



The Crossroads DDA outing group wraps up another successful meeting in downtown Portland.

City resources provide opportunity for patients

While Oregon State Hospital (OSH) provides treatment for mental illness, many of our patients also suffer from substance use disorders. For this reason, OSH partners with Dual Diagnosis Anonymous (DDA) so that patients receive support and increase their likelihood of preventing relapse when they transition back to the community.

DDA offers a peer support group that includes a 12-step process originally adapted from Alcoholics Anonymous (AA). It also has an additional five steps that focus on mental illness and substance abuse. Unlike AA, which focuses solely on alcoholism, DDA meetings provide a more comfortable atmosphere for people experiencing symptoms of mental illness.

Oregon State Hospital has a contract with DDA to provide in-house and community-based meetings for consumers.

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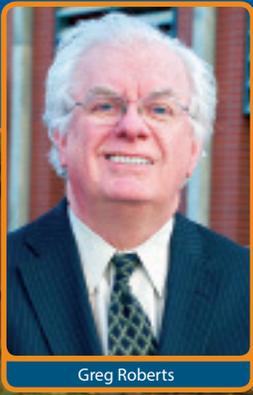
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OSH Recovery Times

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



Greg Roberts

Message from the superintendent

Dear OSH team,

As we all know, “change” has been constant at OSH for the past several years. We moved to the new facility, implemented the treatment malls, developed new schedules in nursing, created the Legal Affairs Department, implemented several significant new laws, enhanced our performance improvement process by relying on lean methodology, closed one neuro-gero unit, reacted to a surprising increase in the .370 population, opened new civil units in Salem, planned for Junction City’s opening, POSH’s closing and much more. It’s a tribute to the dedication of all staff here that we’ve been able to not only endure these changes, but to move the hospital in a positive direction as a result.

One of the most important upcoming changes focuses on training. Too often, we have not provided our staff, especially direct care staff, with the necessary skills to do the job we expect them to do. That’s like asking someone to build a new house without first providing them with a hammer and nails.

There are many things our staff need to learn, but we can’t take on everything at once. Our focus on training will be a multiyear process.

Our first step is training staff in a method called Collaborative Problem Solving (CPS). Many of you have recently attended a two and a half day training on the topic, and I am very pleased to hear, from so many attendees, that it’s made such a positive impact.

With the implementation of CPS, we are transitioning the hospital’s model of care from one that attempts to control behaviors that interrupt treatment, to one that identifies lagging skills and removes barriers to recovery.

CPS presents a new concept of “people do well if they can.” Rather than seeing a behavior as a product of will or noncompliance, CPS sees the behavior as the result of a lagging skill set that the patient has not yet developed (e.g., executive skills, language processing, emotion regulation, cognitive flexibility and social skills.)

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Along with tools used to identify these “lagging skills,” CPS also teaches a specific type of staff intervention. Many of you participated in the initial “tier 1” trainings and have already used some the verbal interventions. This intervention dialogue is designed to increase staff’s ability to find solutions to help our patients, and enable them to have a greater impact on the process of recovery.

We expect CPS to help us reduce the amount of aggression, and the number of seclusion and restraint events, as it has been proven to be effective in adolescent mental health settings. We also expect it will take three to five years to fully implement CPS throughout the hospital.

We’ve identified four units – Lighthouse 1, Anchor 2, Lighthouse 2 and Bird 2 – for initial implementation of CPS, because these units have shown the highest occurrence of aggression and seclusion and restraint. On site trainers/mentors/coaches will be assigned to these units, on the day and swing shifts, seven days a week. This will be a change for both staff and patients on these units, as we shift the hospital from a culture of safety to a culture of recovery.

It’s important to support our fellow staff who are involved in the first rollout on units around OSH. This is a complex process that will have an impact on nearly all levels of treatment services.

Sincerely,



Greg Roberts
Superintendent

City resources provide opportunity for patients

Continued from page 1

Patients at the OSH-Portland campus benefit from living only three miles from the organization's headquarters in the heart of the city. The Crossroads treatment mall offers a weekly outing to the DDA meetings where patients interact with consumers from a variety of other treatment centers.

In fact, many of the patients at the Portland campus live in the immediate area, and some who participate in the DDA outing group often make the Wednesday downtown meeting their "home meeting" after discharge.

Participants in the DDA meetings also practice essential skills for community reintegration, like navigating public transportation and money management. For example, the treatment mall group rides the Max to the meeting.

"We encourage the DDA outing group for people that want peer support, but it also provides some practical learning experiences like negotiating crowds on the MAX," said Jerry Weller, a mental health therapist 2. "There have even been some cases where patients have filled in for the secretary position in the meeting, and that really gives people the confidence to stay on track and continue participating."

(below) Crowded stops and MAX delays provide good practice for community reintegration.



(above) The Carlyle Building, located on SW 11th Ave. in downtown Portland, hosts DDA meetings weekly.

Doyle Smith, executive director of DDA, also talked about how patients gain confidence by helping out during a meeting.

"When people get involved, it puts an emphasis or a competency to the recovery," said Smith. "Part of recovery is to not only give back, but be involved. The more that you're involved, the more it changes you, and it reinforces the recovery process. And people are really proud when they [participate in a meeting]. Once they face their fear or get over their anxiousness, they always say that helping during a meeting was the best thing they've done. They literally get more out of the meeting when they chair rather than just sitting there waiting to be called on."

Patients who are unable to attend the DDA outing group can still have access to in-house meetings at the Portland Campus and Salem campuses through treatment mall groups and separate meetings held by an outside DDA specialist. Though DDA services remain anonymous for its consumers, meetings always welcome anyone to join.

More information about DDA can be found at their website, www.ddaoforegon.com, or by calling their toll free phone number at 877-222-1332.

Engagement Mall meets patients ‘where they’re at’

In an effort to better serve the residents of Oregon State Hospital, the Treatment Services department has created an “Engagement Treatment Mall” to provide rehabilitation, vocational, educational and other services to patients who have significant barriers to attending their respective program’s mall.

The goal of the Engagement Treatment Mall is to help residents transition back to their program’s mall where they can have access to a wider range of groups and a more diverse group of clinicians.

For the past six months, the team has been working under the name “Acute Treatment Mall” on Lighthouse 1 and Anchor 2. The team has seen several patients re-engage, re-enter the treatment mall and advance to less-restrictive care. Because of the this success, the department decided to expand the program to all patients around the hospital who are struggling to get the services they need.

Since the scope of the program is widening, the mall is referral-based. The team asks interested interdisciplinary treatment teams to submit a referral to manager Jason Stringer. The referral can be found under the “Mall Engagement Team” folder on the I:Drive.



Engagement Treatment Mall staff. From left to right: Billy Hatch, Jeremy Fleener, Shelley Davidson and Guy Forson.

The team includes recreation specialists Jeremy Fleener and Shelley Davidson, rehabilitation therapists Mario Desantis and Guy Forson, mental health specialist Billy Hatch, nurses Deb Morse-Little and Micah Lewis, and mental health therapists James Shirley, Marta Sigmund and Sandy Moler. The team also enlists the help of the unit’s interdisciplinary treatment team and nursing staff, as well as teachers, vocational counselors and occupational therapists.

For more information or to request for a member of the team to talk to your IDT, contact Treatment Mall Manager Jason Stringer, at jason.stringer@state.or.us.

Research department, real world implementation

By Kaleb Keaton, Research Analyst 3

Often, there is a rift between research and real world implementation. At Oregon State Hospital we have an opportunity to bridge this gap and take advantage of the environment in which we work. It is the responsibility of the Research Committee to help promote and facilitate this process, to assist those who desire to promote mental health by creating empirically based practice through the scientific process, and to branch out to the resources and connections that OSH has established in order to benefit research culture as a whole.

The Research Committee consists of various parties within OSH. Its goal is to keep its members diverse so

that all departments and interests within OSH will be represented. Each member has experience in research and collectively shares the desire to generate the best possible research environment within OSH.

OSH’s patient population and professional staff generate a unique opportunity for research. It is an excellent source for professionals to develop treatment and implement ideas of how to address varying mental health issues.

“I believe the mark of a truly excellent health care organization is that it constantly learns and improves its clinical services,” said Rupert Goetz M.D., OSH

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OSH Staff Showcase

For our first OSH staff showcase, we are featuring Luzvimin “Luz” Barela-Borst, director of Spiritual Care Services, and her dedication to both the patients and staff of Oregon State Hospital (OSH). The Spiritual Care team provides a very important service, helping many patients to use their spirituality as a source of personal and social strength during the recovery process.

Originally from the Philippines, Luz joined OSH in 2006 through her participation in the Clinical Pastoral Education (CPE) program. Following completion, Luz has served the department as a contractor, consultant and certified associate supervisor before officially becoming the director in 2013.

As an ordained minister, Luz has had a huge impact on the hospital’s spiritual care services. She has developed spiritual-focused treatment groups for patients who want to include spirituality in their treatment, and she has designed and implemented spiritual assessments for patients requesting spiritual services. Luz provides worship and memorial services, teaches, visits individual patients, and provides marriage counseling for patients. Her ongoing efforts to improve services in her department focus on supporting treatment services, collaborating with hospital leadership to ensure clinical competence of chaplains and the delivery of quality services alongside other staff disciplines.

Not only does Luz strive to deliver the best care to the patients at OSH, she also offers services that support staff who need help managing the stress of working in a psychiatric hospital. Luz started a “Tea for the Soul” program, which offers staff a peaceful respite within the work environment. She is also devoted to the education of chaplains in the CPE program, and has helped 21 chaplain interns become professional chaplains.



“Luz leads a team that delivers invaluable services to the patients and staff at the hospital,” said superintendent Greg Roberts. “She’s a highly regarded member of our OSH team, and offers peaceful, accepting support in an environment that provides many challenges. It’s individuals like Luz that bring continuous, positive change to the Oregon State Hospital by exemplifying our message of hope, safety and recovery.”

Research department, real world implementation

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chief medical officer. “This means understanding what the evidence shows to be effective, implementing what is possible of these practices and studying the gaps in between. The latter is what I think of as research. In partnership with our patients and our staff, we should be working to develop our own evidence base for the gaps in clinical care that we struggle to close using existing knowledge.”

The Research Committee will be making a significant push for research interest in the upcoming months. A visual display board called the “Think Tank,” is now

located on the third floor of Kirkbride, near the Callan conference room. It contains research information, staff academic achievement and backgrounds, and other forms of useful information. The Research Committee intranet page provides services and insights for those who desire additional research support.

Please contact the Research Committee via email, at Research-Comm.OSH@state.or.us, or call Kaleb Keaton, at 503 945 9773, for inquiries and additional information.

Let's get to work

By Scott Snedecor, Peer Recovery Specialist

As a recovery specialist at OSH, I have had the opportunity over the past 22 years to be involved with many cutting-edge initiatives involving peer advocacy and support. Over the years, I have met many peers who would like to go back to work, but are nervous about the prospect. They have been living a marginal existence in subsidized housing with food stamps, on Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). They want, not only to earn more money and escape from poverty, but also to gain the self-esteem and satisfaction that come from working and producing in society.

Many of our social interactions are based on the question, "What do you do for a living?" If one has a disability without visible signs, one might have problems coming up with an answer that is informative and self-affirming. Those who have been labeled with mental health conditions sometimes endure this kind of internalized stigma.



I had the opportunity to take a class offered by Mental Health America Oregon (MHAO) to become a peer employment support specialist. I have been involved in creating trainings for individuals as peer specialists, but had never taken a course. It was a great class, and I enjoyed my interactions with the teachers and my peers. We have known for years that peer specialists provide empathy-based supports for people. Peers share certain aspects of experiences not only with the conditions people endure, but also the treatments that come with being psychiatric patients.

The class was in two, three-day sessions. The first session focused on being a peer specialist. The primary lesson in this class was to let the person with whom one is working guide the process. It also helped us understand that the

primary components of recovery are important. Concepts such as hope, self-determination, personal responsibility and wellness are key features. The work a peer does with the individual is person-centered, or as I like to say, person-directed. Peers provide respectful support, help peers connect with community resources, facilitate and lead groups and act to help peers advocate for themselves.

In the part of the class that focused on peer employment specialists, we learned that the primary role is to:

- Support peers to rediscover their hopes and dreams for a career;
- Help peers realize their strengths and interests to focus on creating a job that uses these skills;
- Help them discover resources that can bring them closer to their goals; and
- Encourage them as they embark on the steps to employment.

We also learned about resources that can help people calculate the effect of employment on their benefits so they could alleviate some of the anxiety that can be a barrier to the thought of getting a job. Our job is not to find people jobs! it is to nurture that spark of hope that they can recover and build a life outside of the label "mental patient." We do what we can to help them achieve their dreams.

I am glad I took this course. I will use some of the skills I learned in my current job as recovery specialist at OSH. I will also promote using peer employment specialists in our mental health infrastructure.

For more information about Peer Recovery Specialists, contact Scott Snedecor, at scott.snedecor@state.or.us.

Trauma Services Initiative Update: The Three T's

By Malcolm Aquinas, Peer Recovery Specialist, TSI chairman, and Jamie Waters, MA, LPC, ATR-BC

As noted in our previous Recovery Times articles, the Trauma Services Initiative (TSI) committee is providing ongoing updates as well as pertinent information on Trauma-Informed Care. This month we are highlighting some of the fundamental terms and concepts, such as The Three T's: Trauma-Informed, Trauma-Specific, and Trauma-Sensitive.

1. **Trauma-informed care** is the demonstrated awareness of a thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual, and an appreciation for the high prevalence of traumatic experiences in people who receive mental health and addiction services. Staff ask the following self-assessment question: **“What do I know about psychological trauma and its effects?”**

2. **Trauma-sensitive services** are not specifically designed to treat symptoms or syndromes related to sexual, physical, emotional abuse, neglect and exploitation or other trauma, but they are services that are informed about, and sensitive to, trauma-related issues present in survivors. “Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization” (Substance Abuse and Mental Health Services Administration – SAMHSA). Trauma-sensitive services demonstrate a *Universal Design*¹ approach to service delivery. Staff ask the following self-assessment question: **“How do my actions reflect knowledge of the impact of psychological trauma?”**

3. **Trauma-specific services** are designed to treat the actual consequences of trauma, recognize adaptive ‘symptoms’ and the importance of collaborative, person-centered treatment. These are the specific treatment and care interventions provided to a particular individual

based on her or his identified need. Staff ask the following self-assessment question: **“What are my specific responsibilities in providing treatment and care to this individual?”**

¹*Universal Design* presumes that every person in a treatment setting has been exposed to abuse, violence, neglect, exploitation or other traumatic experiences. This perspective then informs all day-to-day interactions, creating a safe environment where people can more easily engage the healing and recovery process provided through treatment and care. Universal Design, a concept borrowed from the accessibility movement, captures the cautionary importance of universal precautions while removing the unintended (and unhelpful) associations with infections and disease. “Universal design succeeds because it goes beyond specialization” (Ron Mace, U.S. Department of Housing and Urban Development).

For more information on Trauma-Informed Care, see SAMHSA's National Center For Trauma-Informed Care (NCTIC) at: <http://beta.samhsa.gov/nctic>.

RPI seeks to improve group note consistency

By **Bethany Lehman, Lean Leader**

Patients spend 20 hours a week at their respective treatment malls, participating in groups and activities that play a critical role in helping them work toward their recovery.

Because patients typically meet with their entire interdisciplinary treatment team (IDT) only once a month, the team often must rely on treatment mall group notes to get a thorough and accurate assessment of the patient's participation and progress. Good group notes help the team recognize when a patient's treatment plan should be modified and promote a greater level of continuity of care.

Unfortunately, the manner and consistency with which staff record their group notes varies. This can potentially compromise the effectiveness of this essential treatment tool. In response, the Superintendent's Cabinet recently brought together an interdisciplinary group of staff for a rapid process improvement (RPI) event to examine this issue and develop a more efficient process.

The issue

The team began by seeking feedback and suggestions from staff who regularly use group notes during their day-to-day work. This process uncovered a number of issues that needed to be addressed, including: the amount of time required to enter group notes, a disconnect between patient care plans and group notes, the inability to search for and filter information, discrepancies in the frequency of group notes (some patients require weekly notes, while others require only monthly notes), and billing oversights due to group note errors.

The solution

Digging deeper, the team found that many of the issues were caused by inconsistency in the way staff were writing their group notes. Because there was no standard format to guide them, group notes often varied widely in content and language. To address this issue, the team developed a new group note form that was designed to be user-friendly and generate more measurable results.

While it continues to follow the Behavior, Intervention, Observation and Recommendation (BIO-R) format, the

Group note team members:

Team lead – Nikki Mobley
 Lean Leaders – Beth Lehman, Robert Jones, Aitor Martinez
 Doug Dunlap – Psychologist
 Ryan Stafford – Mental Health Specialist
 Jim Cook – Nurse
 Stacey Castor – Music Therapist
 Carmen Heidecke – Rec specialist
 Mo Popov - Social Work
 Angie Moreno – Treatment Care Planning
 Michelle Swanger – Rehabilitation Services

new form is a combination of both check and narrative boxes. The addition of check boxes helps guide the user through the process of entering group notes and ensures important information is not overlooked. The narrative boxes allow for further explanation when needed.

In addition, the check boxes also ensure that the language used is consistent and standardized. This enhances Avatar's search function, allowing staff to filter searches for specific criteria or to quickly pull together specific information from hundreds of notes.

In short, the new form will make group notes a much more effective and efficient tool. Staff should expect to see a decrease in their time spent on documentation, and an increase in the quality of their notes.

The group note team plans to begin piloting this new process in August with the goal of going live throughout the hospital in September.

If you have feedback or questions for the group, please contact treatment mall administrator, Nikki Mobley, at nichole.a.mobely@state.or.us; lean leader, Aitor Martinez, at aitor.martinez@state.or.us; or lean leader, Bethany Lehman, at bethany.lehman@state.or.us.

Team recognition: March 2014

March 2014

Category: Innovating

Recipient: Leaf 2

Nominated by:

Cecilia Quaal, Infection Prevention

David Peckfelder, Leaf 2 Nurse Manager

Kristen West, Leaf 2 Supervising Nurse

During March, a number of Leaf 2 patients experienced symptoms consistent with a norovirus outbreak. After an investigation, Infection Prevention placed Leaf 2 under control measures, isolating patients and staff to the unit for seven days.

While control measures were in effect, patients were unable to participate in regular activities such as meals in the dining hall, rehabilitation services, treatment mall groups, and individual and group outings.

Leaf 2 staff focused on educating patients on the best methods to prevent the spread of norovirus. Meals were delivered to the unit, and staff encouraged and modeled thorough hand washing before and after eating. Staff also focused on unit sanitation, and everyone pitched in to maintain clean door handles, flat surfaces and other areas that could spread infection.

The control measures presented a huge barrier to treatment programming, and patients began to grow tired of staying on the unit during the isolation. Leaf 2 staff advocated for private patio outings, and enlisted help from rehabilitation staff to provide patio and on-unit activities to engage patients and raise morale. At the end of the seven days, the unit returned to regularly

scheduled activities, and patients rejoined their treatment services.

The Leaf 2 staff demonstrated excellent teamwork and a persistent effort to make accommodations for their patients during the outbreak. Their innovative mindset and willingness to adapt are perfect examples of overcoming barriers and continuing to provide an unfaltering environment of healing and recovery.

Leaf 2 staff

John Anderson	Mickenzie Ordemaz
Amy Asato	Renae Ortiz
Jayson Boaz	Nicole Pacheco
Traci Coffelt Pinard	Emily Panther
Stephanie Dearing	Travis Perez
Michael Henderson	Patricia Poindexter
Jackson Hobbs	Pamela Reyne
Victoria Kapurura	Kenton Rittenberg
Tasi Keener	Maribel Roa
Guy Knight	Debra Rose
Raeann Lee	Christy Salhab
Katy Linhart	Tim Straw
Christina Matthews	Grace Sweet
Maria Mendez	Lyndon Villasenor
Rosnitha Mitchell	Tammi Walker
Genalyn Moore	

Leaf 2 staff (below), the Employee Recognition Committee, and the Superintendent's Cabinet.



Patients, staff take part in Mental Health Specialist Day

By Nina Perard, Mental Health Specialist

In celebration of Counseling Awareness Month, the Psychology Department hosted a “Meet your Mental Health Specialist Day,” in April. Patients and staff who participated in the event were able to thank mental health specialists and gained a new perspective on the essential role that mental health specialists (MHS) play throughout OSH.

Most of us know that these specialists provide individual counseling and lead specialty groups on the treatment malls. You may not know that they are instrumental in the creation and ongoing facilitation of treatment programs around the hospital. Below are a few, but not all, of the programs that mental health specialists are involved with:

Treatment malls

Specialists working in the treatment malls each provide more than 15 hours of psycho-educational, process therapy groups and individual counseling per week.

Co-Occurring Disorders Treatment Program

Specialists working in the Co-Occurring Disorders Treatment Program team are certified alcohol and drug counselors. They facilitate co-occurring disorders groups, in addition to participating in ongoing education and supervision of certified alcohol and drug counselors throughout the hospital.

Restoration to Competency Program (.370)

The primary goal of the Restoration to Competency Program is to help patients who are deemed unable to assist in their trial by teaching them how to cooperate with their attorney and participate in their defense to ultimately return to trial to face their charges. Specialists in this program facilitate legal skills groups that include a focus on mental health recovery tools, so patients who leave the hospital have the greatest chance of staying out of the criminal justice system and preventing relapse.

Sex Offender Treatment Program

The Sex Offender Treatment Program provides evidence-based sex offender therapy on a risk-need-responsivity

model. Specialists provide therapy in a group format, and work with a diverse population.

Behavioral Psychology Services

Behavioral Psychology Services is a specialized service within the psychology department. Specialists are assigned to manage Recovery Environments Actively Creating Hope (REACH), a behavioral incentive program, which includes operating the REACH stores, tracking REACH points, providing awards for mall attendance, purchasing items and finding special requests to fit individual patient needs. In addition, specialists are assigned to units in the Archways program and Portland OSH campus. Their primary function is to assist patients with overcoming significant barriers to treatment and recovery through the development of incentive plans, patient engagement plans, behavior support plans and individual therapy.

Dialectical behavioral therapy (DBT)

DBT is a form of psychotherapy that provides skills for patients with challenging behavior patterns that create barriers in their treatment. These challenging behaviors may include self-harm, suicidal thinking and substance abuse. Specialists active in the DBT program facilitate groups, provide individual counseling and work on DBT-based units in the hospital.

OSH Education and Development Department (EDD)

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

July classes

Monday	Tuesday	Wednesday	Thursday	Friday
<p>7</p> <p><i>New Employee Orientation Day 1</i> #342 Leadership Room</p> <p><i>Avatar for Nurses</i> #310 EDD Computer Lab</p> <p><i>ProACT Refresher 13/20 Staff</i> #344 Integrity Room 730a-9p</p> <p>*BLS CPR Part 2*</p>	<p>8</p> <p><i>New Employee Orientation Day 2</i> #342 Leadership Room</p> <p><i>Clinical Documentation Skill Building</i> #306 Service Excellence Room 8a-12n</p>	<p>9</p> <p><i>New Employee Orientation Day 3</i> #342 Leadership Room</p> <p><i>NEO Comeback Day</i> #310 EDD Computer Lab 8a-12n #344 Integrity Room 1p-5p</p> <p><i>CMA Pharmacology</i> #306 Service Excellence Room 1p-5p</p> <p>*BLS CPR Part 2*</p>	<p>10</p> <p><i>New Employee Orientation Day 4</i> #342 Leadership Room</p> <p><i>NEO Comeback Day</i> #344 Integrity Room 8a-5p</p> <p><i>Volunteer/Contractor Orientation</i> #306 Service Excellence Room 8a-12n</p> <p><i>Injectable Medications</i> #306 Service Excellence Room 1p-5p</p>	<p>11</p> <p><i>New Employee Orientation Day 5</i> #342 Leadership Room</p> <p><i>Contraband Training</i> #306 Service Excellence Room 8a-12n</p>
<p>14</p> <p><i>New Employee Orientation Day 6</i> #342 Leadership Room</p> <p><i>Code Blue Refresher</i> #312 EDD Lab 8a-10a OR 1230p-230p OR 3p-5p</p>	<p>15</p> <p><i>New Employee Orientation Day 7</i> #342 Leadership Room</p> <p><i>ProACT Refresher Day 1</i> #344 Integrity Room 8a-5p</p> <p>*BLS CPR Part 2*</p>	<p>16</p> <p><i>New Employee Orientation Day 8</i> #310 EDD Computer Lab</p> <p><i>ProACT Refresher Day 2</i> #344 Integrity Room 8a-12n</p> <p><i>Pharmacology for Nurses</i> #306 Service Excellence Room 9a-11a OR 2p-4p</p>	<p>17</p> <p><i>Nursing Orientation Day 1</i> #306 Service Excellence Room</p> <p><i>ProACT Refresher Day 1</i> #344 Integrity Room 8a-5p</p> <p><i>Motivational Interviewing Step 2</i> #342 Leadership Room 830a-3p</p>	<p>18</p> <p><i>Avatar for Nurses</i> #310 EDD Computer Lab</p> <p><i>ProACT Refresher Day 2</i> #344 Integrity Room 8a-12p</p> <p><i>Wellness: Mind/Body Connection</i> #306 Service Excellence Room 1p-430p</p> <p>*BLS CPR Part 2*</p>
<p>21</p> <p><i>New Employee Orientation Day 1</i> #342 Leadership Room</p> <p><i>Self Injurious Behavior with or without Suicidal Intent</i> #306 Service Excellence Room 1p-5p</p>	<p>22</p> <p><i>New Employee Orientation Day 2</i> #342 Leadership Room</p> <p><i>CPR Remediation Course</i> #306 Service Excellence Room 8a-12n</p> <p><i>Cultural Competence in Clinical Practice</i> #306 Service Excellence Room 1p-3p</p>	<p>23</p> <p><i>New Employee Orientation Day 3</i> #342 Leadership Room</p> <p><i>NEO Comeback Day</i> #310 EDD Computer Lab 8a-12n #306 Service Excellence Room 1p-5p</p> <p><i>First Aid Training</i> #306 Service Excellence Room 8a-12n</p> <p><i>Ethics for Managers</i> #344 Integrity Room 830a-430p</p> <p>*BLS CPR Part 2*</p>	<p>24</p> <p><i>New Employee Orientation Day 4</i> #342 Leadership Room</p> <p><i>Nursing Orientation Day 2</i> #306 Service Excellence Room</p> <p><i>NEO Comeback Day</i> #344 Integrity Room 8a-5p</p>	<p>25</p> <p><i>New Employee Orientation Day 5</i> #342 Leadership Room</p> <p><i>ProACT Refresher 13/20 Staff</i> #344 Integrity Room 730a-9p</p> <p><i>Motivational Interviewing Step 3</i> #306 Service Excellence 8a-12n</p>
<p>28</p> <p><i>New Employee Orientation Day 6</i> #342 Leadership Room</p> <p><i>ProACT Refresher Operations</i> #344 Integrity Room 8a-5p</p>	<p>29</p> <p><i>New Employee Orientation Day 7</i> #342 Leadership Room</p> <p><i>ProACT Refresher Day 1</i> #344 Integrity Room 8a-5p</p>	<p>30</p> <p><i>New Employee Orientation Day 8</i> #310 EDD Computer Lab</p> <p><i>ProACT Refresher Day 2</i> #344 Integrity Room 8a-12n</p> <p><i>Essential Competency Skills for Staff Utilizing Interpreters</i> #306 Service Excellence Room 830a-12n</p>	<p>31</p> <p><i>Nursing Orientation Day 1</i> #306 Service Excellence Room</p> <p><i>ProACT Refresher Day 1</i> #344 Integrity Room 8a-5p</p>	