



**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

October 25, 2011



COMMONWEALTH of VIRGINIA

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COMMISSIONER

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October 25, 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 second quarterly report and includes a plan and timeline to expand the occupancy at VCBR.

The next plan update will be submitted on January 1, 2012. 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
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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
October 1, 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.

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

The Department's ultimate goals for this project are to expand capacity at the current VCBR facility by 150 beds. This is to be accomplished by:

- retrofitting up to 150 existing single occupancy residential rooms at VCBR for double occupancy,
- expanding or repurposing existing space for clinical and other residential treatment and support services, to create expanded interim food service capacity until such time as new kitchen capacity comes on line at VCBR, and
- Renovating the kitchen, warehouse and various areas through-out for additional kitchen capacity at VCBR to accommodate feeding 150 more residents, and to provide additional treatment and programming spaces.

III. Background

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 should be reached at VCBR no later than October 2011. DBHDS plans to begin double-occupancy in early fall.

IV. Progress

Department of General Services (DGS) Management of the Project. As noted in the first quarterly report, 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, working with DGS, established a "Memorandum of Understanding" (MOU) outlining the scope of services DGS is providing to DBHDS to support completion of this project. During the past quarter, the following advances have been made.

- On July 14th, the DPB authorized \$1.6 million of the \$7 million project to support this project through preliminary design.
- On July 15th, the DGS initiated the procurement process for the architect/engineering services, selecting Commonwealth Architects and POND/CEGG.
- On July 22nd, the DGS, Commonwealth Architect, and their kitchen consultants conducted a site visit to the VCBR food service areas and kitchen. On July 26th, a final mattress and pillow count and ordering information was provided to DGS by VCBR.
- On July 27th, double-occupancy room equipment, to include beds, shelves, bunk steps, and hanging lockers, was ordered from Virginia Correction Enterprise (VCE). The plan is to stagger manufacture of the equipment ordered so as to keep pace with admissions.
- The week of August 9th, mattresses and privacy curtains were ordered.

- In August and September, DBHDS, VCBR, DGS and the design team visited SVTC, NVTC and NVMHI to have a better understanding of a receptor kitchen and the bulk food cooked and chilled operations. The design team has recommended to expand VCBR kitchen to perform bulk food cooked and chilled on-site. It is further recommended that VCBR move primarily to a cafeteria system of food delivery.
- A total of 150 double-occupancy rooms are scheduled to be completely outfitted with beds and furniture by mid-November 2011.
- Electrical modifications and installation of privacy curtains to these rooms to accommodate an additional resident will begin in October 2011 for the next 2-3 months.

DBHDS Proposed Plan for Double-Occupancy Developed (Attachment A) and DGS Project Timeline (Attachment B). Previously, DBHDS staff from both VCBR and Central Office developed a prioritized list of projects to facilitate housing the additional residents. Progress on these projects follows.

- Residential rooms are being converted to double-occupancy by installing a second bed above the first. Storage is being increased by installing another hanging locker and providing a footlocker for each occupant. These will be stored on the floor below the lower bunk.
- To assist the occupant into the upper bunk, a set of two steps and a hand hold are installed on one wall next to the upper bed. An additional TV stand is installed at the foot of each bed.
- A combination sink-toilet is standard in each double occupancy room. To ensure privacy while using this fixture, a curtain is provided. This curtain is suspended from a sliding track located between the fixture and the beds. As of the week of August 1st, the curtain's final specifications (length and width) are finalized. The first delivery of 75 curtain track systems and 35 curtains have been received.
- The Building and Grounds workers on the Piedmont Geriatric Hospital (PGH)/VCBR campus had completed the replacement of 93 existing beds with extended beds for the first bed slab.

As of August 1st, one residential room has been fully outfitted for double bunking. This room has been used to "proof" the final design and ensure that all furniture and fittings will work within the assigned space.

Additionally, all residents with special mobility needs have been moved to a single living unit.

- Resident door openers are being installed on some rooms. An automatic door opener has been installed on the patio door, making it easier for residents in wheelchairs to access this outdoor space.
- Modifications have been made in the shower and tub areas to accommodate residents in wheelchairs and those with limited mobility.

- An additional Residential Services Associate has been assigned to this unit, bringing the shift count to two RSAs per shift. This has been done to expand coverage, supervision, and support of these higher-need residents. This expansion was achieved with current staff through reassignments..

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

The VCBR administrative and clinical staff previously completed a double-occupancy policy to guide room assignment.

- An Admission Screening Committee has been established to review information from the Department of Corrections (DOC) and other pertinent information to guide the room assignment.
- The decision was made to distribute the double occupancy rooms equally between all residential units. A floor plan identifying these rooms has been delivered to the Architects.
- The pre-screening process is designed to support resident success in the program and to minimize safety risks.
- Only new admissions will be assigned to double occupancy rooms.
- House cleaning will be completed while the unit's residents are at the cafeteria.

HVAC

- The existing HVAC system is presently sufficient to meet these needs for 450 residents, according to the recent engineering study. However, re-commissioning of the mechanical systems to include building management system control programming verification, the Test Air Balancing (TAB) adjustments, and various system maintenance check point reviews would be considered to improve the overall system efficiency. In addition, supplemental system could be considered to provide optimum heating and cooling for this sensitive environment.

Hot water to individual resident rooms

- Providing hot water to resident rooms has been a challenge since the facility opened. The system has been evaluated and all possible adjustments have been made.
- At present, hot water is available to all resident rooms.

Staff Meetings with Residents to Discuss Double-Occupancy

Beginning in March 2011, the facility director has met monthly with the Resident Advisory Council (RAC) regarding the status of double-occupancy. These meetings and both formal and informal meetings in other venues continue. These meetings serve a dual purpose; providing information to residents while also receiving input from residents through the RAC. The facility director continues to meet with residents both formally and informally to discuss their concerns about double-occupancy and other issues.

Initiatives for Shared Services with PGH and Cost Reductions.

The following steps are in place to combine services on the Nottoway Campus and/or save operating expenses:

- Recently **combined services** include the sharing of a Medical Director, Security Staff, Central Supply, and the Human Rights Investigator. Previously combined shared services are Food Services, Environmental, Financial, Human Resources, Training, Pharmacy and Dental Services.

- **Cost reduction actions** being 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*;
 - 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 held in storage by DBHDS in preparation for double bunking.
 - d. As mentioned above, PGH/VCBR building and grounds staff will install some of the new bunks and equipment, reducing the need for more expensive contract services.

**These changes have been implemented without increasing health or safety concerns of the residents.*

V. Food Service

DGS hired Woodburn and Associates to evaluate and present food service facility and assist in expansion planning. The decision has been made to shift from living unit meal service to meal service in a central cafeteria. This change creates a number of fiscal and operational economies for the VCBR.

- While retaining the overall cook-chill process, and the attendant single-shift kitchen staffing profile, the shift to a cafeteria model eliminates the need for re-therm capability on each living unit. Surplussed re-therm carts will be retained as replacement units for the PGH.
- Eliminating the need to service and replace the re-therm carts produces savings of approximately \$65,000 for each unit not replaced.
- This shift also frees up electrical service on each living unit.

Additional economies to be realized from the cafeteria model include:

- Increasing use of resident workers in foodservice as servers on the steam line, clean up, and possibly food preparation.¹

The present plan is to repurpose the current vocational program space as a cafeteria. This will reduce meal transport distance by nearly 100%. It will require the redesign and some modification of security around the kitchen. A final security design for this purpose will be completed during the upcoming quarter. Vocation services will be relocated to a space originally planned to hold medical records.

Much of the dry goods presently stored in the VCBR warehouse will be moved to space in the PGH. Only food supplies will be retained in the warehouse. Some of the present warehouse space will be repurposed as offices.

As part of this conversion, a new freezer was purchased in FY 2011. This freezer is now installed at the VCBR.

The design team has recommended expansion of the VCBR kitchen to perform bulk food cooked and chilled on-site. It was further recommended that VCBR move primarily to a cafeteria system of food delivery.

VI. Risk Assessments and Considerations

Resident Behavior and Legal Notices

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 threats of a lawsuit (or multiple suits) continue to be made. 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. 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). Minimizing behavioral

¹ The DBHDS is working with the OAG to establish policy and protocols for affording residents with both volunteer and paid work and other vocational opportunities. A final opinion and guidance from the OAG is expected early this fall.

risk, which can frequently occur in this type environment, will be achieved through the use of a comprehensive and quality treatment model for residents and continued security assessment for residents and for staff. Also, contacts have been made with the State and Local Police as well as the development of an internal schedule and plan for staff in case of any major incidents by residents should they negatively react to double-bunking.

VII . PPEA to Consider Privatization

DBHDS received an unsolicited PPEA proposal. Upon acceptance of the proposal for review, DBHDS advertised for competing proposals and received an additional PPEA proposal. Both proposals provided basic information about the companies' capabilities and approaches to operating the facility. DBHDS needs to obtain more detailed and comprehensive information related to operational activities, staffing and costs to determine the efficacy and advantage to privatizing this program. In the meantime, the 2011 General Assembly mandated a comprehensive JLARC review of the civil commitment of sexually violent predators, which is scheduled to be completed in November 2011. With the information from that study, a decision likely will be made to either have DBHDS continue to manage the program or move forward with the PPEA process for privatization of the facility and program. If the decision is to privatize, the two vendors will be given specific criteria and through a Request for Submission that will allow for an accurate comparison of the vendors proposals and be used to determine which vendor should be awarded the contract. The Request for Submission will contain a Comprehensive Agreement that will be used to contract for the required services and will contain a detailed scope of services.

VIII. 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.

ATTACHMENT A: DBHDS Proposed Plan for Double-Occupancy

(Revised 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**
(9/29/2011)

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 2013, 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
DPB authorized \$1.6 mil of \$7 mil project to complete Preliminary Design	July 14, 2011
A&E Solicitation	July 1 – August 15, 2011
Develop plan for double bunking and project phasing	Aug 15- Sep 15, 2011
Schematic Design	Sep 15 – Dec 15, 2011
BCOM Review	Dec 15 – Jan 15, 2011
Preliminary Design	Jan 15, 2011 – Mar 15, 2012
BCOM Review	Mar 15 – April 15, 2012
Construction Document	April 15- June 15, 2012
BCOM Review	June 15 – July 15, 2012
Bidding	July 15 – 25, 2012
Award and NTP	July 15 – Sep 2012
Construction Period	Sept 2012 – Aug 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 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. If it is determined that a resident cannot be housed in a double occupancy room due to negative behaviors, that resident will remain at the lowest privilege level until he has assured staff that he will no longer exhibit inappropriate behavior, and has demonstrated this by safely residing in a double-occupancy room for at least 30 days. 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.

If it becomes necessary at some point in the future for additional residents (other than newly admitted residents) to be housed in double-occupancy rooms, those residents in Phase One of the treatment program, "Overcoming Obstacles to Treatment", or who are refusing treatment will be placed in a lottery system for random selection. Those selected by the lottery system would also be screened based on the same factors related to background and historical information.