

Insert A

Personal Electronics

If your treatment team approves, you may have those electronic items allowed by hospital policy #6.030 in your room.

Before you order or receive such items, you must follow package request process. Your case monitor can help you do this. Electronic items are not to be on the unit without an approved request form.

All such items must enter the hospital through the Security Department. They must be brand new and in their original, unopened packaging. Items too big to fit in the scanning machine are not accepted. Staff can help you with any questions about which electronics will fit into the space available.

Large items such as television and stereos must fit neatly on your desk and cannot be stacked. The hospital does not allow power strips.

Note: You will need a professional business to disable any electronics with recording or camera capabilities. The business must put in writing that the work was completed.

Insert B

Privileges

As part of your treatment, you will have the chance to earn privileges, such as leaving your unit or the secure perimeter to participate in on-grounds or off-grounds activities. Your privilege level also determines the number of staff that must be with you.

All privileges must be approved by your treatment team and for some individuals the hospital Risk Review panel. If you violate policy or become a danger to yourself or others, the hospital may suspend your privileges. Your treatment team will help you identify your current privilege level. Not all privileges are available to every person or on every unit.

Outings and Passes

Outings and passes are a privilege for which you must receive approval. When you have been approved, you may apply to staff for a pass or outing. All trips outside of the hospital need the approval of your treatment team. Work with your case monitor to complete an outing request for consideration.

Staff Outings

When you are on a staff outing, you are to follow directions and stay near the staff escorting you. You cannot take a cell phone with you on outings. We do not allow visitors to meet you on staff outings. There are special situations where staff may supervise meetings with family members, which may lead to unsupervised visits.

Passes

Passes are a privilege that allow you to go off-grounds without staff supervision. If you receive approval for a pass, you will work with your treatment team to decide the best plan for these passes.

Family Passes

All patients may have their belongings searched when returning to the unit from a family pass. There may be a request for a urinalysis at that time.

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Approved Personal Property

The approved personal property list details all personal items you may have. You will need your treatment team's permission for anything not on the following list. If there is a safety concern, items may be restricted. You may keep non-approved items in the hospital's long-term storage. You may also mail them to a family member, or have them pick them up. The hospital will dispose of prohibited items.

Small property: We place important items and documents, such as keys, credit cards, checks, driver's licenses and other forms of identification, at admission in a secure storage area at the hospital. Your valuables, such as jewelry, may be stored here as well.

Approved Property List

Insert D

Property Requiring Approval

Insert E

Cell Phones

Cell phones are a privilege, not a right. Failure to abide by the guidelines for cell phone use may result in the suspension or loss of your cell phone privilege.

1. You must get authorization from your Interdisciplinary Team (IDT) for a cell phone prior to obtaining it.
2. You can only purchase cell phones through Oregon State Hospital approved vendors. Cell phones can only be capable of sending and receiving voice and text. The state hospital does not allow cameras, internet access or other functions.
3. Cell phones must be the type for which you buy minute cards. You may not use calling plans, individual or otherwise.
4. You cannot take cell phones to the treatment mall. No cell phones on any staff supervised on- or off-grounds activities. You may seek prior approval on a case-by-case basis.
5. You must have your cell phone on **low volume or vibrate-only at all times**, to reduce noise and disruptions.
6. You must consider the time, location, and volume of your conversation, so that you minimize possible disruption to other patients. If you are responsible for consistent disruptions with your cell phone, it may result in restriction or withdrawal of the privilege.
7. Any reports of telephone use that is harassing, intimidating, illegal, or considered inappropriate, will result in the immediate suspension of your cell phone privilege, up to and including complete removal of your cell phone.
8. In the event of a clinical hold, it is at the discretion of the IDT whether cell phone privileges are suspended.
9. Your IDT may require you to submit your phone for a review of calls and texts. This may happen randomly, and as needed.
10. The hospital lists your cell phone on your property sheet. The hospital lists your phone identification, serial number and phone number.
11. Your cell phone is your responsibility. That includes all financial responsibility for the phone, accessories, or services. Loaning your cell phone, selling minutes to your peers, or profiting from phone use may result in the loss of cell phone privileges.

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Ready to Place

“Ready to place” means that your team has found you ready to transition out of the hospital and back to a community living. This process begins from admission. Your treatment team can help support your recovery by identifying challenges to your transition out of the hospital. They work with you to overcome these challenges. There are many things to consider when deciding if a person is ready for discharge.

Patients at the state hospital outline an individual recovery plan in their treatment team goals. Your ability to master and maintain your goals during your treatment will help show that you are ready to place. You and your treatment team should talk regularly about your readiness for discharge.

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The Differences between State Hospital Review Panel (SHRP) and Psychiatric Security Review Board (PSRB)

When you went to court for your charges, you were placed under the Psychiatric Security Review Board (PSRB). If your charge was a felony known as a “Measure 11” crime, the PSRB follows your case while you are at Oregon State Hospital. Otherwise, the State Hospital Review Panel (SHRP) follows your case while you are at the state hospital, but PSRB follows your case when you are in the community.

Both the PSRB and the SHRP are groups of five people who do not work at Oregon State Hospital. They get regular feedback about how you are doing, including written documents and hearings. At hearings, they make decisions about several things:

- Whether you have a “mental disease or defect”—legal language that usually means a diagnosis of mental illness.
- Whether you can become dangerous to others due to a mental disease or defect.
- Whether you remain at Oregon State Hospital for treatment, or can live in the community.

The PSRB or SHRP approves you to return to the community, they also approve a plan called a Conditional Release Plan. The plan includes details about where you will live, where you will get medical and mental health care, who will handle your money, and what sort of treatment you should have, including work and education.

You will have several hearings before the board that follows your case while you are at the state hospital. Some are required hearings. In addition, you may request a hearing if it has been six months since your last hearing. Your treatment team can request a hearing at any time.

Hearings are public and you, attorneys, Oregon State Hospital staff, and family, friends, or community members can attend. You can receive representation from an attorney. If you cannot afford an attorney, you can have one appointed to you.

Routine hearings happen at:

- Initial PSRB or SHRP jurisdiction—generally 90 days after admission
- Revocation of Conditional Release—generally within 20 days of admission
- Request for Evaluation for Conditional Release
- Application for Conditional Release
- Every two years, if you have not had a hearing for other reasons

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Risk Review Panel

The Risk Review Panel is a group of Oregon State Hospital staff responsible for:

- Assigning privileges requested by patients and their treatment teams.
- Approving or denying privilege requests and making recommendations.

How does the process work?

Based on the progress you make during treatment, you and your treatment team will work together to decide when it's appropriate to request a risk review.

Your team will schedule your risk review hearing. In Junction City, risk review hearings are on Tuesday morning and every other Friday morning by video. An in-person hearing takes place once per month, on a Thursday. During the hearing, the panel will discuss your treatment with you and your treatment team and decide what privilege level is most appropriate for you. In most cases, decisions take place during the hearing.

What can I do to better prepare for a risk review hearing?

When you meet with the panel, make sure you are clear about the privileges you are requesting. During your hearing, you may have to answer difficult or uncomfortable questions about the crime that led to your treatment at Oregon State Hospital, and past or recent behaviors, symptoms, and diagnosis.

Prepare and bring documents to your hearing that you believe will help support your progress. Examples include a daily symptom tracker daily, your relapse prevention plan and your treatment mall schedule.

What are some reasons I should request a risk review?

Examples of times or reasons you and your team should ask for a risk review include requests for:

- On-or off-grounds privileges
- Conditional release planning
- Transfer to the cottages
- Peer escorts
- Family passes
- Authorized person passes
- Solo passes

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Junction City Visitation Plan

- Visitation at Junction City occurs in the Café.
- A visitor’s orientation video is in development. The video includes a welcome message, video tour of the facility, and guidelines for visitation. All visitors, including those touring, have the opportunity to view the video prior to arriving at the facility or may watch it at the hospital.
- Patients and families completed surveys prior to move in about how to enhance visitation in Junction City.
- The hospital asks visitors to complete surveys after visits. This will help make databased improvements and adjustments to visitation guidelines, hours, plans, and more.
- Visiting hours are set. The hospital can facilitate special requests and accommodations.

Hours of visitation

Dates	Times
Monday	3:15 - 4:30 p.m.
Tuesday	3:15 - 4:30 p.m.
Wednesday	Children 4:00-6:00 p.m.
Thursday	6:30 – 8:30 p.m.
Friday	6:30 – 8:30 p.m.
Saturday, Sunday, Holiday	Children 9:00 – 11:00 a.m.
	1:00 – 4:00 p.m.

- Reception makes sure visitors sign in. Security manages the screening process. Unit staff is responsible for staffing the visiting center and engaging visitors. One staff person from each unit receives a visitation assignment.

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Tattoos and Body Piercing

Oregon State Hospital, Junction City's mission is to provide a safe, supportive environment for patients to complete their successful, individual transition into the community. While tattooing and body piercing may support an individual's freedom of expression, as a hospital, we must first prioritize patient safety. During hospitalization, initiating tattoos and body piercings can represent a serious risk of infection, as well as carry the potential for physical or emotional harm. After careful consideration, you may make your tattooing, piercing or body alteration choices after your placement in the community.

- If you have an Other Authorized Persons privilege, you may complete tattooing or body piercing while on Other Authorized Person's passes.
- You may request tattoo removal procedures.
- Your Interdisciplinary Team (IDT), when clinically indicated, and with a physician's order, may approve tattoo removal procedures in the community.
- You may request tattoo revisions, especially if the current tattoo content is offensive or disturbing. You must specifically detail the content of the intended revision, prior to IDT approval.
- Your IDT when clinically indicated, and with a physician's order, may approve revising an existing tattoo. You may have up to two visits per year, for that explicit tattoo modification.

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Dating Behaviors

Oregon State Hospital has a strict “**no sex policy**,” for patients. This policy helps to protect patients from things like disease transmission (which can be life threatening), pregnancy, and physical, emotional and psychiatric trauma because of sexual contact.

The human need for intimacy, warmth, affection and sexual expression is universal; however, within our psychiatric hospital/residential setting, Oregon State Hospital has the responsibility to take special precautions to prevent sexual contact between patients, for the exact reasons stated above.

In addition to the no sexual contact requirement, the Junction City Program, in an effort to protect and support patients, asks patients not to participate in any intimate, “*dating behaviors*.” These “*dating behaviors*” may include such things as kissing, hand holding, full frontal hugs, intimate touching or verbalizations, isolation with the individual, and a variety of other behaviors that you would normally associate with dating.

Dating behaviors can negatively impact and affect other patients as well; peers may feel pressured to keep secrets, help arrange meetings or use dishonesty to protect those involved. These things result in high levels of stress and trust violations on many levels, taking precious energy away from everyone’s recovery. It is essential to put your individual, concentrated efforts towards your own recovery and community re-entry, not toward a romantic relationship that is more likely to hurt than to help.

Again, the state hospital strictly prohibits sexual contact between patients.

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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 specific information, see ORS 426.385 and 42 CFR 482.13; Oregon State Hospital Policy and Procedures; and Program rules. All persons receiving treatment at Oregon State Hospital shall have the right to:

1. Care provided in a setting that is least restrictive to liberty, least intrusive, and provides the greatest degree of independence possible, consistent with the patient's treatment, safety, and security needs;
2. A humane living environment that affords reasonable protection from harm and affords reasonable privacy;
3. Communicate confidentially, freely, in person, and by sending and receiving sealed mail (except as limited for security reasons by ORS 426.010), and by reasonable access to telephone with privacy for receiving and sending calls. The patient must be immediately receiving information, verbally and in writing, of any limitation to their right to send/receive sealed mail;
4. Wear the clothing they own;
5. Keep their personal possessions, including toilet articles;
6. Religious freedom;
7. A private storage area with free access to it;
8. A written, individualized treatment plan, with services based upon that plan, kept current with his/her progress, with reassessment of service needs and to participate in the development and reviews of his/her treatment plan at a level appropriate to his/her capabilities;
9. Be provided with a reasonable explanation of all service considerations;

10. Not be required to perform routine labor tasks of the facility except personal housekeeping duties, without reasonable and lawful compensation;
11. Be provided with opportunity for daily access to fresh air and the outdoors. This right may be limited when it would create significant harm to the person or others. The patient is immediately receiving information, verbally and in writing, of any limitation to this right.
12. Be free from potentially unusual or hazardous treatment procedures, including electroshock therapy, unless they have given their express and informed consent. A denial of rights for good cause are only as defined by administrative rule by the Superintendent or their designee, but only after consultation with and approval of an independent examining physician. Any denial entered into the patient's treatment record and shall include the reason for the denial: No patient is subject to psychosurgery, as defined in ORS 677.190 (22)(b);
13. Not have mechanical restraints applied, unless the Chief Medical Officer of the hospital or their designee determines it to be required due to the medical needs of the person. Every use of a mechanical restraint and the reasons therefore are a part of the clinical record of the person over the signature of the Chief Medical Officer of the facility or designee.
14. Not participate in experimentation or research without informed voluntary written consent;
15. Receive medication only for their clinical needs;
16. Not be involuntarily terminated or transferred from services without prior notice, notification of available sources of necessary continued services, and exercise of a grievance procedure;
17. 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;
18. Exercise the rights specified in this document without any form of reprisal or punishment;

19. Once verification of attorney identity has been completed, i.e., picture ID and State of Oregon Bar Card, patients will have reasonable access to counsel whenever his/her substantial rights may be affected;
20. Petition for a writ of habeas corpus;
21. Such other rights as may be specified by regulation;
22. Exercise all civil rights in the same manner and with the same effect as one not admitted to the facility, including, but not limited to the right to dispose of property, execute instruments, make purchases, enter contractual relationships and vote, unless he/she has been adjudicated incompetent and has not been restored to legal capacity. Disposal of personal property in possession of the person in a state institution described in ORS 426.010 is subject to limitation for security reasons. The patient must be immediately receiving information, verbally and in writing, of any limitation to their right to dispose of personal property;
23. Develop advanced directives for their care in the case of future serious medical or psychiatric illness;
24. Request documents in Alternate Formats such as large print, Braille, verbal presentation, sign and language interpretation or accommodation related to services;
25. Be furnished with a reasonable supply of writing materials and stamps;
26. Not receive services without informed consent except in a medical emergency or as otherwise permitted by law;
27. Be free from abuse or neglect and to report any incident of abuse without being subject to retaliation;
28. Visit with family members, friends, advocates and legal and medical professionals.

Additional Rights in Residential Treatment Facilities (the Forest units). Residents shall also have a right to:

1. Adequate food, shelter, clothing, consistent with OAR-309-034-0159;
2. A reasonable accommodation if, due to their disability, the housing and services are not sufficiently accessible;
3. Access to community resources including recreation, religious services, agency services, employment and day programs, unless such access is legally restricted;
4. Be free from seclusion or restraint, except as outlined in OAR 309-035-0169;
5. To review the Residential Treatment Facility's policies and procedures.

If you have reason to believe that there has been a violation of your rights, please contact:

The Consumer and Family Services at: 503-947-8109 or

Health Care Regulations and Quality Improvement at: 971-673-0556 or

Disability Rights Oregon at: 503-243-2081 **or** 1-800-452-1694

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If You Need Help with a Problem

If you believe your needs are not met or you feel you are being treated unfairly, talk to staff and your treatment team about it. You can write down your concern and give it to a staff member, or simply ask to speak with the supervising nurse. The nurse manager will discuss your concern with the treatment team and try to resolve it.

If that does not help, you can file a “grievance.” Ask a staff member for a grievance form. Staff can assist you to file a grievance. The nurse manager or treatment care plan specialist will collaborate with you to problem solve to resolve your grievance.

If your grievance is not resolved, the hospital Grievance Committee may hold a hearing about it. If you disagree with the committee’s findings, you can appeal to the hospital superintendent. If you continue to disagree, you may appeal to the head of the Oregon Health Authority.

Please ask a staff member if you want to see the written grievance policy.