

Pathways



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HOPE • SAFETY • RECOVERY

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Pathways Patient Handbook

Vision

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

Mission

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

Pathways Program Goals

The Pathways Program assists patients with their recovery by enhancing skills to help patients move toward transition to a less restrictive level of care including discharge from the hospital.

*Patients can be admitted by guardians or other authorized representatives after review by administration.

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Welcome

Welcome to Oregon State Hospital. Our goal is to inspire hope, promote safety and support recovery. We are committed to your mental health and wellness, and we want your stay to be a healing experience in a safe and comfortable environment.

Each person who comes to the hospital is unique, and we strive to acknowledge, honor and respect those differences. We will work together (you and the unit team) to create an individualized plan to meet your treatment goals.

This handbook will help you learn more about the Pathways Program and answer some commonly asked questions. If you still have questions after reading this handbook, feel free to ask any of your treatment team members for help.

Sincerely,
Pathways Program Staff
Oregon State Hospital

What happens here and how long will I be here?

What happens in Pathways?

Pathways is the name of Oregon State Hospital's (OSH) treatment program for patients who a court has placed under the jurisdiction of either the Psychiatric Security Review Board (PSRB) or the State Hospital Review Panel (SHRP) after they've been found guilty except for insanity of a crime. Most patients have either been newly admitted to OSH or have had to return to OSH because they violated their conditional release plan. Some patients may have been transferred from one of the hospital's other programs for assessment and stabilization. In some circumstances, Pathways may accept patients who fall under a different legal category if their treatment team determines that Pathways provides the best environment for the patient. In every case, the goal of the Pathways program is to provide patients with ongoing treatment and prepare them to move to the next level of care.

Pathways has units in two buildings on OSH's Salem campus. Two units are in the Harbors building (Anchor 1 and Lighthouse 1), and four units are in the Trails building (Flower 2 and 3, and Leaf 2 and 3).

Depending on which building your unit is located in, the goals of the units differ: The **Harbors building** is designed to provide a safe and therapeutic environment that will allow patients to stabilize and move to the next level of care.

The **Trails building** is designed to provide treatment opportunities (groups) for patients to learn and practice the skills they need to reach their goals on their path to recovery.

To help you on your personal road to recovery, Pathways will provide compassionate and extraordinary care through:

- Comprehensive assessments;
Focused interventions;
- Development and revisions of an individualized treatment care plan (TCP); and frequent reviews, and progress and treatment updates.

New admissions

If you are a patient who has been newly admitted to Pathways, you first arrived to the hospital's admission area. Here, staff assessed your treatment needs and may have developed an initial treatment care plan. You were then placed on a unit in the Pathways program to begin your treatment.

You also received an ID (identification) badge. You must wear your ID badge when off your home unit. Your ID badge should be worn above your waist and must be visible. If you do not have or you've lost your ID badge, please see staff for a temporary one.

How long will I be here?

If a judge found you "guilty except for insanity," of a crime, he or she placed you under the supervision of either the PSRB or SHRP for a specific length of time depending on your crime. However, this does not mean that you will necessarily be at OSH for that entire length of time. Our goal is to help you transition to the least restrictive environment of care possible, and ultimately back into the community.

From the first day you arrived at OSH, you and your treatment team began planning for your discharge from the hospital. During your treatment, you will have opportunities to earn privileges, such as leaving your unit or the secure perimeter to participate in on-grounds or off-grounds activities designed to help you progress through the hospital. Your privilege level also determines the number of staff and peers that must be with you during these activities.

All privileges will be granted by the Risk Review Panel (see page 8). The panel will use factors such as safety concerns, your legal status, and your engagement and response to your treatment to decide your privilege level.

You will also be required to attend PSRB and/or SHRP hearings, during which the board or panel will review your progress and current status (see page 6). If your treatment team recommends and PSRB and/or SHRP approves, you may be conditionally released to a group home or similar setting for the remainder of your term of commitment. Your treatment team will be able to explain this process in more detail and answer your questions.

If you're progressing in your treatment, but not yet ready for a conditional release, you may be transferred to OSH's Bridges program. Bridges is the hospital's transition program and offers a less restrictive environment where you can continue to practice the skills you'll need to return to a community setting.

If I am in Harbors, why am I here?

The admission team or your treatment team made a clinical decision based on safety and security concerns that your needs will be best met in Harbors. Both, Lighthouse 1 and Anchor 1 have higher staffing levels, which means that more staff are available to help you and to maintain a safe environment on the unit.

Lighthouse 1, Anchor 1 and Harbors Treatment Mall staff also provide therapy groups and interventions designed to best meet the needs of patients with higher safety and security concerns. Your treatment team will work with you to help you transition to a less restrictive environment.

How long will I be in Harbors?

The amount of time you'll be in Harbors will be based on several factors, including the reason you were placed in Harbors and your response to treatment. For each patient, the amount of time in Harbors differs and is hard to predict. On average, patients spend less than four months in Harbors.

While it is our goal to make your stay in Harbors as short as possible, we must make sure that you have the skills and motivation you'll need to continue your treatment before moving to a less restrictive environment.

What is the difference between SHRP and PSRB?

In general, PSRB has jurisdiction over individuals who have been found guilty except for insanity of a Measure 11 crime. Measure 11 crimes are referred to as tier 1. SHRP has jurisdiction over individuals who have been found guilty except for insanity of a non-Measure 11 crime. Non-measure 11 crimes are referred to as tier 2. You may talk to your treatment team or review the copy of your court order if you have questions or need clarification about your status.

Hearings

Most PSRB and SHRP hearing are held in OSH's hearing room. You will have regularly scheduled hearings, as well as the opportunity to request hearings. All hearings are open to the public. This means that in addition to you, your attorney and hospital staff, your family and friends may also attend. If you cannot afford an attorney, the state will appoint one to you.

- Regularly scheduled or routine hearings will be held at certain points during your treatment. You do not have to request these hearings, and they will be automatically scheduled for you. Routine hearings include:
 - Your initial PSRB or SHRP custody hearing. This hearing will generally take place within 90 days of your admission.
 - Revocation of Conditional Release Hearing. This type of hearing is held for patients who have been returned to OSH for violating their conditional release plan. These hearings will generally take place within 20 days of a patient's readmission.
 - Application for Conditional Release Planning.
 - Request for evaluation by a community provider.
 - Application for Conditional Release.
 - Regardless of your status, you will have a routine hearing at least every two years while at OSH.

Privileges

This section refers to specific privileges that can be earned by Pathways patients living in the Trails building only. All privileges require your treatment team's recommendation and the Risk Review Panel's approval.

As you progress through your treatment, you and your treatment team will work together to determine the most appropriate privilege level for you. Not all privileges will be available to every patient or on every unit. The privileges you can earn at OSH are similar to those you would earn at a residential or secure residential treatment facility.

Privileges for patients in the Trails building *may* include the opportunity to participate in on- or off-grounds outings. During an outing, staff will escort you and your peers. Your privilege level determines the number of staff that must be with you. The ratios listed below are commonly used to describe outings at OSH. Each ratio represents a privilege level based on the number of staff needed for each patient during an outing. (For example, 1:1 means there must be one staff for every one patient; 2:4 means two staff for every four patients; etc.)

- 2:4, on grounds
- 2:8, on grounds
- 1:1, off grounds
- 2:4, off grounds
- 2:8, off grounds
- Community mental health provider (CMHP), off grounds
- Other authorized persons (OAP), off grounds

You are responsible for following the rules set for your privilege level. If you violate a hospital policy or become a danger to yourself or others, your privileges may be suspended. When you return to your unit following an outing, you will be “patted down” or “wanded” as a safety precaution.

Risk Review Panel

The Risk Review Panel is a group of OSH staff responsible for:

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

How does this process work?

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

Your team will schedule your risk review hearing. Risk review hearings are held on Tuesday morning and every other Friday morning. During the hearing, the panel will discuss your treatment with you and your treatment team and decide what privilege level is most appropriate for you. In most cases, the decision is made at the time of the hearing.

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

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

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

What are some reasons I should request a Risk Review?

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

- On-or off-grounds privileges;
- Conditional release planning;
- A transfer to the cottages;
- Peer escorts;
- Family passes;
- Authorized person passes; and
- Solo passes.

Law Library

The OSH Law Library provides patients with access to legal materials and resources, such as Loislaw.com — an online legal database — as well as hard-copy reference materials. Law clerks and paralegals from a local law firm hold regular, onsite hours at the law library to offer additional assistance. You can find the schedule for onsite law clerk and paralegal hours posted in the law library.

If you would like to use the law library, sign up on your unit's law library schedule. In most instances, you will be able to use the law library on a "first-come, first-served" basis during your unit's scheduled time. The exception is that priority will be given to any patient with a pending court deadline. If you need help signing up to use the law library or have other questions, please check with your unit's staff or your treatment team.

Visitors

Family and friends can play an important role in your recovery. At OSH, we want family and friends to visit you while you're here. If you haven't already, you will soon be asked to fill out an approved visitor form. This way we'll know who you want to visit you. You can always add or remove names from your visitor list by filling out a new approved visitor form.

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

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

You will receive a letter from the Pathways program director to let you know if your visitor application was approved or denied. For each visitor, this is generally a one-time process. If you have been discharged and returned to OSH, you must resubmit visitor applications for all your visitors. Your treatment team can also request that your visitors resubmit a visitor application if they believe it is in your best interest.

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

Food during visits

Visitors may bring food and non-alcoholic drinks in sealed containers to visits. Containers may not be glass, metal or aluminum.

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

Patients in Pathways Harbors:

Visits will take place in the Harbors building dining room (or specified area). Visitors must call the unit to make an appointment.

Patients in Pathways Trails:

Visits will take place in the Trails building dining room (or specified area). You and your visitors may purchase food from the food cart in the Trails building dining room. The food cart is **cash only**. All food and drinks should be consumed in the dining room.

Visitors must take all leftover food with them when they leave. You and your visitors may not order out for fast food during visits. A family dining room is available and may be reserved for special occasions such as holidays or birthdays.

Pathways patients in the Trails building will also have the opportunity to visit the Kirkbride Plaza. The Kirkbride Plaza has a café, vending machines, a market and a clothing shop. Each unit has designated times during the week for visiting the Kirkbride Café.

Rules for Kirkbride Plaza:

- Food purchased in the plaza must be eaten in the plaza.
- Food may not be taken back to the units.
- Food and drinks may not be consumed in the food serving area.
- The café and market are **cash only**.
- Meals purchased at the café are meant to be a replacement — not an addition — to meals served by the unit dining halls.
- Fountain drinks may not be refilled.
- You must be dressed appropriately.

Your treatment and recovery: A patient-centered approach

What is Recovery?

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

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

What is a Treatment Team?

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

Who is on my Treatment Team?

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

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

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

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

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

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

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

Other clinical staff members you will meet

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

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

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

What is a Treatment Care Plan?

Your treatment care plan includes the following:

- **Problem statements:** These statements describe the roadblocks that prevent you from leaving the hospital and living “your” life as seen by you and your clinical team. It may also include issues that affect your physical health.
- **Long-term goals:** These are the big goals that will show you have overcome the barriers listed in your problem statements.
- **Short-term goals:** These are the smaller steps toward achieving your long-term goals. They are goals you can reach by your next scheduled treatment team meeting.
- **Intervention:** An intervention describes what staff will do to help you meet your goals. For example, if your goal is to know more about your prescribed medication, a staff member may meet with you to discuss the benefits and risks of taking them.
- **Strengths:** These are the unique individual assets you have such as your skills, abilities, interests, and experiences that you/we can use to help you reach your goals, be safe and choose your treatment mall groups.

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

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

What is Treatment Mall?

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

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

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

Treatment malls are open Monday through Friday, from 9 to 11 a.m., and 1 to 3 p.m. You are expected to attend treatment mall at these times unless your treatment team has identified other services based on your individual needs.

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

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

What is REACH?

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

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

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

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

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

Medical Care

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

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

When may I talk to my medical doctor?

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

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

Informed Consent

Do I have to take medication?

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

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

Once the emergency situation is over, the hospital can no longer give you emergency medication.

(OAR 309-114-0015 and Disability Rights Oregon Involuntary Medication Hearing Handbook, first edition)

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

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

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

What does good cause mean?

Good cause means that:

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

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

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

- Your doctor must meet with you to talk about your treatment options.
- A second doctor who does not work for OSH must also meet with you. This doctor gives a second opinion about whether there is good cause to require you to take medication.
- A medication educator – a person who knows all about the specific medication – must meet with you to give you information about the medication and answer your questions.
- The chief medical officer or superintendent of the hospital must consider both doctors' opinions and make a final decision about whether there is good cause to require you to take medication.
- If the chief medical officer or superintendent decides that there is good cause to require you to take medication, you will be given written notice of the hospital's plan to give you medication without your consent. This written notice will also tell you about your right to request a hearing if you disagree with the hospital's decision.

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

You have three options:

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

How do I ask for a hearing?

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

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

After you ask for a hearing, you will get a written notice telling you the date for your hearing. Your hearing will usually be held within 14 days of the date you turned in your Request for Hearing form. You can have a representative from

Disability Rights Oregon (DRO) represent you for free. If you choose to have DRO represent you, a DRO attorney will contact you before your hearing. If you choose to have a private attorney, you will have to contact that attorney to arrange representation. Your representative will help you decide if there are any witnesses who have information that can help the administrative law judge make his or her decision.

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

Daily life

Your room

All Pathways patients living in the Harbors building will have their own room. Those living in the Trails building will most likely share a room with one roommate. Your unit's nurse manager will assign rooms based on each patient's needs. Room assignments may change depending on the unit's treatment needs, but our goal is to keep disruptions to a minimum.

Moving somewhere new can be stressful and affect your emotions and body. Your room is your own personal space, and it may help you to have pictures of familiar people and things you enjoy in your room. To promote a safe and peaceful environment, the following rules are in place on your unit:

- You may not have items related to sex, drugs, alcohol, violence, or crime;
- Your room should be kept uncluttered for health and safety reasons;
- Your room will be swept and mopped by housekeeping staff while you're at the treatment mall;
- Your room will be checked weekly for clean linens, clutter, fire-safety issues, and to make sure you do not have property in your room that could be unsafe or harmful;
- The fire code states that items should not be stored on the floor. Pictures and other items may only be hung on the bulletin board in your room;
- You may not use power strips or stack items on top of each other, as these may be safety risks; and

- Items that do not safely fit in your room will be placed in your unit's property room or the hospital's long-term storage. You may be asked to send extra property to your family or to rent a storage unit in the community to keep your items in until your discharge.

You are responsible to keep personal items securely stored in your room. Remember, you will spend much of your time away from your room.

Personal Property

Due to safety and space issues, OSH limits the amount and type of personal items that you can have. When you arrived at OSH, your personal items were listed on a property record. All of your personal items should fit neatly within your room's storage areas and wardrobes. No items may be stored under your bed.

You will also be given a storage bin that will be kept in the property room or nursing station. This storage bin is for items that you must check out from staff to use. Any extra personal property that cannot be kept in your room or property bin will be stored in the hospital's long-term storage.

Clothing must fit neatly into your wardrobe. If you need additional or bulky clothing during cooler seasons, you may store it in your personal property bin on the unit. All clothing must be reasonable and appropriate. For example, skirts must be at least knee-length, and women are required to wear bras (with or without underwire).

Before you can receive new items sent from outside of the hospital, you will need to fill out a package request form. You can pick up a package request form from your unit's nursing station. When you receive new items, please bring them to the nursing chart room and staff will add it to your personal property checklist. This helps ensure that when you're discharged, you have all of the items you brought to the hospital, as well as any other items you may have gotten while at the hospital.

Approved personal property lists

The approved personal property list shows all of the personal items you're allowed to have. You'll need your treatment team's permission for anything not on the following list. Items may be restricted if there is a safety concern. Non-approved items will either be placed in the hospital's long-term storage, or you may arrange to have the items mailed to or picked up by a family member. Contraband items will be disposed of.

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

Pathways units in the Harbors building: please be aware that the personal property you're allowed to have may vary depending on your treatment plan.

In general, it includes:

- One phone card, not exceeding \$20;
- 20 first class stamps;
- One OSH-issued pen;
- One non-metallic watch;
- The equivalent of one cubic foot of paper. This includes: Magazines, hard or soft cover books, handouts and group workbooks. This does not include legal paperwork. *Paper may not include pornography, guns or ammunition, or promote violence of any kind. Staples will be removed from all material;*
- Hospital-issued headphones and radios are available to check out;
- One pair of prescription eyeglasses (a second pair may be kept in storage);
- One pair of sunglasses (for use in the quad only unless medically prescribed);
- Shoes and clothing *without* laces or draw strings;
- Flash-drives for checkout (for school use only);
- One set of personal bedding; and
- One stuffed animal that is less than 12 inches in size and is new and clean. Stuffed animals will be scanned by security before they are allowed on the unit.

After clinical assessment, you may also have the following *hospital-issued* items:

- Liquid body wash, brush and comb, shampoo and conditioner, deodorant, toothpaste and toothbrush.

Pathways units in the Trails building: please be aware that the personal property you're allowed to have may vary depending on your treatment plan. *In general*, it includes:

- One phone card, not exceeding \$20 (you are allowed two phone cards per week);
- 20 first class stamps;
- Up to \$30 at a time (you will be allowed to make one cash draw per week);
- Pens and pencils;
- One watch;
- One alarm clock radio;
- Shoe laces and drawstrings;
- The equivalent of one cubic foot of paper. This includes: Magazines, hard or soft cover books, handouts and group workbooks. This does not include legal paperwork. *Paper may not include pornography, guns or ammunition, or promote violence of any kind;*
- One pair of prescription eyeglasses (a second pair may be kept in storage);
- One pair of sunglasses (for use in the quad only unless medically prescribed);
- One TV, must be less than 24 inches;
- Three-ring binder (no larger than 2 inches thick);
- A brush or comb, shampoo, conditioner, soap, deodorant, toothpaste and toothbrush. *No product may be larger than 20 oz. or have alcohol listed as one of the first three ingredients;*
- Reasonable and appropriate clothing. For example, skirts must be at least knee-length, and women are required to wear bras (with or without underwire);
- Portable radio, MP3 or CD player that can be used with headphones. *Items may not have internet, photo or recording capability;*
- Flash-drives are allowed for use on public computers only;
- Hardback and soft cover books;
- Stuffed animal that has been scanned by security, is new and clean, and is no larger than 12 inches;
- Makeup: If makeup is being used as part of a treatment group, you will need to fill out a Material Safety Data Sheet (MSDS). If you have makeup for personal use, you are not required to fill out a MSDS. Please ask staff if you have questions;
- One set of personal bedding;

- One personal coffee cup and one reusable water bottle. (Coffee cup and water bottle must be plastic and have been purchased from the REACH Store or market; and
- Up to 25 media discs (may be either CD or DVD).

For further property information, please see the contraband list, which is posted on your unit.

What is contraband?

Contraband is an item you're not allowed to have because it could be a danger to your peers or hospital staff. Examples of contraband include controlled substances, drug paraphernalia, unauthorized currency, or any other item that violates the statutes, rules, order, or policies of OSH. A full contraband list is posted on your unit and is available in the program's Policy and Procedure Manual.

Prohibited items also include:

Any item that can reasonably be used as a weapon or for escape. This includes, but is not limited to: matches, lighters, knives, firearms, paging devices and police scanners.

Any item that your treatment team has determined is harmful to you or your peers' treatment, health or safety. Your doctor will add these items to the "order" section of your medical record.

Computer access

Patients living in the Harbors building are not allowed to have or use computers.

With their treatment team's approval, Pathways patients in the Trails building will have the opportunity to use hospital-owned computers on their unit. Unit-based computers will have filtered internet access. Patients may also use USB devices if their treatment team approves. USB devices may only be used for data storage and may not contain software. All patients must sign OSH's Computer Use Contract before they are allowed to use a computer or USB device. For more information, please ask a staff member for a copy of OSH policy 6.030, "Computer and internet access for OSH patients."

In addition to computer use, patients in the Trails building may also be given approval by their treatment team to own a personal television (no larger than 24 inches) or other personal electronics (devices may not have internet, photo or recording capabilities).

Approved electronic items must fit neatly on your desk and may not be stacked. Extension cords and power strips are not allowed. If you have a roommate, you must wear headphones when using your devices so you do not disturb him or her. Personal televisions must be turned off by 10 p.m. so that all patients are given the opportunity to get a healthy amount of sleep.

If you're approved to have personal electronics or a television, you must first fill out a package request form before you can purchase these items or have them sent to you from outside the hospital. All electronic items must be new and still in their original, unopened packaging. Items will be scanned by security and must be able to fit inside their scanning machine.

Any item that has a camera or recording capabilities must have these tools disabled by a professional business before it is sent to OSH. The business will also need to include documentation showing that this service has been completed.

Television access

On weekdays, televisions in common areas may be turned on at 7 a.m. Televisions will be turned off during treatment mall hours. Following afternoon treatment mall, televisions in common areas may be turned on again until 10 p.m.

On Saturdays, Sundays, holidays and days that the treatment mall is closed, televisions in common areas may be turned on from 7 a.m. to 10 p.m.

At the top of every hour, or at the end of a selected program, staff can change the channel. From 4 to 5 p.m., televisions in common areas are reserved for a national news broadcast. When two or more televisions are available for patient viewing, one will be designated for sports and educational programming. Exceptions to this rule will be made for significant world or sporting events.

Some types of programs may not be viewed at the hospital (OSH policy 7.002). This includes any program or movie “which is pornographic or sexually explicit; that overtly promotes criminal, violent, or self-destructive behavior; or that overtly expresses hatred on the basis of race, religion, national or sexual orientation.” Staff may turn off the television or change the channel at any time if a program is inappropriate.

Sleep

Regular sleep is part of a balanced lifestyle and important for your recovery. We encourage everyone to remain in their rooms to rest and sleep between 10 p.m. and 6 a.m. If you are having trouble sleeping, please let staff know.

Unit “community meetings”

Unit community meetings are held on a regular basis, and you’re encouraged to participate. During these meetings, staff and patients share information, such as events that will take place on the unit. It is also a time to talk about and solve any issues or concerns on the unit.

Laundry

You are responsible for washing your own clothes. You will be given a clothing hamper for your room, and your unit has washers, dryers and laundry soap available for you to use. The laundry room may be closed during treatment mall hours. Depending on your unit, you may have a laundry schedule in place to make sure everyone has a chance to wash their clothes. The last load of laundry for the day should be started by 8 p.m., and clothes may not be left in the washer or dryer overnight. Clean bed linens and blankets will be available to you during the morning supply time

Telephones

Each unit has private patient phones. With the exception of treatment mall hours, you may make and receive phone calls from your unit's patient phones from 6:30 a.m. to 10 p.m. During treatment mall hours, unit phones will be turned off.

All local calls are free; however, to make long-distance calls, you will need to buy a phone card or call collect. Please limit your calls to 20 minutes so that others may use the phone.

You may make legal calls to your attorney for free. If you need assistance calling your attorney, please ask staff for help.

All patients may also receive calls on the patient phones. If you answer the phone and the call is for someone else, please politely check to see if the person is around and tell them they have a phone call. If the person is not around, let the caller know and suggest a good time to call back.

Meals at OSH

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

“DASH Plus Choices” is the standard meal plan (another way to say “regular diet”) at OSH. The DASH (Dietary Approaches to Stop Hypertension) meal plan follows

the USDA's (United States Department of Agriculture) Dietary Guidelines for Americans. This eating plan is based on whole grains, fruits, vegetables, low fat dairy (or soy) and lean meats. It is low in sodium, low in added fat and sugar, and high in fiber. The DASH diet includes nuts, legumes and seeds, but excludes foods high in trans-fat, saturated fat and sodium typically found in many desserts, entrees and side dishes.

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

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

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

Personal Care

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

Haircuts are available. If you would like a haircut, please let your case monitor know.

Taking care of yourself

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

- Take a quiet moment for yourself in your room or on the treatment mall; take a deep breath and relax.

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

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

Religion

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

Patient funds

Your funds will be handled in accordance with OSH policy 4.010 "Handling of Patients' Funds." If you have money in addition to what you keep in your hospital account, like paychecks, disability checks, social security, pension, etc., you, your guardian or any other person allowed to make decisions for you must decide what to do with that money. It may be kept in a bank or by a trusted family member or friend. Please fill out a trust account application to let the hospital know how you want your money handled.

You may not have more than \$30 with you at any time (This can be any form of currency as defined in OSH policy 4.010). Remaining funds must remain in your trust account. You may request a money draw once a week; however, because you

may not have more than \$30 at a time, the amount you are able to draw each week will depend on the amount of currency you already have on hand. Money draw times are posted on the units. Your case monitor can assist you in filling out the required forms.

If you need more than \$30 (for example, for activities while on pass or to place an order), your case monitor and your unit nurse manager must approve the request. If the amount is more than \$50, the program director must also approve the request.

Credit card use is not allowed, and credit cards are considered contraband.

Phone cards and stamps

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

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

Mail and packages

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

In addition to letters, you may receive legal documents, phone cards and paper products such as writing paper and magazines through the mail. Before you receive property from any source outside the hospital, you must fill out a package request form for each item in the parcel. If someone outside the hospital wants to send you these or other approved items as a gift, they can do so by contacting your case monitor and asking for a package request.

You may not receive packages containing prohibited items.

To ensure that all contents are safe, you will open all mail in front of a staff member, excluding clearly marked legal mail.

Dating behaviors

OSH has a strict, “**no sex policy**,” for patients while they are receiving treatment at the hospital. The human need for intimacy, warmth, affection and sexual expression is universal; however, OSH has the responsibility to protect patients from negative consequences that can potentially result from sexual contact, including disease transmission (which can be life threatening), pregnancy, and physical, emotional and psychiatric trauma as a result of sexual contact.

In an effort to further protect and support you, the Pathways program asks that in addition to the hospital’s no sex policy, you also do not participate in any intimate, “*dating behaviors*.” Dating behaviors include kissing, hand holding, full frontal hugs, intimate touching or verbalizations, isolation with another individual, and a variety of other behaviors that you would normally associate with dating.

Dating behaviors can negatively impact and affect other patients as well. Your peers may feel pressured to keep secrets, help arrange meetings or lie to protect those involved. This can result in high levels of stress and trust violations that can hinder **everyone’s** recovery. While at OSH, it is important that you focus your efforts on your recovery; not romantic relationships that will more than likely hinder rather than help this process.

Pathways staff will actively discourage all dating behaviors. You are also encouraged to share your thoughts with any peers participating in these types of behaviors.

Rights and responsibilities

Patient Rights

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

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

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

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

Grievances

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

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

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

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

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

Patient responsibilities

Successful medical and mental health care requires a patient and his or her treatment team to work together. The team and patient form a partnership that requires everyone to take an active role in the healing process. However, this does not mean that each partner has the same responsibilities. The team is responsible for providing health care services to the best of its ability. The patient is responsible for communicating openly with his or her team, participating in decisions about his or her treatment and taking part in the treatment program he or she developed with the team.

Patients' responsibilities are based on the idea of patient autonomy (this means that you have the right to make decisions about your treatment without your health care providers trying to influence your decision). The principle of patient autonomy says that an individual's physical, emotional, and psychological integrity should be respected and upheld. This principle also recognizes the human capacity to self-govern and make a choice from different options. Autonomous patients assert some control over the decisions that affect their health care. With autonomy, comes a number of responsibilities.

- Good communication is essential to a successful team relationship. To the extent possible, patients have a responsibility to be truthful and to express their concerns clearly to their teams.
- Patients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health.
- Once patients and teams agree upon the goals of therapy and a treatment plan, patients have a responsibility to cooperate with that treatment plan. A treatment plan will not work without your participation. You have a responsibility in the outcome if you refuse treatment or choose not to follow the healthcare provider's instructions.
- Attend at least 20 hours of structured activities each week – treatment mall, educational and vocational groups, community groups, etc.
- Come out of your room during specified times for meals, community meetings, medications, groups, appointments, and treatment mall.
- Maintain personal hygiene and room cleanliness. Shower regularly. Keep clothing clean and repaired. Shirts with sleeves, pants, underwear, and footwear are required at all times. Shorts must be knee-length.
- Be safe. Many of the rules we have are in place to keep everyone safe. If you are not feeling safe, please tell staff. They can help. Always follow staff directions quickly during an emergency, such as a fire drill, any code call, or when someone is hurt.
- Wear your identification badge any time you are off of your unit. Your identification badge should be visible and worn above your waist.
- To maintain a therapeutic environment for all patients, respect others, including their personal space, rights, beliefs, and property. Do not verbally or physically threaten or harm others. Do not enter other patients' rooms or intrude on their personal space. Running, horseplay, and loud voice tones or yelling is not permitted. Use headphones when using radios.

- Respect personal property. The hospital discourages buying and selling of property among peers. Permission must be granted prior to any trading or buying peer's property. Do not borrow or lend money. Do not steal property. Any items found in your possession, not on your property list, will be returned to the original owner. You may have to pay for any peer's property that you damage.
- Express your feelings and thoughts appropriately. Be considerate and constructive with your peers and staff. Ask for staff assistance to solve problems. Yelling, cursing, baiting, heckling, bullying, intimidating, or using profanity and obscenities are not appropriate in either verbal or written form.
- Patients have the responsibility to be considerate of OSH facilities and equipment, using them in a manner so as not to abuse them. You may have to pay for damages to state hospital property or to other persons. This includes theft, vandalism, property damage, and other illegal acts.
- Patients have a responsibility to meet their financial obligations with regard to medical care and mental health care or to discuss financial hardships with their billing representative.
- If you need additional information or explanation about your hospitalization coverage or charges, please ask your social worker or unit representative to help you contact the OSH Billings Office.

Financial considerations

Oregon law requires that a patient with sufficient income or resources who is being treated in a state hospital pay for his or her cost of care. The amount each patient pays is determined by his or her ability to pay. The hospital's Billing and Collections Office gathers financial information about each patient and bills those responsible for paying their own cost of care.

Occasionally, a patient has medical insurance, personal financial resources, or federal benefits such as Social Security. In such cases, the patient will be billed based on his or her ability to pay. The Billing Office can answer your questions about your financial responsibilities and provide you with information about the cost of care at OSH. The Billing and Collections Office can be reached at 503-945-9840.

In some instances, a patient has a need that cannot be paid for by OSH. Some examples include travel costs associated with going on pass, eyeglasses and frames, clothing, or other special equipment needs that are not covered by insurance. When this happens, one of the patient's team members will contact his or her family to discuss the situation.

Contact information

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

www.oregon.gov/oha/amh/osh

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

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

Telephone numbers are for unit nurses' stations:

Area	Phone number
Leaf 2	503-947-2734
Leaf 3	503-947-2724
Flower 2	503-947-2744
Flower 3	503-947-2754
Anchor 1	503-947-4264
Lighthouse 1	503-947-4268

Important resources

- Patient Advocacy & Consumer Group
- National Alliance on Mental Illness (NAMI) 800-950-6264
- Consumer and Family Services 503-932-7132
- Disability Rights Oregon 800-452-1694
- OSH Peer Recovery Services

