COMMONWEALTH of VIRGINIA

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
Post Office Box 1797
Richmond, Virginia 23218-1797

JAMES S. REINHARD, M.D.
COMMISSIONER

Telephone (804) 786-3921
VOICE/TDD (804) 371-8977
www.dmhmrsas.virginia.gov

October 15, 2008

The Honorable Timothy M. Kaine
Governor's Office
Third Floor, Patrick Henry Building
P.O. Box 1475
Richmond, VA 23218

Dear Governor Kaine:

Pursuant to Item 312 DD of the 2007 *Appropriation Act,* DMHMRSAS submits to you the enclosed report on the System Transformation Initiative. The department is required to report on a quarterly basis on expanded community-based 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.

The programs started or expanded through this funding represent a meaningful step toward transforming the Commonwealth's system of services. The funds allocated by the General Assembly have yielded positive and promising results. I appreciate your support of this initiative.

Attached, please find this report for this year. If you have any questions, please feel free to contact me.

Sincerely,

James S. Reinhard, M.D.

Enc.
Cc: Hon. Marilyn Tavenner

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October 15, 2008

The Honorable Marilyn B. Tavenner
Secretary, Health and Human Resources
Patrick Henry Building, 4th Floor
1111 East Broad Street
Richmond, Virginia 23219

Dear Secretary Tavenner:

Pursuant to Item 312 DD of the 2007 *Appropriation Act,* DMHMRSAS submits to you the enclosed report on the System Transformation Initiative. The department is required to report on a quarterly basis on expanded community-based 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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Sincerely,

James Reinhard

James S. Reinhard, M.D.

Enc.
Cc: Mr. Steve Harms
Ms. Heidi Dix
Ms. Kristin Burhop

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October 15, 2008

The Honorable Lacey E. Putney, Chair
House Appropriations Committee
General Assembly Building
P.O. Box 406
Richmond, VA 23218

Dear Delegate Putney:

Pursuant to Item 312 DD of the 2007 *Appropriation Act,* DMHMRSAS submits to you the enclosed report on the System Transformation Initiative. The department is required to report on a quarterly basis on expanded community-based 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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Sincerely,

James S. Reinhard, M.D.

Enc.
Cc: Hon. Phillip A. Hamilton
Hon. Marilyn Tavenner
Ms. Susan E. Massart

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COMMISSIONER

Telephone (804) 786-3921
VOICE/TDD (804) 371-8977
www.dmhmrsas.virginia.gov

October 15, 2008

The Honorable Charles J. Colgan, Chair
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Colgan:

Pursuant to Item 312 DD of the 2007 *Appropriation Act,* DMHMRSAS submits to you the enclosed report on the System Transformation Initiative. The department is required to report on a quarterly basis on expanded community-based 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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Enc.
Cc: Hon. Marilyn Tavenner
Hon. R. Edward Houck
Mr. Joe Flores

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October 15, 2008

Mr. Richard D. Brown
Virginia Department of Planning and Budget
1111 East Broad Street, Room 5040
Richmond, VA 23219-3418

Dear Mr. Brown:

Pursuant to Item 312 DD of the 2007 *Appropriation Act,* DMHMRSAS submits to you the enclosed report on the System Transformation Initiative. The department is required to report on a quarterly basis on expanded community-based 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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James Reinhard

James S. Reinhard, M.D.

Enc.
Cc: Hon. Marilyn Tavenner
Ms. Emily Ehrlichmann

Department of Mental Health, Mental Retardation and Substance Abuse Services
Report on System Transformation Initiative (STI)
October 2008

I INTRODUCTION

This document is the Year-End Status Report on the System Transformation Initiative, and includes information for the period July 1, 2007 through June 30, 2008. The report presents how the level of services changed during each of the four quarters of the fiscal year in the three service areas. Item 312 DD of the 2007 *Appropriation Act* includes the following language in reference to the package of appropriations hereinafter identified as the System Transformation Initiative (STI):

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.*

II TRANSFORMATION: FUNDING, VISION & LEADERSHIP

The STI is an investment of $118M of State General Funds, appropriated for the FY 06-07 biennium with the goal of expanding the capacity of Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs) to provide accessible community-based mental health and substance abuse behavioral healthcare services. These funds represent a portion of the overall investment in transforming the mental health, mental retardation and substance abuse system of services and supports begun in 2002.

An overall transformation effort requires a coordinated planning strategy involving multiple public and private providers, a common vision, and strategic investing from an array of funding resources, including state, federal, local and fee revenue. The Integrated Strategic Plan (ISP), developed by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and stakeholders in 2006, continues to be the foundation of planning efforts and a common vision helping to define the direction for transformation:

> *Our vision is of a "consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of*

community life including work, school, family and other meaningful relationships" (State Board Policy 1036 (SYS) 05-3).

DMHMRSAS promotes a shared commitment to transformation at all leadership levels within the continuum of the system of services and supports and seeks opportunities to expand this commitment whenever possible.

III BEHAVIORAL HEALTH SERVICES – CHANGING THE ENVIRONMENT

DMHMRSAS emphasizes the importance of targeting funds to services that address gaps in the crisis continuum, improve community integration options for individuals in institutional settings, create opportunities for consumers to be providers of services and expands the array of services for children and adolescents.

Types and Settings of Services Provided – Mental Health (MH) and MH/Substance Abuse (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 for each of the four quarters. The fourth quarter report captures the total level of service in the respective categories.

The following table contains the FY08 System Transformation Initiative (STI) Status Report. Each of the columns shows the unduplicated number of consumers who were served using STI funds. Each quarter includes the unduplicated number of consumers served year-to-date. Thus the column for the fourth quarter report includes the total number of unduplicated number of consumers served with the STI funds for the entire year.

Overall, a comparison of the unduplicated number of consumers served quarter by quarter shows a general increase of consumers being served. In the case of Supportive Residential Services (SRS) and the number of Discharge Assistance Plans (DAP) the number drops from one quarter to the next. The explanation, according to the CSBs providing these services, is the reports had not been carefully checked from one quarter to the next before the CSBs submitted them and errors were not corrected. The drop in the number of consumers is not significant.

In most instances, the reports show that the number of consumers proposed to be served and the actual number that received services by the end of the year were fairly close. For example, CSBs proposed to provide a total of 3,049 consumers emergency services. The final YTD number served was 3,478. In a few instances, the report shows that the annual projections were not met by year-end. For example, CSBs proposed to serve 879 consumers in peer-provided case management services and only 35 were served. The biggest difference was in consumer-run services. CSBs proposed to serve 2,422 consumers but only served 740 by year-end. Most of the other services met or exceeded their annual targets for consumers served. The percentage of the number of

consumers actually served, 19,034, was 82.83 percent of the 23,305 consumers targeted to be served.

FY08 Quarterly System Transformation Initiative Status Report					
Services	**Consumers Proposed to be Served FY08**	**Consumers Served YTD Through 1st Quarter**	**Consumers Served YTD Through 2nd Quarter**	**Consumers Served YTD Through 3rd Quarter**	**Consumers Served YTD Through 4th Quarter**
Emergency Services	3,049	714	1,294	2,223	3,478
Acute Psychiatric Inpatient Services	58	18	31	48	75
Outpatient Services	8,096	2,787	6,018	6,331	6,617
Peer-Provided Outpatient Services	240	46	97	146	193
Case Management Services	4,831	1,881	2,440	2,893	4,167
Peer-Provided Case Management Services	879	32	34	54	35
Day Treatment/Partial Hospitalization	64	0	6	30	47
Ambulatory Crisis Stabilization Services	368	64	104	325	412
Rehabilitation	311	231	267	317	562
Peer-Provided Rehabilitation	282	0	203	223	240
Individual Supported Employment Services	24	24	24	34	34
Highly Intensive Residential Services	80	10	41	133	292
Residential Crisis Stabilization Services	1,525	367	423	698	1,049
Intensive Residential Services	2	37	0	0	0
Supervised Residential Services	116	44	61	82	104
Supportive Residential Services	508	261	381	333	528
Peer-Provided Supportive Residential Services	146	59	125	133	174
Consumer Monitoring	225	39	136	183	219
Discharge Assistance Project Plans	79	67	44	47	68
Consumer-Run Services	2,422	744	1,472	2,031	740

Totals	23,305	7,425	13,201	16,264	19,034

The Crisis Continuum: DMHMRSAS' focus on expanding the crisis continuum, a response to the gaps identified in the 2005 Office of Inspector General report, led to enhancements in the continuum.

Crisis Continuum Service	OIG Survey 2005	DMHMRSAS Survey 2007 (Yes or Have Access)	Increase
CSB Hospital Bed Purchase	37	38	1
Residential Crisis Stabilization (TDO)	2	22	20
Residential Crisis Stabilization (Voluntary)	3	29	16
23- hour Crisis Stabilization *(New Measure)*	NA	13	NA
Mobile Crisis Stabilization *(New Measure)*	NA	9	NA
Consumer Run Residential Support Services	1	4	3
Mobile Outreach Crisis Team	9	21	12
Psychiatric Evaluation and Medication Administration (after hours access)	1	10	9
Psychiatric Crisis Consultation	11	20	9
Face-to-face Crisis Counseling – Immediate – 24 hours	26	34	8
Face-to-face Crisis Counseling – Next Day with CSB ES staff	32	37	5
Crisis Consultation with CSB Program	31	37	6
Telephone Crisis Counseling – Extended	35	36	1
Telephone Crisis Contact – Brief	39	39	No change
Hotline	12	15	3
Commitment Hearing Attendance * * Measure was prior to 2008 General Assembly changes to Code with requirement to attend	NA	32	NA

- **Crisis Stabilization** – The residential crisis stabilization programs, initially funded with STI funds, continue to provide a diversion option for emergency staff conducting emergency custody order evaluations, a step-down alternative for individuals leaving private acute care hospitals or state hospitals, and a step-up option for consumers to use within their recovery management plans. All programs listed above were fully operational for the 12 months of FY08.

    - 94 operational beds are now available
    - 33,895 bed days available on an annual basis

Improve Community Integration Options: The STI included dedicated funds to support discharge assistance plans for civil and forensic individuals in state mental health hospitals. Funding that initially supported 114 individual discharge plans is managed at the regional level and any reduction in plan costs are used to support additional discharges.

Expanding Jail Based Services: The STI is addressing the need for expansion of behavioral health services and supports for individuals involved with local criminal justice systems. The initiative allowed for funding six full-time staff placed in heavily populated jails in selected localities. The staff's work in the jail, collaborating with other criminal justice agencies, and their work has improved services for the inmates with mental illness while in jail and upon discharge.

DMHMRSAS has emphasized the importance of developing effective post-booking diversion services and the benefits to these new services are evidenced in the year-end data:

Services		Measure
Mental Health Treatment Services		308 jail inmates served
Community Diversion – Prior to Trial		108 community diversions
Early Release – Linked to MH Treatment		115 early release inmates
Intensive Case Management – Jail and Community		4,974 hours of service
Reduction in State Psychiatric Hospital Use		9,720 bed days *

*Considering the 108 inmates diverted prior to trial, and that the average hospital stay for restoration to competency is 90 days.

IV SERVICES FOR CHILDREN AND ADOLESCENT

Expanded Services for Children and Adolescents: The STI is addressing the need for behavioral health services and supports for children and adolescents. DMHMRSAS has emphasized three areas for service expansion:

- developing evidenced-based programs,
- serving youth in juvenile correction facilities, and
- expanding capacity to provide responsive early intervention services.

System of Care Projects: Four system of care projects are operating that emphasize a collaborative cross-agency 'system' approach to serving children and adolescents with high emotional challenges. Each project focuses on youth with serious emotional disturbance who are at risk for residential placements. It is important to note that in addition to using an evidenced-based practice (EBP) the CSBs are building systems of care capability by increasing community-based services for children.

Board Project Location	Area Served	Services
Richmond Behavioral Health Authority	City of Richmond	Multi-systemic Therapy (EBP)
Planning District 1	Counties of Lee, Scott, and Wise and City of Norton	Functional Family Therapy (EBP) Crisis Response Services Psychiatric Services
Alexandria (See Update Section)	City of Alexandria	Dialectical Behavioral Therapy (EBP) Therapeutic Day Treatment
Cumberland Mountain	Counties of Buchanan, Russell, and Tazewell	Therapeutic Day Treatment Alternative Day Support Services

Number of Children Served Using the Selected Evidence-Based Practice

4th Quarter and Year to Date

CSB	Referrals	Enrolled	Completing*
Planning District 1	**183**	**132**	**53**
Richmond Behavioral Health Authority	**75**	**22**	**24**
Alexandria	**40**	**14**	**34**

* A child that is designated as "completing" a program will have maximized the goals identified within the Individualized Family Service Plan (IFSP) and are receiving follow-up services. Goals will be in areas related to reducing behavioral problems, increasing school attendance, improving family relationships, and decreasing involvement with the juvenile justice system.

Additional Non-EBP Data (Cumberland Mountain CSB)

Program	# Served
Therapeutic Day Treatment	19
Alternative Day Support Services	35
Case Management	64
Intensive In-home Services	33
TOTALS FY08	**151**

Additional Non-EBP Data (Alexandria CSB)

Program	# Served
Therapeutic Day Treatment	0
Foster Care Prevention	4
Case Management/Wraparound	38
Intensive In-home Services	5
TOTALS FY08	**47**

Additional Non-EBP Data (Planning District 1)

Program	# Served
Crisis	182
Psychiatry	709
Family Partner	272
TOTALS FY08	**1163**

Updates: The Alexandria CSB received funding in July 2007 for Functional Family Therapy (FFT), but it has had problems recruiting staff for FFT. The CSBs have the FFT evidence-based practice model and have decided that FFT is not the best EBP for the area, and therefore have requested to be approved for the Dialectical Behavioral Therapy (DBT).

Future DMHMRSAS funding and program planning initiatives will be influenced by the outcome data generated through these programs; although, all science to practice research is clear on the reality that these measures may not be evidenced for three to four years.

Juvenile Detention Center Services: Programs are operating in all of the Commonwealth's 23 juvenile detention centers. In each program, CSBs have placed clinical and case management staff on-site in the juvenile detention center. Services provided include screening and assessment, short-term treatment, case management and referral to community-based services. The chart below provides data on the programs, including specific services provided.

Summary Data for Detention Center Projects FY08 Summary

Admitted to the detention center during the reporting period	13,383
Received mental health screening and assessment at detention intake	12,468
Average length of stay in detention center	34 days
Number receiving case management	2737
Number released to the community with an aftercare plan	1227
Number admitted to a residential facility	121

Part C Services: DMHMRSAS 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.

Number of new children served in EI	5,969
Total number of children served in EI	11,336

V MENTAL RETARDATION SERVICES / INTELLECTUAL DISABILITIES

The transformation efforts include investment strategies that are impacting services for individuals with intellectual disabilities. The transformation process led to new language in the Commonwealth, reflecting a fresh sensitivity to how the words can influence the way we see each individual. The consensus and support for shifting the language of our system from "mental retardation" to "intellectual disabilities" is a key indicator of how transformation is indeed changing our system of services and supports.

DMHMRSAS continued this year to work independently and in collaboration with the Department of Medical Assistance Services (DMAS) to develop grants and initiatives that focus on expanding the range of services and supports, and that advance the principle of person-centered planning and community integration.

Key Intellectual Disability/Mental Retardation Transformation Activities:

1. **Community Waiver Slots** – All 399 community waiver slots that were distributed to the CSBs were assigned to individuals to begin receiving services.
2. **Waiver Slots for Children:** Dedicated Waiver slots for children helped families of 110 children under the age of six that were on the Urgent Needs Wait list to gain access to essential services and supports.

3. **PBS Capacity** – There was an increase in the community capacity of endorsed positive behavioral support consultants statewide by 12 persons, bringing the total number of trained and endorsed PBS behavioral consultants in Virginia to 28.

4. **Guardianship Services** – 101 individuals with intellectual disabilities received guardianship services during FY08 with help from the Department. DMHMRSAS in ongoing partnership with the Department for the Aging to continue the public guardianship services. Those services are now available in most parts of the state as a result.

5. **MR System Study -** The study of the mental retardation system in Virginia requested by the General Assembly was completed and submitted in November of 2007 with 21 priority recommendations for improving the system.

6. **Training Center Waiver Slots** – Of the 69 training center slots that became available in FY08, 48 slots remained unassigned at the end of the fiscal year. Twenty-five of these slots are at CVTC and 23 are at SEVTC.

7. **Person Centered Practices (PCP) –** The 80-member person-centered practices leadership team headed by the DMHMRSAS Office of Intellectual Disabilities completed the design of the PCP tools, complete with field testing. The office leadership and staff are now prepared to roll out the process along with the introduction of the supports intensity scale as the PCP companion assessment tool, insuring that person-centered practices assume a level of permanence in the delivery of services and supports in Virginia.

Expanded Access To Services and Supports: The STI included five funding initiatives intended to expand access to services and supports for individuals with mental retardation:

- an increase in MR Waiver rates for congregate residential and non-residential services,
- an expansion in the number of Waiver slots for adults in the community,
- allocation of Waiver slots to individuals residing in DMHMRSAS facilities that were ready and willing to be discharged,
- allocation of dedicated Waiver slots to children under the age of six, and
- funding to address guardianship needs for individuals helped to expand services and supports.

The new providers attracted by the MR Waiver rate increase for congregate residential and non-residential services helped expand community-based mental retardation services. The rate increase continues to help address workforce challenges.

Service System Expansion	Indicator / Measure
New Licensed Providers	31 New Intellectual Disability (ID) Residential Providers
	6 New Day Support Providers
New Resources	33 New Group Home Locations

	9 New Day Support Locations
Workforce Development	360 New individuals trained by Office of Licensing

VI REDUCTION IN CENSUS AT STATE FACILITIES APPROVED FOR REPLACEMENT

The STI focus on developing new or enhanced community-based services had a direct impact on the four facilities linked to the initiative. Census updates and contributing factors are noted for training centers and state mental health facilities.

TRAINING CENTER CENSUS

- **Southeastern Virginia Training Center**

  July 1, 2006 total census: 193

  June 30, 2007 total census: 183

  June 30, 2008 total census: 175

  Change in census: -18

- **Central Virginia Training Center**

  July 1, 2006 total census: 524

  June 30, 2007 total census: 489

  June 30, 2008 total census: 460

  Change in census: -64

MENTAL HEALTH HOSPITAL CENSUS

- **Eastern State Hospital**

  July 1, 2006 total census: 429

  June 30, 2007 total census: 422

  June 30, 2008 total census: 389

  Change in census: -40

- **Western State Hospital**

  July 1, 2006 total census: 243

  June 30, 2007: 240

  June 30, 2008: 238

  Change in census: -5

Factors: Hospital bed use reductions for civil bed days, primarily linked to new or expanded community services funded through the STI, continue to be back-filled with forensic admissions.

VII CHANGES IN STAFFING AT FACILITIES THAT ARE PROPOSED FOR REPLACEMENT

	Filled Positions	
Eastern State Hospital	**7/1/2006**	**7/1/2008**
Direct Service Associates	341	368
Practical Nurses	74	84
Registered Nurses	100	105
Physicians	20	19
Clinical Staff	78	73
Administrative/All Other Roles	328	289
Total	**941**	**938**
The increase in direct care line staff reflects actions necessary to reduce mandatory overtime, increasing capacity to provided nursing care and reducing administrative and clinical staff.		

	Filled Positions	
Western State Hospital	**7/1/2006**	**7/1/2008**
Direct Service Associates	227	241
Practical Nurses	48	51
Registered Nurses	99	101
Physicians	19	21
Clinical Staff	65	65
Administrative/All Other Roles	251	240
Total	**709**	**719**
While the WSH civil census declined from FY06 to FY07 by an average of 17 individuals consequent to the transformation initiative and solidification of some utilization management strategies, the forensic numbers increased by an average of 19, primarily due to increased numbers of jail transfer admissions (increase from about 230 in FY05 and 06 to 290 in FY07).		

	Filled Positions

Southeastern Virginia Training Center	**7/1/2006**	**7/1/2008**
Direct Service Associates	233	274
Practical Nurses	6	5
Registered Nurses	19	18
Physicians	2	2
Clinical Staff	33	39
Administrative/All Other Roles	135	135
Total	**428**	**473**
The increase in direct care line staff reflects actions necessary to meet CMS requirements associated with their review of this facility in November of 2006.		

	Filled Positions	
Central Virginia Training Center	**7/1/2006**	**7/1/2008**
Direct Service Associates	811	823
Practical Nurses	32	38
Registered Nurses	72	75
Physicians	10	11
Clinical Staff	78	82
Administrative/All Other Roles	450	399
Total	**1,453**	**1,428**
The increase in direct care line staff reflects actions necessary to meet CMS requirements associated with their review of this facility in March- June of 2007. The increase in direct care line staff also reflects actions necessary to reduce mandatory overtime, increasing capacity to provided nursing care and reducing administrative and clinical staff.		

VIII PROGRESS MADE IN THE CONSTRUCTION OF REPLACEMENT FACILITIES

Eastern State Hospital, Williamsburg, VA

Subject	Focus of Construction
Phase I	Replacement of Hancock Geriatric Treatment Center
Status	Occupied on schedule on April 1, 2008.
	Minor elements of construction are being completed and the developer is working with the staff to address items that have arisen after occupancy.
	Overall evaluation from both residents and staff is very positive.
Phase II	Adult Mental Health Treatment Center
	Involves the construction of a new 150-bed adult mental health unit located adjacent to Phase I
Status	Upon approval from the Governor, the PPEA Comprehensive agreement for the construction of Phase I was amended to include Phase II.
	Contracted with Gilbane Development for the design and construction of Phase II, at a cost of $56,715,000.
	Program verification, conceptual design and schematic designs have been completed.
	Demolition of the four buildings that were located on the primary building site has taken place.
	Building No. 1 (Administration) has been demolished.
	The new 150-bed facility is scheduled for completion and occupancy in the summer of 2010.
	Demolition of the buildings that will be vacated by the occupancy of Phase II, and the associated site work, should be completed by late 2010.
Phase III	Phase III will provide new support facilities and exterior spaces.
	Space planning for this phase is complete and addresses the service, administration and support areas for both phases I and II.
	Funding for this portion of the project was not forthcoming anticipated/expected? in the recent General Assembly session.

Southeastern Virginia Training Center, Chesapeake, VA

Subject	Focus
History	Funding for the renovation or replacement of the cottages (residential units) at the facility was included in Chapter 1, the Virginia Public Building Authority (VPBA) Bond Bill, with the condition that a study be conducted to determine whether it was more cost effective and beneficial to construct new cottages or renovate the existing.
Status	This study is currently being underway and is scheduled to be completed by the first of October. The cost of the renovation or replacement will be determined in the study.
	Planning Funds for the design of residential units to be constructed in the community were included in the bond bill. This task will begin shortly and will be done in concert with a similar effort for Central Virginia Training Center

Central Virginia Training Center, Lynchburg, VA

Subject	Focus
History	Chapter 1 also included $43 million to repair/replace Central Virginia Training Center. Plans for renovating several of the buildings were well under way prior to receipt of this funding, which will allow two buildings to be completely renovated and a third to be renovated only to the extent necessary to comply with the Life Safety Code and the Virginia Statewide Building Code.
Status	Determination of the renovation/replacement of other buildings on the campus is pending, and will be based on the results of an on-going study of the projected population for the facility.

Western State Hospital, Staunton, VA

Subject	Focus
History	DMHMRSAS has received an appropriation and bond funding in the amount of $110,000,000 for the replacement of Western State Hospital.
Status	DMHMRSAS is presently considering two proposals received under the provisions of the Public Private Education and Infrastructure Act (PPEA) for the construction of Phase I of the replacement of Western State Hospital.
	It is anticipated that a developer will be chosen before the end of the year.
	The first phase will incorporate all the necessary elements for treating 246 individuals.
	Support services and administrative services will continue in their current location on the campus until funding for Phase II is approved.
	DMHMRSAS continues to work with the Department of General Services and the City of Staunton on the issue of surplus property and the method that provides the greatest benefit to the Commonwealth of Virginia and the patients and staff of Western State Hospital.

SUMMARY

The System Transformation Initiative is changing the environment and culture of the Commonwealth's behavioral health and intellectual disability services system. The State General Funds appropriated for this purpose sent a clear message that the transformation process initiated in 2002 had the support of the General Assembly. With that support the transformation process, built upon partnerships with service providers, service recipients, and advocates, gained noticeable momentum. Challenges remain, but those challenges are being faced with a shared vision and a shared commitment to improve Virginia's service system.