

OSH Recovery Times

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April 2007

Response to siting plans mostly positive

Several weeks after Governor Kulongoski, the Department of Human Resources and the Department of Administrative Services recommended building two new state hospitals in Salem and Junction City, the response has been generally positive.

The biggest questions state legislators raised during two March hearings were why the state would build two hospitals instead of one, why the two recommended sites are so relatively close together and why one of the sites isn't in the Portland area.

On Feb. 28, the Governor and the two state agencies recommended building a 620-bed hospital in Salem, south of Center Street on part of the existing state hospital campus, and a 320-bed hospital on part of an Oregon Department of Corrections parcel at Junction City. The Salem hospital would open in 2011 with the Junction City hospital opening in 2013. Answers to legislators' questions:

• **Two hospitals:** Efficiencies of scale are achieved at 300 beds, and the two hospitals would be located near where approximately 80 percent of patients and their families live.

• **Proximity of hospitals:** The locations permit collaboration between the campuses, take advantage of separate pools of employees and give the Junction City campus access to partnerships with the University of Oregon, Oregon State University and the Oregon Health and Science University, which plans a Eugene presence.

• **Portland siting:** Two available Portland sites were considered but eliminated because of high cost, lack of community support and inappropriate zoning.

At a March 28 legislative hearing, Bob Nikkel, DHS assistant director for addictions and mental health, said the new hospitals would employ 24-bed wards with an assumption

they would operate at 85 percent capacity. By contrast, he said, the current hospital has had as many as 43 patients on 35-bed wards, which he described as overly large for effective treatment and patient safety.

Although treatment now is usually delivered on patients' wards, Nikkel said Oregon is interested in the concept of a separate treatment mall, giving patients the flexibility of living on a ward and receiving treatment elsewhere in the hospital.

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N2K participants announced

By Nancy Frantz-Geddes

It is my pleasure to announce that we have six outstanding OSH employees who have received and accepted provisional appointments to the 2007 N2K Accelerated RN Degree Program. There were 17 original applications that were excellent, yielding 10 fully academically prepared individuals who received interviews. I have never participated in such an exceptional pool of applicant interviews. Clearly we have outstanding nurse prospects among us, and in our future. This group was truly stellar.

Your future OSH RNs are Dagmar Amrein (50I), Heather Matthews (41A), Marcie Nellist (PRS Salem Float Pool), Melanie Pinson (Comm. Center), Forrest Stewart (OSH P5A) and Chong Vong (OSH P1A).

Please, take a moment to congratulate and celebrate these outstanding candidates and their individual and collective commitment to the future of OSH. In the 18 months ahead, please also take the opportunity to encourage and support these burgeoning RNs as they are immersed in this challenging program. Growing and nurturing our own is a very good thing.

My sincere gratitude goes to Oregon Health Career Center, Portland Community College, DHS and our hospital's administration for supporting this incredible endeavor. I also want to thank the supervisors who provided the essential candidate recommendations and Lori Martin, RN, Cheryl Miller, Cyndi Gregory and Marilyn Nichols for working with me during this process (which is just beginning...). It truly does take a village.

Today and every day I am proud of and thankful for the nursing staff of OSH. Here's to the OSH nurses of our past, present and future!

"REPLACEMENT PROJECT" continued from page 1...

The Legislature's Ways and Means human services subcommittee is currently reviewing bills to authorize financing preparations for the first of the two hospitals.

"This is as much about people as it is about budgets," DHS Director Bruce Goldberg told lawmakers.

OSH telephone basics

By Sharon Landis

You probably don't give much thought to the hospital's telephones until they don't work. You may think they work the same way your home phone, but that is not true.

Both Salem and Portland campus telephones operate using a Private Branch Exchange (PBX). This is reason we have to dial 9 to get an outside line. At home you can easily move your phone from jack to jack. Here the PBX must be programmed for a specific telephone model to operate in a specific jack.

The telephones should be unplugged only if a Verizon technician, Sharon Landis, Nichole Kisor, Sharon Rome or Lorie Hutton instruct you to do so. If a telephone is unplugged, the PBX "senses" a problem and the telephone will not work even when it is plugged back into the same jack.

If a telephone is not being used, do not unplug it and send it to the warehouse. We will continue to be charged for the phone until it is properly disconnected. To do this, submit a Telephone Service Request Form to Sharon Landis.

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April calendar

3-6th — 9:00 am to 4:00 pm

OSH Foundation

Fundraiser Sale

35 Building Gift Shop

Contact Jessica Loewen Preis:

(503) 945-2892

5th — 2:30 pm

Diversity Celebration

African-American Culture

OSH Portland

Contact Nancy Griffith:

(503) 731-8658

9th — 10:00 a.m.

OSH Foundation Meeting

Callan Room

Contact Jessica Loewen Preis:

(503) 945-2892

15-21st

National Volunteer

Appreciation Week

18th — 1:30 p.m.

Valuing Diversity Committee

Brooks Room

Contact Rebecca A. Sweetland:

(503) 945-2806

20th — 8:15 a.m.

Wellness Committee

Callan Room

Contact Sue Wimmer:

(503) 945-2886

25th — 2:30 p.m.

General Staff Meeting

30 Building Gym

Contact Pam Dickinson:

(503) 945-2852

What you should know about B-HIP

By Ben Kahn, B-HIP Director, AMH

Some of you may have heard about B-HIP, the Behavioral Health Integration Project. In the coming months, we hope that you will hear a lot more about it. To get you up to date, you should know that the Addictions and Mental Health Division (AMH) has been working toward the goal of acquiring and implementing new hospital information technology in order to support patient care and hospital operations at the OSH and Blue Mountain Recovery Center (BMRC).

AMH has submitted a Policy Option Package (POP 104) for the 2007-09 biennial legislative session and B-HIP is part of that budget package. A comprehensive business case has been developed that justifies the need for new technology at the state hospitals and outlines how we can utilize that same technology in community programs to collect and share data as patients move through the continuum of behavioral health treatment. AMH has secured the services of *FOX Systems, Inc.*, to take the lead in documenting the business requirements of OSH and BMRC. We want to make sure we know what we need *before* we purchase a new system.

These are exciting times. We hope to get the requirements well defined over the next few months. We will begin by looking at the process of Patient Care Services, as well as other functions, including how an Electronic Health Record will help us. *We will need your help to do this.* Then, with the requirements in place, we will wait for the Legislature to approve the funding package. We will release an RFP to purchase a commercial, off-the-shelf software package to be utilized in the facilities. Training is a key component of the project and will be available to all who need it.

In February we held a B-HIP Stakeholders' meeting with close to 50 participants in attendance. *Thank you* to all who participated and made the meeting a success. We discussed the progress on the project to date. We also reviewed the high-level functional requirements and asked if we were missing anything. We got a lot of good ideas and will be sure to incorporate those items in our requirements document. A complete summary of the B-HIP Stakeholder's meeting is available on our Web site.

"B-HIP" continued on page 7...

OSH welcomes new psychiatric medical staff

By Dr. John Bischof

Science fiction and fantasy books, the Princess Bride, top 40 music and the color green are four of her favorites. Can you guess the OSH psychiatrist?

Meet Dr. Sara Walker, the newest member of the OSH Medical Department. She joined the team in September of 2006, when she moved with her husband and daughter from St. Louis, Mo., to be closer to her husband's family.

Sara was born in Denver and relocated to Orlando, Fla., with her family when she was in middle school. Her family is now dispersed throughout the country.

Sara attended Florida State University. She initially majored in psychology with a minor in criminology, intending to become a lawyer. Sara changed her mind, decided to become a psychiatrist and added pre-med courses to her degree program. She went to school year-round to complete her degree on time.

Medical school was at the University of South Florida, followed by psychiatry residency at Washington University in St. Louis. Sara found her niche doing state hospital work at the Metropolitan St. Louis Psychiatric Center, providing care for people in acute crisis as well as longer-term voluntary and civilly committed patients.

"After working there," Sara says, "OSH impressed me with its size, complex and challenging systems, patient population and with the long length of stay experienced by most patients."

OSH diversity meal

By Heike Tash

On Sunday, April 8, OSH Food Services will be serving a special meal to patients for Easter. It will include spiral ham, golden potatoes, asparagus, dinner rolls and Easter candy.

For more information, please contact Food and Nutrition Services at (503) 945-2915.

Sara cites the teamwork and the calm professionalism of the 50I staff as essential to the success of handling the challenges of providing care at OSH.

She appreciates a great working relationship with 50I Unit Director, Sharon Perry, and the 50I staff. Sara and Sharon have found a great balance between the clinical and administrative leadership responsibilities and greatly value the expertise, experience and dedication of staff.

Sara also credits Dr. Steve Fritz, who provided mentoring during her first three months on 50I. "He's very diligent and taught me a lot about OSH," she says.

When not working at OSH, Sara enjoys sewing and has recently taken up crocheting. She and her family also like to travel, often out of state to visit family and friends. They are looking forward to spending time outdoors hiking and camping.

Recently, they sold their St. Louis home and plan to find a new one somewhere between Salem and Portland.

Welcome to Oregon and OSH, Dr. Sara Walker!

Core Values: A culture shift

By Lisa Harnisch

Integrity is a hot topic these days in the news, in offices, in schools. Most companies and organizations, including ours, have a code of ethics or a statement of values, but what does it mean? How can it help you do your work?

DHS, which includes OSH, is launching an enterprise-wide initiative on **the five DHS Core Values: Integrity, Stewardship, Responsibility, Respect and Professionalism**. It's not just about training. It is about shifting the culture. We are looking to change behavior in everyday situations.

Does that mean that OSH employees are not behaving in an ethical manner? No. But what it does mean that we are serious about the services we provide and our perception in the minds of clients, community partners, and the Legislature—in fact, all Oregonians.

Daily we are faced with situations that are “right vs. right” or more “gray” than black and white. We also navigate decisions that are clearly “right vs. wrong.” Some are tough decisions, some less so. Some well-intentioned decisions have unintended consequences. Some are life-and-death situations that are tough to navigate.

We are learning together what the Core Values are and what they mean to us as an organization, as work units and as individuals. People at DHS aspire to be guided by these values in our daily work life as we make decisions to help Oregonians be independent, healthy and safe.

Following are some of the things being planned at OSH to help us all assimilate the five DHS Core Values.

- Ethics training for managers is continuing throughout the year; go to the DHS Training Web site to sign up: <http://www.dhs.state.or.us/training/index.html>
- Posters will be visual reminders to hang in our offices.
- A DHS Core Values Web site includes links to articles and other tools for staff and supervisors: <http://www.dhs.state.or.us/corevalues/>
- Classroom training in applying the Core Values will be rolled out in the near future for all OSH staff.

- Video series featuring the Core Values will be available in short segments for sharing with staff.

- Ongoing information about Core Values in future issues of the *Recovery Times*.

In order to examine Core Values in a way that is most relevant to people at OSH, *we need your input*. Please take a moment and tell us about a time when you experienced someone being a good example of Stewardship. What did that look like and what was the outcome?

Or, if you have an ethical dilemma, we would like to hear about it. All submissions will be confidential. Please email your story to core.values@state.or.us.

Lisa Harnisch is the DHS Core Values Project Manager in the Office of Human Resources Training Unit.

Integrity ○
Professionalism ○
Stewardship ○
Responsibility ○
Respect ○

AS400 migration update

By Nancy Coddington and Joan Riley

We expect that as of May 1, 2007, you will no longer be able to log on to the AS400. Many of you have responded to our request regarding conversion and/or deletion of your old AS400 documents.

We have identified issues such as label-printer problems and personal directory access. Some departments will postpone deletion of these user IDs such as medical records, the pharmacy, laboratory, education department (EDD), human resources, Recovery Services administration, ward 41C and Institutional Revenue Service. However, we will be removing access to the AS400 for all others by the end of April.

If you have concerns about documents that you wish to retain, please contact Nancy Coddington via GroupWise **no later than April 20**, and let her know of your needs.

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Once a Verizon technician removes the equipment and disconnects the number, we will stop being billed.

All Telephone Service Request Forms require a manager's approval. In Forensics, go through Bea Quest or Joan Otteson. Final approval will come from John Keogh. In Recovery Services contact Brenda Ross or Jan Wulfers (Salem), Sharon Rome or Lorie Hutton (Portland) with final approval from Nena Strickland. If you send a request without approval, you will be referred back to the appropriate manager.

If telephone equipment is malfunctioning, please call Verizon repair so that you can describe the problem directly to an operator. Dial extension 199 from a Salem campus phone, or 106 from Portland. Should you need to call from an outside phone, dial (503) 373-0033 in Salem or 1(800) 422-0124 in Portland.

Pay Phones: FSH Communications is our pay phone service provider. Call 1(800) 592-9488 to report problems. The automatic greeting will say FSH Communications Inmate Services, however FSH is the service provider for our state pay phones too, not Corrections exclusively. Select option 1 to speak with a service representative. The FSH technicians are in Salem only on Mondays and Wednesdays.

Office Moves: An electronic form packet must be completed for all office moves. Contact Brenda or Jan to complete and submit the packets in Forensics and Bea or Joan for Recovery Services.

The completed forms are sent to Ryan Sharp in the warehouse. He forwards the phone and computer requests to the appropriate places once the move date has been established. Forms should be submitted at least two weeks prior to the expected move. We can request specific dates from Verizon and the DHS Service Desk, but there is no guarantee. Longer lead-time can improve our chances. If the request requires voice/data wiring, it could take additional time.

The move form packet is for office moves only. If you only need telephone services, use the Telephone Service Request Form as outlined above. For computer services, use the AMD or Computer Request Forms and send them to the Service Desk. Contact Sharon Landis with additional questions at (503) 945-2942 or via GroupWise.

Community Reintegration Program (CRP)

By Vern Eggiman

In January of 2006, Oregon State Hospital received legislative authorization to move forward in creating a Community Reintegration Program at OSH.

Since that time, the program has grown to 35 staff, representing nursing, psychology, rehabilitation services, social work, and education/vocational services.

There are four very specialized treatment service areas:

Community Transition, Co-Occurring Disorder Treatment, Sex Offender Treatment, and Supported Employment and Education.

“Promoting successful community transition through hope, respect and personal

responsibility,” is the vision of the Community Reintegration Program.

Performance is measured through:

- successful, safe and satisfying community placement;
- increased confidence in ability to be self-sufficient; and
- involvement and satisfaction with transition from community mental health providers.

Community Transition

By Nicole Wirth

The Community Transition Team (CTT) is currently serving 96 forensic patients at OSH and doing aftercare visits with more

than 100 former patients living in community settings throughout Oregon.

Services we are providing at OSH and in the community include:

Conditional Release Orientation Groups prepare patients for PSRB expectations on conditional release in the community.

Transition Services include “In and About” on-grounds passes and “Out and About” off-grounds passes to provide skill building and orientation to communities which patients will be moving to in the future and general engagement and exposure for clients who have been in the hospital for an extensive period of time.

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“B-HIP” continued from page 3

We are also working on educational awareness activities and coordinating a vendor fair, where participants can learn more about the various behavioral health software vendors and

what their products have to offer. We look forward to your participation in these activities.

More information about B-HIP will be made available in the coming months.

For additional information now, and to stay abreast of what is happening with the project, go to http://egov.oregon.gov/DHS/addiction/resource_center.shtml.

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Outreach/Continuing Care fosters communication with community providers and provides aftercare supports to former OSH patients. This includes monthly meetings or contacts with former OSH patients, crisis intervention and education and consultation for community providers about working with OSH and the PSRB.

CTT also acts as a **Community and Systems Liaison**. Forensic units are supported by CTT assisting with identification of patients appropriate for conditional release, planning and placement discussions, and coordination with community providers.

Patient Affairs works with CTT to ensure services are prioritized for those patients preparing for conditional release or discharge to the community.

AMHD and OSH are developing a system to review and do special case planning for PSRB clients with exceptional barriers to placement in existing community programs.

Additional services provided by CTT include occupational therapy assessments, individual therapy, training and support for the relapse prevention program and participation in

the development of a relapse prevention plan to be utilized across hospital programs.

Co-Occurring Disorders Treatment

By Jason Ryther

The focus of the **Co-Occurring Disorders Treatment Program (CODTP)** is to teach patients skills to help them manage their mental illness and substance use disorder. More than 50 patients are receiving services.

Orientation Group is a prerequisite to the CODTP in which patients interact in order to develop an understanding of how their mental illness and substance use impact and influence behavior.

Double Trouble Group continues to focus on both the patients’ mental illness and substance abuse issues. It provides more in-depth education about how these two diagnoses can affect each other.

Healthy Living Group addresses the fact that patients with co-occurring disorders tend to neglect other important aspects of their lives such as diet, exercise, leisure, relationships and stress management. This group will also have a community component for patients to practice necessary skills outside the hospital environment.

Relapse Prevention is a group being offered for patients to work on identifying triggers that increase the likelihood that they will have a relapse of their mental illness or substance abuse.

Finally, a **Transitions Group** has been made available to patients who are further along in their treatment and are closer to being discharged from the hospital. Peer mentoring, using relapse prevention plans and dealing with anxiety related to community transition, are a few of the topics the group covers.

Sex Offender Treatment

By Elena Balduzzi

The **Sex Offender Treatment Program (SOTP)** provides treatment to adult male patients (forensic and civilly committed) who present with past history of sexual offending behavior and/or sexually inappropriate behavior.

SOTP addresses specific needs of sex offenders with psychiatric conditions, developmental disabilities and those with mild mental retardation.

Treatment is provided in the form of group and individual

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psychotherapy. SOTP also conducts sex offender risk assessments and evaluations on a referral basis.

Risk Reduction Groups are composed of six to eight participants matched by cognitive abilities.

Treatment activities include presenting individual autobiographies, reviewing the official version of their offenses, completing a sexuality timeline, identifying sexual assault triggers, developing skills and practicing them on community outings and developing relapse prevention plans.

The SOTP targets four broad areas of intervention associated with the risk to re-offend.

In **addressing thinking errors**, patients learn to identify their own cognitive distortions and those of others; develop healthy attitudes and beliefs about women, children and sexuality; improve their ability to accurately interpret others' motives; and draw accurate conclusions based on their perceptions.

Self-regulation involves developing coping skills for managing negative mood states and monitoring of sexual thoughts, urges and fantasies.

Social competence includes helping patient develop positive social supports in and outside hospital, develop skills in becoming interpersonally effective, learn perspective-taking skills and increase empathy.

Finally, **relapse prevention planning** helps patients identify their own deviant cycle or triggers to relapse and develop a relapse prevention plan.

Six mental health professionals make up the SOTP, including three psychologists and three mental health specialists.

Currently, the SOTP is leading 11 weekly groups and serving approximately 55 patients.

Supported Education and Employment

---Education
By Ashley Eason

The six certified teachers who make up the **Supported Education (S.Ed.)** part of the Community Reintegration Program are Anita Cantrell, Mike DiPasquale, Ashley Eason, Andrew Gibbs, Eric Miller and Joe Quaal.

The program offers a wide array of services for patients including

adult basic education, assessment, assistance with financial aid forms, interface with and preparation for college, placement testing, computer literacy, ESL instruction, foreign languages and assistance with earning a GED.

S.Ed. offers both one-on-one instruction and classes for groups of four to six patients.

We are currently serving 33 percent of the forensic population at OSH, and there is a waiting list of clients who desire services as soon as space becomes available.

The mission of the S.Ed. team is to help patients achieve their academic goals so that they can participate more fully in their treatment and effectively prepare for transition to community living.

With this in mind, the S.Ed. teachers encourage patients to set individual goals. We work closely with the treatment teams to update and monitor long and short-term treatment care plan goals and interventions.

We hope to be able to add new programs and courses (creative writing, book clubs, global studies, world religions and theater) as S.Ed. evolves.

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Recently, we secured money from the Peggy Ross Grant, which will be used to provide enrichment opportunities for patients.

In this way, we hope to extend learning beyond the classroom and take patients on educational field trips in the Salem and Portland areas.

---Employment
By Barb Pfaltzgraff

Three Employment Specialists will be focused on coordinating employment opportunities outside the walls of OSH as part of **Supported Employment (S.Emp.)**.

This is the newest specialty area within the Community Reintegration Program.

This service delivery area will be an active part of the vocational services continuum at OSH.

The two staff members hired in January are currently developing the program and evaluating resources.

A **Workplace Fundamentals group** for the Patient Pay program participants has been started. There is also research going in to an application

process for an electrician apprentice. S.Emp. will begin interviewing for their third staff position soon.

For questions and/or comments about the Community Reintegration Program, you can contact:

CTT, Nicole Wirth
(503) 945-7134

CODTP, Carlene Shultz
(503) 945-7171

SOTP, Elena Balduzzi
(503) 945-9965

S.Ed and S.Emp., Barb Pfaltzgraff
(503) 945-9978

Community Reintegration Program, Administration, Vern Eggiman
(503) 945-7148

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A number of personal directories are being converted to a software product called ColdFusion. It is a Web-based application that allows role-based access and can be configured to allow users to do data entry, query information and create reports.

The medical records department’s personal directories starting with transcription records and the OSH visitor list will be among the first databases to migrate to this new software.

Other databases that we anticipate going to this platform include human resources databases for criminal history and fingerprint tracking and EDD training records.

We continue to work with the State Data Center to troubleshoot the pharmacy and laboratory label-printer issues.

As we resolve the individual problem areas we also begin to plan for a celebration as we near completion of the process. We could not have accomplished as much as we already have without your tremendous support. Thank you.

EDD schedule

The following is a list of classes being offered at the OSH Education and Development Department (EDD) during the remainder of April. All classes are located at EDD unless otherwise noted. For more information, please call (503) 945-2875.

Pro-ACT Refresher Training

April 3, 8 a.m. - 5 p.m. and
April 4, 8 a.m. - 12 p.m.

Medication Aide

April 3 and 4, 8 a.m. - 5 p.m.

Pro-ACT Refresher Training

April 5, 8 a.m. - 5 p.m. and
April 6, 8 a.m. - 12 p.m.

General Orientation

April 9 - 20, 8 a.m. - 5 p.m.

Humor as a Therapeutic Tool

April 9, 25 or 27, 1 - 4 p.m.

Ed Day

April 10 or 24, 8 a.m. - 5 p.m.

Strength-Based Treatment Planning

April 10 or 17, 8 a.m. - 12 p.m.

Pro-ACT Refresher Training

April 17, 8 a.m. - 5 p.m. and
April 18, 8 a.m. - 12 p.m.

CMA Pharmacology Class

April 17, 1 - 5 p.m.

Pro-ACT Refresher Training

April 19, 8 a.m. - 5 p.m. and
April 20, 8 a.m. - 12 p.m.

General Orientation

April 23 - May 4, 8 a.m. - 5 p.m.

The Oregon State Hospital
Foundation Presents



The Spring Sale

Located in the Gift Shop in the
35 Building, inside the Sip n' Safari

Tuesday, April 3
to Friday, April 6
9 a.m.-4 p.m.

We have
t-shirts 🌼 hats
quilts 🌼 jewelry
bags 🌼 books
watches 🌼 sunglasses
cards 🌼 & more
at great prices!

*All proceeds from this sale benefit
patients at OSH in the form of Foundation Grants.*

