



**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

January 1, 2012



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

January 1, 2012

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 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 third quarterly report and includes a plan and timeline to expand the occupancy at VCBR.

The next plan update will be submitted on April 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
Keith Hare
Olivia J. 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
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 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.

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

The Department's ultimate goal for this project is to expand capacity at the current VCBR facility by 150 beds. This is 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 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 PGH and VCBR census of approximately 560.

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 October 1, 2011, as Report Document No. 139. As stated in that report, the current average monthly admission rate is about 5.00 residents per month. At this rate, maximum capacity should be reached at VCBR by about March 2012. DBHDS will begin using double-occupancy starting the week of November 14, 2011.

IV. Progress

Department of General Services (DGS) Management of the Project. As noted in previous quarterly reports, in compliance with Item C-76.15., the DBHDS office of Architecture and Engineering (A&E) services turned over the project management for double bunking to DGS. DBHDS, A&E, and VCBR staff, working with DGS, 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, October 25 2011, the following tasks have been accomplished.

Double-Occupancy Rooms

The majority of the changes to the living units are complete. This includes

- Installation of 150 bunks and associated wall mounted "steps";
- Installation of 300 kiosks and TV shelves – 2 per double-bunked room;
- Installation of 150 hygiene shelves – 1 per double-bunked room; and
- Additional day room furniture has been delivered and set in place.
- The privacy curtains and the installation of the additional receptacle in each double-bunked room is progressing and should be complete by the end of December due to delays in the delivery of the cubicle curtains. The additional receptacles have been completed in buildings one and two. If needed, the facility can accommodate double bunking.

- On-site IT services have provided software to schedule meal service and medication dispensing. This is complete and is active.
- Updates to the DBHDS patient tracking and documentation system – AVATAR – are complete and has been activated.

Handicapped access

- All residents with special mobility needs have been moved to a single living unit.
- An automatic door opener is installed on the patio door on this unit to facilitate use of the patio by persons in wheel chairs.
- Where needed, automatic door openers are installed on residential room doors.
- Showers and tub areas on this unit have been modified to accommodate residents in wheel chairs and those with limited mobility.
- Front-loading washers and dryers have been ordered.
- All living units now have at least one handicapped accessible bath.
- One additional RSA per shift has been assigned to the special needs units 2A and 2B.
- Seventy RSAs have completed additional training on working with medically frail residents.

Food Service and Additional Offices

A schematic layout of the modifications to allow food delivery to an increased number of clients has been approved by the project team. The plans impact the kitchen, vocational space, pharmacy, medical unit, treatment, and administration areas. They result in the following general changes:

- Food service will go from individual trays to a bulk-serve tray line. The existing “industrial” area will become the dining hall. (Residents currently eat on the living unit). Several offices and a conference room in the administration area will be renovated to provide space for two serving lines.
- The office associated with the industrial space will become the new pharmacy/medicine distribution area
- The kitchen/warehouse building will undergo a substantial renovation.
 - All warehouse activities will be relocated to Piedmont Geriatric Hospital. The vacated space will be renovated to provide additional dry storage, freezer and refrigerator space; an area for bulk cook-chill food preparation; several offices and a large conference room.
 - An office mezzanine will be created within the kitchen/warehouse to accommodate food service and administrative staff
 - Modifications will be made to the existing kitchen area, including changes to the dishwasher to accommodate serving pans; offices will be renovated to provide a larger staff bathroom; an expanded employee break room will be created; and an existing walk-in refrigerator will be removed to provide a 4-station office area.
 - A walkway will be constructed between the Kitchen and the administration area. Dependant on the availability of funds, the walkway will be either enclosed or covered
- The current re-therm pantries, located on the patient living areas, will become modified tray lines until the dining hall renovations are complete. Once that is done and the re-

therm pantries are vacated, they will be renovated/repurposed on several units to provide additional office/treatment space.

- Miscellaneous spaces throughout the facility will be repurposed to accommodate the increase in treatment needs.
- A small addition will be constructed adjacent to the existing clinical staff offices to accommodate additional therapy requirements.

A plan for the delivery of food service during kitchen renovations has been formulated. A list of required equipment is being prepared and should be out for bids within the next few weeks. This equipment will be reused in the final layout.

Construction Timeline

Develop and implement plan for double-bunking and project phasing.	August 15 to September 15, 2011. Complete.
Schematic Design	September 15 to December 15, 2011
BCOM Review	December 15, 2011 to January 15, 2012
Preliminary Design	January 15, 2012 to April 15, 2012
BCOM Review	March 15, 2012 to April 15, 2012
Construction Document	April 15, 2012 to June 15, 2012
BCOM Review	June 15, 2012 to July 15, 2012
Bidding	July 15 to 25, 2012
Award NTP	July 15, 2012 to September 15, 2012
Construction Period	September 2012 to August 2013

Medical

The distribution of medications at VCBR is complicated by the growing census and the centralization of the distribution process. Decentralizing some medical services and making the planned cafeteria a multi-function space will help resolve this problem. For example:

- Eliminating the need for re-therm docks on each living unit frees these rooms for repurposing as multipurpose medical spaces. Especially on the two special needs - living units, 2A and 2B. With their concentration of medical needs, this conversion will greatly increase the ease of distributing medication and delivering other medical services contiguous to where people live.
- Adding a medication distribution portal to the cafeteria will further increase the efficiency of medication distribution.
- The original pharmacy and medication distribution space is being repurposed as three offices for psychiatric and medical services.

Policy

DBHDS double-occupancy screening protocol. The plan is to screen all new admissions for double-occupancy placement. In support of this protocol, VCBR has been working with DOC to gain access to the records it needs to complete the screening. This is working well now and is improving as both systems gain experience working together.

In planning for double-bunking 150 rooms, it was initially intended that only new admissions would be placed in double-occupancy rooms. It is now clear that successfully implementing this project will also require that some individuals already placed at VCBR will have to participate. To minimize the resident push-back from this, the following steps have been implemented by VCBR leadership and are ongoing:

- Current residents whose rooms would be converted were approached by facility leadership and given a chance to discuss their feelings and fears regarding double-occupancy.
- Some residents have volunteered to have their rooms converted and to participate in double bunking.
- The facility director, clinical director, and other key leadership staff continue to meet with residents one-on-one to discuss the facts of double-occupancy.
- The leadership team meets with the Resident Advisory Council monthly on this issue.

HVAC

Much work has been completed on the HVAC during this quarter. The manufacturer's representative has worked with PGH-VCBR building and grounds staff to re-balance the HVAC configuration to ensure optimum operation. As much improvement has been achieved as is perhaps possible with this system. The possible use of a supplemental system to support heating and cooling under extreme conditions is being explored.

Hot water to individual rooms. Complete.

Shared services and cost savings.

- All of the shared services were implemented prior to this quarter. Realized savings are continuing with a minimum decline in any services and a marked improvement in others.
- The number of medical trips made to specialists outside of VCBR has been reduced significantly. This is resulting in a cost savings.
- To support this reduction, the facility is contracting with local physicians who travel to VCBR to meet with patients, thus saving the cost of multiple security personnel having to accompany the patient to the service site.
- The number of special diets has been reviewed and consolidated. Only residents with specific religious or medical needs now may request a special diet.
- The use of resident workers in food services and building housecleaning has been approved by the Attorney General's office. The policy is being written, and the program is scheduled to begin on February 1, following training of all staff and residents. This will augment current food services and housekeeping staff, and expand services while avoiding any cost increase.

V. Risk Assessment and Other Considerations.

The prospect of having to share a small residential room with another sexually violent predator has created high levels of anxiety among current VCBR residents. Multiple threats of violence or lawsuits have been made. To date, little actual violence directly attributable to the prospect of double bunking has emerged and, DBHDS and the OAG have not been notified by any court of the presence of a formally filed lawsuit. However, VCBR residents have made both written and

verbal notification of such suits to the DBHDS and the OAG. Formal complaints continue to be filed by residents using the facility complaint process. Threats of violence upon the implementation of double-occupancy continue to be made.

At the same time, with the efforts made by the leadership team in meeting one-to-one with residents about having their room converted to double occupancy, two-thirds of residents so approached have volunteered to have their rooms converted.

VI. PPEA to Consider Privatization

Last year DBHDS received an unsolicited proposal to privatize operation of the VCBR facility and program. Upon acceptance of this proposal and advertising for competing proposals, the DBHDS received a second proposal. In preparation for issuing a Request for Submission (RFS) to operate the VCBR, the Department has contracted with a management and operations consulting firm for guidance in developing the documentation necessary to procure services. A recommendation as to whether or not to proceed will be made by late December. Should the decision be made to proceed, the two vendors will have 45 days to submit a new proposal based on the identified criteria and requirements. They will also be asked to present cost savings measures that they would implement to make the operations more efficient. Negotiations for a comprehensive operating agreement would be initiated after review and acceptance of one of these proposals.

VII. Closing Statements

The double-occupancy project has made good progress this quarter. All 150 rooms are in advanced stages of transformation and completion of all rooms is on schedule. Risks associated with the psychological unease among VCBR residents thus far is being adequately managed using a combination of full disclosure and ongoing personal contact by the leadership team and VCBR residents. Transforming and expanding the kitchen to accommodate the increased census continues to be a challenge. Creative use and repurposing of spaces at the VCBR facility are moving forward. By the date of the next quarterly progress report, and given the admissions, it is expected some rooms will have two occupants and the food service modifications will be underway.