

OSH Recovery Times

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New superintendent ready to face challenges

The new superintendent of Oregon State Hospital is Roy Orr, former CEO of McKenzie-Willamette Medical Center in Springfield.

In his new role, Orr will help guide the state's multi-million-dollar psychiatric hospital replacement project, oversee improvements in patient care and operating systems within the hospital, and play a key role in the development of a new statewide continuum-of-care network for treating individuals with mental illness.

"There are some fascinating things that are in the hopper now, and they're not just being talked about – they're being funded by the Legislature," said Orr. "I really do feel like the assets are in place. It's a question of knitting them together."

As superintendent, Orr will be responsible for planning, developing and directing the clinical inpatient programs at OSH, which currently serves approximately 600 patients at its Salem and Portland locations.

"The challenges before the Oregon State Hospital are many and well-reported," said Orr. "What may be less well-known is the resolve with which the state of Oregon, at all levels, has committed to becoming a national leader in providing effective, evidence-based mental health services."

Orr, who was selected after a five-month national search, is looking forward to the opportunity to lead improvements in patient care and conditions at the hospital.

"The biggest challenge probably has to do with some of the recent surveys and the fact that there's already a clock ticking on the remediation of the findings," said Orr. "But I am confident that with the hospital managers and staff we

can create a better future for our patients. I am honored to play a role in this important transformation."

Orr brings more than 30 years of experience in a variety of acute care hospital settings throughout the country. Prior to his 15 years as President and Chief Executive Officer of McKenzie-Willamette, Orr helped lead St. Elizabeth Hospital in Beaumont, Texas; Bergan Mercy Medical Center in Omaha, Neb.; and Immanuel

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OSH Recovery Times is edited by Jeffrey Jessel. You can contact Jeffrey at 503-945-2892 with questions, comments or suggestions.

Metabolic Syndrome: Are you at risk?

By Sami Von Weller RD, LD, Chief Clinical Dietitian OSH

According to a national health survey, more than one in five Americans may have Metabolic Syndrome. In most cases, the cause can be traced to poor eating habits and a sedentary lifestyle. Those with Metabolic Syndrome are at increased risk of developing cardiovascular disease, stroke and/or type 2 diabetes. Women with Metabolic Syndrome have a higher risk for polycystic ovarian syndrome, and men have a higher risk for prostate cancer.

When the digestive system breaks down the foods you eat, the glucose is absorbed and carried in the blood. Insulin is a hormone that allows glucose to move from the blood into cells and be used for energy. Insulin also tells the liver to both store excess glucose as glycogen (short-term energy for between meals) and to convert it to fatty acids to be stored as either body fat (adipose tissue) or triglycerides (fats in the blood).

For practical purposes, the terms Metabolic Syndrome, pre-diabetes and insulin resistance can be used interchangeably. For most people, developing Metabolic Syndrome starts with a high glycemic load diet (high in refined sugars and carbohydrates), which is low in necessary vitamins and minerals, a sedentary lifestyle, frequent snacks and just a bit of weight gain.

With insulin resistance there is a decrease in the number of insulin receptor sites on the cell. This protects the cell from too much glucose entering the cell. More and more insulin is produced (hyperinsulinemia) to try and clear the glucose from the blood.

Both high blood glucose and high insulin levels have a detrimental affect on the lining of the arteries, and contributes to the development of plaque on the artery walls. To protect the arteries, once cells have the maximum amount of glucose the remainder is converted to fatty acids. The fatty acids are stored as

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Medical Center, also in Omaha. He has been a member of a number of boards including United Way of Lane County, McKenzie-Willamette Hospital Foundation, the Springfield Chamber of Commerce, Lane Metro Partnership, and the Oregon Association of Hospitals and Health Systems.

Orr is a member of the American College of Healthcare Executives and holds a Masters

Degree from the McLaren School of Business at the University of San Francisco. "We are very excited to bring a person of Mr. Orr's expertise in hospital management into this key leadership role," said Bob Nikkel, DHS' AMH assistant director. "In particular, his background in occupational therapy gives him a full appreciation of our movement toward rehabilitation, recovery and evidence-based practices."

Orr, who began work here on Feb. 25, envisions being superintendent long enough to see both the Salem and Junction City hospitals open.

"In my own heart and mind, my own commitment is certainly through the establishment not only of the new facility in Salem but even the second facility in Junction City," he said.

“METABOLIC SYNDROME” continued from page 2...

both body fat (adipose tissue, stored mostly around the waist) and “bad” cholesterol (VLDL, LDL, and triglycerides) with a subsequent decrease in “good” cholesterol (HDL). HDL protects the arteries and can even reverse the build up of fatty plaques in the arteries. Hyperinsulinemia also increases blood pressure by constricting blood vessels and increasing retention of sodium. as both body fat (adipose tissue, stored mostly around the waist) and “bad” cholesterol (VLDL, LDL, and triglycerides) with a subsequent decrease in “good” cholesterol (HDL).

If you have three or more of the following symptoms, you have Metabolic Syndrome:

Abdominal Obesity: Waist Circumference Men >40” • Women >35”

Elevated Blood Pressure: >130/85 mm/Hg or if receiving treatment for hypertension

Elevated Triglycerides: >150 mg/dl or if receiving treatment for high triglycerides

Low HDL: Men <40 mg/dl • Women <50 mg/dl

Elevated Fasting Glucose: >110 mg/dl or if receiving treatment for high blood sugar

Preventing or reversing Metabolic Syndrome

Exercise: 30-60 minutes (or more) of moderate-intensity exercise every day. Exercise may decrease risk for heart disease even without weight loss. In addition to keeping weight under control, exercise lowers blood sugar, increases the number of insulin receptor sites on your cells, increases HDL (good cholesterol), improves circulation and releases positive endorphins to boost your mood.

Lose weight: A 10 percent weight loss can reduce insulin levels, blood pressure, and decrease risk of heart disease and diabetes.

Eat a healthy diet: Maintain a diet that keeps carbohydrates to no more than 50 percent of total calories. Eat complex carbohydrates such as whole grain bread and brown rice. Decrease refined carbohydrates as found in white rice, white bread, sugar, cookies and candy. Eat whole fruit and limit fruit juice. Increase the total fiber in your diet to 30-40 grams/day with legumes, whole grains, fruits and vegetables. Avoid unhealthy fats such as those found in fatty meats, fried, processed/fast foods. Include good fats from olive oil, flaxseed oil, nuts and avocados.

Don't eat between meals: Constant snacking results in hyperinsulinemia and decreased insulin receptors.

Don't Smoke: Smoking increases insulin resistance.

OSH Foundation holds spring sale

By Jeff Jessel

The OSH Foundation will hold its annual spring sale April 1-4.

The sale will be held in the Sip'n Safari Café in building 35 and will be open to OSH staff and patients from 9:00 am until 4:00 pm each day of the sale.

OSH Foundation members will operate the fundraiser and be available to answer any questions regarding the Foundation.

The sale proceeds will go toward the direct benefit of OSH patients and programs through the Foundation's grant process.

This year's sale will include hats, shirts, sweat shirts, tote bags, quilts, greeting cards, jewelry, watches, stuffed animals, books, bibs, scarves, clocks, radios, CD players, cosmetics and more.

The sale items will be new, used and hand crafted. Stop on by and check it out! Your support is appreciated.

Demystifying EBP Legislation - (Senate Bill 267)

By EBP Steering Committee

MYTH: You must implement only practices on the AMH EBP approved list.

FACT: Your program can implement any practice that fits your population. AMH encourages each program to implement some of the practices on the AMH approved list, however, understands that some practices do not have the funding or political support necessary to garner the amount of research or published articles to be on the AMH approved list. In addition, before practices become EBP they are promising practices. The important thing is that the practices are producing positive outcomes.

MYTH: Each agency must reach the legislative percentage goals for each biennium. (2007=25 percent; 2009=50 percent; 2011=75 percent)

FACT: The percentage goals set by the legislature are a total percentage for all state funded mental health, addiction treatment and prevention

programs. Each agency does not need to reach the percentage goal for that biennium. Some agencies will be higher than the goal and some will be lower.

MYTH: The AMH Evidence Based Practices approved list is 100 percent comprehensive, culturally competent and contains culturally validated programs.

FACT: AMH understands that the EBP definition and framework for measuring the adoption of EBP places some population groups, such as the Native Americans, at a disadvantage. Native American programs are small and few researchers have focused on evaluating culturally specific practices. The position of AMH is to have Native American and other specific population's researchers and providers design and develop a framework for evaluating and disseminating effective practices in the context of their values and culture.

MYTH: Many of the curricula that are implemented within correctional treatment programs

are not included on the AMH approved list, so they do not count toward the percentage of EBP implemented.

FACT: Clinical techniques and treatment interventions that are mostly commonly included in programs that reduce criminal recidivism are manuals and products based on cognitive behavioral therapy, motivational interviewing, relapse prevention, individual drug counseling approach, solution focused/brief therapy and supportive housing. All of these interventions have been evaluated and found to be effective and do appear on the AMH list of evidence-based practices. These practices found within manuals and products can be counted towards the percentage of EBP implemented.

If you have questions regarding evidence-based practices, contact Shawn Clark, AMH EBP Manger, at (503) 945-9720 or Shawn.Clark@state.or.us or Greta Coe, Resource and Technical Assistance Coordinator, at (503) 945-6187 or greta.l.coe@state.or.us

OSH Holiday Meals

St. Patrick's Day: On Monday, March 17th OSH Food and Nutrition Services served the following special lunch meal to the patients: Glazed Corned Beef, Carrots, Onions and Cabbage, Colcannon Potatoes, and Apple Chocolate Mint Brownie

Easter: On Sunday, March 30th, OSH Food and Nutrition Services will be serving the following special lunch meal to patients for Easter: Spiral Ham, Golden Potatoes, Asparagus, Dinner Rolls, and Easter candy

DMV tightens ID requirements for driver licenses and ID cards

Distributed by the Oregon Department of Transportation

Oregon DMV is tightening the rules governing the issuance of driver licenses, instruction permits and identification cards as of Feb. 4, 2008. Under the new rules, when a customer comes to a DMV field office to apply for a first-time, renewal or replacement card, DMV will electronically verify the Social Security number provided by the customer.

“Current driver license and ID card holders don’t need to do anything until their card expires,” DMV Administrator Tom McClellan said. “Starting Feb. 4, the new rules will apply when each customer applies for driving privileges or an ID card for the first time, or when each current card holder renews an existing card or replaces a lost one.”

Applicants whose SSNs can be verified will then need to present DMV with at least one other ID document from a new list of acceptable documents adopted by the Oregon Transportation Commission. Those documents may include the customer’s expiring Oregon driver license, a valid driver license from the customer’s prior home state, a U.S. or Canadian birth certificate, or a U.S. passport that is not expired more than five years. In addition to these ID requirements, applicants must

provide DMV with proof of date of birth and of residence in Oregon, and they must pass tests to qualify for driving privileges. Applicants whose SSNs cannot be verified at DMV will need to resolve the problem with the Social Security Administration before DMV can complete the customer’s application. There are several reasons why an SSN cannot be verified, such as a name change or a discrepancy in a name’s spelling or a person’s date of birth between DMV records and Social Security records.

Under the new rules, Oregonians who do not have an SSN may still apply for driving privileges or an ID card. These applicants must sign a statement that they never have been assigned an SSN, and they must provide DMV with at least one document from a list of types of U.S.-issued identification. These include a U.S. passport that is unexpired or is expired no more than five years, an immigrant visa issued by the U.S. State Department, or a valid foreign passport with unexpired U.S. Department of Homeland Security documentation.

Oregon has revised its driver license and ID card issuance rules as a result of Gov. Ted Kulongoski’s Executive Order No. 07-22 on Nov. 16, 2007. The order directed DMV to tighten ID requirements as quickly as possible in order to

reduce fraud by bringing Oregon’s requirements in line with national standards that are followed by most states. Nearly all other states verify drivers’ SSNs, whereas Oregon has been verifying only those of commercial drivers. The new rules deal only with ID requirements and do not address broader debates about whether Oregon should require proof of U.S. citizenship or legal immigration status, whether a license’s expiration date should be tied to a visa expiration date, or many other requirements proposed under the federal Real ID Act. Oregon has not made a decision about whether to comply with the Real ID Act.

“This change does not make the Oregon driver license or ID card proof of citizenship or legal immigration status, proof of entitlement to government benefits or proof of eligibility to vote,” McClellan said. “Those things will continue to have their own eligibility standards.”

BHIP requirements - what do you need?

With the help of many at the hospital over the last year, we have gathered most of the core system requirements. Now we need to know what is really important to you.

**“BHIP REQUIREMENTS”
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OSH Staff Support the Food Drive Campaign

By Jeff Jessel

During the entire month of February the employees at the Oregon State Hospital, once again, pulled together to support the local Food Bank. The Governor's State Employees Food Drive campaign was a huge success across the state, especially here in Salem. Local hungry Oregonians will greatly benefit from the overwhelming kindness and generosity of OSH staff.

This year OSH raised \$13,424.00 or the equivalent of 67,120 pounds of food for the Food Bank. Contributions were made in the form of money, food donations, payroll deductions and fundraiser participation. The OSH employees that stepped up to facilitate and/or coordinate donations and fundraising events were; Casey Wenger, Derek Wehr, Brenda Ross, Janet Opdahl, Monte Rice, Kathy Kuntz, Trish Sells, Linda Marshall, Adina Canales, Lesley Conahan, Cindy Rochetto, Davita Wright, Lawana Church, Gloria Blair, Sandy Brinlee, Donna Halverson, Joanna Lehman, Cameron Haerer, Marie Smith, Stacey Erland and Whitney Davis.

There were many additional employees that worked and operated these events. A big thanks, to all of you for a job well done. OSH's substantial contribution to the Food Bank this year is due in large part to their hard work and effort. Thanks also go to Gary Sjolander for picking up and hauling the 1,000 pounds of donated food to Marion-Polk Food Share and Derek Wehr for assisting with administrative tasks.

This year the food drive campaign at OSH included a variety of bake sales, several silent auctions, a book sale, a variety of luncheons & feeds, a chili cook-off contest, happy grams, and a variety of games. This year's campaign also included a "challenge" competition for the department or program that could raise the most money for the benefit. The challenge winners...the Admin Building #29...their team raised close to \$4,000.00. Their prize was a pizza feed donated by Geppetto's Italian Restaurant of Salem.

It was truly awesome to see the outstanding support and participation of OSH staff during the food drive. The donations and contributions of time, money, food, event supplies and auction items were awesome and made the difference. On behalf of the hungry people of Oregon, thank you for all of your support.

"BHIP REQUIREMENTS" continued from page 5...

We will use your ideas and concerns during the next phase of the project: prioritization of system requirements.

Beginning in March, BHIP team members will be visiting the campuses to learn more about the day-to-day work staff do. We want to ensure the BHIP solution will meet your needs.

Although you will be seeing a lot of the BHIP team in the coming months, don't wait for us if you have a great idea, suggestion or concern. You can email us (**Project, BHIP** in GroupWise) and there will also be suggestion boxes going up soon (right next to the BHIP posters).

One of our major goals is designing a system that showcases the great work you do. The BHIP team's goal is a computer system that empowers its users, supports a modern recovery philosophy and improves care by providing state-of-the-art tools and supports. But we need your input and your ideas to reach the goal of a perfect 10.

We look forward to meeting with you and learning from you. As always, we welcome and appreciate your feedback. If you would like more information about BHIP, visit our **Web site at www.oregon.gov/DHS/HRP/b-hip.shtml**.

“Tis foolish to fear what you cannot avoid.” ~ Publilius Syrus (circa 85 - 43 BC writer of maxims)

By Christopher Wilson

Are you or one of your employees or co-workers having trouble with computers? Are you uncomfortable using computers, GroupWise, or other software applications? Are you having trouble with the continuous requirements for trainings and DHS policies which are only available online?

If you answered yes to one or more of these questions, then we may have the answer within the Education and Development Department at OSH. Beginning in March we will be rolling out a training opportunity titled “OSH Computer Basics.”

The target audience for this training will be Oregon State Hospital employees who need to learn the basics of using computers within our work as state employees.

We will cover file management, GroupWise essentials, basic use of Microsoft Word, using the DHS Web site, DHS Learning Center basics, DHS Information Technology policies and procedures

There will be two four-hour classes a week and they will run for three months. There will be room for 10 students per class.

March Classes will be targeted at Day Shift from 8:00 am-12 pm on these dates: March 4, 7, 11, 14, 17, 19, 24, 28

April Classes will be targeted at Swing Shift from 1:00 pm-5:00 pm on these dates: April 1, 3, 8, 9, 14, 16, 21, 24

May Classes will be targeted at Night Shift from 2:30 am-6:30 am on these dates: May 6, 8, 13, 15, 20, 22, 28, 29

This training is for all employees of all disciplines. Currently we have no plans for classes in Portland because we do not have computer lab space; however, Portland employees who need this training are encouraged to participate in the Salem classes.

To register for OSH computer basics you must have your supervisor email or call Diana Marshall or Patsy Kuust in the EDD main office.

At least a week before the training, please make sure you have a valid network sign in or you cannot attend the class. You have to do this approximately a week before the class because if you request a password re-set too soon, your temporary password will expire before the class starts. If you have any questions about network sign-in, contact the DHS ServiceDesk: 503-945-5623.

Again, this is your chance to get up to speed on basic computer and technology skills. This will be one of the last chances that EDD will be able to facilitate a basic computer skills training for a while, so please register as soon as possible.

If you have any questions or concerns please contact me as soon as possible: **Christopher D. Wilson, Director, Education and Development Department, 503-945-2881**

OSH Retirees

David Alligood,

Prin. Exec. Manager D

Gregory Dayton,

Pharmacy Manager 2

Carol Snyder,

Librarian

Carolyn Hopper,

Exec. Support Specialist 1

Jim Kinzer,

MH Therapist 2

Thomas McDermeit,

MH Security Tech

Lawrence Shreeve,

MH Therapy Shift Coord.

Martin Wernz,

MH Therapy Coordinator

Richard Yates,

Prin. Exec. Manager D

Wendell Jarman,




Laborer/Student Worker Supr.

Frank Rutschman,

Prin. Exec. Manager C

Education and Development Department

EDD MARCH 2008 EVENTS

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						
2	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>OSH Drivers Training 40C Conf/Room 2 8a-10a</p>	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>Computer Basics 40 Computer Lab 8a-12a</p> <p>Prod/CT Refresher Training 40C Conf/Room 2 8a-3p</p> <p>CMAA Pharmacology Class 40C Conf/Room 2 3p-5p</p>	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>Prod/ACT Refresher Training 40C Conf/Room 2 8a-12a</p>	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>Prod/ACT Refresher Training 40C Conf/Room 2 8a-3p</p>	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>Prod/ACT Refresher Training 40C Conf/Room 2 8a-12a</p> <p>Computer Basics 40 Computer Lab 8a-12a</p>	
	<p>General Orientation-Week 1 40C Conf/Room 1</p> <p>Human Resources Training 40C Conf/Room 2 2p-4p</p> <p>OSH Drivers Training 40C Conf/Room 2 8a-10a</p>	<p>General Orientation-Week 1 40C Conf/Room 1</p> <p>ED Day 40C Conf/Room 2</p> <p>Computer Basics 40 Computer Lab 8a-12a</p>	<p>General Orientation-Week 1 40C Conf/Room 1</p>	<p>General Orientation-Week 1 40C Conf/Room 1</p>	<p>General Orientation-Week 1 40C Conf/Room 1</p> <p>Computer Basics 40 Computer Lab 8a-12a</p> <p>OSH Drivers Training 40C Conf/Room 2 2p-4p</p>	15
	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>OSH Drivers Training 40C Conf/Room 2 8a-10a or 2p-4p</p> <p>Computer Basics 40 Computer Lab 8a-12a</p>	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>Prod/CT Refresher Training 40C Conf/Room 2 8a-3p</p>	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>Prod/ACT Refresher Training 40C Conf/Room 2 8a-12a</p> <p>Computer Basics 40 Computer Lab 8a-12a</p> <p>Human Resources Training 40C Conf/Room 2 2a-4a</p>	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>Prod/ACT Refresher Training 40C Conf/Room 2 8a-3p</p>	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>ASAM 40C Conf/Room 3 8a-3p</p> <p>Prod/ACT Refresher Training 40C Conf/Room 2 8a-12a</p>	22
23	<p>General Orientation-Week 1 40C Conf/Room 1</p> <p>OSH Drivers Training 40C Conf/Room 2 8a-10a</p> <p>Computer Basics 40 Computer Lab 8a-12a</p>	<p>General Orientation-Week 1 40C Conf/Room 1</p> <p>ED Day 40C Conf/Room 2</p>	<p>General Orientation-Week 1 40C Conf/Room 1</p> <p>Co-Occurring Disorders 40C Conf/Room 3 8a-3p</p> <p>Human Resources Training 40C Conf/Room 2 3p-5p</p>	<p>General Orientation-Week 1 40C Conf/Room 1</p> <p>Co-Occurring Disorders 40C Conf/Room 3 8a-3p</p>	<p>General Orientation-Week 1 40C Conf/Room 1</p> <p>Computer Basics 40 Computer Lab 8a-12a</p> <p>Personnel Management Communication 40C Conf/Room 3 3p-5p</p>	29
30	<p>General Orientation-Week 2 40C Conf/Room 1</p> <p>OSH Drivers Training 40C Conf/Room 2 8a-10a or 2p-4p</p>				