

# 2016-18 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.

#### Accountability and Oversight

We take seriously our responsibility to provide oversight and accountability throughout Virginia’s public behavioral health and developmental system to ensure individuals receive timely access to quality, consistent services.

#### 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 percent general fund dollars.

#### Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	35,428,802	0	35,436,665	0
Changes to Initial Appropriation	0	0	301,805	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
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Civily-Committed	Individuals civilly committed to the Virginia Center for Behavioral Rehabilitation	363	382	Increase
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## 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 (SVPs) 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 secure facility. VCBR provides treatment to residents to address their risk factors for future sexual re-offending. VCBR prepares residents, when appropriate and approved by the court, for the eventual return to their home communities and works with community providers to develop realistic and appropriate conditional release plans which adequately mitigates the individual's risks. This goal envisions the implementation of evidencebased 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 approved for conditional release by the court.

### 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 supporting VCBR's culture to align with the values of 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 acquisition to transition back to the community to a healthy, productive, non-offending lifestyle.

#### 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 to acquire the supports and resources needed to develop a viable conditional release plan

#### Measures

- **Build and sustain services capacity necessary to provide personcentered 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 secure facility to 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 the provision of a sufficient array of behavioral rehabilitation services that are appropriately tailored to the needs of individuals committed to VCBR and which have been found to potentially mitigate risk factors for future aggression.

#### 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 residential sex offender rehabilitation in a safe and secure setting.

###### Description

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

###### Objective Strategies

- Offer a comprehensive array of behavioral rehabilitation services including a three-phased program of evidence-based sex offender treatment to individuals who have been civilly committed as sexually violent predators.
- Provide vocational training and other clinical services to meet the needs of residents at VCBR.
- 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 support success when/if released to the community.
- Provide onsite 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 security services required to safely operate the VCBR to assure the safety of individuals receiving services at the Virginia Center for Behavioral Rehabilitation (VCBR), staff, and the public.
- Maintain sufficient numbers of trained professional and direct care staff necessary to deliver quality forensic treatment and behavioral rehabilitation services.
- Maintain sufficient numbers of trained professional and direct care staff necessary to deliver quality forensic treatment and behavioral rehabilitation services.
- Plan for the future needs of the Commonwealth giving the increasing numbers of individuals committed as SVP and explore possible alternatives to secure confinement (without jeopardizing community safety).

###### 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.

*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.

*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

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.

## Staffing

Authorized Maximum Employment Level (MEL)	0
Salaried Employees	433
Wage Employees	17
Contracted Employees	17

## 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 shelved 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 shelved-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.

## 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 shelled 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.

## 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 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 shelved 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
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**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 percent general funds.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	80,213	0	80,213	0
Changes to Initial Appropriation	138,267	0	138,267	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 percent general funds.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	6,357,005	0	6,357,005	0
Changes to Initial Appropriation	4,947,719	0	5,199,223	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.

**Financial Overview**

This service area is funded with 100 percent general funds.

Biennial Budget

	<b>2017 General Fund</b>	<b>2017 Nongeneral Fund</b>	<b>2018 General Fund</b>	<b>2018 Nongeneral Fund</b>
Initial Appropriation for the Biennium	6,229,354	0	6,229,354	0
Changes to Initial Appropriation	-5,230,509	0	-5,230,509	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 is funded with 100 percent general funds.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	6,770,222	0	6,770,222	0
Changes to Initial Appropriation	2,863,347	0	2,863,347	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.

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 service area is funded with 100 percent general funds.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	15,992,008	0	15,999,871	0
Changes to Initial Appropriation	-2,718,824	0	-2,668,523	0

**Supporting Documents**

**Title** **File Type**