

HealthProCHOICES

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

January 2012

Myth Busters

A recent graduate of HPSP told us that it would be helpful to participants if we published a myth busting section in our newsletter. We took his advice. Here are some of the major myths and the reality:

Myth: Even if you self-refer the Board will know all about you.

Fact: If you self-refer, your licensing board will not know that you are in the program, unless you are reported non-compliant. Every licensee is informed when they are reported non-compliant.

Myth: You will lose your license if you test positive.

Fact: If you test positive, there is a report of non-compliance sent to your licensing board. The board's typical response is to require the licensee to follow the recommendations of the third party evaluator. If there are other extenuating circumstances such as this being one of several positive tests or non-compliance reports or if the licensee has complaints or other issues in front of the board, the boards may impose additional requirements, up to and including loss of license.

Myth: When a licensee self-refers, the investigator for the self-practice investigation is a board employee.

Fact: The investigator who conducts the safe practice investigations for self-referrals is under contract with Reliant Behavioral Health and is a contractor for Reliant. The investigator has no connection to any licensing board.

Myth: All self-referrals must have in-patient treatment.

Fact: All self-referrals must have an independent third party evaluation by an approved evaluator. The list of evaluators is on the website rbhhealthpro.com. The evaluator may recommend out-patient or in-patient treatment. All level of care recommendations must be approved by the HPSP medical director and the recommended level of care must meet the American Society of Addiction Medicine (ASAM) criteria.

Myth: This is a program without any recourse if a licensee has a problem or concern about the program.

Fact: Participants in the program should never feel that they have no place to turn when they have questions or concerns. There are several places where complaints or concerns about the program can be voiced. If you have a problem that cannot be resolved with your agreement monitor, you can send an email to HPSP@reliantbh.com and put complaint in the subject line. You can also send a complaint to donab@reliantbh.com. Ms. Broock investigates all complaints. You can also contact the clinical manager Gary Barnes, LCSW, garyb@reliantbh.com, who oversees the quality of care regarding sensitive clinical issues presented by licensees. Finally, you can contact the program manager who is responsible for the overall functioning of the HPSP program, Dale Kaplan, LCSW-C (Maryland), MSWAC, dkaplan@reliantbh.com. If you still have questions or concerns, you can request that your agreement monitor take your issue to the Policy Advisory Committee, comprised of the medical director, a consultant psychiatrist, Gary Barnes, and Dale Kaplan. For more information on the Policy Advisory Committee, and the roles of staff, please see the article, entitled Staffing Updates.

Myth: Participation in the program is meant to punish licensees.

Fact: Our program exists because we believe that in spite of, and often because of, the issues and obstacles they have faced, our participants have a tremendous amount to contribute to the health care professions. We want you to succeed and strongly believe that participation in monitoring will improve your chances of success.

Feedback from Licensee

We received this from a licensee who recently completed the program: "I am so grateful for this program. It gave me a second chance. I now appreciate other people more, see what I needed in my life and I wouldn't be where I am if I wasn't in the monitoring program. I believe I would have spiraled down and lost my job, family and support system."

Employee of the Month

Jessica Gregg MD, PhD joined the HPSP as medical director in November 2010. She is Board Certified in Internal Medicine and is a diplomate of the American Board of Addiction Medicine. She received her undergraduate degree from Stanford University, her medical degree from the University of New Mexico, and her doctorate in medical anthropology from Emory University. She is currently an associate professor of Internal Medicine at Oregon Health and Science University, where she teaches and conducts research into the social determinants of health, including addiction.

Dr. Gregg has served as medical director of De Paul Treatment Centers and she also provides multidisciplinary trainings for the Addiction Technology Transfer Center Network. In addition to her work with HPSP, she also serves as medical director for Central City Concern's Hooper Detoxification and Stabilization Center. In her free time, she loves to read, take walks, and spend time with her husband and children. She is also a big fan of good and not-so-good TV.



Jessica Gregg, MD, PhD
HPSP Medical Director



HPSP: 888.802.2843
www.RBHHealthPro.com

The Policy Advisory Committee (PAC)

HPSP has established a HPSP internal policy advisory committee (PAC) composed of the HPSP medical director, HPSP consulting psychiatrist, program manager, and clinical manager. This committee has been developed by Reliant Behavioral Health to review and recommend for approval policies and procedures for the HPSP program which will subsequently be reviewed and approved by the Advisory Committee. The PAC will also make determinations on individual cases where the HPSP program has the discretion to make decisions. Reliant Behavioral Health is not receiving any funding for this committee development from the Oregon Health Authority.

Program Updates and Information

Toxicology Pricing

Panel A-\$59.86
Panel B-\$67.66
Panel C-\$50.26
Panel D-\$103.06

Regarding Documentation

You do not have to send in documentation for self-help meetings. The documentation that has to be sent in includes but is not limited to any treatment requirements, and medication

management sessions. We know there was some confusion when the documentation requirement was described in the December 2011 newsletter.

Regarding the Monday-Saturday call to the IVR (Interactive Voice Response System)

To help licensees remember to call the IVR and avoid having to take an extra toxicology test once you have missed 4 calls within a twelve month period, the

below message is sent to the number we have on file for you following each missed call:
"Hello, this is a reminder. Our records show that you missed your daily IVR call in. Please note that calling on a daily basis is a monitored requirement. You may access the IVR system between the hours of 3:00AM and 5:00PM Pacific time to hear if a test is scheduled. If you have not already called today, please do so. Thank you."

Staffing Changes

Christa Lee, LGSW (Maryland) has decided that she will not be moving to Portland at this time. Since the lead position for HPSP needs to be in Portland, Christa will not be continuing in the role team lead. Christa will continue in her role as agreement monitor. So we took this as an opportunity to make more changes. Kate Manelis, LMSW has accepted the newly created position of HPSP Monitoring Manager. Kate will be responsible for the quality of services provided by the agreement monitors. She is the monitor of the monitors. If you would like to know more about Kate, she was the highlighted employee in the December 2011 newsletter. Perla Sloane, LMSW has accepted the other newly created position of HPSP Administrative Manager.

Perla will be responsible for quality of services provided by the HPSP administrative staff. Both Perla and Kate will continue in their roles as agreement monitors with a smaller number of licensees that they are responsible for. The new titles for the administrative positions are:

Administrative Case Coordinators and Assistant Case Coordinators. The Assistant Case Coordinators are responsible for follow up calls to licensees when documentation is missing, confirming appointments with treatment providers, responding to questions and assisting newly referred licensees with the enrollment process.

Below is a list of staff and their contact information and job title:

- Ken Cosey, Administrative Case Coordinator - kcosey@reliantbh.com
 - Leah Johnson, Administrative Case Coordinator - ljohnson@reliantbh.com
 - Veronica Vargas, MA, Assistant Case Coordinator - vvargas@reliantbh.com
 - Suzanne Favours, Assistant Case Coordinator - sfavours@reliantbh.com
 - Dr. Jessica Gregg, Medical Director
 - Gary Barnes, LCSW, Clinical Manager
 - Dale Kaplan, LCSW-C, Program Manager
- Agreement Monitors
- Lesley Burke
 - Christa Lee
 - Kate Manelis
 - Perla Sloane
 - Rebecca Sinclair
 - Skip Wheeler
 - Karen Veteran

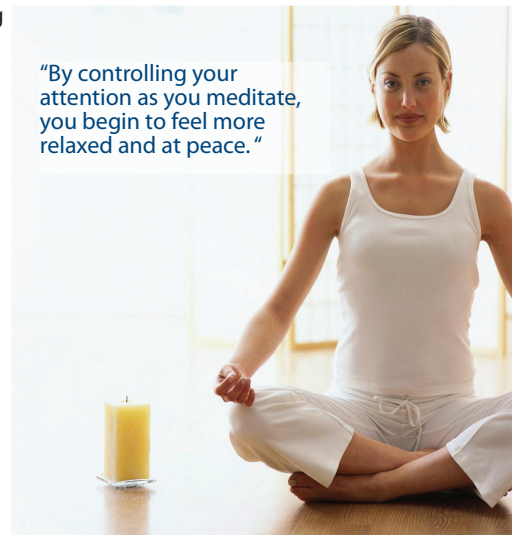
The Power of Meditation

Worry, anxiety and stress can be more than distractions. Continually replaying in your mind daily problems and fears can affect your mental and physical health." Meditation provides a way of quieting that chatter," says James N. Dillard, M.D., D.C., C.Ac., assistant clinical professor at Columbia University College of Physicians and Surgeons in New York City, and author of "The Chronic Pain Solution." "By bringing your focus to your breath, a mantra or a sound, you give your mind something simple to hold on to as you gradually let go of the world."

By controlling your attention as you meditate, you begin to feel more relaxed and at peace. And this peacefulness usually lasts far beyond the meditation itself, so that when stress appears hours later, you have the psychic resources to deflect it. Meditation allows you to become more awake and more deliberate about your actions, says the Arthritis Foundation. It teaches you how to respond rather than react to situations in your life.

Although meditation sounds simple, it takes discipline to remain still in body and mind, blocking out the world around you and quieting your thoughts. There are a number of theories about how meditation may improve physical and mental health. One hypothesis is that it reduces activity of the sympathetic nervous system, leading to a slower heart rate, lower blood pressure, slower breathing and muscle relaxation.

"By controlling your attention as you meditate, you begin to feel more relaxed and at peace."



Upcoming Educational Programs and Resources

- New Training: 33rd Annual Behavioral Health & Addictive Disorders. Clearwater Beach, Florida
2/13-2/16 2012 www.usjt.com
- Physicians Litigation Stress Resource Center
<http://physicianlitigationstress.org/>

Health Professionals' Services Program
www.rbhhealthpro.com
HPSP: 888.802.2843

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Graduation: Understanding Program Graduation

In order for a licensee to successfully complete the Health Professionals' Services Program, the licensee must comply continuously with his or her monitoring agreement and monitoring agreement addendum for at least two years.

"Comply continuously" means to have been:

- (a) Enrolled in the program for at least two uninterrupted years without any reports of substantial non-compliance involving significant violations of the monitoring agreement and
- (b) Deemed by the licensee's board to have otherwise successfully complied with all terms of the monitoring agreement.

Substantial non-compliance means the following as defined in rules governing the Health Professionals' Services Program
Substantial non-compliance includes but is not limited to information that a licensee:

- Engaged in criminal behavior
- Engaged in conduct that caused injury, death or harm to the public, including engaging in sexual impropriety
- Was impaired in a health care setting in the course of the licensee's employment
- Received a positive toxicology test result as determined by federal regulations pertaining to drug testing
- Violated a restriction on the licensee's practice imposed by the program or the licensee's board
- Was admitted to the hospital for mental illness, as that is defined in OAR 415-065-0010, or adjudged to be mentally incompetent (Admission for evaluation or diagnosis does not constitute being formally admitted to the hospital for treatment of mental illness.)

- Entered into a diversion agreement but failed to participate in the program or
- Was referred to the program but failed to enroll in the program.

The HPSP program must report substantial non-compliance to the monitoring entity within one business day after the HPSP program learns of the substantial non-compliance event. HPSP will report all incidences of substantial non-compliance to the monitoring entity which will report to the appropriate licensing board.

At the time of a graduation request, the licensing board will determine if the 2 year minimum continuous compliance requirement has been met, including a review of any and all reports of substantial non-compliance to determine if the reports involve significant violations of the monitoring agreement. If the board determines that the licensee has not met the 2 year minimum continuous compliance requirement required for graduation, the licensee will need to continue in HPSP until the 2 year minimum continuous compliance requirement is met as determined by the licensee's licensing board.

Substantial non-compliance reports for self-referrals:

If a licensee has self-referred and is found substantially non-compliant with the monitoring agreement, HPSP will report the event of substantial non-compliance to the monitoring entity. The monitoring entity will report to the appropriate licensing board. At this point a licensee will no longer be considered to be self-referred and the licensing board will determine whether the licensee may continue in the HPSP program as a board referred licensee. A graduation request for a licensee that was self-referred but becomes board referred will be handled in the manner explained above.

Program Updates and Information

- Understanding your Invoices: There have been questions regarding how to understand your invoices for toxicology and other charges for the HPSP program. Reminder on how to access your financial information:

1. To login, click on the "My Account" tab.
2. User log in is your email address (that you have given HPSP to communicate with you) and your password. Your password is your 8 digit account number plus your 4 digit pin number.
3. Once you log in, you will be able to see your financial account.
4. Click on "Statement" and you will see a summary of all financial transactions. You can also print your statement.
5. If you want more detailed information of what you were billed for and

how much, go into the individual invoice. Click on the Invoice Number for the date you want to see specific billing information or click on the date. You will see the date of the toxicology test that is being billed for. The invoice does NOT give the panel you are being billed for. Refer to the January newsletter for price of testing panels.

6. All licensees must maintain a balance of \$120. This will be returned to you once you have successfully completed the program and there is no outstanding balance.

- Just a reminder that HPSP cannot accept personal checks. Payments must be made by credit card, certified check or money order.

- Current Address: Please note the HPSP program has a new address: please address all correspondence to Reliant Behavioral Health, 1220 SW Morrison Suite 600, Portland OR 97205.

- For self-referrals who self-referred on or after 7/1/10: The Advisory committee (which consists of the program manager from the Oregon Health Authority; representatives of the participating licensing boards, and representatives from the HPSP program) requires that licensees who self-referred on or after 7/1/10 **must have** an annual criminal record check. The cost is \$25 if you go the local police station or \$38 if you send in a request form. Your agreement monitor will send you specific instructions at the time of your annual review. The licensing boards are able to conduct this criminal record review for board referred licensees at no charge to the licensee.



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Employee of the Month



Suzanne Favours, MSW, hails from the empire state. She joined the HPSP team last year as an Assistant Case Coordinator. She received her undergraduate degree at Oswego State University and her graduate degree from Adelphi University in New York. Suzanne has worked in Portland metro providing services for children, adolescents and their families participating in addiction treatment. Outside of HPSP, Suzanne volunteers her time at a domestic violence program as well as a program for young adults with developmental disabilities. Suzanne undertakes multiple projects in her free time which includes knitting, crocheting, sewing and screen printing.



Staffing Changes

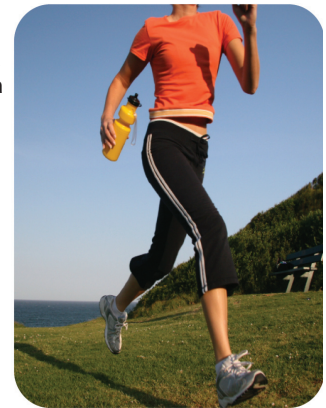
Ken Cosey is no longer with the HPSP program. Ken was known by most licensees as he assisted with the identification of collection sites. We are very fortunate to have hired Pam Aldersebaes who with Leah Johnson will be providing licensees with collection site information as well as program support. Pam has significant experience with monitoring programs as she worked for several years for the Pharmacy board program. Pam will be highlighted in the March newsletter.

Stress on the Job: How to Cope

You didn't need more stress at work, but odds are you have it anyway. Take heart, though. The tools for coping with stress lie within each of us, experts say. Michael McIntyre, Ph.D., a University of Tennessee industrial psychology professor, says those who deal best with stress learn to shrug off turmoil. "A lot of people get stress thrown at them, but not everyone reacts to it in the same way," he says. "A healthy employee may experience a provocation or mistreatment, but they think it through: "I don't like that this happened to me, but it wasn't directed at me personally. The world isn't out to get me."

How to tame stress with success:

- Eat right. Instead of coffee, drink water or juice. Instead of junk food, snack on fruits and vegetables.
- Exercise at least three times a week. Pressed for time? Focus on a workout that gets your heart rate up (racquetball, aerobics or a long walk).
- Connect with others. A social network revives you and keeps you on an even keel. Seek out supportive co-workers and avoid "stress carriers."
- Assert yourself. Speak up about petty annoyances while respecting others' feelings.
- Relax and rest. Get a good night's sleep. Learn relaxation techniques such as meditation and yoga. Take "mini-relaxation breaks" during the day.
- Reduce clutter. Simplify your work area to offer physical and mental space. Schedule time for managing paperwork. Try to reduce the noise level.
- Take a media break. The artificial stimulants of the Web, TV and radio often obscure your true emotions, thoughts and hopes.



Sources: Mind/Body Medical Institute at Harvard University (www.mbmi.org) and the James L. Hall Jr. Center for Mind, Body and Spirit.

Upcoming Educational Programs

- Spiritual Retreat: mark your calendar. More specific information to follow.

THE 2012 FALL SPIRITUAL RETREAT where legal, health care, and treatment professionals share the gift of recovery will be held at the Hallmark Resort in Newport, Oregon - September 14-16, 2012.

The sixth annual Fall Spiritual Retreat will be a gathering of recovering professionals, their spouses and significant others to perpetuate and improve the fellowship of recovering professionals and to promote their effective outreach to members of all their professions who still suffer. Over the years many types of health care professionals, including dentists, nurses and pharmacists, together with drug and alcohol counselors have joined the lawyers and physicians who attended the first Retreat. Hosted by THE OTHER BAR OREGON - "Lawyers Helping Lawyers." For registration information please contact Phil Bennett PRB@JFOLAW.COM or James O'Rourke, Jr. JFO@JFOLAW.COM.

- IDAA Annual Meeting 8/1-8/5/2012. Orlando, Fl. Hilton Hotel. For more information: <http://idaa.org/2012/>.
- NCADD Intervention in 2012. Turek conference on Addiction Treatment Tuesday 4/17/2012 - 8:00am-5:00pm est. Baltimore, MD. For more information: www.ncaddmaryland.org.
- US Journal Training The 3rd Annual Counseling Advances Conference 3/15-3/17/2012 - Las Vegas, NV. For more information: <http://www.usjt.com/2012/262/index.aspx>.

Financial and Treatment Resources

There are resources available in the state of Oregon for licensees. Listed below are two services which may support you in your recovery program:

- Access to Recovery is a state program serving the following counties: Multnomah, Douglas, Lane, Jackson, and Umatilla. Some of the services provided are acupuncture, behavioral health individual and group counseling, child care, education/GED support, employment services, marital and family counseling, parent education and child development. This is a voucher system program and you can learn more by going to ATR Web site: <http://www.oregon.gov/OHA/addiction/access2recovery/overview.shtml>.

For additional information contact Denise Yale ATR Information Coordinator-503-945-6003. You need to go to the ATR Recovery Management Center for a face to face intake to access services.

- For assistance with the cost of prescription medications, check out the following Web site for the Oregon Prescription Plan: <http://www.opdp.org/OHA/pharmacy/OPDP/ApplicationPage.shtml>. This site will explain how you can obtain your prescriptions at a lower cost at participating drugstores. The only qualification is that you have to be a resident in the state of Oregon. In most situations, you can get up to 3 months of medication of the generic equivalent at a greatly reduced rate.

Health Professionals' Services Program
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Medication Management: When the medication management form is to be completed

Taking prescription medications and using over-the-counter medications can be an important component to recovery, but can also threaten or destabilize recovery, especially when the medication is mood altering/psychoactive or has addictive potential. HPSP wants to be promptly notified of any medication prescribed to a licensee that is mood altering/psychoactive or is potentially addictive, so we can support your recovery by helping you to evaluate whether the medication prescribed is appropriate and safe. Below is the HPSP Medication Management Policy which outlines the expectations for documentation for prescription and over-the-counter medications.

Medication Management Policy

1. All Licensees must have a medication management form from each of their prescribing providers on file at the time of enrollment in HPSP.
2. The medication management form must include any prescription or over the counter medications that impact the central nervous system and/or have addictive potential. This includes psychiatric medications, including anti-depressants. For additional information, please see Policy on Prescription and Over the Counter Medications
3. If the licensee was transferred to HPSP from another monitoring program (i.e. if the licensee did not enroll in HPSP as a new participant), agreement monitors will request that the licensee obtain the medication management form from each of their providers. Licensees have one month from the date the request is made to comply. If a licensee does not obtain the form, he/she will be considered non-compliant with his/her monitoring agreement and this will be reported to the appropriate licensing board.
4. Each time a licensee enters a relationship with a new prescribing provider, he/she must sign a release of information for that provider and have the provider complete the medication management form and send it to the agreement monitor. If a licensee does not provide the medication management form, he/she will be considered non-compliant with monitoring and this will be reported to the appropriate licensing board.
5. If a licensee obtains a new prescription for a mood altering/psychoactive or potentially addictive drug, he/she must inform HPSP and fax a copy of the prescription to HPSP within 24 hours of receipt of the prescription. If a licensee does not inform HPSP within 24 hours of receipt of the new prescription, he/she could be considered non-compliant with monitoring and this could be reported to the appropriate licensing board. Whether or not a non-compliant report is submitted will depend on the circumstances surrounding the new prescription and the date the medical management form is submitted.

Please note: If a licensee's prescriber indicates that a medication should be begun immediately, licensees should begin the medication as prescribed, even if HPSP has not yet received the prescription.

6. All prescribed and over-the-counter medications approved by the licensee's prescribers must be approved by the HPSP medical director. If there is not agreement between the licensee's provider and the HPSP medical director regarding whether or not a medication should be used, a third party evaluation will be requested.
7. In cases of emergency (e.g. urgent hospitalization, acute injury), the licensee may obtain medication without a medication management form but must contact the agreement monitor as soon as possible to provide details of the medical emergency and a copy of the prescription or discharge summary.

More Information on Graduation from the Program

The good news is that we know that licensees are reading the newsletter because we receive questions on some of articles. We have received the question below from several licensees. Please continue to bring questions to your agreement monitor.

Question: If I have completed two years of continuous compliance, can I graduate from the program?

Response: No just completing two years of continuous compliance is not adequate for graduation. In addition to having two years of continuous compliance a licensee must complete the number of years that the Board has ordered. For example, the Pharmacy Board requires 5 years of probation which includes 5 years in the HPSP program. For Board referrals, the length of time in the program is in the Board order. For self-referrals, we follow the expectations of the licensee's licensing board. Depending on licensee's compliance in the program, the length in the program may be extended at any time by their licensing board due to a report of non-compliance.

Getting to Know HPSP Staff



I worked for the Board of Pharmacy as the Program Assistant with the Pharmacy Recovery Network. During that time, I had the privilege to work with many individuals struggling with substance abuse and mental illness. I have great respect for the people we assisted, and it is a pleasure to continue those efforts at Reliant Behavioral Health. I also serve as a Board member for the non-profit Professional Recovery Network, reaching out to individuals in healthcare fields. My interests are: gardening, travelling, and reading.

Pam Aldersebaes
HPSP Administrative Case Coordinator



HPSP: 888.802.2843
www.RBHHealthPro.com

Program Updates and Resource Information

- Licensees who are in the toxicology program, please be sure that you know where your Saturday testing site is located and hours of operation. Also be sure to take your wallet card with you as the card provides the collection site with helpful information to successfully complete the collection process. If you do not have a Saturday site currently, please know that we are working on locating you one. If you are called to test on a Saturday and you experience problems at the site, such as the collection site has questions about how to do the collection or complete the Chain of Custody Form, the collection site can call Medtox, our testing vendor, for assistance. The Medtox number is 888-295-9925 and a Medtox staff person is available from 5:30am-2:00pmPT. If you call HPSP at 888-802-2843 on a Saturday, the Medtox number is given as part of the taped message you will hear. The Medtox number is also on your wallet card. Medtox CANNOT help you find an open collection site, Medtox can assist the collection site if they need to understand the HPSP protocol or have questions regarding a CCF form. Medtox may be able to assist if you forgot your paper CCF form and the collection site needs to know how to proceed.
- If you are traveling, be sure to call two weeks in advance so that our HPSP staff can locate a collection site for you. You can call 888-802-2843 or send an email to HPSP@reliantbh.com so that a collection site can be located for you near where you are staying. Travel kits are NO longer needed. Be sure to take your CCF form with you. If you do not have any paper CCF forms you can request them by calling 888-802-2843.
- Non-compliance reports due to missed calls to the Interactive Voice Response system (IVR) will not count as non-compliance when requesting an exemption from testing which requires at least 9 months of continuous compliance prior to the request. These non-compliance reports due to missed calls also do not count against your 2 year continuous compliance requirement.
- Please remember to send in your treatment documentation as outlined in the December 2011 newsletter. HPSP does not need any documentation for attendance at self-help meetings.
- The Professional Recovery Network of Oregon presents the Northwest Annual Pharmacy Recovery Network Conference on April 21, 2012 from 7:15am-3:45pm at the Salem Kroc Center, 1865 Bill Frey Dr, NE Salem, OR. For more information contact Ed Schneider R. Ph. ORPRN President 971-563-3893 or ecruiser@ccwebster.net or download the flyer and registration from HPSP website rbhhealthpro.com on our home page. PHYSICIANS please note you can receive 8.2 hours toward the 20CME requirement for graduation from the HPSP program.

Your Prescription for Lasting Happiness

Many people believe happiness is a feeling of pleasure based on some external happenings – you got the raise you wanted, you ate a fabulous meal. “But true happiness isn’t contingent on circumstances; it’s a sense of contentment that exists independently of the good or ill fortune that might find you,” says M.J. Ryan, author of 365 Health and Happiness Boosters. According to Ms. Ryan, you can be happier no matter who you are or what challenges you face by changing your attitudes and learning specific behaviors.

Happiness Keys - Try these suggestions:

- Have something to look forward to. We all need something pulling us into the future – a dream we want to make come true that gives us the incentive to get up in the morning. So, make a “want-to-do” list that includes things you wish to accomplish.
- Realize life doesn’t have to be hard. Many people can’t enjoy themselves and can’t let their guard down because they think that being extra vigilant will protect them. “But, you can’t prevent disaster by not being happy,” says Ms. Ryan. “Your life doesn’t have to be hard. It’s OK if it’s easy.”
- Let go of desired outcomes. So much of what happens to you is out of your control. All you can do is set your intentions and be willing to deal with whatever happens. Letting go of desired outcomes doesn’t mean you don’t work toward something; instead, it means if something doesn’t happen, you adjust to the opportunities life presents you. “Unfortunately, most people haven’t been taught how to do this,” says Ms. Ryan. “They get attached to a certain outcome and then are disappointed when events don’t turn out the way they hoped.”
- Ask for help. No one can make it in life, at least not happily, on his or her own. Humans are social creatures, designed to give and receive support. “Ask for what you need today, and you’re more likely to receive it,” says Ms. Ryan.
- Take a satisfaction break. It’s easy to get so caught up in the rat race of your life that you don’t take time to appreciate your accomplishments. So, take a satisfaction break right now. Make a list of the accomplishments of which you’re the proudest – then ponder the list and appreciate yourself for all your hard work.
- Envision what you want. Each morning, before you start your day, use the power of visualization to create a day full of joy. See yourself handling the difficulties of your work life with equanimity. See yourself smiling at everyone you meet, treating each person with care and kindness.

Upcoming Educational Programs

- 2012 Review Course in Addiction Medicine. 9/20-9/22/2012. Gaylord Opryland Resort & Conference Center. Nashville, TN. For more information: <http://asam.org/education/2012-review-course-in-addiction-medicine>.
- Spiritual Retreat: mark your calendar. More specific information to follow.

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- IDAA Annual Meeting 8/1-8/5/2012. Orlando, FL. Hilton Hotel. For more information: <http://idaa.org/2012/>.

- 25th Annual Northwest Conference on Behavioral Health and Addictive Disorders. 5/30-6/1/2012. Hyatt Regency Bellevue. Seattle, WA. For more information: <http://www.usjt.com>.
- NCADD Intervention in 2012. Turek conference on Addiction Treatment Tuesday 4/17/2012 - 8:00am-5:00pm est. Baltimore, MD. For more information: www.ncaddmaryland.org.
- Best Practices in Buprenorphine Treatment for Opioid Dependence. 3/16/2012. Whites of Westport. Westport, MA. For more information: <http://asam.org/education/RuralBupTraining>.
- Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>.
- Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in partnership with Clinical Tools, Inc. For more information: <http://www.buppractice.com/>.

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Policy on Medical Director Responsibility for Case Review

We have been asked by licensees to clarify the role of the HPSP Medical Director. The Medical Director has a key role in the program. Below is the HPSP policy which governs the Medical Director's activities and a list of the types of situations that the medical director is required to review and approve. The Medical Director oversees and approves the treatment plans and workplace restrictions and limitations on the licensees. The agreement monitor works in conjunction with the medical director to ensure that licensees are following their treatment requirements. The agreement monitor works directly with the licensees. The medical director typically does not have direct contact with licensees.

Policy: The Health Professionals' Services Program is a monitoring program. The program does not provide diagnosis or treatment. The HPSP medical director is responsible for providing comprehensive program oversight by reviewing and approving all third party evaluations, treatment providers' recommendations, and workplace limitations as determined by third party evaluators. The medical director is to provide consultation to third party evaluators and treatment providers, approve the use of potentially addicting medications by licensees, ensure that fitness to practice assessments from independent third party evaluators are obtained when appropriate prior to removing limitations on a health professionals practice and participate as needed in face to face or telephonic conferences regarding urgent matters or urgent licensee compliance reviews. The medical director is required to contact licensee's treatment provider(s) as appropriate and necessary. The medical director is to indicate approval or disapproval of evaluations, treatment plans and recommendations in the licensee's record by signing with name, credentials, job title and date of review. The medical director will also review all licensee deaths or hospitalizations related to, or potentially related to, mental illness or substance abuse. It is the role of the medical director to approve all changes in workplace restrictions and limitations. The medical director when reviewing a request from a licensee to remove a workplace restriction which was made by a third party evaluator with a specific end date may choose to bring the case to the Policy Action Committee for review if the medical director recommends that a third party evaluation is not necessary to remove the restriction.

Agreement monitors/tech IIs are to task the medical director to review the following licensee case situations including but not limited to:

- All evaluations received from participating boards for board referred licensees
- All evaluations received from independent third party evaluators for self-referred licensees
- All treatment plans provided by treatment providers
- All safe practice evaluations
- All recommendations for limitations on licensee's professional practice
- All recommendations for the removal of restrictions on licensee's professional practice
- Negative with a warning toxicology test result
- Positive toxicology test for drug or alcohol
- Licensee is requesting early graduation
- Licensee has completed program requirements
- Annual reviews
- Hospitalizations of licensee
- Severe medical problems
- Employment termination of licensee
- Concerning patterns or symptoms of cognitive or physical decline

Recovery Feedback

Frequently licensees share with the agreement monitors the value of the monitoring program and we like to share these thoughts with you. This is from a nursing licensee who has given permission for us to share her words. "Even though I do not have a nursing job currently, being in the monitoring program is very good for my recovery. It makes me think about it every day and stay aware of my recovery process."

Getting to Know HPSP Staff



Leah Johnson is one of our Administrative Case Coordinators. She joined the HPSP team in November 2011 after relocating to Portland from Minneapolis, MN. One of her many roles here at HPSP is working closely with MedTox to assist licensees with all testing facility needs. Leah comes from a diverse professional background, with over 10 years of experience working in industries ranging from property management, healthcare, construction, technology, and radio. She also owns and operates an online vintage clothing store. Leah practices archery and has a passion for the outdoors. She volunteers with the World Forestry Center here in Portland, and periodically embarks on long, solo road trips around the US and within the Pacific Northwest.

Leah Johnson
Administrative Case Coordinator



HPSP: 888.802.2843
www.RBHHealthPro.com

Questions and Answers:

Questions and Answers: Send your questions to HPSP@ReliantBH.com



1. I am confused about the requirements for completion of the program. Do the participating boards have different requirements?

Yes, each participating board has different requirements regarding the length of the monitoring program. For specific information you can always contact your agreement monitor or your licensing board directly. Generally, the Dental and Pharmacy Boards have a minimum requirement of 5 years of monitoring, the Nursing Board has a requirement of 4 years of monitoring with 2 years of supervised monitored practice and the Medical Board has a 5 year requirement for licensees with a diagnosis of dependence and a 2 year requirement for licensees with a substance abuse and/or mental health only diagnoses. In addition, according to the statute a licensee must also have 2 years of continuous compliance. For Board referrals, the decision for completion of the program is ultimately the Board's decision. For self-referrals, the decision for completion is dependent upon multiple factors including but not limited to employer reports, compliance with the program requirements, recommendation of a third party evaluator and approval by the HPSP Medical Director.

2. Why are over-the-counter medications being monitored?

Numerous over-the-counter medications duplicate and overlap one another in their effects, any many have effects similar to those of addictive drugs. This can potentially trigger craving and even relapse. Many of these medications are also quite sedating and potentially impairing. That said, we recognize that these drugs are also often quite effective in treating minor illnesses such as colds and allergies. For that reason, it is important that HPSP participants have the option to use these medications. However, we request documentation that the licensee's physician is aware of their use and agrees with it. A list of medications that are mood altering, including over-the-counter medications is provided on the HPSP website (www.rbhhealthpro.com) on the resource tab and licensees may also request that a hard copy of the list be mailed to them.

3. Do I need to complete a management medication form for the over-the-counter medications that have sedating or stimulating effects?

You can submit either a letter from your prescribing physician stating that the physician is aware that you are taking this medication and supports your use of the medication, or submit the Medication Management Form. A Medication Management Form is required for all prescription medications that are mood altering or have addictive potential. Medication Management Forms are available on the HPSP website (www.rbhhealthpro.com).

4. Is maintaining a \$120 balance with the HPSP program part of my monitoring agreement requirements?

Yes, all licensees have signed a monitoring agreement agreeing to maintain a \$120 balance in their HPSP account. This is part of the monitoring requirement and licensees can be reported non-compliant for non-payment. If there is a problem maintaining a balance, please speak with your agreement monitor to determine an appropriate payment plan.

5. What are the benefits for me of accessing my online account through the website (www.rbhhealthpro.com)?

If you access your HPSP account, you can find out your balance, how much you have paid for services and when you paid and your collection sites.

To access your account, follow these instructions:

1. To login, click on the "My Account" tab.
2. User log in is your email address (that you have given HPSP to communicate with you) and your password. Your password is your 8 digit account number plus your 4 digit pin number.
3. Once you log in, you will be able to see your financial account.
4. Click on "Statement" and you will see a summary of all financial transactions. You can also print your statement.
5. If you want more detailed information of what you were billed for and how much, go into the individual invoice. Click on the Invoice Number for the date you want to see specific billing information or click on the date. You will see the date of the toxicology test that is being billed for. The invoice does NOT give the panel you are being billed for. Refer to the January newsletter for price of testing panels. If you have a problem accessing your account, please send an email to HPSP@reliantbh.com.

There are plenty of items that are available without a password and having to access your individual account. On the HPSP website, you can view all prior newsletters, current policies, educational resources, state holidays, and other general information that will be helpful to you while you are in the program.

Upcoming Educational Programs

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• Hawaii Addictions Conference, New Trends and Developments. 5/25/2012 - 7:45am to 4:00pm. University of Hawaii, Honolulu. For more information: <http://blog.hawaii.edu/dop/hac-2012/>.

• NCADD Intervention in 2012. Turek conference on Addiction Treatment. 4/17/2012 - 8:00am-5:00pm est. Baltimore, MD. For more information: www.ncaddmaryland.org.

• Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>.

• Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in partnership with Clinical Tools, Inc. For more information: <http://www.buppractice.com/>.

Health Professionals' Services Program
www.rbhhealthpro.com
HPSP: 888.802.2843

HealthProCHOICES

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

May 2012

Third Quarter Satisfaction Survey: Summary of Results

Overview: This Health Professionals' Services Program report reviews the survey results from April 2012 covering the period from 1/1/12-3/31/12. Surveys were sent to only 1 group of stakeholders this quarter, the Licensees. The remaining stakeholders (Employers/Workplace Monitors, Treatment Providers, Health Associations, Acumentra and the Boards) will all be surveyed again in July 2012.

The response rate for the quarter was 28.1%, bringing the year-to-date response rate up to 26.8%.

Highlights: The results of this survey indicate a continued improvement in the licensees' perception of the HPSP program. Overall results improved compared to last quarter, which improved over the first quarter of the year as well as the first year of the program, all showing a continued, steady rate of improvement.

This quarter, 77.9% of the licensees felt that customer service answered their questions promptly, and 80.0% felt that information was shared clearly and professionally. Both of these figures show an improvement over the prior quarter. Again this quarter, the licensees rated their Agreement Monitor contacts, the monthly newsletter, and the toxicology testing as being helpful in successfully completing the program. For the first time, the website was also rated as being helpful in successfully completing the program.

77.8% of the licensees agree or strongly agree that their Agreement Monitor is knowledgeable about their case. Similarly, 71.6% of the licensees who responded agree or strongly agree that their needs and concerns are understood. There was a slight decrease in the rating for the Agreement Monitors and that may be due to a change in Agreement Monitors experienced by approximately 48 licensees. There were several positive comments made this quarter about specific Agreement Monitors.

Again this quarter we found that fewer comments were made with a higher percentage of those being negative. This is interesting because the responses from the licensee on the survey questions are positive. It appears that most of the comments are made by the relative minority that responded negatively to the survey questions.

Overall, 48.4% rated the services as "Excellent" or "Above Average" this quarter. An additional 32.6% rated the program as "Average." This report indicates that progress continues to be made in terms of meeting the needs of the licensees.

Responses to Satisfaction Survey Comments

Beginning with the May issue, the newsletter will be used to address general concerns or questions shared in the Comments section of the Satisfaction survey.

1. If you have trouble understanding any aspect of the HPSP monitoring program, please contact your Agreement Monitor, Kate Manelis, Monitoring Manager, or Dale Kaplan, Program Manager. The monitoring program is a rigorous program and there are a good number of requirements that need to be followed. HPSP staff and agreement monitors understand this so please keep asking questions. The majority of the policies governing the program are on the website. It is recommended that licensees review the website policies and also review the old newsletters. There is a good deal of information in the newsletters which are all housed on the website RBHHealthPro.com.
2. If your Agreement Monitor is not responding to your calls, please notify either Kate Manelis at kmanelis@reliantbh.com, or call 503-802-9843. Or contact Dale Kaplan at dkaplan@reliantbh.com, or call 503-802-9842. All emails and calls will be responded to within 24 hours. Please note that Kate does not work on Fridays and would return emails/calls on Monday. There is a good amount that we as staff cannot control in the HPSP program but responding to our licensees calls is one thing that is within the control of the Agreement Monitor. No one should be having problems getting in touch with their Agreement Monitor.
3. If you have questions about the policy regarding actions following receipt of a non-negative test, please review the policy posted on the HPSP website: www.rbhhealthpro.com, click on Policies, and click on Policy on Non-Negative Test Result.
4. If you feel that you have been billed incorrectly, please contact Leah Johnson or Pam Aldersebaes and they will track down the problem.

Getting to Know HPSP Staff



Dale Kaplan is the program manager for the HPSP program. She was part of the team that responded to the Request for Proposal (RFP) issued by the Oregon Health Authority. Dale comes to the program with years of experience in the field of substance abuse and mental health, starting out over 35 years ago as a probation officer for a special unit in New York City. Prior to coming to Reliant Behavioral Health, Dale was the Vice-President of Occupational Health Services for a competitor. As part of her responsibilities, she oversaw the monitoring program of a large retail national pharmacy and the monitoring programs for the Texas State Board of Pharmacy and the Texas Medical Board. Dale's favorite hobby is yoga and she tries to make a class several times a week.

Dale Kaplan, MSW, MAC, LCSW-C (Maryland)
HPSP Program Manager



HPSP: 888.802.2843
www.RBHHealthPro.com

When we learn that a training program has been valuable to licensees, we like to share that feedback. We have heard from several licensees who attend the PRN Annual Pharmacy Recovery Network Conference who felt that it was a worthwhile program. We received permission to share this comment: "This was my first PRN Conference but definitely not my last! It was packed with outstanding information, really nice people and great food, all set in a wonderfully comfortable venue." We will continue to keep you informed of conferences that may be of interest to licensees by posting them on the website and in the newsletter.

Eating the Right Foods for All-Day Energy

Having plenty of zip to meet the demands of your job and personal life starts with your diet. To maintain your energy level, your body breaks down the food you eat into glucose (blood sugar) – the body's main fuel – and sends a steady stream of it to your cells. But here's the trick: "To feel energized throughout the day, your blood-glucose level should stay within a certain range," says Neva Cochran, M.S., R.D., a Dallas-based nutrition consultant. "If your blood glucose drops too low – which can happen if you go too long without eating – you're going to feel lightheaded and lethargic." If you eat the wrong kinds of foods, your blood glucose can spike and drop, eventually causing the same symptoms. With this in mind, here's how to eat for all-day energy and keep your blood-glucose level stable.

Don't skip meals:

Not eating meals is one of the fastest routes to low blood sugar. If you skip breakfast, your ability to concentrate will likely suffer all morning. Skip lunch, and by 3 p.m. your energy level and concentration will inevitably crash. The reason: "Your brain needs glucose to function," says Ms. Cochran. To keep your blood glucose from dipping, and thus zapping your physical and mental energy, eat three meals or six smaller meals a day consistently and don't go more than four hours without eating something.

Balance meals:

Make sure your meals include a mix of complex carbohydrates – such as grain products, fresh vegetables and fruit, beans, lentils and other legumes, protein and some fat. At breakfast, have waffles topped with fresh fruit (both are mostly carbohydrate) and a cup of low-fat or nonfat yogurt (a mix of protein, carbohydrate and fat). At lunch, have a ham-and-cheese sandwich on whole-grain bread (this provides protein, fat and carbohydrate) and a piece of fruit (this is mostly carbohydrate). "A combination of carbohydrates, protein and fat helps moderate blood-glucose absorption so your blood sugar rises gradually," says Ms. Cochran. On the other hand, if you eat only carbohydrates, such as the fruit alone, your blood-glucose level will rise and drop quickly, leaving you hungry and low on energy within an hour or two after you eat. Similarly, "if you only eat protein, you'll get calories, but they won't kick in fast enough to make you feel energized when you need it," says Ms. Cochran.

Snack smart:

To counteract energy lulls you feel during the day, eat snacks that mix carbohydrates, protein and fat. Good energy-sustaining snacks include low-fat yogurt with fruit; cheese and crackers; an apple with peanut butter; and low-fat cookies, such as graham crackers or gingersnaps, and a glass of skim milk. If you experience an energy low that makes you feel shaky or keeps you from focusing on your work, opt for a carbohydrate-rich snack, such as a whole-grain breakfast bar or a glass of fruit juice. "Doing so will raise your blood-glucose energy levels quickly," says Ms. Cochran. "Either way, be sure to keep your snack light to avoid weight gain."

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HealthProCHOICES

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

June 2012

Dear Licensees, HPSP will be entering its third year on July 1, 2012. We have come a long way over the past two years. We recognize that the program changes have been significant for those of you who have been with the program since July 2010. With any new program, there are changes which come out of experience. This issue highlights two issues which agreement monitors are asked about with some regularity. This newsletter provides clarification on the testing exemption policy and introduces the new policy regarding outstanding balances. The third issue involves the elimination of Acumentra, the monitoring entity, effective July 1, 2012. This change will have NO impact on licensees, read on for more information.

HPSP Exemption Days

Q: Why can't I use my testing exemptions whenever I want?

A: This question comes up quite frequently, often because participants confuse exempt days with vacations. Participants also give feedback that the testing exemption policy feels punitive because days cannot be used whenever a participant would like to be excused from testing.

Restrictions on exemptions are not meant to be punitive. It is simply the case that while in the monitoring program participants are expected to be available to test every day. This means that they must be available even on vacations, at conferences, family events, etc. In fact, these are often the times when many participants are most vulnerable to relapse, so having the possibility of testing in place can be an important support for sobriety. Thus, exemptions are meant to be an exception in monitoring, not an expected norm.

That said, sometimes participants travel to locales where testing is not available. Exemption days exist to allow licenses to make those trips. After a licensee has been in monitoring for 9 months without any instance of non-compliance, he or she is eligible for 21 days exempt from testing per year. Most licensees will not need 21 days exemption, as most do not spend 21 days of the year in areas where testing is not possible. Exemptions are for the exceptional situations where testing is not possible.

When given an exemption, participants will be required to provide documentation that proves that the participant was in the stated location. Documentation can be a gas receipt, park receipt, food purchase, travel tickets, a date stamped picture, etc. If documentation is not provided within a month after the exemption takes place, the participant will be subject to increased testing for 1-3 months. Again, this is not meant to serve as a punishment. Rather, it is to ensure that the participant has not relapsed.

Finally, circumstances or compelling events may also arise when participants could theoretically test (i.e. there is a site within 45 miles) but practically are unable to (e.g. they will be in court all day or taking a test from 7am-5pm). In those cases, the licensee should make those circumstances known to his or her agreement monitor, who can take the case to the HPSP policy advisory committee (PAC) for consideration.

New Policy Regarding Outstanding Balances

Over the past two years, it has become clear that the current method of managing licensees' past due accounts is no longer viable. Some licensees have been unable to pay their program fees (i.e. testing fees), and have left HPSP still owing a significant amount to RBH. In order to more proactively manage non-payment, a revised policy (see back) has been approved by the Advisory Committee. This policy is effective July 1, 2012, and licensees with large outstanding balances will be notified by their agreement monitors that payment must be made within an agreed upon timeframe. If payment is not received, HPSP will cease monitoring. While the amount of the deposit required for new licensees enrolling on or after July 1, 2012 will increase from \$120.00 to \$180.00, all licensees are encouraged to consider increasing the amount of their deposit to an amount that will allow for an increased "cushion," which may be helpful in the event of unexpected living expenses, multiple tests in one month, etc.

IMPORTANT INFORMATION: HPSP will continue to honor payment plans where the payment amount permits the licensee to remain current with required deposit and where the licensee maintains compliance with payment arrangements; HPSP will no longer be able to honor existing payment plans where the licensee's balance continues to increase.

Getting to Know HPSP Staff



Niza Larsen, LPC, CADC-1, joined the HPSP team as an Agreement Monitor in April 2012. Niza is a graduate from Lewis & Clark Graduate School of Education & Counseling where she studied Counseling Psychology & Addiction. Niza has worked as a mental health therapist specializing in PTSD and Substance Abuse at the Portland VA Medical Center, and has also worked as a therapist in Forensic Mental Health and Substance Abuse in Multnomah County. Niza has a passion for recovery, health and healing and feels very fortunate to be working with licensees at HPSP. Niza enjoys living in the Pacific Northwest, hiking, and bicycling on her tandem throughout the town.

Niza Larsen, LPC, CADC-1
HPSP Agreement Monitor



HPSP: 888.802.2843
www.RBHHealthPro.com

Policy on Past Due Invoices-Approved by the Advisory Committee

As part of participation in the Health Professionals' Services Program (HPSP), licensees are required to pay for toxicology testing, monitoring groups and individual monitoring consultant meetings, and other services that are part of the monitoring program. All licensees are required as part of their monitoring agreement to remain current in their accounts. This means that licensees are required to maintain a balance of at least \$180.00 on account. Failure to maintain the agreed upon balance and remain current will result in not only a report of substantial non-compliance in accordance with ORS 676.190 1 (f) (G) but will also result in HPSP suspending monitoring services as the licensee will no longer be able to participate in toxicology testing.

HPSP is not responsible for overdraft fees, unless prior notification is received to remove the credit card on file. Credit cards are charged daily. Licensees can anticipate a charge on their credit cards from 2-10 days following testing.

Credit card expiration: A new authorization form will be sent to licensees prior to the expiration date of their credit card which is on file. This form needs to be returned promptly if the licensee wants to remain on automatic credit card charge.

If a licensee fails to maintain the agreed upon deposit and has an existing balance owed for a toxicology test, the following will occur:

1. The licensee will be contacted by email including a copy of the invoice or is mailed a letter with a copy of the invoice attached. If the notice is sent by email, the licensee has 3 business days to contact HPSP with payment information. If the notice is sent by USPS, the licensee has 5 business days from date of letter to contact HPSP with payment information.

2. When licensee contacts HPSP and has a credit card on file, the payment is charged at the time of the call in. The charge includes the deposit and the test fee. If licensee is unable to pay by credit card, a note is made in the account as to when payment will be sent. All non-credit card payments must be by certified check or money order made out to Health Professionals' Services Program. No personal checks will be accepted.

3. If the licensee is unable to remit amount due, within 10 days of notification that there is an overdue balance, the licensee has to provide a date when payment will be made in full. Payment plans are not available. For Board referrals, the appropriate board is notified that licensee has a past due balance and the agreed upon payment date. This step precedes a formal report of substantial non-compliance. If licensee is a self-referral, the board is not informed about the establishment of a payment date but the licensee is informed in writing that if the outstanding balance is not paid within the agreed upon time frame, the appropriate Board and employer (if employed) will be notified. (see step 4)

4. If the licensee fails to pay within the agreed upon time frame, the licensee will be reported substantially non-compliant and monitoring will be suspended, pending board review.

5. The licensee will be asked to step down from the workplace and the employer will be informed that monitoring has been suspended due to non-payment of program fees and recommends that the employer requests the licensee to step down from the workplace. It will be recommended to all licensees, employed and unemployed, to sign the refrain from practice agreement. If the licensee does not step down or refuses to sign the refrain from practice agreement, the appropriate Board is notified and another non-compliance report is completed.

Acumentra Services Discontinued Effective 7/1/2012

Effective July 1, 2012, there will be a change to the law governing HPSP: Acumentra will no longer be providing services as the monitoring entity for the Oregon Health Authority. This change does not impact licensees in any way. Acumentra was the "middle man" who sent non-compliance reports to the appropriate board. Now HPSP will send the non-compliance reports directly to the appropriate board. Self-referred licensees will not become known to the Board, unless the licensee receives a report of substantial non-compliance. Per the terms of the Release forms signed by each board referred licensee allowing communication with their licensing board and per the terms of the Consent to Release, Use and Exchange Information #2 for self-referrals, if there is an event of non-compliance, HPSP will report such event directly to their Board.

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- **Please note Reliant's new address:** 1220 SW Morrison St., Suite 600, Portland, OR 97205.

- If you are unable to access the Interactive voice response system, please contact the HPSP Customer Service Center at 888-802-2843. The lines open at 7:00amPT and the CSR will be able to give you your testing information and a confirmation number.



HealthProCHOICES

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

July 2012

A Message to Licensees

July marks the beginning of the third year for the Health Professionals' Services Program. For those of you who have been part of the program since July 2010, we want to say thank you for your patience and flexibility as the HPSP program worked through the challenges of staffing and policy changes that are often associated with any new program. For those of you who have recently become part of the program, it is our hope that you find HPSP an additional support to your recovery program. For all licensees, we want you to know that this July issue of the newsletter marks the first issue that does not have a new policy or staff announcement. It is just providing information to make your experience in the HPSP program successful.

We have been given permission to share the following with you from a licensee in the program. "I think this program is beneficial for people even without addiction issues. It keeps us accountable for both big and small concerns. It takes something to get us going and having this program motivates getting stubborn people like me in the program." It is our hope that in year 3 of the program our participating licensees will be able to take away something that makes them more successful in their healthcare profession.

Summer Reminders

Please give us two weeks notification when you are traveling and need a collection site. It can take time to contract with a collection site and train the collectors regarding the HPSP protocol. It is important that you take paper chain of custody forms with you when you travel, this will ensure a smoother collection process and eliminate the possibility of having a missed test due to lack of paper forms. Also have your wallet card to show the collector. If you need more chain of custody forms or a wallet card, please call us at 1.888.802.2843 and ask for Leah or Pam.

For Self-Referrals who referred to the program after 7/1/2010

ONLY: In July 1, 2010, the Advisory Committee required that HPSP conduct a criminal history check at the time of the annual review for all licensees who self-referred to the program

after 7/1/10. HPSP cannot initiate this process. The licensee has to obtain a copy of his/her fingerprints and send the prints to the Oregon state police. The cost is \$20 for the finger prints and \$38 which is paid to the state of Oregon for a copy of your criminal background report. This can be accomplished in one step by going to a state police station. If you go to a local police station, you need to send in your fingerprints to the state. If you go to a state police station for the fingerprinting, they will take care of mailing the fingerprints and charge you \$58 for the process. Licensees need to obtain a notarized copy of the report which must be mailed back to HPSP in the unopened envelope containing the report. You will be given full instructions on how to obtain your criminal history at the time of your annual review by your agreement monitor.

Second Notice

The Monitoring Entity known as Acumentra is no longer providing services to the state of Oregon. Effective July 1, 2012, there will be a change to the law governing HPSP: Acumentra will no longer be providing services as the monitoring entity for the Oregon Health Authority. This change does not impact licensees in any way. Acumentra was the "middle man" who sent non-compliance reports to the appropriate board. Now HPSP will send the non-compliance reports directly to the appropriate board. Self-referred licensees will not become known to the Board, unless the licensee receives a report of substantial non-compliance. Per the terms of the Release forms signed by each board referred licensee allowing communication with their licensing board and per the terms of the Consent to Release, Use and Exchange Information #2 for self-referrals, if there is an event of non-compliance, HPSP will report such event directly to their Board.

Professional Recovery Network-Support Group Meetings for Healthcare Professionals

The PRN program was established to aid all Healthcare professionals whose health or effectiveness has been adversely affected by chemical dependency. Healthcare peer support meetings are AA based support groups opened to all Healthcare professionals and hoping to establish more groups as the interest expands. For more information, please contact Edwin Schneider Rph, Professional Recovery Network, 15949 So Harding Rd., Oregon City, OR. 97045; www.pnforegon.org; email: edwins@pnforegon.org; cell: 971.563.3893; fax: 503.631.3942.

Meeting Locations/Times

- **Vancouver, WA**
Meetings are the last Tuesday of each month, 6:30PM at: Duck Tales Kitchen
612 N. Devine Road
Vancouver WA 98661
Contact Bob K: 360.909.1809
- **Salem, OR**
Meetings the 2nd & 4th Mondays of each month at 7:30 PM at Rich's house:
1585 Cherrybloom Ct SE
Salem, OR 97317
Contact John S: 503.349.7327 or Rich H: 503.569.1624
- **Clackamas, OR**
Meeting are the last Tuesday of each month, left as you enter the front door at: Elmer's, 16087 SE 82nd Dr
Clackamas, OR 97015
Exit 12a off I-205 next to Fred Meyer Clackamas
Contact Ed S: 971.563.3893
- **Klamath Falls, OR**
Contact Brad C.:
541.778.3561
- **Pendleton, OR**
Meetings are held monthly at various times
Contact Ken R: 541.310.9247
- **Bend, OR**
Contact Brandon T:
503.360.5817



HPSP: 888.802.2843
www.RBHHealthPro.com

Questions and Answers

1. Does the program have a psychiatrist who assists with licensees who have mental health issues?

Yes, the program has a psychiatric consultant, Dr. Joseph Autry, MD who has been with the HPSP program since the contract was awarded in 2010. Dr. Autry works closely with the HPSP Medical Director, Dr. Gregg, particularly if there are issues with licensees who have mental health problems. Dr. Autry reviews cases and provides recommendations. He does not speak directly with licensees but speaks directly with the licensee's mental health and/or treatment providers. Dr. Autry also is part of the HPSP Policy Advisory Committee which determines policy and procedures for HPSP.

Dr. Autry is a psychiatrist, a former member of the federal Senior Executive Service, and the Senior Medical Consultant and Interagency Coordinator for the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. For more than 25 years, Dr. Autry held key leadership positions in mental health and substance abuse research, policy, and administration and has also maintained a private psychiatric practice. He retired from federal service in April 2009 receiving commendation letters for his service from both the Secretary of the Department of Health and Human Services and the Secretary of the Department of Veterans Affairs. Following a psychiatric residency at the National Institute of Mental Health and St. Elizabeth's Hospital in Washington, D.C., Dr. Autry served as Lt. Commander, U.S. Navy, Chief of Psychiatry at the Naval Operations Base in Norfolk, Virginia and as Staff Psychiatrist at the Portsmouth Naval Hospital in Portsmouth, Virginia. He served as Psychiatric Consultant to several private and community mental health and substance abuse programs before coming to the Washington, D.C. area to join the National Institute of Mental Health.

Change Your Attitude to Accomplish More

When things go wrong, it doesn't have to ruin your day. In fact, with the right outlook, you can prevent many problems from ever happening.

When mistakes occur or something goes wrong, "remember that you're the person who controls your reactions," says Ed Foreman, a motivational speaker and president of Executive Development Systems in Dallas. "Don't let the weather, your spouse or your boss take that control away from you."

Choose to maintain a positive attitude. "Bring a proactive approach to situations, don't just react to things after they've happened," he says. "Decide how you would like them to turn out."

Set high expectations up front. "Instead of wondering what might go wrong, start looking for things to go right. Our thoughts are self-fulfilling, so chances are you will get the result you expect," says Mr. Foreman.

A positive outlook contributes to a less stressful, more healthful lifestyle, he says. Anger, fear and other stressful emotions are associated with many health problems, from depression to high blood pressure, heart disease and the common cold. But feeling good about yourself and others helps prevent mental anguish and physical problems.

Being upbeat also contributes to more pleasant personal relationships. "Take an honest look at your attitude, then ask yourself, 'Would I like to work with this person? Would I like being married to me?' If you answer no, it's time to change your attitude and behavior," says Mr. Foreman.



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- IDAA Annual Meeting 8/1-8/5/2012. Orlando, Fl. Hilton Hotel. For more information: <http://idaa.org/2012/>.

- Native American Rehabilitation Association (NARA) Third Annual Spirit of Giving Conference. July 29th-August 1. Red Lion Inn on the River, Jantzen Beach, Portland OR. NO FEE. Register online: naranw.wufoo.com/forms/nara-nw. Email: conference@naranorthwest.org. Call: 503.224.1044 x265.
- Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>.
- Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in partnership with Clinical Tools, Inc. For more information: <http://www.buppractice.com/>.
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HealthProCHOICES

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

August 2012

We are pleased to present the first newsletter article written by a participant in the program. We hope that this will be the first of many articles written by licensees, for licensees. The goal is to offer others what you have learned on how to get and stay in recovery. The purpose of the newsletter is to share information, be it information about the monitoring program or information on how to become or remain balanced in managing recovery, work and home. You can submit articles by sending them to your agreement monitor or send them directly to Dkaplan@reliantbh.com.

We want to thank the dentist who wrote the following for everyone.

When I entered into my rehabilitation program for alcoholism in January 2012, I was disgruntled to learn that it involved the AA 12 step program with all of its talk of God and meetings. "90 meetings in 90 days, I have no time for that!" I was sure my wife would not go for me taking our time to go to these hour long sessions involving a bunch of junkies and losers. Since I had already forked over a large sum of money for my 2 month stint in an "all inclusive rehab vacation", I figured I might as well give it a try.

I have since realized that I am one of those "losers" who lives for those AA meetings. These meetings provide me the foundation, strength, and fellowship I so need to focus me on my daily recovery program. Finding time for a meeting is a breeze. With so many meetings in my area there is no excuse and I can always find one that doesn't interfere with my family or career. My home group meets daily at 7 AM and it is only 3 blocks from my office. For a change of scenery I go to others on weekends and evenings. Whenever I'm out of town I've found meetings to be the most important as that is when I am sometimes on edge. I am never bored at an AA meeting as there is always something said that hits home with me. The meetings are sometimes solemn, sometimes full of laughter, always welcoming. I am averaging about 8 meetings a week now with no plans to taper off. I know darn well that I will never have this disease of alcoholism licked, and like any other chronic illness, maintenance is crucial to staying alive.

Website Improvements are Coming!

Perla Sloane, HPSP Administrative Manager and Agreement Monitor, will be updating the HPSP website. The site remains usable while under change. If you have some ideas of what you would like to see on the website, please email Perla at Psloane@reliantbh.com. Just a reminder to licensees, policies governing the HPSP program are posted on the website at www.rbhhealthpro.com. All past newsletters can also be found on the website. Past newsletters introduce the HPSP team and give explanations on policies and procedures.

Results of the Satisfaction Survey Year 2

Thank you to everyone who sent a survey back this past quarter. Licensees are surveyed quarterly and the participating boards, treatment providers, and Associations are surveyed twice a year.

The results of the year end survey indicate significant improvement in all the responding stakeholders' perception of the HPSP program. The return rate for the licensees and the participating boards was high at 30.2% and 62.5% respectively. For the licensees, the year 2 response rate at 27.6% shows an improvement from the total of 23% return rate for year 1. There was a lack of response from the treatment centers and the associations, even though contact with the Oregon Medical Association and the treatment centers had increased. There needs to be contact with the associations aligned with the other participating boards. Acumentra did not respond this past quarter but had responded to past surveys.

The responses from the licensees in their fourth quarter survey showed an improvement in all areas. Over 75% of licensees felt that they received timely responses to their questions and that their questions were clearly answered. The Agreement Monitors were seen as being important in the recovery process followed by the toxicology testing and the newsletter. Even the website was seen as helpful this quarter while in past surveys the website was viewed as unhelpful. There were still negative responses in the comments section of the survey, although this is the lowest rate of negative comments provided by licensees when compared to prior quarters. These comments are reviewed by the Reliant Quality Assurance committee and plans for improvement are formulated.

Overall 42% of the licensees rated the overall quality of the program above average or excellent, for year one only 26% gave the favorable rating.

There was a strong response rate from the participating boards and very helpful comments. The rate of response from employers was 13.7% as compared to a 7% response rate in year 1. The responses were positive for all question categories and showed an increase in positive responses from last quarter. There is also significant improvement in overall satisfaction with 67% rated above average or excellent in year 2 from 51% in year 1. The safe practice form was seen as an easy form to complete and submit.



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Mental Health Only Track

There has been ongoing concern voiced by licensees that the HPSP program does not provide for any program differentiation for licensees referred for mental health disorders only. While staying within the parameters of HB2345, we are in the process of developing a separate monitoring track for licensees who are referred for mental health reasons only, without any co-occurring substance use disorder. Currently, this track which has been approved by the HPSP Policy Advisory Committee composed of Drs. Gregg and Autry, Kate Manelis, Monitoring Manager, Karen Veteran, LMFT(WA) Agreement Monitor, and Dale Kaplan, LCSW-C(Maryland), MAC is in the trial stage. We will keep you updated as we move forward and obtain feedback to determine if the changes are helpful.

Looking at Happiness as a Choice

Are you a person who can act on tough questions? Questions like: What am I grateful for? What choices do I have? What actions can I take to improve my life? What are my primary strengths? How can I live a more balanced life? People who can act on these questions likely also describe themselves as happy.

"Happiness is neither a mood nor an emotion. Mood is a biochemical condition, and emotions are transitory feelings," says Dan Baker, Ph.D., director of the Life Enhancement Program at Canyon Ranch in Tucson, Ariz., and author of *What Happy People Know*. "Happiness is a way of life, an overriding outlook composed of qualities like love, optimism, courage and a sense of freedom. It's not something that changes every time your situation changes."

People often think happiness is something you're born with, but you can learn the qualities of happiness by mastering Dr. Baker's happiness tools described here.



Appreciation. This is the most fundamental tool. It is a form of love that asks for nothing and gives everything. "Taking time each day to appreciate what you have, to think about people who have made a difference, to acknowledge the love you have or have had. Each of these things can turn your attention to the good in your life," says Dr. Baker. "This process shifts your attention away from fear, which is often the basis of unhappiness."

Choice. Feeling like you have no choices or options in life is like being in jail. It leads to depression, anxiety and learned helplessness. "Unhappy people make the mistake of giving in to fear, which limits their perception of the choices they have," says Dr. Baker. "Happy people turn away from fear and find they have an array of choices they can make in almost every situation."

Personal Power. Personal power has two components: taking responsibility and taking action. It means realizing your life belongs to you and then doing something about it. "When you're secure in your personal power, it keeps you from becoming a victim," says Dr. Baker. "When you have it, you know you can handle whatever life dishes out."

Leading with Your Strengths. Focusing on your weaknesses reinforces unhappiness. By focusing on your strengths, you can solve problems and improve situations. "Building and broadening your talents and positive qualities feels good and improves your rate of success in every endeavor," says Dr. Baker. "People get energy from building on their successes, not fighting their failures."

Power of Language. You think in words, and those words have the power to limit you or set you free. Similarly, the stories you tell yourself about your life eventually become your life. "Self-talk is powerful, so it's important to choose your words carefully," says Dr. Baker. "If you use destructive or critical language, you'll push yourself deeper into fear. Even something as simple as calling an unexpected situation a possibility instead of a problem can change the way you look at it." A good rule to follow in self-talk is to talk to yourself the way you want others to talk to you.

Multidimensional Living. There are three primary components of life: relationships, health and purpose, or work. Many people, though, put all their energy into just one area. "But doing so never works," says Dr. Baker. "Happiness comes from living a full life."

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HealthProCHOICES

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September 2012

What Happens If I Have a Dilute or a Low Creatinine Specimen?

According to federal guidelines, a urine test is considered dilute if both the specific gravity and creatinine in the urine are low. In addition, some treatment programs, drug courts, and monitoring entities will also consider a specimen to be dilute if only the creatinine is low (but the specific gravity is normal). Some programs consider isolated low creatinine specimens or dilute specimens to be equivalent to positive toxicology tests.

HPSP does not consider all dilutes or low creatinines to be evidence of use, but we do take these tests quite seriously. The reason we take them so seriously is that a dilute urine specimen can potentially produce a falsely negative test if someone is using drugs or alcohol. Furthermore, if a participant is not using drugs or alcohol, repeated dilute urines can call otherwise negative results into question, thereby raising doubts about abstinence when none should exist.

Therefore, when participants in HPSP submit a urine sample, it is extremely important that the urine sample be relatively concentrated. You can help ensure that the sample is concentrated by: screening first thing in the morning, avoiding drinking water for 2 hours before screening, not taking prescribed diuretics until after screening, and avoiding caffeinated beverages, which act as diuretics, until after screening.

If you do have a dilute urine specimen, don't panic. The first time a participant in HPSP has a dilute specimen or low creatinine, he or she will be alerted to the problem and will be retested. If this occurs again, we will recommend that the participant receive a medical evaluation to determine if there is a medical reason for persistent dilutes. The specimen sample will also be tested to the limits of detection and the participant will be tested again. If, at these limits of detection, substances are detected, the participant may be asked to step down from work, will be required to undergo a third party evaluation, and will be reported non-compliant.

If no medical problem is found, and the dilute tests or the low creatinine specimens are negative on at least three occasions within one year when tested to the lowest level of detection, the participant's record will be reviewed for any other red flags and the participant may be asked to undergo a third party evaluation. If there are no other red flags, testing may resume as per normal. (For more complete details of our guidelines on dilutes and low creatinines, see following article.)

Please feel free to contact your agreement monitor or send an e-mail to hpsp@reliantbh.com if you have questions or concerns about these guidelines.

HPSP Guideline on Dilute and Low Creatinine Specimen Results

Guideline: The Health Professionals' Services Program (HPSP) will follow the standard established by the Federal Department of Transportation (DOT) for dilute specimens. The DOT defines a specimen as a dilute if the specimen has a creatinine of less than 20mg/dl and a specific gravity less than 1.003.

Most normal urine creatinine will fall within the range of normal with normal water consumption. Normal creatinine ranges for females are about 37-300 mg/dl and males 44 - 250 mg/dl. Normal Specific Gravity is 1.002 - 1.030. There are specimens that have a normal specific gravity but a creatinine level that is less than 20 mg/dl. This can be a normal physiological variant (if the creatinine is above 5) or may be due to attempts to dilute the urine. For the purposes of the Health Professionals Services Program, the following procedures should be followed in the case of a specimen with a creatinine result less than or equal to 15mg/dl referred to below as a "low creatinine". Lab results often report tests with abnormally low creatinines as having a "positive creatinine" but we are reserving the term positive for drug and ETG test result.

The following actions will be taken if a licensee has a dilute or a low creatinine specimen.

1. The first time the licensee has a dilute specimen or a low creatinine, the agreement monitor will contact the licensee and educate the licensee again regarding how to avoid having a dilute or low creatinine specimen. The licensee will be sent a letter with a copy of the Guidelines on dilute and low creatinine specimens and will be scheduled for another toxicology test within 24 hours from the date that the Health Professionals' Services Program received the dilute or low creatinine test result from the laboratory.
2. If a licensee has a second negative dilute specimen the following will occur:
 - a. This information will be shared with the licensee's treatment providers, and the HPSP medical director.
 - b. The specimen sample will be tested to the lowest level of detection for drugs and/or ETG. The medical director and the agreement monitor will determine what lowest level of detection tests will be run on the specimen. There will be an additional charge to the licensee for these tests. If there is detection of a drug of abuse, the licensee will be reported substantially non-compliant and may be required to have an evaluation by a third party evaluator.
 - c. The licensee will be recommended to have a medical evaluation to determine why s/he is producing dilute or low creatinine specimens.
 - d. Licensee will be scheduled for an additional test.
3. When testing to the LOD for ETG due to a dilute or low creatinine, the level will be corrected for the low creatinine and further action will be dependent on the ETG level. Action can be initiated on any level including a request for a third party evaluation and notification to licensee's providers. The result will NOT be reported as a positive test, regardless of level.
4. If there is a medical issue causing the dilute or low creatinine results, and if that medical issue cannot reasonably be resolved, this will be noted, and further dilute or low creatinine 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.
5. If no medical problem is found, and the dilute tests or the low creatinine specimens are negative on at least three occasions when tested to the lowest level of detection, the licensee's record will be reviewed for other behaviors that may indicate possible drug and/or alcohol use. Licensee may be required to have an increased testing schedule or a third party evaluation.



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6. If a licensee has a third dilute specimen within any one year time period, the specimen will be tested to the lowest level of detection and licensee will be required to have a medical evaluation to determine why s/he is producing dilute or low creatinine specimens.
7. If a licensee has a positive dilute or low creatinine specimen, the specimen is reported as a positive test by the Medical Review Officer and the licensee will be reported as substantially non-compliant to the licensee's Board.

Questions and Answers Regarding HPSP

If you have a question regarding the program, please contact your agreement monitor or send your question to hpsp@reliantbh.com or to Dkaplan@reliantbh.com.

1. I have been in the program for three years and have not had a non-compliance report. I don't understand why the rules are the same for me as they are for someone who is new. I've demonstrated accountability, responsibility, and compliance, and I feel like I should be able to have the restrictions loosened up a little bit. Why don't I get more privileges the longer I'm in monitoring?

Response: HPSP was designed as a way for healthcare professionals who have experienced a problem with a substance and/or a mental health disorder to retain their licenses and practice in their chosen profession. Many licensees give us feedback that the program feels like punishment. The HPSP program is structured as it is because the disorders that are monitored are typically chronic and reoccurring. Although there is a decrease in the frequency of testing as participants progress through the program, maintaining a high level of monitoring gives credibility and objective proof of continued recovery when HPSP reports compliance to credentialing organizations or healthcare settings.

2. I am planning to go out of town for vacation and do not qualify for an exemption. How do I get a collection site for my vacation locations?

Response: HPSP needs at a minimum a two week notice when you are traveling. You may request a vacation site by contacting your agreement monitor or sending an email to HPSP@reliantbh.com. In order to help us process your request please provide the following information: dates of travel and zip code of your location. You will receive an email or call with the collection site location, phone number, and hours of operation of the nearest collection site. You should call the collection site if you are scheduled to test to confirm the hours of operation. We recommend that you take your chain of custody forms with you even if you are told that the collection site is on e-chain.

3. I am a physician and I am required to attend group monitoring meetings for 2 years. Why do I need to go to these groups? It's not a therapy group and I already go to self-help meetings.

Response: The Oregon Medical Board has required that the HPSP program duplicate where possible the Health Professionals Program (HPP) that it replaced in July 2010. The HPP program offered not only a group experience for medical board licensees but required licensees to meet individually with a monitoring consultant. HPSP has continued both the group and individual monitoring services, often with the same consultants that provided services under HPP. The purpose of the leader facilitated group is to provide licensees in the program an opportunity to share how they are meeting their program requirements and offer each other support and hope. The group attendance is required of all OMB licensees with a substance abuse disorder. Licensees must attend at least 94 group meetings to meet the group meeting requirement for graduation from the program. We have heard from physicians that the group meetings have been a beneficial additional to their recovery program.

New Website Alternative to Check Need to Test

We have been asked repeatedly by licensees to have a web based alternative to the Interactive voice response system (IVR) to check if testing is required. We are happy to announce that we have been able to meet this request. You can now sign on to our new website: <https://www.rbhmonitoring.com/> to complete your daily testing call in. You log on using your account (case) number and PIN number. You may use the website or the IVR or you can use both methods if you want. The confirmation number you receive is the same regardless if you are using the web and/or the phone. Reports are still generated on a daily basis telling agreement monitors who failed to call the IVR or sign in to the website. You will still get an automated call following every missed contact.

Please let us know how this is working for you. We have had licensees using both systems for a couple weeks without any problems. Any questions please contact your agreement monitor, call 1-888-802-2843 and speak with a HPSP case coordinator, or email hpsp@reliantbh.com and a case coordinator will get back to you to answer questions.

New Service Offered by Reliant Behavioral Health

Over the past two and half years, we have been asked by licensees leaving the program and licensees who are not eligible for the program if we could offer monitoring services for them. The majority of these licensees wanted to have a record of their continuing compliance for credentialing committees or employers. If you know of someone who may be interested in this service, please have them contact Dale Kaplan directly at 503-802-9842. In order to be eligible for this program, the licensee cannot be under investigation by their licensing Board or appropriate to be a self-referral in the HPSP program. This is for licensees who have completed monitoring programs but still want to be monitored or licensees who have lost their license and want to have proof of continued sobriety in order to reapply for licensure.

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HealthProCHOICES

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October 2012

HPSP was able to publish our first article by a licensee in our August newsletter. We are fortunate that we have another brief article from a licensee who wanted to share thoughts with other participants upon her graduation. We want to thank this licensee for taking the time to share what she hopes may help another licensee. Please let your agreement monitor or Dale Kaplan know if you have something that you would like to share with others in the program. HPSP is an intensive program and there is much that licensees who have been in the program can share with others on how to move forward in recovery.

Thoughts Upon Graduation From A Licensee

As I get closer to my graduation from the program I am reflecting on my experience and what I have learned. I often remind myself what got me into this program. I was not using drugs to get "high" or to "party". I was using drugs in order to continue performing all the tasks that were expected of me. I was unable to place limits or ask for help. I think that most nurses will say that their addictions were not because they were out having a good time but that they were trying to cope with the expectations of life. As a mother, wife, income provider, friend, daughter, nurse and sister...I had many hats and the idea of letting anyone down, gave me anxiety. When I had to tell my family that I was using drugs..... they were stunned, they had never suspected this. To them my superwoman performance was normal. I was silently struggling. I was ashamed but, at the same time relieved that the people closest to me now knew I needed help not more to do. When I entered this program my second baby was 8 months old. I remember very clearly saying to my husband we have to wait to have another baby. I can't have a baby while in this program. He said no we are not changing the structure of our family because of this program. I agreed with a lot of fear. I also did not want the children to be 5 years apart. Had I not been in this program I would have never had the experience I did. I would have used every pain killer and epidural provided for fear of the pain. I realized during this labor that pain is not a feeling it's a perception and I remember very clearly in that 16 hours how I taught myself to perceive pain. I learned how strong and healthy I was. How blessed was I to be able to do this process with a clear mind and to not be numb to all the feelings that come with this experience. I have had many times when I have felt like this program was limiting my life or taking away from my life and family, not being able to go camping or on vacations.....every time I start thinking like that I come back to this. I have been clear minded and 100% present every day in my children's lives for 4 years, my marriage is better than its ever been because I am in my relationships, not standing on the outside struggling through interactions with others. This gets better. There is a way to do this and see the gift that it is. Some days it's easier than others. My heart goes out to all who are struggling with the program and their addictions.

Updated Information

Throughout the months, we have introduced the HPSP staff with a picture and brief paragraph about their experience and interests. Please see prior newsletters starting with May 2011 posted on the www.rbhhealthpro.com to read about each staff member. Listed below is a current staff roster with contact information. Just a reminder that you can request a collection site through email at hpsp@reliantbh.com or call 888-802-2843. When requesting a collection site, please give the dates of travel and the zip code of where you are staying. The Administrative staff is available to answer questions about the program, respond to requests for CCF forms or any other form that you may need. The administrative staff can also update your credit card or help you navigate the website.

HPSP Administrative Staff:

Tina Khalaf, Administrative Case Coordinator – tkhalaf@reliantbh.com • Veronica Vargas, MA, Assistant Case Coordinator - vvargas@reliantbh.com • Pam Aldersebaes, Assistant Case Coordinator - Pama@reliantbh.com. The administrative staff reports to Perla Sloane.

HPSP Medical Director and Program Manager:

Dr. Jessica Gregg, Medical Director - jgregg@reliantbh.com • Dale Kaplan, LCSW-C, (Maryland), MAC, HPSP Program Manager - dkaplan@reliantbh.com - 503-802-9842.

HPSP Agreement Monitors:

Lesley Burke, LPC, CADCI - lburke@reliantbh.com • Perla Sloane, LMSW, Administrative Manager - Psloane@reliantbh.com • Christa Lee, LGSW (Maryland) - clee@reliantbh.com • Rebecca Sinclair, MS, CEAP - rsinclair@reliantbh.com • Karen Veteran, LMFT (Washington) - kveteran@reliantbh.com • Kate Manelis, LMSW Monitoring Manager - kmanelis@reliantbh.com. The agreement monitors report to Kate Manelis.

If you have a concern about your monitoring agreement or your requirements or a question about the program, please contact Dale Kaplan. She is available to all licensees and wants to hear from you. The HPSP staff is committed to assisting licensees to successfully complete the program. The program is regulated by state statute and the administrative rules of the participating boards but within that framework, we hope to make this a positive recovery experience for licensees in the program.



HPSP: 888.802.2843
www.RBHHealthPro.com

Keeping Your Spirit Healthy

People talk about the importance of keeping their lives in balance. But when it comes down to it, few people really know how to achieve it. "When you're stressed, taking steps to strengthen your personal integrity can bring you back to a sense of balance that restores a sense of inner peace and harmony," says Brian Luke Seaward, Ph.D., author of *Quiet Mind, Fearless Heart*. "The human spirit is composed of free-flowing energy. But unresolved anger, fear and other negative emotions can choke the spirit by creating stress." According to Dr. Seaward, you can reduce stress by understanding the unique relationship that exists between less stress and more spirituality in your life. "For many people, spirituality has been the missing link in strengthening the mind-body-spirit continuum that's the basis of a healthy life," he says. "People who have healthy minds and bodies but still feel stressed or uneasy haven't satisfied their spiritual hunger because it can't be satisfied by material things."



The following strategies can help you change or modify behaviors that increase stress and replace them with behaviors that promote harmony.

Keep everything in perspective. When you're stressed by a particular event, it's easy to lose perspective, particularly of how good your life is overall. "When you find yourself focusing on the foreground of a problem or a crisis, take a step back and look at it in the context of the big picture of your life," says Dr. Seaward. "Doing so helps you realize that in many areas of your life things are going well."

Establish healthy boundaries. Boundaries let other people know how far they can go before they infringe on your personal integrity. Setting clear boundaries helps minimize misunderstandings between friends, family and coworkers.

Manage anger. Keep anger under control by changing your expectations. Many episodes of anger in day-to-day life are the result of unmet expectations. By lowering your expectations, especially about things you can't control, you can reduce angry and stressful responses. For instance, plan in advance to let go of things you know will drive you crazy, such as traffic delays.

Be thankful. Adopt an attitude of gratitude by directing your thoughts away from negative thought patterns that are common when you're stressed. "When you're feeling as if nothing is going right, stop and make a list of all the things you're grateful for or take for granted," says Dr. Seaward. "Start with simple things, like being able to see and breathe. Then move on to personal things, such as family members and your job. Don't stop until you reach 100 items."

Turn off the TV. Prolonged TV viewing increases stress because of violent or disturbing content and the constant visual stimulation.

Forgive others. Carrying the weight of a grudge becomes immobilizing over time. But when you forgive someone, you bring light into your heart and the whole world benefits.

Seize the day. Choose one of your unmet personal goals and map out a strategy to make it happen. Fill in the specifics, identify the resources you need and come up with an estimated completion date. "Human behavior is slow to change, but it can be done," says Dr. Seaward. "Start by selecting one strategy from those above and incorporate it into your life for several weeks. Then try another one for a while. Over time, you'll feel more whole and less stressed because you're consciously seeking balance in your life instead of imbalance."

New Website: An Easy Alternative to Learn If You Need to Test

Last month we introduced the web based alternative to the interactive voice response system (IVR) to check if testing is required. The feedback has been very positive. The site can be accessed from web-enabled mobile phones. You can now sign on to our new website: <https://www.rbhmonitoring.com/> to complete your daily testing check in. You log on using your account (case) number and PIN number. You may use either the website or the IVR or you can use both methods if you want. The confirmation number you receive is the same regardless if you are using the web and/or the phone. Reports are still generated on a daily basis telling agreement monitors who failed to call the IVR or sign in to the website. You will still get an automated call following every missed contact. Remember following your fourth missed call/website check-in within a 12 month period, you are scheduled for another test. If you are having problems remembering the daily check to see if you are scheduled to test, please tell your agreement monitor so you can brainstorm some ways to remember to make that call or check the web.

Upcoming Educational Programs and Updates

- Group Relations Conference: Authority and leadership in Recovery from Addiction. January 11-13, 2013. Loyola University, 1020 West Sheridan Road, Mundelein Center, Chicago, IL • Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>.
- Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in partnership with Clinical Tools, Inc. For more information: <http://www.buppractice.com/>.
- If you are unable to access the Interactive voice response system, please contact the HPSP Customer Service Center at 888-802-2843. The lines open at 7:00amPT and the CSR will be able to give you your testing information and a confirmation number.

HealthProCHOICES

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

November 2012

HPSP Website Information

There seems to be a bit of confusion about how to access the rbhmonitoring website (the alternative to the IVR). To access the site, the ENTIRE address must be entered (<https://www.rbhmonitoring.com/>). Many websites can be accessed by just typing in the main part of the name. For example, if you want to go to <http://www.google.com>, you can just type "google.com" into the browser and Google will come up automatically. Our IVR website does not work that way. We get questions as to why it must work this way. The answer is: most web servers default to <http://> as the lead for a web address. Non-secure web addresses, like Google or amazon, or most of the others we use, start with <http://> with no s. However, our test checking site is a SECURE site – like those you may use for banking. Thus, it starts with <https://> (note the s). If you don't type the <https://> your web browser defaults to <http://> - and that is not the path to our website.

More clarification: we now have TWO HPSP websites. One is an alternative to the IVR for checking to see if a test is scheduled, that site is <https://www.rbhmonitoring.com/>. The log in for this website is the ID number and the 4 digit PIN (identical to logging into the IVR on the phone). No special account set up or permissions are needed for this site. If the website is not working, we need to know about that immediately. You can call 888-802-2843 and let us know the problem.

We also have an HPSP website where licensees can access many of our guidelines and forms. This site also offers account log in access where financial account information and testing site information may be retrieved. This website is <http://www.rbhhealthpro.com/>. The log in for this website is the email address on file with us. The password is the customer ID number directly followed by the 4 digit PIN-twelve digit password. Access to this website DOES require a separate (manual) set-up. This should be done at the time of enrollment. Again please let us know if you have trouble accessing this website or your account.

The two websites are not related, and they perform very different functions. There is a link tab on each of the websites that will direct you to the other website – but again, they are separate sites and they do not communicate with each other (i.e. if you log into HealthPro, you will not be logged in to [rbhmonitoring.com](http://www.rbhmonitoring.com/)). If you are still confused call or email Dale Kaplan, LCSW-C(Maryland), MAC Program Manager, 503-802-9842 or dkaplan@reliantbh.com.

Holiday Hours at Reliant

Reliant will be closed Wednesday November 21 at noon, Thursday November 22 and Friday November 23. The office reopens on Monday November 26. Have a happy and safe holiday.

A Holiday Reminder

Please be sure to give HPSP at least 2 weeks' notice when you will need an alternate (vacation) testing site. This will help us make sure you get the most convenient sites possible.

Important Toxicology Information

HOLIDAY TESTING: If you are scheduled to test on Friday November 23 or Saturday November 24 and your collection site is closed, please leave a message for HPSP by calling either 1-888-802-2843 or your agreement monitor and report your site was closed. Once we confirm the closure, the test will be excused. We will also call you back on Monday November 26 following contact with the collection site.

1. In Portland we have a collection site which offers 24 hour collections except for Saturday when it closes at 4:30pm and does not re-open until Monday at 7:00am. If you want to be assigned to this collection site please notify your agreement monitor or send an email to hpsp@reliantbh.com. This site requires a paper chain of custody form and they will NOT alter a generic form. You need to have a chain of custody form in order to have a collection completed. When you show up for a test after business hours, you need to use the phone that is located by front entrance and ask security to let you in. There is no specific number that you need to dial, as soon as you lift the receiver security will pick up. The same rules apply for early morning testing (before 7am M-F and 8am on Saturdays).

LEGACY CENTRAL LAB:

503-413-5113
1225 NE 2nd Ave - 1st Floor Draw Station
Portland, OR 97232

2. To ensure a proper collection, please hand your wallet card to the collector immediately. The collection sites do not always remember to ask for the wallet card. This will make the process so much easier. If you don't have a wallet card please let your agreement monitor know or email us at hpsp@reliantbh.com and let us know you need a wallet card. One will be mailed to you within 2 business days.

3. **Reminder:** collections are to be observed by a same sex observer. On occasion we have allowed a monitored test where the collector has stationed her/himself outside the door of the stall. This should be the exception when you are giving a sample.



HPSP: 888.802.2843
www.RBHHealthPro.com

4. It is the responsibility of the licensee to know where your Saturday collection site is located. We are aware that some sites are very far from homes but there have not been nearer sites available which conduct observed collections. Please review your Saturday site location. If you have questions, please contact your agreement monitor. The good news is that collection sites change so if you are aware of potential collection site nearer to your location, call us and let us know and we will see if they are appropriate and will contract with Medtox.

5. Licensees are required to call the Interactive Voice Response system daily or check in daily on the website except Sunday and state holidays to learn if they are scheduled to test. There is a reminder call that you will receive the day after you miss checking in reminding you to call daily. After you have missed 4 calls within a twelve month period, you are automatically scheduled for an additional test after the 4th missed call and every missed call thereafter. If you fail to call and subsequently miss a scheduled test, you are reported as non-compliant to your licensing board. The Board reviews the reason given for failing to call in and the licensee's compliance record with HPSP. The Board then informs HPSP if the non-compliance report is excused or not. If the non-compliance report is not excused, the licensee needs to have 9 months of continuous compliance from the date of the missed test before s/he is eligible for exemption days.

Results of the HPSP Satisfaction Survey-Year 3 First Quarter

Thanks to all licensees who responded to the HPSP Satisfaction survey this past quarter. We sent out 341 surveys by email and USPS. We got 81 responses for a response rate of 25.8%. We heard from 37 licensees from the OMB, 33 from the OSBN, 7 from BOD and 2 from the BOP. Two licensees did not respond as to their Board.

Highlights: The results of this survey report were similar to the results from last quarter and the summary results from year two. Overall the responses to the program were positive. When thinking about their most recent call to RBH, 74.1% of respondents indicate that they "Agree" or "Strongly Agree" that their questions/concerns were responded to within 1 business day, with the majority of all respondents endorsing that they "Strongly Agree" with this item. This was the first time that "Strongly Agree" was the mode response for this item. 69.1% indicate that they "Agree" or "Strongly Agree" that information was communicated clearly and professionally; although this is a decrease from year 2's 76.6%, it is notable that, for the first time, the majority of all respondents indicated they "Strongly Agree" with this item. This appears to show increased polarization in feelings about the program, a trend that will be monitored in future surveys.

Agreement Monitors received strong ratings as they have in the past: 81.5% of respondents "Agree" or "Strongly Agree" that (his/her) Agreement Monitor is knowledgeable about (his/her) case. Similarly, 71.6% of respondents "Agree" or "Strongly Agree" that (his/her) needs and concerns are understood. In addition, the majority of all respondents on each item selected "Strongly Agree."

When rating how various components contribute towards the successful completion of the program, Agreement Monitor contacts, Newsletters, Toxicology testing and the Website were all most frequently rated as "Helpful." In addition, Medical Board licensees rated Individual Monitoring Consultants and Group Monitoring Consultants as "helpful" towards their successful completion of the program.

Overall, 43.2% of respondents rated the Program services as "Excellent" or "Above Average."

We received 33 comments and many of the comments can be responded to in the newsletter using a question and answer format. Due to space concerns, we will continue to respond to comments in a question and answer form in the December newsletter.

1. My agreement monitor does not return my calls in a timely manner? What can I do?

Response: Please contact a program manager. You can reach Dale Kaplan, LCSW-C (Maryland), MAC Program Manager at 503-802-9842 or Kate Manelis, LMSW Monitoring Manager 503-802-9843. Licensees should hear from their agreement monitor within 24 hours. Customer Service representatives are available to answer up to 7:00pmPT Monday-Friday. This is a quality assurance issue and a manager needs to hear from you if your agreement monitor is not returning calls.

2. Why did I get a warning message on the IVR line when my credit card expired? Why wasn't I called? It was a scary time because I thought I would be reported to my licensing board.

Response: There are so many credit cards that expire that we cannot make individual calls and the message is generic so that if there were another type of problem, we can use the same message. That being said 99% of the time the message is due to a financial matter (i.e. expired credit card, declined credit card, no response to a mailed or emailed invoice.) The message states: Please contact RBH Health Professionals' Services Program within 24 hours as you are not in compliance with your monitoring agreement. The HPSP phone number is 888-802-2843. Due to your comment, we are going to inform licensees about this message on the credit card form so they know that this warning is typically due to a financial matter.

3. Tell me more about the website.

Response: Please see item in this newsletter on the websites. The rbhhealthpro website offers you information on Guidelines (new term instead of Policies) for the program, and offers you a way to access your account information such as your testing sites and financial status. The website was updated over the summer and if you have not been on it, we recommend that you take a look. It is easy to navigate and use.

4. Since the monitoring groups for OMB licensees are not therapeutic, I am not sure how to get value from the weekly meetings or I need a better understanding of the purpose of the groups.

Response: The purpose of the weekly monitoring groups for OMB licensees is to provide an environment where peers can support other peers as to how to successfully meet the monitoring requirements of the program and problem solve how to balance recovery with the demands and stressors of everyday life. These groups can be used as a supportive tool and since they are mandatory, each group participant should assume the responsibility of sharing your concerns if your group is not being a support with the group members, the group leader or your agreement monitor. There is fact sheet on both the monitoring group and the role of the Periodic Monitoring Consultants which is now given to all new OMB enrollees.

5. The Program seems so bureaucratic with emphasis on following requirements and little emphasis on rehabilitation. Please help me to understand the purpose of the program.

Response: This is a key question that comes up frequently. HPSP by statute may not provide treatment. The program is charged with protecting public safety while helping licensees with substance abuse and mental health issues continue their professional careers. This is done in two ways: HPSP implements the broad program requirements as established by the State and the participating boards and also acts as an information hub so that information from the licensees, providers, employers, and participating boards is shared in a manner that supports the licensee while ensuring public safety. We depend on third party evaluators to determine appropriate treatment plans and treatment professionals to provide the therapeutic interventions.

Holiday Triggers

It's November and retailers are busy "decking the halls" with holiday decorations and gift ideas. While planning upcoming family gatherings, battling crowded shopping malls, and attending holiday social events, it is not a joyous time for some people. It can be an extremely stressful season for a loved one in recovery from an addiction.

For those in recovery, COPAC recommends planning for the holidays well in advance to help avoid relapse.

People, Places or Things:

- Avoid your personal triggers. If certain people may trigger any anger or negative emotion, avoid that interaction.
- Avoid people who use.
- Avoid your old places, such as bars or clubs.
- Avoid things that create temptation.



First Holiday Sober:

- Those loved ones about to experience a first holiday season of sobriety may be especially dreading this time with family and friends. Discuss this with your:
 - counselor
 - therapist
 - 12 step sponsor
 - or in group meetings.
- Those with a longer period of sobriety may be a good sounding board for you.

Social Situations:

- If holiday parties and gatherings are going to place you in an environment with drugs and alcohol, it's okay to decline the party invitation or leave a party early.

Make Recovery a Priority:

- Take care of yourself by:
 - resting
 - eating right
 - continuing to exercise
 - attending group meetings
 - staying in touch with your sponsor.

Use the Holiday Season:

- Remind yourself of:
 - the gifts you have been given in life (gratitude)
 - while looking for opportunities to help others (service work).

Upcoming Educational Programs and Updates

- Group Relations Conference: Authority and leadership in Recovery from Addiction. January 11-13, 2013. Loyola University. 1020 West Sheridan Road, Mundelein Center, Chicago, IL • Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>.
- If you are unable to access the Interactive voice response system, please contact the HPSP Customer Service Center at 888-802-2843. The lines open at 7:00amPT and the CSR will be able to give you your testing information and a confirmation number.
- Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in partnership with Clinical Tools, Inc. For more information: <http://www.buppractice.com/>.

HealthProCHOICES

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

December 2012

A Holiday Greeting to Licensees

At HPSP, we recognize that our program is quite stringent and that we ask our participants to adhere to multiple requirements in order to remain in compliance. This last year, we have tried to facilitate adherence by, among other things, improving our website, introducing online check-in to determine testing status, and continuing to update program guidelines in order to increase our transparency and consistency. Our goal is to offer you, as healthcare professionals, the opportunity to continue in your professions while maintaining public safety. With recognition of your hard work over the last year, we wish you increased success and health and happiness for 2013.

Holiday Hours at Reliant

RBH will be closed on Monday December 24 and Tuesday December 25 and will re-open on Wednesday December 26. Reliant will be closed on Tuesday January 1 and will re-open on Wednesday January 2, 2013.

Holiday Testing

Licensees do not have to call to determine tests scheduled on Tuesday December 25 and Tuesday January 1. If you are scheduled to test during the holiday week and your collection site is closed, please leave a message for HPSP by calling either 1-888-802-2843 or your agreement monitor and report your site was closed. Once we confirm the closure, the test will be excused. We will also call you back on the next business day following contact with the collection site.

If you had been testing at Tier 1 which is no longer an approved site, you have been reassigned to a new collection site. Please be sure to take your wallet card with you so that the collector has the collection information. This will make the collection process easier and quicker. If you are having a problem at your new collection site, please notify HPSP at 888-802-2843 and ask to speak with Tina or Pam. For any ongoing concerns, please contact Dale Kaplan at dkaplan@reliantbh.com or 503-802-9842.

Reflections from a Licensee

A fellow AA member spoke the other day about that which could have a profound effect on my life some years down the road for me. He talked about the amazing feelings he had his first two years of sobriety, call it a "pink cloud" if you will, and how an emotional relapse hit him in in the next few years to come. He eventually worked through it and is now 10 years into recovery. He described me exactly as I am in my almost 1 year of sobriety; that fantastic "pink cloud" feeling I'm riding as I relish all the spiritual, emotional and physical gifts I am receiving. His talk gave me the acute awareness I need to understand and prepare for the changes that the future holds for me in my recovery.

The point I am making here is that was one example of how in every AA meeting I have attended I have gotten something out of it. In this case it was something very profound and important to me. In others it might be something simple. Most meetings I attend can be full of great sharing and inspiration. Others might drone on without a lot of good topic, but even those there always seems to be that one person who says that one little nugget that I needed to hear to get me through the next 24 hours, or as in the case I described, the years to come.

I did not want to be part of AA when I first went into treatment let alone have to attend a bunch of meetings. But I stayed open and willing and have found them to be an indispensable part of my life. Each one manages to give me a boost, a bit of knowledge, or the fellowship I need to continue this lifelong journey of recovery.

Health Professionals' Services Program and State of WA Decision on Recreational Marijuana

Recently the state of Washington passed an initiative legalizing recreational use of marijuana. In response to state initiatives, the Department of Transportation (DOT) Office of Drug and Alcohol Policy and Compliance published the following Notice: We want to make it perfectly clear that the state initiatives will have no bearing on the Department of Transportation's regulated drug testing program. The Department of Transportation's Drug and Alcohol Testing Regulation - 49 CFR Part 40 - does not authorize the use of Schedule I drugs, including marijuana, for any reason.

The Advisory Committee has determined that the HPSP program will follow the DOT program and that the state initiatives will have no bearing on the HPSP drug testing program. The use of marijuana will be considered non-compliance and a positive toxicology test for marijuana will result in a report of non-compliance to the appropriate licensing board.



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Comments from Licensee Satisfaction Survey First Quarter Year 3

Reminder: we reported that we would continue to respond to licensee comments in a question and answer format in the December newsletter.

1. Please help me to understand how this program is individualized. I feel that everyone has the same requirements.

Response: The program has some requirements that are standard for all participants and some that are individually tailored. For instance, the minimum number of urine toxicology screens in the first two years and regular contact with agreement monitors are required of all licensees. Other requirements are determined when a participant has a third party evaluation prior to entrance to the program. The recommendations from this evaluation provide the individual treatment plan for each participant.

2. Why are monthly workplace reports necessary beyond two years if a licensee is compliant?

Response: The monthly report allows the program to intervene early and quickly if there is a problem and to avoid a potential emergency situation in the future. The monthly workplace report also is a strong indicator of someone's ability to be safe in the workplace when credentialing committees and insurance companies want compliance information.

3. When I was in treatment the cost of my toxicology test was much less than I am paying currently. Why is that?

Response: There are several differences which account for the cost differences between a clinic test and the testing conducted by the monitoring programs. Some of the reasons for the increased cost include: the collections and testing are done in accordance with the department of Transportation regulations; the collections have to be observed; the panels include many more drugs than just illegal drugs; ETG/ETS testing is included in the majority of our current panels; all non-negative tests have a confirmation test conducted, and all non-negative tests are reviewed by a medical review officer. These actually protect the licensee from errors in the testing process.

4. How does this program address the needs of licensees who have mental health disorders?

Response: Initially there was no differentiation between the licensees who had mental health disorders without a concomitant substance use disorder. After hearing feedback from licensees, HPSP staff developed a mental health track. The challenge was to be in compliance with the Statute and administrative rules while better meeting the needs of the licensees. The following is now available to mental health licensees:

- a. Licensees have the option to be called by their agreement monitor when they have to test rather than use either the IVR or the website.
- b. Licensees do not have to have a Periodic Monitoring Consultant. The agreement monitor will work with the licensee's primary therapist in terms of compliance.
- c. Licensees will have telephonic contact with their agreement monitors for the first three months in the program.
- d. The treatment providers will give feedback to the agreement monitors in order to determine if social drinking should be allowed for licensee after 6 months in the program.
- e. The licensee is required to test a minimum of 6 times during the first 6 months of testing. Abstinence is the required for the first 6 months of the program.

5. Although I pay for the toxicology testing, I am not able to obtain the test results. Who is able to obtain the results?

Response: Licensees are able to obtain a letter from HPSP stating the number of tests taken and the date and results of the testing. The actual testing report which list the various drugs tested for is shared with treatment providers upon request and with a signed release from the licensee.

6. The monitoring group is not helpful to me. It is difficult to have a positive recovery discussion because members are focused on how they are being mistreated by HPSP or their licensing board.

Response: Please share with your group monitor and your agreement monitor what you are experiencing in group. The group experience is to be a support in the recovery process. If it is not providing support, please share that with someone. It may be helpful to discuss with the group how the negativity is impacting your recovery. We are appreciative that you took the risk to bring this issue to our attention through the licensee survey. Please take the next step to bring this issue forward and let someone know directly what you are experiencing. Thank you.

A Guide to Holiday Survival

For many, the holidays are a time to share in the joy of family traditions and create new special memories. But for some, these expectations can make holidays stressful, especially for those that feel disconnected from family or friends, those that feel alone, or those that may be suffering from seasonal affective disorder. Regardless of your situation, some degree of stress and tension around the holidays should be expected. Consider some of these suggestions to help prepare you for this busy time of year and make the holidays a special time in your own way.

Create Your Own Traditions

The holidays are directly connected to the traditions of the past. When those traditions are additionally connected to painful or troubling memories, it's time to create healthy traditions of your own. Think of new events you can participate in on your own or invite new people to join you in an old tradition. Make a point to keep your new traditions alive each year and they will start to add happy memories to your holiday spirit.

Be a Participant

Sometimes what you need are good friends around you. Look for opportunities to get involved in holiday activities that get you out having fun with friends and family. Attend parties, invite friends to local activities, or even take a trip to some regional event. A little holiday spirit can go a long way.

Ask for Others to Chip In

Just because you are hosting the holiday event does not mean everyone else gets to sit back and do nothing. Remember, the true meaning of holidays often comes down to sharing the holiday experience with the ones you love and feeling thankful and blessed. Welcome everyone to share his or her favorite recipe or bring a game that helps unite everyone. Getting together on a holiday because of tradition is one thing, but joining families and creating new memories and traditions will bring you closer and make the time you spend together more meaningful.

Keep Your Life in Focus

It can be easy to focus on what you don't have, and not what you do have, during the holidays. Make a point to celebrate the good things in your life. Contact your friends and remind them of how much you value their friendship and support. Another great way to remind yourself of how fortunate you are is to volunteer at a local charity or food kitchen to help others and give back to your community.

Be Willing to Get Help

The holiday blues can be difficult to manage for anyone, but for some, they can be especially limiting and inhibit your ability to function regularly. If you need help, talk to someone – a friend, a loved one, or a trained counselor. Talking about how you're feeling and what triggers those feelings can teach you new ways to cope and can help keep your holiday blues at bay.



Upcoming Educational Programs and Updates

- Group Relations Conference: Authority and leadership in Recovery from Addiction. January 11-13, 2013. Loyola University. 1020 West Sheridan Road, Mundelein Center, Chicago, IL.
- Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>.
- Educational Resource: 34th Annual Training Institute Behavioral Health and Addictive Disorders, 2/11-2/14/12, Clearwater, FL.
- Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in partnership with Clinical Tools, Inc. For more information: <http://www.buppractice.com/>.
- Counseling Advances Conference Impact of Trauma, Addiction and Attachment on the Self and Family March 13-15 2013, Las Vegas NV.
- If you are unable to access the Interactive voice response system, please contact the HPSP Customer Service Center at 888-802-2843. The lines open at 7:00amPT and the CSR will be able to give you your testing information and a confirmation number.