

Washington Health Professional Services (WHPS)

A Word From Our Executive Director, John Furman



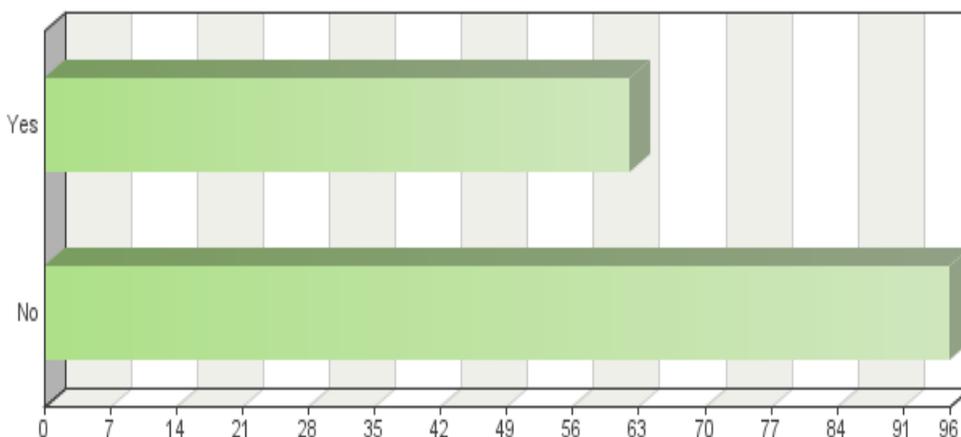
In October, Washington Health Professional Services (WHPS) sent out our biannual Program Evaluation Survey. The survey asks WHPS clients to provide feedback about their experiences, and suggestions to improve the program. The survey is a direct vehicle for clients to communicate with WHPS and the department, and is a very important part of our ongoing quality improvement efforts. All client responses were submitted anonymously to ensure client confidentiality.

First off I would like to thank everyone who responded to the survey. At 54 questions, it was a daunting task. However, each question is important. The overall results provide a comprehensive picture. Out of about 500 clients, 129 complete and 69 partial reports were submitted. The 40 percent response rate is fairly good for a Web-based survey.

One hundred and thirty survey respondents listed their license type. One hundred and four of these are one of the nursing professions. The next most frequent are chemical dependency professionals with 13 responses. The nursing professions have traditionally comprised between 70 and 80 percent of WHPS clients, so the number of nursing responses is not surprising.

Some of the survey results that caught my attention are:

1. Have you met in person with your case management staff?



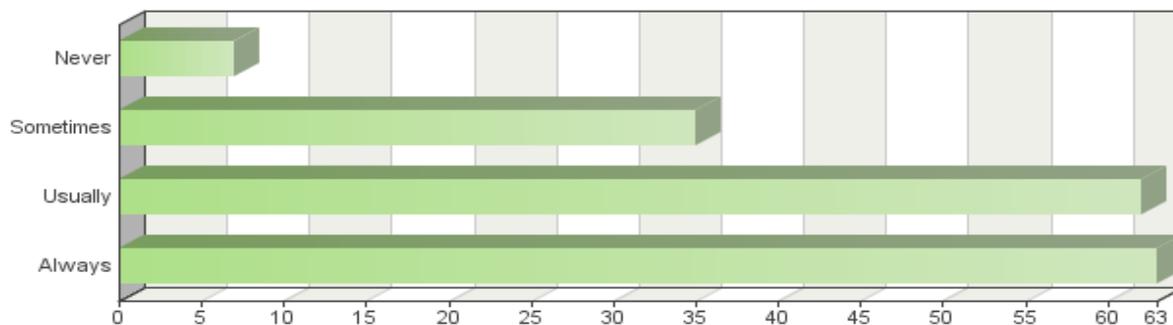
Several people said they would like to meet with their case manager in person. While meeting in person is not always practical, I agree that being able to put a face to the name is beneficial. During the next year, WHPS staff members will make an effort to visit peer support groups. (continued on Page 2)

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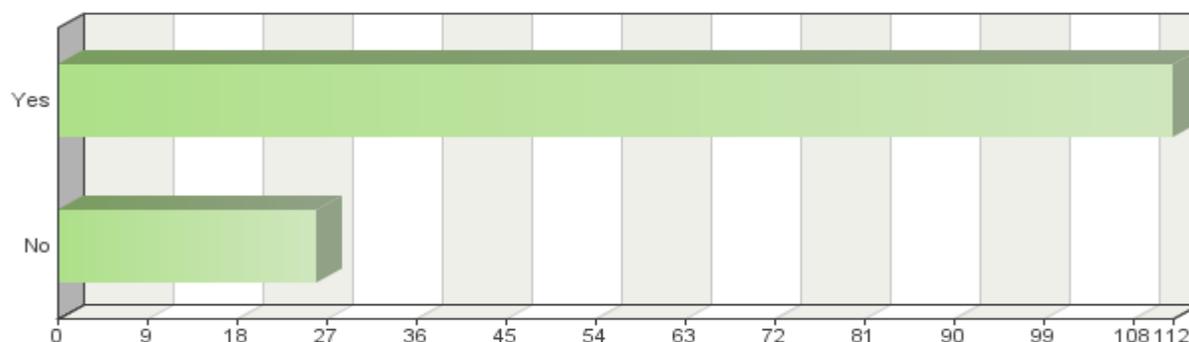
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2. Have program requirements and expectations been explained?



We're concerned that clients don't always understand contract requirements and expectations. To address this up front, we're now asking all new clients to meet with their case manager (in person or by telephone) to discuss their contracts before signing. Also, if you haven't yet read the Participant Handbook, I strongly encourage you to do so, and to contact your case manager with any questions.

3. Are you actively practicing?



Reasons given for not practicing include:

- ~ Employers will look right past an application if they believe someone has a substance abuse problem.
- ~ Have not found employment in their field of work.
- ~ Employers are not able to accommodate work restrictions.

I'm happy to see that the vast majority are practicing. A primary purpose of WHPS is to provide the opportunity for professionals to return to practicing, or to continue to practice, their professions. In some cases it may not be practical or wise for professionals to return to their former practice specialty. Take the chance to consider, at least initially, new practice opportunities. We'll continue to work on educating employers to discuss barriers as well as some benefits about our program participation.

In addition to understanding your contract and program expectations as well as communicating with your case management team, I suggest that you take the opportunity to look at the National Council of State Boards of Nursing Substance Alternative Program Guidelines <https://www.ncsbn.org/2106.htm>. This is the most comprehensive set of guidelines available. It provides significant background on the role and structure of monitoring programs.

Initiative 502 and Healthcare Providers

In December 2012, Initiative 502 (I-502) was implemented, making marijuana use (with specifics as outlined by Washington State law) a non-criminal offense. How does this apply to healthcare providers now that I-502 is now in place?

Although I-502 decriminalizes marijuana use, marijuana is still illegal under federal law and is a Schedule I controlled substance. Under the Uniform Disciplinary Act, [RCW 18.130.180](#), misuse of a controlled substance including marijuana (cannabis), is considered unethical conduct for healthcare providers in Washington State.

Please take note that WHPS is an abstinence-based program, meaning there is no alcohol or drug use for participants regardless of Initiative I-502. WHPS will also not allow marijuana use (even if it is prescribed or recommended by a medical practitioner) as part of our program's mission to effectively monitor substance misuse.

Keeping Contact Information Current

Have you recently moved, changed your name or address? If so, we need for you to keep your information current with our program as well as with the Department of Health!

If you have a name change, please mail, email, or fax your legal paperwork showing your name change so we can make the appropriate changes in our system and records. WHPS and the department will both need to be notified and provided with this information. If you have lost, misplaced, or need an extra copy of vital records, you can order them online through [The Center for Health Statistics](#).

The U.S. Postal Service does not forward Department of Health mail. You're responsible to notify both WHPS and the department of any demographic changes made. The department sends out courtesy reminders before a credential is about to expire. If it doesn't have the correct address, you may miss the reminder to renew your credential.

- ◆ For healthcare providers: [Address/Contact Change](#)
- ◆ For EMS professions only: [Contact Information Change Form](#)
- ◆ To change your name only: [Customer Service Office](#)

You may notify WHPS through mail, email, or fax. Please see WHPS contact info below:

Washington Health Professional Services
P.O. Box 47872
Olympia, WA 98501
Fax: 360-664-8588
Email: whps@doh.wa.gov



Self-Help Group Options

By Robert Hamilton, MHA

Self-help groups have been integral to recovery for decades. In light of this, it's important to remember that recovery is an individualized concept, with as many roads to recovery as there are travelers. Identifying an appropriate self-help group is extremely important for a successful recovery outcome.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides us with a "working definition" of recovery from a 2005 National Summit on Recovery as follows: "Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life." A white paper also from SAMHSA notes that a comprehensive review of literature on recovery (both mental illness and addictions recovery) identified 10 elements of a recovery-oriented environment, including, among others: individuality, focus on strengths, a variety of options for not only treatment and rehabilitation, but support, development of valued social roles, interests, hobbies, and other meaningful activities.

In order to meet several of these elements, Washington Health Professional Services monitoring program participants attended recovery-oriented self-help groups. A variety of options are available to fulfill this requirement of the monitoring agreements into which clients enter. Among the more high-profile of these are 12-step oriented groups such as Alcoholics Anonymous and Narcotics Anonymous. But did you know additional recovery-oriented self-help options are available? These include: Women for Sobriety, Smart Recovery, Life Ring, and Secular Organizations for Sobriety. Online options are also available for attending self-help groups.

Additionally, many people in recovery from substance use disorders are also in recovery from other health-related or mental health-related concerns. Attendance in self-help groups related to these life issues supports health, wellness and quality of life in these arenas, and also therefore supports recovery from substance use disorders.

As you journey down your road to recovery, keep in mind these options, and take advantage of the opportunity they afford you in individualizing your personal recovery environment.



"Attendance in self-help groups related to these life issues supports health, wellness and quality of life in these arenas, and also therefore supports recovery from substance use disorders"

Resources:

<http://www.cfiwest.org/sos/index.htm>

<http://www.smartrecovery.org/>

<http://womenforsobriety.org/beta2/>

<http://addictions.about.com/b/2010/11/28/sober24-a-new-online-recovery-program.htm>

References:

Sheedy C. K., and Whitter M., (2009). *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What Do We Know From the Research*. HHS Publication No. (SMA) 09-4439. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Holidays for the Spring Season



In observance of Memorial Day on **Monday, May 27, 2013**, check-in through Affinity Online Solutions (AOS) is not required.

April is Alcohol Awareness Month

The National Council on Alcoholism and Drug Dependence (NCADD) has recognized April as Alcohol Awareness Month since 1987. This year's theme is "Help for Today. Hope for Tomorrow." Many agencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA), help support this venture. The aim is more exposure to decrease stigma associated with substance abuse and dependency issues in our community.

NCADD has highlighted this month to help increase public awareness of alcoholism and the negative effects of alcohol consumption, as well as providing support for people and their families this disease affects.

According to the NCADD (2013), alcohol is the most commonly used addictive substance in the United States. About 17.6 million people suffer from abuse of or dependence on the substance. Unfortunately, at least several million people engage in risky drinking patterns that may result in abuse or dependency (NCADD, 2013).

Alcohol misuse can also affect children. NCADD (2013) reports that about 7 million children live in homes with at least one parent suffering from abuse or dependency issues. Some infants may be born with Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder (FASD) if women consume alcohol during pregnancy. These conditions may mildly to severely affect a child's mental, behavioral, emotional development over the entire developmental lifespan. FASD is the leading known cause of preventable mental retardation so it is recommended that mothers abstain from alcohol use through their entire pregnancy. Alcohol is passed through the bloodstream and through the placenta (NCADD, 2013).

Information on alcohol awareness, prevention, treatment and recovery resources is available from:

NCADD: <http://www.ncadd.org/index.php/recovery-support>

SAMHSA: <http://blog.samhsa.gov/category/alcohol/>

"Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship."

-Betty Ford Institute Consensus Panel (2007)

FAQ for Drug Screening through Affinity Online Solutions (AOS)

How do I deposit money if I do not have access to a computer?

Use the Interactive Voice Response System and follow its prompts. Have your credit card available.

What do I need to bring with me to the collection site?

You must bring your chain of custody form with both the authorization code and panel number you received when you were notified for testing. To confirm your identity, the collection site will ask to see your photo ID or driver's license.

What if I can't provide money for my urine drug screening/test?

You must contact your case manager, who will advise you further.

What if I don't own a debit or credit card?

You can pay by buying a VISA or Master Card gift card available at most Wal-Mart, Kroger's or Walgreen stores. Follow normal online payment management procedures at: www.affinityhealth.com/cms. You may also want to contact your bank to apply for a credit card.

How much do urine drug screenings cost?

Prices vary for urine drug screening/tests. The collection site fee cost will be confirmed during the payment process. As mentioned throughout the user guide, it is recommended that you maintain an account balance of \$100 at all times.

When can I expect my credit card to be charged after I deposit funds?

Your credit card will be charged immediately.

Can I go to a collection site that is not my preferred site?

You must recommend the site online or by phone and an Affinity customer service representative will proceed accordingly. Visiting a collection site that has not been approved by an Affinity customer service representative will skew the data in your history and may result in your record displaying a "No Show."

Can I change my preferred collection site?

Yes. You can change your preferred collection site by clicking the "Manage Collection Sites" link on the navigation bar.

Do I need to pay the collection site?

For collection sites in our network, please note: The collection site fee is deducted at the same time the urine drug screening/test is deducted. You will see the amount on your confirmation page. You can find the cost of a collection site fee by selecting the site in the "Collection Site Management" page. Some sites are marked "Participant Pays at Site." For these sites, you will need to pay directly at the site at the time you donate your specimen.

What happens if I get selected for a urine drug screening and my collection site is closed that day?

Do a search for collection sites within the Affinity and find the nearest open collection site. You must make your donation on the testing date specified.

I have an employee-sponsored collection site. How can I make this my preferred collection site?

Follow the steps outlined in the "Recommending a Collection Site" section of the user guide.

FAQ (continued from page 4)

Do I need to call the collection site before going there?

We recommend that you call your collection site prior to proceeding, and ask about wait times and lunch breaks. Most collection sites accept walk-ins; however, wait periods can be lengthy if the collection site does not accept appointments. Asking a collection site employee to suggest an ideal time to arrive is beneficial as your collection site may experience both slow and busy periods.

When can I begin using the AffinityHealth system?

You are set to use the Affinity service 24 hours after you have activated your personal identification number.

Do I need to check in even if I am traveling?

Yes. You are required to call the Affinity Notification System unless your case manager has suspended you. If you are selected to submit a specimen while traveling, you may find an authorized site at www.affinityhealth.com/cms or by calling an Affinity customer service representative at 1-877-267-4304.

Why do I have to provide the chain of custody specimen number or tracking number within 24 hours of collection?

This helps Affinity track your specimen to ensure proper handling and provides immediate validation of your compliance. If there is an issue of a "no show" to drop and/or a lost specimen, the chain of custody ID supports locating and reporting your compliance.

Where is the chain of custody specimen or tracking number located on the chain of custody form?

The number is located one inch from the top in the center of the chain of custody form, and is labeled as "SPECIMEN ID NO."

May I recommend a new collection site?

Yes. Follow the steps outlined in the "Recommending a Collection Site" section of the user guide.

What is evidence-based validation?

The AffinityHealth solution objectively tracks compliance requirements (i.e., urine drug screening, self-reports, daily check-in, etc.). Tracking and documenting compliance provides evidence validating the participant's compliance. The participant has 24/7 access to his or her account for access to compliance validation.

Why do I need a PIN?

In order to safeguard your Social Security number, we have assigned PINs to track your compliance instead of Social Security numbers.

If I have a PIN, why do I need an authorization code every time I am selected to test?

The authorization code verifies your payment, tracking and documenting a specific urine drug screening.

How do I get additional chain of custody forms?

Call Affinity (1-877-267-4304), or click the "COC Form Request" link on the menu of your Inbox page of AffinityHealth. The forms will be mailed out within two working days.

Do I need an orange sticker?

No, this was a manual tracking device. Affinity Online Solutions automated specimen tracking with the combination of your authorization number and chain of custody number (specimen ID).

My Story

Submitted by Joe, recent WHPS graduate

My story is no different from anyone else in WHPS. I have an addiction to a chemical substance and I made some really bad decisions that ultimately affected my career and my life. I am a repeat offender and after having successfully graduated from a five-year contract with WHPS, I quickly relapsed and decided (although not happy about it) that I needed another five years.

Throughout my first experience with WHPS, I did everything “they” said to do. I went to treatment and counseling. I went to meetings and support groups. I completed my monthly reports on time. I passed all my drug tests. I thought I had it all figured out and when it was time to graduate, I felt like I had learned all there was to learn and that I was free from a tormented past. Boy, was I wrong; I lasted less than a year on my own. The torment slowly returned and before I even knew what was happening, I had thrust myself back into an addiction that was even hungrier than before. I tried to take control of things by myself. I started counseling again and entered into outpatient treatment. It did not work and I couldn’t stop. My life, marriage, children, and career were all on the line and once again I could not stop. Feeling devastated and more tormented than ever, I did the one thing that I did not want to ever do again: call WHPS and tell its staffers that I needed their help, again. Calling them was one of the hardest things I have ever had to do. I felt like a failure and I was pretty sure they were going to tell me that I was right. To my amazement, I was met with open arms. I was not judged or ridiculed. I was even told they were glad that I called and they were glad that I was alive.

So now it’s almost five years later and I have just graduated from WHPS, again. However, this time it is different. Not just a little different but really life-changing different. This time I did everything “I” needed to do rather than what “they” said to do. You see, during my first experience with WHPS, I fixed everything around me but I forgot to fix my biggest problem: myself. For a lifetime, I have been tormented by a severe lack of self-esteem and self-worth. My perception of myself was ugly and unworthy. Chemicals helped to dull my torment but it never went away. Recovery helped to dull my torment but it never went away. I was three years into my second contract and I recognized that I was doing the same things all over again, and if history was to repeat itself, then I would be relapsing and coming back to WHPS as a third time repeat offender — that is, if I even survived another relapse. Worse yet, I knew that if I did not figure things out that I would lose my career, my children, my marriage, and probably my life.

So one day I started telling myself that I was a good person, that I was worthy, even though deep down I really did not believe it. I kept doing it day after day after day. Slowly my thoughts and perceptions started to change. One day I got on a treadmill and I walked. I did it day after day after day. Slowly my self-esteem and self-worth started to change for the better. I started running and I started eating healthy, and before I knew it I had lost 90 pounds. One day I woke up and I told myself that I was worthy and that I was a good person, and deep down I really truly believed it.

Being in the WHPS program for the past 10 years has made me recognize one very important thing: WHPS did not fix me! It is not its job to fix people. It provides a service to help guide people to a life of recovery and to protect the public, but it is up to people to be honest with themselves and seek out and deal with the things that haunt and torment them the most. Am I grateful for WHPS? Yes! I could not have done it without it. It has been an undying support for me and has stood by my side whenever I asked it to. I am eternally grateful to it and for it.

Someone once told me that the definition of integrity is doing the right thing when no one is watching. It is a profound statement that has resonated through me to this day. I always think about it and it is now part of my everyday belief system. Am I still an addict? Yes, and I always will be, but at least I can wake up every day and believe in myself and know that if I live with integrity that I have a chance to have the kind of life that I never thought was possible.

Washington State Department of Health



Washington Health Professional Services

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We're on the Web!

http://tinyurl.com/doh-wa-gov-whps

"Teamwork doesn't just appear automatically. Being on a team is more than just belonging to an organization. It's also the intelligent participation and work in creating conditions of mutual enhancement and emergence."

-David Spangler

(Submitted by a WHPS Client)

Request for Speaking Engagement

A lack of knowledge about substance use disorders is a major risk factor for nurses and other healthcare practitioners. 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.

Today's Date: Name of Organization: Requested date for presentation: First Choice: Second Choice: Third 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.