



# Family GUIDEBOOK

*Salem Campus:* Forensic Programs (Archways, Pathways, and Bridges),  
Civil Program (Crossroads) and Neuropsychiatric Program (Springs)  
*Junction City Campus:* Civil and Forensic Program

Oregon  
**Health**  
Authority

ADDICTIONS AND MENTAL HEALTH  
Oregon State Hospital





The front entrance of the hospital.

**OREGON STATE HOSPITAL**

2600 Center Street NE

Salem, OR 97301-2682

COMMUNICATION CENTER

503-945-2800

1-800-544-7078

**OREGON STATE HOSPITAL**

29398 Recovery Way

Junction City, OR 97448

COMMUNICATION CENTER

RECEPTION DESK

541-465-2554

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 his or her 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:

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

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## **MISSION AND VISION**

### **OUR MISSION**

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

### **OUR VISION**

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





## CONTACTS LIST

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

Unit social worker:

Unit phone:

Treatment team:

Unit staff:

Nurse:

Psychiatrist:

Psychologist:

### OTHER CONTACTS:

#### **Communication Center (Salem)**

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

#### **Reception Desk (Junction City)**

541-465-2554

#### **Office 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 Consumer and Family Services at 503-947-8109 or [\*osh.consumer&familyservices@state.or.us\*](mailto:osh.consumer&familyservices@state.or.us).

Director: Deb Howard, 503-945-7132

#### **Program directors:**

Contact the program director for concerns regarding program policies or staff performance.

- Archways: Ted Highberger, 503-945-9026
- Pathways: Heidi Scott, 503-947-4265
- Bridges: Nancy Frantz-Geddes, 503-947-2961
- Springs and Crossroads: Christine White, 503-945-9870
- Programs / Junction City, Kerry Kelly, 541-465-3031

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## **Deputy superintendent**

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

Contact the Junction City campus deputy superintendent if you have concerns regarding hospital policies or the performance of management staff. Bob Gebhardt, 541-981-0722

## **Superintendent**

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

**Note:** Consumer and Family Services staff may return calls from families or patients on behalf of the superintendent or deputy superintendent.

## **Office of Adult Abuse Prevention and Investigations**

1-866-406-4287

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

## **Joint Commission**

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

**Email:** [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

**Fax:** 630-792-5636

**Mail:** Office of Quality Monitoring

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

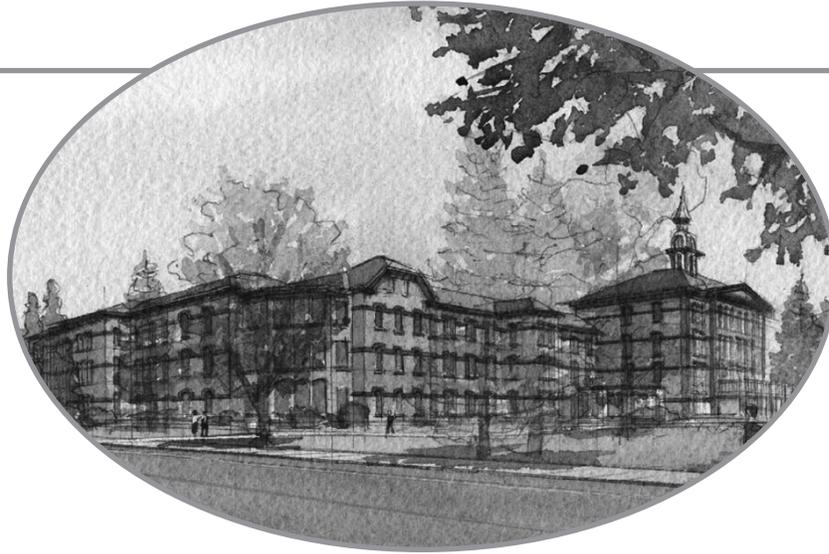
Complaints / Grievances concerning Patient's Rights related to 42 CFR 482.13 may be filed with Consumer and Family Services 503-947-8109; by using Oregon State Hospital Grievance process; or by contacting:

Health Care Regulation and Quality Improvement

800 NE Oregon Street Suite 305

Portland Oregon 97232

Phone 971-673-0556



## **HOSPITAL PROGRAMS**

### **Forensic programs**

People who come to Oregon State Hospital under a forensic commitment are individuals who have been charged with or convicted of criminal behavior related to their mental illness. Some are referred by the courts under Oregon law (ORS 161.370) for treatment that will help them to understand the criminal charges against them and to assist in their own defense. Others are admitted after they have been found guilty except for insanity of a crime. Depending on the nature of their crime, these patients are under the jurisdiction of either the Psychiatric Security Review Board or the Oregon State Hospital Review Panel.

### **Archways**

Patients in our Archways program have been charged with but not convicted of a crime. They have been sent to OSH by a court order under Oregon law (ORS 161.370) because they have been found unable to participate in their defense due to their mental illness. The goal of Archways is to stabilize patients and help them achieve a level of legal competency so they are able to understand the criminal charges against them and work with their attorney.

### **Pathways**

Patients in our Pathways program have been convicted of a crime related to their mental illness; however, due to their mental illness at the time of the crime, a court has found that the person did not have the capacity to understand the criminality of their conduct.

### **Bridges**

Bridges is our community transition program for patients who have been found guilty except for insanity and are nearing the point where they no longer need hospital-level care. In addition to four traditional living units, Bridges includes six cottages on the hospital campus

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that provide a treatment setting much like a group home, where patients cook their own meals and share other household responsibilities. Bridges' goal is to help patients achieve their highest level of health, safety and independence as they prepare for discharge or conditional release to a less-restrictive community setting. Individuals work on living skills through daily treatment mall activities and classes as well as approved outings. They also participate in discharge planning with their treatment team members.

## **Civil programs**

People who come to Oregon State Hospital through a civil commitment require physically secure 24-hour care that is not available through community programs. They have been found by the court to be a danger to themselves or others, or unable to provide for their own basic needs, such as health and safety, because of a mental disorder.

### **Springs**

The Springs program is for patients who require a hospital level of care for dementia, organic brain injury or mental illness. These patients often have significant medical issues. The program's goal is for everyone to return to a community-care setting. From the day of admission, the treatment team works with the patient toward this goal. Springs uses treatments that include sensory and behavioral therapy such as daily living skills and recreation; coping and problem-solving skills learned through group and individual therapy; and classes or activities in the treatment mall.

### **Crossroads**

The Crossroads program provides services for adults who have been civilly committed or voluntarily committed by a guardian. Each patient has an individual treatment care plan and attends the treatment mall every weekday. The primary focus of treatment mall programs is to prepare patients to return to the community. Groups help patients learn how to manage their symptoms and medications, develop coping and recreational skills, budget and manage their money, and plan and prepare meals. Community reintegration is the focus of weekly group trips to community settings. Separate programs provide educational support, psychotherapy, and help for alcohol and drug abuse. T

### **Junction City**

The Junction City campus will serve patients who have been civilly committed and who have plead guilty except for insanity (GEI). The program is designed to provide specific treatment serves to each population independently, while maintaining a larger sense of community where patients can work together towards community reintegration.

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## TELEPHONE CONTACT INFORMATION

You are encouraged to make telephone calls to your loved one; however, patients have the right to refuse any callers. On rare occasions, it may be in the patient's best interest to limit calling. If possible, the treatment team or unit staff will discuss any restrictions with the patient's family and friends.

Below you'll find contact information for each unit and program. In addition to the numbers listed, you can also call OSH toll-free at 1-800-544-7078. *Please note that doctors, nurses and social workers may change.*

### **ARCHWAYS**                      **Program Director:** Ted Highberger, 503-945-9026

#### **Anchors 2**

Nurse Manager	Faye Phan	503-947-4251
Unit Staff		503-947-4266
Physician Specialist	Dr. Novosad	503-947-4266
	Dr. Chien	503-947-4266
Unit Social Worker	Teresa Salazar	503-947-2926
Patient Phone West Hall		503-945-9782
	East Hall	503-945-9790
	South Hall	503-945-9796

#### **Anchors 3**

Nurse Manager	Marilyn McNulty	503-947-4252
Unit Staff		503-947-4267
Physician Specialist	Dr. Ranganathan	503-947-4267
	Dr. Hughes	503-947-4267
Unit Social Worker	Petr Lokotkov	503-945-9269
Patient Phone West Hall		503-945-9804
	East Hall	503-945-9807
	South Hall	503-945-9836

#### **Lighthouse 2**

Nurse Manager	Katherine Murphy	503-947-4255
Unit Staff		503-947-4281
Physician Specialist	Dr. Kim	503-947-4281
	Dr. Hughes	503-947-4281
Unit Social Worker	Nathan Keep	503-947-2928
Patient Phone West Hall		503-945-9876
	South Hall	503-945-9889
	East Hall	503-945-9898

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**Lighthouse 3**

Nurse Manager Tamera McCool 503-947-4259  
Unit Staff 503-947-4288  
Physician Specialist Dr. Mobbs 402-947-4288  
Dr. Novasad 503-947-4288  
Unit Social Worker Erin La Rosa 503-947-4285  
Patient Phone West Hall 503-945-9904  
South Hall 503-945-9916  
East Hall 503-945-9925

**Tree 1**

Nurse Manager Michelle Giblin 503-947-2769  
Unit Staff 503-947-2764  
Physician Specialist Dr. Duran 503-947-2764  
Dr. Skach 503-947-2764  
Unit Social Worker Debra Neliton 503-945-8956  
Patient Phone South Hall 503-947-2492  
East Hall 503-947-2493

**Tree 2**

Nurse Manager Linda Green 503-947-2779  
Unit Staff 503-947-2774  
Physician Specialist Dr. Goldstein 503-947-2774  
Dr. VanWesenbeeck 503-947-2774  
Unit Social Worker Melanie Rixford 503-947-9985  
  
Patient Phone South Hall 503-947-2494  
East Hall 503-947-2495

**Tree 3**

Nurse Manager Melody Leinenback 503-947-2789  
Unit Staff 503-947-2784  
Physician Specialist Dr. Peykanu 503-947-2784  
Unit Social Worker Patricia Villarreal 503-945-9274  
Patient Phone South Hall 503-947-2496  
East Hall 503-947-2497

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## **PATHWAYS**

**Program Director:** Heidi Scott, 503-947-4265

### **Anchors 1**

Nurse Manager Josh Eggert 503-947-4230

Unit Staff 503-947-4264

Physician Specialist Dr Shirazi 503-947-4264

Unit Social Worker Karen Stuber 503-945-2966

Patient Phone South Hall 503-945-9473

East Hall 503-945-9741

North Hall 503-945-9743

West Hall 503-945-8848

### **Lighthouse 1**

Nurse Manager Brenda Massey 503-947-4254

Unit Staff 503-947-4268

Physician Specialist Dr. Stone 503-947-4268

Unit Social Worker Jennifer Hansens 503-947-2883

Patient Phone West Hall 503-945-9846

South Hall 503-945-9861

East Hall 503-945-9867

### **Bird 1**

Nurse Manager David Peckfelder 503-947-3739

Unit Staff 503-947-3734

Physician Specialist Dr. Chikrizov 503-947-3734

Unit Social Worker Oleg "Mo" Popov 503- 947-3734

Patient Phone 503-947-2551

503-947-2552

*Continued on next page.*

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**Bird 2**

Nurse Manager Dane Kuester 503-947-8117  
Unit Staff 503-947-8118  
Physician Specialist Dr Roff 503-947-8118

Unit Social Worker Megan Harper 503-947-4220  
Patient Phone West Hall 503-947-8002  
East Hall 503-947-8001

**Bird 3**

Nurse Manager Damion Blair 503-947-3759  
Unit Staff 503-947-3754  
Physician Specialist Dr. Barker 503-947-3754  
Dr. Rose 503-947-2754  
Unit Social Worker Corrie Gordon 503-947-8129  
Patient Phone South Hall 503-947-3658  
North Hall 503-947-2554  
West Hall 503-947-2553

**BRIDGES**

**Program Director:** Nancy Frantz-Geddes 503-947-2961

**Bridges 1**

Nurse Manager Dorothy Boggess 503-947-3769  
Unit Staff 503-947-3764  
Physician Specialist Dr. Christianson 503-947-3764  
  
Unit Social Worker Harmony West 503-947-3764  
Patient Phone North Hall 503-947-3651  
West Hall 503-947-3650

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## **Bridges 2**

Nurse Manager Larry Belcher 503-947-3779  
Unit Staff 503-947-3774  
Physician Specialist Dr Mittal 503-947-3774

Unit Social Worker Kim Oxford 503-945-9860  
Patient Phone West Hall 503-947-3652  
North Hall 503-947-3653

## **Bridges 3**

Nurse Manager Alisa Ward 503-947-3789  
Unit Staff 503-947-3784  
Physician Specialist Dr. Matthews -Brylski 503-947-3784

Unit Social Worker Carol Draper 503-947-8099

Patient Phone North Hall 503-947-3654  
West Hall 503-947-3655

## **Cottage**

Nurse Manager Chris Hatch 503-945-9887  
Unit Staff 503-945-9463  
Physician Specialist Dr Chen 503-945-9463

Unit Social Worker Alise Campbell 503-945-9463  
Patient Phone RO1 503-373-7129  
RO2 503-378-4983  
RO5 503-378-4985  
RO6 503-378-3743

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## SPRINGS

**Program Director:** Christine White, 503-947-8134

### **Butterfly 1**

Nurse Manager Denise Byers 503-947-3709  
Unit Staff 503-947-3704  
Physician Specialist Dr. Zurflieh 503-947-3704  
Unit Social Worker Todd McJunkin 503-945-7179  
Patient Phone 503-947-3659

### **Butterfly 2**

Nurse Manager Marj Halloway 503-947-3719  
Unit Staff 503-947-3714  
Physician Specialist Dr. Khaleeq 503-947-3714  
Dr. Phinney 503-947-3714  
Unit Social Worker Melanie Johnson 503-947-3714  
Patient Phone 503-947-3660

### **Butterfly 3**

Nurse Manager June Lawson 503-947-3729  
Unit Staff 503-947-3724  
Physician Specialist Dr. Tacker 503-947-3724  
Dr. Phinney 503-947-3724  
Unit Social Worker Heather Shipley 503-947-3724  
Patient Phone 503-947-3661

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## CROSSROADS

**Program Director:** Christine White, 503-945-9870

### Leaf 1

Nurse Manager Cherie Douglas 503-947-2709  
Unit Staff 503-947-2704  
Physician Specialist Dr. Gundroo 503-947-2704  
Dr. Fussell 503-947-2704  
Unit Social Worker Tyler St. Clair 503-945-9401  
Patient Phone South Hall 503-947-2480  
East Hall 503-947-2481

### Leaf 2

Nurse Manager Julie Hinkley 503-947-2739  
Unit Staff 503-947-2734  
Physician Specialist Dr. Hansen 503-947-2734  
Dr. Massoud 503-947-2734  
Unit Social Worker Kimberly Watt 503-947-4220  
Patient Phone South Hall 503-947-2482  
East Hall 503-947-2483

### Leaf 3

Nurse Manager Amber Kirkpatrick 503-947-2729  
Unit Staff 503-947-2724  
Physician Specialist Dr. Fussell 503-947-2724  
Dr. McDonald 503-947-2724  
Unit Social Worker Diane Ponder/Sarah Cox 503-947-2724  
Patient Phone South Hall 503-947-2484  
East Hall 503-947-2485

### Flowers 1

Nurse Manager Wendy Zieker 503-947-2719  
Unit Staff 503-947-2714  
Physician Specialist Dr. Dick 503-947-2714  
Dr. Mead 503-947-2714  
Unit Social Worker Cecelia Carey 503-945-8956  
Patient Phone South Hall 503-947-2486  
East Hall 503-947-2487

### Flowers 2

Nurse Manager Colin Woodbury 503-947-2749  
Unit Staff 503-947-2744  
Physician Specialist Dr. Wolf 503-947-2744  
Unit Social Worker Diane Bowman 503-947-2744  
Patient Phone South Hall 503-947-2488  
East Hall 503-947-2489

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## JUNCTION CITY

**Program Director:** Kerry Kelly, 541-465-3031

### FOREST 2

**Unit staff** 541-465-2744

**Nurse manager**  
Bruce Randy Bryson 541-465-2749

**Physician specialist**  
Julia Howe 541-465-2744

**Unit social worker**

Kimberly Gill 541-465-2744

**Patient phone** 541-465-2696

**Patient phone** 541-465-2697

### MOUNTAIN 1

**Unit staff** 541-465-2704

**Nurse manager**  
Matthew Clark 541-465-2709

**Physician specialist**  
Vacant 541-465-2704

**Unit social worker**

Kathleen Lewis 541-465-2704

**Patient phone** 541-465-2688

**Patient phone** 541-465-2689

### MOUNTAIN 2

**Unit staff** 541-465-2714

**Nurse manager**  
Kerry Wooley 541-465-2719

**Physician specialist**  
Diana Moore 541-465-2714

**Unit social worker**

Anna Dyer 541-465-2714

**Patient phone** 541-465-2690

**Patient phone** 541-465-2691



## 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 their family or friends to visit or even be told that the patient is in the hospital. Family and 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.

- **Salem**

Address mail to patients as follows:

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

- **Junction City**

Address mail to patients as follows:

Patient Name  
Unit number (Forest 1, 2 or 3, Mountain 1, 2 or 3)  
29398 Recovery Way  
Junction City, OR 97448



## 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 patient's best interest to limit visits. If possible, the treatment team or unit staff will discuss any restrictions with the patient's family and friends.

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's social worker.

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

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

### **Instructions for completing the visitor application**

Only visitors to patients who have been forensically committed need to complete applications.

Forensic commitments include:

- Patients who have been found guilty except for insanity; or
- Patients who are receiving treatment to help them understand the criminal charges against them and to assist in their own defense.

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## Oregon State Hospital - Salem

1. Visitor applications are available in the hospital's main lobby, on the Friends and Family website at [www.oregon.gov/oha/amb/osh/friends/Pages/index.aspx](http://www.oregon.gov/oha/amb/osh/friends/Pages/index.aspx), or by calling the Communication Center at 503-945-2800 to have an application mailed to you.
2. Make sure your application is legible, complete and correct. The hospital will not approve applications if they cannot be read or if information is missing, inaccurate or untruthful.
3. Return your application to the Communication Center:
  - In person at the Communication Center window in the main lobby;
  - By mail to the following address:  
Oregon State Hospital - Communication Center  
2600 Center Street NE  
Salem, OR 97301
  - By fax at 503-945-2807; or
  - By scanning and emailing it to ***OSH.COMMCENTER@state.or.us***.

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

**Questions or concerns:** Please contact Consumer and Family Services at 503-947-8109 or [www.oregon.gov/oha/amb/osh/friends/Pages/index.aspx](http://www.oregon.gov/oha/amb/osh/friends/Pages/index.aspx).

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

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

## Oregon State Hospital - Junction City

1. Visitor applications are available in the hospital's main lobby, on the Friends and Family website <http://www.oregon.gov/oha/amb/osh/friends/Pages/index.aspx> or by calling the Communication Center Reception Desk at 541-465-2554 to have an application mailed to you.

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2. Make sure your application is legible, complete and correct. The hospital will not approve applications if they cannot be read or if information is missing, inaccurate or untruthful

3. Return your application to the Communication Center Reception Desk:

- In person at the Communication Center Reception Desk window in the main lobby
- By mail to the following address:

Oregon State Hospital –Junction City

29398 Recovery Way

Junction City Oregon 97448

- By fax 541-465-3007; or
- By scanning and emailing it to ***JC.BusinessServices@state.or.us***

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

Questions or concerns: Please contact Consumer and Family Services at 503-947-8109 or ***osh.consumer&familyservices@state.or.us***

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

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## **SAFETY GUIDELINES FOR VISITING**

- Visits on the unit must be limited to the designated areas.
- No visitors under the influence of alcohol or intoxicants are allowed.
- No tobacco use is allowed in any building or on the grounds of the hospital campus.
- The following items may not be brought into the hospital: cell phones, cameras or recording devices, plastic bags, matches, cigarettes, chewing tobacco, cigars, pipes,



firearms, any type of aerosol container, alcohol, over-the-counter medications, prescriptions, illegal drugs, sharp objects or other potentially dangerous materials (glass items or containers, razors or razor blades).

- R-, X- or M-rated videos, DVDs, games or printed materials are not allowed.
- 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.

## **VISITATION SCHEDULE**

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

## **FORENSIC VISITATION**

Forensic Programs: Archways, Pathways, Bridges and 2 Junction City units.

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

1. Visitation for residents in the Harbors building should be scheduled a minimum of 24 hours in advance by calling the unit. Unit phone numbers are located on pages 7-8 in Family Guidebook. See Forensic Visitation Schedule under Information for units in the Harbors building. Some visits in the Harbors building may be non-contact visits.
2. Visiting takes place within designated visitor areas in the hospital. For security reasons, the number of visitors may be limited. Children under the age of 18 are permitted to visit with prior authorization and while accompanied by an approved adult visitor. Visits with children will take place at different times than adults as noted on Visitation Schedule.
3. Disruptive behavior, including arguing, shouting or passing contraband, is not permitted. Passing contraband is against the law and will be reported to Oregon State Police. If you

appear to be under the influence of drugs or alcohol, you will not be permitted in the hospital. Use of tobacco products; including electronic cigarettes are not permitted on hospital grounds. Engaging in these behaviors may result in loss of visiting privileges.

4. Please dress appropriately. You may not be permitted in the hospital if your dress is provocative.
5. You are not permitted to give things to your resident directly during the visit. Prior to bring gifts/property, call the units to confirm the items are appropriate for the resident. All items must be given to the staff at the communication center, located in the main entrance where they will be screened and the items recorded. You will be given a receipt.
6. Greeting and farewell embraces and brief kisses are permitted. However, fondling and sexual contact are not.
7. We know that enjoying a meal with your resident is important to you. Kirkbride Café and Valley Café have food options available. For health and safety, outside food and beverages must be in their original factory-sealed containers. All unconsumed items must be taken with you when you leave. Please help us keep the visiting area clean.
8. Due to privacy and confidentiality concerns, preauthorization is required for taking pictures while in the hospital. Please contact the nurse manager of your resident's unit and they will provide you with information on how to proceed.
9. If you want to give money to your resident, you may mail checks or a money order; made out to the resident, or you may deposit money in their trust account at the OSH business office. Patients may not receive money directly.
10. Reasonable accommodations will be made for visitors to use the restroom, though we encourage you to use the restroom in the lobby before you enter the main section of the hospital.
11. As a visitor, you may be asked to meet with your resident's treatment team before your visit.

## VISITING LOCATIONS

### Adults and Children

<i>Building/Program</i>	<i>Location</i>
<b>Harbors Building</b>	First floor dining room of Harbors
<b>Trails Building</b>	First floor dining room of Trails. Food and drinks may be purchased from the Kirkbride Express food cart.
<b>Bridges Program</b>	Kirkbride Café
<b>Cottages</b>	At cottages
<b>Springs Program</b>	On unit: 8 a.m. – 8 p.m.
You can call OSH toll free at 1-800-544-7078. This number will be answered in the Communication Center.	
The Kirkbride family dining room may be reserved for special occasions. For more information, contact Consumer and Family Services at 503-947-8109 or <a href="mailto:osh.consumer&amp;familyservices@state.or.us">osh.consumer&amp;familyservices@state.or.us</a>	

# FORENSIC VISITATION HOURS

FORENSIC VISITATION SCHEDULE									
Program	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Holidays
Archways	Anchors 2	6:30-8:30	6:30-8:30		3:15-4:30	3:15-4:30	6:30-8:30	9:15-11:15 AM	9:15-11:15 AM
	Anchors 3								
	Lighthouse 2								
	Lighthouse 3								
Pathways	Adult-no contact - Harbors Bldg	6:30-8:30	3:15-4:30	6:30-8:30	6:30-8:30	3:15-4:30	6:30-8:30	6:30-8:30	6:30-8:30
	Child Visits - Harbors Bldg			6:30-8:30				2:00-4:00	2:00-4:00
	Tree 1								
	Tree 2	3:15-4:30	3:15-4:30		6:30-8:30	6:30-8:30	1:00-4:00	1:00-4:00	1:00-4:00
	Tree 3								
	Child Visits - Tree Units			4:00-6:00			9:00-11:00 AM	9:00-11:00 AM	9:00-11:00 AM
Pathways	Anchors 1	6:30-8:30	6:30-8:30		3:15-4:30	3:15-4:30	6:30-8:30	9:15-11:15 AM	9:15-11:15 AM
	Lighthouse 1								
	Adult-no contact - Harbors Bldg	6:30-8:30	3:15-4:30		6:30-8:30	3:15-4:30	6:30-8:30	6:30-8:30	6:30-8:30
Bridges	Child Visits - Harbors Bldg			6:30-8:30				2:00-4:00	2:00-4:00
	Bird 1	3:15-4:30	3:15-4:30		6:30-8:30	6:30-8:30	1:00-4:00	1:00-4:00	1:00-4:00
	Bird 2								
	Bird 3								
	Child Visits - Bird Units			4:00-6:00			9:00-11:00 AM	9:00-11:00 AM	9:00-11:00 AM
	Bridges 1	3:15-4:30	3:15-4:30		6:30-8:30	6:30-8:30	1:00-4:00	1:00-4:00	1:00-4:00
Bridges	Bridges 2								
	Bridges 3								
	Child Visits			4:00-6:00			9:00-11:00 AM	9:00-11:00 AM	9:00-11:00 AM
Junction City	Cottages	3:30-5:00	3:30-5:00	3:30-5:00	3:30-5:00	3:30-5:00	1:00-5:00	1:00-5:00	1:00-5:00
	Child Visits - Cottages						9:15-11:00 AM	9:15-11:00 AM	9:15-11:00 AM
	Mountain 2	3:15-4:30	3:15-4:30		6:30-8:30	6:30-8:30	1:00-4:00	1:00-4:00	1:00-4:00
	Forrest 2			4:00-6:00			9:00-11:00 AM	9:00-11:00 AM	9:00-11:00 AM
	Child Visits								
<b>VISIT LOCATIONS &amp; INFORMATION</b>									
Harbors Bldg - 1st floor dining room									
Kirkbride Café									
Trails Bldg -dining room									
Non- Contact Area									
Cottages									
Valley Café Visitation									
No Visitation Hours									
Harbors Bldg Units: Anchors 1, 2, 3 and Lighthouse 1, 2, 3									
Oregon State Hospital: Salem Communication Center 503-945-2800 or Toll Free 1-800-544-7078									
Oregon State Hospital: Junction City Communication Center Reception Desk 541-465-2554									

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## **Crossroads visitation: Salem**

### **Visiting hours and regulations**

Visitors are encouraged at Oregon State Hospital. To promote safety, all visitors shall follow the visiting guidelines below:

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

*Continued on page 24*

# Crossroads and Springs Visitation Hours

## Crossroads

Program	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Holidays
Crossroads	Flowers 1	11:30 - 1:00	11:30 - 1:00		11:30 - 1:00	11:30 - 1:00	8:00 - 8:00	8:00 - 8:00	8:00 - 8:00
	Flowers 2	3:00 - 8:00	3:00 - 8:00		3:00 - 8:00	3:00 - 8:00	8:00 - 8:00	8:00 - 8:00	8:00 - 8:00
	Leaf 1	3:15 - 4:30	3:15 - 4:30		6:30 - 8:30	6:30 - 8:30	1:00 - 4:00	1:00 - 4:00	1:00 - 4:00
	Leaf 2								
	Leaf 3								
Child Visits			4:00-6:00				9:00-11:00 AM	9:00-11:00 AM	9:00-11:00 AM
<b>VISIT LOCATIONS</b>									
Kirkbride Café									
Trails Bldg - dining room									
On Unit									

## Crossroads visitation

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

You can call OSH toll free at 1-800-544-7078. This number will be answered in the Communication Center. When visiting, please go to the Communication Center to check in and receive an identification badge. The Communication Center will direct you to the visiting area, where security staff will meet you. All visitors are required to pass through a metal detector.

## Springs

Program	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Holidays
Springs	Butterfly 1	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00
	Butterfly 2								
	Butterfly 3								
Child Visits	Contact the unit to schedule								

## Springs visitation

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

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

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

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

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

## **Junction City visitation**

Visitors are encouraged at Oregon State Hospital.

To promote safety, all visitors of patients at the Oregon State Hospital under a forensic commitment (the Psychiatric Security Review Board (PSRB) or State Hospital Review Panel (SHRP)) must be approved in advanced.

All visitors, both those under forensic commitment and civil commitment must follow the visiting guidelines below:

1. As a visitor, you may be asked to meet with your resident's treatment team before your visit.
2. If you want to give money to your resident, you may mail cash and checks to them or deposit money in their trust account at the OSH business office. Patients may not receive money directly.
3. We know that enjoying a meal with your resident is important to you. For health and safety, only food and beverages that are still in their original factory-sealed containers are

permissible. All unconsumed items must be taken with you when you leave. Please help us keep the visiting area clean. Food items can also be purchased from the Valley Café during scheduled visitation.

4. Visiting takes place within designated visitor areas in the hospital. For security reasons, the number of visitors may be limited. Children under the age of 18 are permitted to visit with prior authorization and while accompanied by an approved adult visitor. Visits with children will take place at different times than adults.
5. Reasonable accommodations will be made for visitors to use the restroom, though we encourage you to use the restroom in the lobby before you enter the main section of the hospital.
6. You are not permitted to give things to your resident directly during the visit. Please give items to the staff at the communication center located in the main entrance so they can be recorded on your resident's property list. Due to safety concerns and limited storage space, we request that visitors contact their loved one's nurse manager before bringing gifts or property. The nurse manager will begin the process for gift or property approval. Once gifts or property have been approved by the nurse manager, you may bring them to the Communication Center Reception Desk. At the Communication Center the approved gifts or property will be screened/scanned before sent to the unit for the patient.
7. Due to privacy and confidentiality concerns, preauthorization is required for taking pictures while in the hospital. Please contact the nurse manager of your resident's unit and he or she will provide you with information on how to proceed.
8. Greeting and farewell embraces are permitted. However, kissing, fondling, and sexual contact are not.
9. If you appear to be under the influence of drugs or alcohol, you will not be permitted in the hospital.
10. Tobacco use is not permitted on hospital grounds.
11. Disruptive behavior, including arguing, shouting or passing contraband, is not permitted and may result in loss of visiting privileges. Passing contraband is against the law.
12. We encourage you to dress appropriately. You may not be permitted in the hospital if your dress is provocative.

## **Visiting Locations**

All visitations, adult (with patients committed under forensic or civil) and children, in Junction City will occur in the visiting area of Valley Café and adjoining visitation rooms. *See next page for visiting hours.*

## Junction City Visitation Hours:

### Junction City Visitation

Program	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Holidays
Junction City	Mountain 1	3:15-4:30	3:15-4:30		6:30-8:30	6:30-8:30	1:00-4:00	1:00-4:00	1:00-4:00
	Mountain 2								
	Forrest 2								
Child Visits			4:00-6:00				9:00-11:00 AM	9:00-11:00 AM	9:00-11:00 AM

### Valley Café Visitation

Oregon State Hospital: Junction City Communication Center Reception Desk 541-465-2554

**Visitors are encouraged not to visit during mealtimes.**

You can call OSH at 541-465-2554. This number will be answered in the Communication Center Reception Desk.

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



## **PASSES OFF HOSPITAL GROUNDS**

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

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

## **PATIENT BILL OF RIGHTS**

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

### **Right to refuse treatment**

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

### **Right to a written treatment plan**

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

*See addendum L - for ORS 426.385 and 42 CFR 482.13 Patient's rights*

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## FAMILY INVOLVEMENT

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

When patients are admitted to the hospital, legal documents are signed and placed in the patient's medical file. These include Authorization for Use and Disclosure of Information, Disclosure of Hospitalization, Consent to Notify Person of Seclusion and Restraint and several other forms.

### **Declaration for mental health treatment**

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

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

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

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## Confidentiality

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

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

These same laws allow the option to keep information regarding any part of the patient's treatment confidential from other people—including family and friends. That means information regarding a patient at Oregon State Hospital cannot be released to a family member or friend without the patient signing an Authorization for Use and Disclosure of Information form naming the specific family member or friend. The patient may also specify what information can be shared with others. Once a patient gives permission, hospital staff can share information with family and friends named on the Authorization for Use and Disclosure of Information form. **Copies of *some* the forms are in the appendix of this guidebook.**

## 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 current health complaints, past illnesses, hospitalizations, medications and other matters relating to the patient's health. They are responsible for reporting unexpected changes in the patient's 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.

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- **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 people and that of the hospital.

## **PERSONAL POSSESSIONS and SPENDING MONEY**

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

On most units, patients may purchase soft drinks and snack foods. Patients may possess up to \$30 while on the unit. Anyone providing money to a patient must let staff know before the patient receives the money. For amounts over \$30, family and 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

- **Archways, Pathways and Bridges**

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

- **Springs, Crossroads and Junction City**

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

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## **HOSPITAL PROCESSES**

### **ADMISSION**

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

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

### **INFORMED CONSENT**

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

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

If the patient is found unable to give informed consent, the hospital has written policies that spell out the legal process that must be followed to ensure that a patient can receive what hospital staff believe is proper treatment and protection of the patient's legal rights.



## **COST OF CARE**

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

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

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

## **MEDICATIONS**

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

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

## **SECLUSION AND RESTRAINT**

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

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

## **RESOLVING COMPLAINTS**

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

## **FILING A GRIEVANCE**

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

Whenever possible, patient, family, friends or guardians should attempt to resolve grievances informally. Any concerns about patient care should be brought to the program director who will discuss the concern with the treatment team to try to resolve the issue. Staff on each unit are available for assisting patients and family or friends 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

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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 the appeal to the OSH superintendent does not resolve the issue.

### **EMERGENCY GRIEVANCE**

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

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

## **PHYSICAL AND SOCIAL ENVIRONMENT**

### **Personal space**

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

### **Dayroom**

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

### **Group living**

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

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

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## HOW FAMILIES AND FRIENDS CAN HELP

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

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

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

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 or friends before adding them to the list. Postage stamps are also a good gift.

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

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

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Help the patient develop trust in his or her caregivers. Ask to be notified of Interdisciplinary Treatment Team (IDT) meetings if the patient wants you to attend. Information about the IDT is in Appendix G of this guidebook. If you are attending IDT meetings, you will better understand what is going on and be in a better position to ask questions and 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.

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## **APPENDIX A:**

### **A typical day at the Oregon State Hospital**

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

- 7:30–9 a.m. Breakfast is served in a central dining area on the unit of residence.
- 9–11 a.m. Treatment groups are offered off the unit in a central location called the treatment mall. The treatment mall is set up like a college classroom.
- 11 a.m.–1 p.m. Lunch and time to refresh.
- 1–3 p.m. Treatment groups are offered in the treatment mall.

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

#### **Interdisciplinary Treatment Team meetings**

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

#### **Educational opportunities**

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

#### **Work opportunities**

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

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## **APPENDIX B:**

### **Seclusion and restraint**

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

Every incident of restraint or seclusion is required to be reviewed within five days. If the patient approves, family and 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 the patient 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, and a registered nurse or a doctor must be present when either is used (they will also help staff find alternate ways to handle the situation). There are rules about how long an incident of seclusion and restraint can last, 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.

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## **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 a Declaration for Mental Health Treatment, as well as the right to designate or appoint a health care representative.

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

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. Because 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.

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## **APPENDIX D: Psychiatric Security Review Board (PSRB)**

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

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

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

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

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

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## **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; and
- Important to the patient's whole-person development.

#### **The Spiritual Care department is tasked with:**

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

#### **The Spiritual Care department accomplishes these tasks through:**

- Staff chaplains;
- Chaplain residents and interns;
- Contracted religious representatives;
- Religious volunteers; and
- 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.; and
- Provide memorial services within the hospital for patients and staff.

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## APPENDIX F:

### Education, support and 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](http://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](http://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.

- **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](http://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](http://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.

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- **Brain Injury Association of Oregon**

Brain Injury Association of Oregon (BIAOR) P.O. Box 549, Molalla, OR 97038  
503-740-3155 or 1-800-544-5243. Fax 503-961-8730

Email: *info@BIAOregon.org*.

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

### **Legal information and assistance**

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

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

- **Disability Rights Oregon**

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

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

Website: *www.disabilityrightsoregon.org*

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

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

*www.oregon.gov/DCBS/SHIBA/docs/advance\_directive\_form.pdf?ga=t*

- **Planning for your mental health treatment**

*www.oregon.gov/OHA/amb/Pages/services/planning.aspx*

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

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

*www.nrc-pad.org*

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

## APPENDIX F continued

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- **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](http://www.nami.org)* (general information about all mental illnesses)

*[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)* (general information about all mental illnesses)

*[www.schizophrenia.com](http://www.schizophrenia.com)* (schizophrenia)

*[www.dbsalliance.org](http://www.dbsalliance.org)* (depression and bipolar support)

*[www.borderlinepersonalitydisorder.com](http://www.borderlinepersonalitydisorder.com)* (borderline personality disorder)

*[www.biaoregon.org](http://www.biaoregon.org)* (Brain Injury Association of Oregon)

### BOOKS

#### Schizophrenia

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

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

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

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

#### Bipolar disorder

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

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

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

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

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

#### Depression

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

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

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## **Borderline personality disorder**

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

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

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

## **Alzheimer’s disease**

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

## **APPENDIX G:**

### **The Interdisciplinary Treatment Team**

**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.

## APPENDIX G continued

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**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.

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## **APPENDIX H: Driving directions and map**

### **OSH Salem driving directions and map:**

2600 Center Street NE, Salem, OR 97301-2682

#### **From I-5 traveling northbound:**

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

#### **From I-5 traveling southbound:**

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

**From downtown Salem** head east on Center Street NE.

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

### **OSH Junction City driving directions:**

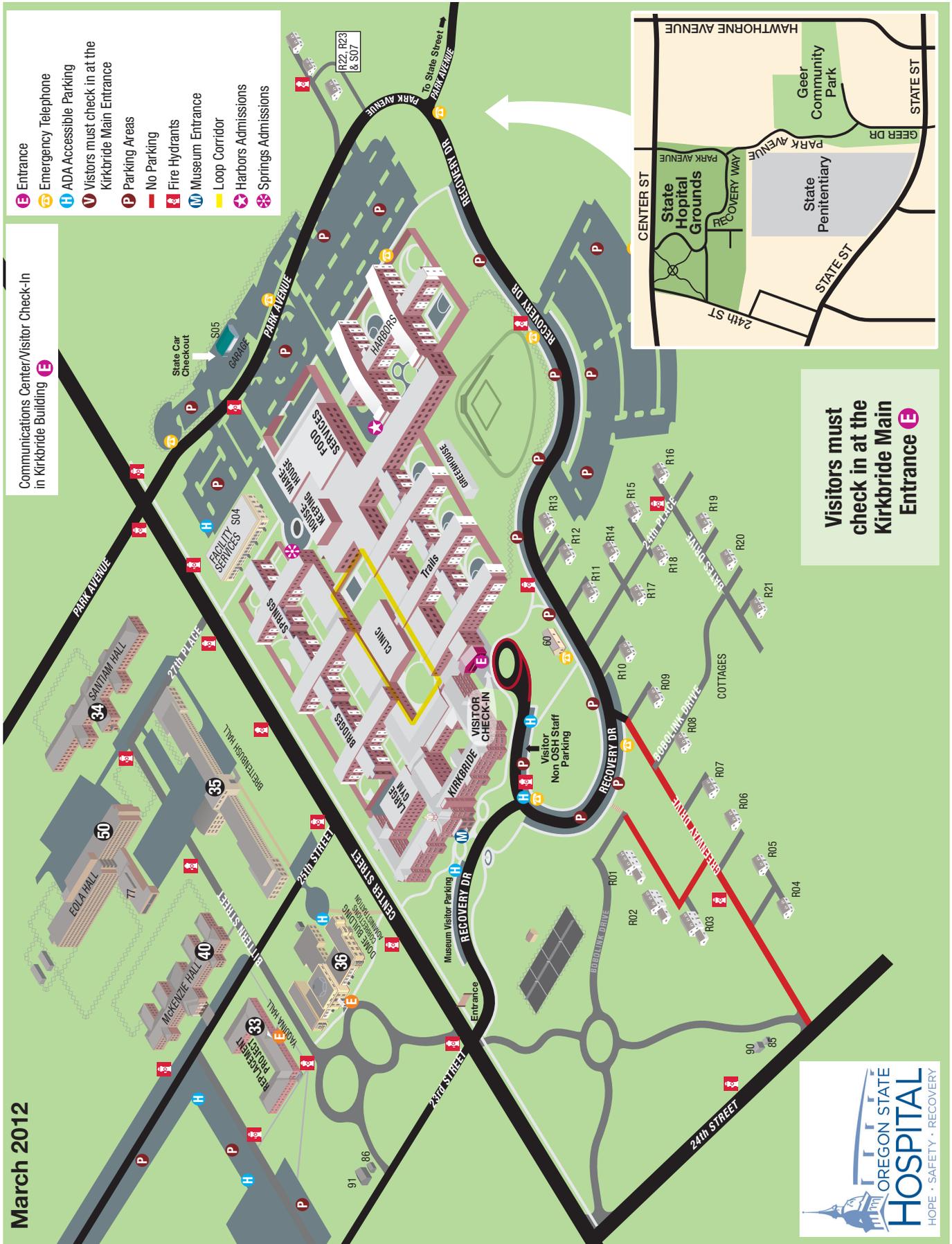
29398 Recovery Way, Junction City, OR 97448

#### **I-5 southbound toward Junction City:**

Follow I-5 South to OR-228 W in Linn County. Take exit 216 from I-5 South. Turn right onto OR-228 W. Turn left onto OR-99E S/W 2nd St. Continue onto OR-99 S/Ivy St. Turn left onto Milliron Rd. Turn right onto Booth St. Turn left onto Recovery Way.

#### **I-5 northbound toward Junction City:**

Follow I-5 North to OR-99 N in Lane County. Take exit 6 from OR-569 W. Take exit 195A-195B for Randy Papé Beltline/Oregon 569 W. Merge onto OR-569 W. Take exit 6 toward Airport Junction City/Eugene. Turn left onto OR-99 N (signs for Airport Junction City Corvallis). Turn right onto Milliron Rd. Turn right onto Booth St. Turn left onto Recovery Way.



March 2012



Visitors must check in at the Kirkbride Main Entrance E

Communications Center/Visitor Check-In in Kirkbride Building E







# APPENDIX J:



## Authorization for Use and Disclosure of Information



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

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

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

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

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

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

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

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Page 1 of 2

## Required information for the client

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

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

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

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

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## Using this form

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

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

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

# APPENDIX K:

## Grievance procedure

**Informal:** Whenever possible a patient or representative shall attempt to resolve grievances informally with the person or persons causing or involved in the area of complaint. Patients may also utilize a Recovery Specialist or Consumer and Family Services to assist them in resolving grievances before using the more formal grievance process.

**How do the Levels work?** Patients MUST complete Level 1 before requesting a Level 2 (except when no Level 1 response has been received within 20 days, then a Level 2 may be requested). Level 2 grievances must be completed before requesting a Level 3 and Level 3 must be completed before requesting a Level 4.

**Level 1 (Treatment Team):** Patients are invited to meet with members of their treatment team to discuss the grievance. Patients will receive a written response within 20 days of receipt of the grievance.

**Level 2 (Grievance Committee):** If dissatisfied with the Level 1 written response, or if response is not received within 20 days, patients may then complete a “Request for Review of Grievance” form checking the Level 2 review box. State the reason for dissatisfaction with resolution of grievance. *A copy of the Level 1 grievance and response must be attached.* Within 21 days of receipt of the request for Level 2 Grievance Review, the Grievance Committee will schedule and notify the patient in writing of the hearing date, time and location. Within 21 days after the hearing a written response will be provided with findings of fact and resolution.

**Level 3 (Superintendent):** If dissatisfied with Level 2 written response, complete a “Request for Review of Grievance” form checking the Level 3 review box. State the reason for dissatisfaction with the Grievance Committee’s resolution. *Copies of the Level 1 and Level 2 grievances and their responses must be attached.* Superintendent will review the information provided and provide the patient with a written response within 30 days of the receipt of request. This is a document review only. Patients do not meet with the Superintendent.

**Level 4 (Administrator):** If dissatisfied with Level 3 written response, complete a “Request for Review of Grievance” form checking the Level 4 review box. State the reason for dissatisfaction with the Superintendent’s resolution. *Copies of the Level 1, Level 2 and Level 3 grievances and their responses must be attached.*

Administrator will provide written resolution within 30 days of receipt of request. This is a document review only. Patients do not meet with the Administrator. **Review by the Administrator is final and not subject to appeal.**

### Additional Information

**Emergency Grievance:** Emergency exceptions will be determined by Chair of Grievance Committee. If the patient believes the grievance is an emergency they should write “**Emergency**” on the Level 1 grievance form and submit the form directly to the Grievance Committee Chairperson (Consumer and Family Services). If it is determined not to be an emergency, it will be sent to the treatment team to be processed as a Level 1. If it appears to be an emergency then the Grievance Committee Chair will respond to the grievance.

**Abuse:** Allegations of abuse will be screened by the Office of Adult Abuse Prevention and Investigation (OAAPI) prior to being address by the Grievance Process.

**Civil Rights:** Title VI; Section 504; ADA. Patient is to write “Title VI” or “Section 504” or “ADA” on the Level 1 grievance form and specify protected class and violation. Submit form directly to the Superintendent within 30 days of alleged discrimination. Chair of Grievance Committee will investigate complaint and issue written decision within 30 days of receipt.

If you have questions regarding the grievance procedure please contact Consumer and Family Services at 503-947-8109.

## APPENDIX L:

### ORS 426.385 Patient Rights

(1) Every person with mental illness committed to the Oregon Health Authority shall have the right to:

- (a) Communicate freely in person and by reasonable access to telephones;
  - (b) Send and receive sealed mail, except that this right may be limited for security reasons in state institutions as described in **ORS 426.010 (State hospitals for persons with mental illness)**;
  - (c) Wear the clothing of the person;
  - (d) Keep personal possessions, including toilet articles;
  - (e) Religious freedom;
  - (f) A private storage area with free access thereto;
  - (g) Be furnished with a reasonable supply of writing materials and stamps;
  - (h) A written treatment plan, kept current with the progress of the person;
  - (i) Be represented by counsel whenever the substantial rights of the person may be affected;
  - (j) Petition for a writ of habeas corpus;
  - (k) Not be required to perform routine labor tasks of the facility except those essential for treatment;
  - (L) Be given reasonable compensation for all work performed other than personal housekeeping duties;
  - (m) Daily access to fresh air and the outdoors, except that this right may be limited when it would create significant risk of harm to the person or others;
  - (n) Such other rights as may be specified by rule; and
  - (o) 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 real property, execute instruments, make purchases, enter contractual relationships, and vote, unless the person 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 (State hospitals for persons with mental illness)** is subject to limitation for security reasons.
- (2)(a) A person must be immediately informed, orally and in writing, of any limitation:
- (A) Of the right to send or receive sealed mail under subsection (1)(b) of this section;
  - (B) Regarding the disposal of personal property under subsection (1)(o) of this section; and
  - (C) Of the right to daily access to fresh air and the outdoors under subsection (1)(m) of this section.

(b) Any limitation under this subsection and the reasons for the limitation must be stated in the persons written treatment plan.

(c) The person has the right to challenge any limitation under this subsection pursuant to rules adopted by the authority. The person must be informed, orally and in writing, of this right.

(3) A person with mental illness committed to the authority shall have the right to be free from potentially unusual or hazardous treatment procedures, including convulsive therapy, unless the person has given express and informed consent or authorized the treatment pursuant to **ORS 127.700 (Definitions for ORS 127.700 to 127.737) to 127.737 (Certain other laws applicable to declaration)**. This right may be denied to a person for good cause as defined in administrative rule only by the director of the facility in which the person is confined, but only after consultation with and approval of an independent examining physician. Any denial shall be entered into the persons treatment record and shall include the reasons for the denial. A person with mental illness may not be subjected to psychosurgery, as defined in **ORS 677.190 (Grounds for suspending, revoking or refusing to grant license, registration or certification)** (21)(b).

(4) Mechanical restraints shall not be applied to a person admitted to a facility unless it is determined by the chief medical officer of the facility or designee to be required by the medical needs of the person. Every use of a mechanical restraint and the reasons for using a mechanical restraint shall be made a part of the clinical record of the person over the signature of the chief medical officer of the facility or designee.

(5) Nothing in this section prevents the authority from acting to exclude contraband from its facilities and to prevent possession or use of contraband in its facilities.

(6) As used in this section:

(a) Contraband has the meaning given that term in ORS 162.135 (Definitions for ORS 162.135 to 162.205).

(b) Security reasons means the protection of the person with mental illness from serious and immediate harm and the protection of others from threats or harassment as defined by rule of the authority. [1967 c.460 §4; 1973 c.838 §28; 1981 c.372 §3; 1983 c.486 §1; 1993 c.442 §16; 1995 c.141 §1; 2001 c.104 §152; 2007 c.56 §1; 2009 c.595 §424; 2009 c.756 §20; 2013 c.360 §59]

## **42 CFR 482.13 Patient's rights.**

A hospital must protect and promote each patient's rights.

### **(a) Standard: Notice of rights—**

- (1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.
- (2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:
  - (i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.
  - (ii) The grievance process must specify time frames for review of the grievance and the provision of a response.
  - (iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

### **(b) Standard: Exercise of rights.**

- (1) The patient has the right to participate in the development and implementation of his or her plan of care.
- (2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- (3) The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with § 489.100 of this part (Definition), § 489.102 of this part (Requirements for providers), and § 489.104 of this part (Effective dates).
- (4) The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.

### **(c) Standard: Privacy and safety.**

- (1) The patient has the right to personal privacy.
- (2) The patient has the right to receive care in a safe setting.
- (3) The patient has the right to be free from all forms of abuse or harassment.

**(d) Standard: Confidentiality of patient records.**

(1) The patient has the right to the confidentiality of his or her clinical records.

(2) The patient has the right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.

**(e) Standard: Restraint or seclusion.** All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

**(f) Standard: Restraint or seclusion: Staff training requirements.** The patient has the right to safe implementation of restraint or seclusion by trained staff.

**(g) Standard: Death reporting requirements:** Hospitals must report deaths associated with the use of seclusion or restraint.

**(h) Standard: Patient visitation rights.** A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. A hospital must meet the following requirements:

(1) Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.

(2) Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.

(3) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

(4) Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

[71 FR 71426, Dec. 8, 2006, as amended at 75 FR 70844, Nov. 19, 2010; 77 FR 29074, May 16, 2012]

*\*for a complete copy of the 42 CFR 482.13 please contact Office of Consumer and Family Services at 503-947-8109.*



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