



**Item 319.A.3. – Progress Report on the Plan for the
Housing of Additional Individuals Committed for
Treatment at the
Virginia Center for Behavioral Rehabilitation**

to the Governor and Members of the General Assembly

July 8, 2011



COMMONWEALTH of VIRGINIA

JAMES W. STEWART, III
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

July 8, 2011

To: The Honorable Robert F. McDonnell, Governor
And
Members, Virginia General Assembly

Item 319.A.3 of the 2011 *Appropriation Act* requires the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) to submit a quarterly report on the plan to house additional individuals committed for treatment to the Virginia Center for Behavior Rehabilitation (VCBR). In Item C-76.15., the *Appropriation Act* also requires the Department of General Services, with the cooperation and support of the Department of Behavioral Health and Developmental Services and the Secretary of Health and Human Resources, to manage the project. This is the first quarterly report and includes a plan and timeline to expand the occupancy at VCBR.

The next plan update will be submitted on October 1, 2011. Should you have questions in the interim regarding the progress of this project and/or the estimated timeline, please feel free to contact me at (804) 786-3921.

Sincerely,

A handwritten signature in cursive script that reads "James W. Stewart, III".

James W. Stewart, III
Commissioner

CC: Hon. William A. Hazel Jr., MD
Keith Hare
Olivia Garland, Ph.D.
Kimberly Runion
Steven Wolf, Ph.D.

Bill Echelberger
Joe Flores
Anthony A. Maggio
Susan Massart
Ruth Anne Walker

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**Item 319.A.1-3 - Progress Report on the Plan for the Housing of
Additional Individuals Committed for Treatment at the
Virginia Center for Behavioral Rehabilitation**

**QUARTERLY UPDATE
July 8, 2011**

I. Overview

Item 319.A.3 of the 2011 *Appropriation Act* requires the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) to submit a quarterly report on the plan to house additional individuals committed for treatment to the Virginia Center for Behavior Rehabilitation (VCBR). The language is outlined below:

A.1. The Department of Behavioral Health and Developmental Services (DBHDS) shall implement a plan to accommodate additional sexually violent predators committed to the Virginia Center for Behavioral Rehabilitation (VCBR). Such plan may include double-bunking dormitory-style, repurposing existing space, or the addition of new housing units at the current VCBR site. The department shall not reopen a temporary facility for the housing, confinement and treatment of civilly committed sexually violent predators at the Southside Virginia Training Center in Dinwiddie County. Further, the department shall not undertake a capital project to expand or construct additional units or facilities at a new site for the housing, confinement and treatment of these individuals until a comprehensive review of the current program for the civil commitment of sexually violent predators is completed. The Department of Corrections shall assist DBHDS in developing the plan to accommodate additional capacity and shall provide risk assessment data of the affected population. The department may make necessary capital renovations to the facility in Nottoway County to accommodate the increased capacity in order to ensure resident safety.

2. In the event that services are not available in Virginia to address the specific needs of an individual committed for treatment at the VCBR or conditionally released, or additional capacity cannot be met at the VCBR, the Commissioner is authorized to seek such services from another state.

3. Beginning on July 1, 2011, the department shall provide quarterly reports to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on the plan for the housing of additional individual committed for treatment.

The 2011 *Appropriation Act* also requires:

C-76.15 Life Safety Code and Major Mechanical Repairs: In furtherance of the provisions of Item 319 pertaining to the Virginia Center for Behavioral Rehabilitation in Nottoway County, the Secretary of Finance is authorized to transfer an amount not to exceed \$7,000,000 of the appropriation of Virginia Public Building Authority bond funds for project 17596 to a new separate subproject to be used to address capital costs related to the increased capacity, including equipment, furnishings, and renovations. With the cooperation and support of the Department of Behavioral Health and Developmental Services and the Secretary of Health and Human Resources, the Department of General Services is authorized to manage such funds transferred by the Secretary of Finance.

In response, the Department has met multiple times with the Department of General Services and the Department of Corrections and is well under way in meeting the requirements of the Act of

Assembly, as well as achieving the physical capacity for double-bunking an additional 150 men at the Nottoway campus of VCBR. These achievements are documented in this report.

II. Plan for Accommodating Increases in the Sexually Violent Predator (SVP) Population

Beginning in 2006, the department has projected the rate of increase in the SVP population and has reported annually to the General Assembly through the *Sexually Violent Predator Referrals, Commitments, and Bed Utilization Forecast*, most recently submitted October 1, 2010, as Report Document No. 262. As stated in that report, the current average monthly admission rate is 6.00 residents per month, which means maximum capacity will be reached at VCBR no later than October 2011. DBHDS plans to begin double-occupancy in early fall of 2011.

Since receiving the direction noted above during the 2011 Session of the General Assembly, DBHDS has taken a number of steps to address the capacity concerns at VCBR:

- **Department of General Services (DGS) Management of the Project.**

In compliance with Item C-76.15., the DBHDS Office of Architectural and Engineering (A&E) turned over the project management for double bunking to DGS. DBHDS A&E and VCBR staff continue to provide input to DGS, and the two agencies are finalizing a “Memorandum of Understanding” (MOU) that outlines the scope of services DGS will provide to DBHDS to ensure the project is brought to successful completion on schedule and within budget.

- **DBHDS Proposed Plan for Double-Occupancy Developed (Attachment A) and DGS Project Timeline (Attachment B).**

DBHDS staff from both VCBR and Central Office developed a prioritized list of projects that will allow the facility to house an additional 150 residents beyond the original capacity of 300. This proposal takes into account how the additional 150 residents will impact total operations, including shared services with the department’s other facility on site, Piedmont Geriatric Hospital (PGH).

- **New DBHDS Policy for Double-Occupancy (Attachment C).**

The administrative and clinical staff at VCBR developed a draft Double-Occupancy Policy to identify a method for determining resident room assignments. The policy establishes an Admission Screening Committee to review information from the Department of Corrections (DOC) and other pertinent information to guide the room assignment. The pre-screening process is designed to encourage a resident’s success in the program and to minimize safety risks.

- **Staff Meetings with Residents to Discuss Double-Occupancy**

As a strategy for managing resident anxiety attached to the prospect of double-occupancy, beginning in March 2011, the facility director has met monthly with the Resident Advisory Council (RAC) regarding the status of double-occupancy. The discussions include the reason for double-occupancy, expected timeline and draft policy for determining which residents will be in a room with double-bunking. These meetings have served a dual purpose of providing information to residents while also receiving input from residents through the RAC.

- **Initiatives for Shared Services with PGH and Cost Reductions.**

The following steps have been taken to combine services on the Nottoway Campus and/or save operating expenses:

1. Newly **combined services** include the sharing of a Medical Director, Security Staff, Central Supply, and the Investigator. Previously combined shared services are Food Services, Environmental, Financial, Human Resources, Training, Pharmacy and Dental Services.
2. **Cost reduction actions** that have been implemented are:
 - a. Reduction in medical expenses by limiting the number of transportation runs outside of the facility. Instead, the facility is contracting with local physicians to provide services on-site; providing better scheduling of appointments when a resident has to be transported from the facility; and, conducting medical testing in-house when possible. ER visits, Medical consult requests and use of Lab Corp are being better scrutinized. Tele- Med services with MCV are being used to save cost on transportation and staff time.*;
 - b. Food service preferential requests from residents are honored only if the requests meet religious needs or are medically required while providing appropriate nutrition; and,
 - c. Rather than purchasing new bunks at a higher cost, VCBR has contracted with a local welding company to widen thirty beds that had been in storage by DBHDS in preparation for double bunking.

**These changes are being implemented without increasing health or safety concerns of the residents.*

III. Risk Assessments and Considerations

- **Resident Behavior.**

The Department of Corrections (DOC) is providing background information and assessments to aid the Admission Screening Committee in its resident reviews for room assignments. Residents will be screened using several criteria including DOC historical records on behaviors while incarcerated (to include infractions, treatment and work participation) and cognitive deficits or medical complications. Residents will be carefully screened prior to

assignment to a double-occupancy room based upon their propensity for predatory behavior and, conversely, based upon the tendency to easily become victims of predatory residents.

- **Legal Notices.**

To date, no lawsuits have been filed. However, verbal and written notifications have been made. DBHDS and the Office of the Attorney General received a “Legal-Notice” signed by six residents stating that they will sue if double-occupancy occurs (Attachment D).

Additionally, residents have utilized the Resident Complaint Process to file complaints to administrative staff regarding double-occupancy. Residents have made verbal threats toward VCBR staff should double bunking be implemented (i.e., statements about making weapons such as knives, and about harming other residents).

IV. Closing Statements

DBHDS and DGS are working collaboratively to fulfill the directive from the General Assembly. DOC and OAG are also involved, though to a lesser extent.

Clearly, some residents are frightened by the prospect of double-occupancy. Some residents have made threatening statements about causing physical harm to other residents and staff. In addition, a group of residents is planning to bring a lawsuit (or multiple law suits) against the Department (Attachment D). The Department is planning for each of these and other contingencies by reviewing and revising the program’s internal behavioral management, security, and clinical policies. In anticipation of such challenges, the Department has established ongoing work groups and plans are being developed or are already in place to respond to and contain aggressive behavior. These include managing room assignment, administrative segregation of aggressive residents, and filing criminal charges for acts of violence. At the same time, ongoing work groups are in place to try to anticipate and address challenges as they arise.

ATTACHMENT A: DBHDS Proposed Plan for Double-Occupancy

(5/31/2011)

Purpose: The purpose of this plan is to present a prioritized list of actions necessary to allow an additional 150 residents, beyond the present capacity of 300, to be housed at the Virginia Center for Behavioral Rehabilitation (VCBR). This takes into account how the increase in population will impact campus operations, including shared services with the adjacent Piedmont Geriatric Hospital (PGH),

List of Priorities

1) *Changes to Living Areas to Accommodate Additional Residents (Double-Bunking):*

- Identify rooms to be double-bunked.
- Purchase and install furniture and hardware to accommodate additional clients including the following:
 - Additional bunks and ladders;
 - Storage and shelving for clothing and personal items;
 - Additional seating and tables in the unit shared living and dining areas; and
 - Additional refrigeration for client food and snacks.
- Install privacy curtain at toilet.
- Install additional electrical outlets in client rooms to accommodate personal items.
- Modify HVAC system to allow improved temperature control with increased population.

2) *Expand Kitchen to Accommodate 35% Increase in Capacity:*

- Expand food preparation areas at VCBR (multiple tray lines).
- Expand all food storage areas (dry, cold, frozen).
- Provide additional office space.
- Purchase additional rethermalization ('retherm') units and install in created dedicated retherm area.
- Install security enhancements to allow residents to work in the kitchen. Consideration must be given to:
 - Ingress/egress of residents.
 - Product shipment and delivery.
 - Impact on surveillance systems, security fencing and fire safety; and
- Provide new/relocated warehouse space (currently housed with kitchen).

3) *Modifications to HVAC system to accommodate 50% Increase in Population.*

4) *Modifications to Accommodate Special Needs* – Modify two living units to accommodate persons with special needs: a) serious mental illness and/or cognitive impairment; and b) medically fragile.

- Installation of handicapped accessible toilet/sink units in all bedrooms.
- Creation of nurse's station and staff space on unit.
- Installation of handicapped accessible laundry equipment.
- Creation of treatment room on living unit.
- Renovations to provide handicapped access to bedrooms and outside patio area.

5) *Medication Room Conversion:* Renovate an existing staff bathroom in each building to serve as medication dispensary.

6) *Provide Additional Treatment Space and Relocate Administrative Offices:*

- Renovate administrative offices currently located inside the secure perimeter to become client treatment and program areas.
- Construct new administrative space outside the secure perimeter.
- Provide additional parking.

7) *Medical/Behavioral (Infirmiry) Unit Modifications:* Modifications to infirmiry unit adjacent to the medical wing to allow improved nursing supervision and immediate access to patients.

**ATTACHMENT B: DGS PROPOSED TIMELINE, SCOPE OF WORK,
AND MILESTONES**
(5/31/2011)

Scope of Work

- Double bunking room configuration
- Kitchen expansion
- Upgrade and repairs HVAC and electrical systems
- Handicapped unit modifications
- Medication room conversion
- Construct new administrative office, and adding additional treatment space / parking
- Modifications to medical and behavioral units

Note: DGS plans to separate the double-bunking task from the other pieces of the project. The goal is to get the double-bunking task done this Fall. However, because the kitchen expansion would be under the design and construction period through mid year 2012, the issue of the interim food services needs need to be resolved with the gradual growth in population.

Milestones and Proposed Project TimeLine

DGS met with VCBR staff and conducted initial site visit	May 23 - 27, 2011
VCBR provided the program requirements with prioritization	
DGS initiated Architectural / Engineering services for Schematic / Conceptual Design and Programming	
DGS to receive budget breakdown draft CO-2 from DBHDS DGS to submit CO-2 to DPB	June 10 – 15, 2011
Funds become available	July 1, 2011
A&E Solicitation	July 1 – August 15, 2011
Develop plan for double bunking and project phasing	Aug 15- Sep 15, 2011
Schematic Design	Aug 15- Oct 15, 2011
BCOM Review	Oct 15 – Nov 15,
Preliminary Design	Nov 15, 2011 - Jan 15, 2012
BCOM Review	Jan 15- Feb 15, 2012
Construction Document	Feb 15- Apr 15, 2012
BCOM Review	April 15– May 15, 2012
Bidding	May 15 – 25, 2012
Award and NTP	May 25- July 2012
Construction Period	July 2012 – July 2013

ATTACHMENT C: DRAFT DOUBLE-OCCUPANCY POLICY

PURPOSE: VCBR has been directed to accommodate the high number of admissions for SVP treatment by converting up to 150 rooms to double-occupancy rooms. The purpose of this policy is to identify a safe method for determining which residents will reside in double-occupancy rooms.

DEFINITIONS:

- **ADMISSION SCREENING COMMITTEE:** A committee consisting of, at a minimum, the Clinical Director, The Programs Services Director, and the Chief of Security (or their designees).
- **BACKGROUND INFORMATION:** Records obtained from the Department of Corrections, including DOC's double-bunking assessment, Inmate Profile, Description of Disciplinary Reports, and any treatment records.
- **PRIVILEGES:** See Privileging Policy for details of the four privilege levels.

POLICY: Due to structural limitations of the building, the double-occupancy rooms will necessarily be spread out over most of the units rather than centralized on a few units. Unit 4 and Unit 2A will not have double-occupancy rooms due to the special purpose of those units. Unit 28 will also not have double-occupancy rooms because it will soon hold all of the handicapped rooms and will be a unit designated for residents with medical complications. All other units will have some double-occupancy rooms. For as long as is possible, only newly admitted residents will be assigned to double-occupancy rooms. They will be eligible to transfer to a single-occupancy room once they have been promoted to Phase II of the treatment program.

When VCBR is notified of a pending admission, the Admission Screening Committee will review the background information sent from the Department of Corrections. Residents will be screened using several criteria, to include such things as historical behaviors while incarcerated (including infractions), treatment and work participation, cognitive deficits, or medical complications. This and other pertinent information will guide room assignment so that rooms are assigned in a manner to encourage a resident's success in the program. Because of vulnerabilities or aggressive histories, some residents will be difficult to place in a double-occupancy room. These residents will reside in the lowest privileged, highest security living unit until either ready for double-occupancy placement or until a single room becomes available. When a resident residing in a double-occupancy room is promoted to Phase II of the treatment program, he will be offered a single-occupancy room if one is available.

["LEGAL-NOTICE"]
RECEIVED

TO: Commonwealth of Virginia Attorney General
900 East Main Street
Richmond, Virginia, 23219
COPY: EDITOR: Dena Potter
Associated Press
600 E. Main Street Suite -1250
Richmond, Virginia, 23219

CORRECTIONS

RECEIVED

Attorney General Of Virginia: MAY 24 2011 FEB ,21,2011 2nd Notice/ May 19, 2011 MAY 23 2011
REF: Class Action Law Suit!

LITIGATION

["LEGAL-NOTICE"]

OFFICE OF THE ATTORNEY GENERAL

SIR

We as Reperesntives of The resident Population hereby give Your Office Legal Notice: That When, and If Double Bunking were, To Take Place at Virginia Ctr. for Behavioral Rehabilitation Services ["A.K.A"] > ("V.C.B.R.") We shall Bring Forthwith a Class Action Law suit seeking Five Million Per-Resident" Releif for Over Crowding and Createing a unsafe Living Enviroment , and for not Increaseing the- Facilitys Bath Rooms, Showers, Kitchen and Laundry, Recreation Yard , Gym, and Medical , That The Conditions existing now Force us to Live in Cramped Prison like Cells, Without Heat, and No Hot Water , in our Cells, to Wash, or Shave, or in Bath Areas, no Hot Water to Wash Cloths, and that; The Buildings poorly Construction , have Subjected us to live with Rain leaking Through Roofs, and Cracks in the Wall. That Your, Thinking of Double Bunking Citizens is going to Leave The State open, and Liable for Wrongfull Injurys, or Wrongfull Death Law Suits! ["Think about the Cost of That!"]
The Conditions here at V.C.B.R. are now Deplorable, and to Double Bunk Them would make Conditions UnInhabitable, and Miserable, and Thus Make a Clear Violation of The "Non-Punitive Clause" of The Va Code § 37.2-900. and, It Would Be Thus - Clearly Be Challenged as UnConstitutional, on The Grounds of The Forced Conditions of Confinement Raising to The Level of Prison Type Conditions and Therefor Punishment or Punitive, and we would have to ask The Courts to Declare The Law Unconstitutional Based upon These Grounds!

Respectfully Filed This 21st Day of February, in The Year of Two-Thousand and Eleven ["2011"]

MR. Johnny R. Huff
MR. Johnny R. Huff
V.C.B.R.

MR. Charles R. Turner
Charles R. Turner
V.C.B.R.

MR. David Verser
MR. David Verser
V.C.B.R.

MR. Phillip R. Garrett
MR. Phillip R. Garrett
V.C.B.R.

MR. M. Hodges
MR. M. Hodges
V.C.B.R.

MR. Larry Blanchard
Larry Blanchard
V.C.B.R. 4901 E. Patrick Henry I
Bridewille, Va, 23922

COPY: VIRGINIA AMERICAN CIVIL LIBERTIES UNION

- 1- Virginia Attorney General
- 1- Virginia House of Delegates
- 1- U.S. JUSTICE DEPT , CIVIL RIGHTS SECTION:

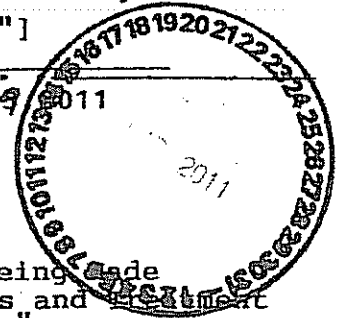
(1)
CITIZENS ["COMPLAINT"] FILED UNDER 1st Amendment Right to -"
[" Petition Government Seeking Redress of Greivences"]

TO: MR. Jim- Steward III
Commissioner of The Department of
Behavioral Health and Developmental Services
1220 Bank Street
Richmond, Virginia, 23219

DATE: March, 19 2011

REF: " Complaint"

VA CODE §37.2-900 Seq Being Made
Punitive by Restrictions and Treatment
as if Held as a Prisoner".



Dear Sir:

I Beleive it has been a Big Mistake Appointing MRS Kimberly
Runion (A Former Warden of Brunswick Corr.Ctr.) as Director of a
Mental Health Treatment Facility (V.C.B.R.).

(1.) She has begun turning this place into a Prison Type Enviroment
Which is "Non-Conducive" to being a Therapeutic Enviroment ,Where
in any Type of Honest Treatment can be received!

REASONS FOR COMPLAINT

- (1) Restrictions We have no Law Library Here!
- (2.) Controled Movement We have no Contract Attorney Here.
- (3.) Restrictions on Property Weight We have no Ball Field or
(True Recreation Yard!)
- (4.) Denieing us Food Packages from Home or Family
- (5.) Restrictions of being Locked in and unable to go out side
- (6.) Orange Juice or V-8 Juice Denied because over 20lb Weight Limit
even Though it's Medical'ly Per-scribed by Doctor.
- (8.) Segregation of Men Based upon their Determing Factors.
- (9.) Patio Locked,not allowed to eat on Patio.

** ["HOW WE ARE MADE TO FEEL UNDER EXISTING DIRECTOR"]

The entire Setting has become one of Total Super Maxium Security
Prison and The Staff are Rude, and Abusive and Intimidate Residents
to The point we are made to feel Discriminated Against, and as if we
are not Patients undergoing Treatment ,But Prisoners whom the State
can Shove around as if We are Being Punished for a Past Crime!

["PRE-POSED" DOUBLE BUNKING"]

I am a Citizen who has been civil Committed to receive Treatment,
for a Mental Abnormallity". ["NOT-A-PRISONER"]

To House me in a Prison Type Small Cramped Cell, and Pre-pose to
Double Bunk Me, with another Person who has a Mental Abnormality
which may Harm me or Murder me in my Sleep is Abuse of Authority
and Criminal Intent! (TO DO MALICE TO ME!)

If The State Intends on Treating me as a Prisoner and This is Just
a ["SHAM"] in order to Continue "Punitive" , Crimmlinal Penaltys ,Based
upon me or others being a EX-Sex-"Offender" Then Clearly it Violates"
The Non-Punitive Clause of The Code ["Virginia Code § 37.2-900seq et.
al. Which is Suppose to be a Non-Punitive Form of Civil Commitment.

["EXHIBIT-#A"] DOCUMENT NO: #00-1-A

["PRE-Posed Shipping US Out of State"]

The Severly Disabled are Cramed into Cramped Prison Cells without any True Regard for their Disabilitys in Violation of A.D.A. Laws This is Outragious",and Constitutes Placeing Extreme Hardships upon Men whom have Familys here in Virginia,and whom Own Property Here, This Amounts to Total Tyranny by Public Officials aginst it's People and Constitutes a Crime aginst Humanity!

The Idea of Shipping Citizens of Virginia Out of State Failed Under Former Gov George Allen ,and The Law suits By Prisoners Shipped to Texas Cost the Virginia Tax Payers "\$" Millions of Dollars!

["Absolutely no Money was Saved!,in The Long Run it Cost the Tax Payers More!"]

The Traumatic Event Harmed Those Shipped to Texas!

If Virginia Cant Take care of it's own then it needs to Abolish this Traviisity of Justice called Civil Commitment and Accept that it is a Failed Experment Gone Wrong!

I Fully Intend to Challenge any such Moves by the State in Federal Court,and Unless this Prison Type Enviroment is Changed and Becomes Less Restrictive ,Im Sure That it Will Be Challenged in Court as Thus-Raising to the Level of being a Punitive Measure as if For a Penal Penalty Thus-Violate'ing The ["Non-Punitive"] Clause of Civil Commitment and Thus- Must be Struck Down as Unconstitutional!

I hope you will Take Corrective Action:

Respectfully Filed This 19 Day of MARCH,in The Year Two Thousand and Eleven ["2011"] A.D.

GIVEN UNDER MY HAND:

MR. 

MR. JOHNNY R. HUFF ["DISABLED COMBAT VETERAN"]

V.C.B.R.

4901 E.Patrick Henry Hwy

Burkeville,Va,23922

CC: 1- U.S. Attorney General
Civil-Rights Division"

1- American Civil Liberties Union

1- Attorney Jose Aponte'

1- Gov. Bob McDonnell'

1- Exhibit on Federal Law Suit.

(" Men May Cry "peace" "Peace" ,But There Is No Peace" as Long as Civil Commitment Exist" , Chains ,and Slavery,Forbid it"Almighty God"