

OSH RECOVERY TIMES

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July 2008

You need more than your expiring driver license to renew at DMV



You've had an Oregon driver license for years, maybe decades, and it's about to expire. So you go to DMV with your license. You know your photo is on file at DMV, and you know your Social Security number will be verified electronically.

But that's not enough.

You need at least two more documents to renew your license. And the law applies to everyone, every time.

Whether you're applying for an Oregon driver license, instruction permit or ID card for the first time, renewing an expiring card or just replacing a lost card, you'll need to meet several new requirements that take effect July 1.

Under a new state law passed by the Oregon Legislature, everyone who applies for a first-time, renewal, or replacement driver license, instruction permit or ID card must provide documents that:

- Prove U.S. citizenship or lawful presence in the country – such as a birth certificate, U.S. passport or foreign passport with U.S. immigration documents
- Prove full legal name – such as birth certificate; or a combination of documents that creates a link proving current legal name, such as a birth certificate and government-issued marriage certificate.
- Prove Social Security number – such as Social Security card, employment

document or a tax document – if the applicant is eligible for one.

- Or prove that the applicant is not eligible for a Social Security number – such as immigration documents that do not grant permission to work in the United States.

“The law applies to everyone, no matter who you are, how long you've had an Oregon license or how long you've lived in the state,” DMV Administrator Tom McClellan said.

“Some of these documents can take weeks to obtain, so DMV is urging Oregonians to start now making sure they have key documents safely in hand before their renewal date and before a card gets lost or misplaced.”

These new requirements add to the long-standing requirements for proof of identity, date of birth and residence address in Oregon, as well as passage of tests and payment of fees. Applicants who are younger than 18 must meet further requirements.

“Some documents, such as a U.S. birth certificate, may meet several licensing or ID card requirements,” McClellan said, “but it doesn't hurt to bring extra documents to DMV, since you might avoid a second office visit.”

These stricter requirements are taking effect five months after DMV began electronic verification of applicants' Social Security numbers under a governor's executive order. Previously, Oregon DMV verified SSNs only for commercial drivers.

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OSH Recovery Times

is edited by Jeffrey JESSEL. Contact Jeffrey JESSEL at 503-945-2892 with questions, comments or suggestions.



Independent. Healthy. Safe.

Certified Alcohol and Drug Counselor Program

By Jim Mills

Oregon State Hospital is committed to better serving the 50-80 percent of our patients who have substance use issues, in addition to their mental illness. The Certified alcohol and Drug Certification Program (CADC) is an ongoing program to train and develop skills by hospital staff. The CADC candidates participate in a 1 to 3 year-long program of course work and experience related to Substance Use Disorders (SUD). Participants complete core classes, which are taught on the OSH campus by Chemeketa Community College, Daystar or other instructors. The CADC program began in January 2007. The first group of CADC students completed its class work in June and the first student will be taking the test for certification in September.

This program is a great opportunity to upgrade skills and prepare for the many changes here at the hospital. The program covers all study-related costs. Participants will have to do some studying on their own time, but most of their learning time in the program is covered by the hospital. We are looking for staff who have little or no training in substance abuse and counseling, as well as staff who already have some experience in the field.

Classes include: Addictions Pharmacology and Physiology; HIV, TB and Infectious Diseases; Advanced Interviewing and Counseling Skills; and Group Counseling Skills and Ethics for Human Service Workers.

Candidates will also need to complete an additional 20-50 hours of classes in the Substance Use Disorder field, all of which can be taken through the OSH Education Department.

For certification, 1,000 hours of supervised SUD treatment activities (counseling, assessment, treatment planning, etc) are required. The opportunity to obtain them will be provided by OSH staff through the program.

When all requirements have been met, the candidate will be eligible to take a national test and be certified through the state of Oregon as a Certified Alcohol and Drug Counselor (CADC). The goal is to have a minimum of two CADC's per unit. OSH is investing a significant amount to train each candidate.

Many of you know staff already in the program - talk to them about the advantages of the CADC program. To find out further details contact Jim Mills, CADC Coordinator in the Education Department on 40C at 947-1011 or Jim.B.Mills@state.or.us or JMILLS@DHS.STATE.OR.US

Blood drive update

Our Site Coordinator, Marilyn Nichols received this information from Ron Flug, Territory Representative for the American Red Cross:

June 2008 Blood Drive Results:

- 51 Scheduled appointments.
- 12 Individuals did not show up for their appointment.
- 6 individuals were deferred (were unable to donate at that time).
- 1 Individual left – too many people showed up early, person's appointment was delayed. People need to schedule appointments to donate and stick to their appointment time (do not show up early for their appointment).
- 32 units were obtained.

The need to donate blood is always great. If you are not able to donate here at our campus, please visit the Red Cross Website (www.redcross.org) for other optional donation sites.

Together we save lives!!



BHIP project update

BHIP Quality Assurance Objectives

Progress and communication have been the keywords for the BHIP Project over the last several months. BHIP is making steady progress in its effort to acquire a new electronic medical records system. Recently an important step was taken by posting the first of several "Request for Proposals (RFP)" online. This first RFP seeks a Quality Control and Planning (QC&P) contractor to assist with the purchase of the new system. The QC&P solicitation closes July 11.

While some members of the BHIP Team have been working to publish the RFPs needed to move the project forward on the technical side, other team members have been visiting, interviewing and planning with staff at Oregon State psychiatric institutions across the state.

In Mid-June, four members of the BHIP Team spent two days with the staff at Blue Mountain Recovery Center in Pendleton. While on site, BHIP team members interviewed and provided updates to members of the management team, medical records department, business department, treatment mall staff and each of the shifts in all, the wards. Although these were two very long days, the visits were very productive; BHIP had the opportunity to understand and document the needs and concerns of BMRC staff, and staff had the opportunity to learn about the

current state of the project and options available for electronic medical record systems.

On the Salem campus BHIP has communicated with most wards, most shifts, many functional areas and administrative groups. The goal of the communication in each instance has been to: remove barriers to communication, update staff on project timelines and identify interested individuals and groups that may be candidates for pilot testing when the new system is implemented.

On June 17 the Oregon State Hospital Replacement Project, including BHIP, hosted an all staff open house here in our temporary offices in the 41 ward. The open house was a great success. Project staffers were available to answer questions and to take suggestions from 6 a.m. to 5 p.m.. A formal count of attendees was not taken but we can safely say that hundreds of people, including OSH patients and staff, attended. Similar open house events are being planned for other sites later in the year.

Lastly, BHIP would like to take this opportunity to thank the staff and patients at the wards and sites we have visited in the past months. In every case staff has been open, honest and accommodating, making our job easier and the finished product better.

Challenging work place culture

By Roy J. Orr, Superintendent

If you have ever moved into a new house, office or cubical, you know first-hand the amount of "stuff" a person can accumulate over time. With every move, you might purge a little bit, but knowing what to hold and what to let go is not that easy.

We will all be making some big moves during the next several years as the hospitals in Salem and Junction City are constructed. Deciding physically what to keep will be guided heavily by the layout of the new hospital but how do we decide what to bring from the existing culture that has grown around us all these years?

That is the challenge. And it is a challenge from our governor, who recently sat down with OSH staff in the Brooks Conference Room to talk about their issues and concerns. At that meeting Governor Kulongoski challenged OSH staff to change the culture of the hospital.

What is workplace culture and why change it?

Every organization or job environment has a different workplace culture. These are the things that you cannot neatly file away or store in a box.

Workplace culture defines how we communicate, influences our attitude and dictates our behavior as we perform thousands of actions and interactions every day.

"But we've always done it that way," is a statement that directly reflects workplace culture. Without intending to, those who support and maintain the current workplace culture may actually be limiting the capabilities of employees to innovate, adjust to changes, and embrace more efficient ways to do business.

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Remembering Safety....

Lifts and the leverage zones

Provided by the OSH Safety Department

Lifting and transferring objects or patients safely without injury requires proper techniques. First consider if mechanical, hydraulic or electrical devices can accomplish the lift or transfer. If these are unavailable or inappropriate, manual means would have to be used. There are three leverage zones you need to be aware of when considering any manual lift.

Red – Danger Zone

- Elbows stretch out, arms reach out in front of you
- Pivot point is at the low back (leaning forward from the waist)
- Back muscles are used to complete the task
- Force on the lower back can be 50:1 in the red zone
- Lifting here is in the danger zone

- Shoulder muscles rely on the back muscles for help
- Extended reach: Maximum of 27"

Green – Safety Zone

- Elbows in close to the body
- Pivot point is the elbow
- Weight is close to the body
- Provides better leverage
- Requires less force to lift with your hands
- Less work for the low back muscles

Yellow – At-Risk Zone

- About 6 inches out from your side (about the distance between you thumb and little finger)
- The pivot point has moved to the shoulder
- Force on the shoulder and upper back can be as much as 6 times that of what is needed in a proper lift

A summer treat

Provided by the Wellness Program



Mango shake

4 tablespoons frozen mango juice or 1 fresh mango
1 small banana
2 cups low-fat (1%) milk
2 ice cubes

Put all ingredients into a blender. Blend until foamy. Serve immediately.

Variations: Instead of mango juice, try orange juice, papaya, or strawberries.

Makes 4 servings.

Nutritional values per serving

Calories:	106
Fat:	2 gm
Saturated fat:	21 gm
Cholesterol:	0 mg
Sodium:	63 mg
Carbohydrate:	20 gm
Fiber:	2 gm
Protein:	5 gm

Challenging work place culture (continued from page 3)

In a prior message, I asked for your ideas on how the Oregon State Hospital can provide better care and treatment now and in the future. You may have seen a poster or two around the Salem and Portland campuses carrying the same message. Again, this is a time for creativity and innovation. We don't want a culture that fosters limits on creative thinking and problem-solving; we are not going to solve problems using the same kind of thinking that caused the problems in first place.

Changing workplace culture takes time and there are no hard and fast rules to follow. We do, however, have what are known as "cultural artifacts" to help guide us in this process. These are the characteristics that support and reflect an organization's workplace culture. It's time for OSH to review its mission, goals and vision and begin growing a new culture that is strongly rooted in the DHS core values of integrity, stewardship, responsibility, respect and professionalism.

Professionalism and Email

By Lisa Harnisch, Core Value Initiative Manager

Communication...it is part of the answer and part of the solution. I have heard countless email horror stories, you know the type: hitting reply all when its intended only for one person; responses that are witty in the senders head—but don't quite translate into writing; too long, too formal, too informal...the list goes on.

This day and age we have a plethora of communication vehicles, and one of my personal favorites is email.

While email is an invaluable tool and resource to us to do our work more efficiently and effectively, we are expected to use it appropriately and in a professional manner. As a state agency we operate under special scrutiny. Keep in mind as you write that all emails are public information.

We have policy that guides our actions as well as an insightful DHS Email Guideline. A few highlights include:

- Do not hit “reply all” unless there is a true need for everyone to see your response
- Email is a great tool that supports some informality, however all content must be professional and respectful. The content must be a reflection of the Core Values – Integrity, Stewardship, Responsibility, Respect and Professionalism
- Be clear and concise in your messages
- Double check grammar and spelling—better yet, set up spell check to automatically check spelling before hitting the send button
- Do not put client or case information in the subject line
- Use the subject line to convey quick information, such as ****9:00 meeting cancelled****. The double ****** are an indicator that there is no need to open the email as that is the message
- Use the subject line to convey any actions required of the receiver
- Do not forward spam or chain letters
- If you are upset when writing something, wait 24 hours to send it
- Humor does not always translate well in email—re-read your messages as if you were receiving it

As professionals we must always make sure that our professionalism shows through in all we do...including email.

If you have any questions about the Core Values, or have a scenario you would like to see in this newsletter, please email me at core.values@state.or.us or lisa.s.harnisch@state.or.us.

What's cooking in the kitchen?

By Patty J. Thompson

In this edition, I will discuss a job that is somewhat unique to OSH – Cart Drivers.

Food and Nutrition Services requires four people daily to deliver meals to 16 wards on the Salem Campus. There are two shifts, 6 a.m.-2:30 p.m. and 10:30 a.m. -7 p.m.

If you have traversed the tunnels, I am sure you have on occasion spotted our orange electric carts, delivering food and bringing back the leftovers and dirty dishes.

We consider this one of the most physically demanding and time schedule driven positions in our department. Cart drivers have to deliver the food in a timely manner for safety and meet timeline requirements that wards have for programs, yard times, visits, etc.

Most new employees in FNS are trained in cart driving first. This is a helpful way to see how they grasp instructions, manage a tight schedule, deal with the physical requirements and interact with patients and staff.

The majority of employees bid out of delivery as soon as possible, but others enjoy the freedom and variety of people they deal with daily. One cart driver has been at his job for more than 20 years. This position requires extreme tact at times, Cart drivers encounter disgruntled patients and staff, overscheduled elevators, incorrect trays, and meals that are not popular. Cart drivers receive all the complaints and have little control over the situations.

The people you may encounter delivering for Food and Nutrition Services are: Gary S., Aarron A., Stephen D., Michael D., Ricardo A., Mark A., Steve P., Cindy S., Jenny C., Sonja M., Jordan W., Malinda B., Geri G., and Zeke P. Next time you see a delivery person, give recognition for a hard job well done. It will make a big difference in their day.

Diversity

By *Melissa Poteet*



What is diversity?

For myself, living as a very diverse person, one example of diversity is myself. I am African-American, Hungarian-American, Jewish and Native-American, Cherokee, to be exact.

This is a mix of culture and blood that I am very proud to represent. All my bloodlines come from very strong people who are survivors. My ancestors fought against a society that was doing wrong to their people and in the end, we still survived. That is a kind of strength that flows through the veins of my children.

To me, being diverse or sensitive to diverse issues is not the tolerance to accept things that are different; nor is it the acceptance of our similarities, but a celebration of our differences. We as human beings are all beautiful in different ways. This is something that should be celebrated and honored.

As an employee of OSH and an active member of the Cultural Diversity Committee, it gives me great concern for our patient population and the kind of care they receive. My passion in life is patient care. How I have taken on the challenge of being sensitive and knowledgeable about all my patients is by reading, researching, asking and delivering the information that I receive.

Health care organizations must develop policies and practices aimed at recruiting, retaining, and managing a diverse workforce and must meet the demands of a more diverse patient population

by providing culturally appropriate care and improving access to care for racial and ethnic minorities. Ultimately, the goal of managing diversity is to enhance workforce and customer satisfaction, to improve communication among members of the workforce, and to further improve organizational performance.

As staff, we face many challenges everyday with our diverse patient population, including the kinds of foods they desire, dress of clothes, how they spend their free time, languages they speak, and socioeconomic background. This is a great challenge for all of us! The key to knowing is to learn. Don't be afraid to simply ask someone a question. This approach will save a lot of time and ultimately save not only the curious person, but also the person to whom they are questioning the embarrassment, hurt or other hard feelings. In many cultures "acting" like you understand someone when in reality you do not (believe me it will show), is found to be highly offensive. How do you clear up a simple question or an interest? ASK!

A 2001 study by the Commonwealth Fund also uncovered disparities, by race and ethnicity, in patient satisfaction with care: "African Americans, Asian Americans, and Hispanics are more likely than whites to experience difficulty communicating with their physician, to feel that they are treated with disrespect when receiving health care services, and to experience barriers to care, including lack of insurance or a regular doctor. Moreover, a substantial proportion of minorities feel they would receive better care if they were of a different race or ethnicity" (Collins

et al. 2002, 5). Health care executives not only must ensure that high-quality and equitable care is provided to and perceived by all customers irrespective of race, ethnicity, language, or other diversity dimension, but they also must compete effectively to recruit and retain an increasingly diverse people.

It is imperative that we as health care providers learn and act upon our teachings and understandings of other races. If nothing else it will better educate us and more importantly, it is our duty to treat each person with the utmost care we can give. This means even understanding that certain common blood tests may show a difference in a result between an African-American person and that of a person of European decent. Even if both are perfectly healthy the numbers show different. This does not necessarily mean one of them is actually "sick" and they just don't know it, but exactly the opposite: it means that people from an African-American decent will show a particular resulting number higher or lower than the "normal" range on certain blood tests than the "norm resulting reference ranges" that are documented on most references. They are not sick, but they are healthy and well within the range of this category of people. This in itself is diversity in health care.

We have to understand these differences to provide the best medical care possible to all our patients. After all, we are all in it together and have to take care of each other.

Driver license (continued from page 1)

Also this year, DMV is phasing in the use of facial recognition software to prevent individuals from obtaining Oregon ID under more than one name. This fraud-prevention program is a result of legislation passed in 2005.

“Oregon is undergoing a rapid and extensive tightening of issuance standards in a span of less than six months,” McClellan said. “We are working hard to help Oregonians understand and prepare for their next visit, but we also expect that transactions will take longer. If necessary, we’ll issue temporary driving and ID permits to some customers who need time to obtain the required documents.”

DMV staff is being trained to provide general guidance to people who don’t know where to go to obtain the documents they need under the new requirements.

“We can’t get the documents for people, but we can point them in the right direction,” McClellan said.

Also as of July 1, driver license and ID card fees will increase by \$4.50 per card to pay for the new issuance standards and security provisions.

DMV is implementing two other provisions of the law in phases:

- In January 2009, DMV will begin electronic verification of data printed on immigration documents through the U.S. Department of Homeland Security.
- And by January 2010, DMV will start issuing “limited-term” licenses and ID cards for applicants with limited approved stays in the United States. The DMV driver license and ID card fees will increase by \$1 per card for the cost of this option.

For complete lists of documents that DMV will accept for proof of identity, date of birth, Oregon residence, lawful presence in the U.S., full legal name, as well as other requirements, visit www.OregonDMV.com.

OSH new hires and retirees

New Hires

David Applebaum	Custodian
Joy Arnett	Mental Health Supervising RN
Joe Baley	Custodian
Ashley Barnhouse	Habilitative Training Tech 1
Jeanette Bazan	Custodian
Michelle Binkley	Licensed Practical Nurse
Brady Blatchley	Habilitative Training Tech 1
Sean Branch	Custodian
Milton Brown	Habilitative Training Tech 1
Anne Butler	Office Specialist 2
Francisca Cedillo	Habilitative Training Tech 1
Pat Corbett	Mental Health Registered Nurse
Mary Darr	Custodian
Vicki Duesterhoeft	Clinical Dietician
Chrystal Espinosa	Habilitative Training Tech 1
Maria Espinosa	Mental Health Therapy Tech
Sheila Flanagan	Mental Health Specialist
Bryon Fox	Habilitative Training Tech 1
Patty Frazier	Mental Health Specialist
Hanna Gabrys	Mental Health Therapy Tech
Alfredo Garcia	Administrative Specialist 2
Karen Garcia	Principal Executive/Manager E
Brian Gomez	Habilitative Training Tech 1
Linda Good	Mental Health Specialist
Heather Hatch	Mental Health Registered Nurse
Tiffany Hawks	Custodian
Matthew Holder	Custodian
James Horsley	Mental Health Therapy Tech
Kimberly Irby	Pharmacy Technician 2
Mark Lukasik	Principal Executive/Manager B
Andrew Manibusan	Custodian
Charity Mann	Habilitative Training Tech 1
Jackie McMillan	Mental Health Therapist 1
Robert Morrissey	Rehabilitation Therapist
Laura Musga	Custodian
Amy Obrian	Pharmacy Technician 2
Ross Olsen	Mental Health Therapy Tech
Ibrahim Omer	Custodian
Cynthia Ovalle	Mental Health Therapy Tech
Jeremy Palmer	Habilitative Training Tech 1
Adam Perkins	Habilitative Training Tech 1
Kosol Puth	Habilitative Training Tech 1
Shakeel Qureshi	Pharmacy Technician 2
Jennifer Saechao	Habilitative Training Tech 1
Michelle Schaeffer	Custodian
Joshua Scull	Habilitative Training Tech 1
Michael Simmons	Habilitative Training Tech 1
Andrea Stinson	Mental Health Therapy Tech
Christina Stout	Mental Health Registered Nurse
Janet Strauch	Food Service WKR 2
Troy Tocher	Habilitative Training Tech 1
Lindsay Underwood	Habilitative Training Tech 1
Zachary Woelfle	Custodian
Farly Wongkar	Habilitative Training Tech 1

Retirees

Raoul Van LanDuyt	Mental Health Specialist
Claude Hawks	Pharmacist

EDD July 2008 events

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		01	02 OSH Drivers Training 40C Conf Room 1 2p-4p Motivational Interviewing 40C Conf Room 3 8a-5p	03 OSH Drivers Training 40C Conf Room 1 8a-10a	04	05
06	07 General Orientation- Week 1 40C Conf Room 1	8 General Orientation- Week 1 40C Conf Room 1 ED Day 40C Conf Room 2	9 General Orientation- Week 1 40C Conf Room 1 Co-Occurring Disorders 40C Conf Room 3 8a-5p	10 General Orientation- Week 1 40C Conf Room 1 Co-Occurring Disorders 40C Conf Room 3 8a-5p	11 General Orientation- Week 1 40C Conf Room 1	12
13	14 General Orientation- Week 2 40C Conf Room 1 Evidenced Based Practice 40C Conf Room 3 8a-5p	15 General Orientation- Week 2 (RN/LPN Only) 40C Conf Room 1 ProACT Refresher Training 40C Conf Room 3 8a-5p	16 General Orientation- Week 2 (RN/LPN Only) 40C Conf Room 1 ProACT Refresher Training 40C Conf Room 3 8a-12p	17 ProACT Refresher Training 40C Conf Room 3 8a-5p	18 ProACT Refresher Training 40C Conf Room 3 8a-12p	19
20	21 General Orientation- Week 2 40C Conf Room 1	22 General Orientation- Week 1 40C Conf Room 1 ED Day 40C Conf Room 2	23 General Orientation- Week 1 40C Conf Room 1 DSM IV 40C Conf Room 3 8a-5p	24 General Orientation- Week 1 40C Conf Room 1 DSM IV 40C Conf Room 3 8a-5p	25 General Orientation- Week 2 40C Conf Room 1	26
27	28 General Orientation- Week 2 40C Conf Room 1	29 General Orientation-Week 2 (RN/LPN only) 40C Conf Room 1 ProACT Refresher Training 40C Conf Room 2 8-5p Solution Focused Brief Therapy 40C Conf Room 3 8a-5p	30 General Orientation-Week 2 (RN/LPN only) 40C Conf Room 1 ProACT Refresher Training 40C Conf Room 2 8-12p Solution Focused Brief Therapy 40C Conf Room 3 1a-5p	31 ProACT Refresher Training 40C Conf Room 2 8a-5p	Note: _____ _____ _____ _____	



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