In a facility which has as many varied activities and commitments as does the Virginia Treatment Center for Children, it would be impossible to give, in this limited space, a detailed account of a year's activities. However, I would like to point out a few landmark occurrences and some of the trends and directions in our continued growth and development as an institution.

While the availability of short-term, intensive psychiatric care for children continues to be unique and will continue to be emphasized, we have found it necessary to increase our activities in two new directions. Currently, there is a national emphasis on child psychiatry reflected in the training of medical students and general psychiatric residents. At the VTCC teaching duties now fill a large part of the professional time of three staff child psychiatrists. The training of mental health professionals, special educators, and other professional and non-professional child workers proceeds to fill a large part of each day. At this point, we can truly be identified as, primarily, a teaching institution.

The second new direction involves the opening of a full-time out-patient clinic for disturbed children which will accept patients to 18 years of age. As with the increased teaching program, the operation of the out-patient clinic must be accomplished without additional funding or additional staff members. The establishment of this service represents the response of a concerned Treatment Center staff to the desperate need for clinic psychiatric services for children in this area. Even with the reopening of the Memorial Guidance Clinic and the acquisition of adequate staff for the Educational Therapy Center, the demand for children's services will exceed that which can be supplied by the combined efforts of all of us.

The Hospital Field Unit, which has been so valuable to our operation over the past five years, is now a permanent part of the Treatment Center. It will continue to serve as a screening agency for potential in-patient candidates and to follow up children who have been discharged from the Center. Field Unit personnel have always been available to lay and professional groups to talk about matters pertaining to the care of disturbed children and they will go on fulfilling this important function. In addition, members of all the mental hygiene clinics throughout the state have been invited to utilize our staff as an available teaching unit willing to help mental health professionals who usually deal with adults become attuned to diagnosis and treatment of disturbed youngsters. We are willing to serve in a resource capacity to recommend the most relevant literature, or to give on-the-scene demonstrations of child psychiatric diagnostic and treatment techniques. Field Unit personnel continue to be available as consultants to those who are interested in the establishment or up-grading of hospital services for disturbed children whether in the private or public sector.

The medical staff of the Treatment Center has now been reorganized in accordance with the recommendations of the Joint Commission on Hospital Accreditation; we have requested an inspection of our hospital, and we expect to be accredited in the near future.

We have, at this time, however, a grave concern. The 1972 Guide for Residency Programs in Psychiatry and Neurology of the American Board of Psychiatry and Neurology and the Council on Medical Education of the American Medical Association, indicates that the minimum number of residents for a training program is two. A request was made of the Legislature to approve the establishment of four child residency positions which is the usual minimal number for a facility of our size and affiliations. We feel
It was most unfortunate that this request was denied. We now have two child residents each year, their salaries being made up from other positions which are left unfilled. If we find ourselves unable, for some reason, to interest a first-year resident each year, we may well be endangering our child residency program. With four residents, allowance is made for a lean year. Since the law that established the Virginia Treatment Center for Children specifically states that our responsibilities are for service, training, and research, I do not think it would be inappropriate for us to resubmit the request for adequate Child Fellow training positions as well as a request for funds for the establishment of an active research department, which was also denied by the Legislature.

Our close relationship with the State Department of Education continues to be excellent, and our Special Education Department at the Treatment Center persists in being outstanding in the State. The contribution of this group of special educators, who are actually members of the Richmond Public School System, to the functioning of the Treatment Center in the care of emotionally disturbed children is valuable beyond description.

It is difficult to adhere to the concept of short-term intensive treatment, but somehow this has to be done so that our few beds are utilized in a way which serves the greatest number of children in the most efficient possible way. Our present average length of stay is 4.94 months. This, in spite of the fact that there always will be certain youngsters who have to remain for the absolute maximum time of one year as an in-patient.

Finally, when one talks of any institution one actually talks not about bricks but about people. It is also true that in any institution people come and go with some regularity. I consider myself to be singularly fortunate for having worked with so many talented and dedicated people over the past years. I can report to you that we all remain enthusiastic about the Treatment Center and the contribution it has to make. We are optimistic about the future and of the contributions we shall be able to make to the understanding and care of troubled children. While happy about our past accomplishments, we are not complacent. We will continue to be open to new ideas, new directions, and new opportunities to serve the children and parents of this state.