

Western State Hospital



November 16, 2006

Overview of Western State Hospital

Statistics

- 260 operational beds
- 238 beds occupied
- 22 buildings with 733,537 square feet
 - 9 Vacant
 - 13 Occupied
- 7 residential buildings
- 300+ acres for Western State Hospital
- 28 acres for Commonwealth Center for Children and Adolescents

Services Offered

- Acute Admission
- Psychosocial Rehab
- Extended Rehabilitation I
- Dual Diagnosed (MH/MR)
- Deaf Program
- Forensic (NGRI and Jail Transfers)
- Medical Acute Care

Regions Served

- **Health Planning Region I (7 CSBs in primary catchment area)**
 - Central Virginia
 - Cities of Lynchburg and Bedford and Amherst, Appomattox, Bedford, Campbell counties)
 - Harrisonburg - Rockingham
 - Northwestern
 - City of Winchester and Clarke, Frederick, Shenandoah and Warren counties)
 - Rappahannock Area
 - City of Fredericksburg and Spotsylvania, Stafford, Caroline and King George counties)
 - Rappahannock-Rapidan
 - Culpeper, Fauquier, Madison and Orange counties and the towns of Culpeper, Gordonsville, Madison, Orange, Remington and Warrenton
 - Region Ten
 - City of Charlottesville and Albemarle, Fluvanna, Greene, Louisa and Nelson counties)
 - Rockbridge
- **Health Planning Region II (5 CSBs)**
 - Forensic and Jail Transfers
 - Alexandria, Arlington, Fairfax-Falls Church, Loudoun, Prince William
- **Health Planning Region III (2 CSBs)**
 - Back-up for Catawba
 - Alleghany Highlands (City of Covington and Allegheny County)
 - Blue Ridge (Cities of Roanoke and Salem, Botetourt, Craig and Roanoke Counties)

Physical Plant Evaluation

Physical Plant Evaluation*

- 40 to 55 year old buildings
- Inadequate therapeutic space
- Lack of intervention space
- Poor lines of sight to monitor patients
- Excessive noise and poor acoustics
- Inefficient and hazardous traffic flow
 - Patients on second floor
 - Hazards of stairs
 - Poor access to the buildings
- Inadequate bathing and toilet facilities
- Lack of outdoor program space
- Institutional setting with no homelike environment



* Data taken from 2001 study prepared by Cederquist, Rodriquez, Ripley Maddux
November 16, 2006

Replacement Rationale

Reasons for Replacement

- **Inefficient**

- Old buildings
- Staff intensive
- Large grounds
- Isolated buildings
- Oversized kitchen
- Central utilities
- Maintenance/repair

- **Hazardous**

- Non-compliance with codes and standards
- No fire suppression in most buildings
- Poor safety conditions
- Multi-story occupancy with stairs

- **Ineffective**

- Institutional environment
- No homelike setting
- No treatment progression
- Doesn't support recovery model



Building 102 - Larcomb

Why Replace Western State Hospital?

- Hospital beds needed in the continuum of care
- Hospital environment plays a vital part in recovery
- Effectiveness in treatment
- Efficiency of operation
- Surplus land can create
 - Trust Fund Revenue
 - Economic Development
- Partnership with the City of Staunton

Initial Study

- Completed July 22, 2005
- Clark-Nexsen team
- Based on forecast bed capacity of 246

WSH Average Daily Census

<u>Fiscal Year</u>	<u>Avg. Daily Census</u>
--------------------	--------------------------

- | | |
|--------|-------|
| • 2002 | • 254 |
| • 2003 | • 252 |
| • 2004 | • 235 |
| • 2005 | • 243 |
| • 2006 | • 243 |

Basis of Capacity Forecast

- Community funding increases to HPR I and HPR II to reduce hospital admissions and lengths of stay
- Increasing population in catchment area
- Anticipated future investments in reducing jail and forensic admissions

The more
you have of
this.....

Facility
Based Care

Community Based
Care

.....The less
you need of
this

Increasing Community Capacity: Recovery, Crisis Stabilization, and Discharge Assistance Funding

(FY 2007 in Millions)

• Recovery and Peer Supports	\$ 231,577
• Psychiatric and Nursing Services	\$ 372,214
• Census Management	\$ 721,637
• Crisis Stabilization/Emergency	\$ 2,463,445
• Case Management	\$ 33,030
• Residential Services	\$ 1,939,926
• Forensic Services	\$ 702,500
• Consumer/Family Advisory Group	<u>\$ 7,442</u>
• Total	\$ 6,471,771

WSH Initiative

- The bed capacity of the new Western State Hospital will stay essentially the same to accommodate projected future demand for forensic beds, particularly from Northern Virginia.
- New funding for community services to reduce reliance on state hospital beds in each affected region was a part of the Transformation Initiative.
- The Department has developed a facility design planning process that engages all stakeholders in the next phase of planning for the new replacement facilities.
- The Department is working closely with the City of Staunton to plan for the future location of the new Western State and the use of this property.

Replacement Process

WSH Replacement Process

- Received Funding for Planning
 - 2006 Budget Item C-247.10
 - July 1, 2006
 - \$2,500,000
 - Authorized planning of replacement
 - Directed to work with City of Staunton on PPEA for surplus property
 - Issue PPEA solicitation by September, 2006

PPEA Processes

- Two parallel processes
 - Hospital Replacement PPEA
 - Unsolicited
 - Development of Surplus Property PPEA
 - Solicited

Hospital Replacement PPEA

Historical Events

- Received unsolicited PPEA proposal
 - May 25, 2006
- Accepted PPEA proposal for consideration
 - July, 2006
- Advertised for competing proposals
 - August, 2006
- Received competing proposals
 - October 17, 2006
- Currently under review for developer selection

Cost Comparisons

	Original Estimate	PPEA No. 1 Proposal	PPEA No. 2 Proposal
Bldg. Size	275,477gsf	275,447gsf	338,934gsf
Construction Cost	\$70,000,000	\$100,564,000	\$102,903,000
Cost per GSF	\$254	\$365	\$304
Project Cost	\$80,500,000	\$124,000,000*	\$126,000,000*

*Project costs include developer and state soft costs

Forecasted Events

- Hire construction and development advisor
- Select developer/design/construction team for Western State Hospital construction
- Develop detailed comprehensive agreement
 - Define required area (gross square feet)
 - Define project cost
 - Define terms and conditions
- Receive authority to enter into agreement

Proposed Schedule

- Mar 2007 Sign Comprehensive Agreement
- Jul 2007 Complete schematic documents
- Aug 2007 Complete site development documents
- Sep 2007 Obtain DCR and DGS approval for site
- Oct 2007 Begin site and demolition
- Dec 2007 Complete design documents
- Jan 2008 Obtain DGS approval
- Feb 2008 Begin Construction
- Dec 2009 Complete construction

Surplus Property PPEA

- City of Staunton Advertised for Proposals
 - August 31, 2006
 - Assisted by DMHMRSAS
- Pre-proposal meeting and tours
 - September 15 & 29, 2006
 - City of Staunton
 - DMHMRSAS
- Proposals December 7, 2006

DMHMRSAS Trust Fund

- [§ 37.2-318](#). Mental Health, Mental Retardation, and Substance Abuse Services Trust Fund established; purpose.
- There is hereby created in the state treasury a special nonreverting fund to be known as the Mental Health, Mental Retardation, and Substance Abuse Services Trust Fund to enhance and ensure for the coming years the quality of care and treatment provided to consumers of public mental health, mental retardation, and substance abuse services. The Fund shall be established on the books of the Comptroller. Notwithstanding the provisions of [§ 2.2-1156](#), the Fund shall consist of the net proceeds of the sale of vacant buildings and land held by the Department. The Fund shall also consist of such moneys as shall be appropriated by the General Assembly and any private donations. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. Moneys in the Fund shall be used solely for the purposes set forth in this article. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants issued by the Comptroller upon written request signed by the Commissioner.
- (2000, cc. 569, 606, § 2.1-813; 2001, c. 844, § 37.1-259; 2005, c. 716.)
- [§ 37.2-319](#). Administration of Mental Health, Mental Retardation, and Substance Abuse Services Trust Fund.
- The Fund shall be administered by the Commissioner. Moneys in the Fund shall be used solely to provide mental health, mental retardation, and substance abuse services to enhance and ensure the quality of care and treatment provided by the Commonwealth to persons with mental illness, mental retardation, or substance abuse. Notwithstanding any other provision of law, the net proceeds from the sale of any vacant buildings and land shall first be used to (i) deliver mental health, mental retardation, and substance abuse services within the same service area where the sold buildings and land were located to ensure the same level of mental health, mental retardation, and substance abuse services as before the sale and (ii) provide benefits to those persons who were employees of the Commonwealth and, as a result of the sale, are no longer employed by the Commonwealth or are otherwise negatively affected by the sale. Benefits shall include appropriate transitional benefits.
- (2000, cc. 569, 606, § 2.1-814; 2001, c. 844, § 37.1-260; 2005, c. 716.)