

2014-16 Executive Progress Report

Commonwealth of Virginia
Secretary of Health and Human Resources
Virginia Center for Behavioral Rehabilitation

At A Glance

Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life

Staffing 424 Salaried Employees, 2 Contracted Employees, 0 Authorized, and 24 Wage Employees.

Financials Budget FY 2015, \$29.01 million, 100.00% from the General Fund.

Trends ↑ Service demand

↑ Participation in treatment

↑ Double bunked rooms

Legend ↑ Increase, ↓ Decrease, → Steady

Key Perf Areas

Productivity

↑ Administration & support costs

↑ Number ready for release

Legend ↑ Improving, ↓ Worsening, → Maintaining

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

Background and History

Agency Background Statement

Virginia Center for Behavioral Rehabilitation

The Department of Behavioral Health and Developmental Services (DBHDS) operates the Virginia Center for Behavioral Rehabilitation (VCBR), which is 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 being a Sexually Violent Predator (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 use different commitment program models.

Major Products and 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 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 the community, 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 Commitment Review Committee (CRC) evaluator, and annual SVP commitment reviews for the courts.

Customers

Customer Summary

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 when their ability to control 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 or 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.

Customer Table

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Civilly-Committed	Individuals civilly committed to the Virginia Center for Behavioral Rehabilitation	0	0	Increase

Finance and Performance Management

Finance

Financial Summary

Funds depicted in the table are 100% general funds.

Fund Sources

Fund Code	Fund Name	FY 2015	FY 2016
0100	General Fund	\$29,005,848	\$29,062,956

Revenue Summary

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

Performance

Performance Highlights

Progress of individuals at VCBR to meet clinical requirements for conditional release is measured by their progress in evidence-based sex offender treatment. This treatment includes three phases that are focused on reducing an individual's risk of reoffending, thus ensuring individuals can be safely managed in the community once conditionally released. The percentage of residents participating in the highest level treatment program (Level 3) increased from 10% in FY 2012 to 13.5% in FY 2014. A measure of VCBR facility productivity is its clinical costs per patient day. Clinical costs include medical and nursing staff, psychologists, social workers, therapists, and other staff and activities that are directly associated with the provision of care to individuals at VCBR. This measure tracks the overall productivity of VCBR's clinical service staff and its ability to identify and address staff capacity issues.

Selected Measures

Measure ID	Measure	Alternative Name	Estimated Trend
M794SA12001	Average daily cost of Virginia Center for Behavioral Rehabilitation administration and support services.	Administration & support costs	Improving
M794SA12005	Number of residents determined to be clinically eligible for conditional release.	Number ready for release	Improving

Key Risk Factors

Several factors will have a significant effect on VCBR over the next four years.

- **Future VCBR bed capacity requirements:** Numbers of individuals committed to VCBR as sexually violent predators are averaging 4-5 per month. DBHDS anticipates that the facility will reach its maximum-double-bunked capacity of 450 in 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 authorized DBHDS to conduct a pre-planning study for a new facility to be located in Nottoway County. Chapter 2, 2014 Special Session I of the General Assembly provides funding for the detailed planning of the expansion. This project is proposed in phases and ultimately will add up to 300 new bedrooms and provide additional treatment and support services space. Phase 1 proposes 122 beds with shelved space for 50 additional beds which could be completed quickly if the need arises sooner than forecast. Phase 2 proposes 178 additional beds including the fit-out of the 50 shelved space beds. The design of the new construction would recognize and correct many of the inadequacies of the original design which did not recognize the unique nature of many of the groups within the population. Design and construction of this expanded SVP bed capacity will take approximately four years.
- **VCBR staffing:** Admissions to VCBR continue to increase and many residents are arriving with complex medical needs that require increased medical intervention and complex psychiatric issues that must be addressed prior to their active engagement in specialized SVP services. As the VCBR census increases, additional clinical, security, and direct care staff will be needed. Increased medical and nursing capacity would provide medical care and specialty clinics (diabetic care clinics, podiatry clinics, etc) in lieu of more expensive outside

medical consultants and would facilitate the increased use of telemedicine. As more residents are admitted, the center also will need additional residential service associates on living units and security officers to provide medical transportation of residents and security supervision of the resident living environment.

- **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. Numerous residents cannot be doubled-bunked for a variety of reasons, including medical disability (requiring wheelchairs or contagious diseases), vulnerability due to intellectual disability and/or psychotic illness, a history of behavioral issues or predatory behavior against roommates in the prison system, or a documented history of post traumatic stress disorder secondary to having been raped in the prison system. In addition, numerous residents have medical orders for lower tiers of bottom bunk, and the current rooms require any second buck to be an upper bunk. Double-bunking residents who have been screened for single rooms would be counter-therapeutic and could lead to predatory behavior, an increased sexual acting out behavior.
- **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 are 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.
- **Inadequate technical support capacity:** As the VCBR expands use of electronic health records, implements health care reforms, improves central office and facility performance through technology improvements, and replaces aging, expensive technologies with more cost effective solutions, the organization's reliance on technical support will increase. An increasing number of mission critical clinical and financial processes used by the VCBR rely on technology provided by a limited number of agency IT staff.

Agency Statistics

Statistics Summary

The following statistics provide a snapshot of VCBR operations during FY 2014:

Statistics Table

Description	Value
Number of VCBR admissions	56
Number of VCBR discharges	30
Average daily census at VCBR	316
Percent of VCBR residents who are clinically eligible for conditional release	54
Percent of residents participating in VCBR treatment programs	98
Number of residents working in VCBR vocational program jobs	121

Management Discussion

General Information About Ongoing Status of Agency

Virginia's SVP system is a cooperative activity involving the:

- DOC, which screens all SVP eligible inmates approaching completion of sentence for an SVP qualifying crime;
- DBHDS, which provides a highly structured and intensively supervised SVP conditional release program in the community and operates a secure SVP facility; and
- Office of the Attorney General, which handles 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 VCBR.

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.

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:

- *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.

Treatment programs at VCBR have been revamped to incorporate best practices and reinforce positive behaviors. The VCBR 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. In FY 14, more than 120 individuals worked each month, providing nearly 75,000 hours of service.

The DBHDS Office of SVP Services 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.

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 2014, 35 rooms are double-bunked. The VCBR census increased to 353 "on the books" at the end of FY 2014, and is projected to increase to 366 by FY 2015, 406 by FY 2016, 446 by FY 2017, 488 by FY 2018, and 529 by FY 2019.

Information Technology

VCBR maintains a small information technology staff to support locally developed applications systems and their local information technology infrastructure environment. The DBHDS central office Information Services and Technology (IST) office provides coordination, guidance, oversight, and support to ensure that these local systems comport to Commonwealth of Virginia (COV) security requirements and to enable required data integration with central office provided systems.

Implementation of a single electronic health record system (EHRS) to serve VCBR will materially impact the demand for local information technology support at the facility. Infrastructure modernization, normalization of VCBR-developed applications, and rapid response to end-user device (desktop) support requirements will all increase dramatically as health care delivery processes become wholly dependent on EHRS access.

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 EHRS 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 facility is currently operating above its original design capacity. Double bunking has allowed this to be accommodated. However, treatment and therapy space has not yet been increased. Forecasts continue to show a growth in the facility's census for the foreseeable future.

A Preplanning Study has been completed for the construction/renovation of a new 300-bed expansion of the current facility. The study recommends a phased approach to provide up to 300 additional beds and services to support the facility, with the first phase providing an additional 122 beds and 50 beds shelled for future fit-out. Chapter 2, 2014 Special Session I authorizes proceeding with detailed planning for the project.

VCBR is installing an electronic duress system which utilizes technologies to coordinate cameras, overhead paging systems and wireless locating devices to enhance responses to events and emergencies. It allows operational procedures to be executed immediately in specific areas and to designated staff or to the entire facility. It is capable of sending off site notifications via text, phone, pager or other electronic media. Employee ID badges or other portable or fixed devices are capable of activating the system when within the coverage area.

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).