



Patient art was on display as part of Willamette University's Outsider Art Exhibit, which ran Feb. 28 through March 14. Above are photos from the exhibit's opening night.

Willamette art show a powerful experience for community and patients

In February, OSH patient's participated in a community art show hosted by Willamette University and coordinated by student, Jordis Miller. Patient artists and staff attending the opening night of the gallery, Friday, Feb. 28, joined community members and students who participated in this unique opportunity to experience art from an often misunderstood community—patients of Oregon State Hospital.

Miller received a Carson Grant to fund a project devoted to Art Brut, also referred to as Raw Art or Outsider Art. Art Brut is described as art created from outside the boundaries of official culture and developed during the Surrealist movement in the 1950s. Miller participated in the September 2013 OSH Art Festival where she met Sara Slack, OSH creative arts director. Slack shared with Miller her goal of organizing a public exhibition of patient art.

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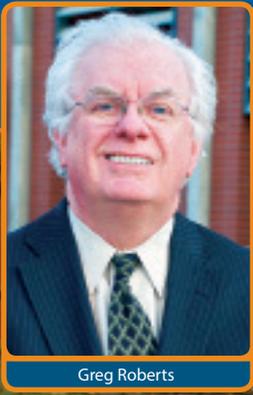
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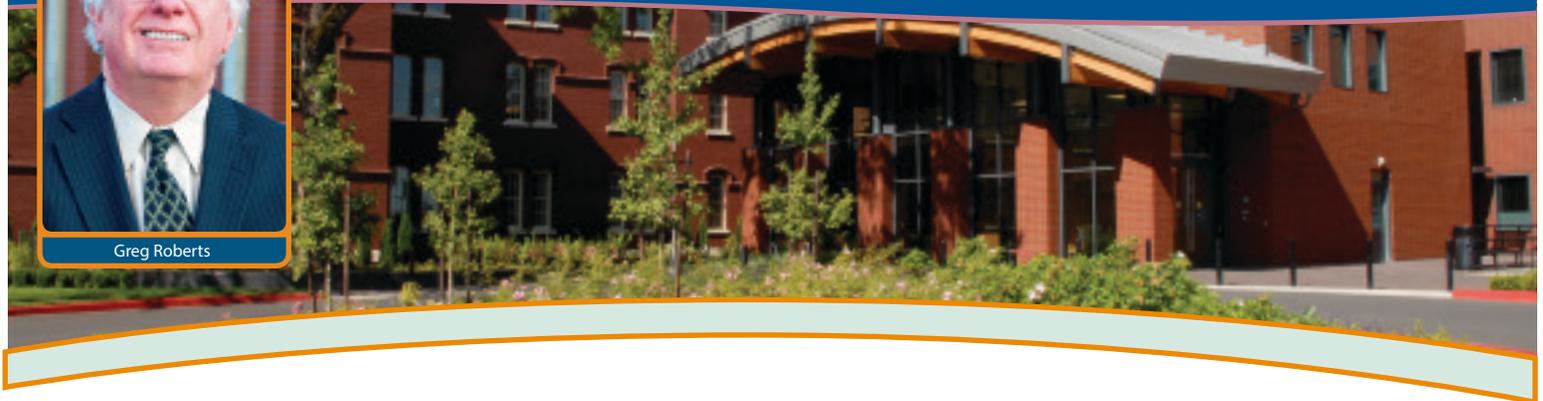
OSH Recovery Times

is edited by Bo Lockhart.
Contact him at 503-947-2890
or lloyd.l.lockhart@state.or.us
with questions or comments.



Greg Roberts

Message from the superintendent



Dear OSH Team:

Over the past few months, I have learned that there are several misconceptions about how the Office of Adult Abuse Prevention and Investigation (OAAPI) works. We need to address this because it's our job to keep patients safe, and we can't be afraid to report abuse or neglect when we see it. However, to be effective at what we do, we also can't be constantly afraid of making a mistake. So the purpose of this Superintendent's message is to provide factual information about this issue and, hopefully, help resolve concerns about this process.

OAAPI investigates all allegations of abuse and neglect within OSH. The first fact I want to share with you is that the majority of allegations are screened out before OAAPI ever does an investigation. Last year, only 4 percent of all reports were found substantiated, 9 percent were found not substantiated and 87 percent of all reports were screened out.

The OAAPI investigator has 24 hours to "screen" an allegation to see if a full investigation is necessary. For this reason, it's important to respond to an appointment request from an investigator as soon as possible.

While only 4 percent of reports are substantiated, we all need to take the issue seriously. Every suspected act of abuse or neglect must be reported to OAAPI. We have a zero-tolerance policy for abuse or neglect, and as mandatory reporters, we are all required by law to make a report. Every patient has an absolute right to live in a safe and therapeutic environment, free of abuse and neglect.

Also, all staff need to know that the OAAPI investigation, if undertaken, will be fair and objective, will be completed as quickly as possible, and that all due process rights will be guaranteed.

Please feel free to contact me with any questions and concerns. Thank you to everyone for your hard work and dedication to our patients and ensuring that our hospital continues to be a safe, recovery-centered environment.

Sincerely,

A handwritten signature in cursive script that reads "G. Roberts".

Greg Roberts
Superintendent

What is OAAPI?

OAAPI is a shared service between the Oregon Health Authority (OHA) and the Department of Human Services (DHS). It was created in March 2012 by the merging of the Office of Investigations and Training (OIT) and the Adult Protective Services (APS) division of Adults and People with Disabilities (APD). OAAPI protects the health and safety of several vulnerable populations as defined by the Civil Rights of Institutionalized Persons Act (CRIPA), including the patients at OSH. With protective services as its primary concern, OAAPI pursues objective fact-finding with a thorough and unbiased approach while maintaining a neutral position with patients and staff.

How many reports of abuse or neglect are substantiated?

In 2013, OAAPI received 514 reports of potential abuse at OSH. Of these 514 reports, 18 were substantiated, 48 were found not substantiated and 448 were screened out in the fact-finding process.

What is the screening process?

“Screening” is not an investigation. The screening process is a time when an investigator gathers information in the form of charts, video, opinions from forensic consultants and interviews with the reporter or witnesses. If the investigator is unable to screen out a report within 24 hours, it must be assigned for a full investigation. OAAPI has 45 calendar days to complete a final report.

What should I do if I get an appointment request from OAAPI?

Appointment requests are sent via email. You should respond to the request as soon as possible and inform your manager that you need to be relieved of your duties during the time of the appointment. In 2012, 25 percent of all investigation extensions and delays were the result of scheduling problems for witness interviews.

Why are staff moved if they are under investigation?

When staff at OSH are accused of abuse and or neglect, OSH is required to protect the patient(s) involved in the case, and then inform OAAPI of the actions taken. These protective actions can include additional supervision of staff, reassignment to another unit during the investigation, reassignment to non-patient care duties or placing staff on administrative leave. This does not imply that staff are guilty of abuse or neglect, but rather, these procedures are put in place for the protection of both the patient and staff. If staff were not removed from the environment, additional allegations could be made against them.

If an allegation is substantiated, is there an appeal process?

If OAAPI substantiates an allegation of abuse or neglect, there is an appeal process if staff think the findings were not accurate. The staff member may request an administrative review, and can make a written statement or in-person presentation to the substantiated review panel (SRP) within 15 days from the date of the notice of OAAPI’s decision. SRP will review any relevant documentation or other evidence submitted by the employee who requested the review. SRP can request the case be reopened if it believes the original investigation was not thorough. A final decision on the appeal will be made within 60 days from the date of the review request.

Can there be further action taken against staff who had allegations that were not substantiated?

OAAPI only establishes if there has been abuse or neglect. Even if no evidence of abuse or neglect was found, there may be a policy violation, or some other issue that requires HR action. For example, if a staff member fell asleep while on a 1:1, no harm was done to the patient for OAAPI to substantiate, but this is a violation of policy and HR would take appropriate action.

Additional resources

OAAPI intranet page - Click on the shared services tab on the DHS/OHA intranet homepage (<https://inside.dhsoha.state.or.us>)

Introducing OAAPI - A Power-Point presentation available on the Superintendent’s intranet page.

DSM-5 update: Posttraumatic Stress Disorder

Last issue we identified some of the DSM-5 changes to the category of schizophrenia. In this issue we will highlight changes made in posttraumatic stress disorder (PTSD).

Previously in the DSM-4, PTSD was categorized as an anxiety disorder. The DSM-5, however, now categorizes PTSD to be included in a new chapter, trauma- and stressor-related disorders. Other disorders in this chapter include reactive attachment disorder, disinhibited social engagement disorder, acute stress disorder and adjustment disorder.

The new criteria for PTSD diagnosis focus on the trigger as an exposure to actual or threatened death, serious injury, or sexual violation. The exposure must be the result of the following scenarios:

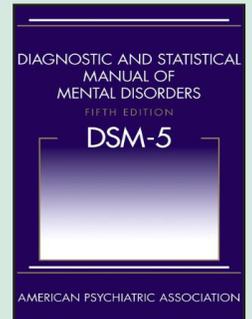
- Directly experiencing the traumatic event;
- Witnessing the traumatic event in person;
- Learning that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
- Experiencing first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, TV or movies, unless work-related).

The result, regardless of the specific trigger, causes clinically significant distress or impairment of social interactions, ability to work and other areas of functioning. PTSD cannot be a result of medication, medical condition, drugs or alcohol. The DSM-5 more clearly defines what contributes to a traumatic event, as well as behavioral symptoms that accompany the four diagnostic clusters: re-experiencing, avoidance, negative cognitions and mood, and arousal.

Re-experiencing refers to spontaneous memories of the traumatic event including reoccurring dreams, flashbacks or prolonged periods of psychological distress. Avoidance refers to avoiding distressing memories, thoughts or reminders of the event from external sources.

Negative cognitions and mood as a diagnostic criterion

Recently, the federal government has extended the deadline for implementing the International Classification of Disease, 10th edition, Clinical Modification (ICD-10-CM) until Oct. 1, 2015. Despite this change, OSH will continue with plans to implement the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) later this year.



identifies a large scope of feelings associated with the event, including a distorted sense of blame toward self or others, alienation from others, reduced interest in activities or loss of memories of key details of the event. Arousal as a diagnostic criterion is described as aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance or related problems.

The DSM-5 provides more attention to the behavioral symptoms associated with the various forms of PTSD. For OSH, this could provide a deeper insight on how to manage behaviors and treat PTSD symptoms in our various patient populations.

In future Recovery Times issues, we'll continue to describe changes in diagnoses that contribute to the new edition of the DSM-5.

For more information, see www.dsm5.org or www.ptsd.va.gov/PTSD/professional/PTSD-overview/dsm5_criteria_ptsd.asp.

If you have questions or comments for the project team, please contact Joni DeTrant at joni.r.detrant@state.or.us.

Willamette art show a powerful experience for community and patients

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The result was the collaboration that produced the two week exhibit at the Willamette University campus.

The artists composed their works as part of OSH's studio art program, established and operated by Slack. While the studio art program helps artists polish and refine their works, the project created another experience for the artists: a chance for the patients to be honored by the community.

"It was an awesome experience," said Cottage 5 resident Dana Sword. "It really brightened up my day and changed moods for me. Being around smiling faces in the community and seeing people admire our art works was amazing and very gratifying."

The exhibit, which was open to the public Feb. 28 through March 14, provided an opportunity for the community to learn more about OSH community, mental illness and recovery, as well as the abilities of the patient population.

"Being that we got to integrate and talk with [students and community members], it gave [attendees] a new understanding of mental health, the hospital and what the patients are like," said Sword. "I think it was very helpful in the process of destigmatizing what is mental illness and what recovery is about. Because, a lot of people think of mental illness as a person who is not on medication, not stabilized or not doing well. They think of the worst case scenarios, and they don't think of the possibility that someone can recover and have their mental illness go in remission, and do things or function like how regular people function. So getting to put faces on that and destigmatizing those kinds of beliefs was a huge accomplishment for the art show."

Christy Hey, interim creative arts director, helped coordinate the event with Slack, Miller, Trails treatment mall R.N. Debra Morse-Little and recreation specialist Brad Quist.



(from left) Jordis Miller, Christy Hey and Sara Slack. Staff members, Christy and Sara, worked with Willamette University student, Jordis, to organize the first public art show featuring OSH patient art.

"What I thought was most beneficial was on the night of the show, seeing everybody interacting with the college students," Hey said. "There was really no separation that night. I don't think anyone knew who were the artists and who were the community members. It was a super normalizing experience to be involved with."

The art show provided many different experiences, including a chance to share a viewpoint from a little-known sector of people. Bridge 2 resident Christopher Star said, "It's nice to see so many patients involved with the art and doing some really good stuff and not working under the stigma of 'this is a mental health patient,' but instead 'this is a regular citizen.'"

For more information on the Willamette Art Show or OSH's Art Studio program, please contact Sara Slack, at sara.j.slack@dhsosha.state.or.us, or 503-945-8973; or Christy Hey, at christina.l.hey@dhsosha.state.or.us, or 503-947-9005.

Trauma Services Initiative: Waiting for the rainbow

By Malcolm Aquinas, Peer Recovery Specialist

We've all been there. The rain begins to fall, and we have to decide which windshield wiper setting to use.

How hard is it raining? How fast are we driving? How much rain is being thrown up from the tires of other cars around us? How bright is it?

All of these variables influence our decision. Do we choose the one-time wipe? Or select one of the intermittent speeds? Maybe we decide on constant-low or constant-high.

Whichever choice we make, it is directly related to the conditions at hand; conditions that are often changing from moment to moment.

Similarly, we adjust our responses to those we work with, staff and patients alike, to meet the changing needs of fluctuating circumstances, maintaining an attitude of flexibility and openness.

This approach is at the heart of our efforts to move Oregon State Hospital toward a fully integrated, trauma-informed service delivery system.

The steering committee decided to change the name of the group from Trauma Informed Care to Trauma Services Initiative because we recognized the importance of identifying clearly what it is we are working to accomplish.

The Trauma Services Initiative (TSI) steering committee separates into three broad categories OSH's acknowledgement of and response to the reality of trauma's pervasive presence—in society in general, and in the lives of those who come to the hospital in particular—and its significant effects. Those categories are:

1. Trauma Informed: Ensuring that staff and patients are knowledgeable about trauma and its impact, and establishing a shared language to increase communication and understanding.

2. Trauma Sensitive: Creating an environment where our interactions are informed by knowledge of trauma and its effects so that a universal precautions approach is followed as we work toward establishing a supportive environment where a healing community is fostered and, ultimately, becomes the norm.

3. Trauma Specific: When discrete, individual needs have been identified for a particular person, all aspects of treatment and care are explicitly evaluated to ensure that person-centered interventions are incorporated.



The TSI steering committee is currently working on three projects: 1) Revising OSH's Trauma Informed Care policy (6.052); 2) Submitting a technical assistance request

to the National Center for Trauma Informed Care; and, 3) Creating an OSH Trauma Informed Care work plan.

The task before us will require the time, commitment of resources, involvement and engagement of all members of the OSH community. Most importantly, we will also need your patience, endurance, and, above all, trust. Trust in the process, trust in the benefits, and trust in each other.

It is reasonable that we expect to see evidence supporting our trust throughout this journey. The investment required is substantial; let's show that the benefits are more so. We live in a world where the reality of trauma falls like heavy rain in the lives of many, and the consequences of that deluge are not experienced by the individual alone.

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Caring for the care-rs: Tea for the Soul

By Kate Daly, Spiritual Care Department

Who cares for the Care-rs—those who provide care? This is a question our Spiritual Care Department seeks to answer by offering a “Tea for the Soul” program to care for OSH staff. We aim to create a peaceful respite from the challenges that may accompany work in this community.

We all understand that staff may feel stressed, grieved or overwhelmed from the complexities of caring for our patient population. Our desire is to offer an interlude of tranquility.

Delicious hot teas, cookies, soft music and (as much as possible) a relaxing atmosphere present an opportunity for reflection, relaxation and restoration in a location chosen by your unit.

Chaplains are available as a compassionate presence for anyone who wishes to speak with them. Staff are encouraged to rest, reminisce, contemplate, laugh and grieve together in privacy and harmony. This is a time to allow others “to care for you as you care for each other, restoring your souls and hearts.”

As always, Spiritual Care chaplains meet staff and patients in partnership with their individual spiritual and faith traditions; this is not a religious gathering. Staff are invited



Spiritual Care's Tea for the Soul offers staff a relaxing atmosphere.

for tea and cookies on break at their convenience during the one to two hour time period allotted for the event.

“Tea for the Soul” is available upon a unit’s request any time it may be deemed helpful. For more information about “Tea for the Soul,” please call the Spiritual Care Department at 503-945-9262. For patient emergencies, on-call chaplains can be reached through the Communication Center.

Trauma Services Initiative: Waiting for the rainbow

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However, we can help clear the rain, part the clouds, and bring the rainbow.

As a survivor of severe, repeated trauma, I can attest to the transformative effects I experienced—the opportunities for healing and progress in my personal recovery journey—when those supporting me understood and acknowledged the rain-streaked windshield through which I viewed the world.

If you have questions about the Trauma Services Initiative steering committee, please contact Malcolm Aquinas, Peer Recovery Specialist and TSI Team Lead, at malcolm.m.aquinas@state.or.us.

Malcolm is also a Peer Consultant for SAMHSA's National Center for Trauma Informed Care and Promoting Alternatives to Seclusion and Restraints Use through Trauma Informed Practices.

FNS staff host, compete in AHF Chef's Black Box Challenge

As part of ongoing efforts by Food and Nutrition Services (FNS) to provide flavorful and healthy food options for patients, OSH hosted the Oregon Association for Healthcare Foodservice (AHF) Chefs' Black Box Challenge 2014, which took place Friday, Feb. 28. AHF provides education, networking and support to self-operated food services in the health care industry that use local products and in-house services, such as OSH.

The competition consisted of four person teams from various healthcare agencies, including: OSH, Veterans Affairs Hospital, Columbia Memorial Hospital, Kaiser Permanente, Salem Hospital and Providence Health & Services.

Each team prepared a meal for 24 people with one vegetarian entrée using OSH resources, for the purpose of creating new, affordable and flavorful options to add to the hospital's menu. From OSH, cook's Stephen Baughman and Scott Brownson took part.



Ben Kolibaba, from Kaiser, and member of the winning team, makes finishing touches to a quinoa fritter with pineapple gazpacho entrée.

The FNS team planned, organized and participated in the Chef's Black Box Challenge 2014.



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FNS staff host, compete in AHF Chef's Black Box Challenge

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Look familiar? Check out this new rendition of an OSH classic, pork tenderloin with chipotle apricot glaze.



(above) OSH's Scott Brownson (right) was a member of the winning team. (below) Preparing plates for the judges.



(above) Local food vendors were on hand.
(below) Recreation of OSH's roast beef and gravy dish.



(below) Employees from local restaurants including Oswego Grill, Flight Deck and Wild Pear judged the dishes.



Team recognition: January, February 2014

January 2014

Category: Supporting Recovery

Recipient: HEART Team

Nominated by: Sara Walker, MD

OSH's HEART team consists of dozens of hospital employees who have received training in Critical Incident Stress Management and are available to provide crisis support to their fellow staff during times of need. Made up entirely of volunteers, this cross discipline, peer support team is available around the clock to assist any OSH staff, student or volunteer who is dealing with stress, anger, depression or any other overwhelming emotional response as a result of a traumatic incident.

Following such an event, critical incident stress may be immediate, delayed or cumulative. The affects can result in mental and/or emotional fatigue, and may interfere with a person's ability to function both at work and at home. Peer support has been shown to be an important component for recovery, and HEART responders provide a variety of confidential services to help their colleagues work through their emotional responses. These services include: 1:1 responses, defusing, debriefing, individual consultations and follow-up services.

Their dedication and efforts have helped countless OSH staff, students and volunteers successfully work through stressful incidents while continuing to be effective care providers for the patients we serve.

Congratulations to the HEART team!

HEART Team - Portland

Richard Allam	Abigail Mathews
Patricia Baker	Eucharía Nwaigwe
Mary Cifonelli	Darrell Page
Doug Dunlap	Mike Robbins
Faith Faddis	Linda Simpson
Stacy Farmer	Jeanine Tacchini
Jamie Heitz	Nagawo Tulu
Barabara Martin-Airo	Jerry Weller



Members of the HEART Team (above, POSH; below, Salem), the Employee Recognition Committee, and the Superintendent's Cabinet.



HEART Team - Salem

Malcolm Aquinas	Patricia Ott
Carrie Barber	Richard Ott
Char Barber	Kathleen Park
Donald Blatchley	Javier Pequeno
Lenette Bultena	Nina Perard
Aaron Cain	Toni Place
Michelle Carbone	Paul Praskievicz
Carol Draper	Don Reisner
Becky Edens	Laurier Rokusek
Julee Engelsman	Danielle Sherbourne
Jeremy Fleener	Rick Snook
Linda Good	Dr. Robert Stone
David Hampton	Renee Treasure
Katherine Heicksen	David Walters
Dale Jones	Patricia White
Shirley Jordan	Patrick White
Andrew Mills	Nicolas Wilkes
Hiromi Moxley	Lori Wilson
Eugelinda Nolan	Ashley Yokota

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Team recognition: January, February 2014

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February 2014

Category: Improving Quality

Recipient: The Infection Prevention Team

Nominated by: Nancy Johnson,
Manager of Infection Prevention

The department of Infection Prevention is responsible for monitoring and, to the greatest extent possible, preventing hospital acquired infections (HAIs). To that end, the team took on a new challenge earlier this year—reducing the rate of urinary tract infections (UTIs) due to catheter use in the Springs program.

The team took a multifaceted approach to the problem. They began by researching best practices being used by other healthcare facilities to prevent catheter-associated UTIs. With this knowledge, the team was able to develop a plan to limit the likelihood of patients contracting UTIs by creating new guidelines for catheter use at OSH. The second part of the plan focused on how UTIs could be more effectively treated when they did occur. The team identified the bacterial strains most commonly seen at OSH and evaluated those strains to identify which antibiotics are most effective in treating them.

The final part brought everything together in the form of training modules. The team developed separate training modules for nurses and clinical physicians, and then conducted trainings throughout Springs. Since completing the trainings, the team has closely monitored and tracked the occurrence of catheter-associated UTIs, treatment and outcomes. The results have not only been improved patient care, as the team has seen a significant drop in UTIs in Springs; but also cost savings to the hospital, as the use of antibiotics has decreased.



Members of the Infection Prevention Team, the Employee Recognition Committee, and the Superintendent's Cabinet.

Infection Prevention Team

Nancy Johnson

Esther Kooistra

Paul Matson, M.D.

Cecilia Quaal

Kent Slawson

Congratulations to the Infection Prevention team!

For more information on the Team Recognition Award, contact the Employee Recognition Committee at **OSH**.

EmployeeRecognitionCommittee@dhsosha.state.or.us.

Peer-nominated awards highlight Social Work Month

By Cynthia Johnson, LCSW

In recognition of National Professional Social Work Month, OSH's Social Work Department presents annual peer-nominated awards each March to acknowledge and reward the extraordinary contributions of its staff. The peer-nominated process not only encourages department staff to reflect on the good work of their colleagues, but also builds camaraderie, develops employee leaders, motivates performance and strengthens the overall sense of morale.

Each year, social workers are asked to submit nominations for the following three awards: Excellence in Clinical Leadership in Assessment and Treatment Planning; Excellence in Patient Advocacy through Community Re-Integration Planning; and the Garnet Pelton Social Worker of the Year (inspired by the Garnet Pelton, the first professional social worker in the United States, hired in 1905 by Massachusetts General Hospital).

2014 Nominations:

This year, the following staff received peer nominations for at least one of the three categories listed above. For their outstanding performance and exceptional commitment, all nominees were awarded certificates of recognition.

Eric Bowling, CSWA, LMSW
 Alise V. Campbell, LCSW
 Sarah Cox, LCSW
 Dennis Farthing, CSWA
 Jennifer Hansens, CSWA
 Megan Harper, CSWA
 Cynthia Johnson, LCSW
 Vickie McGuire, LCSW
 Todd E. McJunkin, CSWA
 Trevor McMurray, LCSW, MAC
 Debra Neliton, CSWA
 Kimberly Oxford, LCSW
 Oleg "Mo" Popov, LCSW
 Michele Riggs, CSWA
 David W. Sant, CSWA
 Tyler St. Clair, LCSW
 Karen Stueber, CSWA
 Patricia Villarreal, CSWA
 Harmony West, CSWA
 Kimberly Wyatt, LCSW



SOCIAL WORK MONTH 2014



Dennis Farthing, CSWA: recipient of the 2014 Department Award for Excellence in Clinical Leadership in Assessments and Treatment Planning.



Cynthia Johnson, LCSW: recipient of the 2014 Department Award for Excellence in Clinical Leadership in Patient Advocacy through Community Re-Integration Planning.

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Peer-nominated awards highlight Social Work Month 2014

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Tyler St. Clair, LCSW: recipient of the 2014 Garnet Pelton Social Worker of the Year.

“Tyler started out great, but he just seems to get better and better. I have reviewed his documentation, and it is outstanding—his documentation should be an example for all of us. His quiet self-confidence influences how he is received and respected by other social workers, IDTs and the patients. Tyler gives his all to his assignments, without complaint. He was our first worker, outside of Portland and Springs, to have nearly an entire unit of civilly committed patients. He learned all the complexities of that difficult work and handled it with skill and style. Tyler has a great sense of humor, and he uses it well to “grease the wheels” of systems and people. He is a great example of what a social worker should be.”

-Carol Draper, LCSW

Garnet Award Recipients from 2012, 2013:

OSH’s Social Work Executive Team introduced peer-nominated departmental awards in 2012. Because the congratulations were not shared in past issues of the Recovery Times, below is a brief recap of the accomplishments of our first two recipients of the Garnet Pelton Social Worker of the Year.

2012: Trevor McMurray, LCSW, MAC

Trevor possesses strong clinical skills backed by years of experience serving individuals with complex treatment needs. His expertise is in serving individuals with co-occurring disorders in both inpatient and community-based environments. Trevor has been a psychiatric social worker at OSH since 2006.

2013: Vickie McGuire, LCSW

Vickie began her career at Stockton State Hospital in Stockton, Calif. Before earning her Master of Social Work, Vickie worked as a Licensed Practical Nurse in the California state hospital system. She has worked at Oregon State Hospital as a psychiatric social worker since 2007 and became a Licensed Clinical Social Worker in 2010.



Trevor McMurray, LCSW, MAC and Vickie McGuire, LCSW.

OSH raises more than \$24,000 during State Employees Food Drive

By Jeff Jessel, Director of Volunteer Services

For the past 22 years, state employees have been called upon to help fellow Oregonians in need during the annual Governor's State Employees Food Drive. In usual fashion, OSH staff answered that call this year with an amazing amount of enthusiasm and generosity.

During this year's food drive, OSH staff hosted more than 40 events and activities, including luncheons, raffles, sales and games, raising a hospital record \$24,186.

All money raised goes directly to the Oregon Food Bank Network in support of our local community. It was truly awesome that so many people took their personal time and money to prepare food, gifts, baked goods, crafted items and much more for the campaign.

Thank you to all the staff who supported, donated and participated in this year's food drive. And a special thank you to the members of the Food Drive Team who planned and operated these events.

We are looking forward to the 2015 Governor's State Employees Food Drive. Our 2015 campaign goal is to raise

Staff enjoy dishes from around the world during the Cultural Diversity Buffet. This was just one of the many popular events hosted by OSH staff in support of the 2014 State Employees Food Drive. Through donations and payroll deductions, OSH raised more than \$24,000 during the annual event, which supports the Oregon Food Bank Network.



Stop Hunger

2014 Governor's State Employees Food Drive

Every dollar raised during the food drive buys four pound of food.

OSH's contribution of \$24,186.28 will provide 96,745 pounds of food for hungry Oregonians.

In addition, another 581 pounds of nonperishable food was also donated.

\$25,000.00, which will provide 100,000 pounds of food for our local Food Banks.

For more information on the State Employees Food Drive, please contact Director of Volunteer Services Jeff Jessel at 503-945-2892 or jeffrey.m.jessel@state.or.us.

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OSH raises more than \$24,000 during State Employees Food Drive*continued from previous page***2014 Food Drive totals****Facilities Services Spaghetti Feed: \$634****FNS Breakfast Burritos: \$478****Standards and Compliance Guessing Jar: \$109****Pathways Asian Delight Buffet: \$622****CSO's Bake Sale and
Guessing Jar: \$167.25****HR Bake Sale and Raffle
Baskets: \$572****Forensics and Legal
Services Bake Sale: \$434****Harbors Admissions
Bake, Soup and Book Sale:
\$500.05****FNS Bake and Basket
Sale: \$730****RSD Music Mondays: \$200****Chili Cook-Off: \$412.25****Data and Analysis Pizza Feed: \$561.81****Medical Clinic Healthy Foods/Snacks Sale:
\$137****RSD Hair Salon Staff Haircuts: \$174****Transport and Security Nacho Bar: \$383.50****Cultural Diversity - Food from Around
the World: \$1,006****Environmental Services Raffle Baskets:
\$1,590****LH1 (a cash donation from Dr. Honablu in
honor of LH1 Staff): \$1,200****Silent Auction: \$5,200****Penny/Coin Drive: \$165****POSH P5A Donations: \$265****POSH Book Sale: \$135****POSH International
Potluck: \$355****POSH Small Activities/
Donations: \$136****POSH Rose and Chocolate
Sale: \$266.80****POSH Chili Cook-Off: \$68****POSH Penny/Coin Drive:
\$35****POSH Silent Auction: \$851****Total Cash Raised: \$17,386****Total Payroll Donations: \$6,800****Total Campaign \$24,186**

OSH Education and Development Department (EDD): May classes

For more information about these classes, call 503-945-2876.

May 2014				
Monday	Tuesday	Wednesday	Thursday	Friday
<p>*BLS CPR Part 2 <i>Please contact Diana Marshall via email</i></p>			<p>1 New Employee Orientation Day 4 Leadership Room, #342 NEO Comeback Day 2 Integrity Room, #344 Motivational Interviewing Step 1: 8:30 a.m. - 3 p.m. Service Excellence Room, #306</p>	<p>2 New Employee Orientation Day 5 Leadership Room, #342</p>
<p>5 New Employee Orientation Day 6 Leadership Room, #342 ProACT Refresher for 13/20 Staff: 7:30 a.m. - 9 p.m. Integrity Room, #344 *BLS CPR Part 2</p>	<p>6 New Employee Orientation Day 7 Leadership Room, #342 ProACT Refresher Day 1 8 a.m. - 5 p.m. Integrity Room, #344 *BLS CPR Part 2</p>	<p>7 New Employee Orientation Day 8 EDD Computer Lab, #310 ProACT Refresher Day 2 8 a.m. - noon Integrity Room, #344</p>	<p>8 Nursing Orientation Day 1 Service Excellence Room, #306 ProACT Refresher Day 1 Integrity Room, #344 Volunteer/Contractor Orientation: 8 a.m. - noon Leadership Room, #342 Injectable Medications: 1 - 5 p.m. Leadership Room, #342</p>	<p>9 Avatar for Nurses EDD computer lab, #310 ProACT Refresher Day 2: 8 a.m. - noon Integrity Room, #344 Ed Day Classroom: 1 - 5 p.m. Leadership Room, #342 Learning Styles: 1 - 5 p.m. Service Excellence Room, #306 *BLS CPR Part 2</p>
<p>12 New Employee Orientation Day 1 Leadership Room, #342 Code Blue Refresher: 8 - 10 a.m. or 3 - 5 p.m. EDD Lab, #312 Generations: Understanding the Multi-generational Workplace 10 a.m. - noon Service Excellence Room, #306</p>	<p>13 New Employee Orientation Day 2 Leadership Room, #342 Delivering Communication that Gets Results for Managers 8:30 a.m. - 4:30 p.m. Integrity Room, #344 CMA Pharmacology: 1 - 5 p.m. Service Excellence Room, #306</p>	<p>14 New Employee Orientation Day 3 Leadership Room, #342 NEO Comeback Day: 8 a.m. - noon, EDD Computer Lab, #306 1 - 5 p.m., Integrity Room, #344 Nurse Pharmacology: 9 - 11 a.m. or 2 - 4 p.m. Service Excellence Room, #306 *BLS CPR Part 2</p>	<p>15 New Employee Orientation Day 4 Leadership Room, #342 Nursing Orientation Day 2 Service Excellence Room, #306 Motivational Interviewing Step 2: 8:30 a.m. - 3 p.m. Integrity Room, #344</p>	<p>16 New Employee Orientation Day 5 Leadership Room, #342 NEO Comeback Day Integrity Room, #344 Professional Boundaries: 1 - 5 p.m. Service Excellence Room, #306</p>
<p>19 New Employee Orientation Day 6 Leadership Room, #342 ProACT for Operations Staff Integrity Room, #344</p>	<p>20 New Employee Orientation Day 7 Leadership Room, #342 ProACT Refresher Day 1 Integrity Room, #344 *BLS CPR Part 2</p>	<p>21 New Employee Orientation Day 8 EDD Computer Lab, #310 ProACT Refresher Day 2: 8 a.m. - noon Integrity Room, #344</p>	<p>22 Nursing Orientation Day 1 Service Excellence Room, #306 ProACT Refresher Day 1 Integrity Room, #344 Wellness: Mind-Body Connection: 8:30 - noon Leadership Room, #342</p>	<p>23 Avatar for Nurses EDD computer lab, #310 ProACT Refresher Day 2: 8 a.m. - noon Integrity Room, #344 Motivational Interviewing Step 3: 8 a.m. - noon Service Excellence Room, #306 Teamwork and Effective Interpersonal Skills: 1 - 5 p.m. Service Excellence Room, #306 *BLS CPR Part 2</p>
<p>26 Memorial Day</p>	<p>27 New Employee Orientation Day 1 Leadership Room, #342 CPR Remediation Course: 8 a.m. - noon Leadership Room, #342</p>	<p>28 New Employee Orientation Day 2 Leadership Room, #342 NEO Comeback Day: 8 a.m. - noon, EDD Computer Lab, #306 1 - 5 p.m., Integrity Room, #344 ProACT Refresher for NEC Service Excellence Room, #344 *BLS CPR Part 2</p>	<p>29 New Employee Orientation Day 3 Leadership Room, #342 NEO Comeback Day Integrity Room, #344 ProACT Refresher for NEC: 8 a.m. - noon Service Excellence Room, #344</p>	<p>30 New Employee Orientation Day 4 Leadership Room, #342 ProACT Refresher for 13/20 Staff: 7:30 a.m. - 9 p.m. Integrity Room, #344</p>