

Crossroads



Oregon
Health
Authority


**OREGON STATE
HOSPITAL**
HOPE • SAFETY • RECOVERY

Crossroads

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.

Crossroads

Program Goals

To provide a safe, supportive recovery environment for persons who are at Oregon State Hospital under Civil Commitment*.

To provide evidence-based treatment for stabilization of acute illnesses and a holistic recovery plan for sustained wellness.

To ensure that return to community living is expedited as soon as the person is ready to discharge.

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

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Welcome

Welcome to Crossroads,

Crossroads works with people who have been civilly committed or admitted by a guardian for psychiatric treatment. Our goal is to help you to stabilize your symptoms and successfully transition back to community living.

Within three days of your arrival to Oregon State Hospital (OSH), a treatment team will review your case. The team wants to get to know you and help you. You will work closely with your team to develop the goals and treatment activities to help you while you're here. Your personal goals and input will be very important to this process.

We will do everything we can to provide you with the highest quality of care and treatment while you're here.

What happens here and how long will I be here?

Why am I in Crossroads?

Your medical team at the acute care hospital referred you to Crossroads. They felt you needed more time to stabilize and prepare to return to community living. People come to Crossroads because of concerns that they may be a danger to themselves or others. Sometimes there are concerns that they are unable to care for their basic needs.

Crossroads offers a lot of treatment groups and activities. You'll be encouraged to participate in groups that will help you explore your interests and develop your communication skills, personal recovery and living skills.

How long will I be here?

The length of time spent in Crossroads differs from person to person. Our goal is to discharge you as soon as you have stabilized and developed the skills you'll need to be successful in the community. We'll work with you, your support system (family and friends), and the county liaison to find a safe place for you to live. We can also help with other services that will assist you.

Visitors

How can my friends and family visit me?

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.

Before a visit, visitors to the Salem campus must check-in at the Communications Center. Approved visitors will need a photo ID to get a visitor's pass and parking permit.

Visiting Hours:

On unit

Monday – Friday

- 11:30 a.m. – 1 p.m.
- 3 – 8 p.m.

Saturday, Sunday and holidays

- 8 a.m. – 8 p.m.

Kirkbride Plaza

Monday – Tuesday

- 3:15 – 4:30 p.m.

Thursday – Friday

- 6:30 – 8:30 p.m.

Sunday

- 1 – 4 p.m.

Trails Dining Room

Saturday and holidays

- 1 – 4 p.m.

Children under the age of 18 are not allowed to visit on the unit. All visits with children will take place in the Kirkbride Café on:

Wednesdays

- 4 – 6 p.m.

Saturday, Sunday and holidays

- 9 – 11 a.m.

- a. Staff will escort visitors with children to the visiting room or appropriate area.
- b. Visitors must keep children under 18 years of age with them at all times.
- c. Visitors under the age of 18 must be approved by the patient's treatment team.

Service animals are not allowed on the unit. Visits with visitors who have service animals will take place in designated areas. Hours for this type of visitation need to be scheduled in advance through the unit nurse manager.

Food during visits

Visitors may bring food and non-alcoholic drinks in sealed containers to visits. Food and drinks may not be homemade or from any restaurant. Food must be from a store and still in its original sealed packaging. Visitors must take all leftover food with them when they leave. If you choose, you and your visitors may also enjoy a meal in the Kirkbride Café or Trails dining room. Hot and cold food, snacks and beverages are available for purchase. All food purchased from the dining room must be eaten in the dining room. Patients and visitors may not order out for fast food during visits.

Rules for Kirkbride Café and Trails Dining Room

- Food purchased in the dining room must be eaten in the dining room.
- Food may not be taken back to the units.
- All food and drinks should be consumed in the dining room — food and drinks may not be consumed in the food serving area.
- The dining room is **cash only**.
- Meals purchased at the dining room are intended to be a replacement — not an addition — to meals served by the unit dining halls.
- Fountain drinks may not be refilled.

Privileges

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

All privileges must be approved by your treatment team. Privileges may be suspended if you violate hospital policy or become a danger to yourself or others. Your treatment team will help you identify your current privilege level. Not all privileges are available to every person or on every unit.

Passes

Passes are a type of privilege that allow you to go off-grounds without staff supervision. If you have been approved for a pass, you will work together with your treatment team to decide the best plan for these passes. Passes are subject to change without notice because of hospital staffing needs.

Family Passes

All patients may have their belongings searched when returning to the unit from a family pass. A urinalysis may also be requested at that time.

Staff Outings

When you are on a staff outing, you will be asked to follow directions and stay within 10 feet of the staff who are escorting you. You cannot take a cell phone with you on outings. We do not allow visitors to meet patients on staff outings.

Occasionally, there may be a special situation (with prior treatment team approval) of a staff-supervised outing with a family member to decide if passes will be allowed.

Recovery and treatment

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.

Our Non-Violence Pledge

We are a community, patients and staff, together.
We all have equal value as people and share common needs:

We all need a place of safety and non-violence.
We all need a hope of a future of our own choosing.

We are each unique individuals.

We have our own sense of fun, likes and dislikes and ways of communicating these.

We deserve respect for our own uniqueness even as we respect the uniqueness of others.

Many of us have not chosen to be in this community but have had this forced upon us. But we recognize that the easiest, safest, and quickest path to rejoining the community of our choice is to show respect and compassion for others.

Therefore we pledge:

- To communicate our needs without harsh words, threats or violence;
- To express our uniqueness as a positive contribution to the community; and
- To respect the uniqueness of others.

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. Members of this department also include spiritual care.

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 that help you to succeed. They include your skills, abilities, interests, and experiences that you/we can use to 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.

Ready to Place

Ready to place means that you are ready to be discharged from the hospital and return to community living. This process begins as soon as you are admitted to Crossroads. Your treatment team can help support your recovery by identifying barriers to your discharge and working with you to overcome these barriers. Multiple factors are considered when deciding if a person is ready for discharge. Every patient at OSH has an individual recovery plan that is outlined in his or her treatment team goals. Your ability to master and maintain your goals during your treatment will help show that you are ready to place. You and your treatment team should talk regularly about your readiness for discharge.

Medical Care

Your medical treatment needs are very important to us. Your primary Registered Nurse (RN) will make sure your individual medical and treatment needs are met and will be your main contact for medical issues. You can ask him or her questions about your medical health. Your primary RN will review medications, treatments, symptom management, and other useful information with you during your time here. He or she will see that the right people are contacted when you have questions or requests. In addition to your primary RN, each patient area is staffed with RNs and Licensed Practical Nurses (LPNs) who can help with 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. 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 either your case monitor or your primary RN.

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

Infection Prevention

The department of Infection Prevention/Employee Health is responsible for monitoring and, to the greatest extent possible, preventing hospital acquired infections (HAIs).

The federal government recognizes HAIs (previously called nosocomial infections) as a serious problem that can lead to increased incidents of illness and/or death. HAIs are also a factor in the rising cost of providing health care services. The growing threat of multi-antibiotic resistance bacteria further increases the risk of HAIs.

If you have medical conditions, you could be at greater risk of developing serious infections while hospitalized. You can help protect yourself and others from HAIs by:

- Telling staff if you are experiencing symptoms of acute infectious illness, such as fever, vomiting and diarrhea.
- Washing your hands or using hand sanitizer when leaving or returning to your unit. Contaminated hands are the single most common way disease causing pathogens are spread.
- Getting your flu shot (influenza vaccination).

If you have an infectious disease question, please ask staff on your unit for a copy of the appropriate infection prevention policy. For more information, you can also contact the department of Infection Prevention/Employee Health at 503-945-2826.

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.
- 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 (as 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 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. Request a hearing. If you are not already taking medications, you can ask your doctor to not take medications until the 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 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)

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.

You will be assigned a care coordinator when you are admitted to the hospital. This person will assist you in identifying and choosing the treatment mall groups and services that most closely match your own treatment needs and interests. Care coordinators are therapists from each treatment team who are highly trained to assist you. They will meet with you individually to find out your strengths and interests. They will also talk with your treatment team to get its advice on what groups will best prepare you for discharge. You will need to talk to your care coordinator about any changes to your group schedule.

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

All treatment malls are open Monday through Friday from 9 to 11 a.m., and from 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.

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:

1. Earning points;
2. Choosing how to spend points in REACH; and
3. Attending special REACH activities.

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

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

Daily life

Your room

Crossroads has double and single rooms that are assigned based on each resident's needs. Most likely, you will share a double room with a roommate. Room assignments may change depending on the unit's treatment needs, but our goal is to keep disruptions to a minimum. Your room is your own personal space. To promote a safe and peaceful environment, the following rules are in place on your unit:

- You may not have any items on the prohibited items list including tobacco or items related to sex, drugs, alcohol, violence or crime;
- Your bedroom lights should be off from 11 p.m. to 6:30 a.m. to allow your roommate time to rest;
- You may have or purchase a reading light;
- 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;
- In Salem, 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;
- Items may not be stacked on top of each other, as this may be a safety risk; and
- It is your responsibility to keep personal items securely stored in your room.

Personal Property

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.

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.

If your treatment team approves, you may keep personal electronic equipment on your unit. You are responsible for your equipment. As a consideration to others on your unit, electronic equipment should be kept at a moderate volume. All equipment will be screened for safety by unit staff before you are allowed to bring it on the unit.

Small property

During your admission, important items and documents, such as keys, credit cards, checks, driver's licenses and other form of identification, were placed in a secure storage area at the hospital.

Approved personal property

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 make arrangements to have the items mailed to or picked up by a family member.

In general, the list includes:

- 20 first class stamps;
- 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;
- Up to \$30 at a time;

- Non-perishable food, which must fit in one storage container in the patient kitchenette; and
- Portable radios, CD and MP3 players, and handheld video games devices without a camera or internet capability.

All personal property items must fit into your assigned closet and individual storage container.

Property that requires approval from your treatment team, and must be stored in the secured area and checked out to you by staff:

- Stringed instruments;
- Cell phones without internet access;
- Televisions;
- DVD players;
- Sewing and craft needles, and plastic crochet hooks;
- String, twine, thread and yarn;
- Hair dryers, flat irons and curling irons;
- Safety scissors;
- Personal laundry supplies;
- Personal hygiene products (not otherwise permitted) including but not limited to: Fixodent, dental floss, electric and disposable razors, shavers, trimmers, nail files and clippers;
- Perfume, cologne body spray, scented lotions and aromatherapy products ;
- Loose tea, instant or ground coffee; and
- Heavy toed boots.

Prohibited personal property:

- Firearms, knives, tools or weapons of any type;
- Street drugs, alcohol or any items associated with illicit drug use;
- Prescription or over-the-counter drugs, herbs or supplements;
- Tobacco or nicotine products of any kind;
- Cigarettes, e-cigarettes, vaping products and devices;
- Lighters, matches, incendiary devices or flammable liquids;
- Glass, mirror or ceramic items;
- Toxic glues, paint, alcohol-based products, thinner or solvents;
- Aerosol spray cans or bottles;
- Tattooing, piercing or cutting devices;
- Razor blades;

- Metal clothes hangers;
- Clothesline or rope;
- Items that are broken or altered from their original intended use;
- Metal combs or brushes;
- Plastic bags or plastic wrap;
- All non-OSH issued electronic devices with internet capability;
- All electronic devices not approved by OSH policy;
- T.V. or Computer Screens larger than 24 inches
- Cameras or recording devices of any kind;
- All non-OSH approved power strips, surge protectors, electric extension cords and plug/outlet adapters;
- X-rated or unrated videos;
- Any obscene, pornographic or objectionable materials;
- Electronic games rated M (Mature) or AO (Adult Only);
- Personal fans (electric);
- Cash exceeding \$30.00
- Valuables and identification documents (birth certificate, driver's license, credit cards, checking/savings account material, pre-paid cards, etc., will be stored by the hospital);
- Keys, other than those issued by the hospital;
- Clothing with drug, alcohol, gang or overt violent content;
- Any product that alcohol is listed as one of the first three ingredients;
- Can openers, can parts, cans;
- Clipboards or notebooks with metal;
- Clothes hangers with metal or wood;
- Clothing with chains and/or, spikes;
- Foil, tin and aluminum;
- French press coffee makers;
- Hair dye (permitted with IDT approval only and applied by OSH hairdresser);
- Incense;
- Rulers with metal parts; and
- Safety pins and tacks.

Use of Cell Phones, Computers, Tablets, Gaming Devices and the Internet

OSH supports the responsible use of cell phones, computers, tablets, gaming devices and the internet for positive connections or personal growth, including homework, research, educational material and other uses. Treatment team approval is required for access to any of these resources. These electronic devices must be OSH-approved or OSH-issued.

Cell phones may only be capable of sending and receiving voice calls. They may be capable of text messaging but not of sending or receiving pictures or videos. You are responsible for purchasing and maintaining the cell phone and any services, accessories or minutes. Prior to cell phone approval or purchase, you will be asked to agree to and sign the “OSH Cell Phone Agreement.”

Computers and internet access are provided on state owned computers available on your living unit. Prior to use of computer or internet access you will be oriented to and will need to agree to and sign the “OSH Internet and Computer Use/Access Contract.” Personal tablets are allowable with your treatment team’s approval.

Gaming devices are provided on each unit. Games rated “Everyone 10+” are provided by OSH. You may purchase and use “Teen” games if approved by your IDT.

For more information, please ask a staff member for a copy of OSH policy 6.030, “Cell phone, computer, tablet, gaming device and internet access for OSH patients.”

Television Access

The television in common areas may be on from 6:30 a.m. to 10 p.m. on weekdays, and from 6:30 a.m. to midnight on weekends. The volume must be kept low to avoid disturbing your peers.

Depending on your unit, sign-up sheets to reserve television time or popular vote to determine if the channel is to be changed or reserve a program on the common area televisions may be used. Check with your case monitor to determine what process is used on your unit.

Some types of programs may not be viewed in 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 or to prevent unit disruption. Please be polite and quiet when people are watching television in the common areas. Talking and other activities should be kept to a minimum.

Personal televisions must be turned off by 11 p.m., Sunday through Thursday, and by midnight on Friday and Saturday. Headsets must be worn if your roommate is disturbed by your television.

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 Crossroad 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.

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

Meals at Oregon State Hospital

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.

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, unless it is approved by your treatment team and is part of your treatment care plan. Unapproved credit cards are not permitted and 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

You have the right to send and receive sealed mail. If you have funds in your hospital account you are required to purchase your own stamps (see “Phone cards and stamps”). However, 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. This weekly total does not include mail related to your legal matters. To mail your letter, be sure it is fully addressed and give it to a staff member.

In addition to letters, you may also receive packages through the mail. Packages may not contain prohibited items. In order to ensure all contents are safe, you will be asked to open all mail in front of a staff member. The exception to this rule is clearly marked legal mail.

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 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 tag any time you are off of your unit. Your identification tag 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/Pages/index.aspx

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

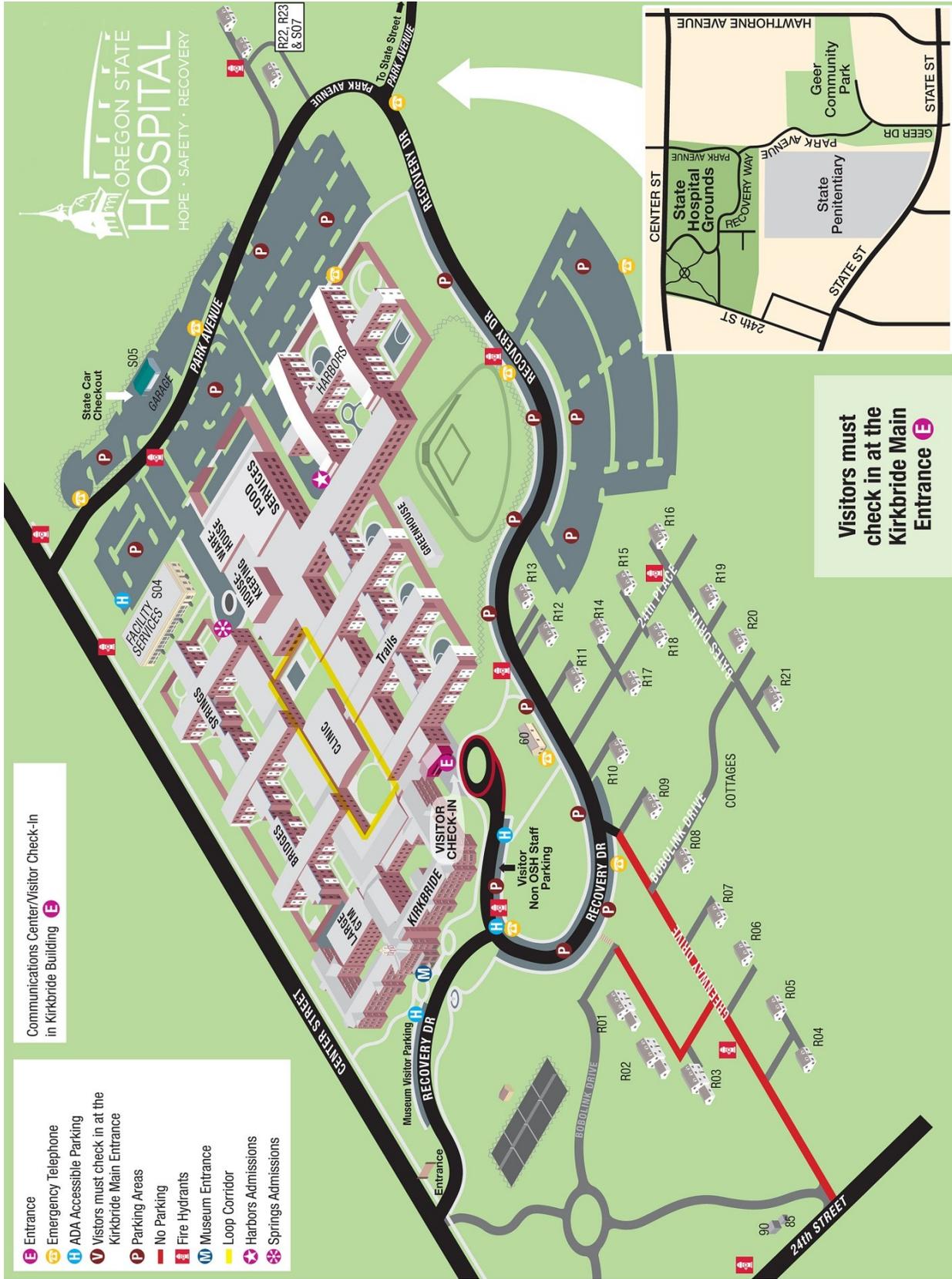
Friends and Family Web site
www.oregon.gov/oha/amh/osh/friends/Pages/index.aspx

Telephone numbers for patients' and nurses' stations:

| Area | Phone number |
|-------------------|----------------------------|
| LF1 Patient Phone | 503-947-2480, 503-947-2481 |
| LF1 Staff Phone | 503-947-2704 |
| LF2 Patient Phone | 503-947-2482, 503-947-2483 |
| LF2 Staff Phone | 503-947-2734 |
| LF3 Patient Phone | 503-947-2484, 503-947-2485 |
| LF3 Staff Phone | 503-947-2724 |
| FL1 Patient Phone | 503-947-2486, 503-947-2487 |
| FL1 Staff Phone | 503-947-2714 |
| FL2 Patient Phone | 503-947-2488, 503-947-2489 |
| FL2 Staff Phone | 503-947-2744 |

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 503-947-1098




OREGON STATE HOSPITAL
 HOPE • SAFETY • RECOVERY

Communications Center/Visitor Check-in
 in Kirkbride Building **E**

- E** Entrance
- T** Emergency Telephone
- A** ADA Accessible Parking
- V** Visitors must check in at the Kirkbride Main Entrance
- P** Parking Areas
- N** No Parking
- F** Fire Hydrants
- M** Museum Entrance
- L** Loop Corridor
- H** Harbors Admissions
- S** Springs Admissions

Visitors must check in at the Kirkbride Main Entrance **E**

