



The State Bar *of California*

Lawyer Assistance Program

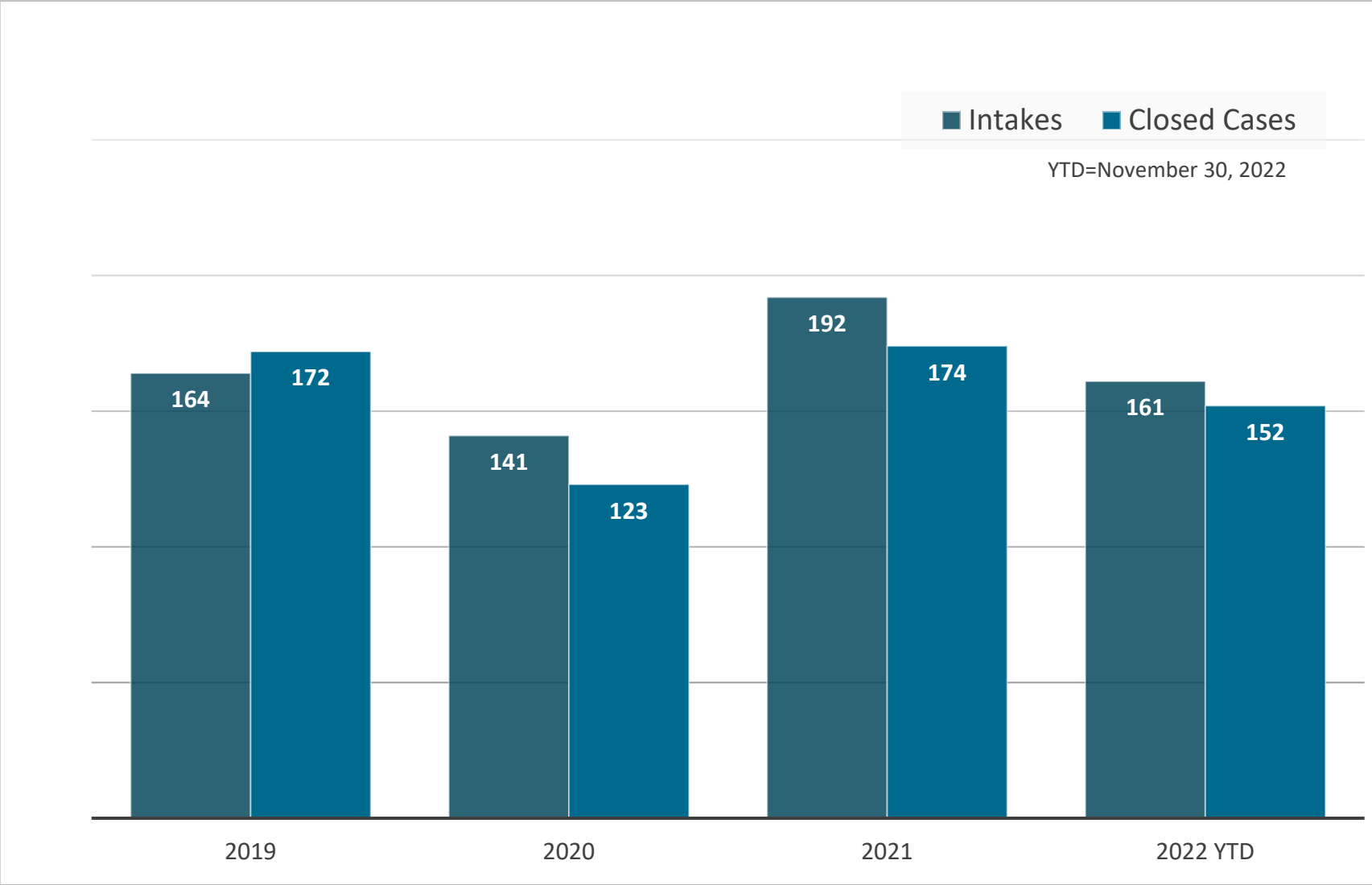
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Professional Monitoring

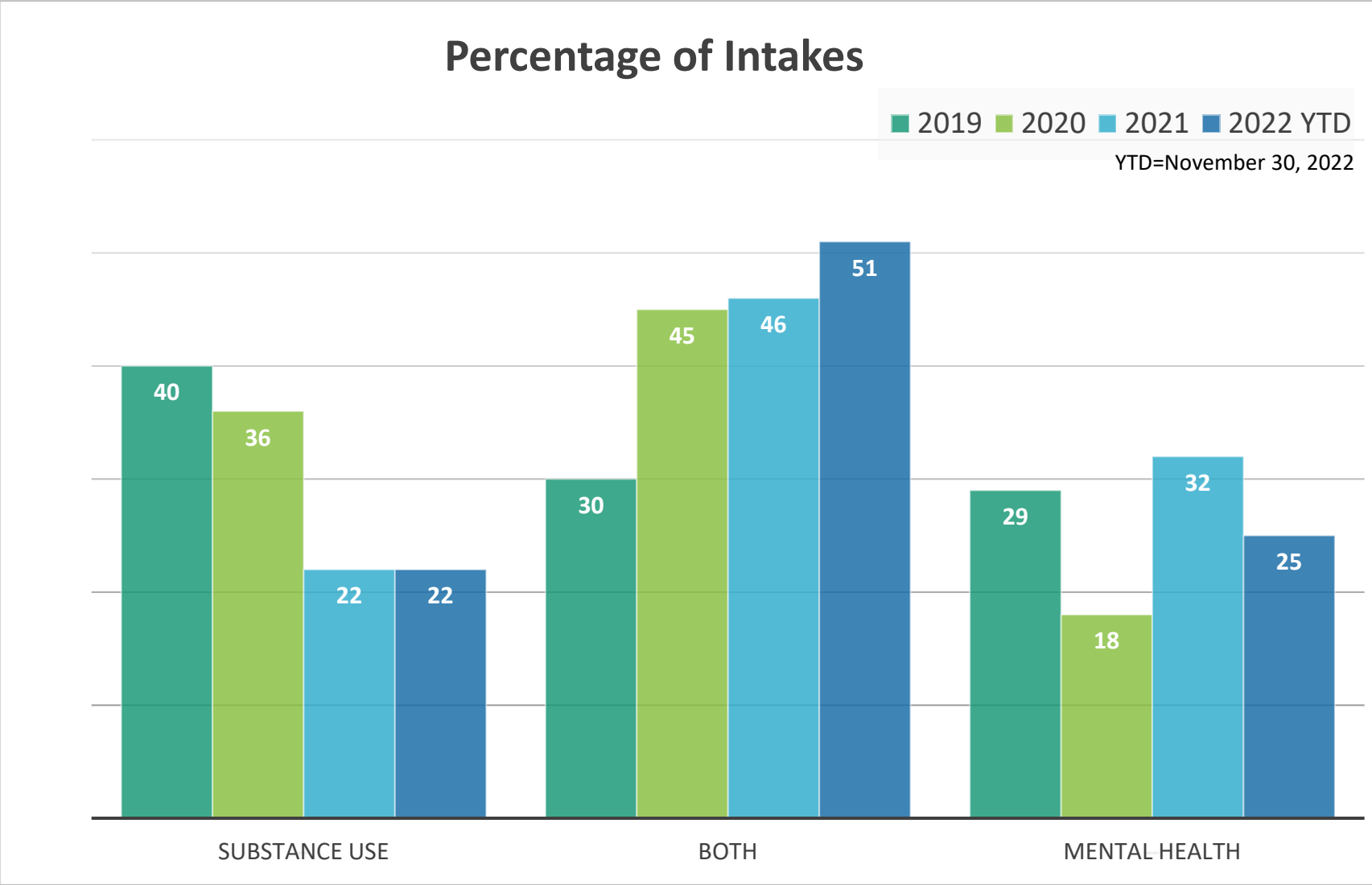
- Intake Assessment & Evaluation Period
 - Clarify the issues to make appropriate recommendations
 - 90 Days (approximate)
 - Culminates in Clinical Review Team Meeting to determine if participant meets admission criteria and to revise Monitoring Plan (if necessary)
 - Diagnosed substance related disorder or a mental health disorder
 - Able to substantially benefit
- Ongoing Case Management (Not Treatment)
 - Connect to resources (including treatment resources)
 - Monitoring and reporting



By the Numbers: Intakes and Closed Cases



By the Numbers: Presenting Problem



Sample Documents

- Monitoring Plan
- Participation Report
- Immediate Report of Non-Compliance
- Certificate of One Year of Participation
 - Mental Health
 - Substance Use



Monitoring Plan

LAWYER ASSISTANCE PROGRAM MONITORING PLAN

I, Applicant or Participant's Name, am participating in the Lawyer Assistance Program (hereinafter “LAP” or “Program”). I hereby acknowledge my understanding of the following:

- The mission of the Lawyer Assistance Program is to support recovering attorneys in their rehabilitation and competent practice of law, enhance public protection, and maintain the integrity of the legal profession.
- The purpose of this document is to set forth the terms and conditions of my participation in the Lawyer Assistance Program.
- The LAP clinical staff, in evaluating my particular circumstances, designed this Monitoring Plan (hereinafter “Plan”) to assist me in structuring my recovery and rehabilitation. I understand that the clinical staff may modify, change, add to, or eliminate any provisions and conditions they decide are necessary to my Plan. Amendments will be added to the end of this document and will be provided to me for signature.
- The first 60 – 90 days of involvement with the LAP are used as an evaluation process. At the conclusion of the evaluation process, I will be notified in writing of my formal acceptance or denial to the Program. Acceptance to LAP may be denied for reasons that include, but are not limited to, not having a diagnosed substance-related or mental health disorder, not substantially benefiting from the LAP or if participation would be inconsistent with public protection.



Monitoring Plan

PART A

- 1. Attend the LAP support group meeting each week. If I am unable to attend, I will report the reason for my absence to the Group Facilitator prior to said absence. I will make up all missed group meetings as agreed upon with the Group Facilitator. I agree to stay current with the LAP Group Facilitator fees or make payment arrangements with the Group Facilitator. I understand that my participation in the weekly LAP group does not create a patient-psychotherapist relationship with the Group Facilitator and that my Group Facilitator will not be providing therapy or treatment for any condition or illness.
- 2. Attend **Number of Meetings** Type of Meeting(s) per week. I will submit attendance cards as verification to the Clinical Rehabilitation Coordinator on the first of the month but no later than the tenth of the month. Suggested recommendations:
- 3. Participate in individual therapy with a therapist approved by the Program and arrange to have quarterly written progress reports from my therapist provided to the Program. All quarterly reports will be due as follows:

<u>Report Period</u>	<u>Due Date (no later than)</u>
January – March	April 10
April – June	July 10
July – September	October 10
October – December	January 10

- 4. Abstain from the use of alcohol and unauthorized drugs. I will provide copies of all prescriptions written for me. I understand that if I am unable to maintain abstinence I may be directed to enter treatment or a sober living residence.
- 5. Provide biological fluid samples as directed. Collections will be random and may be observed. The laboratory analysis of these samples will be submitted to the Program. I will pay the fees for collection and testing at the time of the collection. Select Type of Testing.



PART B

- 1. I will submit a written quarterly report of my recovery progress to the Program. The quarterly report may include the completion of a standardized instrument. A written format is provided in the Participant Information Packet. All quarterly reports will be due as follows:

<u>Report Period</u>	<u>Due Date (no later than)</u>
January – March	April 10
April – June	July 10
July – September	October 10
October – December	January 10

- 2. I will obtain a minimum of six (6) hours of education approved by the Program in the area of mental health and/or problematic substance use as appropriate to address my particular needs. I will obtain a minimum of two (2) hours per calendar year until I complete the six (6) hours. I will provide copies of certificates of completion to the Program. Continuing education verification will be required per calendar year and verification will be due no later than January 10 of the next year.



Monitoring Plan

PART C

1. **I will maintain the anonymity and confidences of the other LAP Group participants.**
2. I will cooperate with the monitoring process including, but not limited to, meeting with the Clinical Rehabilitation Coordinator or clinical staff, returning necessary Program documents and returning phone calls and emails within 24 hours.
9. I understand and agree that any expenses related to the requirements of the Program are my responsibility. I further understand and acknowledge that any and all expenses incurred during or as a result of my participation in the Program are my responsibility.

I understand that failure to comply with the terms of this Plan may result in termination of my participation in the LAP.

I understand that my participation in the LAP does not create a patient-psychotherapist relationship with the Clinical Rehabilitation Coordinator and that my Clinical Rehabilitation Coordinator will not be providing therapy or treatment for any condition or illness.

I understand and agree that my participation in the Program does not affect, alter, or curtail in any manner the State Bar of California's authority to investigate and take disciplinary action against my license for any conduct committed by me whether before, during, or after my participation in the Program.



Cost of Monitoring

- Monitoring, reporting, and support of clinical staff – no cost to participant
- LAP Group: \$250/month
- Biological Fluid Testing: Approximately \$80 - \$275/month
- Treatment costs will vary. Participants are encouraged to use insurance benefits and are assisted in finding low-cost/sliding-scale providers for:
 - Psychiatric Medication Management
 - Individual Therapy
 - Inpatient or Outpatient Treatment Program



Participation Report

LAP PARTICIPATION REPORT

Time Period: _____

Participant Name: _____

Bar #: _____

Signed Release of Information: _____
(date)

Signed Monitoring Plan _____
(date)

In compliance with terms of Monitoring Plan ☐ Yes ☐ No

If no, which terms and comments:

Drug Testing: Participant is not required to test.

Comments:

Choose an item.
Clinical Rehabilitation Coordinator

Click or tap to enter a date.
(date)



Immediate Report of Non-Compliance

Participant Name: _____

Bar #: _____

Signed Release of Information: _____
(date)

Signed Monitoring Plan: _____
(date)

Immediate Report of:

- ☐ Withdrawl from LAP. Date:
- ☐ Departed treatment against staff advice. Date:
- ☐ An unexcused missed lab test. Dates:
- ☐ A lab result detecting unauthorized substances. Dates:
- ☐ An unexcused absence from LAP group/Therapy Session. Dates:
- ☐ Other:

Comments:

CRC _____
Clinical Rehabilitation Coordinator



One Year Certificate

- The One Year Certificate can be requested any time after the requirements have been met. The certificate is independent of the LAP completion process.
- The Lawyer Assistance Program (LAP) certifies that [participant's name] has satisfied all lab testing requirements set forth in the LAP Monitoring Plan for one year prior to the date of this certificate. During this time period, no unauthorized substances were detected. In addition, the LAP is not aware of the use of any unauthorized substances during this period.

OR:

- ...During this time period, [participant's name] has maintained mental health stability and has participated successfully in the LAP.



“Graduation” from LAP

- The *minimum* requirements for successful completion of the Program are: three years of continuous sobriety or mental health stability, satisfaction of the terms of the Monitoring Plan and lifestyle changes that will support ongoing recovery and stability.
- Participants must request to successfully complete (“graduate”) the LAP.
- Participants must submit a report documenting their program of recovery, including plans for ongoing maintenance and relapse prevention
- Successful completion is determined by the Clinical Review Team





LAP Oversight Committee's Role - Ideas

- Review and update financial assistance policy/criteria
- Review criteria for successful completion of Monitored LAP
- Create new benchmarks to measure successful participation
- Policy and Operations Manual update





Contact LAP



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The State Bar of California