OFFICE OF THE INSPECTOR GENERAL
FOR MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Virginia Center for Behavioral Rehabilitation

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Inspector General

OIG REPORT #119-05

EXECUTIVE SUMMARY

The Office of the Inspector General conducted an unannounced snapshot inspection of the Virginia Center for Behavioral Rehabilitation (VCBR) on June 27, 2005. Inspection activities included interviewing staff and residents, reviewing documents and a tour of the residential and treatment areas of the campus. Administrative, clinical, and direct care staff were interviewed. The documentation review included recently approved policies and procedures and a description of the facility's automated treatment planning system.

VCBR is the only maximum-security residential treatment program operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) in response to the Virginia Code provision that allows for the civil commitment of persons determined to be sexually violent predators. The facility is located in Petersburg on the Southside Virginia Training Center (SVTC) campus. This facility became operational in July 2003. The first admission occurred in December 2003. The census on the date of the inspection was 14 residents. Staffing for the supervision and active treatment of the residents was determined to be adequate. Overall, the facility was clean and well maintained. Active treatment programming has been expanded since the last OIG inspection in July 2004. An electronic system of record keeping enables clinical staff to track residents' progress and hours of active participation in "real-time".

Efforts are underway to relocate this facility to a permanent site. In light of the steady growth of the VCBR census and the capacity limitations of the current facility, it will be important to complete plans for the permanent facility as quickly as possible in order to avoid overcrowding and a decrease in program effectiveness.

Clarification regarding the authority of security personnel for managing maladaptive behaviors while transporting residents outside the facility is one area of concern identified by the OIG during this review.

In summary, the VCBR leadership and staff have made significant progress during the past year in developing policies, procedures and the program. An appropriate balance of providing for public safety while addressing the treatment needs of the residents has been achieved in a fairly short period of time.

FACILITY: Virginia Center for Behavioral Rehabilitation
Petersburg, Virginia

DATE: June 27, 2005

TYPE OF INSPECTION: Unannounced Snapshot Inspection

REVIEWERS: Cathy Hill, LPC
Heather Glissman, B.A.

BACKGROUND INFORMATION:

The Virginia Center for Behavioral Rehabilitation (VCBR) is the only maximum-security residential treatment program for individuals civilly committed as sexually violent predators (SVP) operated by DMHMRSAS. The facility, which became operational in July 2003, is located in Petersburg on the Southside Virginia Training Center (SVTC) campus. Planning is underway to develop a permanent facility with greater capacity.

The facility's operating budget for FY05 is $4,157,801. The projected budget for FY06 is $5,806,889. According to information provided by DMHMRSAS Central Office, the average cost per bed day from July 2004 through April 2005 was $1,458.06. This was based on the average census of 10 residents.

The census on the day of the inspection was 14 residents. The highest census to-date for the facility has been 17 residents. At the time of the OIG primary inspection in July 2004, it was projected that the program would receive approximately 2 admissions per month. The actual admission rate has been slightly less than this projection.

FACILITY MANAGEMENT:

VCBR's mission statement is as follows:

> *The Virginia Center for Behavioral Rehabilitation enhances public safety by securely housing and treating civilly committed sex offenders. The Center operates in a cost-effective and humane manner that is consistent with judicious mental health principles.*

The organizational statement of values includes the following:

> *We believe we can best fulfill our vision and accomplish our mission by demonstrating and living the following values:*
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> - *Performing work that is purposeful and fulfilling*
> - *Exemplifying professional, ethical, and high moral standards of conduct*
> - *Demonstrating a commitment to the facility's mission and*
> - *Being team players and supporting one another*

Interviews with administrative, treatment and direct care staff revealed that staff at all levels understand the mission, the values and the organizational goals. Many described the mission as two fold: (1) To provide treatment and clinical services that are recognized as the most effective in enabling sexual offenders to understanding the "whys" associated with their patterns of offense in order to effect positive changes. This education and treatment is occurring in the context of a therapeutic community that fosters acceptance of responsibility for personal actions. (2) To promote public safety.

The mission, goals, and values are communicated to staff in a variety of ways. This occurs at the time of hiring and on an ongoing basis in staff meetings. The mission statement is displayed within the institution and was contained within the facility's January – March 2005 newsletter for emphasis.

One of the major challenges for this facility is the expectation that it effectively deliver services traditionally provided by both a correctional facility and a mental health treatment facility. Facility leadership in partnership with both security and treatment staff have successfully met this challenge and are providing a secure therapeutic environment that balances the two aspects of the mission. The facility has established a goal to pursue accreditation by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) under its behavioral program standards.

At the time of the previous OIG inspection, the DMHMRSAS Commissioner had authorized the needed exemptions from the Human Rights regulations but the facility and DMHMRSAS had not completed the preparation and approval of policies and procedures. The facility has now finalized the policy and procedures manual governing its operations. This includes the policies that support the protection of patients' rights such as access to mail, telephone usage, visitation, and the use of seclusion and restraint.

STAFFING:

Administrative staff reported that recruitment and retention of qualified personnel for this program continues to be a challenge. It is difficult to hire qualified individuals who are willing to work with the SVP population. In addition, it has been difficult to retrain individuals who have worked primarily in a correctional setting so that they understand and comply with the expectations of a treatment environment. The facility has experienced some turnover in staff. The turnover is not unexpected as both facility management and staff determine whether those who are hired are the best "fit" for the population served.

According to information provided by DMHMRSAS Central Office, the facility has 140 positions and 73 have been filled to provide the staffing complement for the current census of 14 residents. Currently, 47 are security personnel. The facility has 52% of the positions vacant in order to meet the continually growing census at this current location.

The facility staffing complement now includes the following treatment and medical positions:

Treatment staff:
- Clinical Director
- PhD psychologist
- Licensed clinical social worker
- Recreational therapist
- Therapy assistant
- Educational trainer
- Bachelor's level Counselor I (5)

Medical staff:
- Full-time physician
- Nurse manager
- Registered nurse (2)

Interviews revealed that the leadership team is well aware of the challenges that staff faces on a daily basis. They understand the importance of on-going acknowledgment of employees' hard work and dedication. Facility management has developed an employee recognition program. This includes an employee of the month program, a "Wall of Fame", a recognition leave program, and a reward parking space option.

A review of the facility newsletters demonstrated that the recognition of employees is a prominent feature in each issue. The newsletter is also used to keep staff up to date on what is happening at the facility as well as training opportunities. Staff reported that they have opportunities to make suggestions regarding the facility's program and security. Those who were interviewed stated that they feel valued by the facility leadership. VCBR is working to develop promotional opportunities for staff in order to encourage staff to remain with the facility.

ENVIRONMENT OF CARE:

During the inspection, the OIG conducted a tour of the environment of care. Overall, the facility was found to be clean and well maintained. The service delivery area consists of two residential buildings. Because of space limitations, administrative offices are housed in a separate building outside the secured compound. The residential buildings have been renovated to include increased security measures such as closed circuit cameras in the common areas. This security system is currently being upgraded. Each building contains two residential treatment areas consisting of a day room, staff offices and/or treatment areas, a communal bathroom and shower area, bedrooms and a seclusion/restraint room. Human Rights Regulations allow VCBR to use seclusion and behavioral restraints, however, staff informed the OIG that there has not been a need to utilize seclusion rooms for this purpose to date. During two incidents when residents' behaviors were determined to be unmanageable, the facility used law enforcement personnel to assist in restoring order. This decision was made because the police have clearly established guidelines for

actions designed to decrease the risks to the public and for containment of an emergency situation.

The dayroom areas are adequately furnished with “crate” sofas, chairs, tables and a television. Bedrooms are outfitted with a bed, desk, chair and wardrobe. For security purposes furniture is bolted to the floor and/or walls. Window curtains are provided for privacy. Personal effects and photographs can be displayed by the residents with the approval of clinical and security staff. Residents have access to computers but not the Internet.

There is a designated visiting area in the medical building that is designed to allow private conversations. Times for visitation are scheduled and all visits are supervised. The outdoor recreational areas include space and equipment for basketball, volleyball, horseshoes and other recreational activities. Smoking is allowed in outdoor designated areas.

The current arrangement of bedrooms at the facility can house 36 residents if each resident is assigned to a single room. The single bedroom arrangement minimizes unnecessary security risks and supports a primary focus on active treatment. With the current rate of admissions to the facility, the maximum capacity will soon be met. If the facility is required to operate over capacity, it will be very difficult for the staff to effectively carry out the mission.

ACTIVE TREATMENT:

Interviews with administrative, clinical, direct care staff and residents revealed that the facility does have a program of structured treatment. The program designed for use at this facility is consistent with the model(s) widely used in other states providing for the treatment of sexually violent predators. The facility leadership has invited two consultants to review the services provided to assure that the structured program of services provides residents with state-of-the art treatment activities. The Clinical Director of a similar program in Minnesota is scheduled to review the program in August 2005.

Clinical and administrative staff reported that the facility has developed a pretreatment phase for those persons not motivated to participate in active treatment. The pretreatment program focuses on assisting the resident to acclimate to the facility and provides adequate structure and support while motivating the resident to become actively engaged in treatment.

The facility has designed a program of active treatment that includes scheduled treatment sessions throughout the day and during limited evening and weekend hours. Interviews with both staff and residents revealed that the facility has made considerable progress in enhancing its active programming since the last OIG inspection. The current method for treatment planning is more comprehensive and measurable than the system that was in place at the time of the OIG’s last inspection. Treatment plans outline the areas of

treatment need, the resident and staff tasks, and the desired outcomes. Specific goals, objectives and interventions are identified for each phase of the treatment process and are clearly defined.

One of the more significant accomplishments is the development of an electronic record for tracking clinical contacts, resident participation in treatment and other significant events. The contact notes database is accessible to clinical staff and provides staff who have appropriate clearance "real-time" information regarding each resident's status. This database can generate information for progress reporting to the court system. In addition, the facility has developed a resident report card. This system for reporting resident progress allows for an objective review of behaviors, attitudes and events, which are designed to assist residents in understanding and measuring their progress toward established treatment goals. It aids them in accurately gauging areas where improvement is needed.

MEDICAL SERVICES:

VCBR has a full-time primary care physician. The physician is on-site Monday through Friday during the day shift and on-call after hours, including holidays and weekends. In addition, the facility has contracted with a consulting psychiatrist to provide services as needed. Plans of care are managed by nursing personnel. The facility uses a sick-call system for the provision of non-emergency medical care. Residents are asked to complete a form outlining their chief medical complaints. The form is then forwarded to the nurse on duty for review. The nurse makes the arrangements for the residents to be seen. Specialized care is provided in the community through the use of consultants or, as appropriate, at Hiram W. Davis Medical Center.

Security personnel are assigned to accompany residents to off campus outpatient appointments and special hospitalizations. The facility director indicates that the authority of the security officers to manage adverse events that may arise while outside the facility needs to be clarified. It certain situations, the director believes that the techniques for behavioral management that are defined in TOVA (Therapeutic Options for Virginia) will be insufficient to protect the public.

RECOMMENDATION RESULTING FROM THIS INSPECTION:

The OIG has the following recommendation regarding VCBR as a result of this inspection.

Finding #1: Facility administration expresses serious concern that security officers may not be able to protect the public while accompanying residents outside the facility because behavioral management techniques available to the officers in TOVA may not be adequate in certain situations.

> Recommendation: It is recommended that DMHMRSAS conduct a study to fully understand the issue of security officer authority to manage resident behavior

while outside the secure facility and develop solutions that will resolve any identified concerns.

DMHMRSAS Response: The Department Facility Operations staff in cooperation with VCBR administration and security personnel will meet in August 2005 to assess the needs of the security personnel related to potential aggression from the residents while off the campus. In addition, a review of the level and type of response appropriate to these situations will be undertaken. It is important to the Department to maintain both security and the therapeutic environment needed for the civilly committed residents of VCBR.

FOLLOW-UP ON RECOMMENDATIONS FROM OIG REPORT #99-05, JULY 2004:

OIG staff reviewed the facility's progress toward recommendations that were included in OIG Report #99-04, Primary Inspection, July 2004.

Finding 2.2: Current staffing for treatment activities is not adequate to provide a full program of active treatment for the current residents. Recruitment is underway to fill treatment positions. (July 2004)

Recommendation: Take additional steps that will enable implementation of the full treatment program quickly. If recruitment for permanent staff will not be completed in a reasonable period of time, identify and implement alternative methods to engage treatment staff, such as contracting with hourly professional staff on a temporary basis.

OIG review (June 2005): Staffing has been increased as the census has expanded to assure public safety and to enable full programming. This finding is closed by the OIG.

Finding 4.2: VCBR is operating without established policies and procedures in a number of areas that govern facility operations, including critical policies that govern practices for exemptions to the human rights regulations. (July 2004)

Recommendation: Streamline the process for drafting and approving policies and procedures in order to complete this task as quickly as possible.

OIG Review (June 2005): VCBR has made a great deal of progress in developing and adopting policies and procedures to guide operations. Policies and procedures related to human rights protections and security have been finalized. This finding is closed by the OIG.

Finding 5.1: The use of seclusion and restraint is governed by the provisions outlined in the DMHMRSAS Human Rights regulations except for the exemptions issued on October 31, 2003. (July 2004)

Recommendation: Prioritize the completion of the policies and procedures governing the use of restrictive procedures and practices associated with the exemptions in order to assure residents rights and provide staff with clear guidelines for handling emergency and other situations.

> OIG REVIEW (JUNE 2005): The facility received the following exemptions to the human rights regulations, which have been addressed by VCBR policy:
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> - The facility is permitted to use restraints as a security measure during the transport of residents beyond the secure perimeter.
> - The facility is permitted to extend the time limit for an authorization for seclusion.
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> Staff at the facility has received training in therapeutic interventions that are designed to de-escalate the types of behaviors that might lead to emergency situations. Interviews with administrative and clinical staff revealed that staff has been trained in TOVA techniques. This item is closed by the OIG.

The facility director, leadership team and staff of VCBR are to be commended for the progress made over the past year toward creating a secure environment and fully operational program of services for sexual offenders who are civilly committed.