

Archways



Oregon
Health
Authority



OREGON STATE
HOSPITAL
HOPE • SAFETY • RECOVERY

Archways

Patient Handbook

Vision

Oregon State Hospital is a psychiatric hospital that inspires hope, promotes safety and supports recovery for all.

Mission

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

Archways

Program Goals

Archways Program is committed to working with patients and stakeholders to promote competency restoration, personal recovery and resiliency.

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Welcome

Welcome to Archways,

We are committed to assisting you in your recovery at Oregon State Hospital. We want your stay here to be as safe and comfortable as possible. We offer a variety of groups, recreational activities and legal education. A team of health care professionals is here to help you.

The Archways program has four units in the Harbors Building: Anchor 2, Anchor 3, Lighthouse 2, Lighthouse 3; and three units in the Trails Building: Tree 2, Tree 3 and LF3.

We encourage your family to be part of your treatment, but you get to decide whether or not you want your family involved. If you would like your family to be included, please choose one family member to be the main contact for your treatment team.

Please be honest and open with all of our staff. We base your treatment on what we learn about you — your challenges as well as your strengths. We can best help you if we have all of the information.

Please be patient with yourself and others. Remember that everyone is different and copes with stress in different ways. At times, you may see other people who are upset. Remember that everyone is doing the best they can, and try not to take things personally. If someone or something is troubling you, ask staff for help.

This handbook will help you learn more about the Archways program and answer some commonly asked questions. Please ask any of your treatment team members for help if you still have questions after reading this handbook

Sincerely,
Archways Program Staff
Oregon State Hospital

What happens here and how long will I be here?

Why am I in Archways?

A judge has sent you to Oregon State Hospital (OSH) because he or she believes you have a mental illness that makes you unable to “aid and assist” in your legal defense. Before you can return to court and continue with your trial, you must show the judge that your mental illness is being treated. Specifically, the judge must see that you understand the court process, can make reasonable decisions in your case, and are able work with your attorney to participate in your legal defense. We will help you achieve all of these goals.

During your stay at OSH, you will receive treatment for your mental illness while taking classes to learn about the legal process. You will hear the term “3-7-O.” This is the number of the Oregon law (Oregon Revised Statute 161.370) that explains why the court was able to send you to OSH.

Competency Restoration Program

We provide several classes that will help you better understand the legal system. OSH also has a law library where you can do research. You can contact your lawyer using the phones on your unit or by writing a letter. An attorney is also available by appointment. This attorney can help you with questions about other legal matters outside of your current case.

Depending on your diagnosis, you may be placed in legal skills classes. Legal Skills 101 is our beginner class. When you are ready, you will move to Legal Skills 102. In Legal Skills 102, you will use a workbook that will help you learn the skills you’ll need to return to court. This includes how to build a relationship with your attorney and the plea options available to you. Before your evaluation, you may attend Legal Skills 104. In this class, you will practice what you have learned. All of these classes will help you work with your lawyer.

Our staff is committed to giving you the support you need. If you need help with reading or learning, please let us know. We have flashcards and audio resources, and the workbook is available in five different languages. We are here to assist you.

How long will I be here?

The circumstances for each patient are unique, and depending on the situation, the time needed to stabilize a person's mental illness may vary. Within your first 60 to 90 days at OSH, you will meet with a psychologist or psychiatrist who does mental health evaluations for the court. He or she will interview you to help the court determine you are able to participate in your trial.

If the evaluator determines you're not ready, you will meet with him or her again within the next 60 to 90 days. After this second meeting, if you're still not ready, you will meet with the psychiatrist or psychologist every 180 days. If your treatment team is confident you're ready to return to court, they can request an evaluation for you at any time.

By law, no patient who has been sent to OSH under the .370 statute can stay at the hospital for more than three consecutive years. This is true even for patients who don't pass an evaluation. However, if a judge determines that a patient's mental illness makes them a danger to themselves or others, he or she can civilly commit you.

Visitors

How can my friends and family visit me?

Family and friends can play an important role in your recovery. We want family and friends to visit you while you're here. If you haven't already, you may soon be asked by staff who can be informed that you are at OSH. If these individuals or others submit applications to visit you, we will ask you of your interest before approving their applications. This way we'll know who you want to visit you. You can always refuse to see a visitor if you choose.

Visitors must also be approved by the hospital before they are allowed to visit. To get approval, visitors must submit a visitor application form to the hospital. This form is available on OSH's Friends and Family website at www.oregon.gov/oha/amh/osh/pages/friendsandfamily/index.aspx. If they prefer, visitors can pick up the form from the hospital's Communication Center or call the Communication Center at 503-945-2800, and staff will mail the form to them.

Security staff will review all submitted visitor applications. If the application is approved by security, it will then be reviewed by your treatment team. Your treatment team will determine whether your visit will be a contact or non-contact (window) visit. They will base their decision on what they believe will be the safest and most therapeutic option for you.

For each visitor, this is generally a one-time process. If you have been discharged and returned to OSH, you must resubmit visitor applications for all your visitors. Your treatment team can also request that your visitors resubmit a visitor application if they believe it is in your best interest.

All visitors must check in at the Communication Center in the hospital's main lobby before each visit. Approved visitors will need a photo ID to get a visitor's badge.

Visiting hours

Harbors

- **Contact visits with adults**
 - Monday, Tuesday and Saturday: 6:30-8:30 p.m.
 - Thursday and Friday: 3:15-4:30 p.m.
 - Sunday and holidays: 9:15-11:15 a.m.
- **Non-contact visits with adults**
 - Monday, Thursday, Saturday, Sunday and holidays: 6:30-8:30 p.m.
 - Tuesday and Friday: 3:15-4:30 p.m.
- **Visits with children**
 - Wednesday: 6:30-8:30 p.m.
 - Sunday and holidays: 2-4 p.m.

Trails

- **Contact visits with adults**
 - Monday and Tuesday: 3:15-4:30 p.m.
 - Thursday and Friday: 6:30-8 p.m.
 - Saturday, Sunday and holidays: 1-4 p.m.
- **Visits with children**
 - Wednesday: 4-6 p.m.
 - Saturday, Sunday and holidays: 9-11 a.m.

Food during visits

During contact visits, your visitors may bring food and non-alcoholic drinks in sealed containers. Containers may not be glass, metal or aluminum.

Food and drinks **may not** be homemade or from any restaurant. Food must be from a store and still in its original sealed packaging. Visitors must take all leftover food with them when they leave. You may not take food back to your unit.

How do I contact my family or friends outside of visits?

After your admission, staff will help you make one phone call from the office phone so you can let a family member or friend know you're at OSH. After you've made this call, you will need to make all future calls from your unit's patient phones. To place a long-distance call from the patient phones, you must either use a calling card or call collect. If you do not have money available to buy a calling card, OSH will pay for you to make three phone calls each week. Staff will assist you to make these calls. You can also receive free calls on the patient phones. Phone numbers are listed on each phone.

Recovery and treatment

What is recovery?

At OSH, we embrace the “Recovery Model” and would like to support you on your path. Mental health recovery is a journey of healing and transformation. Recovery allows a person with mental health problems to live a meaningful life while striving to achieve his or her full potential. An environment of recovery is a place where people on this journey can be themselves, feel accepted and safe, and find the support and encouragement they need to rebuild meaningful lives.

We believe every person has unique and powerful gifts they bring to their community. We believe that those gifts are best encouraged in an environment characterized by understanding, dignity and respect.

What is a Treatment Team?

Your treatment team is you, a family member if you want, and a group of people at OSH who all work together to make your treatment decisions. You will meet with your team regularly. They are here to help you reach your goals and help you get out of the hospital. The Treatment Care Plan (TCP) is the name given to the formal plan that will help you reach your goals.

Who is on my Treatment Team?

Psychiatrist or Psychiatric Mental Health Nurse Practitioner: The person who leads the treatment team, he or she is responsible for your overall treatment. Trained in biological, psychological and social interventions, he or she provides psychiatric evaluation, diagnosis, therapy, medical care and referrals to other specialists.

Primary Registered Nurse: The person who works with you and the team to implement your day-to-day treatment. Trained in psychiatric nursing, he or she will attend most of your treatment team meetings, monitor your medical treatment, help you adapt to living in the hospital, and be responsible for teaching you and your family about your mental and physical health needs.

Treatment Care Plan Specialist: The person who is responsible for keeping track of your treatment care plan. He or she arranges team meetings and records treatment plan elements so they are easy to understand. He or she finalizes your plan, so it becomes part of your medical record. This person is also responsible for ensuring that your grievances are addressed.

Primary Case Monitor: The person who is assigned as your “go to” person. This person, usually a mental health therapist (MHT), will provide support and assistance in getting your needs and requests met. He or she is familiar with how units and malls run and can help organize and coordinate services or assist you in problem solving. A backup case monitor will also be assigned for times when your regular case monitor is not available.

Psychologist: The person who is responsible for figuring out what kind of psychological help you need. Trained in mental processes and behavior, this person may be a member of your team. He or she provides evaluation, diagnosis, and individual or group therapy to help you reach your treatment goals. He or she may also teach staff and patients ways to change behaviors and thinking that get in the way of progress.

Social Worker: The person who helps you develop a client-centered recovery plan for transition and discharge into the community. The social worker will meet with you to remove barriers to discharge. He or she is knowledgeable in many areas including skill building, therapy (group and individual), housing resources, financial benefits and other services. Social workers are the primary contact between your treatment team and your family (or significant other).

Rehabilitation Therapist: The person who is responsible for activities and skills you need to live outside the hospital. He or she is trained in various types of rehabilitation, including occupational, recreational, vocational or educational assessments and treatment. This person may be a member of your team and can help you build relationships, pursue things you enjoy, exercise, or develop knowledge and skills you will use at home or on a job.

Other clinical staff members you will meet

Nurse Manager: The person who supervises all nursing staff, including MHTs on the unit and makes sure that the environment is safe and therapeutic.

Medical Physician or Nurse Practitioner: This person works closely with your psychiatrist or psychiatric mental health nurse practitioner and your primary registered nurse to take care of your physical health.

Peer Recovery Specialist: This person has real-life experience of receiving mental health treatment. He or she may be particularly helpful in understanding what you are going through. He or she may be able to “translate” what is going on in a way that is easier to understand, as well as advocate for you.

What is a Treatment Care Plan?

Your treatment care plan includes the following:

Problem statements: These statements describe the roadblocks that prevent you from leaving the hospital and living “your” life as seen by you and your clinical team. It may also include issues that affect your physical health.

Long-term goals: These are the big goals that will show you have overcome the barriers listed in your problem statements.

Short-term goals: These are the smaller steps toward achieving your long-term goals. They are goals you can reach by your next scheduled treatment team meeting.

Intervention: An intervention describes what staff will do to help you meet your goals. For example, if your goal is to know more about your prescribed medication, a staff member may meet with you to discuss the benefits and risks of taking them.

Strengths: These are the unique individual assets you have such as your skills, abilities, interests, and experiences that you/we can use to help you reach your goals, be safe and choose your treatment mall groups.

All of these areas are reviewed at each of your treatment team meetings. Your first treatment team meeting will happen during the first three working days after your

admission or transfer to a new unit. If you are a new admission to OSH, you will have another treatment team meeting 10 days after your admission. You will continue to meet with your treatment team every 30 days during the initial part of your hospitalization to update your plan as you progress in your journey toward recovery. Special meetings can take place if needed.

If you would like, you may invite your family members and community supports to your treatment team meetings. However, a few select people who are legally responsible for your care may be invited without your permission. Although our staff are the clinical experts of your treatment, you are the expert of you. Successful treatment requires that you participate in your treatment. A member of your treatment team will let you know when your treatment team meetings will be held.

Medical Care

Your medical treatment needs are very important to us. The nurses on your unit will make sure your individual medical and treatment needs are met and will be your main contact for medical issues. You can ask your nurses questions about your medical health. Your nurses will review medications, treatments, symptom management, and other useful information with you during your time here. They will see that the right people are contacted when you have questions or requests. In addition to your unit's nurses, other staff throughout the hospital will help care for your medical needs as well.

OSH has a medical clinic staffed by the following medical professionals: Medical doctors, medical nurse practitioners, registered nurses, and licensed practical nurses. Each patient area has an assigned medical doctor. On Salem's campus, you will find dental and x-ray services, EKG, EEG, physical therapy services, clinical dietitians, laboratory services, pharmacists and clinical pharmacists with an on-site pharmacy, and infection prevention nurses. Additionally, the following specialties come to OSH to provide care as needed: Cardiology, dermatology, neurology, optometry, orthopedic surgery, and podiatry. Most patients come to the medical clinic for their medical appointments. If additional services are needed, our outside appointment staff will arrange for medical treatment somewhere else in the community.

When may I talk to my medical doctor?

If you have concerns about your medical treatment or medications for medical conditions, you may request to speak with the medical doctor by asking one of your unit's nurses.

If you have an emergency, do not wait for these specific people. Contact any staff member immediately.

Infection Prevention

The department of Infection Prevention/Employee Health is responsible for monitoring and, to the greatest extent possible, preventing hospital acquired infections (HAIs).

The federal government recognizes HAIs (previously called nosocomial infections) as a serious problem that can lead to increased incidents of illness and/or death. HAIs are also a factor in the rising cost of providing health care services. The growing threat of multi-antibiotic resistance bacteria further increases the risk of HAIs.

If you have medical conditions, you could be at greater risk of developing serious infections while hospitalized. You can help protect yourself and others from HAIs by:

- Telling staff if you are experiencing symptoms of acute infectious illness, such as fever, vomiting and diarrhea.
- Washing your hands or using hand sanitizer when leaving or returning to your unit. Contaminated hands are the single most common way disease causing pathogens are spread.
- Getting your flu shot (influenza vaccination).

If you have an infectious disease question, please ask staff on your unit for a copy of the appropriate infection prevention policy. For more information, you can also contact the department of Infection Prevention/Employee Health at 503-945-2826.

Informed Consent

Do I have to take medication?

The hospital can require you to take medication without your consent if there is an emergency, such as:

- A doctor has to give you medication immediately to save your life or health.
- Your behavior makes it likely that you or someone else at the hospital will be physically hurt unless you are medicated.

Once the emergency situation is over, the hospital can no longer give you emergency medication. (*OAR 309-114-0015 and Disability Rights Oregon Involuntary Medication Hearing Handbook, first edition*)

Can the hospital require me to take medication if there is no emergency?

If there is no emergency, the hospital can require you to take medications or treat you only under certain conditions:

- There is good cause (as defined below);
- Your guardian decides that you need treatment; or
- As part of your commitment to the hospital, a judge has ordered that medication be used as part of your treatment (rare).

What does good cause mean?

Good cause means that:

- You can't make your own decision about whether to take the medication because you can't understand and weigh the risks and benefits of the treatment options;
- The medication is likely to help you;
- It's the most appropriate treatment for your condition; and
- All other treatments (other than medication) aren't right for you.

What happens if my doctor believes there is good cause to require me to take medication?

The hospital must follow specific steps before giving you medication without your permission.

- Your doctor must meet with you to talk about your treatment options.
- A second doctor who does not work for OSH must also meet with you. This doctor gives a second opinion about whether there is good cause to require you to take medication.

- A medication educator – a person who knows all about the specific medication – must meet with you to give you information about the medication and answer your questions.
- The chief medical officer or superintendent of the hospital must consider both doctors’ opinions and make a final decision about whether there is good cause to require you to take medication.
- If the chief medical officer or superintendent decides that there is good cause to require you to take medication, you will be given written notice of the hospital’s plan to give you medication without your consent. This written notice will also tell you about your right to request a hearing if you disagree with the hospital’s decision.

I received a written notice that the hospital has good cause to require me to take medication. What are my options?

You have three options:

1. Agree to take the medication.
2. Talk to your doctor about alternatives that may work better for you.
3. Refuse to take the medication and request a hearing.

How do I ask for a hearing?

The written notice from the hospital will include a Request for Hearing form. If you choose to ask for a hearing, an administrative law judge will decide whether the hospital can require you to take medication. If you’d like a hearing, fill out the form and give it to a staff member. If you need help filling out the form ask staff to assist you. You can also tell your doctor that you want a hearing.

What happens after I fill out and hand in my Request for Hearing form?

After you ask for a hearing, you will get a written notice telling you the date for your hearing. Your hearing will usually be held within 14 days of the date you turned in your Request for Hearing form. You can have a representative from Disability Rights Oregon (DRO) represent you for free. If you choose to have DRO represent you, a DRO attorney will contact you before your hearing. If you choose to have a private attorney, you will have to contact that attorney to arrange representation. Your representative will help you decide if there are any witnesses who have information that can help the judge make his or her decision.

(OAR 309-114-0000 through 0025 and Disability Rights Oregon Involuntary Medication Hearing Handbook, first edition - www.droregon.org)

What is Treatment Mall?

Treatment malls are certain areas in the hospital where you will receive daily treatment services and recreational activities. They are staffed by many different professionals who use your treatment care plan and feedback to create services based on your interests and needs. Your treatment mall groups will help you on your journey of recovery by giving you opportunities to learn new skills that will be valuable to you.

A treatment mall group fair is held every 12 weeks where you can learn about groups and work with your treatment team to choose which services will be best for you depending on your goals, skills and concerns.

Throughout the year, the treatment mall will offer surveys to get your ideas for changes to groups or new groups.

Some examples of groups offered are: Art Therapy, Brain-Body Balance, Law Library, Legal Skills, Symptoms Management, Anger Management, Process Group, Tai Chi, New Patient Orientation, Medication Management, Relapse Prevention, Drug and Alcohol Education, Banking, Coping Skills, Community Reintegration, Metabolic Syndrome, Healthy Cooking, Pet Therapy, Exploring Prayer Practice, Creative Expression, Leisure Skill Building, and recreation activities.

While you are at treatment mall, housekeeping staff will clean the patient areas on your unit, including your bedroom. Your team will help you take steps to keep your personal belongings safe and secure in either your room or in storage while you're at the treatment mall.

What is REACH?

To reward and inspire you to practice the skills you need to be successful, the hospital has created a program called Recovery Environments Actively Creating Hope (REACH). The goal of this program is to both support and empower you to make decisions about your treatment goals.

REACH is an incentive program, which means you can earn rewards for doing well and following your plan. This works in three ways:

- Earning points;
- Choosing how to spend points at the REACH store; and
- Attending special REACH activities.

The ultimate goal of REACH is to provide you and your treatment team a way to:

- Work on your treatment goals;
- Promote your recovery; and
- Help you build the skills you will need to leave OSH.

Daily life

Your room

Archways Patients will be assigned to either a single or double room in the Harbors or Trails building. Your unit's nurse manager will assign rooms based on each patient's needs. Room assignments may change depending on the unit's treatment needs, but our goal is to keep disruptions to a minimum.

A change in environment is often stressful and may affect already existing mental, physical and emotional problems. Your room is your personal space, and we encourage you or your family to bring or send pictures of familiar objects to make your space more comfortable for you.

Per Salem's fire code, pictures and other items may only be hung on the bulletin board in your room. Items related to sex, drugs, alcohol, violence or crime are not allowed.

Personal property

Patients are allowed the following:

- One phone card, not exceeding \$20;
- 20 first class postage stamps;
- The equivalent of one cubic foot of paper. This includes: Magazines, paperback books, handouts and workbooks from groups. This does not include legal paperwork. *Paper may not include pornography, ammunition or firearms, and may not promote violence of any kind;*
- Wedding band
- One pair of eyeglasses (a second pair may be kept in storage);
- One pair of sunglasses (for use in the quad only);
- One set of OSH-provided ear bud headphones;
- A brush or comb, shampoo, conditioner, small bar of soap, stick deodorant, toothpaste and toothbrush. All hygiene products must be received from OSH (warehouse, unit stock, REACH, etc.). *Aerosol products, products that have alcohol listed as one of the first three ingredients, vanity cases with glass mirrors and any products designed specifically to provide scent (lotions, colognes, perfumes, etc.) are prohibited;*

- Reasonable and appropriate clothing (knee length skirts and shorts, bras, beanies, etc.). *Some items of clothing are strictly prohibited, including: shoelaces, suspenders, belts, buckles, bandanas, pantyhose/nylon socks, bras with underwire, ties (including clip-on), metal toed footwear, boots and drawstrings. Clothing with drug, alcohol or gang-related references is also prohibited.*
- One stuffed animal (Must be purchased from REACH store or OSH provided only);
- One watch (Patients in the Harbors building are not allowed to have metal watches);
- One hand-held radio (Patients in the Harbors building may not have personal radios, but OSH-provided radios may be checked out from unit staff);

The following items are allowed in the Trails building, but not in the Harbors building:

- One OSH-issued hard plastic pen;
- Up to \$15.00 in cash;
- One battery operated alarm clock radio (clock radios with cords require IDT approval);
- One reusable plastic water bottle; and
- One personal plastic coffee mug.

Items that may be checked out with staff approval and used only under supervision:

- Dental floss;
- Fixodent;
- Nail files and clippers;
- Makeup (only makeup purchased from the REACH store is allowed);
- Electric razors, hair trimmers and razor heads;
- Patient ID tags;
- Nail polish (Patients in the Harbors building may only use nail polish during treatment mall groups);
- Safety scissors (Patients in the Harbors building may only use safety scissors during treatment mall groups);

The following items may be checked out by patients in the Trails building, but not by those in the Harbors building:

- Stringed instruments;
- Pencils; and
- Handheld MP3 players.

Items allowed only with treatment team approval in the Trails building, but not in the Harbors building:

- Alarm clock radio with power cord;
- Regular headphones (non-ear bud); and
- Hard cover books.

Items not allowed in the Harbors treatment mall:

- Hard plastic pens;
- Brimmed hats;
- Handheld radio;
- Ear buds; and
- Hard cover books.

Personal and property searches

To ensure we maintain the safety of all, staff may conduct personal searches at any time safety concerns arise. In the Harbors building, you should expect to be searched each time you return to your unit. This will include “wandering,” a “pat down” and belongings being searched. To keep our environment safe, all Archways unit patients will be expected to participate in these search procedures when requested.

Television access

In the Harbors building, televisions in patient areas may be turned on daily from 3 to 10 p.m.

In the Trails building televisions in patient areas may be turned on Monday through Friday, from 3 to 10 p.m.; and on Saturdays, Sundays and days when the treatment mall is closed, from 7 a.m. to 11 p.m.

At the top of every hour, or at the end of a selected program, staff can change the channel. When two or more televisions are available for patient viewing, one will be designated for sports and educational programming. Exceptions to this rule will be made for significant world or sporting events.

Meals at Oregon State Hospital

Keeping your body healthy makes it easier to be mentally fit. That is why we choose to serve healthy food at OSH.

“DASH Plus Choices” is the standard meal plan (another way to say “regular diet”) at OSH. The DASH (Dietary Approaches to Stop Hypertension) meal plan follows the USDA’s (United States Department of Agriculture) Dietary Guidelines for Americans. This eating plan is based on whole grains, fruits, vegetables, low fat dairy (or soy) and lean meats. It is low in sodium, low in added fat and sugar, and high in fiber. The DASH diet includes nuts, legumes and seeds, but excludes foods high in trans-fat, saturated fat and sodium typically found in many desserts, entrees and side dishes.

Most patients who eat in the dining rooms can make choices from all the foods available on the serving line. Patients with special diet orders because of medical conditions or necessary texture modifications will have fewer choices compared to patients on regular or vegetarian diets.

Regular campus-wide surveys show that patient satisfaction with the food at OSH has continued to increase since DASH Plus Choices became the standard in 2010.

If you have nutrition questions or concerns about your diet, ask your nurse to submit a request for you to talk to a dietitian (which we call a diet consult).

Personal care

Personal hygiene including washing your hands, brushing your teeth and keeping your body clean and neat helps everyone at the hospital stay healthy. If you need personal care supplies, ask a staff person or member of your treatment team. Hand washing is the best way to stop the spread of illnesses like colds and flu, so wash your hands often. Haircuts are available. If you would like a haircut, please let your case monitor know.

Taking care of yourself

We all get frustrated from time to time. This is normal and understandable. Learning to deal with your frustration appropriately is an important step in your recovery. Here are some suggestions.

- Take a quiet moment for yourself in your room or on the treatment mall; take a deep breath and relax.
- Engage in a favorite activity, such as reading, drawing, playing a game, listening to music or exercising.
- Seek help. Talk to someone you trust, such as a staff member or peer.
- Ask a staff member for access to a sensory room on your unit or in the treatment mall. Here, you can be by yourself, listen to music and just kick back.
- If necessary, ask the nurse for medications that will help you calm down. Keep in mind that these must be prescribed by your doctor beforehand. Make sure to talk to your doctor if you believe you have any medication issues.

Try exploring these options and others to find what works well for you.

Religion

We respect your right to religious freedom. The Spiritual Care Department provides care for our patients on a daily basis. Spiritual Care staff provide individualized care, group care and personal counseling. Currently, they facilitate Bible studies, Mass, interfaith worship services, and other religious practices and holidays. They also lead spiritually based groups on the treatment malls. If you'd like, you may add others from your own faith traditions to your approved visitors list.

Patient funds

Your funds will be handled in accordance with OSH policy 4.010 "Handling of Patients' Funds." Any money you receive from outside sources such as family, disability checks, social security, pensions, etc., will be deposited in your trust account (if you decide to start one) or sent to the hospital's business office where it will be kept in a safe. You will receive a receipt for all funds the hospital has in safekeeping for you. If you have questions about the handling of your funds, please ask a staff member.

Phone cards and stamps

If you have money deposited in a hospital account, you can order phone cards and postage stamps by following the steps below:

- Request a money withdrawal form from a staff member;
- Fill out the form (\$20 limit for phone cards, 20 stamp limits) and return the form to a staff member for processing; and
- The unit clerk will deliver phone cards and stamps on the designated day. Your signature will be required.

Mail and packages

All patients have the right to send and receive sealed mail. You can buy stamps if you have money (see “phone cards and stamps”). If you don’t have money to buy your own, the hospital will give you a pen, paper and up to three stamped envelopes per week. If you do have money available to you, you are required to purchase your own stamps. Give your fully-addressed letter to a staff member to mail.

In addition to letters, you may receive legal documents, phone cards and paper products such as writing paper and magazines through the mail. If you receive cash or checks these will be sent to either your trust account or the business office. Items that are prohibited on your unit will be placed in storage for you. To ensure that all contents are safe, you will open all mail in front of a staff member, with the exception of clearly marked legal mail.

Rights and responsibilities

Patient Rights

***Disclaimer:** The following is for informational use only and is not intended or implied to be a substitute for State and Federal laws and regulations. For specifics see ORS 430.210; OSH Policy and Procedures; and Program rules. Some of the Patient Rights may be impacted based on safety and security reasons as identified by the patient's Individual Treatment Care Plan.*

Every resident retains his or her rights as provided by state and federal law. In addition, the resident has the right:

- To recognition, respect and dignity as an individual;
- To a humane living environment that affords reasonable protection from harm, and affords reasonable privacy;
- To daily access to fresh air and the outdoors;
- To be free from abuse or neglect, and to report abuse without being punished;
- To wear his or her own clothing;
- To a private storage area and access to it;
- To impartial access to treatment, regardless of race, religion, sex, ethnicity, age or handicap;
- To know of available alternative treatments;
- To be treated under the least restrictive conditions and not be subjected to unnecessary physical restraint and isolation;
- To be informed of the facility's rules and regulations regarding his or her conduct;
- To be visited by his or her family or significant others (advocates, legal and medical professionals);
- To freely choose how to spend his or her money;
- To send and receive mail;
- To be furnished with a reasonable supply of writing materials and stamps;
- To reasonable access to telephones;
- To participate in decisions concerning the practical reasons for limitation of visitors, telephone calls or other communication;

- To participate in his or her plans for individualized treatment and discharge, explained in terms that the resident can understand;
- To periodic review of his or her individualized treatment plan;
- To be informed of benefits, possible side effects, risks of medications, and treatment procedures;
- To receive medication only for his or her clinical needs;
- To not receive services without informed consent except in a medical emergency or as otherwise permitted by law;
- To decline medication and treatment to the extent permitted by law, and to be informed of the medical consequences of his or her actions;
- To continuity of care, including appropriate follow-up care planned and initiated at the time of discharge;
- To develop advance directives for his or her care in the case of future serious medical or psychiatric illness;
- To be affiliated with and have access to the clergy of the religious denomination of his or her choice unless the treatment team decides this would be non-therapeutic and documents this in the resident's chart;
- To access his or her medical and mental health records upon approval from the treatment team;
- To confidentiality of his or her medical and mental health records;
- To not participate in experimentation without voluntary informed written consent;
- To be given reasonable compensation for all work performed other than personal housekeeping duties;
- To assert grievances regarding the infringement of rights described in this document and to have those grievances considered in a fair, timely, and impartial grievance procedure; and
- To exercise the rights specified in this document without any form of reprisal or punishment.

Grievances

If you believe your needs are not being met or feel you are being treated unfairly, speak with a staff member or a member of your treatment team about your concerns. If you prefer, you can write down your concerns on a piece of paper and give it to a staff member. Your nurse manager will be told about your concerns. He or she will then discuss your concerns with your treatment team and try to resolve the issue.

If you continue to have concerns, you can use the grievance system. To file a grievance, ask a staff member for a grievance form. Staff members who have been trained in how the grievance system works will be available to help you fill out the form. Your treatment team will review your grievance form and help you try to solve your problem.

If your treatment team is not able to solve your problem, the hospital Grievance Committee may hold a hearing to examine your issue.

If you disagree with the outcome of your Grievance Committee hearing, you can make an appeal to the hospital superintendent. If you continue to disagree, you may then appeal to the head of the Oregon Health Authority (this is the state agency that is in charge of OSH).

On the back of your yellow copy of the Level 1 Grievance Statement is a full description of the grievance process.

Contact information

Oregon State Hospital
2600 Center St. NE
Salem, OR 97301

www.oregon.gov/oha/amh/osh

Communication Center
503-945-2800 or 800-544-7078

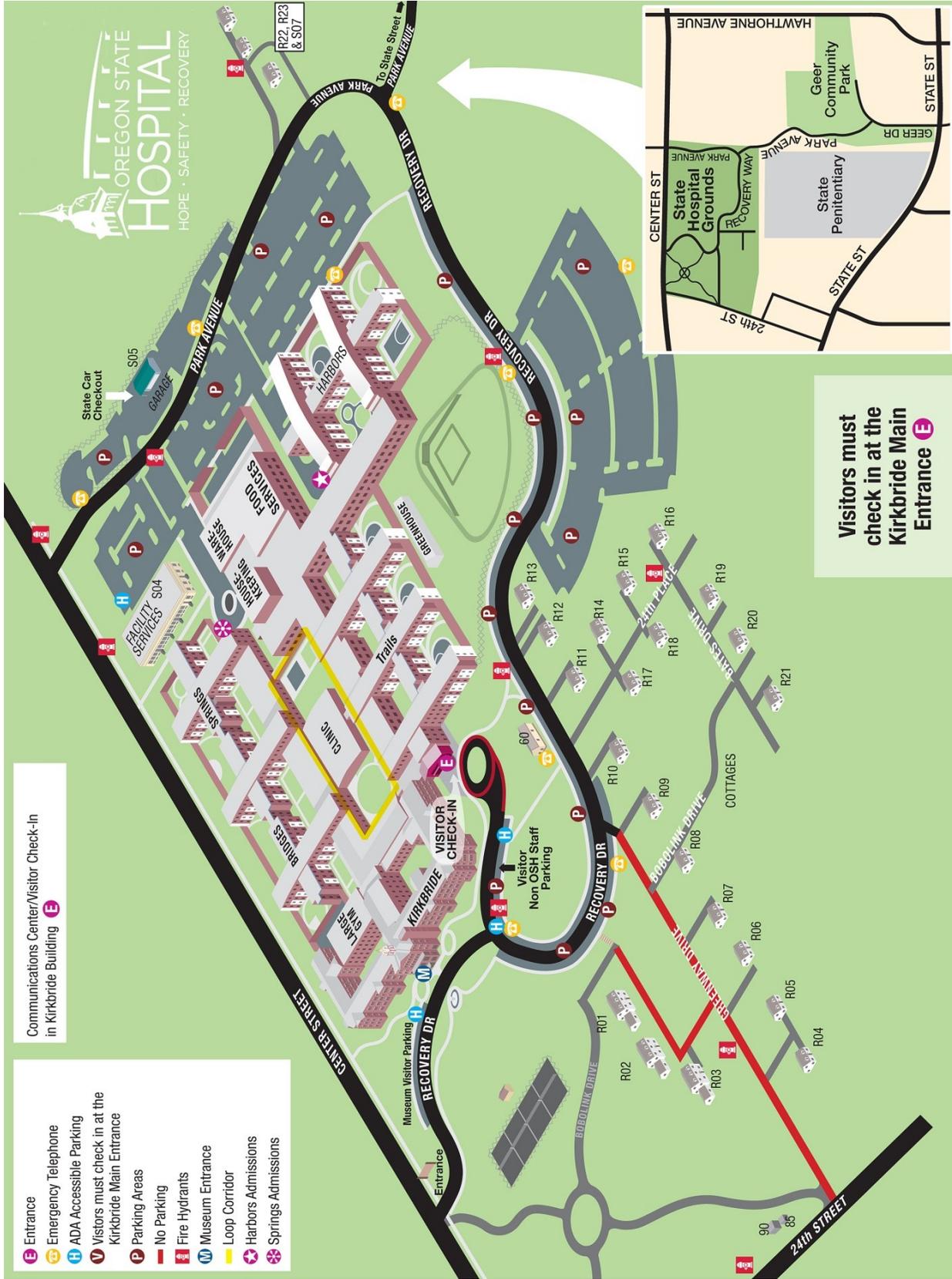
Friends and Family Web site
www.oregon.gov/OHA/amh/osh/friendsandfamily

Telephone numbers for patient area nurses stations:

Area	Phone number
Tree 2	503-947-2774
Tree 3	503-947-2784
Anchor 2	503-947-4266
Anchor 3	503-947-4267
Lighthouse 2	503-947-4281
Lighthouse 3	503-947-4288
Leaf 3	503-947-2724

Important resources

- National Alliance on Mental Illness (NAMI) 800-950-6264
- Consumer and Family Services 503-947-8109
- Disability Rights Oregon 800-452-1694
- OSH Peer Recovery Services 503-945-2800
- Patient Advocacy & Consumer Group 503-945-2800




OREGON STATE HOSPITAL
 HOPE • SAFETY • RECOVERY

Communications Center/Visitor Check-in
 in Kirkbride Building **E**

- E** Entrance
- T** Emergency Telephone
- A** ADA Accessible Parking
- V** Visitors must check in at the Kirkbride Main Entrance
- P** Parking Areas
- N** No Parking
- F** Fire Hydrants
- M** Museum Entrance
- L** Loop Corridor
- H** Harbors Admissions
- S** Springs Admissions

Visitors must check in at the Kirkbride Main Entrance **E**