

Texas Addiction Professionals Peer Assistance Network
TAPNET

Provider Application Form

Sign up as a provider today, to support addiction professionals who need your help in overcoming substance abuse and mental illness.



Texas Addiction Professionals Peer Assistance Network (TAPNET)
1005 Congress Ave., Suite 460
Austin, TX 78701
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What is TAPNET?

As of September 1, 2007 all Licensed Chemical Dependency Counselors and Counselor Interns must have access to a peer assistance program. TAPNET is a new peer assistance program designed to meet this requirement. Counselors are not immune from substance abuse and mental illness. Our mission is to assist counselors struggling with substance abuse and mental health disorders in returning to healthy functioning so they may safely continue to practice. Currently, TAPNET is seeking licensed professionals to serve as volunteer advocates. The programs success depends on a strong peer network, made up of individuals like you, in the field willing to give of their time for the better of the profession. A tremendous amount of money and training are invested in developing professionals to work with the chemically dependent and mentally ill. To allow the loss of his or her services due to addiction or mental illness without a concerted effort to rehabilitate them to healthy functioning would go against the belief that people can and do get better. TAPNET is administered by the Texas Association of Addiction Professionals and is approved and regulated by the Texas Department of State Health Services.

What is a TAPNET Approved Provider?

TAPNET wishes to ensure that only reputable organizations and professionals are selected for assessment and treatment referrals to ensure both the safety of participants and the success of the program. For this reason, TAPNET reviews and approves treatment providers. If you would like to become an approved TAPNET treatment provider, please complete the application contained in this packet.

TAPNET PROVIDER'S STANDARDS OF PRACTICE

1. Appointment - providers shall be approved by the TAPNET Board of Directors.
2. Qualification selection of providers shall be based on the following criteria:
 - a. Meet TXDSHS requirements for a licensed facility, or a private practice providing evidence of the ability to serve the TAPNET population by meeting the requirements of one of the following:
 - A licensed psychiatrist in good standing
 - Being a LCDC and one of the following credentials: LPC, LMFT, or LCSW
 - b. Have a minimum of two (2) years experience in working with alcohol/substance abusing populations as a Licensed or Certified Counselor.
 - c. Be knowledgeable about policies and procedures of TAPNET.
 - d. Be knowledgeable with respect to regulations that govern licensed chemical dependency practice in Texas.
 - e. Function within policies, procedures, and regulations in "c" and "d" above.
 - f. Support that substance use and psychiatric disorders are diseases and are treatable.
 - g. Agree to screen and assess potential participants in a fair manner, understanding that not all potential participants presented will have an Axis I or Axis II diagnosis even if referred to TAPNET by third party or self referral.
 - h. Make a commitment of time and energy required by the program/participants.
 - i. Complete a current TAPNET provider application for review by the Board of Directors.
 - j. Complete eight hours of training to include chemical dependency and mental illness, including appropriate treatment, guidelines for identification, and intervention and advocacy skills. Do providers have to come to an 8 hours?
 - k. Complete a minimum of six hours of training every other year to continue to serve as providers.
 - l. Act as a resource for employers and TAPNET participants.
 - m. Must inform TAPNET if there are any changes in programming or services provided by the provider's agency or practice.
 - n. Be responsible and accountable for action with respect to his/her role as a TAPNET provider.

3. Responsibilities:

- a. Understand the mission and philosophy of TAPNET and the participant's responsibilities they must fulfill in order to remain compliant with TAPNET, and allow time and accommodations for the participant to fulfill their responsibilities as part of the program.
- b. Work as a liaison with impaired counselors and employers.
- c. Coordinate with interveners/advocates and case managers to provide advocacy services for impaired professionals.
- d. Monitor referrals for compliance with TAPNET guidelines.
- e. Maintain documentation on the participants' compliance, or lack thereof, through the provided secure system of TAPNET.
- f. Assure all confidentiality guidelines of 42 CFR part 2 and HIPAA are followed to protect participants seeking assistance.
- g. Participant and providers will sign required consents to allow communication between the provider and TAPNET to ensure compliance of participant.
- h. Notify the TAPNET office within 24 hours if participant fails to maintain contact with provider or is non-compliant with provider requirements or TAPNET. Notify the TAPNET office of any significant developments, e.g., contact by legal authorities, suicide threat, etc.

4. TAPNET providers **will not** be responsible for:

- a. Conducting interventions.
- b. Advocating or reporting to the counselor's employer or the TAPNET office unless the counselor is a potential danger to self or others.

5. Providers who have employed the participant(s) within the past 3 years are not to accept the participant for services within their agency, or any participant whom they supervised, have administrative authority over, or may otherwise be placed in a conflict of interest.

Texas Addiction Professionals Peer Assistance Network (TAPNET) PROVIDER APPLICATION

Please answer question 1 through 25. Please attach additional sheets for questions 21 through 24 if necessary.

- 1. AGENCY NAME _____
- 2. DSHS PROVIDER STATUS GOOD THROUGH: _____
- 3. ADDRESS _____
- 5. CITY _____ 6. COUNTY _____ 7. STATE _____ 8. ZIP _____
- 9. TELEPHONE (H) _____ 10. (FAX) _____
- 12. PROGRAM DIRECTOR _____ 13. PAGER _____
- 14. PREFERRED E-MAIL _____
- 15. IF LPC, LCSW OR PRIVATE LCDC CREDENTIAL NUMBERS _____
- 16. LCDC/Certifications ON STAFF LICENSE NUMBER(S) _____
EXPIRES _____
- 17. IS THE LICENSING BOARD CURRENTLY INVESTIGATING YOUR AGENCY OR ANY EMPLOYEES?
YES ___ NO ___
- IF YES, EXPLAIN _____
- 22. HAS THE LICENSING BOARD TAKEN ACTION AGAINST YOUR LICENSE IN THE PAST FIVE YEARS?
___ YES ___ NO IF YES, EXPLAIN _____
- 25. EDUCATION IF PRIVATE PRACTICE (please check those that apply):
___ ICRC Certification
___ Associate Degree
___ Diploma
___ Baccalaureate Degree Behavioral Science Field
___ Masters Behavioral Science Field
___ Other Degree(s) (specify) _____
___ Other license(s)/certification(s) (specify) _____

Return Completed Application to:
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