

A View From The Hill

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A VIEW FROM THE HILL TEAM MEMBERS:

Connie Adams
Administrative Assistant

Ned Bane
Peer Support Specialist

Linda Bonham
Administrative Assistant

Mary Beth Counts
Secretary Senior

Cynthia McClaskey
Director

James Parks
Pest Control

Amanda Phipps
Executive Secretary

Cheryl Veselik
Human Resources
Assistant

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From The Director

As most of you will be aware by the time you read this, the Commonwealth's outgoing Governor revealed the highlights of the final budget proposal of his term to the General Assembly on December 18, 2009. Governor Kaine's proposed budget includes a combination of substantial spending cuts and new revenue collections, all designed to address a budget deficit that is projected to exceed \$4 billion. Several of these cuts target the Department of Behavioral Health and Developmental Services, including SWVMHI. These cuts were both surprising and deeply concerning to me and I am sure to you as well. Coming on the heels of the already substantial budget reduction that we are currently facing, the addition of millions of dollars in further cuts is that much more sobering.

Relevant highlights of the Governor's proposal:

Proposed Spending Cuts:

Training Centers: \$10.5 million. Includes closure of 57 beds across CVTC, NVTC, SWVTC, and SVTC, as well as the transition of SEVTC into a new, smaller, 75 bed facility. The proposed size of the reduction in beds at each facility remains to be determined.

Pharmacy Standardization: \$5.8 million. A recent University of Massachusetts study found that the Commonwealth could lower the costs associated with the prescribing and management of prescription medications. The pro-

posed changes are designed to decrease spending and ensure greater alignment with best practices from across the country. A Committee composed of Facility, Medical, and Pharmacy Directors, as well as key staff members from Community Services Boards, will be examining and implementing appropriate recommendations from the study.



Cynthia McClaskey, Ph.D.

Closure of CCCA and the SWVMHI Adolescent Unit by June 30, 2010: \$8.4 million. This aspect of the Governor's proposal reintroduces the closure of all child and adolescent beds in the Commonwealth's public mental health system, reflecting the seriousness of the Commonwealth's financial position and the belief that private sector entities can provide the care needed by these individuals, that they are willing to do so, and that they can do so in settings which are closer to home communities. The proposal includes \$2.1 million to purchase services from private providers for those individuals who have

no insurance coverage or whose coverage has been exhausted or denied. You will recall that a similar proposal was defeated in the General Assembly last year, and we can be assured that the process of debate and disposition will be quite rigorous in the upcoming legislative session.

Closure of SWVMHI Geriatric Unit by June 30, 2011: \$2 million. This aspect of the proposal was the most surprising. It was also the source of confusion, in that early reports set the closure date at June 30, 2010. After reviewing the actual text of the Governor's proposal, we have been informed that the 2011 date is the correct one. The rationale for this facet of the Governor's plan is that operational efficiencies and financial savings can be realized by transferring beds from SWVMHI's Geriatric Unit to Piedmont Geriatric Hospital in Burkeville., which is almost four hours from Marion.

Proposed Revenue Increases/Suspension of Payments:

Governor Kaine's budget proposal calls for new revenue collection and the suspension of payments made to local governments, in addition to spending cuts.

(Continued on Page 11)

Product Safety

Have you ever wondered if a product you are thinking about purchasing or perhaps a gift you have received is safe? If so, you may want to look at the website of the U. S. Consumer Product Safety Commission. You can find information on over 4,500 product recalls and alerts using the various searches on the web page.

On the website there is a section entitled "Recalls and Product Safety News." If you click on this section, you will find recalls based on date, product type,

company, or manufacturer name, type of hazard, and country/area of manufacture. For instance, if you click on "November, 2009," you will



find a list of recalls for the following items:

- children's hooded sweatshirts
- children's metal pendants
- gas ranges
- boy's warm-up sets
- drop-side cribs
- ski bindings
- stainless steel cookware
- gas grills
- lineman's safety harness
- pacifiers
- baby hammocks
- bicycles
- backpack blowers
- treestands
- nacho cheese and chili sauce dispensers
- IBM backup disk hard drives



- strollers
- children's art easels
- microwaves
- travel mugs
- backyard swings

.....and that was just in November!

If you are contemplating a purchase or have received any gifts recently, it might be a good idea to visit this website.

~The Safety Committee



Chaplain's Corner

A century ago, James Allen wrote a wonderful little book titled, As a Man Thinketh. The title he borrowed is from Proverbs 23:7 in the Bible which reads, "For as he thinketh in his heart, so is he:" (KJV). In the book, Allen writes, "The human mind may be likened to a garden, which may be intelligently cultivated or allowed to run wild. But whether cultivated or neglected, it must and will bring forth. If

no useful seeds are put into it, then an abundance of useless weed-seeds will fall, accumulate, and will reproduce their own kind" (p. 9).

Every day, we are faced with a choice as to what kind of life we want to live.

The circumstances we encounter day in and day out may seem overwhelming and beyond our control, but the attitude we choose is up to us.

It is easier to allow negative, self-defeating, and critical "weed-seeds" to take root for they are in abundance and grow so easily. But to cultivate the good seed of Hope, Joy, Peace, Love, Forgiveness, Discipline, Character, Integrity, etc., requires a deliberate effort to weed out the bad seeds and plant the

good. God has designed man for excellence and the higher life. That life of excellence is best achieved in God's plan for us and not our own.

As we go into a new year, the tendency sometimes is to carry a lot of useless, negative baggage with us. The New Year can be a wonderful opportunity to weed out the bad and make a determined effort to cultivate the good. But how can we do that? How can we think the right thoughts? The Apostle Paul gives us good advice when he wrote in Philippians 8:4, "whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable, if anything is excellent or praiseworthy, think about such things (NIV). We are what we think. If we don't like being what we think, then by the Grace of God, we have opportunity to change. Change is never easy, but change must have a starting point, and today is as good as any day to start.



Lighting The Way

On December 1 and 3, 2009, nursing administration conducted two 8-hour training workshops for the nurses and psychiatric aides who were nominated to become preceptors. The presenters for the workshop were Alicia Alvarado, Chief Nurse Executive; Norma Brickley, Assistant Nurse Executive; Debbie Borders, Clinical Nurse Specialist; and Robin Poe, Nursing Staff Development Coordinator.

To be nominated as a preceptor is indeed a great accomplishment. It indicates the employee is dedicated to the individuals we provide services to as well as being dedicated to each other. These employees are noted to be working and living the mission, vision, and values of the institute. They are all considered to be contributors in their assigned work area, they are proficient in their skills, up to date on their training and competencies, and they support the principles of recovery.

In order to become a preceptor, each employee must receive eight hours of basic training. The training content includes an introduction to being a preceptor and how preceptoring encompasses the mission, vision, and values of the institute. Adult learning concepts and generational differences were included to help the preceptors gain a better understanding of ways individuals of different generations comprehend. A session on time management was included to offer suggestions for the organizational skills that would benefit a preceptor. The afternoon consisted of a viewing of the Ben Zander video, "Leadership, an Art of

Possibility," and a panel of expert preceptors arrived to answer questions and give advice to the attendees. Afterward, the coursework was completed by applying the principles of recovery during preceptoring and utilizing the "Get, Give, Merge, Go" form of communication with the preceptee. Each day of training ended with some application exercises, role play, and group activities.

At the end of each day of training, the attendees were given a certificate of Distinguished Service Award. They were also presented a lighthouse pin to indicate that preceptors are lighting the way for the new nurses and psychiatric aides. If you see the lighthouse pin attached to the name badge of a nursing employee, it indicates this person is a preceptor.

Many thanks go out to our expert preceptor panel consisting of Todd Gillespie, Head Nurse (1st shift, A/B), Betty Hash, Head Nurse (2nd shift, C/D) and Janet Price, Psychiatric Lead Aide (1st shift, A/B). They gave freely of their time, answering all questions asked of them, and shared the many ways they have benefited from being a preceptor. The attendees found time spent with the expert panel to be among their best experiences of the training.

If you see any of the following employees please congratulate them on becoming



preceptors: Greg Sawyers, Deborah Burchett, Bernice Grubb, Angela Gentry, Louetta Carnell, Denise Blevins, Rochelle Wymer, Donna Goodpasture, Bridgett Ford, Lynn Skidmore, Kathy Hogston, Susan McKenna, Sarah Reeves, Peggy Olinger, Patricia Moore, Karen Graham, Jackie Hughes, Jessica Helton, Elizabeth Stamper, Tracie Havens, Paula Myers, Christopher Shupe, and Josie Wade.

Congratulations to each of you and thank you for two great days of training and fellowship. I am certain that new employees in the Nursing Department will benefit greatly from the knowledge and skills that each of you will share with them.

~Robin Poe, MSN, RN- BC
Nursing Staff Development Coordinator

Medical Services Highlights: Dr. Marina Kolessova

Marina Kolessova, M.D., joined the staff of SWVMHI in July, 2009, as a full-time MOD. While she was born in Moscow, she herself is almost a native of southwest Virginia. She grew up and attended medical school in Moscow. When the Soviet Union collapsed, she and her family immigrated to Canada. She was accepted into a medical residency with the University of Virginia and completed her residency in internal medicine in Roanoke. She liked the area and accepted a position with the Veterans Affairs Hospital where she completed her residency. She briefly left Roanoke to assist in the care of a family member. She then returned to Roanoke and has lived there since. She enjoyed working at the Veterans Affairs Hospital, but, with funding cuts, she



began looking for another opportunity. A colleague had worked at SWVMHI as an MOD and told Dr. Kolessova about the opportunity here. She interviewed and was quickly hired. She works three 15-hour shifts each week and then returns to her home in Roanoke. Dr. Kolessova now calls Roanoke home and enjoys an active social life with the friends she has made over the years. One of her favorite activities is entertaining her daughter and two grandchildren who visit regularly.

Please welcome Dr. Kolessova!

~Amanda J. Currin
Assistant Director, Administrative Services



Word Search

See how many of the following words you can find relating to January and winter.

A	B	S	C	H	M	R	W	Z	Q	S	W	E	R	T	W	Z	Y
D	E	I	K	S	T	Y	E	C	A	L	P	E	R	I	F	A	A
F	N	Q	D	A	F	G	H	J	S	K	L	Z	N	X	C	V	B
J	M	Q	W	E	T	R	T	Y	U	L	I	T	O	P	A	S	D
K	F	G	G	H	J	E	H	J	K	L	E	Z	X	C	V	B	N
N	M	Q	L	W	E	R	S	A	T	R	Y	D	A	S	D	F	G
A	B	O	O	T	S	H	J	N	T	K	L	Z	D	X	C	V	B
M	L	A	V	B	U	E	F	U	K	L	C	R	D	I	T	R	D
W	I	H	E	W	F	H	K	A	C	J	D	Y	L	D	N	H	K
O	Z	V	S	H	I	B	E	R	N	A	T	I	O	N	D	G	V
N	Z	T	A	O	C	J	K	Y	G	C	D	X	C	W	K	V	C
S	A	F	J	C	I	E	V	G	U	K	W	L	Y	C	V	F	J
G	R	C	B	K	C	D	P	J	G	F	S	J	F	Z	I	M	B
L	D	H	E	E	L	X	J	U	D	R	X	E	R	R	D	V	W
O	U	J	D	Y	E	V	B	M	O	O	F	B	T	X	A	C	O
P	Z	X	C	V	S	B	N	M	Q	S	Q	K	R	S	X	C	N
T	A	S	D	F	G	H	J	K	L	T	Q	G	N	I	I	K	S
M	I	T	T	E	N	S	Q	W	E	R	T	Y	U	I	O	P	X

January

Cold

Winter

Snow

Skiing

Snowman

Boots

Scarf

Sledding

Gloves

Fireplace

Soup

Hibernation

Hockey

Blizzard

Jack Frost

Icicles

Mittens

Hat

Coat

Skates

~Cheryl Veselik, CPS/CAP
Human Resource Assistant

(Answer Key on Page 12)

Meals In Minutes— Hazelnut Cappuccino Crinkles

Are you a coffee lover? Add a little java to classic crinkly chocolate cookies.

Prep Time: 30 min

Total Time: 30 min

Makes: 2 1/2 dozen cookies

- 1 pouch (1 lb. 1.5 oz.) Betty Crocker® double chocolate chunk cookie mix
- 3 tablespoons vegetable oil
- 2 tablespoons hazelnut-flavored syrup
- 2 teaspoons instant coffee granules or crystals
- 1 egg
- 1/2 cup powdered sugar
- 30 coffee bean chocolate pieces



Heat oven to 375°F. In large bowl, stir cookie mix, oil, syrup, instant coffee, and egg until soft dough forms.

Roll dough into 1-inch balls; roll in powdered sugar. Place 2 inches apart onto ungreased cookie sheet.

Bake about 9 minutes or until set. Immediately press candy piece into top of each cookie. Cool 1 minute; remove from cookie sheet to wire rack.

Taken from www.bettycrocker.com.

Do you have a quick and delicious recipe that you would like to share? Email it to Amanda Phipps, and we may place it in the next newsletter!

~Amanda Phipps
Executive Secretary

Fiscal Department Factoid: The Accounting Department at SWVMHI processes \$3M per month. That entails over 300,000 financial transactions!

Can Too Little Sleep Make You Gain Weight?

Recent studies have linked inadequate amounts of sleep to weight gain, obesity, and an increased risk of developing diabetes. In the past, I have not been impressed with reports that found such an association between inadequate sleep and weight gain — but it's hard for me to ignore the similar findings in several recent studies.

A 2005 report, for example, involving about 25,000 men and women enrolled in the National Health and Nutrition Examination Surveys (NHANES) found higher body mass indexes (BMIs) and more obesity in those subjects who averaged less than 7 hours sleep a night. And a 2007 analysis of NHANES data found a nearly 50-percent increase in the risk of diabetes among those participants averaging less than 5 hours of sleep daily. About 1 in 10 of the men and women surveyed slept less than 6 hours a day, while a comparable number slept for more than nine hours a day.

Both of these studies found that sleeping for 9 hours or more did not lead to weight gain or to a greater incidence of obesity.



Finally, results of a huge door-to-door survey of 87,000 American adults conducted by the National Center for Health Statistics (NCHS, part of the Centers for Disease Control and Prevention), revealed that obesity was greater in those people who slept either less than or more than 7 or 8 hours a day. Obesity rates were 33 percent among those who slept less than 6 hours a night; 26 percent in those getting 9 hours; and 22

percent in those getting 7 to 8 hours of sleep.

The NCHS survey also found that cigarette smoking was more common among those sleeping less than 6 hours (31 percent of this group smoked) or more than 9 hours (26 percent), compared with 18 percent of those who slept 7 to 8 hours.

And other evidence from experimental studies showed that sleep deprivation raised blood levels of hunger-producing hormones and considerably increased appetite. The sleep-deprived subjects especially craved sweets, starches, and salty snacks.

So it begins to look like, besides recommending fewer calories and more exercise to keep off the extra pounds, we should probably also start prescribing more hours of sleep.

~Cindy Jones, RN, CIC
Nurse Coordinator for Infection Control and Employee Health

Furlough Day Information

By now, each full-time employee should have received a letter regarding the upcoming Temporary Work Force Reduction (Furlough) Day. Every full-time employee must take a furlough day, including those that are leaving employment as a result of substituting for someone who would have been laid off (WTA). For most of us, that day will be on Friday, May 28, 2010 (the Friday prior to Memorial Day). However, some positions in areas that work all three shifts, such as the Nursing Department, the Security Department, the Physical Plant Services Department, etc., will need to take their furlough day on an

alternate date. The letter explains the process for requesting a specific day for your alternate day, and what benefits will be impacted by this furlough. If you have not received your letter, you should notify your supervisor or someone in the Human Resources Department immediately.

All employees will be expected to complete a leave slip, just as you would with any other type of leave taken.

Timekeepers are asked to be on the lookout for further instructions regarding key-



ing the Furlough Day into Kronos.

Any questions should be directed to your supervisor, EMC member, or Human Resources Department.

~Human Resources Department



Dropping the Ball

With 1 million visitors crowding Times Square and more than a billion viewers around the world, it's no wonder the famous New Year's Eve Ball keeps getting bigger and brighter. Last year, the ball grew in size by 50 percent, boasting a 12 foot diameter embellished with 2,668 Waterford crystals, and 32,256 LED bulbs. Total weight of the ball was 11,875 pounds. The lighting system operating the LED bulbs has more than 16 million color options that are used to create billions of kinetic effects. The ball requires about the same amount of power it takes to operate two conventional ovens.

~Excerpted from CIO, December 2009

Centralized Rehabilitation Department Activities

December at Central Rehab was as full as an overstuffed stocking. Sure, there were the usual Christmas activities - eating, singing, decorating - but such things never grow old. Lifted spirits are grand gifts to give and receive.

Preparation began early in the month as individual groups and units fashioned decorations to give the hospital its scenic holiday facade. 'Tis the season for creativity, which was certainly evident when the ornaments were hung all around the hospital. The "workshop elves" environment moved to the gym during the second week of the month, when residents decorated stockings - not leg wear, but those stockings that are filled with Christmas trinkets and treats.

Goodies also came in the form of entertainment. The Bristol Senior Show Choir was a much anticipated appearance on December, 9, delivering a two-hour per-

formance. Having appeared here previously, the group played to a most receptive audience of staff and residents.

Were there crafts? Of course there were crafts. Could it be Christmas without them? Like the stocking decorating event, the gym once again became the hive of activity with handmade items for sale. Categories of items for sale were selected by members of patient activity groups, who also did the considerable planning that made the whole Christmas schedule work.

Christmas dinner certainly did not disappoint. Again, back to the gym, which took on the appearance of Henry VII's banquet hall. Dinner tables sat nearly wall to wall. Waiters and waitresses from the Central Rehab staff made, at least, a reasonable attempt to serve the hungry throng. Seasonal music followed dinner with Sue Saltz stepping in as a reluctant principle soloist

for a few tunes.

Operation Santa Claus delivered the same cheer as the jolly bearded dude himself. Clothes, watches, baseball hats, and an inventory to rival the Sears Christmas catalog were laid out for patients to buy with gift vouchers (heartly vouchers, too, not some cheapskate Ebenezer Scrooge deal!). Residents filled bag after colorful bag. It was a truly delightful event even for staff spectators.

Was this festive month a success? Dozens of smiles say a resounding "yes."

~Ned Bane
Peer Support Specialist



National Blood Donor Month

Blood is traditionally in short supply during the winter months due to the holidays, travel schedules, inclement weather, and illness. January, in particular, is a difficult month for blood centers to collect blood donations. A reduction in turnout can put our nation's blood inventory at a critical low.

The American Association of Blood Banks (AABB), in conjunction with America's Blood Centers and the American Red Cross, is celebrating National Blood Donor Month

(NBDM) 2010 to encourage donors to give or pledge to give blood.

Every day in our country, approximately 39,000 units of blood are required in hospitals and emergency treatment facilities for patients with cancer and other diseases, for organ transplant recipients, and to help save the lives of accident victims. Our goal is to help ensure that blood is available to patients whenever and wherever it is needed because it is the blood on the

shelves that helps save lives.

If you are at least 17 years of age (some states permit younger people to donate with parental consent), weigh at least 110 pounds and meet other donor requirements, you may be eligible to donate blood.

Celebrate NBDM with AABB by donating blood and encouraging others to do so as well.

~Copied from <http://www.aabb.org>

It's More About What We Do For Others

Moe Armstrong, a mental health Peer Support Specialist, is well traveled in his efforts to promote the recovery model of mental illness. His campaign from New Mexico to Virginia, with meanderings north and south along the way, gives him a broad picture of the quantity and quality of current mental health care. And, he still maintains that "wherever I go, you in Southwest Virginia are ahead of much of the country in many mental health services."

Armstrong made his remarks at the November meeting of the Consumer Empower-

ment and Recovery Council (CERC) at Hungry Mother State Park. He is regarded as a leading figure in the growth of this organization that promotes self-help and peer support among people recovering from mental illness.

Schizophrenia has been a fact of life for Armstrong for 42 years, he said. He said he experienced the stigma of this illness vividly as a resident of a small town where familiarity among residents is an enormous factor in attitudes about those with mental health. He contends that peer counseling is

critical to removing stigma in a time when public perception of mental health is changing but "not fast enough...mental health is still trying to get respect," he said.

As a leading figure in the cause of peer support, Armstrong said. "(peer support) is not only about what we get for ourselves, it's more about what we do for others."

~Ned Bane
 Peer Support Specialist

In A Southerly Direction

~Jeff Daniels Marion, 1976
Out in the Country Back Home, Winston-Salem, NC:
 Jackpine Press

It's Just over the knob there—
 you know the place,
 the one up there next to Beulah Justice,
 your mother's second cousin
 on her daddy's side.
 OR
 if you go in by the back road
 it's the farm across the way
 from Jesse's old barn
 that burned down last June
 with them 2 fine mules
 of his,
 Why son,
 you can't miss it.



THANK YOU! THANK YOU!

THANK YOU! THANK YOU! THANK YOU! THANK YOU!

I wanted to take a moment and thank all of you for your prayers, good wishes, and donations on behalf of my son Gabriel. He just had his eighth chemotherapy treatment this past Friday and his tumor has shrunk at least 35%!! We have four more chemo treatments to go and then four weeks of radiation, so we're halfway there!

His Oncologist, Dr. Klopfenstein, feels Gabe will be able to return to UVA Wise in the fall where he is majoring in English Education.

At this busy time of the year, it seems to be so much more important to stop and be thankful for what we have and I sincerely am. Thank you again. God Bless!

~Ruth Neitch
 Switchboard Operator

THANK YOU! THANK YOU! THANK YOU! THANK YOU!

THANK YOU! THANK YOU!

NOVEMBER PERSONNEL CHANGES



New Employees

Sarah Garcia, P-14 Registered Nurse	November 10, 2009
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Promotions/Role Changes

Doug Smith, From Volunteer Services Coordinator to Rehabilitation Supervisor	November 16, 2009
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Separations

Jonathan McCarty, Psychiatric Aide	November 6, 2009
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MONTHLY PATIENT CENSUS

November 2009

Admissions 113

Discharges 99

Passes 17

Average Daily
Census
141

Still Having Trouble with Payline?

To receive information about your Payline account, you MUST access your facility e-mail.

Be sure to set aside at least five minutes to log-on and complete all of the required steps to re-establishing your Payline account.

If you cannot access Payline by using your old password that has been changed by the system to now have ALL CAPS, then I would suggest you request a temporary password.

- Input your employee identification number and select Forgot Password from the left vertical menu.
 - Select to have the Temp Password sent to the Payroll Office and Human Resources.
 - When it asks for a **Pass Phrase**, you can enter any phrase, up to 24 characters, that you will remember. I would suggest phrases like Good morning. OR. Merry Christmas. Or whatever you want to use that you

will remember for a day or two.

- When your temporary password is forwarded and you attempt to use it, you will be required to re-enter the **Pass Phrase** you created when your temp password was requested.

Once the system notifies you that the temporary password has been sent to me, you will need to wait on an e-mail from me. Payroll hours are Monday through Friday from 7:00 a.m. to 3:30 pm. If you request a temporary password sent to me outside of this time, you will need to wait until I can forward your information.

Part of the security enhancement for this web-site limits the number of times you can attempt to access the site and fail on any given day. If you enter an invalid password, a message will be displayed below the login area with the number of invalid attempts.

- After five failed logon attempts in one day, your account will be suspended for the rest of the day. It will be re-set overnight at which time you can then request a temporary password be sent to Payroll.
- After 15 failed logon attempts in seven days, your account will be permanently suspended, and you must contact the Department of Accounts to have your security reset.

Pay attention as you are completing the log-on process. Take your time. At most points of the process the system will provide you with feedback.

In addition to the information I have provided, there is also information on the Payline web-site. The "Help" link on the left-hand side vertical menu of the website is very helpful.

~Sharon Bullins
Payroll Officer



Our Values At Work

We attended the staff meeting held by Dr. Cynthia McClaskey expecting to get answers on what our future holds in this budget crisis. What I learned is there are not any definite answers right now, at least not the absolutes we had hoped to hear. Still, we appreciate the update and the consideration that it shows. For us, the most important thing Dr. McClaskey said is that now, more than ever, is the time to embrace our Mission and Values and carry them with us throughout each day. With the budget situation and all of the unknowns it may mean for each of us, stress levels are high and anxiety is abundant. We thought about how the Values might specifically work to give us the best value toward our budget issues and came up with this list.

Now is the time for Communication

- Clarify questions and information regarding possible changes with facility leaders, remember that it is never a problem not to know; it is always a problem not to ask.

Now is the time for Honesty with Compassion

- Go that extra mile to be considerate of others by not passing along incomplete and/or misinformation.

Now is the time for Trust

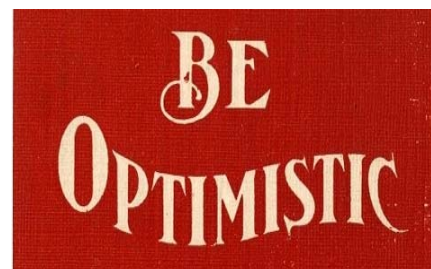
- Trust in our facility leadership to maintain the flow of communication and make the best decisions possible in these difficult times.

Now is the time for Teamwork

- Be more aware of opportunities to maximize the value of every team that you are a part of: unit, department, discipline, facility, and community. A team approach leverages our valuable human resources.

Now is the time for Self-Initiative

- All of us can take the initiative to help control costs. We can make sure our lights are off when not in use, use double-sided printing when possible, and come up with even more ideas to save a little here and a little there. It all adds up!



Now is the time for Leadership

- Lead by example and be a good follower, remember that leadership is especially valued in difficult times.

Now is the time for Honoring Day-to-Day Tasks

- Focus on sharing a friendly, optimistic and pleasant manner with everyone you meet. You'll feel better by helping others feel better. Is the glass half full, half empty, or are you just happy to have a glass? **Optimism is contagious!**

~Jim Moon, Psychologist Supervisor,
and Mary Beth Counts, Secretary Senior

CVC Campaign Was A Great Success

Our 2009 CVC campaign here at Southwestern Virginia Mental Health Institute has come to a close. I would like to take this opportunity to thank everyone who made this year's campaign a huge success!! This year, we raised \$5,285.05 for CVC approved charities. This was \$783.05 more than our facility raised last year. We also had a drawing for a gift bag from the names of those who donated to the CVC. The winner of the bag is Bernice Grubb. The gift bag included an oven mitt, specialty soap, and a \$100 gift certificate to the Omaha Steak

Company.

If you missed the deadline to donate to the CVC and would still like to do so, the deadline has been extended to January 15, 2010. I can still accept donations, and the donation will be added to our facility total.

Thanks again for coming through for the CVC during a very challenging economic year.

~Denise Deel, RT(R)(M)
Radiology Supervisor



January Lunar Phases

January 7
Last Quarter

January 14
New Moon

January 23
First Quarter

January 29
Full Moon

Fiscal Department Factoids

October's Payroll consisted of:

- 110,785 hours
- 1,078 special pay transactions
- 50 miscellaneous updates to payroll records

This resulted in 1,477 payments to employees!



History From The Hill

HISTORY OF SOUTHWESTERN STATE HOSPITAL

By Phyllis Doss, January 20, 1972

This material was largely taken from a book entitled Smyth County History and Tradition by Goodridge Wilson.

In the winter of 1883 – 1884, Williamsburg and Staunton Hospitals were full to overflowing and scores of helpless mentally sick were in jails and almshouses over the state. The people of Virginia realized that immediate steps must be taken to build and equip another institution for the care of those unfortunates.

A bill was introduced on March 5, 1884, in the lower branch of the General Assembly, creating a commission to select a site somewhere in the mountains of Southwest Virginia. The purpose was to establish the Southwestern Lunatic Asylum.

Selecting the site

The commission, composed of some of Virginia's most distinguished sons, was empowered to visit towns and cities in this area. One of the conditions of the original bill was that the site should be "commanding and

located where the air is pure and the water is plentiful." Of course, every town in the mountains of southwest Virginia could meet that requirement. It was difficult undertaking the commission assumed when it met on June 4, 1884, at Central Depot (now known as Radford). Many sites were offered as the location of Virginia's newest, and what later would become, one of her most famous hospitals.

From the records of the commission, it appeared that the small town of Marion appealed the strongest to the nominating board. The citizens of Marion and the surrounding area tendered the Atkins farm; just on the corporation line. In all, there were 199 acres of splendid farming and grazing land and in addition there were deeds to four springs having a daily water supply of more than a million and a half gallons. These were commissioned for the use of the institution. On July 16, 1884, the commission formally located the institution at Marion.



First patients admitted

The first building was completed on February 12, 1887, and the first two patients were admitted on May 17, 1887. These patients were from Washington County. The first patient, a laborer, was 27 years old. He died on June 17, 1903, with a diagnosis of "abscess on the brain." The second patient was age 53. She was discharged on September 30, 1890, as recovered. It is also interesting to note that the first court order was admitted on May 31, 1887, from Giles County, and was discharged on October 26 of the same year as "recovered." Research to his charges was to no avail. In those days, they apparently did not write them down.

January Days To Celebrate

January 3

Festival of Sleep Day

January 9

National Clean Off Your Desk Day

January 14

National Dress Up Your Pet Day

January 23

Measure Your Feet Day

January 24

National Compliment Day

January 29

National Corn Chip Day

January 30

National Popcorn Day

January 31

Backwards Day



TEAMWORK PAYS

Total attention to safety training.

Earning your co-worker's trust by working safely.

Asking for a co-worker's help when performing difficult or potentially dangerous tasks.

Making sure you work in accordance with applicable policies and procedures.

Warning co-workers about hazards immediately and how to correct them.

Offering your help whenever needed.

Resisting shortcuts and making safety a priority.

Keeping your work area clean, orderly, and free of slip, trip, and fall hazards.

Plan your assigned task to help ensure safety.

Always correct or report unsafe conditions or acts to your supervisor.

You are our most valuable asset.

Safety is every employee's responsibility.

From The Director *(Continued)*

The most significant of these concerns the elimination of the Commonwealth's payment to local governments to offset a portion of the "car tax" assessed on the first \$20,000 of each new automobile sold. This payment is made on an annual basis, currently in the amount of \$950 million. As you probably know, the car tax has been a contentious part of the political discourse in Virginia for more than ten years, and there is certain to be vigorous debate about Governor Kaine's proposal to discontinue these payments to local government. You may or may not support the car tax "rebate," but it is important to note that without this particular spending reduction, the cuts to other areas of government services will have to be substantially higher than those currently being proposed.

What happens next?

Governor Kaine's budget proposal will be considered by the incoming Governor and by the full legislature in the spring. In recent statements to the press, sources within Governor-Elect McDonnell's team have indicated that Governor Kaine's budget proposal is under review, but that they would not be commenting on any of the specific provisions it contains until this review is complete. The General Assembly is scheduled to begin its session on January 13, 2010. As most of us recall from last year's process, it may be impossible to predict the ultimate outcome of the budget debate until the General Assembly completes its session, which is scheduled for March, 22. If the Assembly has not concluded its business by then, the session can be extended for an additional 30 days.

As we also learned last year, there will be a lot of ups and downs for us during this time, and we have to be prepared for the toll that this can take on a day-to-day basis. As I receive information from leadership in the Department, I will pass that on to you. In the meantime, there will be any number of rumors being passed around, and I expect us all to be responsible and considerate in how we handle these. I also want to encourage you to forward any questions that you might have regarding any aspect of the budget process and facility planning and operations to your supervisors and department heads, as well as to EMC. We value your perspective and want to be able to either pass on what we may know about any given issue or submit your questions to the Department for consideration.

What does this mean for us?

As public sector employees, it is often easier for us to focus on the important task of patient care and support rather than to carefully follow the economic aspects of what we do. Simply put, we provide professional healthcare services to residents of, or visitors to, the Commonwealth in exchange for public funds. Although the Commonwealth does derive some revenues from third party payer sources, the majority of our operating budget comes from taxpayer funds. As the most expensive mental healthcare option, inpatient services are the first area of focus when funding cuts become necessary. What we are experiencing is, therefore, not unusual in the larger sense, and has, in fact, been much more common in other states than here in Virginia over time.

It is definitely unsettling to have the existence of units, teams, and individual staff positions cut, or proposed for cuts. We cannot choose to avoid confronting the economic conditions within which we currently operate, but we can choose the manner in which we do so. It is very important for us to evolve in the way we perform our duties, in that we must not ignore the "costs" involved in generating the more obvious "benefits" of our knowledge and expertise. We must increasingly recognize that one of the primary resources we have is our time and that being efficient in the way that we perform our job duties is no longer a mere consideration, it is a necessity. We must re-examine our core mission, more carefully defining what is involved in promoting recovery from mental illness. Some of the services that we have come to provide over time will be pared back or eliminated as we focus our resources on more core services. We will more carefully scrutinize expenditures on everything from facility materials to medications. As we absorb the staffing cuts associated with enhanced retirement over the next several weeks and months, we will be forced to re-examine our job duties, decreasing the priorities on some while adding others. Some of these changes may be temporary, but others will be either long lasting or permanent. This is likely to force us even further out of our comfort zones. We are being challenged in ways that may not have been apparent before, but these are the areas where we will also find opportunities that, if acted on, will make us a more effective and efficient organization.

We also recognize that we have a



responsibility to our stakeholders, our patients and their loved ones, our community partners, and one another, to make sure that we effectively educate the Commonwealth's decision-makers as to the immediate and longer term effects of cutting and/or relocating the kind of mental health services that we provide here. Just as we have to examine the costs and benefits of what we do and how we do it, we must also work hard to ensure that the new administration and the General Assembly fully understand the costs of the various proposals they will be considering over the next several months. We are already engaged in this process. This is another area where your questions and ideas are needed, and we look forward to discussing them with you over the next several weeks.

There continues to be a high level of demand for the services that we provide here, and the lack of healthcare resources in our region continues to be acute. There is much for us to do in promoting recovery from mental illness in our part of the Commonwealth. We have worked very hard over many years to meet the needs of the seriously mentally ill in this region, and we will continue to do so as we make the changes required by current and future economic circumstances. This challenge will demand significant diligence and creativity of all of us. We will have to be open to new ideas and ways of doing things and be willing to make hard choices, but the results of this effort have the potential to make us a stronger, more focused, healthcare organization, well positioned to face the challenges of a changing environment.

Thank you,
Cynthia McClaskey



Southwestern Virginia Mental Health Institute

Address: 340 Bagley Circle
Marion, Virginia 24354

Phone: 276-783-1200

Fax: 276-783-1465

Comments, Suggestions, or Ideas?

SHARE THEM!

Please email any comments, suggestions,
or ideas to any newsletter staff member.



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Please submit articles for the next newsletter to Amanda Phipps by January 18, 2010.

The next newsletter will be published February 1, 2010.