

COPY

**STATE OF COLORADO**



**REQUEST FOR PROPOSAL COVER SHEET & SIGNATURE PAGE**

**Date:** August 7, 2007

**RFP Number:** SJN-0801

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

**Purchasing Agent:** Tammy Baca  
303-894-7765

**RFP Submission Deadline:** September 6, 2007, 4:00 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  
5 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:** ~~September 6, 2007~~

**Payment Terms:**  
(Minimum of Net 30)

**Authorized Signature:**

**Typed/Printed Name:**

**Title:**

*[Handwritten Signature]*  
Elizabeth M. Pace  
Chief Executive Officer

**Company Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone Number:**

**Fax Number:**

**Contact for**

**Clarifications:**

**Title:**

**Phone Number:**

**Fax Number:**

**E-mail Address:**

Peer Assistance Services, Inc.  
2170 South Parker Road, Suite 229  
Denver State: CO Zip: 80231  
303.369.0039 Fax Number: 303.369.0982  
Elizabeth M. Pace  
Chief Executive Officer  
303.369.0039 x 204 Fax Number: 303.369.0982  
epace@peerassist.org

**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 contract execution.

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### Attachments

- Attachment 1: Assessment Form (Biopsychosocial)
- Attachment 2: Year-End Report dated June 30, 2007, to the Colorado Board of Dental Examiners
- Attachment 3: Consent for Release of Confidential Information
- Attachment 4: Dentist Rehabilitation Contract
- Attachment 5: Notice of Federal Requirements Regarding Confidentiality of Alcohol and Drug Abuse Records
- Attachment 6: Independent Financial Audit Fiscal Year 2006
- Attachment 7: Therapist Report
- Attachment 8: Monitoring Report 1
- Attachment 9: Monitoring Report 2
- Attachment 10: Sponsor Report
- Attachment 11: Self-Status Report
- Attachment 12: Monthly Meeting Report
- Attachment 13: Urine Screening Standards
- Attachment 14: Return to Work Agreement

Peer Assistance Services, Inc. presents this proposal with these commitments to advance the utility of the Nursing Peer Health Assistance Program to the Board, to nurses and to nursing organizations:

- Seek exemplary staff to deliver services; provide sufficient staff to be fully responsive to the Board, to staff of the Board and to the nurse community.
- Provide ongoing education and practice trends to the State Board of Nursing.
- Work to support the philosophy of DORA and the State Board of Nursing.
- Deliver and advance the practice of state of the art evidence-based services.
- Flexibility to create new relationships with nursing organizations and employment settings to enhance program knowledge.
- Enhancement of interface with the professional nursing community through accessibility via face-to-face meetings, presentations, exhibits, website and other venues as appropriate.
- Emphasis on reporting customer satisfaction to include the SBON, the licensee, chief nursing officers, nurse managers and supervisors, nurse organizations and others.

The regulatory and professional community clearly supports these efforts as demonstrated in the following citations.

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 must be delivered in the context of the current healthcare environment to be most relevant. DORA recognizes this with the following example of the current nursing shortage:

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 is provided.

Highlights of this proposal include detailed descriptions of:

- 24 years of combined experience in alternative program and peer assistance programming.
- Current relationships with statewide network of behavioral health treatment providers.
- Current staff capacity.
- Staffing plan for the Nursing Peer Health Assistance Program.
- Program components and process of implementation for the Nursing Peer Health Assistance Program statewide.
- Comprehensive reporting mechanisms.
- Agency organization strength and financial capacity.
- Evaluation capacity of providers utilized and of services provided.
- Comprehensive state of the art drug screening services.
- Budget with narrative consistent with license fees.

### **5.3.2—Technical Component**

*Describe how you will address all the deliverables set forth in Section 4.*

### **Section 4—Statement of Work**

#### **4.1**

**a. Prior Experience:** *To be awarded a contract, Offeror must have prior relevant experience in providing assessment, evaluation, and case management and monitoring of persons with psychological, substance use and/or abuse problems. Describe in detail this relevant experience.*

Peer Assistance Services, Inc. (PAS) is a statewide non-profit agency founded in 1984, which was designed to serve RNs and LPNs with substance abuse and related problems. Originally incorporated as N.U.R.S.E.S. (Nurses United for Recovery, Support and Education Successfully) of Colorado Corporation, the name change resulted when other groups of health care providers

sought assistance from the agency. Our mission: PAS is dedicated to quality, accessible prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues.

Current services include prevention education, problem identification, comprehensive biopsychosocial and cultural assessment (Attachment 1), referral, monitoring, case management, career counseling, job search assistance, management consultation, supervisor training, workplace policy consultation, conflict management and facilitation, 24 hour access to professional staff and 32 confidential, facilitated peer support groups in 8 locations across the state. This includes a secure virtual group managed by PAS staff.

Colleagues, employers, treatment providers, attorneys, regulatory agencies and others refer nurses and other health care professionals for assistance. Prior to the statutory change in the Nurse Practice Act in 1989 creating the alternative to discipline mechanism, participation in the N.U.R.S.E.S. program was based on the belief that health care professionals should have the opportunity to get treatment for a health problem without discipline. Peer Assistance Services, Inc. was the program vender for the Board of Nursing from 1992 through 1995. The 1995 legislative change to the Nurse Practice Act created the Impaired Professionals Diversion Program. The N.U.R.S.E.S. Peer Assistance Program provided services to those nurses not eligible for the IPDP. These nurses sought help for personal problems that did not include substance abuse or mental health issues. These licensees will likely be eligible for the program created by HB07-1102 because of the broader scope of services to be provided.

### Relevant experience

#### 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, all forms, and marketing. 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 1993-2009

PAS has had a professional services contract with the Colorado Board of Dental Examiners to provide the peer assistance program since October of 1993. Over 355 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.

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

PAS has had a professional services contract with the State Board of Pharmacy to provide the Pharmacist Peer Assistance Program since April of 1993. Over 302 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.

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

Workplace Prevention Services (WPS) is a program offered by PAS to Colorado small businesses with less than 100 employees. Workplace Prevention Services provides Employee Assistance Program (EAP) 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 IPDP; and those who voluntarily seek help for personal issues that may affect their work and who have no licensure issues.

**b. Staffing:** *To be awarded a contract, Offeror must have qualified staff available either in house or through subcontractors. Describe staff to be dedicated to provide recipients with the necessary evaluation, education, diagnosis, counseling, case management, test administration and monitoring. Give staff's qualifications, credentials and program's supervision policy.*

**Discussion of current Peer Assistance Services, Inc. staff**

We currently employ professionals with the qualifications necessary to provide comprehensive peer health assistance program services. We provide these services to dentists, pharmacists and pharmacy interns. 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 part of the annual budget.

Comprehensive personnel policies and procedures are developed and in place and are consistent with applicable state and federal law. The policies have undergone legal review and are reviewed periodically by our Human Resources Director. Staff hired for the Nursing Peer Assistance 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. Consultation and supervision occurs monthly for 1½ hours with a clinical psychologist on site. This program component supports professional development competence.

The following table demonstrates the qualifications of current staff located in southeast Denver:

<b>Current Staff</b>	<b>Credentials</b>	<b>Title</b>	<b>Responsibilities</b>
Elizabeth M. Pace	MSM, RN, CEAP	Chief Executive Officer	Contract management, overall program supervision
Lee Ann Aden	MS, CPA	Finance & Operations Director	Accounting, billing, statistics, audit preparation
Jacqueline Westhoven	RN, CEAP, CARN	EAP and Peer Assistance Program Director	EAP program oversight, assessment, referral, short-term problem resolution, management consultation, education presentations, materials development
Donna Lindsey	RN, CARN, CEAP	Diversion (Pharmacist and Dentist) Program Director	Assessments, referrals, test administration, client case management, rehabilitation contract monitoring, reporting, clinical on call, presentations
Jennifer Place	MA, CAC II, EA-CS	EAP Assistant Director	Assessment, referral, short-term problem resolution, management consultation, education presentations
Caitlin Kozicki	MA, Counseling psychology	EAP Coordinator	Assessment, referral, short-term problem resolution, management consultation, education presentations, materials development
Simon Bober	BA	Human Resources Director	Responsible for human resources functions, ensuring the agency conforms to statute and quality system procedures
Traci Huey		Data and information manager	Prepare/assist reports monthly, quarterly, and annually. Creation/modification, implementation, updates, and staff training for the Resource, Timekeeping, Client, and Compliance databases; file maintenance, data entry and client update
Peer Support Group Facilitators	Various	Facilitators	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 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.

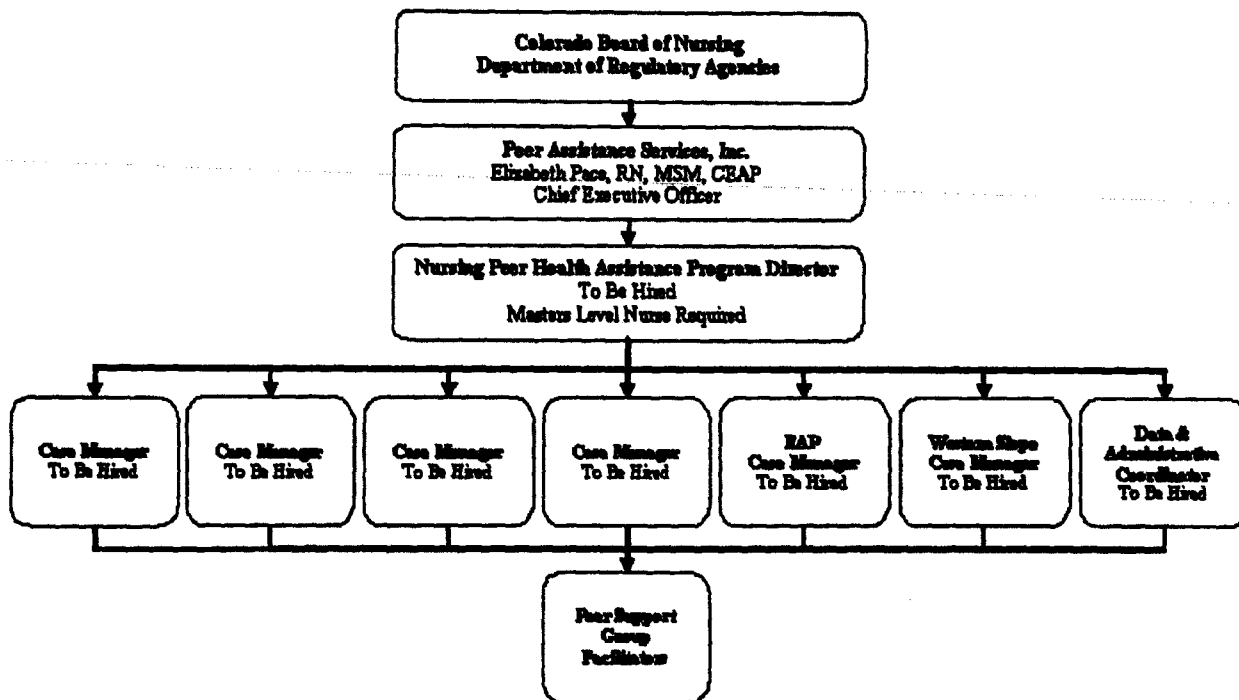
The following hiring procedure will be followed when staff are hired for the Nursing Peer Health Assistance Program staff:

- Identified position vacancies for the Nursing Peer Health Assistance Program will be posted internally, in newspapers and on appropriate community and recruiting web sites.
- Candidates for all positions are required to submit 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, and this will be verified by PAS prior to hire.
- Final candidates will be interviewed 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 will make the final selection.
- Employment will be confirmed in writing setting forth the salary rate, position, classification, date of hire, and any other terms of employment.



Discussion of staff to be hired to implement the Nursing Peer Health Assistance Program

**Organization Chart**



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 (total of 6 to include an EAP professional) will be hired with a desired staff mix to include a majority of nurses requiring demonstrated knowledge and skill in psychiatric and addictions nursing; bachelor level preparation; individuals with preparation in counseling psychology may be considered. Experience and additional credentials such as CAC (certified addictions counselors), CEAP (Certified Employee Assistance Professionals) will be also be considered. One of these case managers will be on the Western Slope in office space to be leased in Grand Junction. Approximately 10% of the nurses in Colorado reside on the Western Slope of the state. Our view is that the Nursing Peer Assistance Program should have greater visibility in the 20+ hospitals and other healthcare facilities in that part of our state. Enhanced accessibility for licensees using the program is a clear advantage for frequent face-to-face contact with the case manager.

### Data & Administrative Coordinator

The coordinator will be supervised by the PAS Information/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.

**c. Availability of Services Statewide:** *Awarded contractor must make program available to all potential recipients statewide in all geographical areas of the state.*

There are several strategies to making services available throughout the state. We will establish a professional office with a full-time nurse case manager in Grand Junction; to enhance the program presence, visibility and availability of services. This increases the opportunity to make presentations, consult with nurse managers, meet with licensees regularly and attend relevant local conferences or workshops. This will eliminate unnecessary travel to Denver for licensees in the program.

The current statewide Peer Support Groups are listed below. If awarded the contract with the SBON, then the geographic location of all current participants would be assessed in order to enhance the number of available groups for greater licensee accessibility. 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.

Peer Assistance Services, Inc. currently has a toll-free 866 telephone number and 24 hour on-call professional staff. A separate on-call number will be made available for licensees in the Nursing Peer Health Assistance Program. The network of providers is also statewide. The Program Director will travel throughout the state to enhance visibility and understanding of the program.

### Current Statewide Peer Support Groups

Peer support groups have been defined as confidential forums to deal with issues for health professionals recovering from addictions or mental health issues that are facilitated by trained professionals.

City	Location(s)	Time	Facilitator(s)
Denver	Trinity Church 1820 Broadway	Tuesday, 6:30–7:30 p.m.	Ann Muñiz, MA Andrea Schmidt, BSW Caitlin Kozicki, MA
	Peer Assistance Services, Inc. 2170 S. Parker Road	Friday, 11:00 a.m.–12:00 p.m.	
	Peer Assistance Services, Inc. 2170 S. Parker Road	Women Only 1 <sup>st</sup> Wednesday each month 12:00–1:00 p.m.	
Boulder	Sacred Heart of Jesus Church 2312 14 <sup>th</sup> Street	Every other Friday 12:00–1:00 p.m.	Colleen Todd, LPC, CAC III
Colorado Springs	614 N. Nevada Avenue, Suite 103	Wednesday, 5:00–6:00 p.m.	Joni Zepp, MA, RN, CAC III
Pueblo	New Life Clinic 421 N. Main Street, Suite 302	Thursday, 3:00–4:00 p.m.	Janice Schultz, MA, LPC
Greeley	928 12 <sup>th</sup> Street	Tuesday, 6:00–7:00 p.m.	Peggy Yarwood, MA, BSN
Grand Junction	Western TASC 562 W. Crete Circle, Suite 105	Tuesday, 5:30–6:30 p.m.	Mary Corcoran, RN
Durango	Pathfinder Clinic 701 N. Camino del Rio, Suite 308	Wednesday, 12:00–1:00 p.m.	Melinda Coleman, CAC III
Statewide	Virtual Group Colorado AHEC By permission only	Every 2 <sup>nd</sup> and 4 <sup>th</sup> Saturday 8:00–9:00 a.m.	Peggy Yarwood, MA, BSN

In order to better meet the needs of rural healthcare professionals including nurses, a virtual facilitated peer support group was made available several years ago on a twice per month basis. Again, if awarded the program contract we would consider increasing the frequency of this group.

The rules and structure of the virtual group mirror those for the 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 Peer Assistance Services 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 discretion of each person whether they want to waive their own anonymity.
- Exceptions to confidentiality: danger to self or others.
- Psychoeducational group discussion content will be provided approximately 4 times a year.
- Good faith participation and behavior that supports a peer support effort are expected of all participants.
- Verification of attendance will be provided by the facilitator to Peer Assistance Services, as long as there is evidence that people have participated in the conversation and been present for the duration of the group.

The Virtual Peer Support Group, is provided through an agreement with the Colorado Area Health Education Center. Colorado Area Health Education Center (AHEC) is part of the University of Colorado Health Sciences Center specializing in distance education and training for rural healthcare providers. As part of the University, Colorado AHEC is bound by the

confidentiality standards maintained by the University as stipulated by state and federal government. The AHEC WebCT server is kept behind the University firewall and is not accessible via normal entry from the Internet.

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 your 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, contact the local authorities and ask them to do a "welfare check" on the participant.
- Available, you may also request a welfare check (as in a.) for back up support for the emergency contact.
- Follow with a phone contact to the Peer Assistance Services staff person on call for direction and support.

This protocol requires that the PSG facilitator should have 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.

**d. Coordination:** *Awarded contractor must identify 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.*

**Statewide treatment resource network**

PAS works with substance abuse and mental health treatment providers throughout the state. The following list highlights addiction psychiatry professionals, treatment programs, individual therapists and out-of-state treatment programs with expertise in working with healthcare professionals that we have knowledge of and have or could refer to as indicated by the assessment.

<b>Addiction Psychiatry</b>		
<b>Name</b>	<b>Location</b>	<b>Phone</b>
Edmund Casper, MD	Denver	303.893.7777
Michael H. Gendel, MD	Denver	303.355.5867
Jane A. Kennedy, DO	Denver	303.322.0202
Jonathan Ritvo, MD	Denver	303.333.3163
H. Hershey Sollod, MD	Denver	303.758.5093
Michael S. Sturges, MD	Denver	303.758.1097
Carol E. Traut, MD	Lakewood	303.237.0727
Haven Howell, MD	Longmont	720.652.0416
Stephen L. Dilts, MD, PhD	Morrison	303.697.8821
Steven D. Martin, MD	Pueblo	719.584.4767

<b>Treatment Programs</b>		
<b>Name</b>	<b>Location</b>	<b>Phone</b>
Creative Treatment Options	Arvada	303.467.2624
New Vision Detox/Aurora Medical Center	Aurora	303-363-2121
Aurora Center for Treatment, LLC	Aurora	303.340.8990
Center for Dependency, Addiction and Rehabilitation (CaDAR)	Aurora	877.999.0538
Mental Health Center of Boulder County	Boulder	303.443.8500
Aurora Center for Treatment, LLC	Brighton	303.340.8990
Mental Health Center of Boulder County	Broomfield	303.466.3007
Arapahoe/Douglas Mental Health	Castle Rock	303.730.8858
Parker Valley Hope	Colorado Springs	800.544.5101
The Riegel Center	Colorado Springs	719.776.8741
Pikes Peak Mental Health	Colorado Springs	719.572.6100
Beverly Hawpe and Associates	Colorado Springs	719.227.7745
Cedar Springs Behavioral Health System	Colorado Springs	719.633.4114
Stout Street Foundation	Commerce City	303.321.2533
Addiction Research and Treatment Services (ARTS)	Denver	303.388.5894
The Council	Denver	303.825.8113
Sobriety House	Denver	303.722.5746
Parker Froyd & Associates	Denver	303.202.0801
CU at Denver Health Sciences Center	Denver	303.761.2885
Denver CARES	Denver	303.436.3500
Dimensions in Awareness	Denver	303.321.7179
Choosing Life Center	Denver	303.321.6563
Center for Recovery	Denver	303.694.7492
Maria Droste Services of Colorado, Inc.	Denver	303.756.9052
Porter Hospital, Center for Behavioral Health	Denver	303.778.5774
Salvation Army	Denver	303.861.4833
Stepping Stone	Denver	303.333.5407
Mental Health Centers of Denver	Denver (multiple)	303.504.6500
Pathfinder Clinic	Durango	970.259.6588
Arapahoe/Douglas Mental Health	Englewood	303.730.8858
Harmony	Estes Park	970.586.4491
Island Grove Regional Treatment Center	Fort Collins	970.356.6664
Island Grove Regional Treatment Center	Fort Lupton	970.356.6664
Associates in Behavioral Counseling	Grand Junction	970.245.3212
Inner Journey Counseling	Grand Junction	970.216.6408
White River Counseling	Grand Junction	970.434.6312
Island Grove Regional Treatment Center	Greeley	970.356.6664

North Colorado Medical Center, Behavioral Health Services	Greeley	970.352.1056
Jefferson Center for Mental Health	Jefferson County (multiple)	303.425.0300
Mental Health Center of Boulder County	Lafayette	303.665.2670
The Freedom Center	Lakewood	303.420.9430
Discovery Center	Lakewood	303.233.7151
Highlands Behavioral Health System	Littleton	720.348.2800
Arapahoe/Douglas Mental Health	Littleton	303.730.8858
Mental Health Center of Boulder County	Longmont	303.684.0555
Centennial Peaks Hospital	Louisville	303.673.9990
Harmony Foundation	Loveland	970.461.8855
Island Grove Regional Treatment Center	Loveland	970.356.6664
Parker Valley Hope	North and South Denver	800.544.5101
Parker Valley Hope	Parker	800.544.5101
Arapahoe/Douglas Mental Health	Parker	303.730.8858
Crossroads Turning Point	Pueblo	719.546.6666
Circle Program	Pueblo	719.546.4797
Parkview Medical Center, Behavioral Medicine	Pueblo	719.584.4455
Centennial Mental Health Center	Sterling	970.522.4549
Arapahoe House	Thornton	303.657.3700
Adams County Mental Health Center, Inc.	Thornton	303.853.3500
North Valley Hospital	Thornton	303.286.5000
Colorado West Regional Mental Health, Inc.	Western Slope (multiple)	970.945.2241
Path Center	Wheat Ridge	303.824.0132
West Pines Mental Health Center/Exempla West Pines	Wheat Ridge	303.467.4000
Seven Lakes Recovery Program	Windsor	970.495.4684
Beverly Hawpe and Associates	Woodland Park	719.686.8560

Individual Therapists		
Name	Location	Phone
Markus Steiner, LPC	Broomfield	720.273.9036
Becky Kusick, LPC	Broomfield	303.907.6499
Kay Gilchrist, LCSW	Denver Metro	303.995.2311
Christine Thompson, LPC, CAC II	Denver Metro	303.250.3573
William Latimer, LPC, CAC III	Denver Metro	720.488.1390
Kathy East, LPC	Denver Metro	303.347.1034
Judith Wimpee, LPC	Denver Metro	303.595.5454
Lisa Stuhe, LMFT	Denver Metro	303.905.9773
Devonna Anthony, CAC III	Denver Metro	303.233.7151
Lynann Butler-Sanchez, LPC	Denver Metro	303.691.0225
Laura Schrader, LPC	Denver Metro	720.488.9210
Daryl Gedney, LPC	Denver Metro	303.892.4470
David Mirich, PhD	Denver Metro	303.824.0132
Carrie Payne, PsyD	Denver Metro	303.817.2149
Allyson Crawford, LCSW	Denver Metro	720.270.7100
Carrie Merscham, PsyD	Denver Metro	303.355.6682
Debra Nielson, PsyD	Denver Metro	720.301.2185
Sandra Ross, LPC	Denver Metro	303.703.4564
Michael Giglio, LMFT	Fort Collins	970.218.0612
Mary Fenton, LCSW	Grand Junction	970.257.7971
Sharon McCaffrey, LCSW	Longmont	303.437.7812
Arthur Barker, LPC	Milliken	970.587.5817

<b>Out of State Treatment Programs (with healthcare professional expertise)</b>		
<b>Name</b>	<b>Location</b>	<b>Phone</b>
Talbot Recovery Center	Atlanta, Georgia	800.445.4232
Hazelden	Center City, Minnesota	800.257.7810
Professional Renewal Center	Lawrence, Kansas	877.978.4772
The Farley Center at Williamsburg	Williamsburg, Virginia	800.582.6066

<b>Physicians Certified for Buprenorphine Treatment</b>		
<b>Name</b>	<b>Location</b>	<b>Phone</b>
Giora Hahn, M.D.	Aspen	(970) 544-1146
Mauricio Waintrub, M.D.	Aurora	(303) 337-5575
Kenneth David Krause, M.D.	Aurora	(303) 750-2082
Jonathan Paul Rosman, M.D.	Avon	(970) 845-8059
Daniel Jules Gerber, M.D.	Boulder	(303) 449-4048
Roger L. Cambor, M.D., P.C	Boulder	(303) 443-7050
John S. O'Hearne, M.D.	Boulder	(720) 406-7581
Melody Faith Denham, M.D.	Boulder	(303) 413-0100
Benjamin J. Keidan, M.D.	Boulder	(303) 247-9696
Judith L. Reynolds, M.D.	Colorado Springs	(719) 473-9393
Charles H. Ripp, M.D.	Colorado Springs	(719) 577-9063
Bert S. Furmansky, M.D.	Denver	(303) 831-9200
Tony Robucci, M.D.	Denver	(303) 861-1618
Christian Conrad Thurstone, M.D.	Denver	(303) 436-6006
William B. Swafford, M.D.	Denver	(303) 388-5894
Edmund Casper, M.D.	Denver	(303) 880-3545
Steven Leigh Wright, M.D.	Denver	(303) 744-2706
Ronald K. Morley, M.D.	Denver	(303) 315-9679
Raymond Bunch, M.D.	Denver	(303) 518-6980
Ivor Garlick, M.D.	Denver	(303) 873-6990
Stephen J. Bishop, M.D.	Denver	(303) 759-3173
Lori D. Holland, D.O.	Denver	(720) 941-4400
Cheryl Ristig, M.D.	Denver	(303) 320-0909
Douglas M. Ikelheimer, M.D.	Denver	(303) 526-4472
Joseph Thomas Sakai, M.D.	Denver	(303) 315-1516
Carole Lynn Partridge, M.D.	Durango	(970) 385-5868
Scott Hompland, D.O.	Englewood	(303) 788-9332
Sean Peter Murphy, M.D.	Estes Park	(970) 586-4491
Andrew Leifer, M.D.	Evergreen	(303) 674-6074
Jeremy Adam Dubin, D.O.	Fort Collins	(970) 224-0495
Richard Aildin Oddy, M.D.	Fort Collins	(970) 224-5209
Scott Hompland, D.O.	Fort Collins	(970) 377-9555
Craig Richard Heacock, M.D.	Fort Collins	(970) 207-4857
Julie Colliton, M.D.	Frisco	(970) 668-9471
Jeffrey Kesten, M.D.	Golden	(303) 277-0700
Joseph Wezensky, M.D.	Grand Junction	(970) 263-4660
Geraldine Jerome, M.D.	Greeley	(970) 663-9228
Thomas S. Patterson, M.D.	Kittridge	(303) 674-6909
John Preston Martens, M.D.	Lakewood	(303) 467-4000
Carol Traut, M.D.	Lakewood	(303) 237-0727
Laura P. Perri, M.D.	Longmont	(303) 651-5212
Michael Grey Shell, D.O.	Longmont	(303) 772-3698

James D. Thacker, M.D.	Longmont	(303) 776-5700
Haven Howell, M.D.	Longmont	(720) 652-0416
Marianne B. Jacobs, M.D.	Loveland	(970) 669-2668
Robert R. Maisel, M.D.	Pueblo	(719) 546-6666
Elizabeth Bradbury Stryt, M.D.	Pueblo	(719) 546-4494
Dexter Donald Koons, M.D.	Pueblo	(719) 296-6872
Steven D. Martin, M.D.	Pueblo	(719) 584-4767
Guri Singh, M.D.	Thornton	(303) 452-9577
Todd Dextrateur, M.D.	Thornton	(720) 289-8184
Gregory Lynn Kirk, M.D.	Wheat Ridge	(303) 367-2992
Charles F. Clark, M.D.	Wheat Ridge	(303) 467-4600

[http://www.norahline.samhsa.gov/pls?vms\\_location=provider\\_search.process\\_query?alternative=CHOICE&one\\_state=CO#physicians](http://www.norahline.samhsa.gov/pls?vms_location=provider_search.process_query?alternative=CHOICE&one_state=CO#physicians)

PAS works with various substance abuse and mental health treatment programs including Managed Service Organizations in Colorado maintain a network of providers that offer a continuum of services throughout the state. 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 if required by the licensee clinical status. Those include licensed programs with national reputations for treating healthcare professionals.

#### Facilitated support groups

These groups have been discussed in Section 4.1.c. The expansion of the network will be addressed to meet the needs of nurses throughout the state.

#### Mutual help groups

12 Step and other mutual help groups are an important adjunct 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.

#### 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. In the United States specialized drug treatment facilities provide rehabilitation, counseling, behavioral therapy, medication, case management, and other types of services to persons with drug use disorders. Because drug abuse and addiction are major public health problems, 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 principles of effective treatment from the National Institute on Drug Abuse, 2000 are used to guide our 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.

**e. Performance Data Reporting:** *Awarded contractor must provide quarterly reports to the Board which shows, at a minimum, the current number of recipients, the program services that were provided and demographic details.*

Peer Assistance Services, Inc. has the capacity to provide comprehensive reports quickly and accurately. Please review the most year-end report dated June 30, 2007, to the Colorado Board of Dental Examiners in the attachment section (Attachment 2). The report demonstrates the variety of data reported so that the Board of Dental Examiners has a complete understanding of services and demographics. This reports can be modified and expanded as determined by the need of the State Board of Nursing. The quality of reports is dependent on proper data entry and on the database management system.

The PAS client database 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 database 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, i.e., treatment centers, financial services, attorneys, test collection sites—including their specialties, hours, etc. 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 for the database 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, and the database is never copied and/or removed from the premises. 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 database 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 UA or BA report is received, the case manager is notified immediately.

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

### Sample Compliance Data Entry Screen

End Client: <b>Voluntary</b>		Cancel
<b>Client Contract Requirements</b>		
Contract End Date:	6/29/2011	
Contract Case Manager:	SBOP	
<b>Contract Requirements:</b>		
Mandatory Meeting Attendance	<input checked="" type="checkbox"/>	
UA Screening	<input checked="" type="checkbox"/> Weekly - Wiz Quiz	
PSG Meetings	<input checked="" type="checkbox"/> Twice per month -	
12-Step Meeting	<input checked="" type="checkbox"/> 2-3 per week + sp	
Relapse Prevention Program	<input checked="" type="checkbox"/> Valley Hope	
Self-Status	<input checked="" type="checkbox"/> Quarterly	
Sponsor Report	<input checked="" type="checkbox"/> Quarterly - Jay (72)	
Supervisor Report	<input checked="" type="checkbox"/> Not Working	
<b>Notes:</b>		
[Empty]		
<b>Enter Client Activities</b>		
Activity:	Date:	Result:
12-Step Attendance	5/14/2007	Meeting List
12-Step Attendance	5/15/2007	Meeting List
12-Step Attendance	5/17/2007	Meeting List
Self-Status Report	5/18/2007	
PSG Attendance	5/18/2007	Meeting List
PSG Attendance	5/25/2007	Meeting List
UA Monitoring	4/16/2007	Negative
UA Monitoring	4/24/2007	Negative
UA Monitoring	5/2/2007	Negative
UA Monitoring	5/8/2007	Negative
PSG Attendance	6/1/2007	Meeting List
12-Step Attendance	1/18/2007	Meeting List
12-Step Attendance	1/19/2007	Meeting List
12-Step Attendance	1/20/2007	Meeting List

### Sample Compliance Report Screen

#### Compliance Report—2/15/2007-8/21/2007

Book: Voluntary      Contract End Date: 3/9/2008  
 Treatment Provider: Private 1:1 Psycho Ed      Contract-Case Manager: SBOP - Donna Lindsey

Notes:

**PSG Meetings**  
 Once per month - monthly attendance sheets

2/16/2007	Meeting List
3/23/2007	Meeting List
5/29/2007	Meeting List
7/27/2007	Meeting List

**Self-Status**  
 Quarterly reports - 2/15, 5/15, 8/15, 11/15

2/16/2007	
2/16/2007	
5/16/2007	
5/24/2007	
8/15/2007	
8/27/2007	

**Supervisor Report**  
 Quarterly reports - 2/15, 5/15, 8/15, 11/15

2/16/2007	11/16/06 - 2/15/07
5/15/2007	2/15/07 - 5/15/07
5/24/2007	2/15/07 - 5/15/07
8/20/2007	5/15/07 - 8/15/07

**Therapist Report**  
 Quarterly Vets - Quarterly reports - 2/15, 5/15, 8/15, 11/15

2/16/2007	
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**UA Screening**  
 Once per month - Commercial Testing (300) 694-3483

3/13/2007	Negative
4/24/2007	Negative
5/21/2007	Negative

**f. Reporting of Participant Violations of Issues:** *Awarded contractor must notify the Board within 24 hours but not later than the end of the next business day of any recipients with active cases who:*

- *Display an imminent danger to self or others by virtue of alcohol or substance abuse, chemical dependency or suffering any other impairment.*
- *Is not in compliance with their monitoring contract for more than 2 months*
- *Have had two relapses*

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 3) from each nurse, PAS will report to the Colorado State Board of Nursing 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 the Dental and Pharmacy Boards in a timely, comprehensive fashion.

Verbal communication with recommendations to the Board Program Director or designee will occur within 24 hours and written notification with recommendations to the Board occurs within 48 hours. Written documentation has been by 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.

A protocol to address relapse has been utilized with dentists and pharmacists and can be implemented for nurses.

## HEALTH PROFESSIONALS RELAPSE PROTOCOL

In order to assure public safety and ensure a consistent response to client relapse:  
Upon notification of a confirmed positive urine drug test result staff will:

- Contact the participant.
- 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/supervisor within one hour of contacting participant to verify the test results and the need for the participant to leave work
- Re-evaluate the licensee, revise contract requirements as needed.
- Not allow the licensee 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 licensee's primary therapist, a psychiatrist, an addictionologist, and/or the Board.
- Notify the staff of the Board verbally within 24 hours and in writing within 48 hours, as per contract.

**g. Providing Reports on Stipulated Agreements:** *Awarded contractor must provide timely reports to the Board as required by Stipulated Agreements.*

Peer Assistance Services, Inc. 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 for the Colorado Board of Dental Examiners that addresses this requirement. The complete copy of the contract may be found as Attachment 4.

- The undersigned licensee enters into this Contract with the Dentist Peer Assistance Program (DPAP) pursuant to a signed Stipulation and Order, or Final Agency Order with the Colorado Board of Dental Examiners (CBDE) 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 CBDE. The Dentist Peer Assistance Program is managed by Peer Assistance Services, Inc. (PAS).
- This Contract and all conditions herein will remain confidential. All information including between the DPAP staff and the Licensee shall remain confidential except when non-compliance occurs and except for licensees under Stipulation and Order or Final Agency Order.
- This Contract and all conditions herein will remain confidential. All information including between the DPAP 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 Dental Practice Act Sections on the Dentist Peer Health Assistance Program (CRS 12-35-123.5). I understand that records maintained by the DPAP are the property of the Colorado Board of Dental Examiners. I further understand that if the service vendor changes, any and all of my records shall be turned over to the Colorado Board of Dental Examiners. The confidentiality of these records will be maintained during such transfer.

**h. Releasing Information to the Board:** *Awarding contractor must obtain an authorization from incoming recipients to release records and information to the Board, including records received from other sources in the contractor's custody pursuant to a subpoena issued by the Board.*

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. All Rehabilitation Contracts currently used for dentists and pharmacists require 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 3) that will be applicable to the Nursing Peer Health Assistance 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.

**i. Testimony:** *Awarded contractor must provide testimony by the appropriate person(s) in contested cases if requested by the Board.*

Peer Assistance Services, Inc. agrees to provide testimony by appropriate staff in contested cases as requested by the State Board of Nursing.

**j. Financial and Organizational Strength:** *The Offeror, together with any subcontractors, must demonstrate that they have the financial resources to perform all requirements of this RFP. Awarded contractor must have adequate insurance.*

Peer Assistance Services, Inc. currently administers 20 federal and state contracts. The FY 07-08 budget is \$8,000,000. As a 501(c)(3) non-profit, tax-exempt agency, Peer Assistance Services, Inc. undergoes an annual financial audit by an independent Certified Public Accountant. A complete audit with management letter is provided to our contractors annually. Our most recent audit is can be found as Attachment 6. The agency budgets for the cost of this audit and allocates that cost appropriately to each funder. PAS provides financial statements, including to current contractors and would implement the same with the State Board of Nursing on a quarterly, semi-annual and annual basis to account for the monies received.

Funding for Peer Assistance Services, Inc. is through contracts with a number of agencies to provide similar programming as the Nursing Peer Health Assistance Program. Examples include

the Pharmacist Peer Health Assistance Program and the Dentist Peer Assistance Program. These programs do not have the funding capacity for a stand-alone program. The structure of the agency allows for indirect operating costs to be allocated across all contracts.

Peer Assistance Services, Inc. uses a Time Management System (TMS) to record staff time and activities by contract. This ensures the accurate allocation of direct expenses. Staff enter their hours into a "timekeeping" database. Hours are entered according to which contract they are working under, a category or type of work, a description of the work they are doing, and when the work is client-centered it includes the number and demographics of those clients. Reports can be run to reflect leave balances for each employee, number of hours spent on a particular contract, client demographics, etc. This database is utilized in compiling monthly, quarterly and annual reports for individual contracts and the agency as a whole.

Samples of PAS' TMS follow:

Activity	Strategy (click ...)	Contract	Hours	CEC	Description
Assessment/Referral	Problem Id & Referral	SBOP	4	1	mdcc
Date Entry	Other	Fee For Servi	1.5	1	tc ohio bd
Monitor/Follow-Up/Divs	Problem Id & Referral	SBOP	3	2	many calls w/ tc + others
Monitor/Follow-Up/Divs	Problem Id & Referral	CBDE	1	2	phone
			0		
			<b>Total</b>	<b>9.50</b>	

Descriptions: mdcc

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