed programs with national reputations for treating healthcare professionals.



**Facilitated peer support groups—33 monthly**

The current statewide Peer Support Groups are again listed. There are 33 monthly groups and 396 annually. If awarded the contract with the SBON, the geographic location of all current participants would be assessed in order to enhance the number of available groups for greater licensee accessibility statewide. The groups provided by the current vendor would be evaluated as part of a transition process. A facilitator training would be scheduled as soon as possible to review their role and obligations, to review required forms, to identify resources that they may request such as printed materials and to sign agreements for the performance of their duties as facilitators. The desired outcome would be minimal interruption for existing participants, while simultaneously assuring contractual oversight.

City	Time	Facilitator
Denver	Tuesday, 6:30–7:30 p.m.	Ann Muñiz, MA
	Friday, 11:00 a.m.–12:00 p.m.	Andrea Schmidt, BSW
	Women Only 1 <sup>st</sup> Wednesday each month, 12:00–1:00 p.m.	Caitlin Kozicki, MA
Aurora	Friday, 11:00 a.m.–12:00 p.m.	
Louisville	Every other Friday, 12:00–1:00 p.m.	Colleen Todd, LPC, CAC III
Colorado Springs	Wednesday, 5:00–6:00 p.m.	Joni Zepp, MA, RN, CAC III
Pueblo	Thursday, 3:00–4:00 p.m.	Janice Schultz, MA, LPC
Greeley	Tuesday, 6:00–7:00 p.m.	Peggy Yarwood, MA, BSN
Grand Junction	Tuesday, 5:30–6:30 p.m.	Mary Corcoran, RN
Durango	Wednesday, 12:00–1:00 p.m.	Melinda Coleman, CAC III
Statewide	Every 2 <sup>nd</sup> and 4 <sup>th</sup> Saturday, 8:00–9:00 a.m.	Peggy Yarwood, MA, BSN

**Virtual Group Detail**

In order to better meet the needs of rural healthcare professionals including nurses, a virtual facilitated peer support group is available on a twice per month basis. The Virtual Peer Support Group is provided through an agreement with the Colorado Area Health Education Center (AHEC). Colorado AHEC is part of the University of Colorado Health Sciences Center specializing in distance education and training for rural healthcare providers. Frequency of this group would be increased based on need.

The rules and structure of the virtual group mirror those for in person groups:

- Group convenes for one hour and begins and ends on time.
- Meets a minimum of 2 times per month.
- An online group activity log is recorded for the facilitator.
- Entrance into group requires password. Individuals must call PAS office (1-866-369-0039) to be placed on the virtual group participant list.
- Groups are confidential. The identity of members is not revealed. It is up to the judgment of the individual as to whether they wish to waive their anonymity.
- Exceptions to confidentiality: danger to self or others.
- Psychoeducational group discussion content is provided approximately 4 times a year.
- Good faith participation and behavior that supports a peer support effort is expected of all participants.
- Verification of attendance is provided by the facilitator to PAS, if there is evidence that people have participated in the conversation and been present for the duration of the group.

The facilitator issues the participant a user name and password. Participants are only identified to other users by their assigned users' name. An additional level of security is generated because there is no identifying information in the system. Logs are kept of chat room sessions, threaded discussions and pages viewed. Logs are only available to facilitators and the system administrator at Colorado AHEC. By agreement the system administrator will never access any logs unless specifically asked by the facilitator for technical reasons.

Because of the nature of a virtual group, PAS developed a suicide threat or harm protocol. If the PSG facilitator believes an online participant is likely to harm him/herself or others they are to:

- Communicate their concern to the participant
- Phone the "emergency contact" person listed on the application form, and ask that person to directly assist the participant. This may mean driving to the person's home or place of Internet access in order to offer direct assistance.

If the emergency contact is:

- Unavailable or unwilling, local authorities are contacted and asked to do a "welfare check" on the participant.
- If available, facilitator may also request a welfare check (as in above) for back-up support for the emergency contact.
- Follow with a phone contact to the PAS staff person on call for direction and support.

This protocol requires that the PSG facilitator has access to a phone at all times while conducting the group via the Internet. Since 2003, there have been no negative experiences with this group facilitation method. This group is used as an adjunct, as in-person groups are required during the Rehabilitation Contract period.

### **Mutual Help, Twelve-Step and Self-Help Recovery Groups**

12-Step and other mutual help groups are important components of the rehabilitation contract to support recovery from substance use disorders, as well as mental health disorders. These groups are utilized statewide and are routinely a required component of a Rehabilitation Contract with a licensee. In addition, an appropriate sponsor is required. Mutual help group referrals include:

- Referrals for family members to ALANON, Alateen, and other similar programs.
- Narcotics Anonymous, Cocaine Anonymous, and Prescriptions Anonymous
- Health professionals support group at CeDAR
- AA website and 12-step meeting list provided.
- Referrals to mental health support groups
- Eating disorder support groups
- Grief and loss support groups
- Bi-polar support groups
- Sexual abuse/violence survivors support groups (RAAP, EVE, PAVE)
- Domestic violence support groups
- Faith-based or religion specific support groups

**Evaluation of program effectiveness**

PAS supports the utilization of evidence-based practices when referring licensees to appropriate services. This is a practice that shows consistent evidence of being related to preferred client outcomes. The objective is to provide the best available treatment that increases provider accountability, enhances consumer knowledge and promotes positive treatment outcomes.

Treatment for drug abuse and addiction is delivered in many different settings using a variety of behavioral and pharmacological approaches that includes specialized drug treatment facilities to provide rehabilitation, counseling, behavioral therapy, medication, case management, and other types of services to persons with substance use disorders. Because drug abuse and addiction are significant public health issues, a large portion of drug treatment is funded by local, State, and Federal governments. Private and employer subsidized health plans also may provide coverage for treatment of drug addiction and its medical consequences. Treatment is provided in specialized facilities and clinics by a variety of providers including certified drug abuse counselors, physicians, psychologists, nurses and social workers. Treatment is delivered in outpatient, inpatient and residential settings. A variety of therapeutic intervention or services can be included in any given setting.

The American Society of Addiction Medicine (ASAM) Patient Placement Criteria for the treatment of substance-related disorders is a clinical guide used by staff to match clients to appropriate levels of care. This resource provides research based guidance to set treatment goals based on a comprehensive biopsychosocial assessment, measurement of progress and outcomes.

**The Principles of Effective Treatment: A Research-Based Guide**, National Institute on Drug Abuse, 2000, is used to guide referral and program evaluation process:

- No single treatment is appropriate for all individuals.
- Treatment needs to be readily available.
- Effective treatment attends to multiple needs of the individual not just his or her drug use.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meet the person's changing needs.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
- Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Treatment does not need to be voluntary to be effective.
- Possible drug use during treatment must be monitored continuously.
- Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious disease, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
- Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

Evaluating outcomes, customer satisfaction, the spirit of cooperation between providers and the case managers is continually reviewed. PAS conducts an internal review of treatment providers that includes client case review and relapse occurrence review. This informs the referral process for the case manager.

e. Provides reports in accordance with time frames set forth below.

#### **Reporting Capacity**

PAS has the capacity to provide comprehensive reports quickly and accurately. Please review the most recent year-end report dated June 30, 2007, to the Colorado Board of Dental Examiners in the attachment section (Attachment 9). The report demonstrates the variety of data reported so that the Board of Dental Examiners has a complete understanding of services and demographics. These reports can be modified and expanded as determined by the State Board of Nursing. This experience is derived from our management of 23 contracts with state, federal and private entities. Each of these programs requires reporting that is rigorous and scheduled at regular intervals, mostly quarterly, on various fiscal calendars.

The PAS client data management system includes Resource, Client, and Compliance components, all of which are linked together to enable information sharing. Utilizing the relational model and operations, the data system significantly enhances our ability to quickly and accurately retrieve, sort, and compile statistics; analyze relationships and trends; and verify current client contract compliance. The system can be used by multiple applications ensuring continued viability of this system for the future.

The Resource component contains information on all PAS contacts. Users can easily access information by individual name or by organization. The main menu contains a collection of buttons for easy access to many different lists, e.g., treatment centers, financial services, attorneys, test collection sites—including their specialties and hours. Another feature of this database is a link provided for all therapists in the database so that users can examine/update an abstract of information that contains licensure, accreditation, addiction counseling experience, and costs.

The Client component of the data management system contains the assessment information of all PAS clients—closed and active. To ensure confidentiality and security, social security numbers are not stored in the system. All of our licensee data is kept securely on our in-house server. In addition to contact information, this component contains contract information; family, mental health, and medical history and current status; demographic information; legal and licensure information; current employment and history; substance use history; suicide/homicide assessment; and past diagnosis/treatment information.

The Compliance component of the data management system is linked to the main client database so that when a client signs a rehabilitation contract their information can easily be “downloaded” into the compliance database. At that point, all of the client’s monitoring/contract requirements are entered, along with information such as contract end date, treatment provider, therapist, case

manager, testing lab—as well as contact numbers. Whenever a report is printed on a particular client, requirements and contact information are easily identified.

Once licensee information has been downloaded and the general information and requirements have been entered, all reports can be entered as they are received. UA and BA reports are entered with collection date and results, other reports (Supervisor, Self-Status, etc.) are entered with date received and period covered, and verified meeting attendance dates are entered.

A system of checks and balances is employed by intertwining technology (an Access database) with people (case managers). A compliance report lists the facts, while the case manager must read the report to ensure compliance with contract requirements. The report lists received dates and periods covered, but the case manager must read the report for “content.” Any time a positive or dilute UA or BA report is received, the case manager is notified and action initiated immediately, serving public safety and nurse.

Reports can be printed for any specified period of time, for any specified client and/or group. Any component of the data management system can be queried for statistics, demographics, and mailing lists. Please review the following sample screens from the database.

**SAMPLE COMPLIANCE DATABASE SCREENS**

This screen is used to enter client contract requirements and activities/reports. The date indicates the day the report was received or the specimen was collected. The result reflects the test result, the period covered, or the fact that the Meeting List was turned in.

Find Client: [Redacted]  
 Client, Nurse - Voluntary

**Enter Contract Requirements**

Treatment Provider: Parker Valley Hope  
 Contract End Date: 1/2/2011

Contract-Case Manager: SBON - Florence Night

Notes:

Contract Requirements:	Notes:
12-Step Meeting	Twice per week - I
Mandatory Meeting Attendance	Twice per year
Practice Monitor	Once per month - I
PSG Meetings	Once per week - IV
Self-Status	Monthly
Sponsor Report	Monthly - Roberta
Therapist Report	Monthly - Dr. Robe
UA Screening	Once per week - V

**Enter Client Activities**

Activity:	Date:	Result:
12-Step Attendance	1/2/2008	Meeting List
UA Monitoring	1/3/2008	Negative
PSG Attendance	1/4/2008	Meeting List
12-Step Attendance	1/5/2008	Meeting List
12-Step Attendance	1/5/2008	Meeting List
UA Monitoring	1/8/2008	Negative
12-Step Attendance	1/11/2008	Meeting List
PSG Attendance	1/11/2008	Meeting List
12-Step Attendance	1/14/2008	Meeting List
12-Step Attendance	1/17/2008	Meeting List
UA Monitoring	1/17/2008	Negative
PSG Attendance	1/18/2008	Meeting List
12-Step Attendance	1/20/2008	Meeting List
UA Monitoring	1/22/2008	Negative

Records: 11 | 1 | 27 | of 86

**Compliance Report—1/1/2008-2/2/2008**

**Client, Nurse**      **Basic:** Voluntary      **Contract End Date:** 1/2/2011

Treatment Provider: Parker Valley Hope      Contract-Case Manager: SBON - Florence Night

Notes:

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**Practice Monitor**  
 Once per month - Swedish Medical Center - Kathy Salzman - (303) 378-3657  
 2/1/2008      1/1/08 - 1/31/08

**PSG Meetings**  
 Once per week - Monthly Meeting List

1/4/2008	Meeting List
1/11/2008	Meeting List
1/18/2008	Meeting List
1/25/2008	Meeting List

**Self-Status**  
 Monthly  
 2/1/2008

**Sponsor Report**  
 Monthly - Roberta - (303) 873-2638  
 2/1/2008      1/1/08 - 1/31/08

**Therapist Report**  
 Monthly - Dr. Robert Hartman - (303) 399-3485  
 2/1/2008

**UA Screening**  
 Once per week - Wlz Guiz - (720) 377-3440

1/3/2008	Negative
1/8/2008	Negative
1/17/2008	Negative
1/22/2008	Negative
1/27/2008	Negative

12-Step Meeting

The Compliance Report reflects the activities/reports of a client for a selected period of time. Contract requirements and contact information are included. Compliance can be quickly and easily checked and, if necessary, appropriate contacts can be made.

**Data Safeguards**

Records on participants are maintained by code number in a secured client database. Social security numbers are not kept in the database. A password is required to access the database and in turn, electronic files. The agency server is kept behind a firewall and is not accessible via normal entry from the Internet. Enterprise level virus and spy-ware protection is required on all computers.

All confidential client information is maintained on a centralized database on a server at our primary office. Staff at other sites can access information using a terminal server which requires dual authentication for access. A backup server takes incremental copies of all electronic data nightly. Weekly backups are moved to an external hard drive which is stored in a secure off-site location in case of disaster, e.g., fire, flood, etc. The backup server will allow for restoration of data from any specific day during the previous quarter.

All client information on paper is maintained in a triple lock system consistent with HIPAA and 42CFR, Part 2. UA and BA results are faxed directly into the Information/Data Manager's office. A secure document destruction service is provided by Iron Mountain in all office locations. All staff members sign a formal confidentiality agreement that specifies the requirements of confidentiality and the consequences for breach of same.

- f. Provides testimony by the appropriate person(s) in contested cases if requested by the State. Any testimony shall be provided at the State Division of Registrations' standard rate for the witness' profession**

PAS agrees to provide factual testimony by appropriate staff supported by client records in contested cases as requested by the State Board of Nursing. PAS has experience with providing testimony for nursing, pharmacy and dental boards in complex cases of clients who were non-compliant and or unable to practice with reasonable skill and safety.

**g. Assures the Contractor and any subcontractors have adequate insurance**

PAS assures that all required insurance is in place and that any subcontractor or consultant would be required to have adequate insurance in place as indicated.

**Current Agency Insurance Summary**

The following policies are in full force and effect. A Certificate with the State of Colorado as named insured can be provided within 48 hours.

**Directors and Officers Insurance**

Provider: Carolina Casualty – through Van Wagner Agency  
 Premium: \$2,323/annually – (10/5/07 – 10/4/08)  
 Limit: Maximum aggregate limit of liability of \$1,000,000 annually for all claims.  
 Coverage: Coverage for all directors, officers, trustees, and employees including staff, volunteers and committee members for:  
 \*Personal Injury Wrongful Acts Coverage –false arrest, wrongful imprisonment, libel, slander, defamation of character, invasion of privacy, infringement of copyright or trademark, plagiarism or misappropriation of ideas.

**Professional Liability Insurance: General Liability including Property and Non-owned Auto Insurance**

Provider: Granite State– through the Van Wagner Group  
 Premium: \$20,600/annually (10/16/07-10/15/08)  
 Prof. Liability Limit: Maximum aggregate of \$3,000,000/annually with a \$1,000,000 combined single limit.  
 Coverage: Liability coverage for the corporate entity, employees and volunteers, while working within the scope of their duties, for the following:  
Liability  
 \* Wrongful Act Coverage (same as above)  
 \* Employment Practices Liability Coverage, (same as above)  
 Gen. Liability. Limit: \$1,000,000 per occurrence for Business Liability; \$5,000 per person for Medical payments; \$50,000 per occurrence for Fire Legal Liability.  
 Coverage: Liability coverage for the corporate entity, employees and volunteers, while working within the scope of their duties, for the following:  
Liability  
 \* Wrongful Act Coverage (same as above)  
 \*Employment Practices Liability Coverage, (same as above)  
 Property insurance for all locations and all employees for the following:  
Property  
 \*Water damage, fire, smoke, theft, vandalism, falling objects, etc.  
Automobile  
 \*Liability and vehicle damage

**Employee Dishonesty Bond**

Provider: The Travelers Insurance Company – through Talty Insurance Agency  
 Premium: \$324/annually (1/07 –1/08)  
 Limit: \$50,000  
 Coverage: Direct loss and loss from damage to money, securities and other property resulting from employee theft.

**Key Person Insurance**

Provider: AIG–through Talty Insurance Agency  
 Premium: \$770/annually (10/07-10/08)  
 Benefit: \$500,000  
 Coverage: Life Insurance on the CEO to help reimburse the Agency for any economic loss caused by the death of the employee.



- h. Assures that, to the extent practicable, the licensed professionals involved in the evaluation of Recipients shall not also provide treatment of same Recipients. The Contractor must also ensure that such professionals hold an unrestricted license from their respective board(s).**

Consistent with community standards of ethical practice, PAS assures the SBON that licensed professionals, who are involved in the evaluation, case management or support services of licensees for the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program, will not also provide treatment to those licensees.

All licensed professionals that licensees are referred to must first demonstrate an active, unrestricted license. This information is maintained in the Resource database. Prior to a referral, the community practitioner license is confirmed through a search of the DORA Automated Licensure Information System Online (ALISON). Out of state licensees would be similarly verified on their respective state websites.

Nursing Peer Health Assistance/Nurse Alternative to Discipline Program *staff will conduct the comprehensive evaluation/assessment for all licensees seeking services.* There is no fee for these services. Licensees referred to other professionals as determined by the case manager for further psychiatric evaluation, fitness for duty, medication evaluation, and physical evaluation if deemed necessary, will self-pay for these services.

- i. Offers assistance and education to Recipients concerning the recognition, identification, and prevention of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provide intervention when necessary.**

#### **Recognition/Identification and Prevention**

In the nursing community, problem identification and referral to the program is dependent, in part, upon information and awareness within the profession itself and within the work environment. Information regarding worksite behaviors and signs and symptoms will be available in advertisements in The Colorado Nurse that is sent quarterly to all RNs and LPNs. Printable fact sheets on the PAS website can be accessed regarding substance abuse, alcohol and women, prescription drug abuse, stress and family/work balance. The PAS website at [www.peerassist.org](http://www.peerassist.org) is full of information that is easily accessed. Easily understood information on how to make a referral for employers and supervisors is on every page of website. Articles in professional publications and newsletters will serve to promote discussion of the problems of identification, as well as signs and symptoms demonstrated by impaired practice or a troubled nurse. On the PAS website under Quick Clicks a links page provides multiple resources nationwide. The following screen shot from our website that is nurse specific is shown below. Visitors can access the SBON and CNHP directly from our links page. Screen shot of nurses website page is show below. A screen shot of the home page is shown as well.

[Home](#) | [About Us](#) | [Forms](#) | [Employment](#) | [Contact Us](#) | [FAQ](#) | [Map](#)

**Peer Assistance Services**

**PAGES IN THIS SECTION:** [Peer Support](#) | [Make A Referral](#) | [Links](#)

[Printable Version](#)

Peer Assistance Services is here to help RNs, LPNs, nursing students, nursing assistants and their families. Please contact us if you answer YES to any one of these questions:

- Do you have general questions about impaired practice, substance abuse or alcoholism in the workplace?
- Are you concerned about your own or a colleague's abuse or dependence on alcohol or other drugs?
- Have you had problems at the workplace that could affect your license to practice?
- Have you received notification from the State Board of Nursing about possible action against your license?

**We offer the following assistance for nurses**

- General education and information resources about impaired nursing practice due to substance abuse, mental health problems, stress and related topics
- A voluntary program of recovery support, the N.U.R.S.E.S. Peer Assistance Program which provides intervention, monitoring and peer support

**For more information**  
**Denver: 303.369.0039 x205**  
**Toll-free: 866.369.0039 x205**

**PAS is pleased to offer the Jody Gingery Memorial Scholarship for the University of Utah School on Alcoholism and Other Drug Dependencies, available annually to a nurse or nursing student. Applications due March 1. For more information: 303.369.0039 x205**

**303.369.0039 x205 866.369.0039 x205**  
**303.369.0039 x205 866.369.0039 x205**

[Make a Referral](#)      **PEER ASSISTANCE SERVICES 2170 S. Peoria Rd., # 229 | Denver, CO 80231 | TEL: 303.369.0039 FAX: 303.369.0039 TDD: 303.369.0039**

**COMMUNITY SERVICES**  
 Helping when problems affect one's work—family, stress, depression and other mental health issues, substance abuse, financial and legal concerns. Services include assessment, referral, short-term problem solving, monitoring, peer support groups and 24/7 phone support.

**WORKPLACE ASSISTANCE**  
 Employee Assistance Program services to small businesses in Colorado, with a focus on metro area elder-care providers. Services include Drug-Free Workplace assistance, supervisor consultation and training, short-term problem resolution and education.

**YOUTH AND FAMILIES SERVICES**  
 Providing prevention support to at-risk youth and families. Our programs strengthen resilience and enhance coping with life's challenges, without relying on the use of drugs and alcohol.

**ABOUT US**

[Publications](#) | [Annual Report](#) | [Presentations](#) | [Founder's Award](#) | [Events](#)

**QUICK CLICKS**

[Peer Support](#) | [Warning Signs](#) | [Links](#) | [Make a Referral](#) | [Confidentiality](#)

**Peer Assistance Services Annual Awareness Event 2008**

Featuring David Resenbloom of Join Together  
Thursday, April 17, 2008 • 6:30 pm • Denver Museum of Nature and Science  
Further details will be announced

**Stories on Stage presents... Addiction-Free: The Road From Hell**

An Out of the Box Presentation  
Sunday, March 8, 2008, 2:00 p.m.  
Don Sewell Ballroom  
Tickets \$22.00  
909.494.0823  
<http://www.storiesonstage.org/>

**Utah School on Alcoholism and Other Drug Dependancies**

June 15-20, 2008  
University of Utah  
Peer Assistance Services, Inc. has scholarships available.  
For information on application, please click on one of the following links:  
[Nurses or nursing students](#)  
[Chemistry students](#)

[Make a Referral](#)

PEER ASSISTANCE SERVICES 2170 S. Parker Rd., # 229 | Denver, CO 80231 | TEL 303.349.0039 | FAX 303.349.0982 | WWW.PAS.ORG | 814.349.0039

PAS will provide assistance and education to nurses regarding the recognition, identification, and prevention of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provides intervention as necessary. These components, as required by the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program, will be included in the delivery of comprehensive services to licensees. PAS currently presents and exhibits to employers of nurses, nursing students and to professional nursing organizations throughout the state and nationally.