



COMMONWEALTH of VIRGINIA

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

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February 23, 2007

The Honorable Vincent F. Callahan, Chairman
House Appropriations Committee
General Assembly Building, Room 947
P.O. Box 406
Richmond, Virginia 23218

Dear Delegate Callahan:

I am pleased to forward to you the Department's Second Quarter Status Report on System Transformation Initiative. Item 312 DD of the Appropriation Act directs me to quarterly reports to you regarding the activities associated with the most recent investment in community services, including the types and settings of services provided, the number of individuals served, the number of individuals placed in the community through the Mental Retardation Home and Community-Based Waiver Program, reduction in census at state facilities related to proposed facility replacements, changes in staffing at facilities that are proposed for replacement, and progress made in the construction of replacement facilities.

I hope that you and your staff find the information in this report helpful. My staff and I are available at your convenience to answer any questions you may have about this report.

Sincerely,

A handwritten signature in black ink, appearing to read "James Reinhard".

James S. Reinhard, M.D.

JSR/prg
Attachment

cc: The Honorable Marilyn Tavenner
The Honorable Phillip A. Hamilton
Susan E. Massart
Ray Ratke
Frank L. Tetrick
Paul Gilding
Martha Mead



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February 23, 2007

The Honorable John H. Chichester, Chairman
Senate Finance Committee
General Assembly Building, Room 626
P.O. Box 396
Richmond, Virginia 23218

Dear Senator Chichester:

I am pleased to forward to you the Department's Second Quarter Status Report on the System Transformation Initiative. Item 312 DD of the Appropriation Act directs me to quarterly reports to you regarding the activities associated with the most recent investment in community services, including the types and settings of services provided, the number of individuals served, the number of individuals placed in the community through the Mental Retardation Home and Community-Based Waiver Program, reduction in census at state facilities related to proposed facility replacements, changes in staffing at facilities that are proposed for replacement, and progress made in the construction of replacement facilities.

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JSR/prg
Attachment

Cc: The Honorable Marilyn Tavenner
The Honorable William C. Wampler, Jr.
Joe Flores
Ray Ratke
Frank L. Tetrick
Paul Gilding
Martha Mead

Second Quarter Status Report on System Transformation Initiative
Department of MH, MR and SA Services
February 23, 2007

I. INTRODUCTION

Item 312, paragraph DD of the Appropriations Act includes the following language in reference to the package of appropriations hereinafter identified as the System Transformation Initiative:

The Department of Mental Health, Mental Retardation and Substance Abuse Services shall report on a quarterly basis to the Office of the Governor, the Office of the Secretary of Health and Human Resources, the Chairmen of the House Appropriations and Senate Finance Committees, and the Department of Planning and Budget on expanded community-based services made available in paragraphs R through CC of this item [the System Transformation Initiative]. The report shall include the types and settings of services provided, the number of individuals served, the number of individuals placed in the community through the Mental Retardation Home and Community-Based Waiver Program, reduction in census at state facilities related to proposed facility replacements, changes in staffing at facilities that are proposed for replacement, and progress made in the construction of replacement facilities.

This document is the Second Quarter Status Report on the System Transformation Initiative, and includes information for the period October 1, 2006 through December 31, 2006.

II. SYSTEM TRANSFORMATION - CHANGING THE CULTURE OF SERVICE DELIVERY

The first quarter report on the System Transformation Initiative summarized the scope and challenges of changing Virginia's behavioral health care system. Addressing any one component of this system presents unique challenges, but the consortium comprised of the DMHMRSAS, public and private stakeholders, and consumers is working to alter the mental health, mental retardation, and substance abuse system that serves Virginia's citizens across the age spectrum. The work on this broad system transformation continued during the second quarter.

III. TYPES AND SETTINGS OF SERVICES PROVIDED - MH AND MH/SA

Due the extensive variation in the range of community-based services for adult MH and the MH/SA Co-Occurring consumer populations, information is reported within core-service areas.

System Transformation Initiative – Second Quarter Status Report		
Service	Target Served	Served to Date Second Quarter
Emergency Services	2,672	792
Acute Psychiatric Inpatient Services	45	45
Community-Based SA Medical Detox Inpatient Services	600	336
Outpatient Services	8,205	2,255
Peer-Provided Outpatient Services	150	19
Opioid Detoxification Services	74	1
Case Management Services	3,349	898
Peer-Provided Case Management Services	40	11
Ambulatory Crisis Stabilization Services	308	0
Rehabilitation	172	139
Peer-Provided Rehabilitation	366	80
Individual Supported Employment	33	0
Residential Crisis Stabilization Services	1,652	675
Intensive Residential Services	120	75
Supervised Residential Services	80	20
Peer-Provided Supervised Residential Services	24	0
Supportive Residential Services	470	86
Peer-Provided Supportive Residential Services	19	19
Discharge Assistance Project Plans	95	39
Consumer-Run Services	722	216
Totals	19,196	5,706

III. MENTAL RETARDATION SERVICES

The initiative is a comprehensive effort to shift Virginia's behavioral health care system and the transformation efforts includes investment strategies that are impacting services for individuals with intellectual disabilities.

A. Community Integration

To date, there have been **fourteen (14) 2007 slots used at Central Virginia Training Center (CVTC)** to support development of community-based services for residents or individuals that would have been admitted without these resources. **Nine (9) of the slots assigned to the Southeastern Virginia Training Center (SEVTC)** have been used to date. All 115 Community Waiver slots have been assigned to individuals on the Urgent Wait List. A total of \$179,245 of community capacity funds have been distributed to 65 individuals placed by the CSBs through use of the slots made available in 2007. Not all individuals placed request community capacity funds.

A. Impact of MR Waiver Rate Increases

Information on the impact of the increase of Waiver rates is currently being obtained through the activities of the study of the MR Waiver, led by DMHMRSAS, OMR. Six Focus Teams, made up of individuals with special interests and abilities in the area of focus, are looking at the positive impact of the MR Waiver and areas where it can be improved to provide person centered, individualized support. Waiver rates are part of the discussion. In addition, the OMR with the assistance of the Community Services Boards (CSBs) have organized local/regional Discussion Groups with public and private providers statewide. The discussions are around aspects of the Waiver that are positive for providers and those that are barriers. The Waiver study will be completed in September 2007.

B. Waiver Services for Children

All 110 Waiver slots for children under the age of 6 that were on the Urgent Wait list were distributed in July of 2006 and services have been initiated. The majority of services requested by the families, whose children received the 110 Waiver slots, were consumer directed services. Families want the ability to hire and train individuals to provide respite and personal assistance services to their children. Services were also frequently requested for in-home residential support, skilled nursing, and assistive technology/environmental modifications.

C. Guardianship

The DMHMRSAS entered into an agreement with the Virginia Department of Aging to develop public guardianship services for persons living in state training centers and persons living in the community who have need of public guardianship services. A Request for Proposals (RFP) was released, proposals reviewed, and contracts were given to five public guardianship organizations statewide. To date, 100 individuals from community services, and 83 individuals from the facilities are in the process of obtaining guardians.

IV. SERVICES FOR CHILDREN AND ADOLESCENT

A. System of Care Projects

- **Alexandria:** As of 12-31-06, the project reported hiring of 4 of 6 project staff to include: 1 Functional Family Therapist (FFT), 1 Wrap-around case manager, and 2 family partners. Training activities have occurred for the Wrap-around case manager in areas such as, but not limited to: Comprehensive Services Act (CSA), Harmony – a web based Family Assessment And Planning Team plan, and evidenced based Wrap-around training. No services have been provided to children. FFT training has been scheduled to occur in the next quarter upon hiring of the remaining staff.

- **Cumberland Mountain:** As of 12-31-06, Cumberland Mt. has hired 2 FFT therapists, both of which have undergone clinical FFT training. During this quarter, the FFT community kick-off occurred, which served to inform agencies about the project and establish specific referral protocols. Training has also occurred for the Russell County Family Group during this quarter. At present, referrals have begun with services officially beginning on 12-07-06 in all three counties covered by these funds.

B. Juvenile Detention Center Service: Programs have been initiated and services are being provided as noted in the following table:

CSB/BHA	Juvenile Detention Center	TOTAL # of Children:		
		Screened & assessed	Receiving case management @ detention	Discharged & referred to community based services
Alexandria CSB	Northern VA Detention Home	274	15	15
Blue Ridge Health Authority	Roanoke Valley Juvenile Detention	42	29	29
Charlottesville (Region 10)	Blue Ridge Juvenile Detention Home	63	63	20
Colonial CSB	Merrimac Center	89	68	21
Danville CSB	W.W. Moore Jr. Detention Home	11	2	2
New River Valley CSB	New River Valley Detention Home	42	39	14
TOTALS		521*	216	101

*Of 521 children served, only eight (8) were referred for inpatient MH services.

Although project implementation began at different times, as of 12-31-06, all boards report being fully staffed and indicate that all appropriate training activities have occurred.

- C. Part C Services:** The Department has allocated all appropriated funds to local early intervention systems (local lead agencies) for Virginia's Part C Early Intervention System for infants and toddlers with disabilities.
- For FY 2006-second quarter, 1157 children, ages 0-3 were served in the Part C system.
 - For FY 2007-second quarter, 1207 children, ages 0-3 were served in the Part C system *

This represents a 4% increase over last year's second quarter number of children served.

* Child count may fluctuate each quarter due to issues such as personnel shortages, children transitioning out of Part C services and parents opting out of services.

V. TARGETED JAIL-BASED SERVICES

In the first quarter the Department completed allocations to seven Community Services Boards to support post-booking diversion services for persons involved in the local criminal justice system. Program activities during the second quarter follow:

- Norfolk CSB - Developed program description for the jail diversion program to include post-booking diversion with the General District court judges for non-violent misdemeanants and low level felons and restoration court order screening.
- Virginia Beach CSB - Has diverted 5-10 defendants post trial and have civilly committed 5-10 in lieu of trial. Increasing the number of total forensic cases seen in the jail.
- Arlington CSB - interviews have been completed for the jail diversion coordinator. Reviewing assessment tools for program purpose.
- Fairfax CSB - Job description is being developed for jail diversion coordinator and planning interview schedule. Continue to meet with their Community Criminal Justice stakeholders group. Have diverted 10 both pre and post booking defendants with mental illness.
- Richmond Behavior Health Authority - In the process of interviewing for the Jail Diversion Coordinator position. Has served it first jail diversion defendant and implemented its first discharge plan. Has also joined the Richmond Community Criminal Justice Board.
- Henrico CSB - Position description developed and position approved by the County. Worked with Information Technology staff to define program data collection responsibilities.
- Central Virginia CSB - Developed alliance with their stakeholders group in the area and initiated coordination meetings with the Blue Ridge Regional Jail in Lynchburg.

VI. OPIATE ADDICTION SERVICES FUNDS

The appropriation language that requires this report does not specify the need to include funds approved to implement two model projects for Opioid treatment services, but the Department believes these services are directly linked with the broad transformation effort. The Norfolk CSB and Cumberland Mountain CSB Buprenorphine projects report progress initiating these new services. It is important to note that each site must develop operational policies and procedures, hire or train staff and establish linkages with the referral community. Addendum A of this report includes a more detailed project report from each of the community services boards.

VII. REDUCTION IN CENSUS AT STATE FACILITIES APPROVED FOR REPLACEMENT

The census at the facilities approved for replacement continued to be fluid during the second quarter, reflecting the linkage to development of new community services. It is important to note that increased demand for forensic admissions is creating a “back-fill” for reductions in civil admissions.

- **Eastern State Hospital**

July 1, 2006 total census: 429

Hancock Geriatric Treatment Center: (Phase One construction site) 185

Adult – other than geriatric: (Phase Two construction site) 244

December 31, 2006 total census: 424

Hancock Geriatric Treatment Center: (Phase One construction site) 184

Adult – other than geriatric: (Phase Two construction site) 240

- **Western State Hospital**

July 1, 2006 total census: 243

December 31, 2006 total census: 249*

*While there has been a reduction in beds used for civil admissions, there has been an increase in the number of forensic admissions.

- **Southeastern Virginia Training Center**

July 1, 2006 total census: 193

December 31, 2006 total census: 189

- **Central Virginia Training Center**

July 1, 2006 total census: 524

December 31, 2006 total census: 513

VIII. CHANGES IN STAFFING AT FACILITIES THAT ARE PROPOSED FOR REPLACEMENT

- Eastern State Hospital - reduction of 18 positions.
- Central Virginia Training Center – reduction of 25 positions
- Southeastern Virginia Training Center – no reduction
- Western State Hospital – no reduction

IX. PROGRESS MADE IN THE CONSTRUCTION OF REPLACEMENT FACILITIES

Eastern State Hospital, Williamsburg, VA

Phase I (Hancock Geriatric Treatment Center replacement) is currently under construction with site development and foundations nearly complete. A permit for final construction has been issued by the Department of General Services, Bureau of Capital Outlay Management (BCOM). Exterior walls for two of the pods and the central core have been begun. The project is on schedule.

Phase II (150-bed adult mental health unit located adjacent to Phase I) has received approval from the Governor to amend the existing PPEA comprehensive agreement for Phase I. We have a proposal negotiated with Gilbane in the amount of \$56,715,000 for the design and construction of Phase II. It is anticipated that this agreement will be signed within two weeks and design and construction can begin with a target completion of December of 2009.

Planning continues with community service boards in Region V, the staff of Eastern State Hospital and members the DMHMRSAS central office. Discussions are also occurring with Region II on the use of Phase I.

Phase III (support and exterior spaces) space planning is complete and addresses the service, administration and support areas for both Phase I and Phase II. No costs associated with this activity have been developed. This is anticipated for the next legislative session.

Southeastern Virginia Training Center, Chesapeake, VA

Conceptual space planning is complete for a full replacement of the facility. A cost estimate for this replacement was prepared and it exceeded the \$55,375,000 indicated in the budget. Alternate proposals are being evaluated that would retain portions of the existing facility and provide new residences and be within the indicated budget amount.

Central Virginia Training Center, Lynchburg, VA

Conceptual space planning is complete for a full replacement of the facility. A cost estimate for this replacement was prepared and it exceeded the \$55,375,000 indicated in the budget. Alternate proposals are being evaluated that would retain portions of the existing facility and provide new residences and be within the indicated budget amount.

Western State Hospital, Staunton, VA

DMHMRSAS and HDR have concluded their negotiations and a Memorandum of Understanding (MOU) has been prepared to assist in both the evaluation of PPEA proposals and the preparation of statements of interest in the use of surplus property at Western State Hospital.

X. SUMMARY

The efforts within the community through the second quarter of the System Transformation Initiative reflect a shift from “sensing opportunities” to “creating capacity”. Recruitment, hiring, training, policy and procedural development, and partnership development activities are being completed and new or enhanced services have been initiated. An acceleration of these activities is expected for the third and fourth quarter.

Addendum A
Project Status Reports: Buprenorphine Projects

Norfolk Buprenorphine Project. The Norfolk project is ready to begin providing services. They have completed clinical and financial policies and procedures and have hired an RN with considerable (20 years) experience in addiction assessment and treatment, including buprenorphine detoxification. Norfolk CSB counselors will provide counseling services and two OTP physicians will provide physician services. Several clients in the existing methadone program are candidates for buprenorphine detoxification. The program is being introduced to several of the regional MH/SA Directors and the program will be accepting referrals from the other CSB's in the region. The program plans to perform their first buprenorphine inductions the week of March 5th.

Cumberland Mountain Buprenorphine Project: The Case Manager for the state project was hired in January 2007. This position is currently being split between State Opiate Addiction Services and federal Project REMOTE funds. As our state project expands in numbers, we plan on transiting this position to working full time in the project.

Dr. Jeff Gee, CMCSB's Medical Director, completed his Buprenorphine waiver training in December 2006. As of 2-21-07, he has not received his authorization to prescribe from SAMHSAS. Dr. Gee will be our primary physician working in this project and we are targeting a co-occurring (MH/SA) population. Dr. Gee's plan is to induct these consumers at The Laurels' Crisis Stabilization Program with maintenance follow-up through his outpatient clinics. SA treatment/case management services will be provided through our grant position.

The Laurels successfully inducted their first consumer on 2-15-07. Dr. Lewis, our detox physician, is already approved to prescribe Buprenorphine. This step was taken to give the staff some experience and to prepare them for inductions through our federal Project REMOTE grant. The consumer will be referred to Clinch Valley Treatment Center on 2-22-07, with CMCSB providing Case Management follow-up.

Including the consumer at The Laurels, CMCSB is currently following 6 consumers under our State Opiate Addiction Services Funds through Clinch Valley Treatment Center. Four (4) of these consumers are receiving Suboxone and two (2) are receiving Methadone. They plan on phasing out their involvement with Clinch Valley Treatment Center as Dr. Gee's caseload increases. This will allow the project to utilize Clinch Valley Treatment Center as a referral source in our federal Project REMOTE grant.

CMCSB has been working with Dr. Hughes Melton, one of Project REMOTE's Co-Medical Directors, to develop the state project protocols. This includes providing a Suboxone Consumer/Family session prior to acceptance into services where cost and program expectations are reviewed. Dr. Melton is a local primary care physician in Lebanon, Virginia who is currently prescribing Suboxone. CMCSB's state and federal case management positions have recently attended one of his pre-induction sessions.

CMCSB is currently talking to a physician in Kentucky who has been prescribing Suboxone to residents from Buchanan County. This physician is interested in referring her Buchanan County consumers for services and CMCSB is exploring the option of including them in either the state or federal project.