

Trends

No Data Available

Legend:

↑ Increase, ↓ Decrease, ↔ Steady

Key Performance Areas

No Data Available

Productivity

No Data Available

Legend:

↑ Improving, ↓ Worsening,
 ↔ Maintaining

For more information on administrative key, and productivity measures, go to www.vaperforms.virginia.gov/agencylevel/index.cfm

Background & History

Virginia Center for Behavioral Rehabilitation

Virginia's sexually violent predator (SVP) system is a cooperative activity involving the Department of Corrections (DOC), which screens all SVP eligible inmates approaching completion of sentence for an SVP qualifying crime; the Department of Behavioral Health and Developmental Services (DBHDS), which provides a highly structured and intensively supervised SVP conditional release program in the community and operates a secure SVP facility; and the Office of the Attorney General, which handles the legal aspects of civilly committing these individuals.

Historically, when individuals are civilly committed as SVPs, approximately 20% have been placed directly in the community SVP conditional release program where they are intensively monitored by probation officers under a memorandum of understanding between the DBHDS and the DOC. The remaining individuals have been placed in the Virginia Center for Behavioral Rehabilitation (VCBR), located in Burkeville. VCBR is a secure facility that provides evaluation and rehabilitation services to individuals found by the court to meet the statutory criterion of SVP and committed to DBHDS for inpatient treatment. Although the facility is a high security institution that requires some visible security features such as perimeter fencing, VCBR is operated as a rehabilitation facility similar to the state hospitals. Virginia is one of 20 states that operate inpatient SVP programs. All are similar except Texas, Arizona, and Pennsylvania, which have different types of commitment.

Primary Product & Services

VCBR provides a variety of intensive inpatient sex offender evaluation, rehabilitation, and other clinical services within a maximum-security perimeter. International experience with the SVP population supports the use of a rehabilitation approach based on cognitive-behavioral principles and focused on relapse prevention. Rehabilitation involves multiple daily group sessions, individual behavioral therapy, vocational training, and work therapy and programs, as appropriate.

VCBR assures that intensive inpatient sex offender evaluation, rehabilitation, and other clinical services are provided at in a secure confinement setting. Security staff members work with direct care staff and clinicians to create an environment that challenges deviant and criminal thinking and behavior while reinforcing appropriate behavior.

When appropriate, VCBR prepares residents for eventual return to their home communities, working with community providers to develop realistic and appropriate conditional release and monitoring safety plans. This includes provision of safe and appropriate pre-release supports through VCBR clinical staff protocols for taking residents into the community for job interviews and to seek appropriate housing. VCBR also provides quality management feedback to CRC evaluator, and annual SVP commitment reviews for the courts.

Customer Base

Sexually violent predators are convicted sex offenders who are civilly committed to the DBHDS at the end of their confinement in the Department of Corrections (DOC) because of their histories of habitual sexually violent behavior and their ability to control their violent tendencies is compromised by the presence of a mental abnormality or personality disorder. These individuals are predominantly male and are on average about 40 years old. They have long histories of sexually abusing children and adults and have shown very limited ability or willingness to abstain from committing sexual offenses. Many have significant or complex service needs, including co-occurring mental health and substance use disorders, or experience serious medical conditions requiring specialized services and supports.

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Customer Listing

No Data Available

Key Agency Statistics

The following statistics provide a snapshot of VCBR operations during FY 2013:

Finances

Funds depicted in the table are 100 percent general funds.

Fund Sources

No Data Available

Revenue Summary Statement

Revenue collections are a result of insurance reimbursements from loss coverage and sale of surplus materials.

Key Risk Factors

- *Future VCBR bed capacity requirements:* Numbers of individuals committed to VCBR as sexually violent predators are averaging 4 per month. DBHDS anticipates that the facility will reach its maximum-double-bunked capacity of 450 by June 2016. Because a new or expanded SVP facility will need to be in place when the current facility capacity is reached, the 2013 Appropriation Act included language authorizing DBHDS to initiate a pre-planning study to define and make recommendations as to how the needs of the growing census at VCBR could best be met. This language requires that the expanded capacity be on state-owned property where the current VCBR site is located in Nottoway County. Design and construction of this expanded SVP bed capacity will take approximately 4 years.
- *Interim measures to address facility capacity issues:* Currently, VCBR is using double-bunking in half of the rooms. VCBR is using an internal screening process to maintain program and clinical integrity and maximize safety as it double-bunks residents. However, the facility was designed for single occupancy room and this retrofitting has been stressful for residents as well as staff. As the number of individuals committed to inpatient treatment at VCBR increases, the potential for aggressive events involving residents that result in court referral or loss of privileges will increase.
- *Preparations for conditional release:* About one-third of SVP cases leaving the Department of Corrections (DOC) are considered for conditional release. About half of those individuals are rejected for conditional release and committed to the VCBR because no suitable housing is available. Suitable and cost effective transitional housing in the community must be developed to provide safe and appropriate alternatives that both divert individuals leaving DOC facilities from admission to VCBR and facilitate successful community placements for individuals at VCBR when they are determined to be clinically ready for conditional release.

Performance Highlights

An important part of the rehabilitation experience involves resident engagement in treatment or vocational activities. VCBR's treatment program continues to evolve to provide evidence-based SVP treatment intended to reduce the risk that individuals will reoffend so they can be safely managed in the community once conditionally released. Treatment is offered in three phases:

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- *Phase I*: control over sexual behavior and aggression and accountability for offense (37% of residents)
- *Phase II*: developing insight into risk factors and introducing positive goals for lifestyle change (53% of residents)
- *Phase III*: transition back to the community (11% of residents)

Only 2% of eligible residents have refused to consent to treatment, which is the lowest refusal rate among the 20 SVP programs nationwide.

VCBR's vocational training program began in January 2011 and its work program began in February 2012. Residents who actively participate in treatment and are making progress toward completing the treatment program and transitioning to the community have the opportunity to gain work experience, earn a small income, and make an important contribution to overall program effectiveness. The work program currently has 124 residents working in 135 jobs. Between FY 2012 and FY 2013, the average number of hours a participant worked nearly tripled.

Working with the DBHDS Office of SVP Services during the past two years, VCBR has increased its pre-release support for residents becoming eligible for SVP conditional release. To track this process, the Office revised and expanded its ability to capture, store, and retrieve resident data.

Results of the first VCBR annual consultative conducted in November 2012 documented the positive changes in VCBR operations and treatment begun by center leadership in 2010. VCBR also created a comprehensive evaluation tool for administrative operations and functions, security, and treatment criteria for consideration of alternative VCBR operational arrangements.

Performance Measures

Management Discussion & Analysis

General Information about the Ongoing Status of the Agency

VCBR provides intensive treatment aimed at reinforcing positive behaviors, reducing risk, and preparing individuals for safe and successful adjustment to the community. It assesses each individual's ability to manage himself sexually, behaviorally, and emotionally throughout his treatment and implements strategies that reinforce positive behaviors that increase the recovery experience for individuals receiving services.

Treatment programs at VCBR have been revamped to incorporate best practices and reinforce positive behaviors.

VCBR was originally designed and funded to reflect a system based on 4 SVP predicate crimes, with a projected commitment rate of about two individuals per month. However, 2006 Code changes increased the number of predicate crimes from 4 to 28. This and a change in the screening tool resulted in an increase in the numbers who are eligible for SVP commitment. In June 2010, the VCBR census reached 200 residents. In response, the General Assembly directed DBHDS to implement a plan to double bunk up to 150 additional VCBR residents in the current facility. As of June 2013, 34 rooms are double-bunked. The VCBR census is projected to increase to 386 by the end of FY 2013, 434 by FY 2015, and 528 by FY 2017.

The 2013 Appropriation Act includes language authorizing DBHDS to use existing resources to initiate preplanning to expand SVP bed capacity on state-owned property where the current VCBR site is located in Nottoway County.

Information Technology

The DBHDS IT program provides coordination, guidance, oversight, and support to central office (CO) and state facility IT services, including IT security, Commonwealth IT standards compliance, and web and application development. DBHDS IT goals and priorities are included in the Health and Human Resources Investment Management Strategic Plan for the Secretariat.

Two new requirements are increasing the scope and complexity of IT work and capacity:

- Implementation of an electronic health record system (EHRS), OneMind, to meet meaningful use requirements and allow data exchange
 - Year 1: Implementation began in January 2013 and is being piloted at 3 state hospitals.
 - Year 2: The 11 remaining facilities will begin using One Mind.
 - Year 3: All facilities migrate their billing and reimbursement business processes to OneMind.
 - Implementation of data warehouse to support increased quality management and oversight processes required to support the DOJ settlement agreement.

DBHDS IT priority projects related to state facilities include:

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- EHR annual operational, maintenance, and support costs;
- Health information management scanning of pre-EHR documents;
- Facility VITA costs for workstations, scanners, and other COV network-attached devices for EHR;
- DBHDS data warehouse and business intelligence system management, operational, and maintenance;
- Cardinal Interface financial management system (FMS) upgrade;
- Regional Information Security Officers (ISO) roles state facilities;
- Completion of DBHDS server transformation; and
- Collaborative paperless content management and workflow.

Other internally-financed IT projects related to state facilities include secure DBHDS video conferencing and adoption of federal ICD-10 and DSM-V health-care coding requirements.

Workforce Development

VCBR operates 24 hours a day, seven days a week and depend on a cadre of skilled and dedicated employees in a wide variety of classifications. Most provide direct care, security, or infrastructure support services. The workforce average age is 39.1 years old and work tenure is 4.9 years. The separation rate is 37.1% for direct care and 18.8% for security positions. This is due in large part to the difficult nature of the work with this challenging population and existing facility capacity issues. In the next five years, 7% will be eligible to retire with unreduced benefits.

The new EHR and increasing service demands will require skilled staff with cultural and linguistic competence to serve an increasingly diverse population. Technical or clinical expertise, communication and analytic skills, ability to create and apply sophisticated new technologies, and reasoning and problem-solving capabilities will be needed. Classes in crisis intervention and therapeutic verbal de-escalation of resident aggression, documenting observations of resident behavior relevant to meeting their treatment goals, performance management, computer skills, linguistics, and use of interpreters are provided to enhance workforce competence.

Physical Plant

VCBR is a 174,500 square-foot facility in two buildings constructed in 2008. The existing facility was designed with 300 single occupancy bedrooms. VCBR is using double bunking in half of the bedrooms to achieve a maximum census of 450. VCBR is currently undergoing renovation to the administration and support services portion of the facility to enhance its ability to handle double bunking of residents in the current facility.

The 2013 Appropriation Act includes language authorizing DBHDS to use existing resources to initiate preplanning to expand SVP bed capacity on state-owned property where the current VCBR site is located in Nottoway County. A pre-planning study is being prepared that will define how the needs of the growing census at VCBR can be met after the current capacity of 450 is achieved. The study will also make recommendations on how this expansion can be completed in the time required to meet the capacity of the current facility.

The Six-Year Capital Plan contains a request to fund a capital project which will add sufficient capacity for the foreseeable future.

Note: This is one of five DBHDS Executive Progress Reports. See Department of Behavioral Health and Developmental Services (720); Grants to Localities (790); Mental Health Treatment Centers (792); and Intellectual Disabilities Training Centers (793).