



Virginia Department of Behavioral Health  
and Developmental Services

STATE HUMAN RIGHTS COMMITTEE  
2023 Annual Report

Presented to the DBHDS State Board  
September 25, 2024

## Introduction

This annual report intended to inform you about the protection of the human rights of individuals receiving services and the contributions of Virginia's citizens who serve as volunteers to assure those rights. This report details the activities and accomplishments of the State Human Rights Committee (SHRC) and the Office of Human Rights (OHR) for Calendar Year 2023, in accordance with the duties and responsibilities outlined in the *Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services* (Human Rights Regulations). This report also contains data from state Fiscal Year 2024, (July 1, 2023 – June 30, 2024) about alleged human rights violations, as reported to the OHR via the department's web-based reporting system, referred to as CHRIS (Computerized Human Rights Information System).

During Calendar Year 2023, the SHRC maintained its efforts to monitor the Department of Behavioral Health and Developmental Services' (DBHDS) human rights system through the facilitation of nine public business meetings focused on the attainment of information, education and data relevant to their identified objectives. The work of the SHRC was informed through presentations by subject matter experts regarding the development and framework of key DBHDS initiatives, including presentations by the DBHDS Office of Community Housing, Office of Recovery Services and the Office of Crisis Services who provided insight and context for the transformation of Virginia's crisis services continuum. The SHRC also heard a synopsis by the DBHDS Chief Clinical Officer concerning Governor Youngkin's Right Help Right Now plan; an overview of the requirements and current status of the United States Department of Justice Settlement Agreement and a summary of the 2023 General Assembly session with special attention paid to bills affecting individuals and providers of behavioral health, substance use and developmental disability services. In addition the SHRC was provided information about issues impacting the DBHDS services system at large from the perspective of external organizations such as a new-to Virginia provider, Connections Health Solutions, who presented about the Crisis Now Model and best-practice standards relative to the use of seclusion and restraint, and the disAbility Law Center of Virginia who presented their annual *Critical Incident Report* about serious incident reporting and trends in DBHDS-operated facilities.

This year, the SHRC was intentional about identifying ways to be more visible and accessible to stakeholders. The SHRC held eight of their public meetings at DBHDS service locations across the Commonwealth, to include DBHDS-operated facilities, Community Services Boards (CSB) and licensed private provider settings. The day prior to their meeting, the SHRC toured these services settings and when appropriate, facilitated town-hall style meetings with patients and/or engaged one-to-one with individuals receiving services. During their meeting, the Facility Director, Chief Executive Officer or a senior level designee with the host provider presented an overview of services offered in the

respective program. The SHRC hosted several CSB-Roundtables where they solicited feedback about challenges the Committee could assist them with and any (new) initiatives they were proud to share. The SHRC engaged OHR staff and Local Human Rights Committee members in discussions, training, subcommittee work sessions and meetings in order to better understand, prioritize and proactively protect the assured rights of individuals in the DBHDS service delivery system. The SHRC also received public comments offered by private citizens and advocacy organizations during their regularly scheduled meetings. Comments expressed a range of concerns about proposed variances to the Human Rights Regulations and also outlined varied concerns about the impact of rights protections across all DBHDS-operated and licensed community provider service settings.

The SHRC remained attentive to reports about the use of seclusion and restraint at DBHDS-operated hospitals and centers, intentionally seeking presentations to answer questions about DBHDS facility procedures, policies, and practices. The SHRC exercised their authority to request information directly from DBHDS Facility Directors to include inviting updates regarding issues brought to the Committee's attention through appeals of complaints, OHR operational updates and/or review of data. For example, the Committee requested and received information from Central State Hospital and Western State Hospital about their strategies for reduction of seclusion and restraint usage, following a review of data indicating significant reduction and consistently high incidences of seclusion and restraint, respectively.

The SHRC also focused on maintaining the integrity and relevance of their administrative oversight. In January, they adopted the *Freedom of Information Act (FOIA) Public Meeting Requirements* policy to comply with the requirements of §2.2-3708.3(D) of the Code of Virginia, and to govern how Human Rights Committees members participate in public meetings through electronic means or hold an all-virtual public meeting. The SHRC also adopted revised Bylaws for the Local Human Rights Committees to more closely mirror revisions made to the SHRC Bylaws in 2022. The SHRC received training related to Supported Decision Making, DBHDS Departmental Instruction 201 (specific to the reporting and investigating of abuse/neglect in DBHDS-operated facilities), and instruction regarding relevant FOIA requirements from the Office of the Attorney General.

### *2023 SHRC Work Plan Objectives: Summary of progress towards goals*

#### 1. Monitor the implementation of the Human Rights Regulations:

- Appointed LHRC members; reviewed 5 LHRC fact-finding decisions upon appeal; reviewed and decided on 16 requests for variances to the HRR and submitted an Annual Report to the DBHDS State Board.
- Studied reports on aggregated data and trending information related to seclusion, restraint, abuse, neglect, and other human rights complaints at each scheduled meeting.

2. Ensure the rights of individuals receiving services at the Virginia Center for Behavioral Rehabilitation (VCBR) are protected and they are not treated as Department of Corrections inmates:
  - Received information from the DBHDS Commissioner concerning time-limited exemptions, based on the need to protect individuals receiving services, employees, or the public.
  - Facilitated an “Appeals Subcommittee” to address complaints by residents, when they are not satisfied with the director’s response, per approved variance to the HRR that allows for alternative complaint resolution procedures.
3. Enhance communication with Local Human Rights Committees (LHRC):
  - Established a workgroup to include LHRC members, to revise LHRC Bylaws
  - Focused on increasing participation by SHRC members, in person and virtually, at LHRC meetings in the regions they represent.
  - Committed to having an SHRC member provide the “welcome” and participate in quarterly LHRC Orientation sessions facilitated by the OHR.
4. Promote treatment without coercion:
  - Reviewed monthly data concerning instances of seclusion/restraint and reduction efforts at DBHDS-operated facilities.
  - Requested presentation from the OHR detailing analysis from annual reporting by licensed providers specific to the use of seclusion and restraint.
5. Ensure individuals with capacity make their own decisions. Individuals without capacity have a duly appointed substitute decision maker:
  - Received information and training about the formal recognition of Supported Decision-Making Agreements in Virginia, for individuals with developmental disabilities to receive support with making various choices in their lives, while also retaining all their rights.
  - Reviewed an appeal of an LHRC decision initiated by an individual’s Authorized Representative and insisted on also giving the individual the opportunity to make their own statement, and address questions from the Committee members.
6. Monitor increased issues with opioid addiction and continued interest in substance use disorders:
  - Received presentations from DBHDS to increase understanding about substance use disorders relating to individual access to services, the impact to housing and other statewide trends.

- Committed to inviting presentations from providers of substance use services and identifying opportunities for Committee members to tour these programs.

#### 7. Administrative effectiveness:

- Committed to on-site provider/program tours Wednesday evenings prior to scheduled Thursday business meetings, to allow for ample time without delay to other necessary business items or disruption to public access of meetings.
- Leveraged work of subcommittees to accomplish goals and develop outputs

#### *Calendar Year 2023 SHRC Meeting Dates and Locations*

- January 19th – Central State Hospital, Petersburg
- March 2nd – Western State Hospital, Staunton
- April 13th – Catawba Hospital, Roanoke
- May 18th – Fairfax Falls-Church Community Services Board, Fairfax
- June 22nd – Western Tidewater Community Services Board, Suffolk
- August 17th – The Barry Robinson Center, Norfolk
- September 28th – Northern Virginia Mental Health Institute, Falls Church
- November 2nd – Carillion Mental Health, Roanoke
- December 14th – Central Office, Richmond

#### *State Human Rights Committee Members*

##### **David R. Boehm, Chair**

David is retired from the Department of Corrections, having served in administrative positions, including Warden, for 32 years, and previously worked for 12 years with the Department of Behavioral Health including being a Unit Director. He is a professional mental health provider, a Licensed Clinical Social Worker, and a Certified Sex Offender Treatment Provider. David served on the Virginia Board of Social Work and has been very active with social work ethics, conducting numerous workshops. He is also known professionally in the field of sex offender treatment, domestic violence, school threat assessments and crisis intervention. His knowledge regarding treatment for sex offenders within the Department of Corrections has informed his service on the SHRC subcommittee that is specifically assigned with the review of complaints appealed by individuals pursuant to variances approved for Central State Hospital and the Virginia Center for Behavioral Rehabilitation. David serves in the role of *Professional* on the Committee and was first appointed in July 2018 and was reappointed to a second term in July 2021. David resides in Marion.

### **Monica Lucas, Vice Chair**

Monica is a Mental Health Consultant and Behavioral Health Technician at Lucas Concepts & Consulting/Serenity Counseling Services of Virginia. She served as a Co-Owner of Rion's Hope, LLC, and Seventeen Twenty-Five, Inc., which offers adolescent group homes providing residential and mental health services. Monica currently co-owns Serenity Counseling Services of VA where she oversees operations including Intensive In-Home Services, Mental Health Skill Building and Residential Crisis Stabilization programs. She has served as a member and Chair on various LHRCs including Tuckahoe, Central Area, New Creation, Goochland-Powhatan, Metropolitan, Henrico and Chesterfield. Monica served diligently on the SHRC Bylaws subcommittee, leading the review and revision of both LHRC and SHRC Bylaws to ensure consistency and compliance with committee authority outlined in the Human Rights Regulations as well as VA Code and FOIA. Monica serves in the role of *Healthcare Provider* on the SHRC and was first appointed in July 2018 and was reappointed to a second term in July 2021. Monica resides in Richmond.

### **Will Childers**

Will has worked with adults with developmental disabilities, mental health, and physical challenges for 35 years. He was Program Coordinator for Blue Ridge Behavioral Healthcare in Roanoke and Associate Director for Developmental Disabilities at HopeTree Family Services in Salem, VA. Will has coordinated residential, in-home, and independent living services for adults with intellectual and developmental disabilities and was an investigator for allegations of human rights violations for 30 years, working collaboratively with Human Rights Advocates as well as other DBHDS staff. Will also volunteers regularly with hospice and palliative care patients, where he serves as an End of Life (EOL) Doula; he advocates for children referred to the Court Appointed Special Advocates program and offers his services as a Master Gardener in his community. Will is a former member of the Roanoke-Catawba LHRC, where he served multiple roles over 7 years. Will serves in the role of *Professional* on the SHRC and was first appointed to complete a vacant term in July 2018. Will was appointed to his first full term in July of 2020 and was reappointed to a second full term in July 2023. Will resides in Hardy, Virginia.

### **Betty Crance**

Betty has extensive experience in the developmental disabilities field. She holds a bachelor's degree in Criminal Justice from Radford University and a master's degree in Counseling from VPI & SU. She retired as the ID Director of Alleghany Highlands Community Services in Covington, Virginia, and in 2011 opened Commonwealth Lifespan Services, a private provider of DD services in the Highlands area. She brings both professional and personal experience into her advocacy work. Having worked in the system for years, Betty has witnessed the evolution and implementation of human rights safeguards both in institutions and community-based services. Betty served on the Roanoke Valley

LHRC and later moved to the Roanoke-Catawba LHRC, where she served as Chairperson. Betty is passionate about advocacy and the importance of being a voice for those who cannot speak for themselves. Betty serves in the role of *Family Member* on the SHRC and was appointed in March 2022 to fill a vacant term. Betty resides in Fincastle.

### **David Crews**

David Crews has a bachelor's degree in both Criminal Justice and Sociology. Until beginning in a new role at the Department of Behavioral Health and Developmental Services in 2024, David served as the Administrative Director and Risk Manager of The Madeline Centre in Lynchburg, Virginia. David is a firm believer in following policy and procedure and lives out his expressed commitment to ensuring the individuals we serve do not "fall between the cracks". He is a QMHP-C and has experience working in an intensive in-home and therapeutic day treatment environment. David has 20+ years of experience working with youth, and he is familiar with the DBHDS system of services delivery and rights protections. David serves in the role of a *Healthcare Provider* on the SHRC and was appointed to his first full term in July 2022. David resides in Chatham.

### **Julie C. Allen**

Julie is a licensed and board-certified behavior analyst with 20+ years of experience working with children and adults with disabilities, particularly in developing and monitoring behavior support plans. Most recently, Julie served as Senior Director of Clinical Services at CRi, a large non-profit provider, prior to establishing herself as an independent consultant. Under her leadership, the program expanded to provide behavior consultation services to several community services boards, utilizing both Medicaid Waiver therapeutic consultation services and county funding. Before joining the SHRC, Julie worked collaboratively with several LHRCs in Northern Virginia for over 15 years. Julie serves in the role of *Professional* on the Committee and was first appointed to complete a vacant term in July 2018. Julie was appointed to her first full term in July of 2019 and was reappointed to a second full term in July 2022. Julie resides in Springfield.

### **Timothy Russell**

Timothy (Tim) is a Director of Space Planning at William & Mary. He is a former Transitional Living Counselor at ValuMark West End Behavioral Health Care. Tim has experience serving as a member of the Newport News Regional LHRC, and as a former member and Chair of the Williamsburg Regional LHRC. Tim previously served two full terms on the SHRC, prior to taking the required year-long hiatus. Tim passionately represents the perspective of an individual who has received services and also oversaw the Workplan Subcommittee for the SHRC. Tim serves in the role of *Individual* on the SHRC and was appointed to fill a vacant term in July 2019 and reappointed to a full term in July 2021. Tim resides in Williamsburg.

**Renee F. Valdez**

Renee has a Bachelor's degree in Psychology and a Master's degree in Community Counseling. Renee has worked in the area of behavioral health in various capacities since 1985, beginning in the field of addictions, detoxification, and counseling. Renee later retired from American Systems, Inc. where she was an Independent Consultant in Workforce Training and Development. She also has extensive experience working with at-risk youth, HIV/AIDS prevention, long-term care and post-secondary education. Renee is a former member and Vice Chairperson of the Northern Virginia Regional LHRC, and she is passionate about health, wholeness and advocacy. Renee serves in the role of *Individual* on the committee and was appointed to her first term in July 2023. Renee resides in Alexandria.

**John B. Shepherd**

John has a Bachelor's degree in Religious Studies and a Master's degree in Education. John was previously employed by Albemarle County as an Adult Protective Service Worker with the Department of Social Services and more recently as a Planner and Zoning Official with the Community Development Department. John currently serves on the Albemarle County Board of Zoning Appeals and has extensive experience interpreting regulations. John served on the Board of Children, Youth and Family Services Inc. and the Oakland School. John is a former member and Chairperson of the Region Ten LHRC and served as a member of the Charlottesville LHRC. John serves in the role of *Professional* on the SHRC and was appointed to his first term in July 2023. John resides in Charlottesville.

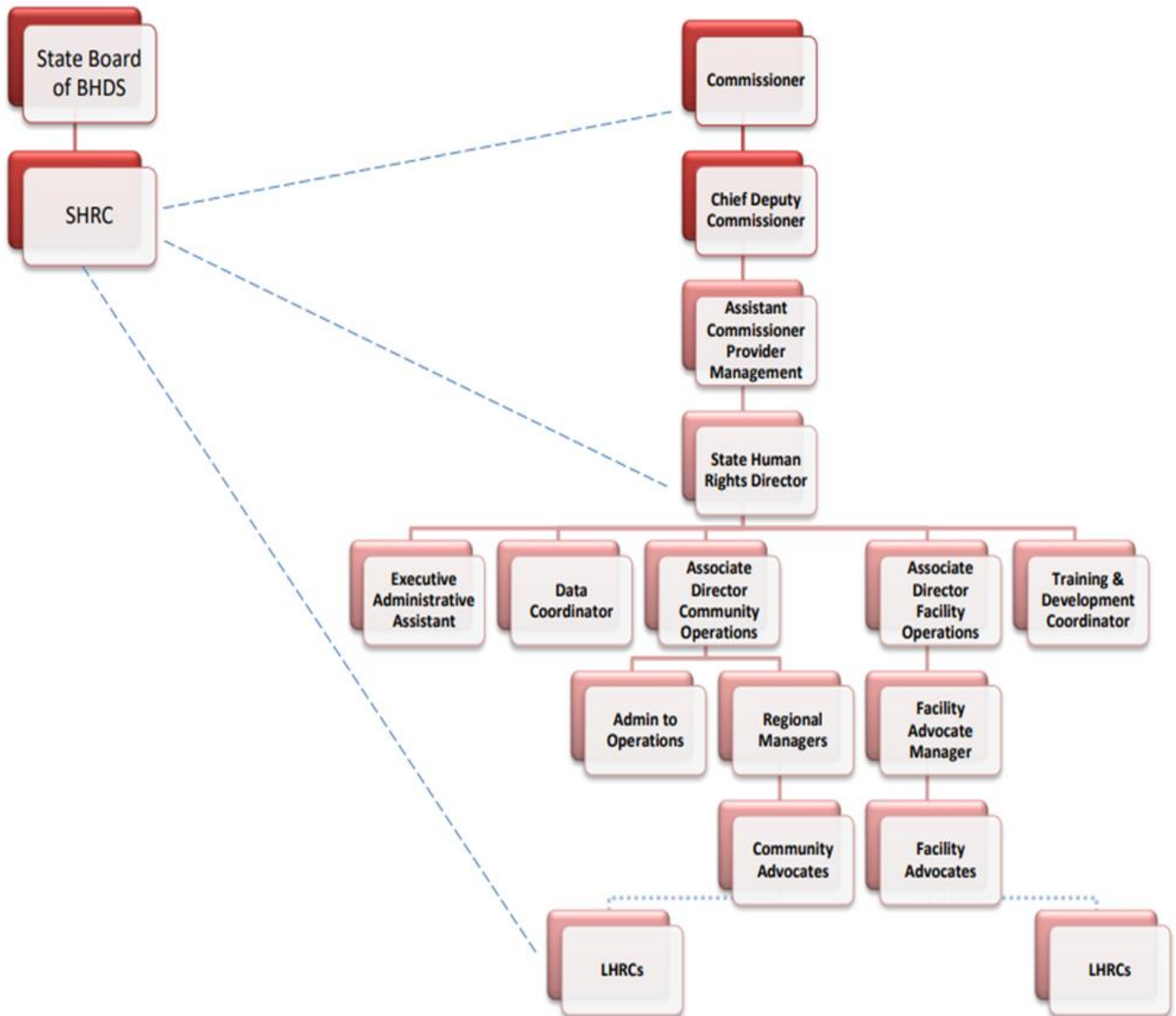


## State Human Rights Committee Membership Information

|                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Chair</b><br/> <b>David Boehm</b><br/> Marion<br/> Region 3, far southwest</p> <p>Appointed June 2018<br/> 7/1/2018 - 6/30/2021 Term<br/> 7/1/2021 - 6/30/2024 Term</p> <p>→ Professional</p> | <p><b>Vice-Chair</b><br/> <b>Monica Lucas</b><br/> Richmond<br/> Region 4</p> <p>Appointed June 2018<br/> 7/1/2018 - 6/30/2021 Term<br/> 7/1/2021 - 6/30/2024 Term</p> <p>→Healthcare Provider</p> | <p><b>Will Childers</b><br/> Hardy<br/> Region 1/3 border</p> <p>Appointed July 2018<br/> 7/1/2017 – 6/30/2020 Vacancy<br/> 7/1/2020 - 6/30/2023<br/> 7/1/2023 - 6/30/2026 Term</p> <p>→Professional</p>      |
| <p><b>Betty Crance</b><br/> Fincastle<br/> Region 3</p> <p>Appointed March 2022<br/> 7/1/2021 – 6/30/2024 Term</p> <p>→ Family Member</p>                                                           | <p><b>David Crews</b><br/> Chatham<br/> Region 3</p> <p>Appointed March 2022<br/> 7/1/2019 – 6/30/2022 Vacancy<br/> 7/1/2022 – 6/30/2025 Term</p> <p>→Healthcare Provider</p>                      | <p><b>Julie C. Allen</b><br/> Springfield<br/> Region 2</p> <p>Appointed July 2018<br/> 7/1/2016 – 6/30/2019 Vacancy<br/> 7/1/2019 – 6/30/2022 Term<br/> 7/1/2022 – 6/30/2025 Term</p> <p>→ Family Member</p> |
| <p><b>Timothy Russell</b><br/> Williamsburg<br/> Region 5</p> <p>Appointed December 2019<br/> 7/1/2018 – 6/30/2021 Vacancy<br/> 7/1/2021 - 6/30/2024</p> <p>→Individual</p>                         | <p><b>Renee F. Valdez</b><br/> Alexandria<br/> Region 2</p> <p>Appointed June 2023<br/> 7/1/2023 – 6/30/2026 Term</p> <p>→Individual</p>                                                           | <p><b>John B. Shepherd</b><br/> Charlottesville<br/> Region 1</p> <p>Appointed June 2023<br/> 7/1/2023 – 6/30/2026 Term</p> <p>→Professional</p>                                                              |

## *The DBHDS Office of Human Rights*

The mission of the DBHDS Office of Human Rights is to promote the basic precepts of human dignity by monitoring provider compliance with the Human Rights Regulations, managing the department's complaint resolution program, and advocating for the rights of individuals with disabilities in our service delivery system. Below is a visual representation of the Human Rights Program within the DBHDS organizational structure.



Title 37.2-400, Code of Virginia is the authority behind the Human Rights Regulations. These Regulations also outline responsibilities of DBHDS and its providers for ensuring the protection of the following “assured rights” of each individual receiving services:

- Retain his legal rights as provided by state and federal law;
- Receive prompt evaluation and treatment or training about which he is informed insofar as he is capable of understanding;
- Be treated with dignity as a human being and be free from abuse and neglect;
- Not be the subject of experimental or investigational research without his prior written and informed consent or that of his legally authorized representative;
- Be afforded the opportunity to have access to consultation with a private physician at his own expense;
- Be treated under the least restrictive conditions consistent with his condition and not be subjected to unnecessary physical restraint or isolation;
- Be allowed to send and receive sealed letter mail;
- Have access to his medical and clinical treatment, training or habilitation records and be assured of their confidentiality;
- Have the right to an impartial review of violations of the rights assured under section 37.2-400 and the right to access legal counsel;
- Be afforded the appropriate opportunities to participate in the development and implementation of his individualized service plan; and
- Be afforded the opportunity to have an individual of his choice notified of his general condition, location, and transfer to another facility.

Established in 1978, the Office of Human Rights (OHR) uniquely fulfills DBHDS' code-mandated duty to protect the rights of individuals receiving services by:

- Providing training and technical assistance to individuals, family members and providers on the HRR and our processes.
- Monitoring on-going compliance at the provider level through policy reviews and on a systems level through initiatives like the Community Look-Behind.
- Conducting independent and joint reviews with internal offices like the DBHDS Office of Licensing and the Office of Integrated Health, as well as external agencies such as Adult Protective Services (APS) and Child Protective Services (CPS) to investigate and examine all conditions or practices that have an impact on an individual's human rights.
- Representing individuals and their representatives who are making a complaint that their human rights have been violated.
- Providing oversight, training and technical assistance to Local and State Human Rights Committees, which are integral to the practical application of due process for individuals.
- Tracking and trending data to determine areas for quality improvement initiatives.

- Reviewing of reports of alleged violations wherein we provide technical assistance directly to stakeholders, make determinations of regulatory compliance, and ensure due process for individuals.

Concurrent to completing activities associated with Virginia Code-mandated duties outlined above, Human Rights Advocates are assigned to each of the 12 DBHDS-operated facilities and mobilized to public and private community programs where high-profile incidents occurred or other trends impacting rights protections are identified. Human Rights Advocates conduct independent reviews and joint investigations with the Office of Licensing, DBHDS-operated facility investigators, Law Enforcement and/or Adult and Child Protective Services, where individuals are determined to be at imminent risk of harm. Human Rights Advocates also provide monitoring and oversight to individuals discharged from the Southeastern Virginia Training Center in response to the United States Department of Justice Settlement Agreement with Virginia and complete onsite reviews of newly licensed DD-Waiver providers to assess compliance with the Home and Community Based Settings (HCBS) Rule.

## *Office of Human Rights Staff*

### *Central Office*

Taneika Goldman, State Human Rights Director  
Jennifer Kovack, Associate Director, Community Operations  
Mary Clair O'Hara, Associate Director, Facility Operations  
Alonzo Riggins, Training & Development Coordinator  
Michelle Lochart, Data Coordination Human Rights Advocate  
Betsy Thompson, TOVA and NRI Data Coordinator  
Delisa Turner, Sr Administrative Support Coordinator  
Franclynn Smith, Administrative Assistant to Operations

### *Region 1*

Cassie Purtlebaugh, Manager  
Lequetta Hayes, DD Human Rights Advocate  
Artea Ambrose, Community Human Rights Advocate  
Heather Hilleary, Community Human Rights Advocate

### *Region 2*

Ann Pascoe, Manager  
Nadya Said, Community Human Rights Advocate  
Diana Atcha, DD Human Rights Advocate

### *Region 3*

Mandy Crowder, Manager  
Hollie Carlisle, Community Human Rights Advocate  
Heather Oakes, DD Human Rights Advocate  
Chelsea Robinette, Community Human Rights Advocate

### *Region 4*

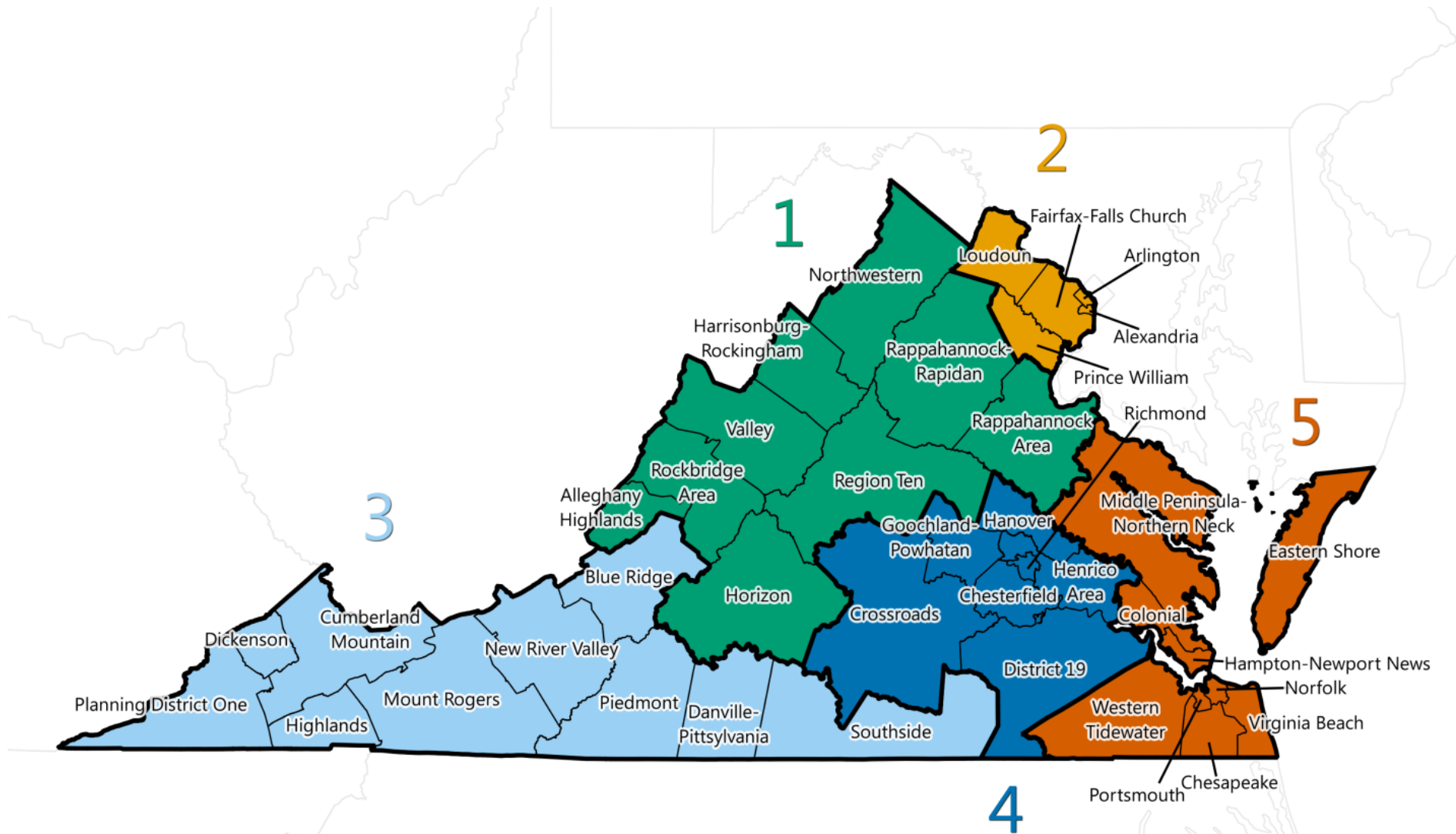
Andrea Milhouse, Manager  
Amaya Henderson, Community Human Rights Advocate  
Cheryl Young, Community Human Rights Advocate  
Bridgette Bland, Community Human Rights Advocate

### *Region 5*

Latoya Wilborne, Manager  
Corie Reed, Community Human Rights Advocate  
Jen Anglin, Community Human Rights Advocate  
Miracle Reed-Thompson, Community Human Rights Advocate

### *Facility Operations*

Brandon Charles, Manager  
Riley Curran, WSH/CCCA  
Tony Davis, CSH/HDMC/VCBP/PGH  
Lashanique Green, ESH/SEVTC  
Madison Miller, NVMHI  
Mykala Sauls, SWVMHI/SVMHI/Catawba



# Office of Human Rights Regions

Virginia Department of Behavioral Health & Developmental Services

### *Significant Office of Human Rights Proactive and Protective Actions in FY 2024*

- Reviewed and approved Human Rights Complaint Resolution Policies for 183 new licensed community providers and conducted an additional 43 onsite reviews to new HCBS waiver providers to ensure compliance with the HRR and HCBS.
- Facilitated 11 statewide training seminars to approximately 1,898 registered licensed provider & DBHDS facility staff participants.
- Provided 56 distinct consultation and targeted technical assistance/training sessions attended by 457 licensed provider and DBHDS-operated facility staff.
- Managed 16 Local Human Rights Committees consisting of 80+ volunteers who facilitated 208 due process reviews to ensure individuals rights related to provider use of restrictive behavioral treatment plans and appointment of surrogate decision makers.
- Reviewed and triaged 703 referrals from the DBHDS Office of Licensing to include Care Concerns and complaints received via their online form. OHR Human Rights Advocates responded to an additional 95 referrals via the DBHDS Office of Constituent Affairs, the Office of the State Inspector General and via the HSW-Alert Process.
- Collaborated with the 120 APS and CPS localities to validate accurate reporting of allegations of abuse and neglect in licensed and operated DBHDS provider settings. Received over 1350 referrals, 394 (29%) were determined to be known by the provider but not reported in CHRIS.
- Completed a total of 431 AIM onsite reviews (assess safety, initiate process, monitor compliance) to ensure the safety of individuals receiving services following substantiated cases of serious abuse involving sexual assault, restraint with serious injury, and physical abuse with injury. 105 of these reviews (29%) occurred in DBHDS-operated facilities.
- Issued a total of 1,879 OHR-Only licensing reports. 1,022 specifically for violations to 12VAC35-115-50(B)(2) – violations related to abuse, neglect and/or exploitation.
- Issued 98 Violation Letters to DBHDS-operated facilities: 92% were identified through the Departmental Instruction 201 Investigation process and resulted from substantiated complaints of abuse, neglect or exploitation.

## *Office of Human Rights Program Highlights*

### *OHR Substantiated Abuse/Neglect Response*

To ensure follow-up on all complaints involving abuse, neglect and/or exploitation that resulted in a violation, OHR continued execution of the A.I.M. Protocol. Human Rights complaints that allege sexual assault, the use of unauthorized restraint with a serious injury, and/or physical abuse with a serious injury are considered “high priority” and require that the Human Rights Advocate respond to A- Assess and assure safety of the identified individual, as well as other individuals receiving services; I- Initiate the DBHDS complaint resolution process, and M- Monitor provider follow-up through verification that the provider investigation has been completed and appropriate corrective action(s) have been implemented. The initial response is referred to as an “AIM24” and must be completed within one business day (although it is typically completed within 24 hours) of OHR receiving the complaint via CHRIS. There is also a follow-up AIM response referred to as an “AIM30” where Human Rights Advocates verify corrective actions for all substantiated complaints involving abuse, neglect and/or exploitation - not just those complaints that were initially deemed to be high priority cases. The AIM30 response involves virtual or on-site interviews with staff who have reportedly been trained or re-trained, observation of any environmental modifications such as room changes or repairs, and other forms of record and documentation reviews. An A.I.M. response is typically completed in person, on-site with the individual and provider. This is how OHR ensures providers are doing what they have attested to having completed in their CHRIS report/Corrective Action Plan and, more importantly, that it has the desired effect of assuring safety for all individuals receiving services in that treatment milieu.

In FY 2024, DBHDS providers (inclusive of licensed private providers, Community Services Boards and DBHDS-operated facilities) reported 7,768 complaints involving abuse, neglect, or exploitation in CHRIS. Of these complaints, 431 (5.5%) were identified as priority and resulted in an initial onsite AIM24 response to ensure the safety of individuals receiving services. Human Rights Advocates also conducted follow-up reviews after complaint substantiation.

### *Coordination with Protective Services*

DBHDS via OHR has a Code of Virginia-mandated responsibility to ensure that individuals who are receiving services from providers licensed, funded, or operated by DBHDS are not abused, neglected, or exploited. A shared protocol between the Virginia Department of Social Services (VDSS), the Virginia Department of Aging and Rehabilitative Services (DARS) and DBHDS governs inter-agency exchange of information and supports the efficient execution of this DBHDS-OHR responsibility. Most allegations of abuse and neglect reported to Adult Protective Services (APS) and Child Protective Services (CPS) involving DBHDS-licensed programs and DBHDS-operated facilities should also be



reported to OHR via CHRIS; however, providers do not always report these occurrences timely or at all. When any of the 120 VDSS localities receives a report that appears to involve a DBHDS affiliated program or service, OHR is to receive a copy of the report. OHR tracks, triages, and trends data from these reports to verify “valid” reports are entered in CHRIS, and when they are not, ensure follow-up directly with the identified providers, offer technical assistance and ensure the complaint investigation and resolution processes have been initiated and are completed. When a violation is identified through this process, citations are issued to licensed community providers and violation letters are issued to DBHDS-operated and funded providers. A “valid” report means 1) the involved services provider is licensed, funded, or operated by DBHDS, 2) the alleged abuser was or is an employee or agent of the services provider at the time of the alleged abuse or neglect, and 3) the alleged victim was or is an individual who was or is receiving the service.

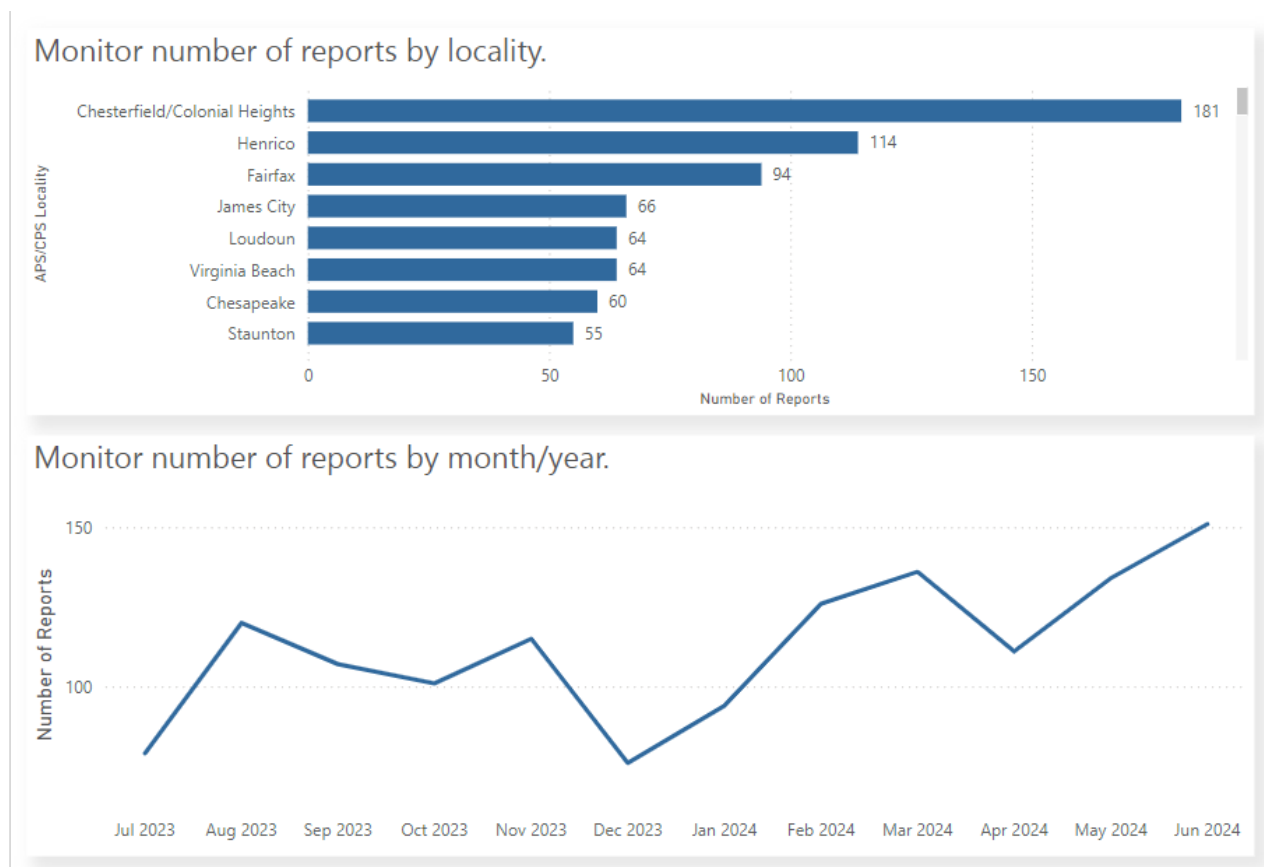


Figure #1: FY 2024 Protective Services Data

The line graph at the bottom of Figure #1 depicts, that on average, the OHR receives over 100 reports per month. The bar graph at the top reflects localities based on the number of referrals received - from the most to the least. In FY 2024, OHR received and reviewed a total of 1,350 APS and CPS reports. Of the total reports received, 1,064 were determined to be “valid” reports that alleged abuse, neglect or exploitation by a licensed community provider or DBHDS-operated facility. Review by the OHR revealed that 391 of these reports were not entered into CHRIS. Additional OHR follow-up

directly with provider staff, as well as involved individuals, determined that 29% of these valid APS and/or CPS reports involved circumstances that were previously made known to the provider staff. This means that the provider/DBHDS-operated facility should have, but did not, appropriately enter the report into CHRIS and they should have, but did not, properly initiate the investigation or complaint resolution process. This is explicitly the reason for this process - to identify unreported potential human rights violations to ensure safety, freedom from abuse/neglect and access to due process for the individuals involved.

### *Tracking Use of Seclusion and Restraint by Licensed Community Providers*

Licensed providers are required by the HRR to submit an annual report of each instance of seclusion or restraint or both for each licensed service by January 15th of each year. Of the 4,500 licensed services delivered by the 2,064 providers in Calendar Year (CY) 2023, OHR received responses for 3,604 services. For each licensed service, providers reported the number of unique instances of physical restraint, mechanical restraint, pharmacological restraint, and seclusion. The number of unique instances, the individuals involved, and the leading reason for the seclusion/restraint is depicted in Figure #2 below. For physical and mechanical restraint, the total number of minutes is also reported.

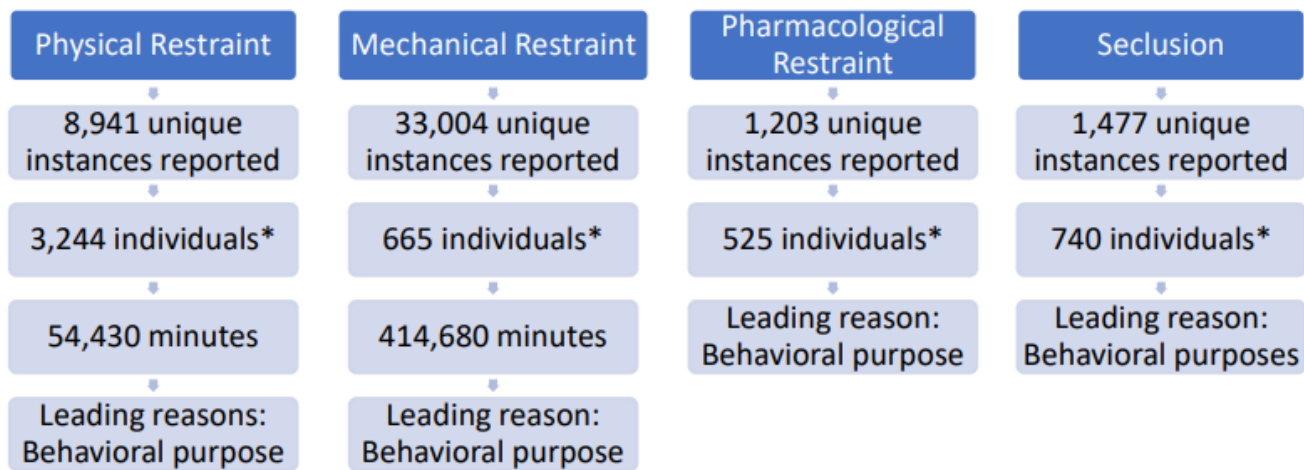


Figure #2: Details about Reported Seclusion and Restraint \*Note: Individuals may be represented multiple times

It is important to acknowledge that the total number of licensed services reporting use of Seclusion and Restraints for CY 2023, represented 8% (308) of all responses. The highest number of individuals were associated with physical restraint. The highest number of instances and minutes reported were associated with mechanical restraints, with a few individuals that accounted for a very high number of minutes for mechanical restraints that were used for safety purposes (e.g., bed rails). Additionally, of the unique instances reported: 20% were Physical, 74% were Mechanical, 3% were Pharmacological, and 3% were Seclusion.

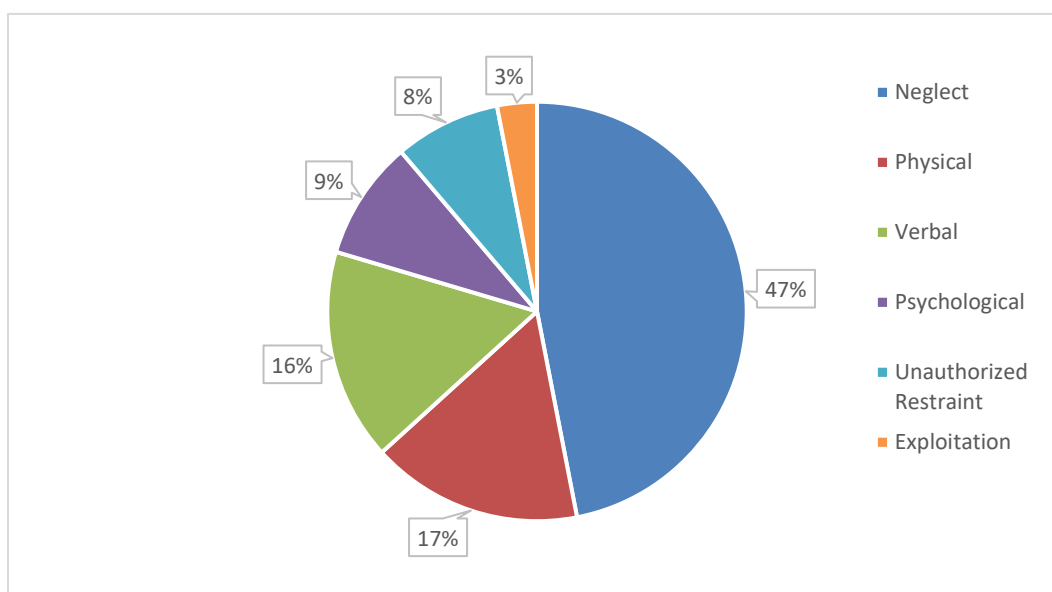
### *Notice of Violation Letters to DBHDS-operated facilities*

Human Rights Advocates assigned to DBHDS-operated facilities monitor implementation of corrective action for all identified human rights violations involving DBHDS-operated facilities. The purpose of the OHR “Notice of Violation Letter” is to document the way DBHDS-operated facilities acknowledge Human Rights violation(s) and identify and implement appropriate action plans in accordance with timelines outlined in the HRR. The work of correcting, mitigating, and preventing abuse/neglect is the responsibility of the DBHDS-operated facility and occurs after the identification of a violation. The assurance of this work is the responsibility of the Human Rights Advocate assigned to the DBHDS-operated facility and is reflected in the substance of the Violation Letter process.

Violation Letters are issued for Human Rights violations identified through the following processes and for the following reasons (including but not limited to):

- DI 201 investigations,
- During routine Human Rights Advocate activities,
- Pursuant to the regulatory oversight and due process responsibility of the LHRC, and
- Identified Trends.

In FY 2024, there were a total of 98 Violation Letters issued across all 12 DBHDS-operated facilities. Most violations (92%) were the result of complaints involving abuse, neglect, or exploitation, and were identified through the DI-201 Investigation process and resulted from substantiated complaints of abuse, neglect, or exploitation (Figure #3). Violation Letters were also issued for noncompliance related to documentation, employee failures (that did not rise to the level of abuse or neglect) related to not following policies and human rights issues identified through Local Human Rights Committee procedures.



*Human Rights Complaint Statistics FY 2024 (July 1, 2023 – June 30, 2024)*

The Human Rights Regulations (HRR) require all providers of mental health (MH), developmental disability (DD) or substance use disorder (SUD) services that are licensed, funded or operated by DBHDS to report complaints to the OHR. A human rights complaint is any allegation of a violation of the HRR or a provider's related policies and procedures. In the following section, complaints that allege a violation other than abuse, neglect and/or exploitation are referred to as "Complaint Reports" while complaints that allege abuse, neglect and/or exploitation are referred to as "Abuse Reports". This is consistent with the way data is reported by licensed providers and DHDS facilities, in the Computerized Human Rights Information System (CHRIS). A Report that resulted in a violation is also referred to as a substantiated complaint.

In FY 2024, DBHDS providers entered 1,943 Complaint Reports with 210 of these complaints (11% of the total), resulting in a violation. When looking at Complaint Reports by service type: 31% occurred in licensed community MH service settings, 27% occurred in DBHDS-operated facilities, 19% occurred in licensed community DD service settings, and 5% occurred in licensed community SUD service settings. Of these Complaint Reports, 210 (11% of the total), resulted in a human rights violation. The largest classification of violation of individuals' rights identified through Complaint Reports was to 12VAC35-115-50(A)-Dignity, which accounted for 59% of all substantiated Complaint Reports.

In FY 2024 DBHDS providers entered 7,768 Abuse Reports. When looking at Abuse Reports by service type: 49% occurred in licensed community MH service settings, 39% occurred in licensed community DD service settings, 6% occurred in DBHDS-operated facilities, 4% occurred in licensed community SUD service settings, and less than 1% occurred in services identified for individuals with a brain injury. Of these Abuse Reports, 1,467 (19%) resulted in a violation of abuse, neglect and/or exploitation. The most prevalent type of violation identified was Neglect, which is inclusive of the subcategories in CHRIS such as *peer-to-peer aggression*, *medication-related* and *missing*, accounting for 71% of all substantiated Abuse Reports. Of the 9,711 total complaints (Complaint Reports and Abuse Reports combined), individuals escalated 27 complaints to the Local and State Human Rights Committees.

More details about Complaint and Abuse Reports involving licensed community programs (Figure #4) and DBHDS facilities (Figure #5) are below. Note that each report represents one individual receiving services but there is not a 1:1 correlation between individuals receiving services and violations. This is because it is possible more than one type of abuse to occur within one incident.

| FY 2024 Human Rights Complaint Data Reported by Community Providers         |     |                                            |       |
|-----------------------------------------------------------------------------|-----|--------------------------------------------|-------|
| Total Number of Complaint Reports                                           |     |                                            | 1,077 |
| Total Number of Complaint Reports that resulted in a human rights violation |     |                                            | 131   |
| Total Number of Abuse Reports                                               |     |                                            | 7,244 |
| Total Number of Abuse Reports that resulted in a human rights violation     |     |                                            | 1,373 |
| Substantiated Abuse Reports by Type                                         |     | Exploitation                               | 64    |
| Physical Abuse                                                              | 129 | Neglect                                    | 915   |
| Verbal Abuse                                                                | 110 | Neglect (Peer-to-Peer)                     | 108   |
| Sexual Abuse                                                                | 11  | Unauthorized use of Seclusion or Restraint | 71    |
| Resolution Levels for All Reports                                           |     |                                            |       |
| Local Human Rights Committee                                                | 11  | State Human Rights Committee               | 4     |

Figure #4: FY 2024 Human Rights Complaint Data Reported by Community Providers

| FY 2024 Human Rights Complaint Data Reported by DBHDS Hospitals and Centers |    |                                            |     |
|-----------------------------------------------------------------------------|----|--------------------------------------------|-----|
| Total Number of Complaint Reports                                           |    |                                            | 866 |
| Total Number of Complaint Reports that resulted in a human rights violation |    |                                            | 79  |
| Total Number of Abuse Reports                                               |    |                                            | 524 |
| Total Number of Abuse Reports that resulted in a human rights violation     |    |                                            | 94  |
| Substantiated Abuse Reports by Type                                         |    | Exploitation                               | 4   |
| Physical Abuse                                                              | 18 | Neglect                                    | 41  |
| Verbal Abuse                                                                | 15 | Neglect (Peer-to-Peer)                     | 6   |
| Sexual Abuse                                                                | 0  | Unauthorized use of Seclusion or Restraint | 9   |
| Resolution Levels for All Reports                                           |    |                                            |     |
|                                                                             |    | State Human Rights Committee               | 1   |
| Local Human Rights Committee                                                | 9  | SHRC Appeals Subcommittee*                 | 2   |

Figure #5: FY 2024 Human Rights Complaint Data Reported by DBHDS Hospitals and Centers

\*In FY 2024, there were 2 complaints reviewed by the SHRC Appeals Subcommittee, based on a variance allowing alternative procedures for addressing complaints by individuals in maximum security at Central State Hospital and residents of VCBR, when the individual/resident is not satisfied with the director's response.

### Conclusion

The OHR is optimistic about the future of rights protections and is sustained by the commitment of courageous and compassionate staff and volunteers. The OHR would like to acknowledge and thank

the 90+ citizen volunteers serving on each of the 16 LHRCs and the SHRC for their diligent effort in both the support of individuals receiving services, and the DBHDS Human Rights program overall.