

State of South Dakota HEALTH PROFESSIONALS ASSISTANCE PROGRAM

Since 1996, the South Dakota Health Professionals Assistance Program (HPAP) has assisted with the recovery and return to work of hundreds of healthcare providers. HPAP believes that early intervention, and comprehensive accurate evaluations, combined with ongoing case management and support of treatment efforts, offers the best opportunity for successful outcome. HPAP is a confidential program designed for regulated health professionals who hold, or are eligible to hold, licensure with the SD Board of Nursing, SD Board of Medical and Osteopathic Examiners, SD Board of Pharmacy and/or the SD Board of Dentistry. HPAP operates in adherence to SD CL 36-2A.

Philosophy

HPAP recognizes that mental illness and substance use disorders are diseases that may negatively impact an individual's physical, mental, social, vocational, emotional, and spiritual well-being. We also believe these illnesses can be successfully managed and treated. Compassionate intervention can help save an individual's career and possibly his or her life. HPAP recognizes that health professionals who are experiencing these illnesses are individuals who have dedicated their lives to helping others, and are now in need of care themselves.

Mission

The South Dakota Health Professionals Assistance Program (HPAP) is dedicated to enhancing public safety through facilitating early identification, intervention, treatment, continued care, and monitoring of the safe return to practice of their profession for regulated health professionals who may be unable to practice with reasonable skill and safety if their potentially impairing mental health or substance use illnesses are not adequately managed.

HPAP acknowledges a primary concern for public safety. We believe a vibrant assistance program will enhance public safety by reducing risk associated with potentially impairing health conditions, early intervention and referrals may over time, decrease licensing board discipline.

Program Services

HPAP is a statewide program, and is confidential and professionally staffed. Services include general outreach, crisis intervention, informal assessment, treatment monitoring, and support for providers who need our assistance. HPAP develops individualized Participation Agreements, these comprehensive agreements include input from our on-staff Physician, Evaluation Committee, input from treatment providers, employers and licensing boards (when appropriate), and with the HPAP participant. These 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 HPAP advocacy on behalf of participants.

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.

Assistance with JCAHO Standard on Physician Health

JCAHO Hospital Medical Staff Standard (MS 2.6) on Physician Health requires that medical staff (1) manage physician health matters separately from disciplinary matters, (2) establish a process for handling potential physician impairment, and (3) train physicians and other hospital staff members to recognize physician impairment. Nationwide, JCAHO endorses the utilization of a statewide system, which in South Dakota, is the SD Health Professionals Assistance Program (HPAP).

Eligibility and Referrals

Anyone can make a referral to HPAP. Most referrals come from employers and licensing boards; however, in an effort to encourage early intervention and improved outcomes, HPAP encourages self-referrals, referrals from families or peers, or referrals from medical or treatment agencies. If you call HPAP about a colleague, your contact will be held in the strictest confidence. We can serve as a resource to help determine appropriate next steps. The Program will report individuals who have been denied admission to the Health Professionals Assistance Program to the applicable participating board.

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

- holds a license as a healthcare professional from a participating Board in South Dakota. Current boards include: Dentistry, Medical & Osteopathic Examiners, Nursing, Pharmacy;
- is eligible for and in the process of applying for licensure from a participating Board in South Dakota;
- is accepted as a student in a program in South Dakota 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.

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

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

The Program will report terminations based on noncompliance and information regarding other possible violations of the individual's practice act to the applicable participating board for disciplinary review.

Program Components

Staff - Program staff consists of an Executive Director, Program Director, Physician Advisor, case managers and necessary support staff.

Program Service Committee - The Program Service Committee consists of one representative appointed by each participating board from its board membership or staff. The duties of the committee pursuant to SD CL 36-2A include:

1. Establishing the annual program budget and the pro rata share of program expense to be borne by each participating board;
2. Approving policies and procedures;
3. Annually approving members to the evaluation committee;
4. Conducting an annual evaluation of the assistance program; and
5. Providing guidance to the program personnel.

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 SD CL 36-2A include:

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

Case Management - Case management is provided by the staff in conjunction with the Evaluation Committee. Case management facilitates the development of a participation agreement for the individual participant. It also facilitates management of referral and monitoring components of the individual participants.

Compliance Monitoring - A major focus of the Health Professionals Assistance Program is monitoring the compliance of the professional to the prescribed treatment program. Monitoring can be facilitated in the following ways:

1. Unscheduled drug screens;
2. Contracts for program requirements;
3. Work site Monitors;
4. Support Group attendance;
5. Referrals for treatment and continuing care;
6. Practice restrictions; and
7. Filing of reports necessary to document compliance.

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.

The Program provides statistical reports, containing aggregate data only, to participating boards on an annual basis. The Program maintains records of program participants, who have successfully completed the program, for five years following discharge and then destroys them.

Participation Agreement - The participation agreement is a voluntary agreement between the health professional and the Program. It is in written form and addresses the following areas:

1. Dates of participation
2. Length of participation
3. Treatment/continuing care
4. Support group attendance
5. Unscheduled drug screens
6. Health care
7. Work site monitoring
8. Performance status and any practice restrictions
9. Relocation/job change
10. Reporting requirements

Each agreement is signed by the individual participant. The agreements are reviewed on a regular basis and updated as needed.

Monitoring - Monitoring is the central element in the Health Professionals Assistance Program. Monitoring of the participant is essential to providing patient/client safety and ensuring that the health care professional is competent to practice. Monitoring aids a health care professional to regain/maintain employment by providing a process to evaluate recovery and rehabilitation. Monitoring may provide objective data to dispel undeserved accusations and can also identify behaviors leading to relapse.

The Health Professionals Assistance Program concurrently utilizes several methods to monitor the progress of an individual professional. These methods are:

1. Self-Reports - Each participant submits a report to the program staff monthly. These reports provide the staff with information regarding any difficulties the participant may be having that might interfere with his/her ability to comply with the program, indicates progress in recovery and provides the participant with an opportunity to examine his/her own progress.
2. Continuing Care Reports - These reports are required to be sent to the program staff with a frequency that is consistent with the participation agreement. This report provides a professional assessment of the individual's general appearance and progress. The report should address the participant's:
 - a) Stability in Recovery;
 - b) Support Systems;
 - c) Judgment; and
 - d) Cognitive Functioning.
3. Twelve Step Program Attendance/Sponsor - Most participants who have had a diagnosed substance use disorder, are required to attend a minimum number of twelve step meetings which is established during the development of the Participation Agreement. Frequency of attendance can also be specified by the continuing care plan. The individual participant provides written documentation on an ongoing basis regarding attendance. Participants may be expected to obtain a Twelve-Step program sponsor and provide the staff with that person's first name and last initial. The sponsor is also expected to submit quarterly reports as to the individual's participation in the recovery program.
4. Professional Support Groups - These are peer support groups led by a qualified facilitator rather than twelve-step or aftercare/psychotherapy groups. The role of the support group in the monitoring program 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 work place;
 - 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 which participate in the monitoring program operate under the following guidelines:

- Believe in the total abstinence model of recovery and the twelve-step program principles;
 - 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.
5. Medication Reports - If the participant is prescribed or dispensed any medication by a licensed practitioner, the individual must request the practitioner prescribing the medication complete a Medication Report form and return it to the program. The form includes the medication dose, any refills and why it was prescribed. This form is sent directly to the program by the practitioner.
 6. Medical Care - Participants are expected to inform all treating professionals (i.e. doctors, dentists, etc.) of their involvement in the program.

7. One to One Visits - On-going assessment is a major activity of the monitoring phase. This is accomplished by addressing each point of the participation agreement with the participant to assure compliance. Reports from all treatment providers, work site monitors and meeting verification reports are also reviewed. These assessments are primarily done to provide guidance, confrontation, or to resolve an issue so a contract can be amended. All participants in the program are required to meet with their assigned program staff on a quarterly basis. If problems or concerns arise between meetings, the participant or staff can request a meeting.
8. Drug Testing - The program requires unscheduled drug screening as part of the monitoring process for individuals who have had a diagnosed substance use disorder and/or to rule out the presence of a 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. The participant provides the program staff with the name and location of their collection site, from a list of approved sites. The participant is responsible for payment of the drug screen charges.
9. Work Site Monitoring/Practice Restrictions - All participants in the assistance program are required to have a monitor at the work site. The work site monitor must be approved by the program staff. It is the responsibility of the participant to identify the work site monitor and divulge their participation in the monitoring program. Work site monitors must:
 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 monitoring program.

Consent to communicate with the work site monitor is included in the participation agreement. The monitoring plan is provided directly to the work site monitor. Work site monitors 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 insure safety. One purpose of practice restrictions is to insure that participants keep in perspective their workload and recovery program, as well as their commitment to the program.

Evaluation of Treatment Providers - Treatment providers that may be recommended by the Health Professionals Assistance Program have demonstrated a willingness to fulfill the following criteria:

1. To provide information to the program on the status of referred clients after appropriate consents to release information have been obtained.
 2. An environment, facility, and peer group that will be attractive to a professional person.
 3. Development of individualized treatment and aftercare plans that meet the specific needs of the participant.
- Whenever possible at least two referrals are given to an individual.

Outreach and Education - Program staff actively participate in the promotion of the Health Professionals Assistance Program through outreach and education with healthcare and treatment providers. Outreach and education is also conducted in cooperation with the various professional organizations.