



Family GUIDEBOOK

Forensic Psychiatric Services (Harbor, Trails, and Bridges)/Salem
Psychiatric Recovery Services: Neuropsychiatric (Springs)/Salem
Psychiatric Recovery Services: Adult Treatment/Portland

Oregon
Health
Authority
ADDICTIONS AND MENTAL HEALTH
Oregon State Hospital





The front entrance of the hospital.

OREGON STATE HOSPITAL

2600 Center Street NE
Salem, OR 97301-2682

OREGON STATE HOSPITAL

1121 NE 2nd Ave
Portland, OR 97232

**COMMUNICATION CENTER
(SALEM/PORTLAND)**

503-945-2800
1-800-945-2805

Dear Family Members and Friends:

Our goal and primary focus is to provide our patients with an array of high-quality, compassionate and respectful treatment services and supports that they will need to promote their recovery, and that build on their respective strengths and skills. Since your knowledge of and relationship with your loved one is unique and can be of significant help to the person's recovery process, we will do our best (patient permitting) to encourage and support your active involvement during his or her hospitalization.

The Family Guidebook was developed with input from staff, patients and family members and is provided for your convenience and to assist you while your loved one receives treatment at the Oregon State Hospital.

Acknowledgement of contributors

Individuals who assisted with this document wear multiple hats, including that of mental health consumer, family member, friend, NAMI member, Friends of Forensics member, OSH Advisory Board member, OSH staff member, etc. A few but not all of the individuals who assisted are named below:

Dianne Farrell

Kelly Farrell

Pat Fording

Debra Orman McHugh

Shelly Miller

Sue Sammis

The information in this guidebook can be made available in alternate languages upon request.

TABLE OF CONTENTS

Mission and vision2

Contacts list3

Hospital programs5

Telephone contact information6

Forensic Psychiatric Services (Harbor, Trails, and Bridges)/Salem.....6

Neuropsychiatric Recovery Services (Springs)/Salem.....13

Psychiatric Recovery Services: Adult Treatment/Portland.....14

Mail.....16

Visiting17

Safety guidelines for visiting.....19

Visiting schedule20

Visiting locations21

Visiting days and hours22

Trails Leaf 2 visiting days and hours.....24

Passes off hospital grounds26

Patient bill of rights26

Family involvement27

Personal possessions and spending money.....28

Hospital processes29

Family involvement30

Cost of care31

Medications31

Seclusion and restraint	31
Religious activities	32
Resolving complaints	32
Filing a grievance	32
Physical and social environment	34
How families and friends can help	35

APPENDICES

Appendix A. A typical day at the Oregon State Hospital.	38
Appendix B. Seclusion and restraint	39
Appendix C. Declaration for mental health treatment.	40
Appendix D. Psychiatric Security Review Board (PSRB).	41
Appendix E. Office of Spiritual Care	42
Appendix F. Education and support/resources.	43
Appendix G. Interdisciplinary Treatment Team	46
Appendix H. Driving directions and maps	48
Appendix I. Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint form.	50
Appendix J. Authorization for Use and Disclosure of Information form	52
Appendix K. Grievance procedure	54



MISSION AND VISION

OUR MISSION

Our mission is to provide therapeutic, evidence-based, patient-centered treatment focusing on recovery and community reintegration all in a safe environment.

OUR VISION

We are a psychiatric hospital that inspires hope, promotes safety and supports recovery for all.





CONTACTS LIST

Use this space to list the names and telephone numbers of staff people who will be working with you or the patient during this hospitalization.

Unit social worker:

Unit phone:

Treatment team:

Unit staff:

Nurse:

Psychiatrist:

Psychologist:

OTHER CONTACTS:

Communication Center (Salem/Portland)

503-945-2800 or 1-800-544-7078

Director of Consumer and Family Services

If you have any questions, concerns or issues that have not been addressed by the patient's treatment team you may contact the director of Consumer and Family Services.

Deborah Howard, 503-945-7132

Program directors:

Contact the program director if you have concerns regarding program policies or staff performance.

- Trails/Salem: Sue Zakes, 503-945-9870
- Bridges/Springs/Salem: Nancy Frantz-Geddes, 503-947-2961; 503-731-8626; or 1-800-677-3672
- Harbors/Salem: Heidi Scott, 503-932-8455
- Psychiatric Recovery Services: Adult Treatment/Portland: Nena Strickland, 503-945-2866; 503-731-8626; or 1-800-677-3672

Deputy superintendent

Contact the deputy superintendent if you have concerns regarding hospital policies or the performance of management staff. Nena Strickland, 503-945-2866

Superintendent

Contact the OSH superintendent if you have concerns regarding hospital policies or about the performance of management staff. Greg Roberts, 503-945-2850

Note: Deborah Howard, director of Consumer and Family Services, may return calls from families or patients on behalf of the superintendent or deputy superintendent.

Office of Adult Abuse Prevention and Investigations

1-866-406-4286

The Office of Adult Abuse Prevention and Investigations looks into allegations of abuse or neglect.

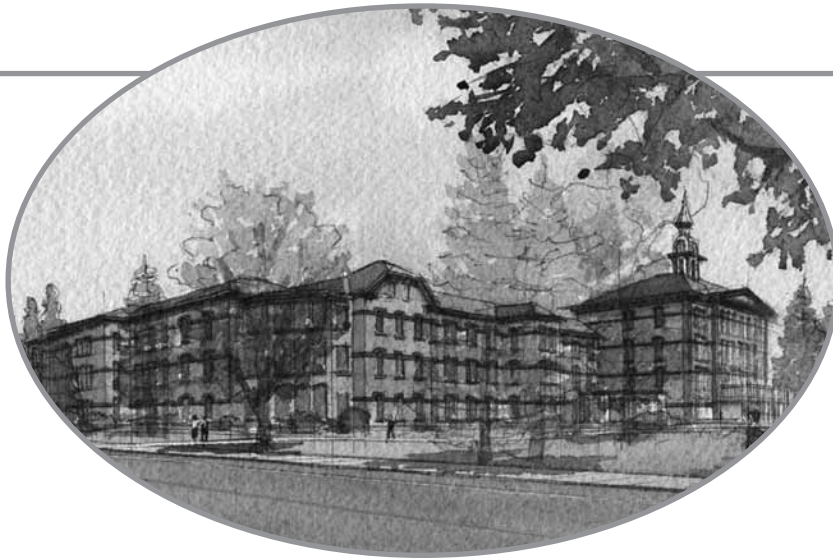
Joint Commission

Family members of Oregon State Hospital patients may report complaints about patient care and/or safety directly to The Joint Commission.

Email: complaint@jointcommission.org

Fax: 630-792-5636

Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181



HOSPITAL PROGRAMS

- **Forensic Psychiatric Services (Harbor, Trails, and Bridges)/Salem**

The Forensic Psychiatric Services (Harbor, Trails, and Bridges) program serves: 1) Individuals who have been court-ordered to undergo evaluation and restoration to prepare for trial (sometimes called “aid and assist”); and, 2) Individuals who have been through the court system and sentenced under the Psychiatric Security Review Board (PSRB). Patients in the Forensic Psychiatric Services (Harbor, Trails, and Bridges) program receive treatment in settings that range from high-security to community-style group homes depending upon their progress. All patients receive 24-hour supervised care.

Note: Sometimes a forensics patient may receive treatment in the Psychiatric Recovery Service Neuropsychiatric Treatment Service program due to the level of care needed.

- **Neuropsychiatric Recovery Services (Springs)/Salem**

The Neuropsychiatric Treatment Services (Springs) program serves people with psychiatric and medical conditions that require intensive psychiatric and/or nursing care not available in the community. All patients receive 24-hour supervised care.

- **Psychiatric Recovery Services: Adult Treatment/Portland**

The Adult Treatment Services program serves people with serious and persistent mental illness, as well as medical conditions that require care not available in the community. All patients receive 24-hour supervised care.



TELEPHONE CONTACT INFORMATION

Family members and friends are encouraged to call; however, patients have the right to refuse any callers. On rare occasions, it may be in the best interest of the patient to limit calling. If possible, the treatment team or unit staff will discuss any restrictions with the patient's family/friends.

Family/friends are encouraged to make telephone calls to patients. Each unit has pay phones for patient use. Family/friends are encouraged to call anytime and speak with a patient or unit staff using the telephone numbers provided below. **Disclaimer:** Doctors, social workers and nurse managers are subject to frequent change.

The hospital also provides a toll-free number for short calls between family members and staff. This number rings in the Communication Center; the staff will transfer the call to any unit in Salem or Portland. If the call lasts more than a few minutes, the unit staff will ask to call you back. This will make the toll-free line available for others to use. The number to call is 1-800-544-7078.

FORENSIC PSYCHIATRIC SERVICES (HARBOR, TRAILS, AND BRIDGES)/SALEM

HARBORS

General information 503-945-2800
1-800-544-7078

ANCHOR 1 (AN1)

Unit staff 503-945-4264

Patient 503-945-9743
503-945-9741
503-945-9473
503-945-8848

Nurse Manager
Elizabeth Phan 503-947-4230

Physician specialists

Dr. Chen 503-947-4289
Dr. Chikrizov 503-947-9960

Unit social worker

Melody Coffey 503-945-2918
Petr Lokotkov 503-945-9269

Forensic Psychiatric Services (Harbor, Trails, and Bridges)/Salem continued

ANCHOR 2 (AN2)

Unit staff	503-947-4266	Physician specialists	
Patient	503-945-9796	Dr. Lopez	503-947-4244
	503-945-9760	Dr. Sethi	503-945-8846
	503-945-9782	Unit social worker	
Nurse manager		Jennifer Hansens	503-947-2883
Angela Poirier	503-947-4251		

LIGHTHOUSE 1 (LH1) MALE ADMISSIONS (20 BEDS)

Unit staff	503-947-4268	Physician specialists	
Patient	503-945-9867	Dr. Knott	503-947-4281
	503-945-9861	Dr. Dick	503-947-4268
	503-945-9846	Unit social worker	
Nurse manager		Cheryl Meyers	503-945-9477
Marilyn McNulty	503-947-4254	Katherine Oullette Blair	503-947-2882

LIGHTHOUSE 2 (LH2) CO-ED STABILIZATION (20 BEDS)

Unit staff	503-947-4281	Physician specialists	
Patient	503-945-9898	Dr. Daly	503-947-2892
	503-945-9889	Dr. Donovan	503-947-4281
	503-945-9876	Unit social worker	
Nurse manager		vacant	503-947-9985
Angela Poirier	503-947-4255		

LIGHTHOUSE 3 (LH3) MALE .370 STABILIZATION (20 BEDS)**Unit staff** 503-947-4288**Patient** 503-945-9925
503-945-9916
503-945-9904**Nurse manager**
Tamara McCool 503-947-4259**Physician specialists**Dr. Weaver 503-947-4288
Dr. Reichlin 503-945-7146**Unit social worker**

Cagney Ringnalda 503-947-9987

TRAILS**General information** 503-945-2800
1-800-544-7078**FLOWER 1 (FW1)****Unit staff** 503-947-2714**Patient** 503-947-2486
503-947-2487**Nurse manager** 503-947-2719**FLOWER 2 (FW2) 20 CIVILLY COMMITTED PATIENTS; SIX FORENSIC****Unit staff** 503-947-2744**Patient** 503-947-2488
503-947-2489**Nurse manager**
Marilyn Florin 503-947-2749**Physician specialists**Dr. Ranganathan 503-945-9209
Dr. O'Grady 503-947-2869**Unit social worker**

Megan Vandecoevering 503-947-9986

Forensic Psychiatric Services (Harbor, Trails, and Bridges)/Salem continued

FLOWER 3 (FW3)

Unit staff	503-947-2754
Patient	503-947-2490 503-947-2491
Nurse manager Corinna Strouse	503-947-2759

Physician specialists Dr. Reda	503-947-2870
Unit social worker Harmony Flora	503-945-8956

LEAF 1 (LF1)

Unit staff	503-947-2704
Patient	503-947-2480 503-947-2481
Nurse manager Melody Leinenbach	503-947-2709

Physician specialists Dr. Mittal	503-947-2871
Unit social worker Claire Kiener	503-945-9274

LEAF 2 (LF2)

Unit staff	503-947-2734
Patient	503-947-2482 503-947-2483
Nurse manager Cherie Douglas	503-947-2739

Physician specialists Dr. Jobe	503-947-2873
Unit social worker Tyler St. Clair	503-945-9401

LEAF 3 (LF3)

Unit staff	503-947-2724
Patient	503-947-2484 503-947-2485
Nurse manager Michelle Giblin	503-947-2729

Physician specialists Dr. Murphy Dr. Mead	503-947-2950 503-945-8870
Unit social worker Debra Neliton	503-947-2927

TREE 1 (TR1)

Unit staff 503-947-2764

Patient 503-947-2492
503-947-2493

Nurse manager
Faye Phan 503-947-2769

Physician specialists

Dr. Hiestand 503-945-2941
Dr. VanWesenbeeck 503-947-2764

Unit social worker

Christopher Kruebbe 503-947-2928

TREE 2 (TR2)

Unit staff 503-947-2774

Patient 503-947-2494
503-947-2495

Nurse manager
David Peckfelder 503-947-2779

Physician specialists

Dr. Horwitz 503-945-2992

Unit social worker

Oleg “Mo” Popov 503-947-4220

TREE 3 (TR3)

Unit staff 503-947-2784

Patient 503-947-2496
503-947-2497

Nurse manager
Kathleen Park 503-947-2789

Physician specialists

Dr. Chaney 503-947-2872

Unit social worker

Carol Draper 503-947-2926

Forensic Psychiatric Services (Harbor, Trails, and Bridges)/Salem continued

BRIDGES

General information 503-945-2800
1-800-544-7078

BRIDGE 1 (BG1)

Unit staff 503-947-3764
Patient 503-947-3650
503-947-3651
Nurse manager
Shaun Taylor 503-947-3769

Physician specialists
Dr. Fritz 503-945-9044
Unit social worker
Cynthia Johnson 503-945-2823

BRIDGE 2 (BG2)

Unit staff 503-947-3774
Patient 503-947-3652
503-947-3653
Nurse manager
Larry Belcher 503-947-3779

Physician specialists
Dr. Gundroo 503-947-9021
Dr. Mead 503-945-8870
Unit social worker
Vickie McGuire 503-945-9865

BRIDGE 3 (BG3)

Unit staff 503-947-3784
Patient 503-947-3654
503-947-3655
Nurse manager
Kermit Lisle 503-947-3789

Physician specialists
Dr. Matthews-Brylski 503-945-9268
Unit social worker
Nelson da Silva 503-945-9078

BIRD 3 (BD3)

Unit staff	503-947-3754
Patient	503-947-3658
	503-947-2972
Nurse manager	
Jacquelin Bowman	503-947-3759

Physician specialists

Dr. Skach	503-945-9961
-----------	--------------

Unit social worker

Michael Driscoll	503-945-7114
------------------	--------------

COTTAGES

Unit staff	503-945-9463
Patient cottages	
R01	503-945-9435
R02	503-945-7734
R05	503-945-7165
R06	503-945-9242
R07	503-945-9474
R08	503-945-9475

Nurse managers

Didi Backus	503-945-9887
-------------	--------------

Physician specialist

Dr. Eason	503-945-9858
-----------	--------------

Unit social worker

Trevor McMurray	503-945-7713
-----------------	--------------

NEUROPSYCHIATRIC RECOVERY SERVICES (SPRINGS)/ SALEM

The hospital also provides a toll-free number for short calls between family members and staff. This number rings in the Communication Center; the staff will transfer the call to any unit in Salem or Portland. If the call lasts more than a few minutes, the unit staff will ask to call you back. This will make the toll-free line available for others to use. The number to call is 1-800-544-7078.

SPRINGS

Ward BD1	503-947-3656
	503-947-3657
Ward BY1	503-947-3659
	503-947-2973
Ward BY2	503-947-3660
	503-947-2974
Ward BY3	503-947-3661
	503-947-2975
Toll-free:	1-800-544-7078

BIRD 1 (BD1)

Patient	503-947-3656	Nurse manager	
	503-947-3657		
Psychiatrist		Social worker	
Dr. Tucker	503-947-2997	Joy Klingberg-Sidwell	503-945-7104

BUTTERFLY 1 (BY1)

Patient	503-947-3659	Nurse manager	
	503-947-2973		
Psychiatrist		Social worker	
Dr. Zurflieh	503-945-7110	Kim Oxford	503-945-9957

Neuropsychiatric Recovery Services (Springs)/Salem continued

BUTTERFLY 2 (BY2)

Patient	503-947-3660 603-947-2974	Nurse manager Marj. Holloway	503-947-3719
Psychiatrist Dr. Khaleeq	503-947-1043	Social worker Kim Oxford	503-945-9957

BUTTERFLY 3 (BY3)

Patient	503-947-3661 503-947-2975	Nurse manager Joan Grace	503-947-3729
Psychiatrist Dr. McDonald	503-947-2996	Social worker Kim Oxford	503-945-9957

PSYCHIATRIC RECOVERY SERVICES: ADULT TREATMENT/PORTLAND

Physicians:

Solomon Wolf, MD, Unit P1A503-731-8632

Octavio Choi, MD, Unit P5A503-731-8631

Laura Wickline, PMHNP, Unit P5A503-731-8685

Sanyup Lee, MD, Unit P6A503-731-3068

Julie Anderson, MD, Unit P6A 503-731-8653

Ronald Heintz, MD ECMU503-731-8693

Continued on next page

Psychiatric Recovery Services: Adult Treatment/Portland continued

Social workers:

Laurie Robertson, LCSW 503-731-8664

Todd McJunkin, CSWA 503-731-8657

Diane Bowman, LCSW 503-731-8629

Vacant 503-731-3032

Kimberly Wyatt, LCSW 503-731-3086

Sarah Cox, CSWA 503-731-3063

(**Note:** Please inquire with nursing staff regarding the patient's assigned social worker.)

Nurse managers:

Elon Shlosberg, RN, Unit P1A 503-731-8638

Julie Hinkley, RN, Unit P5A 503-731-8691

Christy Kennedy, RN, Unit P6A 503-731-3003

Unit P1A 503-230-9726

Unit P5A 503-230-9729

Unit P6A 503-23230-9728



MAIL

Family members and friends are encouraged to write to patients. Patients are usually pleased to receive letters and find them comforting. For safety reasons, all patient packages must be opened in front of unit staff.

Important note: Sometimes patients have not signed an Authorization for Use and Disclosure of Information form allowing family/friends to visit or even to be told that the patient is in the hospital. Family/friends are encouraged to write to patients anyway. **If you do not know the patient's unit number, the Communication Center will forward the mail to the patient.**

Patients are encouraged to write letters to family and friends. The hospital provides writing materials and up to three postage stamps per week.

- **Forensic Psychiatric Services (Harbor, Trails, and Bridges)/Salem**

Address mail to patients as follows:

Patient Name
Unit or cottage number
2600 Center Street NE
Salem, OR 97301-2682

- **Neuropsychiatric Recovery Services (Springs)/Salem**

Address mail to patients as follows:

Patient Name
Unit number
2600 Center Street NE
Salem, OR 97301-2682

- **Psychiatric Recovery Services: Adult Treatment/Portland**

Address mail to patients as follows:

Patient Name
Unit P1A, P5A or P6A
1121 NE 2nd Ave.
Portland, OR 97232



VISITING

We strive to provide a safe and therapeutic environment for visiting that encourages and maintains healthy family relationships. Family members and friends are encouraged to visit; however, patients have the right to refuse any visitors. On rare occasions, it may be in the best interest of the patient to limit visiting. If possible, the treatment team or unit staff will discuss any restrictions with the patient's family/friends.

All visitors (including children) visiting forensic patients Oregon State Hospital must complete a visitor application form (see instructions below). The adult visitor application form includes an Oregon criminal background check. The patient, the treatment team and the program director must approve all visitors. Visitor application forms are available from the Communication Center or on OSH Family and Friends' web page at www.oregon.gov/oha/amh/osh/Pages/friendsandfamily/index.aspx.

A staff member may supervise visitation in certain circumstances. You can discuss any concerns with the patient's treatment team.

Instructions for completing the visitor application

Only visitors to patients who have been forensically committed need to complete applications. Forensic commitments include:

- Patients who have been found guilty except for insanity; or
 - Patients who are receiving treatment to help them understand the criminal charges against them and to assist in their own defense.
1. Visitor applications are available in the hospital's main lobby, on the Friends and Family website at www.oregon.gov/oha/amh/osh/Pages/friendsandfamily/index.aspx, or by calling the Communication Center at 503-945-2800 to have an application mailed to you.
 2. Make sure your application is legible, complete and correct. The hospital will not approve applications if they cannot be read or if information is missing, inaccurate or untruthful.

3. Return your application to the Communication Center:

- In person at the Communication Center window in the main lobby;
- By mail to the following address:
Oregon State Hospital - Communication Center
2600 Center Street NE
Salem, OR 97301
- By fax at 503-945-2807; or
- By scanning and emailing it to OSH.COMMCENTER@state.or.us.

Your application will be processed as quickly as possible. If your visitor application is denied, you have the right to appeal the decision after 30 days.

Questions or concerns: Please contact Deborah Howard, Director of Consumer and Family Services, at 503 945-7132.

Note: Patients have the right to choose their own visitors. OSH approves an application only when the patient agrees to see the visitor and the treatment team determines that seeing the visitor is in the patient's best interest.

Background checks: OSH conducts background checks on all visitors to patients who are on a forensic unit. Applicants with criminal history may be approved. However, the following are automatic grounds for denial: open felony warrants; unmodified restraining orders between the applicant and any patient; protective orders between the applicant and any patient; aiding in an escape; conviction of supplying contraband to an inmate or anyone housed in a correctional facility within the past two years; possession and/or delivery of an explosive device.

SAFETY GUIDELINES FOR VISITING

- Visits on the unit must be limited to the designated areas.
- No visitors under the influence of alcohol or intoxicants are allowed.
- No tobacco use is allowed in any building or on the grounds of the hospital campus.
- The following items may not be brought into the hospital: cell phones, cameras or recording devices, plastic bags, matches, cigarettes, chewing tobacco, cigars, pipes, firearms, any type of aerosol container, alcohol, over-the-counter medications, prescriptions, illegal drugs, sharp objects or other potentially dangerous materials (glass items/containers, razors or razor blades).
- R-, X- or M-rated videos, DVDs, games or printed materials.
- Purses, packages or valuable items should be left in the car or placed in lockers outside the visiting area.
- No verbal aggression or physical violence is allowed.
- Visits may be terminated by the unit staff or security staff for safety or security reasons.



VISITING SCHEDULE

Regular visiting hours vary between the different programs and locations. Please check the visitor schedules below for each program. When you first begin visiting, please plan to check with the unit staff or unit social worker before your visit. Patients may be participating in scheduled daily activities including therapy or education and recreation programs. With advance notice to staff, you can prevent unnecessary delays in your visit and interruptions in the patient's treatment schedule.

Forensic Psychiatric Services (Harbors, Trails and Bridges) — Salem visitation

Visiting hours and regulations

Visitors are encouraged at the Oregon State Hospital. To promote safety, all visitors must be approved in advance and follow the visiting guidelines below:

1. As a visitor, you may be asked to meet with your resident's treatment team before your visit.
2. If you want to give money to your resident, you may mail cash and checks to them or deposit money in their trust account at the OSH business office. Patients may not receive money directly.
3. We know that enjoying a meal with your resident is important to you. For health and safety, only food and beverages that are still in their original factory-sealed containers are permissible. All unconsumed items must be taken with you when you leave. Please help us keep the visiting area clean.
4. Visiting takes place within designated visitor areas in the hospital. For security reasons, the number of visitors may be limited. Children under the age of 18 are permitted to visit with prior authorization and while accompanied by an approved adult visitor. Visits with children will take place at different times than adults.
5. Reasonable accommodations will be made for visitors to use the restroom, though we encourage you to use the restroom in the lobby before you enter the main section of the hospital.

Continued on next page

-
6. You are not permitted to give things to your resident directly during the visit. Please give items to the staff at the communication center located in the main entrance so they can be recorded on your resident's property list.
 7. Due to privacy and confidentiality concerns, preauthorization is required for taking pictures while in the hospital. Please contact the nurse manager of your resident's unit and they will provide you with information on how to proceed.
 8. Greeting and farewell embraces are permitted. However kissing, fondling, and sexual contact are not.
 9. If you appear to be under the influence of drugs or alcohol, you will not be permitted in the hospital.
 10. Tobacco use is not permitted on hospital grounds.
 11. Disruptive behavior, including arguing, shouting, or passing contraband, is not permitted and may result in loss of visiting privileges. Passing contraband is against the law.
 12. We encourage you to dress appropriately. You may not be permitted in the hospital if your dress is provocative.

VISITING LOCATIONS

Adults and Children

<i>Program</i>	<i>Location</i>
Harbors	First floor dining room — Harbors
Trails & Bridges	Kirkbride Café
Springs	If the patient you are visiting is in Springs, visiting hours are 8 a.m. – 8 p.m.
Toll free telephone number (1-800-544-7078) to Oregon State Hospital is provided for brief calls to staff and services at Oregon State Hospital. The number will be answered in the Communication Center.	

VISITING DAYS AND HOURS (effective Sept. 24, 2012)

Adults

Program	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Holidays
Harbors	6:30-8:30 p.m.	6:30-8:30 p.m.	n/a	3:15-4:30 p.m.	6:30-8:30 p.m.	6:30-8:30 p.m.	9:15-11:15 a.m.	9:15-11:15 a.m.
Trails & Bridges (except Leaf 2,)	3:15-4:30 p.m.	3:15-4:30 p.m.	n/a	6:30-8:30 p.m.	6:30-8:30 p.m.	1-4 p.m.	1-4 p.m.	1-4 p.m.
Cottages	3:30-5 p.m.	3:30-5 p.m.	3:30-5 p.m.	3:30-5 p.m.	3:30-5 p.m.	1-5 p.m.	1-5 p.m.	1-5 p.m.

Adults no contact — Harbors Only

Program	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Holidays
Harbors	6:30-8:30 p.m.	3:15-4:30 p.m.	n/a	6:30-8:30 p.m.	3:15-4:30 p.m.	6:30-8:30 p.m.	6:30-8:30 p.m.	6:30-8:30 p.m.

Children*

Program	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Holidays
Harbors	n/a	n/a	6:30-8:30 p.m.	n/a	n/a	n/a	2-4 p.m.	2-4 p.m.
Trails & Bridges	n/a	n/a	4-6 p.m.	n/a	n/a	9-11 a.m.	9-11 a.m.	9-11 a.m.
Cottages	n/a	n/a	n/a	n/a	n/a	9:15-11 a.m.	9:15-11 a.m.	9:15-11 a.m.

Harbors Program: Anchor 1, Anchor 2, Lighthouse 1, Lighthouse 2, and Lighthouse 3

Bridges Program: Bridge 1, Bridge 2, Bridge 3, Bird 3

Trails Program: Leaf 1, Leaf 3, Flower 2, Flower 3, Tree 1, Tree 2, and Tree 3

Cottages: R01, R02, R05, R06

*Approved adult visitors must accompany and supervise all children 17 years of age and under.

Civilly committed patients on Trails Leaf 2 — Salem visitation

Visiting hours and regulations

1. Visitors are encouraged at the Oregon State Hospital (OSH). To promote safety, all visitors shall follow the visiting guidelines below:
2. If you want to give money to your friend/family member, you may mail cash and/or checks to them or deposit money in their trust account at the OSH Business Office. Patients may not receive money directly.
3. We know that enjoying a meal with your friend/family member is important to you. For health and safety, only food and beverages that are still in their original factory-sealed containers are permissible. Friend/family members may eat on the unit. All unconsumed items must be taken with you when you leave. Please help us keep the visiting area clean.
4. Food items can also be purchased in the Kirkbride Café during scheduled Trails visiting hours. The Kirkbride Café only accepts cash. All visitors must visit in the Kirkbride Café if consuming food from Kirkbride Café. All unconsumed items must be taken with you when you leave. Please help us keep the visiting area clean.
5. Visits with children under the age of 18 while accompanied by an adult visitor will take place in Kirkbride Café during scheduled times. See schedule of minor visiting hours.
6. Due to safety concerns and limited storage space, we request that visitors contact Leaf 2 mental health supervising R.N. (MHSRN) at 503-947-2739 prior to bringing gifts/property. The MHSRN will begin the process for gifts/property approval. Once gifts/property have been approved by MHSRN you may bring them to the Communication Center. At the Communication Center the approved gifts/property will be screened/scanned before you take them onto the unit for your visit.
7. Due to privacy and confidentiality concerns, preauthorization is required for taking pictures while in the hospital. Please contact the nurse manager of your friend/family member's unit, who will provide you with information on how to proceed.
8. Greeting and farewell embraces and brief kisses are permitted. However, fondling and sexual contact are not.
9. Smoking and use of tobacco are not permitted on hospital grounds.
10. Disruptive behavior, including arguing, shouting, passing contraband, or appearing inebriated is not permitted and may result in loss of visiting privileges. Passing contraband is unlawful.

Continued on page 25

TRAILS LEAF 2 VISITING DAYS AND HOURS (effective Sept. 24, 2012)

Adults

<i>Program</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>	<i>Holidays</i>
On Leaf 2	11:30 a.m.-1 p.m. 3-8 p.m.	11:30 a.m.-1 p.m. 3-8 p.m.	11:30 a.m.-1 p.m. 3-8 p.m.	11:30 a.m.-1 p.m. 3-8 p.m.	11:30 a.m.-1 p.m. 3-8 p.m.	8 a.m.- 8 p.m.	8 a.m.- 8 p.m.	8 a.m.- 8 p.m.
Kirkbride Café Visitation	3:15-4:30 p.m.	3:15-4:30 p.m.	n/a	6:30-8:30 p.m.	6:30-8:30 p.m.	1-4 p.m.	1-4 p.m.	1-4 p.m.

Children

<i>Program</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>	<i>Holidays</i>
Kirkbride Café Visitation	n/a	n/a	4-6 p.m.	n/a	n/a	9-11 a.m.	9-11 a.m.	9-11 a.m.

Mealtimes are 11 a.m.-11:30 a.m. for lunch and 4:30 p.m.-5 p.m. for dinner. Visitors are encouraged not to visit during mealtimes.

Toll Free Telephone number (1-800-544-7078) to Oregon State Hospital is provided to promote brief communication and access to staff & services at Oregon State Hospital. The number will be answered in the Communication Center. Unit Leaf 2 telephone number is 503-947-2739.

When visiting, please go to the Communication Center to check in and receive an identification badge. The Communication Center will direct you to the visiting area, where security staff will meet you. Visitors will be required to pass through a metal detector

-
11. We encourage you to dress appropriately. You may not be permitted in the hospital if your dress is provocative.

It may be difficult for some families to come to Salem to visit or participate in patient treatment meetings due to long travel distances. The hospital has a shared cottage (with common areas and rules) that can be reserved for overnight stays at minimal cost. If your family is in need of this service, you can make arrangements with the unit social worker.

Visitors to patients receiving treatment in Harbors must contact staff at 503-945-9878, Monday through Friday 8 a.m. – 5:30 p.m. or by email at OSH.visitrequests@state.or.us to arrange visits.

Neuropsychiatric Recovery Services (Springs)/Salem visitation

Please talk to unit staff to determine what times might be most convenient for family/ friends to visit. Group activities take place during the day, and it is best if family/friends do not visit during these hours. Please ask unit staff for a group activity schedule if you have questions.

When visiting, please go to the Communication Center to check in and receive an identification badge. The Communication Center will direct you to the correct unit.

It may be difficult for some families to come to Salem to visit or participate in patient treatment meetings due to long travel distances. The hospital has a shared cottage (with common areas and rules) that can be reserved for overnight stays at minimal cost. If your family is in need of this service, you can make arrangements with the unit social worker.

Psychiatric Recovery Services: Adult Treatment Portland visitation

Visitors must go to the Front Desk at 1121 NE 2nd Avenue to check in and receive an identification badge. The front desk staff will telephone the unit to tell the staff that you are on the way to visit.

Group activities often happen 10 a.m. to noon and 1 to 3 p.m. Group activities help patients get out of the hospital; therefore, we ask that family and friends not visit during these hours. Please ask unit staff for a group schedule if you have questions about group activities.

On Unit P1A, Unit P5A and Unit P6A there are no set visiting hours or days. Please talk to staff to determine what times would be best to visit. Exceptions to the regular visitation schedule due to travel or other reasons can be made by contacting the unit social worker.



PASSES OFF HOSPITAL GROUNDS

Oregon State Hospital supports and encourages clients to take passes off the hospital grounds. The Risk Review Panel, in conjunction with the client's treatment team, grants passes off hospital grounds. Patient treatment and readiness to be safe in the community are major considerations in the decision to approve a pass. Most passes require staff supervision.

Patients, family/friends should complete a Pass Request form and request a pass at least one week before the pass date. This will allow staff to make arrangements (e.g., to obtain medications, if needed) for the pass. Some passes require approval by the program director and notice to the Psychiatric Security Review Board. Submit the completed Pass Request form to the unit social worker.

PATIENT BILL OF RIGHTS

Patients in Oregon State Hospital are guaranteed certain fundamental rights. For example, patients have the right to communicate through the mail and have reasonable access to a telephone. Patients may also have the right to keep personal possessions, wear their own clothing and attend religious services. Following are some other patient rights:

Right to refuse treatment

Patients have the right to refuse medication, electric shock therapy and some other treatments. If the patient becomes a danger to themselves or others, a doctor may implement an override. An override requires consulting with other doctors and doing an evaluation to decide what is in the best interest of the patient.

Right to a written treatment plan

Patients also have the right to a written treatment plan and a right to not be subjected to unusual or potentially dangerous treatment. Patients retain the same civil rights as they would have if not residing in the hospital. This includes such things as the right to vote, execute legal documents and make purchases.

FAMILY INVOLVEMENT

When patients are admitted to the hospital, legal documents are signed and placed in the patient's medical file. These include an authorization for use and disclosure of information, disclosure of hospitalization and consent to notify person of seclusion and restraint and several other forms.

Declaration for mental health treatment

Among the many documents that a patient and/or the person's guardian is asked to review and sign are the hospital's Patient Rights and the Self-Determination Act forms. If a patient has an Advance Directive for Health Care or a Declaration for Mental Health Treatment, hospital staff ensure that copies are kept in the patient's medical records.

Additional information about the Advance Directive for Health Care and the Declaration for Mental Health is in Appendix C.

Often, but not always, patients will include their family members on the Authorization for Use and Disclosure of Information form or the Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint form. As a family member or friend, it can be painful and difficult to understand if you are not included on one of these forms. However, the patient has the right to change these forms at any time and allow family members and friends to receive information and become involved in treatment.

Even if a family member or friend is prohibited from receiving information about a particular patient, that person can always call and give hospital staff medical and/or mental health information about a patient. If you are not included on the patient's authorization forms, hospital staff may not acknowledge that the patient is in the hospital. They may tell you, "I cannot confirm or deny the patient is in this facility, but you can give us the information, and we shall pass it on if that individual is here."

Confidentiality

State and federal law do not allow the release of patient medical and/or mental health information to anyone other than the patient, his or her medical provider and insurance company, if any. That means that hospital staff cannot even reveal that someone is a patient at the hospital, because that information would reveal protected mental health information.

One exception to confidentiality is a mandate that requires hospital employees to report potential abuse to the appropriate authorities.

These same laws allow the option to keep information regarding any part of the patient's treatment confidential from other people — including family and friends. That means

information regarding a patient at Oregon State Hospital cannot be released to a family member or friend without the patient signing an Authorization for Use and Disclosure of Information form naming the specific family member or friend. The patient also may specify what information can be shared with others. Once a patient gives permission, hospital staff can share information with family/friends named on the Authorization for Use and Disclosure of Information form.

Copies of *some* the forms are in the appendix of this guidebook.

PERSONAL POSSESSIONS and SPENDING MONEY

Patients are discouraged from bringing valuable personal belongings with them to the hospital. This includes items such as expensive watches, rings, electric razors and jewelry. All personal possessions must be marked and screened by unit staff and recorded on the patient's property sheet. If there are questions about a particular possession, please ask unit staff.

On most units, patients may purchase soft drinks and snack foods. Patients may possess up to \$30 while on the unit. Anyone providing money to a patient must let staff know before the patient receives the money. For amounts over \$30, family/ friends may set up an interest-bearing trust account for the patient by sending a check to the Business Office:

Patient Trust Accounts
Oregon State Hospital
2600 Center Street NE
Salem, OR 97301-2682

- **Forensic Psychiatric Services (Harbor, Trails, and Bridges), Salem**

The hospital provides clothing and basic necessities. All personal clothing should be machine-washable and dryable. Patients are responsible for maintaining their own clothing. Assistance is provided from unit staff as required. Closet and storage space are limited. For safety reasons, there may be clothing restrictions for some patients.

- **Neuropsychiatric Recovery Services (Springs), Salem**

The hospital provides clothing and basic necessities. All personal clothing should be machine-washable and dryable and require no ironing. Closet and storage space are limited, so patients should bring only three to five sets of clothes including a jacket and shoes. If the patient requests additional clothing, the unit social worker will contact the family or guardian. For safety reasons, there may be clothing restrictions for some patients.

Continued on next page

- **Psychiatric Recovery Services: Adult Treatment, Portland**

All clothing should be machine-washable and dryable and require no ironing. Closet and storage space are limited, so patients should bring only three to five sets of clothes including a jacket and shoes. If the patient requests additional clothing, the unit social worker will contact the family or guardian and request it. For safety reasons, there may be clothing restrictions for some patients.

HOSPITAL PROCESSES

ADMISSION

Upon arrival, a representative of the Interdisciplinary Treatment Team responsible for the patient's care and treatment will meet him or her. Following an extensive interview with the patient and review of his or her medical history and records, the treatment team completes an initial assessment. The assessment is shared with the patient and used to develop a preliminary treatment plan. The Interdisciplinary Treatment Team is made up of staff from the following disciplines: psychiatry, psychology, nursing, social work and rehabilitation therapy services.

Unit staff will then help the patient become situated within the unit. The hospital's policies and procedures will be explained, and a number of other documents will be given to the patient for his or her use and review.

See Appendix G for a detailed description of the Interdisciplinary Treatment Team.

INFORMED CONSENT

In general, patients who have been committed to Oregon State Hospital are presumed to be competent to consent to treatment or refuse, withhold or withdraw their consent to treatment.

However, under certain circumstances, the treating staff may find that a patient may be unable to give consent to or refuse, withhold or withdraw consent. This is determined if the patient demonstrates an inability to reasonably comprehend and weigh the risks and benefits of the treatment options.

If the patient is found unable to give informed consent, the hospital's written policies detail the legal process to assure that a patient can receive what hospital staff believe is proper treatment and protection of the patient's legal rights.

FAMILY INVOLVEMENT

Oregon State Hospital values and encourages family involvement in treatment planning for patients. One way for family members to help is to tell staff about the patient's life before his or her illness. Family members also frequently have good suggestions and ideas about ways to improve care. Do not hesitate to share with staff any thoughts you have. To help families be as informed and involved as possible, a member of the treatment team, usually the unit social worker, will contact the family to provide information and answer questions.

PATIENT AND FAMILY RESPONSIBILITIES

Patient and family responsibilities include the following:

Patient and family responsibilities include the following:

- **Providing information**

The patients and families are responsible for providing, to the best of their knowledge, accurate and complete information about current health complaints, past illnesses, hospitalizations, medications and other matters relating to the patients' health. They are responsible for reporting unexpected changes in the patients' condition to the staff.

- **Asking questions**

The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.

- **Participating in the treatment care plan**

The patient and family (with patient permission) are encouraged to participate in the development and implementation of the treatment plan with the team. Any concerns regarding the plan should be shared with the team, who will make every effort to adapt the treatment plan to the patient's specific needs or limitations.

- **Following hospital rules and regulations**

The patient and family are responsible for following the hospital's rules and regulations concerning patient care and conduct.

- **Acting with consideration and respect**

Patients and families are expected to be considerate of other patients and hospital personnel by not making unnecessary noise or causing distractions. Patients and families are responsible for respecting the property of other persons and that of the hospital.



COST OF CARE

Oregon law requires the patient to pay the cost of care if the person has can afford to do so. The amount paid depends on the patient's ability to pay.

The hospital's Billings and Collections Office is responsible for gathering information about each patient and billing those who are responsible for paying the cost of care. Depending on age or other circumstances, some patients may be eligible for Medicaid or Social Security. Some patients may have medical insurance or personal financial resources. For additional information, call the Billings and Collections Office at 503-945-9840.

Patients have occasional needs that cannot be paid for by the program. Examples are travel costs associated with going on a pass, eyeglasses and frames, clothing or other special equipment needs not covered by insurance. Should such a need arise, the unit social worker will contact the family and discuss the situation to determine how the family wishes to respond.

MEDICATIONS

Medications are used to control psychiatric and behavioral symptoms that significantly interfere with functioning. Patients are monitored for both therapeutic and adverse reactions to medications.

The physician prescribes medications after securing permission from the patient or guardian. However, on rare occasions a physician override process is used if the physician believes medications are needed but the patient objects. This process involves getting a consultation and opinion from a physician who does not work at the hospital. If the consulting physician agrees medications are needed, the attending physician may use them to treat the patient.

SECLUSION AND RESTRAINT

Restraint — being held or tied down — is likely to be a humiliating and frightening experience. Sometimes seclusion — having to stay in an empty room by oneself — is, too. Someone is watching the restrained or secluded person at all times, but that in itself may seem cold and even threatening. However, seclusion is sometimes experienced as a quiet refuge — and a patient may request it.

It may be very important to the patient that you be notified if he or she is in such a crisis situation. The patient should have filled out the Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint form when he or she first came to the hospital. (The patient can make changes to this form later.) You may not know if a patient has experienced seclusion or restraint. Telling you is the patient's option.

There is additional information about seclusion and restraint in Appendix B of this guidebook.

RELIGIOUS ACTIVITIES

To address patient's religious and spiritual needs, the hospital has a Spiritual Care Office, which conducts regular worship services and is available for personal counseling. Patients may wish to have visitors from their own place of worship. Patients should ask the treatment team to help if they would like someone from your place of worship to visit with them. For additional information, call the Spiritual Care Office at 503-945-2962. **Details about the services provided by the Spiritual Care office are in Appendix E of this guidebook.**

RESOLVING COMPLAINTS

If a patient, friend or family member has a concern about the care a patient is receiving, that person may inform any staff member. This information is forwarded to the unit manager who will discuss the concern with the treatment team to try to resolve the issue. Should the conflict persist, other avenues are available for clients who still feel a need to pursue the matter.

FILING A GRIEVANCE

There could come a time when a patient or family member may feel the need for advocacy from someone outside of the hospital. There is a statewide resource available: See Legal Resources in Appendix F of this guidebook.

Whenever possible, patient, family/friends or guardians should attempt to resolve grievances informally. Any concerns about patient care should be brought to the program director who will discuss the concern with the treatment team to try to resolve the issue. Staff on each unit are available for assisting patients and family/friends to file a grievance. This process begins on the unit level, but if not resolved at that level, it could result in a hearing with the hospital's Grievance Committee. The next step is an appeal, which may be made to the

Continued on next page

hospital superintendent if the findings from the Grievance Committee do not resolve the issue. The final step is an appeal, which may be made to the administrator of the Addictions and Mental Health Division if appeal to the OSH superintendent does not resolve the issue.

EMERGENCY GRIEVANCE

The patient, family or friend may submit a grievance directly to the director of Consumer and Family Services if the grievance is an emergency. If the issue is found to be an emergency, the Grievance Committee Chair will provide written findings of facts and a resolution.

If the grievance is not found to be an emergency then the unit will help to resolve it.



PHYSICAL AND SOCIAL ENVIRONMENT

Personal space

A change in environment is often stressful and may affect existing mental, physical and emotional problems. We encourage the patient to bring (and the family to send) pictures of familiar objects to decorate his or her space.

Dayroom

The dayroom is a multipurpose area. This is where patients may watch television or read a book or magazine. It is also where meals are served and where people usually get together and participate in activities such as music, birthday parties and other group activities.

Group living

Hospital units cannot substitute for a family home. However, we do take over some functions that a family provides. Staff are nurturing while providing structure and encouraging good choices. We will encourage patients to adopt standards of hygiene, personal conduct and respect for others that will be acceptable in the community.

Unit staff offer choices about daily routines in order to enhance and maintain independence. When unit staff need to provide physical care, it is done with respect and privacy.

HOW FAMILIES AND FRIENDS CAN HELP

Family members and friends are a very important part of recovery. Family members and friends provide support and a lifeline to the outside world. Life can be very lonely and boring in the hospital. Patients think and talk a lot about getting out. Patients with supportive family and friends have a better chance of recovery and at succeeding when they get out of the hospital.

Coordinate patient visits with other family or friends so that the patient can count on regular visits and visits are spread out during the week. Call or write between visits. Sometimes it is better to visit one at a time, and short visits are probably better. Ask the patient what he or she prefers.

Bring favorite foods when you visit, if possible. Homemade foods are not allowed, but visitors may bring money for soft drinks. Bring favorite activities for visits, such as cards, a puzzle, and a game — whatever the patient knows and enjoys. There are also games available in the Security Office.

Patients feel cut off from the world outside the hospital. You can provide the patient with a prepaid telephone card and a list of phone numbers of people he or she might want to call. Be sure to ask family members/friends before adding them to the list. Postage stamps are also a good gift.

Listen patiently and sympathetically, but do not reinforce any fear or anger the patient may have. Being in a mental hospital can be a difficult experience — especially at first. Other patients' symptoms may be frightening. There will be difficult situations with other patients, and sometimes with staff. If you hear something that sounds wrong, such as abuse by other patients or staff, report it to the manager as soon as possible. If a bad situation continues, there is a hospital grievance procedure. See Appendix K for the grievance policy.

Reassure the patient that you will not abandon him or her. The fearful, suspicious or angry thoughts most patients have early in hospitalization can be very upsetting to family and friends. Do not deny the patient's feelings, and do not argue about what he or she is experiencing. Learn to deflect anger directed at you about being in the hospital. You might say, "I'm sorry ... I did what I thought I had to do to keep you safe." Respond to insults with a gentle, "I'm sorry you feel that way." Your loved one may deny having any illness. You are not going to change this perception. They may be able to accept the illness over time, but no amount of arguing will convince the person.

Help the patient develop trust in his or her caregivers. Ask to be notified of Interdisciplinary Treatment Team (IDT) meetings if the patient wants you to attend. Information about the IDT is in Appendix G of this guidebook. If you are attending IDT meetings, you will understand better what is going on, and be in a better position to ask questions and to be supportive. Be careful not to say anything that would make the patient feel uncomfortable about the treatment team. It is very important that the patient have faith in his or her treatment team.

Keep hope alive for yourself and your loved one. Doctors may not be able to cure the illness, but much recovery is possible. Most people with mental illness achieve some level of recovery, learn to manage their illness — in cooperation with their doctor — and return to a life of satisfaction. Remind your loved one that people do get better and they do get out.

Learn about the mental illness your loved one is dealing with, and take care of yourself. You need to be knowledgeable and strong for the road ahead. There is information about resources in Appendix F of this guidebook.

The National Alliance on Mental Illness offers support groups in many places in the state. There may be one at the hospital. Belonging to a group of other family members experiencing many of the same things that you are can normalize what is happening. It can reduce your fear and shame and help you understand what is happening and that no one is to blame. It will also help you stay strong.

APPENDIX A:

A typical day at the Oregon State Hospital

A typical day for a patient at Oregon State Hospital (OSH) varies depending on the patient's stage of treatment. For the most part, the following schedule is typical:

7:30–9 a.m. Breakfast is served in a central dining area on the unit of residence.

9–11 a.m. Treatment groups are offered off the unit in a central location called the treatment mall. The treatment mall is set up like a college classroom.*

11 a.m.–1 p.m. Lunch and time to refresh.

1–3 p.m. Treatment groups are offered in the treatment mall.

Time outside of the treatment mall activities may involve treatment team meetings, school or work:

Interdisciplinary Treatment Team meetings

During treatment team meetings, the patient's treatment progress and treatment plan are reviewed. The patient is an essential part of the treatment team.

Educational opportunities

With approval, some patients may attend a state-certified school program to get their General Educational Development (GED) certificate. With approval of the Interdisciplinary Treatment Team, some patients in the forensics units may take online classes.

Work opportunities

Some patients in the forensics units may use their non-treatment time to learn job skills through the hospital's Vocational Services Department.

APPENDIX B:

Seclusion and restraint

The hospital is obligated to provide humane care in the least restrictive manner possible, while also protecting the physical safety of patients and staff. The only reason for seclusion and restraint is an emergency, when a patient is in danger of physically harming him- or herself or others. Corporal punishment of any kind (such as hitting a patient) is never allowed. Seclusion and restraint are practices that good hospitals seek to minimize. In the years since OSH has been under review by the U.S. Department of Justice, OSH has moved and continues to move forward to rebuild the hospital and improve care. Since 2007, the use of seclusion and restraints has declined.

Every incident of restraint or seclusion is required to be reviewed within five days. If the patient approves, family/friends may attend that review. You may be of help in preventing such incidents by informing the staff of what is likely to provoke a violent outburst in the patient, and what is likely to help quiet him/her and restore self-control. Both the patient and you, if you are present, will be asked about this at the time of admission. You should also tell them about any medical conditions or physical disabilities that might put the patient at special risk during restraint or seclusion.

There are many rules about how seclusion and restraint may be used, whether a registered nurse or a doctor must be present to sign off on this (and to help staff find some other way to handle the incident). There are rules about how long it can go on, what breaks must be allowed to eat, drink, use the toilet or exercise arms and legs. A toilet is available in seclusion rooms.

Any particular use of seclusion or restraint in the patient's case will focus on the number of times that seclusion or restraint was imposed on a patient within a 12-hour time period; the number of episodes per patient; any instances of seclusion or restraint that extended beyond 12 hours, and the use of psychoactive medication as an alternative or to make it possible to discontinue restraint or seclusion.

APPENDIX C:

Declaration for mental health treatment

Adults (18 years and older) have the legal right to make their own choices about the health care (including mental health care) treatment they receive. Adults also must be legally capable of making such decisions for themselves. According to federal and state law, adults have the right to formulate a general medical advance directive and/or a Declaration for Mental Health Treatment, as well as the right to designate or appoint a health care representative.

However, in order for directives to be honored, Oregon law requires that the patient's health care treatment choices be expressed in writing in an advance directive (for emergency and end-of-life medical care) and/or in a Declaration for Mental Health Treatment (or Psychiatric Advance Directive) form(s).

Oregon State Hospital respects these rights and does its best to make sure that its patients and staff are aware of them and understand them.

Finally, it is important to understand that the specific laws that govern directives, which determine legal incapacity and involuntary commitments, are quite complex. As the hospital's patients are directly affected by these specific laws, the hospital has special legal and medical obligations that it needs to fulfill when it comes to deciding if it can fully abide by patients' directives, particularly within emergency situations. That said, the hospital will still do its best to honor a patient's directives, as legally and clinically appropriate if an individual is found to be unable to make his or her own treatment decisions.

If you have questions about Declaration for Mental Health Treatment directives, see the legal information and assistance section in Appendix F.

APPENDIX D:

Psychiatric Security Review Board (PSRB)

When someone commits a crime and is found by the courts to be guilty except for insanity, the person is placed under the jurisdiction of the Oregon Psychiatric Security Review Board (PSRB). Such individuals are placed under the jurisdiction of PSRB for the maximum sentence length provided by the statute for the crime.

While under PSRB jurisdiction, an individual can be housed in Oregon State Hospital or in a variety of residential treatment settings, ranging from secure residential treatment facilities to independent living. PSRB determines what kind of facility is appropriate based on the level of treatment, care and supervision required.

Oregon state law is explicit that PSRB must put public safety first: “In determining whether a person should be committed to a state hospital or to a secure intensive community inpatient facility, conditionally released, or discharged, the board shall have as its primary concern the protection of society.” ORS 161.336(10)

Most PSRB patients begin their treatment at Oregon State Hospital. Patients who are able to move to conditional release are carefully monitored by PSRB, and could be immediately returned to the state hospital if they were to violate the terms of their release order. State law prohibits conditional release of a client into a community facility if the person poses a danger to others. Before individuals are released, they go through a comprehensive screening process that includes four levels of review. If it is determined that a person can be safely placed and treated in a community setting, PSRB attempts to find an appropriate opening in a local facility.

More information about the Oregon Psychiatric Security Review Board can be found online at www.oregon.gov/PRB/Pages/index.aspx or by calling 503-229-5596 (Portland).

APPENDIX E:

Office of Spiritual Care

The Office of Spiritual Care at the Oregon State Hospital recognizes that spirituality is a key part of patient recovery.

The patient's practice of religion is:

- That person's protected constitutional right;
- A recognized part of his or her treatment plan;
- Important to the patient's whole-person development.

The Spiritual Care department is tasked with:

- Ensuring the patients' expressed religious needs are met;
- Coordinating and supervising religious activities and community resources;
- Administering relevant planning and programming.

The Spiritual Care department accomplishes these tasks through:

- Staff chaplains;
- Chaplain residents and interns;
- Contracted religious representatives;
- Religious volunteers;
- Religious visitors.

Chaplains perform the following functions:

- Conduct religious services;
- Lead treatment mall classes;
- Attend to patients' religious and spiritual needs;
- Provide requested counseling assistance;
- Consult with hospital staff regarding patient-focused religious issues;
- Provide primary religious resources such as Bibles, Qurans, etc.;
- Provide memorial services within the hospital for patients and staff.

APPENDIX F:

Education and support/resources

Support and education groups

Many family members find that attending a support group is helpful. Oregon has a number of organizations that can provide information and education as well as sponsor family support groups.

- **National Alliance on mental illness (NAMI)**

Helpline: 1-800-950-6264

Website: www.nami.org

NAMI is a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families and friends of people with severe mental illness.

- **NAMI-Oregon Chapter**

Information: 1-800-343-6264 or 503-230-8009

Website: www.nami.org/sites/NAMIOregon

NAMI sponsors support groups and family education groups for family members of adults, teens and children with mental illness. The Oregon office can give you contact information for your local community chapter. There are family support groups throughout Oregon.

- **Friends of Forensics**

Information: 503-945-7132

Friends of Forensics is an organization for family/friends of persons who have a mental illness and have committed a crime. The group meets the second Tuesday of every other month (January, March, May, July, September and November) 1 – 2:30 p.m. in the Kirkbride building.

- **Peer Bridger Program**

Information: 503-945-9736

The Peer Bridger Program is community-to-hospital peer mentoring program.

- **The Alzheimer's Association**

Phone number: 1-800-733-0402

24-hour helpline: 1-800-272-3900

Website: www.alz.org

The goal of the Alzheimer's Association is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. The Alzheimer's Association office can give you correct contact information for your local community chapter.

- **The Alzheimer’s Network of Oregon**

2615 Portland Road NE, Salem, OR 97309

503-364-8100

www.alznet.org

The Alzheimer’s Network of Oregon is a nonprofit network of experienced volunteers offering support and resources to persons with memory loss, their families and caregivers.

- **Brain injury Association of Oregon**

Brain Injury Association of Oregon (BIAOR) P.O. Box 549, Molalla, OR 97038

503-740-3155 or 1-800-544-5243. Fax 503-961-8730

Email: info@BIAOregon.org.

There are local head injury support groups throughout the state. If you are interested, contact the unit social worker on Bird 1 at 503-945-7104.

Legal information and assistance

- **“Mental Health Law in Oregon: A Guide for individuals with mental illness”—**

Disability Rights Oregon (2009). Call 1-800-452-1694 for a free copy.

- **Disability Rights Oregon**

Information: 1-800-452-1694 or 503-243-2081

TTY: 1-800-556-5351 or 503-323-9161

Website: www.disabilityrightsoregon.org

Disability Rights Oregon (DRO), a federally funded organization, is the officially designated legal advocate for persons with mental illness in Oregon. DRO employs advocates and legal staff who can assist a patient with concerns about treatment received, needs not adequately met and other issues pertaining to patient rights.

- **Oregon’s advance directive form:**

www.oregon.gov/DCBS/SHIBA/docs/advance_directive_form.pdf?ga=t

- **Planning for your mental health treatment**

www.oregon.gov/OHA/amh/Pages/services/planning.aspx

Oregon State Hospital is part of the Oregon Health Authority Addictions and Mental Health Division. The division maintains a website dedicated to helping plan for mental health treatment. Information available includes instructions for filling out a Declaration for Mental Health Treatment form, a list of frequently asked questions (FAQs) and a guide and forms for Oregon’s Declaration for Mental Health Treatment.

- **National Resource Center on Psychiatric Advance Directives**

www.nrc-pad.org

The National Resource Center is dedicated to serving as a resource for consumers, health care and legal professionals and families.

APPENDIX F continued

- **Bazelon Center for Mental Health Law**

“In the Driver’s Seat: An Advocate’s Guide to Self-Directed Mental Health Care”
(pamphlet)

Website: <http://bazelon.org>

The Bazelon Center provides information about national and state mental health law.

WEBSITES

www.nami.org (general information about all mental illnesses)

www.mentalhealthamerica.net (general information about all mental illnesses)

www.schizophrenia.com (schizophrenia)

www.dbsalliance.org (depression and bipolar support)

www.borderlinepersonalitydisorder.com (borderline personality disorder)

www.biaoregon.org (Brain Injury Association of Oregon)

BOOKS

Schizophrenia

“I Am Not Sick, I Don’t Need Help.” Xavier Amador (2000)

“Coping with Schizophrenia: A Guide for Families.” Kim Moser & Susan Gingerich (1994)

“Surviving Schizophrenia.” E. Fuller Torrey (2001)

“The Center Cannot Hold: My Journey Through Madness.” Elyn Saks

Bipolar disorder

“An Unquiet Mind: A Memoir of Moods and Madness.” Kay Jamison (1995)

“Bipolar Disorder: A Guide for Patients and Families.” Francis Mark Mondimore (1999)

“Hurry Down Sunshine: A Father’s Story of Love and Madness.” Michael Greenberg (2008)

“Surviving Manic Depression.” E. Fuller Torrey and Michael Knable (2002)

“Take Charge of Bipolar Disorder.” Julie Fast and John Preston (2006)

Depression

“What to Do When Someone You Love is Depressed.” Mitch Golant and Susan Golant (2007)

“Darkness Visible: A Memoir of Madness.” William Styron (1990)

Borderline personality disorder

“Borderline Personality Disorder Demystified.” Robert Friedel (2004)

“The Borderline Personality Disorder Survival Guide.” Alexander Chapman and Kim Gratz (2007)

“I Hate You — Don’t Leave Me: Understanding the Borderline Personality.” Jerold Kreisman and Hal Strauss (1989)

Alzheimer’s disease

“Finding Life in the Land of Alzheimer’s: One Daughter’s Hopeful Story.”
Lauren Kessler (2008)

APPENDIX G:

The Interdisciplinary Treatment Team

The Interdisciplinary Treatment Team is responsible for planning and coordinating all aspects of the patient’s treatment. A brief description of the role and responsibility of each team member follows:

The **physician** is responsible for the patient’s total care and provides psychiatric evaluation, diagnosis, therapy, medical care and referral to specialists. The physician prescribes medications and authorizes passes.

The **clinical psychologist** is responsible for psychological assessments, individual and group therapy, planning, behavioral interventions and education for both staff and patients.

The **psychiatric unit social worker** is responsible for completing a psychosocial history and assessment as well as individual, group and family therapy. The psychiatric unit social worker is the team’s liaison with families and community agencies. The unit social worker works with other members of the team to develop the best plan for moving the patient from the hospital to a successful placement in the community and seeks out community resources to assist the patient upon discharge.

The **registered nurse** focuses on helping patients adapt to their mental and/or physical illness and adjust to everyday living with that illness. The nurse provides interventions to help patients attain their highest level of functioning and feeling of well-being. The nurse provides health education to the patients and their family monitors the patient’s response to nursing

Continued on next page

APPENDIX G continued

and medical treatments and takes appropriate action on the findings. The nurse designs daily care, supervises its provision and assures an overall safe environment.

The **supervising RN/nurse manager** is responsible for overall clinical nursing practice on the unit. The nurse manager supervises nursing staff and is responsible for staffing patient care.

The **mental health therapist** is responsible for the daily care of the patient under the direction of the physician and nurse. The mental health therapist plays a major role in carrying out the daily treatment interventions in the treatment care plan. The mental health therapist is not a licensed professional but is a certified nursing assistant. If specific health information needs to be shared, ask to speak with a physician or nurse.

The **rehabilitation therapist** is responsible for activities with patients that help develop their social, leisure, physical, emotional and cognitive skills. These include trips into the community with a focus on sensory processing activities that promote calmness. The rehabilitation specialist may be someone certified in therapeutic recreation, music therapy or art therapy, or licensed as an occupational therapist.

APPENDIX H: Driving directions and map

OSH Portland driving directions:

21121 NE 2nd Ave, Portland, OR 97232

I-5 Northbound towards Portland:

Follow I-5 North. Take exit 302A for Weidler St. toward Rose Quarter/Broadway. Turn right at NE Weidler St. Take the first right onto NE 2nd Ave.

I-5 Southbound towards Portland:

Follow I-5 South. Take exit 302A toward Rose Quarter/City Center. Turn right at North Broadway. Turn left at N Weidler St. Take the third right onto NE 2nd Ave.

OSH Salem driving directions and map:

2600 Center Street NE, Salem, OR 97301-2682

From I-5 traveling northbound:

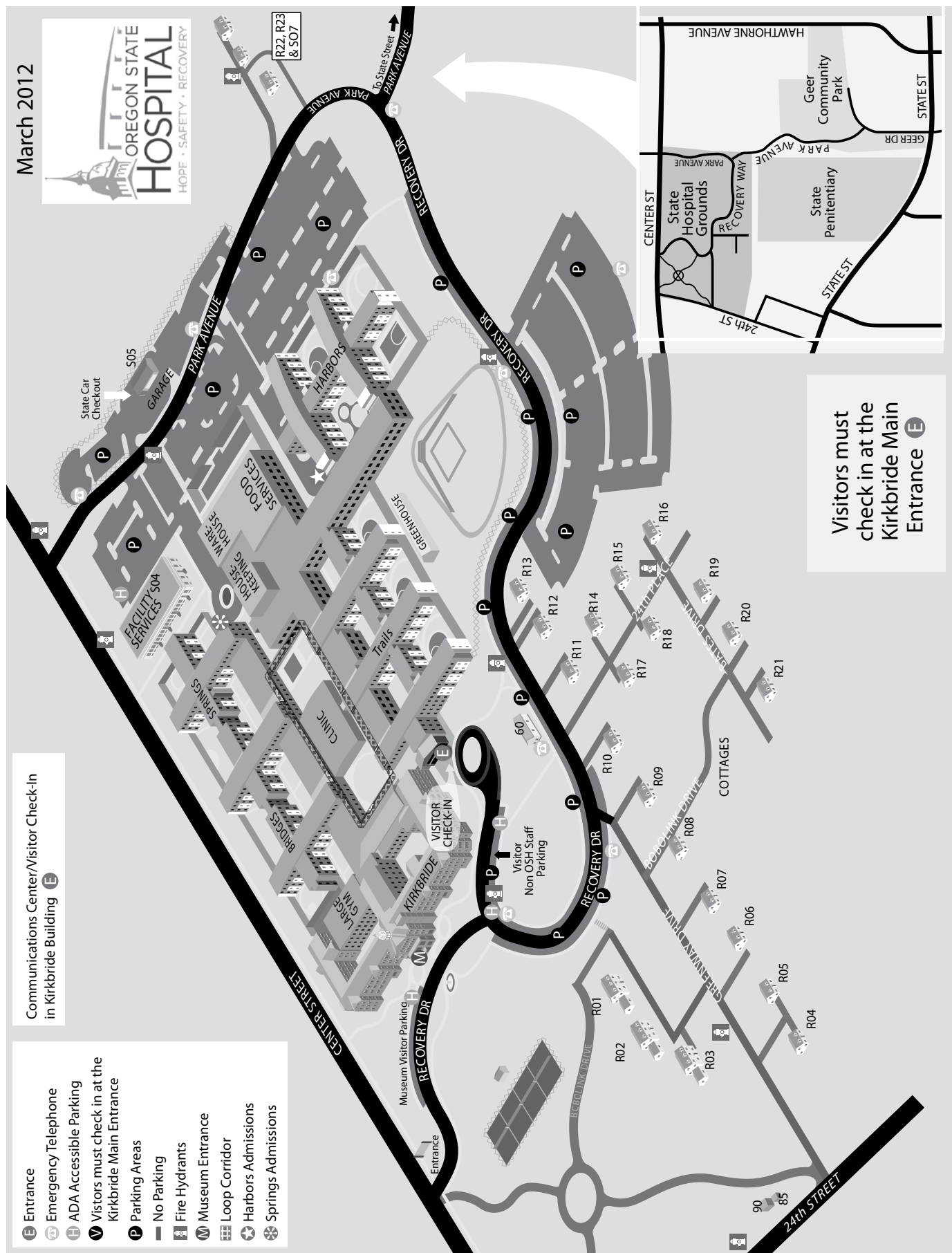
Take exit 256, “Market Street/Silverton.” Stay in the left lane and turn left onto Market Street N. Turn left at the first signal onto Hawthorne Avenue NE. Take the second right onto Center Street NE and proceed to 2600 Center Street NE, which is on the left.

From I-5 traveling southbound:

Take the OR-213 exit, exit 256, Market Street/Silverton. Turn right onto Market Street N and immediately move to the left lanes so that you can turn left onto Hawthorne Avenue NE. Take the second right onto Center Street NE and proceed to 2600 Center Street NE, which is on the left.

From downtown Salem head east on Center Street NE.

Once you’re here: From Center Street, turn onto Recovery Drive beside the hospital’s main entrance sign. Follow Recovery Drive past the front of the hospital, turning left at the first fork at the visitor parking lot for parking with disability permits; or right for general visitor parking in the first section on the left. The number of designated visitor spaces is limited, so if there are none available, feel free to park in any of the spaces marked “staff” or “compact.” *Please do not park in any restricted spaces*, such as those reserved for honored employees, carpools, security or PSRB members.



APPENDIX I:

OREGON STATE HOSPITAL DISCLOSURE OF HOSPITALIZATION AND CONSENT TO NOTIFY PERSON OF SECLUSION AND RESTRAINT

SECTION 1 -- DISCLOSURE OF HOSPITALIZATION

In accordance with Oregon Law (ORS 192.502(2)) the fact that you are a patient at Oregon State Hospital is not public information. Your permission is needed for the staff to inform your family and friends that you are a current patient. To help staff respond to phone calls from your family, friends or other interested persons, please list below those person(s) whom you wish to know that you are here. You may add or delete names at any time.

____ Anyone

____ No One

____ Only the Following

NAME(S)	RELATIONSHIP	REMOVED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Additions are completed on the reverse side after this form has been initially signed and dated.

SECTION II -- REQUEST/CONSENT TO NOTIFY PERSON OF SECLUSION OR RESTRAINT

Notification of seclusion or restraint to a specific family member will be done by the hospital staff upon your request. When family notification is not requested, please check "no". You may add or delete a name at any time.

I request/consent that a family member be notified if seclusion or restraint is initiated during this hospitalization:

____ Yes ____ No If Yes

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

SIGNATURE

Patient/Guardian: _____ Date _____

Witness: _____ Date _____

CONFIDENTIAL: This information has been disclosed to you from records where confidentiality is protected by State Law (ORS 179.505) and Federal Law (45CFR, Part 164). You are prohibited from making further disclosure without specific written consent of the persons or as otherwise permitted by law.

ADDRESSOGRAPH

File: Behind Face Sheet
Thin: Do Not Thin
OSH STK: 03389- MR 10/2012
MR #: 65-00-0048-00

OREGON STATE HOSPITAL

SECTION 1 -- CONTINUED

NAME(S)	RELATIONSHIP	ADD	REMOVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PATIENT SIGNATURE _____ DATE _____			
NAME(S)	RELATIONSHIP	ADD	REMOVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PATIENT SIGNATURE _____ DATE _____			
NAME(S)	RELATIONSHIP	ADD	REMOVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PATIENT SIGNATURE _____ DATE _____			
NAME(S)	RELATIONSHIP	ADD	REMOVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PATIENT SIGNATURE _____ DATE _____			
NAME(S)	RELATIONSHIP	ADD	REMOVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PATIENT SIGNATURE _____	DATE _____
-------------------------	------------

CONFIDENTIAL: This information has been disclosed to you from records where confidentiality is protected by State Law (ORS 179.505) and Federal Law (45CFR, Part 164). You are prohibited from making further disclosure without specific written consent of the persons or as otherwise permitted by law.

ADDRESSOGRAPH

File: Behind Face Sheet
 Thin: Do Not Thin
 OSH STK: 03389- MR 10/2012
 MR #: 65-00-0048-00

APPENDIX J:



Authorization for Use and Disclosure of Information



This form is available in alternative formats including Braille, large print, computer disk and oral presentation.

Legal last name of client/applicant:	First:	MI:	Date of birth:
Other names used by client/applicant:			Case ID number:

By signing this form, I authorize the following record holder to disclose the following specific confidential information about me:

Section A	Release from one record holder: <i>(individual, school, employer, agency, medical or other provider)</i>	Specific information to be disclosed:	Mutual exchange: Yes/No
	Oregon State Hospital	Medical Mental Health	YES
		Participation in Tx Care Plan _____	YES
		Substance dx/tx/labs	YES
		Seclusion/restraint discharge plan	YES
<p>If the information contains any of the types of records or information listed below, additional laws relating to use and disclosure may apply. I understand that this information will not be disclosed unless I place my initials in the space next to the information:</p> <p>HIV/AIDS: _____ Mental health: _____ Genetic testing: _____</p> <p>Alcohol/drug diagnoses, treatment, referral: _____</p>			

Section B	Release to: <i>(address required if mailed)</i> If releasing to a team, list members.	Purpose:	Expiration date or event*:
	Name:	continuity of care _____	Discharge
	Address:	If information to be released is	
		hard copy of medical record	
	Phone:	please initial here _____	
	Email:		
<p>*This authorization is valid for one year from the date of signing unless otherwise specified.</p> <p>I can cancel this authorization at any time. The cancellation will not affect any information that was already disclosed. I understand that state and federal law protects information about my case. I understand what this agreement means and I approve of the disclosures listed. I am signing this authorization of my own free will.</p> <p>I understand that the information used and disclosed as stated in this authorization may be subject to re-disclosure and no longer protected under federal or state law. I also understand that federal or state law prohibits re-disclosure of HIV/AIDS, mental health and drug/alcohol diagnosis, treatment, vocational rehabilitation records or referral information without specific authorization.</p>			

Section C	Full legal signature of individual or authorized personal representative:		Relationship to client:	Date:
	Name of staff person <i>(print)</i> :	Initiating agency name/location:		Date:
	Full legal signature of agency staff person making copies:		This is a true copy of the original authorization document.	
	Print staff person name:			

See "Required Information" on page 2 of this form.
(not valid without page 2)

MSC 2099 (11/11)
Page 1 of 2

Required information for the client

To provide or pay for health services: If the Department of Human Services (DHS) or Oregon Health Authority (OHA) is acting as a **provider** of your health care services or paying for those services under the Oregon Health Plan or Medicaid Program, you may choose not to sign this form. That choice **will not** adversely affect your ability to receive health services, *unless* the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure. (*Examples of this would be assessments, tests or evaluations.*) Your choice not to sign **may affect** payment for your services if this authorization is necessary for reimbursement by private insurers or other non-governmental agencies.

This authorization for use and disclosure of information **may also be necessary** under the following situations:

- To determine if you are eligible to enroll in some medical programs that pay for your health care
- To determine if you qualify for another DHS or OHA program or service not acting as a health care provider

This is a voluntary form. DHS or OHA cannot condition the provision of treatment, payment or enrollment in publicly funded health care programs on signing this authorization, except as described above. However, you should be given accurate information on how refusal to authorize the release of information may adversely affect eligibility determination or coordination of services. If you decide not to sign, you may be referred to a single service that may be able to help you and your family without an exchange of information.

Using this form

1. **Terms used: Mutual exchange:** A “yes” allows information to go back and forth between the record holder and the people or programs listed on the authorization. **Team:** A number of individuals or agencies working together regularly. The members of the team must be identified on this form.
2. **Assistance:** Whenever possible, a DHS or OHA staff person should fill out this form with you. **Be sure you understand the form before signing.** Feel free to ask questions about the form and what it allows. You may substitute a signature with making a mark or by asking an **authorized** person to sign on your behalf.
3. **Guardianship/custody:** If the person signing this form is a personal representative, such as a guardian, a copy of the legal documents that verify the representative’s authority to sign the authorization must be attached to this form. Similarly, if an agency has custody and their representative signs, their custody authority must be attached to this form.
4. **Cancel:** If you later want to cancel this authorization, contact your DHS or OHA staff person. You can remove a team member from the form. You will be asked to put the cancellation request in writing. Exception: Federal regulations do not require that the cancellation be in writing for the Drug and Alcohol Programs. No more information can be disclosed or requested after authorization is cancelled. DHS or OHA can continue to use information obtained prior to cancellation.
5. **Minors:** If you are a minor, you may authorize the disclosure of mental health or substance abuse information if you are age 14 or older; for the disclosure of any information about sexually transmitted diseases or birth control regardless of your age; for the disclosure of general medical information if you are age 15 or older.
6. **Special attention:** For information about **HIV/AIDS, mental health, genetic testing or alcohol/drug abuse treatment**, the authorization must clearly identify the specific information that may be disclosed and the purpose.

Redisclosure: Federal regulations (42 CFR part 2) prohibit making any further disclosure of alcohol and drug information; state law prohibits further disclosure of HIV/AIDS information (ORS 433.045, OAR 333-12-0270); and state law prohibits further disclosure of mental health, substance abuse treatment, vocational rehabilitation and developmental disability treatment information from publicly funded programs (ORS 179.505, ORS 344.600) without specific written authorization.

Note: Oregon’s health services and programs have been transferred from the Department of Human Services (DHS) to the Oregon Health Authority (OHA). DHS will continue to determine eligibility for many of the health programs, as well other programs administered by DHS.

APPENDIX K:

Grievance procedure

Informal — Whenever possible a patient or representative shall attempt to resolve grievances informally with the person or persons causing or involved in the area of complaint. May also utilize patient advocate, or Consumer and Family Services to attempt to resolve grievances at informal level.

Level 1 (Treatment Team) — Review by the treatment team with written response within 20 days of receipt of grievance.

Level 2 (Grievance Committee) — If unsatisfied with Level 1 written response, or if response is not received within 20 days, then complete a “Request for Review of a Grievance” requesting a level 2 review. Attach copies of original grievance and level 1 (treatment team) response. State the reason for dissatisfaction with resolution of grievance. Within 21 days of receipt of request, Level 2 Grievance Committee will have a hearing to review your grievance. Within 21 days after the hearing a written response will be provided with findings of fact and resolution.

Level 3 (Superintendent) — If unsatisfied with level 2 written response, then complete a “Request for Review of a Grievance” requesting a level 3 review. Attach copies of original grievance, request for level 2 review, level 1 (treatment team) response, and level 2 (grievance committee) response. State reason for dissatisfaction with level 2 (grievance committee) resolution. Superintendent will provide written response within 30 days of receipt of request.

Level 4 (Administrator) — If unsatisfied with level 3 written response, then complete a “Request for Review of a Grievance” requesting a level 4 review. Attach copies of original grievance, request for level 2 review, request for level 3 review, level 1 (treatment team) response, level 2 (grievance committee) response, and level 3 (Superintendent) response. State reason for dissatisfaction with level 3 (Superintendent) response. Administrator will provide written resolution within 30 days of receipt of request.

Review by the administrator is final and not subject to appeal.

Emergency grievance — If you believe a grievance is an emergency then submit your grievance directly to the Grievance Committee chair (Consumer and Family Services). A determination will be made if the grievance is an emergency. If it is determined to not be an emergency, it will be sent to the treatment team to be treated as a level 1 grievance. If it appears to be an emergency then the Grievance Committee will have a hearing and provide written findings of facts and resolution.



To request additional copies or for more information, please contact:

OREGON STATE HOSPITAL — Salem

2600 Center Street NE
Salem, OR 97301-2682

OREGON STATE HOSPITAL — Portland

1121 NE 2nd Ave
Portland, OR 97232

**COMMUNICATION CENTER
(SALEM/PORTLAND)**

503-945-2800
1-800-544-7078

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, call 503-945-7132 or 503-945-2996 (TTY), or email Deborah.J.Howard@state.or.us.