Virginia Center for Behavioral Rehabilitation

Presentation to the House Appropriations Committee

June 18, 2008

Mission

To promote an integrated system of services that implements core values of resilience, self-determination, and self-regulation. All services provided in a secure residential environment that promotes rehabilitation and supports emotional and physical well-being.

The purpose of treatment is to improve an individual's ability to manage risk, improve ability to function in society, and be effectively reintegrated into the community.

SVP/VCBR Program Overview

- **Brief History**
  - Legislation approved in 1999, implemented 2003
  - Two resident housing buildings retrofitted on Southside Campus
  - Director hired in October 2003
  - First two residents arrived in December 2003
  - Residents arrived at the new facility in March 2008

Need for New Facility

- **Burkeville facility needed because:**
  - Census capacity
  - Insufficient space for treatment (treatment was conducted on living units)
  - Inadequate space for medical treatment

New Facility Overview

- **Residents Committed**: 88
  - Current Census: 77
  - Released by Virginia Supreme Court: 2
  - Incarcerated in Local Jail: 8
  - Returned to DOC: 4
- **Current Capacity**: 100 residents
- **Full Capacity**: 300 residents (Aug. 08)

Add'l/Enhanced Features and Services

- Dedicated Treatment Rooms
- Education Department
- Medical and Dental Clinic
- Laboratory
- Plethysmograph
- Individual Rooms
- Larger Living Areas
- Dedicated Visitation Room
- Library
- Art Therapy
- Gym and Exercise Area
- Barber Shop
- Industry Area

Cost FY 2008

Total Budget	Cost Per Day
$10,686,680	**$380**

Total budget based on 100 bed operating capacity

Cost Per Day

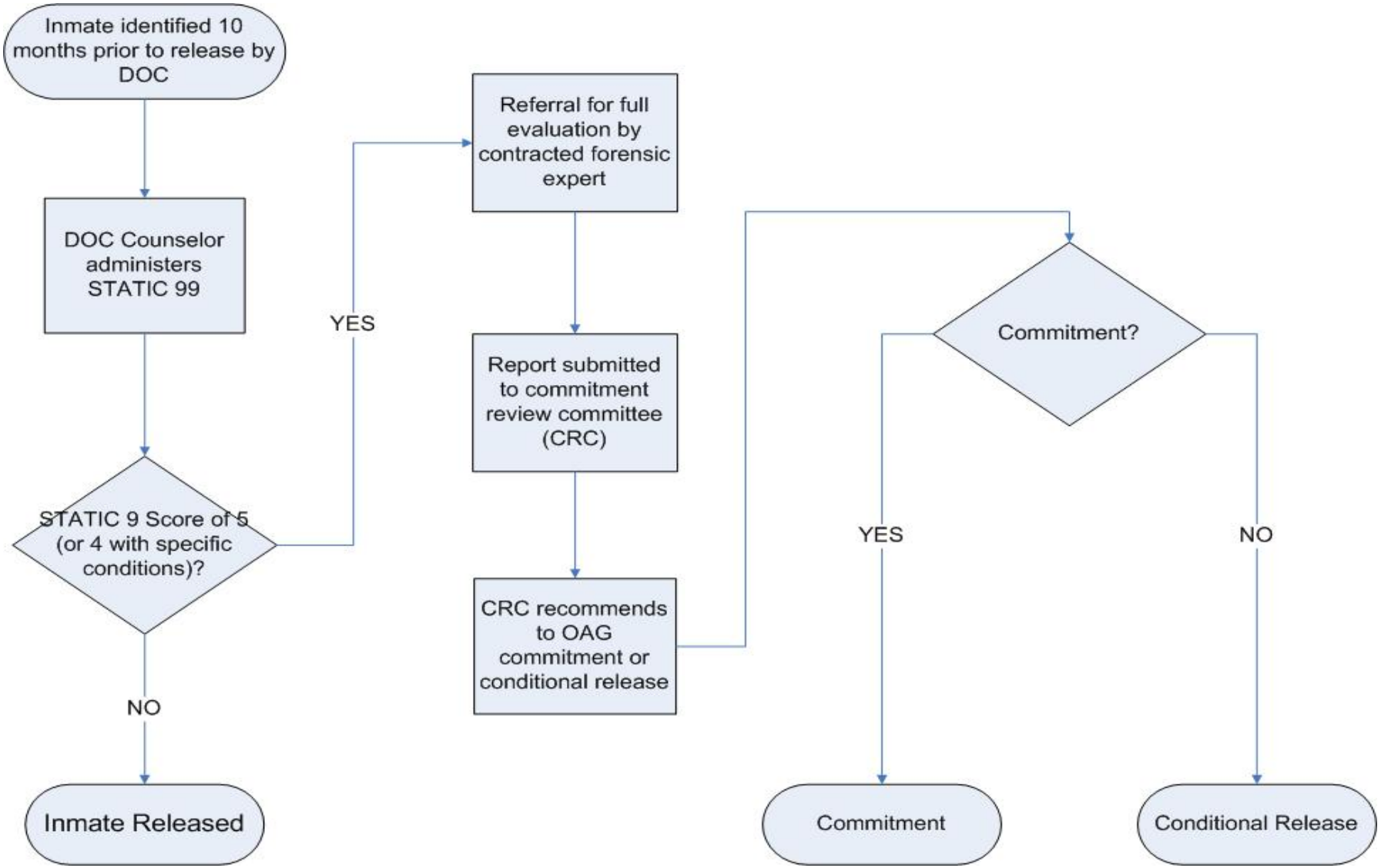
- **$380 cost per day consists of:**
  - $80 state health services (direct treatment services)
  - $114 administration and direct support services
  - $186 security

- **Comparison:** Average cost per day at MH facilities in FY 2007 was $517 (excluding VCBR and the Community Resource Pharmacy at Hiram Davis Medical Center)

Commitment Criteria

- **Predicate crimes include**:
  - Rape
  - Forcible sodomy
  - Object sexual penetration
  - Abduction of any person with intent to defile or of any child under 16 for the purpose of concubinage or prostitution
  - Carnal knowledge of a child between 13 and 15
  - Carnal knowledge by a person providing juvenile services of a minor 15 or older when the minor is confined or detained
  - Aggravated sexual battery
  - Conspiracy or attempt to commit any of the above offenses

Commitment Process



Treatment Philosophy

- Residents expected to be self-sufficient and responsible
- Residents expected to focus on long-term treatment goals not short-term gratification
- Focus on community living, not personal gratification
- Privileges awarded for positive behavior and are correlated with progress in treatment

Psychosocial Rehabilitation Model

- Every interaction between staff and residents is potentially therapeutic
  - Many resident interactions reflect distorted thinking associated with their offending such as manipulation, deception, impulsivity, impatience, selfishness and feelings of entitlement
  - All staff play a role in treatment

Conditional Release Process

- Ultimate goal is to prepare residents for conditional release by reducing re-offense risk and developing a realistic risk management plan
- Reducing re-offense risk requires continued sex offender treatment as well as:
  - Aftercare treatment (substance abuse, psychiatric, family therapy)
  - Intensive supervision and containment (e.g., electronic or other monitoring and polygraph)

Treatment Planning and Reviewing

- Resident treatment plans developed by treatment team
- Unscheduled – team meets when necessary: Behavior problems and non-compliance are confronted in treatment plan reviews to prepare for community living
- Quarterly progress reports (every 90 days)
- Master treatment plan revisions: As a resident progresses in phase or changes Treatment Tracks
- Annual review reports

Treatment Tracks

Understanding Treatment Track

Cognitively impaired
or seriously mentally ill requiring
programming commensurate to
their needs and abilities

Sex Offender Program Track

Show good behavior, are
cooperative with rules and staff

Behavioral Management Program Track

Greater difficulties with
managing daily behavior

Examples of Treatment

- **Process Groups**
  - Facilitated by Master's level clinician or higher
  - Cognitive-Behavioral Treatment Model
  - Sex Offender Specific
- **Psycho-educational Groups**
  - Focused on individual issues such as anger management
- **Holistic Approach** – all groups assist in lowering a resident's risk to re-offend and therefore are sex offender specific

Treatment Efficacy

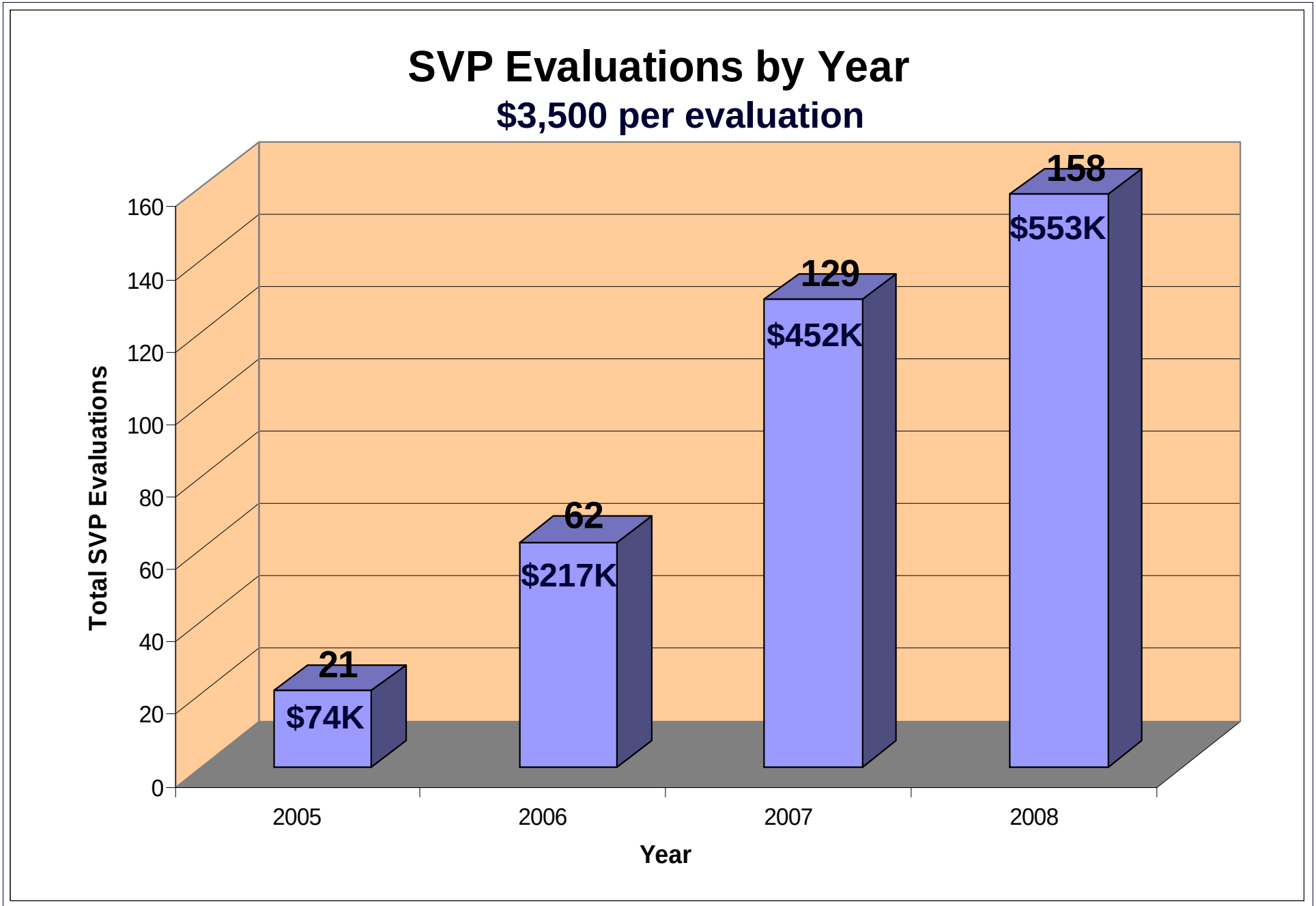
- **Treatment Efficacy**
  - Currently 4-5 residents being considered for recommendation for conditional release
  - Currently 23 residents have moved beyond initial phase of treatment
- **Complications**
  - Lifelong Offenders = Lifelong Patterns of Behavior
  - Treating those that reoffended despite treatment

Challenges and Lessons Learned

- Addressing past prison mentality and institutionalized residents
- Difficulty attracting and retaining qualified staff
- It is important to set goals – it is equally important to remain flexible in adjusting plans to meet those goals

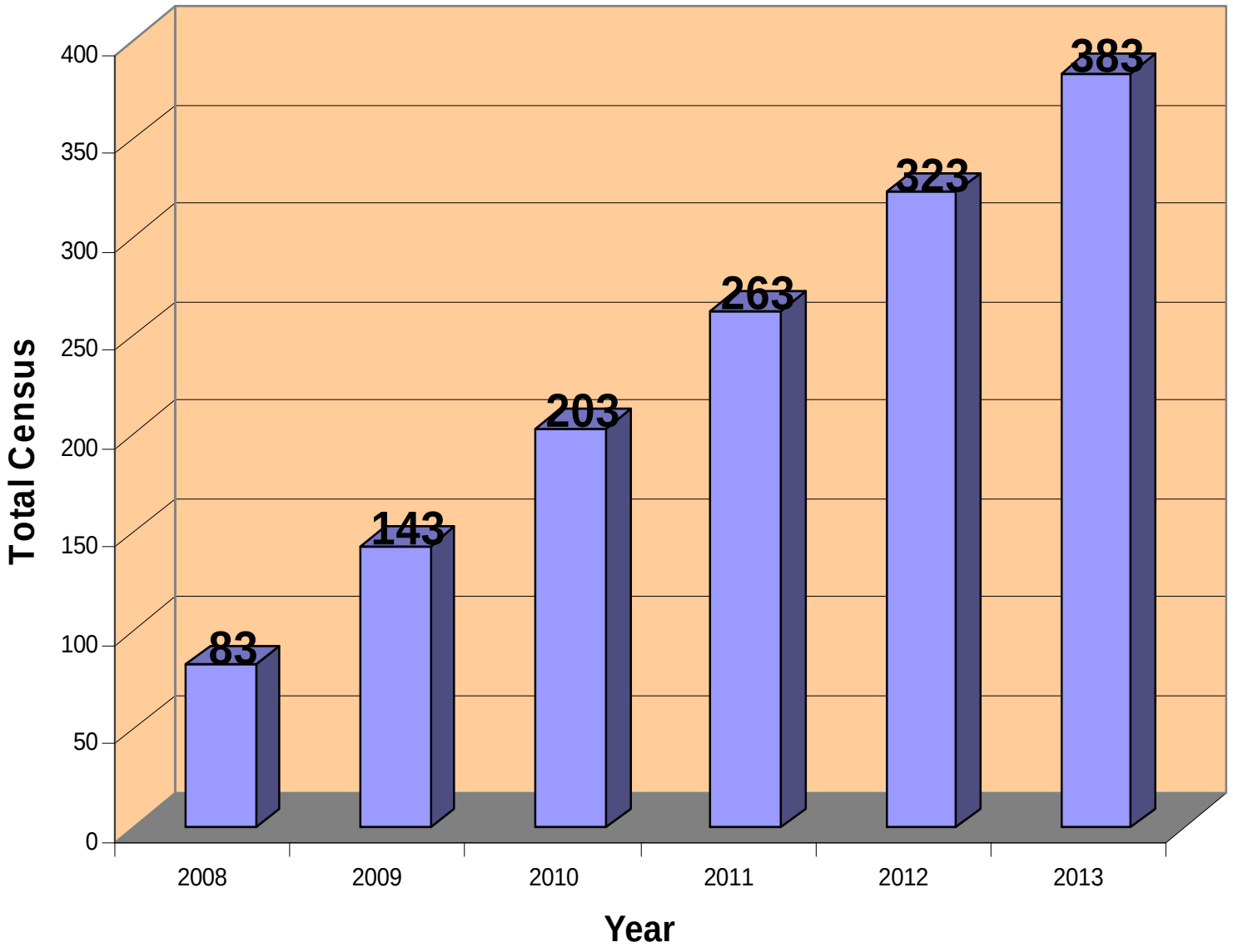
Forecast vs. Observed Admissions

- Historically, forecasts overestimated actual commitment rates
- Variance in time cases move from CRC recommendation to SVP civil commitment to final disposition to admission
- About 303 days between CRC recommendation and final disposition
- Cases may remain in DOC to finish sentences, increasing time between review and admission
- Expansion of the number of SVP qualifying crimes in 2006 greatly increased the number of cases being referred and civilly committed



OSVP annual evaluation budget = $506,000

Census Forecast: July 2008 to July 2013



SVP Facility #2

- **2009 – 2010**
  - Site selection and planning – $2.6M
- **2011 – 2012**
  - Phase 1 construction – $75M
    - 100 beds
    - Central support services for 300 beds
    - Equipment
- **2013-2014**
  - Phase 2 construction – $45M
    - 200 bed expansion
    - Equipment