SUBSTANCE ABUSE COORDINATION COMMITTEE
BACKGROUND ON BOARDS USING CONTRACTED DIVERSION SERVICES

OVERVIEW OF THE DEPARTMENT'S DIVERSION PROGRAMS

California allows health care licensing boards to establish diversion programs under the auspices of the Department of Consumer Affairs (DCA) for those licensed health care professionals whose competency may be impaired due to substance abuse and/or mental illness. (Note: some boards do not include mental illness as a condition of impairment for purposes of the Diversion Program.)

MAXIMUS has operated DCA's diversion program statewide since 2003 and provides services to eight healthcare licensing boards. These eight boards include the Board of Registered Nursing, Board of Pharmacy, Dental Board, Physical Therapy Board, Physician Assistant Board, Osteopathic Medical Board, Veterinary Medical Board, Dental Hygiene Committee.

The California Diversion Program focuses on three primary mandates:

- Protect patients from being treated by impaired health care workers (protect the public).
- Create an alternative or adjunct to traditional disciplinary actions whereby health care professionals are more likely to seek help and others are more likely to identify and intervene when they suspect other health professionals needs help.
- Address the growing shortage of health care professionals in all areas by helping them to fully rehabilitate and return to their vital roles.

The DCA Diversion Program is a voluntary program that offers comprehensive referral and monitoring services to health care professionals who are impaired by substance abuse and mental illness. This is not a treatment program. Rather this is an intensive, high-touch case management and monitoring program that achieves a five-year relapse rate of just 13%. It is delivered over two phases:

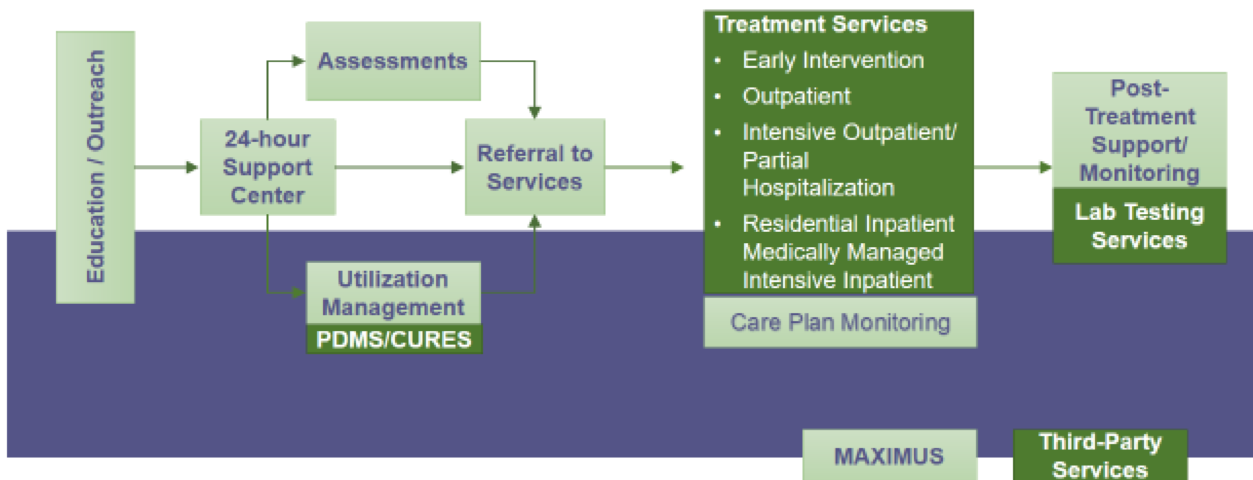
- **Recovery:** Participants are removed from their roles, given a clinical assessment, and are required to fulfill a treatment plan under the oversight of case managers, who are registered nurses. During the recovery phase, participants must follow a rigorous recovery plan and demonstrate at least two years of negative drug tests and full compliance with program requirements before they may petition their respective board to enter the transition phase.

- **Transition:** This is a period during which participants are allowed to gradually transition back to independence under a reduced level of monitoring, supervision and random drug tests. The transition phase lasts at least one year and is designed to ease participants into accepting full responsibility for their recovery.

Most participants remain in the program for three to five years. During that time, MAXIMUS provides intensive case management through recovery — and serves as a liaison with the licensing boards to which they are affiliated as they progress through the program.

Each board advocates for its membership and protects the public by credentialing, regulating, and disciplining health care professionals who are licensed under its auspices. California's Diversion Program relies on these agencies to do the following:

- Determine the specific terms and requirements for participation and completion of the diversion program for their members. The Board-specific requirements are delineated in the Board-specific sections of the contract between DCA and MAXIMUS.
- Approve licensees as eligible to participate in the program.
- Refer members to the program under a variety of circumstances and disciplinary conditions. While professionals may enter the program through self-referral, the majority do so under terms of a probation agreement or as a referral by the licensing Board during an investigation.
- Determine if a health worker has satisfactorily complied with program requirements and demonstrated enough success to advance in the transition phase or to complete the program.
- Approve program completion or case closure as successful, or for public risk status, noncompliance, withdrawal, illness, relocation, or other reasons for closure prior to successful completion.



HOW DIVERSION PROGRAMS WORK

Primary Components of a Post-treatment Monitoring and Accountability (Diversion) Program:

1. Intake by Case Manager (currently all RNs) utilizing Addiction Severity Index criteria, and which incorporates a discussion of program expectations, including abstinence from mind-altering substances and compliance with program requirements.

2. Referrals to treatment, monitor progress in treatment, pick up the case upon discharge from treatment. (Relapse typically results in referral back to the treatment program.)

3. Enrollment with Random Drug Testing Third Party Administrator (TPA) to establish account and begin daily check in for notification of drug test selection.
    a. California Diversion drug test panel is sophisticated and extensive, and modified/updated as new substances and methods become available for testing
    b. Testing is required to be by observed collection
    c. TPA provides notification of missed tests and missed calls for check in, and positive and other non-negative results

4. Mandatory attendance at 12-step (or equivalent community-based support group) meetings, starts with daily meetings for the first 90 days.

5. Coaching calls with Case Manager (RN) weekly for approximately 12 weeks, then Monthly.

6. Peer support groups, mandatory attendance with monthly reports from group facilitator.

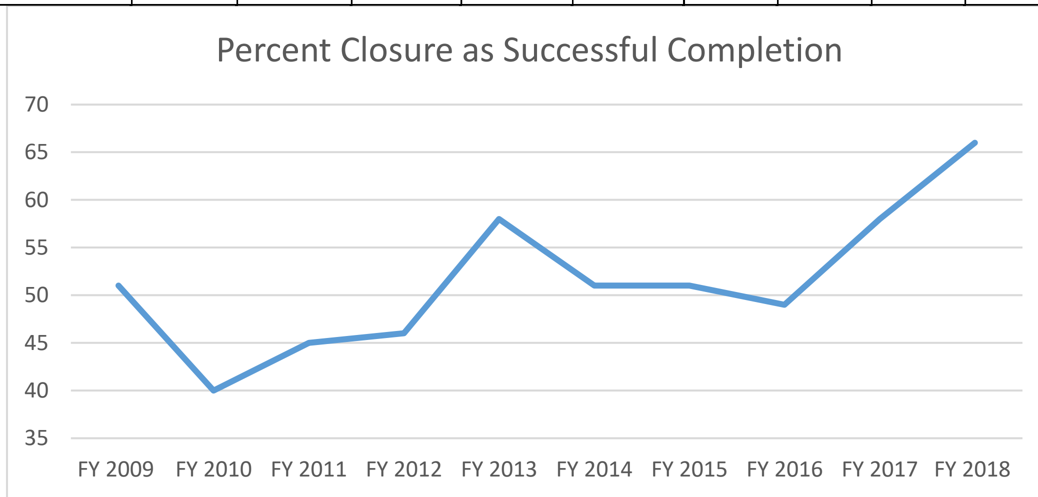
7. Return to work after meeting compliance criteria, including negative drug tests. Depending on individual case history, work restrictions may include limited hours, limited access to narcotics, and limited direct patient care. Program reviews and approves job description and ensures it is within work restrictions.

8. Worksite monitor, oriented and trained by case manager, submits monthly reports for three months, then quarterly.

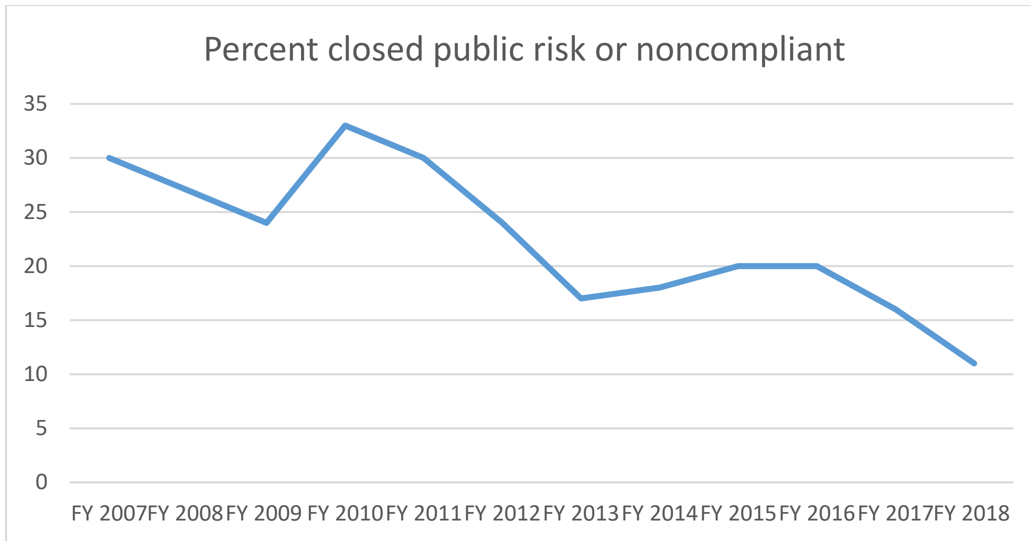
NOTE:
The following data and accompanying narratives included below have been provided by MAXIMUS.

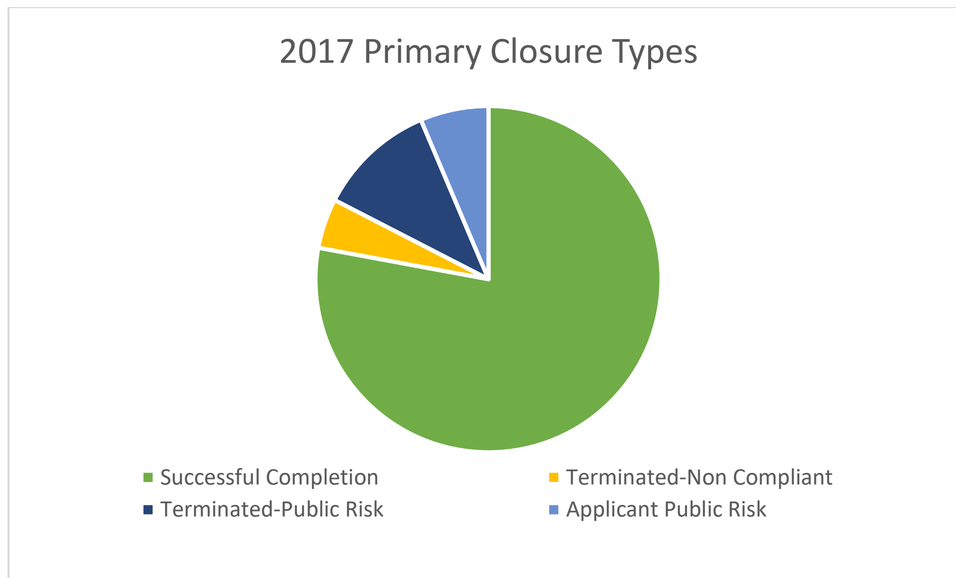
OBSERVATIONS ON SUCCESS AND RELAPSE RATES
Historically, MAXIMUS has defined successful closure rather narrowly, counting only those who complete the entire program with a minimum of two years documented sobriety and an additional "Transition" year with reduced monitoring, or a minimum of three years of documented sobriety in total. Closures of applicants and participants who have been referred back to the Board for non-compliance, including public risk or failure to derive benefit, participants who expire or relocate, or those deemed clinically inappropriate, have not been included in the successful closure count. For purposes of this report, and in order to maintain continuity of data, we have continued to count only those cases in which the level of participation and demonstrated recovery have resulted in successful completion of the program.

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Percent of closures	51	40	45	46	58	51	51	49	58	66



	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Percent closed public risk or noncompliant	30	27	24	33	30	24	17	18	20	20	16	11





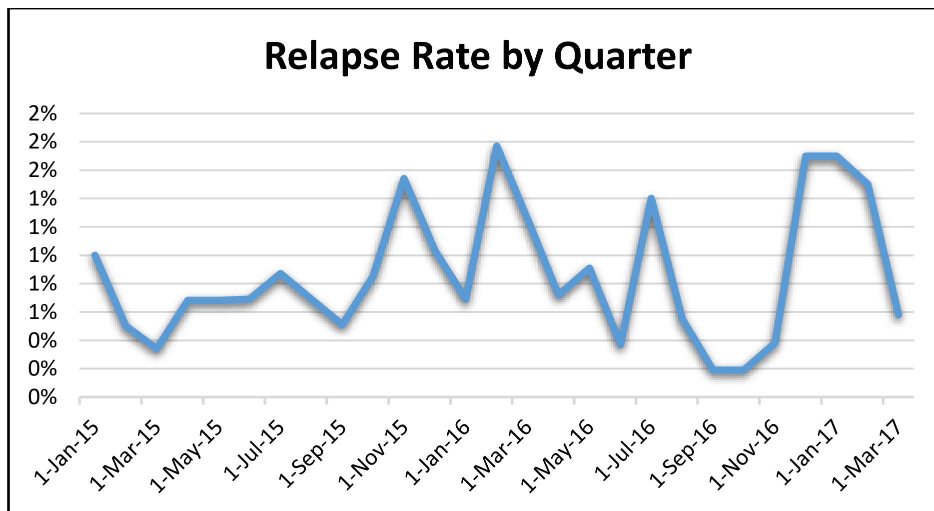
RELAPSE RATES

The 5-year relapse rate of program participants for the calendar years 2012-2016 is 13%. Statistics show that relapse rates among the general population range from 60 to 70%. This rate is calculated by the number of individuals who relapsed after joining the program divided by the number of participants who were enrolled in the program. Each individual participant who relapsed was counted just once, regardless of the number of times the person relapsed. ***This number was not reported by individual Board due to the wide variance in enrollment numbers. Smaller boards would have a much higher relapse rate as a percent of total enrollment if they were calculated individually, however, the full data set is reported below.***

relapse	total served		relapse rate
21	169	BOP	12.40%
186	1317	BRN	14%
4	68	PA	5.80%
3	12	VMB	25%
3	74	PT	4%
8	29	OMB	27.60%
9	83	DBC	10.80%
234	1752	All Boards	13%

This low rate of relapse is similar to other healthcare professional monitoring programs, and is attributed to the constellation of services offered by the monitoring program and the combined cumulative value of the activities that are required of participants. Evidence supports the value of monitoring programs, which offer a strong base of support and establish a sense of accountability in the participant. Healthcare Professionals are a high-risk group for substance use disorder, due to the combination of attitude and availability. The Diversion Program has been designed using evidence-based practices to identify and rehabilitate Healthcare Professionals who may be affected by SUDs or Mental Illness, and assist them to return to safe practice in a controlled setting, with support, supervision and monitoring.

The overall relapse rate by quarter as shown below and on the following page shows ***no apparent seasonal or annual trends***.



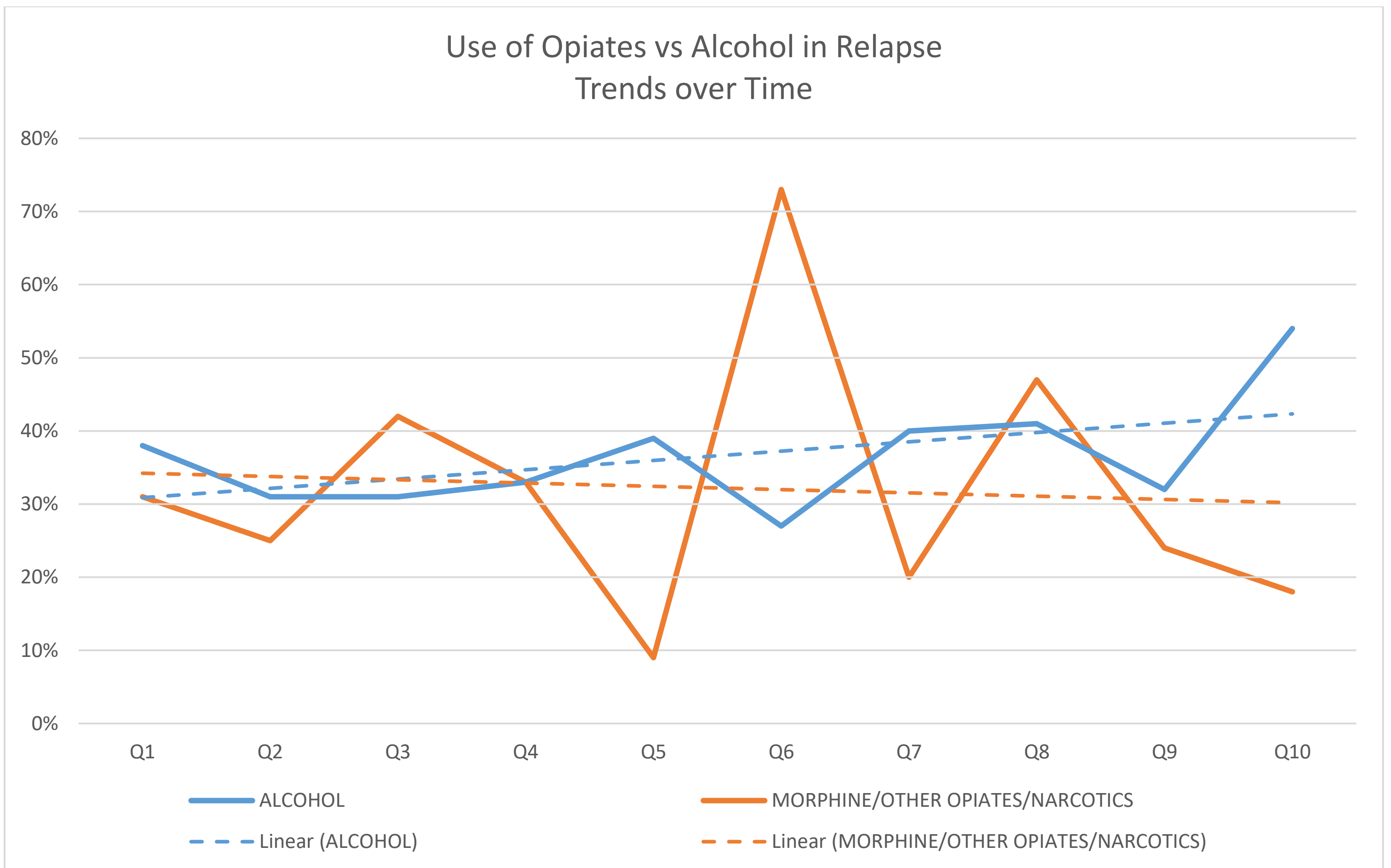
Relapse Rate by Quarter

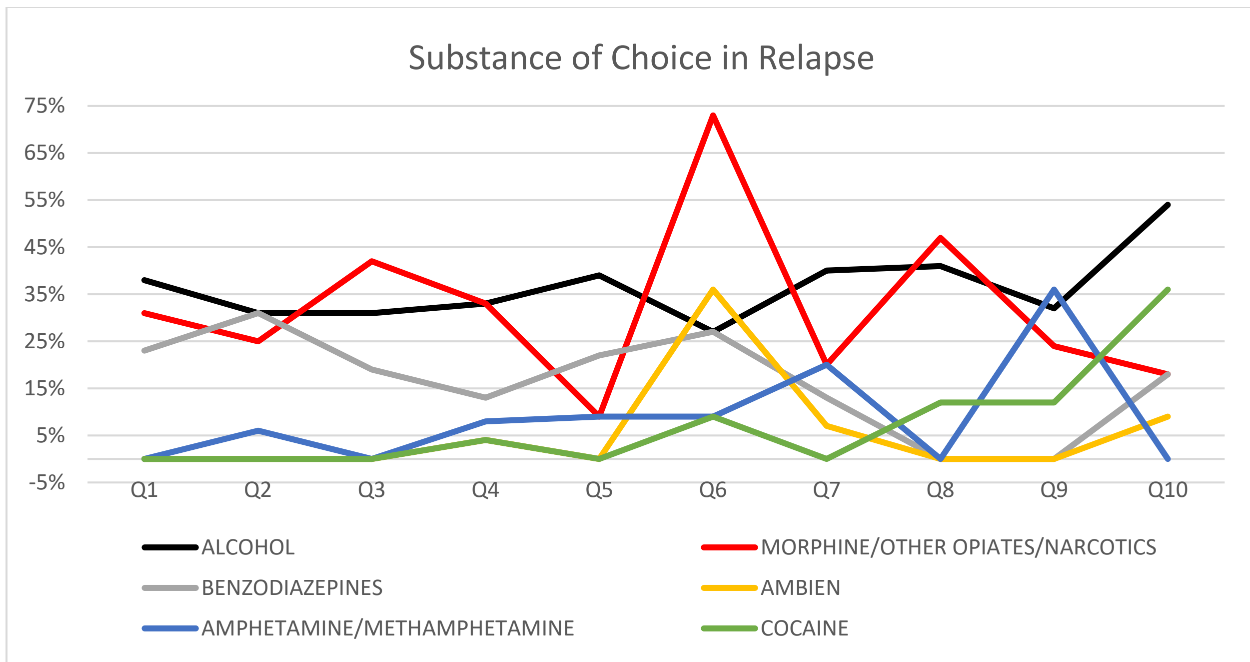
QUARTER ENDING	NUMBER OF RELAPSES	PARTICIPANT RELAPSE RATE
June 30, 2017	11	2.1%
March 31, 2017	20	3.8%
December 31, 2016	12	2.2%
September 30, 2016	12	2.2%
June 30, 2016	11	2.01%
March 31, 2016	21	3.7%
December 31, 2015	20	3.4%
September 30, 2015	12	2.07%
June 30, 2015	12	2.1%
March 31, 2015	11	1.9%
December 31, 2014	11	1.7%
September 30, 2014	13	2.0%
June 30, 2014	25	4.0%
March 31, 2014	13	2.1%
December 31, 2013	15	2.4%
September 30, 2013	15	2.3%
June 30, 2013	17	2.7%
March 31, 2013	20	3.1%
December 31, 2012	24	3.8%
September 30, 2012	7	1.1%
June 30, 2012	24	3.8%
March 31, 2012	13	2.0%
December 31, 2011	18	2.8%
September 30, 2011	21	3.3%
June 30, 2011	22	3.3%
March 31, 2011	14	2.1%
December 31, 2010	15	2.2%
September 30, 2010	30	4.4%
June 30, 2010	22	3.3%
March 31, 2010	42	6.2%
December 31, 2009	29	4.2%
September 30, 2009	23	3.4%
June 30, 2009	32	4.6%
March 31, 2009	21	3.2%
December 31, 2008	18	2.5%
September 30, 2008	31	5.1%
June 30, 2008	40	6.6%
March 30, 2008	34	5.8%
December 31, 2007	28	4.5%
October 31, 2007	50	8.1%
June 30, 2007	36	5.8%
March 31, 2007	26	4.1%

Substance reported used in relapse. More than one substance might be reported per event.

The abuse of prescription drugs, especially opioids, is a growing trend across the country, and in fact, has been identified as being of crisis proportions by the Federal Government. This program has seen the use of alcohol and opioids exchange places as substance of choice in relapse. We saw narcotics rise, to where their use exceeded that of alcohol in 2011, fall to equal in 2012, and in FY 2013, the use of alcohol was more than double that of opioids. By the end of 2017 (Q10), the use of opioids again dropped below the use of alcohol.

SUBSTANCE	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
ALCOHOL	68%	67%	46%	38%	30%	26%	47%	31%	38%	33%	42%
COCAINE	6%	3%	6%	3%	1%	4%	4%	1%	0%	3%	15%
BENZODIAZEPINE	7%	12%	10%	7%	5%	9%	15%	10%	19%	13%	8%
NARCOTICS/ OPIATES	5%	3%	17%	23%	35%	26%	22%	28%	26%	39%	27%
AMPHETAMINES	2%	7%	7%	3%	4%	7%	3%	7%	2.10%	12%	14%




Substance of Choice in Relapse
75%
65%
55%
45%
35%
25%
15%
5%
-5%
Q1
Q2
Q3
Q4
Q5
Q6
Q7
Q8
Q9
Q10
ALCOHOL
MORPHINE/OTHER OPIATES/NARCOTICS
BENZODIAZEPINES
AMBIEN
AMPHETAMINE/METHAMPHETAMINE
COCAINE

TOTAL TESTS CONDUCTED AND POSITIVE TEST RESULTS BY MONTH

Positive test results alone do not indicate a relapse. The positive test result is reviewed by the Clinical Case Manager, and the case is reviewed for: prescription on file; evidence of physician supervision; time limited nature of course of treatment; and type of medication (e.g. Naltrexone is not subject to abuse, but is used to control cravings. It is on the test panel to ensure the participant is taking it as prescribed).

QTR ENDING	NUMBER OF TESTS	NUMBER OF POSITIVE TEST RESULTS	POSITIVE TEST RATE
March 31, 2018	4714	76	1.61%
December 31, 2017	4806	67	1.39%
September 30, 2017	5053	80	1.57%
June 30, 2017	5083	69	1.35%
March 31, 2017	5685	77	1.35%
December 31, 2016	5139	74	1.43%
September 30, 2016	5618	60	1.06%
June 30, 2016	5383	58	1.07%
March 31, 2016	5408	81	1.49%
December 31, 2015	5630	104	1.84%
September 30, 2015	5444	75	1.37%
June 30, 2015	4911	68	1.38%
March 31, 2015	5333	78	1.46%
December 31, 2014	5007	103	2.05%
September 30, 2014	5262	80	1.52%
June 30, 2014	5616	126	2.24%
March 31, 2014	5190	93	1.79%
December 31, 2013	5820	83	1.42%
September 30, 2013	4426	65	1.46%
June 30, 2013	4844	78	1.61%
March 31, 2013	4808	93	1.93%
December 31, 2012	4318	97	2.24%
September 30, 2012	4154	90	2.16%
June 30, 2012	4844	77	1.58%
March 31, 2012	4330	85	1.96%
December 31, 2011	4891	97	1.98%
September 2011	4457	70	1.57%
June 2011	4340	72	1.65%
March 2011	4438	83	1.87%
December 2010	4672	90	1.92%
September 2010	5184	90	1.73%
June 2010	4527	66	1.46%
March 2010	5261	58	1.10%
December 2009	3692	47	1.27%
September 2009	4116	49	1.19%
June 2009	3545	54	1.52%
February 16, 2009-March 31, 2009	1159	16	1.38%

DIVERSION EVALUATION COMMITTEES

Diversion Evaluation Committees (DECs) assist the Boards in evaluating licensees who may be impaired due to the abuse of alcohol or drugs. Generally, committees are composed of a respective board's licensed practitioner, and may have public members who all have experience or knowledge in the field of chemical dependency. Diversion Committee members are generally appointed by the Boards and serve at the Board's pleasure.

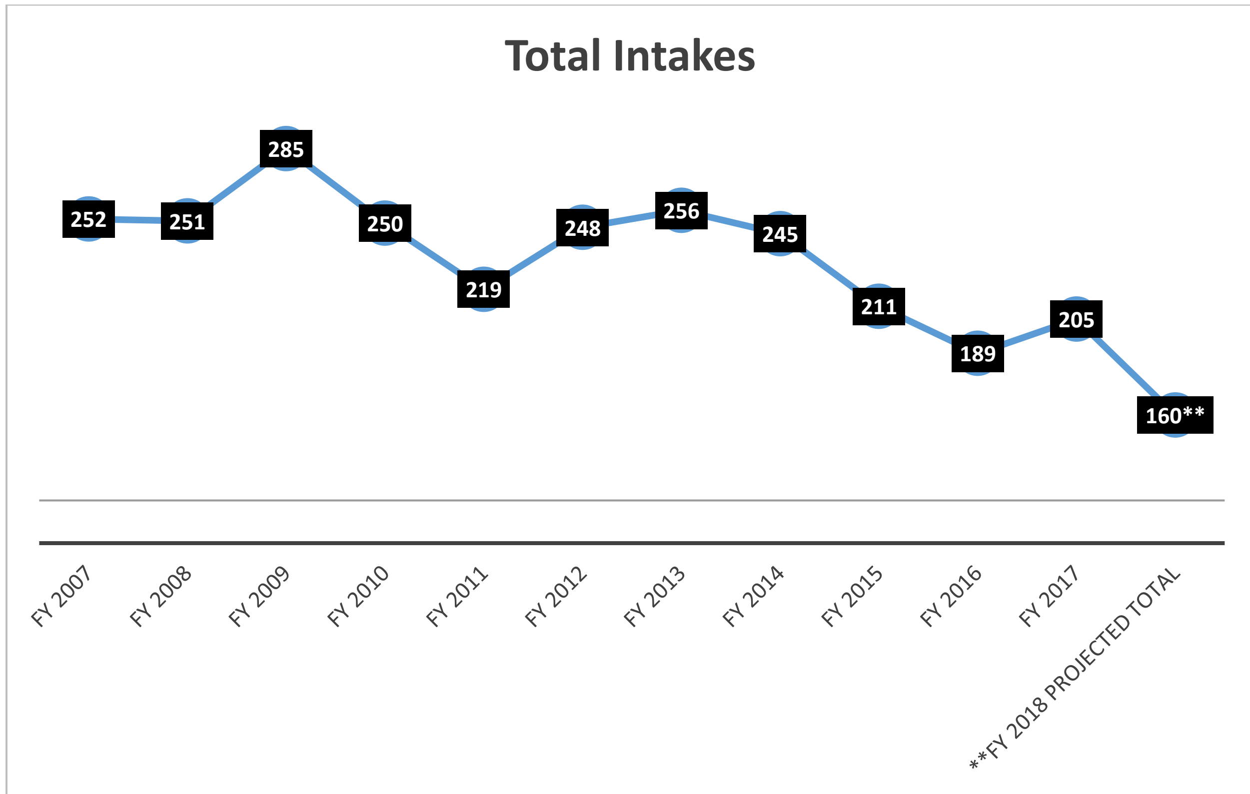
Boards that use DECs:

- Board of Registered Nursing
- Dental Board of CA
- Veterinary Medical Board
- Osteopathic Medical Board
- Dental Hygiene Committee

ENROLLMENT DATA – ALL BOARDS USING CONTRACTED SERVICS

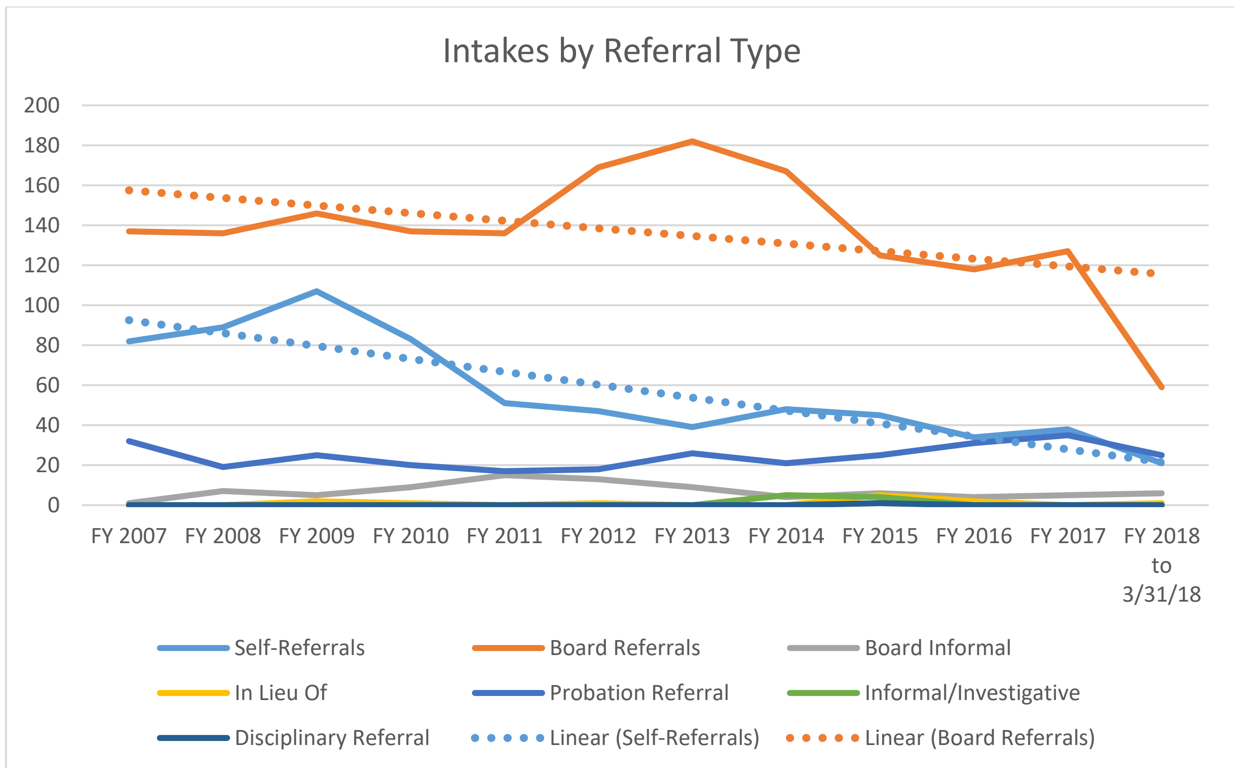
Total Enrollment (Intakes):

FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	**FY 2018 projected total
252	251	285	250	219	248	256	245	211	189	205	160



Enrollment by referral type-All Boards

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018 to 3/31/18	Program to date
Self-Referrals	82	89	107	83	51	47	39	48	45	34	38	21	1846
Board Referrals	137	136	146	137	136	169	182	167	125	118	127	59	4413
Board Informal	1	7	5	9	15	13	9	4	6	4	5	6	122
In Lieu Of	0	0	2	1	0	1	0	0	5	2	0	1	19
Probation Referral	32	19	25	20	17	18	26	21	25	31	35	25	445
Informal/Investigative	0	0	0	0	0	0	0	5	4	0	0	0	9
Disciplinary Referral	0	0	0	0	0	0	0	0	1	0	0	0	1
Total	**252**	**251**	**285**	**250**	**219**	**248**	**256**	**245**	**211**	**189**	**205**	112	6855



Enrollment with drug of choice

Drug of Choice at Intake 2017	
Drug of Choice at Intake	**Number of Participants**
Alcohol	73
Fentanyl (Sublimaze, Duragesic)	5
Meperidine (Demerol)	1
Hydrocodone/ Acetaminophen (Lortab, Vicodin)	16
Oxycodone (Percocet, Oxycontin)	9
Morphine	5
Hydromorphone	12
Opioids combined	48
Benzodiazepenes Unspecified	1
Buspirone (Buspar)	1
Cocaine	2
Diprivan (Propofol)	1
Gabapentin (Neurontin)	1
Hydroxyzine (Vistaril)	1
Ketamine	1
Lorazepam (Ativan)	2
Marijuana	5
Methamphetamine	4
None or denies	18
Trazodone (Desyrel)	1
Undetermined	2
Zolpidem Tartrate (Ambien)	1

Presenting Problem at Intake

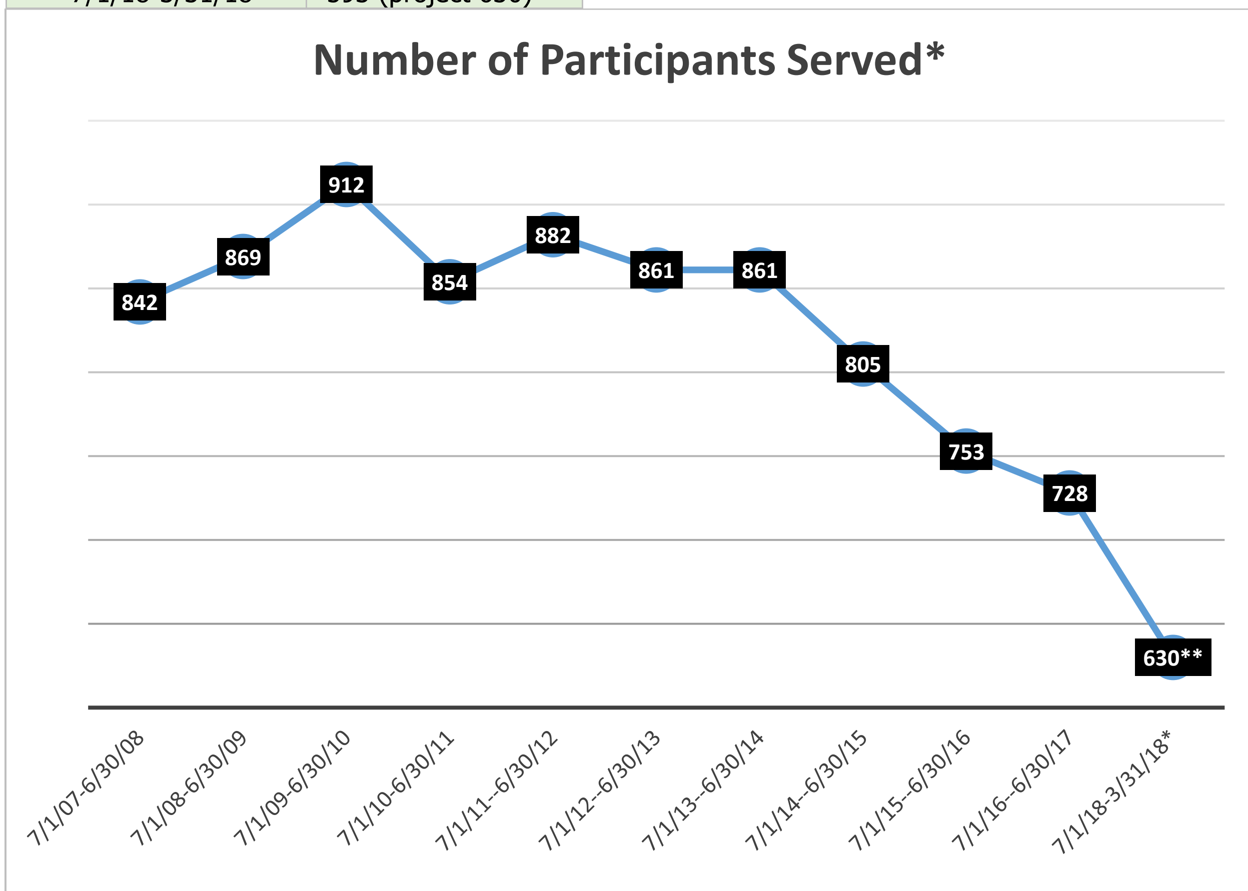
Presenting Problem at Intake	**FY 2017**	**Program to Date (includes pre-MAXIMUS data)**
Substance Abuse (only)	143	4439
Mental Illness (only)	6	215
Dual Diagnosis	53	2859
Undetermined	3	124

Participants Served year over year.

Fiscal Year	Number of Participants Served*
7/1/07-6/30/08	842
7/1/08-6/30/09	869
7/1/09-6/30/10	912
7/1/10-6/30/11	854
7/1/11--6/30/12	882
7/1/12--6/30/13	861
7/1/13--6/30/14	861
7/1/14--6/30/15	805
7/1/15--6/30/16	753
7/1/16--6/30/17	728
7/1/18-3/31/18**	593 (project 630)**

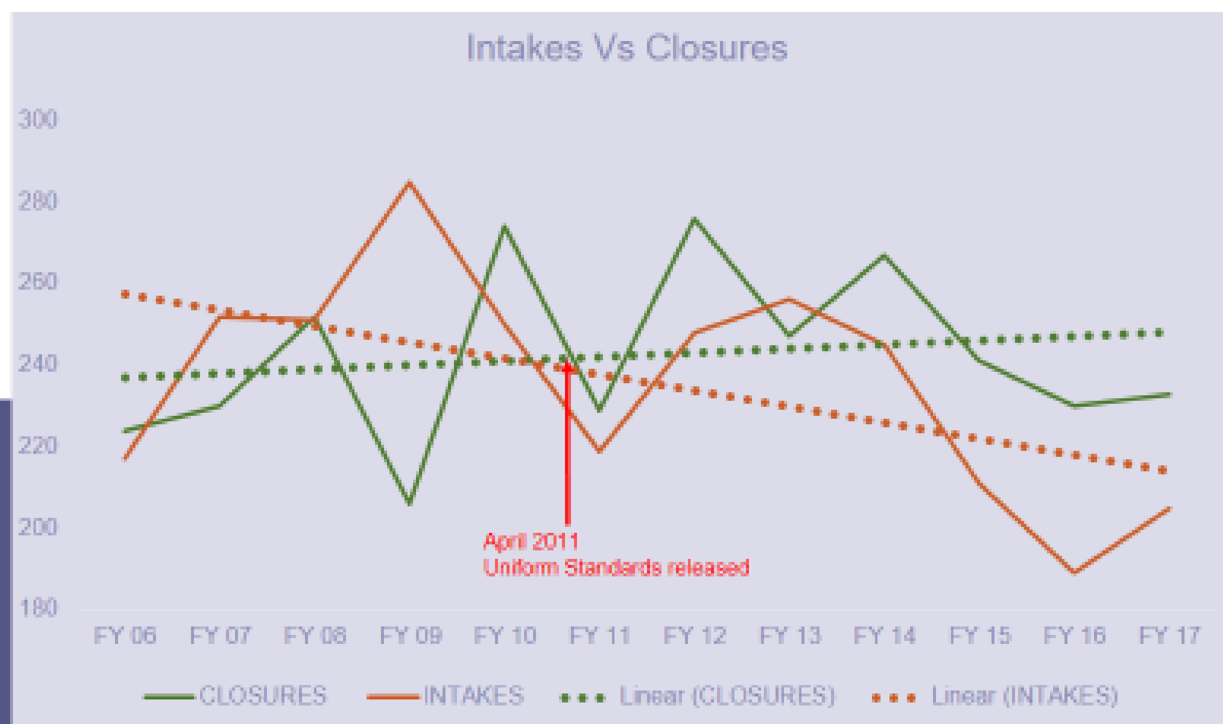
*"Participants served" equals the total number of participants enrolled during the course of the year, regardless of how long they remain in the program.

**Project 630 for FY 2018, based on average monthly intakes year to date.



Intake vs closure

Diversion Program Enrollment. FY2006-FY2017.



29 | MAXIMUS: PRESENTATION TITLE

Attachment A: Participant Cost Differential by Board for 5 Years

Year	BRN		BOP		DBC		PTBC		PAB		OMB		VMB	
Year 1	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**
3-day clinical assessment*	$0	$0	$0	$15,000	$0	$15,000	$0	$0	$0	$15,000	$0	$0	$0	$0
Participant co-pay fee varies from $25/mo and up**	$300	$300	$1,200	$1,200	$1,200	$1,200	$4,058	$4,058	$4,058	$4,058	$1,600	$1,600	$2,000	$2,000
Drug testing: 52-104 times @ $100 per	$5,200	$10,400	$5,200	$10,400	$5,200	$10,400	$5,200	$10,400	$5,200	$10,400	$5,200	$10,400	$5,200	$10,400
Nurse Support Group @ from $40 to $160/mo	$480	$1,920	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Health Support Group 1x-2x/wk@ $200-$400/mo	$0	$0	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800
Treatment cost: $0 - $15,000	$0	$15,000	$0	$15,000	$0	$15,000	$0	$15,000	$0	$15,000	$0	$15,000	$0	$15,000
Estimated Year 1 Costs	***$5,980***	***$27,620***	***$8,800***	***$46,400***	***$8,800***	***$46,400***	***$11,658***	***$34,258***	***$11,658***	***$49,258***	***$9,200***	***$31,800***	***$9,600***	***$32,200***
Year 2	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**
Participant co-pay fee varies from $25/mo and up**	$300	$300	$1,200	$1,200	$1,200	$1,200	$4,058	$4,058	$4,058	$4,058	$1,600	$1,600	$0	$0
Drug testing: 24-36 times @ $100 per***	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600
Nurse Support Group @ from $40 to $160/mo	$480	$1,920	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Health Support Group 1x-2x/wk@ $200-$400/mo	$0	$0	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800
Treatment cost: $0 - $5,000	$0	$5,000	$0	$5,000	$0	$5,000	$0	$5,000	$0	$5,000	$0	$5,000	$0	$5,000
Estimated Year 2 Costs	***$3,180***	***$10,820***	***$6,000***	***$14,600***	***$6,000***	***$14,600***	***$8,858***	***$17,458***	***$8,858***	***$17,458***	***$6,400***	***$15,000***	***$4,800***	***$13,400***
Year 3	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**
Participant co-pay fee varies from $25/mo and up**	$300	$300	$1,200	$1,200	$1,200	$1,200	$4,058	$4,058	$4,058	$4,058	$1,600	$1,600	$0	$0
Drug testing: 24-36 times @ $100 per***	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600
Nurse Support Group @ from $40 to $160/mo	$480	$1,920	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Health Support Group 1x-2x/wk@ $200-$400/mo	$0	$0	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800
Treatment cost: $0 - $2,000	$0	$2,000	$0	$2,000	$0	$2,000	$0	$2,000	$0	$2,000	$0	$2,000	$0	$2,000
Estimated Year 3 Costs	***$3,180***	***$7,820***	***$6,000***	***$11,600***	***$6,000***	***$11,600***	***$8,858***	***$14,458***	***$8,858***	***$14,458***	***$6,400***	***$12,000***	***$4,800***	***$10,400***
Year 4	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**
Participant co-pay fee varies from $25/mo and up**	$300	$300	$1,200	$1,200	$1,200	$1,200	$4,058	$4,058	$4,058	$4,058	$1,600	$1,600	$0	$0
Drug testing: 24-36 times @ $100 per***	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600
Nurse Support Group @ from $40 to $160/mo	$480	$1,920	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Health Support Group 1x-2x/wk@ $200-$400/mo	$0	$0	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800	$2,400	$4,800
Treatment cost: $0 - $2,000	$0	$2,000	$0	$2,000	$0	$2,000	$0	$2,000	$0	$2,000	$0	$2,000	$0	$2,000
Estimated Year 4 Costs	***$3,180***	***$7,820***	***$6,000***	***$11,600***	***$6,000***	***$11,600***	***$8,858***	***$14,458***	***$8,858***	***$14,458***	***$6,400***	***$12,000***	***$4,800***	***$10,400***
Year 5	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**
Participant co-pay fee varies from $25/mo and up**	$300	$300	$1,200	$1,200	$1,200	$1,200	$4,058	$4,058	$4,058	$4,058	$1,600	$1,600	$0	$0
Drug testing: 24-36 times @ $100 per***	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600	$2,400	$3,600
Nurse Support Group @ from $40 to $160/mo	$480	$1,920	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Health Support Group (Transition not required)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Treatment cost: $0 - $1,000	$0	$1,000	$0	$1,000	$0	$1,000	$0	$1,000	$0	$1,000	$0	$1,000	$0	$1,000
Estimated Year 5 Costs	***$3,180***	***$6,820***	***$3,600***	***$5,800***	***$3,600***	***$5,800***	***$6,458***	***$8,658***	***$6,458***	***$8,658***	***$4,000***	***$6,200***	***$2,400***	***$4,600***
5 Year Total Estimated Costs	**$18,700**	**$60,900**	**$30,400**	**$90,000**	**$30,400**	**$90,000**	**$44,689**	**$89,289**	**$44,689**	**$104,289**	**$32,400**	**$77,000**	**$26,400**	**$71,000**