RICHMOND STATE HOSPITAL
Facility Fact Sheet
SFY 2013

Richmond State Hospital has served persons with mental illness since 1890. Major additions to the campus include the Residential Treatment Center, which opened in 1992 and the Clinical Treatment Center, which opened in August 2002. The Residential Treatment Center, as well as our 417 building, houses the majority of our patient population. In addition we have converted residential houses to patient living areas to provide a seamless transition to community living. The Clinical Treatment Center emphasizes active treatment using the treatment mall approach, which includes multiple classrooms, social area, gymnasium, dental clinic, crafts, training center and pharmacy.

Richmond State Hospital has maintained accreditation from the Joint Commission since 1986. The requirements set forth from the Joint Commission and met by the hospital focus on systems critical to the safety, quality of care, treatment and services provided. The Joint Commission accreditation also has gained the hospital deemed status with federal Medicare and Medicaid programs which allow for federal reimbursement. A three member team from the Joint Commission last visited the hospital the week of August 16-20, 2010. The hospital will retain its full accreditation status through August of 2013.

Patient population at Richmond State Hospital is organized into patient care modules with a total bed capacity of 213. The capacity is two beds higher than the number of beds listed below which allows the hospital some internal flexibility.

- **420A & B Seriously Mentally Ill:** A 60 bed co-ed care module that admits and provides recovery services for patients with severe and persistent mental illness with the goal of attaining symptom management and skill development for community living. The admission unit's focus is to identify and stabilize the mental health needs and to prepare the patients to return to the community.

- **421A & B Integrated Dual Diagnoses:** A 60 bed co-ed care module that specializes in the care of patients with mental illness and a substance abuse/dependency problem using established best practices as a framework for recovery.

- **417C & 422 B SMI Continuing Care/Medical/Geriatric:** A 53 bed co-ed care module that provides continued services for patients with severe and persistent mental illness. Recovery programming is focused on learning skills such as coping, social, leisure time, emotion regulation, and anger management. These units also have patients with activities of daily living deficits as well as needing mobility assistance.

- **417A:** A 23 bed co-ed care module that provides recovery services for individuals with a mental illness and an intellectual disability. The treatment focuses on social skills, self care, behavioral regulation, and symptom management in preparation for community and family living. This unit also includes our fluid management population newly established at the hospital in spring 2011.

- **Darby, Kreitl, and Lawson House:** A 17 bed co-ed care module that consists of three transition houses. The three transition houses are used for group home like living while on

grounds thus allowing the patients to learn those skills that will assist in their transition toward community placement and reintegration.

State Fiscal Year 2012-2013

Admissions	**149**
Discharges	**162**
Average Daily Population	**203**

Staffing As of June 30, 2013

Positions on the Staffing table	**537.0**
Current FTE employees	**450.1 (this figure is state & contract FTE)**
State employees	**434.0**
Contract employees	**18.0**
Current State vacancies	**103.0**

Treatment is individualized through interdisciplinary assessments and may include stabilization of symptoms through psychopharmacology, management of medical problems, individual and group therapy, patient and family education, rehabilitation and recreation therapy, academic and skills training, vocational training, and supported employment. The interdisciplinary approach utilizes the Treatment Team to oversee the patient's care. Members of the team, based on the patient's needs, may include a psychiatrist/physician, psychologist or behavioral clinician, social service specialist, dietitian, rehabilitation therapist, nurses, behavioral healthcare recovery assistants, recovery specialists and substance abuse counselors.

We provide individualized services based on comprehensive and ongoing assessment. We base services on established theory and empirically supported approaches. We provide services in a coordinated manner with active collaboration between the various clinical disciplines. We provide care and treatment in a respectful and humane fashion while focusing on skills, interests, and strengths as well as signs and symptoms of illness. We provide direct instruction to increase skills related to living in the community or transitioning to less restrictive environments. We involve consumers and their families in planning, on a program level, as well as the individual level. We ensure that patients have the benefit of staff trained to address their specific clinical and social needs. We encourage hope and positive expectation for improvement. We ensure that consumers obtain contact with various individuals from the community through creative and effective use of volunteers and peer specialists. We provide services with sensitivity to ethnic, gender, cultural and family characteristics and values.

Our clinical model of care emphasizes the combination (FACT) of Acceptance and Commitment Therapy (ACT) and Functional Analytic Psychotherapy (FAP) as a basic stance. Both therapies share a behavior analytic background and research demonstrates the effectiveness and utility of ACT and FAP in treating consumers with a variety of clinical difficulties. All aspects of the Recovery Model; Psychosocial Rehabilitation; Motivational Interviewing techniques; Skills Training; and Dialectical Behavior Therapy techniques such as mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation are incorporated, with FACT serving as the foundation for therapeutic services, staff-consumer interaction, planning, and staff training.

In our continued efforts to be as efficient as possible and compress services, Health Information Services has moved into building 416 and shares the building with the Staff Development department. The hospital has installed back-up generator support in the Information Technology building which is where the server is housed for the Medication Management System. The use of video conferencing with court systems has been expanded this past year as well. This allows the clinicians and in some cases the patients to appear before the court for commitment hearings via video thus avoiding travel time.

We continue to monitor the cost per patient day and the patients who have been in hospital over 18 months. Both measures are well within the range of the performance expectations.
As you can see in the statistical information above, the average census for FY 2013 was 203 out of a capacity of 213 which equates to a 95% occupancy rate. The goal of the admissions and clinical teams is to provide as quick a turnaround time in the bed vacancies as possible. We also have more specific information about the hospital @ www.richmondstatehospital.org.

Executive Team
Jeff Butler, Superintendent
Dr. Warren Fournier, Medical Director
Josh Nolan, Psy.D. Clinical Director
Kay Stephan, Director of Quality Management
David Shelford, Assistant Superintendent/Administration
Gretchen Gibbs, Director of Nursing
Tara Jamison, Community Relations/Activity Therapy Director
Terresa Bradburn, Human Resources Director