

Recommendation	Plan	Status	Due Date
<b>Issue #1</b> Should Diversion Program participation be capped within a fixed budget as noted in the Enforcement Monitor's Recommendation #60: The Division of Medical Quality must determine whether Program participation should be an "entitlement" for any and all impaired California physicians, or whether its participation should be capped at a maximum that can meaningfully be monitored by the staff allocated to the Diversion Program.	To study and analyze the diversion programs in other states and make a recommendation to the Diversion Committee on the feasibility of this proposal.	At this time there are no concerns about excessive caseloads. Diversion Case Manager staff has been augmented to handle current workload and future increases to keep caseloads at a manageable level.	Ongoing
<b>Issue #2</b> Should the Diversion Program charge participants who are practicing medicine participation fees to cover part of the overhead of the Program?	Revisit this issue in 2007 in the meantime the DPM will poll other states' diversion programs to determine if they charge a fee and how much, and if this has a negative affect on participation.	At this time there are no concerns since Diversion funding is adequate to cover staffing and programatic costs. The Committee may want to revisit the issue of participants paying a nominal fee for participation.	None
<b>Issue #3</b> Review duty statements for appropriate designation of roles and responsibilities of the group facilitators. Are the group facilitators serving as therapists and if so, are they subject to the reporting laws and requirements?	To review and update the guidelines and Contract for Group Facilitators, outlining their responsibilities to the program.	The Group Facilitators met and agreed upon new Contract language and the guidelines that support the Contract. Present to the Diversion Committee.	Completed
<b>Issue #4</b> Develop meaningful worksite monitor and hospital monitor standards, criteria and requirements.	Review current worksite/hospital monitor responsibilities and develop updated criteria and requirements; develop training for case managers in this area.	Draft document was approved by the Diversion Committee July 27, 2006.	Completed

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<b>Issue #5</b> Consider the establishment of consistent criteria for termination from the Diversion Program.	Review criteria and make recommendations for amending CCR, Section 1357.5 - Causes for Termination from the Program - for more specific language on the subject.	This issue may be reviewed by the Diversion Advisory Council with recommendations being made to the Diversion Committee	Apr-07
<b>Issue #6</b> Consider the establishment of a mechanism for termination and revocation of license for continuously repeating participants. i.e. Use of Penal code, Section 1000 type of mechanism, where a repeating participant might sign a stipulated surrender of the license so that upon non-compliance the document is used for termination and revocation of license or develop standards for filing a petition to revoke probation and the license of a Board-ordered participant after "X" number of relapses.	Review criteria and make recommendations for amending CCR, Section 1357.5 - Causes for Termination from the Program - for more specific language on the subject. Also, review CCR, Section 1357.1 -Criteria for Admission, and possible regulation changes.	This issue may be reviewed by the Diversion Advisory Council with recommendations being made to the Diversion Committee	Apr-07
<b>Issue #7</b> Review and evaluate the role, purpose, and structure of the Liaison Committee	Liaison Committee as it has existed since 1982 was abolished by the Committee/DMQ in Feb-06. A Diversion Advisory Council was approved at the Nov-06. A work group will meet Jan 22, 2007 to establish language and make-up of the membership.	Diversion Advisory Council structure and membership approved by DMQ at Feb 07 DMQ Meeting. Council Members to be appointed at Apr 07 DMQ Meeting	Apr-07
<b>Issue #8</b> Review the DEC Relapse Referral Matrix for update and adoption as policy to guide the DEC's.	Discussion with DEC members and Group Facilitators/Casemanagers to restructure the Relapse Matrix was held. More discussion will be held at the next DEC annual meeting to finalize the Matrix.	Under review by the DEC work group.	None
<b>Issue #9</b> Develop greater level of reporting communication between Diversion and Enforcement regarding Board-ordered and/or Board-referred participants in lieu of enforcement.	All Case Managers were moved to Enforcement field offices. Diversion Program Manager meets regularly with Enforcement Managers on matters of mutual concern.	Ongoing	Ongoing

<b>Issue #10</b>			
Update the Quarterly Quality Review reporting form to obtain the most important information required by the Committee for oversight purposes. i.e. Expand information on relapses, releases, include information on the number of urine collections and the number of monthly reports filed by the collectors.	To seek input from the Committee on what information should be included on the report that will assist them in their oversight responsibilities; revise the report format; expand on the data for relapses and releases.	A new format is underway-using suggestion from the Diversion Committee.	Apr-07
<b>Issue #11</b>			
Develop criteria/regulations for "evaluating physicians" who perform initial "multidisciplinary physical/mental examinations" on participants as they enter the Program.	Proposed standards were sent to various organizations and individuals. Responses were received and suggestions were incorporated into the suggested standards for Evaluators.	Proposed Criteria/Standards for Diversion Participant Evaluators were approved Nov-06.	None
<b>Issue #12</b>			
Develop criteria/regulations for a competency exam requirement for Diversion Program participants.	There are currently no Regulations established, but B & P 2350 (3) gives the DEC the authority to order a participant to be examined to determine competency.	There will be a Memorandum submitted to the Diversion Committee at the Apr-07 Meeting	Apr-07
<b>Issue #13</b>			
Consider a policy for mandatory "practice cessation" upon entry into the Diversion Program.	Continue the current "Policy" of case by case review by the DEC. Most physicians entering the program are sent to 120 days inpatient treatment. Once treatment is completed the participant cannot return to work without the permission of the DEC.	Issue to revisited in the future as needed.	None
<b>Issue #14</b>			
Consider if the Diversion Program is equipped to handle singly-diagnosed mentally ill physicians.	Continue the current "Policy" of case by case review by the Diversion Evaluation Committee (DEC) Provide ongoing training.	Ongoing	Ongoing
<b>Issue # 15</b>			
Develop and Update Policy and Procedure Manual	The manual has been up-dated with several additions. The manual had been edited and awaits approval from the Legal Department.	Awaiting approval of Legal Council.	