



Mental Health Ad-hoc Committee Report

DRAFT

Intervention Program

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Mental Health Ad-hoc Committee

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Introduction

In 1985, BRN's Intervention Program (formerly Diversion Program) was established as an alternative-to-discipline program. The Program's mission is to seek ways and means to identify and rehabilitate registered nurses whose competency may be impaired due to misuse of substances or due to mental illness and return them to practice in a manner that does not endanger public health and safety.

Since the Program's inception, about 35% of registered nurses presented with some form of mental illness [CLI] or co-occurring disorders (both mental illness and substance use disorder).

In 1991, to meet the unique needs of the mentally ill nurse, the Board established the Mental Health Ad-hoc Committee (MHAC) as a subcommittee of the Board's Diversion/Discipline Committee (now Intervention/Discipline Committee). Its charge was to develop a model rehabilitation plan for use by all Diversion Evaluation Committees (now called Intervention Evaluation Committees - or IECs).

In 1993, MHAC released its original report, which is currently used by all IECs. Many years, however, have passed since MHAC released its original report and during that time mental health services have evolved. As such, it was recognized that Intervention Program's mental health-related system needed to be reviewed and updated accordingly.

In 2017, the Board reestablished MHAC to re-evaluate and revise the Intervention Program's mental health-related system according to current best practice. Over the past 1 ½ years, MHAC members met to collaborate and make recommendations for the IECs to follow when evaluating mental health participants. The following information in this report summarizes the results of our findings and recommendations.

Goals and Objectives

The goal of MHAC is to ensure that BRN's Intervention Program continues to be effective in meeting the needs of California consumers by ensuring registered nurses with mental illness are rehabilitated in an appropriate and safe manner.

To achieve this goal, MHAC aimed to:

1. Develop guidelines to ensure greater use of current evidence-based practices for mental health treatment

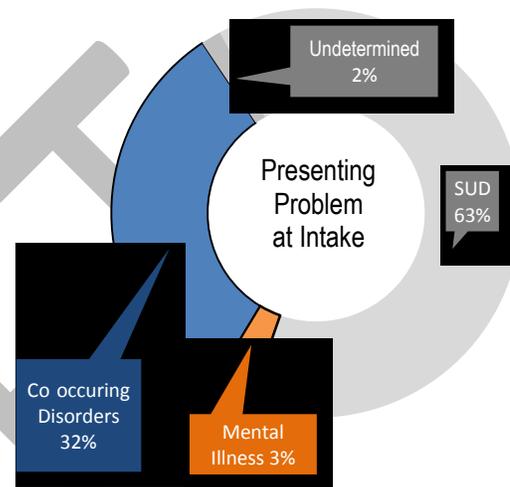


Figure 1: Presenting Problem at Intake (% of RN enrollees since Program inception)

2. Develop acceptable criteria for those participants requesting acceptance in the Intervention Program due to mental health issues

Methodology

MHAC chose to review feedback from various stakeholders, including members from all 14 IECs, nurse support group facilitators, program participants, and Program staff. Additionally, MHAC reviewed a sample of cases that were identified as either mental health or those with co-occurring disorders (both mental illness and substance use disorder).

Additionally, MHAC reviewed existing program policies, procedures, and recovery planning tools¹ used by IECs to monitor clients with mental health needs and made modifications where appropriate.

Recommendation

MHAC's recommendations primarily focus on the need to build strong resources (or "toolbox") for reference by all IECs - each which have varying expertise and background in mental health – and use by program participants. Among other things, the toolbox covers resources for treatment, self-help community support groups, education, and recovery/wellness workbooks, which help to reinforce key components of successful mental health management and recovery. The Committee also worked to strengthen data collection tools with the aim of ensuring sufficient information is provided to IECs so that they can develop a successful treatment and recovery plan for each program participant.

MHAC's specific recommendations for revisions to program policies, procedures and recovery planning tools are detailed in the *Addenda* section of this report.

¹ Business and Professions Code §§ 2770-2770.14 and California Code of Regulations §§ 1446-1449, Guidelines for Pre-IEC Assessment: Mental Health (DIV-P-18), Impairment Due to Mental Health (DIV-P-09), Criteria for Selection of Treatment Providers (DIV-P-17), Guidelines for Monitoring Participant Compliance: Mental Health (DIV-P-25), Guidelines for Returning a Nurse to Practice (DIV-P-30), Guidelines for Work Site Monitor Reports: Mental Health (DIV-P-26), Transition Phase Minimum Monitoring Parameters (DIV-P-06), Criteria for Successful Completion: Mental Health (DIV-P-13), Criteria for Successful Completion (DIV-P-08), Other than Successful Completion: Mental Health (DIV-P-07), Intake Assessment Form, Clinical Assessment Form, Treatment Provider Report, Interim Participant Review, Assessment and Rehabilitation Plan, Nurse Support Group Facilitator Monthly Report Form

Admission and Assessment

MHAC emphasizes the importance of obtaining enough history on nurses who request admission into the Intervention Program. IECs should be provided with as much clinical documentation available to validate the true mental health issues and impairment. If all information necessary to make an informed decision is not available prior to the IEC meeting, then the RN may be held in “applicant” status until all necessary information is provided. MHAC suggested there be a generous scope of acceptance in general. However, RNs who are acutely suicidal, dangerous, unable to take care of themselves or in active psychosis may not be appropriate for program acceptance.

NOTE: The Committee removed all assessment references to “five axis” as the most common diagnostic system for psychiatric disorders is in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), currently in its fifth edition, which did away with the multiaxial diagnosis system.

Referral Screening

Any referral to the Intervention Program - whether a self-referral or board-referral - must be screened to ensure the applicant meets initial admission criteria.²

MHAC recommends that if the applicant is a board-referral, the Board should provide information regarding the nature of the complaint along with any other pertinent information from the applicant’s Board history[CL2].

Program Entry Screening

Upon enrollment in the Intervention Program, the contractor will obtain the following information:

Intake Assessment. Upon verification that the registered nurse meets initial admission criteria, the Clinical Case Manager (CCM) shall interview the nurse through a telephonic intake assessment to determine immediate treatment needs. MHAC recommends several additions to the Intake Assessment interview questions (detailed in *Addenda* section of this report) in an effort to obtain more thorough information.

Prior treatment records. As part of the program entry agreement, the RN must agree to cooperate by providing required medical information and disclosure authorizations.² At intake, the Contractor should request and then obtain information, authorizations and releases as may be necessary for the RN to participate in the Intervention Program.³ While current policy requires

² CA Code of Regulations § 1447. Criteria for Admission

³ CA Code of Regulations § 1447.1. Procedure for Review of Applicants

that the Contractor obtain reports from all mental health providers for the past 5 years,⁴ MHAC recognizes there are current difficulties in obtaining reports for this timeframe. While there should be an attempt to get as much treatment history as possible, MHAC recommends the policy be changed to require the contractor attempt to obtain records for “at least the past two (2) years.” MHAC recommends the contractor obtain the treatment provider’s discharge document, which should provide sufficient information, likely cost less for the RN to request from the provider, and would be easier to obtain.

Self-Assessment. The self-assessment is important for information about the RN’s history and program goals. The participant must submit a detailed self-report (autobiography) regarding the history of their mental health concerns and issues; to include challenges, relationships, substances if it applies, medication regime and goals for their participation in the program. MHAC recommends several modifications to the Self-Assessment interview questions (detailed in *Addenda* section of this report).

Clinical Assessment. Nurses are referred for an in-person clinical assessment with a mental health professional (i.e. marriage and family therapist, licensed clinical social worker, psychologist, psychiatrist, or psychiatric/mental health nurse). MHAC’s recommends several revisions to the Clinical Assessment interview questions (detailed in *Addenda* section of this report).

Psychiatric Evaluation. As part of the Program entry agreement, all RNs must agree to undergo any reasonable medical and/or psychiatric examination necessary for evaluation for participation in the program. For applicants who are referred primarily for mental illness or are suspected to have a a co-occurring disorder (both mental health and substance use disorder), current Board policy requires them to be under the care of a psychiatrist.⁵ However, MHAC acknowledges some challenges in meeting this current requirement. One such challenge is the limited availability of psychiatrists who can examine the RN prior to the RN’s first IEC meeting (which in some cases will may take place within 30 days of after program application). ~~For example, geographical areas such as Inland Empire, Northern and Sierra, Orange County, and San Joaquin Valley all see per population rates of psychiatrists and psychologists at lower than the state average—a number of them will reach retirement age within the next decade.~~⁶ In other cases Additionally, applicants may have entered the Program while under the care of a primary care provider (e.g. psych nurse practitioner or MD with general licensure as physician) for medication management (although they would may have seen a psychiatrist previously). Instead MHAC recommends this requirement be individualized based on a clinical assessment of the

⁴ Board Intervention Program Policies: Guidelines for pre-IEC assessment (DIV-P-18)

⁵ BRN Intervention Program Policies: Impairment due to Mental Illness (DIV-P-09)

⁶ For example, geographical areas such as Inland Empire, Northern and Sierra, Orange County, and San Joaquin Valley all see per population rates of psychiatrists and psychologists at lower than the state average—a number of them will reach retirement age within the next decade. California Health Care Foundation. (2018). Mental Health in California: For too many, care not there

RN's needs. **NOTE:** *The CCM shall recommend such medical/psychiatric examinations as may be necessary to determine the applicant's eligibility for the program.*⁷

Poly Substance Drug Screen. Studies show that mental illness may place an individual at risk of misusing drugs or alcohol as a form of self-medication. Additionally, individuals who initially present with mental illness may have a co-occurring substance use disorder. The Program must take an approach that allows for proper identification and evaluation of the need to treat both conditions.⁸ For this reason, the contractor should obtain a poly substance drug screen(s) as part of the pre-IEC admission process.

In cases where there is no current substance use disorder diagnosis, the RN may be monitored with at a lower random drug testing frequency of 24 times per year (minimum). However, for those participants who are identified as having co-occurring disorders (~~or “dual diagnosis”~~), the RN will be required to randomly drug test at the minimum allowed.⁹

Determining Eligibility for Program

To determine whether an applicant is eligible for the Intervention Program, the IEC must first review and consider all pre-IEC information, including the nature of the BRN complaint, self-assessment, intake assessment, clinical assessment; psychiatric examination, prior/current treatment records (if applicable); nurse support group facilitator's report, and CCM's recommendation/pre-IEC compliance report. IECs typically assess an applicant in person before deciding whether the individual is eligible for the Intervention Program.

If the IEC finds that additional information regarding the applicant's medical and mental health treatment records is necessary to determine his or her eligibility for the Program, the IEC may hold the RN in “applicant” status pending receipt of the additional required information.

In general, the IEC must determine whether the applicant:

- 1) will substantially benefit from participation in the program, or
- 2) whose participation in the program creates too great a risk to the public.

If either of these conditions apply, then the IEC may deny the applicant admission into the Intervention Program.¹⁰

Various mental health diagnoses have been seen by the IECs over the years, including severe depression, severe anxiety, bi-polar disorder, post-traumatic stress disorder, other behavioral addictions (e.g. gambling, eating, sex/relationship), etc. Serious mental illnesses are widely accepted by the medical field as illnesses that have symptoms and well-established treatment. However, in looking at the applicant's history, IEC may need to be determined whether certain factors are indicators of the nurse's ability to substantially benefit from the program or creates too great a risk to the public:

- Suicidality

⁷ *CA Code of Regulations § 1447.1. Procedure for Review of Applicants*

⁸ National Institute on Drug Abuse. (2018). [Comorbidity: Substance Use Disorder and Other Mental Illnesses](#).

⁹ Department of Consumer Affairs (2011). [Uniform Standards Regarding Substance-Abusing Healing Arts Licensees](#).

¹⁰ *CA Code of Regulations. § 1447.2. Causes for denial of admission*

- Homicidality
- Violence history (domestic, child abuse, patient abuse, etc)
- Highly acute mental issues (e.g. i.e. ~~fitting as meeting Welfare & Institutions~~ 5150 definition): ~~danger to self, danger to others, gravely disabled~~¹¹
- Other medical complications
- Risk of withdrawal
- Other behavioral addictions (e.g. sexual harassment, misconduct)^[CL3]

In cases where RN's are in mental health crisis, they will be advised to seek treatment voluntarily or call law enforcement to take the nurse to a mental health facility if refusing. The nurse will be evaluated when no longer acutely symptomatic. This does not apply to nurses who are chronically self-destructive but not acutely suicidal, or chronically delusional/hallucinating who do not fit 5150 standards.

Developing a Treatment & Recovery Plan

IECs may employ mental health guidelines for participants with a primary diagnosis of mental illness or applicants with co-occurring disorders (substance use disorder and serious mental illness).

While IECs should aim to identify appropriate treatment needs early, some nurses may not be understood to have a co-occurring disorder (or "dual diagnosis") until well into the intervention program.

- If ~~the co-occurring disorders~~ ~~dual diagnosis~~ ~~nature of problems is~~ ~~are~~ revealed for nurses in substance only program, then appropriate mental health conditions will be added (e.g. being taken off work if appropriate, referral for mental health treatment, psychiatric examination, therapist reports, AA/NA participation, etc.).
- If ~~the co-occurring disorders~~ ~~dual diagnosis~~ ~~nature of problems is~~ ~~are~~ revealed for nurses in a mental health only program, then appropriate conditions will be added/increased (e.g. being taken off work if appropriate, referral for SUD treatment, more frequent testing, AA/NA participation, etc)

Treatment

All applicants to the Intervention Program with a primary diagnosis of mental illness or applicants with co-occurring disorders (substance use disorder and serious mental illness) may be required to be under the care of a psychiatrist. The treatment program should provide information as follows:

- A) Course of treatment with diagnosis, any barriers to treatment, medication regime and compliance, changes in symptoms, ability to recognize escalation, history of any suicidal ideations/attempts or violent behaviors.

¹¹ Danger to self, danger to others, gravely disabled (unable to take care of own food, clothing, housing needs)

- B) Participant's willingness to participate in treatment, current ability to exercise judgment, engage in logical thought process, work effectively with others, the support system, family involvement, and any other factors which would indicate the participant's ability to practice safely

Medication Management

An initial medication management plan needs to be submitted from the applicant's psychiatrist. Additionally, the IECs may need to be provided quarterly reports of medication adherence, adjustments, and any adverse effects.

While most prescribed psychotropics have an indication, the IEC may consider whether certain psychotropics may be not in line with the program, particularly benzodiazepines, high dose amphetamines or heavily sedating anti-psychotics.

Self-Help/Community Support Groups

While most Intervention Program participants are required to attend 12-step groups such as AA or NA and in some cases CODA, MHAC recommends IECs guide participants to the availability of other support groups specific to mental health and wellness. Such groups include CODA, EA, NAMI, WRAP, DV, Al-Anon, ACOA, depression, bipolar, etc.

AA meetings should not be ignored as they are an important resource for self-reflection, socialization and acceptance. Additionally, IECs may address and encourage the involvement of family or significant others be involved as main support systems.

MHAC provides further self-help/community support group information in the *Addenda* portion of this report.

Nurse Support Groups

The role of a nurse support group is to help its members openly share their experiences and provide strength, hope and support to each other in addressing issues related to the recovery process - with focus on challenges specific to the nursing profession. Nurse support groups benefit RNs who are struggling with shame and isolation that comes with addiction or mental illness through the support of other RNs who have similar feelings and circumstances.

MHAC recommends it be mandatory for all Program applicants to participate in nursing support group as part of the Pre-IEC process. Especially for early recovery, nurse support group is an important component.

MHAC accepts that IECs may decide a nurse should no longer need to attend nurse support group - for some cases. However, MHAC recommends, that IECs keep in mind that a nurse's ability to recognize an escalation in behavior symptoms is one marker of successful mental health management. As such, IECs may wish to maintain feedback from nurse support group facilitators so they could provide another perspective as to the nurse's ability to recognize and appropriately respond to their symptoms.

The facilitator may determine the nurse is not appropriate to participate in nurse support group due to:

- 1) The nurse's inability to follow group discussion (cognitive or attention deficits)
- 2) The nurse's inability to tolerate group discussion (triggers, anxiety or agitation)
- 3) The nurse's disruptive behavior in the group

IEC's determination should be based on careful review of feedback from the nurse support group facilitator, the CCM, and the nurse themselves, as well as their own assessment on how the RN is benefiting from participation in Nurse Support Group.

Drug Testing (Random)

In accordance with drug testing requirements, RNs with no current substance use disorder diagnosis may be monitored with at a minimum random drug testing frequency of 24 times per year. However, MHAC recommends that, for some cases, mental health participants may be appropriate for drug testing at a lower minimum frequency of 12 times per year. The lower minimum frequency of 12 times per year is permitted for cases where the participant is not working. In cases where there is a co-occurring substance use disorder, the RN shall be randomly drug tested at no less than the minimum frequency allowed by drug testing requirements.¹²

Additionally, while IECs cannot require drug testing of mental health participants specifically for the purpose of determining appropriate therapeutic levels of medications (as this should be the responsibility of the treating psychiatrist or physician), IECs may require drug testing for the specific purpose of determining the presence of any medication that has been reported by the treating psychiatrist or physician as part of the participant's treatment plan.

Wellness and Recovery Literature/Workbooks

MHAC recommends participants begin recovery and wellness workbooks early in the program. This will allow them to accept and understand their illness. Additionally, it will provide a foundation for development of their written plan to move into the Transition phase of their recovery plan.

In particular, MHAC, recommends the Wellness Recovery Action Plan (WRAP), a manualized group intervention for adults with mental illness. WRAP guides participants through the process of identifying and understanding their personal wellness resources ("wellness tools") and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.¹³

However, there are many workbooks specific for the entire variety of disorders such as childhood abuse, OCD, PTSD, depression, eating disorders, dysfunctional relationships, etc.

¹² Department of Consumer Affairs (2011). [Uniform Standards Regarding Substance-Abusing Healing Arts Licensees.](#)

¹³ Olney, M. F.-F. (2017). "'I Get My Therapy From Work' Wellness Recovery Action Plan Strategies That Support Employment Success". *Rehabilitation Counseling Bulletin* 60.3, 175-184.

There are many general pathways to wellness workbooks, which would benefit all mental health participants, include those with Schizophrenia.

IECs should consider available resources for participants with either mental health only or co-occurring disorders~~dual diagnosis~~.

Clinical Reassessments/Psychiatric Re-evaluations

MHAC recommends the Board approve specific guidelines for IECs to follow in considering face-to-face clinical reassessments of participants. This tool should be employed by the IECs in the event there are concerns about a participant's mental health recovery (see proposed "Guidelines for Considering a Participant for Clinical Reassessment" in the Addenda portion of this report). Additionally, IECs may – at any time - require a psychiatric or medical evaluation during the licensee's participation in the Intervention Program¹⁴

Returning A Nurse to Practice

Re-entry into practice is the ultimate goal. RNs are given return to work privileges based on an Intervention Committee's (IEC's) view of their mental health and/or substance abuse problem, progress in recovery and, most importantly, safety to practice. When recommending that a nurse be allowed to return to work, IEC members should take into consideration the progress the nurse made since the date of the initial Intake (telephone assessment.)

At minimum, the following must be completed prior to returning an RN to any capacity of nursing practice:

1. Intake assessment
2. Clinical assessment
3. Treatment provider letter confirming completion or enrollment (program must meet Treatment Provider Criteria (DIV-P-17)
4. Other state board treatment contract/report (if RN is transferring from another state's diversion program)
5. Documented input from supervisor (if job is being held).
6. RN must be compliant with the program entry agreement

For current IEC considerations below, MHAC offers some clarification:

7. Results from drug testing.
This includes results of bioassays testing for medication levels from mental health providers.
8. Attendance at Nurse Support Group meetings.
Mental health participants will be required to attend meetings appropriate to their diagnosis which address the mental health challenges and recovery guidance. Typical Nurse Support Groups that address addictive issues would not be able to adequately address only mental health issues. Participants with Co- Occurring diagnosis may be referred to a Nurse Support

¹⁴ **BRN Intervention Program Policies.** Guidelines for Monitoring Participant Compliance: Mental Health (DIV-P-09)

Group whose facilitators are educated to and sensitive to mental health diagnosis, observations and issues.

9. Self-help/community support group meeting attendance.

Self-help/community support group meetings may not include alcohol or drug 12 step meetings if the mental health participant is not alcohol or drug addicted. The participant may be referred to other 12 step programs that address pertinent issues i.e. Adult Children of Alcoholics, CODA, Emotions anonymous etc. that may enhance the participants recovery process.

10. Input from primary care physician with knowledge of addiction

If the mental health patient has co-occurring issues. Input from the participant's treating psychiatrist will be necessary for the mental health participant in order to provide more accurate assessments of the participants recovery process and information regarding any safety issues.

11. Results of a physical and/or psychological examination.

MHAC also recommends that IECs consider the following information:

12. Participant must demonstrate awareness and willingness to appropriately leave the work environment when symptoms of relapse occur and until approved to return after a psychiatric assessment and documented return to work by appropriate mental health care provider.

13. Participant must demonstrate recognition of symptoms of relapse and knowledge of action necessary to intervene on symptoms progression.

Transition Phase

The objective of the Transition Phase is to allow participants, while within the safeguards of the Intervention Program, to demonstrate that they are able to take full responsibility for their own recovery process. MHAC provides additional guidelines for IECs to consider when determining whether a participant with mental health or co-occurring disorders ~~is able to~~ can enter into the Transition Phase of the Program:

- 24 months of consistent stabilization
- 24 months of random drug testing consistent with recovery plan requirements
- Complete a wellness workbook (for participants with co-occurring disorders, this would be in addition to a relapse workbook)
- Write a symptom management/relapse plan
- Demonstrates functional stability in successful management of symptoms
- 100% program compliance
- Support letters, including those from mental health providers

Termination of Program Participation

Other than Successful Completion

If, after acceptance into the Intervention Program, the IEC determines the RN is unable to derive substantial benefit from the program due to the chronic and serious nature of the RN's mental illness, the IEC may terminate the nurse's participation in the program. In this event, the IEC should refer the nurse for Vocational Rehabilitation for career retraining.^{15, 16}

MHAC does not recommend any substantive changes to this guideline. However, as IECs have varying knowledge and experiences, MHAC provided some specific resources for vocational rehabilitation (detailed in *Addenda* section of this report).

Successful Completion

MHAC does not recommend any substantive changes to Successful Completion criteria.¹⁷ IECs must continue to determine if a mental health client is ready to successfully complete the Program:

- 1) Participant must have completed a minimum of two years of total compliance with all parameters of participation including:
 - a) Maintaining the therapeutic regimen prescribed by the psychiatrist,
 - b) Taking medications as prescribed,
 - c) Submission by mental health provider(s) of letters supporting successful completion, and
 - d) Having negative random body fluid reports consistent with the rehabilitation plan requirements.
- 2) Participant must have demonstrated stability in daily living characterized by:
 - a) The ability to recognize his/her own cycle of accelerated symptoms,
 - b) The ability to express, with a reasonable degree of clarity, a self-knowledge about mental health and his/her personal life style,
 - c) If psychiatric symptoms were identified, sought prompt, appropriate treatment.

Additional Recommendations

Mental Health Training for Nurse Support Group Facilitators

The committee agreed that BRN should require that all group facilitators demonstrate competency in mental health. MHAC recommends that nurse support group facilitators be required to take, at minimum, two (2) mental health related courses with one course being Mental Health First Aid. This course is basic but may be necessary for some facilitators. It is a nationally-recognized certification, is provided in a classroom setting, and is consistent. Other additional courses that can be taken through Wellness Recovery Action Plan (WRAP), National

¹⁵ *CA Code of Regulations. § 1448. Causes for denial of termination from the Program*

¹⁶ *BRN Intervention Program Policies. Other than Successful Completion: Mental Health (DIV-P-07)*

¹⁷ *BRN Intervention Program Policies. Criteria for Successful Completion: Mental Health (DIV-P-13)*

Alliance on Mental Illness (NAMI) and Psychiatric Nurses Association (APNA). Further information is detailed in the *Addenda* section of this report (under “Resources List”).

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INTERVENTION PROGRAM GUIDELINES FOR PRE-IEC ASSESSMENT: MENTAL HEALTH

The Contractor for the Intervention Program for Nurses will obtain the following data on participants referred to the Program for mental illness or dual diagnosis.

- Telephone intake information
- Self assessment packet
- Report from an individual assessment performed by a Psychiatric/Mental Health Nurse, LCSW, ~~or~~ Psychologist, or Psychiatrist experienced in mental health
- ~~Report from a Psychiatrist~~
- Reports of urine screen for poly drugs
- Reports from ALL mental health provider(s) for the past five years

The request(s) should specifically ask for:

- ~~Five-axis~~ Comprehensive assessment and diagnosis,
- Prognosis including rehabilitation potential,
- Treatment plan and medication regimen,
- Assessment of the effort or energy the participant committed to therapy, and
- Recommendations about employment.

DIV-P-18
Approved 2/93; Revised 2/21/2017



INTERVENTION PROGRAM IMPAIRMENT DUE TO MENTAL ILLNESS

The Intervention Program is available to any Registered Nurse whose practice may be impaired by drugs, alcohol or mental illness and who meets the admission criteria (CCR, Section 1447).

ASSESSMENT

If mental illness is (a) the primary reason for referral to the Intervention Program, or (b) suspected as a primary diagnosis in addition to ~~chemical dependency-substance use disorder~~ (co-occurring disorders ~~dual diagnosis~~), the Intervention Program contractor will refer the initial assessment to a licensed mental health practitioner.

All applicants to the Intervention Program with a primary diagnosis of mental illness ~~will~~ may be required to be under the care of a psychiatrist. The physician shall submit a report to the Committee which contains (a) the comprehensive assessment and -diagnosis (~~DSM five axis~~), (b) prognosis, (c) course of treatment, and (d) an evaluation of the applicant's current ability to (1) exercise judgement, (2) engage in logical thought processes, (3) work effectively with other people, and (4) any other factors which would indicate the applicant's ability to provide safe nursing care.

The Intervention Program contractor will implement all pre IEC restrictions and approve monitoring parameters approved for all Program participants.

COMMITTEE REVIEW

The mental health assessment, psychiatric evaluation, history and record of pre IEC compliance will be considered by the committee in making a decision to accept or not accept a mentally ill applicant based on the criteria for admission (CCR 1447), causes for denial of admission (CCR 1447.2) and guidelines for the admission and denial of the mentally ill applicant.

REHABILITATION PLAN

The Applicant Review, Assessment and Rehabilitation Plan: Mental Health worksheet may be used by the Intervention Evaluation Committee to develop an appropriate and comprehensive rehabilitation and monitoring program for each mentally ill participant.

COST OF ASSESSMENT AND MEDICAL/PSYCHIATRIC EXAMINATIONS

The initial assessment by the licensed mental health practitioner (psychiatric/mental health nurse or licensed psychotherapist) is borne by the contractor as part of the contract.

Any other medical or psychiatric examinations conducted by a licensed physician, the cost of random body fluid tests and support group fees will be paid for by the participant.



INTERVENTION PROGRAM CRITERIA FOR SELECTION OF TREATMENT PROVIDERS

In making inpatient or outpatient treatment referrals for Intervention participants, the Intervention Program Contractor/Intervention Evaluation Committee shall consider:

- A. Treatment program components and philosophy which:
- Use a 12-step recovery model with 12-step group participation as a treatment expectation.
 - Advocate total abstinence from mood/mind altering drugs.
 - Offer educational components which address, at a minimum: disease concepts, relapse prevention, recovery process and recovery oriented life style changes.
 - Use a variety of therapeutic modalities to meet the treatment needs of clients, which may include: group therapy, individual counseling, lectures, and family/couples therapy.
 - Use treatment plans which reflect client specific aftercare recommendations.
- B. Treatment facility staff and services which have:
- Licensure and/or accreditation by appropriate regulatory agencies.
 - Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency.
 - Professional staff who are competent and experienced members of the clinical staff of the facility.
 - Treatment planning involving a multidisciplinary approach and specific aftercare plans.
 - Means to provide treatment/progress documentation to the Program Contractor.



INTERVENTION PROGRAM GUIDELINES FOR MONITORING PARTICIPANT COMPLIANCE: MENTAL HEALTH

The Intervention Evaluation Committee will monitor the participant's compliance with the Intervention Program requirements and with on-going management of the mental illness.

Compliance monitoring may include, but is not limited to:

- a) periodic psychiatric evaluation with reports to the IEC. The report(s) will include:
 - 1) the comprehensive assessment and diagnosis (DSM, all axis)
 - 2) drug therapy (therapeutic level and compliance with treatment regimen)
 - 3) evaluation of safety to practice
- b) licensed mental health practitioner therapy reports
- c) random body fluid screens (including poly drug)
- d) self-report
- e) work site monitor report (when working in nursing) or employer work evaluation (if not working in nursing)
- f) attendance and participation in support groups (e.g. NAMI, emotions anonymous, codependents anonymous, etc.) as required by IEC

The committee may require psychiatric or medical evaluation at any time during the licensee's participation in the Intervention Program for Nurses.



INTERVENTION PROGRAM GUIDELINES FOR RETURNING A NURSE TO PRACTICE

Re-entry into practice is the ultimate goal of successful intervention and treatment of chemically dependent nurses as well as nurses with mental health illnesses. RNs are given return to work privileges based on an Intervention Evaluation Committee's (IEC's) view of their mental health/and or substance abuse problem, progress in recovery and most importantly, safety to practice.

When determining if a nurse may be allowed to return to work, IEC members should take into consideration the progress the nurse has made since the date of the initial Intake (telephone assessment). Return to work may be approved by an IEC chairperson **prior** to an RN's first IEC meeting in some cases.

The criteria below are intended to assist Intervention Evaluation Committees in facilitating a return to work as soon as it is safe for both the RN and the public.

*The following are the **minimum** criteria required in order to approve an RN's request to return to work:*

- Intake (telephone assessment with contractor staff) must be completed.
- A face-to-face assessment must be completed.
- A letter from the treatment provider (i.e. inpatient, intensive outpatient, psychiatrist) must be in file (unless treatment is not required). For inpatient or outpatient, this letter must include treatment program elements and patient response. (Treatment program elements should include those elements identified in Intervention Policy "Intervention Program Criteria for Selection of Treatment Providers" (Div-P-17)).
- If the RN is transferring from another state's alternative program, documents relating to treatment and compliance with that state's program must be in file, along with a written consent to communicate with the appropriate person from the other state's program.
- Input from supervisor (for those nurses who have a job that is being held) must be in file.
- Applicant must be in compliance with entry agreement (when applicable).

Additional criteria that may be considered include:

- Results of drug testing
- Attendance at Nurse Support Group Meetings
- Input from Nurse Support Group Facilitator on RN's progress
- 12-step meeting attendance
- Input from primary care physician with knowledge of addiction
- Results of a physical or psychological examination

- No relapses
- Case Manager Summary
- Input from therapist
- Compliance with Intervention Program Contract

RN's must still submit job descriptions and obtain IEC approval **prior** to returning to any job that requires an RN license. In addition, any job that does not require an RN license but is in the health care field or environment must also be approved by an IEC. RN's must also have a Work Site Monitor identified prior to return to work.

DIV-P-30
Approved 2/03



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INTERVENTION PROGRAM GUIDELINES FOR WORK SITE MONITOR REPORTS: MENTAL HEALTH

Initially, the work site monitor will be required to submit monthly reports on an Intervention Program participant returning to work under a Mental Health Rehabilitation Plan. These reports will provide a baseline for behavioral assessment of the participant in the work place.

After the first three months, work site monitor reports will be required each subsequent quarter. Work site monitor reports should address work related behaviors including attendance, interpersonal relationships with patients, peers, supervisors and job performance competencies.

*DIV-P-26
Approved 2/93*



INTERVENTION PROGRAM
GUIDELINES FOR CONSIDERING A PARTICIPANT
FOR CLINICAL REASSESSMENT

Nine months to one year of continuous rehabilitation with reports and concerns from any or all treatment programs, the IEC should take proactive action considering the following:

- 1) Has the person been back in inpatient treatment during that period
- 2) Nurse support group facilitator reports that express concerns (e.g. evasive in groups, negative comments, withdrawn)
- 3) Work site monitors reports that express concerns with any unusual behaviors or improvement needed
- 4) Treatment provider observations
- 5) Collaborations with Clinical Case Manager, physician and/or therapist
- 6) Intervention Evaluation Committee members observations (e.g. mood, affect, memory etc.)

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DIV-P-##
Approved ###



INTERVENTION PROGRAM TRANSITION PHASE MINIMUM MONITORING PARAMETERS

An Intervention Evaluation Committee (IEC) will place a participant on a minimum monitoring transition phase for a period of time before granting successful completion from the Intervention Program.

The objective of a Transition Phase is to allow the participant to take full responsibility for their own recovery process while still in the Intervention Program. An individual placed in a transition phase should have met all the criteria for successful completion of the Intervention Program and have submitted a "transition packet" acceptable to the Committee.

During the Transition Phase, all limitations on nursing practice and all requirements of the Intervention Program will be removed with the exception of the following:

Minimum monitoring to reasonably assure public safety:

- Random body fluid monitoring
- Work-site monitor reports
- Monthly self-reports
- Fees

Participants should have returned to nursing practice with no restrictions unless the Diversion Evaluation Committee believes that the participant has made a career change from hands on patient care.



INTERVENTION PROGRAM CRITERIA FOR SUCCESSFUL COMPLETION: MENTAL HEALTH

The following criteria may be followed by the Intervention Evaluation Committee in determining when a registered nurse in the Intervention Program as mental health client is ready to successfully complete the Program.

- 1) The participant must have completed a minimum of two years of total compliance with all parameters of participation including:
 - a) Maintaining the therapeutic regimen prescribed by the psychiatrist,
 - b) Taking medications as prescribed,
 - c) Submission by mental health provider(s) of letters supporting successful completion, and
 - d) Having negative random body fluid reports consistent with the rehabilitation plan requirements.
- 2) The participant must have demonstrated stability in daily living characterized by:
 - a) The ability to recognize his/her own cycle of accelerated symptoms,
 - b) The ability to express, with a reasonable degree of clarity, a self knowledge about mental health and his/her personal life style,
 - ~~e) No evidence of unrecognized psychiatric symptom, and~~
 - d)c) If psychiatric symptoms were identified, sought prompt, appropriate treatment.



INTERVENTION PROGRAM CRITERIA FOR SUCCESSFUL COMPLETION

The following criteria may be considered by an Intervention Evaluation Committee in determining when a registered nurse is ready to successfully complete the Intervention Program.

1. The participant must demonstrate a manner of living that supports ongoing recovery. A written plan that demonstrates that such a manner of living has been developed will be submitted by the participant. This plan will address the emotional, psychological, interpersonal, vocational, economic, spiritual and familial aspects of the participant's life and will demonstrate stability in these areas.
2. A participant must have proof of appropriate body fluid analyses for a minimum of 24 months after acceptance into the Intervention Program. Appropriate body fluid analyses are defined as test results negative for unauthorized drugs or alcohol for chemical dependency cases and maintained therapeutic levels of medication for mental illness cases.
3. There must be no other evidence of relapse for at least 24 months.
4. A participant must have completed a minimum of 24 continuous months of satisfactory participation in the Intervention Program.



INTERVENTION PROGRAM OTHER THAN SUCCESSFUL COMPLETION: MENTAL HEALTH

A participant may be terminated from the Intervention Program for Nurses as Other than Successful completion: Mental Health if, in the opinion of the Intervention Evaluation Committee, he/she is unable to derive benefit.

- Due to failure to comply with the requirements of the Program

And / Or

- Because of the chronic and serious nature of the disease process.

When a participant is terminated as Other than Successful Completion: Mental Health, the Intervention Evaluation Committee should refer the nurse to Vocational Rehabilitation for career retraining.

Data Collection Forms

Self-Assessment Questions

1. What brings you to the Diversion Program at this time?
2. What kind of help would you like to receive from the Diversion Program?
3. What current problems do you have that might benefit from some type of assistance or treatment?
4. List what you see as your strengths (+) and weaknesses (-) that might help or hinder you in resolving problems or accomplishing goals.
5. Briefly describe your cultural, ethnic and religious background that might impact your recovery efforts.
6. Briefly describe any negative effects your substance use, trauma, or mental health disorders may have had on various aspects of your life.
7. Briefly describe any positive effects your substance use, trauma, or mental health disorders may have had on various aspects of your life.
8. List any family members (including extended family) with a history of alcohol or drug abuse problems or a history of emotional problems and suicide.
9. Briefly describe any life events (e.g. important losses, trauma, major life changes), recent or in the more distant past, that are currently having an impact on you.
10. How might family or friends support your recovery or make it more difficult? Also, briefly note those that may be most helpful (+) and harmful (-) to your recovery and how or why that might be the case.
11. What is most important for you to deal with now?
12. How has your substance use and/or substance abuse, trauma, or mental health issues impacted your career/profession?
 - 12a. What were there things about your childhood that influenced who you are today?
 - 12b. What were there things about your adult life that influenced who you are today?
 - 12c. How do you understand the struggles you have had in your life?
 - 12d. What gives you comfort and strength in your life?
 - 12e. What interventions or treatments have been most helpful in the past with your problems? Have you been involved in support groups or 12 Step programs? What are your thoughts about why they were helpful. What are your thoughts about why they might not have been as helpful as you hoped? Have you had any negative experiences with treatment or support groups?
 - 12f. Please list all treatment programs, therapy and inpatient treatments where you have had treatment, including names, dates, locations and addresses. Please describe the reasons you sought treatment with each provider.
 - 12g. Are you currently having symptoms or mental illness related problems, such as suicidal thinking, depression, anxiety, hallucinations or confusion? Are you currently taking any medications? Are you currently using any drugs, even if you have a prescription or recommendation?
 - 12h. Are you in denial of any of your difficulties currently or in the past?
 - 12i. Though some areas may have been covered in earlier questions, please write as detailed an autobiography as you are able. Please include information about your parents, your siblings, your education, your health, your mental health problems, your important relationships, your jobs, your substance use, your hobbies, your spiritual beliefs and your current life.
- 12.13. What additional information would you like us to know about you or your situation that you consider to be important or that has not been asked?

Intake Assessment Questions

1. Have you previously participated in another licensing board's diversion program?
2. Have you previously participated in the CA Diversion/Intervention Program?
3. How many years of school did you complete?
4. What is your profession?
5. Do you hold a valid professional California license?
6. How were you referred to treatment? (Select only one, the major referral source)
7. What is your current employment situation?
8. How many people depend on you for financial support? (Do not count yourself)

9. Do you have enough income to pay for necessities such as food, shelter and medical expenses for your dependents?
10. Do you have health insurance for yourself?
11. Do you have a current and valid driver's license?
12. Do you own a car or have one that you can use when you like?
13. Are other forms of transportation (for example, bus, rides from family or friends) convenient and affordable so that you can get where you need to go (e.g., appointments, treatment and work)?
14. Do you need childcare or elder care assistance to be able to participate in treatment?
15. In the past 30 days, how many days did you work for pay? (Include regular and "under the table" or "off the books" work.)
16. In the past 30 days, on how many days did you receive paid time off from work? (For example, sick time, vacation time.)
17. In the past 30 days, how much money was your take home (after taxes) pay from work? (Include regular and under the table or off the books work.)
18. In the past 30 days, how many days did you have problems that affected your work? (For example, missing days, not completing tasks or difficulties with co-workers.)
19. In the past 30 days, how troubled or bothered have you been by difficulties by problems at work or problems in looking for work?
20. Are you currently pregnant?
21. How many times (if ever) in your life have you been hospitalized for physical or medical problems? (Do NOT include alcohol/drug medical complications)
22. When was the last time you were hospitalized overnight for physical or medical problems? (Do NOT include alcohol/drug treatment, psychiatric hospitalizations, or childbirth without medical complications.)
23. In the past 30 days, how many days have you stayed overnight in a hospital for physical or medical problems? (Do NOT include alcohol/drug treatment, psychiatric hospitalizations, or childbirth without medical complications.)
24. Do you have a long-standing physical problem that limits or interferes with your daily activities?
25. Do you have a long-standing problem for which you take (or should be taking) medication?
26. "Do you have or has a doctor told you that you suffer from a psychiatric disorder, such as depression, anxiety, PTSD, eating disorder or Schizophrenia?"
27. "Have you ever thought that suffered from a mental illness, substance abuse problem or victimization by others?"
- ~~26-28.~~ Do you have or has a doctor told you that you have a serious alcohol or drug-related medical problem (for example, cirrhosis or abscesses) that will worsen if you continue to use drugs or alcohol?
- ~~27-29.~~ In the past 30 days, how many days did you have any physical or medical problems (for example, illness, pain, discomfort, and disability) that were not due to alcohol or drug symptoms or withdrawal?
- ~~28-30.~~ In the past 30 days, how troubled or bothered have you been by these medical problems?
- ~~29-31.~~ How important to you now is treatment for these medical problems?
- ~~30-32.~~ Will any current medical problems prevent you from being able to participate in outpatient treatment?
- ~~31-33.~~ Are you currently receiving help for any medical problems from a professional?
- ~~32-34.~~ Do you have a primary health care provider?
- ~~33-35.~~ How old were you when you first drank and felt the effects of alcohol?
- ~~34-36.~~ How many years in your life did you drink alcohol (beer, wine, liquor) on a regular basis, at least 3 days a week?
- ~~35-37.~~ How many years did you have at least 5 drinks a day on a regular basis, at least 3 days a week?
- ~~36-38.~~ In the past 30 days, how many days did you drink any alcohol? (For example, beer, wine, liquor.)
- ~~37-39.~~ When was your last drink?
- ~~38-40.~~ In the past 30 days, how many days did you have at least 5 drinks? (For example, beer, wine, liquor.)
41. How old were you when you first experienced symptoms of depression?
42. How old were you when you first experienced symptoms of hallucinations?
43. How old were you when you first experienced symptoms of confusion?
44. How old were you when you first experienced symptoms of mood swings?
45. How old were you when you first experienced thoughts of suicide?
46. Were you ever told in school that you had a learning disorder, hyperactivity or ADHD?
47. Have you ever been prescribed medication for sleep? When and what?

48. How old were you when you were first prescribed psychotropic medication for anxiety, depression or psychoses
49. Are you currently prescribed any psychotropic medications? What? If not now, when was the most recent time you were prescribed any psychotropic medications? When and what?
- 39-50. How old were you when you tried any illicit drugs or abused any prescription medication?
- 40-51. How many years in your life have you used any illicit drugs or abused any prescription medication at least 3 or more days a week?
- 41-52. If you have used Cannabis (Marijuana) in the past 30-day, how many days did you use this drug?
- 42-53. If you have used Barbiturates in the past 30-day, how many days did you use this drug?
- 43-54. If you have used Sedatives/ Tranquilizers in the past 30-day, how many days did you use this drug?
- 44-55. If you have used Hallucinogens in the past 30-day, how many days did you use this drug?
- 45-56. If you have used Cocaine/Crack in the past 30-day, how many days did you use this drug?
- 46-57. If you have used Stimulants in the past 30-day, how many days did you use this drug?
- 47-58. If you have used Heroin in the past 30-day, how many days did you use this drug?
- 48-59. If you have used Methadone in the past 30-day, how many days did you use this drug?
- 49-60. If you have used Other Opiates in the past 30-day, how many days did you use this drug?
- 50-61. If you have used Inhalants in the past 30-day, how many days did you use this drug?
- 51-62. During the past 30 days, how many days did you use more than one type of drug or use alcohol and drugs on the same day?
- 52-63. Overall, during the past 30 days, on how many days did you use any illegal drugs or abuse any prescribed medication?
- 53-64. How many days ago did you use any drugs?
- 54-65. What is your primary substance of abuse (i.e. substance of choice)?
- 55-66. Substances used during the last 12 months prior to intake?
- 56-67. Have you ever injected any drug?
- 57-68. Have you ever overdosed on drugs to the point where you needed help?
- 58-69. How many times have you overdosed on drugs to the point where you needed help?
- 59-70. Have you ever had serious withdrawal sickness or seizures after you cut down or stopped using alcohol or any of the drugs you are currently using?
- 60-71. Are you currently having any withdrawal sickness?
- 61-72. How many times (if ever) in your life have you entered treatment for alcohol or drug problems?
- 62-73. In the past 30 days, how many days did you attend any outpatient program or clinic for alcohol or drug treatments?
- 63-74. During the past 30 days, how many days were you in an inpatient or overnight residential treatment program for alcohol or drug problems?
- 64-75. Have you ever attended self-help groups (e.g., AA/NA/CA) for alcohol or drugs?
- 65-76. In the past 30 days, how many days did you attend self-help groups (e.g., AA/NA/CA) for alcohol or drugs?
- 66-77. How long (in months) was the last clean/abstinent period you had from alcohol and other drugs? (Enter 0 if abstinent now and have been for one month or more)
- 67-78. How many months ago did you begin using again? (Enter 0 if abstinent now and have been for one month or more)
- 68-79. Can you identify specific situations or behaviors that lead to your using drugs and/or alcohol even when you were not trying to use?
- 69-80. To what extent do you feel coerced into treatments?
- 70-81. During the past 30 days, how much money did you spend for alcohol?
- 71-82. In the past 30 days, how many days did you have problems related to your alcohol use? (For example, craving or strong urges to drink, withdrawal or sickness, arguments, or poor work performance.)
- 72-83. In the past 30 days, how troubled or bothered have you been by these alcohol problems?
- 73-84. How important to you now is treatment for these alcohol problems?
- 74-85. During the past 30 days, how much money did you spend for drugs?
- 75-86. In the past 30 days, how many days did you have problems related to your drug use? (For example, craving or strong urges to use, withdrawal or sickness, arguments, poor work performance.)
- 76-87. In the past 30 days, how troubled or bothered have you been by these drugs problems?
- 77-88. How important to you now is treatment for these drug problems?
- 78-89. Are you currently on probation or parole?

- ~~79-90.~~ Are you awaiting charges, trial or sentencing?
- ~~80-91.~~ How many times have you been arrested or charged with driving under the influence (DUI)?
- ~~81-92.~~ In your lifetime, have you ever been arrested?
- ~~82-93.~~ In the past 30 days, how much money did you make from any illegal activities?
- ~~83-94.~~ In the past 30 days, how many days did you do anything illegal for profit? (For example, shoplifting, stealing, selling drugs, or prostitution.)
- ~~84-95.~~ How serious do you feel your present legal problems are?
- ~~85-96.~~ How important to you now is counseling or assistance for your legal problems?
- ~~86-97.~~ In the past 30 days, how many days, if any, have you spent in jail or prison?
- ~~87-98.~~ What is your current marital status?
- ~~88-99.~~ How long have you been in your current marital status?
- ~~89-100.~~ Are you satisfied with your current marital status?
- ~~90-101.~~ During the past 30 days, were there periods of time when you had serious problems getting along with your husband, wife, or romantic partner?
- ~~91-102.~~ What is your current living arrangement?
- ~~92-103.~~ Do you currently live with anyone who abuses alcohol?
- ~~93-104.~~ Do you currently live with anyone who uses drugs?
- ~~94-105.~~ Do you currently live with anyone who is emotionally disturbed, for example, seriously depressed or anxious, emotionally or verbally abusive, or anything else?
- ~~95-106.~~ During the past 30 days, have there been periods of time when you had serious problems getting along with any parents, siblings, or any other family members (e.g. grandparents, aunts, uncles)?
- ~~96-107.~~ During the past 30 days, were there periods of time when you had serious problems getting along with any of your children or stepchildren?
- ~~97-108.~~ During the past 30 days, were there periods of time when you had serious problems getting along with any friends, neighbors, associates or co-workers?
- ~~98-109.~~ In the past 30 days, how many days did you have serious conflicts or arguments with any family member?
- ~~99-110.~~ How troubled or bothered have you been by family problems during the past 30 days?
- ~~100-111.~~ How important to you now is treatment or counseling for family problems?
- ~~101-112.~~ How much do you associate with people whose alcohol or drug abuse use keeps them from meeting family, school, or work obligations?
- ~~102-113.~~ How much will your family or friends help or encourage your substance abuse and mental health recovery effort?
- ~~103-114.~~ How many times (if ever) in your life have you been hospitalized for emotional psychological problems?
- ~~104-115.~~ During the past 30 days, how many days have you stayed in a hospital or an overnight residential treatment program for emotional or psychological problems?
- ~~105-116.~~ How many different times in your life have you entered any type of outpatient treatment for emotional or psychological problems? (Do not count hospitalizations)
- ~~106-117.~~ During the past 30 days, how many outpatient sessions have you had with a therapist or counselor for emotional or psychological problems?
- ~~107-118.~~ Were you ever prescribed medication for psychological or emotional problems?
- ~~108-119.~~ Have you taken prescribed medication for psychological or emotional problems during the past 30 days?
- ~~109-120.~~ Has there ever been a period of time when you had serious thoughts of killing yourself?
- ~~110-121.~~ In the past 30 days, has there been a period of time when you had serious thoughts of killing yourself?
- ~~111-122.~~ Have you ever attempted suicide or tried to kill yourself?
- ~~112-123.~~ In the past 30 days, have you attempted suicide or tried to kill yourself?
- ~~113-124.~~ Has there ever been a period of time when you had trouble controlling violent behavior?
- ~~114-125.~~ In the past 30 days, has there been a period of time when you had trouble controlling violent behavior?
- ~~115-126.~~ Has there ever been a period of time when you heard voices other people didnt hear or saw things that were not there?
- ~~116-127.~~ In the past 30 days, has there been a period of time when you heard voices that other people didnt hear or saw things that were not there?
- ~~117-128.~~ In the past 30 days, has there been a period of time when you experienced serious depression?
- ~~118-129.~~ In the past 30 days, has there been a period of time when you experienced serious tension or anxiety?
- ~~119-130.~~ In the past 30 days, has there been a period of time when you had serious trouble understanding, concentrating or remembering?

- ~~120-131.~~ On how many of the past 30 days have you experienced any serious psychological or emotional problems?
- ~~121-132.~~ In the past 30 days, how much have you been troubled or bothered by psychological or emotional problems?
- ~~122-133.~~ How important to you now is treatment for these psychological problems?
- ~~123-134.~~ Do you have mandated child abuse, elder or adult dependent abuse treatment?
- ~~124-135.~~ Are you currently receiving help from a professional for any psychological or emotional problems?
136. Is there a family history of substance use disorders?
137. Is there a history of mental health problems in your family?
138. Have you ever experienced physical, emotional or sexual abuse?
139. Have you ever felt sexually harassed in the workplace or in school?
140. Have you ever harassed or stalked others?
141. Have you ever been violent towards another adult?
- ~~125-142.~~ Has domestic violence ever been a problem in your life?

Clinical Assessment Questions

- A. Presenting complaint/reason for requesting acceptance into Diversion Program**
- B. Substance Use History**
1. Age at first use of alcohol
 2. Age at first use of illicit drugs
 3. Years of alcohol use more than 3 times per week
 4. Years of alcohol use more than five (for men) or three (for women) drinks per day
 5. Years of illicit drug use or abuse of prescription drugs
 6. Applicant's description of current/recent use of alcohol, illicit drugs or abuse of prescription drugs:
 7. Applicant's description of other current/recent compulsive behaviors – i.e. gambling, eating, sex/pornography, internet, work, exercise.
 - 7.8. Does Applicant acknowledge that he/she has a problem with drugs or alcohol or that his/her substance use has adversely affected his/her life?
- C. Psychiatric/Mental Health History**
- ~~8-9.~~ Describe history of psychiatric symptoms, (if none, proceed to next section). What is the applicant's understanding of their mental health problems? Do they believe that they have a mental health problem and need treatment? How does applicant describe themselves as a person? Strengths and obstacles in functioning?:-
- ~~9-10.~~ At what age did the symptoms first appear? Any childhood trauma, neglect, physical abuse or sexual abuse?
- ~~10-11.~~ Were symptoms treated? How? Please include history of all inpatient/outpatient mental health treatment, including history of psychotropic medications:
- ~~11-12.~~ What are current symptoms?
- ~~12-13.~~ Is Applicant currently receiving treatment? Describe:
- ~~13-14.~~ Do symptoms cause Applicant to be a danger to self or others? Please describe:
- ~~14-15.~~ Do symptoms interfere with Applicant's daily functioning? Please describe:
16. Do symptoms interfere with Applicant's ability to work? Please describe:
- ~~15-17.~~ Does Applicant Acknowledge mental health problems
- D. Professional Status**
- ~~16-18.~~ Is Professional License active?
- ~~17-19.~~ Is Applicant licensed in states other than California? (Please list)
- ~~18-20.~~ Is Applicant licensed in any other healthcare profession? (Please list)
- ~~19-21.~~ Is Applicant employed?
- ~~20-22.~~ What is status of employment?
- E. Medical Status and History**
- ~~21-23.~~ Is the Applicant currently experiencing signs/symptoms of withdrawal?
- ~~22-24.~~ Does the Applicant have any current, acute medical concerns?
- ~~23-25.~~ Does the Applicant have any long-term medical concerns, including any conditions which contribute to chronic pain?
- F. Legal Status**

- ~~24-26.~~ Has the Applicant had a DUI?
- ~~25-27.~~ Has the Applicant had more than one DUI?
- ~~26-28.~~ Is the Applicant dealing with any other current legal issues related to drugs or alcohol?
- ~~27-29.~~ Is the Applicant dealing with any current legal issues not related to drugs or alcohol?

G. Family and Social

- ~~28-30.~~ Marital Status
- ~~29-31.~~ Children (gender and ages)
- ~~30-32.~~ Lives with
- ~~31-33.~~ Significant family history of Substance Use Disorders:
- ~~32-34.~~ Peer/social support:

H. Mental Status Exam

- ~~33-35.~~ Level of Consciousness:
- ~~34-36.~~ Orientation
- ~~35-37.~~ Appearance:
- ~~36-38.~~ Attitude:
- ~~37-39.~~ Speech and Language:
- ~~38-40.~~ Mood and Affect:
- ~~39-41.~~ Thought Process:
- ~~40-42.~~ Attention and Short-Term Memory:
- ~~41-43.~~ Comments:

I. Summary of Clinical Assessment:

- ~~42-44.~~ Does applicant demonstrate symptoms of a Substance Use Disorder or Mental Illness diagnosis?
- ~~43-45.~~ Is applicant appropriate for Diversion Program?
- ~~44-46.~~ Is applicant appropriate for Substance Use Disorder Treatment? If yes, at what level?
- ~~45-47.~~ Is applicant safe to return to work?

Treatment Provider Questions

1. DSM 5 Comprehensive Diagnosis
2. Impressions: Please indicate any areas that are contributing to the participant's current condition.
3. Progress Summary
4. Treatment/Aftercare Plan (e.g. Modality, Frequency, Duration)
5. Relevant Psychosocial Issues (Current living situation, work history, family and community support)
6. Medications
7. Additional Comments

Interim Participant Review, Assessment, and Rehabilitation Plan

Interim Participant Review, Assessment and Rehabilitation Plan

(Ref: DWI 01-06-01)

Participant Name: _____ Meeting Date: _____ Clinical Case Manager: _____

IEC/DEC/Board: _____ IEC/DEC Consultant: _____ Chairperson: _____

- Monthly Self Report:** Submit a monthly self report, to be submitted by the 10th of the month
- Monthly check in:** Call to check in with Clinical Case Manager at least once each month (800-522-9198)
- Random Drug Testing:** Must check in with Lab provider daily between 5am and 8pm; provide sample for test if selected; must maintain an active account; must enter post test data on provider website within 24 hours.
- Medications:** Report all prescribed medications to Clinical Case Manager, submit prescription
- 12-Step/Community Support Group (CSG) Meeting:** AA/NA/AlAnon/CoDA/OTHER _____ X per week
- Sponsor:** Identify and maintain same-gender sponsor with \geq 5 years of sobriety
- Support Group:** Attend Health/Nurse Support Group _____ times per week
- Naltrexone / Antabuse / Suboxone/ OTHER medication:** per Physician order _____
- Treatment (circle):** INPATIENT IOP OUTPATIENT Complete AFTERCARE _____ Hours/week for 52 weeks
OTHER TREATMENT: _____
- Residential Program/ Recovery Home/SLE** _____
- Psychiatric / Counseling / Family Therapy:** _____
- May NOT Work**
- May work or return to work/practice:** DEC/Board must approve Job description/Worksite/WSM
If working, all of these restrictions apply: May not work in Registries or Home Health setting. May not float to other floors or assignments. No double shifts or double back shifts. No more than 2 different shifts in a 7 day period. No Charge/Supervisory position. May not work as only RN/PT/Licensee on duty. May not change work area without Board/IEC/DEC approval. May not work night shift.
Exceptions to the above restrictions approved by committee: _____
- May NOT work more than _____ hours/week
- May work _____ additional shift(s), _____ overtime hours, per week or pay period
- NON-PATIENT CARE: NO NARCOTIC or CONTROLLED DRUG ACCESS**
 - Not to dispense or administer any mind-altering medications
 - Not to carry keys, access code, or have narcotic/controlled drug access
 - Not to count controlled drugs
 - No direct patient contact
- PATIENT CARE: NO NARCOTIC or CONTROLLED DRUG ACCESS**
 - Not to dispense or administer any mind-altering medications
 - Not to carry keys, access code, or have narcotic/controlled drug access
 - Not to count controlled drugs
- PATIENT CARE: CONTROLLED SUBSTANCES ACCESS GRANTED**
- Must have **primary Work Site Monitor (WSM)** who provides _____ hours of supervision/week
- Must have **secondary Work Site Monitor** (on site at the Work Site)
- CEU's required:** Classroom CEUs related to SUDs required before program completion (BRN=15; PT=7; VMB=7)
- Complete Relapse Prevention Workbook as assigned:** _____
- Transition Application Granted, may complete Transition Request and submit to MAXIMUS at least 30 days prior to next IEC/DEC/Review meeting.**
- Approved for Transition:** no practice restrictions (however, worksite must be conducive to regular, direct contact with worksite monitor, WSM required, may not change worksite or position without IEC/DEC/Board approval), support group optional, 12-Step/CSG meetings optional.
- Individual Reassessment:** _____
- Next IEC/DEC or committee reassessment:** 3 months 6 months 9 months _____ months
- Other:** _____

This agreement is considered a Recovery Terms and Conditions Agreement and will serve as such until a formal agreement is executed. MAXIMUS will provide the formal Recovery Terms and Conditions Agreement to the participant online in the Documents section of the MAXCMS system, which must be electronically signed and submitted within 10 days of posting. Participant will be notified via system notification when the Agreement is ready for review and signature.

IEC/DEC Member: _____ Participant: _____

Resource Lists

The information contained within is for general information purposes only and does not constitute an endorsement. Please note that website domain names are subject to change.

TREATMENT PROVIDERS

Links to additional resources from external professional groups are provided as a courtesy and are not reviewed by BRN.

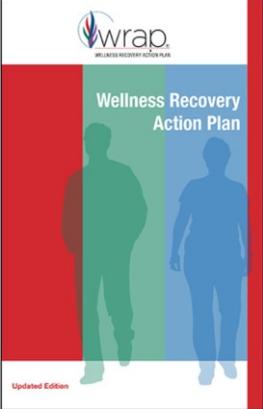
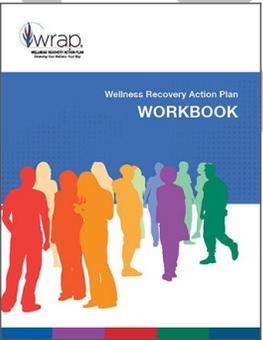
- Substance Abuse and Mental Health Services Administration (SAMHSA): <https://findtreatment.samhsa.gov/>
- Health Resources & Services Administration (HRSA): <https://bphc.hrsa.gov> (click on “Health Center Locator”)
- American Psychiatric Association: <http://finder.psychiatry.org/>
- California Psychiatric Association (click on option below “Find a Psychiatrist”): <https://www.calpsych.org/>
- American Psychological Association: <https://locator.apa.org/>
- California Psychological Association (Psychologist Locator Service): <https://www.cpapsych.org/search/custom.asp?id=2407>
- Psychology Today: <https://www.psychologytoday.com/us/psychiatrists>
- WebMD Physician Finder: <https://doctor.webmd.com/>

SELF-HELP/COMMUNITY SUPPORT GROUPS

TYPE	WEBSITE	FORMAT	TYPE	OTHER INFORMATION
1) Depression and Bipolar Support Alliance (DBSA)	www.dbsalliance.org	<ul style="list-style-type: none"> • In-person • Online 	<ul style="list-style-type: none"> • DBSA 	<ul style="list-style-type: none"> • Find a Group • Wellness Toolbox • Find mental health professionals or facilities
2) Anxiety and Depression Association of America (ADAA)	www.adaa.org/supportgroups#	<ul style="list-style-type: none"> • In-person • Chat • Online 	<ul style="list-style-type: none"> • Obsessive-compulsive • Panic Assistance • Anxiety and Phobia • DBSA 	<ul style="list-style-type: none"> • Find a Group • Find a Therapist

TYPE	WEBSITE	FORMAT	TYPE	OTHER INFORMATION
3) National Alliance for the Mentally Ill (NAMI)	www.nami.org	• In-person	• Mental health	• Find a Group • Educational Program
4) Emotions Anonymous (EA)	www.emotionsanonymous.org	• In-person • Skype/Phone • Chat	• Emotional Well-being	• Find a Group • Literature • Workbooks
5) Co-Dependents Anonymous (CoDA)	http://locator.coda.org/	• In-person • Phone • Online	• Developing healthy relationships	• Find a Group • Literature
6) Wellness and Recovery Plan (WRAP)	https://copelandcenter.com/find-facilitator/facilitator-directory	• In-person	• Mental health	• Find a Group
7) Recovery International	www.recoveryinternational.org/meetings	• In-person • Phone • Chat • Online	• Mental illness	• Find a Group (limited to Sacramento, SF, LA, SD, Palm Desert areas)
8) Psychology Today	Dialectical (DBT) Support Groups in California	• In-person	• Dialectical (DBT) Support Groups	•
9) SHARE!	http://shareselfhelp.org/	• In-person	• <u>Co-occurring disorders</u> • Dual Diagnosis • Neurotics Anonymous • Anger Management • Childhood Trauma	• Find a Group (limited to LA area) • Access to Self-help Group Sourcebook Online

WELLNESS WORKBOOKS/TOOLS

Book / Workbook	Type	Description
<p>1) Wellness Recovery Action Plan (WRAP) Updated Edition (2018)</p>	<p>Book</p> 	<p>Wellness Recovery Action Plan, often called the Red Book, summarizes the principles of this evidence-based practice and is the “go-to” book for people seeking a recovery resource or starting their own personal WRAP program. It lays the foundation for the program and explains the benefits of WRAP while guiding you through developing your own WRAP.</p> <p>The updated Red Book will help you:</p> <ul style="list-style-type: none"> ▪ Discover your own simple, safe wellness tools ▪ Develop a daily plan to help you stay as well as possible ▪ Identify upsetting events or circumstances and develop action plans for responding to them ▪ Create a strategy to gain support and stay in control of your wellness during and after a crisis
<p>2) WRAP Workbook</p>	<p>Workbook</p> 	<p>The new <i>WRAP Workbook</i> has been fully revised and updated to match the new editions of your favorite WRAP books, including <i>Wellness Recovery Action Plan</i> (aka, The Red Book) and <i>WRAP for Veterans, Active Service Members, and Military in Transition</i>.</p> <p>From building your Wellness Toolbox through developing all six parts of your WRAP, the WRAP Workbook contains all the forms you need to build your personal Wellness Recovery Action Plan: forms for lists and action plans, forms for the crisis and post-crisis plans, and brief descriptions of each part of WRAP for your reference</p>

- For bibliotherapy, I often recommend “Couldn't Keep It to Myself” by Wally Lamb and the Women of York Correctional Institution. It is an amazing hopeful inspiring book

particularly focused on moving past childhood abuse, but its general theme is face your demons and self-honesty.

TRAINING

Training Course/Source	Format	Description
1) Mental Health First Aid https://www.mentalhealthfirstaid.org	 In-person	Mental Health First Aid is an 8-hour course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
2) Mental Health and Illness Mental Health Studies- Suicide, Violent Behavior and Substance Use https://alison.com/courses/mental-health	 Online	Mental Health and Illness is a 2-3-hour course that teaches why mental well-being is so important and how to identify mental health problems. Mental Health Studies - Suicide, Violent Behavior and Substance Use is a 3-4-hour course that teaches why mental well-being is so important and how to identify mental health problems. Offers numerous courses regarding mental illness. Each course has several modules. Courses are free with registration. Fee for completion certificate.
3) Brain Health – Mood, Metabolism, and Cognition https://alison.com/courses/mental-health	 Online	Brain Health – Mood, Metabolism, and Cognition – this is a streaming video (fee \$81) that provides an overview of key factors that can improve mental health, as well as to ensure cognitive health. Also offers eBooks and home study.
4) The Ever-Changing Brain Listening to the Body: Understanding the Language of Stress-Related Symptoms Mental Health and Illness https://alison.com/courses/mental-health	 Online	The Ever-Changing Brain is a 6-hour home study program for Health professionals that reveals how the human brain modifies itself in response to learning, stress, depression, injury, pain, addiction, and aging. Listening to the Body is a 6-hour home study program that describes the connection between thoughts, emotions, and symptoms. In addition, this program provides effective approaches for managing stress. Mental Health and Illness is a 2-3-hour home study course teaches why mental well-being is so important and how to identify mental health problems to help reduce the stigma of mental illness today. Courses are free and each course provides a completion certificate.

Training Course/Source	Format	Description
5) Seminar I: Developing a Wellness Recovery Action Plan (WRAP) https://copelandcenter.com/our-services-facilitator-training/wrap-trainings-and-workshops	🚪 In-person 🌐 Online	For anyone who wants to learn about the WRAP® and begin to incorporate it into their life to improve personal wellness and achieve an improved quality of life. This workshop is designed to be highly interactive and encourage participation and sharing from all present. This workshop also lays a broad foundation for building a peer workforce. Course meets in live online sessions and requires work in-between sessions. This class fulfills the prerequisites for being trained as a WRAP Facilitator.

Training/Course	Format	Description
Stress, Resilience, & Happiness http://www.inrseminars.com	Online	This 6-hour course (fee \$83) teaches you how perception, thinking, emotions, and memory combine to produce cognitive appraisals and behavior. Learn the positive-psychology approach to increasing life satisfaction, and determine the elements of happiness and optimism and how to apply them to increase well-being. Courses are offered in several formats (seminars, live webinar, DVD home-study with option for CEU credit.
Brain Health: Mood, Metabolism & Cognition http://www.inrseminars.com	Online	This 6-hour webinar (\$83) provides an overview of key factors that are essential for a healthy brain, both cognitive function and mental health. Courses are offered in several formats (seminars, live webinar, DVD home-study with option for CEU credit. Courses are offered in several formats (seminars, live webinar, DVD home-study with option for CEU credit. [SG4]
Understanding Depression & Bipolar Disorder	Online	This 6-hour webinar (\$83) explains how changes in brain chemistry and structure occur in depression and

http://www.inrseminars.com		<p>bipolar disorder and how chronic stress becomes a pathway for the development of major depressive disorder.</p> <p>Courses are offered in several formats (seminars, live webinar, DVD home-study with option for CEU credit.</p>
<p>BALANCED – Mood Disorder Support Sacramento area</p> <p>https://www.meetup.com/balanced/about/</p>	<p>Group</p>	<p>A free support resource for anyone affected by depression or bipolar disorder, including friends and family members. We work together as a team to grow in knowledge, share resources, provide acceptance and understanding.</p> <p>Resources include Balanced Support Group news articles and Bipolar Information and local resource links.</p>

OTHER RESOURCES

Resource	Services Provided
<p>1. Substance Abuse And Mental Health Services Administration (SAMHSA) https://www.samhsa.gov/</p>	<ul style="list-style-type: none"> • Behavioral Health Treatment Services locators • Peer Support (Mental Health) • Self-help guides and wellness planning (Recovering Your Mental Health, Speaking Out for Yourself, Recovery and Wellness Lifestyle, Dealing with the effects of Trauma, Building Self-Esteem, Action Planning for Prevention and Recovery, etc.) • Hotlines (Suicide prevention, Veteran’s Crisis hotline) • Research Data/ Publications
<p>2. National Alliance on Mental Illness (NAMI) www.Nami.org</p>	<ul style="list-style-type: none"> • Free peer-to-peer group program • Family Support Group • Classes and Programs
<p>3. Wellness Recovery Action Plan https://copelandcenter.com/</p>	<ul style="list-style-type: none"> • Wellness planning • Peer Support • Facilitator Resources • Literature/Articles

Resource	Services Provided
<i>NOTE: Recognized in SAMHSA's National Registry of Evidence-based Programs and Practices</i>	<ul style="list-style-type: none"> E-learning Alternative Therapies
4. Mental Health America http://www.mentalhealthamerica.net/	<ul style="list-style-type: none"> Find Support Groups Education on different mental health topics Mental Health Screening Tools
5. National Mental Health Consumers' Self-Help Clearinghouse https://www.mhselfhelp.org/	<ul style="list-style-type: none"> Resources Publications Advocacy
6. CA Department of Health Care Services: Mental Health Services Division https://www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx	<ul style="list-style-type: none"> Obtaining Mental Health Services County Provider Directory Prevention and Early Intervention Programs Veteran's Mental Health Resources Mental Health Services Act
7. Anxiety and Depression Association of America. http://www.adaa.org	<ul style="list-style-type: none"> Resources for Public and Professionals Directory of licensed therapists Free ADAA Online Support Groups Support Group Lists Mental Health Apps Literature/Articles/Fact Sheets
8. WebMD www.webmd.com	<ul style="list-style-type: none"> Group Therapy Recommendations
9. Department of Rehabilitation http://www.rehab.cahwnet.gov/	
10. Southern California Recovery Center	
11. Silicon Beach Outpatient Center for Co-occurring Disorders	
12. Costa Mesa Recovery Sober Living	
13. Elevation Behavioral Health in Agoura Hills and Malibu	
14. Anchor Recovery Community	

VOCATIONAL REHABILITATION

Resource	Services Provided
1. CA Department of Rehabilitation http://www.dor.ca.gov/Home/	The Department of Rehabilitation (DOR) assists Californians with disabilities to

Resource	Services Provided
<p><u>JobSeekerConsumer</u></p>	<p>obtain and retain employment and maximize their equality and ability to live independently in their communities. We do this by tailoring our services to each individual to ensure a greater chance of success. A vocational rehabilitation team works closely with each job seeker to establish the best combination of services and resources necessary to prepare for, find and retain employment. DOR services may include career assessment and counseling, job search and interview skills, independent living skills, career education and training and assistive technology.</p> <p>If you have a disability or serious health condition that makes it hard for you to get or keep a job and you want to work, then DOR may be the choice for you.</p>
<p>2. Vocational Rehabilitation and 3. Employment (VR&E) US Department of Veteran Affairs <u>https://www.benefits.va.gov/vocrehab/</u></p>	<p>You may receive Vocational Rehabilitation and Employment (VR&E) services to help with job training, employment accommodations, resume development, and job seeking skills coaching. Other services may be provided to assist Veterans in starting their own businesses or independent living services for those who are severely disabled and unable to work in traditional employment.</p>
<p>4.3. California Association of Social Rehabilitation Agencies (CASRA) <u>https://www.casra.org/</u></p>	<p>Dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their wellness, recovery and civil rights.</p>