

## Security team takes new approach to strengthen ties with patients



Miguel Garcia-Lopez of Mountain 2 (left) enjoys a festive game of foosball with security technician Mark Damewood (right).

As a former police officer, Russ Isham didn't drive the streets looking for bad things to happen. Instead, he forged strong relationships with people to help keep his community safe.

As the interim program director for the Junction City campus, he's working with security to do the same thing.

"They should be a part of a therapeutic team, not people you call only when something bad

happens," he said. "To develop relationships with our clients, it's important to interact with them in a positive way."

To this end, the campus' 33 security technicians are encouraged to engage with patients on a regular basis. They play ping pong, basketball and volleyball. They may even sing karaoke during open mic.

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### OSH Recovery Times

is edited by Erin Dahl. Contact her at [erin.e.dahl@state.or.us](mailto:erin.e.dahl@state.or.us) with questions, comments or suggestions.



Greg Roberts

# Message from the Superintendent

Dear OSH Team:

This month, I'm excited to tell you about a new interdisciplinary initiative called the Community Integration Demonstration Project. OSH is putting together a team of clinicians and peer recovery specialists to help people who have been civilly committed transition back to the community.

A collaboration between Social Work, Rehabilitation, Peer Recovery and OHA's Health Systems Division, the demonstration project will:

- Support independence through skill building and education opportunities
- Identify and secure the right housing, with a "key to their own front door" as appropriate
- Learn about neighborhood resources, such as local retailers and healthcare providers
- Build relationships with like-minded people with shared experiences, such as peer, vocational and personal support groups
- Assist with employment efforts, such as filling out job applications and practicing for interviews
- Conduct assessments for community readiness
- Track metrics regarding patient and program success

All these things will help patients build the **skills and knowledge** they need to successfully transition to life outside the hospital. One of the primary objectives will be to connect patients with their community of choice and its resources, such as public transportation, grocery stores and libraries. Knowing one's way around the neighborhood is a key to success.

Another key is a **strong support system**. By connecting patients with peer groups in their community, patients learn from people who have walked a similar path.

The third key is **employment**. A huge piece of independence is being able to support one's self. Through vocational rehabilitation services, the project team will work with each person to help them find jobs for which they are qualified AND would find fulfilling.

One of the most important aspects of the demonstration project will be to collaborate with patients to develop their own “person-directed plan.” While treatment-care plans are based on clinical goals, person-directed plans focus on personal goals. Often these goals have nothing to do with their illness. Person-directed plans provide opportunities for people to define themselves beyond their diagnosis or clinical setting.

It’s important to note that the project team will not replace any functions of the current treatment teams. Rather, it will serve as an additional resource to help patients achieve goals they have set for themselves. The project team will work closely with each of the Crossroads and Springs treatment teams, with a member of the project team embedded on each IDT. Based in one of the Salem campus cottages, the project team will also work closely with the treatment mall to ensure its activities are aligned with treatment mall programming.

The Community Integration Demonstration Project is funded through the Choice Model program, formerly known as the Adult Mental Health Initiative, or AMHI, from OHA’s Health Systems Division (HSD). The new name reflects the renewed emphasis on choice for people in the program – choice in health services and choice in where to live, all the way down to choice in food or choice in roommate.

Both Health Systems and OSH will partner with residential treatment providers, community mental health programs, and coordinated care organizations to support the demonstration project’s impact throughout the state system.

For now, the yearlong demonstration project will only serve our civil population on the Salem campus; however, if the metrics demonstrate a decreased length of stay and reduced time on the ready-to-place list, we will consider expanding it to other programs and to Junction City.

I look forward to seeing what the project can do. In so many ways, it embodies our vision – by providing patients with opportunities to increase their hope, supporting their efforts to meet their own personal recovery goals, and helping them feel safe during the transition process.

Sincerely,



Greg Roberts  
Superintendent

## Security team takes new approach to strengthen ties with patients

*Continued from page 1*



Jocelyn Sherman of Mountain 2 (left) goes on a stroll with security technician Jenna Larkin (right) to celebrate the warm weather.

For security technician Nick Powell, these relationship-building activities are the highlight of his day.

“My job is more rewarding when you see people start to improve,” he said. “It makes you feel like you are making a difference.”

Already, patients have turned to Powell to help resolve conflicts, and they’ve pointed out safety issues to fix. Isham, too, has witnessed several positive interactions between patients and staff – including a time when a patient, nurse and security technician read the Bible together.

Although the activity took more than two hours, Isham said it helped sooth the patient and prevent a potentially volatile outburst.

“No one had to go hands on, and no one got hurt,” he said. “Now the client knows there’s someone on our team he can trust.”

For William Murray of Forest 2 and Miguel Garcia-Lopez of Mountain 2, the security officers are an invaluable part of their treatment team. They don’t use brute force to get their way, and they are committed to keeping people safe.

“They’re here for us, not because of us,” Murray said. “Their presence brings a sense of balance for everyone.”

Garcia-Lopez agrees. Not only do security technicians know patients on a first-name basis, he said they make him feel like an equal member of the hospital community.

“They’re nice, courteous, and some of them are even funny,” he said. “They want to help us, and we know they want to help us.”

The Salem Safety & Security Department is also rethinking its way of doing business. A key aspect of a current proposal is to promote relationship building between patients and staff. Administrators will share more information as the plan is developed with feedback from hospital leadership.

In the meantime, Isham aspires to work with his staff to further strengthen ties with patients, even after they are discharged.

“We have a team of people here patients know and trust,” he said. “By calling them, by touching base with them, we can help prevent our patients from coming back.”

# OSH patient earns high school diploma

When Axel South was admitted to the Oregon State Hospital this spring, he assumed he could no longer graduate from high school.

Dressed in his cap and gown three months later, South learned he can realize his goals – even inside the hospital.

“I’m relieved, and I’m excited,” said South of Tree 2. “I’m so thankful to everyone who helped make this possible. Now I can go to college.”

South is the hospital’s first patient to earn a standard high school diploma, according to Quest teaching staff and the Willamette Education Service District. The accomplishment was made possible through an online credit-recovery program the hospital acquired two years ago.

South used the program to earn the credits he needed to graduate. On June 10, the hospital hosted a graduation ceremony and reception in his honor.

South said he aspires to earn an associate’s degree in business management and a bachelor’s degree in Emerging Media and Digital Arts from Southern Oregon University. His ultimate goal is to create and write stories for video games.

“Video games are a way to escape and to connect with people from around the world,” South said. “I want to inspire people.”



Axel South

Thomas Anhalt, director of Vocational and Educational Services, shares this hope. If South can earn his high school diploma while at the hospital, he said there’s no reason why other patients can’t do the same.

“Axel didn’t just stop when he was admitted to the hospital. He continued to move forward, and that is a massive accomplishment,” he said. “He paved the way for other folks here who want to do this themselves.”



Axel South and his Quest teacher Andrea Crow

# Veteran employee learns new skills as CPS coach

By Mike Pantalone, CPS coach



CPS Coach Mike Pantalone

*During his nearly 30 year-career at the Oregon State Hospital, Mike Pantalone has worked as a psychiatric aide, mental health therapist, MHT2 and a mental health therapy coordinator. He has also worked in numerous programs, including forensics, children's, gero-psychiatric/medical and, most recently, in the treatment malls. In April, he was promoted to the role of Collaborative Problem Solving (CPS) coach.*

*Launched at the hospital nearly two years ago, CPS is an evidence-based approach to build skills and create 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 800 staff have completed CPS training.*

*In this issue of the Recovery Times, Pantalone shares how his thinking has evolved because of CPS. Instead of solving problems, he asks questions. He knows patients do the best they can with the skills they have, and he has learned the value of giving patients a say in their treatment.*

## **Here is Mike's story:**

Collaborative Problem Solving got my attention because of its empathetic perspective, which helps you understand and share the thoughts and feelings of others. CPS is not about forcing your will on another person; it's about working collaboratively with patients to help them solve their own problems.

This is new for me. I'm a problem solver, and I want to fix things for people. But as a CPS coach, that's not my job. Instead of giving answers, I ask questions. This gives patients a chance to think on their own and come up with their own solutions.

CPS is about working with patients and staff as a team. We want to help patients achieve the best quality of life possible while they're at the hospital, and we want to help them succeed when they're discharged.

By giving patients a voice in their treatment, we empower them. They learn how to resolve issues, and they understand we're all on the same side. As a result, our relationships have become far less oppositional.



Mike Pantalone (left) meets with fellow CPS coaches Dave Dahl (center) and Carrie Bader (right) to review their responsibilities for New Employee Orientation.

I've definitely had to change my mindset with this job. Now, I know people will do well if they can. They aren't trying to get one over on you or get away with doing something wrong. They're using the tools they have to the best of their ability, and depending on how they're feeling at any particular time, these skills can change.

I come from a very black and white background with firm rules and boundaries. Rules are needed to keep everyone safe. But we shouldn't have rules for the sake of having them. By working with patients on a more conversational level, we can help them solve their problems to create a hospital environment that is both secure and therapeutic.

A good example of how my thinking has changed applies to personal hygiene. When I worked as a unit therapy coordinator, I told

patients they had to shower at least every other day – or they would lose a privilege. This was a firm rule. But as I found out, some patients had lagging skills and were unable to meet the expectation. This resulted in staff continually “assisting” patients when they skipped showers for a time – which didn't help patients develop a skill they would use in their daily living or back in the community.

Now, with Collaborative Problem Solving, we sit down with patients to hear their perspective on issues, share our concerns, and then work with them to come up with solutions. For example, patients may ask for reminders to shower. They may want to take a washcloth bath, or they may want to change the time they bathe. What's important is helping patients think through ways to solve the problem.

I couldn't do what I do without the phenomenal encouragement from my Collaborative Problem Solving team. I came into this position with many skills that needed developing, and they constantly give me ideas for how to approach issues and help patients.

I'm also so appreciative to the unit staff. They are genuinely interested in learning about CPS, and they make me feel so welcome. They get on the patients' level and are doing a fantastic job. Going forward, I hope Collaborative Problem Solving is practiced throughout the hospital. As staff gain confidence in their skills and feel comfortable working with patients, they will help patients develop sustainable plans that work for everyone. To me, that's exciting.

## Trauma-Informed Approach: Bringing the Heart to Service Delivery

By Dr. Sara Phillips, Butterfly 3 clinical psychologist

*A trauma-informed approach to treatment goes beyond therapy and medications. Instead, it recognizes that people often experience and relive trauma for many years after a painful event.*

*In this issue of the Recovery Times, Clinical Psychologist Sara Phillips shares how a trauma-informed approach has changed the culture of the Springs program.*

In 2011, I began working in the geropsychiatric/neurobehavioral program, located on the old campus. I saw staff who had plenty of heart and dedication to their jobs but lacked resources. The entire program was isolated to one building. A majority of treatment was provided on the units where people lived, so patients had very little contact with the rest of the hospital or the outside community. These conditions perpetuated the stigma that people become too old to recover or benefit from active treatment outside of physical care needs.

A majority of individuals who receive behavioral health services have experienced trauma. The neurological, biological, psychological, spiritual and social effects of these experiences continue as we age. Many of the patients in “Gero” had been socially marginalized throughout their lives and now faced barriers to receiving services due to attitudes and stereotypes about aging.

The situation improved with the move to the new campus in 2012, when the program was renamed “Springs.” We expanded services to include more opportunities for psychosocial

rehabilitation, access to peer support, and community integration and involvement.

However, these resources alone did not lead to increased patient engagement in treatment – we had to change the way in which we engaged with patients about their treatment. It was not until we began adopting trauma-informed principles (collaboration, choice, mutuality) that we began to see our program grow.

A trauma-informed approach prioritizes empowering individuals to identify their own strategies for healing and maintaining wellness. By listening to patients and taking the time to learn and understand their unique histories, we adopted a more holistic approach to treatment by supporting each individual’s strengths, skills and accomplishments. As a result, we now offer opportunities to go fishing, visit museums, and go to community theaters. We have also partnered with a local animal shelter where patients volunteer to socialize dogs and cats in preparation for adoption. More recently, we have collaborated with OSH’s Vocational Services program to create work opportunities for the Springs patients. By acknowledging the need for a meaningful life and recognizing people’s relational needs, these opportunities help to prevent alienation, isolation and despair that many elderly persons feel. They also help our residents stay connected with their communities.



Dr. Sara Phillips, clinical psychologist

Hospitalization, itself, can be traumatic, and people are often most vulnerable upon admission. While the new campus was designed to address the physical safety of patients and staff, in many ways, the environment does not support psychological well-being.

The creation of the Brief Encounters (BE) room was a response to the need for increased attention to supporting the psychological safety of the patients in Springs. Led by Pam Fix, nurse manager for the Springs Treatment Mall, we redesigned our engagement room to create a safe, non-threatening space for patients. The walls are decorated with a balance of bright colors and soothing images. It is filled with both activating and calming sensory stimuli, and it is staffed with clinicians from the Springs program who are available to provide one-on-one support and crisis intervention.

Newly admitted patients are often introduced to treatment mall by first visiting the BE Room where they can drink tea, listen to soft music, and talk one-on-one with group leaders about the classes and services we offer. The room is also available for patients to use during transition times between groups where they can escape the confusion of crowded hallways.

A trauma-informed approach includes opportunities to give and receive peer support and understands these relationships as key vehicles for building trust, establishing safety, and promoting empowerment. In 2013, we began offering our first weekly group to the Sjolander Empowerment Center. Immediately, we saw the positive response our patients had to the warm, welcoming environment and opportunities to talk with other individuals who could identify with their lived experience. Several of our residents have since become more involved in consumer-led activities at the hospital.

These are a few of the ways in which the Springs program has begun to put the principles of trauma-informed approach into practice. When patients are consulted on issues pertaining to their care and are provided opportunities for meaningful choices, they are more likely to feel safe and begin to trust the people working with them. This is where healing happens.

### **Six Guiding Principles of a Trauma-Informed Approach (SAMHSA)**

- Safety
- Trustworthiness and Transparency
- Choice, Voice and Empowerment
- Collaboration and Mutuality
- Peer Support
- Cultural, Historical and Gender Issues

### **The Four R's: Key Assumptions in a Trauma-Informed Approach (SAMHSA)**

**A program, organization or system that is trauma-informed:**

- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff and others involved within the system
- Responds by fully integrating knowledge about trauma into policies, procedures and practices
- Seeks to actively resist re-traumatization

# Sending Pvt. Williams home

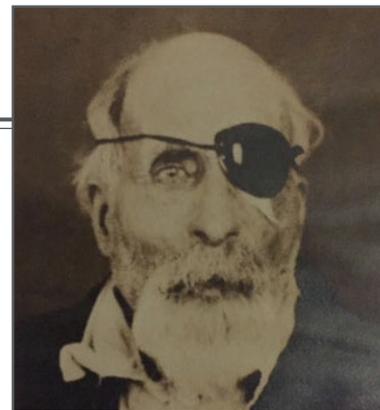


The Patriot Guard Riders, a group of motorcycle-riding military veterans, is transporting Williams' remains to Togus National Cemetery in Maine.

Nearly a century after Pvt. Jewett Williams died at Oregon State Hospital, his ashes are returning to his home state of Maine.

On Aug. 1, OSH and the Oregon Department of Veterans' Affairs hosted a ceremony to honor the Civil War veteran. The ceremony featured remarks from OSH Superintendent Greg Roberts, ODVA Director Cameron Smith and Oregon Senate President Peter Courtney. The event also featured a color guard in Civil War-era uniforms.

After the ceremony, the hospital handed over Williams' ashes to the Patriot Guard Riders, a group of motorcycle-riding military veterans who perform services for fallen military heroes and deceased veterans. They're taking turns driving more than 3,200 miles across the country to deliver Williams' remains to Togus National Cemetery. Although the cemetery has been closed to new interments since 1961, an exception was made to allow Williams to join his comrades in the 20th Maine Volunteer Infantry Regiment.



Pvt. Jewett Williams

Williams became a patient at OSH in 1922 and died three months later at the age of 78. His ashes were removed from the OSH Memorial, which was dedicated on the Salem campus in 2014.

Oregon State Hospital worked with the veterans' affairs offices in two states – and an army of Patriot Guard riders – to return Williams to Maine.

The plan is to inter Williams with full military honors on Sept. 17 as part of the 150th anniversary celebration at Togus.

Oregon State Hospital is custodian of the cremated remains of about 3,500 people who died while living or working at Oregon State Hospital, Oregon State Penitentiary, Fairview Training Center and other state-run hospitals between 1914 and 1973.

The hospital continues its efforts to unite the cremains with family members and decedents. The Health Information Office posts online an updated list of individuals whose ashes are in the memorial in hopes of one day sending them home. The list is available on [osh.oregon.gov](http://osh.oregon.gov) under "See a list of unclaimed cremains." For those who remain with us, the Memorial will serve as a beautiful and respectful final resting place.

# Patient Financial Services

## Institutional Revenue becomes Patient Financial Services

By Misty Easter, compliance/program specialist

Oregon State Hospital has experienced significant transformation during the past several years, and this includes how we bill and collect payment for our services.

Our department, formerly known as Institutional Revenue Services (or IRS), was a collections unit overseen by the Department of Revenue. However, since we moved to the new hospital in 2011, we began to shift to a more patient-centered approach.

Now, under the leadership of Director of Business Operations Eric Price, we have a new mission, a new vision, and a new name – Patient Financial Services. The name reflects our new approach to educate our patients about their cost of care, advocate on their behalf with insurance companies, and bill for covered services in a way that puts the least financial burden on our patients and state taxpayers.

To do so, Patient Financial Services verifies eligibility for patients' health insurance. We bill Medicare, third-party payers and Medicaid for hospital services, and we appeal insurance denials to help our patients receive services for which they are entitled. To bill accurately, we also stay up-to-date on our patients' financial status and the most recent government and state regulations.

New initiatives began to take effect this year. We stopped charging interest on all overdue balances, and we developed a sliding-fee scale policy to ensure patients are billed only what they can afford to pay. Through these changes, we hope



Members of the Patient and Financial Services team.

our patients know we are invested in their care and will do everything in our power to protect them from large, unnecessary bills.

In a nutshell, our new philosophy ensures we put patients first. While we are bound by state law and industry rules and regulations to accurately bill for services, we will always follow the path that coincides with the health and safety of our patients. By accurately identifying patients' medical insurance and other benefits, we provide useful information that will help them receive continued support and care after they're discharged. And we will always do everything we can to reduce any stress or confusion patients may have when they receive a financial statement or ability-to-pay order.

Our team is ready to help and answer questions from both patients and staff. You can reach us at **503-945-9840** or toll free (for Oregon residents) at **844-944-4667**, Monday-Friday from 8 a.m. to 5 p.m. You can also email us at **[patientfinancialservices@state.or.us](mailto:patientfinancialservices@state.or.us)**.

# Team Recognition Award Winners



Civil Social Work Team and members of Cabinet

The Employee Recognition Committee would like to congratulate the latest recipients of the Team Recognition award:

## Inspiring Hope

**Recipient:** Civil Social Work Team

**Nominating Managers:** Rebecca Curtis, director of Social Work

**Team Members:** Laurie Robertson, Tyler St. Clair, Chasee Rider, Deb Mustoe, Keb Kelling, Maggie Fenwood, Diane Ponder, Ashley Wenzel, Kimberly Wyatt, Cecelia Carey, Leslie Conlie, Diane Bowman, Pauline Martin, Monica Martin, Kelly Caldwell, Kim Gill and Kathleen Lewis

Community reintegration and discharge planning are critical to quality patient care. As members of the interdisciplinary team, these staff members help ensure patients return to the community when they no longer need hospital-level care. Social workers and

transition assistants in the Junction City and Salem Crossroads program have worked with community partners to decrease the length of stay and the number of days patients wait on the Ready-to-Place list. By helping patients understand how their treatment propels them toward discharge, the social workers encourage them to be hopeful for their future life after hospitalization.

## Promoting Safety

**Recipient:** Anchor 1 team

**Nominating Managers:** Pathways Program Executive Team

**Team Members:** Simrat Sethi, Vitaly Chikrizov, Josh Eggert, Marina Snegireff, Mandy Porter, Jennifer Snyder, Dustan McElroy, Amanda Parish, Stacy Castor, Eleshia Ledridge, Naomi Desir, Erica Fitzgerald, Renalyn Hellett, Reba Huskey, Nelson McFall, Daniel Pribeagu, Erin Simpson, Elena Savin, Brandy Streeter, Polly Bowman, Miriam Moreno, Steven Bishop, Gerald Brooks, Johnny Budiel, Flor Costley, Catherine Crowe, Ryley Donaldson, Chaz Duesterhoeft, Shai Fisher, Kristina Geary, Delphin Girukwayo, Magda Halirou, Annie Hedge, Raul Hernandez, Lindsay Hoffman, Kathryn Hubbard, Tina Jensen, Rene Kuehl, Annie Le, Ruby Lindahl, Mariha Manuel-Contreras, Shawn Miller, Zachary Miller, Christian Nevo, Ruth Peet, Tara Roe, Adam Sharp, Ashely Shear, Kathrine Stack, Landon Stewart, Kimberly



Anchors 1 Team and members of Cabinet

Thoma, Christa Thompson, Brettaine Thurston, Barbara VanWestrienen, Lauren

Vargas, Rufina Velazquez, Christine Vesper, Savannah Vigue and Barbara Weston.

Anchor 1 showed tremendous teamwork by helping out a fellow Pathways unit. When Lighthouse 1 was experiencing particularly high acuity in its milieu, Anchor 1 staff reached out to the Program Executive Team (PET) and offered to take one of the Lighthouse 1 patients with aggression challenges. This increased safety on Lighthouse 1 and created a more therapeutic environment for its patients.

## Labyrinth garden project receives Peggy Ross Trust Fund award



Members of the Nurse Education and Training Team, Mary Ann Grieve (right) and Bryon Fox (left) picked out flowers to plant in the new labyrinth garden this summer.

The Oregon State Hospital Cabinet is pleased to announce the newest recipient of the Peggy Ross Trust Fund award.

Nurse educators received \$979 to create a labyrinth garden east of Cottage 22. The garden will provide a place of rest, meditation and enjoyment for all who visit.

Work on the labyrinth has begun. Patients will help create the garden's many features – including painted rocks, stepping stones, benches and picnic tables. Greenhouse workers will also select and provide the plants.

The Peggy Ross Trust Fund was established to help support projects that directly benefit OSH patients. Money from the trust is intended for projects not funded by the standard hospital budget. In the past, the trust has funded a patient greenhouse, musicians for concerts in the hospital, and support for the Sjolander Empowerment Center.

## Don't get locked out – use myPassword

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Have you ever been locked out of your computer and had to call the Service Desk for help? This is even more frustrating if it happens after hours when the Service Desk is closed.

Thanks to myPassword, you can now reset or change your password to prevent this problem from repeating itself.

Unlike the OIS service desk, myPassword is available online anywhere, anytime, to help you change your password or access your locked account instantly from your hospital computer, laptop or tablet. This service is especially important if you work before 6 a.m., after 6 p.m., or if you are stationed at a shared computer.

Before you can use myPassword, you must set up a personal profile using your current User ID (OR# or P#), password (your OHS/OHA network password), and three security questions and answers you create. Be sure to provide answers you will know and easily remember.

The system will use the questions to verify your identity when you forget your password or get locked out of your account.

Set up your profile now at <http://mypassword/Questions?> Contact the OIS Service Desk at **503-945-5623** or **dhs.servicedesk@state.or.us**. The Service Desk is available Monday through Friday from 6 a.m. to 6 p.m.

## New security clearance requirements for non- patient visitors

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Whether you're bringing an intern, volunteer, contractor or student to Oregon State Hospital, every non-patient visitor must first obtain security clearance.

Thanks to a Rapid Process Improvement (RPI) completed last spring, the method for onboarding these guests is now in place. The process will not only help us complete security background checks quickly and efficiently, it will also improve safety for our patients and staff.

Each department has a designated person responsible for onboarding non-patient visitors. These guests are non-OSH employees who visit the hospital for reasons other than to see an individual patient. The level of security clearance need is based on the length of their visit and whether they will have an escort.

Reception and Facilities staff will provide escort training for OSH employees and visitors until iLearnOregon is fully functional later this year. At that time, all staff will be required to complete a 10-minute online course.

All documents necessary for onboarding and obtaining security clearance for non-patient visitors is located on the shared drive at **I:\PUBLICATIONS\Visitor-Non-Patient Materials**. Information is also available on our external website at [osh.oregon.gov](http://osh.oregon.gov) and click on "Get Security Clearance."

Please see the forms in the I Drive to learn who the designated person is for your department. If you do not see your department listed, email **catherine.m.hurckes@state.or.us** or call **503-932-3223**.

# Prepare for earthquakes now to gain peace of mind later

No one knows when the next big earthquake will strike, but you can take steps to protect yourself and your family. In case you are at work during an earthquake, be prepared ahead of time:

- 1) Identify safe places to go when the shaking starts, such as under a sturdy piece of furniture or against an interior wall.
- 2) Practice how to “Drop, Cover and Hold On.”
- 3) Anchor items that could fall and cause injuries, such as bookshelves, mirrors and light fixtures.
- 4) Stock up on emergency supplies.
- 5) Store flammable liquids away from water heaters, stoves and furnaces.
- 6) Make an emergency communication plan with your family.

Go to [www.ready.gov](http://www.ready.gov) for more information, email [jaimemanriquez@state.or.us](mailto:jaimemanriquez@state.or.us) or call 503-449-4138.

## Are You Ready?



### Emergency Kit Supplies

Families should keep a supply of the following items in their homes:

- Water (one gallon a day per person for drinking and sanitation)
- Medications and medical items
- Non-perishable food for your family and your pets
- Battery-powered or hand-cranked radio
- NOAA weather radio with tone alert
- Cell phones and chargers
- Extra batteries for everything
- Flashlight
- First-aid kit
- Whistle to signal for help
- Dust masks to filter contaminated air
- Can opener for canned food
- Local maps
- Wrench or pliers to turn off utilities
- Moist towelettes, garbage bags and plastic ties for personal hygiene
- Cash
- Matches
- Fire extinguisher
- Tent
- Clothing

## Correction

In the June 2016 issue of the Recovery Times, Anthony Cornell was not named as one of the 2015-2016 Leadership Academy graduates. We apologize for the error.

Cornell is the treatment mall manager for the Archways Program. For his Leadership Academy project, he helped design and conduct an Adult Foster Home (AFH) provider training survey and assessment.

Aging and People with Disabilities (APD), the Department of Human Services (DHS) and other state agencies will use the assessment to identify educational areas in need of development. Compliance, education and training personnel with APD and DHS have discussed using the findings to develop a self-paced training manual for adult foster home providers within their first year of business.

## Upcoming events

### Salem Community Days continues with patient art show Aug. 17

Community Days began with tournament games, obstacle courses and a dunk tank on the Salem campus this month. On Aug. 17, it continues with an art show.

Featuring up to 100 paintings, drawings, sculptures and other patient creations, the art show will run from 1 to 4 p.m. It will take place in the Kirkbride treatment mall for Bridges, Bird, Springs, Crossroads and Archways-Trails patients. Archways-Harbors and Pathways-Harbors patients can attend the art show at the same time in the Harbors building.

Community Days will end with “Spirit of Service Day” on Sept. 21, which will feature live music and fun activities. More details will be shared in the September issue of the Recovery Times.

For questions about the art show, email **[linda.morgan@state.or.us](mailto:linda.morgan@state.or.us)** or call **503-947-2991**.

**To submit an event to future editions of the Recovery Times, send an email to [erin.e.dahl@state.or.us](mailto:erin.e.dahl@state.or.us).**

### Bag drive helps patients leaving the hospital

Too often, people have nothing to carry their belongings in when they leave the hospital.

Help them start the next chapter of their lives on the right foot by donating a new or used duffel bag, back pack, tote bag or small suitcase to the Volunteer Services Bag Drive.

The Salem campus is hosting a bag drive now through Aug. 15, and the Junction City Campus will have one soon after.

Donations may be left at the collection barrel at Reception or Volunteer Services.

For more information, email **[jeffrey.m.jessel@state.or.us](mailto:jeffrey.m.jessel@state.or.us)** or call **503-947-2884**.

