

OSH RECOVERY TIMES

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1

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The OSH Foundation Legacy

By Penny VanSanten

It's with great sadness that yet another piece of OSH history is put to rest.

I refer to the OSH Foundation, which for the past 18 years has provided services to the patients of OSH in the form of grants totaling \$90,000 to \$100,000. The foundation is dissolving as of the first of this year, due to lack of participation and a dwindling board of directors.

I have had the pleasure of working with the foundation and knowing first hand what it has meant to Oregon State Hospital. This dedicated group of people has touched the lives of many of our patients with grants for such things as family travel, GED materials, bicycles, language tapes, cultural diversity supplies, greenhouses, an education fund, music equipment, a concert series, supplies for the horticultural program, library books and supplies, community reintegration supplies and many other things too numerous to list.

This year's grants total \$7,000 and include as follows:

Music Performances	\$600
All OSH Diversity Activities	\$3,500
Writing Workshops	\$500
Family Travel	\$1,000
Karaoke Machine	\$200
Community Reintegration	\$1,000
Ping Pong Table	\$200

If not for the foundation these wonderful experiences for our patients would not have occurred. I know I speak for the whole when

I say "thank you" to the OSH Foundation, its members and board of directors, who pulled all their efforts together in fund raising and seeing that the Portland store was in operation.

The Foundation has given \$4,500 to be used as part of the memorial for the cremated remains of our departed patients.

The board of directors for the past two years included:

Dorothy Haun, President

Jim Bradshaw, Vice President

Jon Wimmer, Secretary

Beverly Wimmer, Treasurer

Jason Morrow, Director

Marilyn Callahan, Director

Richard Boyle, Director

Morene Condon, Director

Eleanor Hopfer, Director

Helen Merck, Director

Jeff Jessel, OSH Volunteer Services
(advisory only)

We will miss the people who have given so much of themselves to better the lives of others. The foundation board of directors has been working hard with the hospital to assure that even though it has dissolved, proceeds from the Portland Corner Store along with the remaining Foundation assets will be set up in the form of a fund to enable the grants to continue. More details will follow on how this fund will be managed. Again, thank you to the OSH Foundation on behalf of us all.

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OSH Recovery Times

is edited by Penny Vansanten. Contact her at 503-945-2892 with questions, comments or suggestions.

Fit to Knit

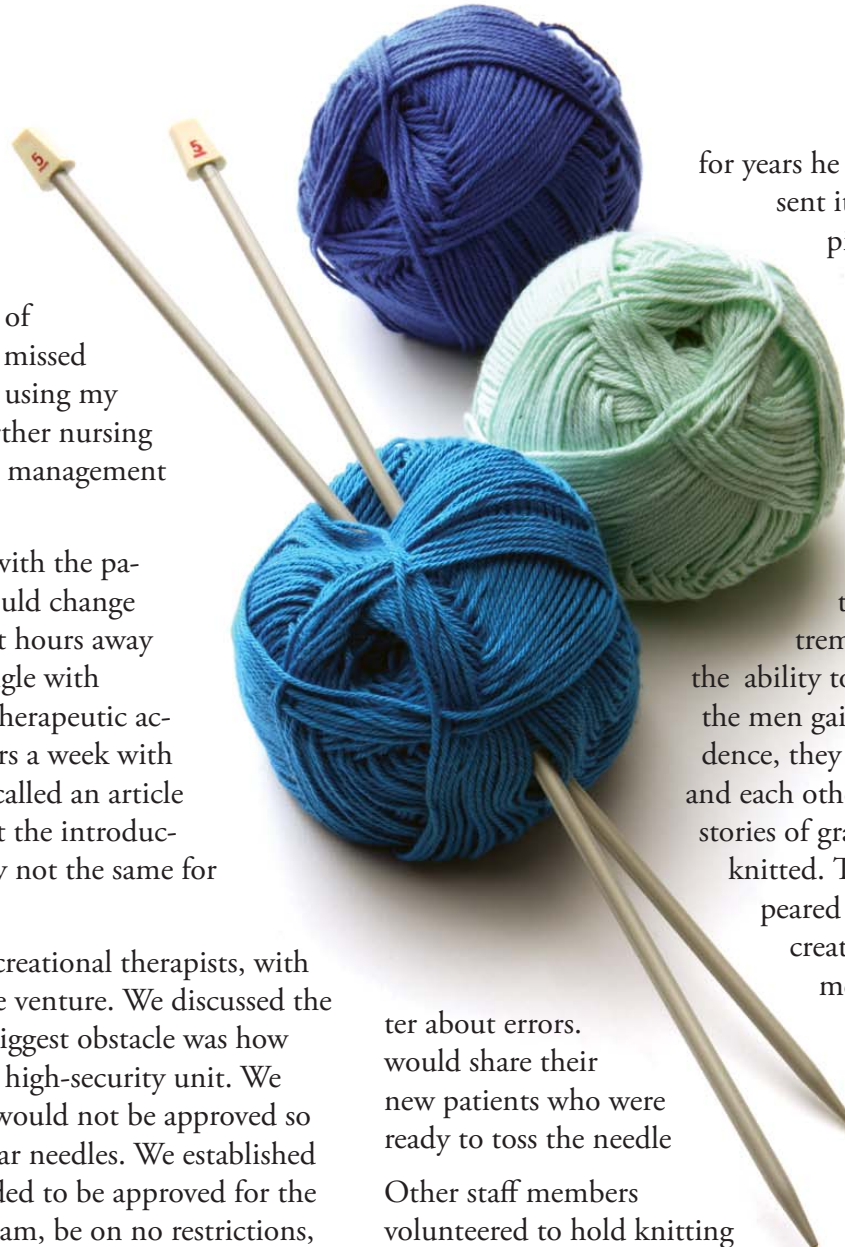
By Carolyn Decker, R.N., 50J

While working as a nurse manager on a forensic mental health unit my duties included planning, interviewing and hiring staff, and sitting on a variety of nursing committees. Although I missed direct patient nursing, I enjoyed using my experience and knowledge to further nursing and found it a challenge to solve management problems.

I continued to miss interaction with the patients and asked myself how I could change this. My schedule did not permit hours away from management duties to mingle with patients, and I set out to find a therapeutic activity I could do one or two hours a week with patients. I am a knitter, and I recalled an article from one of my magazines about the introduction of knitting in a prison. Why not the same for our forensic security unit?

I approached Jack, one of the recreational therapists, with the idea and we partnered on the venture. We discussed the pros and cons and realized our biggest obstacle was how to plan knitting for patients in a high-security unit. We knew that long straight needles would not be approved so we decided on the 16-inch circular needles. We established a protocol that each patient needed to be approved for the class by his individual therapy team, be on no restrictions, and be willing to stay for the full hour each week. All needles and yarn would be counted before and at the end of the sessions. Jack and I researched men and knitting and created a poster showing men from sailors to Native Americans knitting. We presented the idea at a community meeting with the patients. Five men signed up and were all approved for our first session.

Jack and I were amazed at the enthusiasm of the participants, and each had his own style. One was meticulous, with his sense of color and design immediately apparent, while another patient began a baby cap for a grandson soon to be born. Although the man had had no contact with his family



for years he completed the cap and sent it. When he received a picture of his grandson in the cap he proudly showed it to everyone.

Initially, the men concentrated on learning to knit and purl. This allowed Jack and me to assess the patients for hand tremors, concentration and the ability to follow directions. As the men gained trust and confidence, they began to talk with us and each other. Many recounted stories of grandmothers who had knitted. The flow of knitting appeared to soothe anxiety and created a relaxed environment. There was laugh-

ter about errors. Experienced knitters would share their experiences with new patients who were frustrated and ready to toss the needle and yarn.

Other staff members joined in and volunteered to hold knitting groups on weekends. I looked forward to going to knitting groups and hearing the enthusiasm of the patients. They loved to describe their projects and showed sincere appreciation for the staff members that held the groups on weekends.

I left the hospital for a period of three years. When I returned I entered an elevator one day and heard a patient remark, "She taught me to knit when I was on the Frontier Unit." Talk about feeling like you have made a difference.

This article was originally published in *Inspiring the Inspirational*, October 25, 2008.

Styrofoam recycling comes to Marion County!

"If our hopes of building a better and safer world are to become more than wishful thinking, we will need the engagement of volunteers more than ever."

~ **Kofi Annan, Former UN Secretary-General**



Marion County now has a Styrofoam recycling program.

Effective Nov. 17, Styrofoam for recycling is accepted Monday through Friday, 9 a.m. to 5 p.m., at the Fresh Start Market, 3020 Center St. NE, Salem.

It's free for Marion County residents, but donations to Fresh Start Market are accepted. Businesses will be charged a nominal fee.

Accepted: Only clean, dry block packaging foam, meat trays, egg cartons or takeout containers. Not Accepted: Packing peanuts (most shipping stores will accept them), flexible foam that bends without breaking, foam with tape, or construction foam.

Fresh Start Market is run by the Marion County Juvenile Department. Adolescents in the program learn job skills while working at the market. Virtually everything sold is handmade by the juveniles from materials that would otherwise be thrown away or recycled. They also sell native plants, garden art and compost, and they have coffee, sandwiches and other food. The building is made from old barn wood and other recycled materials and the paint is all recycled.

Fresh Start Market, Marion County

Public Works and PLC Recycling are collaborating in the project. PLC Recycling owns CompostOregon, the Aumsville business that composts all yard debris collected in Marion County. PLC Recycling also owns a material recovery facility in northeast Portland where its new Styrofoam recovery operation is located.

PLC frequently sends trucks from Portland to Salem with barkdust. Styrofoam will be taken to the recovery facility on the return trips.

Styrofoam is a trademarked name commonly used to refer to expanded polystyrene, invented in 1941 by Dow Chemical Company. It is useful for packaging but difficult and expensive to recycle.

The recycling machine heats and spins the foam to remove the potentially hazardous styrene gas, leaving clumps of plastic that can be used to make new plastic products.

What's cooking in the kitchen?

By Patty J. Thompson

Food & Nutrition Services always breathes a big sigh of relief after the first of the year.

The end of the year is always challenging for us because of the holidays and parties. The weather conditions in December added to the stress.

Even so, everyone in the Portland and Salem campuses was understanding, supportive and patient. Extra recognition to Pedro M. and Eric V., who braved the horrific road conditions to deliver meals to the Portland campus. One day they spent almost eight hours just commuting on the freeway.

Cary F., our newest dietitian, gave up her holiday with family to make Portland campus a wonderful feast.

Eternal thanks to the wonderful folks at Loaves and Fishes in Portland who allowed us to store, refrigerate and heat meals on Christmas Day. Without Cary and these generous folks, we were unsure how we would supply the Portland campus's holiday food.

Our next project will be defining how we will provide service to the transitional cottages and treatment mall attendees. Final plans have been approved for the design of the new kitchen. It is to be completed and ready for use in the fall of 2010.

Validating and prioritizing the BHIP functional requirements

Over thirty OSH personnel representing all the program units within the hospital, as well as AMH and OSH Replacement Project executive management and OSH administrative staff, came together for one-day on November 18, 2008 to discuss and prioritize the BHIP functional requirements. FOX Systems, Inc., the Planning and Quality Control contractor for the BHIP Project, facilitated the meeting.

Madeline Olson, Deputy Assistant Director of AMH, gave the opening remarks, telling OSH staff they were participating in this prioritization meeting to help ensure “we end up with a system that supports all the hospital disciplines and is based on patient recovery. If we cannot get it all at once, we will have the structure in place to build into the future. Ultimately, we’ll add community services to the system to improve the probability of success for our patients.” Madeline thanked everyone for attending and giving up their “precious time to bring the treatment of patients at OSH into the 21st century.”

OSH Superintendent, Roy Orr, addressed the group saying, “Though every aspect of this Project is challenging, during the nine months I’ve been here, I am very impressed with the dedication and commitment of the hospital staff to the success of this Project.”

Linda Hammond, OSH Replacement Project Administrator, addressed the group in the morning and spent the afternoon at the meeting. She reminded OSH staff because we are “changing the way we deliver services, we cannot just go buy a system and plug it in.” It’s much more challenging than that, and “you are here today to help move the Project forward.” She told staff, “if you see a problem related to construction around the campus, contact me immediately by email and I’ll work to solve the problem.” She closed her remarks by saying, “I encourage each of you to stay engaged because the long term payoff is huge.”

As the first step in the process of validating and prioritizing the BHIP functional requirements, the BHIP Team



conducted a requirements validation activity in November by asking key OSH staff who were interviewed during the summer of 2007 when the FOX Team was gathering information for the development of the requirements, to review the components specific to their discipline and make recommendations for additions, modifications or deletions to the requirements. During this second step of the process, ten high level BHIP functional support components, plus an eleventh category of system-wide functionality, were ranked in priority order during the meeting, as follows:

1. Electronic Health Record (EHR)/Patient Services
2. Admission/Discharge/Transfer (A/D/T)
3. Scheduling
4. Pharmacy Services
5. Medical Services
6. Laboratory Services
7. Facility Administration, Finance and Billing
8. Food and Nutrition Services
9. Utilization Review, Quality Assurance and Quality Improvement
10. Generic System-wide Functionality
11. Community Program Education, Prevention and Outreach

Staff also prioritized the detailed functional requirements within each high level component into three tiers, as follows:

- Tier 1
 - » Must be in place for system to be implemented
 - » Includes federal and state requirements
 - » No viable work-around identified
- Tier 2
 - » Needed to provide quality continuum of care
 - » Can be added within the BHIP Project at a later date
 - » Work-arounds are possible
- Tier 3
 - » Requirements that improve direct patient care when time and funding allows, e.g. when Tier 1 and Tier 2 requirements are met

Nearly all the BHIP detailed functional requirements were prioritized Tier 1. “That tells me the requirements documented for BHIP over a year ago have withstood the test of time and were on target in the first place,” said Deputy Superintendent, Maynard Hammer. “All of the requirements, both high level and detailed, are important to operate a state-of-the-art mental health hospital in the 21st century.”

The results of this prioritization effort will help give the BHIP project additional direction as they begin to procure the software solution. Thank you to all who participated in the validation and prioritization of requirements:

George Bachik, Elena Balduzzi, Bill Beck, Dania Johnson, Nancy Johnston, John Keogh, Russ Kittrell, Walter Lockett, Diana Marshall, Lori Martin, Kathleen McCann, Ann Melendy, Juanita Mendenhall, Roberta O’Dell, Madeline Olson, Roy Orr, Dan Pasch, Timothy Pea, Tonia Pezl, Barbara Pfaltzgraff;

Bob Prouty, Bea Quest, Kay Reichlin, Scott Reichlin, Jan Rutherford, Kristin Schaefer, Angelika Schmoll, Elon Shlosberg, Gary Sjolander, Nena Strickland, Rebecca Sweetland, Arthur Tolan, Mesme Tomason, Rick Varnum, Sami Vonweller, Maria Walchli, Sara Walker, Sue Wimmer, Nicole Wirth, Robert Zakes;

Patricia Zurflieh, Rick Duyck, Nancy Frantz-Geddes, Ted Ficken, Steven Fritz, Frank Furnish, Ron Glaus, Debbie Granum, Nancy Griffith, Maynard Hammer, Linda Hammond, Deborah Howard, Lorie Hutton, Beth Jessel, Jeff Birkholz, John Bowen, Dusty Charters, Joni DeTrant.

New holiday experiences

By Sridevi Talluri

When living so far away from home as my family and I do, our friends become our family, the new country becomes our new home, and the new culture becomes an important part of our own. We try to mix and match, blend and merge, contribute and receive from this new world. We are trying to bring a balance to our life in a way that makes us appreciate the new world and at the same time not forget the roots of our culture that have been a part (and the only part) of our life so far.

That is exactly what I am trying to do on any given day or even during the holidays. I try my best to bring equilibrium by being a part of the holiday traditions that are the essential ingredients of the new culture I embraced, and also continuing to observe the important festivals and celebrations of my homeland. I have been doing it for more than six years now, but every year I learn something new, I do something more.

This year, I can say, is the best of all the holidays that I have seen here, or anywhere else for that matter. I actually had a chance to see what holidays really mean: not only making your friends and family happy, but doing what really matters — doing something for people you don’t know — people you have no relationship with, people you never even talked to in your life, and people you may never even talk to.

I am talking about our patients in the hospital. I don’t know any of them personally, but starting with volunteering to help make the tags for the Caring Tree Project, deciding to sponsor gifts for a few patients, volunteering to help serve holiday meals, and to help wrap gifts for the patients...made me have an entirely different perspective on life.

I don’t just feel good about doing these things; I feel blessed. I have never had an opportunity to do this where I come from; because where I come from, mental disorder or illness is not acknowledged, recognized, or treated like it is done here. I cannot think of a single person I know who had a mental disease. It is not because there are none; it is because we were never told

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Three new CADC supervisors

A big welcome to our three new certified alcohol and drug counselor (CADC) supervisors. They completed the Clinical Supervision class December 11, 2008, and will soon be assigned CADC candidates to supervise.

J. Thomas Shrewsbury, MSW, CSWA, CADC III

Tom is a Level III certified alcohol and drug counselor. He holds a master's in social work from Portland State University and a bachelor's from the University of New Mexico with majors in psychology and criminology. He is a certified NAADAC, (the Association for Addiction Professionals) case presentation examiner. He is working toward his master addictions counselor and licensed clinical social worker certifications. His professional interests are program development and evaluation, clinical supervision, evidenced-based practice and cultural competence.

Mitchell S. Elovitz, LPC, CADC I

After completing a master's degree at Pacific University in August 2000, Cascadia encouraged Mitchell to get his CADC and provided all the training. This was a nice complement to his background in working with co-occurring clients. He then worked for a brief time at United Behavioral Health as a telephone EAP counselor and then at Providence Partial Hospital Program while working in private practice. His passions are music, sports and living life mindfully. He thoroughly enjoys new challenges and experiences and looks forward to many more of both here at Oregon State Hospital.

Linda Cuyler, LMFT

Linda graduated from George Fox University in 2002 with an M.A. in marriage and family therapy. She became licensed marriage and family therapist in Oregon in 2006. Linda has worked as a therapist from a systems perspective in community mental health, correctional and military settings. She is educated in co-occurring disorders and has worked with this population in each environment where she has served. On September 8, 2008, she began serving in her current position at Oregon State Hospital as a mental health specialist for Behavioral Psychology Services.



Congratulations to the graduation class of the OSH N2K nursing program

By Patricia Feeny

Like any proud parent of a college graduate, Oregon State Hospital celebrated when six employees received their nursing degrees from Portland Community College in December.

Congratulations to new nurses Dagmar Amrein, Heather Matthews, Marcie Nellist, Melanie Pension, Forrest Stewart, and Chong Vang.

Eighteen months ago, these employees were put on a fast track to an RN degree. They agreed to provide nursing services to OSH for 30 months upon graduation. In return, the hospital paid for their tuition and provided flexible scheduling to accommodate their work and school needs.

"To be successful, the program requires a tremendous commitment from both the student and the employer," said Nancy Frantz-Geddes, director of OSH Nursing Services. "As the students earn their academic degrees and begin a new career, the hospital develops and grows its own professional nursing workforce."

The N2K Nursing Education Program, a collaborative effort among Oregon Health Career Center, Portland Community College and OSH, is one way the hospital is addressing a critical nursing shortage. Estimates are that Oregon will experience a 44- percent vacancy rate for nurses by the year 2020 if health care providers don't do a better job training, hiring and retaining nurses. OSH has set a very aggressive goal of reducing the nursing vacancy rate from 22 percent to 10 percent in 2009.

In the unique N2K model health care employers design and implement a program that targets their own employees as nursing students and ultimately members of their nursing staff. A second year of the program for OSH employees is under way in partnership with Clackamas Community College.

At the December nurse pinning ceremony, Superintendent Roy J. Orr congratulated and acknowledged the new OSH nurses' accomplishments.

For more information about the N2K Program, go to <http://www.ohcc.org/programs/n2k.htm>

The Caring Tree delivers *By Jeff Jessel*

December's weather brought us treacherous traveling conditions, but they were not too difficult for Caring Tree volunteers. For more than 20 years the Caring Tree Project at OSH has successfully provided holiday gifts for patients and these harsh weather conditions did not make this year's project any different or less important. The volunteers were dedicated and worked tirelessly. Their kindness and unselfish efforts helped to maintain this joyful giving tradition.

More than 800 beautifully wrapped gifts were delivered to OSH patients by Caring Tree helpers on December 24. Each patient at the hospital received at least one gift during the holiday season. If nothing else, they were reminded that people in their community care about them. The staffers and members of more than 30 organizations donated hundreds of gifts and money. In addition, many OSH employees provided gifts and monetary donations. Approximately 300 volunteer hours were spent collecting, sorting, packing, wrapping and delivering the gifts. It is amazing the number of people who come together each year to ensure that each patient will have a personal gift to unwrap and enjoy.

I would like to personally thank all of the donors, staff and outside volunteers who gave gifts, time and money to make this project a success. A special thanks to Penny VanSanten, Todd Trautner, Wayne Dickinson, Lisa Summerlin, Sridevi Talluri, Tamara Applegate, Joanne Jessel and Pat Lance for their extra-mile service and commitment to the Caring Tree Project. I would also like to extend special thanks to the Medical Records Services/Transcription, Housekeeping, Plant Operations, Warehouse, EDD and the Communication Center for their support with extra tasks. In addition, I would also like to extend an appreciative thanks to the Caring Tree Ward coordinators:

Patricia Baker	Joanna Lehman
Jacob Deiwert	Cynthia Myers
Jeff Heltsley	Stephanie Susee
Linda Hostetter	Blain Church
Marianne Martin	Robin Herring
Cherrie Pumb-Goodman	Tom Lenox
Trish Sells	Gifford Rye
Pam Badwell	Brad Schmidt
Crystal Esqueda	Karen Volker
Valerie Hendl	



On behalf of all of the patients at OSH, a huge thank you to everyone who helped to make the 2008 Caring Tree Project possible.

New holiday experiences (continued from page 5)

about it, and even if we came into contact with someone who had a mental illness, we would not recognize them, let alone help them in anyway.

But with my new culture, I am in the midst of it all — thinking about them most of my day, working for them, and always trying to find ways to serve them to the best of my ability. This is one of the most fulfilling memories in my life and I plan on continuing my newfound holiday tradition no matter where I am.

I think it is not by chance that I became a part of the Oregon State Hospital; I think it is for a purpose. No matter

how long or short a time I stay here, I will be satisfied for the rest of my life knowing that I now know something that I have not known for all these years, and knowing that I am carrying something with me that I intend to do every year as long as I can.

Thanks to the holidays...

Thanks for the good lessons...

Thanks for a GREAT EXPERIENCE...

EDD January 2009 events

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				01	02 Group Facilitation Skills part 1 40C Conf Room 2 9a-4:30p	03
04	05 General Orientation 40C Conf Room 1	06 General Orientation 40C Conf Room 1 ED Day 40C Conf Room 2	07 General Orientation 40C Conf Room 1 Strength Based Practice 40C Conf Room 3 8a-5p	08 General Orientation 40C Conf Room 1	09 General Orientation 40C Conf Room 1 1:1 Precautions Training 40A Conf Room 1p-5p Group Facilitation Skills part 2 40C Conf Room 2 9a-4:30p	10
11 General Orientation 40C Conf Room 1 Preventing Patient Abuse 40C Conf Room 3 8a-12p Contraband/Search Training 40C 1p-5p CMA Pharmacology 40C Conf Room 3 1p-5p	12	13 General Orientation RN/LPN 40C Conf Room 1 Boundry Issues 40C Conf Room 2 1p-5p ProACT Refresher Training 40C Conf Room 3 8a-5p	14 General Orientation 40C Conf Room 1 ProACT Refresher Training 40C Conf Room 3 8a-12p	15 General Orientation RN/LPN 40C Conf Room 1 Driver's Safety 40C Conf Room 2 1p-3p ProACT Refresher Training 40C Conf Room 3 8a-5p	16 General Orientation 40C Conf Room 1 ProACT Refresher Training 40C Conf Room 3 8a-12p 1:1 Precautions Training 40C Conf Room 1 1p-5p Group Facilitation Skills part 3 40C Conf Room 2 9a-4:30p	17
18	19 Martin Luther King Jr Holiday	20 ED Day 40C Conf Room 2 Preventing Patient Abuse 40C Conf Room 3 8a-12p	21 Basic Couesling Skills part 1 40C Conf Room 2 9a-4:30p Humor as a therapeutic Tool 40C Conf Room 1 1p-12p	22 Basic Counseling Skills part 2 40C Conf Room 2 9a-4:30p	23 Basic Counseling Skills part 3 40C Conf Room 2 9a-4:30p	24
25	26 General Orientation 40C Conf Room 1 Active Listening Training 40C Conf Room 3 1p-5p	27 General Orientation 40C Conf Room 1 ProACT Refresher Training 40C Conf Room 3 8a-5p	28 General Orientation 40C Conf Room 1 Driver's Safety 40C Conf Room 2 1p-3p ProACT Refresher Training 40C Conf Room 3 8a-12p	29 General Orientation 40C Conf Room 1 ProACT Refresher Training 40C Conf Room 3 8a-12p	30 General Orientation 40C Conf Room 1 ProACT Refresher Training 40C Conf Room 3 8a-12p 1:1 Precautions Training 40C Conf Room 1 1p-5p	31



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