

Family GUIDEBOOK

Forensic Psychiatric Services/Salem
Psychiatric Recovery Services: Neuropsychiatric/Salem
Psychiatric Recovery Services: Adult Treatment/Portland

Oregon
Health
Authority

ADDICTIONS AND MENTAL HEALTH
Oregon State 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
1-800-544-7078

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/Salem6

Neuropsychiatric Recovery Services/Salem 11

Psychiatric Recovery Services: Adult Treatment/Portland 12

Mail 13

Visiting 14

Safety guidelines for visiting 15

Visiting schedule 16

Passes off hospital grounds 21

Patient bill of rights 21

Family involvement 22

Personal possessions and spending money 23

Hospital processes 25

Cost of care 26

Medications 27

Seclusion and restraint 27

Religious activities 28

Resolving complaints 28

Filing a grievance	28
Physical and social environment	29
How families and friends can help	30
 APPENDICES	 32
A. A typical day	34
B. Seclusion and restraint	35
C. Declaration for Mental Health Treatment	36
D. Psychiatric Security Review Board (PSRB)	37
E. Office of Spiritual Care	38
F. Education and support/resources	39
G. Interdisciplinary Treatment Team	43
H. Driving directions and map	44
I. Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint form	46
J. Authorization for Use and Disclosure of Information form	48
K. Grievance procedure	50



MISSION AND VISION

OUR MISSION

We commit to the people of Oregon to deliver high quality, compassionate, cost-effective and respectful psychiatric services in a collaborative environment that promotes patient recovery through clinical excellence, cultural competence, community partnerships and family involvement.

OUR VISION

- Treat all patients in an atmosphere of human dignity and respect.
- Prepare patients to return to the community as quickly as possible.
- Use a comprehensive array of treatment services.
- Treat patients in the least restrictive environment.
- Protect the public.
- Provide clinical training to a variety of disciplines.
- Coordinate services with other agencies.
- Assume a role in an integrated mental health system.





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.

- Forensic Psychiatric Services/Salem: Sue Zakes 503-945-9870
- Neuropsychiatric Recovery Services/Salem: Nancy Griffith, 503-945-9026; 503-731-8626; or 1-800-677-3672
- Psychiatric Recovery Services: Adult Treatment/Portland: Nancy Griffith, 503-945-9026; 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, 503-945-2852

Superintendent

Contact the OSH superintendent if you have concerns regarding hospital policies or about the performance of management staff. Greg Roberts, 503-945-2870

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

Office of Investigations and Training

1-866-406-4286

The Office of Investigations and Training investigates 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.

E-mail: complaint@jointcommission.org

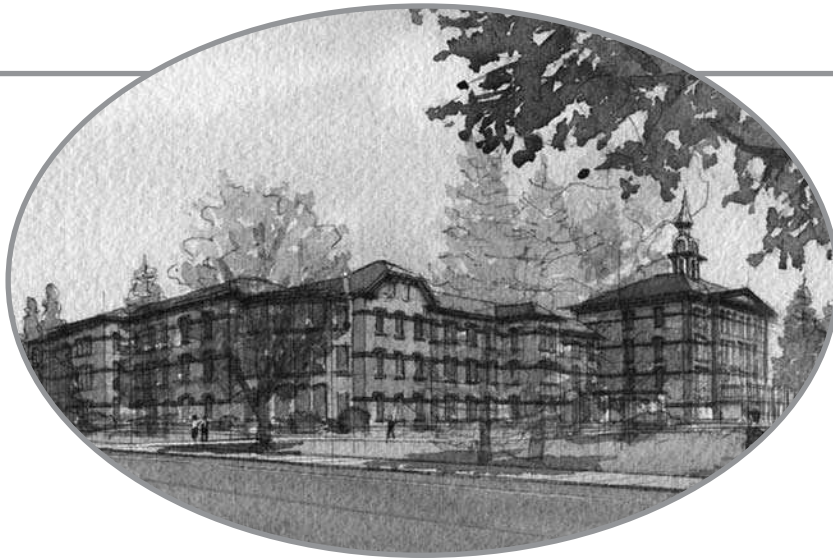
Fax: 630-792-5636

Mail: Office of Quality Monitoring

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181



HOSPITAL PROGRAMS

- **Forensic Psychiatric Services/Salem**

The Forensic Psychiatric Services 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 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 /Salem**

The Neuropsychiatric Treatment Services 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/nurse managers are subject to frequent change. Units from 50 building will be moving into Trails; OSH will provide contact information as it becomes available.

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/SALEM

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

UNIT 50C

Unit staff 503-945-9988
Patient 503-378-9233
503-378-9747

Nurse manager
Kermit Lisle 503-945-9991

Physician specialists

Dr. Brylski 503-945-9268
Dr. Martinez 503-945-9962

Unit social worker

Lynn Miller 503-945-8956
503-391-9420

Forensic Psychiatric Services/Salem continued

UNIT 50D

Staff 503-945-9992

Patient 503-378-9415
503-378-9928

Nurse manager
Jaquelin Bowman 503-947-1051

Physician specialists

Dr. Skach 503-945-9961
Dr. Reda 503-884-9439

Unit social worker

Michael Driscoll 503-945-7114

UNIT 50E

Staff 503-945-9996

Patient 503-371-9973
503-378-9561

Nurse manager
David Peckfelder 503-947-1087

Physician specialists

Dr. Horwitz 503-945-2992
Dr. Prokhorova 503-945-7194
Dr. Saint-Just 503-945-9897

Unit social worker

Tyler St. Clair 503-945-9401

UNIT 50F

Staff 503-945-7190

Patient 503-378-9290
503-378-9564
503-391-8348

Nurse manager
Michelle Giblin 503-945-2903

Physician specialists

Dr. Lockey 503-945-7195
Dr. Jobe 503-945-9960

Unit social worker

Maren Walta 503-945-9924

UNIT 50G

Staff 503-947-9015

Patient 503-378-9353

Nurse manager
Steven Lowry 503-947-9010

Physician specialists

Dr. Blos'e 503-947-9015

Dr. Fussell 503-945-7749

Unit social worker

Andrew Goodwin 503-947-4220

UNIT 50H

Staff 503-945-9031

Patient 503-378-9207
503-378-9218

Nurse manager
Cecelia Quaal 503-945-9074

Physician specialists

Dr. Aga 503-945-7102

Dr. Zurflieh 503-945-7110

Dr. Hiestand 503-945-2941

Unit social worker

Claire Kiener 503-945-9274

UNIT 50I

Staff 503-947-4209

Patient 503-378-9650
503-378-9810

Nurse manager
Marilyn Florin 503-945-9751

Physician specialists

Dr. Walker 503-945-8872

Dr. Schemm 503-947-4210

Unit social worker

Cynthia Johnson 503-947-9986

Forensic Psychiatric Services/Salem continued

UNIT 35A

Staff 503-945-2960

Patient 503-378-9223
503-378-9251
503-378-9309

Nurse manager
Shaun Taylor 503-945-2949

Physician specialist

Dr. Fritz 503-945-9044

Unit social worker

Michael Godfrey 503-945-9860

UNIT 35C

Staff 503-945-7184

Patient 503-378-9800

Nurse manager
Terre Banks 503-945-2896

Physician specialists

Dr. Mead 503-945-8870

Dr. Chandragiri 503-945-9021

Unit social worker

Vickie McGuire 503-945-9865

COTTAGES

Staff 503-945-9446
503-945-9472

Patient cottages

RO1 503-373-7129
RO2 503-378-4983
RO5 503-378-4985
RO6 503-378-3743
RO7 503-378-7128
RO8 503-378-7307

Nurse managers

Larry Belcher 503-945-9930

Elaine Roper 503-945-9887

Physician specialist

Dr. Eason 503-945-9858

Unit social worker

Jacob Mains 503-945-2823

HARBORS — OSH NEW HOSPITAL

ANCHOR 1 (AN1)

Co-ed Admissions (24 beds)

Psychiatrist

Dr. Kay Reichlin 503-945-7146

Nurse Manager

Norma Owens 503-947-4230

Social Worker

Cagney Ringnalda 503-947-9987

**Mental health supervising RN,
day shift**

Debbie Imen 503-947-4230

Unit phone

503-947-4264

Patient phones

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

ANCHOR 2 (AN2)

Co-ed Stabilization (20 beds)

Psychiatrist

Dr. James Peykanu 503-947-4243

Nurse Manager

Marj Eley 503-947-4251

Social Worker

Robert Garber 503-945-2918

**Mental health supervising RN,
day shift**

503-947-4251

Unit phone

503-947-4266

Patient phones

503-945-9782
503-945-9790
503-945-9796

ANCHOR 3 (AN3)

Not currently housing patients

**Mental health nurse manager,
day shift**

503-947-4252

Unit phone

503-947-4267

Patient phones

503-945-9804
503-945-9807
503-945-9836

Harbors — OSH New Hospital continued

LIGHTHOUSE 1 (LH1)

Male Admissions (20 beds)

Psychiatrist

Dr. Stephanie Lopez 503-947-4244

Dr. Daniel Dick 503-945-9700

Nurse manager

Marilyn McNulty 503-947-4254

Social workers

Cheryl Meyers 503-945-9477

Timothy Schmunk 503-945-2947

Mental health supervising RN,

day shift 503-947-4254

Unit phone 503-947-4268

Patient Phones 503-945-9846

503-945-9861

503-945-9867

LIGHTHOUSE 2 (LH2)

Co-ed Stabilization (20 beds)

Psychiatrist

Dr. Simrat Sethi 503-945-8846

Nurse manager**Social Worker**

Michelle Dague 503-947-9985

Mental health supervising RN,**day shift**

Corinna Strouse 503-947-5255

Unit phone 503-947-4281

Patient phones 503-945-9876

503-945-9889

503-945-9898

LIGHTHOUSE 3 (LH3)

Male .370 Stabilization (20 beds)

Psychiatrist

Dr. Mario Chen 503-947-4289

Nurse manager

Lindsey Sande 503-947-4259

Social Worker

Petr Lokotkov 503-945-9269

Mental health supervising RN,

day shift 503-947-4259

Unit phone 503-947-4288

Patient phones 503-945-9904

503-945-9916

503-945-9925

NEUROPSYCHIATRIC RECOVERY SERVICES/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.

Unit 34A 503-945-7100

Unit 35B 503-945-7175

Unit 34C 503-945-7106

Unit 34D 503-945-7115

34A

Psychiatrist

Dr. Aga 503-945-7100

Nurse manager

June Lawson 503-945-7103

Social worker

Joy Klingberg-Sidwell 503-945-7104

34C

Psychiatrist

Dr. Zurflieh 503-945-7110

Nurse manager

Joan Grace 503-945-7106

Social worker

Debra Neliton 503-945-9971

34D

Psychiatrist

Dr. Khaleem 503-947-1043

Nurse manager

Marj Holloway 503-945-0986

Social worker

Kim Oxford 503-945-9957

35B

Psychiatrist

Dr. Saunders 503-945-7180

Nurse practitioner

Jeanne Dalton 503-945-8871

Nurse manager

Denise Byers 503-945-7177

Social worker

Yvonne Rice 503-945-7179

PSYCHIATRIC RECOVERY SERVICES: ADULT TREATMENT/PORTLAND

Physicians:

Solomon Wolf, MD, Unit 1A	503-731-8632
Bruce Johnstone, MD, Unit 1B	503-731-8631
Tom Hansen, MD, Unit 5A	503-731-8659
Michael Rappaport, MD, Unit 5A	503-731-8685
Paul Madison, MD, Clinic	503-731-8634
Julie Anderson, MD, Unit 6A	503-731-8653

Social workers:

Laurie Robertson, LCSW	503-731-8664
Deborah Kelling, LCSW	503-731-8651
Susan D'Alessandro, MSW	503-731-8687
Kate Mecklenburg, MSW	503-731-8657
Diane Bowman, LCSW	503-731-8629
Kimberly Wyatt, LCSW	503-731-3086
Vacant	503-731-3063

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

Nurse managers:

Elon Shlosberg, RN, Unit 1A and 1B	503-731-8638
Artyce Robison, RN, Unit 5A	503-731-8691
Christy Kennedy, RN, Unit 6A	503-731-3003
Unit P1A	503-230-9726
Unit P1B	503-230 9727
Unit P5A	503-230-9729
Unit P6A	503-230-9728



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/Salem**

Address mail to patients as follows:

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

- **Neuropsychiatric Recovery Services /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, P1B, 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 or patients in new hospital Harbors or Trails or buildings 35, 50 or cottages must complete a Visitor Application form. The 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 (on the first floor of Building 35) or on OSH Family and Friends webpage, www.oregon.gov/DHS/mentalhealth/osh/friendsandfamily/index.shtml. You can also ask the Salem Hospital campus or unit staff to request that the Communication Center send you a Visitor Application form. Completed forms can be mailed, hand-delivered or faxed back to the Communication Center for processing. You should receive a letter regarding the status of your request — usually within five working days. If you have unusual circumstances that require special attention, please call the Communication Center or the director of Consumer and Family Services.

Before a visit can be allowed, a Visitor Application form must be submitted and approved.

Communication Center

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

Fax: 503-945-2807

Mailing address: Communication Center, Oregon State Hospital
2600 Center Street NE, Bldg 35
Salem, OR 97301-2682

Director of Consumer and Family Services: 503-945-7132

The Communication Center can also assist with general information, information about security procedures and rules about bringing items for patients.

Continued on next page

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

For the safety of everyone, there are many important restrictions and rules about patient visiting.

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 smoking 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.

Note: Restaurant food and drinks may be brought into the hospital in some units. Please check with unit staff prior to bringing any restaurant food or drinks into the hospital.



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 in advance of 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/Salem Visitation**

Schedule for adult visitors

Monday, Tuesday, Thursday and Friday: 3 – 4:30 p.m.;
Saturday and Sunday: 1:30 – 4:30 p.m.

Schedule for child visitors*

Wednesday: 11:15 a.m. – 12:45 p.m.
Saturday: 9:30 – 11:30 a.m.
Sunday: 11:30 a.m. – 1:30 p.m.

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

When visiting, please go to the Communication Center (on the first floor of Building 35) to check in and receive an identification badge. The Communication Center will direct you to the visiting area, and security staff will meet you. Visitors will be required to pass through a metal detector.

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.

Continued on next page

- **Harbors schedule for visitation**

Adult contact visits: Monday, Tuesday, Thursday, Friday, Sunday and holidays, 6:30 – 8:30 p.m.; Saturday, 2 – 4 p.m.

Adult window visits: Monday through Friday, 3 – 4:30 p.m.; Saturday, Sunday and holidays, 9 – 11 a.m.

Child contact visits: Wednesday, 6:30 – 8:30 p.m.; Sunday and holidays, 2 – 4 p.m.

Adult visits are limited to three or fewer adults; child visits are limited to three or fewer children, with supervision by one adult. Exceptions must be approved by the IDT, program director and director of security.

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 e-mail at

OSH.visitrequests@state.or.us to arrange visits.

- **Neuropsychiatric Recovery Services/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 (on the first floor of Building 35) 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.

Visitation schedule

On Unit 34A, Unit 34D and Unit 35B there are no set visiting hours or days. Please do not visit during group times on Unit 34C.

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

Visitors must go to the Front Desk at 1121 NE 2nd Ave. 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 P1B, 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 in advance of the pass date. This will allow staff to arrange (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 the Oregon State Hospital are guaranteed certain fundamental rights. For example, patients have the ability 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 something called 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 such as an Authorization for Use and Disclosure of Information, Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint and several other forms are signed and placed in the patient's medical file.

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.

Authorization for Use and Disclosure of Information or Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint

Often, but not always, patients will include their family members on the Authorization for Use and Disclosure of Information or Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint. As a family member or friend, **not** being included in the Authorization for Use and Disclosure of Information or Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint can be painful and difficult to understand. However, the patient has the right to change the Authorization for Use and Disclosure of Information or Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint 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. Without an Authorization for Use and Disclosure of Information or Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint signed by the patient, 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 does 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, as 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 the 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 may also 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 signed by the patient 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, there is an opportunity to purchase soft drinks and snack foods. Patients may possess up to \$30 while on the unit. Anyone providing money to a patient must make staff aware of the funds 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/Salem**

The hospital provides clothing and basic necessities. All personal clothing should be

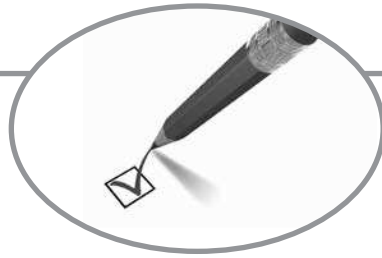
machine-washable and dryable. Patients are responsible for maintaining their own clothing. Assistance is provided from unit staff as required. There is limited closet and storage space available. For safety reasons, there may be clothing restrictions for some patients.

- **Neuropsychiatric Recovery Services/Salem**

The hospital provides clothing and basic necessities. All personal clothing should be machine-washable and dryable and require no ironing. There is limited closet and storage space available 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.

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

All clothing should be machine-washable and dryable and require no ironing. There is limited closet and storage space available 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 the Oregon State Hospital are presumed to be competent to consent to 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

The 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:

- **Providing information**

The patients and families are responsible for providing, to the best of their knowledge, accurate and complete information about present 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 sufficient income or resources 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.

Continued on next page

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, which 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 to for personal counseling. Patients

may wish to have visitors from their own place of worship. Please ask your treatment team to help you if you would like someone from your place of worship to visit with you. 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 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 the Legal Resources within 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 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/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 assist with resolution of the grievance.



PHYSICAL AND SOCIAL ENVIRONMENT

Personal space

A change in environment is often stressful and may affect already 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 soda pop. You may also order from a restaurant for delivery. Calls to restaurants can be made from the Visitor's Center. 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. 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 devastating 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, for example, 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.

Continued on next page

Help the patient develop trust in his or her caregivers. Ask to be notified of Interdisciplinary Treatment Team (IDT Team) 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.



APPENDICES

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 off the unit in a central location called the Treatment Mall. The Treatment Mall is set up like a college classroom.*

* Residents go to the Treatment Mall in either the morning, afternoon or both.

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 GED. With approval of the Interdisciplinary Treatment Team, some patients in the forensics units may take on-line 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/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 and, 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 must also 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 your 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).

The 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). Individuals found **guilty except for insanity** are placed under the jurisdiction of the PSRB for the maximum sentence length provided by the statute for the crime.

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

“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) Oregon state law is explicit that PSRB must put public safety first.

Most PSRB patients begin their treatment at the Oregon State Hospital. Patients who are able to move to conditional release are carefully monitored by the 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, the 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/index.shtml 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 Building 29, basement, MD conference room.

- **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

E-mail: info@BIAOregon.org.

There are local head injury support groups throughout the state. If you are interested, contact the unit social worker on 34A at 503-945-7104.

LEGAL INFORMATION AND ASSISTANCE

- **"Mental Health Law in Oregon: A Guide for Individuals with Mental Illness"**

Disability Rights of 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) is a federally funded organization that is the officially designated legal advocate for persons with mental illness in Oregon. It has the ability to take strong action on behalf of a patient. 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.

Continued on next page

APPENDIX F continued:

- **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/DHS/mentalhealth/services/planning.shtml

The Oregon State Hospital is part of the Oregon 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.

- **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 Mueser & 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 & 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 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

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 N Broadway. Turn left at N Weidler St. Take the third right onto NE 2nd Ave.

Salem driving directions and map:

2600 Center Street NE, Salem, OR 97301-2682

I-5 Northbound towards Salem:

Take the Market Street exit. Turn left on Market Street at the traffic light. Proceed west on Market Street under the freeway to the traffic light (about one block). Turn left onto Hawthorne. Follow Hawthorne to Center Street. Turn right on Center Street and follow Center until reaching 25th Avenue NE (This is just past the Communication Center building with the flagpoles and Oregon State Hospital sign in front of the building). Turn right and proceed north to the intersection with Bittern Street. Turn right on Bittern. Register at the Communication Center, Bldg 35. Parking is just beyond the building or any available space.

I-5 Southbound toward Salem:

Take the Market Street exit. Turn right on Market Street and proceed to Hawthorne Street, which parallels the freeway on the west side. Turn left onto Hawthorne. Follow Hawthorne south to Center Street. Turn right on Center Street and follow Center until you reach 25th Ave. NE (just past the Communication Center building with the flagpoles and Oregon State Hospital sign in front of the building). Turn right and proceed north to the intersection with Bittern Street. Turn right on Bittern. Register at the Communication Center. Parking is just beyond the Communication Center, or any available parking space.

Map of Salem hospital campus/grounds (on page 43): Neuropsychiatric Services Salem is housed in Santiam Hall, which is on 27th Place north of Center Street. Santiam Hall is also called the 34 Building. The Communications Center is situated in Breitenbush Hall and its main entrance during both day and night faces Center Street. Hospital Administration is located in Siskiyou Hall on the Southwest side of the campus.

May 2011



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 6-10/2004
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 _____	
------------------------------------	--

ADDRESSOGRAPH

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.

File: Behind Face Sheet
 Thin: Do Not Thin
 OSH STK: 03389- MR 6-10/2004
 MR #: 65-00-0048-00

APPENDIX J:



Authorization for Use & Disclosure of Information

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

Legal Last Name of Client/Applicant	First	MI	Date of Birth
Other Names Used by Client/Applicant			Case ID#

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 – (Individual, School, Employer, Agency, Medical or Other Provider)	Specific Information to be Disclosed	Mutual Exchange: Yes / No
	Oregon State Hospital	Medical ___ Mental Health ___	Yes
		Participation in Treatment 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: _____</p> <p>Alcohol/Drug diagnoses, treatment, referral: _____ Genetic Testing: _____</p>			

Section B	Release To (address required if mailed) 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 please initial here ___	
	Phone		
	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 (print)	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)

Page 1 of 2

DHS 2099 (1/09)

Required Information for the Client

To provide or pay for health services: If the Department of Human Services (DHS) 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 program or service not acting as a health care provider

This is a Voluntary Form. DHS 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 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 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 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.

Re-disclosure: 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.

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 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 Chairperson (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 alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail Deborah.J.Howard@state.or.us, call 503-945-7132 (voice) or call 503-945-2996 (TTY) to arrange for the alternative format that will work best for you.