



# Oregon

Theodore R. Kulongoski, Governor

**Oregon Health Authority**  
Addictions and Mental Health Division  
500 Summer St. NE E86  
Salem, OR 97301  
Voice: 503-945-5763  
Fax: 503-378-8467  
TTY: 800-375-2863

November 8, 2010

The Honorable Peter Courtney, Co-Chair  
The Honorable Dave Hunt, Co-Chair  
State Emergency Board  
900 Court Street NE  
Salem, OR 97301-4048

Re: The Health Professionals' Services Program, House Bill 2345 (2009)

Dear Co-Chairpersons:

The purpose of this letter is to provide the December Emergency Board with an update on the implementation of House Bill 2345 (2009), which created the Health Professionals' Services Program (HPSP) in the Oregon Health Authority (OHA).

### **Program overview**

OHA was required to establish, or contract to establish, a consolidated, statewide, health professionals' compliance monitoring program by July 1, 2010. The purpose of the program is to reduce the public's risk of harm, injury, or death from impaired health professionals. The program provides accountability and compliance monitoring for licensees who are unable to practice with professional skill and safety due to habitual or excessive use or abuse of alcohol or other drugs that impair ability, or by reason of a mental health disorder. Individuals participating in the program can be either board-referred or self-referred licensees of participating Oregon health licensing boards.

Prior to House Bill 2345 (2009), six boards, including Clinical Social Workers, Dentistry, Licensed Professional Counselors and Therapists, Medical, Nursing and Pharmacy, provided a wide variety of discipline-specific diversion programs and services. Oregon has never had a consolidated, cross-discipline monitoring program of this nature, and there are no other programs exactly like it in the United States.

The statute requires three main components: a monitoring program, a monitoring entity and an independent audit.

The HPSP monitoring program is required to:

- a) Conduct a safe practice investigation for a self-referred licensee;
- b) Assess the ability of a licensee's employer to supervise the licensee, require the employer to establish minimum supervisor training requirements and provide for employer monitoring of the licensee;
- c) Develop, assess, and update a monitoring agreement that puts limitations on the licensee's practice;
- d) Provide random toxicology testing;
- e) Provide staff for the licensee's weekly reporting;
- f) Provide enrollment and completion lists and substantial noncompliance reports to the monitoring entity;
- g) As necessary, facilitate a fitness to practice evaluation;
- h) At least weekly, submit to the monitoring entity a list of board-referred licensees who are enrolled in the program and who have successfully completed the program; and
- i) Report a licensee's substantial noncompliance with a monitoring agreement to the monitoring entity within one business day after the program learns of the substantial noncompliance.

The statute requires OHA to contract with an independent third-party to monitor licensee compliance. The monitoring entity compares the latest weekly HPSP board-referred licensee monitoring agreement list to the previous list and notifies the board of any changes. In a case of substantial noncompliance, whether the licensee is board-referred or self-referred, the monitoring entity reports to the licensee's board within 24 business hours of learning of the noncompliance.

Finally, OHA is required to arrange for an independent third-party to audit the monitoring entity to ensure compliance with program guidelines. The audit will be conducted at the end of the first year of the program's operation. OHA will contract for the service.

### **Implementation process and accomplishments**

In order to implement the program, executive management of OHA's Addictions and Mental Health Division (AMH) evaluated the program's statutory requirements and decided to contract for the program rather than implementing and operating a state-run program. This decision was due to the complexities of

implementation and monitoring that are required to ensure the program is operated efficiently and effectively, as well as being able to have the program run in the most cost effective manner. In order for the program to run as efficiently as possible, it would have required AMH to hire additional staff to manage the requirements and provide the services to the individuals in the program, which would not have been the most efficient and cost effective way to proceed.

As AMH began to implement the HPSP, an advisory committee was convened, which included the executive directors from the boards of Dentistry, Licensed Clinical Social Workers, Licensed Professional Counselors and Therapists, Medical, Nursing and Pharmacy. The committee has met monthly since August 24, 2009. The discussion has focused on overall program design, range of services, budget, confidentiality issues, transition planning, implementation, communications plan, Requests for Proposals (RFP) and Oregon Administrative Rules.

The overall program budget was discussed and several funding formulas were reviewed at these committee meetings. The group agreed on a funding formula that uses two equally weighted factors: number of participants and number of board licensees. The group also agreed the program data would be evaluated annually and factored into the allocation for the next year.

In early 2010, AMH issued RFPs for the monitoring program and the monitoring entity. As a result of those RFPs AMH has a one-year contract with Reliant Behavioral Health to establish and operate the HPSP and a two-year contract with Acumentra Health, Inc. to develop and provide the monitoring entity component.

In the final phase of implementation, AMH and board representatives held numerous transition workgroup meetings in addition to the monthly advisory committee meetings. During that same time, AMH and the boards established preliminary interagency agreements.

On July 1, 2010, the HPSP was implemented. Of the approximately 30 boards that are eligible to participate in the program, four are currently participating: Dentistry, Medical, Nursing and Pharmacy.

**Total estimated costs for biennium 2009-2011:**

\$1,766,744

**Budget components and related cost estimates:**

Attachment A provides an overview of the four budget components and each component's cost estimates for biennia 2009-2011 and 2011-2013.

Attachment B delineates the board-approved cost allocation method and the break down of the costs per board and per participant.

**Participant process flowchart:**

Attachment C is a flow diagram of a board-referred participant's process through the program continuum.

Attachment D is a flow diagram of a self-referred participant's process across the program continuum.

**Action requested**

Emergency Board to accept report.

**Legislation affected**

None.

Sincerely,



Richard L. Harris  
Assistant Director

Cc: Linda Ames, Legislative Fiscal Office  
Sheila Baker, Legislative Fiscal Office  
Kate Nass, Department of Administrative Services  
Tamara Brinkman, Department of Administrative Services

## Attachment A

### HB 2345 - Health Professionals' Services Program

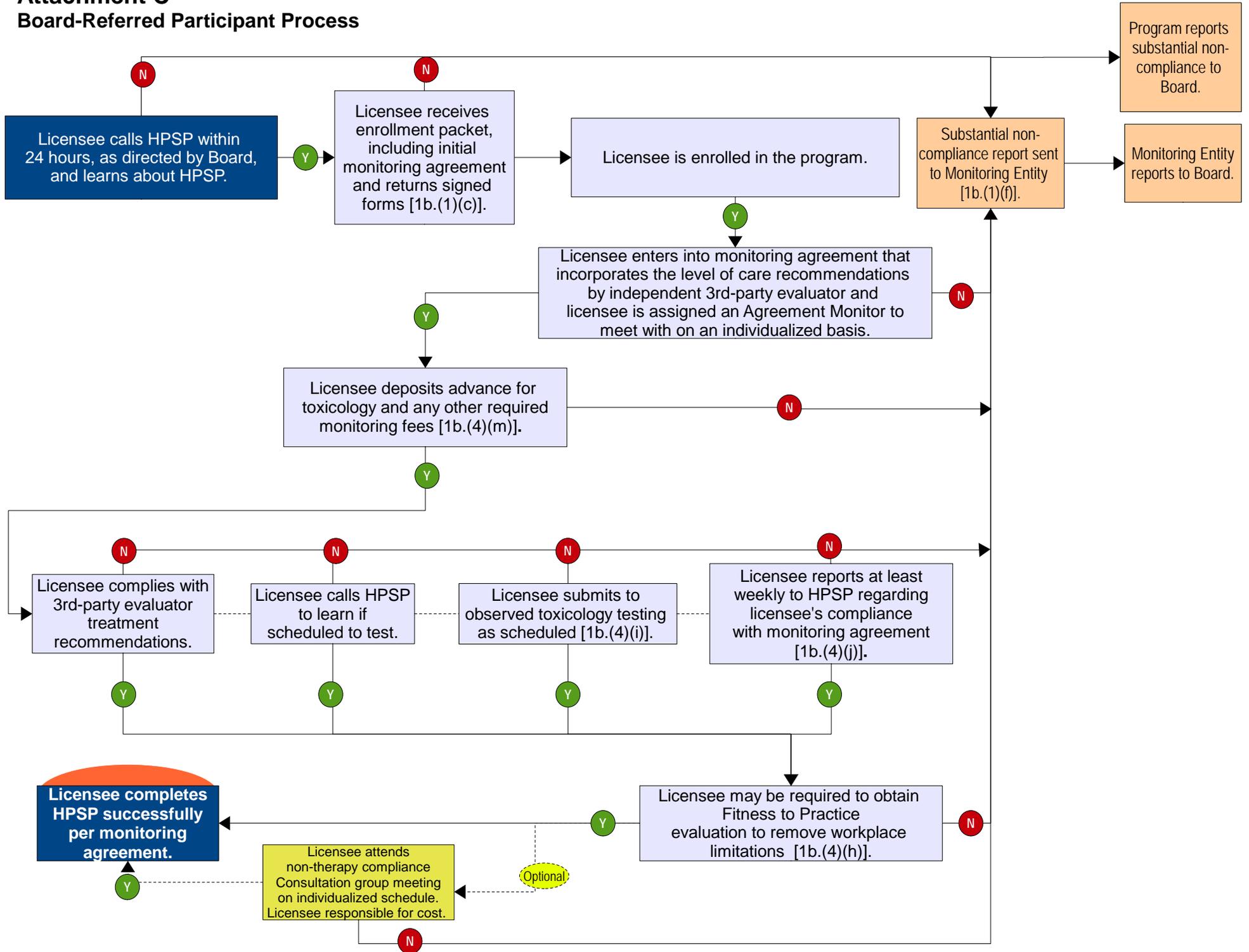
#### Budget components and related cost estimates

	2009-11	2011-13
1. OHA management and administration: Costs include start-up costs, program manager, staff support and standard OHA pricing model. 2009-11 payroll costs are for 18 months and 2011-13 payroll costs are for 24 months.	\$ 351,244	\$ 364,873
2. Monitoring Program (HPSP): Reliant Behavioral Health (one-year contract)	\$ 1,320,500	\$ 2,704,384 *
3. Independent third-party monitoring entity: Acumentra Health, Inc. (two-year contract)	\$ 95,000	\$ 194,560 *
4. Independent third-party audit: No contract needed until 2011-13; program needs to be active for one year before first audit occurs.	\$ -	\$ 194,560 *
<b>Total program cost estimates</b>	<b>\$ 1,766,744</b>	<b>\$ 3,458,377</b>

\* Contracts for 2011-13 have not yet been written. The 2011-13 estimates are for two-years. The 2009-11 contracts have been doubled to represent a two-year contract and inflated by the standard 2.4% to represent the 2011-13 costs. The audit contract is a place holder, actual amount will not be known until early 2011.

# Attachment C

## Board-Referred Participant Process



# Attachment D

## Self-Referred Participant Process

