



A Monitoring Program for Recovering  
Health Professionals

**WASHINGTON  
HEALTH  
PROFESSIONAL  
SERVICES**



**2013 ANNUAL REPORT**

## TABLE OF CONTENT

<b>Message from the Executive Director</b>	
John Furman, PHD, MSN, CIC, COHM-S .....	3
<b>Program Overview</b> .....	4
Mission Statement .....	4
Vision Statement .....	4
Values .....	4
<b>About the Washington Health Professional Services Program</b> .....	5
<b>Legislative Intent</b> .....	5
<b>WHPS Provides the Following Core Services</b> .....	5
<b>Case Management</b> .....	6
<b>WHPS Staff</b> .....	6-7
<b>Statistical Overview</b> .....	8
Figure 1: 2013 WHPS Participation Stage.....	8
Figure 2: 2013 WHPS Age and Gender Grouping .....	8
Figure 3: 2013 WHPS Participation Type .....	9
Figure 4: 2013 WHPS Profession Grouping.....	9
Figure 5: 2013 Nursing Professions by Credential .....	10
Figure 6: 2013 Drug Categories and Drug of Choice.....	10
Figure 7: 2013 WHPS Discharge Types .....	11
Figure 8: 2012-2013 WHPS Program Activities.....	11
<b>Professional Peer Support Groups</b> .....	12
<b>2013 Program Highlights</b> .....	13
Substance Use and Abuse Team .....	13
Professionals Peer Support Group Facilitator Meetings .....	13
Multi-State Research Group .....	13
Reducing Paper and Improving Client Services .....	14
Enhancing Public Safety .....	14
WHPS Newsletter.....	14
<b>Outreach and Publications</b> .....	15
<b>Publications</b> .....	15
<b>A Client Story</b> .....	16
<b>Request for Speaking Engagement Form</b> .....	17

## Message from the Executive Director John Furman, PhD, MSN, CIC, COHN-S



2013 was a busy year for Washington Health Professional Services (WHPS). We continue to bring Business Practices in line with current research and to educate the health care community. Relevance and outreach are keys to being able to safely return health professionals to practice. Outreach also provides the transparency necessary to instill public and stakeholder confidence in the program.

Three staff members left WHPS in 2013. Robert Hamilton took a management position with MultiCare Health Systems Chemical Dependency Services, Gary Garrety took a promotional position in the department's Prescription Monitoring Program, and Beth Dotson retired after 22 years with WHPS. Beth's accomplishments during her WHPS career are plentiful and she will be greatly missed. However with people leaving new people come in; Alicia Payne has joined the WHPS team as our new Operations Manager and Mikel Olsson as a new Case Manager.

2013 was a budget year and I am pleased to share that WHPS remains fully funded. While WHPS does not derive funding directly through legislative appropriation or licensing fees, the department and various Boards, Commissions, and Advisory Committees to which we provide services to recognize the program's value and continue to support a stable level of funding. We are proud to be able to demonstrate accountability and trust.

The number of health professionals referred to and moving in and out of the program has remained fairly stable since 2012 (detailed statistics are provided in the report). However, employment opportunities for WHPS clients are becoming more difficult to find. This is despite the fact that research has shown that health professionals enrolled in an alternative monitoring program are significantly less likely to have a complaint filed against their licenses than the larger health care professional population. It is imperative that we all work toward dispelling the myth of the impaired health professional. I look forward to working with health care employers of all types to support their colleagues and employees with a substance use disorder in the same manner that they would support someone with a chronic pulmonary, cardio-vascular, or endocrine disease.

A speaking engagement request form is included at the end of this report. Please use this form to invite WHPS to your facility or call us directly at 360-236-2880.

In conclusion, WHPS is fulfilling its mission of protecting the public and returning health professionals to practice. We have a safe and effective system for incorporating best practices, outreach, collaboration, and transparency. I am honored to be entrusted with this responsibility and greatly appreciate your support.

Sincerely,

John Furman, Executive Director

## **PROGRAM OVERVIEW**

Washington Health Professional Services (WHPS) provides comprehensive substance use monitoring services to 21 health profession licensing Boards, Commissions, and Advisory Committees. This includes more than 75 licensed, registered, and certified health professions. Protecting public health and safety is the top priority. WHPS accomplishes this in collaboration with the department's Health Systems Quality Assurance Division and licensing authorities.

WHPS is a confidential, to the maximum extent provided by law, resource for healthcare professionals, employers, or anyone who has concerns that a health professional may be misusing alcohol or other drugs. Compliance information is made available to licensing authorities as necessary to ensure public safety.

An extensive body of research shows that approaching substance use disorders as a treatable illness is extremely effective financially and has broader positive societal effects. When effective treatment is provided and supportive monitoring is in place, recovering health professionals can safely return to practice.

*\*The department supports two additional programs: Washington Recovery Assistance Program for Pharmacy (WRAPP), and Washington Physicians Health Program (WPHP).*

## **MISSION STATEMENT**

Washington Health Professional Services works to protect and improve the health of people in Washington State by supporting early intervention, safe return to practice, and providing effective monitoring of health professionals with substance use disorders.

## **VISION STATEMENT**

To continue to be a leader in the monitoring of health professionals with substance use disorders by using current research and best practices in order to most effectively allow health professionals to return or continue to practice their profession in a way that safeguards the public.

## **VALUES**

- We honor the public's trust and maintain a commitment to public safety.
- We recognize the right of everyone to be treated with dignity and respect.
- We are accountable, effective and responsive.
- We act with integrity and the courage to change.
- We protect confidentiality to the maximum extent of the law.
- We work collaboratively with partners and communities to support the WHPS Mission.

## **ABOUT THE WASHINGTON HEALTH PROFESSIONAL PROGRAM**

Since the late 1980's, the legislature has recognized the value in promoting treatment, effective monitoring, and safe return to practice as a public health benefit. A primary benefit to the public and the health professional is that monitoring enhances public safety through early intervention and quick entry into monitoring. Health professionals can also continue to provide health care, which is especially important as the demand for skilled health professionals grows.

Health profession licensing Boards, Commissions, and Advisory Committees share an explicit duty to protect the public from unsafe health practice. However, before the advent of alternative programs, the disciplinary approach was the only way to address health professionals with substance use disorder. This resulted in an unnecessary loss of a valuable public health resource.

The Washington State Department of Health, in conjunction with various professional health boards, established the Washington Health Professional Services (WHPS) program on August 1, 1991. The program is a confidential voluntary referral and monitoring program designed as an alternative to license discipline for licensed health professionals who practice is impaired due to substance misuse.

### **LEGISLATIVE INTENT**

Washington Health Professional Services provides comprehensive statewide professional intervention, referral and monitoring services to impaired health professionals in accordance with RCW 18.130.175. The legislature specifically intends that:

*"...disciplining authorities seek ways to identify and support the rehabilitation of health professionals whose practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that such health professionals be treated so that they can return to or continue to practice their profession in a way which safeguards the public."*

### **WHPS PROVIDES THE FOLLOWING CORE SERVICES:**

Case Development: To include initial assessment and intake, referrals for evaluation and treatment, coordination of treatment resources, referrals to Professional Peer Support Groups, and development of return to practice and WHPS program monitoring contracts. The process stresses the acceptance of responsibility and the need for treatment.

Monitoring Activities: To include partnership with employers and coordination with worksite monitors, referrals for mental health, pain management and other services, random drug screening, and ongoing contract compliance monitoring. Monitoring aids health professionals by helping them regain employment and providing a process to evaluate recovery and rehabilitation.

Outreach and Education: To include participation in conferences, and consultation to employers, treatment providers and other stakeholders regarding identification, intervention and retention of health professionals with substance use disorders. Education and outreach are a vital part of any alternative programs' services.

Consultation with other States and Regulatory entities: WHPS has been a leader in developing alternative to discipline program standards on the national level and continues to participate in efforts to support research and establish best practices. Dr. Furman sits on the Executive Board of the National Organization of Alternative Programs (NOAP), and is a member of the national Association of Occupational Health Professionals (AOHP) research subcommittee.

## **CASE MANAGEMENT**

The WHPS program consists of 10 staff members: the Executive Director, Operations Manager, Administrative Assistant, Intake Case Manager, three Case Managers, and three Associate Case Managers. The Case Managers and Associate Case Managers comprise three Case Management Teams.

Each monitored client is assigned to a Case Management Team consisting of a Case Manager with a clinical background in chemical dependency and/or mental health and an Associate Case Manager who coordinates program activities including case file management, drug screening and compliance oversight. The Case Management Team serves as the client's primary point of contact with WHPS and manages all aspects of the client's program. This system allows for a more comprehensive and personalized response to client needs and concerns. (see page 16, A Client Story).

The Case Management Teams serve distinct geographic regions; Southwest Washington, Northwest Washington and Eastern Washington; However, there may be some overlap for case continuity and other reasons. The Case Managers are based in Tumwater though the Case Manager serving Eastern Washington is based in Spokane. Average caseloads for each Case Management Team are approximately 175 clients. This compares to a national caseload average of about 120. In addition, at any given time there may be 40-50 cases in development as part of the intake process.

## **WHPS STAFF**

### **Alicia Payne – Operations Manager**



Alicia Payne started on November 1, 2013 as WHPS Operations Manager Alicia began working at the Department of Health in April 2011 as a Credentialing Specialist with the Office of Customer Service. Alicia has expressed excitement to join the WHPS program and is looking forward to implementing the WHPS vision statement to “be a leader in the monitoring of health professionals...in order to most effectively allow health professionals to return or continue to practice their profession in a way which safeguards the public.” Her educational background and experience will follow her goal and lifelong passion to help others within our community.



### **Mikel Olsson- Case Manager**

WHPS is pleased to welcome our new case manager Mikel Olsson to our team. Mikel is a highly experienced Chemical Dependency Professional and Certified Counselor, specializing in Co-Occurring Mental and Substance Use Disorders. Mikel has worked in the chemical dependency and mental health professions since 1984. He has also taught classes on chemical dependency and counseling at several Puget Sound area colleges. Mikel joins us from Behavioral Health Resources in Olympia, where he worked as the Co-Occurring Disorders Specialist Clinician for the past 13 years. WHPS is excited to have Mikel as our new case manager and looks forward to the support he will provide to WHPS clients.

### **WHPS Team**



**Back Row (left to right):**  
Shelley Blanus, Case Manager Associate,  
John Furman, Executive Director,  
Mary Dallman, Case Manager

**Front Row (left to right):**  
Gilda Dumlao, Administrative Assistant,  
Alicia Payne, Operations Manager,  
Mikel Olsson, Case Manager,  
Nicole Vreeland, Intake Case Manager,  
Hyon Yi, Case Manager Associate  
Vacant, Case Manager Associate

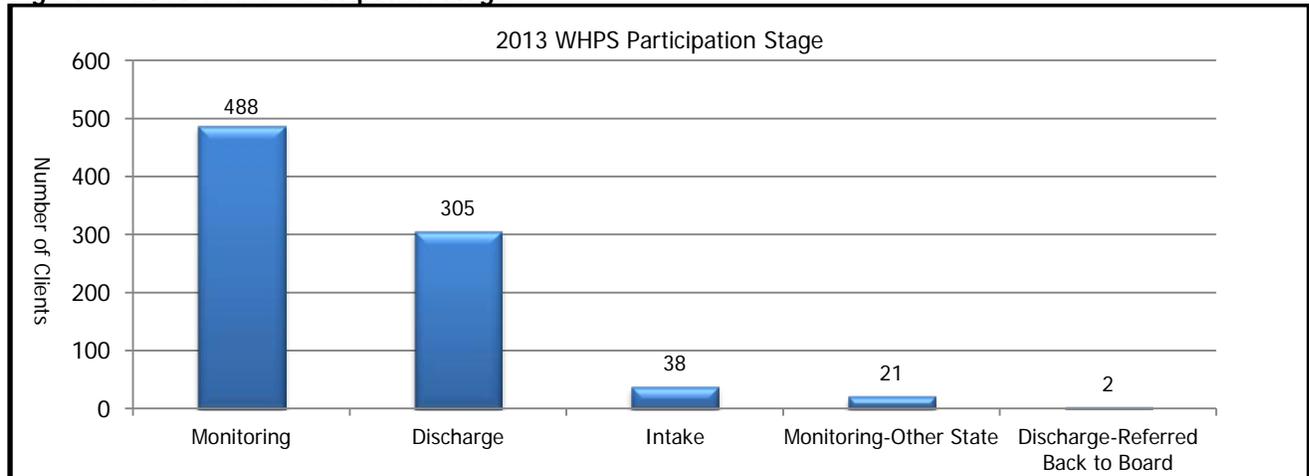


### **Amanda Capehart – Case Manager Serving Eastern Washington**

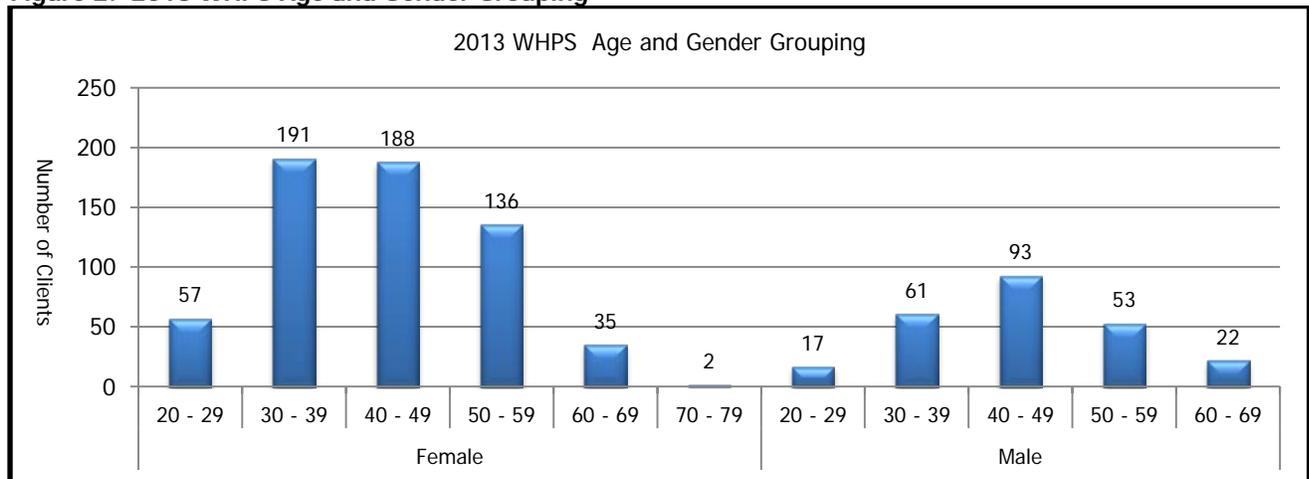
## STATISTICAL OVERVIEW

During 2013, WHPS provided services to 854 health professionals (see Figure 1), and currently monitors approximately 500 clients at the end of 2013. Figure 2 shows the majority WHPS clients are females between the ages of 30-49. There were 307 professionals who were discharged during the year (see Figure 7 for Discharge types).

**Figure 1: 2013 WHPS Participation Stage**



**Figure 2: 2013 WHPS Age and Gender Grouping**



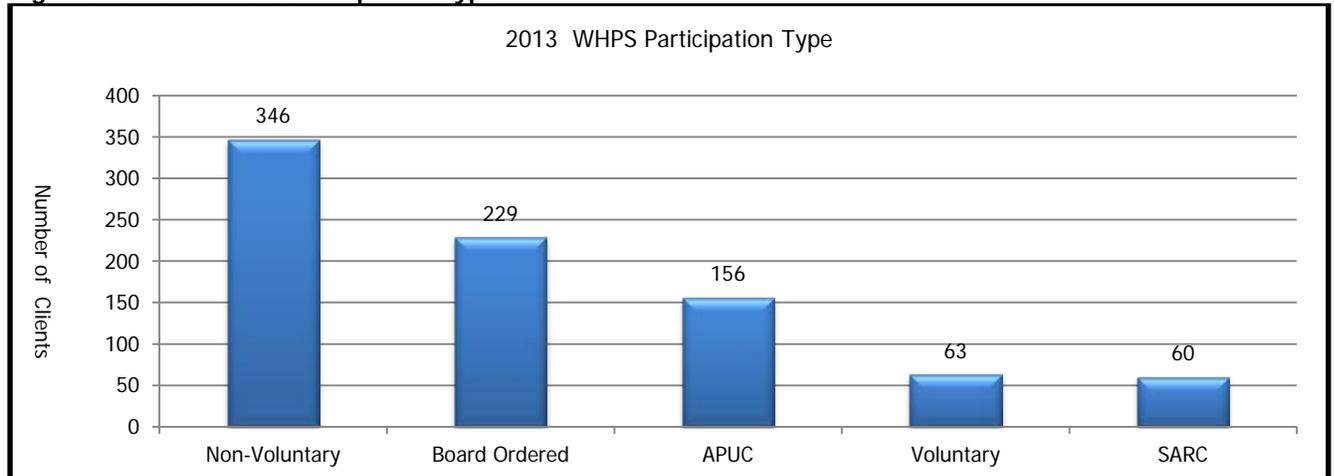
There are several ways a Health Professional may enter WHPS: (see Figure 3)

- **Non –Voluntary:** Professionals may be referred by their licensing authorities as an alternative to license discipline.
- **Board Ordered:** Professionals may be legally ordered to report to WHPS for evaluation and possible program participation. Orders are posted on the department’s website and are a matter of public record.
- **Agreement to practice under conditions (APUC):** License applicants with a substance misuse related criminal background may be referred through an Agreement to Practice Under Conditions (APUC).

**Voluntary:** Self-Referral is encouraged and speeds treatment and recovery. Employers, colleagues, family and friends may recommend participation to support health and well-being. If you are in the Program voluntarily, your participation is fully confidential.

- **SARC** (Substance Abuse Referral Contract): This follows a substance misuse related complaint. The nursing professions may be referred in this manner after signing a SARC with the Nursing Care Quality Assurance Commission.

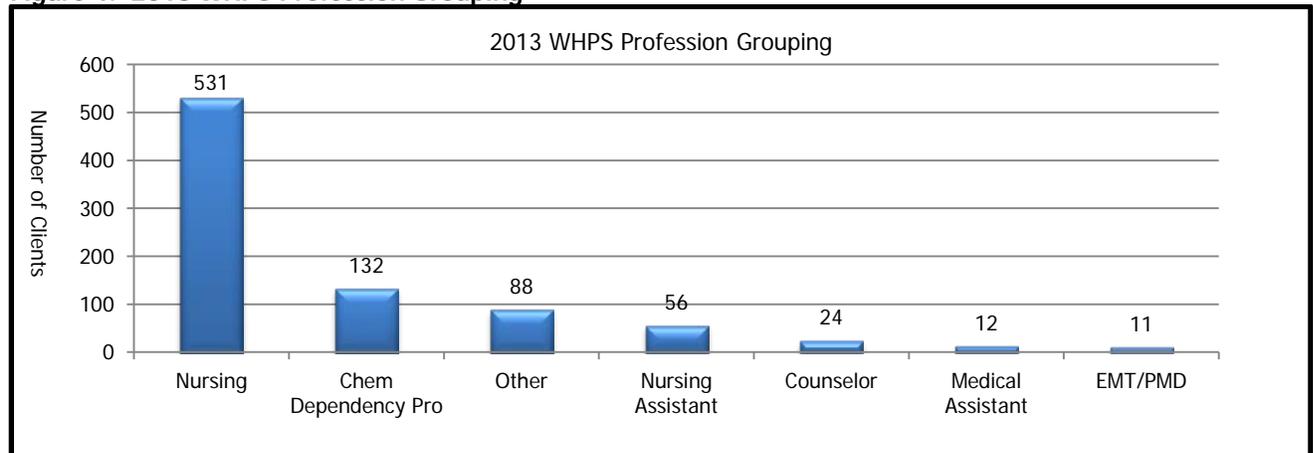
**Figure 3: 2013 WHPS Participation Type**



WHPS works with most categories of licensed, certified, or registered health professionals. The largest groups of clients are nurses at 78% as shown in Figure 4 and Figure 5.

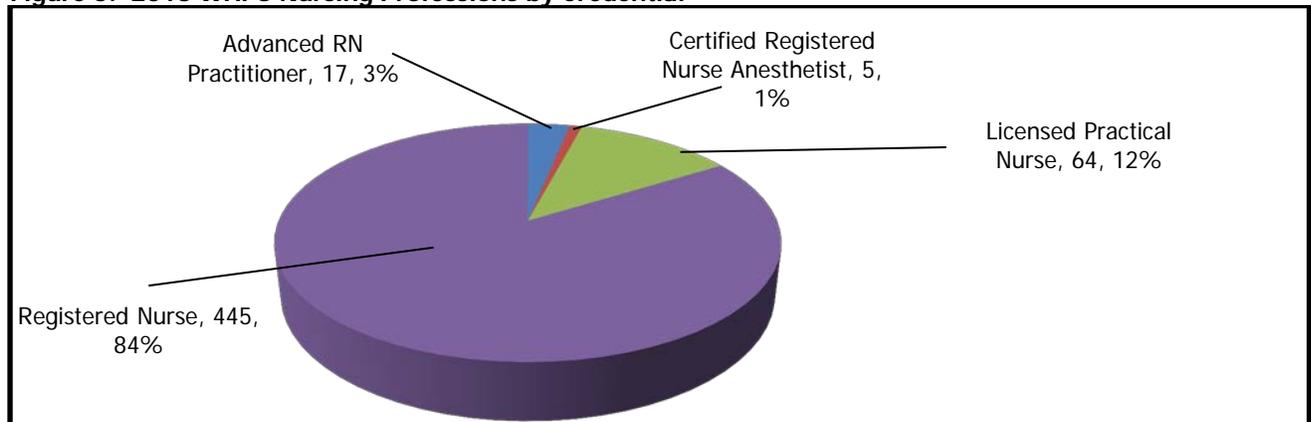
The Nursing Care Quality Assurance Commission (NCQAC) protects the public's health and safety by regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners and nursing technicians (See: Figure 5 Nursing Profession by Credential). The purpose of the NCQAC includes establishing, monitoring and enforcing licensing, consistent standards of practice, continuing competency mechanisms, and discipline.

**Figure 4: 2013 WHPS Profession Grouping**

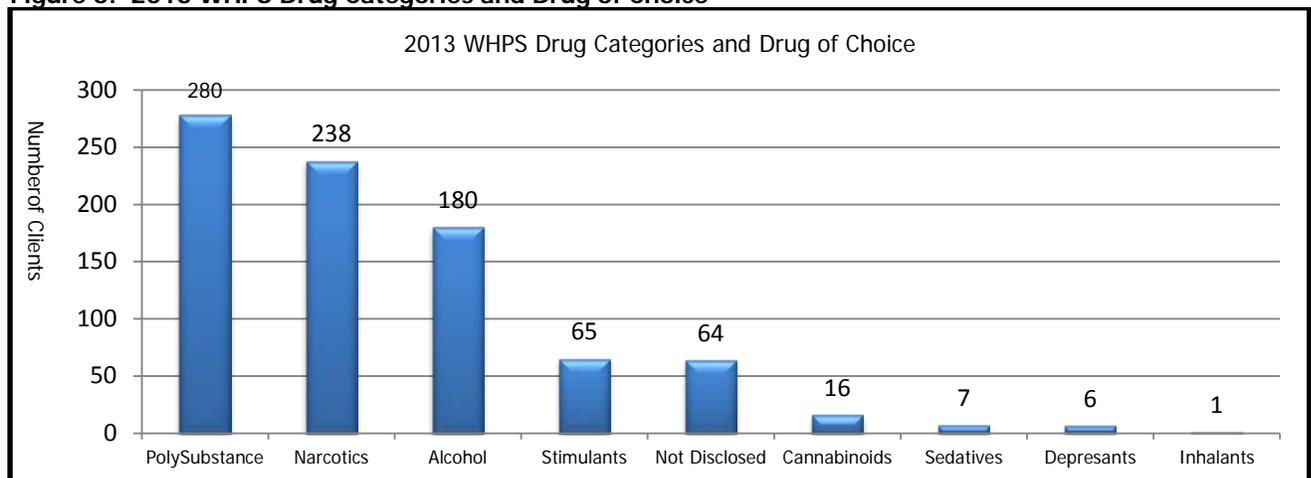


WHPS participates in the Nursing Care Quality Assurance Commission's (NCOAC) Substance Use and Abuse Team (SUAT). The SUAT is engaged in evaluating and improving the processes supporting public safety and management of nurses with substance use disorders.

**Figure 5: 2013 WHPS Nursing Professions by Credential**



**Figure 6: 2013 WHPS Drug Categories and Drug of Choice**



PolySubstance – misuse of at least three different classes of substances and does not have a favorite drug that qualifies for dependence on its own.

Narcotics – any group of drugs, such as heroin, morphine and pethidine that produce numbness and stupor.

Not Disclosed – unable to obtain drug of choice information from health professionals that are referred to WHPS and made no contact with the program.

### WHPS Discharge Types and Program Activities

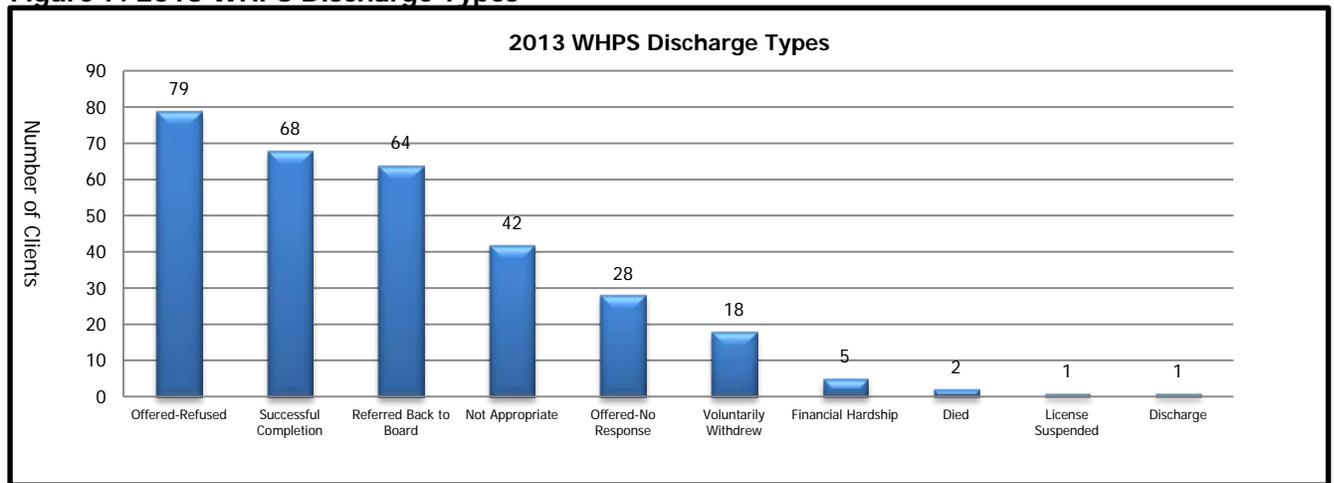
Potential WHPS clients choose not to sign contracts for various reasons: (see Figure 7 and 8)

- *Financial Difficulty*- clients that cannot afford the cost of *program participation for ex:* drug testing, Peers Support Group etc.
- *Offered Refused* - Clients have been given the opportunity to enter, but have not completed necessary steps to sign a contract moving them into monitoring status.

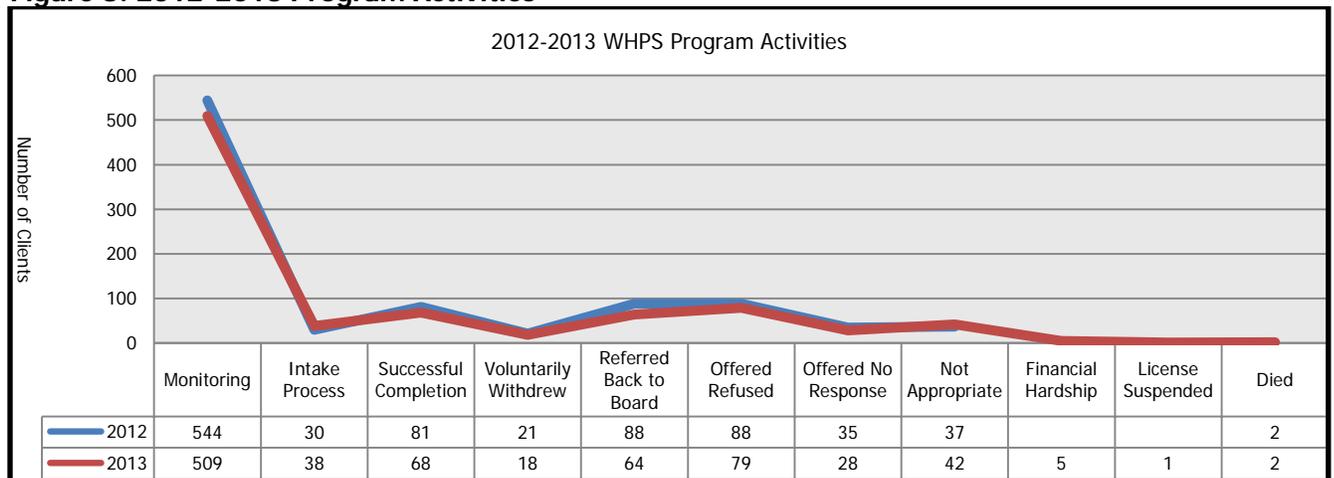
- *No Response* - are clients referred to WHPS and make no contact with the program within the specified time frame.
- *Not Appropriate* - may have extensive well-documented time in recovery demonstrating they are not in need of monitoring services. They may also deny substance misuse and have no substance use disorder diagnosis, or have extenuating circumstances that prohibit them from being monitored effectively.

If a potential client refuses participation in the program, WHPS notifies the licensing authority. (Note: Clients who refuse and are not an immediate danger to self/others and do not have current complaints against their credential are not reported to their licensing authorities). If the potential client was referred to WHPS by Order, the legal department is also notified.

**Figure 7: 2013 WHPS Discharge Types**



**Figure 8: 2012-2013 Program Activities**



## PROFESSIONAL PEER SUPPORT GROUPS

Health professionals with a diagnosed dependency disorder are required to attend a minimum of one professional peer support group a week. The purpose of these groups is to support recovery and re-entry of the health professional back into practice, this is accomplished through:

- Sharing experience, strength, hope and support in addressing issues related to the process of recovery from chemical dependency.
- Providing support regarding professional issues including re-entry into practice.
- Providing resources for additional support services.
- Reporting unauthorized use or impairment.
- Providing input and recommendations relative to the needs of WHPS clients.

WHPS acknowledges the important role of the dedicated peer support group facilitators in steering health professionals through their path of recovery, and is actively involved in recruiting facilitators and maintaining relationships with groups.

Currently, 26 Peer Support Group Facilitators (PSG), conduct 48 Support Group throughout Washington State for WHPS clients (some Facilitator conduct multiple meetings). WHPS is in the process of establishing a new PSG in the Wenatchee area. In addition, WHPS has partnered with The Symedica Group to facilitate online groups for our clients in rural areas.

WHPS welcomes our new Facilitators, Michael Webster in Renton, Mary Mabbott in Mount Vernon, and Debra Hilliard-Booij in Wenatchee.

Farewell to facilitators Jenny Rivers, Lee Stelmach, Sandra Tate, Mollie Bollman, and Robin Lipsker. WHPS is grateful for their support.

Some sad news...John Toth, a long-time WHPS facilitator, passed away after a long battle with cancer. John has been a WHPS facilitator for many years, a staunch advocate for the program and a dear friend to many of us. In his last days John was not regularly able to attend his peer support group in person however he would still Skype in whenever he could which demonstrates his character even in the face of his health issues. His passing is a great loss.

## **2013 PROGRAM HIGHLIGHTS**

### **Substance Use and Abuse Team**

Dr. Furman has been appointed as a permanent member of the Nursing Care Quality Assurance Commission's (NCQAC) Substance Use and Abuse Team (SUAT). The SUAT facilitates coordination and communication between the NCQAC and WHPS. A primary SUAT activity is to review WHPS non-compliance referrals, determine the need for additional investigation, and make recommendations to the NCQAC.

### **Professional Peer Support Group Facilitator Meetings**

WHPS has added a second yearly peer support group facilitator's educational meeting. Meetings are now held in the spring and fall of each year. Meetings have been opened to program stakeholders, i.e. treatment providers and licensing authorities, in order to broaden education outreach and facilitate communication between all stakeholders. We are also pleased to announce that formal CEUs are now being provided.

2013 educational presentations include:

- The Health Professions Disciplinary Process – Catherine Woodard and Mary Dale, NCQAC
- Laboratory Drug Testing – Dr. Barry Lubin, Affinity Online Solutions Medical Review Officer
- Chemical Dependency Treatment for Health Professionals – Dr. Randy Adair, Director Health Professionals Program Hazelden Springbrook
- Functional Competency – Jerry Blackburn, Director Early Recovery Services Lakeside-Milam
- New drugs and testing technologies – Jim Heit, Certifying Manager Sterling Reference Laboratories.

### **Multi-State Research Group**

WHPS is participating in a Multi-State Research Group (MSRG) that also includes the Florida, New Jersey, Tennessee and Louisiana alternative monitoring programs. The initial data gathered from the use of common client self-reports and Worksite Monitor reports was presented at the MSRG meeting held during the 2013 International Nurses Society on Addictions (IntNSA) meeting in Washington D.C.. The initial data indicated possible correlations between substance use and indicators including but not limited to: missed peer support and self-help meetings, unemployment and financial strain, and deteriorating work performance.

## **Reducing Paper and Improving Client Services**

In November 2013, WHPS began reducing the use of paper documents in an effort to reduce paper and postage costs for the office. Beginning in December 2013, the intake packets have been reduced to sending only three documents to new WHPS clients, costing only a postage stamp per packet; compared to our previous intake packets consisting of thirty to sixty pages and costing approximately \$4.00 - \$6.00 per packet. That is a savings of \$1,575.00/year.

In addition, WHPS will be eliminating paper files and utilizing our online records management system, Affinity Health Solutions Inc., to be the main storage database system for all WHPS client files, documents and forms. In December 2013, WHPS began a pilot project to reduce paper documents and files received by clients, Worksite Monitors, treatment facilities, providers, etc. by upgrading our software to Adobe Pro XI, to be able to electronically sign the case managers signatures on a multiple of documents. This reduction of paper documents reduces both cost and time by the WHPS team members; which in return, has improved client services by allowing all clients file documents readily available in our online monitoring system. WHPS projected goal to become 100% paperless by April 1, 2014.

## **Enhancing Public Safety**

With the support of the Nursing Care Quality Assurance Commission, WHPS was able to institute a major business practice change in 2013. It was recognized that discharging clients because of program non-compliance created a situation where the health professionals would be able to practice unmonitored while their cases were being processed by the licensing authorities. WHPS is now retaining clients under monitoring and keeping controls on their practice during this period, greatly enhancing public safety. Of course a few clients refuse to cooperate with monitoring and don't continue in the program. However, in these cases the department is able to demonstrate an immediate danger and take swift action to protect the public.

## **WHPS Newsletter**

The WHPS quarterly Newsletter continues to be a valuable outreach tool. While program clients and stakeholders are the primary audience, it is also a useful resource to introduce the public to WHPS. Articles published in 2013 include Risk factors for relapse in health Professionals, The Department of Health Prescription Monitoring Program, continuing education for nurses, and the confidentiality of substance abuse monitoring records. Nicole Vreeland deserves kudos as the executive editor and all around article wrangler. WHPS newsletters can be found on the WHPS website at [www.doh.wa.gov/whps](http://www.doh.wa.gov/whps)

## OUTREACH AND PUBLICATIONS

An important function of WHPS is to provide education regarding substance use disorders and substance abuse monitoring to the health professions and other stakeholders. In 2013, we provided educational presentations to healthcare employers, students, associations, and other stakeholders. Educational presentations are tailored to the needs of the audience. General topics include: substance abuse and addiction, recognition in the workplace, health professional regulation and the disciplinary process, and alternative to discipline substance use monitoring. Please see page 17 for a WHPS Presentation Request Form.

In addition, WHPS works closely with the various regulatory boards, commissions and committees that we serve. In 2013, WHPS met directly with the Nursing Care Quality Assurance Commission, Board of Denturists, Board of Naturopathy, Chiropractic Quality Assurance Committee, Dental Quality Assurance Commission, Chemical Dependency Advisory Committee, and Mental Health Counselors, Marriage and Family Therapists, and Social Workers Committee.

### Publications

Furman, J., Dallman, M., Colleague Connection (2013): The Impaired Health Professional. Journal of the Association of Occupational Health Professionals in Healthcare, Summer 2013.

Furman, J. (2013). Alcohol and Drug Misuse Among Nursing Students. Washington Nursing Commission News, Fall 2013.

Furman J. (2013). *Recognizing and Treating the Impaired Nurse*. Washington State Nurses Association, Online Continuing Education, <http://cne.wsna.org/ets/welcome.aspx>

Vreeland, N. (2013). *Washington Health Professional Services Newsletter. Spring, Summer, Fall, Winter 2013*, [www.doh.wa.gov/whps](http://www.doh.wa.gov/whps)

Washington Health Professional Services & Washington State Nurses Association (2013); *A Guide for Assisting Colleagues who Demonstrate Impairment in the Workplace*, Washington State Department of Health Publication 600-006, June 2013.

### Highlighted Presentations:

- Washington Association of Alcoholism and Addiction Programs 2013 Annual Providers Conference
- Association of Occupational Health Professionals Pacific Northwest Chapter
- MultiCare Health System
- Employee Assistance Professionals Association Pacific Northwest Chapter
- Washington Health Care Association
- Washington State Department of Labor and Industries
- Harborview Medical Center Social Work Department
- Seattle King-County Bar Association

## A CLIENT STORY

My name is Shannon, I am a Registered Nurse who has been in the WHPS Program for 4 ½ years. The program literally saved my life. My story began when I was 20 and started using methamphetamine. I used for about four years and got into recovery. During that time I went through nursing school and became a RN. I had a son and got married as well. This lasted for almost 10 years. I was clean but not working a “program.” My husband at the time was clean as well although he was selling large amounts of drugs.

I had an elective surgery in 2005 that was the start of my relapse. I took the pain medication as prescribed and six months later I was in full-blown relapse on methamphetamine. Prior to my relapse I gave my husband a choice, to either quit selling or I would leave. He chose to continue so I took my son who was six at the time and left. This started a severe spiral in everyone’s life. My ex-husband had been under investigation for several years and this gave the opportunity for the county to arrest him which it did. In the midst of the investigation my son was taken by CPS and I relapsed on methamphetamine.

I then got involved in an extremely abusive relationship and moved to Oregon with my family. I was in and out of treatment centers for 2 ½ years. I went to a total of seven treatment centers and my family spent more than \$70,000 on treatment facilities. I was figuratively knocking on death’s door. I was so desperate to get clean again. I had given up hope and lost the will to stay clean. I did not work during this time due to my addiction. I always thought that I would be able to be a nurse again. I was at one treatment center where the MD told me that I would never work again as a RN due to the fact that I had had too much trauma which caused mental health issues. I was out to prove him wrong.

In May of 2009, I travelled up to Olympia from Oregon and went to the nursing board with one last glimpse of hope. This is where I met Mary Dallman whom I had briefly met a year before although did not follow through with the program because I wasn’t ready. I told her what I was going through. I remember that day so vividly, I was so desperate to live. She referred me to Residence Twelve in Bellevue. I thought I’d give it one last try. I put myself in the WHPS Program and went to treatment for the eight times. My family was “done” with me, my son was disgusted with me, and all I had left was a very abusive boyfriend.

I completed the program and went to an Oxford House. Didn’t like the rules there and left. I then lived in a motel for a month while I looked for a job. I ended up auditing charts at Tacoma Detox and giving flu shots owing to the restrictions on my license. I was attending outpatient during this time.

In November of 2009, I was hired as a charge nurse at a skilled nursing facility. This was humbling to me as I had worked in the Emergency Room for 10 years prior to my relapse. I surrounded myself with supportive and caring people who believed in me, as Mary Dallman did. I still did not understand why, as I had been a tornado through lives of my family who just loved me and supported my no matter what. I continued to go to my weekly groups and was very active in AA. The weekly group has always been my biggest support in my recovery. Your peers seem to hold you accountable.

At eight months clean, I got the courage to leave my abusive relationship, testify against him and he went to prison for 59 months for domestic violence. This was a turning point in my recovery, as it gave me some confidence back. Shortly after I was asked to be a Director of Nursing for the company I worked for. I literally laughed because I was still very toxic at 18 months. I took the position and absolutely thrived. I was named Director of Nursing of the year the following year for the company I work for. This was a huge honor being that there were 220 facilities throughout the US. They believed in me and did not judge my past. I think being a recovering addict makes us work twice as hard and do the right thing. My work has supported my recovery the past four years.

No amount of words can describe the gratitude I have to the WHPS Program. It literally saved my life. It gave me hope when I had absolutely none. I was in late stage addiction when I got into the program, had lost custody of my son, and was literally broke. My family had given up. After being in the program a year I gained custody of my son back, landed a job of a life-time and started to gain the respect back from my family. This didn’t come easily at all, but life clean is so much easier than one day using. I was miserable, beaten down and spiritually down inside.

I will forever be grateful for the WHPS Program, Mary Dallman and Patricia Rahn who held me accountable. I would have not stayed clean without these key people in my life. I know that. I needed all the accountability I could get and I actually will miss the program. I believe it has given me the foundation of recovery and a new way of life and held my accountable for the past 4 ½ years. Words cannot describe what a miracle I am and what this program has done for my life.

## REQUEST FOR SPEAKING ENGAGEMENT

We are available to provide education and consultation free of charge to your staff and students about substance use disorders among healthcare professionals and the WHPS program. Providing this information to nursing students is a valuable part of their education.

### Washington Health Professional Services

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Requested date for presentation

\_\_\_\_\_  
1<sup>st</sup> Choice

\_\_\_\_\_  
2<sup>nd</sup> Choice

\_\_\_\_\_  
3<sup>rd</sup> Choice

\_\_\_\_\_  
Presentation Topic

\_\_\_\_\_  
Name of Meeting Room

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Audience (primary specialty of attendees)

\_\_\_\_\_  
Number of Attendees expected

\_\_\_\_\_  
Available audiovisual equipment

**Please FAX this completed form to WHPS at 360-664-8588. Once we receive the request form, we will contact you to begin program arrangements. If you have questions or need assistance, please call us at 360-236-2880.**



**For more information, please contact us at:**

Washington Health Professional Services  
PO Box 47872  
Olympia, WA 98504-7872

Tel: 360-236-2880 FAX: 360-664-8588  
[whps@doh.wa.gov](mailto:whps@doh.wa.gov)