

Locally sourced produce provides patients with fresh food and new jobs



Jesse Goude helps select produce from Lone Pine Farms to be served at Junction City campus.

The Junction City campus Food and Nutrition Services (FNS) found a way to incorporate fresh, local produce into their menu, while helping patients build job skills at the same time. Director Debbie Granum and Supply Specialist II Jason Free set up a locally sourced model for produce that gives the hospital three unique features that were not present before.

First, it allows chefs to buy and use local produce to prepare for the current menus needs, which enables chefs to be creative in preparing

weekly specials for the café and coffee shop.

Second, it adds seasonal fresh fruits and vegetables to the menu as an alternative to canned and frozen products. Third, it provides patients with the opportunity to go with the chefs to visit farms to select and collect seasonal produce for the patient menu and the weekly needs of the café.

Two farms were selected to find local produce on a regular basis, Lone Pine Farms and Thistledown.

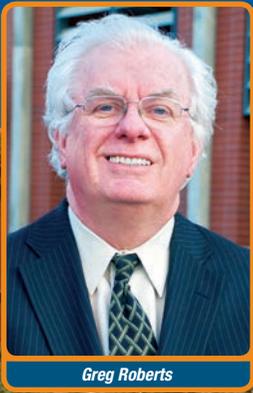
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OSH Recovery Times

is edited by Susan Stigers. Contact her at 503-947-9982 with questions, comments or suggestions.



Greg Roberts

Message from the Superintendent

Dear OSH Team:

This summer is a time of change for the Oregon Health Authority (OHA) as well as Oregon State Hospital.

Previously, OSH has been part of the Addictions and Mental Health (AMH) Division of OHA and reported to the director of AMH. The hospital is now its own division and reports directly to OHA Director Lynne Saxton. The Addictions and Mental Health Division is merging with the Division of Medical Assistance Programs to create a new division called Health Systems. This restructure enables the agency to align with health system transformation efforts and to better support the coordinated care model in Oregon. Look for “OHA Onward” emails from the Director’s Office for more news on the agency-wide restructure.

In addition, the state Legislature wrapped up its 2015 session in July. It passed several bills that will have an impact on the hospital and the people we serve. The Legislature continued to invest in the community behavioral health services that will enable people to receive treatment in the community when they do not need hospital-level care. It also funded projects that will increase the availability of affordable housing for people with mental illness, which will help people who are ready to leave the hospital be discharged in a shorter period of time.

Here at OSH, we are improving the process by which we enable people who have been civilly committed return to their lives in the community. These efforts are led by the OSH Community Reintegration Committee, a collaboration between the Social Work department, leadership of the Crossroads, Junction City and Springs programs, OHA policy makers and our community

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Message from the Superintendent

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partners. This committee has been meeting for about a year and we are now implementing some important changes.

When patients no longer meet involuntary commitment criteria, i.e., they are no longer dangerous to themselves or others and able to provide for basic personal needs, they are considered “ready to place.”

For the past several years, the hospital has made progress in reducing the amount of time someone stays at OSH after they are ready to place. In 2014, we decreased our target goal from 90 days to 45 days, and now we are changing our goal again to 30 days. We will track this metric closely to make sure we are meeting our target.

We are going to accomplish this goal in several ways. Beginning this summer, program executive teams will begin reviewing treatment teams’ ready to place requests for patients who have been civilly committed. Once the program executive team approves, the individual will be placed on the ready to place list and we will work to discharge them within 30 days.

We will continue to start discharge planning on the person’s first day of admission and encourage our community partners to participate in treatment team meetings throughout the patient’s stay at OSH. Beginning in July, community providers who receive incentive payments from the state are now required to participate in treatment care planning meetings.

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Highlights from the 2015 legislative session

Bills that passed:

- **HB 2023** – Requires all hospitals that provide mental health treatment to provide discharge planning involving family and community providers; for OSH, this puts into statute the procedures already in place for social workers.
- **HB 2420** – Requires the courts, before sending someone to OSH on an “aid and assist” order, to check with the local mental health authority to see if appropriate evaluation and treatment services are available in the community.
- **HB 2557** – Creates a process by which someone can request a court order to set aside a judgment of guilty except for insanity.
- **HB 3347** – Expands the criteria for civil commitment to include people who, “because of a mental disorder, are unable to provide for their basic needs that are necessary to avoid serious physical harm in the near future.”
- **HB 3378** – Puts OSH’s existing discharge policy into statute.

Message from the Superintendent

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Treatment teams will focus on a patient's preparedness for discharge and use Community Living Assessments to identify needed skills and resources. Teams will also work with patients to find out what they prefer. Putting both the patients' needs and wants together will provide for a more successful discharge plan.

At OSH, we play an essential role within the Oregon Health Authority and within Oregon's health system. By reducing the amount of time our patients stay at the hospital, we also reduce the amount of time people spend on the waiting list to be admitted to OSH. This in turn reduces the amount of time people spend in emergency rooms waiting for an acute care bed to become available. What we do here has an impact on the entire system of care. What we do here makes a difference, in the lives of our patients and for Oregonians all over the state.

Sincerely,



Greg Roberts
Superintendent

Bills that passed (continued):

- **HB 5030** – Creates the Mental Health Fund (within Housing and Community Services).
- **HB 5507** – Provides \$20 million in bond sales for the development of housing for people with mental illness and substance use disorders.
- **HB 5526** – Among other things, provides \$22.2 million for the expansion of community behavioral health services, including \$7 million for crisis services, \$6.5 million for jail diversion, \$7 million for rental assistance and \$4 million for redirecting “aid and assist” patients to the community for restoration.
- **SB 229** – Provides a stipend and reimbursement for the Oregon Health Authority's Consumer Advisory Council members.
- **SB 233** – Allows for the suspension instead of termination of Medicaid benefits when a person is in a state institution, including OSH, for more than 12 months.
- **SB 840** – Authorizes nurse practitioners to perform civil commitment holds and other duties that are now limited to doctors.

Locally sourced produce provides patients with fresh food and new jobs

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Both operations supply fresh local products May through October. The farms rotate crops throughout the summer and specialize in different strains and varieties of produce. Each farm is conveniently located less than five miles away and within minutes of the hospital.

Eighteen patients currently work in Culinary Services at Junction City. Just like FNS staff, patient workers wear culinary services shirts and aprons and receive paid assignments in three different areas: 1) sanitation and safety, 2) customer service and cash handling, or 3) working with the cooks in hands-on food production and preparation. Two of these patients joined FNS chefs in July, for the first in what will be weekly trips to the farms throughout the local produce season. The patients visited Lone Pine Farms and learned how to select high quality melons, blueberries, pan patty squash, beets and radishes. The selected items went to the Junction City kitchen where the patients then learned how to prepare the purchases.

Jesse Goude has been working in the Junction City kitchen for about four months. There are a “variety of projects in the kitchen — setting up salads, doing dishes, cutting up fruit, stocking things, basic kitchen work, sweeping the floor — whatever needs done,” said Goude.

Goude was one of the patients who went along to help in the produce selection process. When asked what he thought about the trip, Goude said, “I liked to see what the country has to offer



Supervising Cook Greg Hoop talks with Jesse Goude about what to look for in watermelons.



Listing of some of Lone Pine Farms organic produce.



Jesse Goude, Supervising Cook Greg Hoop and FNS Director Debbie Granum select cantelop.

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Locally sourced produce provides patients with fresh food and new jobs

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as far as fruits and produce that were grown locally. I was impressed with fruits they offered — there were quite a few things there.”

Goude hopes to use the skills he’s learning on the job when he returns to his life in the community. Goude said, “I plan on getting a part-time job when I get out. I’ll get work doing dishes or working around the kitchen. I might help with cooking food.”

When asked how he might benefit personally, Goude said, “I know now that I have the option to go to a market for food that is grown locally. There is so much out there, you really need to know what you are looking for in order to put together a meal. Learning how to cut vegetables and cook things will help me for living on my own.” Goude said he is “being positive, and looking forward to a decent future.”



Fresh food on its way to the Junction City campus.



Sign welcoming visitors to Lone Pine Farms.

Lone pine produce for July			
7/7/2015	7/15/2015	7/22/2015	7/29/2015
Beets 10#	potatoes	Brussel sprouts	garlic
Green Beans 10#	multi color baby	Broccoli	mushrooms
Radishes - 10 bunches	potatoes	Cauliflower	onion
Pat. Patty Squash 10#	Broccoli	Eggplant	salad greens
Tomatoes - 10#	Cauliflower	Kohlrabi	lettuce
	Eggplant		
	Kohlrabi	turnips	
		rhubarb	
7/7/2015	7/15/2015	7/22/2015	7/29/2015
blueberries 1/kt	apricots	rhubarb	nectarines
melons assort 3ea	cherries	strawberries	peaches
watermelon 2ea	hazelnuts	blackberries	pears
		raspberries	apples

July fresh produce list.

Benefit Coordinators help patients get all their entitled benefits

By Stephanie Cammack, benefit coordinators unit manager



Benefit Coordinator Kathleen Miller consults with patient David Robles.

OSH has a new team of staff to help patients receive their benefits. This dedicated unit of benefit coordinators ensures benefits are in place for patients and removes barriers to discharge. This makes for a smooth transition to the community and helps prevent recidivism. Stephanie Cammack manages the unit. Jaime Lish, Karen McKennan, Kathleen Miller, Marca Parker and Mark Gros all serve different program areas of the hospital, and Turise Henthorn provides administrative support for the unit. Each staff member has a specialized background, which contributes to the success of the department.

Benefit coordinators help patients get all the benefits and resources they are entitled to, such as Social Security, Veteran's benefits, Medicaid — the Oregon Health Plan (OHP) — including enrolling in a coordinated care organization (CCO), Medicare parts A, B and D, and Low-Income Subsidy (also known as “Extra Help”).

Benefit coordinators help patients apply for benefits, update their benefits and do any necessary problem solving.

OSH is required by law (ORS 179.640) to charge patients for their care. Patients are only expected to pay what they can afford, but patients and their estates are still liable for the overall cost.

Benefit coordinators help patients reduce this amount by finding health insurance and other resources for which they are eligible.

Sometimes benefit coordinators perform many functions that are essential to getting and retaining benefits. They help patients obtain certified copies of birth certificates so they have the proof needed to get or retain benefits. Benefit coordinators also serve as a notary when necessary.



Front row—Kathleen Miller, Stephanie Cammack and Jaime Lish, Second row—Marca Parker, Turise Henthorn and Karen McKennan, Back Row—Mark Gross.

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Benefit Coordinators help patients get all their entitled benefits

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Benefit coordinators are here to help answer questions from patient families and guardians, community partners, the Interdisciplinary Team (IDT) and most areas within the hospital. A member of the Benefit Coordinators Unit is available each week on the treatment mall. Staff members or patients who are interested in learning more about the Benefit Coordinators Unit should call **503-947-2522** or email **benefitcoordinators.osh@state.or.us**.

Benefit Coordinators Unit coverage

	Mark Gross	Jaime Lish	Karen McKennan	Kathleen Miler	Marca Parker
Anchor 1			X		
Anchor 2	X				
Anchor 3	X				
Bird 1				X	
Bird 2				X	
Bird 3				X	
Bridges 1				X	
Bridges 2				X	
Bridges 3				X	
Butterfly 1			X		
Butterfly 2			X		
Butterfly 3			X		
Cottage 1				X	
Cottage 2				X	
Cottage 5				X	
Cottage 6				X	
Flower 1					X
Flower 2					X
Forest 2		X			
Leaf 1					X
Leaf 2					X
Leaf 3					X
Lighthouse 1			X		
Lighthouse 2	X				
Lighthouse 3	X				
Mountain 1		X			
Mountain 2		X			
Tree 1			X		
Tree 2	X				
Tree 3			X		

Fire and Life Safety winner – Butterfly 2

Congratulations to Butterfly 2 for winning the free luncheon sponsored by the Safety Program. Butterfly 2 completed all the required fire drills for the second quarter of 2015. To qualify for the lunch, Butterfly 2 had to successfully complete four fire drills by May 15, and submit proper documentation to the Safety Office. Great job Butterfly 2 staff! Thank you for your dedication to ensuring a safe environment for staff, patients and visitors.



Tim Icalia, safety officer, delivers the free luncheon to the staff of Butterfly 2.



Butterfly 2 staff enjoying Baja Fresh lunch provided by the Safety Program for winning the Fire and Life Safety incentive luncheon. The unit completed all the required fire drills for Q2 2015 within a specified time period.

Making spaces for ACEs for Trauma Informed Care

By Malcolm Aquinas, team lead for TIA Project committee

Greetings, OSH community!

In previous Recovery Times articles, we have discussed the importance of making a fundamental shift in our thinking when we engage others who are experiencing personal difficulties, or when we ourselves are struggling. A shift away from asking, “What’s wrong with you/me?” and toward asking, “What happened to you/me?”

The members of the Trauma Informed Care Core Implementation Team have been busy gathering, reviewing and processing all matter of information to put forward the most compelling, meaningful and relevant proposal for administration’s consideration. Toward that end, we want to share part of an infographic* on Adverse Childhood Experiences (ACEs).

What are ACEs, you ask? They are potentially traumatizing events that happen to individuals before their 18th birthday. ACEs occur with surprising frequency and, although the relationship between childhood experiences and adult well-being has long been understood to be important, it’s only been in the past 20 years that the significance of these correlations has captured the attention of both health providers and policy makers.

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From the Centers for Disease Control and Prevention

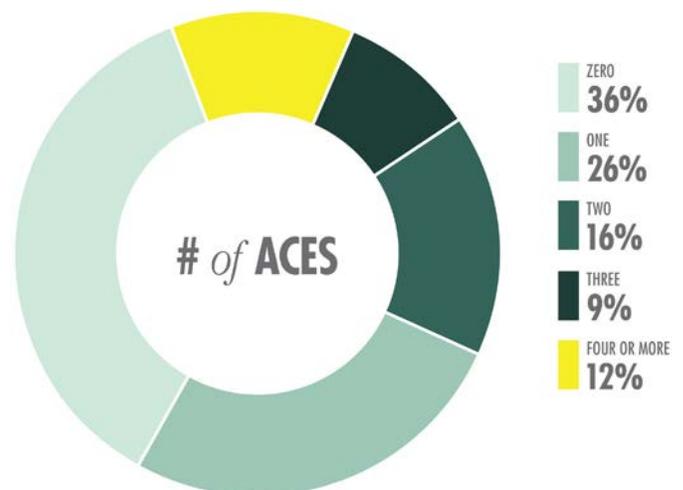
What are ACEs?

Adverse Childhood Experiences (ACEs) is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18. The landmark Kaiser ACE Study examined the relationships between these experiences during childhood and reduced health and well-being later in life.

Who participated in the ACE study?

Between 1995 and 1997, over 17,000 people receiving physical exams completed confidential surveys containing information about their childhood experiences and current health status and behaviors. The information from these surveys was combined with results from their physical exams to form the study’s findings.

Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.



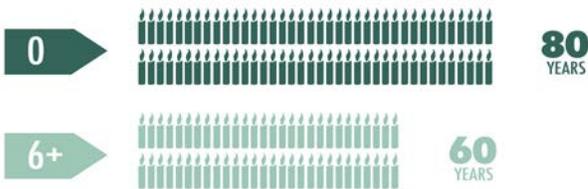
Making spaces for ACEs for Trauma Informed Care

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The awareness and increased understanding of ACEs is intended to help us connect more compassionately with each other and with ourselves. This connection serves as the bedrock for the adoption and practice of trauma informed approaches.

It is our hope that the ACEs infographic will be a helpful resource as we make this journey together.

Life Expectancy



Economic Toll



**In the graphic on lasting effects, each circle is color-coded to a particular adverse outcome (e.g., green circle represents suicide attempts). The circle size represents the proportion of people with a given number of ACEs affected by the adverse outcome (e.g., people with an ACE of 4 are 13 times more likely to attempt suicide compared to people with an ACE of 0).*

Source: Centers for Disease Control and Prevention
 Link: http://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

From the Centers for Disease Control and Prevention

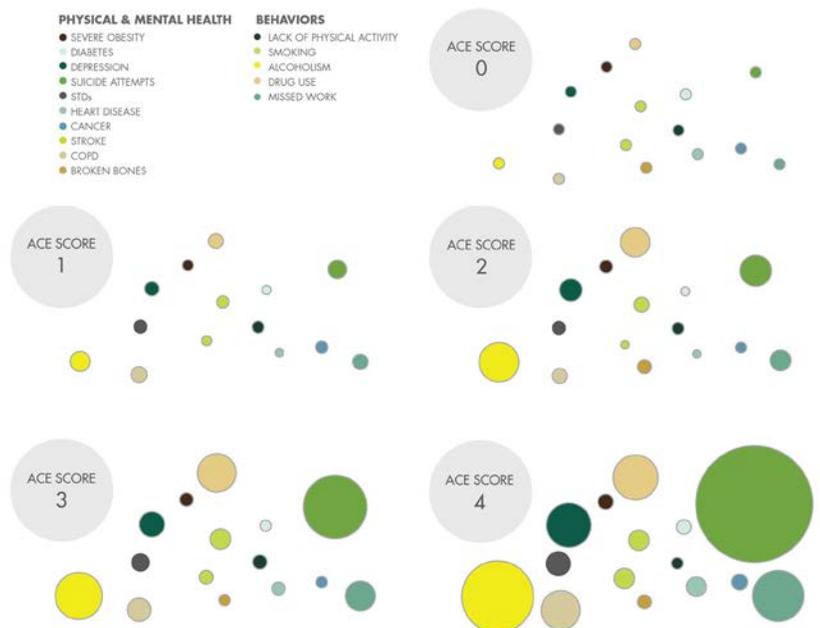
Types of ACEs

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **family dysfunction**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

How do ACEs affect our lives?

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and the leading causes of death.

- Life expectancy – People with six or more ACEs died nearly 20 years earlier on average than those without ACEs.
- Economic toll – The Centers for Disease Control and Prevention (CDC) estimates that the lifetime costs associated with child maltreatment at \$124 billion.



OSH-Education Department, Salem presents Subject Matter Expert series

By Mina Schoenheit, Psychology/Sociology Educator

Attend one series and receive three continuing education (CE) credits.

View scheduled topics, dates and register online at <https://dhslearn.hr.state.or.us>

For more information, email MINA.SCHOENHEIT@dhsosha.state.or.us

After registering, you will receive a confirmation.

Tell your colleagues!



David Brillhart, Psy.D. instructing at the "Assessment, Treatment and Management of Sex Offender Patients at OSH" session.

About Subject Matter Expert series

Do you want more training in terms of theory, intervention and treatment? The Subject Matter Expert series is designed for OSH professionals from various academic disciplines including psychiatry, psychology, nursing, education and social work. The trainings provide tools for improving awareness, clinical practice and effective ways to deliver patient care.

The Oregon State Hospital Subject Matter Expert series is one of the most inquired about lecture series at the hospital in Salem. We welcome subject

2015-2016 EXCELLENCE IN CONTINUING EDUCATIONAL OPPORTUNITIES in Salem (additional topics for 2016 coming soon!):

September 2, 2015

Chaplains Barela-Borst Luzvimin, Lisa Barnes, and Mary Okonkwo
The Role of Religion and Spirituality in Inpatient Mental Healthcare Settings: Caring for patients with psychiatric disorders at OSH

October 7, 2015

Simrat Sethi M.D., Stephen James, Ph.D. and Joyce Ries, paralegal SHRP
Guilty Except for Insanity (GEI) from Admission to Conditional Release

November 4, 2015

Joel Nigg, Ph.D., professor, Departments of Psychiatry and Behavioral Neuroscience Director, Division of Psychology in Psychiatry OHSU - Doernbecher Children's Hospital
Attention Deficit Hyperactivity Disorder (ADHD)

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OSH-Education Department, Salem presents Subject Matter Expert series

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matter experts from within OSH, as well as local, regional and national academic and clinical disciplines. The goals of this series are to align staff clinical competencies to patient populations, support staff in a variety of roles across OSH, build connections among staff and subject matter experts and help improve patient care.

Attending the Subject Matter Expert series is a great way to enhance ongoing competency development in the varied behavioral health disciplines and specialties. You can enhance your skills while fulfilling your professional development CE requirements.



Attendees at the "Assessment, Treatment and Management of Sex Offender Patients at OSH" session.

What staff is saying:

"I really like to learn about the neuroimaging for BPD Dr. Choi mentioned. It helped me understand my patients better."

"Dr. Aebi's presentation provided me with more insight into what some of our patients are dealing with."

December 2, 2015

Jesse Homan, L.P.C., Portland Dialectical Behavioral Therapy Institute
An Overview of Dialectical Behavior Therapy

January 6, 2016

Dr. Cydreese Aebi
Neurotransmitters, Medications and the Brain

February 3, 2016

Juliet Britton, J.D., executive director, Oregon Psychiatric Security Review Board
Understanding the Psychiatric Security Review Board (PSRB) from Admit to Discharge

March 2, 2016

Sara N. Phillips, Psy.D., licensed psychologist
Nonpharmacological Treatment Considerations for our Aging Psychiatric Population

April 6, 2016

Cheryl Meyers, LCSW, MAC, associate director of social work, Pathways Program (GEI) and Springs
Bioethics in the Psychiatric Hospital

May 4, 2016

Dr. Chira Albert and Dr. Cher Yao Chen
Mental Illness and Substance Abuse

June 1, 2016

Jessica Murakami-Brundage, Ph.D., licensed psychologist
Recovery from Schizophrenia

Be sure to save the following dates for more in the series!
Details to follow.

- July 6, 2016
- August 3, 2016
- September 7, 2016
- October 5, 2016
- November 2, 2016
- December 7, 2016