



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

JAMES S. REINHARD, M.D.  
COMMISSIONER

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Voice/TDD (804) 371-8977  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

November 15, 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 316 CC of the 2009 *Appropriation Act*, DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report 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 January 1 - June 30, 2009. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink that reads "James Reinhard".

James S. Reinhard, M.D.

Enc.

Cc: Hon. Marilyn Tavenner  
Mr. Frank Tetrick



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COMMISSIONER

November 15, 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 316 CC of the 2009 *Appropriation Act*, DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report 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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Cc: Mr. Steve Harms  
Ms. Kristin Burhop  
Mr. Frank Tetrick



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November 15, 2009

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 316 CC of the 2009 *Appropriation Act*, DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report 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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Cc: Hon. Marilyn Tavenner  
Hon. R. Edward Houck  
Mr. Joe Flores  
Mr. Frank Tetric



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November 15, 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 316 CC of the 2009 *Appropriation Act*, DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report 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  
Ms. Susan E. Massart  
Mr. Frank Tetrick



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November 15, 2009

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 316 CC of the 2009 *Appropriation Act*, DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report 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  
Ms. Emily Ehrlichmann  
Ms. Joy Yeh  
Mr. Frank Tetrick

# **DBHDS**

Virginia Department of  
**Behavioral Health and  
Developmental Services**

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

**to the Governor and General Assembly**

**November 15, 2009**

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## Report on System Transformation Initiative (STI) January 1 – June 30, 2009

### I INTRODUCTION

This document is the Status Report on the System Transformation Initiative, and includes information for the period July 1, 2008 through June 30 2009. The report includes a comparison of the projected level of services to the year-end figures for the fiscal year. Item 316, paragraph CC of the *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 (now the Department of Behavioral Health and Developmental 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, intellectual disability and substance abuse system of services and supports.

An overall transformation effort requires a coordinated planning strategy involving multiple public and private providers, a common vision, and strategic investment of an array of funding resources, including state, federal, local and revenue from fees. The Integrated Strategic Plan (ISP), developed by the Department of Behavioral Health and Developmental Services (DBHDS) and stakeholders in 2006 continues to be the foundation of planning efforts. The common vision in the ISP helps to define the path 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).*

DBHDS 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

DBHDS 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 expand the array of services for children and adolescents.

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

Due to 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. *Actual services exceeded projected number by 7%.*

Services	Projected Served Year-to-Date 4 <sup>th</sup> Quarter	Actual Served Year-to-Date 4th Quarter
Emergency Services	3,354	4,072
Acute Psychiatric Inpatient Services	57	76
Outpatient Services	7,602	8,377
Peer-Provided Outpatient Services	240	264
Case Management Services	6,395	6,802
Peer-Provided Case Management Services	489	56
Day Treatment/Partial Hospitalization	40	50
Ambulatory Crisis Stabilization Services	411	526
Rehabilitation	331	317
Peer-Provided Rehabilitation	331	218
Individual Supported Employment	40	35
Highly Intensive Residential Services	80	0
Residential Crisis Stabilization Services	2,360	2,299
Intensive Residential Services	0	0
Supervised Residential Services	81	86
Supportive Residential Services	653	804
Peer-Provided Supportive Residential Services	146	236
Consumer Monitoring	785	795
Discharge Assistance Projects (DAP)	77	73
Consumer-Run Services	4,202	4,539
<b>TOTAL</b>	<b>27,674</b>	<b>29,625</b>

**The Crisis Continuum:** The Department’s focus on expanding the crisis continuum (as a response to the gaps identified in the 2005 Office of Inspector General report) led to enhancements.

- **Crisis Stabilization** – The residential crisis stabilization programs, initially funded with STI funds, continue to provide a diversion option for emergency services 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 were fully operational for all of FY 08 and there was growth in capacity during this year.

Fiscal Year	Residential Crisis Beds	Residential Crisis Bed Days
FY 08	94	33,895
FY 09	125	35,524

DBHDS completed a survey of the 14 residential crisis stabilization programs in FY 09 to determine the array of services provided and areas that warrant greater standardization. The following table summarizes these findings:

Crisis Stabilization Unit Operational Model	Provided	Not Available
Accessible seven days a week	14	NA
24 hour access	14	NA
Serve <b>all</b> TDO populations	0	14
Serve some, but no all TDO populations	5	9
Have a protocol to screen for serving TDO populations	5	9
Provide Medicaid reimbursable services	12	2
Serve individuals in the custody of law enforcement	2	12
Have a protocol for identifying individuals in custody who could be served	1	13
Have access to other programs that are “drop-off” centers	5	8
Serve as a “step-down” resource for individuals in hospitals	14	NA
Have capacity to serve individuals with co-occurring treatment needs	14	NA
Directly provide SA detoxification services	4	10
Have access to SA detoxification services	10	1
Employ peers and direct service providers	10	4

**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 is continuing to support 114 individual discharge plans is managed at the regional level.

**Expanding Jail Based Services:** The third year of the jail diversion initiative funded by Item 315U has continued to produce positive outcomes for jail inmates with serious mental illness. DBHDS 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:

<b>Services</b>	<b>Measure</b>
Mental Health Treatment Services	139 jail inmates served
Community Diversion – Prior to trial	119 community diversions
Early Release – linked to MH treatment	14 early release inmates
Intensive Case Management – Jail and Community	5,054 hours of service
Reduction in State Psychiatric Hospital Use	10,710 bed days *

- Considering the 119 inmates diverted prior to trial, and that the average hospital stay for restoration to competency (a typical reason for state hospital admission of defendants with mental illness) is 90 days, it seems reasonable that the program reduced the use of 10,710 state hospital bed days, making those facilities available to other patients who truly needed hospitalization.

#### **IV SERVICES FOR CHILDREN AND ADOLESCENTS**

**Expanded Services for Children and Adolescents:** The STI is also addressing the need for an expanded array of behavioral health services and supports for children and adolescents. DBHDS has emphasized three areas for service expansion:

- applying “science to practice” evidence to develop evidenced-based programs (EBPs),
- serving youth in juvenile correction facilities, and
- expanding capacity to provide responsive early intervention services.

#### **Number of Children Served Using the Selected EBPs FY09 Year End Report**

<b>CSB</b>	<b>Referrals</b>	<b>Enrolled</b>	<b>Completing*</b>
Planning District 1	<b>71</b>	<b>32</b>	<b>18</b>
Richmond Behavioral Health Authority	<b>57</b>	<b>94</b>	<b>29</b>
Alexandria	<b>54</b>	<b>34</b>	<b>29</b>

- A child that is designated as “completing” a program will have maximized the goals identified within the Individualized Family Service Plan (IFSP) and is receiving follow-up services. Goals will be in areas related to reduction of 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	68
Alternative Day Support Services	77
Case Management	400
Intensive In-home Services	83
<b>TOTAL</b>	<b>628</b>

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

<b>Program</b>	<b># Served</b>
Therapeutic Day Treatment	31
Foster Care Prevention	24
Case Management/Wraparound	62
Intensive In-home Services	15
<b>TOTAL</b>	<b>132</b>

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

<b>Program</b>	<b># Served</b>
Crisis	114
Psychiatry	467
Family Partner	0
<b>TOTAL</b>	<b>581</b>

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

<b>Program</b>	<b># Served</b>
Crisis	7
Psychiatry	102
Family Partner	63
<b>TOTAL</b>	<b>232</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.

**FY 09 -Summary Data for Detention Center Projects**

Admitted to the detention center during the reporting period	11,318
Received mental health screening and assessment at detention intake	9,813
Average length of stay in detention center	23 days
Number served by the CSB	5,765
Number receiving case management	2,264
Number released to the community with an aftercare plan	608
Number admitted to inpatient treatment	50
Number admitted to a residential facility	92

**Part C Services:** DBHDS 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	5,237
Total number of children served in EI	27,357

**V INTELLECTUAL DISABILITIES**

The System Transformation 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. The transformation process has led to new language in the *Code of Virginia*, reflecting a fresh sensitivity to how 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.

DBHDS 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 Transformation Activities:**

1. **Training Center Waiver Slots** – There are now 23 Training Center slots that are unassigned. Nineteen are at CVTC and four are at SEVTC. Most, if not all, slots are expected to be used during this fiscal year as community residential resources are developed with recent General Assembly funding for capital investments in the community.
2. **Community Waiver Slots** – Community Waiver slots are assigned within weeks of availability. In addition to the 399 from 2008, an additional 600 slots were assigned during FY 2009.
3. **Waiver Slots for Children:** Dedicated Waiver slots for children helped families of 110 children under the age of six that were on the Urgent Wait list to gain access to essential services and supports. (This figure is unchanged since December 2008.)
4. **Positive Behavioral Support (PBS) Capacity** – We increased the community capacity of endorsed positive behavioral support consultants in the Commonwealth by 16 persons, bringing the total number of trained and endorsed PBS behavioral consultants in Virginia to 44.

5. **Guardianship Services** – Guardianship services continued at the same funding level during FY 2009 as the previous year. These services are provided in partnership with the Virginia Department for the Aging.
6. **Person Centered Practices** – The ID Waiver was renewed in FY 2009 with new person-centered language and practices. The regulations, written to adapt to the newly approved Waiver, also reflected these person-centered changes.

## **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**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• <b><u>Southeastern Virginia Training Center</u></b><br/>           July 1, 2006 total census: 193<br/>           June 30, 2007 total census: 183<br/>           June 30, 2008 total census: 175<br/>           June 30, 2009 total census: 155<br/> <b>Change in census: -38</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b><u>Central Virginia Training Center</u></b><br/>           July 1, 2006 total census: 524<br/>           June 30, 2007 total census: 489<br/>           June 30, 2008 total census: 460<br/>           June 30, 2009 total census: 432<br/> <b>Change in census: -92</b></li> </ul> |
|--|---|

Factors influencing reductions: DBHDS continues to support maximum community integration for all individuals and recent appropriations for capital investments in community housing, linked with downsizing of these two facilities, is allowing families to see that alternative settings are an option.

### **Mental Health Hospital Census**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• <b><u>Eastern State Hospital</u></b><br/>           July 1, 2006 total census: 429<br/>           June 30, 2007 total census: 422<br/>           June 30, 2008 total census: 389<br/>           June 30, 2009 total census: 346<br/> <b>Change in census: -83</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b><u>Western State Hospital</u></b><br/>           July 1, 2006 total census: 243<br/>           June 30, 2007 total census: 240<br/>           June 30, 2008 total census: 238<br/>           June 30, 2009 total census: 229<br/> <b>Change in census: -14</b></li> </ul> |
|---|---|

Factors influencing reductions: The Eastern State Hospital replacement project prioritizes census reductions at that facility and regional CSB efforts are focused on reducing utilization via crisis stabilization programs and expanded use of community restoration efforts for

individuals normally admitted for forensic evaluation and treatment. Additionally, the HPR V and HPR II regions have focused on expanded community based services for older adults, reducing admissions and length of stay for the geriatric unit. The overall census at both facilities continues to be impacted by increased use of beds for forensic admissions.

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

<b>Facility</b>	<b>Filled Positions</b>	<b>Filled Positions</b>
<b><i>Eastern State Hospital</i></b>	<b>7/1/2008</b>	<b>7/1/2009</b>
Direct Service Associates	368	379
Practical Nurses	84	97
Registered Nurses	105	109
Physicians	19	17
Clinical Staff	73	68
Administrative/All Other Roles	289	262
<b>Total</b>	<b>938</b>	<b>932</b>
<b>Facility</b>	<b>Filled Positions</b>	<b>Filled Positions</b>
<b><i>Western State Hospital</i></b>	<b>7/1/2008</b>	<b>7/1/2009</b>
Direct Service Associates	241	225
Practical Nurses	51	41
Registered Nurses	101	102
Physicians	21	20
Clinical Staff	65	64
Administrative/All Other Roles	240	238
<b>Total</b>	<b>719</b>	<b>690</b>
<b><i>Southeastern VA Training Center</i></b>	<b>7/1/2008</b>	<b>7/1/2009</b>
Direct Service Associates	274	234
Practical Nurses	5	5
Registered Nurses	18	17
Physicians	2	2
Clinical Staff	39	38
Administrative/All Other Roles	135	118
<b>Total</b>	<b>473</b>	<b>414</b>
<b><i>Central VA Training Center</i></b>	<b>7/1/2008</b>	<b>7/1/2009</b>
Direct Service Associates	823	811
Practical Nurses	38	40
Registered Nurses	75	76
Physicians	11	7
Clinical Staff	82	80
Administrative/All Other Roles	399	382
<b>Total</b>	<b>1,428</b>	<b>1,396</b>

## VIII PROGRESS MADE IN THE CONSTRUCTION OF REPLACEMENT FACILITIES

### Eastern State Hospital, Williamsburg, VA

**Phase I (Replacement of Hancock Geriatric Treatment Center)** was occupied on schedule on April 1, 2008. The overall evaluation from both residents and staff is very positive. The design and implementation has won several awards for the developer and design team.

**Phase II (Adult Mental Health Treatment Center)** involves the construction of a new 150-bed adult mental health unit located adjacent to Phase I. Upon approval from the Governor, the Public-Private Education Facilities and Infrastructure Act (PPEA) Comprehensive agreement for the construction of Phase I was amended to include Phase II.

As a result, DBHDS has contracted with Gilbane Development for the design and construction of Phase II, at a cost of \$56,715,000. The project is under construction and the new 150-bed facility is scheduled for completion and occupancy in July 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** will provide new support facilities and exterior spaces. An unsolicited PPEA was received from Gilbane Development for this phase and advertised for competing proposals. Funding for this portion of the project was not forthcoming in the 2009 General Assembly session.

### Southeastern Virginia Training Center, Chesapeake, VA

**Item C-103.05** of the 2009 *Appropriation Act* directed the Department of General Services (DGS) to rebuild and resize the training center to a 75-bed facility and provided \$23,768,000 for this purpose. This item also directed DGS to build, acquire, or renovate 12 Intermediate Care Facilities (ICFs/MR) and 6 waiver homes. These were funded with \$8,438,600 that was redirected from the original sum dedicated to the Central Virginia Training Center renovation. Funding for both of these elements is through the Virginia Public Building Authority (VPBA) Bond Bill.

PPEA proposals have been accepted for consideration with selection of the developer scheduled to occur in December 2010, with completion in September 2011.

### Central Virginia Training Center, Lynchburg, VA

Item C-103.05 also directed DBHDS to construct community housing for the current residents and redirected \$10,061,840 from the original sum dedicated to the Central Virginia Training Center renovation to support this effort. The remaining capital funds are being directed toward the renovation of the training center with a priority being given to Life Safety Code and Medicare/Medicaid Conditions of Participation compliance.

Buildings No. 8 and No. 12 are being renovated in a manner similar to the renovations made in Building No. 11 and address both Life Safety and privacy issues that have been

raised in past surveys. Stand-by generators are being added to support six residential buildings on campus. The design for both of these projects is complete and contractors have been invited to bid.

### **Western State Hospital, Staunton, VA**

DBHDS received an appropriation and bond funding in the amount of \$110,000,000 for the replacement of Western State Hospital. The Department received two proposals under the provisions of the PPEA for the construction of Phase I of the replacement of Western State Hospital. Balfour Beatty was selected, and an Interim Agreement signed, to design and construct the new hospital. This Phase will incorporate all the necessary elements for treating 246 individuals.

The City of Staunton has offered to infuse an additional \$15 million and a new site for the construction of the Western State Hospital in exchange for the City receiving the current Western State Hospital property. DBHDS continues to work with DGS and the City of Staunton on this issue and the method that provides the greatest benefit to the Commonwealth.

### **SUMMARY**

The System Transformation Initiative continues to influence the environment and culture of the Virginia's behavioral health and developmental services system. The state General Funds appropriated for this purpose for the past three years sent a clear message that the transformation process initiated by DBHDS in 2002 continues to have the support of the General Assembly. With that support, the transformation process - along with the partnerships with service recipients, service providers, and advocates - gained momentum. Challenges remain, but they are being faced with a shared vision and a shared commitment to moving forward.