

OSH Recovery Times

Volume 3, Issue 8



August 2007

New Psychiatric Facilities Update, Q & A

By Karen Brazeau

By funding the Oregon State Hospital Replacement Project, the 2007 Oregon Legislative Assembly expressed its support for construction of two new psychiatric facilities, one for the northern part of the state and one for the southern.

Due diligence testing is already under way on the existing hospital grounds in Salem to determine if the site is appropriate for one of the new facilities.

Contractors on the Salem site have completed a variety of tests to determine the suitability of the site for new construction.

While the site has many challenges, including the removal of toxic materials and maintaining services to clients during construction, to date the contractors' work has not revealed any insurmountable problems.

The Department of Human Services will soon hire a professional project management

firm to coordinate all construction-related activities on both proposed sites, Salem and Junction City.

The agency is pleased with the caliber of state, national and international companies with medical and mental health building construction experience that bid on the Project. The top contenders were interviewed on July 24, and a selection is expected soon.

DHS is also developing a Project Team led by Linda Hammond, former budget manager for the Addictions and Mental Health Division.

Team members will handle the Project's business functions, development of the new information system and coordination of activities between the contracted architectural and construction firms and current hospital staff and administration.

If due diligence determines that the Salem site is appropriate for the new psychiatric facility, one of the first tasks of the contractors, the Project team and hospital administrators will be planning for maintenance of existing hospital services during construction.

This is a common challenge in hospital construction, and the contractors will bring expertise

**"NEW FACILITIES"
cont. on page 2**

In this issue....

B-HIP Update	2
Core Values: E-mail Professionalism ...	3
August Calendar	3
OSH Policies and Procedures.....	4
Diversity Meal	4
"The Move".....	4
EDD Schedule.....	5
Volunteers Welcome	5
Congratulations Ron Glaus.....	7
AS400 Update	6
New Hires	16

"NEW FACILITIES" continued from page 1...

and experience to this and other issues facing the Project.

The Project is developing a list of frequently asked Project-related questions. This information will soon be available on a Project Web page where it will be updated

regularly as more information becomes known.

If you have questions about the Project that are not addressed, please contact Maynard Hammer at 503-945-2866 or Nichole Kisor at 503-945-2864, and they will be happy to

forward them to the Project Team. Responses will be provided in the next edition of the *OSH Recovery Times*.

**"NEW FACILITIES"
cont. on page 8**

B-HIP Update

By Ben Kahn, B-HIP Director, Addictions and Mental Health Division

The Addictions and Mental Health Division expects to issue a request for proposals late this year asking for proposals to provide a Web-based information system for Oregon's state-operated system of psychiatric facilities.

The goal for the Behavioral Health Integration Project (B-HIP) is to replace paper records and unconnected databases, to be in place a year before the new psychiatric facility opens in Salem in 2011.

The information system will be Web-accessible which will facilitate implementation of the system and access to information at all OSH campuses, as well as Blue Mountain Recovery Center and the Junction City facility scheduled to open in 2013. The system will improve care for people receiving psychiatric treatment in many ways, including:

- Tracking services, lab results, medications, dietary requirements, staffing resources and other data;
- Scheduling hundreds of patients for daily activities within the proposed treatment mall setting;
- Facilitating the successful transfer of patients to community placements by providing electronic records and discharge plans to the community providers;
- Facilitating clinical decisions in community placement by tracking the availability of treatment resources (e.g., availability of residential setting or other options); and
- Giving patients improved access to health records, which all patients are entitled to under the Health Insurance Portability and Accountability Act.

Employees of OSH and Blue Mountain Recovery Center continue to be actively involved in identifying requirements for the information system. Staff have been involved in many ways, including participating in one-on-one interviews with FOX Systems, a contractor providing technical assistance.

Thank you to those who participated in interviews during the month of July. It is anticipated that additional interviews will be necessary to further define the requirements.

Questions can be directed to Ben Kahn, acting project manager, at 503-945-6196 or via GroupWise.

Core Values: Professionalism and E-mail

By Lisa Harnisch, Core Values Initiative Manager

I have heard countless e-mail horror stories—you know the type—hitting “reply all” when intended only for one person; responses that are witty in the sender’s head, but don’t quite translate in writing; too long; too formal; too informal. The list goes on. In this day and age we have a plethora of communication vehicles, and one of my personal favorites is e-mail.

While e-mail is an invaluable tool and resource 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 e-mails are public information. We have policy that guides our actions. DHS policy 070-004, Acceptable Use of Information-Related Technology can be found at www.dhs.state.or.us/policy/admin/is/070_004.htm. We also have e-mail etiquette guidelines. Highlights include:

- Do not hit “reply all” unless there is a true need for everyone to see your response.
- E-mail 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 canceled**. The double ** are an indicator that there is no need to open the e-mail 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 e-mail. Re-read your message as if you were the one receiving it.

The entire DHS e-mail etiquette guidelines list can be found at www.dhs.state.or.us/policy/admin/is/070_004_email_etiq.htm. As professionals we must always make sure that our professionalism shows through in all we do—including e-mail.

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

August Calendar

6th—10:00 am:

OSH Foundation

Callan Room

Contact Jessica Loewen Preis:
(503) 945-2892

13th—6:30 am - 11:30 am:

PEBB Health Screenings

Portland Campus Chapel

Contact Sue Wimmer:

(503) 945-2886

14th—6:30 am - 3:30 pm:

PEBB Health Screenings

40 Building

Contact Sue Wimmer:

(503) 945-2886

15th—1:30 pm:

Valuing Diversity Committee

Brooks Room

Contact Rebecca A. Sweetland:

(503) 945-2806

16th—11:00 am - 3:00 pm:

Staff Wellness Fair

35 Building Front Lawn

Contact Linda Marshall:

(503) 945-9838

17th—8:15 am:

Wellness Committee

Callan Room

Contact Sue Wimmer:

(503) 945-2886

22nd—2:30 pm:

General Staff Meeting

30 Building Gym

Contact Pam Dickinson:

(503) 945-2852

OSH Policies and Procedures Available Electronically

By Ted Ficken

Tired of dealing with large policy and procedure manuals? Do you need to quickly locate a detail about handling a situation in your work area? You may be happy to hear that the OSH Policy and Procedure Manual is now available electronically on any campus computer.

In the past, OSH policies and procedures underwent full reviews just before accreditation surveys, which occurred every three years. Now that the Joint Commission conducts unannounced surveys, policies and procedures are reviewed and revised continuously. At the direction of the Superintendent and Deputy Superintendent, all OSH policies and procedures are currently being reviewed and reference materials verified, redundancy eliminated and language simplified.

Davita Wright has been cleaning up the existing policies and procedures, converting them to PDF format and saving them into a folder on the hospital's shared drive. To find the manual on your computer, go to: I:/PUBLICATIONS/OSH POLICY AND PROCEDURE MANUAL. If you have the "Forms and Publications" icon on your desktop, just click on that icon and then click on OSH

Policy and Procedure Manual. All of the policies and procedures and accompanying forms are available in "read-only," PDF format.

Eventually, the OSH Policy and Procedure Manual will be converted to the DHS format. This means policy statements and procedures will be listed separately and a new numbering system will be used. There will be electronic links to reference materials and forms. Once the OSH Policy and Procedure Manual is converted to this format, attention will focus on converting departmental, program and discipline manuals to the new format. Eventually, all manuals will be converted to the DHS format and made available electronically.

Diversity Meal

By Heike Tash

OSH food services will serve a special Northwest Native American Meal on Aug. 31.

It will consist of salmon, wild rice with mushrooms, fry bread with blackberry jam, greens (salad) with vinaigrette and fresh blueberries.

For many centuries, the native people of the Pacific Northwest based their economy, culture and religion on salmon fishing.

For more information, contact Food and Nutrition Services: 503-945-2915.

The Move

By Dan Petre-Miller,
Unit Director of 35C, now P6A

Moving is a big deal. It is one of the highest producers of stress that a person can experience.

The move of unit 35C in Salem to P6A in Portland started about a year ago. During that time, almost all of our direct-care staff went to other units and new staff joined us.

The changes caused by the move are numerous. We are still living out of boxes and looking for a few things that we know are somewhere, but can't find.

Miraculously, the patients, with excellent staff assistance, all made the physical move without a hitch on July 9. The warehouse crew, administrators and unit staff all worked together to seamlessly get patients and property loaded.

The real stars of the move were the patients. Some of our folks have lived on 35C for years. Pictures and tours of the new unit were provided in order to prepare them for moving, but they were still leaving the familiar for the unfamiliar.

However, when the time came, everyone moved forward, getting to Portland on schedule, intact and happy.

"THE MOVE"
continued on page 7

Volunteers, Welcome

By Jessica Loewen Preis

Thousands of people enjoyed dragon boat races, Afro Brazilian funk music, Chinese dancers, Moroccan tea-making demonstrations, yaki-soba noodles and gyros at the 10th annual Salem World Beat Festival June 30 and July 1. This is also where District 3 kicked off its involvement in a new DHS Volunteer Services demonstration project.

In December 2006, the DHS Volunteer Steering Committee, sponsored by the DHS Director's Office, solicited applications for involvement in an "internal investment program." All 16 districts in Oregon were invited to prepare proposals outlining the goals for their project, anticipated improvements and resources, including both existing and those needed to carry out the project.

"The investment is in the form of funding, coaching for planning, implementation and measurement and other resources," the announcement read. "It's a bit like a grant program with resources being provided to selected proposals [for a year]." At the end of the year, performance measures will be analyzed and plans developed as to where to go from there.

OSH volunteer services partnered with DHS Children, Adults and Families Division (CAF) and NorthWest Senior and Disability Services (NWSDS) programs throughout Marion, Polk and Yamhill counties. Their proposal was one of five selected by the Director's Office in March 2007.

March through June was spent planning. Meetings and workshops were set up, performance measures were discussed and revised, volunteers were hired and a budget was worked out.

A Community Development Coordinator for District 3 was hired to succeed Tracey Strohmeyer for the duration of the demonstration project. On July 1, Tracey became a full-time project coordinator for District 3's demonstration project.

"WELCOME"
continued on page 6

August EDD Schedule

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

Pro-ACT Refresher Training

Aug. 2, 8 am–5 pm, and Aug. 3, 8 am–12 pm

General Orientation

Aug. 6-17, 8 am–5 pm

Stages of Change:

Aug. 6, 8 am–5 pm

Ed Day: Aug. 7 or 21,

8 am–5 pm

Medical Terminology for Non-

RNs: Aug. 8 or 23, 2–4 pm

Strength-Based Treatment

Planning: Aug. 8, 8 am–5 pm

Nursing Skills: Assessing

Movement Disorders:

Aug. 10, 2–4 pm

Pro-ACT Refresher Training

Aug. 14, 8 am–5 pm, and

Aug. 15, 8 am–12 pm

Pro-ACT Refresher Training

Aug. 16, 8 am–5 pm, and Aug. 17, 8 am–12 pm

General Orientation

Aug. 20-31, 8 am–5 pm

CMA Pharmacology

Aug. 22, 8 am–12 pm

Medication Admin. Review

Aug. 24, 10 am–12 pm

Solution-Focused Brief Therapy

Aug. 27, 8 am–5 pm

Pro-ACT Refresher Training

Aug. 28, 8 am–5 pm, and Aug. 29, 8 am–12 pm

Best Practice in Addiction

Treatment: Aug. 28, 8 am–3 pm

Pro-ACT Refresher Training

Aug. 30, 8 am–5 pm, and Aug. 31, 8 am–12 pm

"WELCOME" continued from page 5...

The anticipated improvement of District 3's project is to unify DHS volunteer programs in Marion, Polk and Yamhill counties. DHS Volunteer Services would be viewed as one program with many individual components. As a result, volunteers would have simplified access to a wide range of volunteer opportunities within DHS and an increased understanding of its programs and how it meets the needs



For information call (503) 373-1419



and NWSDS collaborated to gather information about each of the programs and present the various volunteer opportunities. With the expertise of the DHS Office of Communications Web, Publishing and Design staff, the group also worked to create a banner and recruitment posters that can be used by all districts with minor modifications.

"WELCOME" continued on page 15...

AS400 Update

By Joan Riley

We are getting closer to achieving our goal of turning off the AS400. Our target date is this fall.

If you have any concerns about documents that you wish to retain, please contact Nancy Coddington via GroupWise and let her know of your needs and concerns. Don't delay.

The pharmacy and lab printer issues have been resolved and we await delivery of the new continuous feed, high-speed printers for printing the fill lists.

Cold Fusion, the Web-based application to which a number of personal directories are being converted, will be piloted starting in August.

We are starting with the medical records department's transcriptions records. The OSH visitors list will follow. Other databases that we plan to move to this platform include (but are not limited to) databases for approved drivers, fingerprint tracking and education training records.

Finally, the team is planning a celebration to complete the process and thank you for your assistance. We would not have made it this far and with such great success without your tremendous support. Thank you.

of Oregonians. The volunteer programs will share existing, as well as pilot-funded resources, to increase efficiency and further strengthen relationships within DHS programs as well as with community partners.

The first effort to do this was to host a booth at the Salem World Beat Festival for recruitment and awareness purposes. OSH, CAF

Congratulations, Ron Glaus

By Bruce Goldberg, M.D.

Every few months, when I have the opportunity to review nominations for the quarterly Director's Excellence Awards, I discover new reasons to be proud of this agency. We have so many dedicated employees that it is always difficult to select just a few to receive the award, and this time was no different.

The six award recipients, who included Ron Glaus, Ph.D., Chief of Psychology at the Oregon State Hospital, were among a large group of nominees, all of whom made important and meaningful contributions to the DHS mission. Please join me in congratulating Ron.

He received his award for his instrumental role in improving the delivery of psychological services to OSH residents and reinvigorating the mission of the OSH Psychology Department. He consistently challenges and collaborates with department members to improve programs and deliver services with the highest degree of professionalism.

He created a Quality Improvement Committee to increase accountability and professionalism, inviting the opinions of staff members and using their suggestions to implement changes. He has created an interagency relationship between OSH and the Department of Public Safety Standards and Training to provide opportunities for cross-training in areas of mutual interest, has overseen the development of the Co-Occurring Disorders Program and the Community Placement Team and has reorganized the Sex Offender Treatment Program.

His efforts have helped the programs expand their ability to provide necessary and timely services for OSH residents. He has achieved these improvements and changes using a collaborative approach, and has worked creatively to provide improved neurological and assessment services to the residents of OSH.

I'd like to thank all of this quarter's award recipients and nominees for their dedication and commitment to the mission and goals of this agency. Your work makes a difference and sets an example for all of us. Congratulations.

"THE MOVE" continued from page 4...

One long-time resident who vehemently resisted to the move said, as I was leaving the unit after that first long day on P6A, "Being up here makes me want to get out."

Other patients expressed how much they like the new facility. There has been a reduction in acting-out behaviors on the new unit. While some improved behaviors are attributable to a "honeymoon" period, the new environment is having a positive impact. P6A is a harbinger of the new hospital.

The reduction in population and maintaining staffing levels is providing staff and patients with new ways of responding to treatment needs. The week of July 23 patients began attending groups at the treatment mall on the Portland campus.

The example set by the other three OSH-P units has helped reduce the anxiety that patients and staff are experiencing as P6A integrates into the program.

“NEW FACILITIES” continued from 2...

1. Who decided to replace Oregon State Hospital?

The 2007 Oregon Legislature authorized funding estimated at \$458 million to build two new state-operated psychiatric facilities: a 620-bed facility proposed for Salem and a 360-bed facility proposed for Junction City.

Both will be modern psychiatric treatment and recovery facilities designed for up-to-date psychiatric practices structured, along with a strengthened community mental health system, to support healing, recovery and a return to successful community living.

The Salem facility is scheduled to open in 2011 and the Junction City facility in 2013.

2. Why did they decide the state needed these new facilities?

For at least 20 years, state lawmakers have heard from patients, advocates, citizens and staff about the inadequacy of the state hospital.

In addition, the state has faced several challenges including legal suits over a variety of hospital deficiencies.

Most recently, the U.S. Department of Justice reviewed

conditions at the hospital, and the state expects to receive a federal report detailing their evaluation of the state hospital’s deficiencies.

To get the hospital-replacement work under way, the November 2004 legislative Emergency Board and the 2005 Oregon Legislature directed the Department of Human Services (DHS) Addictions and Mental Health Division (AMHD) to analyze Oregon’s mental health system and the state hospital in particular.

DHS contracted with KMD Architects, which with the help of sub-contracted mental health experts analyzed needs and documented them in the Mental Health Master Plan—Phase I and Phase II.

These reports can be found at <http://www.oregon.gov/DHS/mentalhealth/osh/main.shtml> on the DHS Web site.

The KMD analyses determined that the Oregon State Hospital buildings are unfit for modern psychiatry and in very poor repair.

Most contain hazardous materials, and some may not be safe because of possible inability to withstand an earthquake.

Part of the hospital’s oldest structure dates to 1883, and the hospital’s newest building opened in 1955.

3. Will new buildings satisfy the state hospital’s legal challenges?

New facilities will go a long way toward meeting the state’s responsibility to ensure safety and security for both patients and staff.

Besides constructing new buildings, the state also continues to work to improve the ratio of staff to patients by emphasizing the hiring of additional staff.

In addition, the state will implement more evidence-based programs and practices—those that have been shown through scientific research to deliver the desired treatment results.

4. What will be built on the Center Street N.E. site in Salem?

DHS is currently performing due diligence (see next question) on the site to ensure that a new 620-bed mental health recovery center can be constructed on approximately

**“NEW FACILITIES”
cont. on page 9**

“NEW FACILITIES” continued from 8...

100 acres of state-owned property south of Center Street N.E., site of part of the existing state hospital.

Assuming the state can move forward on this property, the new facilities will include areas to house people receiving mental health treatment and spaces for counseling and treatment rooms, kitchen and dining areas, pharmacy, staff offices, outdoor recreation and to meet other needs.

5. What is the work we now see happening on the site?

DHS has contracted with a professional firm to perform tests necessary to determine if the site is suitable for new construction.

This due diligence includes such work as determining water quality, testing for hazardous materials and looking for old buried fuel tanks.

The property will be confirmed as the final site only after this process is satisfactorily completed.

6. How was the Center Street N.E. site selected?

KMD Architects recommended two state psychiatric facilities, one located in the northern Willamette Valley and one

located in Western Oregon south of Linn County.

The Governor and legislative leadership subsequently named a committee to identify the desired siting criteria for new state-operated psychiatric facilities.

The committee, composed predominantly of legislators, identified more than 30 siting criteria such as size, cost, zoning, topography, employee availability, proximity to patient’s families and access to public services (e.g., mental health treatment partners, library, fire and police).

The state conducted a public solicitation of properties whose owners or agents were willing to have them considered. Both privately and publicly owned parcels were offered.

Six properties were offered in the Salem and Hillsboro areas for the northern site; 10 were offered for the southern site.

Staff from both the Oregon Department of Human Services and the Oregon Department of Administrative Services evaluated properties against the legislatively mandated criteria. The existing Salem hospital site on Center Street N.E.

emerged as the first choice for the northern site based on advantages such as no land-acquisition cost, appropriate zoning, patient access to jobs in the community, public transportation and other services, long-standing community and neighborhood support and patient and staff familiarity with the site.

A state-owned property in Junction City in northern Lane County emerged as the top choice for the more southern hospital.

This land also presents no acquisition cost and ranked higher than other available properties on many other criteria.

The report of siting recommendations can be found at <http://www.oregon.gov/DHS/mentalhealth/osh/site-recommend/site-report-main.pdf> on the DHS Web site.

A separate siting-related Q&A document can be found at <http://www.oregon.gov/DHS/mentalhealth/osh/site-recommend/siting-qa.pdf> on the DHS Web site.

**“NEW FACILITIES”
cont. on page 10**

“NEW FACILITIES” continued from 9...

7. When will construction begin? Where will it occur?

Assuming that the site is confirmed as appropriate for construction, building of the new state psychiatric facility on the south side of Center Street N.E. would begin in the spring of 2009 and be completed in 2011.

Prior to construction, patients now living on the south side of Center Street N.E. will be relocated to other on-campus living space.

Treatment staff for those patients and administrative staff will also be relocated as needed to avoid construction activities.

8. How long will construction continue? How will the neighborhood be affected?

Construction is expected to begin in spring 2009 and finish in 2011.

The state and its contractors are committed to showing respect to everyone involved during that time by ensuring that, to the extent possible, dust is controlled, noise and vibration are minimized, access to homes and businesses is maintained and traffic flow is minimally interrupted.

Safety of workers, neighbors and visitors will be paramount.

Generally, work will be restricted to weekdays between 7 a.m. and 4:30 p.m., although occasional overtime may be required for time-sensitive work.

Contractors will be required to adopt noise- and dust-control measures during construction.

Asbestos abatement and removal of lead-based paint will be the first order of work. Depending on the amount of these materials present, buildings or areas may be enclosed in plastic sheeting to ensure particles don't reach the surrounding neighborhood. This phase is expected to last about two months.

9. How much more neighborhood traffic will the new psychiatric facility generate?

Because the new facility will house more patients and employ more staff than the current hospital, there will likely be additional traffic in the neighborhood.

DHS is conducting a traffic analysis that will be used to inform the placement of

access roads. Efforts will be made to minimize impact to surrounding neighborhoods and the already heavily burdened Center Street.

10. What trees (and how many) will be removed?

Because a design for the new center has not yet been developed, there is no way to predict how many trees would be affected.

The existing campus provides a beautiful park-like setting, and the intent is to maintain that type of setting for the new psychiatric facility. Landscape architects will be hired to design the grounds.

Over the years, many of the older trees on campus have been removed due to disease or instability. Those trees have always been replaced with several other trees.

DHS will continue this practice for tree removal and replacement by one or more new trees in the new facility's plan.

11. How will the new psychiatric facility change

**“NEW FACILITIES”
cont. on page 11**

“NEW FACILITIES” continued from 10...

the character of the neighborhood? How will property values be affected?

Oregon State Hospital has always tried to be a good neighbor, and the new psychiatric facility should be an even better one.

The oldest part of the current hospital is J Building, constructed from the 1880s to the 1920s, on the south side of Center Street N.E.

The newest major structure on the hospital campus opened in 1955. By contrast, the new psychiatric facilities will be as modern as any in the nation.

Residential property values are determined by many factors. To the extent that having a psychiatric facility in the neighborhood is one of those factors, replacing a dilapidated hospital with one that is among the nation’s newest and most modern should have a positive impact.

12. What sort of patients will receive treatment services in the new psychiatric facilities?

When the new psychiatric facilities open, the existing hospital population will be moved into them.

For the most part they will be placed in the facility that is closest and most accessible to family and friends from the community to which a patient will eventually return.

State-operated psychiatric facilities deliver treatment and care to three types of patients: those who are committed by a court after finding they are guilty of a crime except for insanity; those whose severe and persistent mental illness causes them to be a danger to themselves or others; and those whom a court determines need mental health treatment until they are prepared to participate in their own defense at trial. No children or adolescents are treated at the hospital.

13. Will the new facilities be more secure than Oregon State Hospital?

Security at the current Oregon State Hospital has been achieved by retrofitting the old buildings with security devices and using fencing where needed.

For the new facilities, new design and construction methods can enhance security.

For example, the centers might be constructed to provide people receiving treatment

with access to a landscaped courtyard while relying on perimeter walls for security.

In addition, modern effective electronic security systems will be built into the new structures.

Treatment professionals currently use a variety of methods—including using objective psychological exams and evaluations—to determine which patients should be eligible for passes permitting them to leave the ward. These practices will continue in the new facilities.

Public safety is at the heart of decisions about whether to permit patients to walk on the hospital grounds or go into the community.

When patients are at the point in their treatment where normal community activities are appropriate to their continued recovery, they prepare for successful re-entry into the community by using public transportation, visiting the public library, working a job, attending a support group meeting and other means.

**“NEW FACILITIES”
cont. on page 12**

“NEW FACILITIES” continued from 11...

14. Aren't some of the buildings on the Salem site of historic value? How is the state going to deal with these structures?

The state hospital's best known building is that part of the J Building on the south side of Center Street N.E. that holds the cupola; this is the section of that building that opened in 1883.

Both the Oregon Department of Corrections Dome Building on the north side of Center Street N.E. and the entire J Building on the south side of the street are listed with the City of Salem's Historic Landmark Commission.

There are also efforts under way to have the entire Oregon State Hospital campus listed on the National Historic Registry.

The agency is committed to completing the redevelopment project while complying with all regulations governing historical properties.

Until there is a design for the new structure and a corresponding footprint, the future of these and other campus structures will remain unknown.

The design phase of the project is expected to be underway beginning fall 2007.

15. What will happen to the buildings and land on the north site of Center Street?

Until a design is developed for the new psychiatric facilities, the future need for the buildings and land north of Center Street N.E. is unknown. There may be a continued need for office, staff development or other space that cannot be accommodated on the south side of Center Street N.E.

16. How will neighbors be updated on the status of the project?

The state is committed to ensuring the public has answers to its questions. The Oregon Department of Human Services is convening a Stakeholders Group that will meet quarterly until the Junction City facility is opened in 2013.

The neighborhood associations will be represented on that group. Neighbors also will be invited to meet with project and hospital staff to review facility models and draft plans as the project progresses. In

addition, a Web site will provide timely information about the project.

A sign will be posted on-site with the name, address and phone number of an Oregon Department of Human Services representative. This will enable people to obtain answers to questions or to lodge complaints about project-related activity.

17. Did the state consider building multiple, community-based 16-bed units in lieu of two large psychiatric facilities?

Yes. That option was considered, but it became clear that both new psychiatric facilities and community-based residential programs were needed to adequately serve Oregonians with severe and persistent mental illness.

For the 2007-09 biennium, the state has legislatively authorized funds for three community-based 16-bed programs; several similar programs were established during 2005-07.

18. Will consumers be involved in planning

**“NEW FACILITIES”
cont. on page 13**

“NEW FACILITIES” continued from 12...**for the two new state psychiatric facilities?**

Yes. Consumers—that is, people who have received community or state hospital mental health services—will have a number of opportunities to be involved.

For example, the Oregon Department of Human Services is convening a Stakeholders Group that will meet quarterly until the Junction City facility is opened in 2013. At least 20 percent of Stakeholders Group members will be consumers.

Also, early in the planning stage, stakeholders will be invited to meet with architects to discuss program and facilities needs. At critical points during the project consumers and others will be invited to meet with architects to review models and draft plans.

This also occurred during the earlier stages of analysis and planning. These meetings will allow a larger number of interested persons, including consumers, to better understand and comment on the planning to date. Consumers also will be included in planning treatment programs.

19. How will current state hospital staff be involved in the planning for the two new state psychiatric facilities?

Staff members will have multiple opportunities to be involved in the project. Their labor unions will represent them on the Stakeholders Group described previously.

There also will be staff meetings at the hospital to gather staff comment, and staff members will be invited to meet with architects to provide initial input and review facility models and draft plans.

Additionally, hospital managers will meet regularly with the project staff to share staff comments, questions and issues. Project staff also will periodically meet directly with hospital staff.

20. How is the state involving its local partners such as mental health treatment providers, local law enforcement and the judicial system in planning the two new state psychiatric facilities?

Representatives from those groups and others will be invited to participate in the Stakeholders Group that

will meet quarterly until the Junction City facility is opened in 2013.

In addition, planning for the new psychiatric facilities and the new community-based services will be a consistent agenda item during regularly scheduled separate meetings with many of these partners.

21. What work is the state doing in the Salem and Junction City areas to address the increased need for community services as well as community infrastructure to support the new facilities?

The Oregon Department of Human Services Addictions and Mental Health Division interacts regularly with city and county representatives and with treatment providers in both areas to plan services.

Infrastructure surrounding the Salem site will continue to support the new psychiatric facility, and project staff will be engaged with Junction City representatives on this issue.

For example, although the Junction City site has public bus service, project staff will

**“NEW FACILITIES”
cont. on page 14**

“NEW FACILITIES” continued from 13...

conduct more analysis to determine its adequacy to meet the needs of the new 360-bed facility.

If public transportation were found to be inadequate, staff would meet with local transit authority and city representatives to explore options.

22. Does the state have policies to ensure that those communities don't pick up a disproportionate number of patients discharged from the state psychiatric facilities?

When appropriate, efforts are already made to help patients return to their home communities.

Some counties have developed more community mental health resources than others, which can result in those counties serving people who were not residents when committed for treatment.

Although the state does not have a policy that addresses this issue, steps are being taken to improve community mental health services in more parts of the state.

23. What is the state doing today to plan for and address the workforce

issues (recruitment, retention) it will face at both new facilities?

The first step is determining the kind of treatment approach that will be provided in the new centers.

National trends support a “treatment mall” approach where residents leave their living areas and go to a separate space, or treatment mall, to receive treatment.

This more closely reflects a normal day in the community, which is important because most patients ultimately are discharged to the community.

The Oregon Department of Human Services is examining staffing models of other states’ treatment malls to determine how that information can inform Oregon’s planning.

Federal staffing recommendations also are being examined. Even without knowing the exact number of staff needed, it is clear that more staff will be required.

A DHS-convened work group has completed a survey document that describes Oregon’s psychiatric nursing shortage and makes recommendations for securing

additional nurses to work in the new psychiatric facilities. That document will be posted on the DHS Web site.

DHS has also entered into an interagency agreement with the Oregon Health and Science University for a chief psychiatrist and up to six staff psychiatrists, in addition to stepping up national recruitment efforts for professional staff.

24. What is the state planning to name the new facilities?

No names have been selected. Whatever names are eventually selected will reflect the new facilities’ mission to be places of treatment and recovery.

25. If I wanted to volunteer at the state hospital, whom should I contact?

People interested in the diverse opportunities to volunteer at Oregon State Hospital are invited to contact Jessica Loewen Preis either by e-mail at Jessica.A.Loewen-PREIS@state.or.us or by phone at 503-945-2892.

**“NEW FACILITIES”
cont. on page 15**

“NEW FACILITIES” continued from 14...

The hospital has many volunteer opportunities; among them are assisting with patient activities, being a clerical

assistant, serving on the OSH Foundation or volunteering in the gift shop, as an entertainer or bringing in a pet as a visitor.

Jessica Loewen Preis will be happy to help you match your interests and abilities to available opportunities.

“WELCOME” continued from page 6...

The booth was decorated with the colorful recruitment posters and artwork done by OSH patients. Staff and volunteers took shifts answering questions and passing out information.

For more information about local volunteer opportunities and District 3’s demonstration project, please contact Jessica Loewen Preis, Director of Volunteer Services for the Oregon State

Hospital at 503-945-2892, or Tracey Strohmeyer, project manager for the District 3 Demonstration Project at 503-373-1419. Jessica and Tracey may also be reached via GroupWise.



From left: Elli Poujade, Kevin Scott, Mark Riley and Marijo Poujade work at the DHS Volunteer Services table at World Beat.

Congratulations to all of those who were hired, promoted or retired in June:

New Hires

Tamberly Atkinson,
Mental Health Therapy Tech

Katrina Bern,
Mental Health Therapy Tech

Douglas Dunlap,
Clinical Psychologist 2

Michael Duran,
Physician Specialist

Sabrina Hyatt,
Mental Health Therapy Tech

Maria King,
Mental Health Therapy Tech

Yulia Kotlyar,
Mental Health Therapy Tech

Cathy Kwapinski,
Mental Health Registered Nurse

Nicholas Maselli,
Voc Rehabilitation Counselor

Sonia Mora,
Mental Health Therapist 1

Ivana Odzak Condron,
Mental Health Registered Nurse

Barbara Pommier,
Mental Health Registered Nurse

Erica Toews,
Mental Health Registered Nurse

Arthur Tolan,
Clinical Director

Shiri Weinbaum,
Mental Health Registered Nurse

Promotions

James Mambu,
Mental Health Therapist 1

Simon Orikannu,
Mental Health Therapist 1

Retirements

Linda Brandeberry,
Psychiatric Social Worker

Carol Lowrie,
Mental Health Therapist 2

Sharon Rome,
Executive Support Specialist 1