

# HealthProCHOICES

A newsletter for participants in the Health Professionals' Services Program (HPSP)

July 2011

## The Weekly Call In

The weekly call between you and your facilitator is presently a mandated requirement of the statute. We encourage licensees to view the weekly call as a positive part of the HPSP experience, offering ongoing communication between you and your weekly call-in facilitator. The call affords you an opportunity to ask questions about HPSP and to provide updated address, phone, credit card, and employment data.

At HPSP, we look forward to speaking with you weekly to support your efforts in meeting your monitoring agreement requirements.

## Getting to Know HPSP Staff

Ken Cosey is a Technician I for the Health Professionals' Services Program. He is responsible for setting up new accounts for toxicology testing and is also a weekly call in facilitator. Ken has had extensive customer service experience. He has held positions as varied as hotel management, sales, trainer, and quality call monitoring.

Ken has always had a passion for helping others, as his past employment demonstrates. However, Ken states "my position with HPSP at RBH goes far beyond that. HPSP is poised to positively impact lives, and I believe that if we can do just that, then we should not only feel pleased for the licensee's success, but gratitude for the chance to play a role in that success." Those of you who have spoken with Ken know that he believes in the program.



Ken Cosey on the job.

## Management of a Dilute Specimen

As a licensee, you need to understand the HPSP policy on the management of dilute specimens. HPSP strongly recommends avoiding over-hydration before giving a specimen. Below is a summary of the Dilute Specimen Policy. The entire policy can be found on the HPSP website: [rbhhealthpro.com](http://rbhhealthpro.com). If you do not have access to a computer, please let your weekly call-in facilitator know, and we can send you a copy.

A specimen is defined as dilute if it has a creatinine of less than 20 g/dl and a specific gravity less than 1.003. This definition is based on clinical and forensic toxicology literature and recommendations by the Substance Abuse and Mental Health Services Administration's Drug Testing Advisory Board.

### First Dilute Test:

The licensee will be subject to another test within 24 hours of receipt of the test result or the next business. The licensee is notified of the dilute test result and advised to contact their physician to discuss

how to avoid a dilute test result.

### Second Dilute Test:

The specimen is tested at the laboratory to the lowest level of detection to determine if there are addicting substances in the specimen. The cost of this test is \$114. If there is detection of a substance of abuse, the licensee will be reported substantially non-compliant and may be required to have an evaluation by a third party evaluator.

### Third Dilute Test:

Within any one year time period, the specimen will be tested to the lowest level of detection, and licensee will be referred for medical evaluation to determine why he or she is producing dilute specimens.

If there is a medical issue causing the dilute results, and if that medical issue cannot reasonably be resolved, this will be noted, and further dilute specimens will be randomly tested to lowest level of

detection. If there is a medical problem that can be addressed, the specimen results will be reviewed according to the general policy for all specimens once the medical issue has resolved.

If no medical problem is found, and the dilute tests are negative when tested to the lowest level of detection, the decision to increase the testing schedule will be based on other concomitant behaviors. After a medical evaluation which indicates no medical reason for the dilute tests, further negative dilute test results will be tested to the lowest level of detection.

If you have questions about dilute tests, please use your weekly call to discuss this topic further.

## Making the Most of Family Moments

The time you spend with your children each day doesn't have to be scripted or scheduled. In fact, if you set aside only specific times as "family time," it puts a lot of pressure on both you and your kids.

Instead, family time can take place spontaneously in many different ways during ordinary interactions between parents and children, whether it's rocking a baby to sleep or driving a teenager to the mall.

You can take steps to make the most of these moments. One place to start is at the dinner table. "Even if it's for only 10 or 15 minutes, it's the sacrosanct time that everyone agrees is important," says Eve Orlow, Ed.D., a clinical psychologist in the Philadelphia area.

"Turn off the TV and radio and don't read the newspaper. Ask questions that create the foundation for relationships -- not only 'Did you have a good day at school?' but also 'What was good about school today?'" Dr. Orlow says. "It's also a good time for children to learn that they should ask, 'And how was your day?'"

Here are some other ways you can become involved with your children:

- Listen up. Listen not just for what happened, but for what they are telling you about their day through their actions and tone.
- Read together. This teaches kids that books are not only a source of education but also of pleasure.



*Take the time to unplug with your family.*

- Play board games together. You'll interact with your children while having fun.
- Limit and monitor TV viewing. The American Academy of Pediatrics (AAP) recommends no more than one to two hours of quality television or videos for children older than 2. Children younger than 2 should not watch TV or videos, the AAP says.
- Focus on their unique interests. For some kids, it might be going to a ball game; for others shopping at the mall or baking cookies.
- Relax more. "With so many things to be done, there's something magical about spending two hours -- or all day -- on a Monopoly game," Dr. Orlow says. "It says: 'We value hard work, we also value relaxation time and we value being together.'"

*Krames Staywell*

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### Thoughts from a Licensee

The HPSP program is now entering year 2. We continue our commitment to provide licensees with support through the monitoring process. Recently an agreement monitor had a licensee share his thoughts on the program, and he was willing to allow us to share the following with you.

"Yes, five years of monitoring is hard, but this isn't about the program, it's about life and doing what we need to do. It is part of the wreckage we created, and I would like others who are in recovery to understand that even though it's hard, and there are a lot of requirements...they (including himself) need to get themselves together. It's not HPSP doing something to you, it's what you need to do for yourself." The licensee went on to talk about recovery being about surrendering, "...which means no resistance and not throwing your anger around. We all make mistakes."

### Reminder

If you want to confirm that HPSP received your documentation that you faxed to 503-961-7142, please call 888-802-2843, 24 hours after you faxed the documentation. We receive a great deal of documentation, and it takes approximately 24 hours to data enter the forms from time of receipt. You can also ask your weekly call-in facilitator.

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[www.rbhhealthpro.com](http://www.rbhhealthpro.com)