

**MINUTES OF A REGULAR MEETING
BOARD OF TRUSTEES
TRENTON PSYCHIATRIC HOSPITAL**

A meeting of the Board of Trustees of Trenton Psychiatric Hospital was held on **Thursday, June 16, 2022**, pursuant to notice duly given. In conformance with the Public Open Meetings Law, notice of the meeting has been sent to The Trenton Times, The Trentonian, Newark Star-Ledger and the Secretary of State and a notice placed on the bulletin board of Trenton Psychiatric Hospital.

Present:

***Neil Weisfeld - Chairperson
***Patricia Carr – Vice Chairperson
***Maureen Lebel – LSW, PhD.
***Carolyn Torre - RN, MA APN
*****Board Member Via Microsoft Team and Via call in on Microsoft teams**

Excused:

***Susan Rubino, MD

TPH Staff Attendance:

Maria Christensen, CEO.
James Hollen, Acting Deputy Chief Executive Officer-Operations (ADCEO).
Faith Johnson, Acting Deputy Chief Executive Officer-Clinical (ADCEO).
Intikhab Ahmad, M.D., Clinical Director; Donald Pattershall, Director of Nursing (DON), covering for Colleen Birkhofer, Chief Nursing Officer (CNO); Michelle Senni, Executive Assistant to the CEO; Frank Miller, QI Director; Colleen Birkhofer, Chief Nursing Officer (CNO), Sheila Kwoka, Medical Services Assistant/Board Secretary
Mary Jean Inman, Director of Pastoral Services

Guest:

Mary Jean Weston-DMHAS

Excused:

Towana Wilkins, Acting Business Manager
Dr. Heshman Soliman, Director of Medicine
Meghan Henry-MacLeod, Legal Liaison
Troy Hood – DMHAS

ROLL CALL/CALL TO ORDER/MINUTES APPROVAL:

Roll call was conducted via Microsoft Teams and Microsoft Teams Call-in. The Board of Trustees meeting was called to order at 9:30 a.m. Minutes from the April 21, 2022, meeting was approved with the correction to Page 2 bullet ten from **“psychiatric to Psychology** was corrected.

BOARD REPORT:

April Monthly Report:

- Dr. Lebel noted that the Substance Abuse Clinic is now open, and the new name of the clinic is **“Stepping Stone”**.

- Dr. Lebel noted that the assaults are down for the month of April that is very good.
- Dr. Lebel asked about the Geriatric Assessment and how it is being used. It is used to assess patients that are being transferred to Nursing Homes. It was asked does it take into consideration the patients behavior. Ms. Faith Johnson will get back to the board with the example of the assessment.
- Dr. Lebel noted the evening and weekend programming. Very happy with the programs being held.
- Dr. Lebel asked about the status of the pilot program for cell phones. It was explained that the pilot program for Supportive Employment has ended. Under a new program as proposed by the Division, every patient would receive a cell phone upon discharge.
- Ms. Carr inquired about the Patient Government meetings. There was a meeting on April 29, 2022. The client services representatives oversee the meeting. They receive information from the patients about their treatments. The meeting happens quarterly and is part of the patient's program schedule. Ms. Johnson will check on the latest Trends with the Client Services Representatives.
- Ms. Carr inquired about Psych Intern Programs. The Psych Interns also go to other outside facilities for training. The other facility is in Middlesex County.
- Ms. Carr noted that the discharge summary for April is low. It was explained that tend to trend low o discharges in the Spring.
- Ms. Carr inquired about the Census. I was noted that we are in the right range for the census.
- Ms. Torre inquired about the two different tablets that are being used by the patients.
- Ms. Torre inquired about the Patient Services Compliance Unit (PSCU) the report is still pending.

- Ms. Torre noted that there were no 30 re-admissions.
- Ms. Carr noted that there was an increase of Revenue for the Schulley trading Post. Pricing on the menu have changed.
- Mr. Weisfeld inquired about the vulnerabilities for Joint Commission. The Infection Prevention Policies have all been updated to be in compliance with the Joint Commission Standards.
- Mr. Weisfeld inquired about the Business Center. The Business Center in the Stratton Building is very helpful to Trenton Psychiatric Hospital. It helps the Patients develop certain skill. The patients handle all the photo copying for TPH.
- Mr. Weisfeld noted that the Nursing Groups have increased which is very helpful. The Rehabilitation Department is helping the Nursing Departments on Programs on nights and weekends.
- Mr. Weisfeld recognized Ms. Collen Birkhofer and her hard work that she has done for the Nursing Department and for TPH. Ms. Birkhofer will be retiring at the end of this month. Ms. Birkhofer told the Board that the Nursing Residency Program just has their 1st Graduation from the program.

May Monthly Report:

- Ms. Torre noted the increased Assaults for the month of May. Ms. Torre would like to see what units where the assaults occur on the Monthly report. Dr. Ahmad will add what units the assaults occur on his monthly report. The information will be added to the Board of Trustees Monthly Report.
- Ms. Torre inquired also about the Restraints. She would like to that information also in the Boards Monthly report. Dr. Ahmad will add that information to his monthly report.
- Ms. Torre noted that Dr. Soliman is continuing to track the Emergency Room visits.
- Ms. Torre noted that the Rehabilitation programming is doing a great job.
- Ms. Torre noted the Nursing Residency Program. The Nurses in the program are to a final presentation to the NRP Committee before graduation. The Nursing Residents would meet with Clinal Nurse Specialist on a weekly basis. They have learned a lot from the. Ms. Birkhofer would like more nursing staff to take part in the NRP. Rutgers University will be coming to TPH to look at the program and create a Power Point Presentation for the NRP.
- Dr. Lebel noted that there were 12 patients referred to have a Suicide Assessment after being placed on precautions by Psychiatry.
- Dr. Lebel inquired about the meeting that the Social Work Department to going to set with Rutgers University to review the curriculum for the Social Skills program that is to be implemented here at TPH. Meeting has not scheduled at this time.

- Dr. Lebel noted the Delinquency Rate for the Month of May from Health Information Management the rate stands at 138%.
- Mr. Weisfeld noted that the Violence Prevention will be discussed in the September meeting.
- Mr. Weisfeld inquired about the Community Meeting Plus which began on March 28. The Point Sheets that are to be handed by all the disciplines has declined. It was suggested that the Point Store be put on hold at this time.
- **Auxiliary Report**

Auxiliary report for June?

COMMITTEE REPORTS:

- **Incident Committee - Dr. Maureen Lebel**

Dr. Lebel will be invited to the Violence Prevention meeting. The next meeting is in June. The Violence Prevention Committee meets the last Tuesday of each month.

- **Legislative Committee – Ms. Carolyn Torre**

Several mental health-related bills are making progress in the NJ Legislature:

- A2008/S353:Conaway, Herb/Verrelli, Anthony S./Benson, Daniel R.Senate: Gopal and Madden.

Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care. Reported out of Assembly Appropriations on 6/13; now goes to full Assembly for a vote. In the Senate, S352, was reported out of Senate Health Committee to Senate and referred to Senate Budget and Appropriations on 6/6/22.

- A3713/S2195:Jaffer, Sadaf F./Stanley, Sterley S./Verrelli, Anthony S.; Senate: Corrado; Cunningham.

"College Mental Health Services Act"; establishes grant program for public institutions of higher education and requires public institutions of higher education to report certain information concerning mental health treatment and suicides: Reported out of Assembly Higher Ed. Committee on 6/13/22 and referred to A Appropriations; also reported out on 6/13; headed to full Assembly for a vote. S2195, has not yet been heard in Senate Higher Ed. Committee.

- S311/A2036:Senate: Vitale, Joseph F./Gopal, Vin; Assembly: Benson; Verrelli; Conaway. Establishes Statewide behavioral health crisis system of care. Reported out of Senate Health Committee on 6/6; headed for a full vote in the Senate: 6/16/2022 2:00:00 PM. Reported out of Assembly Appropriations on 6/13/22-headed to full Assembly for a vote.

- Medicaid Issue:
 - In Mary Jean's Weston's Report, I saw reference to a coming announcement from Medicaid and sent her the following message on 6/13/22:
 - To Mary Jean Weston: I am concerned about the forthcoming announcement by Medicaid that they will not accept billing for telehealth Partial Care Services after 8/15/22.
 - Doesn't this contradict Public Law in NJ:
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- **P.L. 2021, c. 310:** Revises requirements for health insurance providers and Medicaid to cover services provided using telemedicine and telehealth; appropriates \$500,000. https://pub.njleg.gov/bills/2020/S3000/2559_R5.HTM **Bill was signed into law late December, 2021.**
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- **Schulley Trading Post – Mr. Neil Weisfeld**

The Schulley Trading Post was experiencing a staff shortage that limited its hours. A meeting is scheduled for April 25, when Ken Franco, Food Service Manager, and James Hollen, ADCEO, will address the shortage and other Trading Post issues.

- **Therapeutic Environment Committee – Ms. Patricia Carr**

A great deal of refurbishing is under way and is scheduled to be completed by May 9, 2022.

- **Welfare Fund – Mr. Weisfeld**

The Welfare budget is going to be reduced. The Lincoln Treatment Mall has opened, and the new bus, purchased partly with Welfare Fund revenues, will be used at that time.

**Report from Ms. Mary Jean Weston, MSW, Regional Coordinator
Office of Community Services, Division of Mental Health & Addiction Services (DMHAS)
(June 16, 2022)**

1. According to a Medicaid newsletter that will be going out soon, Medicaid will announce that billing for Partial Care telehealth service will end effective 8/15/22. DMHAS will stop billing for this service effective 7/1/22.
2. The NJ Department of Community Affairs utility assistance program is now accepting applications at this link: <https://njdca-housing.dynamics365portals.us/en-US/>
3. DMHAS has awarded approximately \$3.2 million to current NJ Lifeline centers for the purpose of building their capacity to answer mental health crisis calls in preparation for the transition to 988 in July.
4. DMHAS is partnering with the State Parole Board and 13 Provider Agencies to offer mental health services through Intensive Outpatient Treatment and Support Services (IOTSS) for persons who are under parole supervision. The target start date is July 1st.
5. The Mental Health Association (MHA – Essex & Morris Counties) has established a Ukrainian Response Team of counselors who offer phone support to people feeling anxious, angry or overwhelmed by the Russian Invasion of Ukraine.” Call 973.509.9777.

Feeling anxious, angry, or overwhelmed by the Russian invasion of Ukraine?

MHA has a team of empathetic and trained counselors available for emotional support.

There are no fees, insurance, or commitment necessary.

Just call **973-509-9777** and ask to be connected to our Ukrainian Response Team, Monday to Friday, **8:30am - 4:30pm** for free confidential counseling and support.

Українська допомога. Ви відчуваєте занепокоєння, гнів чи пригнічення через вторгнення Росії в Україну?

MHA має команду чуйних і навчених консультантів, які надають емоційну підтримку.

Допомога безоплатна.

Просто зателефонуйте за номером **973-509-9777** та попросіть зв'язатися з нашою українською командою реагування з понеділка по п'ятницю, **8:30 - 16:30 (15:30-24:30)** для безкоштовної конфіденційної консультації та підтримки.



COMMUNICATIONS – There were no communications this month.

OLD BUSINESS –

- Ms. Carr submitted the report of the Task Force on the Hospital's Image, as follows:

The issue of improving a positive image is already well under way due to the mere fact that by addressing the issue we begin to awaken folks to the notion. The community begins to think differently and is able to feed the positive image into everyday activities, events, and decisions.

The task force learned that we are good neighbors with positive notions from our nearest neighbors. One of our members has taken to inserting a short, informative, positive paragraph re TPH to a monthly community newsletter.

We realized once again that there is much to be proud of regarding patient care that goes unnoticed. Facilities and events need to be recognized and highlighted. More attention to the PR arm of the hospital is in order.

We remain unclear as to the support of the state in this effort.

The surrounding community needs to be educated re TPH and therefore an educational thrust is needed. This could take the form of a 15–30-minute public service video for example, describing the very wonderful facts and information already in existence and made available to local groups. A shorter 1-to-2-minute version could be developed to show on public tv for example or perhaps on a scroll in medical offices. One of our members produced a draft of a version of such an educational effort. We recognize that TPH has substantial resources to produce such educational series.

We note that we already have fine ambassadors regarding the image just from the employee pool who, when they are proud of TPH go out into their various communities and groups and have opportunities to sing the hospital's praises.

We are so fortunate to have a fully committed leadership with a strong stance of pride in TPH.

This, by its very nature, filters down to departments and personnel.

Improving the image is never finished and needs to be visited periodically. The effort of enhancing the image must continue and become part of the culture. The CEO (or designee) should identify a working group and the Board Chair should name a liaison for oversight and momentum. A parallel group should begin work on the educational piece of the task.

My gratitude and appreciation go out to the committee members:

James Hollen, Michelle Senni, Neil Weisfeld, Maureen Lebel

NEW BUSINESS: No new business this month

COMMENTS FROM THE PUBLIC – There were no comments from the public.

ADJOURNMENT

The meeting was adjourned at 10:45 a.m. The next meeting is scheduled for Thursday, May 19, 2022, at 9:30 a.m., via Microsoft Teams.

Respectfully submitted,

Sheila Kwoka
Secretary Board of Trustees

Neil Weisfeld
Chairperson

NW/sk

GEROPSYCHIATRIC POSITIVE SUPPORTS (GPS)

DATE: 00/00/0000

CLIENT NAME: John Doe

D.O.B.: 00/00/0000

AGE: 6?-years-old

BACKGROUND AND PRESENTATION:

Mr. Doe is a 6?-year-old, single, white male of ????? faith. Mr. Doe has a significant history of psychiatric treatment and inpatient hospitalization beginning in 19??. Additionally, Mr. Doe has a significant history of violent criminal behavior. On 00/00/0000 he was found Not Guilty by Reason of Insanity (NGRI) for charges of homicide and assault of his girlfriend and her daughter. He was committed to State Psychiatric Hospital A (SPH) on 00/00/0000, where he resided until he was transferred to State Psychiatric Hospital B (SPH) on 00/00/0000. During his time at SPH A, Mr. Doe attempted to force his “girlfriend,” another patient at the hospital, to perform oral sex on him. He was charged with aggravated sexual assault on 00/00/0000, subsequently convicted, and incarcerated for 7 years. From prison, Mr. Doe was admitted to Ann Klein Forensic Center (AKFC) on 00/00/0000, transferred to SPH B on 00/00/0000 and then State Psychiatric Hospital C on 00/00/0000. Since his admission in 19?? Mr. Doe has resided on multiple units, most recently a co-ed older adult unit (?). Since his transfer he has exhibited no signs of physical aggression towards others.

Mr. Doe’s health has significantly declined over the course of his hospitalization. He now requires a wheelchair, as well as assistance transferring in and out of the wheelchair and several activities of daily living (ADL). Physical therapy services have not helped Mr. Doe improve his gait. In 20?? Mr. Doe participated in psychological testing to assess his intellectual functioning. According to his records, his performance on the WAIS IV indicated a full scale IQ (FSIQ) in the Extremely Low range (FSIQ=??). This represents a significant decline from scores reported in the 1980’s on a different psychological assessment which placed his intellectual functioning in the Borderline range (FSIQ= ??). The decline may be explained by Mr. Doe’s extended exposure to psychotropic medication, declining health, and age. He has no documented history of being connected to the Department of Developmental Disabilities (DDD).

Overall, Mr. Doe appears to have adjusted well to SPH C Older Adult Unit. He has not expressed any aggression towards staff or peers. He has had brief episodes of frustration related to unanswered questions regarding his discharge and life after SPH C. Since his transfer to ?? there has been one incident of inappropriate sexual behavior. According to records, Mr. Doe attempted to “test” an unfamiliar female member of the nursing staff by asking her to hold his urinal for him. The treatment team counseled him regarding this behavior and there have been no further incidents or reports. Mr. Doe engages appropriately with other patients and appears to have made a few close friends. He enjoys sitting with these peers in the day room, playing cards, and completing puzzles. Additionally, Mr. Doe enjoys therapeutic programs and will attend groups and activities if a staff member assists him (pushes his wheelchair).

The following are risk factors that may trigger behavioral changes that are related to medical conditions/delirium:

Acute infection (e.g., UTI)

Dehydration

Fever

Malnutrition

Medical condition: constipation, anemia, COPD, Seizure Disorder

Medication side effects

Metabolic imbalances

Pain

Pneumonia

Recent medication change

Severe emotional distress

Sleep deprivation

DIAGNOSTIC IMPRESSIONS:

Schizoaffective Disorder, Bipolar Type

Antisocial Personality Disorder

Intellectual Disability, Mild

Gait Dysfunction, wheelchair dependent, assistance with all transfers

Degenerative Joint Disease

Dysphagia

COPD

Hyperlipidemia

Seizure Disorder

Anemia

Constipation

Macular Degeneration

Alcohol Use Disorder, in sustained remission, in a controlled environment

Cannabis Use Disorder, in sustained remission, in a controlled environment

Stimulant Use Disorder, amphetamine-type substance, in sustained remission, in a controlled environment

IDENTIFIED PROBLEM BEHAVIORS/RECOMMENDATIONS:

1.) Mr. Doe has significant medical issues and requires assistance to complete most ADLs. He is a high risk for falls and requires the use of a wheelchair and support in transferring from the wheelchair to the toilet as well as from the bed to the wheelchair.

- Mr. Doe should continue to be monitored regularly by a medical doctor and encouraged to attend all medical appointments. If he is being treated by a female physician or APN, it is important that clear boundaries are expressed to him before the physical examination. Additionally, it is important to have a male staff present during the physical examination, because Mr. Doe is more likely to follow and respect appropriate boundaries.
- Mr. Doe should be placed in a long term care facility that can provide, 24-hour care and oversight for his medical needs. He will require assistance with transferring in and out of bed to his wheelchair, wheelchair to toilet, and wheelchair to chair. He will also require assistance with dressing, toileting, bathing, and feeding. He is cooperative with staff and will respond to assistance. He may attempt to cross boundaries and make sexually inappropriate comments with female staff that are “new” on the unit. Clarify boundaries before providing assistance, “Mr. Doe, I will be assisting transferring you from your wheelchair to the toilet. I need you to hold onto the grab bar to keep you safe.” Provide instructions that are direct and concrete that allow him to participate in his care while preventing him from using his hands to grab staff inappropriately.
- Mr. Doe should be reminded regularly by his treatment providers of the importance of remaining compliant and adherent to his medical and psychiatric treatment. Psychoeducation regarding his medical and psychiatric issues should be provided on an on-going basis as needed.

2.) Mr. Doe is a high risk for falls. He may ask for his roommate's assistance if he is unable to access immediate support from staff. Provide him with a urinal that is close to his bed and a safe, convenient place for him to return it to avoid a spill.

- Mr. Doe should be encouraged to ask for assistance when transferring into and out of his wheelchair. He would benefit from having a wheelchair alarm and a conveniently located call button by his bedside. He should be discouraged from attempting these tasks without assistance or supervision.
- Mr. Doe will benefit from ongoing intervention from the physical therapy department, to reduce/ slow physical decline and gait dysfunction. He should be encouraged to build lower body strength with appropriate supervision. He enjoys the interactions that he has with the physical therapy staff and he is motivated to exercise during sessions.

3.) Mr. Doe has limited intellectual functioning. Speak clearly and provide him with time without rushing. He is patient and will wait for you to be available. Although make sure to follow through with the time that you designated to speak with him about his concerns.

- When speaking with Mr. Doe keep verbal interventions short, simple, and direct. "Mr. Doe, I hear your concern. I will call and make sure to tell you the answer. I need to find out the time of your appointment."
- Mr. Doe may benefit from having commands, directions, or specific interventions written down. This way he can reference the information as necessary. He will often fixate on a location or name and have difficulty remembering it. Write down the name on a piece of paper large enough that he can easily read it. Shorten names of staff that might be difficult to remember ex. Dr. A., Ms. B., Mr. C. etc.
- Mr. Doe would benefit from having complex tasks broken down into smaller, more manageable parts.

4.) Mr. Doe has a history of criminally violent behavior. He also has a history of sexually inappropriate behavior towards other female patients and staff.

- Mr. Doe's risk for violence was determined to be in the Low to Moderate range when last assessed (??/??/20??). Upon discharge, he will need to be in a supervised environment where his risk can be appropriately monitored and managed. His medical and psychiatric issues substantially limit his current risk for violence or sexual recidivism.
- If Mr. Doe exhibits any tendency towards aggression, violence, or sexually inappropriate behavior it should be made clear to him that this behavior is inappropriate and unacceptable.

5.) Mr. Doe has a history of substance abuse

- Although Mr. Doe has been able to successfully refrain from using substances during his hospitalization at SPH, he should be reminded of the importance of remaining abstinent in the community.
- He should be encouraged to continue attending Alcoholics Anonymous and programs utilizing a 12-step model.

Please contact the SPH Unit treatment team (???-??-???) with any questions regarding the patient's behavioral difficulties.

SIGNATURE: _____
?????????, Psychology Intern

SIGNATURE: _____
?????????, Clinical Psychologist 2

REHABILITATION AND GREEN HOUSE PRESENTATION

Following the meeting, the Board received a presentation on the Rehabilitation and Greenhouse from Craig Dupee and Terri Roth, as follows:

Ms. Terri Roth – Director of Vocational Services:

Our Vocational Rehabilitation programs for the patients are based on research completed for our catchment counties on job availability in those communities. The patients in the programs learn the necessary skill sets to be able to secure a job in the community. These skill sets are developed based on the skill sets listed in ONET online, which is a web based, federally run site which lists detailed descriptions for over 900+ occupations. This assures that our patients are learning the marketable skills to secure competitive wage jobs in the community. We also cover soft skills such as work ethics, dealing with co-workers and supervisors, and dealing with symptoms when working.

Studies have shown that patients who work in the community upon discharge are less likely to return to a hospital setting. We connect patients who are discharging and express a desire to work in the community with Supported Employment providers in their discharge county. The SE provider will assist with preparing them for work, creating a resume, assisting in the job search, and making sure that they are able to attend an interview. SE providers will work with the patient to determine what type of job the patient wants and work with them to obtain that job. The patient is offered to participate in the Federal Bonding program which provides bonding to patients regardless of their work history, criminal background, or credit problems. This removes a barrier that is often seen by employers and makes the person more employable.

Various events are held at the Greenhouse such as the Open House and Farm to Table. Ms. Roth shared with the Board of Trustees various pictures of the greenhouse.

Mr. Craig Dupee – Institutional Trade Instructor 2:

I have been instrumental in developing and running the horticulture program called The New Leaf Gardeners for over twelve years. Touching base on my background, I have a degree from Mercer County Community College in land use planning and a degree

from Ohio State University in Landscape Architecture. I am a nationally certified horticulturist and currently hold a NJ state pesticide license.

When developing the horticulture program there were four major influences that helped shape it. The first was the vocational program from the Pennsylvania Horticulture Society called "Roots to Reentry," which is geared to teaching inmates horticulture job skills including a job placement service. The second influence was the Jones Farm vocational program that also taught inmates. Both programs and their directors provided me with valuable insight in developing The New Leaf Gardeners vocational program. The third influence was the certificate program offered by the New Jersey Nursery and Landscape Association.

This certificate program is the industry standard in increasing job skills and professional standards in the horticulture field. In collaboration with NJNLA I was able to incorporate their study manual and pretest questions into the New Leaf Gardeners curriculum.

The fourth influence was from my experience at Brookdale Community College in taking their Career and Technical Education certificate program based on standards for vocational programming in the state of New Jersey. I developed a course manual in referencing these learned standards and skill statements from the CTE clusters which we use today.

The manual has 16 lesson plans that cover plant science basics and landscape operations. On the average a patient can complete the lessons in 16 weeks. After completion they receive a horticulture certificate of completion.

The patients learning experience consists of power points, lectures, open discussions, job skill based learning activities, (propagation, pruning, mowing, planting techniques, weeding, mulching, retail sales, greenhouse maintenance, plant identification, how to read a plant label, cash register operations, etc.) we also do formative testing, homework assignments and field trips, (Landscape/nursery company Rutgers Garden Center, Grounds for Sculpture, wholesale floral company Sieck Wright, organic farm Abe's Acres, golf course, and a wholesale greenhouse grower, Kube Pak.

Some other noteworthy activities are having a community garden tour through the Girl Scouts and Ewing Green Team, entering the 4H fair at Howe Living Farm winning 14 blue ribbons, entering the community greening award from PHS, winning awards for Raycroft and Drake. We have done landscaping projects on campus which includes, two EP Henry paver patio installation with a certificate of completion from EP Henry, the gate two, sign was designed and landscaped, the swimming pool area was landscaped and the circle at Raycroft was landscaped. I have developed a relationship with Murphy's Funeral Home in which they will donate flower arrangements, the patients deconstruct them and reuse them in our floral design class.

Events involving the greenhouse have been a holiday bazaar held in the Lincoln gym, where we sell holiday plants and items for staff and patients. Our Farm to Table event is a big hit. We give the fresh produce that we grow at the greenhouse to the kitchen, and they prepare it into delicious items such as zucchini bread. Large tents are set up with a buffet line and activities for the patients. My favorite is corn hole.