

July
2010

Connections

Summer Edition

Read about this year's picnic highlights on Page 7.

20th Anniversary Celebration



Oregon's state budget short fall

As you know in June 2010, the Governor reduced the state budget by 9%. The services to people with developmental disabilities budget is reduced by \$15 million. In this budget crisis, many services will be eliminated and others greatly reduced, making the State Operated Community Program's (SOCP) services more important than ever in meeting the community's needs.

Elimination	Reductions
<ul style="list-style-type: none"> • Family Support • Children's long term in-home supports • County/Brokerage Q&A staff 	<ul style="list-style-type: none"> • Service rates to all providers by 6% • Case management by 10% • County administration by 10% • Support Service Brokerages by 19%

In the main office and throughout SOCP we will continue to review any position that becomes vacant and evaluate our ability to fill the position or hold it open for potential savings. Most of the work provided by SOCP is in critical areas and we will work to fill vacancies and reduce overtime. Any of the above reductions or eliminations are significant by themselves, but the combination will certainly stress SOCP in many ways. As the safety net in community services, SOCP will be in great demand and I know that each of you will approach your job of supporting individuals with the same amazing professional supports you have always provided.

In the months to come, I encourage you to continue working with us to assist individuals no longer needing our services move to other community services, allowing us to assist those with the most significant need. I want to assure you that your services are truly needed and appreciated. Thank you for your work and dedication to those you serve.

Administrator of the Office of Developmental Disabilities, Marylee Fay

SOCP Mission: *The State Operated Community Program an office of the Department of Human Services, Seniors and People with Disabilities Division. SOCP is dedicated to providing the support necessary to maintain the quality of life, achieve the highest possible level of independence and promote social opportunities that benefit the individual and the community.*

Inside:

- Anniversaries
- Rotation updates
- Notes on Nursing
- VOC Picnic
- Kudos

Status of “Policy Binders” and “Reference Notebooks”

Early this year we turned our attention to policy binder updates. Once started it became evident, with more than 44 program policies needing updates (and to do it right) a quick turn around was not possible.

The suggestions, comments and recommendations received from the Program Managers monthly meetings are being implemented into the supplemental **Reference Notebook**. The notebook is expected to provide practical applications of the SOCP program policies, procedures and protocols to immediately answer the current needs.

The **DHS 4595 Incident Report** series of forms have been updated to better reflect and retrieve the needed information. As the old stock is depleted the new versions will be distributed through Central Office.

On the **IR part 2** the “Injury” section has been deleted allowing for up to 6 PPI’s to be documented in the “**List Protective Physical Intervention (PPI) Used**” section, hopefully reducing the required number of pages per incident report. In addition, below the list of PPI’s section is a signature line for the BVS2s to sign and date after their review of the protective physical interventions used.

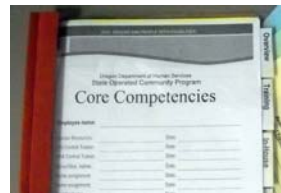
IR part 3 is now a complete page for the site manager’s review, analysis and preventative action narrative.

IR part 4 continues to be for the Program Manager’s comments.

IR part 5 is a continuation page as needed by the Site Manager, Program Manager, Person completing the form and/or Behavior Specialist.

The **2010 Medication Administration Manual** has been printed and is ready for distribution with the July 16th NEO Class. The most notable program wide change - **RED INK** is required when “Discontinuing Doctor’s Orders” on the DHS 4573 MAR/TAR.

The **Core Competency “Test Group” folders** have been returned and suggestions are being reviewed before implementing program wide.



In-House Training Duties/Responsibilities Grid has been revised and is posted on the SOCP web site.

<http://www.dhs.state.or.us/spd/tools/dd/socp/inhouse-trn-duties.pdf>

Remember the implementation date for the **3.006.04 Handling and Managing Client’s Money procedure change** is August 1, 2010. Staff must sign for client money exchanged between shifts using the “**Shift Spending Log**.” The recipient of monies is responsible for all monies, receipts, and item(s) purchased. The “**Log**” is located on the SOCP policy page

http://www.dhs.state.or.us/spd/tools/dd/socp/policy/shift_spending_log.pdf

Program Administrator, *Laura Traeger*

IR 4595A Part 2

IR 4595B Part 3

IR 4595C Part 4

Shift Spending Log

Childhood Disintegrative Disorder

In past Connections articles I've devoted all the clinical topics to adult disorders. With the advent of the 2 new kids crisis and stabilization homes, it's time to cover a disorder that affects children. The disorder known as **Childhood Disintegrative Disorder (CDD)** is a developmental disorder that resembles autism. It is characterized by at least two years of normal development, followed by loss of language, social skills, and motor skills before age ten. It is a complex disorder that affects many different areas of the child's development. It is grouped with the Pervasive Developmental Disorders (PDDs) and is related to the better known and more common disorder of autism. To be diagnosed with CDD, a child must show loss or regression in at least two of the areas listed at right. Children with CDD have at least two years of normal development in all areas— language understanding, speech, skill in the use of large and small muscles, and social development. After this period of normal growth, the child begins to lose the skills he or she has acquired. This loss usually takes place between ages three and four, but it can happen any time up to age ten. The loss of skills may be gradual, but more often occurs rapidly over a period of six to nine months. The transition may begin with unexplained changes in behavior, such as anxiety, unprovoked anger, or agitation. Behavioral changes are followed by loss of communication, social, and motor skills. Children may stop speaking or revert to single words. Children with CDD are unable to start conversations with other people and often do not communicate with nonverbal signals (smiles, gestures, nodding the head, etc.) either. They also lose interest in playing games and in relationships with other people. They may engage in strange repetitive behavior, such as bobbing the head up and down, or other repeated movements. They often lose bowel or bladder control and withdraw

Usually regression occurs in more than two areas.

These are:

- receptive language skills (language understanding)
- expressive language skills (spoken language)
- social or self-help skills
- play with peers
- motor skills
- bowel or bladder control, if previously established

into themselves, rejecting social interaction with adults or other children. They may perform repetitious activities and often have trouble moving from one activity to the next. In this way CDD resembles autism. In autism, however, previously acquired skills are not usually lost. After a time, the regression stops, but the child does not usually regain the skills that were lost. The cause of childhood disintegrative disorder is unknown. Research findings suggest, however, that it may arise in the neurobiology of the brain.

About half the children diagnosed with CDD have an abnormal electroencephalogram (EEG). EEGs measure the electrical activity in the brain generated by nerve transmission (brain waves). CDD is also sometimes associated with seizures, another indication that the neurobiology of the brain may be involved. CDD is occasionally associated with such diagnosed medical disorders of the brain as leukodystrophy and Schilder's disease; but no one disease, brain defect, disorder, or condition can

account for all symptoms and all cases. For a long time, it was thought that CDD occurred equally among boys and girls. Newer research suggests that it is about four times more common in boys, and that many girls who were diagnosed with CDD actually had Rett's disorder, a disorder that shares many of the symptoms of CDD but occurs almost always in girls. Treatment for CDD is very similar to treatment for autism. The emphasis falls on early and intense educational interventions. Most treatment is behavior-based and highly structured. Educating the parents so that they can support the child's treatments at home is usually part of the overall treatment plan. Speech and language therapy, occupational therapy, social skills development, and sensory integration therapy may all be used according to the needs of the individual child.

Clinical Service Manager, Brad Heath

Doing what we do best: **Supporting and serving**

Quality of life is written into our mission statement. It is our service focus. It can be a nebulous term that means different things to different people, but we are a state program and we define quality of life as being independent, healthy and safe.

“The quality of life is determined by its activities.”

Aristotle

According to Aristotle, all of these activities help define quality of life.

The team drafts the **Risk Tracking Record (RTR)** addressing medical, health, safety and behavioral issues. **The Functional Assessment /Behavior Support Plan (Blended Plan)** is written to engage and minimize many of these problem areas.

How does it play out with the people we serve?

We begin with the individual first under the notion, “nothing about me without me.” We interview, observe and write the **Personal Focus Worksheet (PFW)** with the caregiver’s and person’s perspectives in mind. We are all care givers. We attempt to meet each need and preference and enhance relationships through religious, spiritual, cultural considerations, likes/dislikes and what is most important to the person.

Again, interviews and observations take place and hypotheses are made, supports are set in motion and data collected in an effort to improve quality of life.

The **Individual Support Plan (ISP)** and the supporting documents are generated from the PFW and the RTR. A lot of paperwork is prepared, but we can’t forget the paperwork is just the tool to remind, train and guide us in our service to others.

Every day we make a difference and do good work. Below we celebrate and are reminded of our successes. This is why we do what we do. We don’t make widgets. We help people.

Here are a few recent successes:

- 1** • Two years ago, an Ina gentleman had nearly the full boat of behavioral risks including regularly injuring himself and staff.
 - Four risks have been removed, including suicide.
 - Staff reports he is the happiest they have ever seen him.
- 2** • Another Ina gentleman, recently had a dramatic drop in aggressions and self harm, attributed to medication management and person-centered environmental factors:
 - keeping his items where he likes them,
 - adding padded walls,
 - bolting down furniture; and

- keeping a steady consistent routine.
- His community staffing expectations were lowered allowing him to come and go fluidly without compromising health and safety. With these supports in place and his care givers assistance, he is happy.

- 3** • This year we have seen amazing success with our children’s homes. One young man was assumed to be with us until he turned eighteen. The program was told nobody could support or manage him. We did.
 - Within a few months, he stepped down to a less restrictive community placement.
 - He is reportedly doing well.

- 4** • A young lady abusing drugs, living on and working the streets came to SOCP. In her perspective she couldn’t go to school or be a “normal kid” because she had to work to feed her family. SOCP gave her a stable environment with consistent supports she had not experienced before. She felt safe for the first time in her life. Contrary to community members’ expectations, she has not returned to the streets after leaving state care.
 - She stepped down into a private placement.

- 5** • After more than a decade in a managed care facility, a young gentleman came to SOCP, unable to use the

bathroom or complete simple daily living activities. He was overfed to prevent hitting.

- SOCP staff used positive supports to funnel his intense negative feelings positively.
- Staff began to change his clothes in the bathroom and he practiced sitting on the toilet.
- He stabilized and he stepped down to a private placement.

Upon placement, staff continued to work with the placement team, staffing and training his private placement staff in his communications and routines for continuing independence.

Today he uses the bathroom, is learning new daily living skills and is happy in his home.

6. In 2009, a Charles St. lady said, “Jonathan, I know you take care of me here.” She pointed to her head. “But I need someone who can take care of me here.” She pointed to her heart. “I know,” I said. “We need to help you find some friends.”

A week later, her teacher introduced her to another student about her age with similar interests. They have become good friends.

- Staff facilitates time for them together, hanging out and meeting others.
- She has graduated, receiving a modified diploma.
- She continues learning to care, advocate for herself and manage her intensive negative emotions.

I’ve learned so much from working with her. I found out:

Helping others improves our quality of life as well.

*Behavior Support Supervisor,
Jonathan Graf*

Good Bye Jasmine

Cake was in order at the May 26th Central Office Managers meeting to wish **Jasmine**



Megowan’s well in her future endeavor, as Director of En Avant.

She will be missed. **Jonathan Graf** has joined central office as the Behavior Specialist Manager and is continuing where Jasmine left off.

August furlough

The next “Fixed Furlough Day” for the SOCP Central Office, is Friday, August 20th. The “Fixed Furlough Days,” apply to and are observed by SOCP: Office Specialist’s, Training Specialist 1 and 2’s, Behavior/Voc Specialists 1 and 2’s, Facility maintenance workers’, and the Human Resource’s office.

▶ August 20 ▶ Sept. 17

HR: July, August and September – 3rd quarter anniversaries

5 Years	5 Years	10 Years	15 Years	25 Years
Richard Androes	Alysia A. Meink	Derrena Boes	James W. Swank	Catherin LaFournaise
Decole Camarillo	Jami L. Mill	Nancy MacNaughtan	Shiara M. White	Virginia Mata
Cherielynn Cawton	Evelyn Pingel	Thomas L. Peters Jr.	Lori A. Wright	Gary Moynihan
Sherry E. Duncan	Sandra Stagg	Sherri Tyle	20 Years	Laura Traeger
Bryan Dutra	Tara D. Stout	Payton A. Williams	Catherine L. Bowers	
Fred Eldredge	Suzette Thompson	15 Years	Susan Phillips	30 Years
Donna Erickson	Michelle Lyn Tovar	Juanita Clarke	Millie J. Young	Debra Louise Eades
Daniel H. Hoag	Michael R. Vignery	Hector R. Contreras	25 Years	
Sandra Horn (Crawford)	Patricia K. Wagner	Timothy Humes	Jessyca L. Hall	35 Years
Kimberly Martin		Cynthia Leye Bliss	Lois E. Jarmin	Christine Larson

Notes on Nursing

The nursing and respiratory therapy staffs have been busy in the recent months.

Congratulations are in order for, **George Dolan**, RT who retired June 23rd. Adell and 48th coordinated the retirement party, held at Adell. George will be busy with his passion of finding discarded treasures to re-sell online. Good Luck in your retirement George and happy treasure hunting.

The nurses and RT's at Eliot are busy with new clients and taking house 1 and 2 clients on Portland area adventures.

Adell and 48th St clients have attended Upward Bound, day camps, with staff and Outreach Nurse **Clare Chevalier**.

Outreach nurses are busy with new clients, client moves and training, training, training of staff.

Three new nurses are attending the July 6th orientation:

David Clark will work as an Eliot night shift nurse.

Hiromi Moxley will work at 48th St Group Home initially and then also be trained for Adell.

Marla Kasper, who lives in Eugene, will be our Southern area Outreach nurse, providing the much needed services.

Please introduce yourself and welcome them to the State Operated Community Program.

Nurse Supervisor, Linda Fiegi

Eliot's Portland Spirit adventure

Thank you **Eliot staff** and **Registered Nurses (RN's)** and **Respiratory Therapists (RT's)** for making it possible for our individuals to participate in an exciting Portland Spirit outing. Everyone boarded the ship along the waterfront in downtown Portland and we cruised down the Willamette to Lake Oswego, before heading back. The weather was beautiful and the clients and staff alike had a great time. The Portland Spirit crew went above and beyond to make this a great experience for our individuals.

I extend a special thank you to **Mary Biggs BVS1**, **Bev McClain BVS1**, **David Van Bysteren BVS2** and **Daniel Cobb HSS** for stepping up at the last minute to organize, load and provide transportation - allowing our individuals to attend.

Eliot Site Manager, Vicki Hemmert



VOC: The picnic was a slamming / splashing / success

Four months of planning, preparing and organizing provided (judging from the smiles) our most successful picnic!! Each car was welcomed and the occupants counted - at the entrance of the Brownsville Pioneer Park, on a beautiful clear day. The final count, 250 clients, staff, family and friends attended.

The location allowed plenty of room to roam, play, join in planned activities, eat and/or just catch up with family and friends. The new location was an instant hit.

Each group home created personalized flags that flew freely in the afternoon breeze. Each flag celebrated the house's opening date and in some cases their closure. Plans are in the works to display the flags



Stop by Central Office to see the 20th Anniversary Picnic Poster.

permanently in the Central Office Deschutes room. Great work clients and staff!

Hot dogs, burgers (beef /garden) and salads galore with each house providing their favorite salad. The offerings were more choices than plate space allowed. Chips, snow cones and pop corn rounded out the selections. Central Office /HR covered the kitchen and pitched in to help serve up the hot dogs, burgers, buns, salads and smiles. A special thank you goes to **Ken Ernst** for flipping to perfection the 280 burgers and 280 hot dogs.

Our sincere thanks to the staff for creating fun festivities for all to enjoy:

Tara Stout and **Lori Hamilton** for being the event's lead organizers and **Ethelyn Viltz** (now retired!!!) for working so very hard on decorations!

Photo opportunities abounded thanks to the efforts of:

- **Mike and Lynda Hellums** - for creating and painting the Stand up clown, Uncle Sam and Betsy Ross.
- **Lizz Pierce-Green** for being the best clown ever - sharing smiles, hugs and balloons!
- **Darlene Carter** as our own "Uncle Sam" in residence.
- **Richard Androes** for coordinating a fire truck and ambulance for the clients to enjoy.
- **Ready, Set, AIM!** Splash the staff (or Pitch Burst) was particularly popular. Thank you **Keith Porter** for volunteering to be repeatedly drenched.

The picnic was complete with a souvenir **20th Anniversary Commemorative T-Shirts** inspired by the artwork of **B.T.** at Silverton's Group Home. His drawing was complete with headstone – "Rest in Peace – Fairview Training Center" reminding us of SOCP's journey.



A huge thank you to everyone involved in the success of this event!!!

With the picnic behind us, I am looking ahead to Halloween. Last years party was the first program wide joint client Halloween party and because clients continue to share how much they enjoyed the event a repeat is in the planning stages. I am looking for volunteers to serve on the organizing committee. Please email me by July 23rd if you would like to volunteer to be on the committee.

The **SOCP yard crew** is up and running strong. Be sure to send in your “**DHS 4671 VOC Services Request**” form for any work needed to Sandy.Rowell@state.or.us.

June 1st, the **Grocery Shoppers** started shopping for the entire program. It was a slow start with some bumps along the way. *Thank you for your patience and understanding.*

VOC/Day Services Manager, Sandy Rowell

SOCP job rotations and WOC:

Help us welcome and support these employees

Work out of class and job rotations:

Crystal Alexander – WOC TDS1, North area
 Tina Bossy – WOC PEM/B, Hampden
 Cathy Bowers – SPD Housing rotation
 John Braziel – WOC PEM/A, Hampden/Discovery
 Cara Dixon – WOC BVS1, Ina/Hawthorne
 Chris Dukes – WOC PEM/B, Milton
 Connie Hetrick – WOC BVS2, Halsey/Hawthorne
 Carrie Kudna - JR – BVS1, Macleay
 Tim McCloud – WOC PEM/B, Charles St.
 Alys Mundo-JR - BVS1, Willamina.
 Jami Mill – BVS1, Ina/Hawthorne
 Todd Hartje – Portland SPD rotation
 Karla Vinson – WOC PEM/B, James St.
 Sharon Livengood, Star Thorson, Lynn Tran
 Stump and Evelyn Cleveland – Grocery shoppers

Promotions:

Koren Brooks – PEM/B, Madison
 David Burnham – BVS2, Ina/ Tigard
 Terri Green – PEM/B, Shoreline

Completed rotations:

Sylvia Garcia returned to Hampden
 Dora Huber accepted a DHS Housing position

SOCP Central Office Training

Class completion numbers

In April two new classes, “**Boundaries**” and “**Documentation**,” were added to the list of available classes through SOCP Central Training. A total of 14 classes are currently offered. Since April 1st the following number of employees successfully completed classes.

Classes	April	May	June	Total
NEO	8	18	24	50
OIS	51	44	42	137
CPR	61	40	55	156
Med Refresher	30	28	27	85
Initial Med	16	16	23	55
Autism	44	37	47	128
OCD	43	38	43	124
Antisocial	42	30	44	116
Borderline	41	31	44	116
Verbal D-	45	21	65	131
Conflict Prevent. and Resolution	50	37	56	143
Boundaries*	6	15	38	59
Documentation*	6	13	30	49
New Employee Review	18	22	5	45

Retirements:

George Dolan, Doug Vincent and Ethyln Viltz



High Five / Kudos corner:

▶ **“A HUGE Thank You,”** to everyone involved in our 20th Anniversary Celebration and Annual Picnic at Brownsville Pioneer Park. Working together as a team made the picnic a huge success.

*VOC/Day Services Manager, **Sandy Rowell***

▶ **“High Fives:”** I would like to thank the following **BVS1's** for taking on additional responsibilities and helping others during these past months. Your extra efforts have not gone unnoticed and are much appreciated. Thank you to: **Cindy Barnett, Mary Biggs, Allen Burris, Darlene Carter, Lori Hamilton, Lynda Hellums, Mike Hellums, Gordon Lorsung, Jami Mill, Kim Nyseth and Tara Stout.** Working together as a team, we can ensure consistent supports for the individuals we serve.

*VOC/Day Services Manager, **Sandy Rowell***

▶ **Congratulations:** Doug Vincent, BVS2, who retired this Spring.

*Behavior Specialist Manager, **Jonathan Graf***

▶ **Thank you** to all **staff** and **managers** who have assisted in my transition, answering questions and helping me get acclimated to a very different SOCP environment. So much to learn in this whole other world and I appreciate your continuing assistance.

*Cade Site Manager, **Sue Vittone***

▶ **“High Fives:”** To **Chris Edwards** for her diligent work in the Central Training department; most notably keeping on top of the ever present paperwork. Staying organized and efficient with setup and take downs of trainings, facilitating the "Learning Center" registration and cancellation and keeping communication open with all facets of training. Your teamwork is greatly appreciated."

*Central Training and Development Specialist, **Keith Porter***

Email articles and acknowledgements by September 15th for next newsletter

Help us recognize the efforts, ideas and what's new. Email your articles and acknowledgments for our October 2010 newsletter to Debra.Aljets@state.or.us by September 15th. Check the link below for newsletter back issues.

<http://www.dhs.state.or.us/spd/tools/dd/socp/news.htm>



We have big responsibilities