


Today's Sessions

Session 7. Program Sharing

Myrtle Greene, PhD, LMHC, CAP, ICADC;
Intervention Project for Nurses;
Jacksonville Beach, Florida



Objectives

- **Compare and contrast the different types of ATD programs in the following areas: relationship to the disciplining authority, funding of operational costs, number of participants monitored, staffing ratios and number of disciplines monitored**
- **Identify operational policies and procedures staff currently views as best practices.**
- **Discuss current challenges programs are encountering as a result of COVID-19.**



Compare and Contrast

- Relationship to the disciplining authority
- Funding of Operational Costs
- Number of Participants monitored and disciplines
- What type of monitoring is provided (substance use, mental health, physical)
- Staff Ratios



Best Practices

- Identify operational policies and procedures viewed as best practices
- Recent published research on best practices



Covid-19 Challenges

- Discuss any challenges programs are encountering due to Covid-19
- Discuss any changes that programs are making (toxicology, workplace restrictions, etc.)

Idaho Program for Recovering Nurses

Katie Stuart

Number of participants monitored, staffing ratios and number of disciplines monitored.	Participants monitored: ~60-70 Our program is outsourced to a vendor. They have a program manager and a case manager. Licenses: APRN, RN, LPN
Relationship to the disciplining authority, funding of operational costs (if applicable).	The Board works closely with our Vendor that oversees the day-to-day monitoring of the program. Discipline gets involved on an as needed basis. The State pays a lump sum yearly for the administration of the program. The vendor charges monthly participant fees.
Identify operational policies and procedures staff currently views as best practices.	Operations policies are overseen by our vendor. The State Board meets with the vendor on a monthly basis to report compliance of participants. On a quarterly basis the Board Staff, Vendor, and Advisory Committee meet on a quarterly basis.
Discuss current program challenges encountered because of COVID-19.	Meeting availability, Access to drug testing, lack of connection for participants.

Wyoming Professional Assistance Program


Candice Cochran


Number of participants monitored, staffing ratios and number of disciplines monitored.	Annually – 60-70 participant monitored Staffing – 1 PT Executive Director/Case Manager (25hrs a week) 1 PT Clinical Director (10 hrs a week) Contracted with 6 licensing boards: MD, DO, PA, Rph, Pharm Tech, Pharm intern, RN, LPN, CNA, APRN, DDS, DVM, & JD
Relationship to the disciplining authority, funding of operational costs (if applicable).	Contracts with discipline authority. They fund 100% operating costs.
Identify operational policies and procedures staff currently views as best practices.	We have an extensive policy handbook that we follow and revised when needed.
Discuss current program challenges encountered because of COVID-19.	n/a


Iowa Monitoring Program for Pharmacy Professionals


Becky Carlson


Number of participants monitored, staffing ratios and number of disciplines monitored.	We have 21 participants as of 5/5/2021 with 1 staff member (me) and 8 committee members. We monitor licensed pharmacists, registered pharmacy techs and tech trainees, and student interns.
Relationship to the disciplining authority, funding of operational costs (if applicable).	I work in an administrative role for the Board of Pharmacy and manage IMP3 with the assistance of our IMP3 committee that is approved by the Board. Our program is 100% funded by retained license and registration fees.
Identify operational policies and procedures staff currently views as best practices.	April of 2020, IMP3 committee approved a comprehensive policy and procedure manual. It would be difficult to identify one policy or procedure that works as best practice. I think the most important thing to note for the State of Iowa, is that the Boards monitoring programs (nursing, pharmacy, dental, and medicine) work very well together in providing support and guidance to one another. This has been crucial for our programs as we have had staff turnover and with the challenges of COVID.
Discuss current program challenges encountered because of COVID-19.	Currently our biggest challenge is locations for drug/alcohol screening. Many of our participants have to make an appointment to provide a UA and often appointments are booked. We have to be lenient as best we can to accommodate this challenge.


 SD Health Professionals Assistance Program Amanda McKnelly	
Number of participants monitored, staffing ratios and number of disciplines monitored.	a. 120 participants currently in monitoring b. Staffing ratio is variable. Estimated staffing at approximately .75 FTE hour per participant c. Nursing, Dentistry, Pharmacy, Addiction Professionals and Optometry all monitored currently
Relationship to the disciplining authority, funding of operational costs (if applicable).	a. Currently hold a contract with each of the participating boards b. Funding is currently paid by the board 100%. Agreed upon amount for each board for a max number of participants. This will be changed with the Board of Nursing effective 6/1/21. Board will pay 90% of participation fee
Identify operational policies and procedures staff currently views as best practices.	Follow FSPHP guidelines and guidelines provided by NCSBN
Discuss current program challenges encountered because of COVID-19.	Testing was an issue for a period of time


 Oregon Health Professionals' Services Program (HPSP) Kate Manelis	
Number of participants monitored, staffing ratios and number of disciplines monitored.	Current participants: approx. 300 Staffing ratios: 1 Agreement Monitor (case manager) per 50 participants; 1 Administrative Assistant per approx. 100 participants Disciplines monitored: Statutory authorization to monitor all licensed healthcare professions in Oregon; currently monitor four disciplines (Oregon Medical Board, Oregon State Board of Nursing, Oregon Board of Pharmacy, and Oregon Board of Dentistry)
Relationship to the disciplining authority, funding of operational costs (if applicable).	Disciplinary authority is contract holder Operational costs are paid by participating Boards; toxicology, treatment, and evaluation services are paid by participants
Identify operational policies and procedures staff currently views as best practices.	--Random and certain toxicology testing --Use of alternative testing (PEth, hair, nail) when clinically indicated --Multiple ways for participants to check in daily for toxicology testing (phone, app, website) --Policy Advisory Committee (PAC) which meets regularly to discuss specific participant concerns, requests for exceptions to guidelines, create, review, and modify program guidelines as needed
Discuss current program challenges encountered because of COVID-19.	--Biggest challenge has been contracted test sites reducing operating hours


 Intervention Project for Nurses (Florida) Shannon Opie	
Number of participants monitored, staffing ratios and number of disciplines monitored.	Number of participants: 877 Staffing ratios: Case Manager: ~130, Intake Case Manager: ~70 Number of disciplines monitored: One (nursing), however we monitor all nursing professions: CNAs, LPNs, RNs, APRNs
Relationship to the disciplining authority, funding of operational costs (if applicable).	IPN is the consultant to the FL DOH on issues of nursing impairment in the State of FL. We are independently contracted through the DOH and are a separate entity. We have a close relationship with both the DOH and the FL Board of Nursing to provide consultation and education to stakeholders throughout the state and receive funding through our contract with the DOH for monitoring, consultation, education, etc.
Identify operational policies and procedures staff currently views as best practices.	All of IPN's policies and procedures are based on Best Practices, research, and evidence-based findings that prove to be the standard for healthcare professional monitoring; our Policies and Procedures are regularly reviewed by Clinical Leadership and are ever-changing based on the changes in literature and best practices.
Discuss current program challenges encountered because of COVID-19.	Relapses and program dropouts Meeting the needs of employers requesting that IPN nurses float to multiple units (without appropriate supervision) to meet COVID-related staffing needs (more in South FL) Ensuring nurses are still being supported from the Mental Health standpoint


 Texas Peer Assistance Program for Nurses Michele Wieckowski	
Number of participants monitored, staffing ratios and number of disciplines monitored.	634 participants as of 5/11/21. TPAPN currently has 7 case managers, 3 of whom have additional roles to serve the program – Outreach & Education Coordinator, Intake Coordinator, and Team Lead. TPAPN monitors RNs, LVNs, and APRNs (APRNs include CRNAs, NPs, CNMs – certified nurse midwives, and CNS – clinical nurse specialists)
Relationship to the disciplining authority, funding of operational costs (if applicable).	The program operates under contract with the Texas Board of Nursing and is funded by a portion of every nurse's licensure fees.
Identify operational policies and procedures staff currently views as best practices.	See next slide
Discuss current program challenges encountered because of COVID-19.	Current challenges include returning to a hybrid work-from-home/in-office work model. A significant reduction or elimination of in-person recovery support groups for participants. An elimination of in-person outreach and education presentations to stakeholders; elimination of regularly scheduled in-person meetings, conferences, trainings.


 Texas Peer Assistance Program for Nurses Roland Rodriguez	
Identify operational policies and procedures staff currently views as best practices.	<p>TPAPN uses a Participation Guideline Matrix based on individual diagnosis and diagnostic severity, which are obtained from the initial comprehensive clinical evaluation by approved evaluators. This has allowed us to individualize participation and monitoring components for our participants, thus moving away from the "one size fits all" approach.</p> <p>The TPAPN team has worked hard to become more person-centered, and recovery focused, and we have also shifted the language we use to describe the program and participants. Person-centered language plays a very important role in how the program is perceived by nurse participants, employers and the community. One of the major changes that took place is our branding and approach, this includes updating all our materials and making sure the TPAPN Case Managers are trained in providing person-centered services and motivational interviewing.</p> <p>One of our team's goals is to reduce stigma around mental health conditions and substance use disorders. We are working hard to change negative perceptions toward participation in the program, this includes taking a stance on reducing stigma.</p> <p>With that said, patient safety is one of our top priorities. We require an immediate refrain from practice pending further review and/or evaluation for all positive drug screens for unauthorized substances. We feel this is public safety best practice and a common protocol of ATD programs.</p>

 Maximus California Health Professionals Recovery Program (Nursing Intervention Program) Ginny Matthews	
Number of participants monitored, staffing ratios and number of disciplines monitored.	We have approximately 400 participants enrolled in the program. 75% are RNs, and we have 7 additional licensing boards (Pharmacists, Osteopathic physicians, Dentists, Physical Therapists, Physician Assistant, Veterinarians and Dental Hygiene). We are contractually limited to no more than 130 participants per team of two (Case Manager and Compliance Monitor). We currently have 4 case manager teams with around 100 participants per team.
Relationship to the disciplining authority, funding of operational costs (if applicable).	Maximus is the administrative vendor under contract with the Department of Consumer Affairs in California. The DCA is the agency over the health professional licensing boards. Each of the 8 Boards has a different pricing structure. RNs pay \$25/mo and the balance is paid by the Board through licensing fees. Dentists, Dental Hygiene and Pharmacists pay \$100/mo and the balance is paid by the Board. Veterinarians pay a one-time fee of \$2000. Osteopathic Physicians, Physical Therapists and Physician Assistants pay the full program fee of \$450/mo.

 Maximus California Health Professionals Recovery Program (Nursing Intervention Program) Ginny Matthews	
Identify operational policies and procedures staff currently views as best practices.	Added Kratom to the test panel, we have had 8 positive results since we added it last year. Don't allow participants to float between groups, if unable to attend a support group, we have them attend an extra 12-step. This supports the group process and prevents participants from hiding in the background. Promotes the group to get to know and trust each other and makes it easier for them to identify and confront changes in behavior or appearance.
Discuss current program challenges encountered because of COVID-19.	Initially we scrambled to make accommodations, but things have leveled out now. Support Group Facilitators are asking to go back to meeting in person, but we are waiting for the State to approve indoor gatherings of the general public. We still have some challenges with participants who are quarantined and unable to leave the house to test. We are using oral fluid testing in those cases. I think we are going to see a surge in applicants by early Fall as health care professionals begin to realize they have developed unhealthy coping mechanisms. Also, they report to us that they have been challenged when they needed to take time away (ie sick time) and now that hospitals are not impacted, they can start to take care of themselves.


 Oklahoma Board of Nursing Peer Assistance Program Jenny Barnhouse	
Number of participants monitored, staffing ratios and number of disciplines monitored.	Current number of participants being monitored is 82, with 2 Case Managers splitting the caseload. Forty-four of the current participants are in the program per an order of the Board (discipline).
Relationship to the disciplining authority, funding of operational costs (if applicable).	Program is a division of the Board of Nursing. Operational costs are funded by licensing fees.
Identify operational policies and procedures staff currently views as best practices.	Efficiencies to protect the public with processing times: number of days from application to program entry and license action; number of days from termination to license action (suspension or revocation), and number of days to intervene to noncompliance issues with the contract.
Discuss current program challenges encountered because of COVID-19.	Establishing effective and efficient teleworking processes for staff (i.e. utilizing software to manage and share confidential information; communicating confidential information; maintaining cohesiveness as a team; procedure revisions; virtual committee meetings).

 Colorado Peer Health Assistance Programs Peer Assistance Services, Inc. Katherine Garcia	
Number of participants monitored, staffing ratios and number of disciplines monitored.	Currently 394 active monitoring 10 Case Managers; 4 Evaluators; 3 Administrative Support Staff; 2 Clinical Managers Contract to administer programs for 10 disciplines; work with 8-10 additional disciplines
Relationship to the disciplining authority, funding of operational costs (if applicable).	Contract with Colorado Department of Regulatory Agencies Funding for 10 programs in statute comes from licensing fees; funding for additional disciplines is on a fee for service basis
Identify operational policies and procedures staff currently views as best practices.	In house comprehensive biopsychosocial evaluation with safety to practice recommendations; treatment referrals based on evaluation; long term monitoring; random drug testing throughout duration of monitoring; frequent meetings with Case Managers
Discuss current program challenges encountered because of COVID-19.	Drug testing site closures; employment issues – overtime, working while sick/experiencing COVID symptoms, closure of practices, complete change of practice.



Washington Health Professional Services
Alicia Payne

Number of participants monitored, staffing ratios and number of disciplines monitored.	<ul style="list-style-type: none"> Number of participants monitored: Approx. 290 Staffing ratios: 7 (Assistant Director, Operations Manager, three Case Managers & two Case Manager Associates) Number of disciplines monitored: Approx. 255
Relationship to the disciplining authority, funding of operational costs (if applicable).	<ul style="list-style-type: none"> Managed by the Nursing Care Quality Assurance Commission (NCQAC) Funding of operational costs: Licensing Fees
Identify operational policies and procedures staff currently views as best practices.	<ul style="list-style-type: none"> NCQAC Policies & Procedures W30.01 thru W49.01 <ul style="list-style-type: none"> Example: W35.01 Contract Terms and Conditions, W42.03 Drug and Alcohol Testing, W43.01 Missed Check-Ins and Tests, W44.02 Unauthorized Substance Use, etc.
Discuss current program challenges encountered because of COVID-19.	<ul style="list-style-type: none"> Collection Sites: Reduced hours, high volume of turn-over/impacts knowledge of testing process, limited availability for specialty tests, etc. Monitoring: Participants quarantined when exposed and/or test positive (ex: unable to test if selected)



Additional Comments/Questions???

Thank You



Thank You to Our Presenters, Attendees and Sponsors!
See you on May 18.
