



**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

April 6, 2012



COMMONWEALTH of VIRGINIA

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COMMISSIONER

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April 6, 2012

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

Item 319.A.3 of the 2011 *Appropriation Act* requires 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 2011 *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 fourth quarterly report on the expansion of the occupancy at VCBR.

The next plan update will be submitted on July 1, 2012. Should you have questions in the interim regarding the progress of this project or the estimated timeline, please feel free to contact me at (804) 786-3921.

Sincerely,

A handwritten signature in blue ink 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
April 6, 2012**

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 Behavioral 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.

The last quarterly report was submitted as Report Document 72 (January 1, 2012).

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

The Department's goal for this project is to expand capacity at the current VCBR facility by 150 beds. This is being 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;
- Creating, interim food service capacity to serve until such time as new and expanded kitchen capacity comes on line at VCBR; and,
- Renovating the kitchen, warehouse, and various areas throughout the facility for additional food service capacity to accommodate feeding a maximum combined census from Piedmont Geriatric Hospital (PGH) and VCBR of approximately 560 (110 and 450, respectively).

III. Background

Beginning in 2006, the Department has prepared an annual forecast of census growth at VCBR. This document is delivered each year to the General Assembly as the *Sexually Violent Predator Referrals, Commitments, and Bed Utilization Forecast* report, most recently submitted as Report Document No. 378 (2011). It was forecast in that document that the VCBR would reach maximum census of 300 residents by the end of 2011.

Since completion of the bed utilization forecast document, the average monthly admission rate to VCBR has decreased slightly from 5 admissions per month to 4.75 per month (for the six months between July 1 - December 31, 2011). At the same time, the number of discharges to conditional release has increased from 12 cases for all of 2010 to 28 for 2011, with 15 discharges occurring during the final six months. This increase in discharges is considered to be a result of the program's maturation, which has created a growing pool of discharge-eligible residents. As a result, the census of persons currently in residence at VCBR has remained almost constant at 278 since July 2011. We know the number of cases working their way through the civil commitment process at any one time, and can generally predict how many of these will ultimately be committed to VCBR. It is anticipated that the census will continue at a steady rate of about 4.75 individuals per month. At this rate, census will reach 450 in late 2014.

IV. Progress

Department of General Services (DGS) Management of the Project. As noted in previous quarterly reports, in compliance with Item C-76.15., project management for double-bunking at VCBR is managed by DGS. DBHDS A&E and VCBR management staff signed a Memorandum of Understanding (MOU) outlining the scope of services DGS is providing to DBHDS to support completion of this project.

Since the date of the last quarterly report, the following tasks have been accomplished.

Double-Occupancy Rooms

- All hardware necessary for transforming single rooms to double-occupancy has either been purchased or fabricated.
- As of February 1, 2012, all 150 rooms are in the process of modification and all now have two beds, two storage kiosks, electrical service for two occupants, and a privacy curtain track installed around the toilet. Modifications to 145 of the 150 rooms have been completed and these rooms are ready for double-occupancy.
- As noted above, all 150 rooms have had electrical service updated for two occupants.
- The earlier problem with supplying hot water to all rooms has been corrected and all resident rooms have adequate hot water.
- On-site technology (IT) services have provided software to support the scheduling of meal service and medication dispensing. This is complete and now active.
- Updates to the DBHDS patient tracking and documentation system – AVATAR – are complete and the system has been activated.
- All double-occupancy policies are in place and individuals have been placed in two double-bunked rooms so far. We chose to double-bunk before reaching a census of 300 to ensure our procedures were effective.

Repurposing Existing Space

- Plans are being finalized to modify and repurpose existing space at VCBR to support increases in census and changes to meal service. The consultant engineers and architects have made their final visits and are preparing the final plans.

ADA Accessible

- All equipment and hardware for creating a full-access living unit has been installed and is now operational. This includes:
 - the installation of automatic door openers for patio access and, where necessary, to individual rooms;
 - the installation of front-loading washers and dryer laundry equipment; and
 - the conversion of all bathrooms on the living unit to accommodate individuals with physical disabilities.
- Residential Service Associate (RSA) staff assigned to this unit have completed additional special training on meeting the special needs of this population.

Kitchen

The VCBR kitchen expansion is being implemented in two parts:

- a short-term modification of the current kitchen capacity to serve the two facilities (PGH and VCBR) while the kitchen is modified to its final form; and,
- construction of the final larger capacity kitchen within the current kitchen and warehouse footprint.

The companies, Commonwealth Architects and Pond | Cegg, were selected by DGS to develop plans for expanding food service capacity in the existing kitchen space at VCBR. They completed their site visits in November 2011 and have developed a preliminary construction plan. The food service, space utilization, construction timeline, and equipment procurement plan are included below.

The following decisions were previously made to accommodate the increased VCBR census.

- The current meal configuration is changed to a centralized cafeteria model. This approach shortens and simplifies meal delivery, clean up, and equipment loss management.
- Eliminating the need for most of the current re-therm units used to transport and serve the individual meals will result in a savings \$65,000 for each unit. The re-therm units made surplus by this change will be retained to serve both the special-needs population at VCBR, and PGH geriatric patients. The unused inventory will be held as replacements for the approximately 10 units necessary for serving these two sites.
- The proposed cafeteria has capacity to serve up to 150 residents at a time. Each meal will be served in three settings.

Current Kitchen Modification Status

- A larger capacity commercial dish washing and tray washing machine in the new cafeteria server area has been added to the design. This machine will ensure adequate cleaning capacity to serve both facilities. This design change may add four weeks to the completion schedule.
- The overall kitchen design is within budget at this time.

Kitchen Warehouse Modification Status

- Design is underway to repurpose the warehouse space to serve as the bulk food cooking kitchen and food storage. Construction will begin later this year, after construction bids are selected.
- Space on the first floor will be repurposed for bulk food cooking, food storage, and as a conference room.
- A second floor will be added inside the existing warehouse space to accommodate offices and other staff space lost to the redesign of the existing kitchen area.

Construction Timeline		
Develop and implement plan for double-bunking and project phasing.	August 15 to September 15, 2011	Complete
Schematic Design	September 15, 2011 to December 15, 2011	Complete
BCOM Review	December 15, 2011 to January 15, 2012	Complete
Preliminary Design	January 15, 2012 to April 15, 2012	In progress
BCOM Review	March 15, 2012 to April 15, 2012	In progress
DPB Authorization to Proceed into Working Drawing and Construction Document Design phase	April 15, 2012 to May 15, 2012	
Construction Document	May 15, 2012 to July 15, 2012	
BCOM Review	July 15, 2012 to August 15, 2012	
Bidding	August 15 to September 15, 2012	
Award NTP	September 15, 2012 to October 15, 2012	
Construction Period	November 2012 to November 2013	

HVAC Capacity

- The existing HVAC system has been evaluated and is code compliant. The capacity is judged adequate for the facility, even when census is expanded to 450.
- Minor modifications are being made to match air handling with the anticipated need.

Medical

- The current plan is to decentralize some medical services, especially medication distribution, and create a medication pass window in the planned multi-function cafeteria. Some medication distribution will occur on each living unit.

Policies

- All policies and procedures in support of double-bunking have been approved by the Attorney General and are in place.
- Training, orientation, and sign-off on competencies for residents to work in food service, housekeeping, and gym maintenance are in process. As of the date of this report, 76 residents are employed in housekeeping, meal preparation and cleanup, gym maintenance, painting, and floor crew jobs. Resident painting and floor-buffing work teams have begun regular work schedules.
- Applications are being accepted for Resident Aid positions in recreation, library, education, and the Market Store. (The store is the behavioral incentive program where residents who earn points for working may make purchases of personal and food items.) Interviews and orientation of residents for these positions will be scheduled through the remainder of February.
- Hiring can begin once the kitchen is completed. Job safety requirements for and training of residents working in food service positions have been developed.
- Pay rate for all of these resident jobs is \$.50 per hour. The maximum a resident may earn per week and per month is dependent upon their treatment phase, with those who have progressed to a higher level of treatment able to earn more. The maximum pay per month ranges from \$10.00 to \$30.00.

Shared Services and Cost Savings

As previously reported:

- Cost savings from services shared between PGH and VCBR – such as building and grounds, physical plant maintenance, fiscal, purchasing, and human resources – have already been implemented. These shared services, and the associated savings realized from them, will cease should a private provider operate VCBR.
- To support additional savings in medical care costs and reduce medical care trips outside of the facility, VCBR is contracting with local physicians to travel to VCBR to meet with patients, thus saving the cost of multiple security personnel having to accompany the patient to the external service site.
- The number of special diets has been reduced. Only residents with specific religious or medical needs may request a special diet.
- If residents work in meal preparation and delivery, and the facility census continues to grow, the presence of resident workers will eliminate the need for a commensurate number of food services workers. This will reduce the cost per meal.

V. Risk Assessment and Other Considerations

The prospect of having to share a small residential room with another sex offender continues to generate anxiety among the residents. However, the number of threatened lawsuits over this issue has declined since the first of this year. To date, the DBHDS and the OAG have not been notified by any court of the presence of a formally filed lawsuit. Formal complaints continue to be filed by residents using the facility complaint process. Thus far, little actual violence directly attributable to the prospect of double-bunking has emerged, although a small increase of overall aggression has been noted.

VI. PPEA to Consider Privatization

The DBHDS previously received two unsolicited proposals to privatize operation of the VCBR facility and program.

- In response, the Department contracted with HDR and their sub-consultant, P1-Consulting Inc., to assist with preparation of a comprehensive Request for Services for the operation of the VCBR.
- This work was completed in November 2011.
- An RFS was issued in January.
- Proprietary meetings have been held with each of the proposing entities.
- A site visit to the GEO-operated facility in Florida was made by the Commissioner, Deputy Commissioner, and the Assistant Director for A&E services during the second week of February.
- A similar visit by the Commissioner, Deputy Commissioner, and the Director of SVP Services is planned to the Liberty-operated treatment program in Illinois in mid-April.
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- The vendors' final proposals are due to DBHDS on March 29, 2012.
- Proposer presentations will be held in April, 2012.
- The evaluation team will provide a recommendation concerning privatization of this facility following these last discussions and a review of the final proposals.

VII. Closing Statements

A slowing of census growth has occurred during 2011 caused partly by an increase in the number of residents being discharged from the facility. This increase in discharges is considered to be a result of the program's maturation, which has created a growing pool of discharge-eligible residents. It is anticipated that the census will continue at a steady rate of about 4.75 individuals per month.

Plans for kitchen and warehouse expansion are advancing. Creative use and repurposing of spaces at the VCBR facility is moving forward and will meet the needs of the larger census.

The double-occupancy project has made good progress this quarter. All 150 rooms are in advanced stages of transformation; 145 rooms have been fully converted to double-occupancy, and completion of all rooms is on schedule for completion by June. Risks associated with the psychological unease among VCBR residents is thus far being managed using a combination of full disclosure and ongoing personal contact between the leadership team and VCBR residents.