



# 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.dmhmsas.virginia.gov](http://www.dmhmsas.virginia.gov)

May 20, 2009

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 July through December 2008. If you have any questions, please feel free to contact me.

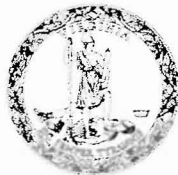
Sincerely,

A handwritten signature in black ink that reads 'James Reinhard'. The signature is fluid and cursive, with a large loop at the end of the name.

James S. Reinhard, M.D.

Enc.

Cc: Hon. Marilyn Tavenner



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May 20, 2009

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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James S. Reinhard, M.D.

Enc.

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



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May 20, 2009

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

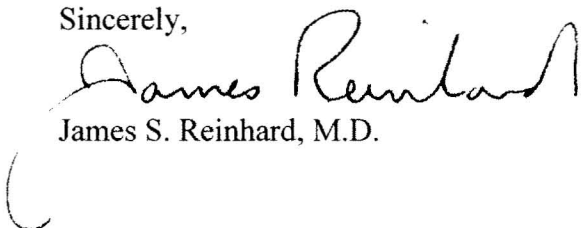
Dear Senator Colgan:

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Sincerely,

  
James S. Reinhard, M.D.

Enc.

Cc: Hon. Marilyn Tavenner  
Hon. R. Edward Houck  
Mr. Joe Flores



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May 20, 2009

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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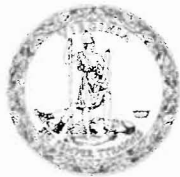
A handwritten signature in black ink that reads 'James Reinhard'.

James S. Reinhard, M.D.

Enc.

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





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May 20, 2009

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

Dear Mr. Brown:

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James S. Reinhard, M.D.

Enc.

Cc: Hon. Marilyn Tavenner  
Ms. Emily Ehrlichmann

# **DMHMRSAS**

Commonwealth of Virginia Department of  
**Mental Health, Mental Retardation  
and Substance Abuse Services**

## **Report on the System Transformation Initiative (Item 312 DD)**

**to the Governor and General Assembly**

**May 20, 2009**

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**Report on the System Transformation Initiative (STI)**  
**Department of MH, MR and SA Services**  
**April 1, 2009**

**I INTRODUCTION**

This document is the Status Report on the System Transformation Initiative, and includes information for the first two quarters covering the period of July 1, 2008 through December 31, 2008. Item 312 paragraph DD of the *2007 Appropriation 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.*

**II TRANSFORMATION: FUNDING, VISION & LEADERSHIP**

The STI is an investment of \$118M of State General Funds, initially appropriated for the FY06-07 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. The 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 support for our vision whenever possible.

*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).*

**III BEHAVIORAL HEALTH SERVICES – CHANGING THE ENVIRONMENT**

STI funds continue to support services that address the treatment needs of individuals and that expand community-based options, reducing the need for the most costly and intensive levels of treatment.

DMHMRSAS System Transformation Report

4/1/2009

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**Types and Settings of Services Provided - MH and MH/SA**

The following tables contain the System Transformation Initiative (STI) Status Report and detail the targeted and unduplicated number of consumers who were served with STI funds for the report period. 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.

<b>System Transformation Initiative Report 1<sup>st</sup> and 2<sup>nd</sup> Quarter FY 2009</b>			
Service Category	Target to be Served (Annual)	1 <sup>st</sup> Quarter Served	2 <sup>nd</sup> Quarter Served
Emergency Services	3,534	1,045	2,151
Acute Psychiatric Inpatient Services	57	18	30
Outpatient Services	7,982	2,918	5,108
Peer-Provided Outpatient Services	190	17	173
Case Management Services	6,533	1,325	3,103
Peer-Provided Case Management Services	460	25	26
Day Treatment/Partial Hospitalization	40	22	44
Ambulatory Crisis Stabilization Services	375	91	205
Rehabilitation	331	202	226
Peer-Provided Rehabilitation	332	116	154
Individual Supported Employment Services	40	21	25
Highly Intensive Residential Services	80	112	247
Residential Crisis Stabilization Services	2,682	638	1,265
Intensive Residential Services	0	0	0
Supervised Residential Services	69	113	85
Supportive Residential Services	653	288	412
Peer-Provided Supportive Residential Services	146	76	109
Consumer Monitoring	785	260	412
Discharge Assistance Project Plans	78	38	47
Consumer-Run Services	4,197	3,790	4,310
<b>Totals</b>	<b>28,564</b>	<b>11,115</b>	<b>18,132</b>

DMHMRSAS System Transformation Report

4/1/2009

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**The Crisis Continuum:** The Department's previously reported on the impact of STI funds on expanding the crisis continuum and how these funds addressed service gaps initially in the 2005 Office of Inspector General report. These enhancements remain intact for this report period.

<b>Crisis Continuum Service</b>	<b>OIG Survey 2005</b>	<b>DMHMRSAS Survey 2007 (Yes or Have Access)</b>	<b>Increase</b>
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 ( <i>New Measure</i> )	NA	13	NA
Mobile Crisis Stabilization ( <i>New Measure</i> )	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

**Crisis Stabilization** – The twelve (12) residential crisis stabilization programs supported with STI funds continue to provide community-based alternatives to more costly and intensive hospital based treatment. All programs were fully operational during the report period, offering 94 crisis stabilization beds.

510 Residential Crisis Stabilization Services			
	CSB	Total Bed Days	Total Consumers
	Arlington County	434	47
	Central Virginia	1415	708
	Cumberland Mountain	738	116
	Fairfax-Falls Church	1778	106
	Henrico Area	47	11
	Mount Rogers	717	717
	New River Valley	707	399
	Prince William County Community Services Board	718	84
	Rappahannock Area Community Services Board	954	295
	Region Ten Community Services Board	125	125
	Richmond	433	40
	Virginia Beach Community Services Board	1940	312
	Statewide	10006	2960

**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 continues to be managed at the regional level and any reduction in plan costs are used to support additional discharges.

**Jail Diversion Services:** This STI funds are addressing the need for an expanded array of behavioral health services and supports for individuals involved with local criminal justice systems. 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:

- ❖ 298 jail inmates were provided with mental health services during the first two quarters of FY09
- ❖ 205 jail inmates with mental illness were diverted to community treatment and residence, prior to their trial
- ❖ 15 jail inmates with mental illness were released early following conviction
- ❖ 2,528 hours of intensive case management were provided to jailed and diverted persons with mental illness, from July 1, 2008 through 12/31/2008

Considering the 298 inmates diverted prior to trial, and that the average hospital stay for restoration to competency is 90 days, it seems reasonable that the program reduced the use of 26,820 of state hospital bed days that were then available to other patients who truly needed hospitalization.

The implementation of the jail diversion initiatives funded by Item 315 U of the *2008 Appropriation Act* has yielded noticeable positive outcomes, with regard to providing ready access to treatment for jail inmates with mental illness, support for the due process of the criminal courts, improved access to costly state hospital beds for those requiring such treatment, and, where appropriate, early release to community treatment for a growing number of persons with mental illness who've been arrested for minor, "nuisance" offenses.

#### IV SERVICES FOR CHILDREN AND ADOLESCENTS

**Expanded Services for Children and Adolescents:** STI funds support an expanded array of behavioral health services and supports for children and adolescents. DMHMRSAS emphasized three areas for service expansion, applying "science to practice" evidence to develop 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 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. These programs are now being cited as examples of effective models for collaboration within the broader Children's Health Care Reform initiative.

<b>Board Project Location</b>	<b>Area Served</b>
Richmond Behavioral Health Authority	City of Richmond
Planning District 1	Counties of Lee, Scott, and Wise and City of Norton
Alexandria	City of Alexandria
Cumberland Mountain	Counties of Buchanan, Russell, and Tazewell



**Number of Children Served Using the Selected Evidence-Based Practice  
Cumulative First and Second quarters FY09**

<b>CSB</b>	<b>Referrals</b>	<b>Enrolled</b>	<b>Completing*</b>
Planning District 1	<b>32</b>	<b>16</b>	<b>10</b>
Richmond Behavioral Health Authority	<b>26</b>	<b>54</b>	<b>13</b>
Alexandria	<b>29</b>	<b>19</b>	<b>17</b>

\* 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 reduction behavioral problems, increased school attendance, improved family relationships, and decreased involvement with the juvenile justice system.

**Additional Non-EBP Data (Cumberland Mountain CSB)**

<b>Program</b>	<b># Served</b>
Therapeutic Day Treatment	27
Alternative Day Support Services	34
Case Management	147
Intensive In-home Services	50
<b>TOTAL</b>	<b>258</b>

**Additional Non-EBP Data (Alexandria CSB)**

<b>Program</b>	<b># Served</b>
Therapeutic Day Treatment	13
Foster Care Prevention	6
Case Management/Wraparound	14
Intensive In-home Services	5
<b>TOTAL</b>	<b>38</b>

**Additional Non-EBP Data (Planning District 1)**

<b>Program</b>	<b># Served</b>
Crisis	58
Psychiatry	301
Family Partner	0
<b>TOTAL</b>	<b>359</b>

**Additional Non-EBP Data (RBHA)**

Program	# Served
Crisis	5
Psychiatry	71
Family Partner	42
<b>TOTAL</b>	<b>118</b>

**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**

Admitted to the detention center	7258
Received mental health screening and assessment	6430
Average length of stay in detention center	20 days
Number served by the CSB	3197
Number receiving case management	1175
Number released to the community with an aftercare plan	334
Number admitted to inpatient treatment	26
Number admitted to a residential facility	53

**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	2867
Total number of children served in EI	13,829

**V MENTAL RETARDATION SERVICES / INTELLECTUAL DISABILITIES**

STI funds continue to support services for individuals with intellectual disabilities. DMHMRSAS works 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. One good example of this collaboration is the initiative to support development of a standardized assessment

instrument, the Supports Intensity Scale (SIS), that will assure a uniform approach to identifying the service and support needs of individuals with intellectual disabilities.

**Key Intellectual Disability/Mental Retardation Transformation Activities:**

1. **Community Waiver Slots** – 399 waiver slots distributed to the Community Services Boards are supporting community-based services for individuals.
2. **Waiver Slots for Children:** 110 waiver slots for children continue to help families with children under the age of six that were on the Urgent Wait list gain access to essential services and supports.
3. **Guardianship Services** –The DMHMRSAS continues the partnership with the Va. Department for the Aging to provide public guardianship services.
4. **Training Center Waiver Slots** – Of the 69 training center slots initially available, 41 slots remain unassigned. Of that total, 26 are assigned to CVTC and 15 to SEVTC.

**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  
December 31, 2008 total census: 169  
**Change in census: -24**
- **Central Virginia Training Center**  
July 1, 2006 total census: 524  
June 30, 2007 total census: 489  
December 31, 2008 total census: 456  
**Change in census: -68**

**MENTAL HEALTH HOSPITAL CENSUS**

- **Eastern State Hospital**  
 July 1, 2006 total census: 429  
 June 30, 2007 total census: 422  
 December 31, 2008 total census: 358  
**Change in census: -71**
  
- **Western State Hospital**  
 July 1, 2006 total census: 243  
 June 30, 2007: 240  
 December 31, 2008: 194  
**Change in census: -49**

**VII CHANGES IN STAFFING AT FACILITIES THAT ARE PROPOSED FOR REPLACEMENT**

Facility	Filled Positions		Change
	7/1/2006	12/31/2008	
Eastern State Hospital			
<i>Total</i>	941	903	-38
Western State Hospital			
<i>Total</i>	709	713	+4
<i>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).</i>			
Southeastern Virginia Training Center			
<i>Total</i>	428	433	+5
<i>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.</i>			
Central Virginia Training Center			
<i>Total</i>	1,453	1,416	-37

**VIII PROGRESS MADE IN THE CONSTRUCTION OF REPLACEMENT FACILITIES****Eastern State Hospital, Williamsburg, VA**

Subject	Focus of Construction
<b>Phase I</b>	Replacement of Hancock Geriatric Treatment Center
Status	Phase I was occupied on April 1, 2008 as scheduled.
<b>Phase II</b>	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.
	Demolition of the four buildings, Nos. 9, 10, 11 & 12, that were located on the primary building site is complete.
	Building No. 1 (Administration) has been demolished.
	Buildings permits were issued in stages to allow construction to begin prior to final approval of the entire design. All building permits have been issued and the final comments have been received from the Bureau of Capital Outlay Management. Revised documents responding to their comments are being prepared as construction continues.
	The new 150-bed facility is scheduled for completion and occupancy in July, 2010. Construction is currently on schedule.
	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. The remaining buildings to be demolished are Nos. 2, 4 and 14/15
<b>Phase III</b>	Phase III will provide support facilities and exterior spaces. Support facilities include: food services/cafeteria, transportation, warehouse/receiving, building and grounds, and boiler plant. The laundry will be contracted with Virginia Correctional Enterprises and SVTC.
	Space planning for this phase is being revisited to address the service, administration and support areas in more detail. It is the intent of Gilbane to submit a proposal to amend our current PPEA contract to include Phase III.
	Funding for this portion of the project is not in the Budget or the Budget amendment, but is included in the 6-year capital plan.

**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	The Department has selected Balfour Beatty under the provisions of the Public Private Education and Infrastructure Act (PPEA) for the construction of the replacement of Western State Hospital .
	The new Western State Hospital will be constructed on property currently owned by the Staunton Industrial Development Authority.
	Terms of the agreement for property transfer are being discussed with the City of Staunton. A memorandum of Agreement is currently being created to allow both parties to move forward. The City of Staunton has agreed to transfer the needed land and contribute \$20 million in exchange for moving WSH completely of of its existing site.
	The new hospital will be a complete replacement and provide 246 new beds with capacity to expand to approximately 275.
	Design will begin in April and the project will take about three years to complete.

**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	The current language in the budget amendment calls for the renovation or rebuild of the residential units to provide 75 beds and provides \$23 million for that purpose.
	The current language in the budget amendment also infuses substantial capital to acquire, renovate, and/or construct

**Central Virginia Training Center, Lynchburg, VA**

Subject	Focus
History	Originally the Budget 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. The language in the Budget amendment currently provides for \$24.5 million for the renovation of the campus with the remainder being infused into the community for both CVTC and SEVTC.
Status	Final design on the renovation of two buildings is nearly complete. Architects and planners are being engaged to prepare a strategic plan to address the optimum role of CVTC in the continuum of care for individuals at the facility and those in the community. This will be used to determine the type and location of beds on the campus.

**SUMMARY**

The System Transformation Initiative continues to influence the environment and culture of the Commonwealth's behavioral health and intellectual disability services system. The State General Funds appropriated for this purpose, and funds allocated in subsequent General Assembly sessions, reflect a state level commitment to advancing the transformation process initiated by DMHMRSAS in 2002. With that support, the transformation process continues to build upon partnerships with service providers, service recipients, and advocates. Positive changes are evident and the challenges that remain are faced with a shared vision and a shared commitment to moving forward.