



COMMONWEALTH of VIRGINIA

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ALISON G. LAND, FACHE
COMMISSIONER

Wednesday, October 28, 2020

The Honorable Janet D. Howell, Chair
Senate Finance Committee
14th Floor, Pocahontas Building
900 East Main Street
Richmond, VA 23219

Dear Senator Howell:

Item 320 EE of the 2020 Appropriation Act requires the Department of Behavioral Health and Developmental Services conduct a review of the Sexually Violent Predator (SVP) Program and examine both the programmatic and community options that may reduce the number of individuals who are committed to the Virginia Central for Behavioral Rehabilitation (VCBR).

EE. The Department of Behavioral Health and Developmental Services shall conduct a review of the Commonwealth's Sexually Violent Predator Program to examine programmatic and community options that could reduce the number of individuals that are committed to the Virginia Center for Behavioral Health. The department shall report on these options to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by October 1, 2020.

Please find enclosed the report in accordance with Item 320.EE. Staff at the department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in blue ink that reads "Alison Land".

Alison G. Land, FACHE

cc: Vanessa Walker Harris, M.D.
Susan Massart
Mike Tweedy



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The Honorable Luke E. Torian, Chair
House Appropriations Committee
13th Floor, Pocahontas Building
900 East Main Street
Richmond, VA 23219

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**Program and Community Options to Reduce SVP
Civil Commitment
(Item 320 EE)**

October 28, 2020

DBHDS Vision: A Life of Possibilities for All Virginians

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Program and Community Alternatives to Reduce SVP Civil Commitment

Preface

Item 320 EE of the 2020 Appropriation Act requires the Department of Behavioral Health and Developmental Services conduct a review of the Sexually Violent Predator (SVP) Program and examine both the programmatic and community options that may reduce the number of individuals who are committed to the Virginia Central for Behavioral Rehabilitation (VCBR).

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Program and Community Alternatives to Reduce SVP Civil Commitment

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Executive Summary

Virginia is one of 20 states along with the Federal Bureau of Prisons that have created a system of post-sentence civil commitment for persons who are found to meet Sexually Violent Predator (SVP) criteria and who present too great a risk for recidivism to be released into the community. In Virginia, some individuals who the court finds to be a SVP are conditionally released to community supervision from the Department of Corrections (DOC) after they complete their sentence. Those who the court believes are not suitable for conditional release require secure confinement and are civilly committed to the Virginia Center for Behavioral Rehabilitation (VCBR) for treatment.

Since the onset of civil commitment in FY 2003, the census of VCBR has steadily increased until the past three years where it has leveled. The vast majority of the residents at VCBR are there because they require treatment in a secure facility to address their risk for reoffending. However, there are a number of residents who, despite being a candidate for conditional release, are residing at VCBR because there was no suitable home plan or community resources available to address their needs even though these needs may not be related to any increased risk for sexual reoffending. The census of VCBR has also been affected by the return of individuals who have been conditionally released to the community but have been found in violation of their conditional release plans. The majority of these individuals are returned to VCBR for engaging in behaviors that, if left unaddressed, could lead to an increased risk of sexual reoffending. However for some of these individuals, the reasons that they could not return to the community were not related to sexual reoffending behaviors and could have been addressed in the community if resources were available to them.

To conduct this study, a multi-disciplinary workgroup comprised of experts from the DBHDS, the DOC and community treatment programs (Appendix A) was assembled. The team conducted a review of the existing SVP program, the variables that contribute to the VCBR census, the community resources available to sex offenders and barriers to conditional release. Based on this information, the workgroup proposed the development of a more cost-effective continuum of care that offers alternatives to secure confinement for individuals who are housed at VCBR but do not require intensive inpatient sex offender treatment in a secure facility and are otherwise suitable for conditional release. Seven recommendations are included in this report along with the estimated costs for implementation and anticipated savings when compared to housing the same individuals at VCBR. As of July 1, 2020, the cost of housing an individual at VCBR had grown to \$109,000 per person per year. This amount is less than reported in previous years due to the reduced census and reduction in appropriations. Any recommendations for community based resources may face challenges from the community due to negative perceptions and public safety concerns.

Background

Although the civil commitment of violent sex offenders was written into the Code of Virginia in 1999 (§37.2-900), the actual commitment system was not implemented until the General Assembly approved funding during the 2003 Session. While VCBR was under construction,

existing buildings on the DBHDS Petersburg campus of Southside Virginia Training Center were used to house and treat SVPs. VCBR opened in 2008 in Burkeville, Virginia.

The current VCBR facility was designed reflecting the 1999 SVP commitment laws and was built to have a maximum capacity of 300 beds. Under the then prevailing SVP laws, admissions ran about one per month and the existing 300-bed capacity was anticipated to suffice for approximately 20 years. Changes were made to the number of qualifying crimes and the screening process in 2006 to more accurately identify offenders at increased risk of sexual reoffending. Although experts agreed that these changes were necessary, they contributed to increased demands on the SVP system.

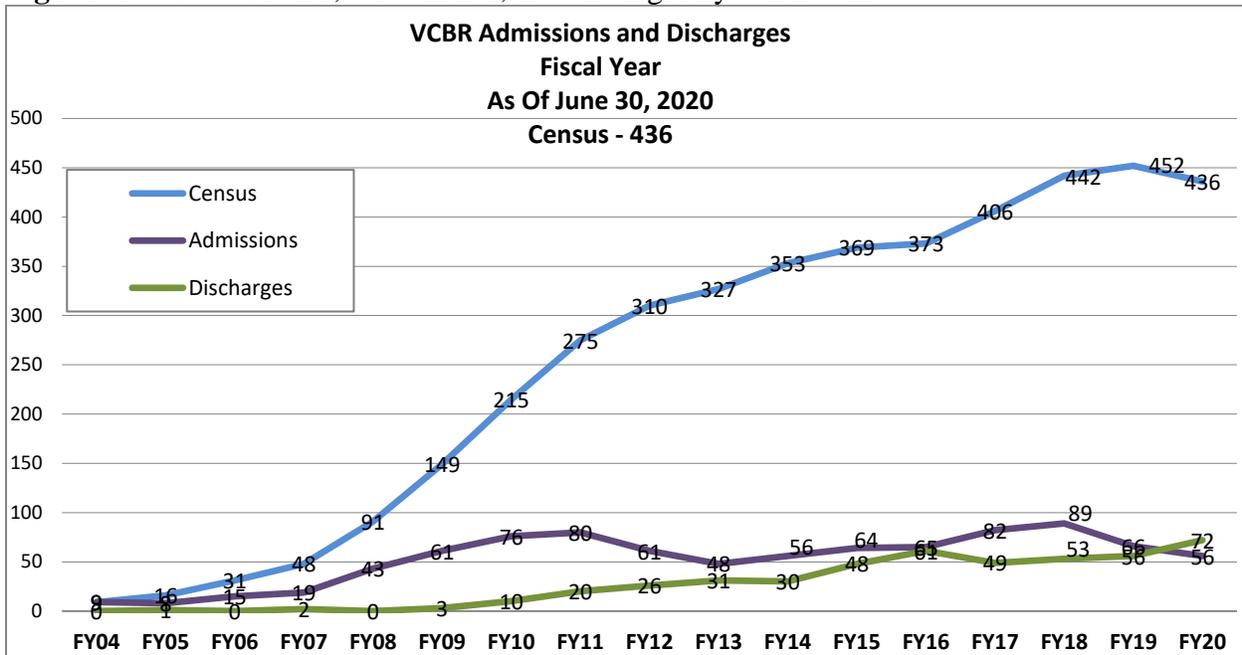
In 2011, as census of the Burkeville facility approached 300, DBHDS reconfigured 150 individual residential rooms for double-occupancy, bringing maximum capacity at VCBR up to 450 beds. As the census of VCBR continued to rise, Item 331 D. of the 2016 Appropriations Act required DBHDS to develop options to reduce the census and need for additional bed capacity at VCBR. In response to this request, a team of DBHDS internal experts developed the *Alternatives to Secure Confinement Report for Sexually Violent Predators – November 1, 2016*¹ which outlined seven options to address this issue. However, no funding was available to support these recommendations.

As the census of VCBR came closer to 450, the facility began to face increasing problems. The number 450 represented the absolute maximum capacity and was premised on being able to use every available bed at VCBR. The reality is that there are many VCBR residents who can only be housed in a lower bunk or can only be housed in lower tiered rooms (due to medical issues), cannot live on certain units (due to gang issues, histories of violence, etc.), or cannot share a room (due to risk of sexual victimization or severe psychiatric symptoms). As such, for all practical purposes VCBR was operating over maximum functional capacity. Fortunately, the addition of a temporary medical wing at PGH allowed VCBR to move some individuals there and made it possible for VCBR to accommodate the overflow of residents.

In June of 2018, construction began on an expansion of the VCBR that will eventually increase bed capacity to 632 residents. The expansion is being completed in phases, thus allowing housing units/wings to become operational incrementally during the construction to address growing census needs. It is anticipated that the first phase of the expansion will be completed in November of 2020 and will add a 48 bed transitional program for residents in the final phase of treatment who are getting ready to return to the community. Another 134 beds (128 male beds and 6 female beds) are scheduled to come online near the end of 2021. Additional shelved space that can accommodate another 76 beds (which would then bring the total capacity of VCBR to 708) will be minimally constructed but left unfinished until the additional bed space is needed. Figure 1 below shows the census growth at VCBR since its inception and the patterns of change in admissions and conditional releases.

¹ <https://rga.lis.virginia.gov/Published/2016/RD465>

Figure 1: VCBR Census, Admissions, & Discharges by Fiscal Year



The *SVP Referrals, Commitments and Bed Utilization Forecast for FY2020 to FY2025* completed in October of 2019 suggests that there will be continued growth of the VCBR census in the next six years. VCBR census growth is anticipated to reach 520 by June 30, 2025. However, both the DOC and DBHDS agree that this growth will be much lower than was predicted in prior forecasts and that it is too early to know if this new, slower growth rate is sustainable. These lower predictions appear to be related to a decrease in SVP eligible offenders in the DOC projected for release over the next six years. The ability to maintain this slowed growth will also depend on other factors such as the number of individuals who are suitable for conditional release and their ability to successfully remain in the community without any violations or probation revocations which might lead to them being housed at VCBR.

Recently, VCBR has begun to experience increases in its census due to changes in the way that some courts are managing SVP individuals on conditional release. In the past, those who violated their conditional release but were found suitable for return to the community were able to be held in jail until the individual, with the assistance of their attorney, could find a viable home plan. However, in the past two years, there has been an increase in the number of these individuals who are ending up being housed at VCBR either due to being civilly committed (because no viable home plan could be found) or to the court ordering the individual to be held at VCBR on an Emergency Custody Order (ECO) instead of jail and ordering VCBR to assist with finding the individual a home plan. This not only increases the census of VCBR but also puts a burden on their discharge planning staff. Other individuals have been civilly committed or ordered to be held at VCBR because necessary resources were not available in the community such as nursing home care or inpatient substance abuse treatment thus contributing to the census and requiring VCBR absorb the cost of their medical care.

Review of SVP Program

Civil Commitment

Since its inception, many changes have been made to the treatment program at VCBR. These changes included making the criteria for progression through the program clearer to both residents and staff, adding more structure and clear objectives for every group offered, and using an integrated model for treatment. Also, the program is more responsive to learning styles by providing a separate track for individuals with intellectual disability or who are suffering from major mental illness, and allowing for special accommodations for those with learning disabilities. There has also been the addition of privileges both for positive behavior and progression in treatment, an increase in vocational training and work opportunities, and the addition of transitional opportunities to improve adjustment in the community. All staff, regardless of their position, are now trained on the treatment phases and on how to respond therapeutically to residents, and a family outreach component was also added, which attempts to bring residents' support network "on board" with treatment concepts as early as possible in treatment.

On admission, each new resident participates in comprehensive multidisciplinary assessments to identify treatment needs and risk factors for future sexual aggression. The results of the assessments are shared with the resident and then a comprehensive treatment plan is designed to meet specific treatment and risk needs. The resident is then enrolled in various therapeutic activities to address those treatment and risk needs. The current treatment program is a comprehensive program that uses an integrated model, combining the best of cognitive-behavioral interventions and therapies. The treatment program is a three-phase program with clearly identified goals for progressing through the phases and clearly identified requirements for how long an offender must demonstrate those goals before being promoted to the next phase. This makes progression through the phases clear to both residents and staff, and protects against bias or over-investment on the part of treatment providers. The phase goals are based on dynamic risk factors, so progression through the phases correlates with the changes desired by forensic evaluators and judges before recommendations for release will be given. Each resident receives a clear report at the end of each quarter specifying if phase goals were met or not. Residents obtain one level of privileges just for following the rules of the facility, and can earn extra privileges if they are to also in an advanced phase of treatment.

Outcomes of Treatment at VCBR

The intended outcome of commitment to VCBR is for those individuals who demonstrate progress in treatment and the skills necessary to live successfully and safely in the community to be released, and for VCBR to retain those individuals who remain at high risk for sexual offending. The success of the program can be measured by:

- The proportion of individuals in each phase of treatment, expecting to see that at least a portion of individuals are moving from one phases of treatment to the next.
- The number of individuals who are conditionally released from the program.

- Comparing the Virginia program to that of other states to determine if Virginia is conditionally releasing proportionately (compared to the overall number committed) more or fewer residents.
- The rate of violent sexual reoffending and making a comparison between the observed re-offending rater and national re-offense rates.

Progress in Treatment

The figure below represents the breakdown in the percentage of VCBR residents in each phase of treatment as of June 20, 2020.

Figure 2: Percentage of VCBR Residents by Treatment Phase

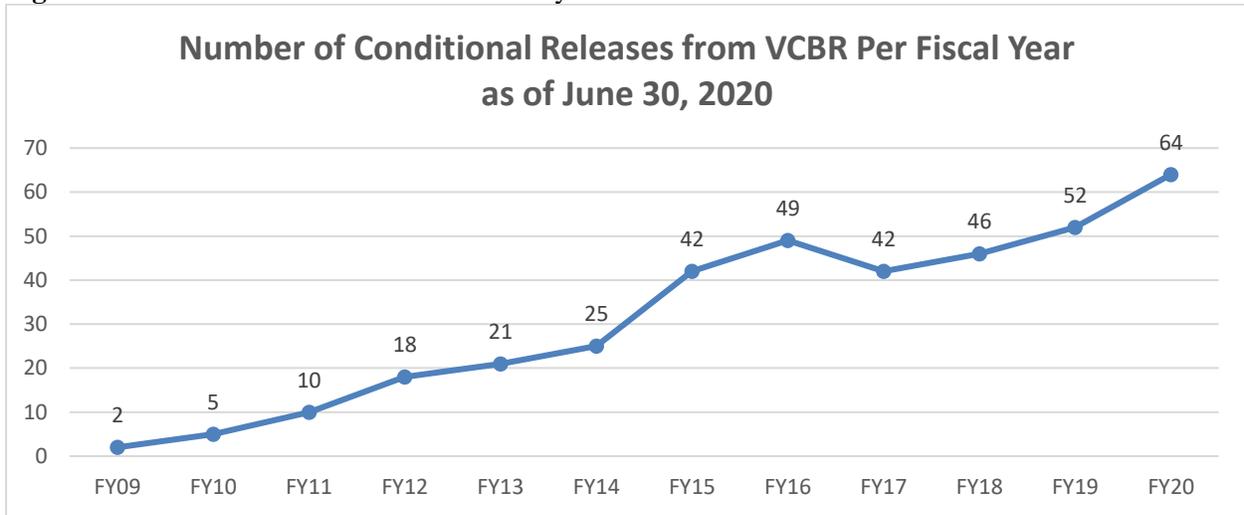
Phase of Treatment	Percentage of Residents
Phase I	40%
Phase II	47%
Phase III	13%

In order to be promoted from one phase to the next, the resident must demonstrate achievement of their treatment goals for six consecutive months. Ideally there would be a linear progression from one phase to the other; however, there are times when residents have set backs in their treatment and must move back to an earlier phase in order to focus their treatment on issues needing further work. While in theory discharge planning begins on the date of admission, it is when an individual moves to Phase III that there is increased emphasis on securing the requisite services to support individuals who are granted conditional release.

As there tends to be a fairly high concordance rate between evaluators’ recommendations for release and that of the court, relatively few individuals remain in Phase III for an extended time.

Figure 3 below shows the number of new conditional releases from VCBR by fiscal year. Early in the program’s history, relatively few individuals were released from the program. However, starting in FY 2013, the number of conditional releases began to increase and has continued to increase each fiscal year. While a portion of these recent releases can be attributed to clearing a backlog of individuals ready for release, overall the statistics demonstrate that the treatment program at VCBR has been effective in preparing individuals for release.

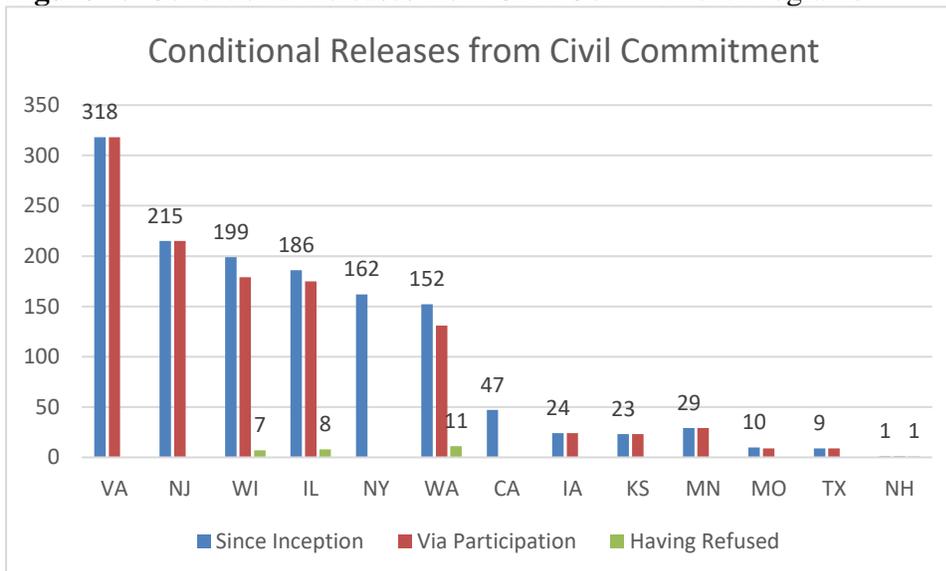
Figure 3: Conditional Releases from VCBR by Fiscal Year



Outcome data was obtained from other states that have similar SVP commitment laws in order to compare Virginia’s program to other programs’ overall number of individuals granted conditional release from the secure treatment program, and the ratio of the number of conditional releases to the overall number of individuals civilly committed. Virginia has the highest proportionate number of conditional releases from secure confinement. While Virginia ranks fourth in terms of the overall committed SVP population, it leads the way in terms of the number of individuals granted release. This clearly demonstrates that Virginia is maximizing the use of conditional release compared to other states’ SVP commitment programs.

Figure 4 below shows how Virginia compares to the other jurisdictions in terms of the overall number of conditional releases from civil commitment programs as of September of 2019. As indicated below, Virginia has had more conditional releases from civil commitment than any of the other programs for which data were available.

Figure 4: Conditional Releases from Civil Commitment Programs



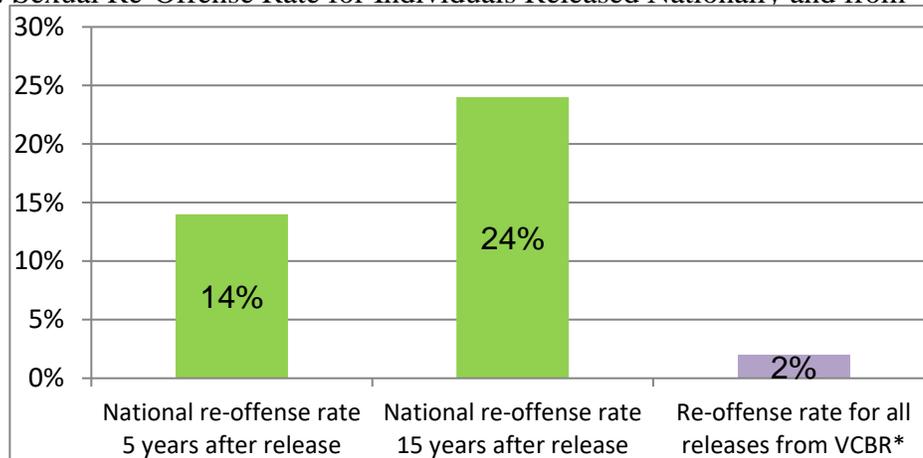
Sexual Re-Offending Rate of Individuals Released from VCBR

One of the primary goals of treatment at VCBR is to address the individual's risk factors for sexual re-offending and mitigate those factors to the degree possible. Another goal of conditional release is to provide the individual granted release with sufficient supports, oversight, and monitoring to help intervene early if the individual begins to exhibit any behaviors that historically preceded a sexual offense. While ideally no individuals would sexually re-offend, unfortunately there are rare incidents where sexual re-offending occurs. The following studies established sexual recidivism rates for high risk sexual offenders (the group most comparable to those committed to VCBR) and offer points of comparison to which we can compare the sexual recidivism rate for SVPs released from VCBR.

Oliver, Wong & Nicholaichuk (2008) found treated sex offenders recidivated at a rate of 16.9 percent as compared to the untreated sex offenders who recidivated at a rate of 24.5 percent, (during a five-year follow-up period). Some other studies include Lowden et al (2003) who found that treated sex offenders had three times lower recidivism rates than untreated sex offenders. McGrath et al (2003) found that treated sex offenders reoffended at a rate of 5 percent as compared to 30 percent for untreated sex offenders. MacKenzie (2006) found that treated sex offenders reoffended at a rate of 9 percent as compared to 21 percent for untreated. Kriegman (2006) found a recidivism rate of 19 percent for treated sex offenders as compared to 38 percent for untreated sex offenders.

Figure 5 compares the sexual re-offense rate for individuals treated at and released from VCBR with national re-offense rates for high risk offenders. As can be seen, the sexual re-offense rate for treated sex offenders is lower than the national average. Although the risk can never be fully mitigated, the re-offense rate reflects how treatment and close monitoring during conditional release can mitigate some of the risk. The data suggest that while Virginia is releasing more SVPs than other jurisdictions, this practice has not resulted in higher sexual re-offense rates.

Figure 5: Sexual Re-Offense Rate for Individuals Released Nationally and from VCBR



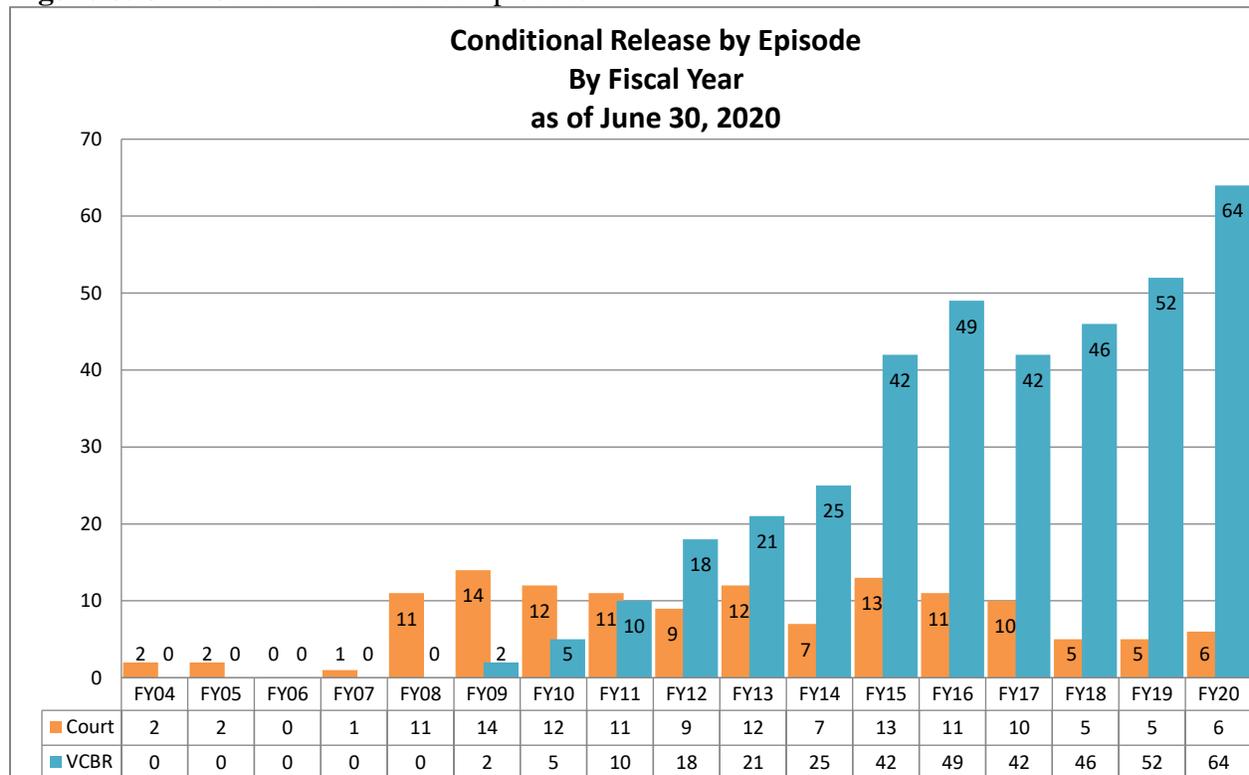
Note that many of VCBR releases may have been released **within the last three years and may not have been in the community for the five to 15 years noted in these national samples.*

Conditional Release

As the number of SVP individuals has grown, so has the number of individuals on conditional release. As of July 1, 2020, 251 SVP individuals were on conditional release in the community. Some of these individuals were civilly committed to VCBR by the court after completing their DOC sentence, participated in treatment and were eventually deemed suitable for release to the community. Others were found suitable for conditional release by the court after completing their DOC sentence and were released directly to the community. All of the individuals on conditional release are monitored by the DOC either as part of a probation obligation or through an MOU for supervision services between DBHDS and the DOC. Regardless of their probation status, all conditionally released individuals have the same standard supervision requirements which include compliance with GPS tracking and participation in sex offender treatment. They may also have additional special requirements based on their offense histories and risk factors.

Figure 6 shows the total number of conditional release episodes since the onset of SVP legislation. Court episodes are instances when a court of jurisdiction placed an individual on conditional release after completing their DOC sentence. VCBR episodes represent the number of conditional releases from VCBR. It should be noted that these are episodes and not individuals so an individual who has been placed on conditional release multiple times may be counted more than once.

Figure 6: SVP Conditional Release Episodes



When the court is considering an individual for conditional release, DBHDS Office of SVP Services (OSVP) is ordered to develop a Conditional Release Plan (CRP) which summarizes

information from the expert evaluators regarding the individuals risk and protective factors. This includes recommendations regarding the conditions necessary for the individual to be safely managed in the community. This can be a challenging process since an individual's risk of reoffending may be contextual and dependent on the level of supports, oversight, and supervision available once they are in the community. Even if an individual has completed the treatment program at VCBR or in the DOC and has mastered some new skills to manage their sexual reoffending risk factors, without sufficient supports, oversight and monitoring in the community they may not be an appropriate candidate for release.

The conditional release plan will also include what, if any, potential home plans have been submitted by either the individual, their defense attorney or, if the individual is civilly committed, by VCBR discharge staff. It is important to note that identifying a potential residence does not mean that the court will approve the conditional release plan. For a residence to be suitable, the court must consider the individual's history of criminal and sexual aggression as well as the residences proximity to high risk stimuli. For example, individuals whose sexual offending history is focused on children would not be permitted to live with children, in a building that contained a child care center, or next to an elementary school, etc. Further, an individual with a drug or alcohol abuse history would not be recommended to live in a neighborhood with a high drug crime profile.

If a potential residence can be identified, the information is submitted to the DOC for investigation by a probation officer. Home plan investigations include an on-site visit to the home/residence and interviews with the landlord and/or persons residing in the home. The officer summarizes his or her observations, impressions, or concerns in a report and the information is returned to OSVP services for inclusion in the conditional release plan. That plan is submitted to the court of jurisdiction for review. Ultimately, it is the court that determines whether or not a home plan is adequate, the conditional release plan is suitable and if the individual meets the criteria for conditional release. In cases where a proposed home plan is rejected, the legal parties are notified and another home plan needs to be identified. If the individual is completing his sentence and being held in the DOC, the individual and/or their defense attorney will need to submit another residence for review. If the individual is being released from VCBR, discharge staff will continue to work with them until another potential residence can be located.

The inability to locate and/or afford viable housing is the most significant barrier to an SVP individual who is otherwise suitable for conditional release being able to return to the community. For individuals being discharged from VCBR, staff are available to assist them with finding a residence. However, even with staff assigned to this task, locating property owners who will rent to sex offenders is extremely challenging. The residences that the VCBR staff have been able to find are the result of establishing and working with a small list of property owners who are willing to work with this population. The vast majority of property owners are not willing to rent to sex offenders for a variety of reasons including concerns for their own safety and the safety of other renters, the listing of their property address on the sex offender registry and concerns about pressure and complaints from neighbors. These concerns coupled with the negative attitudes about sex offenders and limited financial resources often lead to SVP individuals who are able to find housing having to reside in higher crime areas with more prevalent rates of substance abuse. VCBR has addressed some of the financial barriers to

conditional release by providing Release Assistance Funds. These funds are used to secure residences by paying the first month's rent, purchasing needed resources, etc. The program has been successful and made it possible to clear a backlog of individuals who had been 'stuck' in the last phase of their treatment because they could not afford the costs of securing a rental property. Since no funding was allotted by the General Assembly to assist with this challenge, VCBR has had to allocate funds from its existing budget while still addressing the operational needs of the facility. Although the program has been successful, the availability assistance funding is limited and subject to other budgetary and facility demands.

For individuals who have completed their DOC sentence, are found to meet SVP criteria by the court and considered for conditional release, finding a suitable home plan is problematic. Individuals who have completed their sentence, are going through the SVP process and are being considered for conditional release receive limited assistance with developing home plans. Further, many have neither the community supports nor the financial resources to locate and secure a suitable place to live. As a result, some individuals who were considered by the court for conditional release have instead been civilly committed to VCBR due to an inability to find housing. *It should be noted that receiving assistance with finding a home plan would not guarantee that housing or other necessary services would be available in the community for every offender. However, having staff assist individuals with this task may improve their chances of being able to identify a viable home plan and avoid placement at VCBR.*

Individuals who violate the conditions of their conditional release and are detained on ECOs face similar barriers and also contribute to the VCBR census. Some individuals who violate the conditions of their supervision by becoming homeless, even if through no fault of their own, may face civil commitment or placement at VCBR if they are unable to locate a new residence. Although DOC supervising officers attempt to assist whenever possible, there are so few resources in the community and limited assistance available to these individuals while they are in jail. Other individuals detained on ECOs have been considered by the court for return to the community but their formerly approved housing was no longer available due to their having spent time in jail. Also, there have also been situations where these detained individuals were considered for return to the community but their medical or mental health conditions required a supportive level of housing that was not available in the community such as an Assisted Living Facility (ALF) or nursing home. For example, for some of these individuals, their medical conditions had deteriorated to the point where they required nursing home care but no nursing home would accept them. Had there been nursing home care available to them in the community, not only would they have been eligible for conditional release but they would also have been eligible for disability assistance to cover the cost of their care. Instead some these medically compromised individuals who could have been cared for in the community have ended up being civilly committed, not only contributing to the census of VCBR but also leaving the facility to absorb the cost of their care.

Another barrier to conditional release that contributes to the VCBR census is the lack of transitional housing and substance abuse treatment programs available to SVP individuals in the community. Abusing substances is the most common reason that individuals violate their probation and/or conditions of supervision. Although VCBR provides comprehensive substance abuse treatment, individuals who have been released and relapsed into substance abuse have

reported that without a transitional step-down program, no groups can prepare them for the experience of being “bombarded” by substances upon their release. Since they usually can only afford housing in high crime areas, they reported being approached on a daily basis to buy drugs, and both observing and smelling the use of substances in the boarding houses in which they reside. When these individuals relapse, violate the conditions of their supervision are evaluated to determine if they are suitable for return to conditional release, evaluators have recommend that some do not require civil commitment but instead are suitable for conditional release if they can participate in inpatient substance abuse treatment. However, inpatient substance abuse programs will not accept SVP individuals in treatment. Since the individual cannot participate in this treatment in the community, they are instead civilly committed to VCBR even though they were not in need of intensive sex offender treatment and could have returned to the community if an inpatient substance abuse program had been available.

The second most common reason for violating the requirements of conditional release is the use of pornography, dating sites, “sexting” or prostitutes. Many residents report feeling rejected socially upon release and turn to these to cope with the loneliness. These behaviors are concerning and may require increased treatment interventions but with early intervention, may not require the level of treatment intensity provided by VCBR. However, because there is no treatment option available in the community that is more intensive then the outpatient groups provided (1-2 hours per week), the individual may end up returned to VCBR when a less intensive and less expensive community based treatment option could have addressed the issue had it been available.

Lastly, there are individuals who have been stable in the community for significant periods of time, progressed in treatment and/or whose conditions have so changed as to make it that they no longer meet the criteria as a SVP. As of July 1, 2020, 41 individuals have had their SVP label removed by the court. This process requires that an individual petition the court. The court then appoints two experts to evaluate them and determines if they no longer meet the criteria of SVP or if they will remain on conditional release. For these individuals, technical violations (not sexual in nature) that may have otherwise resulted in a reprimand or a minimal jail sentence, instead constitute a violation of conditional release (since the individual is still considered a SVP), make the person subject to an ECO and require an evaluation be completed. After this lengthy process, if the individual cannot find housing or requires treatment services that are not available in the community (i.e. inpatient substance abuse treatment), they may end up having to be held at VCBR and possibly civilly committed. Also, should they become ill, these individuals may end up housed at VCBR since there are no nursing facilities that will accept them.

Community Resources and Barriers

Housing - Public perception of sex offenders and registry requirements make it very difficult to find property owners willing to rent to a sex offender, particularly one with the additional label of SVP. Even if landlords can get past their own bias and fears about sex offenders, allowing a registered sex offender to reside in a residence that you own will require that the address of that home is listed on the Virginia Sex Offender Registry website and can lead to pressures from neighbors and community organizations who argue that these individuals will pose a risk to public safety and bring down property values. The idea of “not in my backyard” or NIMBY is a

common challenge when attempting to find suitable housing for this population. If a property owner is willing to rent to an SVP individual, there are also often financial challenges to pay for the necessary deposits and the first month's rent. These properties, when available, are often in neighborhoods with increased crime and substance abuse rates.

Transitional Housing - Individuals who have served long sentences in the DOC and may also have been committed to VCBR often struggle with the transition from living for long periods of time in secure, controlled environments to living in the community. Unfortunately, there are currently no community based transitional housing or 'step-down' programs that will assist SVP individuals going through this process. Transitional programs could address a number of the barriers to conditional release by providing support and additional supervision while allowing individuals to find jobs, save money, find housing, etc. Programs such as these can also be enhanced to address other barriers to conditional release such as the need for inpatient substance abuse and intensive outpatient sex offender treatment. These programs could act as alternatives to civil commitment by serving as a mid-level of treatment and supervision between weekly outpatient groups and the more intensive treatment level of VCBR. Additional supervision sanctions could also be added to address an individual's needs. Courts would be able to find someone suitable for conditional release and order them to participate in a community based transitional housing program instead of civilly committing them. If they refused, it would be a violation of their supervision and their conditional release could be revoked.

Assisted Living Facilities - Locating suitable housing becomes even more challenging when the individual suffers from chronic mental health issues or cognitive limitations. At any given time, VCBR estimates housing 6-8 individuals who meet this criteria. These individuals' greatest risk to the community is not related to predatory sexual offending but rather to the potential for them to become non-compliant with treatment, symptomatic (which can include engaging in sexualized behavior), and/or unstable in the community. Although there are some property owners that are willing to provide extra assistance to individuals residing in their homes, VCBR staff assisting with discharge planning have been unable to find a licensed ALF that is willing to accept SVP individuals.

Nursing Homes – At any given time, VCBR estimates having 8-10 residents who have severe, debilitating medical conditions. As the census of the VCBR increases and the current SVP population ages, it is anticipated that the number of residents requiring this level of care will also increase. These medical conditions are chronic, at times terminal, and often have rendered the individual so impaired that their risk of sexual re-offending is considered minimal. While the Code of Virginia §32.1-127 does not restrict nursing homes from accepting sex offenders, staff who coordinate discharges at VCBR have been unable to locate a nursing home in Virginia that will accept an SVP individual. This is likely due to concerns regarding the facility's address being listed on the sex offender registry, the potential for liability and concerns for the safety of other residents. The need for nursing home care is also a barrier for SVP individuals on conditional release. As these individuals' medical conditions deteriorate in the community, there are no nursing homes willing to accept them. Instead, some have ended up civilly committed or court ordered to be held at VCBR on an ECO so that they can receive medical care. This not only increases the census of VCBR but also leaves VCBR to absorb significant medical costs.

Mental Health Treatment – Mental health treatment for SVP individuals on conditional release is often provided by local Community Services Boards (CSBs). However, individuals who have insurance may seek services from private providers if approved by their supervising officer.

Sex Offender Treatment – Sex offender treatment is provided by community treatment providers who contract with the DOC to provide group treatment once a week in DOC probation offices. While DOC treatment contractors may provide assessment and additional treatment services if needed, there is no ‘step-down’ or intensive outpatient sex offender treatment program available for individuals being discharged from VCBR. While some individuals are able to make the drastic transition from the intensive daily treatment provided by VCBR program to community based weekly group treatment, others struggle with this transition and could benefit from a continuum of care that allows for a more gradual reduction of treatment and support services. This continuum would also allow for staff to monitor individuals more closely as they return to the community and intervene quickly should their behavior start to deteriorate. Intensive outpatient treatment may also assist individuals who are on conditional release and engage in behaviors that are concerning and require additional interventions but who do not necessarily require intensive treatment and secure confinement. These individuals could instead remain on conditional release and be ordered to participate in this mid-level treatment along with other sanctions if needed such as earlier curfews or other supervision sanctions. If they refuse to comply, then they would be violating the courts order and their conditional release can be revoked.

Substance Abuse Treatment - SVP individuals with substance abuse issues on conditional release are required to participate in treatment with outpatient DOC contracted providers. This treatment is provided in a group setting for 1-2 hours per week. However, some individuals with serious substance abuse issues who are released from either the DOC or VCBR have difficulty transitioning from a controlled living environment where treatment and support are more readily available to only 1-2 hours of treatment a week. When these individuals relapse, DOC supervising officers attempt to work with them through the use of sanctions and other services that may be available such as Alcoholics Anonymous or Narcotics Anonymous. If the individual does not respond positively to these sanctions, there are no more intensive substance abuse treatment programs available to them and ECOs are eventually issued. When evaluated for return to the community, evaluators have recommended that some of these individuals would be suitable for return to conditional release if they participate in inpatient substance abuse treatment. However, DBHDS and DOC staff have been unable to find an inpatient substance abuse program willing to accept SVP individuals. Since the recommended treatment option is not available to them in the community, these individuals end up being civilly committed to VCBR for substance abuse treatment, not because of any increased risk of sexual offending but instead because the substance abuse treatment they need is not available to them in the community.

Recommendations

1. Increase Treatment and Re-entry Resources for SVP Individuals in the Department of Corrections

Increased treatment and re-entry services in the DOC for sex offenders will provide opportunities for those who might otherwise be civilly committed to address issues related to their offending and demonstrate their ability to comply with supervision prior to going through the SVP screening process. Although individuals who participate in DOC treatment may still be found to meet the criteria as a SVP by the court, those who are compliant, participate successfully and are able to present a suitable home plan will likely be seen as more suitable for conditional release. The DOC operates the Sex Offender Residential Treatment (SORT) program at Greensville Correctional Center. The SORT program has a budget of \$744,493 per year to serve 86 offenders which yields a cost per person / per year of \$8,656.90. The basic cost for housing a person in the DOC is not factored into this amount since the individual would be serving a sentence regardless of their participation in treatment. For those who participate but are found to still be in need of civil commitment, the ability to start participating in less costly DOC treatment prior to being housed at VCBR may lead to their progressing in treatment faster and reduce their length of stay at VCBR.

Item 381 #4c of the 2019 Budget Amendments – HB1700 required the Secretary of Public Safety to convene a workgroup on the feasibility of increasing access to sex offender treatment in the DOC. The report titled *Access to Sex Offender Treatment in Virginia Prisons - November 15, 2020* has been completed and is being reviewed for submission. Recommendations in the report include additional staffing to provide increased screening, treatment and re-entry services for sex offenders. The availability of these services may increase the number of individuals released from the DOC who are suitable for conditional release thus reducing the number of individuals civilly committed to VCBR. As such, this workgroup supports the recommendations of that report being funded and implemented.

Estimated Cost

The DOC estimated the cost for the additional staff needed to provide these increased services to be \$880,668.

Cost Comparison

Given that most civilly committed individuals remain at VCBR for more than one year, the provision of DOC re-entry services would represent a cost savings of at minimum \$109,000 per year for every SVP individual released from the DOC that is found suitable for conditional release. Providing an individual treatment while they are in the DOC (not including the cost for incarceration since the individual serves a sentence regardless of if they participated in treatment) represents a cost savings of \$100,343.10 per person/year (\$109,000 - \$8,656.90).

*Total Estimated Cost Savings – DOC Treatment \$100,343.10 per person / per year
DOC Re-entry Services \$109,000+ per person / per year*

2. Establish a Transitional Housing Program Alternative to Civil Commitment

A transitional housing program could offer an alternative to secure confinement to individuals who end up civilly committed or housed at VCBR due to a lack of housing or other resources. The court could place individuals on conditional release but order them to participate in the program and participate in any services provided. Failure to do so would be a violation and result in revocation of release. Ideally multiple transitional residences could be located throughout the Commonwealth thereby allowing individuals to return to their community of origin (should they desire and should this be in their/ the community's best interest) where they might have access to better community supports. However, there is a significant fiscal advantage to grouping the residents closer together so as to share staffing/resources. Obviously one of the biggest obstacles would be finding localities that would not be openly hostile to having such a program in their community.

During daytime hours residents would work with staff on job seeking skills, learning to take public transportation, budgeting, independent living skills, establishing resources/supports in the community and developing a long range transition plan. Initially residents would stay in the program rent free and would be required to save any income received from employment for the purpose of saving enough funds to allow them to transition to more independent living when deemed ready. Over time they would be required to contribute to the costs, thus teaching them to manage their finances. In the evenings and on weekends the residents would participate in treatment activities. There would be meetings facilitated by staff with probation officers, counselors, and representatives from social services agencies from whom residents might receive assistance. It is anticipated individuals would remain in the program for up to 12 months. This is considered a critical time period when individuals are at increased risk for non-compliance with conditions of release and struggle with developing a healthy lifestyle. Once they are deemed ready, the staff would assist the individual in finding more independent living and then seek the court's approval for a change in residence.

The Commonwealth could either contract with private industry/individuals to secure housing or use surplus government buildings to serve this purpose. The advantage of contracting with private industry is that the Commonwealth would not need to invest in capital projects. The advantage of using surplus property is that it is readily available, would require some limited renovation, and often times is located in isolated locations away from other families, schools, churches, etc. who often object to have sexually violent predators living in their neighborhoods. The isolated location, however, can become a barrier in that the purpose of transitional housing would be to aid individuals in adjusting to life in the community and on developing natural supports (i.e. employment, transportation, treatment services, etc.) and often these resources/supports are in short supply in isolated locations.

VCBR has estimated that they have 40 to 45 residents who may be suitable for conditional release but are in need of housing or other community resources at any given time. This may not

include individuals who are being held at VCBR on an ECO because they are in need of housing. There are also DOC offenders who may be suitable for conditional release but are in need of housing that could benefit from this program.

Estimated Cost

Estimating the cost of such a program is challenging and there are many unknown variables the least of which is whether the program would be operated by the Commonwealth or by private industry. If operated by the Commonwealth, there would be the additional variables of renting space, purchasing a residence or using available state resources. A review of rental costs for 4 bedroom / 2 bathroom homes in Virginia shows the majority of available properties ranging from approximately \$1,500 to \$4,000.² For the purpose of this request, the estimates below were calculated assuming the leasing of a residence at \$4,000 per month as opposed to purchasing or using surplus government buildings and that it would house up to 8 individuals. The use of existing state buildings would significantly decrease some of the costs identified below.

In regard to food, the USDA estimates that the cost of a liberal food plan for a male age 19-50 is \$369.50 per month.³ Residents may also need basic toiletries until they become gainfully employed. Given that some residents may not have toiletries or adequate clothing upon discharge, a one-time cost of up to \$300 per resident has been included to accommodate this when needed.

As such, program costs were estimated as follows:

Program

- Residence - \$4,000 per month x 12 months = \$48,000 per year
- Utilities - \$1,500 per month x 12 months = \$18,000 per year
- Furniture/Appliances - \$10,000
(One-time payment / may be lower based on the availability of state surplus equipment)
- Office Equipment - \$10,000
(One-time payment / may be lower based on the availability of state surplus equipment)
- Food - \$369.50 per person/month x 8 residents = \$2956.00 x 12 months = \$35,472.00 per year
- Clothing / Toiletries - \$300 per person x 8 residents = \$2,400 per year
(One-time cost per resident as needed)

Staffing

For the purposes of this request, the following staffing estimates and calculations were used to determine program costs and the potential impact on the VCBR census. Staffing costs were estimated by taking the anticipated salary for a position and adding the expenses listed below.

² Zillow search 7/6/20

³ <https://fns-prod.azureedge.net/sites/default/files/resource-files/CostofFoodApr2019.pdf>

Salary
 + 25% of salary
 + \$14,000
 + \$4,726 Travel
 + \$2,000 Training
 + \$720 Phone
 + \$1,675 Computer
 Total Cost for Position

Counselor I – Full-Time Treatment Technicians – 6 positions = \$513,726

The program would need one staff on day, evening and the overnight shifts = 3 positions x 1.7 = 5.1 rounded up to 6 full-time staff (formula used by VCBR to identify the number of individuals required to work in one essential position). Estimated salary annual salary \$50,000 + benefit / expenses listed above = \$85,621 per position x 6 = \$513,726.

Counselor II - Full Time Therapist – 1 position = \$104,371

Therapist to provide individual and group therapy - \$65,000 + benefit / expenses listed above = \$104,371.

Program Administration Manager II (Part-Time) – 1 position = \$ 58,435.

Estimated annual salary of \$75,000 + benefit / expenses listed above = \$116,871/ 2 = \$58,435.

Total Staffing = \$ 676,532

	Initial Year Cost	Ongoing Cost
Residence	\$48,000.00	\$48,000.00
Utilities	\$18,000.00	\$18,000.00
Maintenance		\$5,000.00
Furniture / Appliances	\$10,000.00	
Office Equipment	\$10,000.00	\$5,000.00
Food	\$35,472	\$35,472
Clothing / Toiletries	\$2,400	\$2,400
Staffing	\$676,532	\$676,532
Total	\$800,404	\$790,404
Per Bed / Per Year Cost	\$100,050.50	\$98,800.50

Cost Comparison

A review of the cost for this program after the initial year of getting established indicates that 8 beds may be maintained at \$790,404 per year, which is a cost of approximately \$98,800.50 per bed ($\$790,404 \div 8$). This is less than the annual cost to maintain the individual at VCBR which is currently estimated to be \$109,000 (\$298.63 average daily rate x 365) and may result in a cost savings of \$10,199.50 per bed/per year. When this estimated cost savings is multiplied by the total number of beds (8), it appears that placing 8 suitable individuals in transitional housing as opposed to housing them at VCBR could lead to a savings of up to \$81,596 per year. As mentioned previously in this report, there are a number of variables (i.e. geographic location, the use of state surplus property, participant rental payments, etc.) that may further increase these estimated savings.

This program may lead to an increase in conditional release supervision costs for residents who do not have a criminal obligation to probation after their release from VCBR. Currently, approximately 50% of individuals on conditional release do not have this criminal obligation. For these individuals, DBHDS contracts with the DOC for supervision services to be provided at a cost of \$25,032 per person/per year. Based on a capacity of 8 individuals, it may be estimated that up to 4 individuals may require these additional services which could potential increase DBHDS spending on supervision by up to \$100,128 per year. However, it is important to note that these individuals have been deemed suitable for conditional release and that these costs would be required regardless of where in the community the resident is placed. As such, this cost has not been included in the estimated program cost. Additional challenges may include an increased burden on the DOC probation office that covers the program area as it would potentially add 8 individuals per year to the caseloads of specialized senior officers. Lastly, depending on the location selected, the program may face both community and political resistance.

Total Estimated Savings - \$10,199.50+ per person / per year

3. Establish Contracts for Inpatient Substance Abuse Treatment Beds

Access to inpatient substance abuse will allow for individuals in need of treatment to remain on conditional release and receive treatment in the community as opposed to being civilly committed to VCBR. Providing this treatment in the community allows for individuals to remain on Medicare, Medicaid or any other private insurance they may have as well as qualify for financing options. A treatment program's ability to bill insurance or other assistance programs for services may significantly reduce the cost of this estimate.

Substance abuse treatment costs vary greatly based on the services provided, length of stay, the needs of the individual and amenities. A basic 30 day inpatient programs can range from \$2000 to \$7000+ while a standard program can range from \$10,000.⁴ Standard programs may be required for individuals who have co-existing mental health problems that require more individualized treatment. Since not every individual requires those additional accommodations, \$10,000 per person/stay was used for the purpose of this estimate. Programs willing to accept

⁴ <https://www.recovery.org/drug-treatment/cost/>

SVP individuals may also need to make changes to existing facilities to allow for increased monitoring and security. As such, \$50,000 has been added to cover any required program or structural modifications. Lastly, it is difficult to predict with any certainty the number of individuals who may be in need of this treatment. As such, the workgroup agreed develop this estimate to accommodate 5 individuals in treatment per year.

Estimated Cost

Treatment - \$10,000 x 5 individuals = \$50,000
Program Modifications - \$50,000

Total Cost - \$100,000 for the first year and \$50,000 for the following years

Cost Comparison

A comparison of a 30 day inpatient program to 30 days of treatment at VCBR ($\$109,000 \div 365 = \$298.63 \times 30 = \$8958.90$) an initial cost savings of \$1041.10. However, individuals who are civilly committed to VCBR to receive substance abuse treatment will be there much longer than 30 days since VCBR cannot provide the same amount of substance abuse specific treatment hours in a 30 day timeframe. Also, individuals at VCBR are reviewed annually for the first five years that they are civilly committed and then every other year afterwards. Therefore, it appears reasonable to anticipate that an individual who is sent to VCBR for substance abuse treatment will be there for at least one year. Given this estimate, the purchase of substance abuse inpatient beds could yield a cost savings of \$99,000+ per person/year ($\$109,000 - \$10,000$).

Total Estimated Savings – \$99,000+ per person / per year

4. Establish Contracts for Assisted Living Facility Beds

A number of individuals currently civilly committed to VCBR could have their needs met by living in less costly, 24/7 supervised living environments where they are provided with comprehensive behavioral health and developmental disability services (such as day treatment, case management, psychiatric care, medical monitoring, etc.). These individuals would require this level of service indefinitely, thus this is not seen as a transitional program, but rather a permanent residence for as long as the ALF can meet the individual’s therapeutic and risk management needs. There are many such programs for individuals with chronic mental illnesses and it is feasible that an existing program could absorb these individuals and/or create a specialized program to address their unique needs. Funding would also be needed to cover the cost of community supervision by the Department of Corrections for individuals who do not have a probation/parole obligation associated with their original sentence.

It is important to note that many of the individuals participating in this program will qualify for Medicaid assistance which would cover the cost of the ALF’s services. However, the potential for any reimbursement cannot be assessed at this time. As such, the estimate below was developed without consideration of disability coverage and outlines the maximum estimated

cost of the program. An ALF with a capacity of 8 beds was used for the purpose of estimating cost. The 2019 projected ALF costs by state list the annual cost of assisted living in Virginia as \$53,412 and the monthly cost as \$4451.⁵ It should be noted that the geographic area might contribute significantly to the cost. Existing ALFs may also require additional fees as incentives and for program modifications to serve the needs of the SVP population. Thus, an additional \$50,000 was factored into the cost of this request to accommodate any modifications to existing programs that may need to be made.

Since this program would be considered a permanent placement and the individuals in the program may not have been considered suitable for conditional release without this more supportive placement being available, the costs of DOC community supervision were included in this estimate. Approximately half of the individuals on conditional release have no criminal obligation and require the Office of Sexually Violent Predator (OSVP) Services to pay for supervision through a MOU with the Department of Corrections. The cost of this contracted supervision is \$2,086 per person/month, which equals \$25,032 per person / year. As such, the estimate below was calculated anticipating that up to half of these individuals may require contracted probation supervision. The cost of community supervision may be subject to change based upon statewide salary increases for staff.

Estimated Cost

ALF Placement - \$53,412 x 8 individuals = \$427,296

Community Supervision - \$25,032 cost of service x 4 individuals = \$100,128

Modification Funding (initial cost only) - \$50,000

Total - \$577,424 (First Year) / \$527,424

Cost Comparison

Without factoring in reimbursement from Medicaid, Medicare or other insurance, the estimated cost per person/year including supervision (\$53,412 + \$25,032 = \$78,444) represents a minimum cost savings of \$30,556 per year/person when compared to the cost of housing the same individuals at VCBR (\$109,000 - \$78,444).

Total Estimated Savings - \$30,556+ per person / per year

5. Establish Contracts for Nursing Home Beds

Establishing contracts with nursing homes to accept SVP individuals could potentially reduce the census of the VCBR by 40 individuals by FY 2027 thus reducing the VCBR census and reducing medical costs. A National Nursing Home Survey estimated the average length of stay for men in long-term care at 1.5 years (mostly due to death).⁶ As such, 18 months was used to estimate

⁵ <https://www.payingforseniorcare.com/virginia>

⁶ <https://www.morningstar.com/articles/957487/must-know-statistics-about-long-term-care-2019-edition>

anticipated length of stay for these nursing home placements. This estimate also incorporates the potential for the VCBR to have up to 10 individuals that may benefit from nursing home placements each year.

72 months (6 years) ÷ 18 months (anticipated individual length of stay) = 4 individuals that may benefit from one nursing home bed over a 6 year period.

4 individuals x 10 beds = 40 individuals

Using an average of 18 months to estimate length of stay, it appears that one bed could potentially serve up to 4 individuals in a 6-year period. Thus, 10 nursing home bed placements could potentially affect the census of VCBR by serving approximately 40 residents by FY 2027 in this alternative setting.

Nursing home national median costs for 2019 were estimated to be \$7,513 per month for a semi-private room and \$8,517 per month for a private room with Virginia costs averaging \$7,350 and \$8,213 per month respectively.⁷ Given that geographic area may significantly affect the cost of a nursing home placement, the highest average Virginia cost has been used in this calculation to ensure adequate funding is being requested. Using the estimate of \$8,213 per month, the average yearly cost for one nursing home bed is estimated to be at most \$98,556 (\$8,213 x 12). The purchase of 10 beds would bring this cost to \$985,560 per year. In addition, \$50,000 has been included to cover any required modifications to the nursing facility to address treatment or security concerns as noted previously.

It is important to note that many of these individuals will be eligible for Medicaid upon discharge from the VCBR. The nursing homes' ability to be reimbursed by Medicaid for treatment services will have a significant impact on the estimated costs of these services. However, since the impact of Medicaid reimbursement cannot be accurately calculated at this time, it was not included in this estimate.

Estimated Cost

Nursing Home Placements \$985,560 (Yearly cost after program is established)
Capital Improvements \$50,000

Total - \$1,035,560

Cost Comparison

Without factoring in the potential reimbursement from Medicaid, Medicare or other insurance plans, the estimated cost of \$98,556 (\$985,560 ÷ 10) per year for a nursing home bed represents a cost savings of \$10,444 (\$109,000-\$98,556) per person/year when compared to the cost of

⁷ <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

VCBR. These savings would be in addition to the significant costs of medical care for these individuals which are currently absorbed by the VCBR.

Total Estimated Savings - \$10,444+ per person / per year

6. Provide Assistance for Individuals Eligible for Removal of SVP Status

A screening system to identify individuals who may no longer meet the criteria for SVP and guidance in petitioning the court to have the SVP label removed may assist in not only decreasing the census of VCBR but may also reduce the cost of conditional release supervision. As long as an individual is considered an SVP by the court, they are still required to be supervised in the community and may end up housed at VCBR even though they may have only engaged in a technical (non-sexual) violation or had difficulty finding a place to live. As the population of individuals on conditional release grows and ages, it is also possible that these individuals could also end up returned to VCBR because they require medical / nursing care that is not available to them in the community. As such, it is recommended that a separate workgroup be convened for the purpose of developing a plan to address this issue. The plan should include a system for screening individuals that is based on research supported stable and acute risk factors for reoffending such as length of success in the community, cooperating with supervision and treatment progress. Once identified, these individuals could be provided guidance in petitioning the court for a review of their status. This will give individuals an opportunity to be re-evaluated by the court and a way of exiting the SVP system should the court find they no longer meet SVP criteria.

Cost Estimate

Provided that the court appoints a defense attorney and evaluators, there may be no cost to this recommendation.

Cost Comparison

For individuals that have no probation obligation, DBHDS currently pays \$25,032 per year. Thus, once the SVP label is removed, this individual would no longer require supervision and this would lead to a cost savings \$25,032 for each year thereafter that the individual would have remained on supervision. Should an individual who no longer meets the criteria for SVP but was still on conditional release receive a technical (non-sexual) violation for substance use, becoming homeless, etc., there is a possibility that they could end up housed at VCBR due to a lack of available community resources. In that case, the potential cost savings would be \$109,000 for every year thereafter that the individual was unable to be discharged from VCBR.

***Total Estimated Savings - Individuals on Conditional Release \$25,032 per person / per year.
Individuals returned to VCBR - \$109,000 per person / per year***

7. Increase Discharge Planning Services at VCBR

The workgroup recommends reducing the number of individuals who are housed and/or return to VCBR by increasing funding and positions to address discharge planning. Additional funding would allow for an allocated amount of money to be used specifically for the Release Assistance Funding program instead of availability of assistance being dependent on other facility demands. Additional staff and funding would also allow for individuals who have already been approved by the court for conditional release but are struggling to develop a suitable home plan or other needed resources in the community to engage in transitional visits through the use of escorted and unescorted community passes. These passes will allow individuals to meet landlords, treatment providers and develop other community supports in person thus establishing better community relationships prior to actually being released. Individuals could attend interviews for work or other programs making it possible for them to secure employment and accumulate savings prior to being released. Some individuals may even be able to start working and saving money to put towards rent and necessary deposits. This program will also allow staff to monitor behaviors during the transition process and intervene quickly should the individual not comply or have difficulty. VCBR estimates that it spent in excess of \$150,000 last year assisting individuals who were suitable for conditional release in securing housing so that they could be discharged to the community.

Estimated Cost

VCBR estimates that they will need five staff, one vehicle and 12 additional GPS bracelets to facilitate this program. Policy requires that two Direct Service Associate III positions are necessary to supervise every individual who is taken out of the facility with an escorted pass. The estimate the cost of each DSA III position at \$49,283 including benefits and cost for four positions to be \$197,132. They would also need a Program Administrator to monitor the program and residents using both escorted and unescorted passes. They estimate this position to cost \$63,410 including benefits. This brings the total staffing costs to \$260,542 per year.

	Initial Year Cost	Ongoing Cost
Staffing	\$260,542	\$260,542
GPS Bracelets (12)	\$15,000	\$15,000
Vehicle	\$40,000	
Release Assistance Funding	\$200,000	\$200,000
Total	\$515,542	\$475,542

Cost Comparison

VCBR anticipates that the development of this transitional program and available funding to secure housing and other needed resources in the community could lead to individuals being released six months to a year earlier than currently planned. SVP individuals who are able to secure resources and facilitate their releases to the community six months (lower end of the

estimate) would not only assist in reducing the census but would save VCBR \$54,500 per person ($\$109,000 \div 2$).

Total Estimated Savings - \$54,500 per person

Conclusion

After reviewing the SVP civil commitment and conditional release programs, the availability of community resources and the barriers to conditional release that contribute to the census of VCBR, it was determined that reducing the census of VCBR will require the development of a coordinated continuum of care and supervision. The components of such a system are outlined in the recommendations above. This system will provide alternatives to secure confinement, fill service gaps, allow individuals who the court has found suitable for conditional release to remain in the community, provide a path out of the SVP system for individuals who may no longer meet SVP criteria and ultimately reduce the census of VCBR. Without additional resources, there is concern that the population of individuals who are housed at VCBR due to a lack of housing and community services will continue to grow, age and may become 'stuck' at VCBR due to their increasing needs and the lack of alternatives to secure confinement.

Appendix A

Workgroup Members

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