

2016-18 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 433 Salaried Employees, 17 Contracted Employees, 0 Authorized, and 17 Wage Employees.

Financials Budget FY 2017, \$35.43 million, 100.00% from the General Fund.

Trends

Legend

↑ Increase, ↓ Decrease, → Steady

Key Perf Areas

Productivity

Legend

↑ Administration & support costs

↑ Number ready for release

↑ 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

The Virginia Center for Behavioral Rehabilitation (VCBR) provides services to individuals committed as Sexually Violent Predators (SVP) pursuant to the code of Virginia §37.2-900 et seq. These individuals have completed their confinement in the Virginia Department of Corrections; however, because of a mental abnormality or personality disorder, find it difficult to control predatory behavior, making it likely for

them to engage in sexually violent acts. Individuals are committed to VCBR until the committing court grants conditional release based on determination that the individual may be safely managed in the community. These individuals are predominantly male and are on average 49 years old. There are currently two females committed as SVP. In addition to a mental abnormality or personality disorder, many also 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.

As of 4/3/17, 410 individuals are committed to VCBR. There are a number of important variables to consider when projecting the future census of VCBR, these variables include the number of individuals conditionally released from VCBR and the number of individuals that have been released from VCBR that have had their conditional release from VCBR revoked and they return to VCBR. What is clear is that the census of VCBR is increasing and will continue to increase. Even with the increasing number of individuals approved for Conditional Release each year there is a net increase in the committed census at VCBR. Forecast projections have the census exceeding the facility's capacity in early/mid 2018 (calendar year) with no sign of decrease in the census growth in the foreseeable future (the forecast projects the census for the upcoming six fiscal years).

In addition to the individuals committed to VCBR, the customers of VCBR includes all the citizens of the Commonwealth as VCBR's role/function is to decrease and eliminate (to the degree possible) future sexual offending by individuals who have been declared to be a Sexually Violent Predator. VCBR accomplishes this goal by providing treatment in a secure treatment setting (thus minimizing exposure to potential victims) and by providing comprehensive sex offender designed to mitigate the risk for sexual offending for those individuals whom the court approves for release.

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 percent general funds.

Fund Sources

Fund Code	Fund Name	FY 2017	FY 2018
0100	General Fund	\$35,428,802	\$35,738,470

Revenue Summary

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

Performance

Performance Highlights

Twenty states and the federal system allow for the civil commitment of individuals determined to be Sexually Violent Predators (SVP). 99 percent of individuals committed to VCBR have consented to participate in the treatment program. 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. Most recently, 12 percent of individuals committed to VCBR are in Phase III of treatment, meaning that they are preparing for conditional release into the community.

In total, 200 (as of 3/31/2017) individuals have been released from VCBR on conditional release. Over the past four fiscal years, the number of individuals conditionally released from VCBR has averaged 43 individuals per year. In FY 2016, 61 individuals were conditionally released from VCBR.

Compared to commitment programs in other states, VCBR is performing exceptionally well at providing necessary treatment to support individuals in obtaining conditional release. A September 2016 comparison of all SVP civil commitment facilities in the nation revealed that VCBR is a leader in terms of the number of individuals released from secure confinement to Conditional Release. In addition, VCBR was a leader in the proportion of individuals released compared to the total number committed. Finally, the sexual re-offense rate for individuals released from VCBR is well below national re-offense rates for high risk sex offenders, thus suggesting that the treatment being provided at VCBR and the services/oversight being provided to individuals on conditional release in fact is mitigating the risk for future sexual re-offense.

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.

- Expansion of Current Facility:** VCBR is currently the only facility designated for the treatment of individuals committed as Sexually Violent Predators (SVP) in Virginia. The facility was originally designed to house 300 individuals. In 2012, in response to a directive from the General Assembly, an additional bed was added in 150 rooms (“double-bunking”), making the census capacity of the current facility 450 residents. DBHDS predicts that the number of individuals committed to VCBR as SVP will exceed 450 by the end of FY 18. While the census capacity is likely to be reached at the end of FY 18, the functional capacity is expected to be reached at the beginning to middle of FY 18. The difference between the census and functional capacity can be attributed to the significant number of individuals housed in VCBR with complex medical, psychiatric, and behavioral needs that preclude housing them in the same room with another individual. 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 provided funding for the detailed planning of the expansion. This project proposes the phased construction and renovation of the existing facility with the addition of up to 258 new beds and additional treatment and support services spaces. Phase 1 proposes 182 beds with shelled space for 76 additional beds, which could be completed quickly if the need arises sooner than forecast. Phase 2 proposes the fit-out of the additional 76 shelled-space beds. While design has been completed and funding included within budget, funding for construction has not been released. Construction of the expansion will take approximately three years and the current facility will be well beyond functional capacity by the time expansion is completed.
- Housing beyond Current Capacity:** Because the capacity of the current facility will be exceeded before construction of the VCBR expansion is completed, it is estimated that approximately 100 individuals committed as SVP will need to be temporarily housed in locations external to the VCBR until expansion is completed. DBHDS has identified temporary housing options at current properties operated by DBHDS (Central State Hospital and Piedmont Geriatric Hospital). However, these temporary options are not sufficient to accommodate all 100 of these individuals and another option will need to be identified. Though potential housing options have been identified, implementation of these options comes with significant cost and operational challenges. Operating a program from multiple locations comes with additional operational challenges which include attracting qualified staff and providing adequate supervision and support to staff at multiple locations. In addition, to avoid possible litigation, all locations must provide adequate treatment services to individuals with varying treatment needs along with similar support services.
- Medical Needs of Residents Committed:** Many residents are admitted to VCBR with complex medical needs that require increased medical intervention. Of individuals committed, there are approximately 281 diagnoses of a significant medical condition that require regular medical interventions, including Hepatitis, HIV, Diabetes, and Cancer. Many of these complex medical needs impact a resident’s participation in treatment. At approximately \$4.4 million projected in FY 2017, the cost of providing medical care to residents is a significant portion of the facility’s budget. In addition, medical costs fluctuate greatly as one hospitalization in response to an acute need (e.g., heart attack, injury, stroke, etc.) may result in a long term hospitalization. The complexity of medical needs of residents also requires an increased number of staff members that have the knowledge to provide necessary care at the facility (e.g., RN, LPN, MD, NP, and PA). Providing necessary medical care also requires consultation with external medical providers, resulting in staffing for security officers to provide secure/safe transportation into the community.
- Recruiting and Maintaining Qualified Staff:** VCBR is one of only 20 facilities in the nation that provides services to individuals civilly committed as SVP. Treatment for SVPs is a specialized field that requires specialized knowledge, skills, and abilities. Individuals who do not qualify for conditional release directly to the community are involuntary committed to VCBR after completing their sentence in VADOC. The majority of the individuals at VCBR are diagnosed with a personality disorder. These factors result in staff serving a population that may be hostile, manipulative and likely to complain about services. Residents frequently file complaints with licensing agencies against professional staff (Therapist, RN, MD, Ph.D., etc.); though these complaints are typically not founded, this has a negative impact on retention. While VCBR residents are received from VADOC, direct care staff members at VCBR are not reimbursed at the same rate as correctional officers. Frequently, qualified staff members leave VCBR to go to VADOC where pay is greater. Or, residents exploit low wages and minimum education of direct care staff as a means to manipulate treatment or circumvent security measures, resulting in termination.
- Adequate Community Support for Discharged Residents:** Over the past four fiscal years, VCBR has averaged 43 resident discharges each year. While the treatment program has been successful in supporting residents with advancing in treatment and achieving conditional release to the community, during the same time period, on average 11 individuals that have been released have had their conditional release revoked and they have returned back to VCBR. Revocations of conditional releases add to the census pressures that the facility is already experiencing. The most prevalent reason for revocation is substance abuse, followed by inappropriate media usage (e.g., internet usage). To slow this trend, the treatment program of VCBR is being updated as relevant information is learned from discharged individuals regarding reasons for revocations and successes in the community. Increased support in the community in the form of transitional housing and case management services would help provide a resident the support needed in the community to maintain conditional release.

Agency Statistics

Statistics Summary

The following statistics provide a snapshot of VCBR operations during FY 2016:

Statistics Table

Description	Value
Number of VCBR admissions	63
Number of VCBR discharges	32
Percent of VCBR residents who are clinically eligible for conditional release	12
Percent of residents participating in VCBR treatment programs	99
Number of residents working in VCBR vocational program jobs	138

Management Discussion

General Information About Ongoing Status of Agency

The current VCBR facility was designed reflecting the 1999 SVP commitment laws. Under the then prevailing SVP laws, admissions ran about one per month. At that rate a 300-bed capacity facility would have sufficed for about 20 years. This changed in 2006 when the Virginia General Assembly expanded the number of qualifying crimes from four offenses to 28 offenses and shifted the screening tool from the RRASOR (Rapid Risk Assessment of Sex offender Recidivism) to the Static-99 actuarial instrument. Combined, these changes increased the admission rate at VCBR by more than 300 percent. Most of this increase is as a result of the greater "capture" rate of the Static-99 actuarial instrument. This increased pressure on the SVP system for services at all levels. Whereas, the facility had been experiencing about one admission per month, over the past four fiscal years, VCBR has averaged five admissions per month, with a net increase of 16 residents per year. It is projected that the net increase of residents per year will increase to 24 by FY 2021 and continue to increase.

The first phase of expansion of VCBR is anticipated to be completed at the beginning of FY 2021 and will provide living and treatment space for a total of 632 individuals. If the net number of admissions of 24 individuals per year is consistent, VCBR will exceed 632 residents by the beginning of FY 2027 and Phase II (building out shelved space) of expansion will need to be funded and completed by FY 2027. The completed expansion (Phase I and II) will result in an expanded facility capable of housing 708 individuals. If the net number of admission of 24 individuals per year is consistent, VCBR will exceed 708 individuals by 2031 and require expansion once again. For the current expansion, the time between the beginning of detailed planning to completion of Phase I of expansion is expected to be approximately five years. At the current rate of admissions, the facility will need to begin planning for an additional expansion no later than 2026. However, it should be noted that recruiting and retaining a sufficient work force for this large of a facility will be exceedingly challenging and at some point the decision may need to be made to expand to a different region of the state. While there are some definite challenges of operating two distinct facilities (least of which is cost), having distinct facilities will provide the Commonwealth with more flexibility to address resident management, staffing, and discharge planning challenges.

Unless options to reduce the census growth are implemented, it is clear that VCBR will continue to experience an increase in census and be in need of continued expansion. Item 331.D of the 2016 Appropriate Act required the Department of Behavioral Health and Developmental Services to develop options to reduce the census growth and the need for additional bed capacity at VCBR. Following this requirement, a subgroup within DBHDS identified options that may reduce the census growth. These options included:

1. Repealing the changes made to the Code of Virginia in 2006 and/or eliminate some of the included predicate offenses to decrease the pool of SVP eligible individuals.
2. Create a pilot treatment program dually run by VADOC and DBHDS that would target individuals at high risk of being civilly committed at the end of their sentence in VADOC but who are identified as benefitting from pre-committed SVP treatment with the goal of either avoiding civil commitment (when safe to do so) or shortening their eventual length of stay should they be civilly committed.
3. Increase treatment staffing at VCBR (thus presumable facilitating the more timely movement of residents through the treatment program).
4. Develop transitional housing options, creating capacity in the community to manage SVPs on conditional release.
5. Create programs for individuals with psychiatric instability or developmental disability for individuals that are mentally unable to fully benefit from SVP treatment.

Acting on one or more of the above options would prolong the period until a new/expanded facility. Obviously, each option comes with its own unique risks and benefits and has public policy implications.

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 (IS&T) 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.

Although many of the central office (720) IT goals are intended to support VCBR, two are of particular importance. First, the reduction of the Facility Application Inventory, will have the most significant impact on VCBR technology operations. A reduced facility application inventory and

increased central office support for agency-wide applications will allow facility IT staff to focus on the specific needs of their facility's clinical staff.

Second is the implementation of new or upgraded physical security systems in order to ensure staff, family, and individual safety at the facilities. Security systems can include, but are not limited to, duress systems, door access systems, video management systems, and overhead enunciators.

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 40 years old and work tenure is 4.6 years. The turnover rate is 34.45 percent for direct care and 8.8 percent 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, 10.2 percent will be eligible to retire with unreduced benefits.

VCBR is building relationships with the local technical center, community colleges and other regional technical centers to help with acquiring employees. In addition, VCBR is working with managers to develop succession planning and create training for employees and future employees to meet the knowledge, skills and abilities of the positions needed to support the mission of VCBR and updating the Salary Administration Plan (SAP) to include exception recruitment and retention incentive options and creating a Recognition Program for current employees.

The hiring of qualified staff will need to match the pace in which the census of the facility grows. While VCBR's treatment program performs exceptionally well when compared to the nation's other SVP commitment programs, the treatment staff to resident ratio in the Virginia system is lacking when compared to other programs. VCBR's therapist to resident ratio is 1:24. Other comparable programs such as New Jersey and Minnesota have ratios of 1:8. In order to maintain the constitutionality of the commitment program, VCBR must provide adequate evidenced based treatment. In order to achieve this, the number of qualified treatment providers at the facility will need to increase.

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. For staff safety and to accommodate both the behavioral and medical challenges of the residents, VCBR has maximized the number of rooms it can double bunk. 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.

Because of double-bunking, the facility is currently operating above its original design capacity. 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).
