



Virginia Department of Behavioral Health  
and Developmental Services

STATE HUMAN RIGHTS COMMITTEE  
2024 Annual Report

Presented to the DBHDS State Board  
December 10, 2025

## Introduction

This annual report provides an overview of efforts to uphold the human rights of individuals receiving services, as well as the vital role played by Virginia’s dedicated volunteers in safeguarding those rights. It highlights the key initiatives and achievements of the State Human Rights Committee (SHRC) and the Office of Human Rights (OHR) throughout Calendar Year 2024, in alignment with the responsibilities outlined in the Human Rights Regulations (HRR) governing providers licensed, funded, or operated by the Department of Behavioral Health and Developmental Services (DBHDS). Additionally, the report includes data from state Fiscal Year 2025 (July 1, 2024 – June 30, 2025) concerning reported human rights violations, submitted to the OHR through the department’s online system, CHRIS (Computerized Human Rights Information System).

In 2024, the SHRC held nine public business meetings to monitor and support the DBHDS human rights system. The Committee prioritized visibility and accessibility by hosting meetings at DBHDS-operated facilities, Community Services Boards, and licensed provider sites across Virginia. These visits included tours of licensed services settings, town hall-style sessions with individuals receiving services, including with patients on the maximum-security units at Central State Hospital and provider roundtables attended by more than 30 different licensed provider representatives from all five DBHDS regions. The SHRC reviewed and acted on four provider variance requests, including the decision not to renew a variance that allowed Western State Hospital to screen patient mail due to insufficient supporting data. The Committee also monitored seclusion and restraint practices, reviewed complaint trends, and requested direct updates from authorities on matters of concern. For example, in response to public comments and complaints that alleged fraud and abuse by transportation providers, the Committee requested a presentation from Ann Bevan, Director of High Needs Supports at the Virginia Department of Medical Assistance Services (DMAS) pertaining to their information management system and how they utilize software to monitor transportation provider performance measures.

The Committee received presentations and reports from subject matter experts on key initiatives to support its oversight and advisory responsibilities, including psychiatric hospital reform, forensic services, patient transition barriers, and proposed regulatory revisions as highlighted below:

- DBHDS Chief Deputy Commissioner, Braden Curtis provided an overview of the Department of Justice (DOJ) Settlement Agreement, Governor Youngkin’s *Right Help Right Now* plan, 2024 General assembly legislative update, and summary of Commissioner Smith’s priority initiatives.
- Angela Harvell, Deputy Commissioner, Facility Services Division, presented a response to *Virginia’s State Psychiatric Hospitals* report issued in December 2023 by the Joint Legislative Audit & Review Commission (JLARC).

- Dev Nair, Assistant Commissioner, Division of Provider Management and Curt Gleeson, Assistant Commissioner, Crisis Services updated the Committee regarding changes to regulations to support the build out of new crisis services designed to provide individuals in crisis with access to the appropriate level of care when they need it, where they need it.
- Richard Wright, DBHDS Forensics Coordinator, provided legal and clinical context on competency restoration and the Not Guilty by Reason of Insanity (NGRI) plea processes.
- Suzanne Mayo, Assistant Commissioner, and Heather Rupe, MA, Director of Patient Transition Services, discussed the “Extraordinary Barriers List,” highlighting systemic challenges in patient discharge timelines in contrast to departmental housing and treatment initiatives.
- Ruth Anne Walker, Director, Office of Regulatory Affairs and State Board Liaison, delivered a high-level review of proposed revisions to the Human Rights Regulations.
- Gail Paysour, DBHDS Alternative Transportation Coordinator, and Ricky Frye, Project Manager at Allied Universal, presented information on the DBHDS “all-acuity patient transport” pilot program, which included a hands-on tour of a transport vehicle.
- The disAbility Law Center presented findings from its *2023 Survey on the Human Rights Process at DBHDS Licensed and Operated Providers*.
- Teresa Smith, Healthcare Compliance Manager, Office of the State Inspector General, presented an outline of the agency’s oversight responsibilities and its relationship with DBHDS-operated and licensed providers.

#### *2024 SHRC Work Plan Objectives: Summary of progress towards goals*

1. Monitor the implementation of the Human Rights Regulations (HRR):
  - Appointed 28 LHRC members; reviewed 13 LHRC fact-finding decisions upon appeal; decided on four different requests for variances to 11 sections of the HRR and submitted an Annual Report to the DBHDS State Board.
  - Considered reports on aggregated data and information related to seclusion, restraint, abuse, neglect, and other human rights complaints involving DBHDS-operated and licensed services at scheduled meetings.
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 Commissioner Smith concerning time-limited exemptions, based on the need to protect individuals receiving services, employees, or the public.

- Facilitated a “Max 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.
  - In response to repeat complaints, the SHRC requested and received a presentation from the Facility Director and the assigned Human Rights Advocate regarding the cloud-based resident communication system. Following the review, changes were implemented to improve responsiveness, including the identification of additional staff to address medical communications more effectively.
3. Enhance communication with Local Human Rights Committees (LHRC):
- 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 Office of Human Rights (OHR).
  - Developed “Presentation Library” on the LHRC tab of the OHR webpage to provide LHRC members with access to the information received by the SHRC.
4. Promote treatment without coercion:
- Reviewed data concerning instances of seclusion/restraint and reduction efforts at DBHDS-operated facilities.
  - Requested and received 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:
- Facilitated appropriate involvement of duly appointed substitute decisionmakers for individuals lacking capacity during the appeal process.
  - Collaborated with the OHR to pilot use of resource materials for service providers, emphasizing the principle of *Dignity of Risk*—recognizing the right of individuals to make choices that involve risk as an essential part of autonomy and self-determination.
6. Monitor increased issues with opioid addiction and continued interest in substance use disorders:
- Engaged with DBHDS through presentations on Crisis Services initiatives.
  - Tracked emerging concerns and sustained interest in addressing substance use disorders.
7. Administrative effectiveness:
- Leveraged work of several subcommittees including *Rights and Resources* and *Policy Subcommittee* to accomplish goals and develop outputs.

- Conducted persistent inquiry and advocacy with the DBHDS Financial Services Manager to address unintentionally punitive state travel reimbursement policies affecting volunteers.
- Gained foundational knowledge of public records access, disclosure requirements, and legal responsibilities to support transparency and compliance in public service through training on the Freedom of Information Act (FOIA) facilitated by the Office of the Attorney General.

#### *Calendar Year 2024 SHRC Meeting Dates and Locations*

- January 18th – Virginia Treatment Center for Children, Richmond
- March 7th – Western State Hospital (WSH), Staunton
- April 11th – Southwestern Virginia Mental Health Institute (SWVMHI), Marion
- May 16th – Youth For Tomorrow, Bristow
- June 27th – National Counseling Group, Belle Haven
- August 15th – Virginia Beach Psychiatric Center, Virginia Beach
- September 26th – Loudoun County Community Services Board, Sterling
- October 31st – HumanKind, Lynchburg
- December 12th – DBHDS Central Office, Richmond

#### *State Human Rights Committee Members*

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

David brings more than four decades of experience in behavioral health, corrections administration, and ethical practice to his role on the SHRC. He retired from the Virginia Department of Corrections after 32 years of service in administrative roles, including Warden, and previously spent 12 years with the Department of Behavioral Health, where he served as a Unit Director. A Licensed Clinical Social Worker and Certified Sex Offender Treatment Provider, David is recognized professionally for his work in sex offender treatment, domestic violence intervention, school threat assessments, and crisis response. His clinical and administrative expertise has made him a sought-after presenter on social work ethics, and he has conducted numerous workshops across the Commonwealth. David served on the Virginia Board of Social Work, where he helped shape policy and uphold standards of professional practice. His deep knowledge of treatment protocols within the Department of Corrections informs his current service on the SHRC subcommittee tasked with reviewing complaints appealed under variances approved for Central State Hospital (CSH) and the Virginia Center for Behavioral Rehabilitation (VCBR). Appointed to the SHRC in July 2018, David serves in the role of Professional and was reappointed to his second term in July 2021. He resides in Marion, Virginia, where his lifelong commitment to justice, ethics, and mental health continues to benefit the community.

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

Monica is a seasoned mental health professional with extensive experience in clinical services, program development, and human rights advocacy. She currently serves as a Mental Health Consultant and Behavioral Health Technician at Lucas Concepts & Consulting and Serenity Counseling Services of Virginia. As Co-Owner of Serenity Counseling Services of VA, Monica oversees a range of behavioral health programs including Intensive In-Home Services, Mental Health Skill Building, and Residential Crisis Stabilization. Her entrepreneurial leadership also includes co-founding Rion's Hope, LLC, and Seventeen Twenty-Five, Inc., which operate adolescent group homes offering residential and mental health services. Monica has served on numerous LHRCs, including Tuckahoe, Central Area, New Creation, Goochland-Powhatan, Metropolitan, Henrico, and Chesterfield, often in the role of Chair. Appointed to the SHRC in July 2018, Monica serves as a Healthcare Provider and was reappointed to a second term in July 2021. She resides in Richmond, Virginia, where her dedication to ethical care and regulatory excellence continues to make a meaningful impact.

### **Will Childers**

With over 35 years of dedicated service, Will has built a career centered on supporting adults with developmental disabilities, mental health conditions, and physical challenges. He has held key leadership roles, including Program Coordinator at Blue Ridge Behavioral Healthcare in Roanoke and Associate Director for Developmental Disabilities at HopeTree Family Services in Salem, Virginia. Throughout his career, Will has coordinated residential, in-home, and independent living services for individuals with intellectual and developmental disabilities. He also served as an investigator for allegations of human rights violations, working closely with Human Rights Advocates and staff from the Virginia Department of Behavioral Health and Developmental Services (DBHDS). Will volunteers regularly with hospice and palliative care patients as an End-of-Life Doula, advocates for children through the Court Appointed Special Advocates (CASA) program and contributes to his community as a certified Master Gardener. Will previously served on the Roanoke-Catawba LHRC for seven years in multiple capacities. Currently, Will serves as a Professional member of the SHRC first appointed in July 2018 to complete a vacant term. He was appointed to his first full term in July 2020 and reappointed to a second full term in July 2023. Will resides in Hardy, Virginia.

### **Betty Crance**

Betty Crance brings decades of experience and deep personal commitment to the field of developmental disabilities. She holds a bachelor's degree in Criminal Justice from Radford University and a master's degree in Counseling from Virginia Polytechnic Institute and State University (VPI & SU). Betty retired as the Intellectual Disabilities Director of Alleghany Highlands Community Services, where she led programs

supporting individuals with developmental disabilities. In 2011, she founded Commonwealth Lifespan Services, a private provider offering DD services in the Highlands region, further expanding her impact on the community. Her advocacy is shaped by both professional expertise and personal insight. Betty served on the Roanoke Valley LHRC and later chaired the Roanoke-Catawba LHRC, demonstrating her leadership and dedication to ethical care. Betty is passionate about being a voice for those who cannot speak for themselves. She currently serves as a Family Member on the SHRC appointed in March 2022 to her first term and is currently serving in her second Term. Betty resides in Fincastle, Virginia.

### **David Crews**

David has over two decades of experience in youth services, behavioral health, and human rights advocacy. He holds bachelor's degrees in Criminal Justice and Sociology and is a Qualified Mental Health Professional for Children (QMHP-C), with hands-on experience in intensive in-home services and therapeutic day treatment environments. Until stepping into a new role at DBHDS in May 2024, David served as the Administrative Director and Risk Manager at The Madeline Centre in Lynchburg, Virginia. His leadership there was marked by a steadfast commitment to policy, procedure, and ensuring that individuals in care do not “fall between the cracks.” David's deep familiarity with the DBHDS system of service delivery and rights protections informs his advocacy and oversight work. His career reflects a consistent dedication to ethical care and the well-being of vulnerable youth. Appointed to his first full term on the SHRC in July 2022, David served as a Healthcare Provider representative. He resides in Chatham, Virginia, where his commitment to service continues to make a meaningful impact.

### **Timothy Russell**

Tim brings a unique and vital perspective to the SHRC, shaped by both professional service and personal experience. He currently serves as Director of Space Planning at William & Mary, where he applies strategic insight to campus development and operations. Earlier in his career, Tim worked as a Transitional Living Counselor at ValuMark West End Behavioral Health Care, supporting individuals in their journey toward independence and stability. His commitment to human rights advocacy is reflected in his service on multiple LHRCs, including as a member of the Newport News Regional LHRC and as Chair of the Williamsburg Regional LHRC. Tim previously completed two full terms on the SHRC before taking the required year-long hiatus. He returned to the committee in July 2019 to fill a vacant term and was reappointed to a full term in July 2021. As an individual who has received services, Tim passionately represents the voice of lived experience, advocating for dignity, inclusion, and accountability in behavioral health and developmental services. Tim resides in Williamsburg, Virginia.

### **Renee F. Valdez**

Renee has over four decades of experience in behavioral health, advocacy, and community support. She holds a Bachelor's degree in Psychology and a Master's degree in Community Counseling, and has worked in diverse roles since 1985, beginning her career in addictions, detoxification, and counseling. Renee later served as an Independent Consultant in Workforce Training and Development with American Systems, Inc., where she focused on strengthening organizational capacity and human services delivery. Her professional journey also includes extensive work with at-risk youth, HIV/AIDS prevention, long-term care, and post-secondary education—underscoring her broad impact across health and social service sectors. Renee is a former member and Vice Chairperson of the Northern Virginia Regional LHRC, where she championed dignity in care and human rights protection. Appointed in July 2023, Renee currently serves as an Individual on the Committee. She resides in Alexandria, Virginia.

### **John B. Shepherd**

John brings a unique combination of human services experience and regulatory expertise to his role in advocacy. He holds a Bachelor's degree in Religious Studies and a Master's degree in Education, grounding his work in both ethical care and educational leadership. John previously served Albemarle County as an Adult Protective Service Worker with the Department of Social Services, supporting vulnerable adults through direct intervention and care coordination. He later transitioned to the Community Development Department, where he worked as a Planner and Zoning Official, gaining extensive experience in interpreting and applying local regulations. John serves on the Albemarle County Board of Zoning Appeals, contributing his deep understanding of policy and community planning. His commitment to youth and family services is reflected in his past board service with Children, Youth and Family Services Inc. and the Oakland School. John is a former member and Chairperson of the Region Ten LHRC and also served on the Charlottesville LHRC, where he championed the protection of individual rights in behavioral health and developmental services. Appointed in July 2023, John now serves in the role of a Professional on the SHRC. He resides in Charlottesville, Virginia.

### **Christopher Olivo**

Chris brings a unique blend of analytical insight, educational leadership, and personal advocacy to his service on the Committee. He holds bachelor's degrees in Mathematics and Fine Arts, along with a master's degree in Secondary Education from the College of William and Mary. A dedicated high school math teacher, he has taught AP Statistics for over two decades and describes himself as a voracious consumer of data—skilled in discerning meaningful patterns from random variation, a strength that adds valuable perspective to the

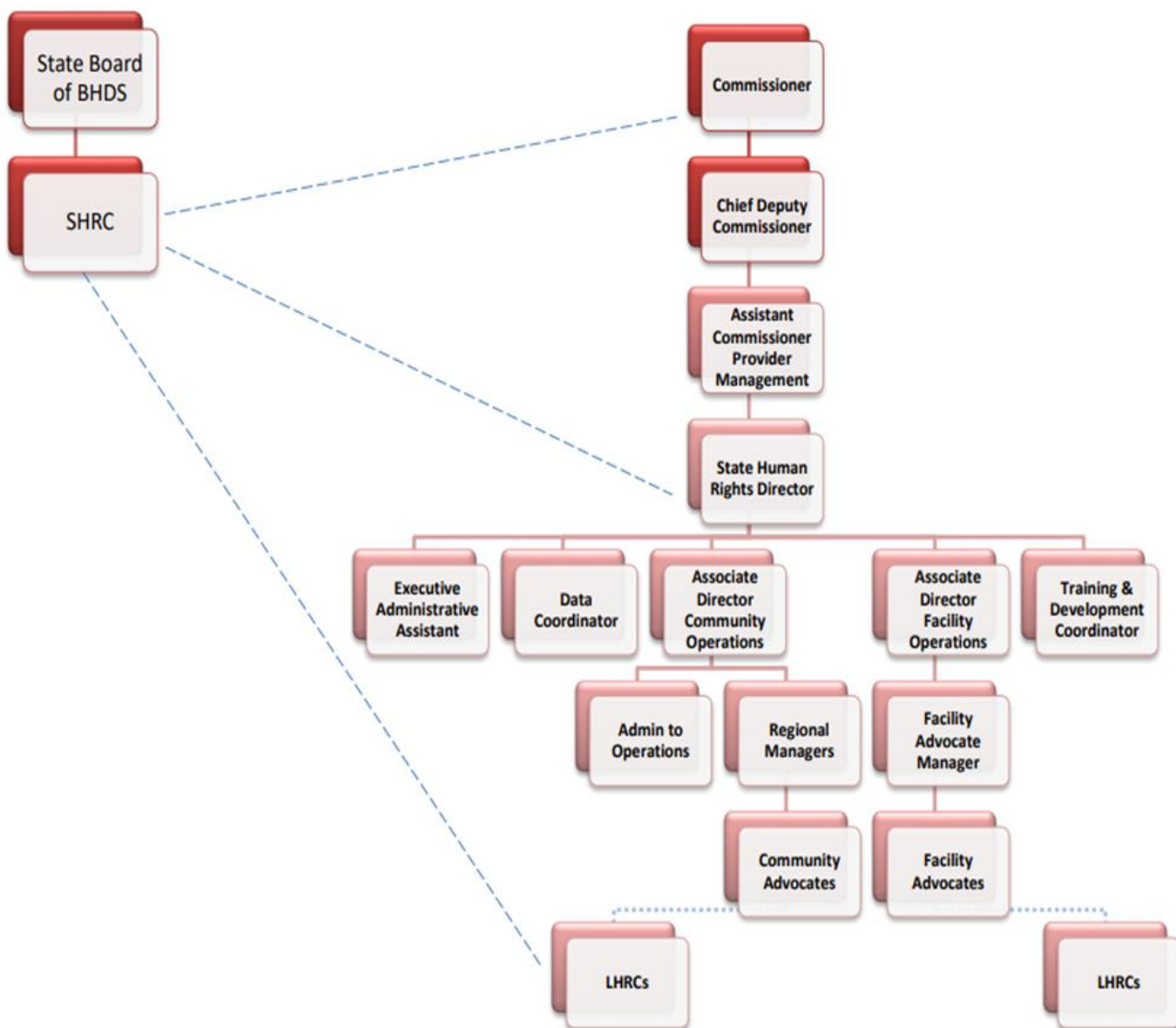


Committee. From July 2020 to June 2024, Chris served on the DBHDS State Board, where he developed a deep understanding of systems-level issues and initiatives within Virginia’s behavioral health and developmental services framework. As the parent of a teenaged son with developmental disabilities and physical health conditions, Chris brings firsthand experience with the waiver system and the ongoing challenge of advocating for a meaningful, inclusive lifestyle. His commitment to ensuring that society’s most vulnerable members are valued and included is both personal and profound. He was appointed in August 2024 to serve in his first term as a Family Member on the Committee. Chris resides in Yorktown, Virginia.

*State Human Rights Committee Membership Information*

<b>Chair</b> <b>David Boehm</b> Marion Region 3, far southwest  Appointed June 2018 7/1/2018 - 6/30/2021 Term 1 7/1/2021 - 6/30/2024 Term 2  → Professional	<b>Vice-Chair</b> <b>Monica Lucas</b> Richmond Region 4  Appointed June 2018 7/1/2018 – 6/30/2021 Term 1 7/1/2021 - 6/30/2024 Term 2  →Healthcare Provider	<b>Will Childers</b> Hardy Region 1/3 border  Appointed July 2018 7/1/2017 – 6/30/2020 Vacancy 7/1/2020 - 6/30/2023 Term 1 7/1/2023 - 6/30/2026 Term 2  →Professional
<b>Betty Crance</b> Fincastle Region 3  Appointed March 2022 7/1/2021 – 6/30/2024 Term 1 7/1/2024-6/30/2027 Term 2  → Family Member	<b>David Crews</b> Chatham Region 3  Appointed March 2022 7/1/2019 – 6/30/2022 Vacancy 7/1/2022 – 6/30/2025 Term 1  →Healthcare Provider	<b>Timothy Russell</b> Williamsburg Region 5  Appointed December 2019 7/1/2018 – 6/30/2021 Vacancy 7/1/2021 - 6/30/2024 Term 1  →Individual
<b>Renee F. Valdez</b> Alexandria Region 2  Appointed June 2023 7/1/2023 – 6/30/2026 Term 1  →Individual	<b>John B. Shepherd</b> Charlottesville Region 1  Appointed June 2023 7/1/2023 – 6/30/2026 Term 1  →Professional	<b>Christopher Olivo</b> Yorktown Region 5  Appointed August 2024 7/1/2024 – 6/30/2027 Term 1  →Family Member

The DBHDS Office of Human Rights is committed to upholding human dignity by ensuring provider adherence to Human Rights Regulations, overseeing the department's complaint resolution process, and championing the rights of individuals with disabilities across the service delivery system. The following visual illustrates how the Human Rights Program fits within the DBHDS organizational framework.



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 legal rights as provided by state and federal law;
- Receive prompt evaluation and treatment or training in a way they can understand;
- 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 their prior written and informed consent or that of a legally authorized representative;
- Be afforded the opportunity to have access to consultation with a private physician at their own expense;
- Be treated under the least restrictive conditions consistent with their condition and not be subjected to unnecessary physical restraint or isolation;
- Be allowed to send and receive sealed letter mail;
- Have access to their 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;
- Have appropriate opportunities to participate in the development and implementation of their individualized service plan; and
- Be afforded the opportunity to have a person of their choice notified of their general condition, location, and transfer to another facility.

Since its establishment in 1978, the Office of Human Rights (OHR) has played a vital role in fulfilling DBHDS’ statutory obligation to safeguard the rights of individuals receiving services. OHR carries out this mission through a range of responsibilities, including:

- Delivering training and technical support to individuals, families, and providers on the Human Rights Regulations (HRR) and related procedures.
- Ensuring ongoing provider compliance through policy reviews and broader system-level initiatives such as the Community Look-Behind.
- Advocating on behalf of individuals and their representatives when complaints of human rights violations are reported.
- Supporting Local and State Human Rights Committees by offering oversight, training, and technical assistance, thereby reinforcing due process protections and ensuring procedural fairness in complaint resolution.

- Analyzing data trends to identify opportunities for quality improvement across the DBHDS services delivery system.
- Reviewing reports of alleged violations, providing direct technical guidance to stakeholders, assessing regulatory compliance, and ensuring individuals receive sound therapeutic treatment.

In addition to fulfilling Virginia Code-mandated responsibilities, particularly the Human Rights Complaint process, which involves extensive initiation, monitoring, review, and corrective action oversight—Human Rights Advocates (HRAs) are embedded across the Commonwealth to ensure the protection of individual rights. Each of the 12 DBHDS-operated facilities is assigned a dedicated HRA, and advocates are also deployed to public and private licensed community programs in response to high-profile incidents or emerging trends that may impact rights protections. HRAs serve as a vital safeguard for individuals and families, creating a trusted space where concerns are heard and needs are addressed; often in ways that would not occur without their involvement. They dedicate countless hours to meeting with individuals and guardians, ensuring every voice is acknowledged and respected. Key contributions of Human Rights Advocates include:

- **Safety Assurance:** Responding to allegations of serious abuse or injury by ensuring the safety of the individual and the broader treatment environment.
- **Verification of Provider Corrective Actions:** Confirming the implementation of appropriate, effective and timely corrective actions for each substantiated violation of the Human Rights Regulations (HRR).
- **Specialized Referrals:** Coordinating with internal DBHDS offices such as the Office of Integrated Health (OIH), Community Resource Consultants (CRC), Constituent Affairs, and Pharmacy Services for complex or specialized issues.
- **DBHDS-Operated Facility Response:** Providing unique, on-the-ground presence in DBHDS-operated facilities. Consulting with treatment teams, participating in abuse/neglect (DI-201) reviews, and offering insight that is rights related and independent of the facility.
- **Waiver Validation:** Conducting onsite reviews of newly licensed Developmental Disability (DD) Waiver providers to assess compliance with the federal Home and Community-Based Services (HCBS) Rule.
- **Investigations and Reviews:** Leading independent and joint investigations with the Office of Licensing, DBHDS-operated facility investigators, law enforcement, and Adult or Child Protective Services when individuals are at imminent risk of harm. Even when APS declines to investigate due to a change in service location, OHR remains engaged to ensure provider's accountability and future safety.
- **Enhanced Monitoring:** Performing compliance and enhanced monitoring visits that may not be reflected in standard data reporting but are critical to maintaining rights protections and service quality.

Through these efforts, Human Rights Advocates not only enforce regulatory compliance, but they also embody the Department's commitment to dignity, safety, and justice for every individual served.

*Significant Office of Human Rights Proactive and Protective Actions in FY 2025*

- Completed 1,332 onsite AIM visits (Assess safety, Initiate process, Monitor compliance) to ensure the safety of individuals in licensed community providers and DBHDS-operated facilities following reports of serious abuse involving alleged sexual assault, and restraint or physical abuse with a serious injury.
- Received over 3,800 referrals from multiple sources including the DBHDS Office of Constituent Affairs, the Office of the State Inspector General, DBHDS Office of Licensing, Adult and Child Protective Services and via the HSW-Alert Process.
- Triaged 1,931 referrals from the DBHDS Office of Licensing with 23 percent (455) coming directly from the Incident Management Unit (IMU) and the rest categorized as general licensing complaints with a human rights implication.
- Triaged 1,674 referrals from local Adult and Child Protective Services. Of these 78 percent (1,292) were determined to be “valid” reports that alleged abuse, neglect or exploitation by a licensed community provider or DBHDS-operated facility. Review and additional follow up by OHR revealed that 31 percent of these reports were not appropriately entered in CHRIS.
- Issued 1,899 citations for human rights violations to licensed providers, and 150 violation letters guiding corrective actions in DBHDS-operated facilities.
- Reviewed and approved Human Rights Complaint Resolution Policies for 214 new licensed community providers and conducted an additional 42 onsite reviews including *new* HCBS waiver providers to ensure compliance with the HRR and HCBS Settings Rule.
- Facilitated 35 statewide live-virtual and in person training seminars for approximately 4,362 registered licensed providers and DBHDS-operated facility staff participants.
- Provided 51 distinct consultations and targeted technical assistance/training sessions attended by 344 licensed providers and DBHDS-operated facility staff.
- Managed 16 Local Human Rights Committees consisting of 80+ volunteers who facilitated 207 due process reviews to ensure individuals rights protections related to provider use of restrictive behavioral treatment plans and appointment of surrogate decision makers.

## *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, NRI Data Coordinator  
Delisa Turner, Sr Administrative Support Coordinator  
Franclynn Smith, Administrative Assistant to Operations

### *Community Operations Team:*

#### *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*

Diana Atcha, Manager  
Nadya Said, Community Human Rights Advocate  
Rachel Saunders, DD Human Rights Advocate

#### *Region 3*

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

#### *Region 4*

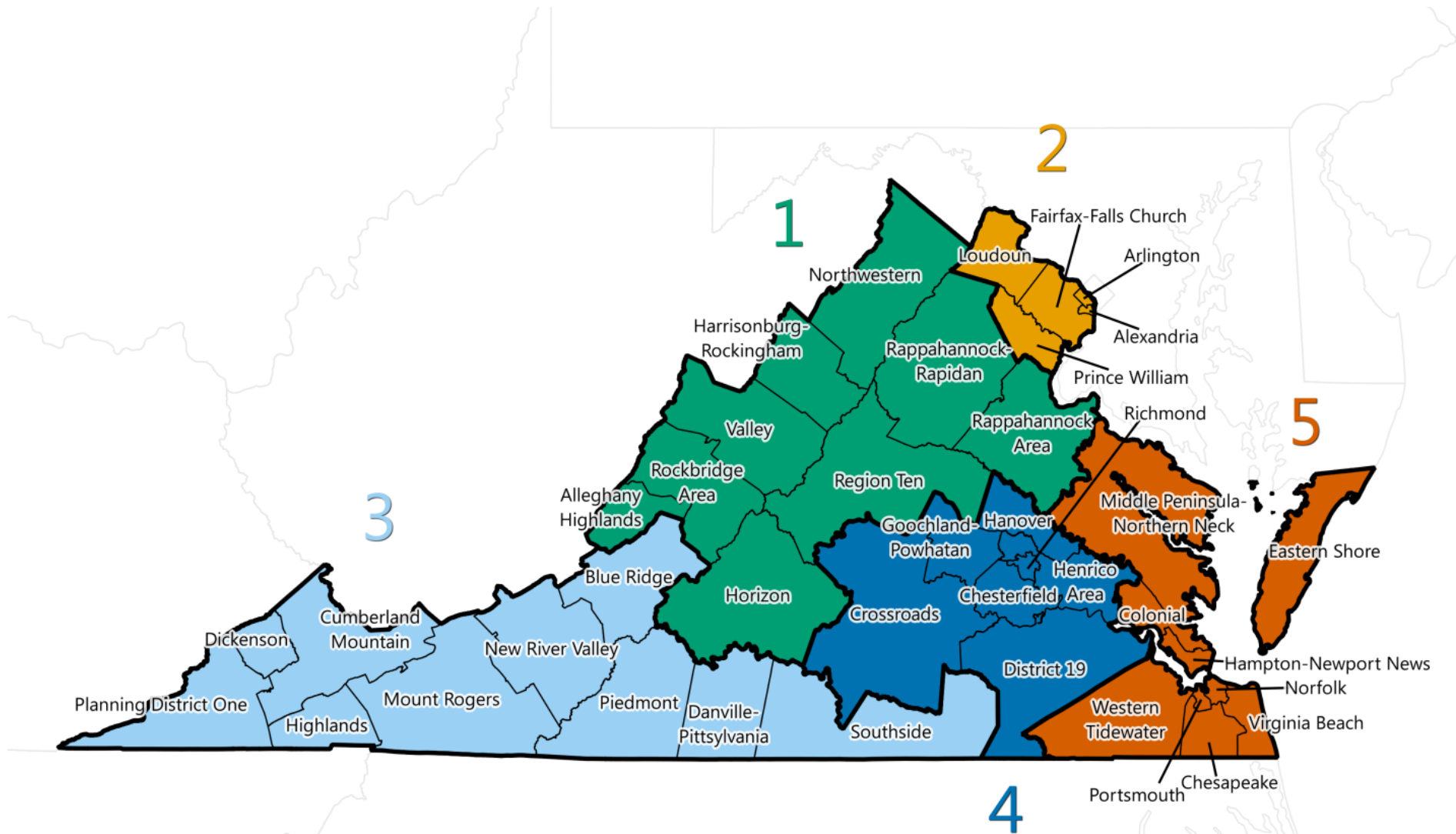
Andrea Milhouse, Manager  
Amaya Henderson, Community Human Rights Advocate  
Cheryl Young, Community Human Rights Advocate  
Bridgette Bland, Community Human Rights Advocate

#### *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 Team*

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



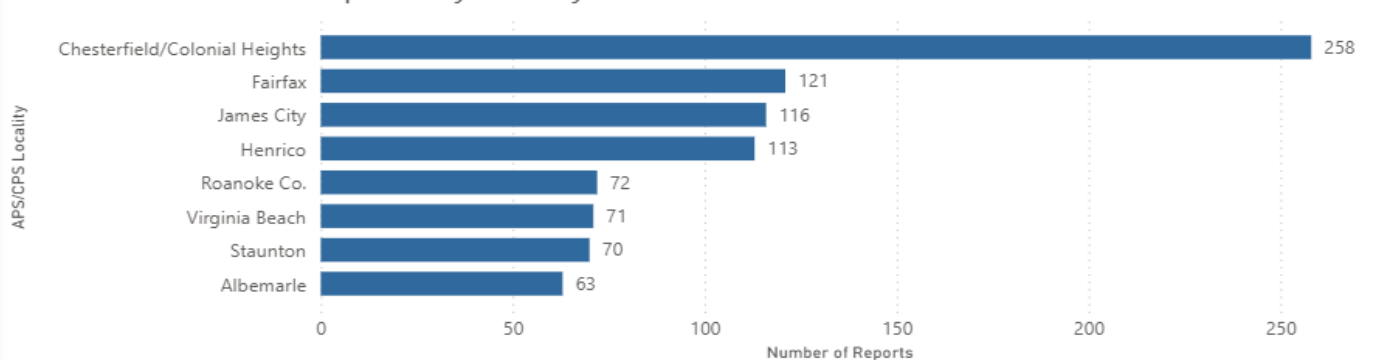
# Office of Human Rights Regions

Virginia Department of Behavioral Health & Developmental Services

### *Interagency Oversight of Abuse and Neglect Allegations in DBHDS-Affiliated Services*

The Office of Human Rights (OHR), under DBHDS, is legally mandated to protect individuals receiving services from licensed, funded, or operated providers against abuse, neglect, and exploitation. A collaborative protocol between DBHDS, the Virginia Department of Social Services (VDSS), and the Department of Aging and Rehabilitative Services (DARS) facilitates the exchange of information to support this responsibility. Allegations reported to Adult Protective Services (APS) or Child Protective Services (CPS) involving DBHDS-affiliated programs must also be submitted to OHR via CHRIS, though providers sometimes fail to report timely or at all. When local VDSS offices receive such reports, they are required to forward them to OHR. OHR then verifies the validity of each report, ensures proper documentation in CHRIS, follows up with providers, offers technical assistance, and oversees the investigation and resolution process. Confirmed violations result in citations or formal letters, depending on the provider type. A report is considered valid if it involves a DBHDS-affiliated provider, an employee or agent as the alleged abuser, and a service recipient as the alleged victim.

Monitor number of reports by locality.



Monitor number of reports by month/year.



*Figure #1: Summary Data of Reports Received From Protective Services in FY2025*

The line graph at the bottom of Figure #1 shows the OHR receives an average of 140 reports per month. The bar graph at the top shows the top eight reporting protective service offices (of 120 protective services localities state-wide) based on the number of referrals received - from the most to the least. In FY 2025, OHR received



and reviewed a total of 1,654 APS and CPS reports. Of the total reports received, 78 percent (1,292) 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 477 of these reports were not entered into CHRIS. Additional OHR follow-up directly with provider staff, as well as involved individuals, determined that 31 percent of these (148) valid APS and/or CPS reports were not appropriately reported in CHRIS. This means the licensed provider or DBHDS-operated facility did not properly initiate the investigation or complaint resolution. 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. Providers that have not reported alleged abuse or neglect are contacted by the advocate with directions to enter the alleged incident in CHRIS and complete an investigation. Providers also receive a citation for not reporting and are required to submit a corrective action plan.

#### *Seclusion and Restraint Reporting Summary – Calendar Year 2024*

In accordance with the HRR, licensed providers must submit annual reports detailing instances of seclusion and restraint by January 15 each year. For Calendar Year 2024, DBHDS received responses for 3,525 of the 5,021 licensed services, resulting in a 70 percent response rate. Of the responses received, nine percent (333 services) reported the use of seclusion and/or restraint. Licensed providers reported unique instances across four categories: physical restraint (32 percent), mechanical restraint (59 percent), pharmacological restraint (3 percent), and seclusion (6 percent). Mechanical restraint accounted for the highest number of instances and total minutes, while physical restraint involved the greatest number of individuals. This data informs ongoing efforts by the DBHDS Office of Human Rights to monitor and reduce inappropriate use of seclusion and restraint. Moreover, Senate Bill 569 mandated the formation of a work group to propose new regulations promoting evidence-based, recovery-oriented practices and alternative behavior management strategies. DBHDS is required to submit its findings and recommendations to the General Assembly by November 1, 2025.

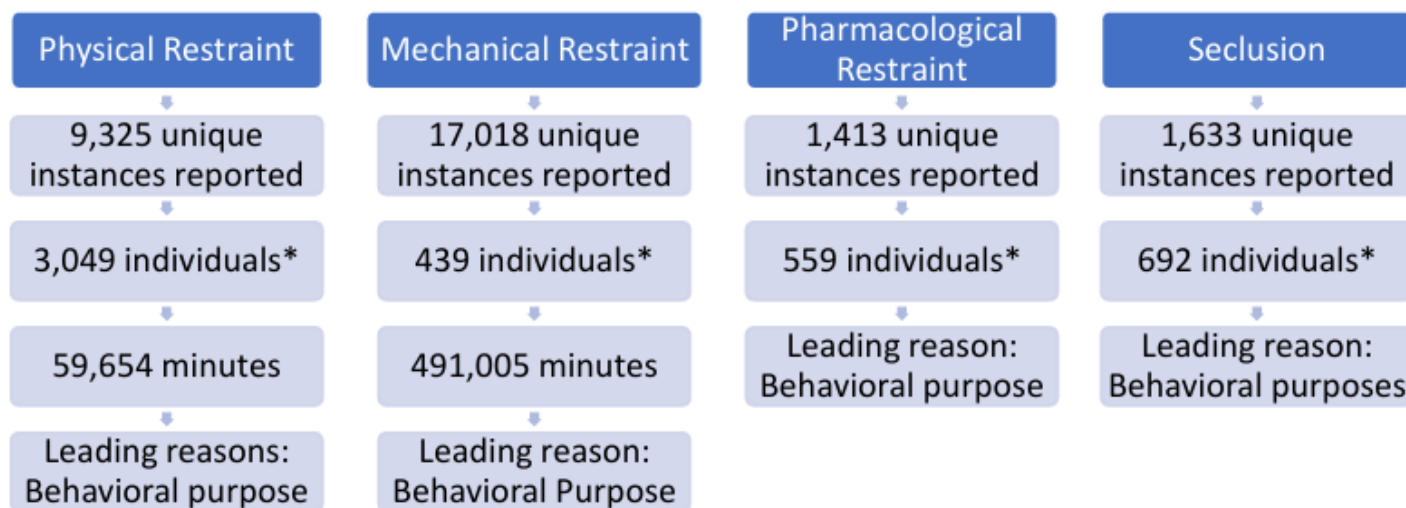


Figure #2: Reported Seclusion and Restraint Data CY2024 \*Note: Individuals may be represented multiple times

### Violation Letter Oversight and Accountability – DBHDS-Operated Facilities

Human Rights Advocates assigned to DBHDS-operated facilities are responsible for monitoring the implementation of corrective actions following identified human rights violations. OHR issues “Notice of Violation Letters” to formally document violations, acknowledge facility accountability, and ensure timely development and execution of corrective action plans in accordance with HRR. The responsibility for correcting, mitigating, and preventing abuse or neglect lies with the DBHDS-operated facility, while assurance of compliance is overseen by the assigned Human Rights Advocate. Violation Letters are issued for a range of reasons, including but not limited to:

- DI 201 Investigations: Substantiated abuse, neglect or exploitation
- Documentation Failures: Missing CHRIS entries, incomplete EHR notes, or absent consent forms.
- Environmental Modifications: Issues related to the physical environment.
- Training Deficiencies: Gaps in required human rights, behavioral intervention, or investigation training.
- Capacity Evaluation Errors: Missing or improperly completed assessments.
- Policy and Procedure Violations: Late reporting, missing OHR posters, failure to follow complaint protocols, or substantiated human rights complaints (not involving abuse, neglect or exploitation)
- Violations identified through LHRC and/or SHRC reviews, fact-finding hearings or appeals.

In FY2025 OHR issued 150 Violation Letters across the 12 DBHDS-operated facilities, marking an increase from 98 letters in FY2024. Of these, 88 percent (132) were the result of DI 201 investigations, confirming substantiated violations of abuse, neglect, or exploitation of a patient. Each letter directed and verified corrective actions to address identified violations and reinforce accountability within the system.

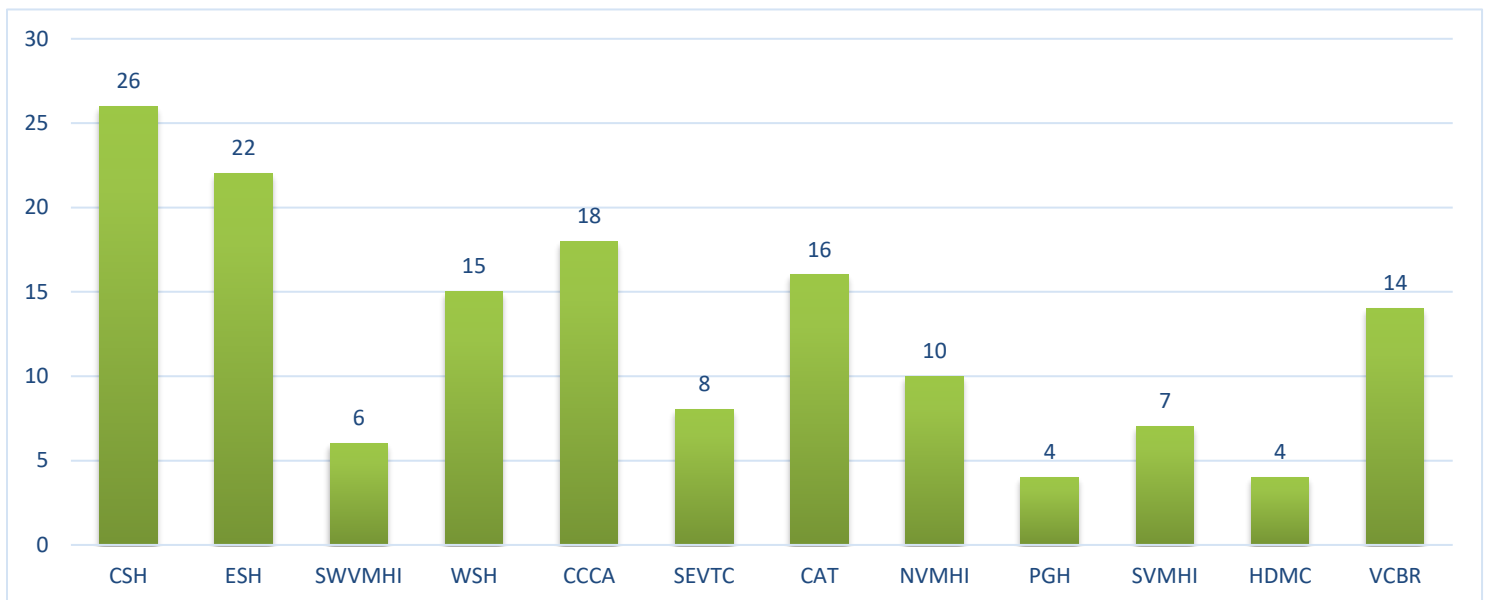
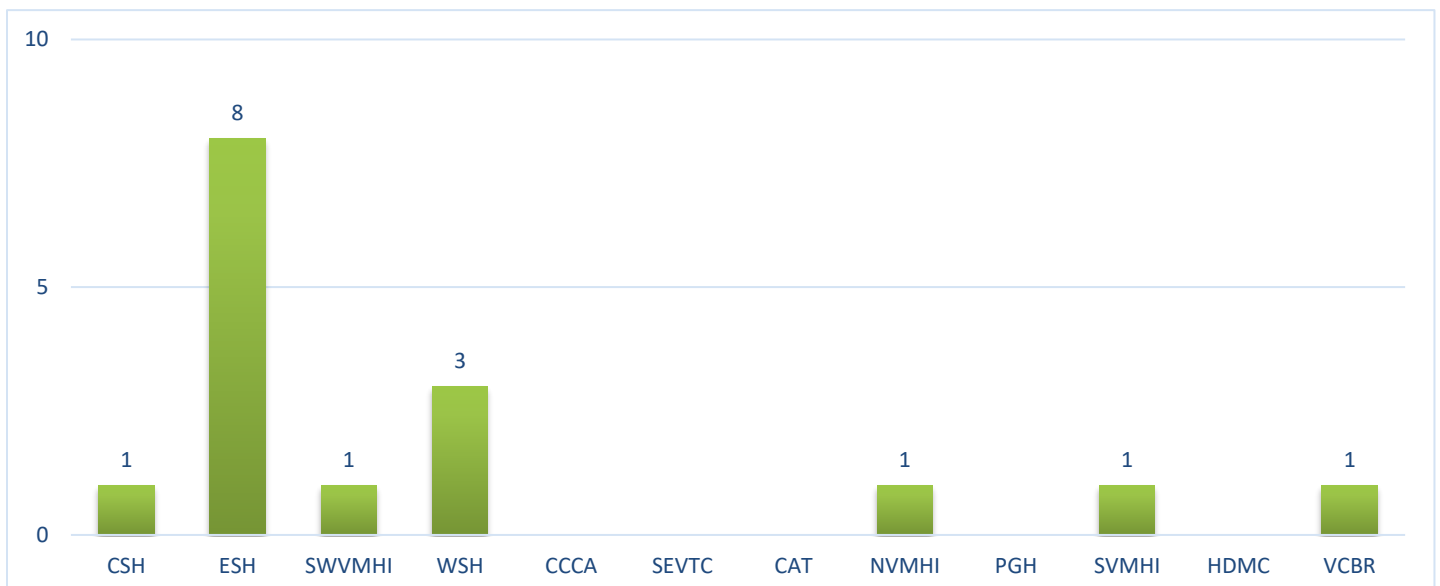


Figure #3 Breakdown of Violation Letters Issued by DBHDS-operated Facility in FY2025

Ultimately, all corrective action plans were implemented and verified; however, there were 16 corrective action plans received late (See Figure #4). Anecdotally, lateness was usually due to forgetfulness or administrative burdens, and one-third (five) of these corrective action plans were received within less than a week of the due date. LHRC Business violations took the longest to correct on average (over 3 months late), though that is based on a single instance at Northern Virginia Mental Health Institute (NVMHI) who also had the longest delay at 101 days. DI 201 violations were the most consistently late, appearing across five facilities, with Southern Virginia Mental Health Institute, (SVMHI) at 23 days late and Western State Hospital (WSH) at 22 days late, showing the longest delays. Eastern State Hospital (ESH) had many DI 201 corrective action plans submitted late but shorter average delays (~8 days), suggesting quicker correction despite frequent lateness.



Other violation types were resolved more quickly when late, typically within a week.

*Figure #4 Corrective Action Plans Received Late from DBHDS-operated Facilities in FY2025*

*IMU Referral Outcomes and Abuse Reporting*

The Office of Human Rights (OHR) collaborates with the Office of Licensing Incident Management Unit (IMU) to review referrals involving suspicious injuries that may indicate potential abuse, neglect, or exploitation. These referrals are flagged during Serious Incident Report (SIR) reviews when injuries appear inconsistent with explanations, lack logical cause, occur in unusual locations, or result in serious harm despite risk mitigation supports. OHR's follow-up process emphasizes a balanced and informed approach. It acknowledges that incidents—including accidents—can happen, and that providers are expected to document, review, and assess patterns. Root Cause Analyses (RCAs) are required by the Office of Licensing for serious incidents, and OHR encourages providers to use RCA findings to prevent future harm. When following up, OHR determines reportability based on the SIR and any additional information provided by the provider. If an incident is deemed reportable, the provider is advised to submit an Abuse report in CHRIS, and OHR documents the rationale in the CHRIS entry. If not reportable, the conversation concludes without further action. This process is intended to be a thoughtful review that supports provider accountability and protects individuals receiving services through informed and respectful engagement. During FY2025, a total of 455 referrals were reviewed. Of these, 28 percent (126 referrals) met the criteria for submission to the OHR in CHRIS as abuse reports. Among those reportable incidents, 26 percent (33 incidents) resulted in confirmed human rights violations. These findings underscore the importance of thorough review and follow-up to ensure appropriate reporting and protection of individuals receiving services.

*Community Look-Behind Review Outcomes*

The Community Look-Behind (CLB) is a remote review process led by the OHR to evaluate abuse and neglect investigations among individuals receiving Developmental Disability (DD) services in licensed community provider settings. In FY2025, Regional Human Rights Managers reviewed 300 closed Abuse reports entered in CHRIS, assessing provider compliance with three key outcomes. Outcome 1: timely and impartial investigations within 10 working days, Outcome 2: investigations conducted by trained personnel, and Outcome 3: verification of corrective actions for substantiated reports. The goal, or threshold for the outcome to be considered performing well is 86 percent. While the trained investigator metric saw a notable improvement to 93% in FY2025 Q3, it has been consistently below the threshold. Root causes identified include lack of awareness, staff turnover, and documentation gaps, prompting expanded training, clearer communication, and targeted interventions through the Quality Improvement Initiative (QII) launched in April 2025.

Additional data from FY2024 Q4 revealed that while providers generally include involved staff in investigations (87 percent), they often fail to engage all involved individuals, with 55 percent of cases lacking their direct input. This insight has informed development of a new web-based training module focused on interviewing techniques, especially for individuals with communication challenges. To strengthen accountability and individual involvement, the team also started developing a Key Performance Area–Performance Measure Indicator (KPA-PMI) centered on Choice and Self-Determination, evaluating whether individuals and their authorized representatives are notified of investigation outcomes.

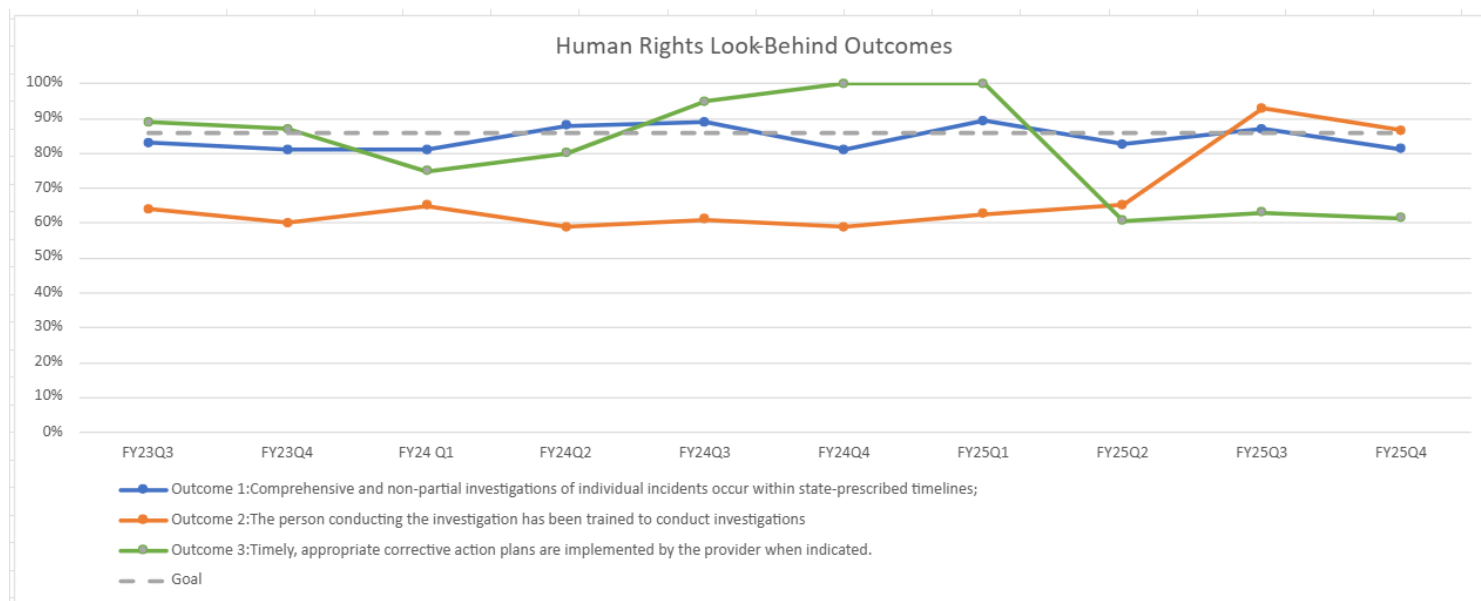


Figure #5 CLB Key Outcome Measures performance data FY2023 through FY2025.

#### Human Rights Complaint Statistics FY 2025 (July 1, 2024 – June 30, 2025)

The Human Rights Regulations (HRR) require all providers licensed, funded, or operated by DBHDS to report and investigate alleged human rights violations. Allegations of abuse, neglect, or exploitation are entered as “abuse reports,” while all other assured-rights allegations are entered as human rights “complaints.” Reports resulting in a confirmed violation are referred to as “substantiated.” Of all abuse reports submitted, 26 percent (1,907) were substantiated, indicating abuse, neglect, or exploitation of an individual receiving services. Of these, 58 percent occurred in licensed community developmental disability service settings, 22 percent in licensed community mental health, 11 percent in licensed substance use disorder services, 8 percent in DBHDS-operated facilities, and less than 1 percent in licensed brain injury services. Neglect was the most common type of substantiated abuse report, accounting for 72 percent.

Of all human rights complaints (reports that did not involve alleged abuse, neglect or exploitation), 10 percent (219) were substantiated. Fifty percent of substantiated human rights complaints occurred in DBHDS-operated

facilities, 25 percent in licensed community mental health services settings, 19 percent in licensed developmental disability services settings, and six percent in licensed substance use disorder services settings. The most common violation, representing 63 percent of all substantiated complaints involved “dignity rights”. For example, the right to fully exercise their legal, civil, and human rights; services tailored to unique needs and preferences, ensuring a person-centered approach; and protection, respect, and support in asserting and upholding the rights assured by the HRR. “Other” represents reports of abuse that alleged a violation of abuse, neglect and/or exploitation but upon investigation, another type of human rights violation (that is not abuse, neglect or exploitation) was identified.

Of the 9,682 total reports (abuse and human rights complaints), 99 percent (9,591) were resolved at the Director level with 35 having been appealed to the Local Human Rights Committee, and another 13 escalated to the State Human Rights Committee for final determination. LHRC appeals involved complaints initially unresolved at six of the 12 state-operated facilities, four of the 40 Community Services Boards/Behavioral Health Authorities and eight different licensed providers.

More details about Abuse and Complaint Reports involving licensed community programs (Figure #4) and DBHDS-operated 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 that more than one type of abuse to occur within one incident. Also note that in FY2025, there were two complaints involving DBHDS-operated facilities reviewed by the SHRC Max Appeals Subcommittee\*, based on a variance allowing alternative procedures for addressing complaints by individuals in maximum security at Central State Hospital (CSH) and residents of Virginia Center for Behavioral Rehabilitation (VCBR), when the individual/resident is not satisfied with the director’s response. The number of complaints submitted for appeal through this process increased from two to 43. Of these, 14 were reviewed in FY2025. The subcommittee disagreed with the Facility Directors decision in two cases and identified violations of Dignity:12VAC35-115-50(A) and Services:12VAC35-115-60(B)(2).

Human Rights Report Data - Licensed Community Providers			
Total Number of Complaint Reports			1,331
Total Number of Complaint Reports that resulted in a human rights violation			110
Total Number of Abuse Reports			6,864
Total Number of Abuse Reports that resulted in a human rights violation			1,744
Substantiated Abuse Reports by Type:			
Physical Abuse	130	Neglect	1211
Verbal Abuse	94	Neglect (Peer-to-Peer)	93
Sexual Abuse	10	Unauthorized Restraint	57
Psychological Abuse	40	Unauthorized Seclusion	7
Other	47	Exploitation	55
Resolution Levels for All Reports Above Provider Director			
Director	8,167	State Human Rights Committee	10
Local Human Rights Committee	18		

Figure #4: FY 2025 Human Rights Complaint Data Reported by Licensed Community Providers in CHRIS

Human Rights Report Data - DBHDS Hospitals and Centers			
Total Number of Complaint Reports			907
Total Number of Complaint Reports that resulted in a human rights violation			109
Total Number of Abuse Reports			580
Total Number of Abuse Reports that resulted in a human rights violation			163
Substantiated Abuse Reports by Type:			
Physical Abuse	22	Neglect	60
Verbal Abuse	31	Neglect (Peer-to-Peer)	11
Sexual Abuse	4	Unauthorized Restraint	6
Psychological Abuse	18	Unauthorized Seclusion	1
Other	3	Exploitation	7
Resolution Levels for All Reports			
Director	1,424	State Human Rights Committee	3
Local Human Rights Committee	17	SHRC Max Appeals Subcommittee*	43

Figure #5: FY 2025 Human Rights Complaint Data Reported by DBHDS-Operated Facilities in CHRIS

### Conclusion

The State Human Rights Committee remains optimistic about the future of rights protections across Virginia's behavioral health and developmental services system. This optimism is grounded in the unwavering dedication of courageous and compassionate staff and volunteers who champion the dignity and well-being of individuals receiving services. OHR extends its sincere appreciation to the more than 90 citizen volunteers serving on the 16 LHRCs and the SHRC. Their diligent efforts continue to strengthen the DBHDS Human Rights program and ensure that the voices of individuals are heard, respected, and protected.