

Prevention education programs and workshops

In-services and training to health care facilities, faculty, and Area Health Education Centers are provided throughout the state. Programs include information on the scope of the problem of substance use and abuse and other issues affecting practice and services provided by the Nursing Peer Assistance/Nurse Alternative to Discipline Program, as well as providing education on the recognition and prevention of physical, emotional, and psychological problems. PAS staff conduct literature searches and create PowerPoint presentations for targeted populations.

Program content includes, but is not limited to the prevalence and incidence of chemical dependence and psychological problems affecting the nursing profession; management or peer documentation of poor job performance; behavioral signs and symptoms of substance abuse in the office or other work place; policy to address an impaired practitioner, fitness for duty, drug testing, and drug-free workplace; depression; worksite stress management; self-medication and prescription drug abuse; diversion program process and procedures. Information regarding issues that put nurses at risk is disseminated, such as access to medication in the workplace that is a unique feature of the practice of health professionals and increases risk for misuse. Stress, pain and work conditions are factors to be addressed as well. Exhibits are provided at many nurse related conferences and professional meetings (see Attachment 11). PAS provides a Prescription Drug Abuse Prevention Program which serves nurses, other healthcare professions, and the public as directed by the Substance Use Prevention Education Director. A presentation by this prevention program is Attachment 11.

A September 2002 publication by the Association for Medical Education and Research in Substance Abuse titled: Strategic Plan for Interdisciplinary Faculty Development... Arming the Nation's Health Professional Workforce for a New Approach to Substance Use Disorders, is used as a resource. We have recently expanded information programs to include information on physical stress related to various practices in healthcare, conflict in the workplace, creating healthy habits, patients with alcohol problems, stress management, recognizing alcohol problems, time management, risks identified for professionals, tobacco cessation, scam artists (especially for those nurses with prescriptive authority), adversities in the practice setting, and parenting tips.

Selected Educational Presentations to RNs, LPNs, and Student Nurses in Colorado

Organization/Location	Audience	Date
Colorado Organization of Nurse Leaders	RN's	Feb-06
Lamar Community College	BSN Students	Mar-06
Concorde Career College	LPN Students	Mar-06
University of Colorado School of Nursing	RN's	Mar-06
Regis University Hospital	RN students	Mar-06
Concorde Career College	LPN Students	Apr-06
Colorado West Mental Health Center	RN's and LPN's	Apr-06
Rangely District Hospital	RN's and LPN's	Apr-06
Regis University	RN's in BSN Program	Apr-06
San Luis Valley AHEC-Alamosa-Adams State	ADN Students	Apr-06

Alamosa Area Health Education Center (AHEC)	RN's and Pharmacy	May-06
Lamar Community College	LPN's	Jun-06
Mental Health Centers of Denver (MHCD)	RN's and LPN's	Aug-06
West Slope Mental Health Nurse Managers	RN's	Aug-06
Colorado Student Nurses Association	Student Nurses	Sep-06
Colorado Nurses Association	RN's and RN students	Oct-06
Colorado Center Nursing Excellence Focus Group	RN's and Nurse Leaders	Nov-06
District Nurses Association 31	RN's	Dec-06
Craig Hospital	RN's and LPN's	Jan-07
Colorado Organization of Nurse Leaders	RN's	Feb-07
Colorado Student Nurses Association	Student Nurses	Mar-07
Pikes Peak Community College	ADN Students	Mar-07
Metropolitan State College	Nursing Students	Apr-07
Colorado Federation of Nursing Organization	RN's	Apr-07
Lutheran Medical Center	New RN Graduates	May-07
Colorado Federation of Nursing Organization	RN's	May-07
Emily Griffith Opportunity School	LPN's	Jun-07
Lutheran Medical Center	New RN Graduates	Jul-07
Colorado Federation of Nursing Organization	RN's	Jul-07
Lutheran Hospital	Graduate Nurses	Jul-07
Denver School of Nursing	Psych Student Nurses	Aug-07
Colorado Federation of Nursing Organization	RN's	Aug-07
Assoc. of Perioperative Nurses/Perioperative Nursing Conf.	Nurses	Sep-07
National Jewish Hospital	Nurses and Health Care	Sep-07
Colorado Nurse's Association	RN's LPN's	Sep-07
CU Student Nurse Association Career Fair	Student Nurses	Oct-07
Emily Griffith Opportunity School LPN Program	LPN's	Nov-07
Lutheran Medical Center	New RN Graduates	Dec-07
Colorado Organization of Nurse Leaders	Nurses	Feb-08
Colorado Student Nurses Association	Nursing Students	Mar-08
CU Student Nurse Association Career Fair	Nursing Students	Mar-08

A presentation provided in the Fall of 2006, to the Colorado Organization of Nurse Leaders regarding prescription and other drug abuse, demonstrates the capacity of PAS to provide relevant information to the nursing community. It focused on the role of nurse executives and managers. Please see the presentation in Attachment 11.

Intervention

Intervention can occur during all phases and aspects of a licensee's rehabilitation in these areas of the process:

Assessment and referral: Comprehensive assessment using screening tools, identification of the problem and development of treatment and practice recommendations for program participation; a comprehensive process, which results in matching the individual with the appropriate treatment, as well as other resources in the community. The comprehensive biopsychosocial assessment will be conducted by qualified program staff at no cost to the licensee. If corroborating data is necessary such as a psychiatric evaluation, then the licensee will be referred and will incur the cost of that service. This process best serves the licensee in the rehabilitation, case management process.

Short-term problem resolution: This service is provided to a nurse or family member not necessarily requiring referral to outside resources; provides for assessment and short-term counseling. Examples include stress, personal problems and/or relationship issues with family or supervisor.

Intervention: Provides for identification of consequences of behavior, for example, alcohol abuse, while rehabilitation options are discussed. With the needs of the licensee as a framework, a plan of action is developed, which is the basis of the rehabilitation contract.

Intervention is a process of identifying and assessing individuals, family and community problems and/or behaviors associated with substance abuse or potential substance abuse that might require immediate activities to bring about change and to provide support, alternatives and/or refer to treatment. Psychiatric intervention is the process used to identify and assess individuals with mental, emotional, and/or behavioral problems to assist these individuals in regaining or improving their mental health and to prevent further disability.

The following is a process to intervene when an individual makes phone contact:

- Request responded to by on-call staff (assuming call during non business hours).
- Assess caller whether anonymous or not.
- Assess type of intervention needed.
- Guide the focus toward behavioral performance at the work setting.
- If the caller is nurse colleague, refer to the Nurse Practice Act regarding reporting.
- Provide adequate information so that the caller understands the process if they make a report to the Board regarding psychiatric or mental health problems that impair practice.
- Describe the role of the Nursing Peer Health Assistance Program.
- Reinforce that the program is confidential, as long as compliance with the rehabilitation contract is maintained.
- Maintain current, comprehensive referrals to a broad variety of resources statewide and nationally.
- Act as a facilitator or a coach for possible intervention by family members or colleagues.
- Provide concrete information and guidance, including printed materials regarding reporting and program services.

- Offer information on support groups facilitated by PAS.
- Offer information the availability of the voluntary support groups.
- PAS will refer anonymous callers who wish to make a complaint to the Board.
- PAS will report information with names and situations, which may potentially harm the public to the Board.
- PAS will report to appropriate authorities if there is reason to believe a nurse will harm themselves or others.

Case management and treatment monitoring: Rehabilitation Contract requirements are monitored closely. 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 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 within a specified timeframe in the event of a relapse or inability to practice with reasonable skill and safety. Reassessment is part of this process.

Facilitated peer support groups: Peer Support Groups are confidential forums to deal with issues for health professionals recovering from addictions or mental health issues. These are currently available in Colorado Springs, Denver, Durango, Grand Junction, Boulder, Greeley, and Pueblo.

24-hour phone assistance: Professional staff is available 24 hours per day, seven days per week at a toll-free number: 866-369-0039. The Nursing Peer Health Assistance/Nurse Alternative to Discipline Program would have a dedicated number to call during non-business hours.

Workplace Consultation: Training and technical assistance for employers, employees, managers, and supervisors on policy, strategies, resources, and the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program services. Consultation is also provided regarding colleague intervention.

Family Support Services: Families are an important part of the recovery process. Family members may be interviewed as part of the assessment process and are given referrals to community support groups. Staff is always available to family members. A family support group can be offered that will be available to nurse family members.

- j. **Evaluates all Recipients referred to the Contractor, either for participation or for evaluation only. The evaluation shall be sufficient to determine the extent of the Recipient's physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems, if any. Such evaluation shall include an assessment of whether the Recipient is addicted to or dependent on alcohol or habit-forming drugs; or is a habitual user of controlled substances as defined in section 12-22-303(7), or other drugs having similar effects. Such evaluation shall also include an assessment of whether the Recipient has a physical or mental disability that renders the Recipient unable to practice nursing with reasonable skill and safety to patients and which may endanger the health or safety of persons under the Recipient's care.**

The Program, through its case managers will assess and evaluate all licensees referred to the program, either for participation or evaluation only, to determine whether the Recipient is addicted to or dependent on alcohol or habit-forming drugs; or is a habitual user of controlled substances as defined in section 12-22-303(7), or other drugs having similar effects. Such evaluation shall also include an assessment of whether the Recipient has a physical or mental disability that renders the Recipient unable to practice nursing with reasonable skill and safety to patients and which may endanger the health or safety of persons under the Recipient's care. As addressed elsewhere, generally, the assessment process would follow this outline:

- Agency receives referral.
- Obtain signed releases of information, consents, notice of confidentiality.
- Safety of the licensee is confirmed.
- Confirm licensure on DORA website.
- Identify potential patient safety issues.
- Initiate an biopsychosocial assessment interview with licensee (Assessment Attachment 5).
- 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 plan with nurse.
- Reassess upon relapse or other significant event, as needed, at no cost to the nurse.

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 can be 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. Arrangements may be made for a case manager to travel to Grand Junction. 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 a 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 problem resolution. 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 wellbeing 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 psychological evaluation, medical testing, or fitness for duty evaluation, the Recipient will be referred to a qualified practitioner.

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

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

Immediate family or other household members may be interviewed with client consent to supplement the assessment. Consultation, technical assistance and training services are available to managers and supervisors, concerned family members, office personnel and others.

Experience suggests that telephone consultation is 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.

Case managers would 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 necessary. When indicated a toxico-legal checklist for gaseous anesthetic and other 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 is utilized 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
- Toxicologic checklist (to identify/rule out nitrous/vapors)
- COWS—Clinical Opiate Withdrawal Scale

If 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, redacted, health care professional evaluations that have been completed for regulatory boards in Attachment 6 for your review. These include an evaluation for 1) a substance use disorder, 2) a mental health disorder, and 3) a physical disorder, each with comprehensive recommendations to the respective Board.

While not specifically requested by the RFP, the program could provide evaluations to the SBON for nurses that have impaired driving arrests or convictions pursuant to its policy 20-06.

k. At a minimum, requires all Recipients to complete a history and physical screening.

As part of the biopsychosocial assessment, licensees will be required to have completed a history and physical screening with their primary care provider within the 12 months prior to referral or they will be required to do so as part of the assessment. A release of information will be obtained to confer with the provider as necessary. If deemed necessary, recipients will be referred for a more in-depth physical evaluation. Documentation of findings will be maintained to support decisions regarding subsequent components of the Rehabilitation Contract, such as recommended use of Buprenorphine, Methadone, Antabuse and Naltrexone, and to identify any other health issues that may affect treatment, planning and safety to practice. The physical health history portion of the assessment is highlighted on the next page:

PHYSICAL HEALTH HISTORY/ASSESSMENT				
Current Physical Status (Exercise/Diet): _____				
Height: _____ Weight: _____ <input type="checkbox"/> Pregnant Due Date: _____				
<input type="checkbox"/> Medical Complications From Addiction: _____				
Pertinent History/Major Illnesses/Surgeries:				
Event		Date	Notes	
Allergies: _____				
Taking Medication?		Medication for Pain?		<i>(Prescribed, OTC, or other)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medications:				
Date	Medication	Discont	Description/Notes	OTC?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Insurance: _____				
Primary Physician: _____			Date of Last Visit: _____	
Primary Physician Address: _____				
Phone: _____				
Psychiatrist: _____				
Psychiatrist Address/Phone: _____				
Other Physicians: _____				

1. Uses current and appropriate urinalysis, blood and other types of screening, and provide an annual update, if requested, to the State on the Contractor's screening procedures.

PAS utilizes current and relevant screening as a concrete, objective demonstration of abstinence for chemically dependent clients. Screening provides identification of relapse. Collection sites will utilize same gender observation and six-day call in services. These measures support action by program staff helping to assure public safety. Please see Screening Standards form in Attachment 5. PAS has reviewed SBON Policy 20-16 titled Urine Drug and Alcohol Screening Policy. PAS commits to meet or exceed the standards outlined therein.

Impeccable screening methods are critical to the program as it affects public safety, as well as Recipient's career and livelihood. All PAS screening sites are required to use Norchem Laboratories for testing and results. PAS has submitted a proposal from Norchem as part of our comprehensive offer (see Attachment 7). This proposal offers the gold standard for testing and provides services at reasonable cost to the nurse. In particular, please review the following section on randomization. The availability of on-line results and enhanced mechanization provides excellent support to a program whose intent is to protect the public from unsafe practitioners. This technology might be used effectively for the SBON Rule Out Risk Drug/Alcohol Monitoring Program. PAS could also 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 for all clients using their facility.

Randomization and IVR

If it is determined to be effective and efficient we will review the Norchem IVR service described here for the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program. Norchem can provide IVR (Interactive Voice Response) randomization services that can be managed by PAS. Participant information will be entered into a database. Each participant will be assigned a unique ID number. A toll-free phone number will be provided for participants to call on a daily basis. Based on the frequency of testing required, a participant will hear a recording as to test requirements (i.e., "you are required to test today").

The Test Day program allows for great flexibility. Randomization requirements can be customized for each individual or groups of individuals. Virtually any random frequency can be assigned to individuals (monthly, weekly, 6 times per year, 5 times per month, etc.). Test Panels can be customized for each individual as well. Changes can be made quickly and easily via secure web-based access.

Test results are also accessible through the Test Day program. Results will be transferred directly from the laboratory and will be stored in Test Day, so that a drug test report history is easily obtained for each participant. The test day program also generates compliance reports that enable case managers to know whether a participant is calling the system.

The case manager will sign into the system on the web using their personalized username and password. Each case manager will only have access to the clients that are assigned to them. The system also provides for "Supervisors" to log in and see all clients for all social workers in the system. Once logged on to the system, the case manager may add new referrals, edit existing clients, i.e. switch to another participant, adjust the randomization, etc. The process for adding or editing a participant is simple and quick. The system also allows the case manager to schedule a test outside of the randomization should they need to do this. Norchem will import initial donor information into the system.

When each participant is entered into the system, they will be automatically assigned a donor ID number. This number is the way in which the system ties everything together, randomization, compliance reporting and result reporting. When the client calls the system, they will be prompted, in either Spanish or English, to enter their donor ID. The system will then tell the client whether or not they need to test that day based on that client's randomization. The system records that the client called, at what time, and from what number, for use in reporting compliance.

More on Norchem

PAS determined that Norchem Laboratories provided the credentials, certifications, collection site trainings, packaging, chain of custody, GCMS or LC/MS/MS confirmation, standardized testing, increased reliability and accountability regarding results and reporting mechanisms. PAS entered into a service agreement with Norchem in 2001. Norchem Drug Testing Laboratory is CAP-FUDD (College of Pathology-Forensic Urine Drug Testing) certified. CAP Certified results will ensure legal defensibility. There are approximately 50 CAP-FUDD laboratories nationwide. In addition, Norchem maintains Clinical Laboratory Information Act (CLIA) certification.

Norchem follows strict procedures for performing drugs of abuse analysis. Its initial screening, as well as our confirmation methods conforms to the most up to date and universally accepted procedures. Norchem follows stringent guidelines for maintaining quality control. In addition to strict internal quality control measures, Norchem also participates in rigorous external quality control programs with the College of American Pathology (CAP), and the American Association of Bioanalysts (AAB). Norchem employs only qualified laboratory analysts for testing. The Laboratory Director, Thomas E. Vorpahl, M.D. is a medical doctor who is board certified in anatomical and clinical pathology. The Scientific Director, Dr. Andrew J. Fischinger, holds a Ph.D. in chemistry and has 20 years experience with toxicology.

Providing legally defensible results is a critical aspect of Norchem's customer service, considering the life-affecting decisions being made by most clients. Scientists and highly trained customer service personnel are available every business day to answer questions concerning interpretation of results, interfering substances, specimen adulteration and other technical questions.

Advantages of Norchem:

- Local representative
- Norchem provides Limit of Quantitation Confirmation Testing (below standard cut-off testing) and reports significant levels of drugs present
- On-site training available
- Extensive bar-coding-reduces errors
- Chain-of-Custody Error Reports available
- Extended specimen storage—12 months for confirmed positives
- Forensic documentation stored minimum of 5 years
- Fast turnaround-same day of receipt for screens/24 hour confirmations
- Adulteration screens (basic) included
- Completed chain-of-custody documentation available by request if needed for hearings

Advantages of CAP-FUDT certification

- 10% of all specimens are quality control material
- Rigorous method validation requirements—all tests
- Annual on-site laboratory inspections by forensic scientists
- Proficiency testing requirements
- Chain-of-custody regulation

Norchem provides the following supplies:

- Leak-proof specimen containers with attached temperature strips
- Specimen containers are **individually sealed** to ensure specimen integrity.
- Chain-of-Custody forms with “peel-off” security seals (tape).
- All shipping supplies required for delivery of samples to laboratory.

Norchem provides internet access to test results to PAS. Internet retrievable results are maintained in a database for 2 years. Norchem utilizes a local courier service and FedEx for express shipment of samples. All samples are analyzed the day that they are received and individual specimen reports are faxed to PAS (the same day for negatives). Positive results that require GC/MS take an additional 24–48 hours. Norchem provides monthly detailed statistical information regarding test results and chain of custody error information.

Special services available include:

- Technical consultation—immediate answers to technical questions.
- Specialty tests including: LSD, Ketamine, GHB, Ecstasy and Inhalants.
- Expert witness, affidavit, and telephonic testimony assistance for legal challenges available

Peer Assistance has made special arrangements for Norchem to provide automatic confirmation by GC/MS or LC/MS/MS of positive test results (amphetamines, opiates, cocaine). Confirmation rules out interfering substances that may cause false positive results. In addition, all specimens that test positive for alcohol are screened for glucose (diabetes can cause false positive alcohol results). THC positive specimens are re-tested and levels reported together with the THC/Creatinine ratios. When determining new-use of THC, the THC/Creatinine ratios **MUST** be used.

The attached Norchem Drug Testing proposal (Attachment 7) was provided by Joni Harris, MT, Territory Sales Manager for Norchem Laboratories. She has been with Norchem since its inception (1994). She has over 19 years of experience in the field of toxicology and laboratory science. Joni resides in the metro Denver, area and is available full-time to address client account requests and requirements, provide training, answer technical questions and oversee administrative functions.

Norchem proposal highlights:

Norchem Drug Testing <http://www.norchemlab.com> will provide all supplies and services for the collection and testing of specimens. Supplies will be forwarded directly to collection sites. Specimens will be shipped to the laboratory via DHL or Lab Express Courier service, and will arrive in the laboratory typically within one day of shipment.

Norchem Drug Testing has enjoyed 13 years of experience in providing forensic drug-testing services to judicial and social welfare agencies throughout the United States.

Laboratory Services

Norchem will provide EIA screening for all specimens and confirmation of positive specimens by GC/MS or LC/MS/MS upon request of PAS. personnel. Test panel options are flexible with regard to the amount and types of drugs that are tested. Norchem also has an extended panel available, suitable for medical professionals. This panel includes both screen and confirmation testing as indicated.

Extended Medical Professional Tests:

DRUG OR DRUG CLASS	INITIAL TEST-Urine		CONFIRMATION TEST-Urine	
	METHOD	CUT-OFF LEVEL	METHOD	CUT-OFF LEVEL
Amphetamine and Methamphetamine	EMIT	1000 ng/ml	LC/MS/MS	500 ng/ml
Cocaine	EMIT	300 ng/ml	LC/MS/MS	150 ng/ml
Barbiturates Butalbital Secobarbital Pentobarbital Phenobarbital	EMIT	200/300 ng/ml	GC/MS	200/300 ng/ml
Benzodiazepines Nordiazepam Oxazepam Lorazepam Alprazolam	EMIT	200/300 ng/ml	GC/MS	200/300 ng/ml
Methadone	EMIT	300 ng/ml	LC/MS/MS	300 ng/ml
Phencyclidine (PCP)	EMIT	25 ng/ml	LC/MS/MS	25 ng/ml
Propoxyphene	EMIT	300 ng/ml	LC/MS/MS	300 ng/ml
Opiates Codeine Morphine Hydrocodone Hydromorphone	EMIT	300/2000 ng/ml	GC/MS	300/2000 ng/ml
THC	EMIT	20/50 ng/ml	LC/MS/MS	15 ng/ml
Alcohol	EA	0.02%	GC/FID	0.01%/0.02%
Oxycodone	Emit	300 ng/ml	GC/MS	300 ng/ml
Tramadol	LC/MS/MS	500 ng/ml	LC/MS/MS	500 ng/ml
Ketamine	LC/MS/MS	100 ng/ml	LC/MS/MS	100 ng/ml
Meperidine	LC/MS/MS	200 ng/ml	LC/MS/MS	200 ng/ml
Pentazocine	LC/MS/MS	100 ng/ml	LC/MS/MS	100 ng/ml
Butorphanol (Stadol)	LC/MS/MS	50 ng/ml	LC/MS/MS	50 ng/ml

The following additional tests are available on an as needed basis:

- ETG
- Fentanyl
- Soma
- Sufentanil (via reference lab)

Drug use patterns and technologies change frequently. Norchem constantly evaluates the need to offer new tests. If a test for a particular substance is desired that is currently not performed within our laboratory, we will offer testing services through one of our highly certified reference laboratories. If testing volume for a particular substance is sufficient, efforts will be made to develop and validate an assay to be performed within Norchem.

The following table describes some of the basic capabilities of the three most common laboratory certification programs. Norchem demonstrates the highest standards. CAP-FUDT certification requires a high "Forensic Standard" that will insure the "Legal Defensibility" and accuracy of test results.

Laboratory Component	CLIA (Redwood Toxicology/ Forensic Laboratories)	CAP-FUDT (Norchem)	SAMHSA (Pacific Toxicology/ National Toxicology)
Screening Methods & QC	Alcohol & Creatinine Only	All Drugs	Amphetamines, Cocaine, Opiates (Codeine & Morphine), PCP & THC Only
Confirmation Methods & QC	None	All Drugs	Amphetamines, Cocaine, Opiates, PCP & THC Only
GC/MS Levels Reported	NA	Allowed	Not Allowed Positive or Negative Only
Chain of Custody	None	Internal & External	Internal & External
Specimen Security	None	Required	Required
Forensically trained inspectors	No	Yes	Yes

PAS Urine Screening Standards have been designed to provide absolute clarity regarding this important aspect of a rehabilitation contract. The licensee, the treatment monitor and the collection agency must sign the form. While PAS refers licensees to collection facilities, the payment arrangements are the responsibility of the licensee (see Norchem Proposal and Site Map Attachment 7).

All Norchem Laboratory UA reports are faxed directly on a dedicated phone line to PAS. PAS reports confirmed positive results to the staff of the Board within 24 hours verbally and in writing. PAS will respond by removing a nurse from practice, conducting a re-assessment, developing new recommendations to be implemented and return to practice is not permitted until clinically appropriate and with Board approval.

m. Provides counseling with a therapist who meets Board approved criteria.

Consistent with SBON Policy 20-18 the following criteria will be met for therapists and other professionals:

- Physician evaluators must be board certified in their specialty.
- Addiction evaluators must be licensed, must have a CAC II, a master's degree, and also have five or more years of experience in treating people with addictions.
- All other evaluators must be licensed and have a masters degree in their area of practice.
- Any potential evaluator who has received disciplinary action from his/her licensing board or certifying authority will not be considered.

Substance abuse and mental health providers are detailed elsewhere. Other personal problems are addressed using the assessment, referral and short-term problem resolution process. PAS maintains access to multiple resources throughout the state. These include Employees Assistance Professionals Association, Colorado Chapter, vocational rehabilitation statewide offices, adolescent and child therapists, domestic violence offender treatment providers, Colorado Organization for Victim Assistance, websites, Consumer Credit Counseling, critical incident stress debriefing resources, senior resources and elder care, legal resources, Mile High United Way, parenting and process addiction resources.

n. Places all Recipients under a contractual agreement for completion of any treatment recommended by the Contractor. Discharge criteria must be identified in the contract.

All licensees that meet the criteria are required to enter into a 3–5 year Rehabilitation Contract. The Nurse Rehabilitation Contract is attached for review (Attachment 5). PAS maintains rigorous contract requirements with public safety as the primary concern.

The statute states that the program exists for those RNs and LPNs needing help in dealing with physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems that may be detrimental to their ability to practice nursing. Any nurse meeting that criteria and any nurse referred by the SBON would be eligible to be served by the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program.

Successful discharge criteria are listed here and are sufficiently broad to anticipate the diversity of problems set for in the statute.

- Practices for the number of hours and length of time designated in the contract
- Complies with contract requirements for time frame designated in the contract
- Requests discharge in writing—provides relapse prevention plan as indicated
- Participates in an exit interview with the program director
- Transfers to another State and submits the jurisdiction of that board of nursing and that requisite program and notifies the Colorado SBON in writing.

- o. Develops a monitoring contract for each Recipient and reports contract compliance and progress to the State. Recipients must be monitored according to the requirements determined by the State as set forth in the Recipient's Stipulation or Final Agency Order ("Order").**

Monitoring of compliance with all aspects of treatment is the hallmark of the program as it provides assurances for public protection. It is the practice of PAS to monitor, record and report all aspects of the Rehabilitation Contract (Attachment 5) for current licensed healthcare professionals. The identical practice would apply to nurses.

The licensee's progress toward successful recovery can be measured in certain behavioral changes by using the following outcome criteria as applicable:

The nurse will be able to:

- Abstain from mood altering substances.
- Define the disease of addiction/psychological dysfunction.
- Define the and adhere to philosophy of relevant 12-step groups.
- Identify the support group to be attended and obtain a sponsor.
- Describe feelings associated with the addictive or dysfunctional behavior.
- Identify coping mechanisms and behavior strategies to use when confronted with the opportunity to return to the addictive behavior or psychiatric dysfunction.
- Identify relapse symptoms.

The nurse will be able to:

- Relate how addiction or psychiatric illness has affected her/his behavior and relationships.
- Communicate how life may be more manageable and less fearful without the addictive substance or behavior.
- Replace self-defeating behavior with active participation in therapy.
- Address issues related to family addictions and/or pain and stresses that influence behavior during the active addictive disease process.

The nurse will be able to:

- Verbalize decrease of anxiety, unhappiness, or mistrust.
- Express increased belief in the worth of self and others.
- Identify short-term goals and invest energy in their achievement.
- Verbalize increasing comfort with relationships.
- Verbalize acceptance of and compliance with medications.
- Understand purpose and side effects of medication regime.

Reports to the Board will be provided as detailed previously. PAS has experience in providing reports to regulatory boards for monitored licensees with Stipulated Agreements. When a client has requirements of a stipulated agreement, those are reviewed and added as part of the Rehabilitation Contract requirements. Please review the following selected Rehabilitation Contract language that addresses this requirement. The complete copy of the contract may be found as Attachment 5.

- The undersigned licensee enters into this Contract with the Nurse Peer Health Assistance/Nurse Alternative to Discipline Program pursuant to a signed Stipulation and Order, or Final Agency Order with the Colorado State Board of Nursing (SBON) dated _____. The contents of this Contract are mutually agreed upon and may be modified as deemed necessary, including any extension of the terms herein, upon notice and acceptance by the SBON. The Nurse Peer Assistance/Nurse Alternative to Discipline Program is managed by Peer Assistance Services, Inc. (PAS).
- This Contract and all conditions herein will remain confidential. All information including between the Nurse Peer Health Assistance/Nurse Alternative to Discipline Program staff and the Licensee shall remain confidential except when non-compliance occurs and except for licensees under Stipulation and Order or Final Agency Order.
- My signature below indicates that I have received a copy of the Nurse Practice Act Sections on the Nurse Peer Health Assistance/Nurse Alternative to Discipline Program (CRS 12-38-131). I understand that records maintained by the Nurse Peer Health Assistance/Nurse Alternative to Discipline Program are the property of the Colorado Board of Nursing. I further understand that if the service vendor changes, any and all of my records shall be turned over to the Colorado Board of Nursing. The confidentiality of these records will be maintained during such transfer.

- p. Provides written documentation to the State within 24 hours or the next business day, of any Recipients known or believed to be unable to practice with reasonable skill and safety to the patient. Except in the case of Recipients with active cases as defined in paragraph 1 (q) below, this obligation to report shall not apply with respect to those Recipients who are in compliance with the Contractor's recommendations for evaluation, treatment, monitoring and/or work limitations, sufficient for public protection.**

PAS confirms its obligation with regard to the parameters and statutory obligations to report the identity, problem and or rehabilitation contract violations of a nurse.

The same process and criteria to determine compliance are also utilized to determine non-compliance. Predicated on a required written Consent for Release of Confidential Information (see Attachment 5) from each nurse, PAS will report to the SBON the identity of any nurse known or believed to have practiced nursing below generally accepted practice standards, who present a danger to themselves or others by virtue of alcohol or substance abuse, chemical dependency, or any other impairment. Reports from the supervisor/manager, treatment provider, drug screens or other collateral reports are used to support action by the program.

PAS agrees to report any nurse, with or without a release, about whom there are other uncertainties or adverse knowledge, which means a negative change in overall demeanor or notice of cyclic negative occurrences. Because of the confidential nature of the program, it is understood that in the case of uncertainty, PAS would seek direction from the Board and the nurse's identity would remain confidential while the matter is under review. PAS has demonstrated this ability to report to regulatory boards in a timely, comprehensive fashion.

Verbal and written communication with recommendations to the SBON will occur within 24 hours. Written documentation will be provided via fax with the hard copy mailed to the Board via First Class Mail. In the instance of non-compliance because of a relapse to drug use or other circumstance creating unsafe practice, a licensee would be removed from practice, a re-assessment would be conducted, new recommendations developed and return to practice only when clinically appropriate. Regardless of the non-compliance, the licensee will continue to be monitored and not terminated from the program. Should a license be revoked, the licensee could access services on a fee-for-service basis. The objective is to keep the licensee engaged in the treatment and recovery process, while protecting the public. The focus is on monitoring all licensees, even if they are non-compliant and must be reported. The primary purpose of continued monitoring is public safety.

A protocol to address relapse will be implemented for nurses.

Nurse Relapse Protocol

In providing services to healthcare professionals and to assure public safety and provide a consistent response, PAS has developed a protocol for client relapse. Upon notification of a confirmed positive urine drug or dilute test result staff will:

- Contact the licensee
 - Direct the participant to contact their employer/ supervisor immediately, inform them of the positive drug test result, and arrange to leave work.
 - Staff will contact the employer/practice associate/supervisor within one hour of contacting participant to verify the test results and the need for the participant to leave work
 - Licensee is directed to a UA collection site to provide a new specimen within the next four hours.
 - Re-evaluate the participant, revise contract requirements as needed.
 - Not allow the participant to resume practice until deemed able to do so with reasonable skill and safety. That decision may be made by staff in conjunction with the participant's primary therapist, a psychiatrist, an addictionologist, and/or the SBON.
 - Notify the staff of the SBON verbally and in writing within 24 hours.
- q. **For purposes of this Contract, "Recipients with active cases" include those Recipients under current Order from the State to receive an evaluation; treatment referral and/or monitoring with the Contractor; Recipients under a current Agreement to Participate in an alternative to discipline program administered by the Contractor; and those Recipients whose cases were referred to the Office of the Attorney General following a report, referral or evaluation from the Contractor.**

PAS commits to provide the services proposed to all individuals listed in RFP SJN 0803 to include those under current order from the state to receive and evaluation, treatment referral and or monitoring; to Recipients under a current agreement to participate or Rehabilitation Contract in the alternative to discipline program and those referred to the office of the Attorney General following a report, referral or evaluation from PAS.

- r. **Provides notification, written or verbal, by the end of the next working day of any Recipients with active State cases:**
- **If the Recipient is not in compliance with his or her monitoring contract for more than 2 months**
 - **If the Recipient has had 2 relapses**

PAS affirms that it will provide notification, written and verbal, by the end of the next business day of any Recipients with active State case who is not in compliance with his or her monitoring contract for more than 2 months or has had 2 relapses. Further, PAS affirms that it will provide written notice to SBON of *any* public safety affecting event immediately.

- s. **Requires on admission an authorization to release information from incoming Recipients for the release to the State (pursuant to a subpoena issued by the State), of each Recipient's records, including records received from other sources in the Contractor's custody. The Contractor shall utilize an authorization to release information, which it obtains from Recipients, that is legally adequate to permit redisclosure to the State of records obtained from other sources and for the State to utilize such records in connection with an investigation, disciplinary action, or other purpose authorized by the Nurse Practice Act. In the case of records that are subject to the requirements of 42 U.S.C Section 290eee-3 and 42 C.F.R. Part 2, the Contractor shall obtain an authorization from each Recipient that meets the requirements for redisclosure found in 42 C.F.R. Section 2.32. Records in the Contractor's custody are subject to subpoena by the State when the Recipient has been referred to the Board for disciplinary action.**

PAS will obtain an authorization to release information from each incoming licensee for the release of their records to the Board, including records received from other sources, in the custody of PAS pursuant to a subpoena issued by the Board. The proposed Rehabilitation Contract (Attachment 5) requires that a licensee:

- Obtain all necessary Authorizations to Release Information.
- Keep all Authorizations and Releases current and not revoked.
- Revoking any Release of Information constitutes a violation of the contract.

Please review examples of current releases (Attachment 5) that will be applicable to the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program. PAS releases have been reviewed by legal counsel to ensure that the authorization to release information is legally adequate to permit disclosure to the Board of records that are obtained from other sources. PAS will obtain an authorization from each licensee, which meets the requirements for disclosure found in 42 CFR, Part 2 (see Attachment 5) Notice of Federal Requirements Regarding Confidentiality of Alcohol and Drug Abuse Records. It is understood that records in the custody of PAS are owned by the Board and are subject to subpoena by Board. PAS conducts an annual internal clinical and administrative review of all forms. Additional legal review is utilized as deemed necessary.

t. Provides services to Recipients whose licenses are suspended and assist them with meeting reinstatement requirements.

Registered nurses or licensed practical nurses whose licenses have been suspended would be eligible for services through the program to assist them in their recovery process and to assist them with meeting reinstatement requirements if appropriate. This process of monitoring a nurse with a suspension would include:

- Review Stipulation and Order from SBON with client and case manager.
- If requirements for reinstatement are not in the Stipulation and Order or remain unclear, consult with the staff at the SBON for clarification.
- Review requirements provided by current program as applicable
- Review Nursing Board Policy 10-04, "Minimum Recommended Documentation for Applicants for License by Examination Following Revocation or Surrender of License due to Substance Abuse Issues" (1/2007). This would be used as a reference for what would be the Board's minimum requirements for reinstatement.
- Do a complete biopsychosocial assessment to determine current treatment and compliance needs.
- Construct a contract that will meet treatment, monitoring and other reinstatement requirements. This could include:
 - Residential or out-patient treatment
 - Regular therapy with reports
 - Random drug and/or alcohol screening
 - Therapeutic drug level testing
 - Medication monitoring (Antabuse, Naltrexone)
 - Residential or out-patient treatment
 - Ongoing therapy with reports
 - Twelve-step meeting attendance
 - Sponsor reports
 - Peer Support Group attendance
 - Self-status reports
- Client would sign contract.
- Assign a case manager
- Assure that appropriate releases are signed for monitoring purposes.
- Give client appropriate referrals and compliance information (i.e., support groups, UA collection site, treatment referrals, etc.).
- Provide applicable monitoring forms (UA, meetings, referrals).
- Monitoring period will begin. Reports will be submitted monthly to PAS as required of licensed participants.
- Within two months of the anticipated reinstatement or suspension end, the case manager will prepare a packet to present to the State Board of Nursing to document recovery and compliance with the Stipulation and Order.

PAS would provide the above services to revoked licensees on a fee for service basis.

- u. Has services available to all Recipients statewide and have program coverage 24 hours a day, 7 days a week.**

The regular office hours in the southeast Denver are 8:00 a.m. to 5:00 p.m. Monday through Friday. On-call coverage is and will be provided during non-business hours, weekends, and holidays utilizing voice mail connected to a pager system. Program staff will share on-call coverage. A caller to the toll-free or main office number is instructed to page the on-call staff person. The Director and all case managers would have cell phones and the pager would be shared as the on-call schedule was rotated between them. A specific number for the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program will be provided at the beginning of the recorded information and repeated for clarification. The agency toll-free number is well publicized and aids in facilitating statewide access to information and help. As appropriate an appointment is made with staff within two working days of the request, or, whenever possible, within 24 hours. Crisis information is made available to callers with staff will follow-up to any crisis or urgent call during the next business day.

5.1.3 Management and Experience Component

- A. Describe how you will meet the requirements set forth in Section 4.2.**

4.2 Management and Administrative Reporting Requirements

- a. At the request of the State, a review may be made of the performance provided under the terms of the contract six months from the first day of the contract period for any new Contractor and annually each subsequent twelve-month period during the contract term for any contractor, as deemed necessary by the State. This performance review will be conducted at the State's direction in consultation with the Contractor, and at the Contractor's expense.**
- An unsatisfactory review may result in cancellation of the contract**
 - The reviewer may determine total service quality, responsiveness, timeliness of required reporting, and any other specifics as required under the terms of this contract. Review results, along with recommendations for change, will be distributed to the Contractor.**
 - Should the Contractor desire, a meeting will be arranged between all concerned parties within ten (10) calendar days of the date the Contractor received, or could reasonably have been expected to receive, the review comments. This meeting will provide the Contractor with an opportunity to appeal the review recommendation to the Executive Director of the Department of Regulatory Agencies.**

PAS has submitted a proposal in anticipated of a performance review of the first six months scope of work described as total service quality, responsiveness, timeliness of required reporting, and any other specifics as required under the terms of this contract. Upon Board approval of the proposal and the external evaluator, Peer Assistance Services, Inc. would enter into an agreement with same.

Please see Attachment 4 for a performance review proposal from Dr. Phoebe Lindsey Barton. Dr. Barton's curriculum vitae is also included in Attachment 4.

- b. **The State retains the right to examine the financial records of the Contractor to determine the use of funds provided pursuant to this contract. The Contractor agrees to undergo a financial audit by a CPA firm of the State's choice, if requested by the State. Such audit will be at the Contractor's expense.**

As a 501(c)(3) non-profit, tax-exempt agency, PAS undergoes an annual financial audit by an independent Certified Public Accountant. A complete audit with management letter is provided to all contractors annually. Our most recent audit is can be found as Attachment 16. The agency budgets for the cost of this audit and allocates that cost appropriately to each funder. PAS provides financial statements to current contractors and would implement the same with the SBON on a quarterly, semi-annual and annual basis to account for the monies received.

- c. **The Contractor shall provide financial statements, including balance sheet and income statement, to the State on a quarterly basis to account for the monies received pursuant to the contract. The Contractor agrees to permit an authorized agent of the State to inspect any other financial records relating to the performance of the contract at a reasonable time and place after notice to the Contractor. It is understood that the Contractor may provide peer assistance programs for persons who are not licensed nurses in Colorado and, if so, the Contractor shall obtain funding for those persons from other sources. The Contractor shall also provide any other financial data requested by the State or its authorized agent.**

PAS is committed to financial transparency. In addition to the Annual Independent Financial Audit, PAS maintains financial statements including balance sheet, income statement and ratios on a monthly basis. PAS is happy to provide non-audited financials to the State at any time. PAS maintains rigorous internal controls with regard to financials and all aspects of agency management.

- d. **Contractor must provide quarterly reports to the Board that contains the following service demographics:**
- **Current number of participants in the program**
 - **Number of participants under case management**
 - **Number of monitoring contracts**
 - **Number of peer support group session participants**
 - **Number of assessments completed**
 - **Number of assessments pending**
 - **Number of participants terminated without successfully completing the program**
 - **Number of participants who successfully completed program**
 - **Number of referrals back to the Board of Nursing for non-compliance**
 - **Total census**
 - **Education and Outreach**
 - **Other contract activity details**

PAS will provide quarterly reporting to SBON with all the required information listed. PAS provides the above information to the SBOP and the CBDE on a quarterly basis. PAS currently manages 23 federal, state and private contracts that require reporting. Most require reporting quarterly, based on various fiscal years or funding periods.

- e. **The demographic breakdown in the quarterly reports must include:**
- **Presenting problems**
 - **Diversion of drugs**
 - **Types of drugs diverted**
 - **Type of initial treatment**
 - **Length of recovery**
 - **Relapses**
 - **Location of participants residence**
 - **Referral source**
 - **Marital status**
 - **Ethnicity**
 - **Age**
 - **Practice setting**
 - **Practice location**

The reports detailed in d. provide all of the above required information. Please see Attachment 9 for a sample report.

B. Describe how your company will manage this project.

PAS manages all programs in a manner that is consistent with industry best practices and is compliant with all applicable laws. External program evaluations and the independent financial audit are mechanisms that allow funders to verify the quality of programming provided by PAS.

PAS has a comprehensive interview and selection process that is used to identify individuals who possess the knowledge, skills and abilities required by the position. PAS has comprehensive policies and procedures in place that reflect the standard of services expected by employees of the agency. Employee performance reviews are conducted at regular intervals.

PAS has identified a transition team which will consist of key personnel within the agency, the SBON and the current vendor. The transition team will be responsible for program implementation until such time that a Program Director and case managers can be hired. After program staff is hired, the transition team will continue to provide oversight and support to the implementation of program services. PAS intends to work closely with the SBON from the outset of an award notification.

The Transition team will consist of the following

Name	Title
Elizabeth M. Pace	Chief Executive Officer
Mark Merrill or his designee	SBON Program Director
Margie Derozier	CNHP Executive Director
Lee Ann Aden	Finance & Operations Director
Jacqueline Westhoven	Peer Assistance Program Director
Donna Lindsey	Pharmacist and Dentist Alternative Program Director
Simon Bober	Human Resources Director
Barbara Ezyk	Substance Use Education Director
Traci Huey	Data and information manager

Additionally, PAS will reassign duties of current qualified staff as necessary to expedite program transition including the intake process, administrative process, and the human resources/recruiting process. PAS has full-time staff members available immediately to perform transitional assessments, 3 full-time administrative coordinators/assistants available to assist with file transfer and documentation, and a full-time dedicated human resources director to manage hiring processes. This will minimize disruption for clients and ensure a smooth transition of the program to PAS.

Transition Action Plan

Action	When	Responsibility
Placement of recruitment ads	Notification of Award in late April	PAS Human Resource Director
Organize transition team Schedule meetings Refine transition plan	Upon award	Elizabeth Pace Mark Merrill Margie Derozier
Transfer of files	Effective date of contract	SBON/CNHP
Begin staff interviews	First week of May	Human Resources Director
Interviews continue	Second week of May	Ad hoc committee
Begin hiring staff	Third week of May	Elizabeth Pace/Mark Merrill
Begin Search for Grand Junction Office Space	Upon award	Lee Ann Aden/Cynthia Koenck
Purchase office equipment for new staff in Denver	Beginning of May	Cynthia Koenck
Execute lease of Grand Junction Office space	June 1, 2008	Elizabeth Pace
Set up Grand Junction office infrastructure (phones, fax, internet, utilities, furniture, computers, janitorial services, shredding services, etc.)	By June 15, 2008	Lee Ann Aden Cynthia Koenck
Develop consultant agreements with Clinical Panel	June 2008	Elizabeth Pace Lee Ann Aden

Office space is currently available to house a Director, four case managers and a data coordinator/administrative assistant in PAS' Denver office. As stated elsewhere, upon notice of the award, PAS would initiate a search for qualified personnel and office space in Grand Junction.

Proposed Transition Detail

Technical Transition

- Files in alphabetical order
- Boxed/sealed with list inside and outside
- Courier bonded to assure confidential physical transfer of all files
- All electronic records on disk
- PAS to accept records from courier
- Review with SBON staff and CNHP staff

Clinical Transition

- Minimize disruption for clients
- Current provider involved to assist with transfer process
- Current vendor to provide summary in client record at time of transfer to include contract dates, history of non-compliance, current requirements, length of compliance, employment and contact information, and anticipated discharge date.
- PAS will dedicate a voice mail box to triage incoming requests for information on the new program and assign current staff members to return all calls within 24 hours
- PAS will conduct meetings with all participants and complete the Transitional Assessment at that time (current staff will be reassigned to expedite this process)
- Meet with staff to assure continuity of care
- Individual meeting with all clients in Denver and Grand Junction
- Conduct assessment
- Immediate implementation of signing of all consents, notice of confidentiality and releases of information.

Peer Support Groups

- Contract with current providers; provide nurses with latitude of group attendance based on their work schedule
- Assess number of mental health groups
- Increase locations
- Make multi-disciplinary groups available
- Provide choices

Clinical Consulting Panel as part of Transition to meet monthly with staff

- Psychologist
- Addictionologist/psychiatrist
- Clinical nurse specialist
- SBON nurse practice consultant as indicated

This Panel will review difficult cases with Program staff regarding clinical, practice, and safety issues.

In addition to the above transition plan, management of the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program includes oversight of staff and assurance of relationships with SBON. The performance review detailed elsewhere will provide instruction as to compliance or deficits to the SBON, as well as the program. This performance review can provide for any necessary remediation in program delivery.

Financial management will include detailed billing, accounting for SBON funds, regular reporting as promised elsewhere, using the annual independent financial audit as the benchmark for standard of practice, maintaining all internal controls and providing openness and transparency of financials to the SBON.

Program and records management is described elsewhere throughout this proposal.

C. Indicate key personnel who will be assigned to the project and describe their experience. Explain how you will ensure that equally qualified persons are assigned to the project if these individuals leave the project. The State expects that the awarded Offeror will continue to make the key project personnel available through the life of the contract as long as they remain in offeror's employ. The State reserves the right to approve any replacement personnel.

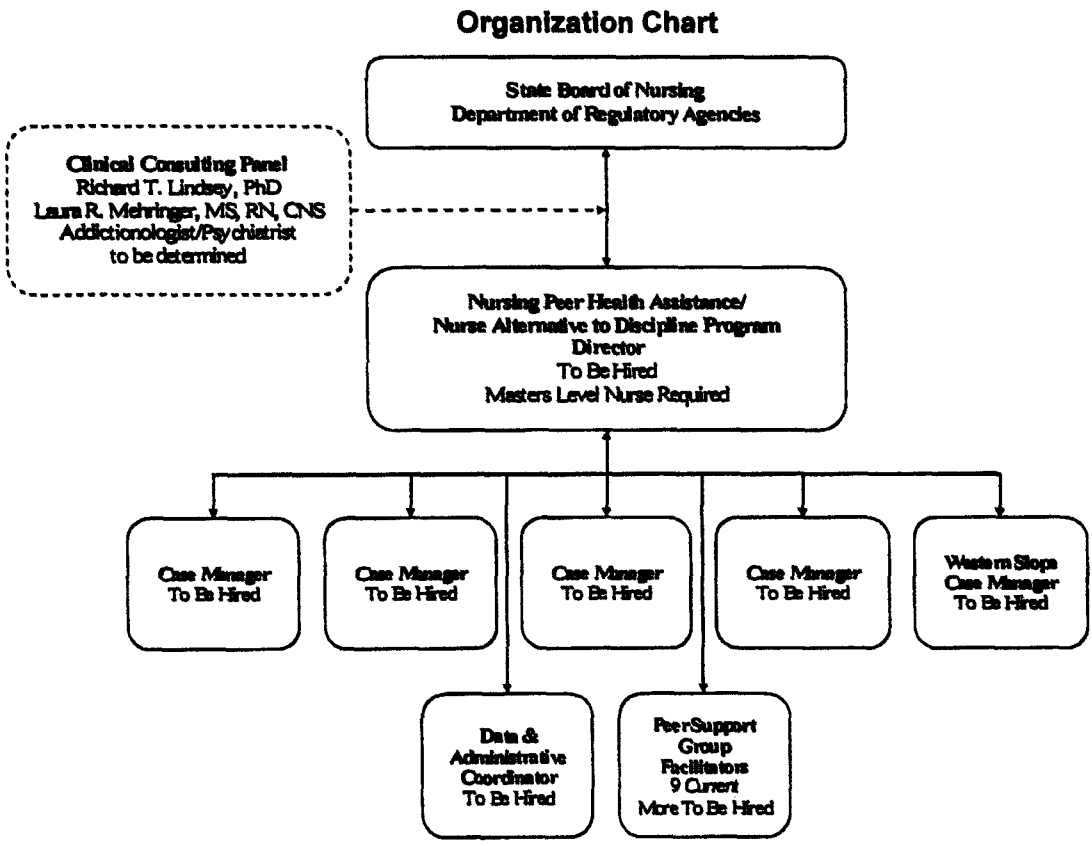
In the interest of detail, PAS has restated portions of section 4.1.b. Please refer to that section for addition detail on transition staffing.

The following hiring procedure will be followed to attain key personnel for the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program:

- Identified position vacancies for the program will be posted internally, in newspapers and on appropriate community and recruiting web sites.
- 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.

The organization chart below demonstrates the operational structure of the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program.



The approach for staffing the Nursing Peer Health Assistance Program is based on a targeted case load of 50–60 licensees as comprehensive case management and assurance of program compliance is time consuming. This will be evaluated regularly by the Program Director. The efficiency of the proposed drug screening system will be of great benefit to case managers.

Front Range with office in southeast Denver

According to data made available there are 65,000+ licensed nurses. Based on address information from the SBON website, there are approximately 6,500 nurses on the Western Slope. The program director will be a masters prepared nurse with psychiatric and addictions experience. The Director will be responsible for program oversight and staff supervision; marketing and education in various healthcare settings, nursing faculty, Area Health Education Centers, etc. Other communication strategies will be identified as the program is implemented. One of these would be regular electronic communication with program participants providing health tips, tips to reduce stress, and positive reinforcement for employing wellness activities. It is intended that the Director have no case load.

A Program Director will be hired and must be a master's prepared nurse with demonstrated knowledge and skill in psychiatric and addictions nursing. Other requirements 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 supervision, communication with the SBON, developing relationships in the nursing community.

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 and Data Manager and will assist with the compliance database, that is operational and described in detail elsewhere, including data entry, running simple queries, reports, and mailing list/labels. The Coordinator will be responsible for creating and/or editing various documents including letters, PowerPoint presentations, and Excel spreadsheets for case managers and the Program Director; and receptionist duties for the program.

Peer Support Group facilitators

Facilitators for groups in addition to those already in existence will be hired and trained as needed.

D. Describe your firm's experience with similar projects.**State Board of Nursing****Peer Health Assistance Diversion Program—1992–1995**

Peer Assistance Services, Inc. was awarded a professional services contract for the first nurse alternative program. The agency developed a comprehensive management information system that included network software and records management system as well as policies, procedures, development of all forms, and marketing strategies and collaterals. During this three year period PAS provided assessment, referral to treatment, case management, and monitoring of nurses with substance abuse issues. In addition peer support groups, information programs and comprehensive reporting was provided. The program infrastructure and care processes were transferred to the Board of Nursing along with hard copy files when the Impaired Professional Diversion Program was created to provide services to the BON. Over 100 nurses were assessed and approximately 56 active cases were transferred to the Board in September of 1995.

Colorado Board of Dental Examiners**Dentist Peer Health Assistance Program—Contract 1993–2009**

PAS has had a personal services contract with the Colorado Board of Dental Examiners to provide the peer assistance program since October of 1993. Over 376 dentists and dentist related individuals have utilized direct program services. The program has enjoyed an 85% success rate that includes both rehabilitation and public protection. Eighty-eight percent of the dentists enter the program voluntarily. All clients sign 5-year Rehabilitation Contracts. Utilization has increased significantly as the program has broadened its message and service to the dental community. Details of program services are described throughout this proposal and are examples of services that would be provided for nurses. This program has undergone periodic, successfully, external evaluation (see Attachment 4).

State Board of Pharmacy**Colorado Pharmacist Recovery Network—Contract 1993–2009**

PAS has had a personal services contract with the State Board of Pharmacy to provide the Pharmacist Peer Assistance Program since April of 1993. Over 324 pharmacists and interns have utilized direct program services. The program has enjoyed a 63% success rate that includes both rehabilitation and public protection. Fifty-six percent of the pharmacists enter the program voluntarily. All clients sign a minimum of a three year Rehabilitation Contracts. Utilization has increased significantly as the program has broadened its message and service to the pharmacy community. Details of program services are described throughout this proposal and mirror the Dental program. These services are again, examples of programming to be provided for the Nursing Peer Health Assistance Program. This program has undergone periodic, successfully, external evaluation.

Alcohol and Drug Abuse Division**Workplace Prevention Services—1984–2010**

Workplace Prevention Services is a program offered by PAS to Colorado small businesses with less than 100 employees. Workplace Prevention Services provides Employee Assistance Program services to Colorado small businesses to reduce alcohol, tobacco, and other drug risk factors and promote protective factors for employees and their families. The services are provided to working adults and include drug-free workplace consultation, supervisor training, employee education, individual assessment and referral, short-term problem resolution, crisis intervention, 24/7 telephone resource line and parent education.

N.U.R.S.E.S. Peer Employee Assistance Program**Agency Fundraising—1995–present**

This program has served over 400 nurses since 1995 and includes those nurses who are revoked or suspended and wish to demonstrate sobriety in order to reapply for licensure, those on SBON stipulation and order and not eligible for the Impaired Professional Diversion Program; and those who voluntarily seek help for personal issues that may affect their work and who have no licensure issues. There are approximately 40 nurses that would be transferred to the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program if awarded the contract with the State Board of Nursing.

For the past 24 years, PAS has assisted nurses with any problem that affected their practice. This assistance includes counseling and referral for: depression, relationship issues childcare and eldercare, substance abuse problems, mental health problems, legal problems practice issues, board discipline issues, work related conflicts, and job search.

Problems have been addressed utilizing the employee assistance model of service delivery which includes assessment, referral and short-term problem resolution. Nurses with a suspended or revoked license have also sought these services. Nurses have sought monitoring services to establish documentation of their recovery process for future SBON. Nurses that have had a complaints filed against them experience significant anxiety, in some cases depression, and other job related issues during this process. PAS has provided support to nurses experiencing these stressful situations. Nurses with these types of problems would be eligible for assessment and evaluation by the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program.

5.1.4 Cost Component/Funding Model

- A. The Offeror shall provide an operational budget for each year of the work proposed in response to the Statement of Work, Section 4. The budget must include an estimate of the number of licensees who will be utilizing each of the services of the program and must also include a breakdown of the various services that will be provided by the program and an estimated cost per participant for each of those services. Such services would include but not be limited to, evaluation of licensees, monitoring of licensees in the program, and preparation of monitoring reports. The Offeror should provide as much detail as possible as to the services that will be provided, how the estimates of the number of licensees accessing those services and the cost of the services were derived.**

A line item budget and narrative for fiscal year 2008-2009 and the requested cost analysis is provided in the sealed Attachment 17.

- B. The Offeror shall also provide information as to whether the Offeror will use supplemental or matching funds to offset any of the costs to provide any of the services set forth in the Statement of Work, Section 4. If so, the proposal must breakdown the supplemental and/or matching funds that will be used and the funds that would be required from the fees collected by the State. If supplemental and/or matching funds are identified, the Offeror must indicate whether the availability of such funds are guaranteed and the source of such funds.**

PAS will provide matching funds as outlined in the line item budget (see sealed Attachment 17). These funds are guaranteed for year one of the contract period. Matching funds are made available from agency net assets.

4.3 Costs

- a. Quote the total cost per year for providing all services described in this RFP. Costs should be firm, fixed costs for each service provided and a breakdown must be provided as set forth in section 5.3.4 of this RFP. The allocated amount available to fund the 2008 program is dependent upon the actual revenue which is based on the number of licensees in Colorado. The estimated revenue can be derived from section 3.2 Overview. Payment will be disbursed monthly or quarterly for the contract period. Any money received pursuant to a contract with the Board that is unspent by the Contractor by the end of the contract period shall be returned to the administering entity selected by the Board pursuant to the provisions of paragraph 9 (b) of Subsection 12-38-131 for subsequent disbursement.**

A line item budget and narrative for fiscal year 2008-2009 and the requested cost analysis is provided in the sealed Attachment 17. The budget is based on the estimated number of eligible participants as described in section 3.2. PAS understands that the actual contract funds available are dependent on the actual number of individuals paying the license fee. PAS understands that any unspent funds at the end of the contract period will be returned to the administering entity.

- b. The funds provided under this contract may be used only for educational, intervention and administrative services and services related to the identification of the physical, emotional, or psychological problems and the evaluation, diagnosis, treatment and monitoring of Colorado Recipients.**

PAS acknowledges that the contract funds may on be used for the purposes specifically listed above.

- c. Concisely and clearly describe your entity's ability to manage the ongoing costs associated with the ensuing contract. The budget must include an estimate of the number of licensees who will be utilizing each of the services of the program and must also include a breakdown of the various services that will be provided by the program and an estimated cost per participant for each of those services. Such services would include but not be limited to, evaluation of licensees, monitoring of licensees in the program, and preparation of monitoring reports. The Offeror should provide as much detail as possible as to the services that will be provided, how the estimates of the number of licensees accessing those services and the cost of providing the services were derived.**

The agency is funded by over 22 state and federal contracts and has developed extensive internal control procedures which are reviewed annually by an independent auditor. The monthly financial statements are prepared the Finance an Operations Director who is a Certified Public Accountant. Additionally, the agency maintains an operating line of credit for the purpose of cash flow management.

A line item budget and narrative for fiscal year 2008-2009, and the requested cost analysis is provided in the sealed Attachment 17.

- d. The Offeror shall also provide information as to whether the Offeror will use supplemental or matching funds to offset any of the costs to provide any of the services set forth in this Statement of Work. If so, the proposal must breakdown the supplemental and/or matching funds that will be used and the funds that would be required from the fees collected by the State. If supplemental and/or matching funds are identified, the Offeror must indicate whether the availability of such funds is guaranteed and the source of such funds.**

PAS will provide matching funds as outlined in the line item budget (see Attachment 17). These funds are guaranteed for year one of the contract period. Matching funds are made available from agency net assets.

5.1.5 References

Please provide at least three (3) and no more than five (5) references that support the Offeror's proposal. Provide the principle contact and telephone number, as well as a brief description of work performed for each. Include the timeframe for work performed. The State reserves the right to include the State of Colorado and other states as additional references. The State also reserves the right, at its discretion, to contact any organization or individual that may have knowledge of the Offeror for the purpose of verifying the information provided by the Offeror. The State will check references only on the apparently successful Offeror as a method of determining responsibility; references will not be scored.

Company Name	Contact	Telephone	Brief Description
State of Colorado Office of the Attorney General	Susan Machmer Assistant Attorney General	303.866.5276	PAS has been a contractor with the CBDE since 1993; Ms. Machmer has been the attorney for the Board for a number of years.
Colorado State Board of Pharmacy, DORA	Wendy Anderson Program Director	303.894.7754	Peer Assistance Services, Inc. has been a contractor with the SBOP since 1993 providing the Pharmacist and Pharmacy intern Peer Health Assistance Program
Office of Behavioral Health and Housing, DHHS	Janet Wood Director Behavioral Health Services	303.866.7486	Peer Assistance Services, Inc. has been a contractor with ADAD since 1984 providing workplace prevention and peer employee assistance programs
Colorado Department of Corrections	Joe Stommel Chief of Rehabilitation Services	719.583.5842	Peer Assistance Services, Inc. has contracted with the CDOC since 1998 providing the adult TASC (treatment accountability for safer communities programs) parolees with substance abuse and mental health problems.
Colorado Department of Regulatory Agencies	Rose McCool Director Division of Registrations	303.894.7690	PAS worked with Director McCool during her tenure as Program Director of the CBDE; until recently sent all CBDE and SBOP reports and evaluations to the Director for review

Contract Acceptance

Peer Assistance Services acknowledges acceptance of the standard State of Colorado Personal Services Contract.

Compensation

PAS agrees that funds provided under the contract will only be used for educational, intervention and administrative services and services related to the identification of the physical, emotional, or psychological problems and the evaluation, diagnosis, treatment and monitoring of licensed Colorado recipients.

Reporting

PAS agrees to provide quarterly reports to the State. A example of a quarterly report is provided in Attachment 9.

Maintenance, Inspection and Monitoring of Records

PAS agrees to maintain complete files of all records, documents, communication, notes and other written materials or electronic media which pertain to the operation of the program. PAS will abide by all applicable state and federal laws regarding records retention. PAS will permit authorized agents access records as required by the contract.

Confidentiality of State Records

Maintaining the confidentiality of records is of utmost importance to PAS. All clients receive a federal notice of confidentiality and privacy practices as required by 42 CFR, Part 2 and HIPAA. A copy is provided in Attachment 5.

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. 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 for disaster recovery. 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. UA and BA results are faxed directly into the Information/Data Manager's office. A secure document destruction service is provided by Iron Mountain. All staff members sign a formal confidentiality agreement that specifies the requirements of confidentiality and the consequences for breach of same.

Tax Exempt Status

PAS is a tax-exempt 501(c)(3) organization. Our tax determination letter is provided in Attachment 15.

Compliance with Applicable Law

PAS agrees to comply with all applicable Federal and State laws.

Insurance

PAS currently holds and agrees to maintain all required insurance. A certificate of insurance listing the State of Colorado as an additional named insurance will be provided within 48 hours of award notice. A summary of our current insurance coverage is provided on page 26.