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A VIEW FROM THE HILL TEAM MEMBERS:

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From The Director

“Courage is grace under pressure.”

~Ernest Hemingway

We have learned recently that it is almost certain that the SWVMHI Adolescent Unit is slated for closure by June 30, 2010. As you may recall from previous communications, the Commonwealth’s outgoing Governor, Tim Kaine, proposed to the General Assembly on December 18, 2009, a number of spending cuts. Several of these cuts targeted the Department of Behavioral Health and Developmental Services, including SWVMHI and were both surprising and deeply concerning to us. After rigorous debate in the General Assembly, and much advocacy on the part of the many supporters of the Adolescent Unit at SWVMHI, it was determined that the Commonwealth Center for Children and Adolescents in Staunton, Virginia would remain open, while the SWVMHI Unit is to close this year. Also surprising was the determination to close the SWVMHI Geriatric Unit by June 30, 2011. This was also the source of confusion, in that early reports set the closure date at June 30, 2010.

I want to repeat something that was in my January newsletter article, and that we talked about in the many meetings that have been held since that date:

“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



Cynthia McClaskey, Ph.D.

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... As we absorb the staffing cuts associated with enhanced retirement over the next several weeks and months, we will be forced to reexamine 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.”

The decisions that have been made do not indicate that our services or our skills are not valued, or that we are not valuable people. We have worked very hard over many years to meet the needs of the seriously mentally ill in our region, and we will continue to do so as we make the changes required by current and future economic circumstances.

Planning is in the early stages in terms of budget, time-frames, census and diversion, and staffing levels. We held a number of meetings with staff this winter to discuss retirements and the potential for closure of the units and regular meetings continue to be held. But if you have a question, concern, or rumor, please contact me or an EMC member by phone or email.

(Continued on Page 8)

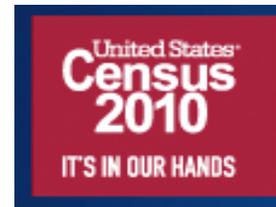
It's In Our Hands!

The Census is here: Let's stand up and make the 2010 Census a success by ensuring all residents in the United States are counted. It's time to make a difference: It's in our hands!

The American Hospital Association (AHA) is participating with the United States Census Bureau to make sure that the 2010 Census is as complete as possible. The Census Bureau needs your help to ensure everyone living in the U.S. understands the importance of

returning census forms and that all the information provided will be kept confidential.

The goal of the 2010 Census is to count all persons living in the U.S. With one of the shortest questionnaires in history, the 2010 Census asks 10 questions including name, gender, age, race, ethnicity, relationship, and whether people own or rent their home. The form takes only about 10 minutes to complete.



Responses to the 2010 Census questionnaire are required by law. All responses are used for statistical purposes only, and all are strictly confidential. Thank you for your participation and remember the 2010 Census is in our hands!

For more information about the 2010 Census, visit 2010census.gov.

Chaplain's Corner

There is a saying, "Never deprive someone of hope, it may be all they have." I think of that quote whenever I think of the painting from 1886 by George Watts titled, "HOPE." However, my first impression of the painting suggested anything but hope. In the painting a woman dressed in rags sits on top of the world all alone. She is bare-footed, blindfolded, and clutching a wooden harp with all the strings broken but one. Some have suggested the painting reflects the woman's shattered dreams, disappointments, injustices, and tragedies of life. Yet, there remains that one string and she triumphantly strikes that one string of hope that ultimately overcomes her life of despair and changes her world of darkness into wonderful light. Stories surrounding the painting during Watts' era reveal those who found the painting so inspiring that they were able to rise from the depths of their own despair and find hope to go on living. Even in our present generation, the Rev. Jeremiah Wright (former pastor of president Barack Obama) attended a lecture by Dr. Frederick Sampson in the 1980's regarding the painting and was so inspired he wrote a sermon in 1990 in which he said, "with her clothes in rags, her body scarred and bruised and bleeding, her harp all but destroyed and with only one string left, she had the audacity to make music and praise God..." There are some

things in life said or done by others that are timeless and inspiring for every generation so they too may find hope no matter how despairing life can be.

That's the message the Christian Bible portrays in the life, death, and resurrection of Jesus Christ. The things he said and did are timeless, inspiring, and offers hope to all generations. His life on earth reflects the will and wisdom of God to reach out to a lost and dying world that the world may know God through Him (Hebrews 1:1-3). His death on the cross is witness to the love of God which proclaims, "For God so loved the world, that he gave his only begotten Son, that whosoever believes in him should not perish, but have everlasting life. For God sent not his Son into the world to condemn the world, but that the world through him might be saved" (John 3:16-17). His resurrection reveals the power of God to save and to overcome death for those who put their faith in Him. Christ says, "I am the resurrection and the life, he who believes in me, though he were dead, yet shall he live" (John 12:25). Some have questioned the resurrection of Christ and I think the Apostle Paul says it plain enough in response: "if Christ is not risen, then is our preaching vain, and your faith is also vain... If in this life only we have hope in Christ, we are of all men most miserable.



But now is Christ risen from the dead, and become the first fruits of them that slept" (1 Corinthians 15:14, and 19-20).

Sunday, April 4, is Easter Sunday, the day the Christian church celebrates the Resurrection of Jesus Christ from the dead and the hope God gives to each who put their faith in Christ. It's a message to heal the broken hearted, to preach the good news to the poor, to set the captives free. It is a message to help those who have known shattered dreams, disappointments, injustices, and tragedies of life and to hear the loving plea, "Come unto me, all you that labor and are heavy laden, and I will give you rest" (Matthew 11:28). It's a message of victory over death and the promise of life everlasting. It's a message of hope the world cannot give. Eternal hope is not based on what man can do but on what God has done in Christ. The message is that in Christ we will believe, we will be comforted, we will hope, we will find a way, we will overcome, and we will reign victorious.



National Child Abuse Prevention Month



Strengthening Families and Communities

Individuals and organizations in Virginia and across the United States mark the month of April with public awareness efforts and by distributing blue ribbons for people to wear and display.

Child abuse and neglect is the cause of more than 1,000 deaths each year in the United States. In Virginia, every 86 minutes a child is abused or neglected. Every 10 days a child dies from abuse or neglect. What can you do to save a child in the community from abuse, neglect, and death?

The Department of Social Services website is an excellent resource:

How Do I Report Suspected Child Abuse or Neglect?

To report suspected abuse or neglect call the department of social services in the locality in which the child lives or where the alleged abuse has occurred. You may also call: **Virginia Child Abuse and Neglect Hotline 1-800-552-7096 (voice/TTY).**

If you feel that the child is in immediate and severe physical danger, call Child Protective Services and/or local law enforcement immediately.

What Is Child Abuse? How Do I Recognize It?

Child abuse includes physical abuse, physical neglect, sexual abuse, and mental (emotional) abuse of a child under 18 years of age by a parent or other caretaker.

Physical Abuse is a non-accidental injury to a child by a parent or caretaker. You may see frequent and unexplained bruises, burns, cuts, or other injuries. The child may be overly afraid of the parent's reaction to misbehavior.

Physical Neglect is a parent's failure to give the child food, clothing, hygiene,

medical care, and/or supervision. You may see a very young child routinely left alone at home or you may know that a severe illness or injury is not being medically treated. A neighbor's child may frequently turn up at your door - inadequately dressed for the weather - saying his parent told him to stay away. Physical neglect is hard to judge... sometimes what you see is simply poor judgment, but not neglect. Sometimes what you see is the result of poverty, not parental neglect.

Sexual Abuse ranges from non-touching offenses, such as exhibitionism, to fondling, intercourse, or using the child for pornographic materials. You may see sexual behavior way beyond what is expected for the child's age. A young child might have sudden, unusual difficulty with toilet habits or there may be pain or itching, bruises, or bleeding in the genital area. The child may not be able to tell you directly about these problems.

Mental (Emotional) Abuse includes severe rejection, humiliation, and actions intended to produce fear or extreme guilt in a child. You may see a parent who verbally terrorizes the child, who continually and severely criticizes the child, or who fails to express any affection or nurturing.

In short, an abused or neglected child is one whose physical or psychological health or development is seriously harmed by the behavior of a parent or caretaker.

How Can I Decide Whether to Report the Abuse I Suspect?

Deciding whether or not

to report suspected child abuse can be difficult, yet it is an important first step toward protecting a child who might be in danger. You must have a reasonable suspicion of child abuse. You do not have to be able to prove the abuse or be absolutely certain that it occurred. You might be mistaken, but it is better to err on the side of the child. Not reporting your suspicions may mean that abuse will continue. If you make a report in good faith, you are immune from civil or criminal liability.

Will the Child Be Taken Away From the Home If I Report?

Only if the child is at risk of serious harm will she or he be taken away from the home. Removing the child from the home is not a routine or usual occurrence. Even if the child must be removed, the goal is to keep the family together.

(Continued on Page 12)

Help Them Win the War Within

**38% of Army
31% of Marines
49% of National Guard Veterans report mental health problems.**

Less than half with reported problems seek help from Veterans Affairs. Civilian providers, like you, will be filling the gap.

Take a free accredited online course: Treating the Invisible Wounds of War at www.aheconnect.com/citizensoldier

**Citizen Soldier Support Program
~Bridging Military and Community~**





Word Search

See how many of the words below you can find relating to April and spring.

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

April Fools' Day

Daylight Savings

Growth

Showers

Baseball

Easter

Rabbit

Songbirds

Bees

Flowers

Rainbow

Spring

Blooming

Garden

Robins

Sunshine

Buds

Grass

Season

Butterfly

Warm

~Cheryl Veselik, CPS/CAP
Administrative Assistant

(Answer Key on Page 16)

Spring is when you feel
like whistling even with
a shoe full of slush.
~ Doug Larson



Meals In Minutes— Mini Quiche

Make bite-size quiche that deliver big taste! Serve them for a brunch buffet or a simple appetizer.

Prep Time: 30 min
Total Time: 50 min
Makes: 24 appetizers



- 1 ¼ cups Original Bisquick® mix
- ¼ cup butter or margarine, softened
- 2 tablespoons boiling water
- 6 slices bacon, crisply cooked, crumbled
- ½ cup half-and-half
- 1 egg
- 2 tablespoons, thinly sliced green onions

- ¼ teaspoon salt
- ¼ teaspoon cayenne pepper
- ½ cup shredded Swiss cheese (2 oz.)

Heat oven to 375°F. Generously grease 24 mini (1 3/4 x 1-inch) muffin cups with shortening or cooking spray.

In small bowl, stir Bisquick mix and butter until blended. Add boiling water; stir vigorously until soft dough forms. Press rounded teaspoonful of dough on bottom and up side of each muffin cup. Divide bacon evenly among muffin cups.

In small bowl, beat half-and-half and egg until well blended. Stir in onions, salt and red pepper. Spoon 1 1/2 teaspoons egg mixture into each muffin cup. Sprinkle cheese over tops.

Bake about 20 minutes or until edges are golden brown and centers are set. Cover; refrigerate any remaining appetizers.

Taken from www.bettycrocker.com.

~Amanda Phipps
 Executive Secretary

April hath put a spirit of youth in everything. ~ William Shakespeare

Celebrate Administrative Professionals Week

Administrative Professionals Week is April 18-24, 2010, and the theme is “Power of Commitment.”

This annual event, originally organized in 1952 as “National Secretaries Week,” was established as an effort to recognize secretaries for their contributions in the workplace, and to attract people to secretarial/administrative careers. That year, the National Secretaries Association (now International Association of Administrative Professionals, or IAAP) successfully campaigned the U.S. Secretary of Commerce, Charles Sawyer, to proclaim the first National Secretaries Week as June 1-7, 1952.

In 1955, the observance was moved to the last full week of April, where it has remained ever since. The name of the week has evolved to its present-day name of Administrative Professionals Week to encompass the expanding responsibilities and wide-ranging job titles of administrative support staff.

Observances have focused on professional development, and IAAP chapters across the country will hold seminars and networking events during the week.

Other observances include luncheons, corporate recognition activities, and individual observances between managers and office staff. Administrative professionals should also show initiative and commitment to on-going education. Even during the current budget constraints facing the Commonwealth, there are still educational opportunities that cost little or no money and are just as valuable to professional development, such as courses available through the Knowledge Center on technology and computer programs.

According to a recent IAAP survey of office staff, administrative professionals are taking on more job duties and responsibilities, even during the current economic downsizing of companies across the na-

tion. This is because the job duties of those positions typically cut during downsizing are transferred to other workers. “Administrative professionals are no longer simply answering phones and handling correspondence,” said IAAP President Barb Horton, CAP. “Admins. of today are buying software, learning how to use it, and training the management. In addition, our latest survey shows that admins. are branching out into non-traditional roles including budget analysis, research, project management, and internal communications.”

Don’t forget to smile and say “thank you” to the administrative professional in your office or work area during Administrative Professionals Week, as well as throughout the year. A smile and a thank-you are free of charge, and a huge moral booster, but most of all those simple actions let your support staff know you appreciate them.

~Cheryl Veselik, CPS/CAP
 Administrative Assistant



The Essence of Trust

One of the SWVMHI core values is Trust. Trust is a deceptively simple concept, and its essence seemingly cannot be found in a dictionary definition, but the dictionary can help us. The word *trust* is derived from the concept of *true*. *True* is a word derived from the concepts of *faithfulness* and *sureness*. Trust is often confused with the word *believe*, and this confusion can lead to problems. For example, we may believe in our six year old nephew, but we dare not trust him. Trust and belief are not the same. Trust is something that is slow to build and quick to destroy. Belief can remain strong even in the absence of evidence

to support the belief. The way that trust is earned, slowly, and painstakingly, is by always connecting our words with our actions. This is the essence of trust, and it is at the heart of our core value of Trust. To the extent that one can reliably and repeatedly connect their words with their behaviors, they earn trust. To the extent this does not happen, they erode trust. At SWVMHI, as we go through our daily tasks, it is the responsibility of all of us to always connect our words to our actions.



~Jim Moon, Ph.D.
Psychologist Supervisor



This year's annual Open Enrollment for health insurance and flexible reimbursement accounts will be April 16, 2010 through May 17, 2010. Distribution of the *Spotlight Newsletter* is set for early April and will provide details regarding plan changes and premiums effective July 1, 2010 through June 30, 2011.

Centralized Rehabilitative Services Activities

During the month of March, the Centralized Rehabilitation Services Department (CRS) offered several leisure opportunities for our clients to be involved in. The choices of activities offered included movie and Bingo night three to five evenings a week, weekly church services, free time, and tournaments. The highlight of the month was a spectacular St. Patrick's Day event which was attended by 45 enthusiastic clients and several, very helpful, staff members. Music, dancing, games, prizes, food, and tons of fun were enjoyed by all. Several hours went into decorating the gym by both clients and staff. The atmosphere was as harmonious and joyful as the final event itself.



The entire CRS Department, led by Cheryl Rhey and Steve O'Brien, has been working for several months, in coordination with all other disciplines, to develop a new and improved group rehabilitation

program. The program's main objective is to help our clients reach their ultimate goal of recovery. This program has touched practically every employee of SWVMHI in one way or another and involves group time, room changes, staff reorganization, the institution of several new therapeutic groups, and protocols. The program could not have been implemented if it were not for every discipline working together as one team. This cohesive team has already displayed its positive thinking and professional ability to adapt to what ultimately is best for those we serve. We thank all of you for your hard work, flexibility, and dedication.

~Fred Pfrimmer, BSE, M.Ed., CTRS, PFT
Recreational Therapist

FEBRUARY PERSONNEL CHANGES



**MONTHLY
PATIENT
CENSUS
February
2010**

**Admissions 80
Discharges 79
Passes 19
Average Daily
Census
134**

Separations

February 8	February 12
Trista Tolbert, Psychiatric Aide	Margaret Stophel, Licensed Practical Nurse
February 24	
Connie Adams, Executive Secretary	James Eddie Kegley, Psychiatric Aide
Barbara Anderson, Housekeeping Worker	Jean Magnuson, Registered Nurse Clinician A
Dean Anderson, Psychiatric Aide	Pat Martin, Registered Nurse Clinician A
Larry Anderson, Postal Assistant	Annie Moran, Food Services Technician
Virginia Blankenbeckler, Food Services Technician	Cleve Musser, Rehabilitative Specialist
Linda Bonham, Executive Secretary Senior	Jill McKinnon, Recreation Therapist
Herman Combs, Psychiatric Aide	Max McClure, Radiologic Technologist
Shannon Cook, Registered Nurse	James Parks, Exterminator
Wanda Cook, Registered Nurse Clinician B	Donnie Pennington, Food Services Technician
Donnie Cress, Cashier	Paul Shepherd, Staffing Nurse Coordinator
Lucita Doss, Registered Nurse Clinician A	E.T. Sprinkle, Grounds Supervisor
Dianne Fannin, Medical Technologist Senior	Cliff Stamper, Psychiatric Lead Aide
Robert Farmer, Psychiatric Aide	Robert Stump, Equipment Repair Technician Senior
Patricia Frazier, Office Services Assistant	Allen Tolbert, Psychiatric Aide
Susan Hamm, Registered Nurse Clinician B	Lyn Thompson, Rehabilitative Specialist
Linda Horne, Rehabilitative Specialist	Liddie White, Psychiatric Aide
Mary Howell, Food Operations Manager	Nancy Wood, Unit Programs Director
Ellis Hundley, Food Operations Manager	

Promotions/Role Changes

February 10	February 25
Sue Chapman, from P-3 Registered Nurse Clinician A to Q32 Registered Nurse Clinician A	Jennifer 'Leann' Barbrow, from P-3 Registered Nurse to Q32 Registered Nurse
Tracie Havens, from Registered Nurse Clinician A to Registered Nurse Clinician B	Debra Magee, from P-14 Registered Nurse Clinician A to Q32 Registered Nurse Clinician A
Deborah Osborne, from Housekeeping Worker to Psychiatric Aide	

New Employees

February 10
Crystal Durrance, Registered Nurse Clinician A
Julie Garrick, Psychiatric Aide
Tammie Perkins, Psychiatric Aide
Michael Townley, Psychiatric Aide
Jennifer Waller, Psychiatric Aide

April Lunar Phases

April 6
Last Quarter
April 14
New Moon
April 21
First Quarter
April 28
Full Moon



From The Director (Continued)

Please know that our goal is to provide jobs, if possible, for those who want to continue to work here. A number of positions have been held vacant over the last several months, and there will be another opportunity for staff to volunteer to substitute through retirement for those who might have been laid off, thus making it less likely that involuntary layoffs will have to occur.

“Grace grows best in winter.”
~Samuel Rutherford

One final note: I want to remind everyone to be sure that all of our actions, statements, and questions are in accordance with our facility Values. It has

been reported that some insensitive remarks have been made recently in relationship to the closure of the Adolescent Unit. Remember, it is easiest to act with kindness when times are not so difficult, but the true test of our commitment to our Values and to each other is how we behave when times are stressful and uncertain. I have a lot of faith in your ability to behave with grace and compassion during these difficult times. Thank you.

~Cynthia L. McClaskey, Ph.D.

“Grace isn’t a little prayer you chant before receiving a meal. It’s a way to live.”
~Dwight Lyman Moody





EXPECTING?

CommonHealth’s pregnancy programs are provided at **NO COST** to employees, spouses, and eligible dependents covered in the state health benefits program. They have been designed to help women have healthy pregnancies and reduce the risk of premature births. Enroll in the first three months of pregnancy and receive a waiver of the \$300 hospital inpatient co-pay, plus unlimited 24/7 access to a registered nurse (call anytime, day or night), a prenatal package with pregnancy and childcare information, and postpartum support and guidance in areas like breastfeeding and depression. Do something good for the whole family, call 800-828-5891 and enroll today!

Propane Grill Safety

Barbecue grill fires and domestic propane tank explosions are a major source of personal injury in the United States each year. According to recent statistics from the U.S. Fire Administration, some 6,500 barbecue grill fires injure Americans accounting for property loss of over \$27 million annually. Nearly



a third of these gas grill fires occur on a patio or terrace, and another third of these grill fires take place in America’s backyards. Here are some tips when using a propane grill:

- Always check for leaks every time you disconnect or reconnect the regulator to

the LP tank. If you find a leak, immediately turn off the gas at the tank and don’t attempt to light the grill until the leak is fixed. Until it is repaired, keep lighted cigarettes, matches, or open flames away from it.

- Check the valve connections and hoses to be sure they are in good working order. The hoses should have no cracks, holes, or leaks. Make sure there are no sharp bends in the hose or tubing.
- Check the tubes that lead to the burner for blockage from insects, spiders, or food grease. Use a pipe cleaner or wire to clear blockage and push it through to the main part of the burner.
- Never use a grill indoors. Use the grill at least 10 feet away from any building. Do not use a grill in a garage, carport, porch, or under a surface that could catch fire.

- Move gas hoses as far away as possible from hot surfaces and dripping hot grease. If you can’t move the hoses, install a heat shield to protect them.
- Never start a gas grill with the cover closed
- If the burner doesn’t light, turn off the gas and try again in about five minutes.
- When not in use, the LP tank valve must be turned OFF. The tank should always be stored in an upright position and in a place where the temperature will never reach 125 degrees Fahrenheit.
- Never keep a filled fuel container in a hot car or the car trunk. Heat will cause the gas pressure to increase, causing the relief valve to open and allowing gas to escape.

This article is from www.Safetytoolboxtalk.com.

~The Safety Committee

Celebrate National Volunteer Week



National Volunteer Week is April 18-24

National Volunteer Week began in 1974 when President Richard Nixon signed an executive order establishing the week as an annual celebration of volunteering. Since then, every U.S. President has signed a proclamation promoting National Volunteer Week. Additionally, governors, mayors, and other elected officials make public statements and sign proclamations in support of National Volunteer Week.

Volunteering is the practice of people working on behalf of others or a particular cause without payment for their time and services. Volunteering is generally considered an altruistic activity, intended to promote good or improve human quality of life, but people also volunteer for their own skill development, to meet others, to make contacts for possible employment, to have fun, and a variety of other reasons that could be considered self-serving.

Volunteering takes many forms and is performed by a wide range of people. Many volunteers are specifically trained in the

areas they work in, such as medicine, education, or emergency rescue. Other volunteers serve on an as-needed basis, such as in response to a natural disaster or for a beach clean-up.

Some of the Best Reasons to Volunteer

Some of the best reasons to give are the ones you may not have considered — the ones that make it worth your while to go that extra step. People who have spent time volunteering for a cause report that they get back in satisfaction and joy more than they ever expend in inconvenience or effort — what you get back is immeasurable. You'll also receive these benefits:

- Volunteering makes you feel needed.
- Volunteering can lead to learning new skills.
- Volunteering can help you deal with some of your personal problems.
- Volunteering helps you meet new people and breaks down barriers of misunderstanding, mistrust, and fear.
- Volunteering can create new contacts which may help your business or career.

It's What in the World You Can Do!

You might be thinking, "The little bit that I can do will never help much!" or "What in the world can I do?" If you've ever spent ten minutes reading a book to a lonely person, you know that even that small amount of compassion and attention can make a world of difference. No one person can solve the world's problems, but what little you do can make your small corner of the world, or one far away from yours, a happier, healthier, and safer place to live for those who need your help. National Volunteer Week designates a spe-

cial time for us to recognize and celebrate the tremendous efforts of our volunteers. At SWVMHI, we have dedicated people who regularly bring their animals to participate in the Animal Associated Activities and Therapy program. There is not a single person who cannot name Paco or Xena on sight... And who does not take as much delight from interacting with Milo or Perry as our clients do? And who hasn't taken time to visit Spaghetti during "Lunch on the Lawn" or "Family Day" or even stand in line to hold and pet the baby goats?

Every Thursday night a volunteer Chaplain provides spiritual opportunities for those who choose to participate. Additionally, our volunteer Chaplains visit the facility upon request from individuals.

We also have volunteers to assist with Bonanza, read to patients, play piano music, and just listen as someone wants to talk. Last year with the help of Smyth County Extension agent, we partnered to construct a pumpkin patch that produced well over 200 pumpkins! We'll do it again this year with an expanded venue!

In addition, this year provided opportunity to bring in volunteers from the Smyth County Career and Technical School to cut hair and share their woodworking skills.

To all of those who volunteer we extend a very sincere THANKS! For they offer services from the heart that promote recovery by improving quality of life experiences.

~Cheryl Rhey
Rehabilitative/Volunteer Services Director

April Days To Celebrate

"Off the cuff" April holidays to celebrate:

April 1

Check Your Batteries Day

April 9

Name Yourself Day

April 15

Rubber Eraser Day

April 16

National Eggs Benedict Day

April 19

Garlic Day

April 24

Pigs-in-a-Blanket Day

April 29

Zipper Day



Human Resources Department News

New Design Introduced for Medical Explanation of Benefits

COVA Care and COVA HDHP members will notice a new look for the Explanation of Benefits (EOB) claims summary mailed to them after they receive medical services from a provider. Office of Health Benefits staff members revamped the Commonwealth's medical EOB to make it easier for plan members to understand their benefits. Here are highlights of the new format:

- Members can now see more clearly what the plan paid for and the amount the member is responsible for paying.
- A new section shows total out-of-pocket expenses to date, and the amount applied to the deductible.
- For some benefits with a plan limit, such as chiropractic services, members can see the amount the plan has paid so far.
- Another new section shows how much of the medical deductible incurred from April 1 to June 30 of the old plan year is carried over to the new plan year beginning July 1. This 4th quarter carryover is a standard feature of most Commonwealth health plans and helps lessen the member's financial burden in meeting the deductible that begins again in July.
- Finally, a detailed glossary explains in simple language the terms used in the claims statement.

Coverage Review Required for Some Blood Pressure Medications

Effective February 1, 2010, COVA Care will no longer cover prescription medications called angiotensin II receptor blockers (ARBs) without approval in advance through a coverage review. ARBs are used to treat blood pressure and various other conditions. The brand drugs Atacand, Atacand HCT, Avapro, Avalide, Benicar, Benicar HCT, Teveten, and Teveten HCT will require a coverage review. Members will save money by choosing the covered preferred drug brands Cozaar, Hyzaar, Diovan,

Diovan HCT, Micardis, and Micardis HCT.

Membership for Two Married State Employees

Two state employees enrolled in Family membership with one covered family member must reduce to an Employee Plus One membership if the dependent loses eligibility for health coverage. Each individual will have the opportunity to enroll in a Single membership at the next Open Enrollment or with a consistent qualifying mid-year event. Internal Revenue Service (IRS) regulations specify that when a dependent loses eligibility, coverage can only decrease to a level consistent with loss of eligibility. Section 125 of the IRS Code governs our program's ability to allow employees to pay premiums before taxes and to offer Flexible Reimbursement Accounts (FRAs).

New Bariatric Pre-Surgery Education Program Begins

Effective February 15, 2010, COVA Care and COVA Connect members who are contemplating bariatric or lap band surgery for morbid obesity must participate in a pre-surgery education program. Surgical procedures for morbid obesity will not be approved by the plan until the member completes the program.

The program was developed in response to a 2009 General Assembly request for a progressive weight management education program as an alternative to proposed elimination of coverage for bariatric surgery. It will address concerns about possible health risks for some surgery candidates, make members more aware of alternatives to surgery, and help improve the health outcomes for those who have it. The program includes:

- Initial meeting with a bariatric surgeon
- Pre-surgery medical policy guidelines on who qualifies for surgery
- 12 month participation in the Commonwealth's bariatric education program



before surgery

- Participation in a weight management program such as Weight Watchers or Jenny Craig
- Behavioral health assessment and ongoing counseling as needed during the period
- Participation in the plan's disease management program to address obesity and other conditions associated with obesity, such as high blood pressure, high cholesterol, diabetes, and orthopedic issues
- Coaching with a weight or health coach, case manager, or nurse advocate to provide support and track progress
- A final assessment by a behavioral health professional and physician other than a bariatric surgeon to determine if the member still needs the surgery
- Follow-up after the surgery
- Continued involvement and support for up to 24 months, or longer if needed, with the coach, nurse advocate, or case manager and behavioral health professional to develop nutrition and exercise plans and track outcomes as directed by the physician.

~From the SWVTC Update based on the Virginia Department of Human Resource Management policy

Electronic Data Interchange Program

We are now asking that all employees who travel at least twice a year to enroll in the Electronic Data Interchange (EDI) program. The EDI Program is the process of transferring your travel reimbursement money from the Commonwealth bank directly into your bank account (as a direct deposit). **The benefits to you will be:** No deposit delays; prompt availability of funds; better cash manage-

ment; no lost or stolen checks; and more cost effective than handling paper checks. You can contact Missy Allison in the Fiscal Department at Ext. 529 to get the forms to enroll in the EDI program. It will take approximately two weeks for an employee to be set up in the program.

~Missy Allison
Accounts Payable Coordinator

TRAVEL TIP:

Always remember to process a Travel Request form at least 7 days before your trip!



Celebrate Community Services Month

SWVMHI and the Community Service Boards Partner in Continuity of Care

The idea behind continuity of care is based on the knowledge that multi-agency partnerships are needed to help a person manage an illness. Continuity of care also applies when considering those who are experiencing symptoms of a mental illness. These multi-agency relationships are developed to assist people in their mental health recovery in various settings ranging from outpatient treatment to inpatient hospitalization. The success of our partnership is dependent upon the collaboration and cooperation of SWVMHI staff and the Community Services Boards (CSBs) of our region. The South-

west Virginia region is known statewide for our cooperative partnerships.

During the celebration of Community Services Month, take a look at all of the partners that we have, both here at the facility and in the community. It is through these relationships that we have the ability to make a positive impact on a person's journey towards wellness. A special **THANK YOU** goes to each of our CSBs and their liaisons for what they each do to help our clients continue to make positive steps in their recovery!

~Robyn Anderson
Community Services Director



Stories From The Library Shelves

April is National Poetry Month

Poetry is a type of literature that began in prehistoric times when it was often used in songs, prayers, and magic spells. Also, because it has a rhythm and often rhymes, it was an easier way to remember oral histories and traditional stories. There are three kinds of poetry – lyric, narrative, and dramatic. Lyric poetry, most any kind of short poem, is the most popular and it includes such styles as haiku, limerick, ode, classical ode, elegy, and sonnet. Narrative poetry tells a story. Examples of narrative poetry include epics, which are usually long poems about a heroic tale like “The Iliad” and “The Odyssey,” and ballads, which are shorter and about a specific hero. Dramatic poetry tells a story and is often in the form of a play. The most famous dramatic poet was William Shakespeare but it was also very common in Ancient Greece where it was used by such playwrights as Aeschylus, Euripides, Sophocles, and Aristophanes.



“The Iliad” and “The Odyssey,” by Homer, are the oldest surviving Greek poems. Written in the 700s B.C., they are heroic tales made up of pieces of oral folklore. The Roman poet Virgil used the same style to write “The Aeneid.” Ovid and Catullus wrote early love poems that influenced genera-

tions to come, especially during the Neoclassical Period. Other early poems can be found in the Old Testament in the Song of Solomon and in Psalms.

During the Medieval Period, most poetry consisted of epics about war heroes. Such poems as “Beowulf” and the “Song of Roland” came out during this time. “The Divine Comedy” by Dante Alighieri and the “Canterbury Tales” by Geoffrey Chaucer show the church's influence during this time.

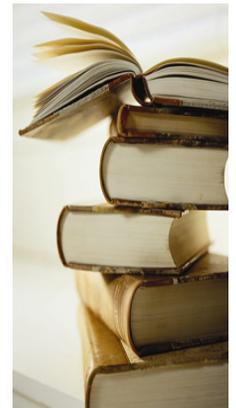
Renaissance poetry underwent the same transformation as the other arts during that time. Madrigals, love poems that can be set to song, and pastorals, poems about country life, became widely popular. By the 1500s, poets were writing in their native language more than in Latin. During the 1500s and 1600s, William Shakespeare and Christopher Marlowe were writing dramatic poetry. The 1700s and 1800s saw a period in which poems used more simple language and dealt more with daily life, a trend that has continued to develop in modern times. Modern poems vary widely in style, form, and content. They often use free verse and everyday speech. Also, they are more autobiographical than ever before.

Be sure to stop by any Library today and check out some books on poetry and celebrate National Poetry Month!

Donations

The library would like to thank the following people for donating items:

Jan Barrom
Colin Barrom
Cheryl Veselik
Doreen Johnston
Tammy Olinger
Janet Robbins
Lori King
Sue Saltz
Jim Moon
Sharon Winebarger
Melissa Blevins
Russ McGrady
Cheryl Rhey



We are also very thankful for the many anonymous cards, magazines, and books donated, as well as anyone that may have accidentally been left off the list.

The library has received several new books. The following lists some of those available this month:

Fiction

- *Playing with Boys*, Valdes-Rodriguez
- *Divine Justice*, David Baldacci
- *Cardinal Rules*, Barbara Delinsky
- *5th Horseman*, James Patterson

Nonfiction

- *Unprotected: A Campus Psychiatrist Reveals*, Anonymous
- *Understanding Children*, Richard Gardner
- *Leaders: Strategies for Taking Charge*, Warren Bennis
- *Intersections: Readings in Sociology*, Charles Justice

~Christina Quillen
Librarian

Timekeeping Tips



It is very important that each employee knows what type of leave you accrue, how it accrues, when you may lose it, etc. The following are some helpful hints to assist you with managing some of your leave benefits:

Annual Leave (AT)

On January 10 of each year, staff will lose any amount of annual leave over what they are allowed to carry. The amount of annual leave that staff accrues and the amount you can carry forward depends on how long you have been employed. For example: a five year employee accrues five hours of annual leave per pay period and can carry a maximum of 240 hours; while an employee with more than 25 years of service accrues nine hours per pay period and can carry 432 hours. Staff must request this leave throughout the year so they don't get in a situation where they

must use it during the holiday season at the end of the year, as it may be difficult to approve at this time.

Family Personal Leave (FP)

A new allotment of FP leave is granted to all employees under the VSDP system on January 10 of each year. Forty (40) hours is the maximum amount allotted. Employees under the "old" leave benefit program do not receive FP leave. Any unused FP leave will be lost as of January 10 of each year. FP leave may be used for any purpose, so staff should use it prior to using other types of leave that are not in danger of being lost. For example: FP leave should be used for your vacation time if you have a low annual leave balance, allowing your annual leave balance to build up.

Sick Personal Leave (SP)

Employees under the current leave benefit system are allotted between 64 and 80 hours of SP leave per year (depending on length of service), and are given a new balance as of January 10 of each year. SP leave can only be used for absences due to personal legitimate illness or for appointments with your physician or dentist. Any SP bal-

ance as of January 10 of each year is lost. Employees under the "old" leave benefit system accrue sick leave in the same manner that annual leave is accrued (up to five hours per pay period), and there is no limit to the balance that may be carried.

Community Service Leave (CS)

Each employee may qualify for 16 hours per calendar year of CS leave. This leave may only be used for absences such as providing volunteer services to eligible, non-profit organizations within or outside their communities, or meetings with teachers or school administrators.

Compensatory Leave (CT)

If you earn CT leave, it may be carried for one year from the time it is accrued. For instance, if CT leave is accrued on Labor Day then it must be used by Labor Day of the following year.

Each individual is responsible in keeping track of their own leave balances.

~Thanks to Calvin Griffith, New Horizon Program Manager, SWVTC, for summarizing this information.

National Child Abuse Prevention Month (Continued)

What Happens After I Report?

After receiving a valid report, Child Protective Services (CPS) assesses the situation to determine if there is immediate danger to the child. If caseworkers find that maltreatment has occurred, or services are needed to prevent abuse and neglect, CPS has a number of options. These include working out a plan with the family to protect the child and to help the parents solve the problems which are leading to abuse or neglect.

Will My Name Be Confidential?

Do I Have To Give My Name?

Reports may be made anonymously, but it helps a great deal if you give your name. Giving your name will assure that the CPS worker who investigates the case can contact you and that important information will not be forgotten or lost.

Your name will be kept confidential. CPS will not release identifying information about the person who made the report to the family who was reported. Usually the

name of the person making the report will be made known only if a court orders it or if court testimony is involved.

How Will I Know What Happens?

You will receive a letter of acknowledgement from CPS, but otherwise you may not know, except by seeing changes in the child and family. CPS works under strict confidentiality rules, for the protection of everybody involved.

The Winter, 2010, Virginia Child Protection Newsletter is dedicated to a thorough review of the long-term negative effects of child maltreatment, including the increased risk of need for special education services, impact on school achievement and drop-out rates, long-term medical effects, substance abuse, and juvenile delinquency rates. In addition, there is an increased risk of re-victimization as well as increased likelihood of serious mental illness. According to sources, a conservative estimate of the annual cost maltreatment in 2007 dollars is \$103.8 billion. This figure includes the cost of hospitalization, mental

health care, child welfare services, law enforcement, special education, and juvenile delinquency to name several. I urge you to review the Virginia Child Protection Newsletter for more information.

The Virginia Child Protection Newsletter is a publication of the Commonwealth of Virginia Department of Social Services. It is published quarterly and can be viewed at <http://psychweb.cisat.jmu.edu/graysjhl>.

~Cynthia McClaskey, Ph.D.
Director



History From The Hill

Southwestern Lunatic Asylum

Editor's note: This article is taken from the local newspaper of Smyth County, Virginia, the *Conservative Democrat*, published February 3, 1887. The newsprint is illegible in some places and that is why some words are missing. This continues the article started in the March, 2010, edition of *A View from the Hill*.

Virginia's New Hope for the Insane – A Full Description of the Building -- Correspondence of the Lynchburg News

[Part 2]

"On the first floor of this building are the offices, dispensary, reception room, dining room for officers, matron's room, etc., in all nine rooms besides halls, etc. The second, third, and fourth stories contain each eight chambers besides the necessary linen closets, bath rooms, and halls. The basement contains kitchens for officers and all necessary storage room, pantries, etc. A corridor about twenty feet wide, seventy-five feet long and four stories high connects this building with the center building so that each building can be reached from the other without going up or down steps. The basement of the center building contains two rooms, each 60x40 feet with a pitch of fifteen feet, one a kitchen and the other a laundry. Bakery 40x30 and electric light room, 40x28, in rear of these rooms. The second story of the center building contains two dining rooms 50x40 each, one for males and one for females, and in rear of the dining rooms is a sewing room 40x30 feet; just over the bakery and con-

nected with it and the kitchen by means of an elevator. The third story of the center building is intended for a chapel and amusement hall and is 120x40 feet. There is a sewing room over the dining room and in rear of this large room, 40x30 feet. The fourth story of this center building is divided into two large rooms called Associated Rooms. Each will hold from thirty to forty patients with attendant's rooms, bath rooms, etc. This is where the committee made a clear gain of rooms for the eighty patients more than was expected of them as well as getting the administrative and center buildings large enough to _____ the Asylum _____ when wings are extended, accommodate up to 800 patients.

To the right and left, or east and west, of the center building, and advancing a little in front of it, are the pavilions for the patients, each one being three stories high and accommodating thirty-five patients to the floor, or 105 in each wing. Those wings are 105 feet long, with corridors on each floor, twelve feet wide, with "day rooms" at each end, where the patients may meet and amuse themselves. The stairways are all of slate, brought from the quarries of Vermont, and are on arch supports, consequently fireproof and the floors are as near fireproof as can be, being laid double, with one and a half inches of mortar between them. On every floor in all the buildings, are bath rooms, water closets, etc., with cold and hot water, and in the asylum department, especially, are



more admirably arranged than any we have seen, being back, and in separate buildings, carried up for the purpose, through connected hallways.

Three inch stand pipes, with fifty feet of hose, are placed at convenient points on every floor in the pavilion so that if a fire should occur, it could be put under immediate control. Each department is cut off by heavy doors covered with sheet iron, so that one department could even burn down, and the fire checked as effectually as by a solid wall. Under each of these wings are numerous storage rooms.

There are vents in the walls through which the foul air is carried from every room to the attic of the building and there they are all connected by large tin flues which empties this foul air into a shaft in each wing running from the ground and extending 40 feet above the top of the building. We could not conceive of a more perfect system of ventilation than has been adopted."

National Medical Laboratory Professionals Week

Celebrate National Medical Laboratory Professionals Week, April 18-24

Now in its 35th year, National Medical Laboratory Professionals Week provides the profession with a unique opportunity to increase public awareness and understanding of clinical laboratory personnel. With an emphasis on recognizing persons whose expertise is needed in the performance of laboratory testing, this year's theme is **"Making A Difference With Each Result."** Since the development of this career group in the 1920s, the clinical lab science professional has played an obscure but vital role in the diagnosis and

prevention of disease.

Today, the non-specific Medical Technologist (MT) designation has been replaced with a newly renamed designation of Medical Laboratory Scientist (MLS) for baccalaureate-level personnel under a unified certification agency. MLS, Medical Laboratory Technicians (MLT), and Phlebotomists play a vital role in protecting the health of all Americans and serve as key members of the health care team. As team members of one of the largest industries in the United States, the dedicated efforts of laboratory professionals often go unnoticed by the general public, as well as the institutions employing their services. Please take a

moment during this week's celebration to increase your understanding of and appreciation for this career field.

~Becky Barker, MLS (ASCP)^{CM}
Laboratory Supervisor



Social Networking



I wanted to take a moment to remind everyone of the very serious nature of any intentional, or unintentional, disclosure of Protected Health Information without appropriate authorization being obtained. Such unauthorized disclosures can represent violations of the HIPAA regulations, the recently enacted Breach of Confidentiality regulations, and standing SWVMHI policy.

In recent years the number of so-called

“social networking sites” that are available online has grown rapidly, as has the number of people who use these sites to keep others informed of what’s going on in their lives. I want to remind everyone that these sites are public forums and in posting anything to them that would allow for the identity of a client to be determined, whether intentional, or not, would represent a likely HIPAA violation and/or a violation of the Breach of Confidentiality regulations.

It is a fact of the times in which we live that as technology and its many uses grows and changes we will all need to be increasingly diligent in protecting the confidentiality of those we serve from intentional, or unintentional disclosure. Thank you all for remembering the seriousness of this issue.

~Phil Jones
Privacy Officer

Occupational Therapy Month

Occupational Therapy enables people of all ages to live life to the fullest by helping them promote health, prevent (or live better with) injury, illness, or disability. It is a practice deeply rooted in science and is evidence-based, meaning that the plan designed for each individual is supported by data, experience, and “best practices” that have been developed and proven over time.

Occupational Therapists focus on “doing” whatever occupations or activities are meaningful to the individual. It is Occupational Therapy’s purpose to get beyond problems, to the solutions that assure living life to its fullest. These solutions may be adaptations for how to do a task, changes to surroundings, or helping individuals to alter their behaviors.

When working with an Occupational Therapy Practitioner, strategies and modifications are customized for each individual to resolve problems, improve function, and support everyday activities. The goal is to maximize potential. Through these therapeutic approaches, Occupational Therapy helps individuals design their lives, develop needed skills, adjust their environments (e.g., home, school, or work), and build health-promoting habits and routines that will allow them to thrive.

By taking the full picture into account, a person’s psychological, physical, emotional, and social makeup as well as their environment, Occupational Therapy assists clients to do the following:

- Achieve goals
- Function at the highest possible level



- Concentrate on what matters most to them
- Maintain or rebuild their independence
- Participate in daily activities that they need or want to do

Your occupational therapists are: Stacy Brown, OTR/L; Sandy Guthrie, OTR/L; Vicki Legg, OTR/L; and Sharon Neitch, OTR/L. **Please join us in celebrating Occupational Therapy Month!**

~Sharon Neitch, OTR/L
Occupational Therapy Supervisor



May is Mental Health Awareness Month

As part of the Mental Health Awareness Month events, there will be four showings of "The Soloist" on April 5th and 6th at the Abingdon Cinnemall. Two of the showings will be followed by a panel discussion.

Plot summary for "The Soloist" as described by imdb.com: In 2005, the only thing hurting Los Angeles Times columnist Steve Lopez more than his face from a recent bike accident was his pressing need for story ideas.

That is when he discovers Nathaniel Ayers, a mentally ill, homeless street musician who possesses extraordinary talent, even through his half-broken instruments. Inspired by his story, Lopez writes an acclaimed series of articles about Ayers and attempts to do more to help both him and the rest of the underclass of L.A. have a better life. However, Lopez's good intentions run headlong in the hard realities of the strength of Ayers' personal demons and the larger social injustices facing the homeless. Regardless, Lopez and Ayers must find a way to conquer their deepest anxieties and frustrations to hope for a brighter future for both of them. It is based on the book "The Soloist: A Lost Dream, an Unlikely Friendship, and the Redemptive Power of Music" by Steve Lopez.

Invest In Your Future



offered through CommonHealth. Teams are striving to lose a total of 40 pounds (10 pounds per person) through developing healthy eating habits and an appropriate fitness routine. SWVMHI has nine teams participating.

Brickey, Janice Morris, Nathan Shelton, Judy Britt, Cynthia Prater, Judy Grimsley, Laurel Cherimei, Sheila Horn, Beth Hall, Jim Suhrbier, Kathy Church, and Connie Surber. More information and the program from Bob Harper are available on the CommonHealth website. www.commonhealth.virginia.gov.

The Governors Challenge is open to all state employees. The goal is to concentrate on losing weight for the 13 weeks of the challenge and beyond. Teams of four are formed and support each other with weekly weigh-ins, e-mails, and other help

The CommonHealth quarterly program was held in March. Information on "Fitting in Fitness" was given to all participants. Anthem provided a program on fitness from Bob Harper, known from the TV program "The Biggest Loser." Also, participants were entered into a state drawing for VISA gift cards. Additional door prizes went to the following: Norma

Every year, many vow to lose weight and to switch to a healthier lifestyle, but it is not an easy task and many give up or fail to find success. The support of a team and CommonHealth can make the difference! **It is FREE and is an investment for YOUR future!**

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

Kind hearts are the gardens; kind thoughts are the roots; kind words are the flowers; kind deeds are the fruits. ~English Proverb



National Nurse's Week

SWVMHI will be celebrating Nurse's Week May 3-7, 2010. The theme is "Caring Today for a Healthier Tomorrow." The colors of the event are yellow and orange. We will have week long events planned; some things you will remember from previous years, and some new ideas have been included as well. Weekly events include:

- **May 3** Wear the Nurse's Week Celebration Colors Day (yellow and orange)
- **May 4** Silly Hat Day
- **May 5** All nursing staff will be served ice cream and may participate in a silent auction
- **May 6** Pot luck dinner on all the units and the facility will provide the dessert
- **May 7** Wear the Colors/Attire of Your Favorite Sports Team Day

Each day we will have a group of judges determine which unit is showing the most spirit. At the end of the week the winning unit will be announced and that unit will receive a special surprise.

Also, on May 6, the nursing staff will be honoring the 40 years of service that has been provided by the Adolescent Unit by hosting a special evening event as we honor the multidisciplinary team of professionals that have worked with such diligence and devotion over the years.

We will be sending

out more detailed information in the coming weeks so be watching your email and bulletin boards and get ready to celebrate National Nurse's Week!

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





Southwestern Virginia Mental Health Institute

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Phone: 276-783-1200

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Comments, Suggestions, or Ideas?

SHARE THEM!

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



Word Search Answer Key

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Please submit articles for the next newsletter to Amanda Phipps by April 19, 2010.

The next newsletter will be published May 3, 2010.