

REPORT OF THE SECRETARY OF ADMINISTRATION AND FINANCE

ON

**THE FEASIBILITY OF CONSTRUCTING A STATE HOSPITAL FOR THE
MENTALLY ILL IN SOUTHWEST VIRGINIA**

AND

**THE CONVERSION OF SOUTHWESTERN STATE HOSPITAL TO A
CORRECTIONAL INSTITUTION**

TO

THE GOVERNOR

AND

GENERAL ASSEMBLY OF VIRGINIA



HOUSE DOCUMENT NO. 7

**COMMONWEALTH OF VIRGINIA
RICHMOND
1982**

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Executive Summary

The 1981 General Assembly, through HJR 283, requested the Secretary of Administration and Finance to determine the feasibility of constructing a new State hospital for the mentally ill in Southwest Virginia, and of transferring the present site of Southwestern State Hospital to the Department of Corrections. The Secretary of Administration and Finance created an inter-agency Task Force to perform this feasibility study.

The Task Force conducted on-site visits to Southwestern State Hospital and the Marion Correctional Center, meeting there with staff of both facilities as well as representatives of the community. In addition, the Task Force reviewed all available information on the programmatic, budgetary, and management alternatives by which the objectives of HJR 283 could be accomplished.

Based on the input received from these sources, the Task Force concluded that there continues to be a need for a State mental hospital in Southwest Virginia. Depending upon the specific treatment programs to be offered, the number of beds required at this facility ranges from 375 to 425.

Secondly, while transfer of the present site of Southwestern State Hospital to the Department of Corrections offers a number of benefits to the State, the costs of constructing a new mental hospital in Southwest Virginia and of converting the present Hospital site to a permanent correctional facility are prohibitive. For this reason the Task Force instead recommends a renovation/reconstruction program to convert Southwestern State Hospital to a certified long-term mental health care facility.

To accomplish this objective the Task Force recommends to the Governor and the General Assembly that:

1. Capital outlay and program planning should proceed as soon as possible to convert Southwestern State Hospital to a long-term chronic care facility. The cost of this conversion is estimated to be \$10.4 million, of which \$750,000 should be appropriated in the 1982-84 Appropriation Act for planning and design purposes.
2. In the context of this planning process, the Department of Mental Health and Mental Retardation should also develop alternative treatment programs to care for the alcoholic, acute, and adolescent patient populations now housed at Southwestern State Hospital.

3. Once program planning has been completed by the Department of Mental Health and Mental Retardation, an operational plan should be developed to identify necessary staff resources to operate the long-term care facility. Concurrently, staff resources which exceed these required levels should be identified for phased reduction or transfer to other Department of Mental Health and Mental Retardation programs.

Introduction

The 1980 General Assembly Session passed House Joint Resolution No. 83 (Appendix A) which requested the Secretary of Administration and Finance, with the advice of the Secretary of Public Safety and the Secretary of Human Resources, to conduct a study to determine the feasibility of constructing a new State hospital for the mentally ill in Southwest Virginia, and of transferring the present site comprising Southwestern State Hospital (SWSH) to the Department of Corrections. The Secretary of Administration and Finance did not forward conclusive recommendations for consideration on this matter before the 1981 Session of the General Assembly.

Consequently, the 1981 General Assembly passed House Joint Resolution No. 283 (Appendix B) which charged the Secretary of Administration and Finance to complete the study and submit it to the 1982 General Assembly. The Task Force created to conduct this study consisted of representatives from the Secretary of Administration and Finance, the Secretary of Human Resources, the Secretary of Public Safety, the Department of Corrections, the Department of Mental Health and Mental Retardation (DMH/MR), and, in an ex officio capacity, staff from the House Appropriations and the Senate Finance Committees.

The Task Force met regularly during 1981 to review options open to the Commonwealth in this matter. On July 29-30, 1981, the Task Force traveled to SWSH and the Marion Correctional Center to tour these facilities and meet with their staffs. Meetings were also held at this time with representatives of local community mental health, mental retardation, and substance abuse programs (Appendix C).

The Task Force then began a final review of relevant cost and program data. These data, as well as additional meetings with Central Office staff of DMH/MR, formed the basis of a series of four alternative program options for SWSH discussed in the body of this report.

Finally, in October 1981 Dr. Joseph Bevilacqua, Commissioner of DMH/MR, requested that the Task Force consider the recommendations of a Department consultant study on the use of SWSH as a long-term care facility. This study was reviewed by the Task Force, which incorporated a number of its recommendations under Alternative II, discussed in the body of this report.

Task Force Report

While focusing on its specific charge to address the future utilization of SWSH, the Task Force was constantly aware that the mission of any State mental hospital must be considered as an integral component of all institutional care provided by DMH/MR. The nature of this institutional care has changed dramatically in the past decade.

In its 1980 report to the Governor and General Assembly the Commission on Mental Health and Mental Retardation pointed out:

The Commonwealth's system of services for its mentally ill, mentally retarded, and substance abusers has changed. The emphasis has shifted from a mutually exclusive system in which the State institutions are now an integral component of a broad continuum ranging from community services to institutionalization. Although the focus of the system may have shifted, the State Hospitals and training centers remain a vital source of care for individuals who require the kinds of services not available in the communities.

The effects of deinstitutionalization on the population of mental health and retardation facilities over the past ten years in Virginia have been dramatic. In 1970, for example, DMH/MR had a resident patient population of 14,195, as compared to 8,023 in 1981. Conversely, the number of employees throughout the system has increased from 6,365 in 1970 to 10,849 in 1981. This decrease in the patient-staff ratio has contributed substantially to the per-patient-day rise in institutional costs, with SWSH particularly affected (Appendix D).

It is the policy of the Commonwealth, as stated in the report of the Commission on Mental Health and Mental Retardation, to establish, maintain and support the development of an effective system of treatment, training and care for mentally ill, mentally retarded and substance abusing citizens. A basic principle of such service delivery is that it be provided in the least restrictive environment, with careful consideration of the unique needs and circumstances of each patient. Only those persons who cannot be treated effectively in a community setting should be institutionalized.

The Mission of Southwestern State Hospital

SWSH has been significantly affected by the impact of deinstitutionalization on DMH/MR facilities. The following data summarize the dimensions of this impact on the Hospital since FY 1975-76.

	<u>FY 1975-76</u>	<u>FY 1980-81</u>
Average Patient Population	1077	471
Hospital Staff	912	806
Staff-to-Patient Ratio	1.18	.58
Cost Per Patient Day	\$23.79	\$76.75

These data indicate that in a period of five years the average number of patients at SWSH declined by 56.3 percent, while the number of staff declined only 11.6 percent. This fact, combined with the impact of inflation on fixed institutional expenses, increased per-patient-day costs during this period by 222.6 percent.

Similarly, the profile of the patient population at SWSH has changed as the result of this decline in the average daily patient census. As with other DMH/MR facilities, the mission of SWSH has evolved from that of a custodial-care facility with a preponderance of chronic patients to a multi-program residential treatment facility. On November 30, 1981 the SWSH patient census was comprised of the following treatment populations:

<u>Program</u>	<u>Patients</u>
Admissions/Acute Care Unit	70
Transitional Unit	62
Developmentally Disabled Unit	67
Adolescents	13
Geriatrics	174
Medical Care*	<u>45</u>
Total	431

*Includes skilled nursing care, alcohol detoxification program, and medical/surgical unit.

It is in the context of rapidly increasing costs and a rapidly declining patient population that the General Assembly requested this review be conducted. Thus, the first major question which faced the Task Force was whether, in fact, there needs to be a State mental hospital in Southwest Virginia.

Based on the input of DMH/MR staff, community services representatives, and our review of available data, the Task Force concluded that such a need can be demonstrated. Specifically, an analysis provided by DMH/MR (Appendix E) affirms the long-term requirement for institutional care in Southwest Virginia. Data on patient admissions, discharges and length of stay indicate that a sufficient population of chronic and long-term psychiatrically involved patients will need to be served at SWSH, or a similar facility, for the foreseeable future. Depending upon the specific treatment programs to be offered, the number of beds required at this facility ranges from 375 to 425.

A second and equally important question raised by HJR 283 is the potential use of the present SWSH site by the Department of Corrections, with the construction of a new, smaller State mental hospital in the Marion vicinity. The Department of Corrections presently operates the Marion Correctional Center on the SWSH site, which could be expanded to include a three hundred bed first-offender facility incorporating the entire SWSH complex.

Under ideal circumstances this option offers a number of positive benefits, not the least of which include three hundred additional prison beds for an overcrowded adult correctional system and a new residential DMH/MR facility which could be built to fully conform to current accreditation and certification standards.

Based on conversion and construction costs furnished to the Task Force by the Department of Corrections and DMH/MR, however, this option appears prohibitively costly to consider at the present time. Specifically, to construct a permanent three hundred bed Youthful Offender Facility on the SWSH site would cost \$18.7 million (Appendix F). Construction of a new four hundred bed mental hospital near Marion would cost \$18.4 million, excluding land acquisition costs (Alternative IV).

The Task Force is aware of the fact that general fund resources of sufficient magnitude to address these capital costs are unlikely to be available during the 1982-86 period. Consequently, it has concluded that the current SWSH site should continue to be utilized by DMH/MR for institutional care.

Alternative Program Options

Having concluded that DMH/MR should continue to utilize the current SWSH site to provide institutional care, the Task Force then developed a series of four alternative program options which

array a range of renovation, reconstruction, and new construction decisions to achieve this goal. Generally speaking, the options provide for an accredited and certified chronic-care facility which will result in sufficient institutional bed capacity in Southwest Virginia for the foreseeable future.

The Task Force recognizes that this recommendation changes the current mission of SWSH. Specifically, it calls for a phasing-out of acute care, adolescent care, and alcohol detoxification programs in favor of long-term care programs for geriatric and adult chronically ill psychiatric patients.

This course of action is recommended by the Task Force in support of the judgments made by the DMH/MR consultant study, attached as Appendix E of this report. It would appear that the most cost-effective and treatment-effective utilization of SWSH points toward its conversion to a long-term care facility helping to serve systemwide DMH/MR chronic-care requirements.

However, the Task Force acknowledges that additional planning and analysis are necessary before a specific operational plan can be adopted to effect this conversion. Preliminary cost and program data must be confirmed with respect to the physical renovation/reconstruction estimates contained herein. Moreover, phasing out of existing programs must be planned as an integral component of the development of new programs at SWSH.

Finally, once these tasks are completed, a comprehensive review of existing staff resources must be conducted by DMH/MR to identify those areas in which resources exceed required program levels. Management steps must then be taken to reallocate excess staff to high priority programs.

Following is a summary of each of the renovation/reconstruction options considered by the Task Force. They start with a focus on renovation of existing plant (Alternative I), and move sequentially to focus on demolition of existing plant and subsequent replacement with new construction (Alternative IV). The basis upon which the costs were derived for Alternatives I - III are provided in Appendix G.

Alternative I

OBJECTIVE: Renovation of the existing facility to provide 412 beds for patient care, with a minimum of new construction.

The two major renovations would take place in the Harmon and Morison Buildings, which are best suited for renovation to meet accreditation standards. The Henderson Complex would be demolished, which would render non-functional the pedestrian tubes at SWSH. New construction would be limited to a geriatric administration and activities building and a new storage building.

Beds: Porterfield Geriatric	192
Harmon Building	110
Morison Building	90
Rehabilitation Building	<u>20</u>
Total	412

Total costs - \$9,512,500, including architectural and engineering fees.

Alternative II

OBJECTIVE: A combination of renovation and new construction at the present site to provide 402 beds for patient care.

The Harmon Building would be renovated to house complex medically involved chronic patients, and alcohol patients. The Henderson Complex would be demolished and a new building would be constructed in the vacant space to serve psychiatrically involved long-term and ICF/MR patients. The Morison Building would be utilized to absorb overflow from other buildings during construction but would not be renovated. A new geriatric and activities building, and a new storage building would be constructed following the demolition of the Geriatric C and Wright Buildings.

Beds:	Porterfield Geriatric	192
	Harmon Building	55
	New Construction	<u>155</u>
	Total	402

Total costs for accreditation and certification - \$10,399,430, including architectural and engineering fees.

Alternative III

OBJECTIVE: Provides for demolition and new construction of 200 beds at the present site to provide 412 beds for patient care.

The Harmon, Wright, Morison, Geriatric C Building, and the Henderson Complex would be demolished. New construction would provide two hundred beds for patient care on the grounds vacated by the Henderson Complex. This new construction would allow for the continued use of the pedestrian tubes. A new geriatric administration and activities building and a new storage building would also be constructed.

Beds:	Porterfield Geriatric	192
	Rehabilitation Building	20
	New Construction	<u>200</u>
	Total	412

Total costs - \$10,958,500, including architectural and engineering fees.

Alternative IV

OBJECTIVE: Provides for a new four hundred bed facility to be constructed on a site near the Marion Community Hospital. The present site of SWSH would be declared surplus by the Department of Mental Health and Mental Retardation. The new hospital would meet all accreditation and certification standards.

Cost of constructing a new four hundred bed Southwestern State Hospital excluding land acquisition costs: \$18,416,600

*1. Building		
Built-in Equipment	\$15,573,360	
2. Utilities	126,000	
3. Site Work	430,000	
4. A&E Fees	887,240	
5. Supervision	40,000	
6. Equipment	<u>1,360,000</u>	
		\$18,416,600 = \$46,041.50/Bed

*Building and Built-in Equipment

	<u>Sq. Ft.</u>	<u>Sq. Ft./Bed</u>
Administration	16,000	40
Wards	90,000	225
Treatment	48,000	120
Serv.	36,000	90
Mech.	<u>14,000</u>	<u>35</u>
	204,000	510

204,000 Sq. Ft. at \$76.34 = \$15,573,360 or \$39,933.40/Bed

Task Force Recommendations

As stated, the Task Force received a DMH/MR consultant study in October which proposed that SWSH be converted to a long-term chronic care facility. The Task Force endorses its major recommendations.

The funding required to accomplish this objective is incorporated under Alternative II, subject to more refined estimates which should be developed in the capital outlay planning process. Consequently, the Task Force makes the following recommendations to the Governor and the General Assembly:

1. Capital outlay and program planning should proceed to convert SWSH to a long-term chronic care facility. The cost of this conversion is estimated to be \$10.4 million, of which \$750,000 should be appropriated in the 1982-84 Appropriation Act for planning and design purposes.
2. In the context of this planning process, DMH/MR should also develop alternative treatment programs to care for the alcoholic, acute, and adolescent patient populations now housed at SWSH.
3. Once program planning has been completed by DMH/MR, an operational plan should be developed to identify necessary staff resources to operate the long-term care facility. Concurrently, staff resources which exceed these required levels should be identified for phased reduction or transfer to other DMH/MR programs.

After reviewing the planning tasks which must be accomplished before construction and/or renovation can be begun at SWSH, the Task Force concluded that a 24 month timeframe is necessary to complete all such requirements. If the Governor and General Assembly wish that construction and/or renovation begin on this project by 1984, the 1982-84 Appropriation Act should include approximately \$750,000 to carry such planning through the working drawing stage by November 1982.

A P P E N D I X A

ENGROSSED

HOUSE JOINT RESOLUTION NO. 83

House Amendments in [] - February 22, 1980

Requesting that the Secretary of Administration and Finance conduct a study to determine the feasibility of constructing a new State hospital for the mentally ill in Southwest Virginia and of transferring the present buildings comprising Southwestern State Hospital to the Department of Corrections.

Patrons—Lemmon, Bagley, R. M., Green, Campbell, Johnson, Quillen, Cantrell, Teel, Geisler, Stafford, Giesen, Council, McGlothlin, and Marshall

Referred to the Committee on Rules

WHEREAS, in its report to the Governor and the nineteen hundred eighty session of the General Assembly, the Commission on Mental Health and Mental Retardation recommended that the Department of Mental Health and Mental Retardation work toward full compliance with the certification standards of the Medicare and Medicaid programs for all State facilities for the mentally handicapped to ensure high quality services and the maximization of third party payments; and

WHEREAS, Southwestern State Hospital in Marion, Virginia is the oldest facility operated by the Department of Mental Health and Mental Retardation and still utilizes residential buildings which were constructed in eighteen hundred eighty-seven; and

WHEREAS, Southwestern State Hospital is not fully certified by the Medicare Medicaid programs and full certification would require substantial renovation of a number of the present institutional buildings; and

WHEREAS, Southwestern State Hospital is the only major hospital for the mentally ill in the Commonwealth that has neither been relocated nor reconstructed; and

WHEREAS, there is a pressing need for a smaller, modern, more appropriate State hospital to serve the residents of Southwest Virginia and to provide an improved working environment for the approximately one thousand dedicated employees of Southwestern State Hospital; and

WHEREAS, the Department of Corrections is in dire need of facilities and space to house inmates and it may be cost-effective to renovate Southwestern State Hospital for use by the Department of Corrections; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Secretary of Administration and Finance is requested to conduct a study to determine the feasibility of constructing a new State hospital for the mentally ill in Southwest Virginia. [In making said study he is requested to seek the advice of the Secretary of Public Safety and the Secretary of Human Resources.] The study should determine (i) the appropriate location of such a facility within twenty-five miles of Marion, Virginia; (ii) the appropriate size and type of facility; (iii) the estimated construction cost of the facility; and (iv) the feasibility of transferring the present buildings at Southwestern State Hospital to the Department of Corrections for use in housing inmates. The study should determine the appropriate use of the present buildings of Southwestern State Hospital by the Department of Corrections, including consideration of the number and type of inmates to be housed, the required

1 renovation and the cost of any renovation.

2 The Secretary of Administration and Finance is requested to report the findings of the
3 study and any recommendations to the House of Delegates Committee on Appropriations
4 and the Senate Committee on Finance prior to the nineteen hundred eighty-one session of
5 the General Assembly.

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Official Use By Clerks	
Agreed to By	Agreed to By The Senate
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A P P E N D I X B

HOUSE JOINT RESOLUTION NO. 283

Offered January 19, 1981

Continuing the study by the Secretary of Administration and Finance to determine feasibility of constructing a new State hospital for the mentally ill in Southwest Virginia and of transferring the buildings comprising Southwestern State Hospital to the Department of Corrections.

Patrons—Bagley, R. M. and Lemmon

Referred to the Committee on Health, Welfare and Institutions

WHEREAS, House Joint Resolution No. 83 of the nineteen hundred eighty Session of the General Assembly requested that the Secretary of Administration and Finance conduct a study to determine the feasibility of constructing a new State hospital for the mentally ill in Southwest Virginia and of transferring present buildings comprising Southwestern State Hospital to the Department of Corrections; and

WHEREAS, in nineteen hundred eighty, the Finley-Gayle Building at Southwestern State Hospital was transferred to the Department of Corrections to house prisoners; and

WHEREAS, the Secretary of Administration and Finance has requested additional time to complete the feasibility study; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the study by the Secretary of Administration and Finance to determine the feasibility of constructing a new State hospital for the mentally ill in Southwest Virginia and of transferring the remaining buildings comprising Southwestern State Hospital to the Department of Corrections is hereby continued. The study shall determine (i) the appropriate location of such a facility within twenty-five miles of Marion, Virginia, (ii) the appropriate size and type of facility, (iii) the estimated construction cost of the facility, and (iv) the feasibility of transferring the remaining buildings at Southwestern State Hospital to the Department of Corrections for use in housing inmates; and, be it

RESOLVED FURTHER, That the Secretary of Administration and Finance is requested to report the findings of the study and any recommendations to the House of Delegates Committee on Appropriations and the Senate Committee on Finance prior to the nineteen hundred eighty-two Session of the General Assembly.

Official Use By Clerks	
Agreed to By The House of Delegates	Agreed to By The Senate
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Clerk of the House of Delegates	Clerk of the Senate

A P P E N D I X C

Report on HJR 283 Task Force Visit
To Southwestern State Hospital
July 29-30, 1981

Wednesday, July 29, 1981

The Task Force arrived at Mountain Empire Airport and was met by Warden Angelone from the Marion Correctional Treatment Center, whose staff transported our group to the Hospital.

Upon arrival at Southwestern State Hospital (SWSH) the Task Force met with Mr. Rosenquist, Director, and the assistant directors for Geriatrics, Administration, Building and Grounds, Medical Services, Clinical Services and Employee Relations. The itinerary and purpose of the visit were discussed.

The Task Force began the walking tour accompanied by Mr. Rosenquist, his staff, Warden Angelone and Delegate Lemmon. Throughout the tour members of the Task Force asked questions regarding the facility that were answered by Mr. Rosenquist or a member of his staff.

During the first portion of the tour the Task Force viewed the supply and utilities areas; including the supply room of the Henderson Building, the laundry facility, the power plant and the maintenance building. We then toured the geriatric programs, chronic programs, medical-surgical unit, and the cafeteria.

In the afternoon the Task Force toured the auditorium, library and game room, the Rehabilitation Building, the Morrison Building (including the pharmacy) and the entire Henderson Complex. Thereafter, the Task Force and Delegate Lemmon met with top management and unit directors of the Hospital staff to receive input from these employees regarding their ideas for the future of the Hospital.

The Task Force then met with Warden Angelone and the Assistant Warden and toured the Marion Correctional Treatment Center. The tour included the gymnasium, the cafeteria, all of the lockup areas and the Rehabilitative School Authority program.

Thursday, July 30, 1981

The Task Force met with Delegate Lemmon, Mr. Rosenquist and representatives from the Chapter 10 Boards of the Southwest Virginia area. Of the six area Chapter 10 Boards only representatives of two attended the meeting. They were New River Valley and Mount Rogers. Topics discussed included the alcohol detoxification issue, the need for MR bed space in the region, dual diagnosed patients, and programs for adolescents.

After lunch the Task Force, accompanied by Delegate Lemmon, toured three possible sites for new hospital construction adjacent to the Marion Community Hospital.

A brief discussion with Delegate Lemmon followed the tour of the sites, after which the Task Force returned to Richmond.

A P P E N D I X D

OPERATING COST DATA
FY 1980-81

	<u>Central State ^{1/} Hospital</u>	<u>Eastern State Hospital</u>	<u>Southwestern State Hospital</u>	<u>Western State Hospital</u>
Total Operating Costs	21,745,865	23,054,762	13,187,803	23,148,151
Direct Costs for Care and Treatment	10,411,770	13,956,632	7,713,901	13,289,477
Indirect Costs	11,334,094	9,098,130	5,473,902	9,858,675
Average Cost PPD ^{2/}	58.00	50.93	76.75	60.27
Average Direct Costs PPD ^{2/}	27.77	30.83	44.89	34.60
Average Indirect Costs PPD ^{2/}	30.23	20.10	31.86	25.67

^{1/} Including Support Unit Costs

^{2/} Per Patient Day

SOUTHWESTERN STATE HOSPITAL OPERATING COST DATA, 1975-1981

	<u>1975-76</u>	<u>1976-77</u>	<u>1977-78</u>	<u>1978-79</u>	<u>1979-80</u>	<u>1980-81</u>
Total Operating Costs	8,499,029	9,382,854	10,054,808	12,679,702	13,513,207	13,187,803
Direct Costs for Care and Treatment	5,520,635	5,939,863	6,353,780	6,659,838	7,054,594	7,713,901
Indirect Costs	2,978,394	3,442,991	3,701,028	6,019,864	6,458,613	5,473,902
Average Cost PPD	23.79	31.08	35.38	49.02	62.08	76.75
Average Direct Costs PPD	15.46	19.67	22.33	25.75	32.41	44.89
Average Indirect Costs PPD	8.33	11.41	13.00	23.27	29.67	31.86

AVERAGE NUMBER OF EMPLOYEES

<u>Institution</u>	<u>1970-71</u>	<u>1975-76</u>	<u>1976-77</u>	<u>1977-78</u>	<u>1978-79</u>	<u>1979-80</u>	<u>1980-81</u>
Central State	1,707	1,565	1,048*	1,071*	1,069*	1,024*	982*
Patient to Staff Ratio	2.39	1.06	1.19	1.04	1.05	1.08	1.04
Eastern State	1,038	1,189	1,232	1,297	1,334	1,336	1,309
Patient to Staff Ratio	2.23	1.41	1.18	1.04	.98	.95	.95
Southwestern State	707	912	931	938	948	931	806
Patient to Staff Ratio	2.11	1.18	.89	.83	.75	.64	.58
Western State	1,233	1,361	1,414	1,437	1,443	1,406	1,341
Patient to Staff Ratio	2.10	1.07	.91	.88	.86	.80	.71

* Not including Support Unit Personnel

AVERAGE DAILY PATIENTS CENSUS

<u>Institution</u>	<u>1970-71</u>	<u>1975-76</u>	<u>1976-77</u>	<u>1977-78</u>	<u>1978-79</u>	<u>1979-80</u>	<u>1980-81</u>
Central State	4,084	1,661	1,242	1,116	1,121	1,101	1,027
Eastern State	2,313	1,672	1,455	1,347	1,315	1,275	1,240
Southwestern State	1,490	1,077	827	780	709	595	471
Western State	<u>2,585</u>	<u>1,454</u>	<u>1,293</u>	<u>1,263</u>	<u>1,235</u>	<u>1,119</u>	<u>1,052</u>
TOTAL	10,472	5,864	4,817	4,506	4,380	4,090	3,790

COMPOSITION OF HOSPITAL STAFFS (FILLED POSITIONS)

JUNE 30, 1980

	<u>Central State</u> <u>1/</u>	<u>Eastern State</u>	<u>Southwestern State</u>	<u>Western State</u>
Physicians	22	28	10	19
Psychologists	9	9	7	8
Social Workers	22	22	13	27
Nurses	127	127	72	127
Therapists (OT, PT, RT) <u>2/</u>	2	5	2	5
Teachers	0	0	0	0
Aides/Team Leaders	562	550	314	540
Other Direct Care Staff	40	36	20	32
Total Direct Treatment Staff	784	777	438	758
Total Non-Treatment Staff	198	513	364	561
Ratio of D/T:N/T <u>3/</u>	3.96	1.51	1.20	1.35

1/ Not including Southside Support Unit Staff

2/ OT - Occupational Therapists
 PT - Physiotherapists
 RT - Recreation Therapists

3/ Ratio of Direct Treatment to Non-Treatment Staff

#8276.4

Mental Hospital Operating Cost Comparisons 1971-1981

	<u>1971-72</u>	<u>1972-73</u>	<u>1973-74</u>	<u>1974-75</u>	<u>1975-76</u>	<u>1976-77</u>	<u>1977-78</u>	<u>1978-79</u>	<u>1979-80</u>	<u>1980-81</u>	
<u>Central State</u>											
	Food Costs	538,551	577,495	624,998	627,015	584,847*	583,332*	558,575*	714,078*	773,650*	866,934*
PPD	Food Costs PPD	.619	.728	.900	1.034	1.137	1.287	1.371	1.745	1.925	2,312
	Drugs, Medical and Lab Supply Costs	391,864	413,345	318,812	357,261	491,316*	328,799*	383,772*	416,837*	439,171*	405,880*
PPD	Drugs, Medical and Lab Supply Costs PPD	.451	.521	.459	.590	.966	.725	.942	1.019	1.090	1.083
	Costs for Other than Food, Drugs and Personal Services	1,091,127	1,092,585	1,294,076	1,986,394	1,122,464*	1,468,362*	2,014,859*	3,014,759*	3,512,176*	2,912,767*
PPD	Costs for Other than Food, Drugs and Personal Services	1.255	1.378	1.864	3.292	1.851	3.239	4.946	7.368	8.740	7,770
	Total Costs	9,700,205	10,556,436	12,425,581	14,162,948	12,205,667*	12,415,974*	16,635,020*	19,548,355*	20,854,398*	21,745,865*
PPD	Total Costs PPD	11.16	13.32	17.90	23.40	28.69	34.19	40.83	47.82	51.77	58.00
<u>Eastern State</u>											
	Food Costs	480,104	508,473	506,220	604,026	567,937	566,395	635,109	678,447	775,597	972,664
PPD	Food Costs PPD	.608	.677	.765	.989	1.012	1.066	1.292	1.413	1.666	2.149
	Drugs, Medical and Lab Supply Costs	187,570	243,338	232,696	247,390	266,903	339,824	431,566	379,611	391,654	485,420
PPD	Drugs, Medical and Lab Supply Costs PPD	.237	.324	.352	.405	.461	.640	.878	.791	.839	1.073
	Costs for Other than Food, Drugs and Personal Services	763,285	780,104	908,067	1,573,457	1,341,585	1,947,592	2,298,207	4,288,874	4,462,582	3,578,449
PPD	Costs for Other than Food, Drugs and Personal Services	.964	1.039	1.372	2.578	2.317	3.667	4.674	8.936	9.563	7.906
	Total Costs	8,213,010	8,757,418	10,060,223	11,701,326	12,140,764	13,732,666	15,486,939	18,989,657	20,571,494	23,054,762
PPD	Total Costs PPD	10.37	11.66	15.20	19.18	20.97	25.86	31.49	39.56	44.08	50.93

Mental Hospital Operating Cost Comparisons 1971-1981 (continued)

	<u>1971-72</u>	<u>1972-73</u>	<u>1973-74</u>	<u>1974-75</u>	<u>1975-76</u>	<u>1976-77</u>	<u>1977-78</u>	<u>1978-79</u>	<u>1979-80</u>	<u>1980-81</u>	
<u>Southwestern State</u>											
	Food Costs	311,068	321,169	405,540	402,002	355,733	393,028	392,384	456,844	381,013	434,732
PPD	Food Costs PPD	.635	.696	.934	1.022	.996	1.302	1.379	1.765	1.750	2.534
	Drugs, Medical and Lab Supply Costs	145,495	166,635	112,493	129,528	124,409	146,408	108,834	177,187	229,473	217,221
PPD	Drugs, Medical and Lab Supply Costs PPD	.297	.361	.259	.329	.348	.485	.382	.685	1.054	1.264
	Costs for Other than Food, Drugs and Personal Services	391,564	480,268	448,312	702,991	761,432	1,014,332	1,133,728	2,451,763	2,784,896	1,512,313
PPD	Costs for Other than Food, Drugs and Personal Services	.799	1.034	1.031	1.788	2.132	3.360	3.982	9.474	12.788	8.797
	Total Costs	5,507,428	6,060,853	7,056,855	8,034,038	8,499,050	9,382,854	10,054,809	12,679,702	13,513,207	13,187,803
PPD	Total Costs PPD	11.25	13.13	16.23	20.43	23.79	31.08	35.32	48.99	62.05	76.75
<u>Western State</u>											
	Food Costs	576,926	619,391	545,066	488,693	452,302	469,280	553,133	754,205	679,837	803,994
PPD	Food Costs PPD	.653	.783	.889	.921	.920	.994	1.20	1.673	1.660	2.094
	Drugs, Medical and Lab Supply Costs	247,553	309,196	285,933	298,960	294,230	327,079	296,254	374,096	450,564	465,739
PPD	Drugs, Medical and Lab Supply Costs PPD	.280	.391	.463	.563	.599	.693	.643	.830	1.100	12.13
	Costs for Other than Food, Drugs and Personal Services	824,924	1,005,495	1,264,782	1,281,281	1,170,686	1,637,200	1,707,595	4,002,618	4,602,580	3,618,038
PPD	Costs for Other than Food, Drugs and Personal Services	.935	1.271	2.047	2.414	2.383	3.470	3.704	8.879	11.238	9.432
	Total Costs	9,342,336	10,141,368	11,740,227	12,552,934	12,712,231	14,264,229	15,591,910	19,515,516	20,656,537	23,148,151
PPD	Total Costs PPD	10.58	12.82	19.00	23.64	25.87	30.22	33.82	43.29	50.44	60.27

* Including Support Unit Costs

COLLECTIONS COMPARISON -- FY 1980-81

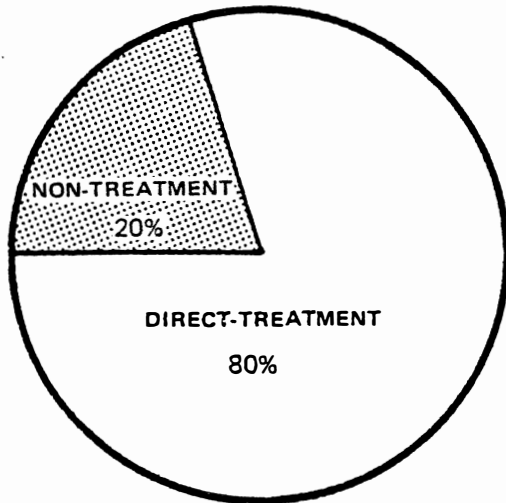
<u>Institution</u>	<u>Net Collections</u>	<u>Payor</u>	<u>Comm. Ins.</u>	<u>Patient Income</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>% Recovery of M&O Expenditures</u>
Central State	5,215,401	519,080	314,504	770,816	266,445	3,344,556	24.0
Eastern State	8,526,020	1,007,838	728,064	1,178,713	965,112	4,646,293	36.9
Southwestern State	4,310,763	574,024	419,314	409,613	163,033	2,744,779	32.7
Western State	<u>8,326,622</u>	<u>1,354,495</u>	<u>692,886</u>	<u>717,284</u>	<u>1,298,043</u>	<u>4,263,914</u>	<u>36.0</u>
TOTAL	26,378,806	3,455,437	2,154,768	3,076,426	2,692,633	15,099,542	32.2

#8276.5

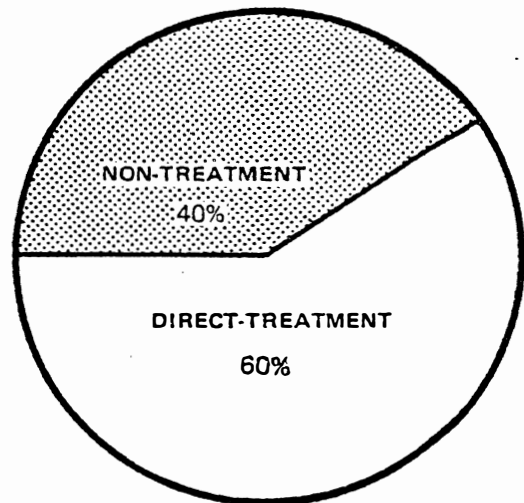
COLLECTION HISTORY -- SOUTHWESTERN STATE HOSPITAL

<u>Year</u>	<u>Net Collections</u>	<u>Payor</u>	<u>Comm. Ins.</u>	<u>Patient Income</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>% Recovery of M&O Expenditures</u>
75-76	1,918,839	588,311	195,571	269,571	132,437	732,721	22.6
76-77	2,675,417	637,386	247,629	293,449	181,338	1,315,615	28.5
77-78	2,941,801	636,639	340,084	349,412	297,128	1,318,538	29.3
78-79	3,074,118	599,375	341,589	343,667	230,514	1,558,979	24.2
79-80	3,480,614	698,814	409,060	303,339	189,325	1,880,076	25.8
80-81	4,310,763	574,024	419,314	409,613	163,033	2,744,779	32.7

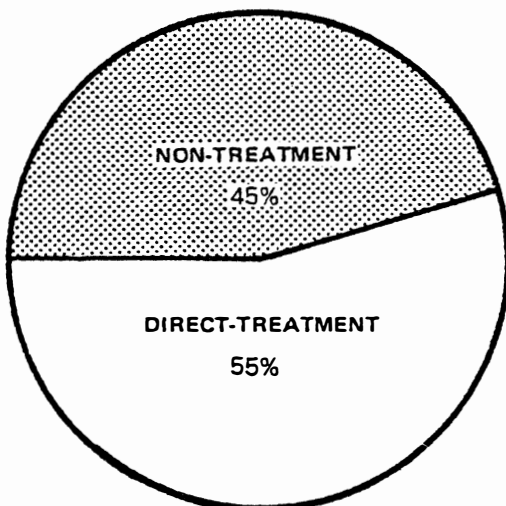
RATIO OF TREATMENT STAFF TO NON-TREATMENT STAFF—6/30/81



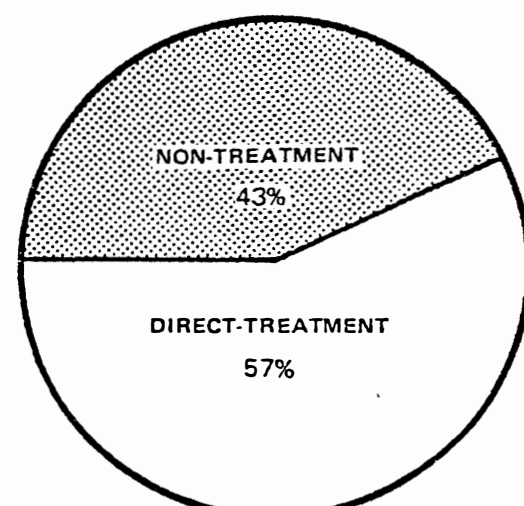
* CENTRAL STATE



EASTERN STATE



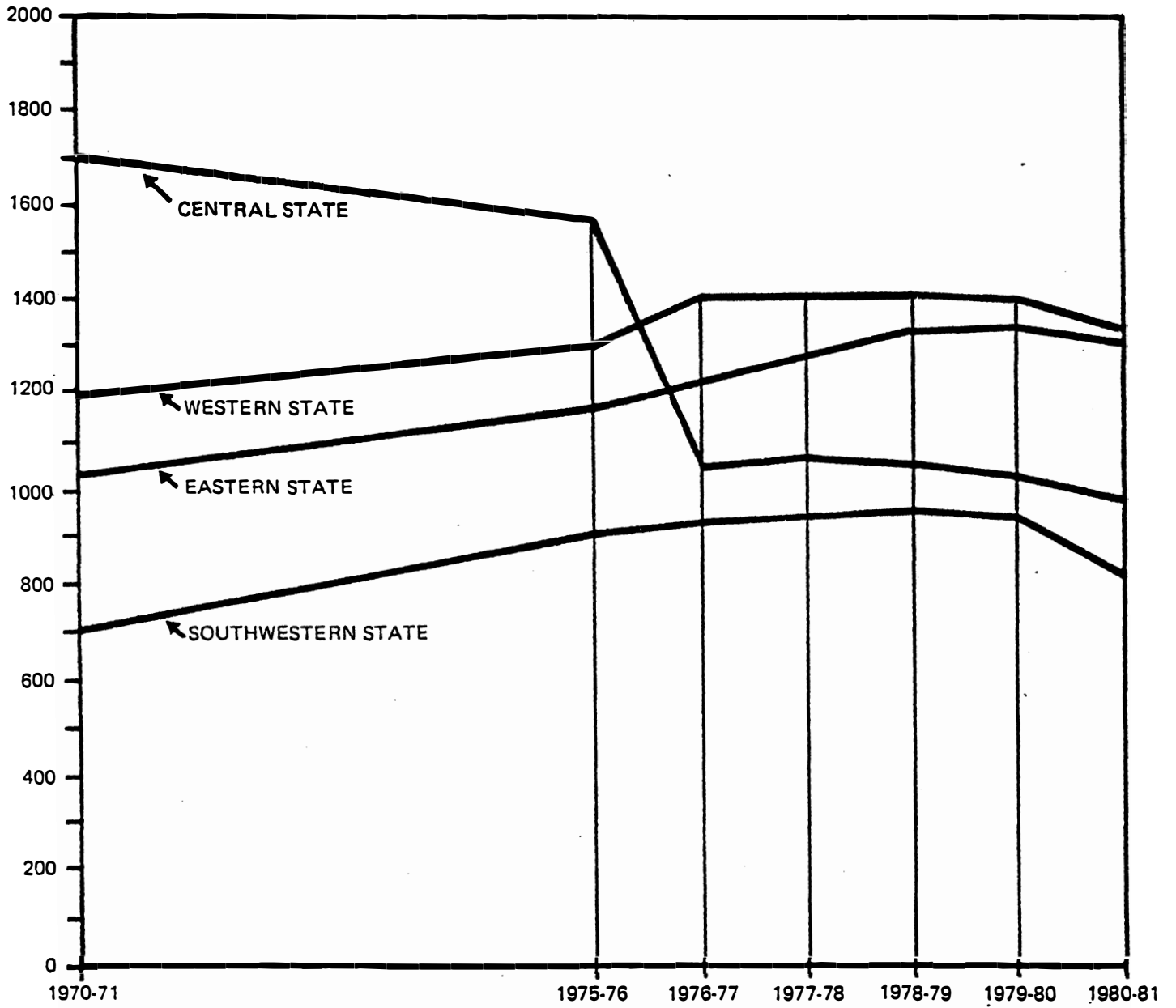
SOUTHWESTERN STATE



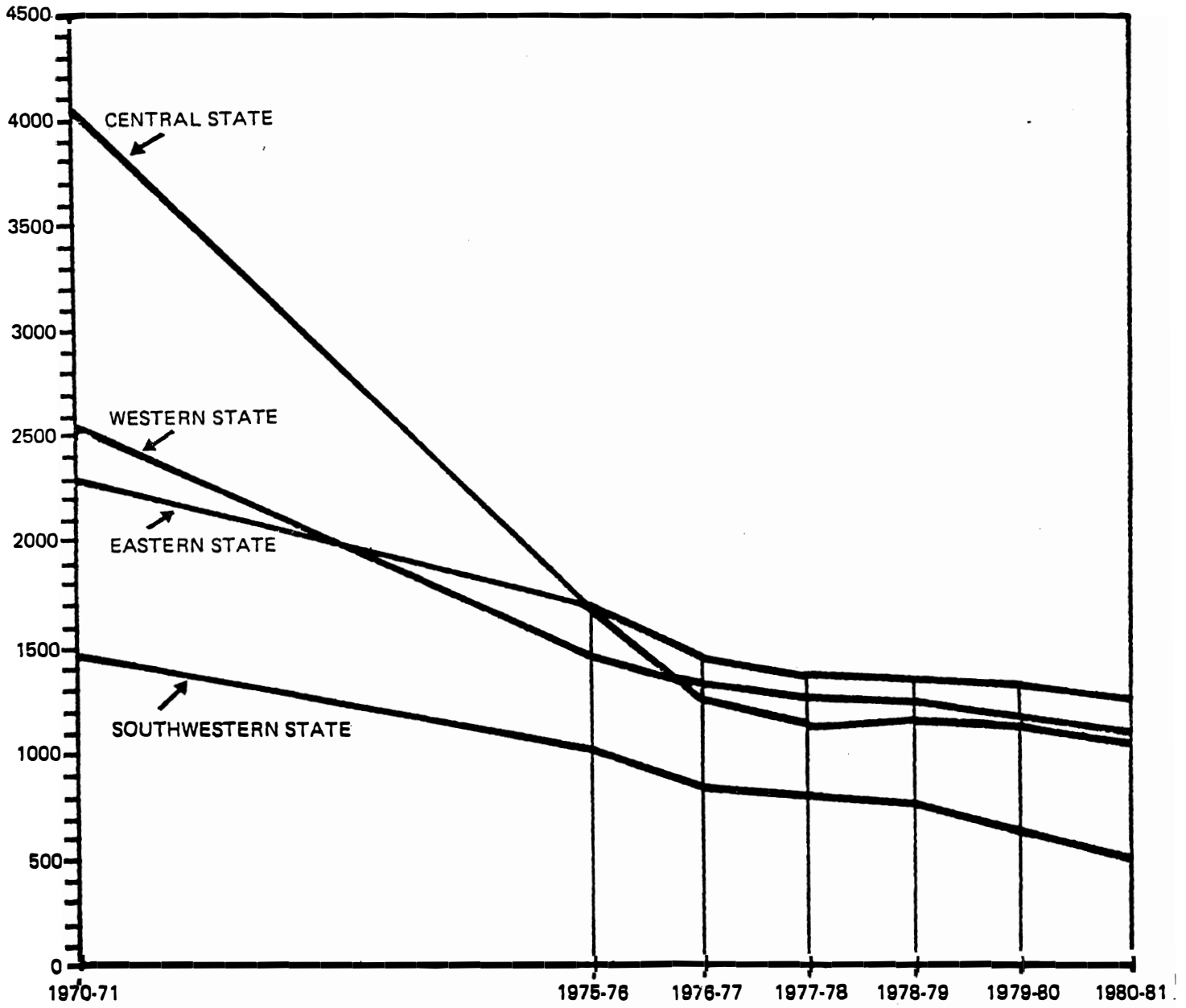
WESTERN STATE

* Not including Southside Support Unit Staff that serves Central State.

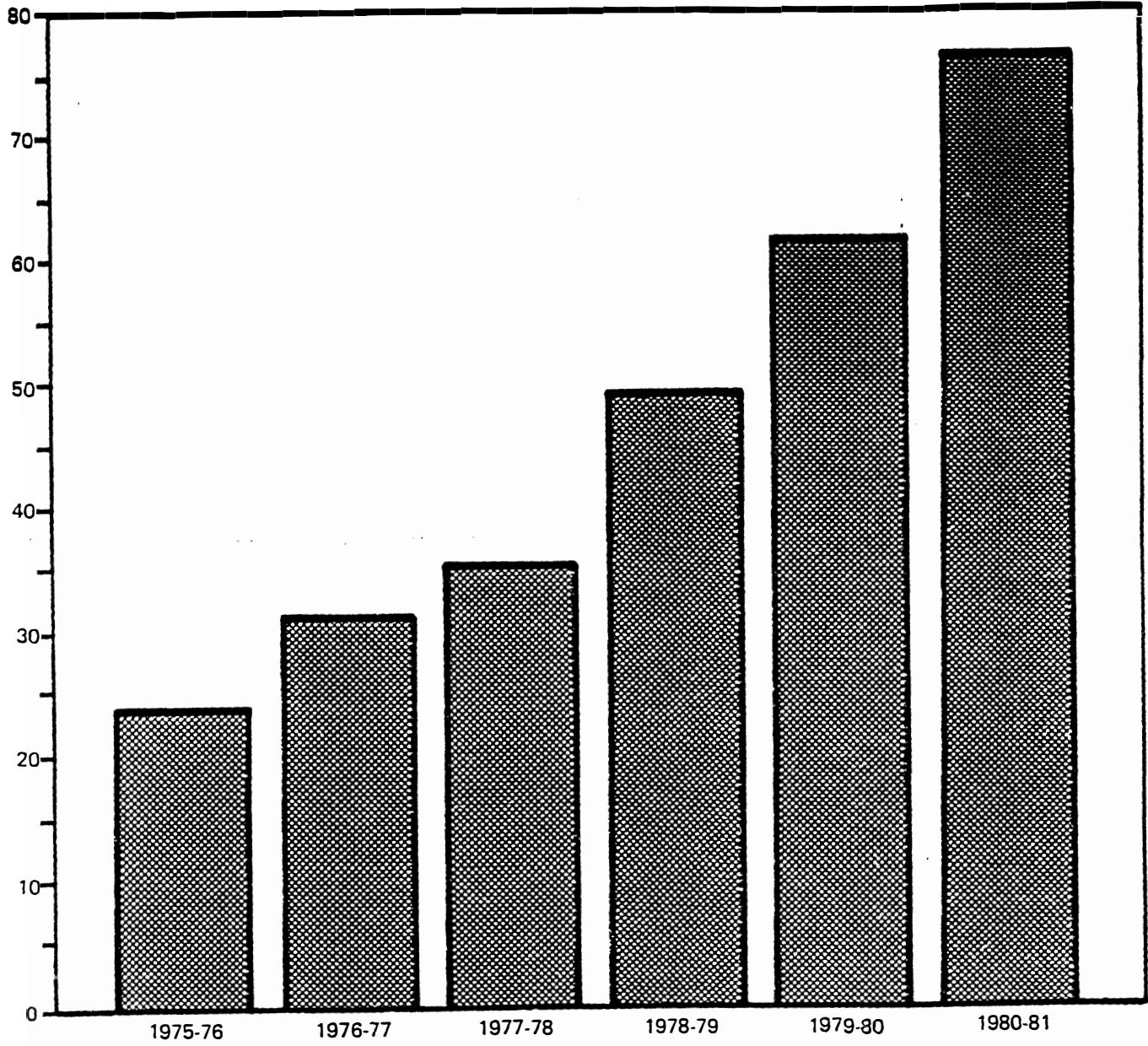
NUMBER OF EMPLOYEES



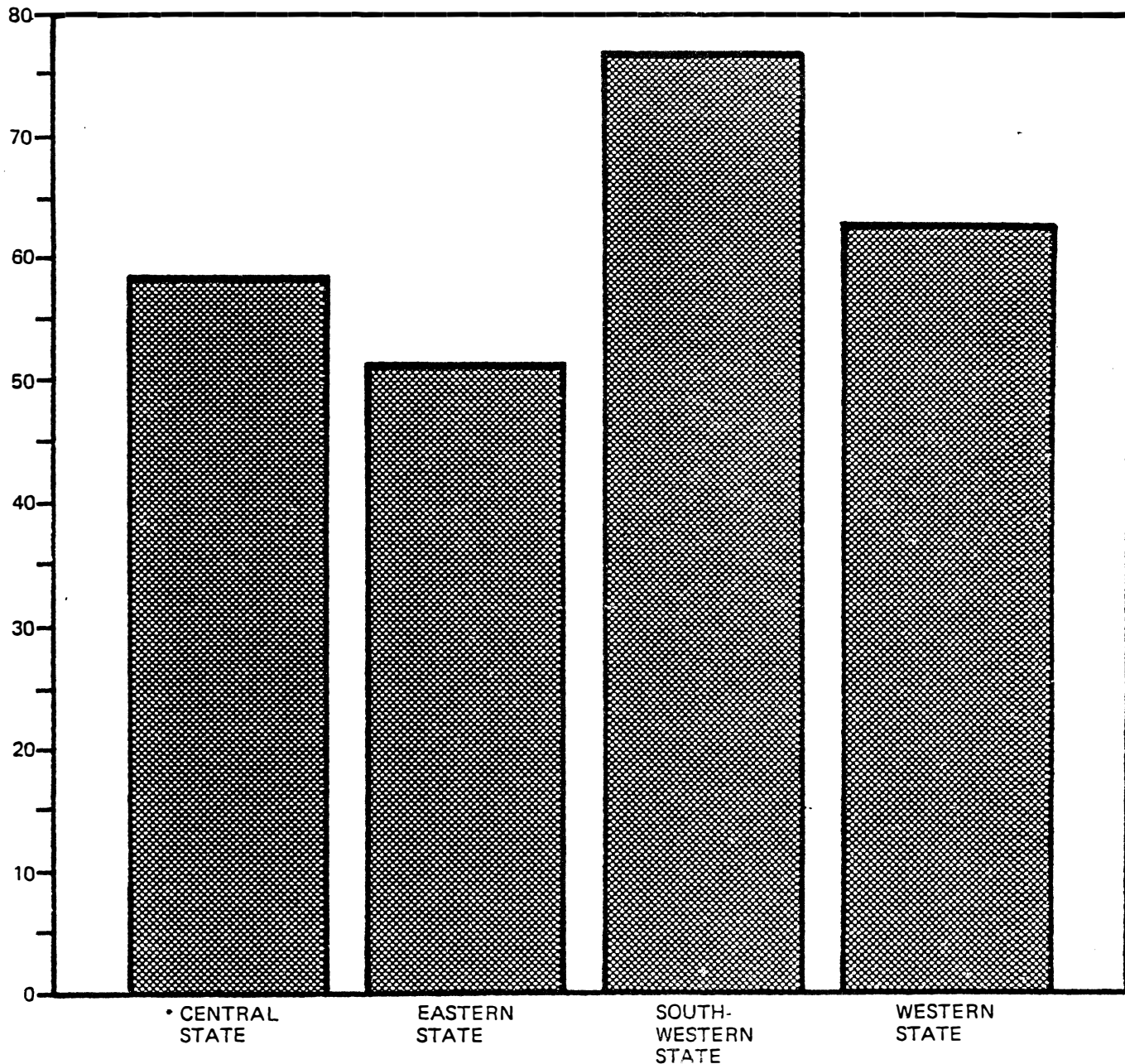
NUMBER OF PATIENTS



AVERAGE COST PPD — SOUTHWESTERN STATE



AVERAGE COST PPD - FY 80-81



*Includes Support Unit Costs

A P P E N D I X E

REPORT

SOUTHWESTERN STATE HOSPITAL SITE VISIT

(OCTOBER 8-9, 1981)

FOR

VIRGINIA DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

Thomas D. Romeo
October 13, 1981

For purposes of serving the chronic population, it would be useful to expand the liaison representation between Southwestern State Hospital to the community service boards. At the present time, a single social worker assumes this responsibility. In the same light, it would be important for purposes of assuring objectivity and to avoid any possible co-optation to have the patient care advocate report directly to the Commissioner's office. This would allow her to maintain local impact both with the hospital director and human relations committees but would also allow for direct administrative intervention, if necessary, from the central office.

ADOLESCENT PROGRAMS UNIT:

Henderson Building also houses adolescent programs at Southwestern State Hospital. There are approximately 17 beds, all are filled and if there is over-capacity, the patient is required to go to Morrison Building which is the acute facility. Staff within the unit would wish an expansion of this service to include an open and locked ward situation. In general, the view would be not to expand this service as the facility, as mentioned previously, is totally inappropriate, both for programming and for fire and life safety issues.

This unit is set apart from other wings of Henderson Building, and is overcrowded in that there are four beds in a room which should accommodate no more than two. The "family systems model" is the treatment regimen and the four-month length of stay in this unit provides individuals with direct intervention. This adolescent in-patient facility is the only one in the area.

Discussions with the new Executive Director of Mount Rogers indicate that with the current population at Southwestern State Hospital, it may be possible in the near future to service some of the acute and after-care needs of these individuals in the community setting of Mount Rogers. This would allow for some reduction of the bed capacity in this unit and would also allow for improved service development at Mount Rogers for an adolescent population.

The location of the adolescent unit as it is presently, appears inappropriate and would certainly not meet JCAH Consolidated Standards. Key objectives would be to get the four-month length of stay down in this unit and to develop a closer working relationship with Mount Rogers* for purposes of expanding the Mount Rogers program to intervene with adolescents. Renovation of the Rehabilitation Unit would allow movement out of Henderson.

* OTHER BOARDS SERVING HOSPITAL SHOULD BE CONSULTED.

Data Review & Analysis

ALCOHOL SERVICES:

At the present time, Harman Building (which is considered the most renovatable) houses approximately ten to fifteen alcoholic detoxification patients. The floor on which these patients are located is Medicaid certified. There are approximately two physicians for 55 patients, the same number of physicians available for geriatric units A and B.

The alcohol unit recidivism rate approaches 80% and this unit at the present time gets no funding from substance abuse. Although the patients are located on a small wing on the ward, they are, in fact, mixed with other patients on this floor who are terminal, geriatric or severely medically involved, from other portions of the hospital. There was not an opportunity to assess any programmatic services but the impression is that this is strictly a detoxification center to which patients are referred and after being medically stabilized are discharged.

Discussions with the new Executive Director of Mount Rogers indicate a willingness to assume responsibility for a community based alcohol detoxification service. If this were the case, a contract could be written with Mount Rogers for purposes of providing this service and, except in rare cases, the alcohol detoxification unit at Southwestern State Hospital could be terminated. This would free up approximately ten beds for other patients who might have long term medical involvement.

The Harman Building is sprinklered; however, it would require extensive renovations to meet either long term care or JCAH integrated standards. The likelihood of meeting specialty hospital standards, with renovations, is good. The building requires new lighting, is not wheelchair accessible; however, it does have toilets available between patient rooms. An emergency generator has been installed and the fourth floor of this building could be renovated for purposes of utilizing it for patients. Heating and ventilation are bad. The specialty standards of JCAH will take into account the nature of medical problems served in this unit.

DATA REVIEW & ANALYSIS
MEDICAL-SURGICAL UNIT-
HARMAN BUILDING

- 9 -

The Harman Building also serves as the support back-up for the entire hospital for patients who have "acute" medical conditions and who require medical intervention. The second floor of this facility is occupied but is not certified for Medicaid reimbursement. The third floor is occupied with approximately 25 patients and is certified for Medicaid. The fourth floor is unoccupied totally but could be utilized for services with appropriate renovations. The second floor should be reviewed against specific Medicaid programmatic and environmental standards for a possible reimbursement potential. If with minimal adjustments, it could be brought into conformance, the Commonwealth would be able to realize 56% of its expenditures in this unit. At the present time, the Commonwealth must expend 100% to deliver services. This issue was last reviewed approximately a year to 18 months ago. The Central Office can provide this review.

As part of Alternative #2 of the draft task force report, Harman is scheduled for renovations and this would allow for approximately 110 beds at a renovation cost of \$45 a square foot. If this entire building could be placed in conformance through the renovations, it would represent good reimbursement. At the present time, there is a full mix of patient disabilities in the building. There is some I-V therapy provided and there is also a patient who is retarded and who requires dialysis treatment several times per week. Additionally, this facility would not meet hospital long term care standards and because of the environment, including lack of nurse call system, would not meet long term care standards or consolidated standards. Substantial renovations would have to take place to perform this service.

Future utilization of this building is excellent, both from the standpoint of the geriatric unit which is likely to remain on the campus (although a suggested separate facility) and also from the standpoint that the chronic population which might continue to be at Southwestern State Hospital will, periodically, require support services of a medical nature. The state could realize reimbursement for these support services, especially in view of the fact that the community hospital (Smyth County) is not likely to open any in-patient facilities to accommodate the remaining population at Southwestern. In order to receive accreditation for this unit, some staffing adjustments would have to be made in physician, nursing and aide categories, particularly. Again, this could be done by concentrating the mission of SWSH on the chronic population and through a shift of personnel from the acute psychiatric service area (Morrison Building). There are no surgical services performed currently and it would be inappropriate to consider them for this facility. All surgical services are received at Smyth County or through physicians in the community. There

Data Review & Analysis
(Medical-Surgical Unit-
Parman Building - Cont'd)

appear to be a sufficient governance and clinical bylaws requirements for operating this unit or a good portion of it under HAP specialty standards. This facility should not operate under the Consolidated Standards nor is it reasonable to consider this facility strictly as accreditable under long term care standards. It is very conceivable that the JCAH could consider this facility, once renovated and once the programs are adapted under its new "integrated survey".

REHABILITATION BUILDING:

During the site visit, there was no opportunity to see the rehabilitation building. General consensus is, however, that at least geriatric patients and chronic psychiatric patients could receive services through this building. This includes the possibility of some day programming for patients who have no other option but to stay on the campus and this building may also allow an opportunity for community groups to be more integrated into the activities of Southwestern State Hospital. Adolescent inpatient program could be accommodated in this Building.

There was also no opportunity to go into a vacated geriatrics building located behind Henderson Building.

In essence, the alternative which appears most appropriate for the future of Southwestern State Hospital is a revision of alternative #2 of the draft task force report. The costs are approximated.

New construction:

100 psychiatric beds	
55 ICF/MR beds at \$35,500 per bed	\$5,500,000.
Demolish Henderson complex and Wright Building	375,000.
Provide air conditioning Geriatric A and B	771,000.
Remodel rehabilitation building to service 20 adolescent patients	600,000.
TOTAL	\$7,246,000.*

*These figures are based on estimates provided through the task force draft report.

In conclusion, Southwestern State Hospital can continue to provide reasonable services to this rural part of Virginia if its focus is centered on several major categories of disability:

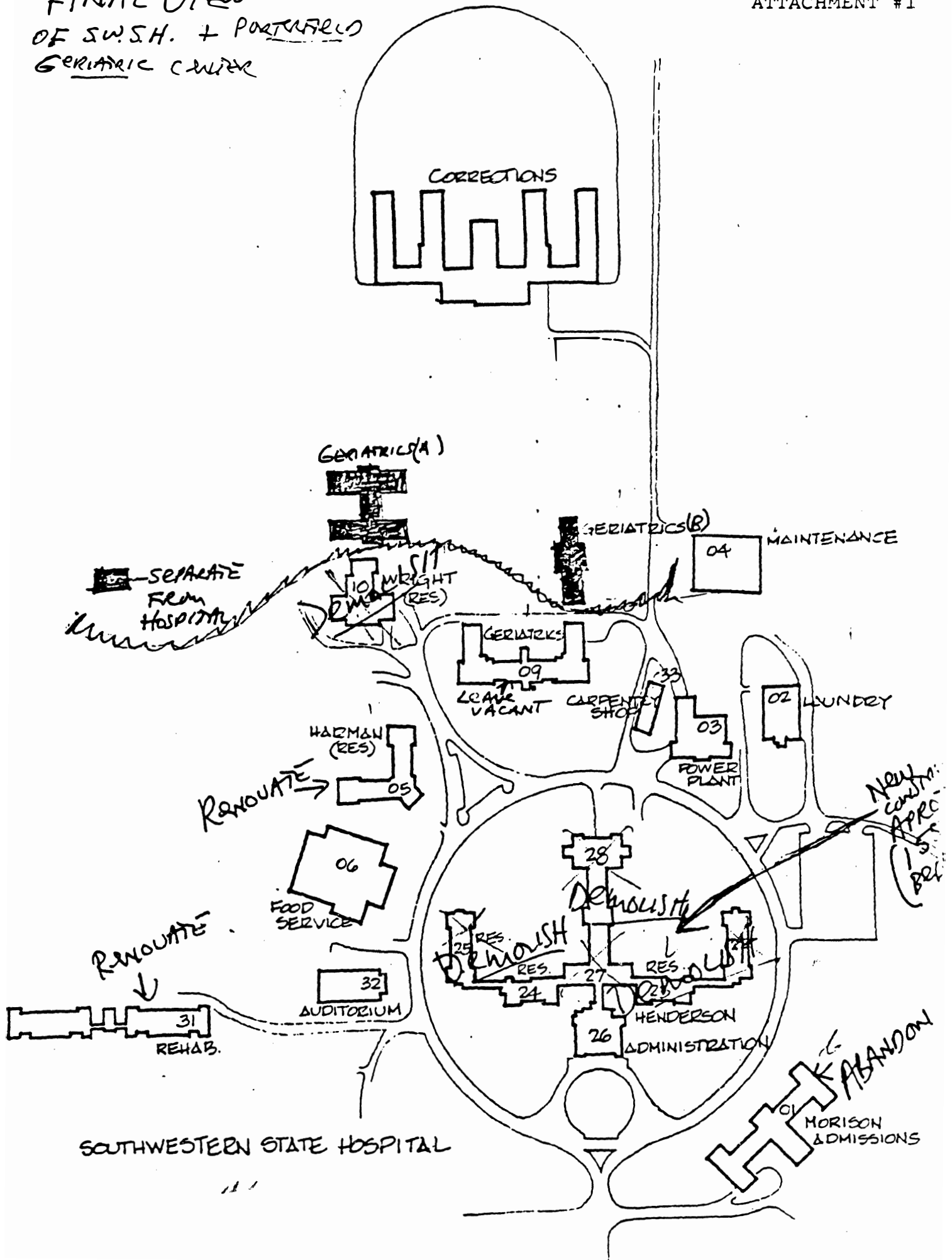
1. Chronic psychiatric disability.
2. The necessary medical and support services to get appropriate care to patients as they need it.
3. An ICF/MR component for those patients who have a "dual diagnosis".
4. A separate operating geriatric facility located on the grounds of Southwestern State Community Hospital.
5. Adolescent services could be retained at Southwestern for the acute phase, but the community should begin to assume extended follow-up with these patients.
6. Alcoholic services could all but be eliminated at Southwestern State Hospital and the service of detoxification provided through the community service boards even to include social setting detox programs.
7. Acute psychiatric services except in rare instances should be provided in the community.
8. The key to construction at Southwestern State is demolition of Henderson Complex. If the commitment could be made to demolish Henderson, construction could begin for approximately 150 to 155 beds. (see attachment 1)

RECOMMENDATIONS

1. Administratively detach Porterfield Geriatric Center from Southwestern State Hospital and arrange for support contracts between Southwestern State Hospital and this new entity.
2. Provide necessary renovations in Porterfield Geriatric Unit to achieve accreditation utilizing JCAH long term care standards.
3. Concentrate service delivery at the remaining Southwestern State Hospital on chronic psychiatric care ICF/MR (dual diagnosis) and supportive adolescent inpatient services.
4. Make necessary arrangements with Cawtaba to diminish acute inpatient services in the Morrison Building and establish an approved working relationship with Mount Rogers for purposes of deferring admissions.
5. Immediately defer all acute admissions from Planning District 4 to Cawtaba State following the opening of their 20-bed unit in July 1982.
6. Formalize an agreement between the State of Virginia and the State of Tennessee for acute voluntary ^{ADP INVOLUNTA} admissions to the Tennessee Department of Mental Health. (for Washington County).
7. Expand the liaison between Southwest State Hospital and the Community Service Boards.
8. Have the Patient Care Advocate at Southwestern State Hospital report directly to the Commissioner's Office.
9. Provide Mount Rogers and the other Community Service Boards with direct fiscal support to encourage development of alcohol detoxification and adolescent post acute services.
10. Encourage the new Executive Director of Mount Rogers, which accounts for a substantial portion of admissions (60%) of patients to Southwestern State, to become actively involved in programs at Southwestern State Hospital.
11. Select a revised alternative#2 construction-renovation package so that the Hospital's mission becomes more clearly defined toward chronic care.
12. Establish a direct linkage between "Central Office" in Richmond and the Porterfield Geriatric Center and Southwestern State Hospital.

The aforementioned recommendations throw focus on an improved clarity of mission at Southwestern State Hospital and should afford a shift of resources from Southwestern State Hospital to the community in a gradual and planned way and most importantly will present patients with an environment which is reasonable and which would conform to JCAH standards. The Commonwealth of Virginia would through application of these recommendations, be placed in a good position for reimbursement and patients could be assured of a service which meets their needs in a "least restrictive environment". The staff at the Hospital appear to be dedicated and devoted individuals who would benefit greatly from more specific policy direction. The Hospital appears to be "many things to many people" at the present time. It is an excellent resource in Marion and for the surrounding counties and with some investment related to demolition, renovations, and construction could for a long time to come provide excellent services to the chronically mentally disabled.

FINAL VIEW
OF S.W.S.H. + PORTLAND
GERIATRIC CENTER



A P P E N D I X F

DEPARTMENT OF CORRECTIONS

RESPONSE TO

HOUSE JOINT RESOLUTION #83

REGARDING THE CONVERSION

OF SOUTHWESTERN STATE HOSPITAL

TO A

CORRECTIONAL INSTITUTION

FINAL

October, 1981

TABLE OF CONTENTS

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Attachment B: Detailed Staffing Pattern for Marion Youthful Offender Institution	9
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INTRODUCTION

The purpose of this report is to finalize the Department of Corrections' response to HJR 83 concerning the proposed conversion of Southwestern State Hospital (SWSH) to a Correctional Center. This report is exclusive of the Marion Correctional Treatment Center presently operational on the grounds of SWSH.

This report presents a program for opening a Youthful Offender institution at Marion. The staffing pattern, RSA programming, and detailed proposed budgets and capital outlay reports are included.

DISCUSSION

A Youthful Offender facility could be located at the Marion site with a capital outlay expenditure of \$18.75 million as of July 1, 1982. The population would be a homogenous group of inmates under the age of 25. Treatment programming would include psychological diagnosis and treatment, academic and vocational training (see RSA plan), and also have a small prison industries program. This facility would represent an attempt by the Department to comply with both state and federal laws governing Youthful Offenders, and would meet the needs of a group of offenders for which the Department has mandated responsibilities.

POPULATION

The Department of Corrections is mandated to provide services for Youthful Offenders under Section 53-128.2 of the Code of Virginia. The population at the Marion facility would include youthful offenders under the age of 25 who have been committed to the Department. This approach complies with the intent of the law as set forth in the above-mentioned title.

STAFFING PATTERN

The staffing pattern reflects the minimum number of personnel needed to operate Marion as a Youthful Offender facility; key staff in the areas of General Management and Direction, Medical and Clinical Services, and Adult Rehabilitation and Treatment Services are included in order to provide services to the youthful offender population mandated by the Code of Virginia. In the area of Adult Security, it was assumed that all positions would be filled at all times, with no inclusion of extra positions to cover vacancies due to vacation, sick leave or training. This staffing pattern also reflects the premise that persons employed by the Department of Corrections in positions associated with the Department's operation of the Finley-Gayle Forensic Unit would remain at the facility if and when the 300-man expansion is completed. A brief explanation of services provided by each personnel area follows.

General Management and Direction. The staffing pattern takes into account several positions already at the Finley-Gayle Forensic Unit. There would be one warden and two assistant wardens for the entire 460-man facility. Accounting and Storekeeping functions would serve both the Forensic Unit and the Youthful Offender facility. The Corrections Criminal Identification Clerk is needed for the reception and diagnostic process associated with Youthful Offenders.

Food and Dietary Services. Food service personnel would provide meals to both the Forensic Unit and the Youthful Offender facility.

Linen and Laundry Services. Linen and laundry services for the entire facility would be provided by this personnel area. It is expected that some Youthful Offenders would receive on-the-job training in this area.

Medical and Clinical Services. The staffing pattern reflects the need to have one Registered Nurse and one L. P. N. on duty 24-hours a day. The psychiatrist is needed to serve the Youthful Offender population, and to give the necessary second medical opinion to the psychiatrist already employed at the Forensic Unit when forced medication is required. The Lab Technician and the X-ray Technician will provide services to the Youthful Offender reception and diagnostic process.

Medical Management and Direction. The Management Services Director will provide appropriate services to the clinic in the areas of inventory control, purchasing, scheduling, and data control, and will give direction to clinic staff.

Physical Plant Services. Personnel in this area will provide service to the entire facility. These services are currently provided to the Forensic Unit by the Department of Mental Health and Mental Retardation.

Power Plant Operations. As in the case of Physical Plant Services, the power plant is currently operated by DMH-MR; these personnel will operate the power plant for the entire facility if DOC assumes responsibility for the institution at Marion.

Recreation Services. Recreational activities for the Youthful Offender population will be planned and conducted by staff in this personnel area, with the assistance of security personnel.

Farm Produce Operations. The farm manager will supervise and conduct all activities related to food production at the Youthful Offender facility. It is expected that some Youthful Offenders will receive on-the-job training in this area.

Adult Rehabilitation and Treatment Services. The staffing pattern reflects the increased emphasis on treatment services for Youthful Offenders; it is believed that treatment efforts are most effective when offered to young offenders. The Psychology Test Technician and the Corrections Inmate Classification Specialist are needed to provide services to the reception and diagnostic process for the Youthful Offender population.

Adult Security. As mentioned previously, the staffing pattern in Adult Security reflects the premise that all

positions will be filled 100% of the time, and assumes no "extra" positions to cover sick leave, vacation, or time away from the institution for training. With this staffing pattern, all posts will be covered; there will be one shift commander and one assistant shift commander for each of the three shifts in a workday. The estimated cost for salaries and M&O through FY 84 are contained in Attachment A; classes of employees and numbers of employees in each personnel area are contained in Attachment B.

CAPITAL COSTS

A general outline of capital costs, reflecting a July 1, 1982 funding date, for opening a Youthful Offender facility at Marion are as follows:

Site Improvements	\$ 1,360,000
Building Demolition	1,252,000
Building 48 Renovation	1,861,000
Building 57 Renovation	178,900
Building 30 Renovation	1,507,950
Construct Gymnasium	894,750
Building 26 Renovation	3,631,490
Building 23 Renovation	274,300
Upgrade Buildings 58 & 59	2,615,000
Upgrade Buildings 4, 5 and 6	1,103,500
Equipment	1,986,300
Contingencies	1,203,700
A & E Fees	<u>880,700</u>
TOTAL	\$18,750,190
ROUND OFF TO	\$18,750,000

It must be remembered that these are estimates, and that inflation factors must be added if construction funds are granted after 7/1/82.

A detailed Capital Outlay report is contained in Attachment C.

IMPACTS ON OTHER FACILITIES

As shown in the following table, the population in Virginia's penal institutions for the past two fiscal years has grown in size, particularly with respect to the number of felons committed for the first time (first offenders). Over the past four fiscal years the most frequently occurring age of those committed has steadily decreased, from 24 years old in FY77 to 19 years old in FY80. If this trend continues, there would be more offenders under the age of 25 than the budgeted population of 300 inmates at the Marion facility. However, the 300 beds at Marion would be appropriate for those committed under the Youthful Offender Act. Judges in Virginia have shown a willingness to commit first offenders under the Youthful Offender Act; until recently the Department had virtually no resources to meet the needs of this group of offenders. The Southampton Youthful Offender Unit was the first step in meeting those needs, and the Marion facility would substantially improve the Department's position in terms of providing mandated services to this population.

TABLE 1

<u>CATEGORY</u>	<u>FY77</u>	<u>FY78</u>	<u>FY79</u>	<u>FY80</u>
No. of Commitments	3,385	2,967	2,732	3,664
No. First Offenders	2,786	2,432	2,278	2,956
Most Frequent Age	24	21	19	19

ATTACHMENT A

COST COMPARISON FOR
PERSONNEL AND M & O EXPENDITURES
FY 83-84

**MARION YOUTHFUL OFFENDER CENTER
COST COMPARISON
AS THOUGH IT IS FULLY OPERATIONAL
JULY 1, 1982**

INSTITUTION	EMPLOYEES	INMATE POPULATION	-----1982 - 83-----			-----1983 - 84-----			PER CAPITA	
			SALARIES	M & O	TOTAL	SALARIES	M & O	TOTAL		
Southampton Youthful Offender Center	91	100	1,365,085	656,715	2,021,800 ¹	1,437,135	643,065	2,080,200 ¹	82 - 83	20,218
									83 - 84	20,802
Marion Youthful Offender Center	307	300	5,127,155	2,370,780 ²	7,497,935 ²	6,357,876	1,310,803	6,668,679	82 - 83	24,993 ²
									83 - 84	22,228

1 Targeted appropriation for FY 82 - 84.

2 Includes start up supplies and equipment.

ATTACHMENT B

STAFFING PATTERN

FOR

MARION YOUTHFUL OFFENDER INSTITUTION

ADMINISTRATIVE & SUPPORT SERVICES

General Management & Direction

1	Assistant Warden
1	Agency Personnel Supervisor B
1	Accountant C
1	Cashier A
1	Storekeeper Supervisor B
1	Corrections Training Specialist
1	Assistant Records Custodian
1	Corrections Criminal Identification Clerk B
1	Corrections Institution Operations Officer
1	Clerk-Steno D
1	Clerk-Steno C
<u>3</u>	Clerk-Typist C
14	

Food & Dietary Services

1	Food Operations Manager B
8	Food Service Supervisors
<u>1</u>	Clerk-Typist C
10	

Linen & Laundry Services

1	Laundry Manager
<u>1</u>	Laundry Foreman
2	

Medical & Clinical Services

1	Registered Head Nurse
5	Registered Nurse
5	L.P.N.
1	Dentist
1	M.D.
1	Psychiatrist
1	Lab Technician
1	X-ray Technician
1	Clerk Steno C
<u>1</u>	Clerk Typist C
18	

Medical Management & Direction

1 Management Services Director
1

Physical Plant Services

1 Buildings & Grounds Superintendent B
 1 Carpenter Foreman
 1 Electrical Foreman
 1 Plumber Steamfitter Foreman
 1 Grounds Foreman
 1 Painter Foreman
 1 Air Conditioning/Refrigeration Leadman
 1 Highway Equipment Repair Foreman B
 1 Highway Equipment Mechanic B
 1 Mason Plasterer Foreman
 1 Clerk Steno C
11

Power Plant Operations

1 Power Plant Superintendent C
 2 Power Plant Shift Supervisor
 5 Stationary Boiler Fireman
8

Recreation Services

1 Corrections Recreation Supervisor
1 Recreation Supervisor B
 2

AgribusinessFarm Produce Operations

1 Farm Manager B
1

SECURE CONFINEMENT

Adult Rehabilitation & Treatment Services

1	Corrections Treatment Program Supervisor
6	Corrections Institution Rehabilitation Counselor
2	Psychologist B
1	Psychology Test Technician
1	Corrections Inmate Classification Specialist
2	Clerk Steno C
2	Clerk Typist C
<u>15</u>	

Adult Security

1	Corrections Institution Security Chief
5	Corrections Captain
5	Corrections Lieutenant
16	Corrections Sergeant
194	Corrections Officer
1	Corrections Training Specialist
1	Corrections Inmate Hearings Officer
1	Clerk Steno C
1	Clerk Typist C
<u>225</u>	

Total Admin. & Support:	66
Total Secure Confine.:	240
Total Agribusiness:	<u>1</u>

GRAND TOTAL 307

pm/

ATTACHMENT C

REPORT ON CAPITAL COSTS

FOR

MARION YOUTHFUL OFFENDER INSTITUTION

ESTIMATED CAPITAL COSTS

<u>TITLE</u>		<u>CONTENTS</u>	
SITE IMPROVEMENTS	\$1,360,000	Double Security Fence— 14,000 L.F. @ \$24/L.F.	= \$ 336,000
		Rock Excavation	= 21,000
		Vehicular Sally Ports	= 41,900
		Allowance for gates & electric operators	= 14,000
		Lighting perimeter fence— 60 @ \$1550	= 93,000
		Guard Towers - 7 towers @ \$43,630 each, relocate 2 @ \$11,900 each	= 329,200
		Utilities and misc. improvements	= 524,900
		TOTAL	\$1,360,000
BUILDING DEMOLITION	\$1,252,600	Demolish *Henderson Complex and Buildings 16 & 31. Street price	= \$1,252,600
		TOTAL	\$1,252,600

*Note: Henderson Complex to be studied for possible use after operations commence at site. Should appropriate use be determined, demolition funds would be diverted for renovation.

BUILDING 57 RENOVATION	\$ 178,900	Estimate based upon information received from Division of Engineering & Buildings. Their 1980 estimate of \$150,000 was accepted until a preplanning study is completed.	= \$ 336,000
		TOTAL	= \$ 178,900
			\$ 178,900
 BUILDING 30 RENOVATION	 \$1,507,950	 Estimate includes 12 isolation cells and renovation for a 90 man dormitory type building.	 = \$1,507,950
		TOTAL	\$1,507,950
 GYMNASIUM	 \$ 894,750	 Gymnasium (Metal Building) Estimate based on Southampton Correctional Center Gymnasium which cost \$500,000 in Sept. 1975.	 = \$ 894,750
		TOTAL	\$ 894,750
 BUILDING 26 RENOVATION	 \$3,631,490	 Renovate for R.S.A. Programs, Treatment, Infirmary and offices.	 = \$3,631,490
		TOTAL	\$3,631,490
 BUILDING 23 RENOVATION	 \$ 274,300	 Renovate for Assembly, Visiting and Staff Dining. Includes fire alarm system, roofing, handicapped access, heating system repair and brickwork.	 = \$ 274,300
		TOTAL	\$ 274,300

BUILDING 58 & 59	\$2,615,000	Renovate for Youthful Offender dormitories - 51,400 S.F. @ \$35.80. Construct 30 man Reception and Classification Unit - \$775,400	
		TOTAL	\$2,615,000
BUILDINGS 4, 5 & 6	\$1,103,500	Renovate for short term Youthful Offenders including small diversified industries with equipment 37,000 S.F. @ \$29.83/S.F.	
		TOTAL	\$1,103,500
BUILDING 48	\$1,861,000	Renovate for B.O.Q., Training, Administration and courts. 64,500 S.F. @ \$28.86/S.F.	
		TOTAL	\$1,861,000
TOTAL CONSTRUCTION, DEMOLITION AND SECURITY			\$14,679,490
EQUIPMENT			1,986,300
A & E FEES			880,700
CONTINGENCIES			1,203,700
<u>GRAND TOTAL</u>			<u>\$18,750,190</u>

ATTACHMENT D

REHABILITATIVE SCHOOL AUTHORITY PROGRAM

FOR

MARION CORRECTIONAL CENTER

Proposed RSA Educational Programs for
Marion Correctional Center

This program will need five trade laboratories, one regular classroom to be used as a Vocational Learning Center, principal's office, secretarial office, supply room, restroom, and library.

The five trades will be (1) Welding, (2) Plumbing, (3) Appliance (major) and Electric Motor Repairs, (4) Plastering, Painting and Drywall Installation, and (5) Furniture Upholstery.

Students will attend school one-half of the day and work one-half of the day with two school sessions of 75 students each day. Each session will be divided into four class periods. Students without GED's or high school diplomas will attend the Vocational Learning Center for one period and trade for three periods. Those students with diplomas will attend trade area for three periods and one period in the library each session.

The students in the Vocational Learning Center will study Math, Reading, other GED subjects, and most of it will be related to their trade. Here they will qualify for the GED. They will receive a trade certificate in their trade from the State Vocational Department after showing competency for their trade.

A. Space needed:

	<u>Dimensions</u>	<u>Square Feet</u>
1 Principal's Office	10' x 20'	120
1 Reception/Secretarial Office	12' x 16'	192
1 Supply Room	12' x 14'	168
1 Teacher's Lounge to include restroom	16' x 20'	320
1 Library including librarian's office and supply room	35' x 40'	1400
Total Square Feet		2200

B. Vocational Programs

(1) Welding

Laboratory	40' x 75'	3000
Toolroom/Storage	15' x 20'	300
Total Square Feet		3300

(2) Plumbing

Laboratory	25' x 35'	870
Toolroom/Storage	20' x 20'	400
Total Square Feet		1270

	<u>Dimensions</u>	<u>Square Feet</u>
(3) Appliance (major) and Electric Motor Repairs		
Laboratory	40' x 60'	2400
Toolroom/Storage	20' x 20'	400
Total Square Feet		2800
(4) Plastering, Painting and Drywall Installation		
Laboratory	40' x 60'	2400
Toolroom/Storage	20' x 20'	400
Total Square Feet		2800
(5) Furniture Upholstery		
Laboratory	40' x 60'	2400
Toolroom/Storage	20' x 20'	400
Total Square Feet		2800
(6) Two restrooms	10' x 20' ea.	400
Total Square Feet for Vocational Area for 150 students		13,370
C. Vocational Learning Center		
	30' x 35'	1050
<p>This will include a locked storage room. Beyond the normal electrical outlets, we need strip (plug) wiring on each 35' wall and will use tables and study carrels.</p>		
Total Square Feet		1050
D. Special Education Classroom		
	30' x 35'	1050
TOTAL SQUARE FEET NEEDED FOR SCHOOL		17,670

E. Personnel Needed

<u>Number</u>	<u>Class</u>	<u>Salary</u>	<u>Fringes (19.5%)</u>	<u>Total</u>
1	Principal B	\$19,555	\$ 3,813	\$ 23,368
1	Clerk-Typist C	9,587	1,869	11,456
1	Teacher's Aide	8,764	1,709	10,473
1	Academic Teacher	13,996	2,729	16,725
1	Special Education Teacher	13,996	2,729	16,725
5	Vocational Teachers @ \$13,996	69,980	13,646	83,626
1	Librarian	13,996	2,729	16,725
TOTAL COST		\$149,874	\$29,223	\$179,097

F. Equipment Cost for Class of 12-16 Students

	<u>Equipment and Tools Cost</u>	<u>Annual Material Cost</u>
1. Welding	24,000	3,500
2. Plumbing	18,000	2,000
3. Appliance/Electric Motor	22,400	3,000
4. Plastering, Painting & Drywall	7,000	1,200
5. Furniture/Upholstery	15,000	1,500
6. Principal & clerk, Teacher's Lounge	6,000	2,000
7. Vocational Learning Center	10,000	2,000
8. Library		
Furniture and Book Shelves	3,000	500
Books and Magazines	5,000	1,500
9. Special Education Classroom	10,000	2,000
Total Equipment Start-Up Cost for School	\$120,400	
Total Annual Cost for Supplies		19,200
Total Cost of the School to Start Operations		308,699
TOTAL ANNUAL		<u>\$308,699</u>
82-84 BIENNIAL BUDGET R.S.A.		<u>\$617,398</u>

A P P E N D I X G

Alternative I

1. Remodel Harmon Building -		
Basement - Activities & Offices		
1st Floor - Ancillary Services		
2nd Floor - Medical	40 Beds	
3rd Floor - Admission	40 Beds	
4th Floor - Chronic	<u>30</u> Beds	
	110 Beds - 54,896 Sq.Ft.	\$2,470,320
2. Remodel Morison Building -		
Ground Floor - Pre Voc. Shop, O.T., etc.		
1st Floor - Offices as is & Chronic	30 Beds	
2nd Floor - Chronic	30 Beds	
3rd Floor - Chronic	<u>30</u> Beds	
	90 Beds - 64,500 Sq.Ft.	2,580,000
3. Remodel Rehab. Building -		
East Wing & Center Sect.		
School and Adol. Prog.	<u>20</u> Beds	
West Wing - Open Activities		
	20 Beds - 19,900 Sq.Ft.	598,500
4. Remodel Gym -		
New Roof and Floor		
Basement - Library, Canteen -	13,075 Sq.Ft.	114,600
5. Construct New Geriatric Administration and Activities Building -	Approx. 8,000 Sq.Ft.	520,000
6. Construct New Storage Bldg.	Approx. 10,000 Sq.Ft.	350,000
7. Relocate Butcher Shop and Food Storage to Food Service Bldg.		115,000
8. Geriatric Buildings A&B - Provide Air Conditioning -	51,400 Sq.Ft.	771,000

Alternative I, continued

9. Demolition:

Geriatric C - 45,700 Sq.Ft.	75,000
Wright Bldg. - 26,350 Sq.Ft.	35,000
Henderson West Wing & Corridor - 22,290 Sq.Ft.	30,000
Henderson East Wing & Corridor - 22,290 Sq.Ft.	30,000
Henderson East Main - 19,760 Sq.Ft.	30,000
Henderson West Main - 19,760 Sq.Ft.	30,000
Henderson South - 52,000 Sq.Ft.	<u>100,000</u>
Housing Total	\$7,849,420
Demolition and additional square footage	<u>1,000,000</u>
Construction Costs	\$8,849,420
A&E Fees	<u>664,500</u>
TOTAL	<u><u>\$9,513,920</u></u>

Alternative II

1. Construction of 155 new beds at \$35,500 per bed (100 psychiatric and 55 ICF/MR beds)	\$ 5,500,000
2. Remodel Harmon Building (40 chronic and 15 alcohol Detox beds) 55 beds at \$32,725 per bed	1,800,000
3. Construct New Geriatric Administration and Activities Building	520,000
4. Air Condition Geriatric A&B	771,000
5. Construct New Storage Building	350,000
6. Relocate Butcher Shop to Blalock Building	115,000
7. Remodel Multipurpose Building (Gym)	114,600
8. Demolish:	
Wright Building	35,000
Geriatric C Building	75,000
Henderson Complex	<u>339,000</u>
Construction Costs	\$ 9,619,600
A&E Fees	<u>780,430</u>
TOTAL	<u><u>\$10,400,030</u></u>

Alternative III

1. Construct New Geriatric Administration and Activities Building	520,000
2. Remodel Gym	114,600
3. Construct 200 New Beds:	
60 Acute Care	
40 Acute & Chronic Med.	
100 Chronic Psychiatric	7,100,000
4. Remodel Rehabilitation Building for 20 Adolescent Beds	598,500
5. Construct New Storage Building	350,000
6. Relocate Butcher Shop and Food Storage	115,000
7. Demolish:	
Harmon Building	100,000
Wright Building	35,000
Henderson Complex	339,000
Morison Building	125,000
Geriatric C	75,000
Retain Covered Walkway	
8. Geriatric A&B -	
Provide Air Conditioning	<u>771,000</u>
Construction Costs	\$10,243,100
A&E Fees	<u>724,400</u>
TOTAL	<u>\$10,967,500</u>

A P P E N D I X H

Task Force Members

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Assistant Secretary for Financial Policy
Office of Administration and Finance

Mr. E. W. Bell, III
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Mrs. Rebecca L. Covey (Ex officio)
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Mr. Richard E. Hickman, Jr., (Ex officio)
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