OhioPHP

When a Healthcare Professional Needs Help

An overview of the safe haven program for certificate holders and licensees of the Ohio Chemical Dependency Professionals Board

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APPROVED: 1 Continuing Education credit is approved by the Ohio Chemical Dependency Professionals Board for this course

Welcome!

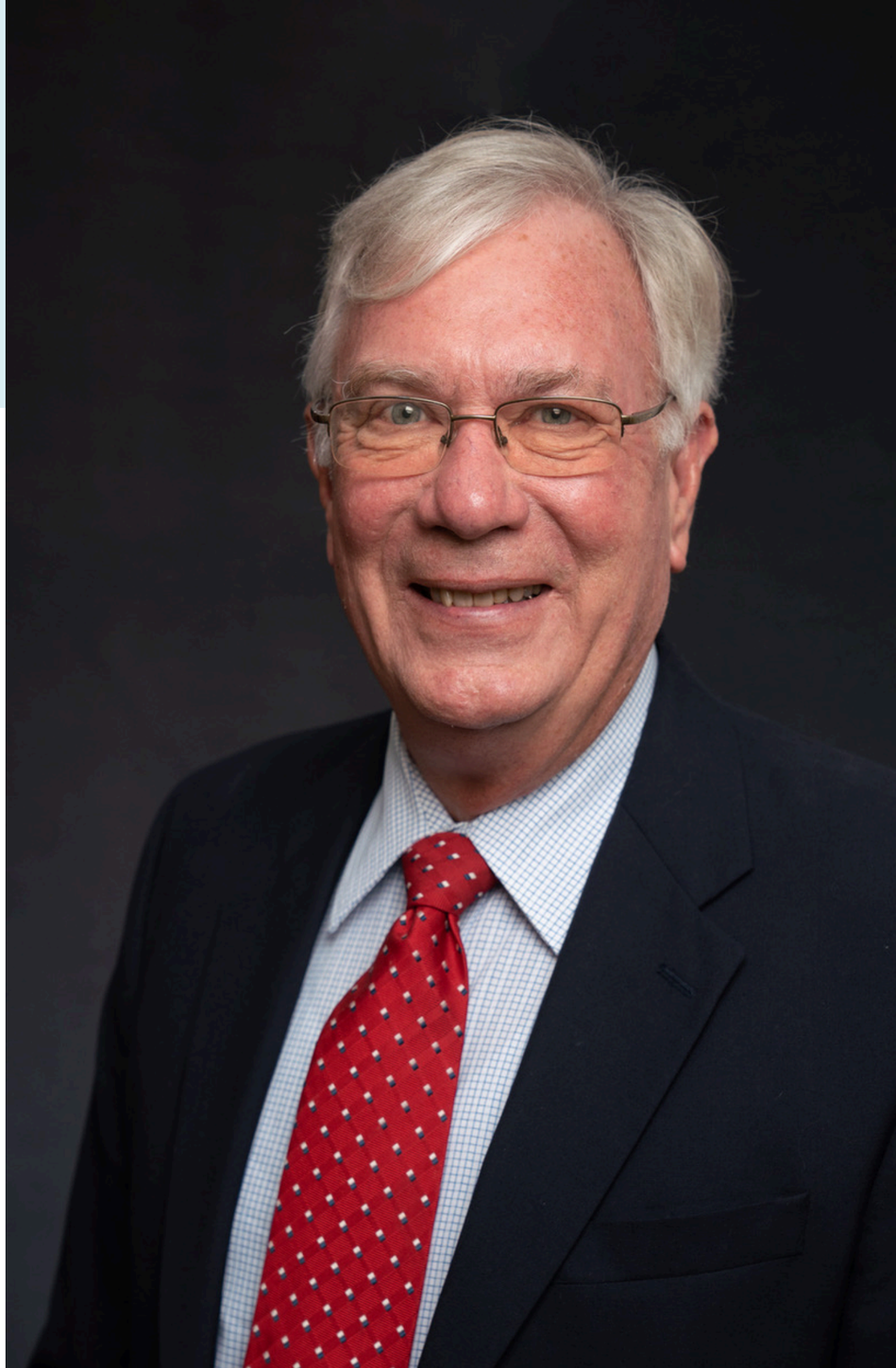
HOUSEKEEPING:

- **Please post questions and comments in the Q&A box.**
- If you need CE credit for this course, please complete the post test survey at the end of this presentation.
  - CE certificates will be sent via emailed on August 15, 2025
  - Must receive at least a 70%
  - Check your spam folders!

Who am I?

Richard N. Whitney, MD, DABAM, FASAM
Medical Director

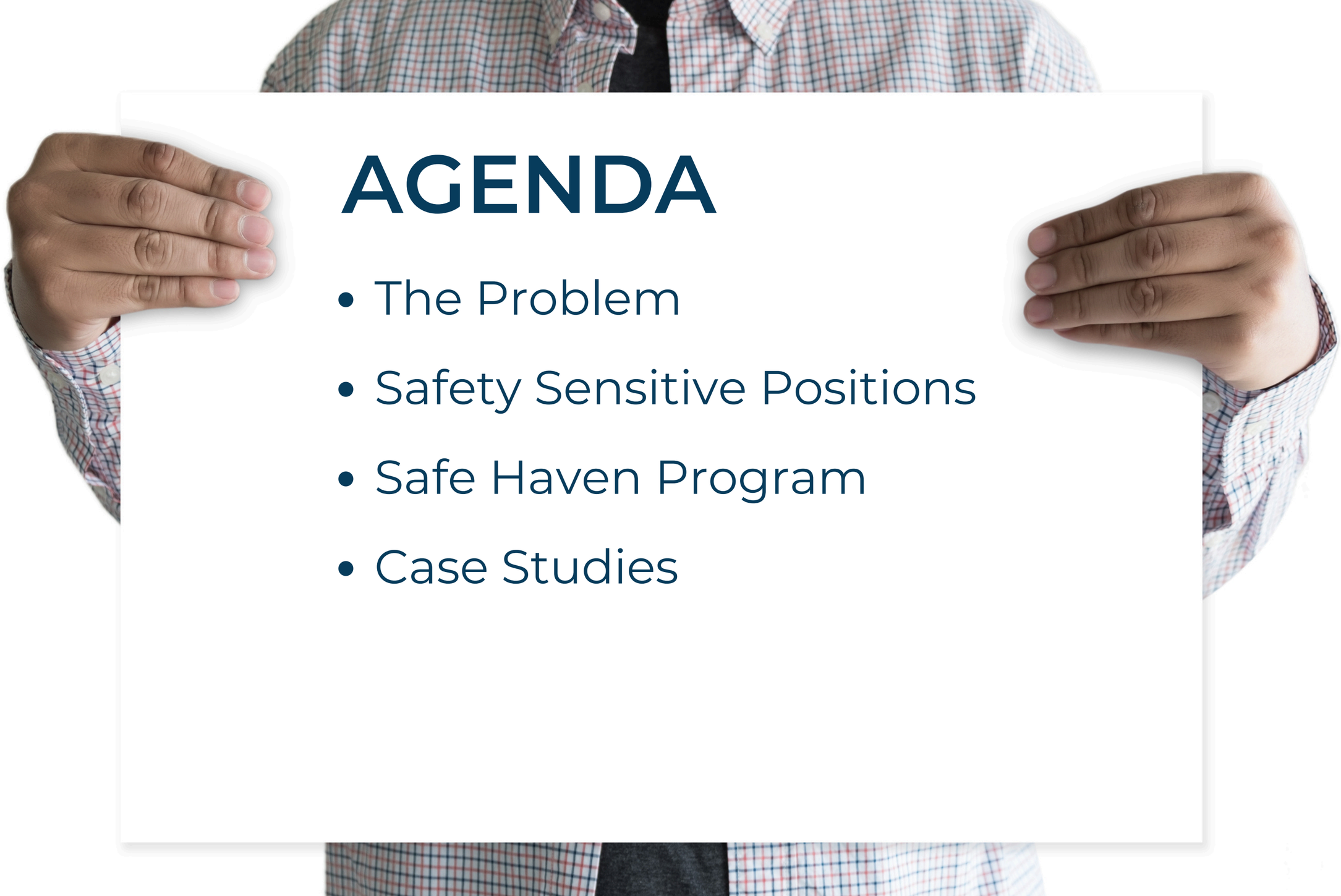
- Joined OhioPHP in 2021
- Served as Medical Director at Shepherd Hill for 17 years
- Diplomate of the American Board of Addiction Medicine
- Fellow of the American Society of Addiction Medicine



What is OhioPHP?

The Ohio Professionals Health Program (OhioPHP) is a nonprofit organization that started as a group of physicians wanting to support their peers struggling with mental health or substance use disorders.

Today, OhioPHP assists hundreds of healthcare workers across the state with a wide range of concerns including stress, burnout, mental health, or substance use disorders and much more!



AGENDA

- The Problem
- Safety Sensitive Positions
- Safe Haven Program
- Case Studies

The Problem

OhioPHP Covid-19 Survey

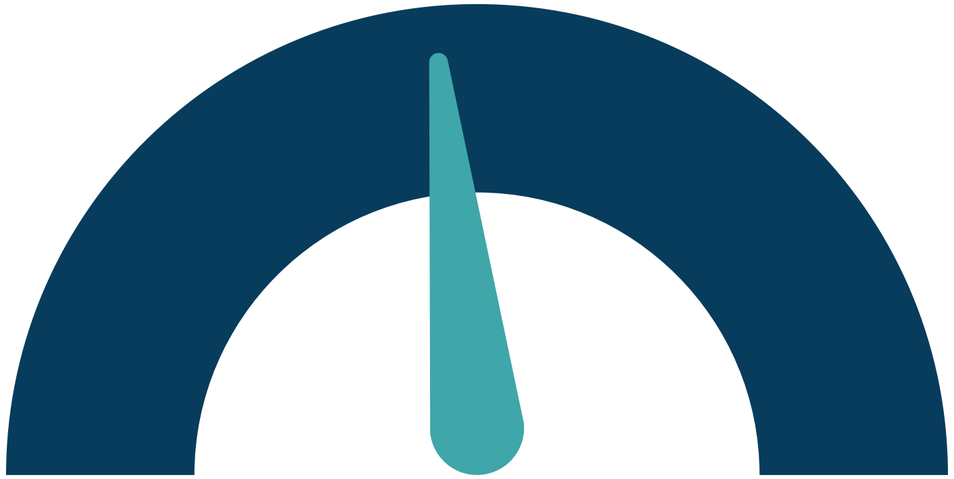
1. Do self-reports of burnout, mental health symptoms, and substance use differ from prior to the pandemic to during the pandemic?

2. What are the biggest stressors brought on by the pandemic?

3. What are the experiences, opinions, and barriers to seeking resources for support in order to manage pandemic-related stressors?

4. The following data is a review of responses from licensees of the Ohio Chemical Dependency Professionals Board.

Work-Related Stressors



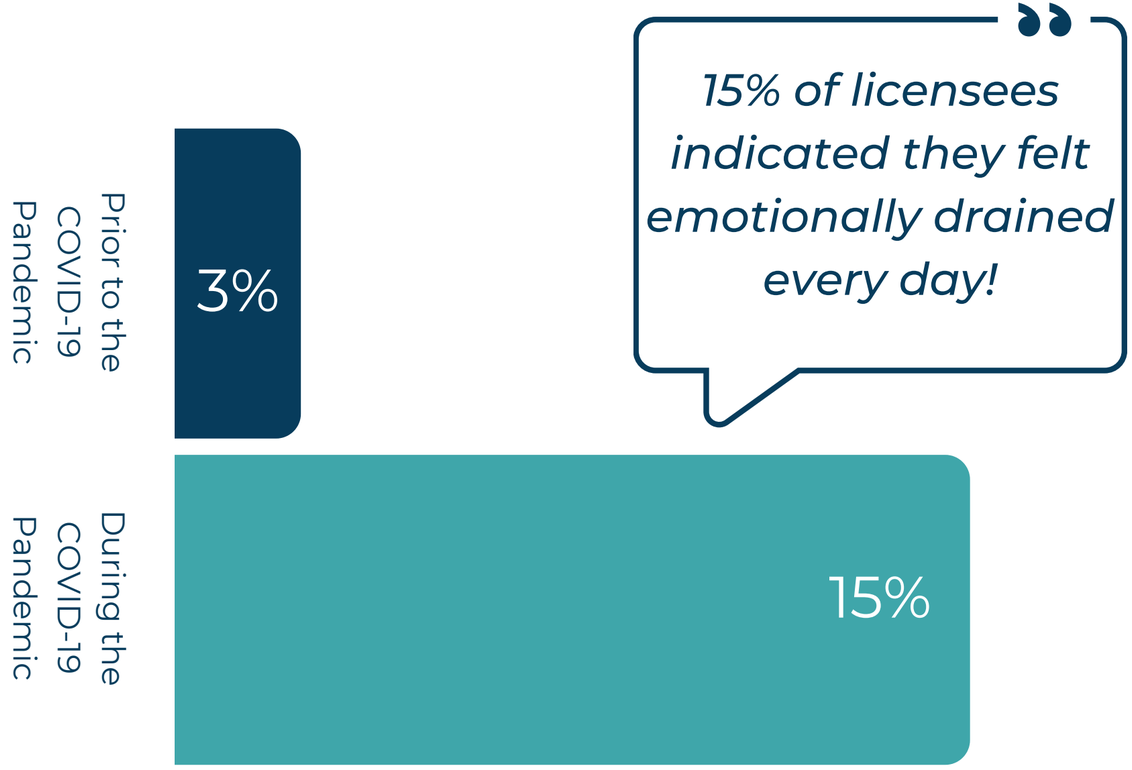
49% of licensees had an increase in their workload

Burnout

PRIOR TO VERSUS DURING THE PANDEMIC

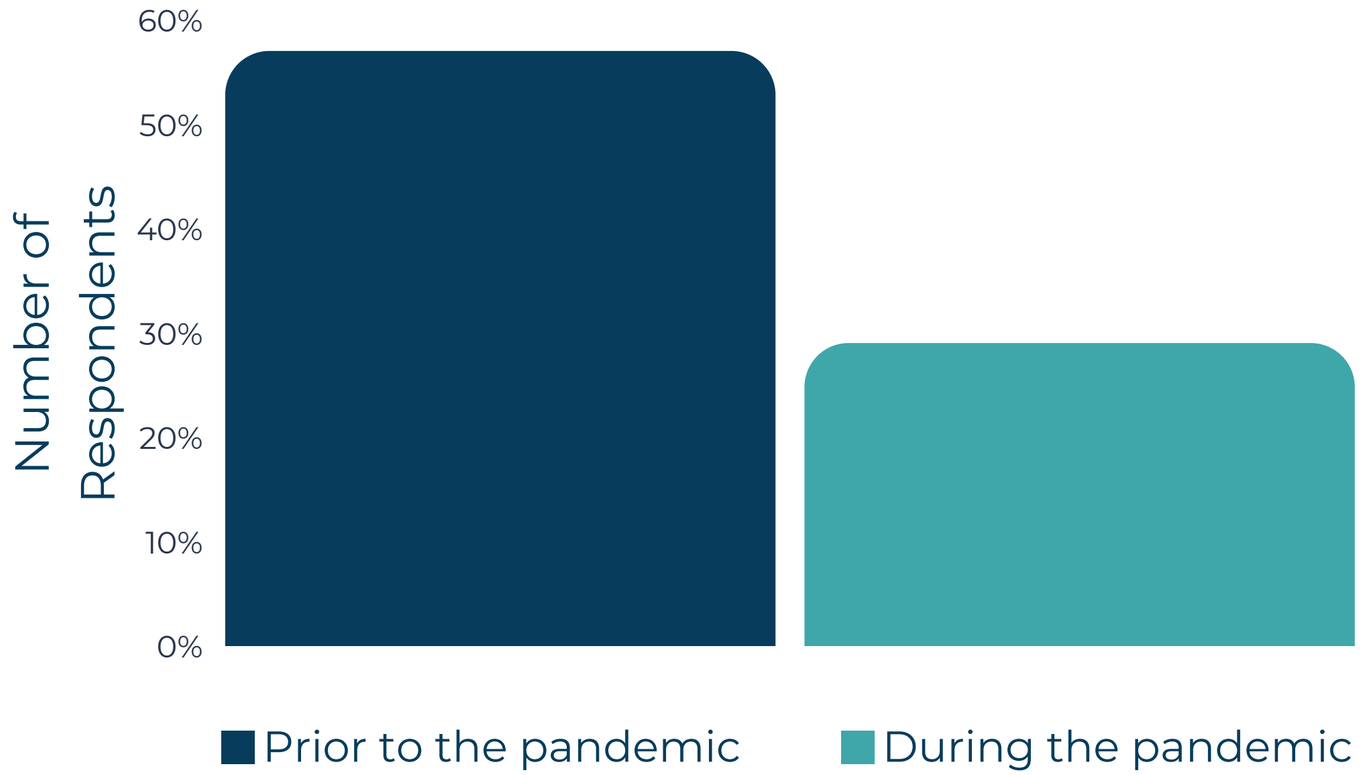
149%

increase in the number of licensees that reported *feeling emotionally drained every day* during the pandemic



Mental Health

PRIOR TO VERSUS DURING THE PANDEMIC



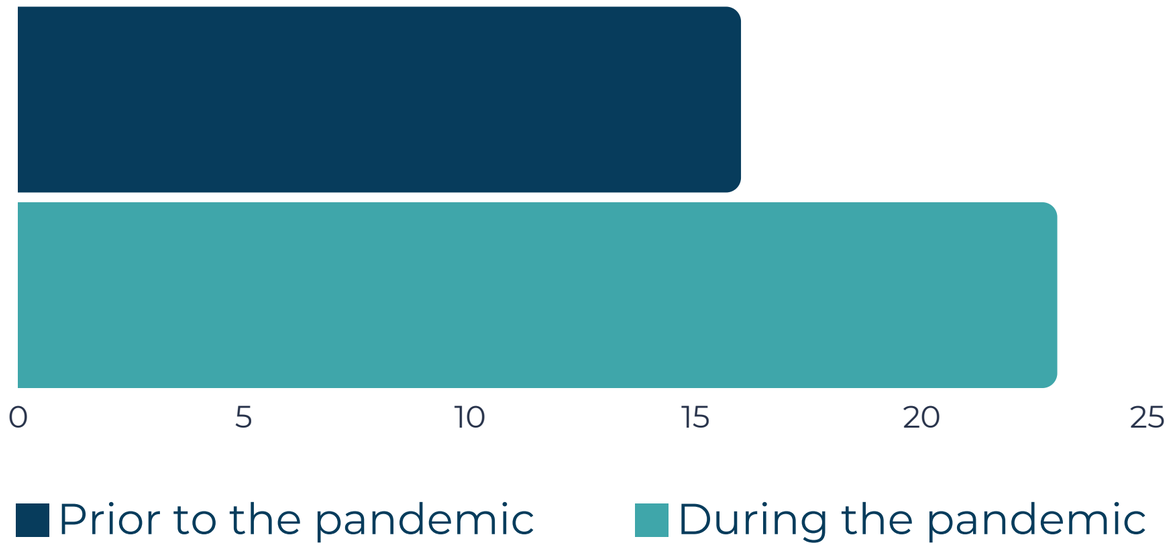
Licensees who ***never*** felt down, depressed, or hopeless ***fell by almost half*** after the pandemic began

Suicide Risk

PRIOR TO VERSUS DURING THE PANDEMIC

44%

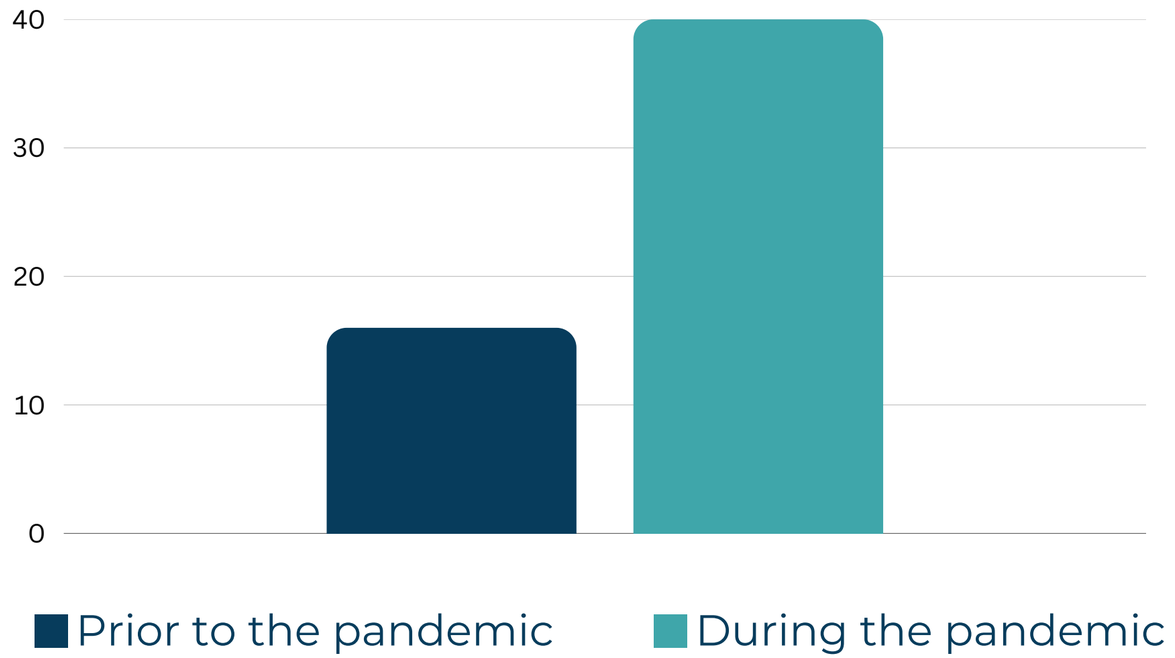
Increase in thoughts of suicide among licensees during the pandemic



Substance Use

PRIOR TO VERSUS DURING THE PANDEMIC

The number of licensees indicating that they were sometimes concerned about alcohol and substance use ***increased by 150%*** after the pandemic began.



Safety Sensitive Positions

Safety Sensitive Industries

Definition

All safety-sensitive industries, by definition, have a responsibility to the public. The impact that a worker in a safety sensitive industry may have on the public is determined by three factors:

- The size of the population effected by the worker
- The magnitude of effect on the population from that worker's potential impairment
- The amount of public trust implied in that worker's occupation

Industries

Healthcare

Transportation

Security and First Responders

Energy

Public Administration

Healthcare Occupations

Physicians

Nurses

Dentists

Veterinarians

Pharmacists

Optometrists

Physician Assistants

Chemical Dependency Counselors

Social Workers

Physical Therapists

Occupational Therapists

Others!

Safety-Sensitive Positions

Safety-sensitive positions are unique because:

- Some safety-sensitive workers have direct access to addicting substances.
- Safety-sensitive workers do best when offered cohort-specific treatment.
- Treatment of sufficient intensity and duration, along with therapeutic monitoring, has been shown to increase the sustained recovery rate from <50% to as high as 90%.
- *The healthcare professional's well-being affects overall public welfare.*

Assessment & Treatment Planning

For the Safety Sensitive Worker

Diagnostic & Admission Criteria

- Diagnostic & admission criteria is the same as the general public

- Level of care, treatment, planning assessments treatment structures and level of care recommendations may differ for safety sensitive occupations

Assessment & Treatment Planning

- Those conducting the initial Level of Care Assessment should have the knowledge and experience to understand that the workplace is often the last domain of a safety-sensitive worker's life to manifest the signs and symptoms of impairment

- The lack of workplace incidents does not imply that safety-sensitive worker's SUD is not advanced or inconsequential

- Involvement of the safety sensitive worker's workplace in their assessment and treatment planning is a key distinction from the general population

Assessment & Treatment Planning

Level of Care Assessment

- Removing persons in safety-sensitive occupations from duty may involve Level 3 residential care
- At a minimum, the initially recommended treatment setting should shield the patient, their coworkers, and the general public from the potential dangers created by substances use or impairment
- Persons in safety-sensitive occupations may need to travel to receive treatment

Assessment & Treatment Planning

Level of Care Assessment

- While undergoing the initial Level of Care Assessment, workers in safety-sensitive occupations should be removed from duty until:
  - Legal issues have been addressed and appropriately managed
  - All occupational regulations, licensure, and legal issues have been address and permit a return to the workplace
  - Occupational cues and triggers have been delineated with appropriate workplace management plans instituted
  - Appropriate alterations have been made by the workplace to maximally encourage sustained recovery
  - Supervisory personnel have received training to address profession-specific workplace concerns for the recovering worker

Assessment & Treatment Planning

Treatment Planning Assessment

- This patient population tends to exhibit complex biomedical and psychiatric histories with unique presentations that necessitate careful evaluation
- The treatment planning assessment process should include collateral data collected from the home environment, workplace, and profession-specific health organizations
- The assessment should consider any legal issues and place special emphasis on workplace status and concerns

Treatment Planning

Treatment planning for workers in safety-sensitive occupations should include the following elements:

- commitment to a long-term treatment process for chronic disease management
- long-term mandatory drug testing
- evaluation of the individual's fitness for duty to provide either clearance to return to work or conditions that must be fulfilled for clearance to be granted
- involvement of the individual's work environment provides insight into workplace-related treatment concerns. Workplace involvement often conflicts with the patient's need for privacy; therefore, the mulitidisciplinary team needs to carefully maintain the balance between confidentiality and disclosure

Treatment Planning (cont.)

Treatment planning for workers in safety-sensitive occupations should include the following elements (cont.):

- Long-term involvement of profession-specific groups can help support and sustain the individual's recovery
- Neurocognitive testing should be available and used when indicated
- Prior to considering a return to duty, the worker's recovery should first be solidly established
- Work reentry should be staged and timed to support the best possible prognosis

Treatment Planning

Considerations

- Certain substances that may be difficult for the general population to obtain may be readily available to this population
  - More extensive toxicological screening in detailed and definitive drug testing may be indicated

- Withdrawal management can be provided to persons in safety-sensitive occupations at any level that is medically appropriate

- Medications for addiction treatment are critical components of effective care of SUD

Treatment Planning

Considerations

- Professionals employed in healthcare may attempt to use their professional knowledge and understanding to self-diagnose and self-treat
  - Clinicians who assess workers in safety-sensitive occupations must be aware of this tendency

- Careful consideration of relative risks and potential adverse neurocognitive effects of a prescribed medication should be included as part of the decision-making process when selecting any pharmacotherapy for persons employed in safety-sensitive industries

- Neurocognitive testing should be considered and made available for every safety-sensitive worker

Treatment Planning

Considerations

- There may be little to no tolerance for safety-sensitive workers who return to substance use due to:
  - the potential for impairment that may lead to real public harm
  - reprisal and potential legal action from professional regulatory agencies, licensing bodies, professional organizations, and employers

- As such, careful attention should be paid to developing skills to prevent recurrence

- Addiction programs caring for this patient population should teach relapse prevention skills and provide a safe environment in which to practice them

- Patients should demonstrate their proficiency with relapse prevention skills to the treatment team prior to returning to the workplace

Treatment Planning

Considerations

- Given the commitment to public safety and the consequences of recurrence, workers in safety-sensitive occupations often require more intensive initial treatment
- High-intensity outpatient and clinically managed residential treatment tend to be utilized with more frequency
- This is particularly true for healthcare workers, who often require staff with advanced credentials in order to remain in the patient role throughout their treatment
- If an addiction treatment program with expertise in treating persons in safety-sensitive occupations is not available within the patient's home vicinity, the patient may need to travel to another county or even another state to receive best practice care for their professional cohort

Relapse Prevention

For the Safety Sensitive Worker

Relapse Prevention

Considerations

- Recovery plans for workers in certain safety-sensitive industries should explore whether their workplace can be modified to reduce or eliminate potential cues and triggers
- Considerations should be given to scheduling any hours worked
- Workplace monitors, who are often stipulated by professional monitoring programs, can provide workers returning to duty after addiction treatment with another layer of support

Relapse Prevention

Considerations

- Workers who are ambivalent with respect to their substance use may need to be restricted from certain occupational responsibilities or kept from duty entirely until they demonstrate a commitment to treatment and recovery

- Skilled clinicians with expertise in caring for the patient population assess motivation for change to ensure that recovery is well underway before the individual is released for return to duty

- One such measure may be the worker's ability to accept and remain in the patient role in order to fully engage in treatment

Relapse Prevention

Considerations

- A slower and more cautious approach when transitioning workers in safety-sensitive occupations to less intensive levels of care may be appropriate

- When transitioning patients to a less intensive level of care, it is important to identify a program that has exhibited past expertise in managing the multiple patient- and environmental-related issues for the individual's professional cohort

- Transition planning should begin early in treatment; however, some patients may remain in more intensive levels of care for longer periods of time while appropriate care is being coordinated

Long Term Disease Management and Support

For the Safety Sensitive Worker

Long-Term Disease Management

- The chronic care model of disease management utilized for persons in many safety-sensitive industries defines a long-term treatment model that is more extensive than the current approach used for the general population

- PHPs approach disease management by establishing an agreement between the healthcare professional with an SUD and their licensing board
    - In this agreement participants commit to a comprehensive treatment protocol and long-term oversight by the PHP, which acts as the profession-specific monitoring agency

Long-Term Disease Management (cont.)

- High quality, evidenced-based monitoring, is the foundation of OhioPHP’s advocacy efforts
- By providing this quality monitoring service, OhioPHP can confidently advocate that an individual is safe to return to work and continue caring for patients
- The general population has been found to return to substance use at a rate 3X higher than physicians who receive treatment through PHPs, despite a similar incidents of SUD in the two populations
- The length of the monitoring agreement, typically 5 years with the option to voluntarily extend the agreement, is a key distinguishing feature of PHP treatment protocols

Long-Term Disease Management (cont.)

- Agreed upon long-term monitoring reinforces coping and substance refusal skills learned during earlier high-intensity treatment
- The Physician (Professional) Health Program's (PHP's) ability to maintain confidentiality may be key motivator for adherence to agreement
- Chronic care models of treatment are the standard of care for other chronic illnesses such as diabetes, asthma, and hypertension; the same long-term management approach should be applied to SUDs

Support Systems

- An efficient and well integrated continuum of care is the most important component of the support system for workers in safety-sensitive occupations who have substance use disorders

- Peer-led and cohort-specific support groups (Caduceus groups, Bird of a Feather groups)

Support Systems

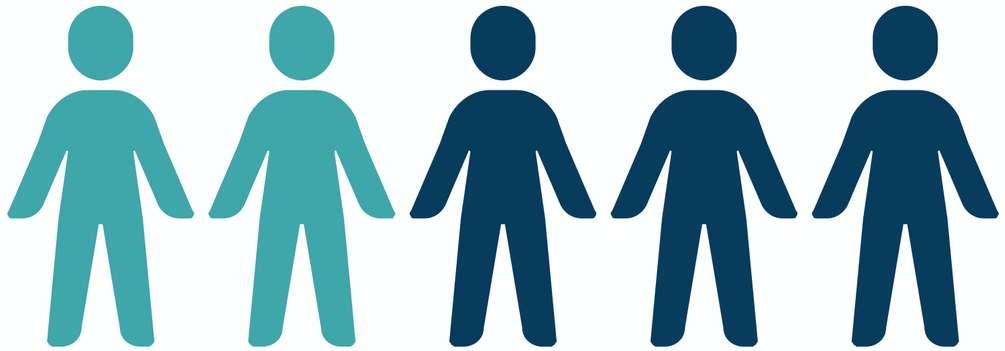
- Profession-specific monitoring and case management programs can be critical to the long-term success of workers and should be considered an integral part of the continuum of care (examples below)
  - Human Intervention Motivational Study (HIMS) for pilots
  - Commission on Lawyer Assistance Programs (CoLAP)
  - Physician Health Programs (PHPs)

- Research has shown that these programs can dramatically improve long-term prognoses

Seeking Help

Seeking Help

Only 1 in 3 licensees sought emotional support during the pandemic.



Primary Reasons Healthcare Professionals Do Not Seek Help

- Denial
- Fear of loss of employment
- Fear of loss of licensure
- Fear of financial loss
- Fear of loss of professional reputation
- Uncertainty as how and where to seek help

Primary Reasons Healthcare Professionals Did Not Seek Help

Overall Data from 2021 OhioPHP Covid-19 Well-being Survey

56%
time commitment

40%
did not know where to turn for support

31%
confidentiality concerns

Primary Reasons *OCDPB Licensees* Did Not Seek Help

Data from 2021 OhioPHP Covid-19 Well-being Survey

23%
time commitment

20%
cost of counseling or treatment

Safe Haven Program

Safe Haven Program

A Brief History

- OhioPHP has worked with physicians (and the State Medical Board of Ohio) since the 70's.
- During the pandemic OhioPHP felt compelled to act and provide support for ***ALL*** healthcare professionals.
- In 2020, OhioPHP began advocating to other healthcare regulatory boards in Ohio to develop safe haven programs for their certificate holders and licensees.
- In July of 2023, the Ohio Chemical Dependency Professionals Board created a safe haven program. OhioPHP is the designated monitoring organization.

What is a Safe Haven Program?

- A clearly defined ***confidential*** path for individuals to seek help for burnout, mental health disorders, or substance use disorders
- A ***safe space*** for early intervention before patient safety becomes a concern
- Access to ***quality*** clinical screening/evaluation, treatment, long-term monitoring and support
- A ***therapeutic*** alternative to disciplinary action for illnesses such as mental health disorders or substance use disorders

Safe Haven Program

Ohio Administrative Code 4758-11-03

- A ***confidential*** resource for certificate holders or licensees of the Ohio Chemical Dependency Professionals Board (OCDPB)
- Developed in collaboration with the OCDPB for certificate holders or licensees with mental health disorders, substance use disorders, or other health related conditions
- Program became effective in July 2023

Safe Haven Program
Eligibility

Any OCDPB certificate holder, licensee or applicant who needs assistance with a potential or existing impairment due to behavioral health, mental health disorders, or substance use disorders is eligible for the safe haven program.

Safe Haven Program
Eligibility

OCDPB Certificate Holders, Licensees and Applicants:

- Chemical Dependency Counselor Assistants
- Licensed Chemical Dependency Counselors
- Licensed Independent Chemical Dependency Counselors
- Registered Applicants
- Ohio Certified Prevention Specialist Assistants
- Ohio Certified Prevention Specialists
- Ohio Certified Prevention Consultants

Safe Haven Program
Ineligibility

In order to protect patient safety, any certificate holder or licensee who is unwilling or unable to complete or comply with any part of the safe haven program, including screening/evaluation, treatment, or monitoring is deemed ineligible.

Safe Haven Program

Ohio Administrative Code 4758-11-03

Services include but are not limited to the following:

- Screening and/or evaluation for possible impairment
- Referral to treatment providers for the purpose of evaluating and/or treating impairment
- Establishment of individualized monitoring criteria to ensure the continuing care and recovery from impairment
- Care coordination/case management

How does OhioPHP help?

- Well-being screenings
- Referrals for evaluations and treatment
- Care coordination
- Chronic illness management (therapeutic monitoring)

How does OhioPHP Help?
Screenings

OhioPHP's Well-being Screens are designed for individuals experiencing symptoms of:

- Burnout
- Stress
- Anxiety, depression, or other mood disorders
- Substance use disorders
- Other issues impacting one's health and well-being

How does OhioPHP Help?
Screenings

- Scheduled upon request from the certificate holder or licensee (may be conducted virtually or in-person)
- OhioPHP's clinical team will provide recommendations regarding the results of the screen to the participant
- Recommendations may include referrals for:
  - Additional diagnostic evaluations
  - Appropriate treatment programs as indicated
  - Individual counseling
  - Medication management
  - Chronic illness management by OhioPHP

How does OhioPHP Help?
Care Coordination

- OhioPHP can provide appropriate clinical referrals to quality providers through the Treatment Provider Network (TPN).
    - TPN is a network of vetted and high-quality providers that can ensure all aspects of an individualized treatment plan, follows all rules and regulations and the licensees'/applicants' readiness to return to practice.
- OhioPHP remains in contact with primary treatment providers to monitor progress.
- OhioPHP coordinates communication, treatment status, return to work evaluations, etc., between all involved treatment providers to ensure that certificate holders'/licensees'/applicants' illnesses are being addressed fully.

How does OhioPHP Help?
Chronic Illness Management

- Recommended for illnesses that could benefit from long-term, ongoing therapeutic support (monitoring)
- Standard monitoring agreements support a participant's recovery and progress for 1-5 years
- Individualized to best meet the needs of each participant and may include:
  - Individual therapy
  - Group support
  - Toxicology testing
  - Advocacy from OhioPHP
- Regular engagement with an OhioPHP Clinical Coordinator

Who should use OhioPHP's services?

OCDPB licensees and applicants who may experience any of the following

- Burnout
- Stress
- Substance Use Disorders
- Anxiety
- Depression
- Bipolar Disorder
- Post Traumatic Stress Disorder
- Parkinson's Disease
- Multiple Sclerosis
- Amyotrophic Lateral Sclerosis
- Dementia
- Seizure Disorder
- Distressed/Disruptive Behaviors
- Others

OhioPHP Process

OhioPHP receives referral

OhioPHP conducts a well-being screen and makes recommendations for next steps

Certificate holder or licensee ***follows*** OhioPHP's recommendations

Certificate holder or licensee may enroll in safe haven program

Certificate holder or licensee ***does not follow*** OhioPHP's recommendations

OhioPHP provides additional therapeutic options

<u>Only</u> if impairment is identified and OhioPHP believes the practitioner is a ***risk to patient safety***, a report may be made to the OCDPB.

Why are PHP's Important?
Substance Use Disorders

- Sustained recovery from a substance use disorder for the ***general population*** is below 50% during the first year following treatment.

- 90% of ***healthcare professionals*** who have completed substance use disorder treatment and monitoring, remained in sustained recovery with no relapse (OhioPHP cumulative data from 2004 - 2022).

Case Examples

The following cases are examples only. The OCDPB reviews all issues of ethics on a case-by-case basis.

Case Example: John Doe, LCDC II

Employer Referral

John Doe, is a Licensed Chemical Dependency Counselor at a large treatment center. His employer contacts OhioPHP because of concerns related to disruptive behavior.

OhioPHP conducts a well-being screening and determines that John is struggling with depression and burnout.

Case Example: John Doe, LCDC II

Employer Referral

John Doe enrolls in the safe haven program, is connected with a therapist, and is recommended for a therapeutic monitoring agreement with OhioPHP. ***His case remains confidential and he receives no disciplinary action with the OCDPB.***

OhioPHP provides advocacy for John Doe to his employer.

Case Example: Jane Doe, CDCA

Board Referral

Jane Doe is a Chemical Dependency Counselor Assistant. A colleague notices the smell of alcohol on her breath and reports her to the Ohio Chemical Dependency Board.

The Board subsequently refers her to OhioPHP as required by the safe haven program. A well-being screening is conducted and Jane Doe is identified as having a substance use disorder.

OhioPHP provides several treatment options for Jane.

Case Example: Jane Doe, CDCA
Board Referral

Jane enters treatment at one of the recommended facilities for her substance use disorder and enrolls in the safe haven program for confidential, chronic illness management (therapeutic monitoring).

Jane follows all recommendations from her treatment provider and OhioPHP and remains in good standing with her monitoring agreement.

Due to safe haven program rules, Jane avoids disciplinary action with the Ohio Chemical Dependency Professionals Board.

Case Example: Josie Doe, OCPS

Self Referral

Josie Doe, OCPS, works for a county provider. She attended an OhioPHP safe haven program training and contacts OhioPHP due to concerns related to her well-being.

OhioPHP conducts a well-being screening and identifies that Josie is suffering from professional burnout.
(ICD 11 - QD85)

Case Example: Josie Doe, OCPS

Self Referral

OhioPHP recommends counseling and provides options in Josie's area.

It is not recommended for Josie to enroll in therapeutic monitoring at this time and her case remains confidential. OhioPHP periodically follows up on Josie's progress.

Case Example: Jack Doe, LICDC

Employer Referral

Jack Doe, LICDC, is reported to the Ohio Chemical Dependency Board by his employer because of complaints received from a client. The Board subsequently refers Jack to OhioPHP and a well-being screening is conducted.

OhioPHP determines that Jack is suffering from an anxiety disorder, but he also reveals that he has engaged in a romantic relationship with a client.

Case Example: Jack Doe, LICDC

Employer Referral

OhioPHP recommends counseling and provides options in Jack's area. OhioPHP is ***required*** to report his romantic relationship with his client to the Board.

Jack receives disciplinary action for a boundary violation *but his mental health disorder remains confidential.*

Case Example: Jade Doe, OCPC

Board Referral

Jade Doe is an Ohio Certified Prevention Consultant at a children's hospital. She reports a DUI on her license renewal. The Ohio Chemical Dependency Professionals Board refers Jade to OhioPHP and a well-being screening is conducted.

OhioPHP finds no evidence of a substance use disorder. OhioPHP sends a letter to the Board with this information.

Other Confidential Programs

Existing Programs

- Ohio Board of Psychology
- Ohio Chemical Dependency Professionals Board
- Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
- Speech and Hearing Professionals Board
- Ohio Veterinary Medical Licensing Board
- Ohio Vision Professionals Board
- State Medical Board of Ohio

Programs in Development

- Ohio Board of Nursing (Fall 2025)
- Ohio Emergency Medical Services Board
- Ohio State Chiropractic Board
- Ohio State Dental Board

Suicide Prevention Screening

Well-being Checkup And Referral Engagement Service

wellbeingcare.org

This screening program allows any healthcare professional in Ohio to:

- Take a brief survey to screen for mental health conditions anonymously
- Receive a personalized response from a professional counselor
- Exchange deidentified messages with the professional counselor
- Ask questions and learn about available services
- Get feedback and encouragement
- Request a referral for appropriate therapeutic support

Provided in partnership with the American Foundation for Suicide Prevention and the Ohio State Medical Association

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So, that was a lot...

Here is what you need to know

- There is a confidential program for licensees of the Ohio Chemical Dependency Professionals Board. This is the safe haven program.
- Quality professional treatment and long-term monitoring (chronic illness management have immensely positive impacts on recovery rates (SUD).
- OhioPHP can provide screening, assessment and treatment referrals for burnout, mental health disorders, and substance use disorders.
- ***When in doubt, call OhioPHP!***

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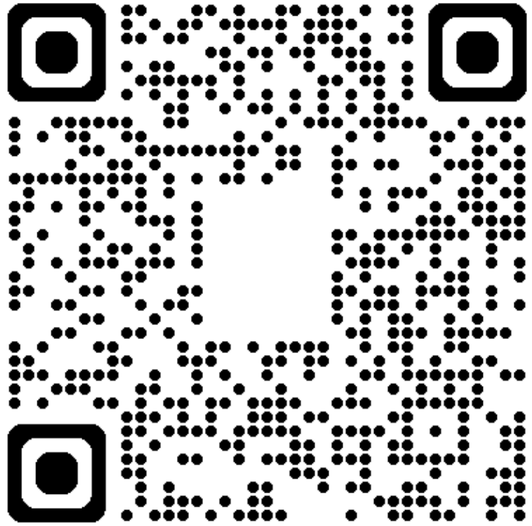

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Thank you!

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