

# *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
<b>\$10,686,680</b>	<b>\$380</b>

Total budget based on 100 bed operating capacity

# Cost Per Day

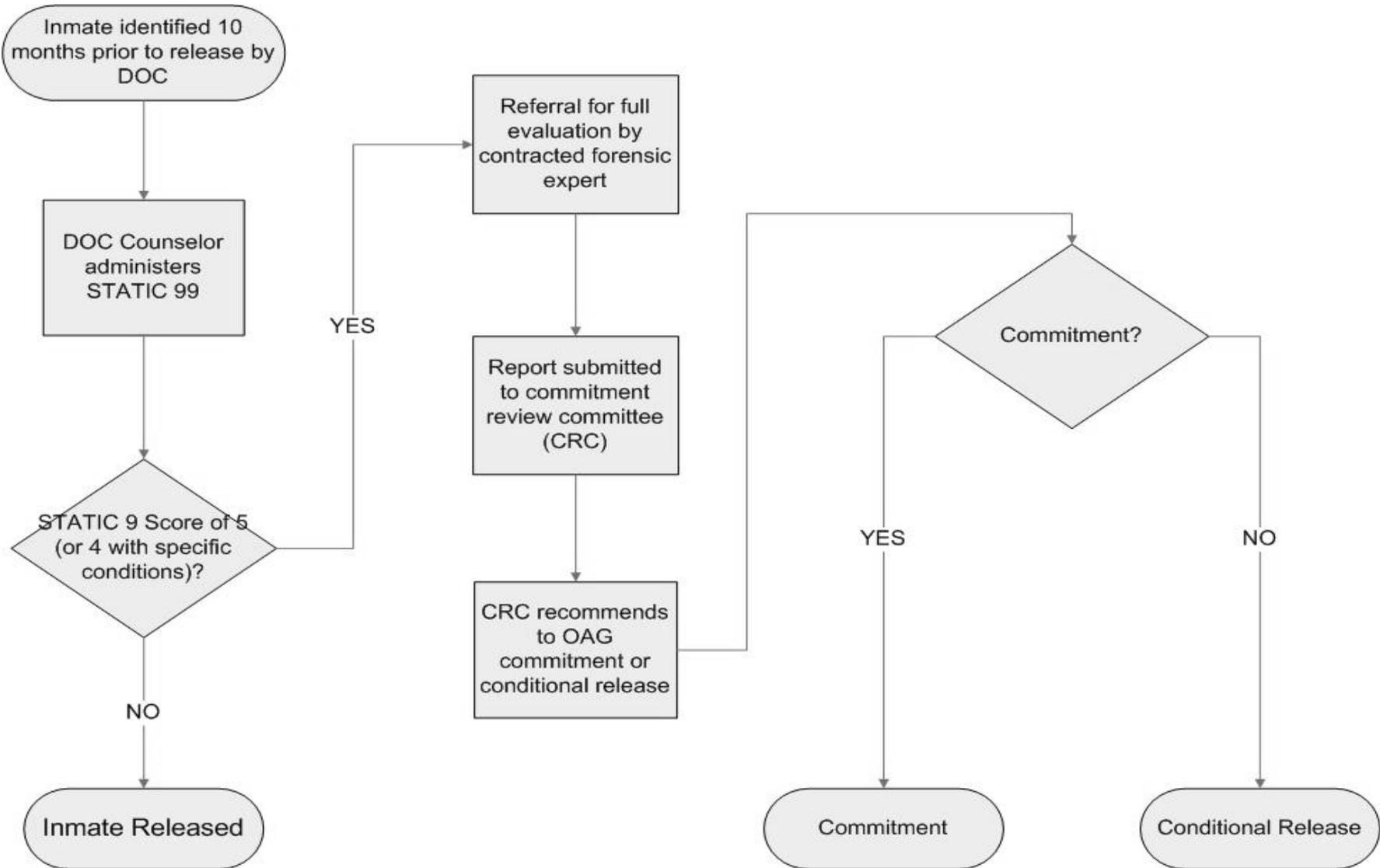
- **\$380 cost per day consists of:**
  - \$80 state health services (direct treatment services)
  - \$114 administration and direct support services
  - \$186 security
  
- **Comparison:** Average cost per day at MH facilities in FY 2007 was \$517 (excluding VCBR and the Community Resource Pharmacy 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

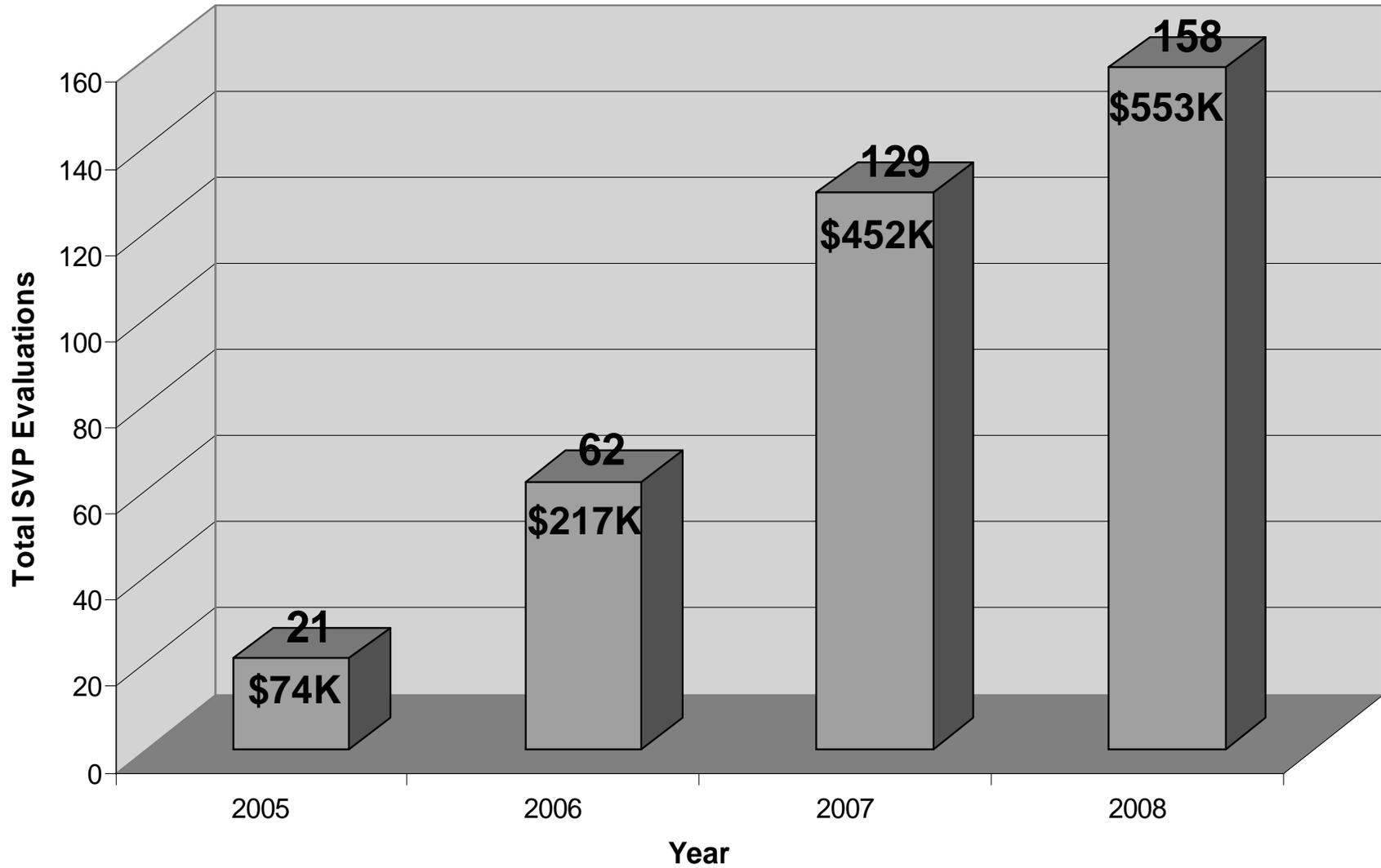
- ❑ Addressing past prison mentality and institutionalized residents
- ❑ Difficulty attracting and retaining qualified staff
- ❑ It is important to set goals – it is equally important to remain flexible in adjusting plans to meet those goals

# 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

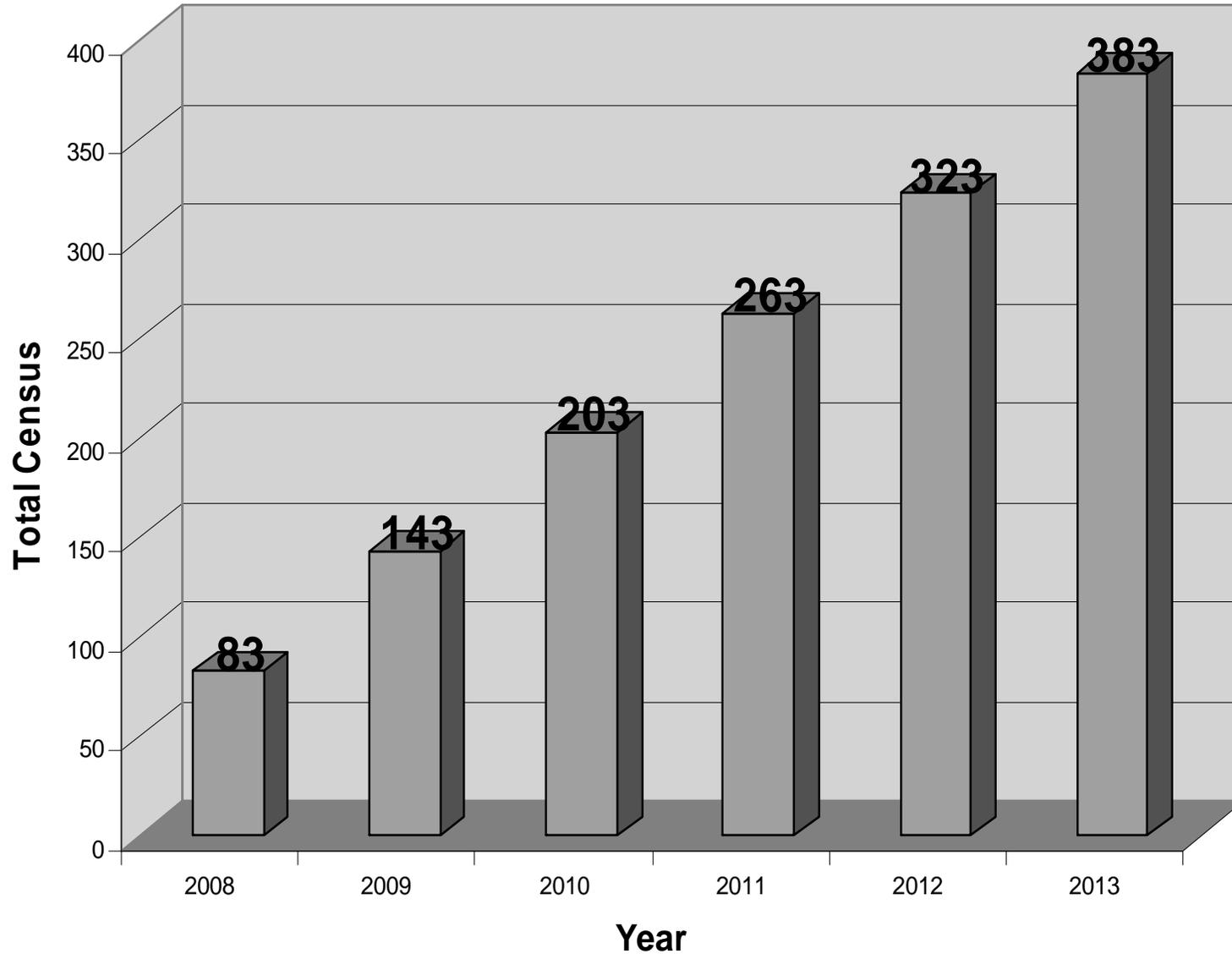
# SVP Evaluations by Year

\$3,500 per evaluation



**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