

# 2014-16 Strategic Plan

## Virginia Center for Behavioral Rehabilitation [794]

### Mission

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

### Vision

A life of possibilities for all Virginians

### Values

#### Focus First on Individuals Receiving Services

Our decisions and actions consider first the best interests of individuals who receive services and their families. We respect the potential and capacity of each individual who receives services. We value and support the healing and recovery process.

#### Responsiveness to External and Internal Customers

We seek input and involvement from our customers. We share ideas and remain open to different opinions. We listen to and respect what our customers say and respond promptly to their requests.

#### Partnership and Collaboration

We create opportunities for partnerships, encourage teamwork, and support each other to succeed. We accept shared ownership and seek win-win (mutually acceptable) solutions. We communicate openly and clearly. We are willing to take risks as we look for creative solutions and new ways of solving problems. We make decisions and resolve problems at the level closest to the issue.

#### Professionalism, Integrity, and Trust

We recognize and celebrate individual and team successes. We use valid data that reflect best practices and positive results and outcomes. We take responsibility for ourselves, for our actions, and for how these actions affect others. We develop a supportive and learning environment and work continuously to improve the quality of the services we provide. We keep our word and deliver what we promise. We incorporate our values into everyday decisions.

#### Stewardship

We protect the assets and interests of the entire services system. We value and take care of staff. We use the Commonwealth's resources in the most effective and efficient manner.

### Finance

#### Financial Overview

VCBR is funded with 100% general fund dollars.

#### Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	29,407,520	0	29,407,520	0
Changes to Initial Appropriation	-401,672	0	-344,564	0

(Changes to Initial Appropriation will be 0 when the plan is created. They will change when the plan is updated mid-biennium.)

### Customers

#### Anticipated Changes to Customer Base

#### Current Customer List

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	363	382	Increase

## Partners

Name	Description
Pharmacy oversight agencies	The Virginia Center for Behavioral Rehabilitation assures that its pharmacy operations meet regulatory requirements.
State agencies	VCBR collaborates with the Department of Corrections to transition inmates to VCBR.
Commitment Review Committee (CRC)	The Virginia Center for Behavioral Rehabilitation (VCBR) provides quality management feedback to CRC evaluators.
Courts	VCBR participates in annual SVP commitment reviews.

## Agency Goals

- **Implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the behavioral health and developmental services system through policy and practices that reflect the unique circumstances of individuals receiving services and supports.**

### Summary and Alignment

Chapter 3 of Title 37.2 of the Code of Virginia establishes DBHDS and Chapter 7 of Title 37.2 authorizes DBHDS to perform certain functions related to the operation of state facilities. Additionally, Chapter 9 of Title 37.2 authorizes the civil commitment of sexually violent predators and authorizes DBHDS to operate or contract for a secure confinement facility to provide behavioral rehabilitation services to them. DBHDS operates VCBR to provide treatment of SVPs in a highly secure facility. VCBR prepares residents, when appropriate, for the eventual return to their home communities and works with community providers to develop realistic and appropriate conditional release and monitoring safety plans. This goal envisions the implementation of evidence-based sex offender rehabilitation services that are intended to reduce the risk that SVPs will reoffend so they can safely and successfully transition to the community once conditionally released.

### Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

### Associated Societal Indicator

Life Expectancy

### Objectives

- » **Continue progress in changing VCBR's culture to support recovery, self-determination, empowerment, and person-centered planning.**

#### Description

The objective supports the realization at VCBR of a more person-focused and needs-based system of rehabilitation services and supports. Services provided at VCBR are person-centered and individualized to meet each individual's goals for recovery. Key components of these services focus on developing insight into risk factors and introducing positive goals for lifestyle change and on skills required to transition back to the community.

#### Objective Strategies

- Incorporate recovery principles in VCBR operations to the extent possible, including provision of educational, career development and job training opportunities.
- Provide intensive treatment aimed at reinforcing positive behaviors, reducing risk, and preparing individuals for safe and successful adjustment to the community.
- Increase vocational development opportunities and work experiences that increase the recovery experience for individuals receiving services at VCBR.
- Assist VCBR residents develop SVP conditional release plans and participate in pre-release groups to help them develop viable home plans.

#### Measures

- **Build and sustain services capacity necessary to provide person-centered services and supports when and where they are needed, in appropriate amounts, and for appropriate durations.**

### Summary and Alignment

VCBR provides behavioral rehabilitation services within a maximum-security perimeter to convicted sex offenders who are civilly committed to DBHDS at the end of their confinement in the Department of Corrections because of their histories of habitual sexually violent behavior and because their ability to control their violent tendencies is compromised by the presence of a mental abnormality or personality disorder. International experience with the SVP population supports the use of a rehabilitation approach based on cognitive-behavioral principles and focused on relapse prevention. This goal envisions provision of secure behavioral rehabilitation services that are appropriately tailored to the needs of individuals committed to VCBR and exemplify clinical and management best and promising practices.

### Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

### Associated Societal Indicator

Life Expectancy

### Objectives

#### » Provide intensive inpatient sex offender evaluation, rehabilitation and vocational training, and other clinical services in a safe and secure setting.

##### *Description*

This objective implements highly structured intensive inpatient sex offender evaluation, rehabilitation, and other clinical services. This includes multiple daily group sessions, individual behavioral therapy, vocational training, work therapy, and other programs, as appropriate.

##### *Objective Strategies*

- Offer a comprehensive array of behavioral rehabilitation services including a three-phased program evidence-based sex offender treatment and vocational work opportunities to individuals who have been civilly committed as sexually violent predators.
- Assess each individual's ability to manage himself sexually, behaviorally, and emotionally throughout his treatment and implement strategies that reinforce positive behaviors that increase the recovery experience for individuals receiving services.
- Provide adult basic education, adult secondary education, and educational skill building classes that allow individuals to increase their academic skills and expand individuals' knowledge in areas such as history, geography, literature, math, and science.
- Provide on-site work experience in food services, housekeeping, grounds maintenance, and as recreation and education aides.
- Continue partnerships with the Office of the Attorney General and with Probation and Parole offices to support and expand the safe and appropriate use of SVP conditional release.
- Provide safe and appropriate pre-release supports through VCBR security staff protocols for taking residents into the community for job interviews and to seek appropriate housing.
- Provide security services required to safely operate the VCBR and maintain a maximum-security perimeter to assure the safety of individuals receiving services at the Virginia Center for Behavioral Rehabilitation (VCBR), staff, and the public.
- Provide inpatient pharmacy services to individuals receiving services and supports at VCBR that comply with state requirements and federal programs.
- Maintain sufficient numbers of trained professional and direct care staff necessary to deliver quality forensic treatment and behavioral rehabilitation services and trained security staff to safely and appropriately operate VCBR.
- Provide documented treatment participation to the committing court at the individual's annual review.
- Use the results of Annual Consultation Audits to improve VCBR service delivery through adoption of best practices and operational efficiencies.
- Reconfigure center services and security to serve up to 150 additional individuals at VCBR.
- Provide training to enhance the use of best practice guidelines and evidence-based approaches in the treatment and care of individuals receiving behavioral rehabilitation services.
- Implement a career path for direct service associates to improve recruitment and retention efforts.

##### *Measures*

- ◆ Number of residents determined to be clinically eligible for conditional release.

#### • Perform the core functions of the behavioral health and developmental services system in a manner that is efficient, effective, and responsive to the needs of individuals receiving services and their families.

##### *Summary and Alignment*

This goal envisions consistent implementation of administrative and support services that support and sustain VCBR service quality and appropriateness, ensure compliance with federal and state requirements, and promote efficiency and cost-effectiveness.

### Associated State Goal

Government and Citizens: Be recognized as the best-managed state in the nation.

## Associated Societal Indicator

Government Operations

### Objectives

#### » Provide efficient and effective administration and support services at the Virginia Center for Behavioral Rehabilitation.

##### Description

Efficient and effective administration and support services must be in place if VCBR is to provide quality services in a safe, secure, and healthy environment. This objective implements general management, computer services, food services, housekeeping, linen and laundry services, and physical plant services that support the effective and efficient operation of the VCBR and the implementation of an electronic health record.

##### Objective Strategies

- Adhere to all safety regulations as prescribed by the Department of Environmental Quality pertaining to boiler inspections.
- Adhere to all safety regulations as prescribed by the local Fire Marshall pertaining to building safety.
- Adhere to Virginia Department of Health regulations pertaining to state facility food services operations, overall sanitation, and cleanliness.
- Comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rule requirements.
- Continue to adhere to Prompt Payment Act, small purchase charge card usage, Payline participation, direct deposit participation, and other regulatory compliance requirements.
- Continue to assess opportunities to improve the effectiveness and efficiency of facility administrative services.
- Implement an electronic health record system of clinical treatment/medical record, pharmacy, ancillary, and accounts payable modules.

##### Measures

- ◆ Clinical cost per patient day.

## 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.

## 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.

## Staffing

Authorized Maximum Employment Level (MEL)

0

Salaried Employees	424
Wage Employees	24
Contracted Employees	2

## 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 bunk 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.

## 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.

### **Estimate of Technology Funding Needs**

### **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).**

## Supporting Documents

**Title** **File Type**

### Service Area Plan

## Facility-Based Education and Skills Training [19708]

### Description of this Program / Service Area

Facility-Based Education and Skills Training Services consist of educational and vocational and employment services provided at the Virginia Center for Behavioral Rehabilitation to individuals found by the court to meet the statutory criterion of sexually violent predator.

### Mission Alignment

Facility-Based Education and Skills Training Services improve individuals' person-centered work skills.

### Products and Services

#### Description of Major Products and Services

Facility education and skills training include educational services and vocational, pre-vocational, and work training activities.

#### Anticipated Changes

No major changes to VCBR education or skills training services are anticipated.

#### Factors Impacting

Demand for VCBR beds will increase even as the center experiences workforce recruitment and retention challenges.

### Financial Overview

This service area is funded with 100% general funds.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	520,455	0	520,455	0
Changes to Initial Appropriation	0	0	0	0

## Supporting Documents

**Title** **File Type**

**Forensic and Behavioral Rehabilitation Security [35707]**

**Description of this Program / Service Area**

Forensic and Behavioral Rehabilitation Security Services assure that intensive inpatient sex offender evaluation, rehabilitation, and other clinical services are provided at Virginia Center for Behavioral Rehabilitation 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.

**Mission Alignment**

DBHDS must, by statute, operate or contract for a secure confinement facility to provide behavioral rehabilitation services to individuals found by the courts to be sexually violent predators.

**Products and Services**

**Description of Major Products and Services**

Forensic behavioral rehabilitation security services include a cadre of trained security staff required to maintain the Virginia Center for Behavioral Rehabilitation maximum-security perimeter.

**Anticipated Changes**

No major changes to VCBR forensic and behavioral rehabilitation security services are anticipated.

**Factors Impacting**

Demand for VCBR beds will increase even as the center experiences workforce recruitment and retention challenges.

**Financial Overview**

This service area is funded with 100% general funds.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	15,937,228	0	15,937,228	0
Changes to Initial Appropriation	0	0	0	0

**Supporting Documents**

**Title** **File Type**

**Inpatient Pharmacy Services [42102]**

**Description of this Program / Service Area**

Inpatient Pharmacy Services consist of medication selection and procurement, storage, ordering and prescribing, preparation and dispensing, administration, and monitoring. Medication orders are prepared, packaged, compounded (if needed), labeled and then sent directly to the individual's unit for administration by nursing staff.

**Mission Alignment**

VCBR provides medications that appropriately alleviate the symptoms of and distress associated with an individual's illness or medical condition, or both.

**Products and Services**

**Description of Major Products and Services**

Inpatient pharmacy services include medication selection, procurement, preparation, dispensing; management, and education, and pharmacy service oversight and cost containment.

**Anticipated Changes**

No major changes to VCBR pharmacy services are anticipated.

**Factors Impacting**

Inpatient pharmacies will continue to experience increasing medication costs. These costs may be offset somewhat as patents for certain medications expire and generic medications become available. The pharmacist shortage in Virginia and nationally will continue to make recruitment and retention of pharmacists extremely difficult.

**Financial Overview**

This service area is funded with 100% general funds.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	1,000,000	0	1,000,000	0
Changes to Initial Appropriation	0	0	0	0

**Supporting Documents**

**Title** **File Type**

**State Mental Health Facility Services [43014]**

**Description of this Program / Service Area**

State Mental Health Facility Services include a variety of intensive inpatient sex offender evaluation, rehabilitation, and other clinical services provided to individuals receiving services at the Virginia Center for Behavioral Rehabilitation. International experience with the sexually violent predator 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. Direct care staff work with clinicians to create an environment that challenges deviant and criminal thinking and behavior while reinforcing appropriate behavior.

**Mission Alignment**

DBHDS must, by statute, operate or contract for a secure confinement facility to provide behavioral rehabilitation services to individuals found by the courts to be sexually violent predators. State hospital services provided at the Virginia Center for Behavioral Rehabilitation (VCBR) are person-centered and individualized to meet each individual’s goals for recovery.

**Products and Services**

**Description of Major Products and Services**

Behavioral rehabilitation services include inpatient sex offender rehabilitation services within a maximum-security perimeter, sex offender evaluation and treatment training, quality management feedback to Commitment Review Committee evaluators, and annual SVP commitment reviews for the courts.

**Anticipated Changes**

VCBR will continue to increase its focus on rehabilitation strategies that reinforce positive behaviors and expansion of vocational opportunities that increase the recovery experience for individuals receiving services.

**Factors Impacting**

Demand for VCBR beds will increase even as the center experiences workforce recruitment and retention challenges.

**Financial Overview**

This service area plan is funded with 100% general funds.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	2,424,744	0	2,424,744	0
Changes to Initial Appropriation	0	0	0	0

**Supporting Documents**

**Title** **File Type**

**Facility Administrative and Support Services [498]**

**Description of this Program / Service Area**

Facility Administrative and Support Services consist of administrative leadership and general management, computer services, food services, housekeeping, linen and laundry services, and physical plant services that support the effective and efficient operation of the Virginia Center for Behavioral Rehabilitation.

**Mission Alignment**

Facility Administrative and Support Services provide the administrative framework that enables the VCBR to provide quality care in a safe and clean environment and comply with administrative and financial requirements.

**Products and Services**

**Description of Major Products and Services**

Facility administrative and support services include general management and direction; information technology support; food and dietary services, housekeeping, linen and laundry, and physical plant services.

**Anticipated Changes**

No major changes in VCBR administrative and support services are anticipated; however, continuing increased demand will require future construction of additional bed capacity.

**Factors Impacting**

Administration and support needs will change as VCBR’s capacity changes. Recruitment and retention of the VCBR workforce will be a challenge. Increased costs associated with the implementation of EHR clinical treatment/medical records and annual increases in the costs of medications, energy, and other goods and services are likely. Potentially, VCBR could be outsourced to a private vendor. This would have a significant impact on the provision of services.

New Governor’s Executive Orders and changes in requirements of external agencies such as the Department of Accounts (DOA), Department of Human Resources Management (DHRM), Department of Planning and Budget (DPB), Department of General Services (DGS), and Virginia Information Technologies Agency (VITA) could affect performance of state mental health facility administrative and support services

**Financial Overview**

This program plan is funded with 100% general funds.

**Biennial Budget**

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	9,525,093	0	9,525,093	0
Changes to Initial Appropriation	0	0	0	0

**Supporting Documents**

**Title** **File Type**