

## Patients discover healing powers of art at Oregon State Hospital



Pam Petersen, a self-taught artist, uses oil pastels to copy images of women she sees in magazine photographs. She connects strongly to images of people who express the same emotions she feels.

With crayons, paint, clay and pens, patients at Oregon State Hospital use art as a means to communicate. It's a way to express their emotions, share their impressions of the world, and reveal their hopes for the future.

During the summer Patient Art Show on the Salem campus, patients submitted their creations for public view. Four of them – Pam Petersen of Cottage 1, Eric Brooks of Bridge 3, Ben Kato of Butterfly 2, and Geovani Martinez Basurto of Leaf 3 – shared what making art means to them.

### Pam Petersen

As a little girl, Pam Petersen felt like an outsider. So she picked up her crayons and began to draw.

At first she drew horses. Then she drew figures. For Petersen, drawing became a way to connect with her surroundings.

“It’s really good for my spiritual life,” she said. “When I draw, I feel centered and Zen-like. It’s almost euphoric.”

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### OSH Recovery Times

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Greg Roberts

# Message from the Superintendent

Dear OSH Team:

In my 44 years in the field of mental health, I have seen many changes in the types of people we serve and how we provide them with care and treatment. We've shifted away from the custodial approach of the 1970's, where we were not focused on recovery, or even on discharge to the community, and essentially said, "We know what's best for you." Now, we embrace a more person-centered, collaborative model, where we instead ask, "What do you want? What are your goals, and how can we help you reach them?"

This paradigm shift is just one of the ways we, as health care providers, have changed what we do to better meet the needs of our patients. During the last several years, we have faced another shift – the ever increasing Aid and Assist population, otherwise referred to as ".370." When the two new campuses were planned in the mid-2000s, our largest population was people who successfully pled Guilty Except for Insanity (GEI), and we designed our campuses to provide plenty of space for transition and step-down treatment.

However, since 2010, our GEI population has gone down by 40 percent, our civil population has relatively held steady, and our Aid and Assist population has increased by more than 190 percent. To further illustrate this point, GEI made up 57 percent of our total population in 2010, and Aid and Assist made up only 14 percent, while today, GEI is down to 33 percent and Aid and Assist is up to 38 percent.

As our population has changed, we as a hospital have adjusted and adapted how we provide services to best meet the needs of all our patients, and we must continue to do so. On October 1, our .370 census reached the record high of 244. When the Aid and Assist census exceeds 210 (the capacity of Archways), we are forced to place patients under Aid and Assist orders on units not designed to meet their treatment needs – increasing the acuity on other units originally designed to serve patients who are more stable.

Since 2015, Oregon State Hospital (OSH) has added 52 beds to serve patients under Aid and Assist orders. We converted one 26-bed unit from serving a civil population to Aid and Assist in the fall of 2015, and we opened the last empty unit (Flower 3) in Salem, also 26 beds, in April 2016, to serve this same population. In June 2016, we opened a 25-bed unit in Junction City for the civil population displaced by the Aid and Assist population in Salem. This helped

us reduce the admission wait time for people who have been civilly committed to OSH. We also recently reformed our program structures to better support the changing patient population.

There is no one root cause for the current influx of patients under .370 orders. Overall, the problem relates to the national issue called “criminalization of the mentally ill,” where police arrest people who are noticeably mentally ill for low-level crimes in the hope they will receive needed services and treatment. They do this by sending people to a psychiatric hospital under the Aid and Assist statute.

As stated, this practice occurs across the nation. However, in Oregon especially, there is a statewide need for increased services in the community, such as crisis centers, assertive community treatment teams and mobile crisis teams. We need to connect people to these services without arresting them, so we can begin to stem the flow of people who come to OSH under .370 orders who do not need hospital-level care, especially those arrested for misdemeanors.

That is why the Oregon Health Authority (OHA) is proposing several legislative concepts in the upcoming 2017 Legislative Session to help alleviate the influx of .370 orders. The concepts place limits on who can be sent to the hospital under a .370 order, such as people with less than 90 days before their commitment expires or people who do not need hospital-level care. All of the concepts are being vetted at the agency level, and we will share more information when it is available.

In the meantime, OHA’s Health Systems Division is working with community mental health programs in counties across the state to provide more services at the local level. All of this will help Oregon achieve the goal of providing the right care, in the right place, at the right time. For us, this means only admitting people to OSH who truly need hospital-level care.

For now, we will continue to assess how we organize ourselves and provide services within the hospital. Please know how much we appreciate all of staff’s hard work to accommodate these changes. Thank you for all that you do.

Sincerely,



Greg Roberts  
Superintendent

# Patients discover healing powers of art at Oregon State Hospital

*Continued from page 1*

Inspired by photos in magazines, Petersen is drawn to images of people who express the same emotions she feels. One of her oil pastel drawings shows a purple-haired woman with a fixed expression on her face. Petersen said the drawing depicts a person who remains strong through her pain.

Another picture shows a candlelight vigil, where two women are seen honoring victims of the shooting in Orlando last June. This piece was inspired by a photograph Petersen saw in Time Magazine.

“It was a moment where people were going through something really raw,” she said. “Life is hard for everyone at times. Everyone can relate to pain.”

Proud of how far she’s come, Petersen said she’s overwhelmed by the positive feedback she’s received from attendees of the Patient Art Show and hopes to turn her passion into a professional career one day.

“I feel like I’m a beautiful, strong woman who has gone through a lot and still goes through a lot,” she said. “But through it all, I still see the beauty of life.”

## **Eric Brooks**

Although he finds the craft both challenging and difficult, working with clay is how Eric Brooks centers himself. He learned the craft in high school and enjoys making everything from bowls to vases.

Sometimes, he’ll look at a piece of clay and know what it’s meant to be. Other times, he finds inspiration from the Internet or takes requests from family members.

For Brooks, making ceramic objects is how he channels his emotions.



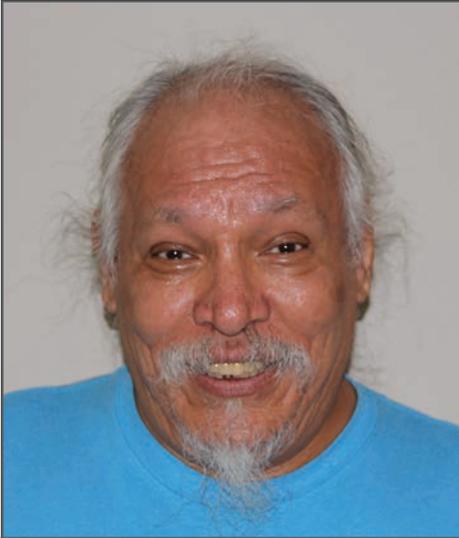
Eric Brooks of Bridge 3 displayed one bowl and two vases in the Patient Art Show. Due to issues with the clay, the plan for a regular-mouthed vase turned into this wide-mouthed vase. Brooks said projects of this scope typically take two to three hours to make and another couple hours to glaze.

“If I ever have a challenging day, I can work on my art and forget about everything else,” he says. “It helps me tune out the world and focus on the moment.”

## **Ben Kato**

Fueled by memories of his youth, Ben Kato’s drawings often focus on nature.

For the Patient Art Show, he submitted drawings of an eagle and a silver fox made with Magic Markers – his medium of choice. He started drawing when



(Left) Ben Kato of Butterfly 2.

(Below) Eagle: Drawing from memory, Ben Kato drew this picture of an eagle with Magic Markers in less than an hour.



he was six years old and said he has no plans to quit now.

“I like to get wild and free with my paintings and drawings,” he said. “Drawing gives me something fun to do while I’m here.”

### **Geovani Martinez Basurto**

For Geovani Martinez Basurto, drawing is a habit he can’t break. With paint, crayons and even dry-erase markers, he’s always eager to share his artwork with others.



In this self-portrait, “100 % Mexicano,” Geovani Martinez Basurto of Leaf 3 pays tribute to his heritage.

“Drawing distracts me,” he said through an interpreter.

“I like to make things that are different.”

Because he enjoys joking with others, Martinez Basurto said he’ll add crooked teeth and other flaws to the people he draws. Their reactions fuel him to keep practicing his craft.

“If other people are happy with the drawings I make for them, I’m happy,” he said. “My art helps me connect with other people.”

# OSH Summer Games, Patient Art Show attract crowd

From dunking staff in a water tank to painting rocks for the hospital's new labyrinth garden, this year's Summer Games and Patient Art Show featured something for everyone.

Both summer festivals took place on the Salem campus and attracted more than 200 patients and staff. The purpose of each event was to celebrate patients' achievements.

Highlights of the Summer Games included hula hooping, bubble blowing and a slow bike race

– which required participants to ride a couple hundred feet without stopping.

The Patient Art Show showcased more than 100 sculptures, drawings and other patient artwork inside the building. Outside, in the Kirkbride West Loop Plaza, attendees feasted on snow cones, danced in a Native drum circle, and posed for caricature drawings.



Through a pencil caricature, Kyle Street of Flower 1 captures a true likeness of Superintendent Greg Roberts during the Patient Art Show in August.



Jennifer Stenton of Tree 3 neither tips nor stops on her way to the finish line in the slow bike race during the Summer Games in June.



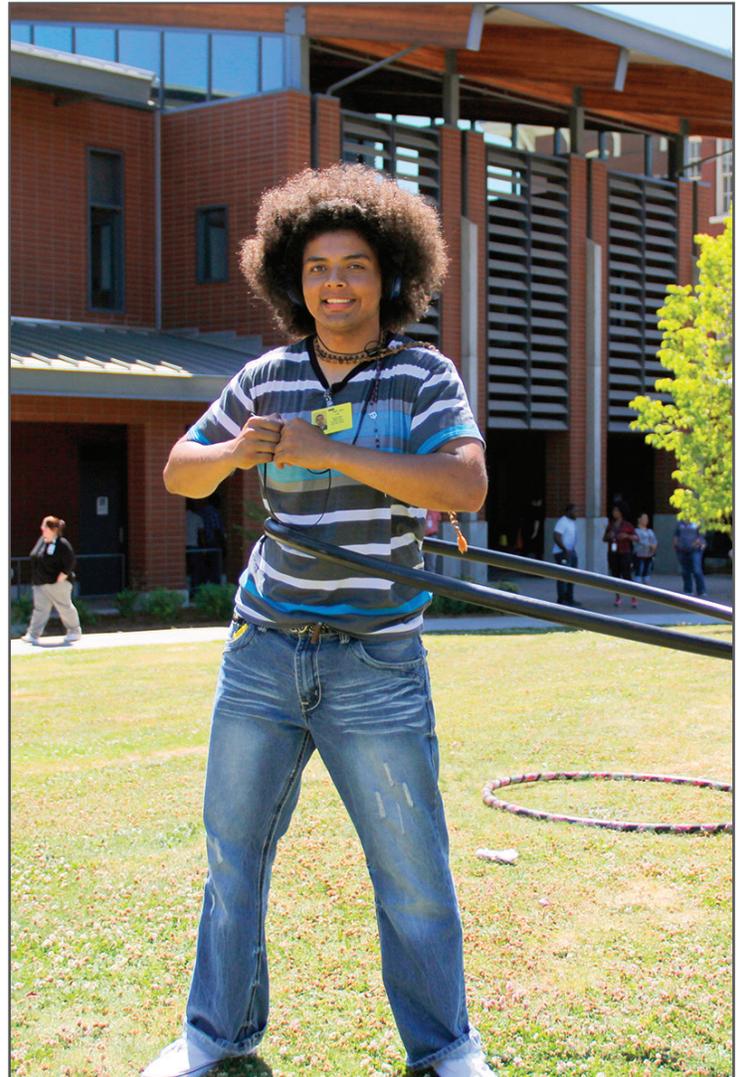
Native Services Contractor Christie Darst paints the face of Vanessa Yebra, an MHTT on a Springs unit, during the Patient Art Show. In Darst's culture, the markings note that Yebra is in a romantic relationship.



Dressed as Yoda from "Star Wars," Occupational Therapist Mia Boessen gets dunked in a water tank during the Summer Games.



Matt O'Brien, a Training and Development Specialist 2 in Nursing Education and Training, paints a rock for the new labyrinth garden near Cottage 22 on the Salem campus.



Josh Neil of Bridge 3 successfully hula hoops for two straight hours during the Summer Games.

# Treatment Mall classes change to better serve patients

From managing their medications to developing fitness regimens, Oregon State Hospital's treatment malls help patients achieve continued success after their discharge.

Now, through an organized approach to class offerings, patients and staff on the Salem campus can better match the courses to individual needs. A similar approach may launch on the Junction City campus at a later date, both for its civil and guilty except for insanity populations.

“For patients to get out of here, there are certain things they must do,” said Angie Moreno, a treatment care plan specialist who helped devise the new system. “This is an opportunity to have a planned approach to help patients, and that’s really exciting.”



(back to front) Steven Perrault of Bridge 2 measures rice with help from MHT2 James Mambu. Together, they're making a chicken and rice dish to celebrate the foods and culture of Madagascar.



Jonathan Schueller of Bridge 2 learns community transition skills by preparing chicken and prawns during a World Cultures class.

Beginning in September, patients who successfully pled guilty except for insanity enrolled in treatment mall courses organized into eight categories – such as Health and Wellness, Symptom Management, and Communication and Social Skills. For a complete list, see the sidebar accompanying this article.

Through the categories, treatment care teams can better identify what classes patients must take. For example, if patients are diagnosed with a substance-use disorder, they'll take drug-treatment classes, and if they experience social anxiety, they'll take courses in communication skills.

The new system helps staff track patient participation and offer the right number and balance of treatment mall classes. Moreno hopes the improvements will give patients the individualized help they need to live on their own – thereby increasing their chances of a timely discharge and reducing their likelihood of returning to the hospital.

“It’s not just quantity, it’s quality,” she said about the course offerings. “We need to show that



Jonathan Schueller of Bridge 2 follows a recipe to make prawns in coconut sauce with help from Recreation Specialist Nicole Espeland.

patients are working on the right things.”

An interdisciplinary team comprised of psychologists, rehabilitation specialists, treatment service providers, social workers, peer recovery specialists, treatment care plan specialists, psychiatrists, nurses and Collaborative Problem Solving coaches began working on the treatment categories this past summer.

Moreno also obtained feedback from members of the Psychiatric Security Review Board (PSRB), State Hospital Review Panel (SHRP), program directors and members of the hospital’s Clinical Performance Team.

Classifying the courses into a single category was challenging, but Rehabilitation Therapist Doug Kuzmanoff said he’s hopeful the new model will yield positive results. He worked with a committee to develop the Substance Use Treatment and Recovery Support category.

“Patients want to know how classes will help them, and these categories will do that,” he said.

Moreno said the system will take time to perfect, but she’s inspired by the possibilities.

“I want patients to be more actively engaged in treatment that helps decrease their stay and get back to the community,” she said. “We need to get more focused on what our population needs, and this is a step in the right direction.”

## Treatment Group Categories

**Medication Management:** Increases patients’ willingness to work with medical providers to promote their independence and empowerment

**Symptom Management:** Educates patients about interventions that help reduce mental illness symptoms that affect their functioning and wellbeing

**Health and Wellness:** Teaches skills that prepare patients to make healthy choices

**Emotion Regulation and Distress Tolerance:** Shows patients how to balance intense emotions that lead to problematic behaviors

**Substance Use Treatment and Recovery Support:** Helps patients develop and practice life skills to apply within their recovery program

**Communication and Social Skills:** Teaches patients how to improve their interpersonal skills

**Community Transition:** Educates patients about community resources – such as work and living options – to help them feel comfortable living in the community

**Sex Offender Treatment Program:** Treatment specific to this subset of the patient population



## Nursing director cements patient ties with a trauma-informed approach

By Chattie Miranda, Bridges program nursing director

*Chattie Miranda knew she wanted to be a nurse since she was 17 years old. She thought she could make a difference in people's lives. More than three decades later, Miranda is still as passionate about her chosen vocation as she was when she started.*

*In this issue of the Recovery Times, Miranda, nursing director of the Bridges program, shares how a trauma-informed approach helps her care for her patients.*

After my last clinical rotation in nursing school, I knew psychiatric nursing was the right fit for me. I liked helping patients who experienced a lot of challenges in their lives, and I knew I had the mindset and skillset to make a difference.

From the start of my career, even before there was a name for it, I treated patients with a trauma-informed approach. With this method, you have to ask people what happened to them – not what's wrong with them.

Before I came to OSH in 2008, I treated a young woman in a psychiatric hospital in Quincy, Illinois. She was missing teeth, she abused drugs and alcohol, and she suffered from depression and suicidal thoughts.

I remembered her.

Ten years earlier, when she was just 13 years old, she was admitted to the adolescent unit where I worked. Her mother had recently died, and she was pregnant. Her dad told us the baby's father was a 16-year-old neighbor boy, but my gut told

### Three "E's" of the Trauma-Informed Approach Concept

- **Event**, a series of events or set of circumstances;
- **Experienced** as physically or emotionally harmful or life threatening;
- **Effect** on functioning and mental, physical, social, emotional or spiritual well-being are adverse and lasting

me differently. I suspected the father was abusing his daughter, both physically and sexually.

The entire treatment team shared my belief, but because the girl wouldn't admit to the abuse, we had to discharge her. When I saw her again, this time as an adult, I apologized to her for not being able to help her when she needed it. She understood, but she told me that when she went back home with her father that day, "things never changed."

That experience stayed with me. Today, this woman is probably dead or living in an adult psychiatric facility. I'll never know. What I do know is that the trauma she experienced at a young age – the loss of her mother and the abuse and neglect she suffered – shaped the woman she became.

At OSH, we have to understand that most of our patients have experienced past traumas that influence how they behave today. That's why we must take the time to know and understand them.

It's not always what you say but the actions you take that affect patients' ability to trust you. They have their own way of handling their traumas, and you have to respect that.

The impact of trauma does not stop once an adolescent reaches adulthood. It will continue along the same course unless conscious interventions and coping skills are implemented – something we strive for here at the hospital. Only by breaking the trauma cycle, can people begin to heal.



# Addressing criticisms of Collaborative Problem Solving

By Kolina Delgado, Bird 3 clinical psychologist

*New to Collaborative Problem Solving (CPS), Clinical Psychologist Kolina Delgado is already a fan. In her experience, CPS is patient centered and recovery focused. It helps patients develop confidence in their problem-solving abilities, and it gives staff more meaning for their jobs.*

*Introduced at the hospital nearly two years ago, CPS is an evidence-based approach used to enhance skills and forge cooperative relationships between patients and staff. So far, the hospital has hired 17 CPS coaches to work with units in both Salem and Junction City, and more than 1,000 staff have completed CPS training.*

*In this issue of the Recovery Times, Delgado responds to criticisms she's heard about CPS and shares why she believes the method is here to stay.*

I knew very little about CPS when I got here in 2013. It's exciting to be a part of something new, and I'm glad to have it on my unit. CPS makes a lot of sense to me because it teaches patients how to solve their own problems for when they are discharged and live on their own.

But change is scary, and staff have concerns about this model. Because the approach was first used with children, some don't know if it will work with an adult, inpatient population. There's also the perception that the hospital tries new initiatives frequently, and this one will die off over time like others have.

I'd like to address these concerns. First, every model starts with a particular population, but that doesn't mean other groups won't benefit from it. In our case, continued research and application of CPS

told us it would likely help our patients. So we tried it, and the early results are promising. We're already seeing a noticeable drop in the rate of seclusion and restraints on units where CPS is practiced.

Because CPS is closely linked with other initiatives at the hospital – like the trauma informed approach and recovery models – I do believe it is here to stay. These initiatives work in tandem to promote safety at the hospital, and not all staff know this.

From what I've seen, CPS is helping patients. I had one patient who stopped attending treatment mall and eating in the dining room. When staff and his CPS coach talked to him about it, he said he'd like clam-shell meals delivered to him for a while. They agreed. After a week and a half, he started attending classes.

While he's still not going to the dining room, giving this patient the space he needs is easier than engaging in a power struggle. We're celebrating the small successes, and we continue to engage in collaborative conversations with him to address the barriers he faces.

There are no quick fixes for our patients' struggles, but to develop sustainable solutions, we need to collaborate with one another. In my experience, this is much more effective than giving patients directives from authority figures.

CPS has made my job easier, and I think people are curious about it. I'd like to see it implemented hospital wide. We should strike while the iron is hot.

# What is Art Therapy?

By *Linda Morgan, director of Creative Arts Therapy; and her team of art therapists, Jamie Waters, Cassie Fort, Frances Griffith, Heather Chase and Jerilyn Klingenberg*



Back row, left to right: Frances Griffith, Heather Chase, Cassie Fort  
Front row, left to right: Jamie Waters and Linda Morgan



Single photo: Jerilyn Klingenberg

## Oregon State Hospital's Art Therapists:

**Heather Chase, MA, Crossroads - LF2**

**Frances Griffith, ATR, Crossroads - LF3**

**Cassie Fort, ATR, Pathways - BD3**

**Jamie Waters, ATR-BC, LPC, NCC - AN3**

**Jerilyn Klingenberg, ATR-BC - Junction City, Forest 2**

**Linda Morgan, ATR, Director of Creative Arts Therapy**

Sometimes, traditional verbal forms of therapy do not meet patients' needs. Making art gives them an alternative way to express themselves.

Clinical art therapy is an evidence-based practice that uses the process of making art to promote

emotional, social and physical well-being. For many patients, art therapy is often a less threatening and more accessible outlet to process trauma – especially if their memories of a traumatic event consist of sounds, images and sensations.

With the help of a qualified art therapist, patients learn how to make abstract ideas concrete and understandable, and they begin to discuss their art in relation to their thoughts and feelings. This helps patients adapt their behaviors and learn social and coping skills they can use in their recovery.

According to the American Art Therapy Association, art therapists “are knowledgeable about human development, psychological theories, clinical practice, spiritual, multicultural and artistic traditions, and the healing potential of art.” They must have a master's degree in art therapy, and they are required to complete a strict credentialing

process. Art therapists are active members of their assigned treatment teams. They provide clinical support, and they complete Rehabilitation Services Department and art therapy assessments.

Though the focus of art therapy is not on the product, making artwork for public display can help individuals achieve a sense of accomplishment that can boost their self-esteem and improve a sense of connection to others. Our job, as OSH art therapists, is to work collaboratively with patients to help them focus on recovery, remain safe and develop a sense of hope for themselves and their future.

One art therapy success story involves a former patient who suffered from PTSD. He was a medic during the Vietnam War and had witnessed the deaths of many friends and soldiers. He had given up on himself, the government and the hospital. He didn't trust any of his treatment providers, and he did not attend treatment mall.

Through art therapy, drawing became a visual

language to help him process the horrors and trauma he had witnessed. At first, he drew fragmented and morbid doodles about his war experiences. But he later progressed to drawing beautifully detailed and colorful scenes.

By visually expressing his painful past, the patient was able to focus his artwork on more positive themes and his goal of returning home. His mood improved, he interacted more with others, and he began to attend treatment mall groups – which helped him build even more skills.

He gained a renewed confidence in himself and a sense of hope and purpose, and later, he achieved his goal of leaving the hospital to be near his friends and family. Art therapy made this all possible. This story is just one example of how art therapy can help patients foster cognitive organization and task-mastery, while also giving them a sense of safety and hope.

For more information about art therapy, email [linda.morgan@state.or.us](mailto:linda.morgan@state.or.us) or call 503-947-2991.

## Take these steps to receive computer updates



If you're not receiving computer updates from Oregon Information Services (OIS), or if your computer is acting sluggish, please take the following steps:

- Laptop users: At least once a month, plug in your computer (via an Ethernet cable) overnight to receive software updates. If you have a X1

Carbon notebook laptop, you will need to use the dongle attachment (see photo) to connect to the network.

- Desktop computer users: For optimum computer performance, shut down and restart your machine at least once per month and log off your computer at the end of each shift.
- Avatar users: Log in at least once a month. If you see something new, work with your manager or Avatar subject matter expert to receive instructions on features and forms.

For more information, contact **OIS** at 503-945-5623.

## New disc golf course opens on OSH Junction City campus



(From left to right) Justin Pina of Forest 2, recreation specialists Brad Quist and Nathan Kelley, and Operations Policy Analyst Larry Dompierre are the first people to play a game of disc golf on the Junction City campus in July.

Neither the scorching sun nor howling wind could keep Operations Policy Analyst Larry Dompierre off the course.

For two years, he had envisioned playing a game of disc golf on the hospital's Junction City campus. But the land was hilly and uneven and the hospital didn't own a plow.

Only through teamwork and perseverance did the hospital finally open a nine-hole course in July, much to the delight of patients and staff.

"I'm excited that people get to step foot on this land to experience the fun, sweat and frustration of the game for themselves," said Dompierre, who managed the project. "I'm relieved the hospital could push this forward."

Hospital staff knew a local farmer, who volunteered to till and seed half of the hospital's southwest field. The course is spread over 4.5 acres and features a covered rest area.

The farmer expects to plow and level another 9.5 acres next spring – allowing for the addition of nine holes.

For Justin Pina of Forest 2, the course is a welcome development.

"I think this will be a big thing here, I really do," he said. "I'll play it every time I get the chance."

With disc golf, individual players throw a flying disc at a target. Just like regular golf, the person who completes the course with the fewest throws wins.

For their first game, Pina and Dompierre played with recreation specialists Nathan Kelley and Brad Quist. Both said they enjoy the sport because the rules are easy to follow and it encourages exercise.

"I'm a fan of anything that gets people moving," Kelley said.

Jeff Heltsley, a mental health therapy coordinator on the Salem campus, shares this sentiment. As one of the original proponents of the Junction City course, he spent his own time mapping out the field and working with the farmer to prepare the land.

For the better part of 15 years, he's seen how much patients have enjoyed the sport on Salem's campus. Now he's happy that even more patients will be introduced to the game.

"I never quit believing that this would come to fruition," he said. "I'm ecstatic. This has been a long journey."



Recreation Specialist Brad Quist battles the wind as he throws a disc toward a basket on the new OSH disc golf course in Junction City.

# Team recognition awards

The Employee Recognition Committee would like to congratulate the latest recipients of the Team Recognition awards. This month, two teams tied for the same category.

## Supporting Hope



Bridge 3 Unit Team

**Recipient:** Bridge 3 Unit Team

**Nominating Manager:** Nancy Frantz-Geddes, RN, program director

**Team Members:** Brandy Bojang, Aleysha Brenhaug, Benjamin Carlstrom, Jamie Dasher, Cyndi Davidson, Paul Davis, Timothy Dooris, Betty Fendler, James Haas, Jennifer Hamm, Matthew Harksen, Jesse Howard, Derek Hunt, Maretta Kahler, Elizzabeth Lee, Lisa Martinez, Katrina Morgan, Katie Needham, Ngan Nguyen, Svetlana Poroshina, Jesse Rodriguez, Nai Orn Saechao, Patricia Sauls, Jingle Smith, Michele Smith, Robert South, Stephen Veal, Kaitlyn Wallace, Sharon Walsh, Linda Bylsma, Julie Codiga, Carol Draper, Janelle Jones, Douglas Kuzmanoff, Beverly Matthews-Brylski and Carlene Shultz.

The Bridge 3 team consistently supports the recovery of their patients by helping them work on individual goals and transition to less restrictive placements in the cottages and the community.

In April and May, the team helped 10 residents by advancing their individual privileges through Risk Review. At Risk Review, the team gave a well-prepared and articulate presentation that was also noted for being thoughtful and relevant. The team's readiness communicated clear support for patients' individual recovery and hope for progress toward future placement.



Junction City Psychology/Treatment Services Team

**Recipient:** Junction City Psychology/Treatment Services Team

**Nominating Manager:** Michael Soper, ADNS

**Team Members:** Psychology team members Laurie Burke, Eric Bergreen, Michelle Cannavino, Chelsea Gilbert, Julie Howe, Robert Lea, Sharon Martin, Breann Martin, Fawna Roberts and Sandra Sprague; and Treatment Services team members Billy Hatch, Teri Ewing, Jodi Parker, Paul Praskievicz, Joel Estrada, Jesse Whitson,

*(continued on page 16)*

## Team recognition awards

*Continued from page 16*

Diana Easter, Teresa White, April Martin, Cheryl Massingale, Kelsey Dalley and Michael Soper.

Teams for Treatment Services and Psychology have each investigated ways to improve the treatment mall experience for patients – both through care planning and by helping clients with their classes. The groups had identified concerns and were working on the same interventions, but were doing so separately. One proposal involved changing how clients are directed into open, drop-in classes that meet their current cognitive levels.

After the directors for Treatment Services and Psychology learned that their groups were working on the same issues, they met and began having their teams collaborate on a regular basis.

Through their joint efforts, the Treatment Services and Psychology teams improved both the quality and efficiency of the services provided to clients on the treatment malls. The interventions put in place are already supporting patients' recovery, and the teams are excited to work together more collaboratively in the future.

## Psych/social educator appointed to cultural competency board



Mina Schoenheit

Mina Schoenheit, a psych/social educator, has been recently appointed to serve a one-year term on the Cultural Competency Continuing Education Curriculum Approval Committee.

The nine-member committee is a part of Oregon Health Authority's (OHA) Office of Equity and Inclusion. Its formation was required as a result of House Bill 2611, which requires OHA to provide resources and support to improve the cultural competency of regulated health care professionals in Oregon.

Cultural competency encompasses behaviors, attitudes and policies that come together in a system where professionals must work together effectively. To that end, the committee will support,

recommend and develop continuing education opportunities for OHA to approve and implement.

Schoenheit, who has extensive experience providing cultural competency trainings at the hospital, said her goal is to draw from this opportunity to help direct-care staff provide quality care that's patient centered, trauma informed and culturally aware.

"I want every encounter to be thought provoking and self-reflective," she said. "I want to create a safe space for direct-care staff to have a conversation and training about a topic they may normally avoid."

Schoenheit's appointment begins this fall. For more information, click on the "Committees" link in the left-hand navigation on the Office of Equity and Inclusion's web page at [www.oregon.gov/Oha/oei/pages/index.aspx](http://www.oregon.gov/Oha/oei/pages/index.aspx).