

## State of South Dakota HEALTH PROFESSIONALS ASSISTANCE PROGRAM

### Philosophy

Since 1996, the South Dakota Health Professionals Assistance Program (HPAP) has assisted with the recovery and the safe return to practice for thousands of healthcare providers. The individuals who access HPAP, have dedicated their lives to helping others and are now in need of care themselves. HPAP believes early identification, comprehensive evaluation, support of treatment efforts, combined with ongoing recovery management, offers the best opportunity for successful outcomes. HPAP is a confidential program designed for regulated health professionals who hold or are eligible to hold licensure with a health-related licensing board listed under Title 36. HPAP operates in accordance with state statute SDCL 36-2A. Midwest Health Management Services (MWHMS) currently operates the contract for HPAP.

### Mission

HPAP is dedicated to enhancing public safety through facilitating early identification, intervention, treatment, continued care, and monitoring of the safe return to practice for regulated health professionals who may be unable to practice with reasonable skill and safety if their potentially impairing substance use and/ or mental health condition is not adequately managed and treated. HPAP acknowledges a primary concern for public safety. HPAP believes a vibrant assistance program will enhance public safety by reducing risk associated with potentially impairing health conditions.

### HPAP Program Description

Health professionals work in safety sensitive positions. Untreated and undertreated substance use and mental health symptoms may negatively impact an individual's vocation. "Impaired" is defined in SDCL 36-2A-1(2) as "the inability of a licensee to practice his or her health-related profession with reasonable skill and safety as a result of mental health issues or substance use related disorders". Like many illnesses, mental health and substance related health concerns exist on a continuum of severity. And like other chronic illnesses, those who suffer from mental health and substance abuse disorders may experience a relapse in symptoms. Furthermore, the person who is struggling may have environmental circumstances that contribute to further complexity in successful management of symptoms. Mental health and substance related disorders may differ from other physical illnesses in that there is an element of shame connected which may keep people from reaching out for support. Beyond this there may be limited resources for care, and symptoms are commonly undertreated.

With respect and compassion, HPAP seeks to understand the severity of the symptoms, the available environmental supports, and guides individuals in the recovery process, providing accountability, structure, and support.

**For those who receive treatment alone, research indicates only potentially 24%, have maintained sobriety after one year. How to reach a 78% recovery rate:** Dupont study of Physician Health Program's (PHP) revealed that 78% of the physicians enrolled in PHP's did not have a single positive test for any drug or alcohol use for over 5 years of testing. Of the 22% who did have at least one positive test, 65% did not have a second positive test. The SD HPAP model is based on the PHP best practices. Strengths of this model include early intervention, appropriate level of care, accountability to support adherence to treatment goals.

HPAP is statewide, confidential, and professionally staffed. HPAP develops individualized, comprehensive Participation Agreements which include input from treatment providers, the HPAP Evaluation Committee, and if appropriate, family, employers, and licensing boards. Participation Agreements support adherence to the prescribed treatment plan and provide opportunity to document sustained recovery. Ongoing documented recovery through HPAP can provide the basis for advocacy on behalf of participants.

HPAP promotes early intervention, which increases the likelihood of successful treatment and decreases the likelihood of clinical skills being compromised. In addition to voluntary referrals, HPAP provides non-disciplinary options, as well as mandated/disciplinary options for licensing boards when regulated health professionals whose illness of a mental health or substance use disorder requires monitoring and/or practice limitations.

The staff of MWHMS actively participate in the promotion of HPAP through outreach and education with healthcare organizations, centers for learning, and treatment providers. Outreach and education are also conducted in cooperation with the various professional associations and with the legal community.

### **Eligibility and Referrals**

Anyone can make a referral to HPAP. Most referrals come from employers and licensing boards; however, to encourage early intervention and improved outcomes, HPAP encourages self-referrals, referrals from families or peers, or referrals from medical or treatment agencies. When contacting HPAP about a colleague, your contact will be held in the strictest confidence. HPAP can serve as a resource to help determine appropriate next steps.

Per SDCL 36-2A, HPAP is available to any individual who, at the time of application:

- holds a license from a participating Board in SD.
- is eligible for and in the process of applying for licensure from a participating Board in SD.
- is accepted as a student in a program in SD leading to licensure as a healthcare professional.
- has not diverted controlled substances for other than personal use.
- has not been accused of sexual misconduct.
- has not been terminated from a similar program in this or another state for noncompliance; or
- does not create too great a risk for the healthcare consumer through continued practice.

HPAP can work with licensing boards to provide an alternative to discipline. An Alternative to Discipline program is used when:

- there is no allegation of patient harm; **and**
- there has been no other violation of law; **and**
- the professional has agreed to participate and follow the prescribed Participation Agreement.

Per SDCL 36-2A, HPAP may terminate an individual's participation in the program based upon:

- Successful completion of the participation agreement.
- Failure to cooperate or comply with the participation agreement; or
- If, during the individual's participation in the program, HPAP receives information indicating other possible violations of that individual's governing practice act.

### **Program Components**

**Evaluation Committee** - The Evaluation Committee is composed of one actively practicing licensed health care professional with demonstrated expertise in the field of chemical dependency/mental health from each of the health-related professions participating in the assistance program. The duties pursuant to SDCL 36-2A include:

1. Evaluation of applicants for admission to the program.
2. Development of individual participation agreements plans for program participants.
3. Evaluation for participant discharge.
4. Maintain the confidentiality of program applicants and participants.

**Case Management** - Case management is an essential component in ensuring public safety and supporting the health care professional successfully address their substance or mental health related symptoms. All staff are masters level educated with demonstrated expertise in addressing mental health and substance use disorders, MWHMS also has a staff physician/addictionologist advisor who has expertise in caring for the health and wellness of health care professionals. Case management facilitates the development of an individualized participation agreements, as well as ongoing supportive services at the appropriate level of care for participants. Case management allows HPAP to aid a health care professional to regain/maintain employment by providing a process to evaluate recovery and advocate for their safe continued or return to practice. Case management may provide objective data to dispel undeserved accusations and can also identify behaviors which could potentially lead to relapse.

**Confidentiality and Record Keeping** - All records of program participants are confidential and are not subject to discovery or subpoena. Only authorized program personnel and Evaluation Committee members may have access to participant records unless the participant voluntarily provides for written release of the information. A participating board may only have access to records of participants who were referred by the board, who refused to cooperate with the program, or who have been terminated by the program for noncompliance or information regarding possible other violations of the individual's governing practice act. MWHMS/HPAP provides statistical reports, containing aggregate data only, to participating boards on an annual basis.

**Evaluation of Treatment Providers** - Whenever possible at least two referrals for treatment providers are given. HPAP approved treatment providers have demonstrated expertise in their respective professions and demonstrated understanding in working with individuals who work in safety sensitive and health care professions. HPAP approved providers must also be willing to provide information to the program on the status of mutual clients with appropriate releases of information.

**Participation Agreement** - The participation agreement is a voluntary agreement between the health professional and HPAP. Each agreement is signed by the individual participant. The agreements are reviewed on a regular basis and updated as needed. Participation Agreements are in written form and address the following areas:

1. Length of participation
2. Treatment/continuing care
3. Support group attendance
4. Toxicology
5. Health care
6. Work site liaison/point of contact

7. Practice restrictions
8. Accountability and advocacy reports

Further discussion regarding Individualized participation components:

1. Length of Participation: Length of participation decisions are determined by the Evaluation Committee. Length of participation decisions are complex and multifactorial. They consider all available information including but not limited to severity of illness including symptoms and consequences, type of professional practice with potential risk to the public, and available support and treatment. The participation agreement considers length of successful practice and length of compliance. If established by a board order, length shall never be less than what is established by board order.  
If a participant experiences a relapse this may extend the need for continued participation. A relapse is defined as a return to active symptoms that may potentially impair a participants ability to practice with reasonable skill and safety.
2. Professional Support Groups - These are peer support groups led by a qualified facilitator. The role of the facilitated support group is to provide a means to:
  - Share experiences and provide strength, hope, and support in addressing issues related to the process of recovery.
  - Provide support regarding professional issues including re-entry into the workplace.
  - Be a resource for additional supportive services.
  - Report attendance to the program; and
  - Provide input and recommendations relative to the needs of program participants.

Professional support groups operate under the following guidelines:

- Believe in the total abstinence model of recovery.
  - Maintain participant confidentiality except when the participant is a threat to self or others or has a signed release of information.
  - Be prepared to respond to crisis situations by either intervening or referring.
3. Toxicology- The program requires unscheduled toxicology for individuals who have had a diagnosed substance use disorder and/ or to rule out a possible substance use disorder. A minimum number of screens required per year is established during the development of the Participation Agreement. The participant is required to submit a specimen within eight (8) hours of the request. All screens are performed by a certified laboratory.

MWHMS staff have all been trained in toxicology, including understanding various types of toxicology available, collection of chain of custody drug screens, and understanding of toxicology results. HPAP has a formal relationship with a Medical Review Officer to review any contested toxicology results. MWHMS also recognizes toxicology can be a significant expense for participants and in addition limited collections sites are available in the state; consequently, MWHMS offers collection of toxicology at no cost to HPAP participants.

4. Work Site Liaison/Point of Contact /Practice Restrictions – Per statutory guidelines, all participants in HPAP are required to have a liaison at the work site. The work site liaison must be approved by

the program staff. It is the responsibility of the participant to identify the work site liaison and disclose their participation in the program. Work site liaisons should:

1. Be a supervisor or manager to whom the participant is accountable.
2. Be available to the participant, preferably working the same hours and location.
3. Not be an employee of or supervised by the participant or share in fiduciary responsibility with the participant.
4. Be willing to monitor the job performance of the participant.
5. Be willing to communicate with the program.

Consent to communicate with the work site liaison is included in the participation agreement and via a signed release of information. The participation agreement is provided directly to the work site liaison. Work site liaisons are given evaluation forms to communicate the participant's overall work performance. This information includes, but is not limited to, record-keeping, punctuality and professional demeanor to patients, colleagues, and other staff.

Practice restrictions may be implemented to ensure safety. Practice restrictions support participants keep perspective in balancing their professional practice and recovery program.

**Successful Completion-** After a period established by the Participation Agreement an individual becomes eligible for successful completion. Individuals who are eligible for successful completion have demonstrated a decrease in symptoms, increased coping skills, improved communication skills and documented safe professional practice.

Compassionate intervention, ongoing support, and case management through HPAP may help save an individual's career and possibly his or her life. Successful completions do not simply represent meeting the obligations of a participation agreement, they represent a commitment to the healthcare community. Those who have successfully completed HPAP become an important part of the fabric of our communities. They are colleagues and supervisors. They mentor other colleagues who may be struggling. Their care for patients is strengthened twofold because the health care provider is well and because there is improved ability to address patients who are often also presenting with mental health and substances related illnesses.