



Joshua Tinae sporting a cape as part of superhero-themed OSH team at the NAMI walk in May 2014.

Cultural Assessments Make a Difference

Because OSH provides treatment to a diverse patient population, unique circumstances frequently arise that cause treatment providers to look for alternate, culturally specific solutions to complex problems.

This was the case for patient Joshua Tinae, a 31-year-old Pacific Islander from American Samoa. Tinae’s culturally influenced behavior was misunderstood in OSH’s conventional treatment environment. It took the combined efforts of a diverse team of treatment providers, and collaboration from Tinae, to identify solutions to his treatment barriers.

Mina Schoenheit, a Mental Health Specialist at the time, developed an interest in pursuing cultural issues that occur in treatment services. In 2013, she began offering cultural assessments to OSH treatment teams, and Tinae was one of her first referrals. The State Hospital Review Panel (SHRP) suggested to his treatment team that he could benefit from culturally sensitive treatment interventions.

Schoenheit began working one-on-one with Tinae to hear his story and collaborate on ways that his treatment team could better support him.

Schoenheit found that Tinae began experiencing symptoms of schizophrenia as a teenager in American Samoa. In 2002, his family sent him to Washington for treatment. Because of the strong emphasis on family in his culture, and a reticence to discuss mental illness outside the family, it was a wrenching decision for him.

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OSH Recovery Times

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with questions or comments.

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Greg Roberts

Message from the superintendent

Dear OSH team:

In the past few issues of *Recovery Times*, I've used these Superintendent's Messages to discuss some of the ongoing initiatives here at OSH – our culture of safety, the Collaborative Problem Solving process, various Lean initiatives, etc. But I don't want us to lose sight of the excellent work we are doing here at Oregon State Hospital and the way the mental health community in the rest of the country is looking to us for innovation and leadership.

This was brought home to me when members of the Western Psychiatric State Hospital Association (WPSHA) toured OSH as part of their 26th annual meeting, which was held in Portland September 8-10.

WPSHA represents public psychiatric hospitals in 15 Western states, from the Dakotas to Alaska and Hawaii. The group of 60 members who came to OSH on September 8 gathered for a group presentation in the Kirkbride Plaza, then broke into 10 tour groups and viewed the Kirkbride, Trails and Harbors treatment malls; Leaf 1, Butterfly 1 and Bridge 1; and Kirkbride Plaza, Spiritual Care, the vocational workshop, medical clinic and the hearing rooms. After their tour of the hospital itself, the group visited the museum.

The following day, Bob Gebhardt and Derek Wehr attended the conference in Portland, where they made a presentation to the group about OSH's experience with Lean methodology and performance improvement. Dr. Sethi and Arthur Tolan spoke to the group about the work being done by Forensic and Legal Services, including the Risk Review Panel.

The tour was very well received by the WPSHA group. As usually happens when people first visit Oregon State Hospital, they were in awe of our facility and very positively impressed with the services we provide to our patients. They also mentioned the positive energy they felt as they spoke to patients and staff.

I want to emphasize that we didn't "put on a good show" for the WPSHA group. Yes, we talked about some of the things that we're most proud of. But we showed them the work we do every day here at Oregon State Hospital. We do have a great facility, but it's the work we do as the people of OSH that will make us the excellent psychiatric hospital we aspire to be.

One of the places where that work is happening is in Spiritual Care, where we recently welcomed Walter Balk as the Native American Coordinator and Supervisor of Clinical Pastoral Services. Walter

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(Superintendent's message continued from page 2)

previously worked as a contractor in spiritual care at OSH in the 1990s. Since then, he has been a spiritual care coordinator at a general hospital in Kalamazoo, Michigan, and managed the clinical pastoral education program at a state hospital in Wisconsin.

Walter and Luz Barela-Borst, our director of Spiritual Care, will be meeting and working with representatives of the tribal governments here in Oregon, to help us ensure that we're addressing the spiritual needs of American Indians among our patients.

Please join me in welcoming Walter back to OSH .

As always, if you have questions or concerns, please feel free to contact me anytime at:

greg.roberts@state.or.us.

Sincerely



Greg Roberts,
Superintendent

(Cultural Assessments Make a Difference continued from page 1)

"I got so depressed when I heard my parents talking about sending me (to the United States)," he said. His distress led to gang activity, substance abuse and thoughts of suicide.

"The Samoan culture has a strong prohibition regarding mental illness," said Schoenheit. "An individual with mental illness would be kept in isolation by their family to ensure protection against the people of their culture."

The assessment also revealed a deep connection to family traditions in which family leaders make decisions for younger members. This provided clarity for the team, which before described him as "apathetic" about making choices in his treatment.

Tinae wasn't avoiding treatment or refusing to participate, he just needed help from his original support system. "I missed family guidance," he stated. "I need my family to tell me what to do."

With a better understanding of his early life, how his culture approaches illness and his family support system, Schoenheit and Tinae incorporated these ideas into a plan to guide his treatment team.

"The cultural assessment conducted by Mina provided valuable information about who Josh is, and how best

to communicate with him," said team member Jessica Murakami-Brundage, Ph.D. "He began opening up with Mina, then started opening up with the rest of the team."

"Before the cultural assessment, I had a negative attitude about things. It changed how I react nowadays," said Tinae. "I've learned to talk, and people listen to me. "

Tinae expressed his gratitude to all the people involved in this process, his psychiatrist, psychologists, treatment care plan specialist, nurse manager, social worker and mental health specialist.

The barriers in treating Tinae brought together "a village" of people, including Joshua, and created a new process that will help others like him in the future – the cultural assessment.

Today, Joshua Tinae holds a hospital work position as a landscaper and is preparing to transition out of hospital-level care. Someday, he would like to move to a place closer to his family.

For more information about cultural assessments, please contact Mina Schoenheit, at mina.schoenheit@dhsosha.state.or.us.

Healthcare Quality Week

By Kaleb Keaton, Research Analyst

Healthcare Quality Week, from Oct. 19 to 25, was established by the National Association for Healthcare Quality (NAHQ) for the purpose of increasing awareness of healthcare quality programs and the individuals that implement them. NAHQ provides education, leadership development opportunities and products to support quality professionals.

The NAHQ describes healthcare quality and patient safety professionals as, “an integral part of the success of today’s modern healthcare system. They impact every aspect of the healthcare process in facilities large and small, from major metropolitan health centers to local long-term care facilities.”

At Oregon State Hospital, Quality Management (QM) is responsible for continual improvement of the hospital systems to better the experience of both staff and patients. Technology Services, Data and Analysis, Standards and Compliance, Health Information and Performance Improvement comprise Quality Management, and together support OSH and its plethora of needs by

continually implementing services that place quality as a cornerstone.

Throughout Healthcare Quality Week, QM will be promoting the importance of quality as it pertains to OSH.



While the positions and responsibilities of staff here at the hospital are diverse, quality is a common goal for establishing professional healthcare to the people we serve.

QM asks that you take the time to congratulate colleagues and peers who have shown prowess in their work and are positive examples for what it means to perform quality at their jobs.

For more information on Healthcare Quality Week, please visit www.nahq.org.

Resources Quality and Safety Network

By Ted Ficken, Director of Standards and Compliance

In an effort to improve quality at OSH and establish on-going education to staff about the Joint Commission (TJC) www.jointcommission.org/ and other requirements at the hospital, the Standards and Compliance team is providing access to the webinars on “The Joint Commission (TJC) Resources Quality and Safety Network.”

These webinars provide excellent information about standards of TJC and the Centers for Medicaid and Medicare Services (CMS) www.cms.hhs.gov/, and are available for all staff while at work or from a home location. These webinars are available to view live, on the 4th Thursday of each month at 11 a.m. Webinar’s cover topics that are important to all staff, such as:

- CMS standards for infection control, discharge planning and performance improvement.

- Assessing and managing risk in your organization
- Environment of Care and Life Safety Code standards
- Human Resources and Medical staff standards
- Medication Management and Patient Care standards

Webinars presented earlier this year have been archived, and are available for viewing at any time. We will also receive a DVD following each webinar, and additional times will be scheduled for staff to view the DVD in EDD. Staff members can print out certificates of completion, to use for continuing education credits.

For a complete schedule, the link to the site, and instructions, please contact Ted Ficken, Director of Standards and Compliance, at ted.ficken@dhsosha.state.or.us.

Peer Support Group Continues to Excel: A W.I.N.-win situation

A peer support group established a year ago continues to gain momentum as members develop group activities, collaborate with hospital staff and plan community-based events.

The Wellness Initiative Network (WIN) was inspired by the OSH Wellness Committee, a group comprised of volunteer staff that support the physical, mental, social and spiritual health of employees by offering information, programs and events. Patients Luke Walters and Dana Sword felt that emphasis on peer support of well-being efforts could be applied to the consumer population at OSH.

“[WIN] is about restoring people’s ability to be in charge of their lives, in a healthy way,” said Walters. “When you have someone doing things for you, you don’t need to take quite as much initiative.”

WIN meets for two hours every Monday in the Bridges Treatment Mall. Members focus on activities oriented to personal choice, such as identifying and setting individual based goals to improve overall health.

“Some people are going to want to focus on different parts, like nutrition, exercise, spirituality, psychotherapy, music, humor or just experiencing nature,” Walters said.

Activities are either individual or group based, and include surveys, self-management logs, collages, guest speakers and community outings.



WIN members meet to discuss upcoming opportunities.



WIN member William Douglas pots spider plants for peers that they can keep in their room.

The group is encouraging its members to work on a self-management log.

“Documenting your routine with self-assessments can help you build a routine, become more empowered, and gain a perspective on your life,” said Sword.

Earlier this year, WIN organized its first community outing in which a group of patients and staff hiked near Santiam Pass. To organize such outings, members work with staff to plan logistics and submit the necessary trip request to administration for approval. The WIN group would especially like to have more of this type of outing.

The WIN members have seized on an idea that’s new to the hospital – patient-driven support. What they receive in return is an opportunity to have personal choice in their treatment, and to help a peer along the way.

For more information about WIN, contact Vicky McGuire at vickie.j.mcguire@dhsosha.state.or.us.

Trauma Informed Care: Creating a Healing Community

By Malcolm Aquinas, Peer Recovery Specialist

The Trauma Informed Care (TIC) project is one of eight projects in the Culture of Safety Initiative. The members of the TIC committee see the principles of trauma informed care as the unifying framework that binds together other system transformation efforts. TIC is the heart that vitalizes Collaborative Problem Solving, Case Formulation, Emergency Response Teams and more.

The TIC committee is reviewing the following 10 Domains, which are informed by 6 Key Principles:

Ten domains of trauma informed approach implementation

1. **Governance and Leadership** – A champion of this approach (from the institution's leadership) is often needed to initiate a system change process.
2. **Policy** – This approach must be “hard-wired” into practice and procedure of the organization, and not solely relying on training workshops or a well-intentioned leader.
3. **Physical Environment of the Organization** – Staff and patients must experience the setting as safe, inviting.
4. **Engagement and involvement of people in recovery, trauma survivors, people receiving services and family members receiving services** – These groups have significant involvement, voice and provide meaningful choices at all levels and areas of an organization's functioning.
5. **Cross Sector Collaboration** – Even if the hospital is trauma-informed, a referral to a trauma-insensitive program could undermine the progress of the individual.
6. **Screening, Assessment and Treatment Services** – It's essential that practitioners use and are trained in trauma screening and assessment, staff provide trauma-specific interventions and an established

referral system is in place to connect individuals with appropriate trauma treatment when trauma-specific services are unavailable.

7. **Training and Workforce Development** – Ongoing training of trauma and peer support. The organization's human resource system incorporates trauma-informed principles in hiring, supervision and staff evaluation.
8. **Progress Monitoring and Quality Assurance** – Ongoing assessment, tracking, and monitoring of the trauma informed approach.
9. **Financing** – Financing structures are designed to support a trauma informed approach.
10. **Evaluation** – A structured way to measure and evaluate the use of the trauma informed approach.

Six key trauma informed approach principles

1. **Safety** – Understanding safety as defined by those served is a high priority.
2. **Trustworthiness and Transparency** – Organizational operations and decisions are conducted with transparency and with the goal of building and maintaining trust.
3. **Peer Support** – Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration and utilizing their stories and lived experience to promote recovery and healing.
4. **Collaboration and mutuality** – Importance is placed on partnering and the leveling of power differences
5. **Empowerment, Voice, and Choice** – Operations, workforce development, and support services are organized to foster empowerment for both staff and clients.

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(Trauma Informed Care continued from page 6)

6. Cultural, Historical, and Gender Issues – The organization actively moves past stereotypes and biases.

The TIC committee is currently taking each of the 10 Domains and identifying what specific actions the hospital needs to take to ensure its meaningful, substantive, and enduring implementation of TIC at OSH. All of our work is proceeding with the aim of creating a workplace where people are recognized for their contributions, validated in their experiences, empowered to be their best and honored through a genuine mutuality.

We are striving towards the creation of an inclusive community of healing where staff and residents alike are provided the opportunity to achieve their personal best. Be prepared because we will soon be actively seeking TIC champions who will carry this work forward to every corner of the hospital!

For more information about trauma informed care, contact Malcolm Aquinas at:

malcolm.m.quinas@dhsosha.state.or.us.

Anti-Bullying Initiative Update

By Sherry OBoyle, Organizational Advancement Consultant



Don't turn your face away.

Once you've seen, you can no longer act like you don't know. Open your eyes to the truth. It's all around you.

Don't deny what the eyes to your soul have revealed to you.

Now that you know, you cannot feign ignorance.

Now that you're aware of the problem, you cannot pretend you don't care.

To be concerned is to be human.

To act is to care." ~Vashti Quiroz-Vega

In a July 12, 2013, message to staff, OSH Superintendent Greg Roberts stated, "The Oregon State Hospital (OSH) has a vision of inspiring hope, promoting safety and supporting recovery for all. This is incompatible with any form of bullying."

He added that OSH has developed "zero tolerance" to bullying and the formation of a workgroup to develop a detailed anti-bullying plan to be delivered to the OSH Protection from Harm Committee.

Since that message came out, the newly formed Anti-Bullying Committee recommends a plan to eliminate bullying behaviors, defined as repeated unwanted and aggressive verbal, physical and/or emotional behaviors, which may interfere with the quality of patient care, treatment, and wellbeing, or interfere with staff's ability to perform duties in a safe environment. The Anti-Bullying Committee is

led by Richard Ott and Julee Engelsman, and sponsored by Greg Roberts and Nena Strickland.

The team has proposed a four-step plan that would:

1. Define bullying behavior with systemic training and exposure;
2. Expose bullying behavior with a detailed reporting system;
3. Provide a system for clear, confidential and timely resolution; and
4. Create a system to support victims, bullies and bystanders.

Over the next year, you will see a series of activities, procedures, and messages that will address bullying in all of its forms. A clear, concise reporting structure will be established to allow for confidential reporting of alleged bullying and a support system will be created for those who are bullied, those who witness bullying, and to help someone who is bullying others to address the cause of his/her behavior in order to change it.

For more information, please contact Richard Ott, at richard.a.ott@dhsosha.state.or.us, or Julee Engelsman, at julee.a.engelsman@dhsosha.state.or.us, or contact the Anti-Bullying Committee at anti.bullying@dhsosha.state.or.us.

Summer events at OSH - the best yet

This summer, OSH hosted two annual outdoor events for patients that exceeded the standards set in previous years.

The annual car show, held Friday August 22, brought in staff cars and motorcycles that filled the baseball field and Harbors quads. Patients from all Salem programs took part.



(Above) Pasquale Ramirez-Guerrero with Recreation Specialists Felix Ornelas and Jeremy Fleener.

On September 12, OSH hosted its annual art festival in Salem. The loop corridor was blooming with art and craft stations, live music, games and food vendors.

(Below) Staff provide a musical atmosphere.



(Left) Chi Ladesa enjoys the music. (Lower left) Cody Crawford shows off his art. (Below) David Rayner mingles with staff and peers





(Above and below) Patient art from the different programs was proudly displayed.



(Above) WIN members held a booth to recruit new members.



(Below) Luke Walters enjoys the sun and upbeat atmosphere at this year's art festival.



(Above) Patients line up for a chance to dunk staff.
(Below) Heidi Scott takes part in the dunk tank.



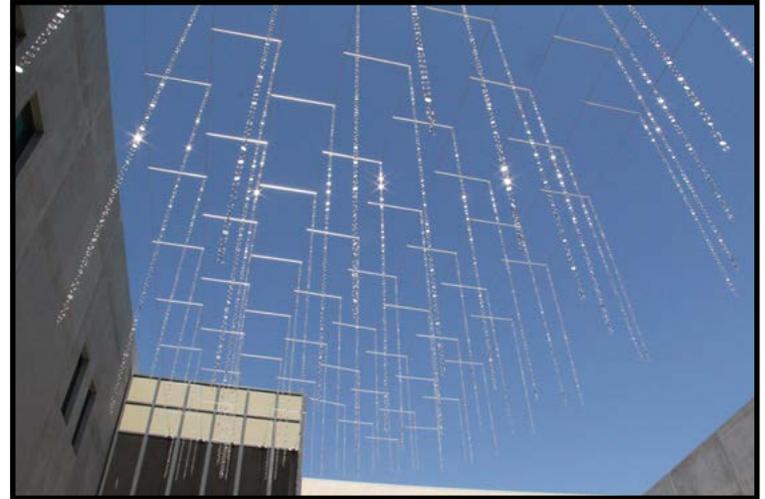
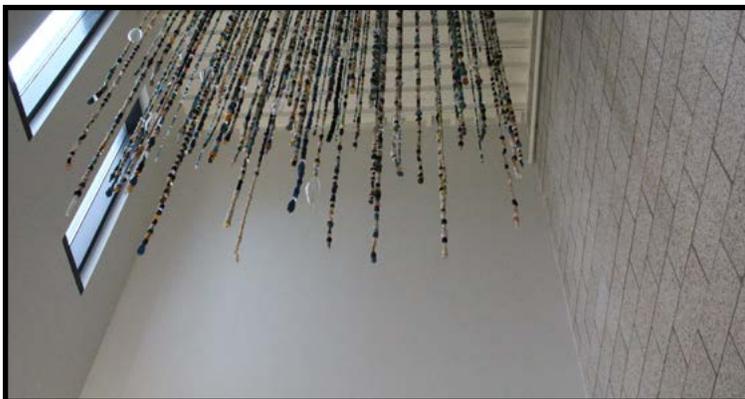
Junction City Sneak Peek - Part 1

Fall is here and construction at the Junction City Hospital continues to progress. Only a few months ago, what began as a simple concrete structure is now taking shape into a modern psychiatric facility.

In this issue, we'll show you some of the new hospital's features, and keep you updated in future issues.



The Junction City campus hosts many art installments, part of the Percent for Art legislation from the Oregon Art Commission. (Above) The front entrance displays inspirational words etched into glass, created by patients and artist Dana Lynn Louis. Hanging from the two-story salley port in the main entrance (below), a beaded waterfall created by patients and Louis at the Salem campus last spring.



(Above) In the prairie quad, metal rivets on the art sculpture "rain" shine in the sunlight.



(Above) In administrative areas, each cubicle will have a locking file cabinet. Lockers will be available for every staff who doesn't have a desk.



(Above) Instead of a small staff break room on each unit, the space will be combined to create one large function staff lounge. The lounge will have lockers, four refrigerators, two vending machines, a lactation room and showers.



(Above) Patient rooms will be two-person occupancy, with one single-person room per unit.



(Above) The centrally located patient library. (Below, left) Duress alarms will be badge activated, and identified by green borders. Scan your badge and it will automatically start an overhead page – no delay to initiate the alarm. (below, right) Swivel door handles in all secure areas.



(Above) The gymnasium is about the size of the Harbors Gym with the addition of a stage. A large projector and movie screen is available for movie nights, which link to an overhead sound system. (Below) Some treatment mall group rooms are twice the size of the large group rooms in Salem, and will double as activity rooms after mall hours. The TV cabinets are redesigned to allow access to gaming systems, channel and volume controls without opening the cabinet door.



For more information about the Junction City Hospital, please contact Nichole Bathke, at: nichole.m.bathke@dhsoha.state.or.us.

Team Recognition: April 2014

Category: Inspiring Hope

Recipient: Music Therapist Team

Nominated by: Michelle Swanger

It's no secret that music can provide inspiration and hope to people in difficult life circumstances. Many patients at OSH have overcome obstacles in their treatment through music therapy and one-on-one work with a music therapist. Whether it's individual music lessons, live performances from staff or patients, or a growing variety of music related groups available in the treatment malls, OSH music therapists work with patients to build skills and find ways to help them recover.

Congratulations music therapy team, you're the April winner of the Team Recognition Award for inspiring hope.

Music Therapy Team

Christy Hey

Joanne Trzcinski City

Jim Lowry

Dave Dahl

Stacey Castor

Caroline Callaway

Laurel Lee Pond

Kirsten Swanson

Doug Kuzmanoff

Stuart Lynd

Paul Martin

Marti Bowles

Mario DeSantis



Members of the music therapy team with Superintendent Greg Roberts at a community forum in Portland.

Inspiring Hope!

Team Recognition: May 2014

Category: Promoting Safety
Recipient: Security and Facility Services
Nominated by: Ken Goforth

During the February snow storm, many staff were unable to reach their cars in the parking lots due to unsafe sidewalks and walkways. The security and facility services teams joined forces to ensure that these areas were clear of ice and snow, and safe for staff.



Members of Security and Facility Services (right), the Employee Recognition Committee, and the Superintendent's Cabinet.

Facilities	Security	
Kevin Kalb	Lorrie Walker	Scott Parks
Chuck Mile	Brian Booth	Dan Schroeder
Eric Jeffers	Paul Mosunic	Ken Sniffen
Pete Torassa	Sue Delarosa	Teresa McDonald
Marilyn Brooks	Hepsi Rufle	Larry Shirley
Stan Eades	Toni Landau	Chad Anderson
Roberto Gil	Mike Delarosa	Brad Mathers
Ron Mantle	Tim Wilson	Chanc Casey

During the February snow storm, many staff were unable to reach their cars in the parking lots due to unsafe sidewalks and walkways. The security and facility services teams joined forces to ensure that these areas were clear of ice and snow, and safe for staff.

And more, these two teams went beyond a helpful role and volunteered their time to help staff clear car windshields, put on chains and even shuttled staff from their cars to the building. Through these efforts, OSH maintained safe staffing levels in clinical areas and support services.

At OSH we all work as a team to provide a high quality of care to our patients. In February, security and facilities services showed how two already well-functioning teams can still exceed expectations, and keep everyone at the hospital safe.

Congratulations Security and Facility Services, you're the May 2014 winners of the Team Recognition Award for promoting safety.

Promoting Safety!

Team Recognition: June 2014

Category: Supporting Recovery

Recipient: Engagement Mall Team

Nominated by: Jason Stringer
Heidi Scott
Christy Hey

While the treatment malls provide excellent recovery services, sometimes patients have difficulty attending the malls due to illness or other factors. Fortunately, the Engagement Mall was established to help provide services to patients that stay on their unit during mall hours.

The Engagement Mall developed an on-unit, outreach-based and individualized approach to working with patients with barriers to mall attendance.

As a result of the Engagement Mall team's interventions, patient engagement in treatment on Anchor 1 and Lighthouse 1 increased, and now the Engagement Mall services have spread to other units and programs.

Congratulations Engagement Mall Team, you're the winner of the June 2014 Team Recognition Award for supporting recovery.



Members of the Engagement Mall Team (below), the Employee Recognition Committee, and the Superintendent's Cabinet.

Engagement Mall Team

Shelley Davidson
Jeremy Fleener
Mario Desantis
Guy Forson
Billy Hatch
Aliiah Kromah
John Herring
Lori Wilson
Micah Lewis
James Shirley
Deb Morse-Little

Marta Sigmund
Sandy Moler
Cindy Koch
Erika Gabbard
Scott Ketainck
Brenda Thayer
Will Newbill
Lydia Quinones
Jen Snyder
Nina Perard
Jeremy Kazemier

Chris Raikes
Heidi Scott
Angela Poirier
Brenda Massey
Josh Eggert
Lindsey Sande
Diane Wyss
Michael Ratliff
Kris Wright
Krystal Landry
Valerie Patterson

Dena Al-Awaj
Anthony Cornell
Jason Stringer
Anchor 1
Lighthouse 1
Flower 3
Flower 2

Supporting Recovery!

Team Recognition: July 2014

Category: Improving Quality

Recipient: Data & Analysis Team

Nominated by: Scott Hillier

Data & Analysis Team

Bruce Vickers

Kaleb Keaton

Carolyn Treat

Linh Ly

Dixie Jackson

Tracy Hoyt

John Eastman

The Data & Analysis team provides OSH with valuable data and information that allow staff to improve the quality of care we offer. Over the last year, the team has implemented many new ways for improving services, such as:

- Adding useful widgets and reports in Avatar
- Creating and managing the new OSH Performance System
- Creating and managing a data warehouse and data catalog
- Reformatting monthly reports to use more effective data presentation tools
- Organizing trainings and presentations to inform staff how to correctly interpret data.

Congratulations Data & Analysis Team, you're the winner of the July 2014 Team Recognition Award for improving quality.



Members of Data & Analysis Team, the Employee Recognition Committee, and the Superintendent's Cabinet.

Improving Quality!

Team Recognition: August 2014

Category: Innovating

Recipient: Bridges Treatment Mall Team

Nominated by: Terre Banks

Chattie Miranda

Shaun Taylor

Bridges Mall Team

Brad Schmidt

Roberta O'dell

Robin Grizzell

Kat Gormley

Jeff Heltsley

James Johnson

Rod Roppe

Mark Wilhite

Tim Funk

Sam Swiger

For the past six months, the core Bridges Treatment Mall staff have been helping relieve Bridges unit staff in order for those staff to meet as a group, once a week, to have an intershift-overlap meeting.

Each day the Bridges Mall staff takeover attendance duties, stage and transport the patients back to the unit, and give hand-off communication to the unit staff.

Because of the opportunity to meet weekly, unit staff have been able work on team building, continuing education and problem solving between shifts – all without incurring overtime.

The Bridges Mall Team is winner of the August 2014 Team Recognition Award for innovating.

Innovating!



The Bridges Treatment Mall team, the Employee Recognition Committee and the Superintendent's Cabinet.