

Impaired Professionals Assistance Committee (IMPAC)

Proposal to APNC October 2009

Members: Joe Jordan, Chair; Steven Millette, Tammy Gilmore, Jessica Hallman-Holton, JoAnne Hummers, Tony Simeone, Dorsey Ward

Committee purpose and charge:

The IMPAC committee was formed early in 2009 as an ad hoc committee of the Addiction Professionals of North Carolina (APNC). The purpose and task of this committee was to discuss, define and suggest a process by which impaired addiction professionals and those certified or licensed by NCSAPPB could be served, thereby protecting the public and assisting professionals to get help for conditions which may impair their ability to practice the profession. The committee is comprised of stakeholders representing addiction professionals from around the state and from a representative cross section of practice locations and types.

Process:

The committee met via telephone conference call beginning in February 2009. The committee Chair, Dr. Joe Jordan, ensured minutes and meeting agendas were distributed to each member in advance of each meeting. The focus of each meeting was intended to address the specific task as set forth by the APNC request. Members also conducted research and other follow-up activities outside of each meeting as a way to “produce” information and documentation of the committee’s work product. A face-to-face meeting was conducted on 9/10/09 in order to draft a final proposal for an Impaired Addiction Professional Assistance Program and deliver it to APNC. The following is the recommended structure and essential components of such a program.

Recommendations and outcomes:

1. As a way of beginning this work, members of the IMPAC determined that it was important to identify principles by and from which any program should be established and structured. The principles were formally adopted by the committee and reviewed with APNC leadership early in the process.

These are the Guiding Principles:

- 1) Supportive in nature rather than punitive
- 2) Anonymous in all ways except when to do so would jeopardize the public welfare or the professional’s ethical responsibilities
- 3) Preventative, striving to proactively assist the professional at the earliest possible time to avoid harm to patient care or the professional’s career.
- 4) Ethically sound, upholds and reinforces the ethical obligations of certified and licensed professionals but does not substitute or subvert ethical responsibilities
- 5) Advocacy oriented, striving to assist the professional to re-engage into professional practice in a timely and appropriate fashion

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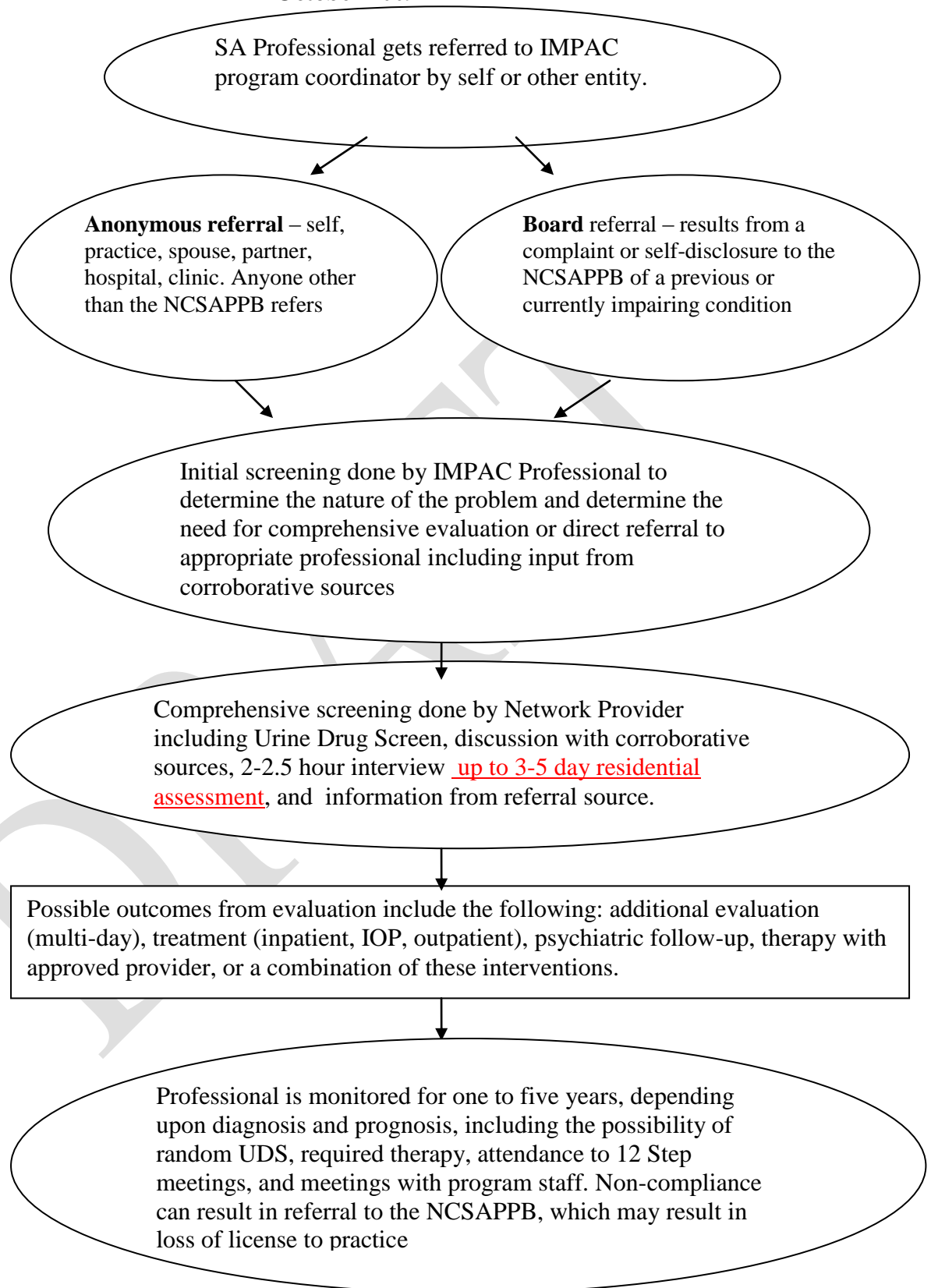
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- 6) Committed to helping the professional with an array of problems which may cause impairment and able to offer appropriate and effective solution(s) to those problems
 - 7) Accountable to the general consuming public and to the profession
2. General Structure: The committee members agreed that the NCPHP model should be adopted as one that would be most effective in managing the needs of the Impaired Addiction Professional, the consuming public and the profession. Two possible structures were identified and recommended:
- a. Stand alone, separate legal business entity which is tied contractually to the NCSAPPB and other regulatory/professional standards stakeholders.
 - b. Managed under contract with another, pre-existing Impaired Professionals Assistance Program such as PHP, PRN, CDP, or LAP. It was determined by the committee that it may be more feasible to structure it this way given the amount of time and funding required to design and to implement a separate program. A management agreement structure could capitalize on economies of scale, existing polices and procedures, staffing and other infrastructure elements and make implementation of this new service more effective and efficient
3. Participant Process and Procedure: The committee determined that there are four basic elements of any such program as it relates to participants being served. Two are recommended to be staffed and delivered by program staff or contractors and two are to be delivered via a network of approved providers. The four elements of the participant process include:
- a. Centralized Information, Screening and Intake Function – Staffed internally by IMPAC program.
 - b. Evaluation and treatment or service need determination – provided by a network of providers regionally represented
 - c. Treatment – provided by a network of approved providers regionally represented
 - d. Monitoring and Field/Peer Support – Staff internally by IMPAC program

Below is a flow chart depicting the steps of this process.

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4. **Competency and Standards:** The committee determined that IMPAC program staff and approved network providers should possess and be able to demonstrate certain competencies. These include:
 - a. Licensed/certified in the areas of practice that is identified as needed by the Addiction Professional being referred to the service.
 - b. Knowledge of the impaired professional and related treatment implications
 - c. Ability to assess and determine fitness to practice as well as any appropriate return to practice parameters if practice was suspended due to treatment or other factors.
 - d. Peer support, boundaries, ethics and laws around working with impaired professionals

5. **Finance/Funding** – The members agreed that the following sources of financing are recommended and should be investigated:
 - a. NCSAPPB licensing fees – designate a portion to this service
 - b. APNC dues – designate a portion of the dues to this service
 - c. The State SAMHDD office
 - d. Private donations or fundraising efforts

6. **IMPAC Committee Future involvement:** The committee recommends that it be involved in certain implementation elements as a support to the process. Such activities as:
 - a. Interviewing potential candidates for managing or directing the program services
 - b. Identifying and accessing funding
 - c. Serving to identify and establish the network of providers
 - d. Consulting on implementation issues, policies and procedures
 - e. Determining a budget or costs required for program start up

Respectfully Submitted:

Joseph Jordon, PhD, LCAS, CCS, LPC
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