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COMMONWEALTH of VIRGINIA

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION AND
SUBSTANCE ABUSE SERVICES

October 1, 2006

To the Honorable Timothy M. Kaine, Governor of Virginia
and
Members, General Assembly of Virginia

I am pleased to forward to you the Annual Executive Summary of the Activity and Work of the State Mental Health, Mental Retardation And Substance Abuse Services Board, State Fiscal Year 2005-2006.

The report is produced with the assistance of key staff in the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and has been reviewed, revised and developed with the participation and approval of the full Board. It describes the statutory basis for the Board's work and provides information concerning the Board's policy, regulatory and committee work during the preceding 12 months as well as outlining the Board's priorities and initiatives for the coming year.

The commitment of time and talent from our Board members is served and enhanced by the dedicated leadership and staff at DMHMRSAS. As we move forward in the transformation of our services system we will continue to address the challenges and improve the systems that impact our Commonwealth's most vulnerable citizens.

Sincerely,

Victoria Huber Cochran

Victoria Huber Cochran
Chair, State MHMRSAS Board

ANNUAL EXECUTIVE SUMMARY OF THE ACTIVITY AND WORK OF THE STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD, STATE FISCAL YEAR 2005-2006

TO THE GOVERNOR AND GENERAL ASSEMBLY

OCTOBER 1, 2006

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Introduction

Statutory Authority

The State Mental Health, Mental Retardation and Substance Abuse Services Board is established by § 37.2-200 of the *Code of Virginia* as a policy board in the executive branch of Virginia government. Citizen board members are appointed by the Governor, subject to confirmation by the General Assembly. Terms are for four years each, except appointments to fill vacancies. Members may be reappointed, however, no member may serve more than two full four-year terms. The Board employs an Executive Secretary who is selected by the full Board. The Executive Secretary is a member of the staff of the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and reports to the Commissioner or his designee. The Executive Secretary is also responsible to the Board.

The Board's powers and duties are set out in §37.2-203 of the *Code* as follows:

1. To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;

2. To ensure the development of long-range programs and plans for mental health, mental retardation, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;

3. To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;

4. To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;

5. To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, mental retardation, and substance abuse;

6. To adopt regulations that may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Commissioner or the Department;

7. To ensure the development of programs to educate citizens about and elicit public support for the activities of the Department, community services boards, and behavioral health authorities;

8. To ensure that the Department assumes the responsibility for providing for education and training of school-age consumers in state facilities, pursuant to §37.2-312; and

9. To change the names of state facilities.

In addition, the Board is authorized statutorily to appoint the members of the State Human Rights Committee (§ 37.2-204, *Code of Virginia*).

The Board operates under by-laws adopted in December, 2005. The Committee structure of the Board reflects its statutory duties. Standing committees of the Board are the Planning and Budget Committee and the Policy Development and Evaluation Committee. Standing committees report at each regular meeting of the Board unless there has been no meeting, or action to report. The Chair is empowered to appoint standing and special committees.

Public education is a responsibility of the Board as a whole. The Board develops a plan annually to ensure the initiation and implementation of programs to educate citizens and to elicit public support for the activities of DMHMRSAS, state facilities, community services boards and the behavioral health authority (CSBs).

Board members serve as liaisons to designated regions throughout the Commonwealth to support, encourage and build close working partnerships among community services boards, behavioral health authorities, state facilities and the Department. Board members serve on a number of committees and commissions that work to improve the services system and to advocate for resources for the services system. These duties include membership on or liaison to the Forensics Special Populations Workgroup, the Prevention and Promotion Advisory Council, the Mental Health Planning Council, the State Human Rights Committee and the System Leadership Council. Board meetings are scheduled throughout the Commonwealth to promote linkages among the services system representatives and consumer and advocacy organizations. The Board is statutorily required to meet at least quarterly in any calendar year. Due to the current Board's interest, areas of expertise and support of the Governor's System Transformation Initiative, the Board scheduled 6 meetings in 2006 and has scheduled the same number of meetings for 2007 to more effectively address policy, regulatory, and systems change issues.

Board Membership

Board membership consists of nine non-legislative citizen members. The Board is required to have consumer and family members, one elected local government official, one psychiatrist licensed to practice in Virginia, and four citizens at large. The current membership of the Board meets the statutory criteria and is constituted as follows: Victoria Huber Cochran of Blacksburg, Chair; Daniel E. Karnes of Roanoke, Vice-Chair; Linda S. Bartlett of Farnham; the Reverend Cheryl Ivey Green of Richmond; B. Hunt Gunter, of Richmond; Catherine M. Hudgins of Reston; Ruth G. Jarvis of Norfolk;

Kathryn A. Smith of Martinsville; and David B. Trinkle, M.D. of Roanoke. All of the members are currently serving their first terms of office.

B. Hunt Gunter served as Board Chairman from June, 2004 until January, 2005. Victoria Huber Cochran served as Vice-Chairman during that time period. In January, 2005 the Nominating Committee recommended Victoria Huber Cochran serve as Chair, and Daniel Karnes serve as Vice-Chair. The recommendations were approved unanimously.

Policy Direction and Vision

In December, 2005, Governor Mark Warner announced an unprecedented and historic investment in mental health, mental retardation and substance abuse services in the Commonwealth. Upon taking office, Governor Tim Kaine pledged to support this initiative, now known as the System Transformation Initiative.

The System Transformation Initiative builds on the Vision statement and policy adopted by the State Board in September, 2005. The Vision Statement is:

> 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. This vision also includes the principles of inclusion, participation, and partnership.

The Board's work and activities in 2005-2006 focused on supporting and bolstering the vision for the services system and promoting consumer and family involvement in the services system. In addition, the Board is dedicated to promoting partnerships among public and private sector service providers and finding win-win solutions to systemic issues that can be addressed by policy and public education.

This report outlines the Board's activities from July 1, 2005 to June 30, 2006 in policy development and evaluation, strategic planning and budget activities, adoption of regulations, appointments to state and local human rights committees and advisory committees, statewide and regional activities, special events, and planning for the future of the services system. In addition, the report outlines the Board's priorities for State Fiscal Year 2007. These priorities were developed by the Board at its Annual Retreat in August, 2006.

Policy Development and Evaluation

The Board's Policy Development and Evaluation Committee is very active in reviewing existing policies and developing new policies that are focused on moving the

services system toward achievement of the Vision, implementing the System Transformation Initiative and improving services to consumers and their families. The Committee reviews all policies with particular emphasis on those that are most important to transforming the services system to a consumer-driven, recovery-based and person-centered system. The Committee proposes to the Board priorities for policy development and for the review of existing policies. The major policies reviewed and adopted in fiscal year 2006 follow. The policies are listed here in an order that shows the progression of policy development in 2005 and 2006 that supports the transformation of the services system toward the achievement of the Vision Statement set out on page 5.

- Policy 1016, Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services. In 1980, the General Assembly passed House Joint Resolution 9 that declared the policy of the Commonwealth "to establish, maintain, and support the development of an effective system of care....in the least restrictive environment with careful consideration of the unique needs and circumstances of each person." Since 1980, the General Assembly and subsequent State Boards and Administrations have maintained this commitment to a community-based services system. In September, 2005, the State Board updated this policy to reflect current practices and to employ people-first language. It is significant to note that over nearly a thirty-year period, the Commonwealth has been committed to the establishment and support of a comprehensive, community-based system of services.

- Policy 1036, Vision Statement, Approved September, 2005. This policy articulates the Vision Statement (p. 5) to guide the development and operations of the public mental health, mental retardation and substance abuse services system.

- Policy 1034, Partnership Agreement, Approved September, 2005. The Partnership Agreement Policy recognizes and supports the fundamental, positive evolution in the relationship between the CSBs and the Department to a more collegial partnership. It establishes the Central Office, State Facility and Community Services Board Partnership Agreement as the ongoing basis for this evolved relationship, making the agreement a part of the current performance contract required by §§ 37.2-500 and 37.2-608 of the *Code.*

- Policy 1035, Single Point of Entry and Case Management Services, Approved September, 2005. This policy recognizes and supports the role of CSBs as the single points of entry into publicly funded mental health, mental retardation and substance abuse services. It provides policy guidance on the implementation of this role and related CSB case management responsibilities. In addition, it preserves the status of the CSBs as the only approved providers of Medicaid reimbursed mental health and mental retardation targeted case management services.

- Policy 1037, Individual Consumer Information and the Community Consumer Submission, Approved September, 2005. The Community Consumer Submission (CCS) was developed by the Department and the Data Management Committee of the Virginia Association of Community Services Boards. CCS grew out of the need to respond to extensive and complex state and federal reporting requirements for specific data about consumers who receive services from community programs. Policy 1037 articulates policy for the collection and use of individual consumer and service information and establishes the community consumer submission as the mechanism through which this information will be collected, reported, and utilized for consumers receiving services from CSBs.

- Policy 1030, Consistent Collection and Utilization of Data in State Facilities and Community Services Boards, Revised September, 2005. This policy statement articulates consistent requirements for the collection and use of individual consumer and service data and information by the Department, CSBs and state facilities.

- Policy 1015, Services for Individuals with Co-Occurring Disorders, Revised September, 2005. The Board clearly recognizes the prevalence and significance of co-occurring disorders and directs state facilities and CSBs to integrate basic principles for treatment into their services and policies, procedures and daily operations.

- Policy 1038, The Safety Net of Public Services, Approved, April, 2006. The Department and CSBs are the state and local authorities for the public mental health, mental retardation and substance abuse services system. This policy documents those relationships and the collective and joint responsibility for assuring the provision of a public safety net of appropriate services and supports, in safe and suitable settings, for individuals with serious mental illnesses, mental retardation, or substance use disorders who are in crisis or have severe or complex conditions or both; who cannot otherwise access needed services and supports; and who are uninsured, under-insured, or otherwise economically unable to access services.

- Policy 1039, Availability of Minimum Core Services, Approved, April, 2006. This policy sets forth and describes a minimum array of core community services and supports that should be available throughout the Commonwealth to all individuals who need them.

- Policy 1040, Consumer and Family Member Involvement and Participation, Approved, April, 2006. State law and Board policy require consumer involvement in all levels of the services system. The Board policy articulates the importance of meaningful consumer and family member participation and involvement in the transformation of the public services system, describes

opportunities for consumer and family involvement; and identifies ways that providers can support consumer and family member involvement.

The Board is currently working on two important policy areas that impact services to rapidly growing populations in Virginia and nationally. These populations, older adults (geriatrics) and individuals who are involved in or who are at risk of being involved in the criminal justice system, place increasingly complex demands for treatment on our services system. The Board is reviewing current policies on forensics and geriatric services in order to revise the old and implement new policies to accommodate these populations' diverse needs and situations.

Policies on our system's interface with criminal justice will define and articulate the provision of services to individuals with mental illness, mental retardation or substance use disorders who are involved in the criminal justice services system, or who should be diverted from that services system into treatment. At present in Virginia, there are several efforts underway to understand and address the needs of individuals with mental illnesses, mental retardation and substance use disorders who are at risk of or are incarcerated in jails or prisons. Board members are actively involved in these efforts.

Across the country state governments and legislatures are addressing the need to provide jail diversion and prevention services to people with mental illnesses and co-occurring substance use disorders or co-occurring mental retardation. Unfortunately, people with these disorders often wind up in jail because of misdemeanor or non-violent offenses which can often be traced back to an undiagnosed or untreated disorder.

In September, 2006, the Honorable Leroy R. Hassell, Sr., Chief Justice of the Supreme Court of Virginia announced the establishment of a two-year comprehensive review of Virginia's involuntary civil commitment statutes and procedures for adults and youth. This will include a review of the statutes governing involuntary commitment to a state hospital for individuals who are involved with criminal justice services. The Chair of the State Board has been asked to serve as a member of the Commission.

DMHMRSAS convenes the Forensics Special Populations Workgroup. The Board Chair has served as a member of this group since its inception three years ago. This group, representing mental health, criminal justice and consumers/family members/advocates has worked closely with the Joint Subcommittee on Behavioral Healthcare of the Joint Commission on Healthcare. The Joint Commission is a legislative body that has supported and introduced a number of the legislative and budgetary recommendations of the Workgroup.

The General Assembly of Virginia, through the Senate Finance and House Appropriations Committees, is considering ways to expand services to persons with mental illnesses and substance use disorders in jails and prisons. DMHMRSAS staff informs the Board of the legislative work in this area. In 2006, the General Assembly appropriated $500,000 per year for the expansion of community-based programs that

divert individuals with mental illness from jails or for aftercare programs for people with mental illness who have been released from jails in Virginia.

The policy on older adults will articulate Board guidance and direction on the provision of services to individuals who are 65 years old or older. A Special Populations Workgroup on Geriatrics has been working together for over two years and has made a number of recommendations for policy changes and services expansion. The new policy will reflect innovations in treatment and will incorporate the work that has occurred in this area in recent years.

Strategic Planning and Budget Activities

The Department informs and seeks advice and guidance from the Board on a number of strategic planning activities. These planning activities include development of the Integrated Strategic Plan, the Comprehensive State Plan, and the Department of Planning and Budget Agency Strategic Plan. In November, 2005, Board members presided at public hearings on the draft Comprehensive State Plan 2006-2012. At the December, 2005, meeting, the Board reviewed recommendations received during the public comment period and adopted a motion approving the Comprehensive State Plan 2006-2012. In January, 2006, the Board endorsed the Integrated Strategic Plan.

The Board also reviews and comments on DMHMRSAS' budget submission. In 2005, the requests for capital projects were directed to addressing major needs at state facilities and the replacement of four out-dated state facilities. Community services requests emphasized the Transformation Initiative and were based on collaboration among the Department, CSBs, and consumer and advocacy organizations. The Vision Statement guided the development of the Initiative and the proposals put forward for the Governor's review and incorporation into the proposed budget for 2006. The Board supports efforts to dispose of surplus state properties to provide resources for the Mental Health, Mental Retardation and Substance Abuse Services Trust Fund to expand community services.

Adoption of Regulations

In State Fiscal Year 2006 the Board took actions to either adopt new regulations (including emergency regulations) governing the provision of services or to update and revise existing regulations. In addition to taking action on the adoption of regulations, the Board accepts public comment on any proposed regulations and Board members serve as hearing officers when public hearings are held to gather comments on new or revised regulations. Among the regulatory actions taken by the Board in FY 2006 were:

- Revision of the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services.

- Adoption of Standards for the Issuance of New Licenses to Providers of Treatment for Persons with Opiate Addictions (Emergency and Permanent Regulations).

- Adoption of Regulations for Providers of Mental Health, Mental Retardation and Substance Abuse Services for Children relating to Summary Suspension of Licenses.

- Adoption of Rules and Regulations for the Licensing of Providers of Services to Persons with Brain Injuries (Adults and Children).

- Revision of the Standards for Interdepartmental Regulation of Children's Residential Facilities.

- Adoption of Regulations Governing Temporary Leave for Patients and Residents from State Facilities.

Committee Appointments

The State Board appoints the membership of the State Human Rights Committee. This Committee accepts applications for membership, interviews candidates and sends recommendations to the Board for appointments. In addition, the State Human Rights Committee appoints the members of local human rights committees. One-third of the appointments made to state or local human rights committees must be current or former consumers or family members of consumers. One member of the State Human Rights Committee must be a health care provider. In addition, the Board annually receives and reviews the State Human Rights Committee's Annual Report.

The Board also appoints the Prevention and Promotion Advisory Council (PPAC).

Statewide and Regional Activities

The Board is committed to hearing from consumers and advocates involved in service provision and advocacy. In 2005-2006, the Board welcomed opportunities for interaction with consumers and advocates. Public comment is accepted and encouraged at each Board meeting. At the September meeting in Roanoke, the Board heard from Ray Bridge, Chairman of the Mental Health Planning Council, and from Mary McGowan, Coordinator of the REACH Program (Recovery, Education and Creative Healing).

In December, 2005, representatives of Region IV (the Central Virginia region) made a presentation to the Board about activities in reinvestment and in regional planning. At that same meeting, the Board heard presentations on innovative and evidence-based programs for diverting individuals with mental illness and substance use disorders from jails and for coordinating behavioral health care services to people in jails.

Presenters educated Board members on the Jail Services Team in Chesterfield County and the Crisis Intervention Team Program in the New River Valley. Subsequently, in January, 2006, Dr. James Morris, Director of the Office of Forensic Services, DMHMRSAS, presented an extensive overview of forensic services in Virginia. Dr. Morris helped the Board to understand the relationship between the services provided by state facilities and those provided by CSBs, jail services teams, CIT programs, and other services for individuals involved with the criminal justice services system.

The Honorable Marilyn B. Tavenner, Secretary of Health and Human Resources, met with the Board shortly after she was appointed by the Governor in January. She pledged to work with the Board and asked the members to keep her informed of issues in the services system. The Secretary offered an open door to Board members to address public policy issues involving the services system.

The May Board meeting included moving testimony from Byron Stith, VOCAL Outreach Coordinator, and Ann Benner, Director of VOCAL. Mr. Stith and Ms. Benner spoke about their experiences in recovery. Mr. Stith presented a message of hope. He encouraged individuals working in the services system to be open to the fact that many consumers understand recovery and are working toward their own recovery. He also emphasized the need for those in positions of leadership to help change attitudes and support hope, choice, advocacy and individual control of one's own recovery. Ms. Benner recounted her personal recovery journey and emphasized recovery as a concept for all individuals to embrace. She said that recovery is not exclusive to consumers of mental health services, but can pertain to individuals in many situations.

The Inspector General for Mental Health, Mental Retardation and Substance Abuse Services reports directly to the Governor and is responsible for oversight and review of the state facility services system, as well as community services. James W. Stewart, III, Inspector General, conducts both facility specific reviews and systemic reviews in topic areas that are critical to the provision of high quality services to consumers. In 2005, Mr. Stewart presented the CSB Emergency Services Review to the State Board. Other presentations planned for 2006-2007 include Community Residential Services for Adults with Mental Retardation, the Systemic Review of State Training Centers for Persons with Mental Retardation, Review of CSB Case Management Services for Adults, and the Review of CSB Substance Abuse Outpatient Services for Adults. The reports and recommendations of the Inspector General inform the policy actions of the Board and guide decision-making for improvements to the services system.

Mary Ann Bergeron, Executive Director of the Virginia Association of Community Services Boards (VACSB), reports on activities of the CSBs and the Association at each regularly scheduled Board Meeting. In 2005 and 2006, the Board held three of its regularly scheduled meetings in conjunction with the VACSB conferences. This provided Board members an opportunity to meet informally and individually with CSB representatives from their regions of the state, and also provided an opportunity for CSB representatives to participate in the Board meetings, further strengthening the relationships among DMHMRSAS, CSBs and the State Board.

Board members are assigned to be liaisons with the state facilities and CSBs in their home regions. Members meet regularly with the CSB Executive Directors and Facility Directors in their regions and report on those activities at Board meetings. Daniel Karnes and Kathryn Smith serve on their local CSBs.

James S. Reinhard, M.D., Commissioner, DMHMRSAS, presents to the Board at each regular meeting. The Commissioner informs the Board of activities of the department, state facilities and community services boards. The Commissioner also discusses the department's budget and legislative submissions with the Board.

In 2005 and 2006, the Board received updates from the Commissioner on the activities of the Department and the process for developing and implementing the Governor's System Transformation Initiative. The Board provided support, advice and guidance during this process. In January, 2006, the State Board adopted a Resolution Supporting the Governor's System Transformation Initiative. The Board Chair, on behalf of the Board, wrote to every member of the General Assembly urging the adoption of the Initiative. Board members also met individually with or called their local legislators to advocate for passage of the Initiative.

In addition to taking advantage of opportunities to visit local community programs, Board members tour state facilities in conjunction with their regular meetings, or when they are participating in special events or meetings at state facilities. At the December, 2005, State Board meeting, members toured the Petersburg campus, including Central State Hospital, portions of Southside Virginia Training Center and the Virginia Center for Behavioral Rehabilitation.

Volunteer Luncheon

The Volunteer Luncheon is a highlight for the Board members and the dedicated individuals who volunteer their time and services to consumers served by state facilities and CSBs. The 2006 luncheon was held in Richmond on April 7. A majority of the Board was in attendance to honor and present certificates of appreciation to those volunteers nominated for special recognition by their local facilities and CSBs. Commissioner James S. Reinhard, M.D., offered words of welcome and thanks to the volunteers. The Honorable Marilyn B. Tavenner delivered the keynote speech.

Future Planning, Policy, Public Education and Communications Priorities

The Board held a two-day retreat and planning session in August, 2006, to plan and prioritize policy issues, outreach efforts, and other initiatives to be undertaken by the members. The Board plans to be very active in both policy-making and in public education for continued transformation of the services system to achieve the Vision. With that in mind, Board members agreed to focus their efforts in 2007 on the following:

- ***Continued Support for Transforming the Services System.*** The Board's first priority is to focus on implementing the necessary culture change across the services system that emphasizes the holistic needs of individuals. In 2005-06, representatives of the services system, including consumers and advocates, were successful in gaining the overwhelming support of the Board, the Governor and General Assembly. Over $194 million was appropriated for new and enhanced community services in the Commonwealth. In addition, construction money and planning dollars were appropriated for the rebuilding and replacement of two state mental health hospitals and two training centers for persons with mental retardation. The Board plans to continue to provide the policy and advocacy leadership needed to sustain support for continued expansion of community services and modernization and replacement of state facilities. Board members believe that it is critical that they provide leadership in educating state and community leaders about the Vision and the on-going needs of the services system. In addition, as noted in subsequent priorities, the Board believes that the success, cost effectiveness and continued need for support of prevention efforts needs to be articulated and communicated.

- ***Emphasizing the Role of the State Board as a Community Resource through Public Education on Transformation and Advocacy for Services Sustainability.*** In addition, to continuing the emphasis on transforming the services system, the Board plans to be very active in its role as educators of the public to overcome the stigma of seeking treatment or services, and to encourage communities, churches, volunteers and others to assist with the expansion of the community services system. The Board also plans to champion the success stories of the men and women who provide services in a variety of settings in both the public and private sectors. In addition, the Board plans to develop and seek opportunities to articulate the stories of people and their families who are in recovery, or who are succeeding in making their own choices for a person-centered and meaningful life.

- ***Fostering and Encouraging Interagency and Inter-board Relationships That Focus Holistically on Addressing the Needs of Individuals.*** The Board wants to foster partnerships among state and local agencies, consumer and family organizations, and across all levels of state government to address the health care and behavioral health care needs of individuals. This includes the need to expand housing options, the need for meaningful work, and the need for adequate choices for living and participating fully in community life.

  In addition to working with the citizen boards of the health and human resources agencies, the State Board plans to explore opportunities to work

with the Boards of Education, Criminal Justice Services, Corrections, and other agencies throughout state government to determine opportunities for joint policy development, collaboration, and advocacy. The Board strives to find opportunities to work with the academic medical centers and university and community college programs to integrate services and to encourage involvement in the mental health, mental retardation and substance abuse services system.

- ***Supporting Efforts to Improve Workforce Development, Recruitment and Retention, and High Performance.*** The Integrated Strategic Plan endorsed by the Board in January, 2006, states that a critical success factor for achieving the Vision is "a competent and well-trained ...workforce [that] provides needed services and supports." The Board plans to work with the Department and the CSBs in efforts to educate, expand, and motivate the workforce toward achievement of the Vision. The Commonwealth enjoys the benefit of having dedicated, highly qualified and motivated professionals working in the public and private sectors. However, the demands of 24-hour, seven days per week service provision and the shortages of health care professionals cause stress and burn-out. Young adults are choosing to enter other fields of endeavor. The Department is working with the public and private sectors, and colleges, universities and community colleges to find ways to motivate and encourage the workforce, as well as to recruit and retain highly qualified professionals. The Board plans to support and encourage these efforts, as well as supporting the Department's efforts to become a high performance organization.

- ***Encouraging Integrated Treatment and Prevention.*** The Integrated Strategic Plan calls for actions to restructure the existing services system to provide integrated treatment for individuals, particularly those with co-occurring diagnoses of mental illnesses and substance use disorders, and people with mental illness and mental retardation. In addition, state and federal resources are needed to help strengthen families and to intervene early with children to prevent disabling conditions. The Prevention and Promotion Advisory Council (PPAC), whose members are appointed by the State Board and who advise the State Board, met with the Board in May, 2006. The PPAC advised the Board that much more can be done to implement evidence-based practices that support children and families in their homes, schools and communities. The scarcity of resources directed toward prevention efforts severely inhibits the expansion and development of high-quality prevention programs. In addition, suicide among youth and older adults must be addressed. The Board plans to prioritize prevention efforts and support advocacy for expanding the services and increasing the number of providers.

Conclusion

The members of the State Mental Health, Mental Retardation and Substance Abuse Services Board are honored to serve at the pleasure of Governor Tim Kaine to provide policy direction to and outreach for the publicly funded mental health, mental retardation and substance abuse services system in Virginia. The activities in 2006 and 2007 are planned to sustain and expand the transformation of the services system. This Annual Executive Summary of the Activity and Work of the Board, 2005-2006, is respectfully submitted by:

Victoria Huber Cochran, Chair

Daniel E. Karnes, Vice-Chair

Linda S. Bartlett

Cheryl Ivey Green

Catherine M. Hudgins

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