

**RICHMOND STATE HOSPITAL**  
**Facility Fact Sheet**  
**SFY 2009**

Richmond State Hospital has served persons with mental illness since 1890. Recent additions to the campus include the Residential Treatment Center, which opened in 1992. This building contains 192 patient rooms, dining room, activity room and a medical clinic. The Clinical Treatment Center was opened in August 2002. The Clinical Treatment Center emphasizes active treatment using the treatment mall approach, which includes multiple classrooms, social area, gymnasium, dental clinic, laboratory 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. Most recently, the hospital was surveyed by the Joint Commission in June 2007 and was accredited for three years through 2010. Additionally, the Richmond State Hospital Laboratory has its own accreditation process with the Joint Commission. Most recently, the Lab was surveyed by the Joint Commission in January 2009 and was accredited for two years through 2011. Joint Commission accreditation also has gained the hospital deemed status with federal Medicare and Medicaid programs which allow for federal reimbursement. The Centers for Medicare and Medicaid Services (CMS), who administer the federal Medicare and Medicaid programs, surveyed Richmond State Hospital in January of 2009 and found the organization to be in compliance with both Conditions of Participation that are required.

Richmond State Hospital is composed of five service lines that provide care to adults and adolescents, for a total of 312 beds. The service lines are as follows:

- **Adult Psychiatric Services:** A 60 bed co-ed service line that focuses on severe and persistent mental illness.
- **Substance Abuse Services:** A 101 bed co-ed service line treating adults diagnosed with dependency upon alcohol/drugs and/or dual diagnosis of mental illness and substance abuse. The recovery philosophy of the program is based on a recovery model of dependency as a disease with special attention to the Stages of Change.
- **Transitional Service Line:** A 41 bed co-ed service line whose goal is to treat patients with severe and persistent mental illness in a lesser restrictive environment within the hospital and to emphasize personal and community skill building.
- **Life Skills Service Line:** A 60 bed co-ed service line that focuses on patients who have marked residual impairments, partial symptom control and persistent dysregulation of mood and affect.

- **Specialty Service Line:**
  - **Youth Services:** Youth Services is a 20 bed unit for adolescent males age 13-17 who are primarily diagnosed with conduct disorder.
  - **The Mentally Ill/Intellectual Disability (MIID) unit:** A 30 bed co-ed unit that focuses on social skills, self care and symptom management adapted to learn capacity.

**State Fiscal Year 2009**

Admissions:	<b>483.0</b>
Discharges:	<b>500.0</b>
Average Daily Population:	<b>275.0</b>

**Staffing As of July 1, 2009**

Positions on the Staffing table	<b>630.0</b>
Current FTE employees	<b>601.73</b>
State employees	<b>579.0</b>
Contract employees	<b>22.73 ( 7 vacancies filled by contractors)</b>
Temporary employees	<b>2.0 ( Intermittent PA 5 positions)</b>
Current State vacancies	<b>45.0 (12 Intermittent summer positions) ( 2 Intermittent PA 5 positions) ( 31 full time state positions)</b>

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 therapy staff, nurses, psychiatric attendants and substance abuse counselors.

This past year Richmond has had the good fortune of having Peer/Recovery Specialists as full-time employees to assist us in our plan as a hospital that has a focus on the principals of recovery. As part of the recovery model of care, we have trained all staff on the 10 principles of Recovery.

As part of the Roadmap to Recovery hospital wide training initiative that focuses on skills and teaching techniques in working with the patient population groups. During this training program performance improvement ideas were created by individual work groups within each patient unit. These ideas focused on the core values of the hospital, Recovery, Strength and Hope, (RSH).

Another key initiative includes the participation in the SAMHSA grant for Seclusion and Reduction. Although this grant focuses on the Adolescent unit at the hospital, the core values of Recovery, Strength and Hope are part of the cultural change hospital wide. This past year the hospital has modified the mission and vision for the organization and has established the above set of values that clearly focus on the cultural change within the organization.

Finally, this past year brought technology to the forefront as Richmond State Hospital embarked on two major technological projects: Avatar Electronic Medical Records (Phase I) and Quadramed Medication Administration program which includes electronic physician order entry. Both systems went live in the spring of 2009 and are expected to increase the ability and ease of sharing patient care information and reduce potential and actual medication errors.

**Executive Team**

Jeff Butler, Superintendent

Dr. Donald Graber, Medical Director

Dr. Judy Cole, Clinical Director

Kay Stephan, Director of Quality Management

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