

Recovery Times

July/August 2017

Patients experience healing power of art through mural projects



Michael Haak, a patient on Flower 1, adds a splash of color to the new mural in the Crossroads Treatment Mall.

What was once a nondescript wall on the Crossroads Treatment Mall is transforming into a work of art – thanks to the creative talents of patients and staff.

For the past several months, art therapist Heather Chase and occupational therapist Mary Kim Kaylor have worked with dozens of patients on a mural. Now, when people walk on the first floor of the mall, they'll see the beginnings of three vertical panels painted with brightly colored shapes and designs.

Chase and Kaylor believe patients enjoy both the art-making process and the opportunity to create a lasting legacy at the hospital. To date, patients have finished one mural in Salem and another in Junction City. They're now working on their second mural at each campus.

"These projects have encouraged patients to participate in their treatment and to create something permanent for everyone to enjoy," Chase said. "It's helped them express their creativity, develop problem-solving skills, and increase their self-esteem."

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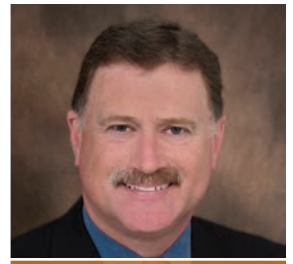
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OSH Recovery Times

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Message from the Acting Administrator



John Swanson

Dear OSH Team:

As the interim administrator for Oregon State Hospital, it's my pleasure to fill this space usually allocated to the Superintendent's Message.

First, let me assure you that our search for the superintendent continues in earnest. We appreciate your patience as we take our time to ensure we get the best candidate. This position is too important for us to settle on anything but the best match for the hospital's recovery-oriented, person-centered, solution-focused culture. We are in the process of interviewing the latest round of candidates, and we will keep you apprised as the search continues.

On the other hand, I want to emphasize that while the search for a new superintendent proceeds, we are by no means standing still. We have a great leadership team, and we continue to press forward with our key initiatives – such as Collaborative Problem Solving, executing the nurse staffing plan, and reducing seclusion and restraint events. These are just a few of the things we are working on together.

The OSH Cabinet is busy outlining our priorities for the coming year. After the resounding success of the Salem campus rollout of Medication Management in Avatar, we are queuing up the next components to incorporate into our electronic health record.

We are also finalizing our Survey Readiness Plan, as we expect The Joint Commission to visit OSH for its tri-annual survey within the next nine months. Look for more messages from Standards & Compliance to make sure you know what to do and how to take advantage of this opportunity to shine.

In addition, we are working closely with OHA divisions of Health Policy and Health Systems to both reduce the number of Aid & Assist (.370) admissions and meet our obligations as outlined in the USDOJ Oregon Performance Plan to reduce the length of stay for patients who have

been civilly committed. We are currently looking at pockets of excellence – those units that are doing really well at getting folks out of the hospital when they are ready to go – and are seeking ways to replicate those best practices throughout the hospital.

At the Oregon Health Authority level, the Legislative session is wrapping up. Most notable is the budget package that will go to the Governor's desk will continue funding for the Junction City campus, as well as provide \$20 million for community-based behavioral health services. This is a key part of the Oregon Performance Plan, which aims to expand community behavioral health services and provide the right care at the right time in the right way for people living with mental illness. Several other bills have passed that will affect OSH and the people we serve. Here are some highlights:

- HB 2302 permits staff to apply for state and federal benefits on behalf of patients, which will help with successful discharges. This bill is in effect now.
- Both HB 2307 and HB 2309 streamline the evaluation processes for guilty except for insanity and fitness to proceed, providing some much-needed relief for our hardworking evaluators.
- HB 2432 creates licensure for qualified art therapists.

Finally, I want to thank you for the amazing work you do every day. The quality and professionalism of the OSH staff, and the strong leadership team we are blessed with at OSH, are the key reasons I agreed to take on the role of interim administrator. In the spirit of continuous improvement, please feel free to send me any questions or recommendations for our push toward excellence. I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Swanson'.

John Swanson
Interim Administrator
Chief Financial & Operations Officer

Patients experience healing power of art through mural projects

Junction City

Jerilyn Klingenberg, a Junction City art therapist, has overseen both mural projects on her campus. The first, located in the Mountain 2 stairwell, consists of vivid, abstract shapes outlined in black. Comprised of “zentangles,” or repetitive patterns, the project began in the spring of 2015 and took about nine months to complete.

She’s now working with patients on a new mural for the Forest 2 stairwell. This one will encompass three walls and will include images of a waterfall, mountains, trees and a path swathed in sunlight. The mural will symbolize the journey patients take to get well.

“I can see their self-confidence build and how empowered they feel,” Klingenberg said. “That nourishes me. It makes me want to do more and more.”

Admittedly, Klingenberg said the projects take a lot of planning and coordination. Patients have to agree on a theme. They look at other artwork for inspiration, and they practice designs on scratch paper before committing them to the wall.

In the end, she said the healing benefits make all the effort worthwhile.

“Imagination and creativity lives within all of us,” she said. “My patients feel so good to be a part of this project. They enjoy collaborating, listening and sharing ideas with one another. Seeing their faces light up is beautiful.”

Salem

In Salem, patients in the Crossroads program first created a mural near the Leaf stack entrance. It features triangles, rectangles and other patterns in various shades of coral, blue, green and yellow.

This mural was inspired by the quilts of Gee’s Bend, a small community of African American women in Alabama. The quilters had faced poverty, isolation and cultural bias – similar to what many patients at Oregon State Hospital have experienced during their lives.



Patients in Junction City are working on a new mural for the Forest 2 stairwell. When complete, the images of mountains and sunlit trees will symbolize the path patients take to get well.

Photo courtesy of Ibrahim Coulibaly, MHTT on Forest 2.

Chase and Kaylor shared information about Gee’s Bend with patients and showed them pictures of the women’s quilts. From there, nearly 30 patients from the Crossroads program explored patterns and colors before choosing their design.

“Our patients have learned skill building and problem solving through planning and design,” Kaylor said. “It’s been a joy to see how much they have loved being involved.”

The Salem patients finished their first mural last December. They hope to finish their second one later this year.

So far, Michael Haak of Flower 1 and Steven Banta of Flower 2 said they like what they see on the Crossroads Treatment Mall. Haak said the mural reminds him of televisions bunched together with white screens. He enjoys painting because it helps him vent his frustrations.

Banta, too, loves the creative process. For him, the mural is a beautiful and lasting symbol of what patients can accomplish by working together.

“To be a part of something feels good,” Banta said. “People need to be able to express themselves, to create something they can look back on.”

Going forward, Chase and Kaylor hope other staff members will lead mural projects of their own. They said patients of any skill level can participate, and the finished results benefit everyone who walks the hospital’s halls.

“We’re really proud of this,” Kaylor said. “The artworks helps give our patients a voice.”

OSH achieves dramatic drop in patient restraints

Staff at Oregon State Hospital have reason to celebrate.

According to the data, the use of restraints at Oregon State Hospital has dropped by more than half from 2012-2016 – in spite of skyrocketing admission rates and an overall increase in acuity.

Dr. Jennifer Snyder, a clinical psychologist and member of the hospital's Seclusion and Restraint Committee, said this achievement is momentous because OSH is admitting more and more patients who are unable to assist in their own defense. In general, these patients are more ill and have increased rates of aggressive or self-injurious behavior.

"I want all staff at the hospital to know their hard work is paying off," she said. "To move from a more punitive outlook to a more therapeutic and compassionate one is a remarkable culture change for the organization."

Culture Change

The Seclusion and Restraint Committee cites numerous reasons for the drop in restraint use.

First, with hospital leadership paying special attention to quarterly performance reviews (QPRs), improvements are the natural result. This is much like when people track what they eat. By taking this simple step, they are more apt to achieve their weight-loss goals, Snyder said.

The committee also attributes the change to the hospital's increased focus on trauma-informed care, which guides how staff interact with patients.

Staff learn about trauma-informed approach at new employee orientation, and they receive periodic trainings on the effects of trauma. The hospital's Trauma Informed Approach Committee also recommends new procedures or practices to meet patients' needs.

Snyder said these efforts help staff remember that many of their patients have endured significant traumas. So when patients act out in destructive ways, it's often their way to avoid or cope with traumatic memories.

"When staff recognize how traumatic restraints or seclusion can be for patients, they want to avoid it," she said.

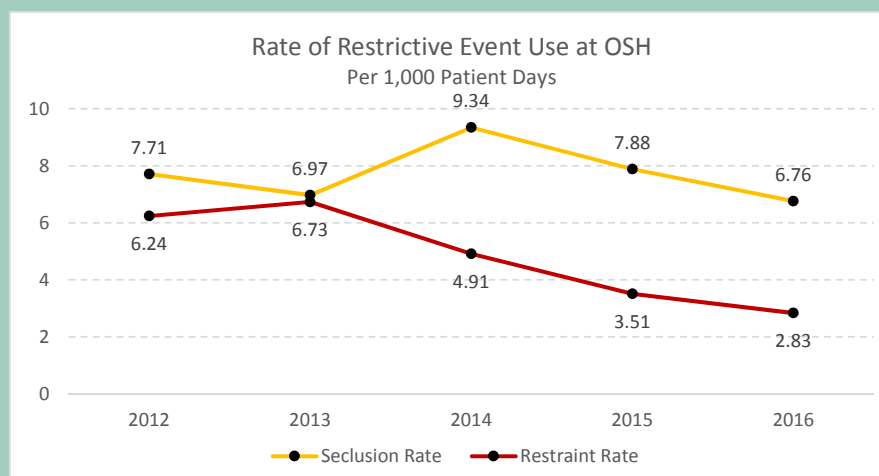
Finally, Snyder said the data reflects the benefits of Collaborative Problem Solving (CPS), which has gone a long way toward improving relationships between patients and staff.

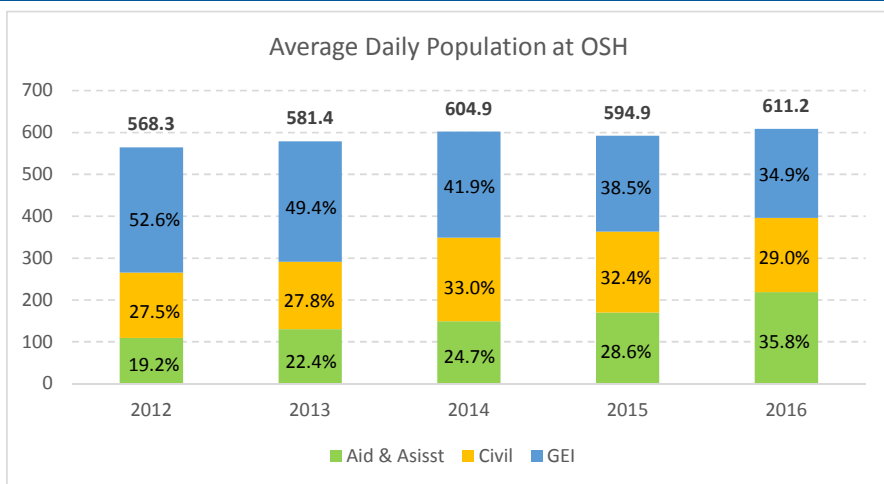
CPS teaches staff that "people do well if they can," she said. If patients attempt to hurt themselves or others, it's often because they don't know of other, more constructive methods, to meet their needs. But now that staff are trained in CPS, they have more tools at their disposal to help patients.

Next Steps

For Snyder, the data shows that QPRs, trauma-informed care and CPS are making lasting, positive changes at the hospital.

In addition to the sharp decrease in the use of restraints, the need to put patients in seclusion is also on the decline.





From 2012-2016, the hospital's overall patient population increased by 7.5 percent, and the proportion of patients unable to assist in their own defense increased from 19.2 to 35.8 percent.

In 2012, the seclusion rate was 7.71 incidents per 1,000 patient days. Last year, that rate had dropped to 6.76, or by 12 percent.

During this same time, the hospital's overall patient population increased by 7.5 percent, and the proportion of patients unable to assist in their own defense increased from 19.2 to 35.8 percent.

Snyder said staff can easily lose sight of the larger picture when dealing with people with daily, challenging behaviors.

They tend to focus on the crises, the Code Greens and the stressful situations. But they should also remember that they play a key role in helping patients turn their lives around for the better.

"Both research and experience show that tracking a behavior is one of the most successful ways to change it," she said. "I am enormously proud of the hospital, our staff, and what they have achieved."

OSH data reveals surprising details about restrictive events

According to a recent report from Data and Analysis, 68 to 74 percent of OSH patients served from 2012 to 2016 never had a restrictive event. In this same time period, just 17 patients (or .5 percent) were linked to more than one third of all seclusions and restraints.

"I think data like this helps staff gain a little perspective," said Dr. Jennifer Snyder, a clinical psychologist and member of the Seclusion and Restraint Committee.

"As stressful as those times are when patients are in crisis, there are a lot of people who are doing well and who benefit from the treatment here."

What Causes Restrictive Events?

The Seclusion and Restraint Committee and each of the Program Executive teams (PETs) continuously examine

the causes of restrictive events. They've determined that the first two or three months after admission are crucial, especially for patients admitted under aid and assist and civil statutes.

Snyder said these patients often experience acute symptoms of mental illness and are distressed and disoriented when they arrive at the hospital. But with treatment, most improve and rarely need ongoing restrictive interventions.

The data does suggest, though, that a small group of patients continue to have events well after admission.

Snyder said these patients often present with multiple and significant problems, including a history of trauma, substance abuse issues, traumatic brain injuries, and severe symptoms of mental illness that don't respond well to

medications. By continuously working with the Seclusion and Restraint Committee and PETs, she hopes to explore ways to treat these patients more effectively.

Treatment Malls Work

Interestingly enough, the hospital's data shows restrictive interventions are more likely to happen between 3 p.m. and 9 p.m. than during any other time of day. To Snyder, this discovery points to the therapeutic benefits of treatment malls' groups and classes.

"Structure gives people something to do, some predictability and certainty in their day," she said. "It helps them learn

skills to manage their symptoms and emotions, and it helps promote hopefulness."

There is such a thing as too much structure, as patients still need time to unwind on their own, Snyder said. But she's pleased that Treatment Services is making a concerted effort to provide leisure activities on the evenings and weekends.

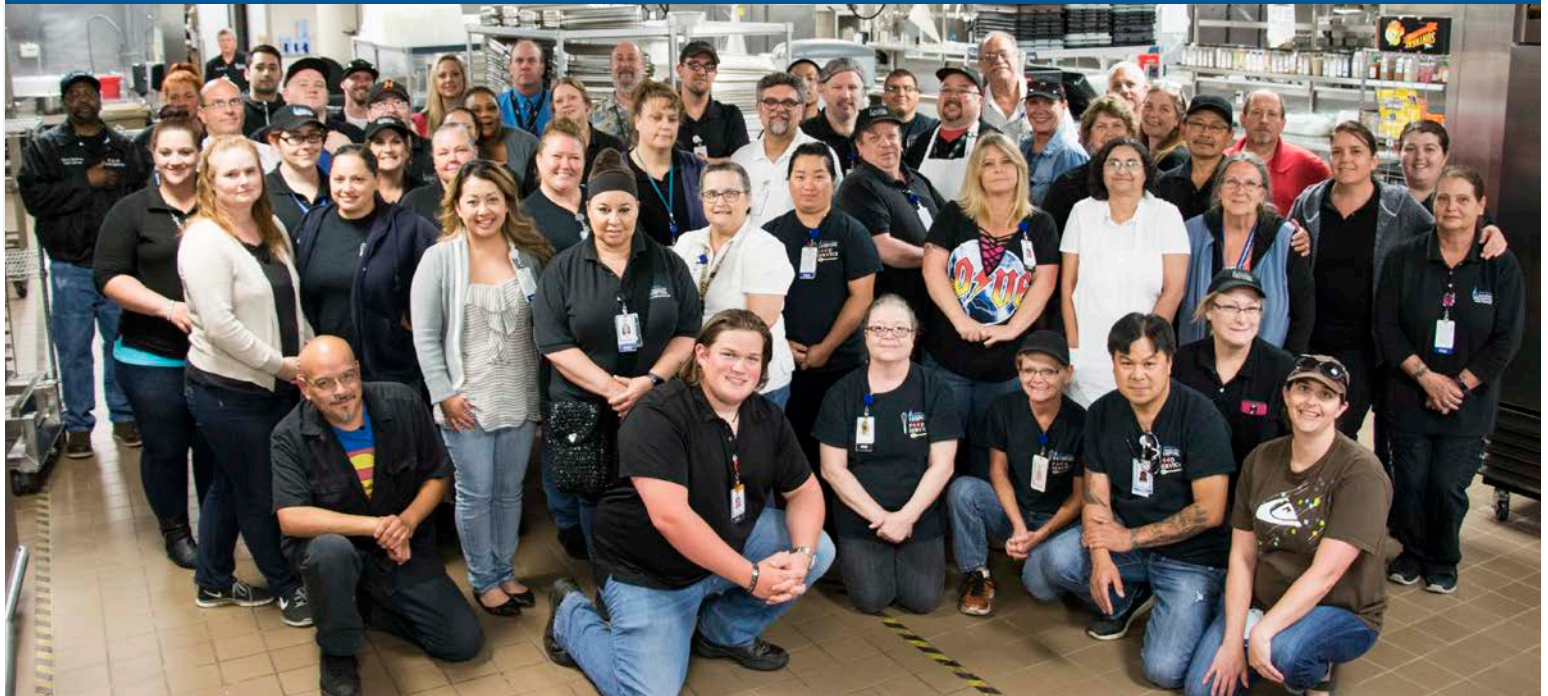
"By seeing this data, I hope staff will know their hard work is paying off," she said. "I'm really proud of what the hospital has achieved."

Percentage of Restrictive Events during 2012-2016 by Time of Day

Hour	% Events
12 AM	1.9%
1 AM	1.5%
2 AM	1.2%
3 AM	1.4%
4 AM	1.3%
5 AM	1.4%
6 AM	1.5%
7 AM	3.1%
8 AM	4.8%
9 AM	4.7%
10 AM	3.9%
11 AM	5.1%
12 PM	5.5%
1 PM	5.0%
2 PM	5.2%
3 PM	6.8%
4 PM	7.3%
5 PM	8.2%
6 PM	6.9%
7 PM	6.6%
8 PM	7.1%
9 PM	4.2%
10 PM	3.1%
11 PM	2.2%

According to the hospital's data, restrictive events are more likely to happen between 3 p.m. and 9 p.m. than during any other time of day. Staff believe the structure offered through treatment mall groups and classes help explain the data results.

Team Recognition Award Winners



Team Members: Casey Aguirre, Aaron Alexander, Theodora Anderson, Jon Applebaum, Sarah Asbell, Kenneth Ballew, Malinda Bates, Tiffany Beckman, Catherine Bibens, Chelsey Boatman, Scott Brownson, Stephanie Buettner, Irene Bustos, Mary Cajuelan, Xenia Carone, Nate Clampitt, Teresa Cook, Deana Costello, Joyce Crawford, Jennie Cribbs, Mary Doherty, Jennifer Doughty, Karl Downing, Emily Ells, Ray Francois, Todd Friesen, Daniel George, Tamar Gonzalez, Juan Gonzalez, Robert Gruchalla, Catherine Hernandez, Antonio Hernandez, Chera Herrera, Jennifer Herzberg, Becki Hillweg-Dunn, Lauren Hoffhines, Gregory Hopfer, Jack Howard, Kent Hunter, Mykel Jefferson, Jaina Jesse, Brandon Keen, Julie Kephart, Susan Kostenko, Joshua Krotchko, Siobhan Lavery, Josephine Liudahl, Kurt Lucas, Amanda Lyons, Jesse Mayer, Shelby McCain, Samantha McCarty, Christopher McNabb, Tamela McVay, Michael Miller, Maria Miller, Dean Moreno, Sophea Oum, Jennifer Palazola, Paul Pastoor, Lisa Payne, John Perez, Rosilynne Polk, Marina Porras-Paniagua, Quentin Reavis, Aurelia Rodriguez, Thomas Rosenbeck, Alta Saner-Martinez, Gary Skinner, Janet Strauch, Sareth Svay, Cynthia Swank, Lou Anne Unruh, Antonio Villaseñor, Jordan Wilson, Gary Woelfle, Dale Wolf, Jamie Xiong, Constantino Zamudio, Brian Salter, Theresa Leopold, Sandra Larraga, Gianrich Apostol, Harley Merck, Celia Gandara, Julie Gagne, Brandi Hannon and Lori Kerr.

The Employee Recognition Committee would like to congratulate the latest recipients of the Team Recognition Award: **Promoting Safety**

Recipient: **Food & Nutrition Services, Salem Campus**

Nominating Manager: **Casey Aguirre, executive food service manager**

Food and Nutrition Services received the award for its work with Safety Specialist Patrick Sangster, who trained staff how to stay safe when working in the kitchen. Through a Safety and Motion training, staff learned how to safely move, bend, store and lift items they work with on a routine basis. All FNS staff participated in the training and continue to follow the recommended safety measures.

The department also conducted mock surveys to ensure food safety, which involves keeping the right quantity of food on hand and at the right temperature to meet regulations, the low-sodium DASH diet, and doctors' orders for patients. A dietitian and supervisor have been going through the line to ensure staff follow food safety procedures. Thank you, Food & Nutrition Services, for doing your part to keep our patients and staff safe!

Ten OSH employees learn new skills through Leadership Academy



Ten Oregon State Hospital employees improved their leadership skills through the 2016-17 Leadership Academy. They were honored at a graduation ceremony in the Department of Human Services building on May 9.

Ten Oregon State Hospital employees improved their leadership skills through the 2016-17 Leadership Academy.

Sponsored by the Oregon Health Authority and the Oregon Department of Human Services, the academy enables state workers to engage in a series of trainings to improve their strategic thinking, team building and negotiation skills.

The participants were honored at a graduation ceremony in the Department of Human Services building on May 9.

Among the 39 class members, the ten hospital employees are Luzviminda “Luz” Barela-Borst, spiritual care director; Mia Boessen, occupational therapist; Jan Bronson, mental health registered nurse; Kolina Delgado, clinical psychologist; Tim Hanson, lead collaborative problem solving coach; Billy Hatch, director of treatment services for the Junction City campus; Emilia Ion, associate department nursing supervisor of the Harbors program; Michael Jirges, business analyst; Melissa Schrepel, registered nurse; and Jeffrey Tegner, treatment care plan specialist.

The graduating class also honored their peers with several awards. Tegner received the “Best demonstration of an accountable leader” award, Barela-Borst earned the “above the line” award, and Hatch was recognized for giving the

“best demonstration of communication based on our leadership model.”

All Leadership Academy members took part in projects geared to improve their workplaces.

For their projects, Barela-Borst, Hanson and Tegner worked with their team to create a public space to display patients’ artwork on the third floor of the Kirkbride building.

Bronson, Ion and Schrepel’s team worked to improve an employee recognition intranet page for the Department of Human Services. Their goal was to help augment that resource by gathering and sharing best practices that managers and peers can use to recognize team members and provide appreciative feedback.

Boessen worked with her team to explore better ways to promote mental health and prevent mental illness. This begins with having a clear definition of mental health and disseminating it to key stakeholders, who can help determine relevant indicators for measurement.

Lastly, Hatch, Jorges and Delgado’s team worked to improve patient scheduling. The goal was to create a centralized database for scheduling and for tracking class offerings in the treatment mall.

Leadership Academy group unveils new art gallery at OSH



Story by Jeffrey Tegner, a treatment care plan specialist on the Salem campus. Tegner took part in a work group to create a dedicated space for patient art on the third floor of the Kirkbride building.

Last September, I was fortunate enough to join a small work-group that took part in the 2016-2017 DHS/OHA Leadership Academy. Out of 11 projects, my group and I chose one that allowed us to produce something truly meaningful for both staff and patients at Oregon State Hospital (OSH). We helped create a dedicated space to display patient art, celebrate art therapy as a clinical discipline, and honor a gifted clinician.

Our work group was made up of two Public Health employees and three OSH employees, Luzviminda “Luz” Barela-Borst, spiritual care director; Tim Hanson, lead collaborative problem solving coach; and myself. We connected with stakeholders on every level to make the gallery a special place to honor patient art.

Every department in the hospital contributed in some fashion to make the vision a reality. Special thanks to Brian Chapman of Vocational Services, who constructed the frames on a very short timeline. Even community businesses donated their labor to the project.

The Art Therapy Department worked with patients to make art with creative renderings of birds, flowers, trees and other objects found in nature. Art Therapist Jamie Waters provided colored canvases and stencils, so patients could create 17 pieces to light up the hallway near the Education and Development Department (EDD).

After months of work and coordination, the art gallery opened April 19 on the third floor of the Kirkbride building. I joined my Leadership Academy workgroup to present our project during a brief ceremony that featured John Swanson, interim administrator; Linda Morgan, director of creative arts therapy; and Jamie Waters. The culmination of nine months of work was complete.

A sentimental highlight of the exhibit is Sara Slack’s painter’s jacket. Sara was an art therapist at OSH from 2006-2014, before she passed away from cancer. She had a unique connection and approach to working with patients and is remembered by the colorful jacket she encouraged patients to decorate. The jacket hangs on the wall, surrounded by patient art, to honor her contribution to promote hope, safety



A nature theme connects the patient artwork now on display on the third floor of the Kirkbride building.

and recovery at the hospital. It is the one piece of art that will remain constant in the OSH Patient Art Gallery.

Hospital staff will rotate new patient art into the frames at least twice a year. The Art Therapy Department will provide patients with the materials and a general theme to guide their efforts. From there, patients are free to express themselves. The exhibit is the first step toward a larger vision of showcasing patient art in dedicated spaces throughout the Salem and Junction City campuses.

My group and I were supported by our project champion, Hospital Relations Director Rebeka Gipson-King, who guided the larger vision and provided the necessary resources to reach the finish line. During every phase of planning and action, our team constantly connected with project stakeholders throughout the hospital.

For me, personally, establishing this gallery was a powerful experience. This was a complete OSH team effort, and without the vision, planning and follow through of multiple people at just the right time, none of this would have come together as beautifully as it did.

Through the project, I connected with a diverse group of individuals and learned about their skills and passions. Together, we helped establish a beautiful space for the world to view patient art. This exhibit celebrates the role of art therapy at Oregon State Hospital, it honors a former art therapist who was committed to patients, and it promotes hope, safety and recovery. I am humbled by the work we all did and the people who helped make it a reality.

OSH is top fund raiser for NW NAMI Walk for sixth straight year

Continuing its winning streak for the sixth year in a row, Oregon State Hospital's team once again raised the most money for the 2017 NW NAMI Walk.

The annual walk, which raises both money and awareness of mental illness, supports the Oregon chapter of the National Alliance on Mental Illness (NAMI), the country's largest grass-roots mental health organization.

The hospital's team raised more than \$13,362 for the cause, with staff from both campuses participating in the Portland-based event on May 21.

This year, NAMI reported 1,660 participants who raised more than \$208,827. Proceeds go to NAMI Oregon's regional affiliates, which provide advocacy and education services for people with mental illness and their families. This includes NAMI Lane County, which has a satellite office at the hospital's Junction City campus.

For more information about NAMI and its Oregon affiliates, visit NAMI.org.



Oregon State Hospital staff pose with a banner at the NAMI walk to celebrate this year's theme, "Caring is Elemental."



During the NAMI walk, participants crossed over the Steel Bridge in Portland.



Oregon State Hospital staff cross the NAMI walk start line.



Oregon State Hospital staff pose for the camera before the start of the NAMI walk.

Taking a trauma-informed approach to culture change



Dr. Rupert Goetz

When Dr. Rupert Goetz was hired in 2012, Oregon State Hospital had begun to recover from decades of neglect. But to Goetz, the emotional trauma experienced by patients and staff was still evident.

"I heard wonderful, hopeful stories, and I heard dire, grim stories," said Goetz, who stepped down as chief medical officer last year to become a supervising psychiatrist. "People were either running around shell shocked, or they were keeping their heads down to concentrate on helping their patients."

Committed to the hospital's clinical rebuilding process, Goetz said hospital leadership wasn't interested in dictating administrative measures. Instead, by using a trauma-informed approach, they wanted to hear people's concerns and empower them to become change agents.

"It's not about who you are, or what's wrong with you, it's about what happened to you," he said. "I needed to work with people on their level and to help them think. That's at the heart of a trauma-informed approach."

Lessons Learned

From talking to people, Goetz learned safety — a key principle of a trauma-informed approach — was a big worry.

"Safety is in the eye of the beholder," he said. "It's an emotional state. For me to tell you when you do or don't feel safe flies in the face of trauma-informed principles. I need to understand their pain and suffering, not assign blame."

To help staff regain a sense of security, Goetz worked with hospital leadership to form a group dedicated to improving staff and patient safety during restraint events. The group assisted staff on ways to avoid injuries, and it helped establish a cadre of leaders to develop new clinical safety initiatives — which now make up a continuous process.

Former Superintendent Greg Roberts was key to making the changes possible, Goetz said. He shared Goetz' belief that people had to recommend, then implement, solutions to problems instead of talking about them. The pair were also convinced the hospital possessed all the ingredients to become a national leader among state psychiatric hospitals.

Challenging the Status Quo

Changing a hospital's culture was no easy task. That's why hospital administrators worked to use the expertise of peer recovery specialists to advocate for improvements and bridge divides between patients and staff. A big part of that required learning the principles of trauma-informed care, including safety, trustworthiness, transparency and collaboration.

Another big move was launching Collaborative Problem Solving (CPS), which had never before been used at an adult psychiatric facility. But by giving patients a voice in their treatment plans, staff believed patients would more likely lead independent lives. So far, this prediction has held true, and staff and patients are forging stronger, collaborative relationships as a result.

"It's like driving a car," Goetz said about the pace of change. "You can hit the gas hard early on until you get traction. Then, you have to back off and drive."

Goetz said he's proud of how far the hospital has come, especially in reducing the number of seclusions and restraints across campus. Going forward, he predicts change will grow organically as the hospital develops in-house expertise.

"Taking a trauma-informed approach is not something we do," he said. "It's how we go about what we do every day."

Early teachings of CPS tenants helped ease transition for Bird 3 staff

From the moment he learned about Collaborative Problem Solving (CPS), Damion Blair was a fan.

As a nurse manager on Bird 3, he believed in the CPS tenant that “people do well if they can,” and he wanted to help patients learn to solve their own problems.

But even though he was ready to jump on the CPS bandwagon three years ago, his unit wasn’t included of the hospital’s initial launch. So Blair did the next best thing. He shared what he knew of CPS with his staff for two years — giving them a leg up when the new patient-care model came their way.

“We didn’t have to fight through any resistance when CPS rolled out on my unit last year,” Blair said. “My staff already knew the background and framework, allowing our coaches to move more quickly. I think CPS has really helped my staff become more mindful of how they approach patient care.”

Laying the Groundwork

To inform his staff about CPS, Blair sent them regular emails with “bite-sized” information. His staff learned about the importance of conveying empathy, reassurance and validation with patients, and that their job was to help patients develop their problem-solving skills.

They also learned patients don’t act out because they’re trying to manipulate people or test their limits. Instead, patients’ lagging thinking skills attribute to social, emotional and behavioral challenges.

“CPS helps you focus on the source of a problem rather than the results of the problem,” Blair said. “Our role is to help patients get better and improve their skills.”

Blair also helped clarify the purpose of CPS coaches on his unit. Their role is not to “do” CPS for staff or “to” patients, he said. Instead, they help staff improve upon the patient care they already provide.

Debra Spencer, for one, appreciated Blair’s teachings. As a mental health registered nurse on the unit, she said Blair’s emails laid the groundwork for the implementation of CPS.



Damion Blair, a nurse manager on Bird 3, talks with patient Guy Smith about the benefits of Collaborative Problem Solving.

It helped give everyone a formalized approach to the work they were already doing, and it gave patients and staff effective ways to solve problems and build skills. As a result, she said her milieu runs much more smoothly.

Taune Lucero agrees that Blair helped ease the transition for everyone. A former MHT2 on Bird 3, she said Blair used CPS lingo during conversations, meetings and shift reports. He answered people’s questions, and he supported those who had difficulty with change.

Now, Lucero said she is a true believer in the model and practices its teachings both at work and at home.

“It made a big difference in my life outside of OSH,” said Lucero, who now works as a training and development specialist in the Nursing Education and Training Department. “I seem to have more patience and look at people and situations differently. With that, I come to work excited about having stronger therapeutic interactions with patients.”

Next Steps

With the help of CPS coaches, 100 percent of staff on Bird 3 have completed their Tier 1 training. Now staff are starting to have Plan B conversations with patients, Blair said.

Through these talks, patients are empowered to propose solutions to problems that meet both their needs and staff needs. For example, if nurses are concerned about a patient's personal hygiene, they may want to tell that person to take a shower. But through a Plan B approach, patients could come up with an alternate solution – such as varying the time, frequency or location of their showers.

"These conversations require practice," Blair said. "You have to go into a situation with an open mind."

Already, Blair said his milieu is calmer because staff no longer engage in power struggles with patients. They're

"CPS helps you focus on the source of a problem rather than the results of the problem," said Damion Blair, a nurse manager on Bird 3. "Our role is to help patients get better and improve their skills."

also making more of a concerted effort to hear and validate patients' concerns.

"I'm hopeful CPS continues to be a success for the whole hospital," he said. "As the first adult psychiatric facility to implement CPS, we're walking a path that has never been walked before. This can be a good culture change for us."

Museum hosts memorial for departed OSH patients, staff members and supporters

Through a new program, the Oregon State Hospital (OSH) Museum of Mental Health invites hospital employees to create a memorial to honor and remember someone who lived or worked at OSH.

Memorial contributions not only focus on people's accomplishments, but also fund the operations of the museum – which is dedicated to telling important stories from the hospital's past. The memorials appear in the museum and the museum's web site at www.osh.museum.org.

To create a memorial:

- Go to the museum's website and click on the memorial link.
- Create a short biography of the person and their connection to the hospital. You have the option to upload a picture of the deceased person, as well.
- Please include your name. You may remain anonymous in the memorial records, but the museum needs your name to know who to thank.

- Include your contact information (email, phone and mailing address).
- You may list the family members of the deceased, as they may want to know of your contribution (include their names, email addresses and mailing addresses).

When you donate to someone's memory, you will see a list of all memorials to which people can add their donations. Each memorialized person will have a page with all their provided information and a list of donors. When you make a donation, your name will automatically appear in the list.

Please consider setting up a new memorial, or contributing to an existing one, to pay tribute to people who've had close ties to the hospital.

For more information, contact the museum at 971-599-1674.

OSH benefits from upgrades to disc golf course on Salem campus

Soon after the disc golf course opened on Oregon State Hospital's Salem campus, Jeff Heltsley began imagining ways to improve it.

This spring, with the installation of new baskets and tee markers, he got his wish.

"I enjoy seeing all the staff, clients and community members enjoy a beautiful course that was rarely used by anyone just a few years ago," said Heltsley, a mental health therapy coordinator who works on the Bridges Treatment Mall. "Everyone benefits."

As part of the upgrade to the nine-hole course, baskets replaced the tone-pole targets used for more than a decade. The tone poles were also repainted and repurposed as markers for the tee-pad areas. The hole number, and the distance to the basket, are listed on each tee marker.

After hearing numerous requests from patients and staff to improve the course over the years, Heltsley took action in 2013. He ultimately achieved his goal last year with a grant from the OSH Central Safety Committee. Facilities

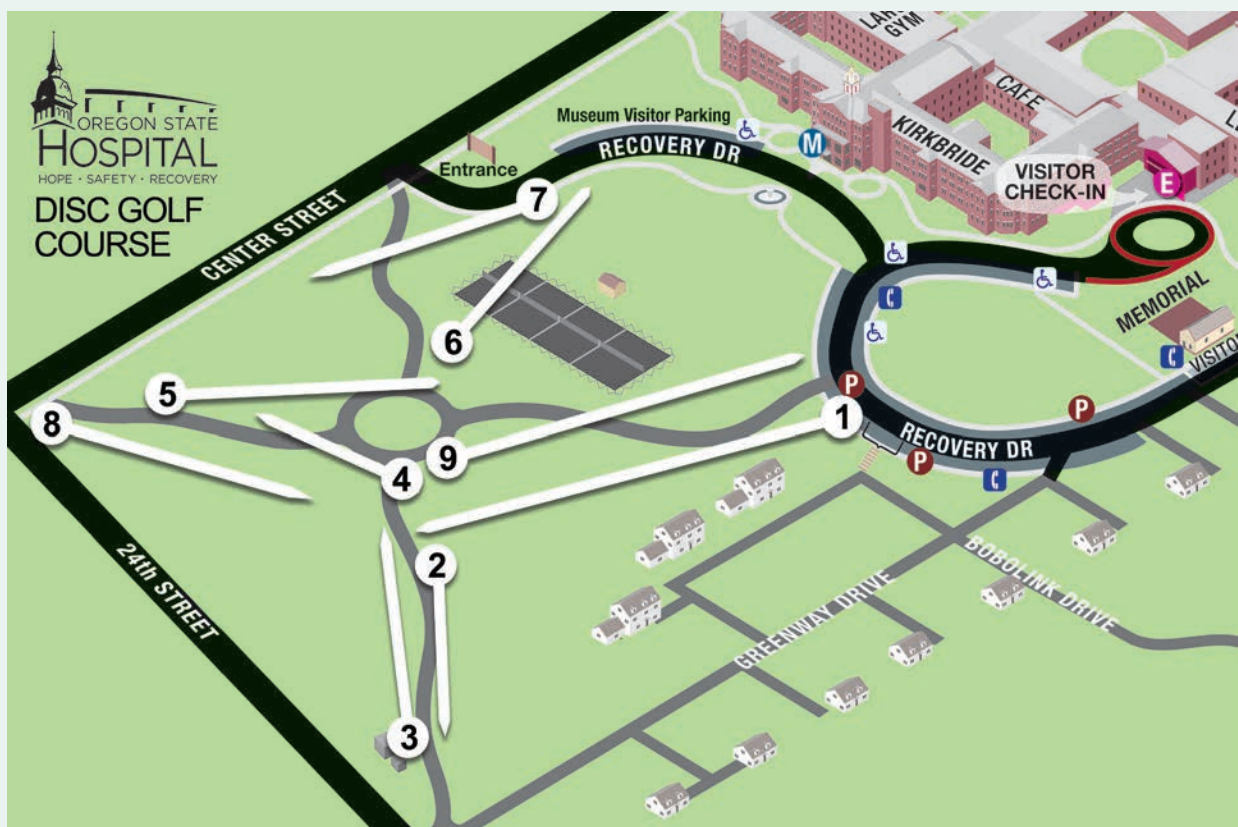
crew members, including Kevin Kalb, Craig Miracle and Steven Keene – completed the course improvements in March.

A longtime lover of the sport, Heltsley says disc golf helps his patients stay active, learn critical thinking skills, and work through their frustrations in positive ways.

He is the driving force behind the courses on both the Salem and Junction City campuses, and he couldn't be more thrilled by the response from community members, patients and staff – including James "Doc" Campbell, director of Standards & Compliance and avid disc golf player.

Appreciative of all Heltsley has done, Campbell said the Facilities crew should be commended for their hard work and creative installation. What's more, he wants everyone to know that the new course meets all Professional Disc Golf Association standards.

"Disc golf is a great, low-impact way to build flexibility, get some steps in, and even have fun," he said, adding that he's already seen 20-plus people play here on



weekends. “Employees, patients and the community have all benefited from this addition.”

Disc Golf at OSH-Salem

Course Map

For a copy of the course map, go to www.discgolfscene.com or www.dgcoursereview.com under the course name “Oregon State Hospital.”

Players can also pick up copies of the map at Reception.

Upcoming Events

Keep your eye out for information about upcoming summer competitions. One of the first events, the “OSH Safety Fair Disc Golf CTP (closest to the pin) Contest” will take place July 31 to Aug. 4 during the annual Safety Fair. The contest is open to all who wish to enter, and there’s no entry fee.

The hospital will provide discs to throw at the baskets and will award prizes to the players who make the best shots.

Check your email for more information on the safety fair as the dates approach.

For more information about this or other events, contact Jeff Heltsley at Jeff.Heltsley@state.or.us.



Jeff Heltsley, a mental health therapy coordinator in the Bridges Treatment Mall, practices disc golf on the course he designed for the OSH Salem campus.



Mock surveys help OSH prepare for The Joint Commission visit



(from left to right) Alta Saner-Martinez, Food Service manager; Scott Anderson, surveyor for Quality Systems Group; James “Doc” Campbell, director of Standards and Compliance; Heather Loch, dietitian; and Vicki Duesterhoeft, chief clinical dietitian; all participate in a mock survey to see if everything is running as it should in the kitchen.

No one knows exactly when The Joint Commission (TJC) will make an appearance at Oregon State Hospital, but we do know they will come sometime between now and March 2018.

The Joint Commission site review is important because it accredits and certifies more than 21,000 health care organizations in the country – including OSH. By earning the commission’s stamp of approval, the public knows the hospital’s services meet strict quality and safety standards.

James “Doc” Campbell, director of Standards & Compliance, believes everyone plays a role in ensuring the commission’s next visit goes well. One such way is through mock surveys. Conducted by external consultants or internal departments, these “practice surveys” help the hospital prepare for the real thing.

In this issue of the Recovery Times, Campbell explains what mock surveys are, how they work, and why they matter.

Q. Why does the hospital conduct mock surveys, and why are they important?

A. Mock surveys provide a fresh look on how we operate, and they prepare us for the same questions TJC may ask. They point out pockets of excellence we might want to share, and they help us identify areas that need improvement – well before the real survey. Above all else, mock surveys help us provide quality services to those we serve, the patients at OSH.

Q. What do mock surveys check, and who does them?

A. Mock surveys can look at any service and any department. Typically, they put greater emphasis on higher-risk areas like Environment of Care, Provision of Care, Record of Care, Infection Prevention/Control, Food and Nutrition Services and Emergency Management. Internally, our Standards & Compliance Department conducts surveys and focused audits regularly. We also contract with an external consultant to conduct mock surveys.



Staff meet in the Greg Roberts Emergency Operations Center to plan a mock survey.

Q. What do staff need to do to prepare and why?

A. Treat the mock survey as if it is the “real deal.” This is your time to shine, when you can show what you know and how well you do your job. Make sure you follow existing OSH policies and protocols, as well as applicable safety regulations from TJC and the Centers for Medicare & Medicaid Services (CMS). Doing well is important, not only because the people we serve deserve our best every day, but because the CMS reimburses us millions of dollars based on the approved services we provide. Those millions reduce the burden on patients, as well as the cost of OSH operations which, in turn, saves Oregon taxpayer dollars.

Q. When do we expect the actual TJC survey to occur?

A. The survey will take place no later than March 2018. TJC, authorized by CMS, conducts the surveys, which can happen at any time. We’ll receive 30 minutes’ notice that the surveyors are on site, and several surveyors will be here for a week. Afterward, we’ll have an open window for 60 days for CMS to conduct a similar validation survey.

Q. What we have we learned from our past mock surveys?

A. Document, document, document. Make the time to chart the progress (or regress) of those we serve. If you don’t record those successes and challenges in the Electronic Health Record (EHR), to a surveyor, they never happened. Just as importantly, always connect your notes to part of the treatment care plan.

Q. What else do people need to know about the surveys?

A. If you don’t know an answer to a question from a mock surveyor or a real surveyor, ask your supervisor. Don’t guess or make up answers. Find someone to answer the question immediately. It’s OK to say, “I don’t know, but I know where to find out,” and do exactly that. Also, only answer what surveyors are asking. A surveyor also wants to know how you develop rapport and establish trust with your patients, and how you help patients heal.

Environmental Services helps cement people's first impressions of OSH



Members of the Environmental Services team.

Custodians do a lot more than collect trash and sanitize door knobs. On any given day, they will transport bio-medical waste and confidential materials, report pest-control issues, sweep, mop, scrub and wax floors, and clean upholstery and carpets.

But perhaps most importantly, they help forge people's first impressions of the hospital.

"If you can't keep the place clean, you'd worry that this was not a good treatment facility," former Superintendent Greg Roberts said. "But if you are impressed with the cleanliness, the hospital sends a clear message that we care about our patients and want to assist them in their recovery."

For this reason, cleanliness is always on the forefront of Clayton Creasey's mind. As the director of Environmental

Services (EVS), he oversees 67 staff members – 62 of whom are custodians. Every day, his crew is charged with keeping all buildings sanitary, from the treatment malls and patient rooms to the dining halls, office spaces and cottages.

"I take pride in my work, and I take pride in the work my people do," said Creasey, who began his hospital career as a janitor 12 years ago. "I like making people happy by providing quality customer service."

What people may not realize is that the ability to clean, and clean well, is only part of a custodian's job, Creasey said. Just as important is the ability to remain friendly and professional – even under stressful circumstances.

"I look for people who can problem solve and who can express themselves in a polite manner," he said. "Just like



other staff, they have to be able to interact with patients in a positive, therapeutic way.”

Day-shift workers commonly interact with patients, Creasey said. They negotiate with patients for room access, and they role model good behavior – showing the value in keeping one’s space clean.

EVS also partners with Infection Prevention to prevent the spread of diseases. If there’s an outbreak of the Norovirus, for example, custodians will spend more time disinfecting high-contact areas like door knobs and light switches.

Because of the breadth and variety of duties custodians perform, Creasey takes time to complete employee recognition slips regularly. He hosts potlucks and other staff celebrations during EVS Week in mid-September, and he

hopes to earn third-party verification from the Cleaning Management Institute next year.

The organization is one of the most-recognized training and certification providers in the professional cleaning industry. Certification would further increase performance and morale, reduce turnover, and add value and credibility to the hospital, Creasey said.

“Our custodians have a hard job and rigorous work schedule,” he said, adding that they are almost always on their feet. “Often, they are the first responders to emergency situations like flooding and sewage backups, and they are frequently called upon to do extra duties, like set up and tear down after-hours and weekend events. It’s important to recognize the good work they do.”

Champion of the Peer Recovery Movement retires from state service



Michael Hlebechuk (center) made an appearance at the dedication of the Sjolander Empowerment Center in Salem in the spring of 2016. The center gives patients a place to attend support group meetings and enjoy the companionship of others while outside the hospital's walls. It was named in honor of Gary Sjolander, an early champion of the Peer Recovery Movement.

When Michael Hlebechuk was 15, he won a Portland regional chess championship. His grade point average was nearly perfect, and he scored higher in math achievement than any other student at his high school.

But no matter how well he performed, Hlebechuk worried he wasn't good enough. He felt he could never please his father. And to make matters worse, Hlebechuk's anxiety prevented him from sleeping for 30 days.

He became psychotic.

"I had a delusion that I had rabies, my dog had rabies, and my parents had rabies," Hlebechuk said. "I believed the sheriff would come out and shoot us all."

Plagued by depression, mania and physical and mental abuse, Hlebechuk was diagnosed with paranoid schizophrenia. By the time he turned 19, he was admitted to the now closed Dammasch State Hospital in Wilsonville, Oregon.

Years later, after receiving the help he needed to get well, Hlebechuk dedicated his career to educating others about mental illness. He did this by joining organizations that advanced the Peer Recovery Movement and by assuming numerous roles in state government – including at Oregon State Hospital, where he’s remembered for his advocacy on behalf of patients; and the Office of Consumer Activities (OCA), where he worked to enhance resources for peer-based groups.

Hlebechuk retired from state service this spring.

“People need to have their traumas addressed,” Hlebechuk said about what keeps him motivated. “We need to tell our stories so everyone can get the treatment they need.”

Advocating for Change

The Peer Recovery Movement asserts people with mental illnesses should have primary control over decisions about their own care – a belief Hlebechuk has stood behind for 30 years.

His work began in 1987 when he was elected as the first board president for Mind Empowered, Inc., Oregon’s first publicly funded mental health agency run and governed by peers.

Since then, he’s taken on other roles to empower consumers and survivors of the mental health system. This includes directing the Office of Consumer Technical Assistance, coordinating Oregon’s largest peer-operated drop-in center, leading a peer-advocate training program, and serving as outreach coordinator and interim director of the OSH Peer Recovery Services Department.

“People need to have their traumas addressed; we need to tell our stories so everyone can get the treatment they need.”

Two years ago, he made yet another professional move – this time to become the first director of the Office of



Michael Hlebechuk, former director of the Office of Consumer Activities (OCA), has dedicated his career to educating others about mental illness. He retired from state service this spring.

Consumer Activities (OCA) for the Oregon Health Authority. The purpose of the new agency is to give people with mental health and addiction histories a strong voice within Oregon’s behavioral health system.

In this role, Hlebechuk developed regional networks in the state made up of organizations, peers and peer leaders, who could teach one another how to grow, apply for grants, and work with local legislators.

Hlebechuk also worked to develop an annual conference where the regional representatives could convene, create a unified voice on fundamental tenants of the Peer Recovery Movement, and forge a strong, informal lobbying base to reshape mental health in Oregon.

Establishing an anti-discrimination initiative was also important to him. For example, he wants people to know that 4.3 percent of people across the country have severe mental illnesses – and they’re only responsible for 4.3 percent of all violent crimes.

“We are no more violent than the next group of people,” Hlebechuk said. “In actuality, we are survivors of extreme trauma. We are far more likely to be victims of violence than to be perpetrators of violence.”

Life Transitions

Kevin Fitts is familiar with Hlebechuk's ambition. As the executive director of the Oregon Mental Health Consumers Association, Fitts has worked with Hlebechuk on everything from drafting policies to establishing programs. If anything, Fitts said his friend's tenacity has grown with time.

“Mike is very intelligent, industrious, resourceful and creative,” he said. “He's a true pioneer of our movement.”

Libbie Rascon agrees. As the coordinator for the OCA, she said she's continually inspired by Hlebechuk's passion, determination and tirelessness for the cause.

“One of the things I noticed and appreciated about Michael was the way he would connect with people on a personal level,” she said. “He taught me about the Oregon Health Authority, about Oregon State Hospital, about mental health rules and legislation.”

“Most importantly, he taught me how to listen to every single person's story. He is a very genuine and dedicated person, and I expect him to remain a game changer.”

“We are no more violent than the next group of people. In actuality, we are survivors of extreme trauma. We are far more likely to be victims of violence than to be perpetrators of violence.”

In the two years he was on the job, Hlebechuk said he barely scratched the surface of what he wanted to do. But he had to switch gears when he developed a severe kidney disease, caused by being prescribed too much lithium for too long.

Now, he leads a nomadic life, exploring the United States in a van with his wife and two dogs. He also plans to write a book and start a blog to educate people about the value and importance of the Peer Recovery Movement.

“I want to have a strong voice. I want to write what I really think,” Hlebechuk said. “Hopefully, my story will influence people.”

How to purge confidential files

If you are purging files, there is no need to fill up the grey, confidential bins or try to stuff the documents into the small slot. Instead, you can pack up the documents yourself by following these simple steps:

- Get boxes from the warehouse
- Fill the boxes with purged files
- Tape the boxes shut
- Mark “confidential shred” on the boxes in permanent marker
- Call Environmental Services at 503-945-2938 to let them know to pick up the boxes

- Submit an Environmental Services work order. Explain where the boxes are located (room number is required) and when you would like staff to retrieve them.

NOTE: Environmental Services is not allowed to unlock the grey bins.

If you have any questions about this procedure, please contact Environmental Services at 945-2938.

Former patient writes letter of appreciation

When patients leave Oregon State Hospital and establish lives in the community, we often don't know what becomes of them. But in Junction City, one former patient needed to express the profound difference staff made in her life.

Her letter, dated March 12, 2017, appears below with her permission and without any edits.

Dear Mn 2 staff 3-12-2017
I am writing you as promised. I am doing well, It nise having my own room although I miss the company of you guys and my peers. It ^{has} been a tough week moving in and getting acclimated. Two days after moving in I went to look up some old friends and when I did I found a memorial for my friend Derek he had committed ~~suicide~~ suicide. I am telling you this because if it was not for you guys and the work that you have done with me that very well could have been me. SO
THANK You for all that you do

Love Missy

Junction City campus hosts resource fair and barbecue

More than 200 people attended Junction City's Friends and Family Barbecue and Resource Fair on Saturday, June 24.

Open to all Junction City clients and their approved adult visitors, the free event featured client performances, a client art show, outdoor games and activities, community

resource tables, and a barbecue lunch – complete with burgers, baked cinnamon apples and ice cream.

About 25 community partners participated in the event, and 10 patient family members received tours of the hospital.

Photos courtesy of Malcolm Aquinas, peer recovery specialist



Peer Recovery Specialist Malcolm Aquinas (right) and Dana Sword, a patient on Bridge 2 (left), share information on Trauma Informed Care at the resource fair.



Patty Katz (left), a volunteer with Dual Diagnosis Anonymous, visits with Peer Recovery Specialist Kris Anderson (right), who works with others to spread information about the Peer Advisory Council.



Staff with the Lane Independent Living Alliance talk with visitors about services offered at their drop-in centers.



Benefit Coordinator Philip Edwards mugs for the camera at the Junction City Resource Fair.