

Item 329.A.3. – Progress Report on the Plan for the Housing of Additional Individuals Committed for Treatment at the Virginia Center for Behavioral Rehabilitation

First Quarter FY 2014

to the Governor and Members of the General Assembly

April 28, 2014



COMMONWEALTH of VIRGINIA

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DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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April 28, 2014

To: The Honorable Terry R. McAuliffe, Governor

And

Members, Virginia General Assembly

Item 329 1-3. of the 2013 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 required 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 report on the expansion of the occupancy at VCBR covers the first quarter of FY 2014.

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,

John J. Pezzoli

Chief Deputy Commissioner

CC: Hon. William A. Hazel Jr., MD

Suzanne Gore

Daniel Herr

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Clyde Cristman

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Item 329.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 First Quarter FY 2014

I. Executive Summary

Item 329.A.1-3. of the 2012 *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 ensureresident 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 required:

C-76.15 Life Safety Code and Major Mechanical Repairs: In furtherance of the provisions of Item 329 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 an 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.

As noted in the last quarterly report submitted on July1, 2013 (Report Document 147), the following tasks have been completed, including:

- All selected residential rooms have been converted to double-occupancy.
- Food service expansion continues at the facility. Details regarding the construction process, including contract award and project completion, are listed in the Revised Project Schedule on page 7.

II. Census Factors

Beginning in 2006, the Secretary of Health and Human Resources, in consultation with the Secretary of Public Safety, has submitted an annual forecast of census growth at VCBR to the General Assembly as the *Sexually Violent Predator Referrals, Commitments, and Bed Utilization Forecast* report, most recently submitted as Report Document No. 287 (2012). The forecast predicts how many individuals will be:

- Found SVP during the forecast period;
- Civilly committed to VCBR;
- Placed on SVP conditional release directly from the DOC; and
- Conditionally released from the VCBR.

2012 SVP Forecast. The 2012 Forecast predicted that 63 individuals would be found SVP by the courts between July 1, 2012 and June 30, 2013. During this same period, the forecast predicted that 28 individuals would be released from the VCBR to community conditional release and 10 individuals on conditional release would have that condition revoked, thus returning to the VCBR. The forecast estimated that this would bring the total census at the facility to 339 by June 30, 2013.

SVP Forecast for FY13 to FY18								
(Report Document 287, 2012: Sexually Violent Predator Referrals,								
Commitments, and Bed Utilization Forecast for FY2013 - FY2018)								
	FY14	FY15	FY16	FY17	FY18			
Projected NET Census Forecast for VCBR on June 301	305	343	382	422	462			

Actual census at VCBR for FY2013: The current census breakdown at the VCBR as of August 1, 2013, is as follows:

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¹ The term, "Net Admissions" refers to the size or rate of census growth after subtracting discharges to conditional or unconditional release, and adding admissions due to conditional release revocations to the total number committed by the court to VCBR. The net figure more accurately reflects the rate of census growth at VCBR.

Current Census (as of August 1, 2013)					
Actual in-house census at VCBR	305				
On leave outside VCBR (Incarcerated or hospitalized)	22				
TOTAL on-books census for VCBR	327				

Conditional releases from the VCBR. During FY2012-2013, 33 individuals were released by the courts from the VCBR to the community on SVP conditional release. It is anticipated that a larger number will be released this fiscal year.

III. Plan for Accommodating Increases in the Sexually Violent Predator Population (VCBR census)

The Department's goal for this project is to expand capacity at the current VCBR facility by 150 beds. In addition to expanding bed capacity, the plan includes relocating, increasing clinical capacity, and increasing food service capacity to serve the larger population. Construction plans for this project are complete and approved by BCOM. An IFB has been issued and construction contract award is in progress. Meanwhile, the interim food service plan is in full operation.

As part of the interim plan, various changes have been made throughout the facility to accommodate the need for additional food service capacity, program space, and staff offices. These changes also afford the facility the expanded opportunity to employ residents in daily work assignments.

As noted in previous quarterly reports, in compliance with Item C-76.15, project management for double-bunking modifications or construction at VCBR is done by DGS. A Memorandum of Understanding (MOU) was executed between DBHDS and DGS, outlining the scope of services.

Progress Update

- **Double-Occupancy Rooms**: Conversion of 150 rooms from single to double-occupancy is complete. As individuals are admitted to the program, they are double-bunked in accordance with the safety and programmatic criteria established for screening and assignment. As of 1 August 2013, 35 rooms or 70 residents are double-bunked. Ninety-five double-occupancy rooms have one resident and 20 double-occupancy rooms are empty.
- ADA Accessibility: The installation of equipment and hardware for creating a full-access, special needs living unit is complete and operational. The Residential Service Associate (RSA) staff assigned to the special needs unit has completed additional training on meeting the special clinical and behavioral needs of this population. Additionally, designated wheelchair spaces were created in waiting rooms along with upgraded access ramps to ensure compliance with ADA standards.

Remodeling or Repurposing Existing Spaces

• **Food Service Modification**: The original kitchen at the VCBR was designed to serve 300 residents. As of August 1st, the VCBR kitchen serves 327 residents. As part of expanding resources to serve 150 additional residents, the food service operation is being converted from a cook-chill based system to a cook-serve cafeteria. During the renovation of the kitchen and serving area, meals are served from the space on each living unit originally used as re-therm pantries. Since the first week of May 2012, food is delivered to each unit and is plated on a modified tray line within each pantry.

Resident workers are now participating in meal delivery. This will ultimately reduce the need to increase the number of paid FTE food service workers as was originally planned for the bed expansion. As of August 11, 2013, there are 124 resident employment opportunities. Twenty-two positions are vacant at this time.

Kitchen staff have completed a training and qualification process for working with residents. This training includes teaching staff how to use the Therapeutic Options for Virginia (TOVA) behavior management model, and other behavioral skill sets. All but the most recently hired food service personnel have completed this training.

• Clinical, Educational, and Vocational Services: Proposed plans call for four new group/classroom areas, converted from two existing offices. In preparation for demolition/construction, a master moving plan has been created and temporary relocation assignments plan has been made. This plan will be modified as construction begins and modifications to different areas are completed.

Project Schedule: The full project schedule developed by DGS and DBHDS is outlined in the chart below:

Task	Target Date	Status	
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		Complete	
DGS to receive budget breakdown draft CO-2 from DBHDS	June 10 – 15, 2011		
DGS to submit CO-2 to DPB		Complete	
Funds become available	July 1, 2011	Complete	
A&E Solicitation	July 1 – August 15, 2011	Complete	
Develop plan for double bunking and project phasing	Aug 15 – Sep 15, 2011	Complete	
Schematic Design	Aug 15 – Oct 15, 2011	Complete	
BCOM Review	Oct 15 – Nov 15, 2011	Complete	
Preliminary Design	Nov 15, 2011 – Jan 15, 2012	Complete	
BCOM Design and Cost Review	Jan 15 – Aug 6, 2012	Complete	
DPB Funding Approval (Revised CO-2 Submission required by	Aug 6, 2012	Commisto	
Construction Document	Aug 15 – Dec 15, 2012	Complete	
BCOM Review	May 7, 2013	Complete	
Bidding	May-June 2013	RFP out	
Award and NTP	August 2013	In-progress	
Construction Period	September 2013 – Sept 2014		

IV. Risk Assessment and Other Considerations: Risk assessments of the VCBR environment are conducted on a regular basis as well as review of individual residents to minimize conflict between residents or between residents and staff. Since double-bunking began, some behavior problems have occurred. These have been addressed.