



COMMONWEALTH of VIRGINIA

DEBRA FERGUSON, Ph.D.
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

May 15, 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 third quarter of FY 2014.

The next plan update will be submitted on July 1, 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,


Debra Ferguson
Commissioner

CC: Hon. William A. Hazel Jr., MD
Suzanne Gore
Daniel Herr
Don Darr

Clyde Cristman
Joe Flores
Anthony A. Maggio
Susan Massart



**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**

Third Quarter FY 2014

to the Governor and Members of the General Assembly

May 15, 2014

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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: Third Quarter FY 2014
May 15, 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 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 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 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.

This report covers the third quarter period, January 1 – March 31, 2014. To date the following tasks have been completed, including:

- All selected residential rooms have been converted to double-occupancy and 40 rooms currently hold two occupants.

- Food service expansion continues at the facility. Demolition is complete and construction to create a cafeteria and expand the medical services area continues.
- Details regarding the specifics of construction are described in the “New Construction” section beginning on page 6.

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. 149 (2014). The forecast estimates 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.

SVP Forecast. The current forecast estimates that growth will slow and stabilize during each of the upcoming six years due to multiple factors:

- (the number of SVP-eligible inmates being released by DOC is predicted to stabilize,
- the percentage of cases actually civilly committed has declined, and
- the number of SVP civilly committed individuals being discharged has increased).

This year’s SVP forecast indicates that an average of about 62 individuals will be committed to VCBR while about 25 will be discharged each year. This yields a net yearly census gain of about around 40 commitments.

Census Forecast Statistics for VCBR ⁽¹⁾		FY14	FY15	FY16	FY17	FY18	FY19
1	Projected VCBR census (beginning of FY)	327	366	406	446	488	529

Actual census at VCBR for FY2013: The current census breakdown at the VCBR as of December 13, 2013, is as follows:

Current Census (as of March 31, 2014)	
On-books census at VCBR	350
Incarcerated outside VCBR	21
Hospitalized outside VCBR	0
Discharged from VCBR (between July 1 - December 31, 2013; removed from this calculation)	20
In-house census	329

Discharges from the VCBR. During FY2013, 31 individuals were discharged by the courts from the VCBR to the community. Most of these were discharged to SVP conditional release. It is anticipated that about 25 residents will be discharged this fiscal year.

Both full releases by the court and conditional releases contribute to slowing the growth of VCBR on-books census during this fiscal year. In addition to conditional releases, incarcerations outside of VCBR resulting from residents being convicted of new criminal offenses also contributed to slowing in-house census growth.

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

DBHDS' goal for this project was to expand capacity at the current VCBR facility by 150 beds. This goal has been accomplished. In addition to expanding bed capacity, the plan relocates and expands clinical capacity, and increases food service capacity to serve the larger population. During construction, an interim food service plan is in full operation.

As noted in previous quarterly reports, in compliance with Item C-76.15, project management for double-bunking modifications and construction at VCBR is managed by the Department of General Services (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 March 31, 2014:
 - 40 rooms are double-bunked;
 - 109 double occupancy rooms have one resident;
 - 8 single occupancy rooms are vacant;
 - 1 double occupancy rooms is vacant; and,
 - 142 single occupancy rooms have one resident.

- **ADA Accessibility:** As noted in previous progress reports, 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 special training on meeting special clinical and behavioral needs of this population. Designated wheelchair spaces have been 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 March 31, 2014, the VCBR kitchen serves 329 residents. As part of expanding resources to serve the 150 residents added by double bunking, the food service operation is being converted from a cook-chill based system to a cook-serve cafeteria model. 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 has been delivered to each unit and plated on a modified tray line within each pantry.

Resident workers are now participating in meal delivery, which 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 March 31, 2014, there were 117 resident employment opportunities, with 95 filled positions and 22 unfilled positions. The number of available jobs changes in response to available program space due to construction.

A new training and qualification process was introduced for kitchen staff interacting with residents through this work program. The training teaches staff how to use the Therapeutic Options for Virginia (TOVA) behavior management model, and other behavioral skill sets. This training is ongoing will all new hires.

New Construction

There are three main areas in which construction is taking place: Warehouse, Office Expansion and Cafeteria/Food Services. Work in the warehouse includes the installation of a mezzanine into which administration office will be moved. The mezzanine is installed; a new elevator shaft has been installed; and windows have been installed in the existing warehouse. The mechanical, electrical and plumbing systems have been roughed-in.

Work in the office expansion includes the installation of a new foundation; erection of new pre-cast panel exterior wall; new roof; and renovations to the existing office area. The structure of the new expansion is complete and the roof is nearing completion. When the expansion is weathertight, the renovations to the existing office can commence.

Work in the cafeteria includes the conversion of the industrial area to create a new cafeteria and serving line. The construction of the wall between the new serving line and the new cafeteria is nearly complete and rough-ins for mechanical, electrical and plumbing have been completed. Upon completion of work in the warehouse and relocation from the existing office area, the food service line can be completed.

As is true of many renovation projects in which the building remains occupied while the work is going on, there have been challenges in coordinating activity; unknown conditions have been discovered in the implementation of the work; and delays have occurred due to the extraordinary winter weather experienced this year.

Weather during this quarter slowed some construction tasks and the completion date is pushed back. At this time, all work is scheduled to reach substantial completion by March 2015, as is shown in the schedule below.

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

Task	Target Date	Status
<ul style="list-style-type: none"> • DGS met with VCBR staff and conducted initial site visit • VCBR provided the program requirements with prioritization • DGS initiated Architectural / Engineering services for Schematic / Conceptual Design and Programming 	May 23 – 27, 2011	Complete
<ul style="list-style-type: none"> • DGS to receive budget breakdown draft CO-2 from DBHDS • DGS to submit CO-2 to DPB 	June 10 – 15, 2011	Complete
<ul style="list-style-type: none"> • Funds became available 	July 1, 2011	Complete
<ul style="list-style-type: none"> • A&E Solicitation 	July 1 – August 15, 2011	Complete
<ul style="list-style-type: none"> • Develop plan for double bunking and project phasing 	August 15 – September 15, 2011	Complete
<ul style="list-style-type: none"> • Schematic Design 	August 15 – October 15, 2011	Complete
<ul style="list-style-type: none"> • BCOM Review 	October 15 – November 15, 2011	Complete
<ul style="list-style-type: none"> • Preliminary Design 	November 15, 2011 – January 15, 2012	Complete
<ul style="list-style-type: none"> • BCOM Design and Cost Review 	January 15 – August 6, 2012	Complete
<ul style="list-style-type: none"> • DPB Funding Approval (Revised CO-2 Submission required by DPB) • Construction Document 	August 6, 2012 August 15 – Dec 15, 2012	Complete
<ul style="list-style-type: none"> • BCOM Review 	May 7, 2013	Complete
<ul style="list-style-type: none"> • RFP out 	May-June 2013	Complete
<ul style="list-style-type: none"> • Award and Notice to Proceed (NTP) 	June 2013	Complete
<ul style="list-style-type: none"> • Construction Period 	June 2013 – March 2015	Ongoing

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