



# Participant Handbook

Professional Recovery Network  
Austin, Texas

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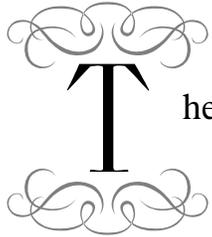
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## **Glossary**

# Special Acknowledgements



The professional Recovery Network (PRN) would not be the program it is today without the guidance and dedication of its early leaders. PRN would like to acknowledge and thank these pioneers who established Texas Pharmacy Association's PRN as a model peer assistance program. The following is a list of these individuals and the positions they had at the time that PRN was developed.

Barry Blackmon, TPA Board of Councilors Chairman

Fred Brinkley, TSBP Executive Director

C. Dean Davis, TPA Legal Council

Roger Hernandez, TSBP Staff

Frank Madla, Texas Legislator

Charlie Moore, TPA Adhoc and PRN Committee Chair

Luther Parker, TPA Executive Director

Jean Sheffield, TPA PRN Director

Ronald Williams, APhA PRN Director

# CHAPTER 1

## History & Overview



Welcome to the Professional Recovery Network (PRN)! This manual provides information that will assist participants in understanding their roles and responsibilities with PRN. Reading all chapters should help participants gain a greater appreciation of the collaborative role that exists in providing safe patient care through a planned recovery process. Please read this handbook carefully. Most questions participants have are likely to be answered in the following pages.

### PRN History

In the spring of 1981, a call was received at Texas Pharmacy Association (TPA) from a past president of the Association. That was later recognized as the starting point of the program. A young pharmacist had been arrested while under the influence of and in illegal possession of drugs in the reporting pharmacist's community. The local pharmacists wanted to help the young man and were seeking advice on the best way to do so. As a result of the phone call, TPA's Board of Councilors, under the chairmanship of Barry Blackmon of Texarkana, discussed the need of a program to address chemical abuse/dependency in the pharmacy profession. An ad hoc committee was made up of representatives from the Texas State Board of Pharmacy (TSBP) (ex-officio), the TPA Auxiliary and students from the three colleges of pharmacy (that existed at the time) in addition to a total of ten pharmacists who were selected to represent all areas of the state and types of pharmacy practice. The state committee was formed the following year and a grant in the amount of \$40,000 to establish the program was received from the Texas Department of Community

Affairs, Drug Abuse Division.

The first training session for interveners was held in the spring of 1983. On the advice of the Association's attorney, legislation was sought and passed that granted civil liability immunity to those persons working with impaired pharmacists within the framework of the TPA-PRN program. The amendment to the Texas Pharmacy Act was signed into law June 19, 1983. The first pharmacist to be accepted into the program was a female, in her late 20's, who entered in July 1983. In 1985, additional legislation was enacted that granted civil liability immunity to persons working with impaired pharmacy students who are in the professional sequence of courses. In addition to this, TSBP was given authority to donate \$1 per pharmacist and pharmacy license issued or renewed to help finance the peer assistance program. In 1991, the Texas Legislature passed HB 333 that increased the amount given to the program from \$1 to \$5 with a surtax charge on each license. In 1995, the Texas Legislature increased the amount of the surtax on licenses. It was set at a maximum of \$10.

The Texas program has been the model that has been used in the establishment of many of the other state programs nationwide. Whatever success the program has obtained has been due to the close cooperation between Texas Pharmacy Association, Texas State Board of Pharmacy, and the volunteer interveners.

In 2003, a staff member of the Texas State Board of Dental Examiners (TSBDE) contacted the Texas State Board of Pharmacy to gather information on who was administering and providing the Peer Assistance Program for Pharmacy. This staff member learned about the PRN program and contacted the Director of the program at the time. After obtaining further information about PRN, the TSBDE staff member encouraged PRN to bid for the contract to be the Peer Assistance Program provider for TSBDE. The purpose for TSBDE Peer Assistance Program is to identify, assist, and monitor dental and dental hygiene practitioners, dental and dental hygiene students, and dental assistants who have

job-impairing mental health, alcohol, or drug problems. According to the Invitation to Bid, the emphasis of the program should be rehabilitative in nature rather than an adversarial or punitive emphasis. This emphasis matched the philosophy that PRN had been operating under for the past twenty-two years. Beginning September 1, 2003, PRN began offering recovery support services to all dental professionals in addition to the pharmacy professionals already being served.

## Mission

PRN will provide opportunities for each participant to enter recovery from substance use disorders and/or mental health problems. Each participant will be supported in receiving the care they must have to continue the practice of their profession or continue their academic aspirations as long as they desire. The Professional Recovery Network will accomplish this mission through advocacy, communication, and education services primarily focusing on prevention and intervention services.

## Philosophy

PRN adheres to a dual philosophy that provides an opportunity for recovery while protecting the public from unsafe professional practice. Professionals who have a substance use disorder or mental health problem should be offered the opportunity to enter recovery. They should also be given the opportunity to confront their problems before having disciplinary action taken against their license. This philosophy is based on the belief that recovery from a substance use disorder or mental health problem is possible. The professional may then return to his/her workplace or place of study to provide high quality safe professional services or meet high academic standards. This philosophy is further based on the belief that healthcare professionals or students are not only responsible for protecting the public but also to save the life of a colleague or fellow student.

## Overview

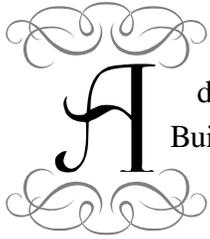
PRN is one of the many services that Texas Pharmacy Association (TPA) provides to healthcare professionals as well as students. In addition to being housed at TPA, PRN is also a Texas Dental Association (TDA) sponsored service. PRN operates under the Texas Health and Safety Code, Chapter 467, Peer Assistance Programs. PRN accepts volunteers and is a confidential program that serves as an alternative to board reporting. Rather than receiving possible punitive action, the PRN emphasis is advocacy, communication, and education. All aspects of the program are conducted with compassion, dignity, and confidentiality.

Participants are expected to receive appropriate treatment and continuing care, attend self-help groups as appropriate, comply with practice restrictions, provide urine drug screens as requested, maintain telephone communication with PRN and submit monthly and quarterly reports. The PRN staff, advocates, and other concerned persons work together to help insure that participants honor their Recovery Support Agreements.

Participation can be voluntary. Dental and pharmacy professionals have the right to not participate or to withdraw from the program at any time. However, if this occurs, PRN may report the individual to their licensing board.

*Each participant will be supported in receiving the care they must have to continue the practice of their profession or continue their academic aspirations as long as they desire.*

# PRN Staff



Advocacy is a major function of PRN. Building a strong advocacy service that supports the recovery program of each impaired professional is primary. Advocacy strategies include interfacing with employers, healthcare professionals, families, healthcare administrators, attorneys, judges, licensing boards and other law enforcement officials.



PRN Director **Donna M. Chamberlain, LCSW, CAS**, graduated Summa Cum Laude from St. Edward's University with a B.A in Social Work in 1996 followed by immediate application and acceptance to the Advanced Standing program at The University of Texas at Austin School of Social Work where she graduated with honors with an M.S.S.W. in 1998. Donna was licensed as a Clinical Social Worker, Independent Practitioner and Board certified as a Clinical Supervisor in 2006. She is also certified by the Texas Medical Board as an Acudetox Specialist.

Donna has worked for a variety of criminal justice based substance abuse programs. The clients participating in these programs were state or federally mandated so the concept of recovery within a structured framework is familiar territory for her. She is worked with a variety of client populations including but not limited to: street dependent youth, Federal Bureau of Prisons inmates, and individuals from all walks of life. Her experience encompasses working with adults, children and families in both inpatient and outpatient treatment settings. She brings to Professional Recovery Network a unique combination of strong clinical experience with clients suffering co-

occurring psychiatric and substance dependence disorders and 20 years of administrative experience from her previous career in the public sector.

Ms. Chamberlain has provided a number of presentations to the community. Among these were to: Blubonnet Trails OSAR Program on "Harm Reduction and Street Jargon"; Aids Services of Austin on "Treatment and Intervention with COPSD Clients"; and on a yearly basis to the St. Edward's University Social Work Department's Introduction to Social Work class on "The True Nature of Social Work"; "What Is A Real Social Worker's Job?"; "Working With Street Dependent Persons"; and "The Impact Of Substance Abuse on Our Clients."

*"The Professional Recovery Network brings together two of the most crucial issues faced by society today: public safety and personal accountability in a world where drug and alcohol use is more devastating than ever before in our country's history. PRN allows society's trusted professionals an opportunity to confront their impairment, seek recovery, protect their licensure, and return to competent, safe practice which upholds the ideals of the profession. Recovery happens."*

The Director works closely with each regulatory board's staff before and after settlement conferences and appears with the professional at their conference. The Director is also responsible for the daily management and operation of the PRN department. Integrated with this responsibility is working in close harmony with the PRN social workers to develop and manage the human service component of PRN. This includes developing program policy and procedures while continuously striving to improve the quality of services provided by PRN. Overall, the Director is accountable for long range planning, providing programs with stability and continuity, and the dynamic growth and expansion of PRN.



**Social Worker Hanna Del Toro, LMSW**, joined PRN in October 2009. She earned her B.A. in Sociology and her Masters of Science in Social Work from the University of Texas. She has worked in various capacities: divorced family custody issues, teen parents,

school based services, domestic violence, elderly care, psychiatric services, home health and psychotherapy.



**Social Worker Courtney Bolin, LMSW**, joined the PRN team in June 2008. She earned her Master's degree in Social Work from Texas State University and her Bachelor's degree in Social Work at the University of Texas at Austin.

Courtney's experience involves working with high risk families through the Texas Dept. of Family and Protective Services. She has provided on-going services to families in crisis by offering support and connecting them with resources in an effort to empower them. She also has experience assessing families in the hospital setting and working with various professionals to ensure optimal patient care. She has worked with adults, adolescents and children suffering from mental health disorders, as well as adults and adolescents experiencing substance abuse.

*“The PRN program is an opportunity for individuals to face challenges in their life head-on and come out even stronger in the end. It's an opportunity for professionals to reclaim a life they've worked so hard to build. I believe in the ability to change and am grateful to be a part of a program that fosters that process.”*

The Social Worker's main job focus is to work with and assist participants in addressing their issues and helping them to manage their recovery. Through advocacy, communication, and education, the social worker is able

to accomplish these goals. The Social Worker often serves as the participant's advocate relating to employment, family, and licensing issues. Many people would agree that the main job duty of the Social Worker is communication. The Social Worker is responsible for contact with the participants and coordinating care services throughout the person's term with PRN. By utilizing clinical intervention techniques, the Social Worker also follows up with each participant when it appears that the participant's recovery is in jeopardy.

## Additional Support Roles

**Mentors** – Some participants, with a significant history of sobriety, in the PRN program are known as mentors. These individuals have a sincere interest in the welfare of the recovering person, that person's participation in PRN, and that person's re-entry into their professional lives. The PRN mentors have a wealth of knowledge and experience that can be utilized to help the participant, the participant's family, and the participant's supervisors and co-workers to understand the disease as well as understanding PRN and recovery so that co-workers may be better able to understand and appreciate the participants' need for support. Mentors do not function as therapists nor do they serve as AA/NA sponsors. Mentors help provide support to their colleagues during their PRN participation by:

- Decreasing the participants' potential for isolation during early recovery;
- Offering information and clarification about PRN, AA, NA, and recovery as needed;
- Helping participants problem-solve and encouraging participants to seek additional assistance when needed; and
- Providing the perspective of being a recovering professional.

Benefits of becoming a mentor include fulfilling one's personal, professional, and community service goals. Most importantly, mentors make for a more

humanitarian world by serving as positive role models for their peers and the public.

**Regional Coordinators** – The state is divided into 27 regions, and each region is overseen by a regional coordinator. The regional coordinator is responsible for providing a monthly regional PRN support group. Each new participant is referred to a regional coordinator who will orient the person with the Regional PRN Support Group. In addition to helping participants in all the ways that a mentor does, Regional Coordinators are also trained interveners.

**Healthcare Providers** - PRN works with healthcare providers to help obtain needed assessment and treatment services for individual PRN participants. PRN does not provide assessments or treatment. Healthcare providers establish individualized recovery plans for each participant. Pharmacists and Dentists may be required to obtain assessments and/or treatment from assessors and treatment providers who are knowledgeable in regards to PRN. The treatment and continuing care plans constitute an essential part of the PRN participation requirements.

**Advisory Committee** - PRN is overseen by the PRN Advisory Committee. The purpose of this committee is to offer support and guidance to the administration of the Professional Recovery Network (PRN) in such a way as to assist the PRN program in growing and continuing to offer supportive services to healthcare professionals. The structure of the committee consists of a Committee Chair, Vice-Chair/Chair Elect, 10 pharmacy committee members, four dental committee members, a TSBP appointed board member, two TSBP appointed staff members, an ex-officio member, and two TSBDE appointed board members.

**Grievance Committees** - The PRN Advisory Committee recommended that each profession have its own Grievance Committee which resulted in the de-

velopment of the Pharmacy Grievance Committee and the Dental Grievance Committee. Both grievance committees are subsets of the PRN Advisory Committee, and both committees share the same purpose. This purpose is twofold: (1) to review the complaints directed toward the PRN program and (2) to review cases prior to involving the appropriate licensing board. PRN program participants can voice concerns to the respective committees by contacting TPA's Senior Director of Professional Affairs at 512-836-8350 or via e-mail at [kroberson@texaspharmacy.org](mailto:kroberson@texaspharmacy.org). The Senior Director will forward information to grievance committee members. The Pharmacy Grievance Committee is composed of four committee members, ex-officio as nonvoting advisor, and director of PRN. The Dental Grievance Committee will consist of three committee members and the Director of PRN

**PRN Emergency Cell Phone** – The PRN department has an emergency after-hours cell phone for participants who are in crisis or for those individuals who are seeking entrance to the PRN program. Individuals are only encouraged to use the PRN cell phone in situations where (1) their recovery is in jeopardy or (2) severe emotional instability exists. The PRN cell phone is not to be utilized for non-emergency situations such as problems with providing specimens for urine drug screen tests when selected. Additionally, participants should be aware that PRN does not provide health care, mental health counseling, or therapy services.

## CHAPTER 2

# Rights & Responsibilities of the Patient



As a participant in the Professional Recovery Network you have certain rights.

*These rights are as follows:*

- To be treated with dignity and respect.
- To be informed about the terms and conditions of participation prior to enrolling in PRN.
- To informed consent.
- To confidentiality in accordance with state and federal guidelines.
- To refuse or terminate participation and to be informed as to the possible consequences.
- To be informed about the cost involved with participating.
- To accept or decline participation in any research requiring the participant's consent.
- To know the length of PRN participation and the projected date of completion.

## Grievances

PRN believes every participant has a responsibility to make known any grievance regarding PRN staff, the participant's advocate, or another participant in a timely manner. Should a participant experience a problem, the following steps should be taken to resolve their grievance:

1. Attempt to work things out with the person(s) directly involved.
2. Contact the PRN staff for assistance.
3. Provide a written account of the grievance to be forwarded directly to PRN Program Director.
4. If the grievance is with the PRN director, call the TPA office and speak with Senior Director of

Professional Affairs at 512-836-8350.

5. If the grievance is with TSBP or TSBDE staff, contact the State Board directly at 512-305-8001 (TSBP) or 512-463-6400 (TSBDE).

## Participant Responsibilities

The participant's responsibilities include:

- Maintain monthly communication with PRN staff, healthcare provider(s), advocate, and employer, including notifying PRN office of change of address, phone number, e-mail address, employment or healthcare provider(s).
- Complete all required paperwork in a timely manner.
- Mail documentation from healthcare providers.
- Comply with all terms of participation. Continuous compliance with the above responsibilities may result in decreased frequency of drug screens and twelve-step meetings. At the same time, chronic non-compliance may require an increase in drug screening, re-evaluation by a Mental Health Practitioner, or other recovery activities to insure the participant is safe to practice their profession or return to class.
- A participant must remain in PRN for the length of their support agreement. Any extensions, exceptions, or modifications to the length of participation are handled on an individual basis following a formal review by and through written approval from PRN.
- Participants are responsible for payment of certain costs associated with PRN, including the cost of treatment, monitoring, and drug testing.

## Returning to Practice

*Prior to Working:*

PRN must be informed prior to a participant's return to work in any capacity, including sites beyond their licensed capabilities. Participants must keep PRN informed of the type of work they are doing and the num-

ber of hours worked each week. The participant may be required to notify their employer or a faculty member they trust of their participation in PRN, provide PRN with a contact person for that employer or university, and/or provide a signed consent.

#### *Working while on Board Orders:*

If the participant is on Board Orders, there may be some restrictions on their work schedule, type of work they are authorized to perform, how many hours they are allowed to work, and if they are to work under supervision. There may be restrictions on prescriptions they can/cannot write or fill. PRN may have some restrictions as well that will fit the particular participants' circumstances.

## Medications that May Jeopardize Recovery

Participants **must abstain completely** from the use of all abusable medications unless prescribed by a physician who has been made aware of the participant's drug/alcohol history. These medications include alcohol, all illicit or controlled substances, and over the counter (OTCs) or uncontrolled medications that contain abusable substances. Antidepressants are not considered in this category. If pain management is needed, PRN recommends that participants try non-addictive approaches before taking or continuing abusable medication. For pain management purposes, if a participant is taking ongoing prescription pain medications, they will need to have an assessment by a medical doctor who specializes in addiction. If any potentially abusable medication is prescribed, PRN must have a signed consent form to talk to the prescribing M.D. prior to the participant taking the medication. Additionally, the participant must send a copy of the prescription to PRN prior to filling prescription or taking the medication.

The following is a partial list of abusable chemicals. Please note that this list is not all inclusive.

**Alcohol** – including any tinctures, cold medications,

mouth washes, and other non-prescription medications containing alcohol.

Amphetamines

**Barbiturates** - i.e. Fiorinal<sup>®</sup>

**Benzodiazepines** – all, including sleeping pills

**Butorphenol** i.e. Stadol<sup>®</sup>

**Diet Medications** i.e. Phentermine

**Fentanyl**

**Meprobamate** i.e. Soma<sup>®</sup>

**Opiates** – all, including Demerol<sup>®</sup>, Buprenorphine and Hydrocodone

**Methadone**

**Pentazocine** i.e. Talwin<sup>®</sup>

**Propoxyphene** i.e. Darvocet<sup>®</sup>

**Thiopental** i.e. Pentothal<sup>®</sup>

**Tramadol** i.e. Ultram<sup>®</sup>, Ultracet<sup>®</sup>

Poppy seeds and hemp seeds/oil products are substances that may cause a positive drug screen. Additionally, some foods containing alcohol sauces may cause a positive drug screen. Consuming these products will not excuse a positive drug screen; therefore, participants must not consume these substances.

## Drug Screens

*Participants must provide random samples for drug screens as requested by PRN or its designee.* Participants, with substance abuse histories, must be enrolled in the PRN drug screening program in order to be in compliance. Participants identified as having mental illness problems may also be required to have drug screens. It is important for participants to approach drug screens in a positive manner.

*Drug screen specimens must be provided the day of request and be witnessed and/or collected in accordance with federally approved standards.* Participants are responsible for reading and understanding the instructions for PRN drug screen collection. Chain of custody forms that are not properly filled out may result in specimen being rejected.

The PRN office will be notified of positive drug screens and will notify the participant of the test result. If this happens, PRN staff may request that the participant have the specimen retested to confirm the (+) result. Additionally, the participant will be expected to have a positive test result reviewed by the designated DTS/PRN Medical Review Officer. The participant is responsible for the cost associated with a retest and review of a specimen. A confirmed positive drug screen for any unauthorized drug is considered conclusive proof of use of the indicated drug and may result in being reported to the respective regulatory board.

## Costs and Fees

Participants are required to pay a PRN participation fee. The participation fee is \$600.00 per year. Although, the majority of our funding is received from the licensing boards of each profession, this cost is to assist in the daily operation of PRN.

PRN also receives education grants to assist in providing regional CE programs and the fall and spring CE programs. To assist with covering the cost of these programs, participants also may be expected to pay a registration fee. Payment is requested to be on time so we can continue to provide quality service and recovery support.

The cost of Urine Drug Screens is approximately \$52.00 per Chain of Custody (COC) form. The cost of the COC includes the cost for the test. Forms must be purchased two at a time from PRN's drug screen administrator Digital Testing Systems, Inc (DTS). PRN recommends that each participant have at least four COCs on hand and not let their forms drop below two. It is recommended that participants keep the forms with them at all times. When ordering forms it usually takes about 10 to 14 days to arrive. If a participant does not have a COC form, he CANNOT test and may be subject to disciplinary action. For an additional fee, participants can request that DTS send their COC's overnight.

## Reporting to the Licensing Board

A participant's identity and other relevant information may be reported to their respective regulatory board under the following conditions:

*Participants may be reported if they*

1. withdraw from PRN
2. have a positive drug screen,
3. demonstrate behaviors inconsistent with good recovery,
4. are noncompliant with the terms of their Support Agreement
5. are dismissed from the program for any reason, or
6. PRN has information indicating that not reporting would endanger patient/ public safety.

## Moving Out of State

Participants moving out of state may have to be dismissed from PRN and have their case referred to the new state's peer assistance program, if they have one. Prior to moving, board ordered individuals must coordinate their move with their Texas Board and the State Board where they're moving.

## Withdrawal & Dismissal from PRN

A participant may voluntarily withdraw from the program at any time by notifying PRN. If applicable, the participant's employer will be notified of a participant's withdrawal. The participant may also be reported to their respective licensing board.

A participant may be dismissed from PRN for the following situations:

- Failure to abide by the terms and conditions of participation (i.e. non-compliance).
- Moving out of Texas.
- A determination by PRN that the participant is exhibiting behaviors inconsistent with good recovery.

# CHAPTER 3

## Licensure/Board Issues

### Dental Professionals

#### **Texas State Board of Dental Examiners**

William P. Hobby Building  
333 Guadalupe Street  
Tower 3, Suite 800  
Austin, TX 78701  
Phone: 512-463-6400  
Fax: 512-463-7452  
Complaints: 1-800-821-3205  
[www.tsbde.state.tx.us](http://www.tsbde.state.tx.us)

#### **Licensure Status**

Active – the license is clear for the professional to practice

Revoked – action has been taken by TSBDE and license is irretrievable.

Expired – practitioner is unable to practice; however, the license is eligible for renewal.

Deceased – license status for when person has deceased

Retired – practitioner is unable to practice; however, the license is eligible for reinstatement. An individual may not retire their license in lieu of disciplinary action or to circumvent a board order. However, if all the obligations of a board order have been met, then, a license may be eligible for a retired status

Suspended – there has been board action that prevents a person from practicing; however, the license is eligible for reinstatement

ATG Suspended – Through court order by the Attorney General, the license is suspended resulting from an individual not paying child support. It prevents a person from practicing while license is suspended; however, the license is eligible for reinstatement by court order.

Cancelled – a license becomes cancelled due to 1 or more years of nonpayment for license. The license is irretrievable.

Surrender – Voluntary relinquishment of a license. The license becomes irretrievable. However, a person may be eligible to reapply for a new license.

#### **Application or Reissuance or Removal of Restrictions of a License**

An individual interested in reapplying for the license or removal of restrictions on a license must meet the minimum qualifications of applicant as defined in the Dental Practice Act in the following sections: § 256.002. Minimum Qualifications of Dental Applicant; § 256.053. Eligibility for License; SUBCHAPTER B. INELIGIBILITY FOR LICENSE; § 53.021. Authority to Revoke, Suspend, or Deny License; § 53.022. Factors in Determining Whether Conviction Relates to Occupation; § 53.023. Additional Factors for Licensing Authority to Consider; SUBCHAPTER E. GROUNDS FOR LICENSE REVOCATION OR DENIAL; and § 101.201. False, Misleading, or Deceptive Advertising. Copies of the Dental Practice Act can be found on the Texas State Board of Dental Examiner's website at <http://www.tsbdestate.tx.us/> under the tab Agency Publications.

## Pharmacy Professionals

### Texas State Board of Pharmacy

William P. Hobby Building

333 Guadalupe Street

Tower 3, Suite 600

Austin, TX 78701

Phone: 512-305-8000

Fax: 512-305-8082

Complaints: 1-800-821-3205

www.tsbp.state.tx.us

### TSBP Contact List

Gay Dodson, Executive Director

c/o Kay Wilson, Executive Asst. to Executive Director, 305-8026

for concerns regarding TSBP staff or PRN program

Carol Fisher, Director of Enforcement

c/o Sherry Stevenson, Assistant to Dir. of Enforcement, 305-8039

Legal Division, Legal Hotline, 305-8060

Janelle Nastri, Enforcement Program Specialist, 305-8034

- for application for reinstatement

Patty Castillo, Enforcement Specialist, 305-8019

- for requests for Board Order Modification proceedings

- for requests related to drug screening if you are on a board order

- for compliance history

- for verification of receipt of Quarterly reports, supervisor reports, & prescription copies

Carol Willess, Licensing Administrator, 305-8032

### Licensure Status

Reprimand – a public and formal censure against a license

Restrict – to limit, confine, abridge, narrow, or restrain a license for a term and under conditions determined by the board

Probation – the suspension of a sanction imposed against a license during good behavior, for a term and under conditions as determined by the board

Suspend – a license is of no further force and effect for a period of time as determined by the board

Revoke – a license is void and may not be reissued; provided, however, upon the expiration of 12 months from and after the effective date of the order revoking a pharmacist license, application may be made to the board by the former licensee for the issuance of a license upon the successful completion of any examination required by the board

Retire – a license has been withdrawn and is of no further force and effect

## **Application or Reissuance or Removal of Restrictions of a License**

*(as taken from the Texas Pharmacy Act 281.55)*

A person whose pharmacy license of license to practice pharmacy has been canceled, revoked, restricted, whether voluntary or by action of the board, may, after 12 months from the effective date of such cancellation, revocation, or restriction, apply to the board for reinstatement or removal of the restriction of the license.

1. The application shall be given under oath and on the form prescribed by the board.
2. A person applying for reinstatement or removal of restrictions has the burden of proof.
3. On investigation and hearing, the board may in its discretion grant or deny the application or it may modify its original finding to reflect any circumstances that have changed sufficiently to warrant the modification.
4. If such application is denied by the board, a subsequent application may not be considered by the board until 12 months from the date of denial of the previous application.
5. The board in its discretion may require a person to pass an examination or examinations to reenter the practice of pharmacy.

The board may consider the following items in determining the reinstatement of an applicant's previously revoked or canceled pharmacist license:

1. moral character in the community;
2. employment history;
3. financial support to his/her family;
4. participation in continuing education programs or other methods of maintaining currency with the practice of pharmacy;
5. criminal history record, including arrests, indictments, and convictions relating to felonies or misdemeanors involving moral turpitude;
6. offers of employment as a pharmacist;
7. involvement in public service activities in the community;
8. failure to comply with the provisions of the board order revoking or canceling the applicant's license;
9. action by other state or federal regulatory agencies;
10. any physical, chemical, emotional, or mental impairment;
11. the gravity of the offense for which the applicant's license was canceled, revoked, or restricted and the impact the offense had upon the public health, safety and welfare;
12. the length of time since the applicant's license was canceled, revoked, or restricted, as a factor in determining whether the time period has been sufficient for the applicant to have rehabilitated himself/herself to be able to practice pharmacy in a manner consistent with the public health, safety and welfare;
13. competency to engage in the practice of pharmacy; or
14. other rehabilitation actions taken by the applicant.

## TSBP Licensure Questions

Licensure issues are handled on a case by case basis and depend on the circumstances/seriousness of the case, the amount of time that has elapsed, and the rehabilitation efforts of the individual.

Q: What if my license has been revoked?

A: It is recommended that you have at least one year of documentation of your sobriety activities as well as involvement in a treatment program.

Q: What if my license has been revoked twice?

A: This requires more burden of proof on the participants part to show rehabilitation. One way you can accomplish this is through documentation of treatment and sobriety activities.

Q: Will the Board reinstate my license if I have felony charges for drug diversion?

A: The board handles these issues on a case by case basis. You would have to start the reinstating process to know whether or not the Board would be willing to reinstate your license.

Q: How do I start the process to reinstating my license?

A: Pharmacist: You need to contact the Program Enforcement Specialist at TSBP to obtain the proper paperwork and application.

Q: What happens after my reinstatement application is received?

A: The Board investigators conduct an investigation/background check. Then you are scheduled for an informal conference to discuss the reinstatement.

Q: What happens if I am not recommended for reinstatement?

A: An appeal may be made to the State Office of Administrative Hearings.

## CHAPTER 4

# Employment Related Concerns

### Important Information for Medicaid and Medicare Providers

 **D**isclaimer – If a participant has appeared before the Board, it does not mean that the individual is automatically on this list. On that same note, even if an individual has not met with the Board, their name could still be on this list. It is each professional's responsibility to periodically check the websites listed below to see if they have been excluded. If a license has been revoked and the individual follows proper TSBDE/TSBP procedures to reinstate it, the individual must still file a written request for reinstatement with either Texas Medicaid and/or Medicare to be removed from the list.

Investigation offices from both federal and state Office of Inspector General are utilizing a national database that lists healthcare providers who have been determined ineligible to provide Medicaid and/or Medicare services. Various state agencies are required by law to report to this database. One example of a state agency is the Texas Health and Human Services Commission (Commission), Office of Inspector General (OIG), Sanctions Section.

The Commission, OIG has a website for the public to use to search for possible individuals or entities excluded from the Texas Medicaid programs. The website is updated twice a month and lists individuals or entities who have been excluded from participating in the Texas Medicaid and Title XX programs by the

Commission, OIG Sanctions.

The U.S. Health and Human Services, OIG also have a website listing individuals that have been excluded from Medicare and Medicaid. You must check both websites (Texas Medicaid and U.S. Health and Human Services, OIG) for potential excluded individual or entities. To find out if you or employees are listed on an excluded website you may access the following websites at:

#### **For Texas Medicaid Exclusions:**

Logon to <http://www.hhsc.state.tx.us/OIE/exclusionlist/searchEList.asp>

Click on “**Search for excluded providers alphabetically by last name**” and follow the on-screen prompts

#### **For Federal Medicare:**

Logon to <http://oig.hhs.gov/fraud/exclusions/listofexcluded.html>

Click on “**Online Searchable Database**”

Follow the on-screen prompts

If a person is listed, they may not bill for the related services. As an example, if person is listed in Texas, she may not bill for services provided to Medicaid beneficiaries. If the individual is listed federally, he may not bill for services provided to Medicare or any state healthcare program beneficiary.

To be removed from this list, the healthcare professional must file a written request for reinstatement with either Texas Medicaid and/or Medicare.

For **Texas Medicaid**, contact Texas Health and Human Services Commission, Office of Inspector General, Sanctions Section. Submit written request for reinstatement to:

**Sanctions Manager of HHSC, OIG Sanctions**

**Mail Code: I-1358**

**P.O. Box 85200**

**Austin, TX 78708-5200**

For questions and inquires contact: Nancy Steele, Lead Sanctions Specialist, at 512-491-2817. Not all requests for reinstatement are granted.

To be removed from the **federal list**, contact the U.S. Department of Health and Human Services, Office of Inspector General. Submit written request for reinstatement to:

**Director of DHHS/OIG/OEC/HCAS**  
**7500 Security Blvd. Rm N2-01-26**  
**Baltimore, MD 21244-1850**

Questions? 410-786-9603. This is a general call line, which should be able to direct calls.

### **PRN Participants and the ADA**

What the ADA Is - The American with Disabilities Act (ADA) is a federal antidiscrimination statute designed to remove barriers, which prevent qualified individuals with disabilities from enjoying the same employment opportunities that are available to persons without disabilities. Employers with more than 15 employees must comply with the ADA. The ADA prohibits discrimination in all employment related

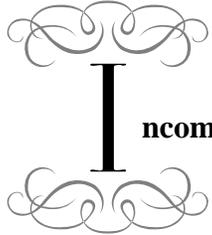
practices and activities, e.g., job application, hiring, firing, advancement, training, compensation, and other terms, conditions, and privileges of employment.

Who the ADA Covers - The ADA protects individuals with disabilities. An individual recovering from chemical dependency or mental illness would be classified as a person with a disability. Under the ADA an employer may not discriminate against an individual with a chemical dependency who is not currently using drugs and who has been rehabilitated because of a history of chemical dependency.

Who Enforces Compliance with the ADA - The U.S. Equal Employment Opportunity Commission (EEOC) issued regulations to enforce Title I of the ADA. Charges of employment discrimination on the basis of disability, based on actions occurring on or after July 26, 1992 may be filed at any field office of the U.S. EEOC. Information may be obtained from the Texas Employment Commission, Disabilities Services Coordinator 512-463-2679.

## CHAPTER 5

# Starting With the Professional Recovery Network



**I****ncoming Referral (to PRN) Stage** – This stage occurs when PRN receives a call concerning the potential impairment of a healthcare professional. The caller’s name and identity are kept confidential from the potentially impaired professional. Typical initial calls are most often made by colleagues/ co-workers, friends, family, or patients.

**Intake Stage** – The Intake Stage begins when PRN has made contact with the potentially impaired professional and obtains additional information from this individual. After completing the intake, PRN will make a referral for the individual to a Mental Health Professional (MHP) for a chemical dependency/mental health assessment to be completed.

**Evaluation Stage** - It is PRN’s policy to require potential PRN participants to have a mental health and chemical dependency evaluation from a qualified mental health professional. These qualified MHP’s may be a psychiatrist, an addictionologist (medical doctor specializing in addiction medicine), a licensed therapist with a Masters or Ph.D. in Social Work, Psychology, or Education, or a licensed chemical dependency counselor. The PRN staff is highly selective in regards to the qualifications of MHP’s utilized for evaluations. The MHP’s utilized by PRN have extensive experience in the field of addiction medicine, substance use disorders, and mental health problems. It is the job of these evaluators to make

diagnoses and treatment and/or monitoring recommendations when applicable. If a participant does not have health insurance, PRN will cover the cost of the initial evaluation. However, if a participant chooses to use their insurance to cover this cost, PRN will reimburse the participant up to a \$150 of what the insurance does not cover.

**Treatment Stage** – When recommended through MHP evaluations, all participants must obtain appropriate treatment and remain in treatment until approved by the treatment facility for discharge. PRN will make referrals for treatment when applicable. Participants must follow the treatment, rehabilitation, and continuing care plan recommended by their treatment provider(s). Participants may choose their treatment provider(s) as long as PRN determines that the treatment received is appropriate. If necessary, PRN may require participants to obtain a second opinion and follow those recommendations. Additional treatment may be required if the participant is determined to be exhibiting behavior inconsistent with good recovery. Participants not successfully completing treatment recommendations may be reported to their respective regulatory boards. Treatment costs are the responsibility of participants.

**Monitoring Stage** – Upon completing treatment, the newly recovered professional will sign a PRN Support Agreement and enter into the Monitoring Stage of the PRN Program. This stage is divided into three Risk Groups: High Risk Group, Moderate Risk Group, and Low Risk Group. The Risk Group determines the perceived priority of need and risk related to relapse. A participant’s success in the PRN program determines their assignment into a Risk Group, and each Risk Group has its own definition related to the participants expected frequency of recovery activities. A participant can only be in one Risk Group at a time, and the participant is able to move to a lower perceived relapse Risk Group based on a twelve month time frame in a Risk Group

where they have mastered the requirements of the level. A participant may move to a higher perceived relapse Risk Group at any time based on their lack of meeting program obligations. The Monitoring Stage should last no longer than the term described in the most recent Recovery Support Agreement. The Recovery Support Agreement is the document that initiates participation in PRN. It includes, but is not limited to, the following areas:

**(1) Disclosure of Information and Consent**

Confidentiality of Alcohol and Drug Abuse Patient Records - Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records maintained by this program. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

The patient consents in writing; OR

The disclosure is allowed by a court order; OR

The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR

The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations)

PRN Disclosure Requirements – Participants must complete any authorizations, release of information forms, or consent forms needed to permit disclosure between PRN and treatment providers. PRN exchanges information relevant to participants’ chemical dependency, mental illness, or physical problems. PRN discloses information about a participant 1) in medical emergencies to medical

personnel, 2) as mandated by court order, and 3) as otherwise permitted by state and federal law.

Failure by participants to complete consent forms may result in dismissal from the program and being reported to their regulatory boards as required by state law. PRN may notify third parties that make appropriate referrals if a participant fails to take part in the PRN program.

Volunteer participants are encouraged to sign a consent form for each of their healthcare providers, including their primary care provider (PCP). Participants are to mail the original to the PRN office, provide a copy to the healthcare provider, and retain a copy for their file. PRN routinely requests the following information from participants’ healthcare providers: intake assessment, discharge summary, treatment/continuing care recommendations, and return to work recommendations. Board Ordered participants will sign all release of information forms necessary, including release of information to their respective Regulatory Boards. The following are the basic list of forms that participants may be expected to sign in relation to release of information: Professional Recovery Network Support Agreement – The PRN Support Agreement is a contractual agreement between the participant and PRN that acknowledges the participant has formally entered into the PRN program for the term of the agreement. It includes explanations of the responsibilities of a PRN participant.

PRN Consent to Disclose Information – The PRN Consent to Disclose Information may be used so that information can be shared with Licensing Boards, Employers, Family/Friends, Insurance Companies, and to Attorneys. Release of Information for Licensing Board is particularly helpful for participants who are currently under investigation by their licensing board. The Consent to Release Information for Family Members or Spouse allows PRN to share information about an individual’s recovery with those family members that the participant chooses. Without a release form, PRN cannot acknowledge participation in the PRN program or elements of recovery to any members of a support system.

This release is particularly helpful for individuals who are attempting to rebuild trust in their relationships with support system members. The Consent to Disclose Information between PRN and Employer is a release form that allows PRN and employers to share information about an individual's recovery. Without this release form, PRN may not be able to acknowledge participation in the PRN program or elements of the individual's recovery to the employer. Additionally, the employer may not be able to release information to PRN about actions they might be taking. Consequently, the employer, if they know about the employee's impairment, may feel obligated to contact the employee's licensing board because they are unaware of the employee's participation in PRN. Additionally, by having this release form completed and in a participant's PRN file, PRN may be able to more extensively advocate for the participant with employers in regards to impairment and job status. If a person is additionally on Board Orders, PRN can help advocate for continued employment and explain the factors involved with a Board Order. A copy of a generic release form is found in the Forms Section.

Digital Testing Systems, Inc Program Participation Registration Form – Once a participant has signed a Support Agreement, they will receive a Registration Packet from DTS, drug screen administrator for PRN. Inside the Registration Packet will be a DTS Program Participant Registration Form. This form serves the purpose of registering a participant in DTS system and allowing the individual to order the Chain of Custody (COC) forms.

## **(2) Self-Help Group Attendance**

For participants with mental health impairments, the number and types of therapy sessions or groups attended will depend on the nature of the problem(s) being experienced. The participant's psychiatrist or therapist will make recommendations for continuing care. The participant is expected to comply with these recommendations.

For participants with substance abuse issues daily self-

help group meetings (such as AA or NA) are required during the first 90 days after treatment. Following the completion of 90 meetings in 90 days, the participants Risk Level pertaining to relapse will dictate how many meetings per week thereafter that they are expected to attend. For participants experiencing substance abuse or dependency problems, only one alternative group meeting (support group, therapy, or aftercare) may be counted for one of the required weekly meetings. All participants are expected to attend a professionals support group and PRN Support Group when available. It is important for participants to find support groups in which they feel comfortable and that help maintain a solution-oriented approach to recovery.

What AA/NA Is – Alcoholics Anonymous and Narcotics Anonymous are an international fellowship of men and women who have had a substance abuse problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem.

What AA/NA Does – AA/NA members share their experience with anyone seeking help with a drinking problem; they give person-to-person service or "sponsorship" to the addicted person coming to AA/NA from any source. The AA/NA program, set forth in the Twelve Steps, offers the alcoholic or addicts a way to develop a satisfying life without alcohol or other drugs. This program is discussed at AA/NA group meetings in the following ways:

1. Open speaker meetings – open to alcoholics/addicts and non-abusing/dependent people. At speaker meetings, AA/NA members "tell their stories."
2. Open discussion meetings – one member speaks briefly about his or her drinking experience, and then leads a discussion on AA/NA recovery or any substance abuse-related problem anyone brings up.
3. Closed discussion meetings – conducted just as open discussions are, but for alcoholics or addicts only
4. Step meetings (usually closed) – discussion of one of

the Twelve Steps

Literature – The AA Grapevine, a monthly international journal – also known as “out meeting in print” – features many interesting stories about recovery from alcoholism written primarily by members of AA. For Grapevine information or to order a subscription to either the AA Grapevine or La Viña: (212) 870-3404; fax (212) 870-3301; Web site: [www.aagrapevine.org](http://www.aagrapevine.org)

Support Groups – The following is a list of contacts for information related to various twelve-step support groups:

1. Alcoholics Anonymous, Grand Central Station, P.O. Box 459, New York City, NY 10163 PH: 1-212-870-3400. [www.aa.org](http://www.aa.org). For a listing of groups in your area refer to [www.alcoholic-anonymous.org/default/us\\_CtrOffice/tx.html](http://www.alcoholic-anonymous.org/default/us_CtrOffice/tx.html). Austin 512.444.0071; Dallas 214.887.6699; Houston 713.686.6300
2. Narcotics Anonymous, World Service Office, PO Box 9999, Van Nuys, CA 91409 PH: 1-818-773-9999 or 1-800-747-8972. [www.na.org](http://www.na.org).
3. Al-anon Family Group Headquarters, 1600 Corporate Landing Parkway, Virginia Beach, VA 23454 PH: 1-888-4AL-ANON. [www.al-anon.alateen.org](http://www.al-anon.alateen.org).
4. Codependents Anonymous (CoDA), Fellowship of men and women whose common purpose is to develop healthy relationships. P.O. Box 33577, Phoenix, AZ 85067-3577 PH: 1-602-277-7991. [www.codependents.org](http://www.codependents.org).
5. Emotions Anonymous, Twelve-step organization composed of people who come together for the purpose of working toward recovery from emotional difficulties. P.O. Box 4245, St. Paul, MN 55104 PH: 1-651-647-9712. [www.emotionsanonymous.org](http://www.emotionsanonymous.org)
6. National Alliance for the Mentally Ill (NAMI). Organization dedicated to improving the lives of persons affected by serious mental illness. Colonial Place Three, 2107 Wilson Blvd., Suite 300, Arlington, VA 22201 Helpline: 1-800-950-NAMI [6264]. [www.nami.org](http://www.nami.org).

(3) Primary Physician

Participants must obtain a PCP within 30 days of the

date of their participation. Participants must notify their PCP of their participation in PRN as well as notify PRN if they secure care from any provider other than their PCP. Healthcare provider consent must be completed for each physician seen by a participant. It is recommended that the participant’s PCP be an addictionologist; however, this is not required for everyone.

(4) Monitoring Paperwork

Copies of some of the following forms can be found on the Professional Recovery Network tab on Texas Pharmacy Association’s website at [www.rxpert.org](http://www.rxpert.org).

Chain of Custody (COC) Forms – As mentioned earlier, these forms are available for purchase through DTS (contact their office at: 866-367-2410). Initially these forms are ordered on the DTS Registration Form. It is recommended that participants purchase four forms and have a MINIMUM of two on hand at any time. An individual cannot undergo a drug screen without a COC form. Not having a COC form is considered to be the same as testing positive for a drug screen.

\*Note: The Board Ordered pharmacists use different COC forms than other PRN participants since TSBP manages their drug screens. A pharmacist, who changes from a volunteer to Board Ordered, or vice versa, and has left over forms available, can contact DTS and DTS will refund the money associated with the unused forms.

Signed Meetings Log – One requirement for participation in PRN is to attend weekly support group meetings. Participants are required to document their meeting attendance and submit this documentation in their quarterly report packets. All participants, with the exception of TSBP Board Ordered pharmacists, may use either the Signed Meeting Log or the Meeting Journal to document meetings. Board Ordered pharmacists must use the Signed Meeting Log. A copy of this form is provided in the Forms Section.

Meeting Journal Log – One requirement for participa-

tion in PRN is to attend weekly support group meetings. Participants are required to document their meeting attendance and submit this documentation in their quarterly report packets. All participants, with the exception of TSBP Board Ordered pharmacists, may use either the Signed Meeting Log or the Meeting Journal to document meetings. Board Ordered pharmacists must use the Signed Meeting Log. Some individuals have found that they preferred to not have to have their logs signed so the Meeting Journal is an alternative for them to use. A copy of this form is provided in the Forms Section.

Quarterly Report – This report is due in the first week of every third month. The timeline begins from the month PRN receives the signed support agreement. A copy of this form is provided in the Forms Section. This form is three pages long; please be sure to fill out each section as thoroughly as possible. Please see table in the Charts Section to easily determine when quarterly reports (and meeting logs/journals) are due.

Employer Quarterly Evaluation – Some participants or the participant’s employers may choose to have the Supervisor complete a Quarterly Evaluation form in regards to the participants work performance. Many pharmacists on Board Orders are required to provide this documentation. A sample format for this evaluation is included in the Forms Section.

Drug Screen Suspension Request – All participants, with the exception of TSBP Board Ordered participants, are required to obtain permission from PRN prior to not calling in as scheduled. If the participant is planning to go out of town, they must submit this completed form to PRN two weeks before their expected departure. If they do not, and they are chosen to be drug screened, it will be counted as missed drug screen. It should be noted that submitting a request is not a guarantee that it will be approved since DTS provides testing sites nationwide. Additionally, if a participant appears to be in a high risk group for relapse, and/or has any compliance issues, the

request for suspension may not be granted. This form is provided in the Forms Section. Also, suspension requests will be granted no more than one time per month per participant.

(5) Monthly Call to PRN

Each participant is expected to contact the PRN Social Worker on a monthly basis. This is a requirement that extends beyond the PRN Support Agreement. It is also a requirement for peer assistance programs as defined in the PRN contract with the licensing boards. If the participant is unable to speak directly to the PRN Social Worker, it is acceptable to leave a message on the Social Worker’s voicemail stating that the participant is doing their monthly check-in. The participant should give details of their recovery and overall well-being. If the participant desires a call back from PRN staff, they should acknowledge this in the voice message; otherwise, PRN staff may not return the call.

## Chapter 6

# Life During and After PRN



Participants are assigned to one of three groups based on the perceived risk of relapse for their current circumstances. Each group varies with respect to the frequency of:

- Drug screens
- Meeting attendance requirements
- Contact with PRN
- Mental health appointments
- Reporting requirements

Low risk participants have fewer requirements and these range up to high risk participants, who have the most requirements.

High Risk Group – The High Risk Group is the grouping for all participants with the highest perceived risk of relapse and need of support in maintaining the participant’s recovery. Any new participant in PRN or any participant who had a relapse would be assigned to this Risk Group. Typically, a participant would not remain in this group for more than one year. If a participant does not meet the requirements for participation within this group, they may ultimately be reported to the appropriate licensing board and/or discharged from PRN.

Moderate Risk – The Moderate Risk Group is the grouping for all participants with a perceived middle ground risk of relapse and need of support in maintaining the participant’s recovery. If a participant does not meet the requirements for participation within this group, they may be reassigned to the High Risk Group, be reported to the appropriate licensing board, or discharged from PRN. If a participant successfully completes the requirements of the High Risk Group, they

may be reassigned to the Moderate Risk Group.

Low Risk – The Low Risk Group is the grouping for all participants with the lowest perceived risk of relapse and need of support in maintaining the participant’s recovery. Those who have successfully maintained in the Moderate Risk Group may be moved to The Low Risk Group.



People often enter the PRN program counting down the days until the end of their Support Agreement. Frequently they ask themselves, “How will I ever do this program every day for the next five years?” Then, as their maturity in recovery develops, these same people realize it is simple – just do it one day at a time and some days one hour at a time. When the end of the agreement actually occurs, participants often experience a mixture of emotions like relief, excitement, fear, and sadness.

Relief/Excitement – Participants often feel that after five years they have “made it” in recovery. They have often regained the trust of their family, friends, coworkers, and licensing board in addition to the trust in themselves and a higher power. Many people compare it to graduation or passing their licensing exam. They set a goal and met it. They are able to use this “sense of accomplishment or mastery” to assist in maintaining their recovery when they get into rough places in the future. PRN staff encourages participants to reflect on their journey of recovery by asking themselves, “What have I learned that was helpful in maintaining my recovery? Who are the members of my support network that I must stay in contact with? What changes have occurred within me? What must I continue to work on?” The answers to these questions are what will help keep people safe.

Sadness – It might be surprising to learn that some people experience sadness upon the completion of their recovery support agreement. Initially, this could seem like an unexpected reaction; however, it is actually quite normal and predictable. Individuals who have felt a strong connection with the PRN program and its activities may feel an element of loss similar to the ending of a life stage. However, it is known that as one chapter of life ends, another begins. The ending of a person’s PRN program does not have to mean termination from recovery activities and twelve-step work. Individuals are always encouraged to check-in with PRN staff as needed, participate in biannual PRN Seminars, serve on advisory committee, serve as a Regional Coordinator, and continue to work as an intervener or mentor.

Fear – Many participants, especially those prone to anxiety, worry how their recovery will be affected by no longer being accountable to someone else. What these individuals often forget is that they now have the tools to remain accountable to themselves and the members of their support group. In fact, PRN utilizes a step-down approach to monitoring as a means to help participants gain the confidence and tools necessary to manage their own lifetime of recovery.

At the end of participation in PRN, most individuals are aware that it takes a lifetime commitment to maintain recovery. Recovery is not an experience in life. It is a way of life. If an individual follows the recovery guidelines established by PRN, they should be competent in living and capable of enjoying a centered life without the hardships of living as an impaired person.

## Charts Section

1. Reports Due Dates
2. Frequency of Tasks
3. Drug Screen Call In Calendar

# Quarterly Report and Monthly Self-Evaluation Due Dates

<b>Agreement Start Date</b>	<b>1<sup>st</sup> Quarter Due*</b>	<b>2<sup>nd</sup> Quarter Due*</b>	<b>3<sup>rd</sup> Quarter Due*</b>	<b>4<sup>th</sup> Quarter Due*</b>
<b>January</b>	April	July	October	January
<b>February</b>	May	August	November	February
<b>March</b>	June	September	December	March
<b>April</b>	July	October	January	April
<b>May</b>	August	November	February	May
<b>June</b>	September	December	March	June
<b>July</b>	October	January	April	July
<b>August</b>	November	February	May	August
<b>September</b>	December	March	June	September
<b>October</b>	January	April	July	October
<b>November</b>	February	May	August	November
<b>December</b>	March	June	September	December

\*Quarterly reports along with meeting logs are due the FIRST WEEK of the month in which they are due.

# Participant's Chart of Frequency of Tasks

<b>Activity</b>	<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Quarterly</b>	<b>Biannually</b>
Call Drug Testing Company for Selection	X				
Recovery Meetings	X	X			
PRN Support Groups			X		
Phone Call to PRN			X		
Employer Report				X	
Quarterly Self Progress Report				X	
Mental Health Professional Report				X	
Quarterly Report Packet (including Meeting Logs)				X	
PRN Seminars					X

The above is a general checklist of a participant's frequency of activities. For frequencies and requirements specific to an individual, the PRN Support Agreement will provide a detailed outline.







# Forms Section

1. Information Release Authorization
2. Employer/Supervisor Quarterly Report
3. Quarterly Self Progress Report
4. Meeting Attendance Report
5. Meeting Journal
6. UDS Suspension Request

Forms can also be downloaded from the Professional Recovery Network tab at <http://www.rxpert.org/>.



INFORMATION RELEASE AUTHORIZATION

I, \_\_\_\_\_, hereby give permission to:

- 1. \_\_\_\_\_ to disclose to: \_\_\_\_\_
- 2. \_\_\_\_\_ to disclose to: \_\_\_\_\_

the following information from my records:

- 
- 
- 
- 

The purpose or need for such disclosure is:

- 

I may revoke this consent at any time except to the extent that action has been taken in reliance on it. If I do not revoke it, this consent will expire on: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records whose confidentiality may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42CFR Part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



## Peer Assistance Network Supervisor Quarterly Report

Participant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

On a scale of 1 to 5 rate the participant's status in the following areas during the last 30 days:

Area	Poor					No Change					Good					
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	Comment
Attitude																
Work Performance																
Work Relationships																
Attendance																
Mistakes																
Following Pharmacy Rules																
Providing Attendance Report																
Scheduling r/t drug screens																
Problem w/ Work Restrictions																

During the last month, I am most pleased about: \_\_\_\_\_

During the last month, I recognized that the participant must work on: \_\_\_\_\_



## PRN Quarterly Self Progress Report Recovery

Please turn in your quarterly reports on time as it is part of your PRN contract and helps us anticipate your needs. This report is meant to let us know how you are doing so we can provide additional support as needed. You may attach additional sheets if needed. PLEASE SUBMIT MEETING LOGS WITH THIS REPORT.

This report is for the months/year of: \_\_\_\_\_

\_\_\_\_ Check if this is a new Address and/or Phone Number

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Are you currently employed or self-employed? \_\_\_\_\_

Place/Address of employment/ self-employment \_\_\_\_\_

Name of Current Supervisor (If self-employed name of Office Manager) \_\_\_\_\_

Supervisor/Office Manager phone \_\_\_\_\_ Supervisor/Office Manager email \_\_\_\_\_

May we contact your Supervisor/Office Manager? \_\_\_\_\_

---

Name of Sponsor (First Name, Last Initial) \_\_\_\_\_

How often do you contact your sponsor? \_\_\_\_\_

My main contact is by (in person, phone, other) \_\_\_\_\_

When was the last time you had contact with your sponsor? \_\_\_\_\_

May we contact your sponsor? \_\_\_\_\_

How many AA/NA meetings per week are you attending? \_\_\_\_\_

What step are you working on? \_\_\_\_\_

What does this step mean to you? \_\_\_\_\_

---

When and where was the last Regional Coordinator Meeting you attended? \_\_\_\_\_

Who is your Regional Coordinator? \_\_\_\_\_

---

Are you currently in treatment? (Aftercare, intensive outpatient, individual, couples, family, or group counseling)? \_\_\_\_\_

If so, where? \_\_\_\_\_

How often do you attend? \_\_\_\_\_

When was your last appointment? \_\_\_\_\_

Name of Therapist/\*Case Manager \_\_\_\_\_ Phone Number \_\_\_\_\_

*\*Case Manager in this document DOES NOT refer to PRN Case Manager/Social Workers*



Do you currently see a Psychiatrist for medication management? \_\_\_\_\_

Name of Psychiatrist \_\_\_\_\_

Phone number of Psychiatrist \_\_\_\_\_

When was your last appointment? \_\_\_\_\_ Is this Psychiatrist aware you are in PRN? \_\_\_\_\_

List of current prescription and over the counter medications:

Medication	Prescribing MD	Date of Rx	Reason for Rx (e.g., pain, sleep, depression, anxiety)	*Does PRN have an updated copy of your Rx?

\*Please make sure PRN has copies of all current prescriptions

Have you informed all the above prescribing doctors you are in PRN? \_\_\_\_\_

**A. Changes/Life Stressors**

1. Were there any life stressors or unique circumstances that occurred within the last three months? (i.e., marriage, divorce, break-up, birth of a child, job loss, job transition, move, death of family member or friend, illness of family member or friend, legal or licensing issues, accidents, trauma, hospitalizations, etc...).
  
2. On a scale of 1-10, with 10 being the best, and 1 being the worst, rate your connection with social supports. Is it better, worse, or about the same the last three months compared to other months?
  
3. On a scale of 1-10, with 10 feeling supported, and 1 feeling isolated, where do you rank now?
  
4. Who can you rely on for support?



**B. Recovery**

1. What has been the most satisfying part of your recovery the last three months?
  
  
  
  
  
  
  
  
  
  
2. What has been the most difficult part of your recovery the last three months?
  
  
  
  
  
  
  
  
  
  
3. How does your recovery impact your relationships with friends, co-workers, and family? Has the impact changed within the last three months?
  
  
  
  
  
  
  
  
  
  
4. Tell us about a recent meeting and what was unique or helpful about that experience.
  
  
  
  
  
  
  
  
  
  
5. What insights have you gained from the relationship with your sponsor? Do you feel you are benefiting? If so, how?
  
  
  
  
  
  
  
  
  
  
6. Have you had any thoughts of using in the past three months? If so, how often?
  
  
  
  
  
  
  
  
  
  
7. When you have thoughts of using, in addition to PRN, who can you turn to for support? How do you handle these thoughts?
  
  
  
  
  
  
  
  
  
  
8. Is there anything PRN can do to help you at this time?

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

*12007 Research Boulevard, Austin, Texas 78759; Phone: (800) 727-5152 (Helpline);*

*Fax (512) 836-0308; <http://www.rxpert.org/>*







# Meeting Journal

## MEETING INFORMATION

**Meeting Name:** \_\_\_\_\_

**Meeting Location:** \_\_\_\_\_

**Meeting Date and Time:** \_\_\_\_\_

**Type of Meeting (circle):** *Closed/Open/ Discussion/Speaker/Big Book/Beginners/Step/Traditions/Candlelight/ Men/ Women*

---

## MEETING PROCESS

**What I shared at this meeting:** \_\_\_\_\_

\_\_\_\_\_

**What I heard at this meeting:** \_\_\_\_\_

\_\_\_\_\_

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## MEETING PROCESS

**What I shared at this meeting:** \_\_\_\_\_

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## MEETING PROCESS

**What I shared at this meeting:** \_\_\_\_\_

\_\_\_\_\_

**What I heard at this meeting:** \_\_\_\_\_

\_\_\_\_\_



Drug Screen Suspension Request

Reason for request:

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Requested beginning date of suspension: \_\_\_\_\_

Requested ending date of suspension: \_\_\_\_\_

Are you on Board Orders?      YES      NO

Today's date: \_\_\_\_\_

Printed name of participant: \_\_\_\_\_

Please return form to me by:

Faxing to this number: \_\_\_\_\_

Mailing to this address: \_\_\_\_\_

\_\_\_\_\_

To Be Completed by PRN Staff:

Last day to call into DTS: \_\_\_\_\_

First day to return to calling into DTS: \_\_\_\_\_

Approved by: \_\_\_\_\_

Returned to participant on: \_\_\_\_\_



# Glossary

Abstinence – the commitment to nonuse of alcohol and other drugs as part of the process of getting well

Addiction – a complex, lifelong disease of the entire self

Administrative Procedures Act – in most jurisdictions, this is statute that provides uniform processes for administrative agencies, including rule-making and hearing procedures

Aftercare – also referred to as continuing case, this part of the treatment process continues to provide structure for the recovering addict and involves urine/body fluid screening, attendance at 12-step meetings and individual/family counseling

Alcoholics Anonymous (AA) and 12-Step Programs – self-help groups, or fellowships, which provide support for alcoholics, promoting sobriety and recovery

Americans with Disabilities Act – federal legislation designed to protect disabled persons from discrimination in employment, transportation, and other aspects of everyday life

Chain of Custody (COC) Forms – As mentioned earlier, these forms are available for purchase through DTS (their office phone number is: 866-367-2410). It is recommended that you initially purchase four forms and have a MINIMUM of two on hand at any time. You cannot undergo a drug screen without a COC form. Not having a COC form is the same as testing positive for a drug screen. \*Note: The Board ordered participants use different COC forms than volunteer participants. If you change from a volunteer to Board order, or vice versa, and have left over forms available, contact DTS and they will refund your money.

Chemical Dependency – state in which an individual experiences compulsion to take a drug, either continuously or periodically, in order to experience its psychic effects or to avoid the discomfort of its absence

Chemical Dependency Evaluation – assessment by a professional evaluator to provide information to assist a board of dentistry/pharmacy in determining the possible basis for reported behavior; evaluation is also a critical step in chemical dependency treatment

Chemical Dependency Treatment – an introduction to recovery and consists of evaluation, development of an individualized treatment plan, family involvement, and introduction to 12-step philosophy and group work; the goal of treatment is to break through the denial so that the patient can accept the reality of the disease concept

Codependence – the pattern of enabling behavior and denial by those around the addict; in primary codependence, a person grows up as a child in a family dominated by addiction, and these individuals usually need extensive participation in another 12 step group such as Co-Dependents Anonymous (CoDA), Al-Anon, or Adult Children of Alcoholics (ACA) group, and sometimes psychotherapy-they have a less hopeful prognosis for recovery; in secondary codependence, a person experiences a childhood generally free of addiction, but becomes involved with addict, usually a spouse or child, only as an adult-these individuals usually need less therapy and/or 12 step group participation and have a better prognosis for recovery

Cognitive Behavioral Therapy – with this approach to therapy, the therapist (usually a psychologist, sometimes a psychiatrist) helps an addicted person learn to identify personal triggers for drinking and drug use and to learn new techniques to cope with these problems, including problem-solving skills and new ways of thinking

Detoxification – structures treatment to overcome the withdrawal symptoms of physical dependence to become drug free; detox used to be a critical part of addiction treatment, however in most cases today, it is either not needed or is only a brief part of early treatment; most withdrawal symptoms can be managed medically; fear of withdrawal can be worse than the actual experience, but it must be recognized that some physically dependent addicts face difficult experiences and treatment programs must be prepared to meet their special needs

Drug Diversion – describes a variety of activities used to obtain drugs illegally

Drug Screen Suspension Request – If you are planning to go out of town, you must complete this form two weeks before you depart. If you do not, and you are chosen to be drug screened, it will be counted as a positive drug screen.

DTS Program Participation Registration Form – Form used to register with DTS and place initial order for COC's.

Education – the core of treatment, education focuses on the disease concept of addiction, the need for long-term participation in 12-step programs, and the family's role in the disease, treatment, and recovery

Employer Quarterly Evaluation – Evaluation form used by employers to comment on a participants work patterns.

Identification – one of the hardest steps of recovery, someone has to come to the painful recognition that the suspected addict's life is out of control and drug use is a serious problem

Intervention – a formal, structured, planned meeting of family and friends, often led by a trained professional, which is designed to break through the denial of the addict; participants share personal observations regarding the person that has led the participants to believe that the person is dealing with an addiction; the desired outcome of the intervention is typically admission of the addicted person to an addiction treatment program

LCSW – Licensed Clinical Social Worker

LMSW – Licensed Master Social Worker

Meeting Journal Log – Form used to document attendance at support meetings. It does not require signatures but rather focuses on individual processing of the meeting. This form cannot be used by pharmacists on Board Orders.

Mental Health Professional (MHP) – A MHP is a qualified mental health professional who conducts mental health/chemical dependency evaluations/assessments. PRN works with healthcare providers to help obtain needed assessment and treatment services for individual PRN participants. PRN does not provide treatment. Healthcare providers help establish individualized recovery plans with each participant. Pharmacists and dentists may be required to obtain assessment and/or treatment from assessors and treatment providers who participate with PRN. The treatment and continuing care plans constitute an essential part of the PRN participation requirements

Monitoring – ongoing assessment of the dentist/pharmacist/student in recovery, by alternative program or board staff, using a variety of methods, including reports and body fluid testing, to track the progress of the PRN participant; monitoring is essential to assuring patient/client safety and that the dentist/pharmacist is competent to practice

Monthly Report – Form a participant uses to evaluate his self on a monthly basis. Quarterly reports that are submitted to PRN will also include the past three monthly reports.

Narcotics Anonymous – self-help groups modeled on the principles of AA but which focus on a broader range of drug problems

Participant Intake Form – This paperwork will be completed over the phone with PRN staff and includes general information such as age, education, employment history, etc.

Physical Dependence – the simple, cellular adaptation of the body (especially brain neurons) to the continued presence of a chemical that influences brain functioning

PRN Support Agreement – This document is an agreement between the participant and PRN staff that acknowledges that a participant has formally entered into the PRN program. It includes explanations of the responsibilities of a PRN participant.

Polydrug Use – cross addiction; while most addicts have a drug of choice, they are likely to also use multiple drugs, the pattern of polydrug use is less prevalent in alcoholics and older addicts, more prevalent in users of street drugs and younger addicts; both young and old addicts are commonly cross-addicted to prescribed controlled substances, especially the opiates, stimulants, and anti-anxiety medications

Probable Cause – having a reasonable ground for belief in the facts warranting disciplinary action

Professional Support Groups – groups which utilize recovering healthcare professionals in the community to support a dentist's/pharmacist's recovery and re-entry into practice

Quarterly Report – This report is due in the first week of every third month. The timeline begins from the month of the support agreement was received by PRN contract start date.

Recovery – the process for an ill person to get well (getting well does not mean cure, but it does mean regaining control of one's life)

Recovery-Based Treatment Program – the residential treatment program evolved into diverse approaches, ranging from brief in-patient stays to longer stays, then followed by intensive out-patient sessions

Rehabilitation Act of 1973 – federal legislation requiring protection of persons with disabilities that applied only to organizations that receive federal funding

Relapse – a more sustained and problem-generating return to substance abuse; a relapse may last for a few days or for many years; relapse is not a simple, singular event, rather it is a long process that usually begins with distancing from participation in meetings and results in the re-emergence of denial; a person loses sight of the benefits of recovery and becomes reabsorbed in their addictive substance

Relapse Prevention – involves the education and planning to interrupt the relapse process, so that a recovering addict can return to the recovery process

Signed Meetings Log – A form used to document meeting attendance that requires the signature of the meeting facilitator.

Sobriety – the state of abstinence from mood altering drugs and alcohol

Steps of Recovery – identification, intervention, treatment, aftercare, and life in recovery

Substance Abuse/Misuse – any use of drugs in a manner deviating from medically approved or socially acceptable patterns of use on a single occasion or episodically; for example, a dentist/pharmacist/student who uses on duty on one occasion is exhibiting poor judgment and putting clients at risk, but is not necessarily addicted

Tolerance – the phenomenon of addicts needing to use larger amounts of drugs to attain the same effect of a nonuser using a much smaller amount of the drug