OFFICE OF THE STATE INSPECTOR GENERAL
Report to Commissioner Debra K. Ferguson

Annual Review:
Department of Behavioral Health and Developmental Services' Virginia Center for Behavioral Rehabilitation

September 2014

June W. Jennings, CPA
State Inspector General
Report No. 2014-BHDS-009

COMMONWEALTH OF VIRGINIA

Office of the State Inspector General

June W. Jennings
State Inspector General

James Monroe Building
101 North 14th Street, 7th Floor
Richmond, Virginia 23219

Telephone (804) 625-3255
Fax (804) 786-2341
www.osig.virginia.gov

September 9, 2014

Debra K. Ferguson, PhD, Commissioner
Virginia Department of Behavioral Health and Developmental Services
1220 Bank Street
Richmond, VA 23219

Dear Commissioner Ferguson:

The Office of the State Inspector General (OSIG) conducted an unannounced review of the Department of Behavioral Health and Developmental Services' (DBHDS) Virginia Center for Behavioral Rehabilitation (VCBR) on March 5 – March 6, 2014.

The purpose of the OSIG's unannounced visit was to understand VCBR's implementation of the double-bunking process, and to determine the strategy's progression, including identification of concerns or challenges specific to the process. The visit also included an abbreviated review of VCBR's implementation of their modified Human Rights Regulations.

The OSIG sincerely appreciates the cooperation received from VCBR leadership and staff throughout the course of this review, and also acknowledges the support and assistance of the Office of Sexually Violent Predator Services and the Office of Human Rights within DBHDS.

If you have any questions, please call me at 804-625-3255 or email me at june.jennings@osig.virginia.gov. I am also available to meet with you in person to discuss this report.

Sincerely,

June W. Jennings

State Inspector General

CC: Paul Reagan, Chief of Staff to the Governor
Suzette Denslow, Deputy Chief of Staff to the Governor
Dr. William A. Hazel, Jr., Secretary of Health and Human Resources

Table of Contents

Executive Summary

Pursuant to *Code of Virginia* (*Code*) § 2.2-309.1(B)[1][2], the Office of the State Inspector General (OSIG) conducted an unannounced review of the Department of Behavioral Health and Developmental Services' (DBHDS) Virginia Center for Behavioral Rehabilitation (VCBR). This review was conducted on March 5 – March 6, 2014.

Overall, the OSIG found that while VCBR has initiated a strategy for minimizing problems associated with double-bunking individuals in rooms designed to accommodate one person, double-bunking increases the risk of individuals engaging in inappropriate sexual activity and adds a level of tension for VCBR staff and residents. The VCBR admission and discharge rates that OSIG staff reviewed indicate a likely increase in double-bunking.

The OSIG also found that VCBR's Human Rights Regulations (Regulations) policies and practices are aligned with the State Human Rights Committee's (SHRC) modified Regulations approved for the facility.[1]

To prepare for this review the OSIG staff examined:

- VCBR's most recent admission and discharge information.
- 2006 Legislation expanding the number of qualifying crimes that can lead to civil commitment to VCBR.[2]
- 2011 Legislation requiring VCBR to initiate a double-bunking process to address the facility's population growth rates.
- SHRC-mandated exemptions to the Regulations as applicable to VCBR's unique population.

The OSIG sincerely appreciates the cooperation received from VCBR leadership and staff throughout the course of this review. The OSIG also acknowledges the support and assistance of the Office of Sexually Violent Predator Services (OSVPS) and the Office of Human Rights within the Department of Behavioral Health and Developmental Services (DBHDS).

[1] The SHRC has approved variances to the Regulations for VCBR due to the facility's unique population. A copy of those variances is included in the appendices of this report.
[2] General Assembly. Code of Virginia § 37.2-900. Definitions. Legislative Information System website. http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+37.2-900. Accessed July 29, 2014.

Purpose and Scope of the Review

The purpose of the OSIG's unannounced visit was primarily to understand how VCBR was implementing the double-bunking process and to determine how the double-bunking strategy was progressing, including identifying concerns or challenges directly linked to double-bunking. The visit also included an abbreviated review of VCBR's implementation of their modified Regulations.

Background

VCBR is unique among the 15 facilities operated by DBHDS. The DBHDS Commissioner has designated VCBR a secure treatment facility for the control, care, and treatment of individuals determined sexually violent predators (SVP), as defined in *Code* § 37.2-900.

VCBR Census

VCBR opened in 2008 with capacity for 300 residents. At the time of the OSIG's visit, 325 individuals were residing at VCBR and 23 individuals were located off-site, awaiting room for admission.

The number of individuals who reside at VCBR is directly linked to the:

- Civil commitment of SVPs, which was enacted in 1999.
- Number of individuals who complete treatment and are approved for conditional release.
- Length of time an individual is in treatment and remains a resident, which averages five years, as VCBR does not have the "flow-through" that is common to DBHDS mental health facilities.[3] Additionally, there is no pressure for discharge, as is the case with the Department of Justice (DOJ) and DBHDS settlement agreement on movement of individuals in state training centers to community settings.

Public safety concerns and the stigma associated with an SVP designation can also indirectly affect VCBR population rates by causing a delay in an individual's return to the community, even if the individual has been approved for conditional release.

The Commitment Process

In Virginia an individual is considered an SVP if the individual:

- Has been convicted of and is serving a sentence for an SVP-qualifying offense.
- Is charged with an SVP-qualifying offense, but is found unrestorably incompetent to stand trial.
- Is diagnosed with a "mental abnormality" or "personality disorder" that makes it "difficult to control his predatory behavior, which makes him likely to engage in sexually violent acts."[4,5]

At the time the civil commitment of SVPs was enacted, the law identified four crimes that could qualify an individual as an SVP. In 2006 the General Assembly expanded the number of qualifying crimes to 28. The expansion in qualifying crimes affected VCBR's population rates as listed below.

Rates of VCBR population increase from 2006 through 2013 (calendar year)

- 2006–2007: 91%
- 2007–2008: 80%

[3] Flow-through refers to the admission/discharge process that results in a state bed being used by multiple individuals over the course of a year.
[4] At the time of the review there were three women who meet the SVP criteria, but they were being treated at Central State Hospital by Office of Sexually Violent Predator staff.
[5] General Assembly. Code of Virginia § 37.2-900 ("Sexually Violent Predator")(i). Definitions. Legislative Information System website. http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+37.2-900. Accessed July 29, 2014.

- 2008–2009: 43%
- 2009–2010: 45%
- 2010–2011: 12%
- 2011–2012: 13%
- 2012–2013: 8%

VCBR Treatment Program

Each individual committed to VCBR receives a comprehensive assessment upon admission, including IQ and reading comprehension, prior to the individual entering the treatment program. Phases of treatment have clear objectives for meeting promotion to the next phase, and individuals regularly receive written feedback on their progress. All VCBR staff are trained on phase goals and how to document observations relevant to the individual's treatment.

VCBR Treatment Phases

- **Phase I:** Focuses on the individual gaining control over sexual behavior and aggression and demonstration of accepting responsibility for the offense.
- **Phase II:** Focuses on the individual developing insight into risk factors, practicing adaptive coping responses, and introducing positive goals for lifestyle change.
- **Phase III:** Focuses on the individual transitioning back to the community.

The Conditional Release Process

VCBR residents are considered for conditional release after they complete all three phases of the treatment program. The conditional release process focuses on ensuring an individual is deemed ready to reintegrate, with appropriate monitoring, into the community. An individualized conditional release plan (CRP)—which may include the combined efforts of the OSVPS, the Office of the Attorney General (OAG), Virginia Department of Corrections (VADOC) Probation and Parole, and VCBR—is created that factors in an individual's treatment needs and risk of violence.

The decision to approve conditional release rests solely with the courts. If granted, individuals on conditional release are supervised by a network that includes VADOC Probation and Parole, a community treatment provider, a polygraph examiner, and the OSVPS. Since 2003, approximately 75 VCBR individuals have returned to the community through the conditional release process.[6]

According to VCBR staff at the time this report was being prepared, 32 individuals who had been granted conditional release were still residing at VCBR due to a lack of housing identified for them in the community. Six additional individuals granted conditional release were still residing at VCBR because their home plan had not yet been approved.[7] In total, 38 of 325 of VCBR's beds were being allocated to individuals who had successfully completed the treatment phases and had received approval for reintegration into the community. During the

[6] Individuals who have received treatment while in a VADOC facility can also be granted conditional release. According to the OSVPS, roughly half of the 155 individuals granted conditional release have been VCBR residents.
[7] From a June 27, 2014 email from VCBR staff.

OSIG's visit, VCBR staff reported that DBHDS was working to identify a pool of funds to help transition residents who did not have housing options.

The Double-Bunking Mandate

The need for double-bunking at VCBR is linked to growth in admissions stemming from the 2006 expansion of qualifying crimes, as well as length of treatment and challenges associated with securing housing for individuals approved for conditional release, but the solution of double-bunking is mandated by the Virginia General Assembly.

Item 319.A.3 of the 2011 Appropriation Act "requires the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) to submit a quarterly report on the plan to house additional individuals committed for treatment to the Virginia Center for Behavior Rehabilitation (VCBR)." The language also stipulates that DBHDS "shall implement a plan to accommodate additional sexually violent predators committed to the Virginia Center for Behavioral Rehabilitation (VCBR). Such plan may include double-bunking dormitory-style, repurposing existing space, or the addition of new housing units at the current VCBR site."

The appropriation language also places limits on any alternatives to double-bunking. "The department shall not reopen a temporary facility for the housing, confinement and treatment of civilly committed sexually violent predators at the Southside Virginia Training Center in Dinwiddie County. Further, the department shall not undertake a capital project to expand or construct additional units or facilities at a new site for the housing, confinement and treatment of these individuals until a comprehensive review of the current program for the civil commitment of sexually violent predators is completed."

The VCBR Double-Bunking Process

In response to the mandate to double-bunk residents, VCBR secured a variance to the Regulations that address "reasonable privacy and storage space" and "clean air, free of bad odors."[8] In accordance with their responsibility to establish alternative policies and procedures to address exemptions, VCBR established *Facility Instruction 124: Resident Housing Assignment* to guide the process of selecting individuals for double-bunking.[9]

The emphasis of the VCBR *Facility Instruction 124* is to assess individuals to determine who is able to share a bedroom with another individual. The assessment process uses a classification system of residents' risk of assaultive and manipulative behaviors. The three classifications are:

- X Classification—High Risk of Assaultive or Manipulative Behaviors
- Y Classification—Moderate Risk of Assaultive or Manipulative Behaviors
- Z Classification—Low to No Risk of Assaultive or Manipulative Behaviors

VCBR uses the following classification combinations to guide selections when double-bunking is required.

1. X-X, X-Y, Y-Y, Z-Z, Z-Y are deemed compatible

[8] DBHDS. Human Rights: Regulations Tab: Human Rights Regulations: *Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services*. DBHDS website. http://www.dbhds.virginia.gov/individuals-and-families/human-rights. Accessed September 8, 2014. (The variance applies to 12VAC35-115-50 C3 of the Regulations).

[9] A copy of *Facility Instruction 124: Resident Housing Assignment* is included in the appendices of this report.

2. X-Z classifications are not deemed compatible

VCBR also places an emphasis on new admissions from VADOC who have a history of double-bunking, and an effort is being made to have Phase III residents be considered last for double-bunking with hope of promoting treatment engagement. The double-bunking implementation strategy is complicated by the fact that VCBR must also maintain single rooms for medically compromised individuals or for individuals who have been sexually abused.

The VCBR Housing Committee selection process allows individuals to identify alternatives if an assigned roommate does not work out. Self-selection is a six-month "lease."

Review Methodology

Double-Bunking Implementation Review

The OSIG staff developed a general understanding of the VCBR double-bunking process by reviewing facility policies and procedures. The OSIG staff also interviewed:

- The Clinical Director
- The Human Rights Advocate (Advocate)
- A treatment team leader
- Ten security staff
- Ten residents[10]

Regulations Implementation Review

The OSIG staff developed an understanding of how VCBR implements the Regulations by:

- Reviewing
  - Facility policies and procedures
  - Facility human rights data on complaints and use of seclusion or restraint
  - Twenty-four facility records
- Interviewing
  - Human Rights Advocate
  - Ten facility residents

[10] The facility director was not available for interview on the date of the OSIG visit to VCBR.

Review Results

Findings of Merit

1. VCBR has developed a structured screening process to identify individuals who are most compatible for double-bunking.
2. VCBR is making an effort to incentivize active participation and movement through the three-phase treatment program as a way of maintaining the privacy of a single room.
3. VCBR human rights complaints rates do not show the double-bunking process as impacting the number of complaints.
4. VCBR has strong documentation practices in place regarding efforts to minimize use of seclusion and/or restraint.
5. VCBR has strong documentation practices in place regarding the monitoring of seclusion and/or restraint.

Findings of Concern

1. The rate of VCBR admissions and discharges will require expanded use of double-bunking for the foreseeable future.
2. Double-bunking of VCBR residents is increasing opportunities for individuals to engage in inappropriate sexual activity, creating monitoring challenges for security staff and increasing the level of resident tension.
3. Individuals who have successfully completed treatment and been granted conditional release are not leaving the facility in a timely manner. The lack of transitional housing for individuals who do not have housing options is the primary contributing factor. These delays can unnecessarily increase double-bunking rates.
4. Documentation practices for the staff debriefing after use of seclusion and/or restraint is inconsistent.

Additional Concern—Beyond Review Focus Area

1. Salary variances for Certified Sexual Offender Treatment Provider staff between the VCBR and VADOC Sex Offender programs may be contributing to VCBR losing staff that posses needed knowledge, skills, and abilities.

Summary Recommendations

Below are recommendations that, if implemented, will create opportunities for addressing several key challenges identified by this review. Recommendations are grouped in four key organizational management areas.

Leadership

- That DBHDS continue efforts to secure resources that would allow expansion of the VCBR treatment setting and eliminate the need for double-bunking.
- That DBHDS continue efforts to secure funding to be used to help individuals without housing resources make a timely transition into the community.

Quality Improvement

- That DBHDS review key indicators of a trauma-informed environment to assure that the nationally identified strategies for reducing incidents of complaints; abuse and neglect allegations; and the use of restrictive procedures, such as seclusion and restraint, are embedded in state-operated behavioral health facilities practices.[11]
- That DBHDS monitor rates of peer-to-peer aggression and use of seclusion or restraint at VCBR to determine if expanded use of double-bunking is contributing to these actions.

Consistency of Practice

- That DBHDS work with VCBR to improve the documentation of staff debriefings after incidents of seclusion and/or restraint. Practices in facilities with high rates of unit level staff affirmation of debriefings may offer valuable models for replication.[12]

Resource Management

- That DBHDS conduct a review at VCBR to determine the extent of staff losses that can be attributed to the difference between salaries of staff in VCBR and VADOC Sex Offender Treatment Programs.[13]

[11] This recommendation mirrors one stemming from the OSIG review of all DBHDS behavioral health facilities human rights practices.
[12] OSIG will provide information to identify these facilities from the OSIG's recent review of DBHDS behavioral health facility human rights practices.
[13] This recommendation is linked to a "finding of concern" outside the scope of the review.

Detailed Findings and Recommendations

Focus Area: Double-Bunking Implementation Review

In initiating this review, the OSIG sought to understand what strategies VCBR had developed to implement the mandated double-bunking of residents and to identify any concerns or challenges associated with that practice.

Questions specific to the double-bunking implementation process:

1. Does VCBR have a clear process for determining how residents are selected for double-bunking?
2. Does the VCBR process for double-bunking make accommodations that reflect any unique needs of residents?
3. Has double-bunking of residents led to any problems that can be directly attributed to the process?

Review Results

Question 1: Does VCBR have a clear process for determining how residents are selected for double-bunking?

FINDINGS

VCBR has a clearly defined process for determining how residents are selected for double-bunking.

- *Facility Instruction 124: Resident Housing Assignment* provides a detailed process for determining how residents are selected for double-bunking.
- Facility and security staff interviewed showed a clear understanding of the process for determining how residents are selected for double-bunking.
- Individual residents conveyed a general understanding of the process and the intent of the Facility Instruction.

RECOMMENDATIONS

No recommendations.

Question 2: Does the VCBR process for double-bunking make accommodations that reflect any unique needs of residents?

FINDINGS

The VCBR process for double-bunking of residents takes into account a number of factors that demonstrates intent to consider unique needs of residents.[14]

- A Housing Review Committee (HRC), comprised of representatives from Departments of VCBR coordinated by the Housing Coordinator (Residential Services, Clinical Services, Program Services, Security, Nursing Services, Resident Records) reviews resident housing assignments and requests for

[14] All factors are summarized in the *Facility Instruction 124: Resident Housing Assignment, found in the appendices.*

housing changes. This committee determines, with input from the resident treatment teams, appropriate resident housing assignments.

- VCBR provides three classifications of housing units. Facility policies stipulate that residents are housed in a unit that meets their individualized needs as determined by the HRC after assessment.
- Facility housing policy stipulates that a resident be designated as "single occupancy" whenever any of the following criteria are met:
  - Resident resides in the Comprehensive Psychiatric Unit (all rooms are single occupancy per Americans with Disabilities Act Accommodations).
  - Resident needs to reside in the Comprehensive Medical Unit (all rooms are single occupancy).
  - The HRC determines that based on risk factors, a resident in a bedroom with another individual (double-occupancy) would be a risk to the safety of the individuals or others.
  - Resident is in Phase III of treatment are prioritized for a single room (based on availability).

RECOMMENDATIONS

No recommendations.

Question 3: Has double-bunking of residents led to any problems that can be directly attributed to the process?

FINDINGS

The rate of VCBR admissions and discharges will require expanded use of double-bunking for the foreseeable future.

- If the most recent census growth rate of eight percent was to continue for the next five years, the census at VCBR would be 511.[15]
- VCBR has 150 rooms designated for double-bunking, which would accommodate up to 300 residents. Of the 150 rooms, 32 are now used for double-bunking, leaving 118 rooms available for double-bunking.

Double-bunking of VCBR residents is increasing opportunities for individuals to engage in inappropriate sexual activity, creating monitoring challenges for security staff and increasing the level of resident tension.

- One hundred percent of VCBR staff interviewed reported concerns over increased inappropriate sexual activity of residents.
- One hundred percent of VCBR security staff interviewed reported that double-bunking had made monitoring of residents more challenging.
- Eighty percent of VCBR security staff interviewed reported increased resident complaints and incidents of resident-to-resident aggression, subsequent to the facility initiating double-bunking.

Individuals who have successfully completed treatment and been granted conditional release are not leaving the facility in a timely manner. The lack of transitional housing for individuals who do not have housing options is the primary contributing factor. These delays can unnecessarily increase the rate of double-bunking.

[15] Census at the time of the OSIG visit was 348, which includes the 23 individuals that had been committed, but were not yet at the facility.

- At the time of this report, 38 residents in VCBR had been approved for conditional release but were unable to leave. Of that number, 32 were unable to leave due to having no housing options in the community. The remaining six residents were waiting for home plans to be approved.

RECOMMENDATION NO. 3-A
That DBHDS continue efforts to secure resources that would allow expansion of the VCBR treatment setting and eliminate the need for double-bunking.

DBHDS RESPONSE
DBHDS concurs with this recommendation. The General Assembly has appropriated $1.6 million to plan for the expansion of VCBR and this planning process will begin in September 2014. DBHDS will present an expansion plan with recommendations for larger treatment space and the plan will not include double bunking in the expanded portion of the facility.

RECOMMENDATION NO. 3-B
That DBHDS continue efforts to secure funding to be used to help individuals without housing resources make a timely transition into the community.

DBHDS RESPONSE
DBHDS concurs with this recommendation. In Fiscal Year 2014, the DBHDS began providing funding support for individuals approved for conditional release. This funding support will continue in Fiscal Year 2015.

RECOMMENDATION NO. 3-C
That DBHDS monitor rates of peer-to-peer aggression and use of seclusion or restraint at VCBR to determine if expanded use of double-bunking is contributing to these actions.

DBHDS RESPONSE
DBHDS concurs with this recommendation. DBHDS will continue to monitor the rates of peer-to-peer aggression and use seclusion and/or restraint through the use of the VCBR Performance Measures.

Focus Area: Regulations Implementation

In initiating this review, the OSIG sought to understand how VCBR was implementing their modified Regulations. Questions specific to facility policies and practices for implementing Regulations:

1. Are the VCBR policies and practices aligned with the approved Regulations?
2. Are there any concerns or challenges associated with implementing the Regulations at VCBR?

Question 1: Are the VCBR policies and practices aligned with the approved Regulations?

FINDING

VCBR has developed policies and practices that address the approved exemptions to the Regulations.

- Policies and practices reviewed by the OSIG addressed the approved exemptions in all instances.

RECOMMENDATION
No recommendations.

Question 2: Are there any concerns or challenges associated with implementing the Regulations at VCBR?

FINDING

The documentation of a debriefing process for staff after the use of seclusion and/or restraint is inconsistent.

- Sixty percent of records for individuals who had been subjected to an incident of seclusion and/or restraint contained no documentation of a staff debriefing.

RECOMMENDATION NO. 2-A
That DBHDS review key indicators of a trauma-informed environment to assure that the nationally identified strategies for reducing incidents of complaints; abuse and neglect allegations; and the use of restrictive procedures, such as seclusion and restraint, are embedded in state-operated behavioral health facilities practices.[16]

DBHDS RESPONSE
DBHDS concurs with this recommendation and will convene a committee, consisting of facility directors and Central Office staff to review best practices and key indicators of a trauma informed environment of care which can be implemented and monitored throughout all state-operated facilities. Relying upon available professional literature and expert consultation, VCBR will adapt these practices to the unique realities of a secure residential rehabilitation program for sexually violent predators.

RECOMMENDATION NO. 2-B
That DBHDS work with VCBR to improve the documentation of staff debriefings after incidents of seclusion and/or restraint. Practices in facilities with high rates of unit level staff affirmation of debriefings may offer valuable models for replication.[17]

[16] This recommendation mirrors a recommendation made in the OSIG report on review of human rights regulation implementation at all DBHDS mental health facilities.
[17] This recommendation mirrors a recommendation made in the OSIG report on review of human rights regulation implementation at all DBHDS mental health facilities. OSIG will provide DBHDS information to identify these facilities.

DBHDS RESPONSE

DBHDS concurs with this recommendation and will convene a committee, consisting of facility directors and Central Office staff to identify and establish processes for replicating best practices for consistent and documented debriefings of individuals and staff following incidents of seclusion and/or restraint.

Outside Scope of Review Concern: Loss of Staff

Loss of Staff Concern

During the course of conducting interviews, two individuals noted challenges in retaining treatment staff. The specific concern centered on loss of several staff who had obtained credentialing as a Certified Sexual Offender Treatment Provider (CSOTP). These individuals were reported to have left to take a similar position with the VADOC Sex Offender Residential Treatment Program (SORT). The salary difference for these respective positions was reported to be in excess of $10,000. The OSIG is concerned that a pattern of losing experienced and qualified staff would diminish VCBR's capacity to sustain their treatment program.

RECOMMENDATION

That DBHDS conduct a review at VCBR to determine the extent of staff losses that can be attributed to the difference between salaries of staff in VCBR and VADOC Sex Offender Treatment Programs.

DBHDS RESPONSE

DBHDS concurs with this recommendation and will review the differences in VCBR staff salaries, VADOC, and other comparable markets and make appropriate recommendations for any findings.

Appendix I—Glossary of Terms

Abuse	Any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by DBHDS, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly.
Debriefing	A review or learning activity that follows incidents of seclusion or restraint. Joint Commission standard PC.12.160 states that patient and staff participate in a debriefing about the restraint or seclusion episode when restraint or seclusion is used for behavioral health care reasons. The debriefing should occur after every episode of restraint or seclusion; it should occur as soon as possible but no longer than 24 hours after the episode; the patient, patient's family (as applicable) and the staff members involved in the episode are a part of the debriefing.
Double occupancy	Two residents sharing one bedroom. A room that serves as a double occupancy room shall contain, at minimum, two sleeping bunks and a privacy curtain for the bedroom's toilet. A resident designated as "double occupancy" is one that has been assessed and determined able to share a bedroom with another resident.
Neglect	Failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of a person receiving care or treatment for mental illness, intellectual disability, or substance abuse.
Resident-to-resident	An act that involved one resident of a facility and another resident. Resident-to-resident aggression is the most common reference within this report.
Restraint	Use of a mechanical device, medication, physical interventions, or hands-on hold to prevent an individual from moving his body.
Seclusion	The involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave it.
Sex Offender Residential Treatment Program (SORT Program)	A sex offender treatment program operated by the Virginia Department of Corrections for male sex offenders considered as moderate to high risk to re-offend and who are within 18-36 months of their expected release. The program is licensed by DBHDS.
Single occupancy	One resident being assigned a bedroom for that one resident with no other residents assigned to the same room. A resident designated as "single occupancy" may be assigned a room that is constructed to house two individuals (i.e. two bunks). A resident's assignment to have/not have a roommate is based on their occupancy classification, not the construction of their assigned room.
State Human Rights Committee (SHRC)	Nine volunteers who broadly represent various professional and consumer groups and geographic areas of Virginia. Appointed by the State DBHDS Board, the SHRC acts as an independent body, responsible for oversight of implementation of the human rights program.

Appendix II—VCBR Human Rights Exemptions

Exemptions to the rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services

2013/2014

12 VAC 35-115-10 et seq.

The population of individuals civilly committed as sexually violent predators (SVP) share a number of common character and behavior traits that are powerfully reinforced by the sexual excitement they produce when acted upon. This reinforcement creates strong patterns of thinking and abusing that continue throughout their lives.

Sexually violent predators are more prone to physical and sexual violence, more covertly manipulative and abusive and more likely to abuse and exploit others, especially vulnerable individuals. Such behaviors may be directed towards staff and other residents within the care setting, or they may be directed towards individuals outside of the facility. These traits make these individuals different from other persons with mental illness served by the Department of Behavioral Health and Developmental Services (Department).

Sexually violent predators typically developed victim preferences based on age, gender, and appearance and they use various media including letters, gifts, telephones, fax machines, the internet, and even visitations to hunt for, select, engage, and abuse vulnerable persons who fit their preferences. SVP individuals routinely use sexually explicit material to support their deviant and aggressive fantasies and preferences. They tend to collect pornography, reading material, and photos that feed these deviant desires.

Many sexual predators have a preference for child victims and they may seek out, as companions, women with victim-aged children and manipulate them into bringing their children to the facility for visits. Other sexual predators will use various media to develop friendships with individuals who fit their victim preferences and abuse or exploit them via media or in person, during visitation. In some cases, sexual predators will form "gang" like groups with the intent of abusing other residents. In other cases, more predatory residents will select smaller, more vulnerable residents for abuse. In either case, the plan for abuse typically involves isolating the intended victim, either physically or emotionally.

For these reasons, it is prudent to implement precautions to protect other residents, staff: visitors, and the general public from abuse, exploitation, and harm. The provisions of the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (Human Rights Regulations) listed below shall not be applied to the Virginia Center for Behavioral Rehabilitation (VCBR). The VCBR shall develop policies and procedures, to the extent it has not already done so, to replace each provision cited as quickly as possible. All such policies and procedures shall be reviewed by the State Human Rights Committee.

12 VAC 35-115-50 Dignity.

- C. 3. a., b. Right to Reasonable Privacy and Private Storage Space

This exemption permits facility staff and law enforcement to perform searches of residents: (1) before and after group movement in the secure perimeter; (2) anytime the resident leaves or returns to the secure perimeter; (3) anytime the resident has physical access to a visitor who is not an employee of the VCBR; (4) anytime there is reasonable suspicion the resident is in possession of contraband or any item that may breach safety and security. Furthermore, it shall permit routine and random searches of residents and resident bedrooms to identify contraband, inappropriate material, or breaches in safety and security.

The exemption shall permit staff to perform visual checks of resident rooms or showers in order to provide adequate sight supervision at all times. Staff shall respect resident privacy when residents are engaged in toileting or showering.
This exemption is requested for security purposes to ensure that residents do not:

- abuse other residents, visitors, or staff;
- have access to sexually explicit material and devices that undermine their clinical treatment by supporting their deviant and aggressive fantasies and preferences; or
- have access to weapons or devices that could be used as weapons to assault other residents, staff, or visitors, or cause harm to themselves.

Facility procedures for performing random wellness checks shall be outlined in Facility Instruction 121Resident Routine Observation Checks.

Procedures for conducting searches shall be outlined in Facility Instruction 127 Searches and Contraband.

- C.3. d. Windows or skylights in all major areas used by individuals.

This exemption shall permit the facility to temporarily utilize bedrooms within VCBR's Special Behavior Unit which have no windows to provide temporary services to residents displaying acute behavioral or psychiatric needs when those needs present a danger to the security of the facility or safety of residents or staff. The rooms within the secure behavior unit with no windows shall only be used when rooms with windows are not available for use and only until such a time that a room within the secure behavioral unit with a window is available for use. When it is determined that a resident is suffering psychiatric distress due to being housed in a bedroom with no windows, a bedroom with a window shall be made immediately available.

Facility Instruction 126 Special Behavior Unit provides guidance on the facility's use of the Special Behavior Unit.

- C. 6 Right to Communicate Privately with Any Person by Mail.

This exemption permits VCBR staff to open and read all incoming or outgoing sealed lettered mail in the presence of the resident with the exception of legal mail which may be opened, but not read; open packages

outside the presence of the resident. Staff may also confiscate any material that is sexually explicit, symptomatic of predatory behavior, or a threat to safety and security or contrary to treatment needs.

Closely monitoring residents' mail and packages is necessary to prevent weapons, sexually explicit materials, sexual devices, chemical agents, and other items of contraband from entering VCBR and to prevent sexually violent predators from preying upon vulnerable persons in the general public, such as children or former victims through the mail, telephone, or internet.

VCBR Facility Instruction 207 Mail and Packages outlines the procedures for handling resident mail.

- C7 Right to Communicate Privately with any person by telephone.

This exemption allows VCBR staff to place limitations on a resident's use of the telephone if such use might result in harm to the public or continuation of predatory behavior.

In order to support a therapeutic milieu, assure the orderly operation of VCBR, assure individuals have equal access to the telephone and assure individuals can eat, sleep, or participate in an activity without being disturbed; VCBR staff may place time and location restrictions that telephone communication is available.

The procedures set forth in Facility Instruction 214 Resident Telephone Access shall outline resident access and use of telephones.

During a group disturbance at VCBR, this exemption permits the VCBR to suspend residents' access to telephones when telephone access may place residents, staff, or others in risk of harm, injury, or death.

During a group disturbance, suspending resident access to telephones may be required in order to ensure residents do not make contact with individuals outside of the facility and coordinate interference with the containment of the disturbance to the confines of VCBR, interfere with any response by external emergency personnel to the disturbance at VCBR, or interfere with the timely resolution of the incident. The facility may suspend residents' access to telephones until the disturbance has ended and facility leadership has determined that there is no longer an immediate risk of harm, injury, or death to the residents or staff.

The procedures set forth in Facility Instruction 1201 Resident Group Disturbance Response Procedures shall outline when residents' access to telephones may be suspended.

- C.8 Right to Have or Refuse Visitors

The VCBR may place limitations on visits if such visits might result in harm to the public; the continuation of sexually inappropriate, exploitative, or illegal behavior, including accessing sexually explicit or violent information or materials; or may disrupt the orderly operation of the facility.

Closely monitoring the visitors of the residents is necessary to protect the family and friends of sexual predators and to protect the general public. Even if accompanied by an adult, children shall be allowed to visit a resident only if that resident does not have a history of sexual abuse of children. Likewise, visitors that match the resident's victim preferences shall not be allowed to visit with that resident.

Facility Operational Procedures 4.12 Visitation specifies the criteria and procedures that shall be used to grant or deny visitation. This policy shall be replaced by Facility Instruction Visitation which is under review.

12 VAC 35-115-90 Access To and Amendment of Services Record.

- A. 1. 2., C 2 Right to See, Read, and Get a Copy of His Own Record

This exemption permits the exclusion of criminal investigation information, including victim's statements, victim impact statements, and sentencing reports from resident review.

This exemption is necessary to ensure the safety and security of victims of sexual predators. The records of civilly committed sexual predators may contain information that identifies and locates victims. It is in the best interest of these victims to protect their identity, phone number, internet address, and home address because sexual predators often will try to contact their victims in order to further abuse or threaten the victims.

Procedures for residents gaining access to and amending their service record is outlined in Facility Instruction 205 Resident Access and Amendment to Service Record

12 VAC 35-115-100 Restrictions on Freedoms of Everyday Life.

- A., 1., a. Freedom to Move Within the Service Setting

This exemption permits the VCBR to limit the freedom of movement of residents and their access to others in order to ensure the safety and security of all residents and staff.

A cornerstone of treating civilly committed sexual predators is giving them the opportunity to learn internal control over their abusive social and sexual patterns. It is necessary to protect others from the resident's aggressive nature. In order to foster the development of internal control, it is important to limit their freedom of movement and access.

- A., 1., b. Freedom to Communicate, Associate, and Meet Privately with Anyone the Individual Chooses

In accordance with facility policies and procedures, this exemption limits the ability of residents to communicate, associate, and meet privately with anyone they choose.

To ensure the safety of residents and staff, it is necessary to monitor closely the associations that emerge in the treatment program and, as necessary, develop individualized plans, in accordance with facility policies and procedures, to protect the more vulnerable residents, and to protect staff from highly predatory residents. Resident visitation shall be supervised.

- A., 1 ., c., and g. Freedom to Have and Spend Personal Money and Make Purchases

This exemption permits the facility to prohibit residents from retaining funds, including cash, personal checks, money orders, credit cards, and debit cards, within the secure perimeter, limit which outside vendors the resident may purchase items from, and place limitations on which items may be received within the secure perimeter of the facility.

Money may be used by residents to procure sexual favors and sexually explicit materials that undermine clinical treatment by supporting their deviant and aggressive fantasies and preferences. This may pose a significant risk of exploitation of vulnerable residents or staff.

Residents may not independently contact or purchase items from vendors located within the immediate area of VCBR. Prohibiting these vendors is required to ensure the safety of the surrounding community and to prevent residents from contacting potential victims or forming alliance within the local community.

VCBR may limit the items purchased by a resident and prohibit items from being in the possession of a resident if the items purchased have the potential to cause a safety or security risk within the facility.

Facility Instruction 210 Resident Fund Accounts specifies how residents may access their funds and how the facility may place limitations on such access. VCBR's Rules for Resident Personal Property specifies the limitations on which items may be received by residents and which vendors may be utilized by residents.

- A. 1. d. Freedom to See, Hear, or Receive Television, Radio, Books, and Newspapers; and Freedom to Keep and Use Personal Clothing and Other Personal Items

This exemption limits residents' access to inappropriate, sexually explicit or violent materials, including but not limited to books, magazines, radios, television, videos, DVD's, computers, and internet web sites. This exemption is requested for safety and security purposes to ensure that residents do not have access to sexually explicit material and devices that support their deviant and aggressive fantasies and preferences.

Residents' access to media items including magazines, videos, DVDs, and video games are outlined in Facility Instruction 109 Resident Media.
Residents' access to personal computers and the Internet are outlined in Facility Instruction 111 Resident Computer Use.

- A. 1. e. Freedom to keep and use personal clothing and other personal items.

In order to maintain a safe, secure and therapeutic environment, as well as encourage residents to improve their basic management skills, limits on items and personal clothing are necessary in order for residents to succeed within a behavioral healthcare setting. Items or clothing that may be considered offensive, advertise drugs and alcohol, promote gang activity, or promote other types of violence create safety and security risks, in addition to detracting from the overall therapeutic environment. Excessive amounts of personal items or clothing pose a fire safety risk. Excessive amounts of items and clothing may lead to the creation of an underground economy, undermining behavioral management programs within the facility. Inappropriate clothing and other items may also promote or encourage inappropriate sexual behavior and undermine sex offender specific treatment and sexual self-regulation.

VCBR's Rules for Resident Personal Property specifies the limitations on which items may be received by residents.

- B.3 a-e Requirements for the Imposition of restrictions

This exemption allows VCBR to temporarily place residents on restrictions without first meeting the criteria set forth in 12 VAC 35-115-100 B.3 a-e if the resident displays behavior(s) that are determined to be an immediate threat to the safety and security of the facility or the community.

This exemption is requested to ensure the safety of residents and staff of the facility and the community. Sexually violent predators may engage in behaviors that require an immediate response to ensure the safety of individuals in the facility and the community. An appropriate response may be an immediate restriction on the freedoms of everyday life as outlined in I 2 VAC 35-115-100 A. I . a-g. The immediate need to protect the safety and security of the facility or members of the community should not be jeopardized by waiting for the process outlined in I 2 VAC 35-115-100 B.3 a-e.

When immediate restrictions are imposed to ensure the safety and security of the facility or members of the community, the temporary restrictions shall only be in effect until the next business day that the resident's treatment team is able to meet, review the imposed restriction, and meet the requirements set-forth in 12 VAC 35-115-100 B.3 a-f.

The procedures for ensuring residents' freedoms of everyday life within VCBR and the procedures for implementing restrictions on those freedoms shall be outlined in Facility Instruction 120 Restrictions on Freedoms of Everyday Life.

12 VAC 35-115-110 Use of Seclusion, Restraint, and Time Out

- C 3, 4, 5, 6, 7a, 7b, 7c 13, 14, 15, 17 Use of Seclusion, Restraint and Time Out

This exemption permits the use of restraints as a security measure during the transport of VCBR residents outside of the secure perimeter.

This exemption is requested for the safety of residents, staff, and the general public. Residents of the VCBR are often transported to public locations for court appearances and specialized medical treatment.

The DBHDS Commissioner has designated VCBR as a secure treatment facility for the control, care and treatment of individuals committed as secually [sic] violent predators as required by Code of Virginia §37.2-909. Individuals are committed to VCBR when the court or jury finds that there is not suitable less restrictive alternative to involuntary inpatient treatment in a secure facility. Because of the residents' involuntary commitment and the residents' history of involvement in the criminal justice system for violent behavior makes such transportation a risk for escape by residents and potentially to public safety. While outside of the secure perimeter of the facility, residents may attempt violent acts in an attempt to escape. Furthermore, if not secured while in the community, residents may attempt to identify potential victims of sexual crimes or perpetrate additional crimes while in the community.

The procedures for safely transporting residents outside of the facility in restraints are outlined in Facility Instruction 106 Resident Transportation following the guidelines set forth in DBHDS Departmental Instruction 215(RTS) 11.

This exemption permits the use of more secure restraint devices, in the form of metal cuffs and leather restraints. More secure restraint devices are needed to minimize the risk of escape and harm to others during transport both within and outside of the secure perimeter of VCBR.

This exemption permits the facility to extend the time limit for an authorization for seclusion and permits the use of administrative segregation.

Some sexual predators may assault other residents and staff or engage in other behaviors that are threats to the secure operation of the facility as part of a strategy to gain power in the facility. To ensure the physical safety and security of other residents and staff, it may be necessary to remove a resident fonn the general environment and segregate him (hereafter referred to as "administrative segregation"). Unlike seclusion, which is implemented when a person, due to mental illness, engages in behaviors that may harm self or others, administrative segregation is implemented to prevent the resident from committing an intentional malicious, abusive, or aggressive act against another resident or staff person. Whenever administrative segregation is implemented: (a) the basis for the restriction shall be documented in the clinical record; (b) the individual's treatment plan shall be modified to include strategies to reduce the level of restriction; and (c) the resident's mental and physical well being shall be monitored on a regular basis by qualified staff. This exemption shall permit the facility to take steps to ensure the safety and security of residents and staff.

The procedures for safely implementing Administrative Segregation are outlined in Facility Instruction 114 Administrative Segregation.

This exemption permits the facility to utilize restraint to prevent residents from engaging in behaviors that are a threat to the secure operation of the facility until such a time that the threat to the secure operation of the facility may be prevented. Guidelines for the use of restraint to prevent threats to the secure operation of the facility are given in Facility Instruction 114 Administrative Segregation and Facility Instruction 105 Behavioral Restraint.

This exemption permits the facility to require residents to enter and remain in their designated rooms during a violent disturbance at the facility that places residents, staff, or others in immediate risk of harm, injury, or death (e.g. hostage taking or resident altercations).

During a violent disturbance, residents may be required to return to their designated rooms in order to ensure:
1) Safety of residents: If residents return to their designated rooms during a violent disturbance, the residents are less likely to be injured by the actions of other residents.
2) Safety of staff: Requiring residents to remain in their designated rooms decreases the likelihood that additional residents will become involved in a disturbance and further endanger the safety of the staff.

The facility may require residents to remain in their designated rooms until the violent disturbance has ended and facility leadership has determined that there is no longer an immediate risk of harm, injury, or death to the residents or staff.

The procedures set forth in Facility Instruction 120I Resident Group Disturbance Response Procedures shall outline when residents may be required to enter and remain in their designated rooms.

This exemption shall permit VCBR to implement seclusion in an emergency. Seclusion means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave it. Emergency means a situation that requires a person to take immediate action to avoid harm, injury, or death to an individual or others.

VCBR serves a population that includes a small number of individuals with mental illness that may benefit from the utilization of seclusion as a tool for de-escalation during emergencies. While VCBR does have the ability to implement Administrative Segregation, Administrative Segregation may only be utilized when the presented behaviors are not contributed to a psychiatric disorder. The availability of seclusion as a treatment option for residents with mental illness improves the safety of the treatment environment by providing treatment staff the ability to implement a technique that is documented to support individuals with de-escalation.

When VCBR uses seclusion as an individualized treatment technique to avoid harm, injury, or death to that individual or others, all requirements outlined in 12VAC35-115- 110 other than C3 (as stated above) shall be followed. VCBR's use of seclusion shall be in accordance with all applicable federal and state laws and regulations.

The procedures for implementing seclusion shall be outlined in Facility Instruction 132 Seclusion.

Variances to the rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services

12 VAC 35-115-10 et seq.

In accordance with 12VAC35-115-220, VCBR has variances to the below regulations.

Variance to Complaint Procedures:

12VAC35-l 15-50 D.3e (5): Abuse, Neglect, and Exploitation 12VAC35-115-60 B.l (d): Services
12VAC35-l 15-140 A.2 and 4: Complaints and Fair Hearing l 2VAC35-l 15-150: General Provisions
12VAC35-115-170: Formal Complaint Process
12VAC35-115-l 80: Local Human Rights Committee Hearing and Review Procedures 12VAC35-115-l 90: Special Procedures for Emergency Hearing by LHRC
12VAC35-l 15-200: Special Procedures for LHRC Reviews Involving Consent and Authorization

12VAC35-l 15-210: State Human Rights Committee Appeals Procedure

The Human Rights Regulations provide a comprehensive complaint resolution process that includes access to a Local Human Rights and State Human Rights Committee. The population at VCBR requires a more structured

and shorter complaint process in order to better protect the residents, employees, and the public. The clinical needs of the VCBR residents are better protected by a complaint process that moves at a more rapid pace than the process provided in the Human Rights Regulations.

A resident's recovery and eventual safety in the community is enhanced by his ability to work collaboratively with service providers to resolve problems. This enhances self- esteem, supports healthy self-reliance, and helps the resident make a successful transition to community living. "Effective problem-solving" is an essential component of resident's treatment plans. Therefore, the complaint process shall support residents' healthy efforts to problem-solve and shall not reinforce attitudes of entitlement or criminogenic attitudes.

For these reasons, the listed regulations are not applicable to VCBR. VCBR Facility Instruction 202 Resident Complaint Resolutions provides the procedures for addressing resident complaints. VCBR's variances to the above regulations are reviewed by the SHRC at least annually with VCBR providing reports to the SHRC regarding the variance to the SHRC as requested.

Variance for rooms within medical unit with no windows:

12VAC35-115-50 C.3(d) Live in a humane, safe, sanitary environment that gives each individual, at minimum windows or skylights in all major areas used by individuals.

VCBR has four bedrooms that do not meet the requirement of this regulation within VCBR's medical unit. VCBR has an approved variance to the above regulation as follows:

Live in a humane, safe, sanitary, environment that gives each individual, at minimum: d) Windows or skylights in all major areas used by individuals including bedrooms. If a bedroom that meets this requirement is not available on a unit that meets an individual 's needs, the individual may be housed in a bedroom that does not meet this requirement until such a time that a bedroom that meets this requirement is available. If a resident presents psychiatric distress as a result of being housed in a room that does not meet this requirement (i.e. claustrophobia), a room shall immediately be made available that meets this requirement.

Monthly, VCBR provides a report to the SHRC on how many times rooms with no windows within the medical unit of VCBR are used during the previous month.

Variance for double bunking:

12VAC35- l 15-50 C3 a and e

a) Reasonable privacy and private storage space

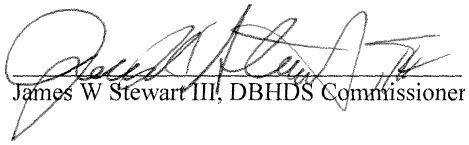
e) Clean air, free of bad odors

Following the General Assembly's mandate, VCBR has implemented double-bunking (two individuals residing in a single room). VCBR Facility Instruction 124 describes how residents' housing assignments are determined and shall substitute for these regulations. While VCBR has attempted to maintain individuals' dignity and privacy during the double-bunking process (i.e. construction of privacy curtains and storage lockers installed in double-

bunked rooms), VCBR is unable to assure the physical environment of the double-bunked rooms meet the expectations of the above regulations.

Monthly, VCBR provides a report to the SHRC on how many residents within VCBR are double-bunked, complaints received by residents regarding double-bunking, and any medication sessions treatment staff hold with room-mates to resolve concerns.

The listed exemptions are approved and approval is given to apply for renewals to the listed variances at time-frames established by the State Human Rights Committee.



James W Stewart III, DBHDS Commissioner

12/11/13

Date

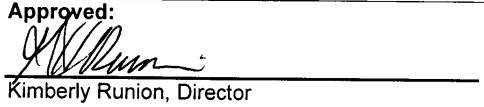
12/11/14

Expiration Date

Appendix III—VCBR Facility Instruction 124: Resident Housing Assignment

VIRGINIA CENTER FOR BEHAVIORAL REHABILITATION

Facility Instruction No. 124
Resident Housing Assignment

Date Issued: 01/01/14	**Page No.:** 1 of 9
Effective Date: 01/01/14	**Distribution List:** All VCBR Staff
Review Date: 01/01/15	**Cancellation:** FI 124 issued 8/26/13
Primary Reviewer: Housing Committee	**Secondary Reviewer:** Policy Review Committee
Attachments: 1) VCBR Room Change Report 2) Request for Resident Move 3) Admission Screening and Double Assessment 4) Medical Referral Form 5) Clinical Referral Form	**Approved:**  Kimberly Runion, Director

Purpose: To provide a consistent housing assignment procedure at the Virginia Center for Behavioral Rehabilitation.

Policy: Residents of VCBR shall be assigned housing assignments based on their individual treatment needs.

Definitions:

AOW: Administrator of the Week

Comprehensive Psychiatric Unit (2A): A housing unit of VCBR providing services to residents with ongoing psychiatric needs or needs related to decreased intellectual functioning. This unit provides increased support in areas of deficiency that are related to residents' psychiatric diagnoses or intellectual functioning.

Comprehensive Medical Unit (2B): A housing unit of VCBR providing services to residents with ongoing medical needs. This unit provides increased environmental modifications and support in areas of deficiency that are related to residents' medical diagnoses.

Double Occupancy: Two residents sharing one bedroom. A room that serves as a double occupancy room shall contain, at minimum, two sleeping bunks and a privacy curtain for the bedroom's toilet. A resident designated as "double occupancy" is one that has been assessed and determined able to share a bedroom with another resident.

Double Occupancy Risk Classification: The classification system of residents' risk of assaultive or manipulative behaviors that is used to assign housing to residents who are approved for double occupancy.

- X Classification: High Risk of Assaultive or Manipulative Behaviors
- Y Classification: Moderate Risk of Assaultive or Manipulative Behaviors
- Z Classification: Low to No Risk of Assaultive or Manipulative Behaviors

General Housing Units (GHU) (1 ABCD, 2 CD, 3ABCD): Housing Units of VCBR that provide no specialized support to residents. Residents assigned to a GPU are normally able to perform their activities of daily living without staff prompting or support or environmental modifications.

Housing Building: A portion of VCBR serving as the primary living quarters of residents. There are three housing buildings. These housing buildings contain four living units each.

Definitions:

recreation, dining, and shower areas.

Housing Emergency: When a resident's continued placement in a room/unit places themselves or others in immediate risk of harm. A housing emergency may be based on environmental, security, or medical hazards.

Housing Review Committee (HRC): A committee of representatives from Departments of VCBR coordinated by the Housing Coordinator (Residential Services, Clinical Services, Program Services, Security, Nursing Services, Resident Records) that reviews resident housing assignments and requests for housing changes. This committee determines, with input from the resident treatment teams, appropriate resident housing assignments.

Phase Demotion: A phase demotion occurs when the resident's Treatment Team determines, based on presenting behaviors, that the resident has not fulfilled the expectations of their current treatment phase level and is moved to a lower treatment phase level.

Single Occupancy: One resident being assigned a bedroom for that one resident with no other residents assigned to the same room. A resident designated as "single occupancy" may be assigned a room that is constructed to house two individuals (i.e. two bunks). A resident's assignment to have/not have a roommate is based on their occupancy classification, not the construction of their assigned room.

Special Behavior Unit (4A): The temporary housing unit of VCBR that provides intensive services for acute behavioral and psychiatric needs.

Special Medical Unit (4B): The temporary housing unit of VCBR that provides intensive services for resident acute or long term medical needs.

Treatment Interfering: Any action that a resident's Treatment Team determines may negatively impact a resident's progression in treatment (Phase Advancement).

Treatment Phase Level: The level of treatment in which a resident is assigned based on their completion of SVP treatment goals. There are three treatment phase levels at VCBR (Phase I, Phase II, and Phase III).

Treatment Refused Resident: A resident who does not participate in SVP treatment at VCBR and has not consented to participate in treatment by signing form *Consent for SVP Treatment.*

Pre-Admission Review:

Prior to admission of a resident to VCBR, a review of available medical and treatment related information shall be made to determine appropriate housing of the incoming resident.

Upon notification of a pending admission, Resident Records shall initiate a request of the *VCBR Pre-Admission Checklist.* The checklist request shall be sent to the housing provider (Correctional Institution/Regional Jail) in which the resident will be transferred from, requesting the following information:

- Medical information of the incoming resident;
- Psychiatric/mental health information of the incoming resident;
- Pertinent identifying documents of the incoming resident (copies of birth certificate/social security card).

Upon receipt of available information from the institution in which the incoming resident is being

Pre-Admission Review:

transferred from, Housing Coordinator shall at the next scheduled meeting of the HRC, complete form *Admission Screening and Double Assessment* indicating any special housing unit needs of the resident (e.g. Housing in Comprehensive Psychiatric Unit, Comprehensive Medical Unit, Special Behavior Unit, or Special Medical Unit) and recommendations for the occupancy, tier, and bunking assignment of the resident.

Upon completion of the resident's pre-admission screening (form *Admission Screening and Double Assessment*) by the HRC, if the resident is appropriate for Double Bunking, the Housing Coordinator shall indicate if the resident shall be assigned a bottom bunk and what double occupancy risk classification the resident shall be assigned (e.g. X, Y, Z) in accordance with *Occupancy Assignments* of this Instruction.

The Chief of Staff or Designee shall coordinate with Resident Records an appropriate admission date for the incoming resident.

Once the pre-admission review is completed, the Resident Records Manager or a Designee shall coordinate the admission date with the resident's current housing provider (e.g. Department of Corrections, Regional Jail) and inform distribution list # VCBR Admissions of the pending admission date and the #VCBR Housing Moves of the pending resident's housing assignment.

Unit Assignment:

VCBR provides three classifications of housing units. Resident's shall be housed in a unit that meets their individualized needs as determined by the HRC after assessment.

General Housing Unit (GHU) (1 ABCD, 2 CD, 3ABCD):
A resident will be housed in a General Housing Unit unless the HRC determines the resident has limitations as a result of a medical or psychiatric diagnosis that requires the increased staff support that is provided on a Comprehensive Needs Unit. Residents housed in a General Housing Unit normally:

- Have minimal to no limitations on performing personal care activities;
- Have minimal to no limitations on maintaining appropriate social interactions with other residents; and
- Require minimal to no support in time management.

Residents with limitations as a result of their medical or psychiatric diagnoses may be housed on a GHU when the resident's Treatment Team provides individualized interventions that support the resident with successfully managing on a GHU.

Comprehensive Psychiatric Unit (CPU) (2A):
A resident may be housed in the Comprehensive Psychiatric Unit when the HRC, in coordination with the resident's treatment team, determines that the resident's presenting psychiatric needs or needs related to the resident's intellectual functioning exceed those that can be appropriately met in a General Housing Unit. Factors for the HRC to consider include, but are not limited to:

- Limitations on performing personal care activities without staff reminders (clothing care, showering, etc.);
- Limitations in social skills/maintaining appropriate interactions with others without staff reminders;
- Limitations in time management and schedule keeping (i.e.: knowing when to take medications and attend groups);
- Risk of vulnerability; and
- Needs for increased staff supervision and daily support due to psychiatric diagnoses.

Comprehensive Medical Unit (CMU) (2B):
A resident may be housed in the Comprehensive Medical Unit when HRC, in coordination with the

Unit Assignment:

resident's treatment team, determines that the resident's presenting medical needs exceed those that can be appropriately met in a General Housing Unit. Factors for the HRC to consider include, but are not limited to:

- Limitations on performing personal care activities without staff support;
- Presenting needs for environmental modifications due to physical disabilities; and
- Requiring increased support from medical staff due to ongoing medical needs.

Room Assignment:

Resident room assignments shall be made based on the resident's individualized needs as determined by the HRC after assessment.

Single Occupancy:
A resident shall be designated as "single occupancy" whenever any of the following criteria are met:

- Resident resides in the Comprehensive Psychiatric Unit (All rooms are single occupancy per American with Disabilities Act Accommodations).
- Resident resides in the Comprehensive Medical Unit (All rooms are single occupancy).
- The HRC determines that based on risk factors, assigning a resident a bedroom with another individual (double-occupancy) would be a risk to the safety of themselves or others.
- Resident is in Phase III of treatment (based on availability).

Double Occupancy:
A resident may be designated as "double occupancy" whenever any of the following criteria are met:

- Resident does not reside in the Comprehensive Medical or Psychiatric Unit.
- The HRC determines that the resident presents no risk to the safety of themselves or others if placed as double-occupancy, or the presenting risks can be managed through other interventions.

Occupancy Risk Assignment:

If the HRC determines that the resident is classified as double occupancy, The Housing Coordinator shall assess the resident and complete form *Admission Screening and Double Assessment* indicating, based on available information, if the resident requires a lower bunk and the double occupancy risk classification of the resident.

- Resident Risk assessments shall be completed on a yearly basis to determine any changes in occupancy risk classification.

Lower Bunk/Lower Tier Assignment:
A resident may be assigned a lower bunk if the resident has conditions that preclude the use of an upper bunk, including but not limited to:

- Gross Orthopedic Abnormalities;
- Seizure Disorders;
- Heart Pace Makers;
- Paraplegia;
- Missing Limb;
- Insulin Dependent Diabetics;
- New Dialysis Grafts (6 weeks);
- Abdominal Surgery (6 weeks); and/or
- Weight over 300 Pounds.

A resident may be assigned a lower tier room whenever the HRC, in coordination with the resident's treatment team, and medical services determines the resident has limited mobility that prevents the use of stairs, presents a fall risk that precludes the use of stairs, or has other conditions that preclude the use of stairs to access an upper tier of rooms including, but not limited to:

- Use of a wheelchair, walker, or cane;

Occupancy Risk Assignment:

- Presenting side effects of medications that preclude the use of stairs;
- A medical condition that precludes the use of stairs; and/or
- A psychiatric condition that precludes housing on second tier.

Lower Bunk and Lower Tier assignments shall be handled through the medical referral process.

- The housing coordinator shall initiate the process by submitting the *Medical Referral Form* to the attending physician or medical staff designated to review.
- The attending physician or medical staff designated to review shall review the resident's chart for any conditions that would preclude top tier or top bunk status.
- The attending physician or medical staff designated to review shall reply to the housing committee within seven days of the referral.
- The HRC shall make appropriate housing assignments.

Medical assignments to lower tiers and lower bunks should be reviewed every 6 months or as needed by the Housing Coordinator in consultation with the Medical Department.

Risk Classification of Resident:
A resident shall be classified for double occupancy risk (X, Y, or Z) in accordance with the resident's assessed risk factors for assaultive and manipulative behaviors.

- X = High Risk of Assaultive or Manipulative Behaviors
- Y= Moderate Risk of Assaultive or Manipulative Behaviors
- Z= Low to No Risk of Assaultive or Manipulative Behaviors

Housing Assignment:

The Housing Coordinator in consultation with the HRC and the resident's treatment team shall assign resident housing based on the availability of a room that meets the resident's assessed needs to include:

Unit Needs:

- General Housing Unit
- Comprehensive Psychiatric Unit
- Comprehensive Medical Unit

Occupancy Needs:

- Single Occupancy
- Double Occupancy

Tier Needs:

- Lower Tier
- Either Tier

Bunk Needs:

- Lower Bunk
- Either Bunk

Double Occupancy Roommate Assignment:
When assigning rooms to residents designated as double occupancy, residents shall be assigned roommates based on matching risk classifications:

Classification:	May Bunk With
X	X or Y
Y	X or Y or Z
Z	Y or Z

Treatment Phase Level Relation to Housing Assignment:

Residents will be double bunked based on the availability of an appropriate roommate and their treatment phase level and admission date.

Phase Level:	Priority for *shared* bedroom:
Treatment Refused:	1st
Phase I	2nd
Phase II	3rd
Phase III	4th

When a resident moves to a Phase III of treatment, the resident may request a housing change as outlined in *Housing Assignment Changes* of this instruction. Upon review by the HRC, on consultation with the resident's treatment team, the resident shall be assigned a bedroom to themselves, if available.

If a resident receives a phase demotion from Phase III to Phase II, the resident's Treatment Team should notify the HRC of the necessity of a housing change as outlined in *Housing Assignment Changes* of this instruction. Upon review by the HRC, the resident may be assigned a bedroom with another individual if required by the census of the facility and availability of rooms.
The timeframe in which residents within the same treatment phase level shall be required to share a bedroom with other individuals shall be based on their admission date at VCBR. Residents with the most recent admission dates shall be required to share bedrooms with other individuals prior to those who have been admitted to VCBR longer.

Housing Assignment Changes:

A resident's housing assignment may be changed if:
1) There is a housing emergency;
2) Following a recommendation from the resident's Treatment Team, if approved by the HRC; or
3) Following a resident request, if approved by the resident's Treatment Team and the HRC.

Housing Emergency:
A resident may be temporarily assigned different housing if the Program Services Shift Supervisor or higher authority determine that the assigned housing of the resident causes an immediate safety or security risk to the resident or others, including, but not limited to:

- Environmental Hazards: Water leaks, temperature of the room outside of normal environmental standards, inoperable toilet or sink, etc.
- Security Hazards: Resident on resident aggression, resident voicing concern for own safety on unit, resident voicing conflict with roommate, sexual conduct/advances between roommates, resident voicing roommate or other is attempting manipulation.
- Medical Hazards: Medical conditions that require a resident to move from a top tier room to a bottom tier room or from a top bunk to a lower bunk.

The Residential Services Shift Supervisor shall assess the situation and based on the presented housing emergency, determine what housing assignment will best meet the resident's needs while alleviating the housing emergency. The resident's concerns and interventions provided shall be documented on *Resident Environmental Concern Form* and a copy shall be forwarded to the Housing Coordinator.

Emergency housing assignments shall be made in accordance with the residents assessed housing needs as outlined in Housing Assignment of this instruction.

Emergency housing assignments to another general population room and room changes within Comprehensive Needs Units require the approval from a member of the HRC, AOW, or Facility Director. If moving to a Special Housing Unit (Special Behavior Unit or Special Medical Unit), the

instructions outlined in *Temporary Special Housing Units* of this Instruction shall be followed.

Housing Assignment Changes:

After the initiation of an emergency housing move (excluding temporary moves to Special Housing Units), the HRC shall review the emergency move at the next scheduled meeting and assign the resident a room that meets their assessed housing needs in accordance with *Housing Assignment* of this instruction.

Treatment Team Recommendation/Clinical Referral Form:

A resident's Treatment Team may request a resident be assigned different housing for treatment related reasons, including but not limited to:

- Movement to Comprehensive Needs Unit (Medical or Psychiatric);
- Presenting conflicts between the resident and other resident(s) on the unit after mediation has taken place if no immediate security hazards exist;
- Treatment interfering relationship between the resident and other resident(s) on the unit; and/or
- Phase Advancement/Phase Demotion.

To request a housing change, the resident's Primary Therapist shall complete *Clinical Referral Form,* indicating the reason for the request, and forward it to the Housing Coordinator who shall review the request with the HRC.

Upon receipt of *Clinical Referral Form*, the HRC shall:

- Determine if the resident is eligible for the move;
- Discuss the request at the next scheduled meeting ;
- Review and if needed update the resident's *Housing Screening and Double Assessment* form;
- Determine if the proposed housing change would pose a safety or security risk or present potential treatment interference with other residents;
- If approved, the Housing Coordinator shall coordinate the housing change and assign a room in accordance with *Housing Assignment* of this Instruction;
- If denied, the reason for the denial shall be documented and communicated to the resident's Primary Therapist who shall communicate the reason for denial to the resident.

Resident Request for Move:

Resident requests for housing changes will be considered by the Housing Review Committee every six months following the resident's most recent housing move request. To request a housing change, the resident shall complete form *Request for Resident Move Form,* indicating the reason for the request, and forward it to the Housing Coordinator who shall review the request with the HRC.

Once the *Request for Resident Move Form* is received, the Housing Coordinator shall:

- Determine if the resident is eligible for the move;
- Discuss the request with the HRC;
- Review and if needed update the resident's *Housing Screening and Double Assessment* form;
- Determine if the proposed housing change would pose a safety or security risk or present potential treatment interference with other residents;
- Forward *Clinical Referral Form* to consult with the resident's Treatment Team to determine if the requested housing change may be treatment interfering.

Housing Assignment Changes:

Upon receipt of *Clinical Referral Form*, the Resident's Treatment team shall:

- Review the resident's history and determine if move would be appropriate and cause no treatment interference.
  - When reviewing Clinical Referrals marked "Initiated by Resident," the resident's primary therapist shall communicate any conditions of approval to the resident.
  - When reviewing Clinical Referrals marked "Initiated by Housing Committee," the resident's primary therapist shall communicate, upon approval, that the housing committee is double bunking the resident.

Upon receipt of *Clinical Referral Form,* Housing Coordinator shall:

- If approved, the Housing Coordinator shall coordinate the housing change and assign a room to the resident. The Housing Coordinator, the Director of Clinical Services (or a Designee), and a representative of the HRC shall inform the resident of the decision and coordinate the move with a Residential Services Supervisor.
- If denied, the reason for the denial shall be documented and communicated to the resident in writing by the Housing Coordinator.

Waiting List for HRC Approved Moves:

Housing changes approved by HRC shall occur as a bedroom that meets a resident's assessed housing needs is available.

The Housing Coordinator shall maintain a list of approved housing changes and coordinate housing moves as bedrooms are available that meet resident needs.

Unless a different timeframe for a housing change is requested by the HRC, Housing changes shall occur based on the date the HRC approved the housing change, approvals occurring the longest date prior shall receive the highest priority for move.

Housing Assignment Change Documentation and Communication:

Upon the initiation of a housing change, the Residential Services Shift Supervisor shall:

- Complete form *VCBR Room Change Report; and*
- Notify distribution list #VCBR Housing Moves and # VCBR Treatment Team of the change.

Temporary Special Housing Units:

VCBR's Special Housing Units provide resident support for resident behavioral, psychiatric, or medical needs that require a higher level of staff services than are available on the resident's assigned living unit until such a time that the resident can safely function on their assigned living unit.

If moving to a temporary Special Housing Unit (Special Behavior Unit or Special Medical Unit), the Program Services Shift Supervisor shall coordinate the move with the Charge RN on site and obtain approval from the Chief of Staff or MOD and notify the Resident's Treatment Team and Facility Director or AOW.

Resident Disagreement with Housing Assignments/ Appeals/ Complaints:

Housing moves shall be documented on form Request for Resident Move.

When issued new room assignments residents shall move their personal items (including state issued items) into their assigned room. If residents choose not to move their items:

- VCBR Security will move their personal items into the assigned room. Once their items are moved into the assigned room, the resident may access them freely.
- Once personal items are in the assigned room, residents may not move any of their personal items to the common area of the unit.
- Any item(s) moved into the common area of the unit will be confiscated by VCBR Security

until such a time that the resident agrees to keep the item(s) in the resident's assigned room.

- Any personal items moved to the common area of the unit are considered to be blocking resident movement, thus a danger to the safe operation of the facility.
- Resident refusal to use their assigned room will not result in any comfort items being allowed in the common area of the unit including, but not limited, to sheets, pillows, mattress, etc.

Resident Disagreement with Housing Assignments/ Appeals/ Complaints:

If a resident wishes to appeal a housing assignment (excluding assignment to Temporary Special Housing), they may indicate their desire to appeal the decision of the HRC on form *Request for Resident Move*, attaching supporting documentation and submit it to the Housing Coordinator. Upon receipt of a *Request for Resident Move* form indicating a resident's desire to appeal the decision of the HRC, the Housing Coordinator shall forward all appeals of housing assignments to the Facility Director or the Director's designee. The process outlined in FI # 202 does not apply to housing decisions. These complaints shall be handled solely by the Facility Director.

The Facility Director or Director's or Designee shall review the appeal within ten business days and provide notification to the HRC of the final disposition. Upon receipt of the Facility Director's final disposition, a member of the HRC shall communicate the Director's disposition to the resident by the end of the next business day in which the final disposition was received.

Housing complaints will not be handled through the normal complaint process. They must go through the appeal process listed above.

References:

Rules and Regulations to Assure the Rights of Residents Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral and Health Services

VCBR ROOM CHANGE REPORT

Date: _____ Shift: ☐ Day ☐ Evening ☐ Night

Approved forms will be submitted to Health Information Management along with the census sheets.

Resident Name	Resident Number	Reason for Room Change	Medical Recommendation	Staff Authorizing Move (List last name)
		☐ Environmental Hazard ☐ Safety/Security Issue ☐ Medical Issue ☐ Resident Request (list reason)	☐ Lower Level ☐ Handicap ☐ None	☐ AOW/Acting ☐ MOD/Physician ☐ Treatment Team ☐ Program Services

Resident Name	Resident Number	Moved From (Unit & Room No.)	Moved To (Unit & Room No.)	Time	Facility Manager/Unit Manager

Restrictions:		Special Precautions:	

Virginia Center for Behavioral Rehabilitation
Request for Resident Moves

Name: _____ **Living Unit:** _____ **Date:** _____
Resident #: _____ **Therapist:** _____

□ Initiated by Resident □ Initiated by Treatment Team □ Initiated by HRC

To Be Completed by Requesting Individual:

The following move is being requested:

_____
_____

Justification for requested move:

_____
_____

To Be Completed by Housing Review Committee (HRC)

The following move has been:

□ Approved □ Deferred □ Refer to Mediation
□ Denied □ Other □ N/A
□ Approved w/ Conditions □ You are not eligible for a single room at this time

Meeting Summary (include explanation):

_____
_____
_____

HRC Chairperson/Designee Signature: _____ **Date:** _____

□ I wish to appeal the decision of the Housing Committee. **(Attach rationale)**

Resident Signature: _____ **Date:** _____

The Final Level for all housing move appeals should be forwarded to the Facility Director's office.

□ Approved (This item has been overturned)
□ Denied (Final Appeal)

Amendment as Follows:

_____
_____
_____

Facility Director Signature: _____ **Date:** _____

Request of housing move appeals are addressed in a systematic date sequence order. Housing move appeals will not be addressed through the Complaint Process.

FOR HRC USE ONLY:

DBS: ____

DOLM: _____

Virginia Center for Behavioral Rehabilitation
Admission Screening and Double Assessment Form

Name

Part B. Double Bunk Assessment:

Area of Review	Check if Resident Meets Area
Does resident have intellectual functioning that may preclude double bunking (risk of vulnerability)?	Yes No
Is Resident L.R.I.S.T.? – No double bunking	Yes No
Does the resident have a history of being sexually abused? If yes, check whether as a child or an adult.	Yes No ☐Child ☐ Adult
Does resident have other mental health needs that preclude double bunking?	Yes No
Appropriate for Double Bunking? Circle One	Yes No
IF Not Recommended For Double Bunking – Does Resident Require Special Housing (Medical 2-B or Psychiatric 2A), (If yes – which)?	Yes No
"X" Classification (High Risk of Assaultive or Manipulative Behaviors)	Yes No
Assault on inmate/staff within the last six months?	Yes No
Assault with a weapon within the past year?	Yes No
Sexually acting out while incarcerated within the past five years?	Yes No
"Y" Classification (Moderate Risk of Assaultive or Manipulative Behaviors)	Yes No
Assault with a weapon within the past two years?	Yes No
Any history of assault (other than sexual offense)?	Yes No
Sexually acting out while incarcerated within the past ten years?	Yes No
"Z" Classification (Low to No Risk of Assaultive or Manipulative Behaviors)	Yes No
No aggressive behavior since incarceration or civil commitment?	Yes No
Other: ☐ Vulnerable Passive ☐ Tx Refuser ☐ Current relationship w/in VCBR: _____	

Reviewers' Action

Approve Double Bunking ☐ Disapprove Double Bunking ☐ Comments: Signature of Clinical Director:	Date:
Approve Double Bunking ☐ Disapprove Double Bunking ☐ Comments: Signature of Program Services Director:	Date:
Approve Double Bunking ☐ Disapprove Double Bunking ☐ Comments: Signature of Chief of Security:	Date:
Approve Double Bunking ☐ Disapprove Double Bunking ☐ Lower Level Room ☐ Bottom Bunk ☐ Comments: Signature of Director of Nursing:	Date:

Chief of Staff

After Review of Recommendations, the Chief of Staff will review for scheduling purposes only.	
Comments:	
Tentative Admission Date:	
Signature of Chief of Staff:	Date of Review

Medical Referral Form

Resident Name:	**Resident ID#:**
Pod/Room:	**Date:**
Referring Staff: T. Curtis	

The above resident is requesting or being reviewed for a **bottom bunk**/bottom tier/single room assignment. Please return this form by**12/16/13**. Does he meet any of the following criteria?

Bottom Bunk:

☐Gross Orthopedic Abnormality
☐Seizure Disorders
☐Heart Pace Makers
☐Paraplegia
☐Missing Limb
☐Insulin Dependent Diabetics
☐New Dialysis Grafts (6 weeks)
☐Abdominal Surgery (6 weeks)
☐Weight over 300 Pounds
☐Other Condition:

Bottom Tier:

☐Use of a wheelchair, walker, or cane
☐Presenting side effects of medications that preclude the use of stairs
☐A medical condition that precludes the use of stairs
☐Psychiatric condition that precludes housing on second tier
☐ Other Condition:

☐ **Resident needs single room due to the above stated condition(s).**

☐ **Resident has no medical need for a bottom bunk or bottom tier at this time.**

Physician's or Designated Medical Staff Signature: _____
Date: _____

To be Reviewed: 30 Days 60 Days 90 Days Other: _____

Date Reviewed: _____

Virginia Center for Behavioral Rehabilitation — Clinical Referral Form

Housing Clinical Referral Form

Resident Name:	**Resident ID#:**
Pod/Room:	**Date:**
Referring Staff:	

Specific Reason for Referral:

□ Initiated by Resident □ Initiated by HRC □ Initiated by Treatment Team

_____
_____
_____
_____
_____
_____
_____

Return Form By: _____

Staff Response:
□ Approve □ Approved w/ Conditions □ Denied □ Deferred

Comments:
_____
_____
_____
_____
_____
_____
_____

Staff Signature: _____ **Date:** _____

_____

Resident Response:
_____
_____
_____
_____
_____

Resident Signature: _____ **Date:** _____