

State Human Rights Committee
2008 Annual Report
On the Status of the
DMHMRSAS Human Rights System

Approved by the SHRC on July 5, 2009

Presented to the
State Mental Health, Mental Retardation and Substance Abuse Services Board
September 2009

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Message from the SHRC Chair and the Director of Human Rights

This annual report presents the activities and achievements of the State Human Rights Committee (SHRC) and the Office of Human Rights (OHR) in 2008 in accordance with our duties and responsibilities under the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services*. It is our hope that this report enlightens 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 these rights.

The State Human Rights Committee continued its long-standing practice of conducting its meetings at community programs and state facilities across the Commonwealth. This practice is extremely important to our consumers, families, volunteers, staff, SHRC members and the Office of Human Rights staff. It provided first-hand knowledge and familiarity with services that are available and provided in a variety of settings. We held meetings at three state facilities, two private locations, and four Community Services Boards/Behavioral Health Authorities. These meetings provided opportunities for the SHRC to receive feedback from consumers about quality of care, meet our service providers, visit community-based programs and share points of view about human rights issues. Consumers, staff, and family members also shared their experiences and ideas as to how the SHRC could improve the effectiveness and efficiency of services delivered in facility and community settings.

A critical function of the SHRC is to serve as the final step in the complaint resolution process. In 2008, approximately **5970** allegations of abuse or neglect (over 50% of the allegations of abuse/neglect were acts of peer on peer aggression) and **2809** human rights complaints were managed through the statewide human rights system and all but seven of those were resolved at the provider level. The SHRC heard four of those complaints on appeal. If responsiveness to consumer complaints is an indicator of system success, then the fact that over 99.999% of complaints are resolved at the lowest level indicates a highly effective system of dispute resolution. The SHRC commends the consumers, providers, advocates and family members who worked together to resolve these issues.

During the past year the SHRC continued its efforts to increase monitoring of the human rights system through the development of goals and objectives that address specific areas of concern. The committee engaged in dialogue with staff regarding the committee's concern about the quality of treatment and limitations the system imposes upon consumers including delay in discharge and smoking policies. This dialogue was further informed by the outstanding annual reports each region prepared and presented to the committee throughout the year. The committee also was enlightened by the presentations of experts such as James Stewart, DMHMRSAS Inspector General, Julie Stanley, Director, Community Integration for People with Disabilities, and Ray Ratke, DMHMRSAS Deputy Commissioner on issues related to our goals. More details about our goals, objectives and activities can be found beginning on page 13 of this report.

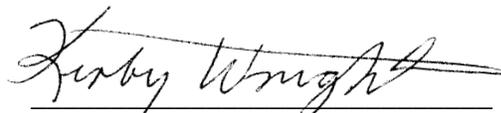
Increasing communication to local committees is also accomplished through the publishing of the SHRC newsletter Human Writes. Editors Davey Zellmer and Joseph Lynch successfully

published three volumes of Human Writes in 2008. Copies of those editions can be found in the appendix of this report.

In June of 2008, the Piedmont Geriatric Hospital (PGH) agreed to become the first local human rights committee for the Virginia Center for Behavioral Rehabilitation (VCBR). Since the opening of VCBR in 2003, the SHRC had served as the oversight committee for VCBR based on an exemption to the regulations. In 2008, VCBR successfully transitioned its complaint process to become in full compliance with the regulations. This transition includes an affiliation with a local human rights committee. PGH LHRC expanded its coverage to include this new provider and in doing so has begun the process of becoming the local committee with expertise in the treatment and services of the sexually violent predator population. The SHRC commends the PGH LHRC for taking on this new role.

At times the SHRC is involved in what are considered high profile cases, cases that attract the attention of media and outside advocacy organizations. One such case was heard on appeal by the SHRC in 2008. The case involved an appeal of a complaint against Western State Hospital regarding an individual who was alleged to have been in seclusion since the early 1990s. The complaint also involved issues regarding access to Spanish speaking staff and resources and the families request for the individual to be moved closer to his home. The SHRC continues to monitor the progress in this case and commends all parties for their work toward a positive and successful solution to the challenges this case presents.

We extend our sincere gratitude to the Office of Human Rights staff and our volunteers who serve on Local Human Rights Committees and the State Human Rights Committee for their tremendous effort in support of the human rights program. We are proud of this year's accomplishments and look forward to the future with confidence that with our dedicated staff, loyal volunteers and the support of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, we will succeed in making this program the best possible.



Mr. Kirby Wright., Chair
State Human Rights Committee

Margaret Walsh, Director
Office of Human Rights

Overview

The Department's Office of Human Rights, established in 1978, has as its basis the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services*. The Regulations outline the Department's responsibility for assuring the protection of the rights of consumers in facilities and programs operated, funded and licensed by DMHMRSAS.

Title 37.2-400, Code of Virginia (1950), as amended, and the Office of Human Rights assure that each consumer has the right to:

- 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 mental records and be assured of their confidentiality;
- Have the right to an impartial review of violations of the rights assured under section 37.1-84.1 and the right to access legal counsel; and
- Be afforded the appropriate opportunities... to participate in the development and implementation of his individualized service plan.

The State Human Rights Committee's function is to monitor and make suggestions regarding the protection of the legal and human rights of consumers who receive services in programs or facilities operated, funded or licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services, and to ensure that services are provided in a manner compatible with human dignity and under the least restrictive conditions consistent with the consumer's needs and available services. The SHRC has the responsibility of monitoring and evaluating the implementation and enforcement of the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services* promulgated pursuant to §37.2-400 of the Code of Virginia, as amended.

The State Human Rights Committee (SHRC)

- ◆ The SHRC consists of nine members appointed by the State Mental Health, Mental Retardation and Substance Abuse Services Board (hereinafter the Board).

- a. Members shall be broadly representative of professional and consumer interests and of geographic areas of the Commonwealth. At least two members shall be individuals who are receiving services or have received within five years of their initial appointment public or private mental health, mental retardation, or substance abuse treatment or habilitation services. At least one-third shall be consumers or family members of similar individuals.
- b. At least one member shall be a health care professional.
- c. Members cannot be an employee or Board member of the Department or a Community Services Board.
- d. If there is a vacancy, interim appointments may be made for the remainder of the unexpired term.
- e. A person may be appointed for no more than two consecutive terms. A person appointed to fill a vacancy may serve out that term, and then be eligible for two additional consecutive terms.

Duties and Responsibilities:

- ◆ Elect a chair from its own members who shall:
 - a. Coordinate the activities of the SHRC;
 - b. Preside at regular meetings, hearings and appeals; and
 - c. Have direct access to the Commissioner and the Board in carrying out these duties.
- ◆ Upon request of the Commissioner, Human Rights Advocate, provider, Director, an individual or individuals receiving services, or on its own initiative, the SHRC may review any existing or proposed policies, procedures, or practices that could jeopardize the rights of one or more individuals receiving services from any provider. In conducting this review, the SHRC may consult with any Human Rights Advocate, employee of the Director, or anyone else. After this review, the SHRC shall make recommendations to the Director or Commissioner concerning changes in these policies, procedures, and practices.
- ◆ Determine the appropriate number and geographical boundaries of LHRCs and consolidate LHRCs serving only one provider into regional LHRCs whenever consolidation would assure greater protection of rights under the regulations.
- ◆ Appoint members of LHRCs with the advice of and consultation with the Commissioner and the State Human Rights Director.
- ◆ Advise and consult with the Commissioner in the employment of the State Human Rights Director and Human Rights Advocates.
- ◆ Conduct at least eight regular meetings per year.
- ◆ Review decisions of LHRCs and, if appropriate, hold hearings and make recommendations to the Commissioner, the Board, and providers' governing bodies regarding alleged violations of individuals' rights according to the procedures specified in the regulations.

- ◆ Provide oversight and assistance to LHRCs in the performance of their duties hereunder, including the development of guidance documents such as sample bylaws, affiliation agreements, and minutes.
- ◆ Review denials of LHRC affiliations.
- ◆ Notify the Commissioner and the State Human Rights Director whenever it determines that its recommendations in a particular case are of general interest and applicability to providers, Human Rights Advocates or LHRCs and assure the availability of the opinion or report to providers, Human Rights Advocates, and LHRCs as appropriate. No document made available shall identify the name of individuals or employees in a particular case.
- ◆ Grant or deny variances according to the procedures specified in Part V (12 VAC 35-115-220) of the regulations and review active variances at least once every year.
- ◆ Make recommendations to the Board concerning proposed revisions to the regulations.
- ◆ Make recommendations to the Commissioner concerning revisions to any existing or proposed laws, regulations, policies, procedures, and practices to ensure the protection of individuals' rights.
- ◆ Review the scope and content of training programs designed by the department to promote responsible performance of the duties assigned under the regulations by providers, employees, Human Rights Advocates, and LHRC members, and, where appropriate, make recommendations to the Commissioner.
- ◆ Evaluate the implementation of the regulations and make any necessary and appropriate recommendations to the Board, the Commissioner, and the State Human Rights Director concerning interpretation and enforcement of the regulations.
- ◆ Submit a report on its activities to the Board each year.
- ◆ Adopt written bylaws that address procedures for conducting business; making membership recommendations to the Board; electing a chair, vice chair, secretary and other officers; appointing members of LHRCs; designating standing committees and their responsibilities; establishing ad hoc committees; and setting the frequency of meetings.
- ◆ Review and approve the bylaws of LHRCs.
- ◆ Publish an annual report of the status of human rights in the mental health, mental retardation, and substance abuse treatment and services in Virginia and make recommendations for improvement.
- ◆ Require members to recuse themselves from all cases where they have a financial, family or other conflict of interest.
- ◆ Perform any other duties required under the regulations.

Mission Statement

The Office of Human Rights assists the Department in fulfilling its legislative mandate under §37.2-400 of the Code of Virginia to assure and protect the legal and human rights of individuals receiving services in facilities or programs operated, licensed or funded by the Department.

The mission of the Office of Human Rights is to monitor compliance with the human rights regulations by promoting the basic precepts of human dignity, advocating for the rights of persons with disabilities in our service delivery systems, and managing the DMHMRSAS Human Rights dispute resolution program.

Structure

The Office of Human Rights is located within the Department of Mental Health, Mental Retardation and Substance Abuse Services and is supervised by the State Human Rights Director. The State Human Rights Director oversees statewide human rights activities and provides guidance and direction to human rights staff.

The **State Human Rights Committee** consists of nine volunteers, who are broadly representative of various professional and consumer groups, and geographic areas of the State. Appointed by the State Board, the SHRC acts as an independent body to oversee the implementation of the human rights program. Its duties include to: receive, coordinate and make recommendations for revisions to regulations; review the scope and content of training programs; monitor and evaluate the implementation and enforcement of the regulations; hear and render decisions on appeals from complaints heard but not resolved at the LHRC level; review and approve requests for variances to the regulations; review and approve LHRC bylaws, and; appoint LHRC members.

The **Local Human Rights Committees** are committees of community volunteers who are broadly representative of various professional and consumer interests. LHRCs play a vital role in the Department's human rights program, serving as an external component of the human rights system. LHRCs review consumer complaints not resolved at the program level; review and make recommendations concerning variances to the regulations; review program policies, procedures and practices and make recommendations for change; conduct investigations; and review restrictive programming.

Advocates represent consumers whose rights are alleged to have been violated and perform other duties for the purpose of preventing rights violations. Each state facility has at least one advocate assigned. Advocates who serve state facilities and regional advocates are assigned to community public and private programs. The Commissioner in consultation with the State Human Rights Director appoints advocates. Their duties include investigating complaints, examining conditions that impact consumer rights and monitoring compliance with the human rights regulations.

State Human Rights Committee Members

Mr. Kirby Wright Chairperson

Mr. Wright is Director of Negril Inc., Group Home in Danville, Virginia, and is a former member and Chair of the Southern Virginia Mental Health Institute Local Human Rights Committee. He was a positive driving force of the local committee and has been an active and respected member of the state committee. Mr. Wright resides in Danville.

Ms. Christina Delzingaro Vice Chair

Ms. Delzingaro is Director of Career Development and Support Services with Goodwill Industries, serving Central Virginia and Hampton Roads. She is the former Personnel and Quality Assurance Coordinator for Central Virginia Community Services Board in Lynchburg, Virginia, and a former Executive Director of the ARC of the Piedmont in Charlottesville, Virginia. She has served on the Western State Hospital Local Human Rights Committee as a consumer representative. Ms. Delzingaro resides in Richmond.

Dr. Angela Brosnan

Dr. Angela S. Brosnan, Psychiatrist. Dr. Brosnan was appointed on March 15, 2002. Dr. Brosnan was staff Psychiatrist and Medical Director of the substance abuse program at the Mental Health Clinic of McGuire Veterans Administration Hospital in Richmond. She also served as Consultant on Psychiatry for Child Neurology at the Bureau of Crippled Children in Richmond, Chairman of the Physician's Consulting Group at St. Mary's Hospital in Richmond, and President of the Richmond Psychiatric Society. Dr. Brosnan is a member of the Medical Malpractice Advisory Panel to the Supreme Court of Virginia. Dr. Brosnan resides in Richmond.

Ms. Carmen Anne Thompson

Mrs. Carmen Anne Thompson was appointed on June 28, 2002. Ms. Thompson served two consecutive terms on the Catawba Hospital Local Human Rights Committee (LHRC), during which time she consistently demonstrated her personal commitment to the protection of human rights. She was an outstanding member of the LHRC and served as Chair during her second term. She is a mental health consumer and has family receiving substance abuse services. Ms. Thompson has a background in education and motivational speaking. Ms. Thompson resides in Moneta (beautiful Smith Mountain Lake), Virginia.

Ms. Davey Zellmer

Ms. Doris “Davey” Zellmer was appointed on June 28, 2002. At the time of her appointment she was serving as Chair of the Northern Virginia Training Center LHRC. Ms. Zellmer is a retired Registered Nurse and an ANA Certified Psychiatric Nurse. She served as Director of the Rehabilitation Services Unit, Director of the Community Care Unit, and Director of the Social Center for Psychiatric Rehabilitation at the Mount Vernon Center for Community Mental Health in southern Fairfax County. Ms. Zellmer has a son who is receiving services in the community. Ms. Zellmer resides in Fredericksburg.

Ms. Delores Archer

Ms. Delores Archer is a retired Department Administrator for the Department of Psychiatry at VCU Medical Center. She has clinical training and expertise in the field of social work and has practiced in the private and public sectors. Ms. Archer has extensive knowledge and experience with the human rights system and the Department through her past membership on the SHRC. She was reappointed to the SHRC in 2007. Ms. Archer resides in Richmond.

Mr. Joseph Lynch

Joseph G. Lynch, LCSW is a founding partner of Newman Avenue Associates, P.C., in Harrisonburg, which provides therapy and consulting services to individuals, couples, groups and families. He has also served as Director of Family Counseling Services, Inc., in Harrisonburg, Virginia, and was responsible for administration and delivery of direct clinical services to individuals, families, groups and organizations. Perhaps most importantly, Mr. Lynch is a cofounder and former clinical staff member of Shenandoah Valley Sex Offenders Treatment Program, P.C., in Harrisonburg. Mr. Lynch resides in Harrisonburg.

Dr. Jannie Robinson

Dr. Jannie Robinson is the Associate Vice-President for Student Affairs at Norfolk State University. She is a Licensed Clinical Social Worker with experience in social work and psychotherapy and has received training in substance abuse services. Prior to her appointment to the State Human Rights Committee she served on the Chesapeake Regional Local Human Rights Committee. Dr. Robinson was appointed to the SHRC by the State DMHMRSAS Board on August 21, 2007, for a term of July 1, 2007 to June 30, 2010. Dr. Robinson resides in Chesapeake, VA.

Donald Lyons

Mr. Donald Lyons is a retired State Police Officer from Hillsville, Virginia. He has experience as a supervisor in the Bureau of Criminal Investigation, Drug Investigative Unit for the far southwestern area of Virginia. Mr. Lyons is a former member of the Southwestern Virginia Training Center Local Human Rights Committee and served as Chair during his tenure on that committee. Mr. Lyons was appointed to the SHRC by the State DMHMRSAS Board on August 21, 2007, for a term of July 1, 2007 to June 30, 2010.

Carolyn M. DeVilbiss

Ms. Carolyn M. DeVilbiss, LCSW, is a retired mental health manager and former employee of Fairfax-Falls Church Community Services Board and Mount Vernon Outpatient Unit. She has experience in discharge planning for clients hospitalized in the community as well as experience in the oversight of medication services, therapy and case management activities. Ms. DeVilbiss was appointed to the SHRC by the State MHMRSAS Board on June 3, 2008, for a term of July 1, 2008 to June 30, 2011. Ms. DeVilbiss resides in Alexandria.

Randy J. Johnsey

Mr. Johnsey has a Bachelor of Science degree in Psychology from East Tennessee State University. Prior to his appointment to the SHRC was an active member and Chairman of Southwest Regional Human Rights Committee. As a consumer Mr. Johnsey provides the invaluable perspective of an individual receiving services from the MHMRSA system. He was appointed to the SHRC by the State MHMRSAS Board on June 3, 2008, for a term of July 1, 2008 to June 30, 2011. Mr. Johnsey resides in Glade Spring

Officer Appointments / Membership Changes

Effective July 1, 2008

Mr. Kirby Wright Chair
Ms. Christina Delzangaro, Vice Chair

Term expired on June 30, 2008

Ms. Davey Zellmer
Ms. Carmen Anne Thompson

Terms beginning July 1, 2008

Ms. Carolyn M. DeVilbiss
Mr. Randy J. Johnsey

State Human Rights Committee Activities

- **LHRC By Laws**

The SHRC approved new or revise Bylaws of 10 local human rights committees.

- **Variations**

Variations were approved for the following providers.

12 VAC-35-115-100-Time Out (Structured Living Protocol)

Specialized Youth Services

Hallmark Youthcare

Keystone Newport News Youth Center

12 VAC-35-115-20 A, 50 C,3a, C7, E3 and 100, A1c.

Central State Hospital

12 VAC-35-115-50 C3, a, b, and d.

Carillion Roanoke Memorial Hospital Psychiatry and Behavioral Medicine Center

12 VAC-35-115-50 C6a

Central Virginia Training Center

12 VAC-35-115-110 C3, C13, C17 and C15

Western State Hospital

- **LHRC Appointments**

The SHRC appointed 218 individuals to serve on Local Human Rights Committees.

- **Meetings**

In 2008 the State Human Rights Committee held the following meetings:

January 25

Henrico Community Services Board

Henrico, Virginia

March 7

Chesterfield Community Services Board

Chesterfield, Virginia

April 18

Western State Hospital

Staunton, Virginia

May 30

Virginia Center for Behavioral Rehabilitation

Burkeville, Virginia

July 11	Rappahannock Area Community Services Board Fredricksburg, Virginia
August 1	Region Ten CSB Administration Offices Charlottesville, Virginia
September 5	The Crossroads Institute Galax, Virginia
October 24	Eastern State Hospital Williamsburg, Virginia
December 5	Richmond Ambulance Authority Richmond, Virginia

Meeting at various facilities and programs throughout the state provides the Committee with first hand knowledge and familiarity with the kinds of services available to consumers and the settings within which services are provided.

- **Case Reviews**

Making decisions regarding consumer appeals is among the most challenging and important tasks for the SHRC. A total of more than **8799** human rights and abuse/neglect complaints were processed through the human rights resolution process in 2008. All but seven of these cases were resolved at the Directors level or below. Those seven cases were appealed to local human rights committees and four of those cases were brought before the State Human Rights Committee on appeal. Each case provided the consumer with an additional opportunity to be heard regarding their human rights complaint. These appeals are the culmination of the human rights process and the decisions rendered by the SHRC provide guidance to LHRCs, facilities and programs across the state.

Until mid 2008, the Virginia Center for Behavioral Rehabilitation (VCBR) utilized an alternative complaint resolution process that included three levels of review. VCBR complaints were not appealed to either the local or the state human rights committee but rather to the VCBR Appeals Committee, which includes a member of the SHRC. This process has been changed and VCBR now uses the complaint process in the human rights regulations.

Issues addressed in decisions rendered by the SHRC, the VCBR Appeals Committee and local committees this past year included:

- * right to protection from harm, abuse and exploitation
- * services according to sound therapeutic practice
- * right to treatment with dignity
- * right to informed consent
- * right to participation in decision-making
- * right to freedoms of everyday life

* right to access and correct record

SHRC Biennium Goals and Recommendations for 2008-10

Biennium Goal # 1

Promote consistent statewide implementation of the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services.*

Indicators include:

- Updated policies and procedures
- Training
- Resources

Progress toward Biennium Goal #1 to date:

The SHRC received and reviewed annual reports from each of the six regional human rights teams

Biennium Goal #2

The SHRC will promote the department's system transformation including the concepts of recovery and self empowerment.

Indicator:

- Consumers report satisfaction with quality of life and decision-making.

Progress toward Biennium Goal #2 to date:

James S. Reinhard, M.D., Commissioner, presented an overview of Self Determination, Empowerment and Recovery, to the SHRC during its meeting on December 3, 2004.

Three members of the SHRC attended the Governors Conference on Self Determination, Empowerment and Recovery, in Richmond on December 9 and 10, 2004.

The SHRC issued a statement supporting the concepts of Self Determination, Empowerment and Recovery on April 27, 2005.

The SHRC heard a presentation by Medical Director James Evans on the Department's plan to promote smoke-free facilities. The goal of the plan is to establish a process for promoting smoke free facilities that is consistent with the concepts of recovery, self-determination and empowerment.

The SHRC received information about the implementation of the changes to Medicare Part D and the potential impact on individuals in our system. The SHRC was heartened to learn of the efforts of providers to assist individuals through this change.

On October 27, 2006, SHRC heard a presentation from Dr. James Reinhard on System Transformation and Recovery.

The SHRC learned about the DMHMRSAS system efforts to promote Person Centered Planning from Lee Price in January 2008. Frank Tetrick educated the committee about the various consumer satisfaction surveys addressing recovery and service quality.

Biennium Goal #3

The SHRC recommends that DMHMRSAS continue to promote the human rights concepts of treatment in the most integrated settings, and consumer and family choice that are central to the Olmstead Decision.

- Monitor state facility ready-for-discharge lists on a quarterly basis.
Indicators:
 - ❖ Discharge lists will be reduced;
 - ❖ Individuals are satisfied with services and life after discharge.
- Join and monitor the efforts of the Department and VACSB to increase the number of substitute decision makers.
Indicators:
 - ❖ Providers support, teach and encourage individuals to make their own decisions.
 - ❖ Public Guardianship funds are used appropriately to discharge individuals from training centers.
 - ❖ Promote alternative decision making avenues such as Power of Attorney and Advance Directives.
- Monitor Department and system efforts toward maintaining youth in the community following their transition to adult services.
Indicators:
 - ❖ Youth in transition will receive appropriate services
 - ❖ Promote Provider Choice
 - a. Individuals receive services in a timely manner
 - b. Individuals and family members get full, unbiased choice of providers.

Progress toward Biennium Goal #3 to date:

The SHRC monitors the state MH facility discharge lists on a quarterly basis.

The SHRC requested that the Department provide an update on the status of services for youth in transition at its meeting on July 15, 2005.

Frank Tetrick, Assistant Commissioner, and Lee Price, Director of the Office of Mental Retardation (OMR), presented the OMR provider training schedule to the

SHRC at its December 3, 2004 meeting. The SHRC recommended that human rights be included in some of the training modules.

Shirley Ricks, Director of Child and Family Services Office, and Kim McGaughy, Executive Director of the Office of Comprehensive Services, provided an update to the SHRC on the state's activities regarding children's services on July 15, 2005. The SHRC was impressed with the coordinated effort and is hopeful that it will result in improved services for youth in transition.

Russell Payne, DMHMRSAS Community Support Specialist, provided information to the SHRC at its meeting on March 10, 2006 regarding the Department and overall public system's discharge efforts. Mr. Payne will continue to report to the SHRC every six months.

Russell Payne reports that the number of individuals waiting for discharge from state facilities continues to decline. The SHRC will continue to monitor.

Consumer satisfaction surveys indicate satisfaction with quality of service and recovery efforts. The SHRC will continue to monitor this issue.

Lee Price reported on the successful use of Public Guardianship funds.

Ray Ratke, Deputy Commissioner presented information on the status of the Commonwealth's efforts to improve services to children and adolescents. The SHRC will continue to monitor this issue.

The SHRC learned about the DMHMRSAS system efforts to promote Person Centered Planning from Lee Price in January 2008. Frank Tetrick educated the committee about the various consumer satisfaction surveys addressing recovery and service quality.

Douglas Newsome, Manager Office of Licensing presented information during the 9/5/08 meeting about the DMHRSAS licensing process.

Julie Stanley, Director of Community Integration presented information during the 12/5/08 meeting on the System Transformation, Money Follows the Person project including, No Wrong Door, Your life-Your Choice and the Virginia Access web site.

Inspector General, James Stewart presented reports during the 12/5/08 meeting on evaluations of Crisis Intervention and Children and Adolescent services.

Karen Walters, Office of the Attorney General conducted a training on Substitute Decision Making at the meeting on March 6, 2009.

The SHRC recommends that DMHMRSAS continue to promote the concept of, and provide training in, treatment without coercion in state operated facilities and community based programs and hospitals.

- State Facilities will reduce the use of seclusion and restraint.

Progress toward Biennium Goal #4 to date:

The SHRC received a brief overview of TOVA concepts on October 22, 2004 and issued a letter of support and recommendation to Commissioner Reinhard on December 6, 2004.

The Department provides training on TOVA to community partners.

The Department will revise the TOVA manual in 2006. OHR staff will participate in the revision and provide updates to the SHRC.

The SHRC reviews and monitors data on the use of seclusion and restraint in state facilities

The SHRC received an update on the use of Therapeutic Options of Virginia (TOVA).

In 2007 the SHRC learned that the use of seclusion and restraint has increased in some state operated facilities. To address this problem, the Department applied for and received a SAMSHA grant to reduce the use of seclusion and restraint at CSH and CCCA. Members of CSH and CCCA local human rights committees serve on the advisory committee for this grant.

The SHRC will monitor the outcome of the Seclusion and Restraint grant.

The SHRC received an update on the Seclusion and Restraint grant and TOVA during its meeting on 12/5/08.

Biennium Goal # 5

The SHRC will be efficient and effective.

- Required tasks will be completed in a timely manner

Progress toward Biennium Goal #5 to date:

SHRC reviewed all Regional team reports in 2008.

SHRC 2007 Annual Report was submitted to the State Board on August 19, 2008.

Biennium Goal # 6 (goal met as of June 2008)

The SHRC will monitor the Virginia Center for Behavioral Rehabilitation's adherence to the human rights regulations through reports, policies, and complaint resolution as needed at every meeting or as issues arise.

- Residents are treated with dignity and respect (new indicator)

Progress toward Biennium Goal #6 to date:

The SHRC receives a monthly report from the human rights advocate serving VCBR.

Members of the SHRC have toured VCBR twice since its opening. During these tours committee members met and spoke to some of the residents.

The SHRC receives updates on the plans for the construction of the new VCBR facility scheduled to open in 2008.

The SHRC reviewed 13 VCBR policies and procedures and participated in the review of 7 Level III complaints in 2006. The SHRC has reviewed more than 32 policies and procedures since the facility opened.

The SHRC reviewed 15 VCBR policies and procedures and participated in the review of 13 Level III complaints in 2007

As of June 2008, the SHRC no longer serves as the “local committee” of review for VCBR. The Piedmont Local Human Rights Committee has agreed to become the LHRC for VCBR. Since that time VCBR has implemented the complete complaint process in accordance with the regulations. There is no longer an exemption

Biennium Goal # 7

The SHRC will support Local Human Rights Committees.

- Each SHRC member will attend at least one LHRC meeting per year. SHRC members will provide prior notice to the LHRC chair requesting time on the agenda in order to make brief comments.
- Enhance communication with LHRCs.

Progress toward Biennium Goal #7 to date:

As of June 2005, seven SHRC members attended at least one meeting of a local human rights committee. Two SHRC members attended more than one local human rights committee meetings.

The Code of Virginia was changed in July 2005 to require each local and state committee to have a “health care provider”. The SHRC and OHR provided guidance to local committees on this change in the law. Most local committees are meeting this requirement at this time.

The SHRC issued newsletters in January and April 2006. (See Appendix II)

State and local human rights committees are “public bodies” and as such they are subject to the Virginia Freedom of Information Act (FOIA). The SHRC and OHR have provided training and resources to local committees on their responsibilities under FOIA in person, by guidance documents and via the newsletter. A change in FOIA as of July 2006 will require additional activities for public bodies.

The SHRC conducted a survey of the state facilities and staff of the human rights office to ascertain the level by which providers are complying with the requirement to provide LHRC administrative support (12 VAC 35-115-250 A, 11). The SHRC issued a reminder to state facilities and OHR staff about this requirement.

By June 2006, all SHRC members attended at least one meeting of a local human rights committee during the past year.

The SHRC reviewed materials and activities that local committees and providers are using to recruit new members.

The SHRC revised the LHRC application form in order to advance the interviewing and appointment process.

The SHRC issued guidance on bylaws, minutes and quorums.

The SHRC published 4 volumes of Human Writes in 2006.

SHRC members attended the 2007 LHRC/SHRC Seminar. SHRC members helped conduct the sessions “Open Forum, Can we talk?” and “How to Run a Successful Meeting”. This session provided participants the opportunity to share in an open dialogue about issues with the members of the SHRC.

The SHRC published 4 volumes of Human Writes in 2007.

The SHRC published 3 volumes of Human Writes in 2008.

SHRC members attended meetings of local committees.

Biennium Goal # 8

The SHRC will promote and provide ongoing training opportunities for all stakeholders.

- Enhance leadership skills of LHRC members

Progress toward Biennium Goal #8 to date:

The SHRC and OHR surveyed local committee members about training needs in April and May 2006. The results of the survey will guide the planning of the 2007 LHRC/SHRC Seminar. The seminar will focus on training for LHRC members rather than program staff.

The 2007 LHRC/SHRC Seminar was held on September 6th and 7th in Richmond Virginia. Over 230 volunteers attended the training event.

The evaluations for the Seminar were overwhelmingly positive.

Biennium Goal # 9

The SHRC will recognize the service of LHRC members.

Progress toward Biennium Goal #9 to date:

LHRC members were recognized at the State MHMRSAS Board luncheon in April 2007.

A member of a local committee is featured in each volume of Human Writes.

The SHRC is considering presenting future awards at the LHRC/ SHRC Seminar or the State Board Volunteer Luncheon.

Office of Human Rights Program Highlights

Staffing

The Office of Human Rights had several staffing changes 2008 due to the retirements of Sonia Smith (Catawba Hospital, Roanoke Valley), Frances Rose (CVTC) and Anne Stiles (PGH) and the resignation of Stanely Cousins (SVMHI). Ms. Adrien Monti and Ms. Roanna Deal joined the office to fill the vacancies at Catawba Hospital/Roanoke Valley and SVMHI respectively. Mr. Walter (Buddy) Small joined the office to serve individuals at PGH/VCBR and the surrounding area. Additionally, Randy Urgo transferred from WSH to CVTC. This transfer created a vacancy at WSH which was filled by J. William Thomas. Each of these new staff members brings unique skills and abilities and will enhance the services offered by the OHR.

The Office of Human Rights continues to operate with reduced staff resources. Prior to this year, the OHR lost two advocate positions, two secretary positions and one management position. Due to the current budget crisis the OHR is losing an additional 2 ½ positions in 2009. losses coincide with an increase in individuals served in the community, an increase in the number of private providers, and an increase in the number of local human rights committees. The current staffing pattern severely reduces the availability of the OHR to provide quality advocacy services. At risk is the availability of OHR staff to promote provider compliance with the regulations through consultation and guidance and sight visits; respond to human rights complaints; investigate allegations of abuse and neglect; and provide training to consumers, providers and professionals. The Department's overall system of consumer protection, including the Office of Licensing, suffers due to the lack of sufficient staff resources.

The proliferation of new providers across the state has put an extra burden on already stretched staff. Regional staff worked with new providers to facilitate licensure in order to provide services to individuals. The numbers below do not reflect the number of actual service locations that a particular provider may operate. For example, a provider of sponsored residential services may provide service at 30 different locations.

The number of providers per region in 2008 is as follows:

- 76 in Region I
- 80 in Region II
- 72 in Region III
- 217 in Region IV
- 197 in Region V
- 94 in Region VI

The number of new providers per region in 2008 is as follows:

- 11 in Region I
- 5 in Region II
- 9 in Region III
- 35 in Region IV
- 30 in Region V

- 9 in Region VI

The number of LHRCs per region in 2008 follows:

- 11 in Region I
- 8 in Region II
- 7 in Region III
- 17 in Region IV
- 24 in Region V
- 8 in Region VI

The OHR continues to promote the cross training of all advocates. At this time, all advocates provide services to both community and state facility programs which strengthen both the community and facility programs by providing continuity of care and an increased emphasis on discharge planning and service development.

Efforts to promote compliance with the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services* continued throughout the year. OHR staff provided over 137 training events in 2008. These efforts included the following activities:

Training: OHR staff provided training to consumers, family members or providers at the following locations:

- Club Houses
- Psychiatric Hospitals
- Professional Organizations
- Parent Organizations
- Group Homes
- Residential Treatment Centers
- Training Centers
- Psychosocial Rehabilitation Programs
- Community Organizations
- Substance Abuse Programs
- Conferences/Meetings
- Community Services Boards
- Preadmission Screening Evaluator Certification (video tape)

Web based Information: Individuals can also access general information about the human rights program at www.dmhmrsas.virginia.gov. Click on Human Rights on the left side of the page.

This information includes:

- Notice of SHRC meetings
- Notice of Variance requests
- LHRC affiliations and meeting schedules
- Relevant legislative information
- OHR Directory
- SHRC Annual Reports

- Frequently Asked Questions (FAQs)
- Human rights training information including video tapes, power point slide presentations and workbook
- Sample Test Questions

Implementation of the revised Human Rights Regulations

The Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services went into effect on September 19, 2007. To assist providers with the implementation of the revised regulations, the Office of Human Rights (OHR) and the Office of the Attorney General (OAG) developed a DVD called “Overview of Changes to the Human Rights Regulations”. The DVD was mailed to all providers in the state along with the schedule for implementation of the revised regulations. Providers were given until December 1, 2007 to practice in accordance with the revised regulations and March 1, 2008 to revise their policies and procedures. In general providers have been successful in implementing the changes in the regulations.

Training and Staff Development

Quarterly Advocate (QA) meetings were held at Western State Hospital on March 20th and July 30th and via conference call on March 19 and October 6. QA training was geared toward enhancing staff ability to effectively advocate for their consumers, and monitor the implementation of the regulations. Topics addressed during these meetings included implementation of the regulations, system wide recovery efforts, peer on peer reporting, the complaint process, LHRC affiliations, CHRIS rewrite project and efforts to improve the documentation of OHR work products. These meetings also served to keep staff informed of relevant policy and legislative changes. One of the most important and beneficial aspects of the QA meetings is the regional updates. This provides a forum for all staff to share what is happening in their areas with each other. Staff uses this time to share ideas and promote creative problem solving.

System Transformation Efforts

Efforts to transform the DMHMRSAS system continued in 2008. The changes in the Virginia Code including the criteria for commitment, the mandatory outpatient commitment process and the sharing of medical records went into effect on July 1, 2008. Additional efforts to revise the Code were considered for submission to the General Assembly for the 2008-2009 session including changes to the Health Care Decisions Act involving psychiatric advance directives. Each of the proposed area of change to the Code impact the rights of individuals served in the system. The SHRC and OHR continue to monitor the outcome of the proposed changes to the Code.

Additional system transformation efforts include the promotion of recovery, empowerment and self determination. A critical aspect of this is the use of the person centered planning approach throughout the system. The Person Centered Planning Advisory Committee developed a model

document that is currently under field review. This planning tool was developed for use with individuals with intellectual disabilities but can be used by all consumers.

Recovery efforts are moving forward in state facilities and community based programs. There is a statewide Recovery Council that promotes system wide efforts of recovery. Peer mentors and peer run centers are being developed and utilized as a means to enhance and support the recovery efforts of individuals with mental illness.

Reporting Requirements

The regulations require that providers report and investigate human rights complaints and allegations of abuse, neglect or exploitation. The Department is developing a web based reporting system that should help with having more accurate data. One area that providers continue to struggle with regarding reporting is events of peer on peer aggression. Hopefully the change in the regulations and the new web based system will help in this area. The new system should be operational by winter 2009-2010.

Abuse/Neglect

State operated facilities continue to implement the Department's policy on abuse and neglect (DI 201) inconsistently. The OHR continues to promote compliance with this policy and the regulations. There is a team of Central Office and facility directors working to revise this Departmental Instruction.

Projected Activities for 2009-2010

The primary goal for the Office of Human Rights for the year 2009-2010 is to provide quality advocacy services to consumers in programs operated, funded and licensed by the Department. This is always the central function of the OHR and all other goals and activities support this goal. In support of this goal a major activity for the upcoming year will be to promote consistent implementation of the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services*. Other major projected activities for the Office of Human Rights for the year 2009-2010 are as follows:

- A. Provide training and guidance on the human rights regulations.
- B. Implement a web-based human rights reporting system.
- C. Promote best practice models of recovery and self empowerment
- D. Provide support, training and guidance to local human rights committees
- E. Participate in the regional restructuring planning process.
- F. Promote coercion free environments statewide.
- G. Work with consumers, providers, family members, professionals and other stakeholders to identify options to improve the system and availability of alternative decision-makers.
- H. Promote consistency and accurate documentation of monitoring activities.
- I. Develop resources to assist consumers and providers as needed.

Local Human Rights Committees

Local Human Rights Committees continue to monitor the activities of facilities and community programs in assuring protection of consumers' rights. The volunteers who serve on these committees lend their time and expertise to ensure compliance with the Rules and Regulations. Committee members are appointed by the State Human Rights Committee and are eligible to serve two three-year terms. A listing of all **75** LHRCs and their program affiliates can be found in Appendix III.

All committees meet at least quarterly, with many meeting on a monthly basis. Local Human Rights Committees activities include:

- reviewing complaints filed on behalf of consumers;
- developing bylaws;
- reviewing variance requests;
- conducting fact-finding conferences;
- reviewing restrictive programs; and
- reviewing policies and procedures.

Advocates Activities

During the year, the human rights staff was involved in numerous activities to ensure and protect the rights of consumers. These activities included:

- Assisting consumers in presenting and resolving complaints;
- Educating consumers, families, staff and Local Human Rights Committees on the rights of consumers;
- Monitoring the implementation and compliance with the regulations;
- Assisting in developing, reviewing and amending human rights policies and procedures for the approximately **590** providers in the state. These providers offer **1444** services at **3832** locations across the state.
- Providing training to staff, consumers, family members, LHRCs;
- Providing consultation on the human rights program to consumers, program staff, LHRCs, and advocacy and community groups.
- In addition to the above, the regional advocates provide advocacy services to community licensed public and private programs in their assigned service areas. They also provide supervision to the facility advocates in that area.
- Regional staff/teams prepared comprehensive Regional Reports for 2008. These reports provide detailed statistics and information about human rights activities in each of the six regions. Each Regional Team presented their report to the SHRC.

Summary of Community Program Abuse/Neglect and Complaint Allegations

The following table reflects statistics on abuse/neglect allegations/substantiation and human rights complaints from community programs for the years 2001,2002, 2003, 2004, 2005,2006,2007 and 2008. This information is reported to the Regional Advocates from the Community Service Boards (CSB) and private providers.

- There were 1374 human rights complaints as reported to the Office of Human Rights in 2008. This number includes, for the first time, complaints processed both formally and informally thus the increase over previous years. Providers continue to have questions about the actual nature of a complaint and when to report it to the OHR. OHR and LHRCs continue to educate providers about this important issue.
- There were 5402 allegations of abuse and/or neglect as reported to Office of Human Rights in 2008. The large increase in allegations results from the large number of peer on peer incidents that were investigated as potential neglect. Over 50% of these allegations involved peer on peer aggression.
- There were 464 substantiated cases of abuse and or neglect as reported to the Office of Human Rights in 2008, which is up significantly from 340 reported in 2007. The increase is attributed to many factors including the increased number of providers, improved reporting and investigations and increased awareness of the human rights regulations. Often times one incident accounts for many allegations and findings since each individual affected by the incident is accounted for in the numbers. For example, if a group of five individuals were left unattended for a time then an allegation of neglect would be filed on behalf of each of those 5 individuals.
- Because of the many variables affecting this data it is best used as a tool for quality improvement for a specific provider rather than a tool for comparison among providers or regions.

Community Programs

	Abuse Allegations	Abuse cases Substantiated	Human Rights Complaints
2001	899	162	840
2002	1094	215	785
2003	1626	252	380
2004	1694	276	534
2005	1938	286	849
2006	** 3098	** 334	**689
2007	** 4007	**340	** 615
2008	**5402	** 464	***1374

Note: Data for 2004 is incomplete

**Data from Regional Reports

* Includes complaints processed formally and informally

Summary of State Facility Human Rights Complaints and Abuse/Neglect Allegations

(Data source is CHRIS)

- There were 1435 human rights complaints in state facilities in 2008. This number includes complaints processed both formally and informally. The combined total of formal (650) and informal (1149) complaints in 2007 was 1799. The OHR is not confident that state facilities are reporting all complaints processed informally yet. As such, this data should be viewed with some caution.
- All but three of the of the facility complaints was resolved at the Director's level or below. Three human rights complaints were heard on appeal at the LHRC level and all three were appealed heard on appeal at the SHRC level.
- There were 568 allegations of abuse/neglect in the state facilities. This number continues to fluctuate due to the inconsistent application of Departmental Instruction (DI) 201 on the reporting and investigating of allegations of abuse and neglect.
- The number of substantiated cases of abuse and neglect increased in 2008 from 118 in 2007 to 132 in 2008. The increase is due primarily to the efforts of one facility to improve investigations and accountability.
- Because of the many variables affecting this data it is best used as a tool for quality improvement for a specific facility rather than in comparison among or between facilities.

State Facility
Abuse/Neglect Data

#Allegations/ #Substantiated

	2002	2003	2004	2005	2006	2007	2008*
Catawba	16/0	8/0	12/5	8/0	10/1	11/1	9/0
Central State	172/28	148/27	119/10	131/14	127/25	156/18	143/14
CVTC	73/13	63/18	51/13	53/17	21/5	60/16	98/36
CCAA	12/0	11/0	11/0	8/0	4/1	6/4	4/1
Eastern State	71/12	79/14	92/8	68/7	72/12	78/4	61/5
Hiram Davis	10/4	9/1	7/1	11/1	6/0	7/0	4/1
NVMHI	65/4	49/4	29/1	47/3	13/2	16/6	24/3
NVTC	16/7	11/5	12/7	10/6	5/3	16/10	12/3
Piedmont	17/4	6/3	9/1	13/2	7/3	7/1	12/1
SEVTC	47/13	71/19	29/8	38/10	34/11	20/10	19/10
SVMHI	14/0	21/1	6/2	3/1	3/1	5/0	5/0
SVTC	39/12	60/23	70/27	70/28	67/17	101/25	75/34
SWVMHI	40/3	34/3	32/7	26/2	20/1	19/4	14/0
SWVTC	71/6	66/9	71/7	53/12	29/5	67/13	72/19
Western State	33/5	24/6	15/1	10/7	17/5	25/6	16/5
VCBR					13/0	14/0	35/4
Totals	686/112	660/133	565/98	549/110	448/92	608/118	568/132

* Includes data from CHRIS and the Regional Annual Reports

State Facility
Human Rights Complaints

	2002	2003	2004	2005	2006	2007	2008*
Catawba	122	40	22	36	8	8	74
Central State	109	179	193	58	51	97	291
CVTC	191	42	11	17	5	8	3
CCAA	34	8	1	3	0	25	41
Eastern State	53	84	101	32	58	54	215
Hiram Davis	1	1	2	1	4	1	0
NVMHI	99	52	51	57	4	6	25
NVTC	4	0	0	1	0	0	4
Piedmont	69	77	76	68	52	42	21
SEVTC	5	2	3	6	4	3	2
SVMHI	24	31	26	11	15	39	46
SVTC	12	7	10	11	13	6	12
SWVMHI	80	41	28	39	26	14	42
SWVTC	19	17	15	0	5	10	22
Western State	239	171	241	261	263	70	345
VCBR					160	292	292
Totals	1061	752	780	601	668	650	1435

- Includes Complaints processed formally and informally
- Data from CHRIS and Regional Annual Reports

APPENDIX

I

OFFICE OF HUMAN RIGHTS DIRECTORY
OFFICE OF HUMAN RIGHTS REGIONS

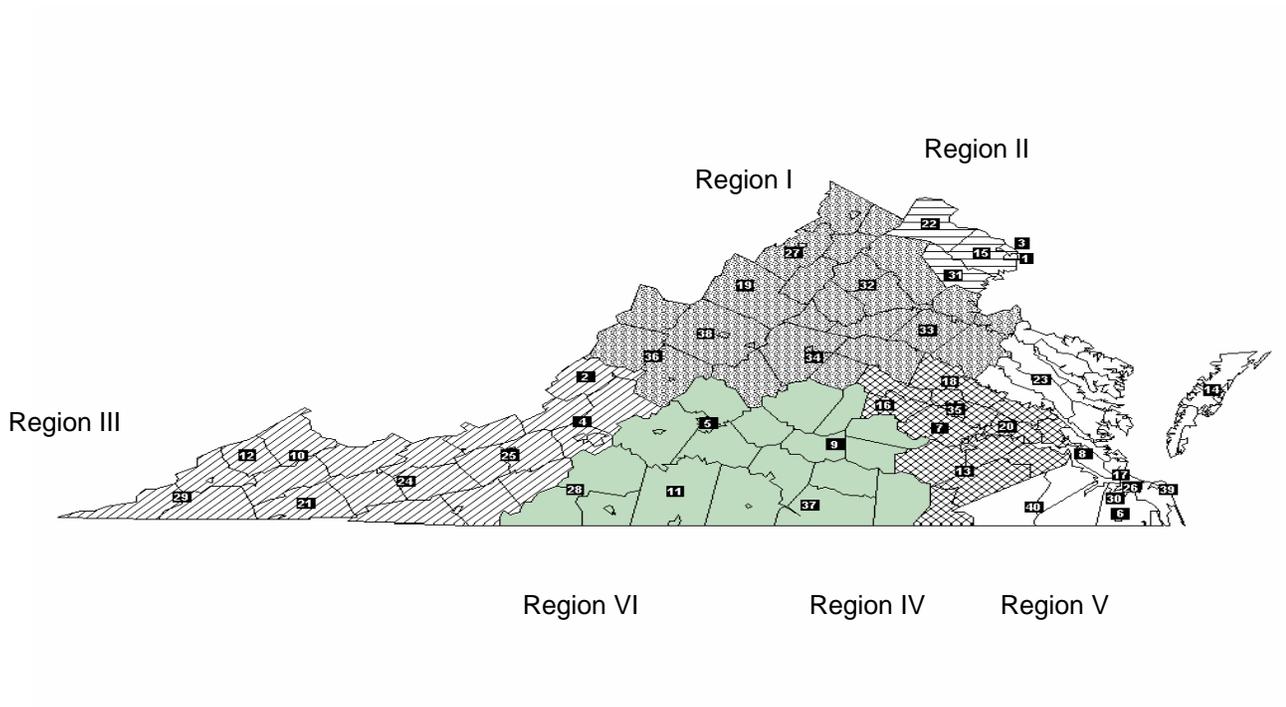
OFFICE OF HUMAN RIGHTS

29 July 2009

Region	Phone	Cell	Fax	Toll Free	Location
Margaret Walsh, Director	804- 786-2008	804- 840-3425	804- 371-2308		Jefferson
Kli Kinzie, Sec	804- 786-3988				Bldg
Region 1 (Northwest)					
Chuck Collins, Regional Adv	540- 332-8321	540- 430-2624	540- 332-8314	877- 600-3437	WSH
Angela Harrison, Sec	540- 332-8309				
Mark Seymour	540- 332-2149	540- 480-0300	540- 332-8314		CCCA
W. Jerry Thomas	540- 332-8308		540- 332-8314		WSH
Region 2 (Northern VA)					
Deb Lochart, Regional Adv	703- 323-2098	540- 850-6250	703- 323-2110	877- 600-7431	NVTC
Tim Simmons	703- 207-7217		703- 207-7270		NVMHI
Mary Towle	703- 323-4015		703- 323-4252		NVTC
Region 3 (SW VA)					
Nan Neese, Regional Adv	276- 783-1219	276- 780-4460	276- 783-1246	877- 600-7434	SWVMHI
Deb Jones	276- 783-0828		276- 783-1238		SWVMHI
VACANT	540- 375-4321		540- 375-4399		Catawba
BJ McKnight	276- 728-1111	276-274-5299	276- 728-1103		SWVTC
Region 4 (Richmond, Petersburg)					
Rose Mitchell, CSH Sec	804- 524-7247		804- 524-4734	888- 207-2961	CSH
Yolanda Smith, SVTC Sec	804- 524-7321		804- 524-7398		SVTC
Michael Curseen, Manager	804- 524-7245	804- 720-3038	804- 524-4734		CSH
Beverly Garnes, Manager	804- 524-7431	804- 720-1948	804- 524-7398		SVTC
Carrie Flowers	804- 524-4463	804- 840-5909	804- 524-4734		CSH Forensics, HWD
Ansley Perkins	804- 524-7528	804- 356-4036	804- 524-4734		CSH
Region 5 (Williamsburg ,Tidewater)					
Reggie Daye, Regional Adv	757- 253-7061	757- 872-2745	757- 253-5440	877- 600-7436	ESH
Kathryn Ketch, Sec					
Willie Barnes	757- 253-4066	757- 508-2596	757- 253-4070		ESH
Stewart Prost	757- 424-8263	757- 508-2591	757- 424-8348		SEVTC
Brian Whitley	757- 253-4220		757- 253-4070		ESH
Region 6 (South Central)					
Sherry Miles, Regional Adv	434- 947-6214	434- 942-0030	434- 947-6274	866- 645-4510	CVTC
Roanna Deal	434- 773-4267		434- 773-4241		SVMHI
J. Beth Lee	434- 947-6230	434- 856-0698	434- 947-6274		CVTC
Buddy Small	434- 767-4519		434- 767-4551		VCBR, PGH

Department of Mental Health, Mental Retardation and Substance Abuse Services
Office of Human Rights

Regional Advocates	Region	Telephone	Toll Free	Fax
Chuck Collins	I	540-332-8321	877-600-7437	540-332-8314
Deb Lochart	II	703-323-2098	877-600-7431	703-323-2110
Nan Neese	III	276-783-1219	877-600-7434	276-783-1246
Reginald Daye	V	757-253-7061	877-600-7436	757-253-5440
Sherry Miles	VI	434-947-6214	866-645-4510	434-947-6274
Co-Managers	IV			
Michael Curseen & Beverly Garnes		804-524-7247	888-207-2961	804-524-4734

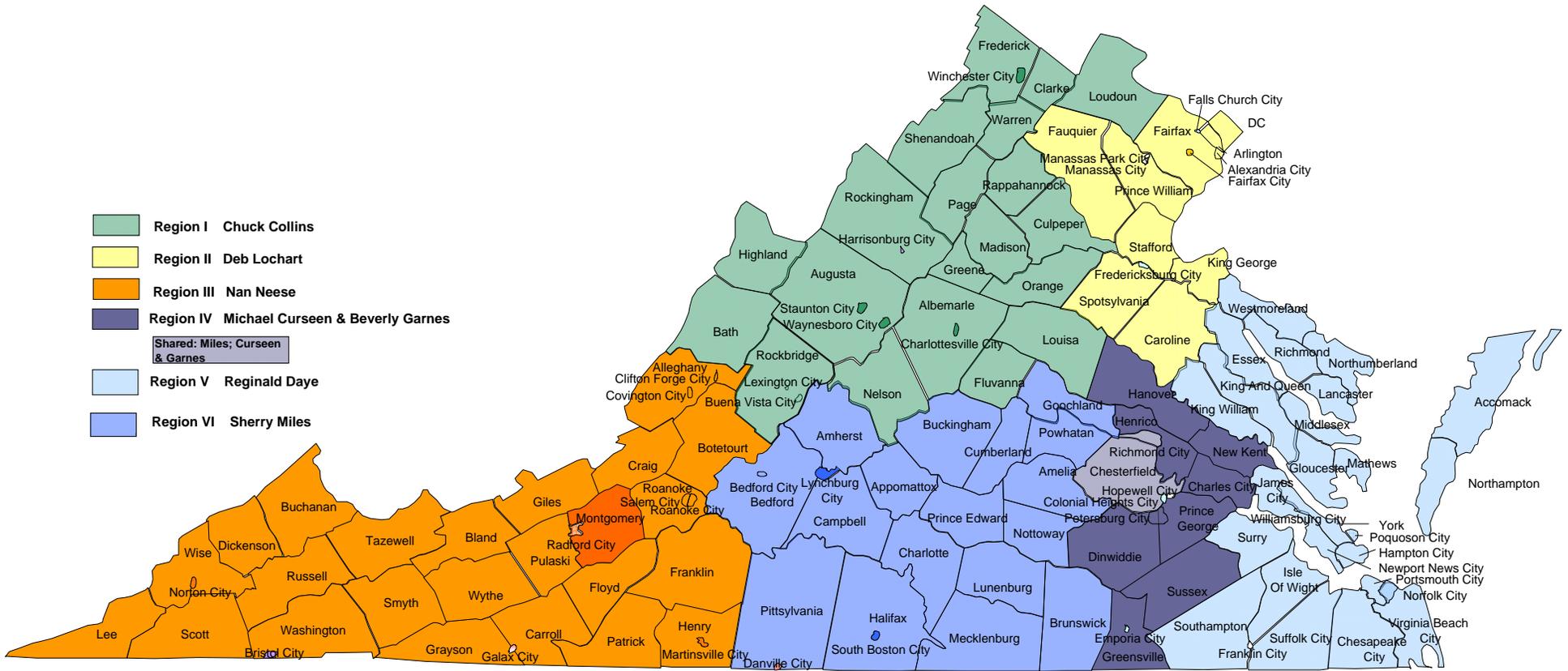


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|--------------------------------|-------------------------------------|--------------------------------|
| 1 Alexandria CSB | 15 Fairfax-Falls Church CSB | 29 Planning District One BHS |
| 2 Alleghany Highlands CS | 16 Goochland-Powhatan CS | 30 Portsmouth Dept BHS |
| 3 Arlington CSB | 17 Hampton-Newport News CSB | 31 Prince William County CSB |
| 4 Blue Ridge Behavioral Health | 18 Hanover County CSB | 32 Rappahannock-Rapidan CSB |
| 5 Central Virginia CS | 19 Harrisonburg-Rockingham CSB | 33 Rappahannock Area CSB |
| 6 Chesapeake CSB | 20 Henrico Area MH & R Services | 34 Region Ten CSB |
| 7 Chesterfield CSB | 21 Highlands Community Services | 35 Richmond BHA |
| 8 Colonial Services | 22 Loudoun County CSB | 36 Rockbridge Area CSB |
| 9 Crossroads Services Board | 23 Middle Peninsula-Northern Neck | 37 Southside CSB |
| 10 Cumberland Mountain CS | 24 Mount Rogers Community | 38 Valley Community Svcs Board |
| 11 Danville-Pittsylvania CS | 25 New River Valley CS | 39 Virginia Beach MH/MR/SAS |
| 12 Dickenson County CS | 26 Norfolk Community Services Board | 40 Western Tidewater CSB |
| 13 District 19 CSB | 27 Northwestern Community Services | |
| 14 Eastern Shore CSB | 28 Piedmont Community Services | |

DMHMRSAS

Office of Human Rights Regions

2009



APPENDIX

II

Human Writes

Human Writes

STATE HUMAN RIGHTS COMMITTEE NEWSLETTER

Volume 3 Issue 9-10

Winter-Spring 2008

Welcome

Welcome to the combined winter-spring edition of Human Writes, a quarterly newsletter from the State Human Rights Committee (SHRC). The purpose of this newsletter is to share ideas, problems, solutions and other items of mutual interest among the Local Human Rights Committees and the SHRC. Please submit your thoughts and ideas to:

DMHMRSAS
Office of Human Rights
P.O. Box 1797
Richmond, VA 23218
SHRC.newsletter@co.dmhmrsas.virginia.gov

SHRC Recruitment

Effective June 30th, 2008, there will be two vacancies on the State Human Rights Committee. Applications are attached. The membership subcommittee will select finalists who meet the current membership requirements. The types of vacancies can be for consumers, family members, healthcare providers, and professionals. At this time, we are particularly interested in consumer and family members. The balance of the committee includes diversity of age, background, race, gender, skills, experience, and area of the state represented. At this time we are especially interested in applicants from Northern Virginia and the Southwest (Roanoke south.) The SHRC hopes to have selected applicants attend the April 18th meeting at Western State Hospital. This will allow the applicants to meet the SHRC members and be interviewed by the subcommittee. After selection, the chosen applications will be submitted to the State Human Rights Board at their early May meeting. The Board's approval is necessary for the new members to join the SHRC as full voting members on July 1st. Thank you for your prompt responses. We are looking forward to meeting you.

FYI

**Implementation of the revised regulations
(Rules and Regulations to Assure the Rights Of Individuals Receiving Services
from Providers Licensed, Funded or Operated by DMHRMSAS).**

Providers were to be operating in accordance with the new regulations by December 2007. Also, the regulations require that providers have certain policies. An example of such a requirement is from section 12 VAC 35-115-50 D.3 ... "Providers shall develop, carry out, -and regularly monitor policies and procedures that assure the protection of each individual's rights." To ensure that providers have updated policies in accordance with the regulations all providers were required to submit their revised policies and procedures to the OHR(Regional Advocate) by March 1, 2008. As of March 20 approximately 75% of providers have submitted their policies as required. The Department is following up with the remainder of providers to promote their compliance.

Web based reporting system

The Department is developing a web based system for the reporting of several required elements including allegations of abuse/neglect and human rights complaints. The first phase of the new system will be field tested in June 2008 and is planned to be rolled out statewide in the fall 2008. The goal of the new system is to increase the quality, efficiency and effectiveness of data.

Training

We hope to hold a Seminar in the spring of 2009. In the meantime each region will conduct regional training events for local committees in the fall of 2008

Reminder

Virginia Freedom of Information Act (FOIA)

The LHRCs and the SHRC are considered "public bodies" as defined in the Code of Virginia, section 2.2 - 3701. As such, the committees must adhere to the FOIA requirements for meetings and records. The following reminders about FOIA requirements should appear in the LHRC by-laws, as well.

Meetings:

- * include work sessions
- * can be in -person or by telephone or video
- * require three members or a quorum, if less than three

FOIA meeting requirements:

- * are open to the public unless subject to a specific provision for a closed meeting
- * 'public' includes the media
- * votes may not be secret or written ballot
- * votes may not be taken via telephone or other electronic means without specific statutory authority

- * notice of the date, time and location of the meeting must be posted at least 3 days prior to the meeting (exceptions for special or emergency meetings)
- * at least one copy of the agenda packet must be available for public inspection
- * minutes must include the date, time and location of the meeting, members present and absent. a summary of discussion, and a record of all votes taken

NOTE: draft minutes must be posted on the internet within 10 -days of the meeting and final approved minutes within 3 days of approval

Hail and Farewell

The first few months of 2008 have seen the retirement of 3 advocates who have a combined 80 years of advocacy. Sonia Smith, Human Rights Advocate at Catawba Hospital and the Roanoke Valley retired in January after 23 years. An interesting highlight about Sonia is that she grew up on the grounds of Catawba Hospital where her mother was the Director of Nursing for 27 years. Frances Rose, Human Rights Advocate at Central Virginia Training Center retired in late February after 30 years. Anne Stiles, Human Rights Advocate at Piedmont Geriatric Hospital and Virginia Center for Behavioral Rehabilitation is retiring in April after 27 years. The Office of Human Rights will miss all three of these dedicated, caring and skilled advocates.

Ms. Adrien Monti has accepted the position as advocate for Catawba Hospital and the Roanoke Valley. Ms. Monti begins on April 22. We are in the process of recruiting for the CVTC and Piedmont/VCBR positions.

Meet the Advocate

*Each edition of Human Writes will profile one of the Advocates.
This edition introduces Michael Curseen, Advocate of Region 3.*

Michael Curseen was born in Brooklyn, New York and is the younger of two sons born to the late Albert F. and Helen F. (Clarke) Curseen. He received his Bachelor's Degree in psychology in May 1974 from Lincoln University in Oxford, Pennsylvania and has been married to his wife, Roslyn, for 33 years. He is the proud father of Dr. Kimberly Angelia, Christian Michael and Cory Albert.

Michael began his employment with the Commonwealth of Virginia in 1978 With the Department of Corrections before coming to work at Southside Virginia Training Center where he was a Team Leader in the behavioral unit. Michael later worked as an Assistant Program Manager in the Habilitation Center of SVTC before accepting the position as Human Rights Program Supervisor in June of 1991 at Central State Hospital in Petersburg, Virginia. His years of service with the Commonwealth total 28+ years. As a Human Rights Advocate, Michael's caseload includes forensic and civilly admitted patients at CSH as well as a community caseload which covers the Henrico Area Community Services Board and its 25 affiliated mental health providers. Michael also is responsible for monitoring the human rights activities of 28 providers who are affiliated with the Richmond

Tri-Cities Local Human Rights Committee. Michael enjoys providing technical assistance to the providers he works with and enjoys helping providers and peers problem solve.

Michael attends New Life Worship Center in Petersburg, Virginia and has served as an ordained elder since 2007. Michael LOVES ITALIAN FOOD!!!!

Meet the LHRC Honoree

Each edition will introduce an outstanding LHRC member.

This issue spotlights Ann Pascoe, Chairman of the NOVA Regional LHRC.

Ann Pascoe was appointed to the NOVA Regional LHRC in May of 2003. She became interested in joining while she was working at Loudoun County CSB the Department of Mental Health Center as a Discharge Planner. She attended a Human Rights training conducted by Advocate Mary Towle where she discussed the Human Rights Regulation changes. Ann had known and trusted Mary's name for years as they had worked in other MHMRSAS programs in Northern Virginia, She thought that the best way to understand the new regulations was to join an LHRC.

When Ann joined the NOVA Regional LHRC, there were five members (including her). By the end of her second year she became Chair. Under Ms. Pascoe's leadership, the Committee started to grow and develop. Ann ventured past her role as the chair and started to look at new and innovative ways for committee members to communicate with other LHRC members in the area.

From this came the idea of getting all of the Chairs of the various Northern Virginia LHRCs together to meet, collaborate and discuss and the NOVA Regional Partnership Group was formed. This undertaking has been no small task but thanks to Ms. Pascoe, it has been a huge success. In 2006 they developed a regional recruitment brochure and they are currently working on a "Welcome Packet" for new committee members.

Ann moved to VA from Buffalo NY to pursue her Masters of Social Work at VCU. She attended the satellite campus in Northern Virginia and graduated in 1998. Since then she has worked for various providers in Northern VA and recently become a full time SAHM (stay at home mom). Ms. Pascoe will be leaving the NOVA LHRC at the end of her 2nd term in June but has promised us that she will take on another committee in the early fall.

Advocating for a Sister Volunteer Organization

Do you want to make changes to the mental health delivery system in the community? Do you want to influence where funding goes for mental health services in the community? Or, get more involved in advocacy for people with mental health needs?

If so, consider joining Virginia's Mental Health Planning Council. The Council is seeking new members persons who are committed to ensuring that Virginia's mental health services are the best they can be.

The Mental Health Planning Council (MHPC) is a federally mandated body required by Public Law 192- 321, which requires that states develop and implement comprehensive mental health plans for adults with serious mental illness and children with serious emotional disturbances. The state plan implementation must be monitored and progress reported annually. This review is done by a broad-based, statewide Mental Health Planning Council. Virginia's Mental Health Planning Council represents consumer, family, and advocacy interests.

Membership on the MHPC is governed by federal guidelines and the Bylaws of the MHPC. Recruitment is an ongoing process. Although the MHPC may not have a vacancy in a particular category at a particular time, the Membership Committee will maintain a list of persons who have indicated interest by completing the application. The MHPC is committed to diversity and seeks to ensure that membership is representative of the Commonwealth. Minorities and persons with disabilities are encouraged to apply. Currently, the MHPC has multiple vacancies for persons with serious mental illness and for family members of children and youth with serious emotional disturbance.

We invite potential members to submit their application (found at <http://www.dmhmrsas.virginia.gov/MHPC/documents/MHPC-Membership-Application.pdf>) and to attend a meeting as our guest to see if it feels like a good match. The membership committee reviews all the applications and makes recommendations to the full council regarding appointment. Recommendations are focused on seeing that the MHPC maintains diversity and an appropriate ratio of consumers/family members to state employees and mental health providers.

The MHPC meets for 4 regular meetings a year, usually in Richmond; there is also an annual retreat in October. The proposed meeting dates for 2008 are: April 16, June 18, and December 3. The meetings are generally scheduled from 10:00 - 3:00. Although service on the MHPC is volunteer, travel costs are reimbursed. Much of the work is done in committee; each member is asked to participate on either the adult services or child and adolescent services committee. The committees generally meet between the regularly scheduled MHPC meetings, either in person or via telephone.

You can find further information on the MHPC website <http://www.dmhmrsas.virginia.gov/MHPC/Overview.htm> and can view the state's Mental Health Block Grant application at <http://www.dmhmrsas.virginia.gov/OMH-BlockGrant.htm>.

State Human Rights Committee Application for Membership

Today's Date:

Name:

Street Address:

City, State, Zip:

Telephone #:

Current (or most recent) Employer:

Employer's Address:

Dates of Employment: From ____/____/____ to ____/____/____

Occupation/ profession (if retired, list previous occupation):

Educational Background:

Please check categories in which you are eligible or willing to serve:

Professional Family Member Consumer Healthcare Provider

Have you ever been employed by, or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

Yes____ No____

If so, name of program (or programs):

Capacity in which you served:

Dates of service:

From ____/____/____ to ____/____/____

Have you been a member of a local human rights committee?

Yes____ No____

If so, which LHRC did you serve on?

Capacity in which you served:

Dates of service:

From ____/____/____ to ____/____/____

If so, please describe your experience on the local human rights committee.

Please describe your education, training or experience in the area of Mental Health, Mental Retardation or Substance Abuse services, if any.

What is your interest in serving on a State Human Rights Committee?

As a member of the State Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly? Please note that the SHRC holds meetings 8 times per year and all meetings are on Friday. Also, the SHRC meets in locations throughout the state that results in members frequently staying overnight on the Thursday prior to the meeting.

Please use the space below to provide any additional information you think is relevant to your application.

Applicant's Signature:

Thank you for your interest in serving on the State Human Rights Committee

Human Writes

State Human Rights Committee Newsletter

Volume 3 Issue 11

Summer 2008

Welcome

Welcome to the summer 2008 edition of Human Writes, a quarterly newsletter from the State Human Rights Committee (SHRC). The purpose of this newsletter is to share ideas, problems, solutions and other items of mutual interest among the Local Human Rights Committees and the SHRC. Please submit you thoughts and ideas to:

DMHMRSAS
Office of Human rights
P. O. Box 1797
Richmond, VA 23218

SHRC.newsletter@co.dmhmsas.virginia.gov

Variances to:

Rules and Regulations to Assure the Rights Of Individuals Receiving Services from Providers Licensed, Funded or Operated by DMHMRSAS

Occasionally programs will ask for a variance to the regulations. Part VI, 12VAC35-115-220 **Variances**, details the specific requirements for a variance to the regulations as introduced below.

A. Variances to these regulations shall be requested and approved only when the provider has tried to implement the relevant requirement without a variance and can provide objective, documented information that continued operation without a variance is not feasible or will prevent the delivery of effective and appropriate services and supports to individuals.

The regulations further outline the process of requesting a variance. The SHRC is very cautious about allowing variances so as to protect the Human Rights of clients. A recent request to the SHRC for a variance asked for permission to use video camera monitoring in a seclusion room of a psychiatric hospital instead of face to face monitoring. The SHRC rejected the request for the variance due the regulation 12VAC35-115-110 **Use of Seclusion, restraint, and time out C. 17** "Providers shall monitor the use of restraint for behavioral purposes or seclusion through continuous *face to face* observation, rather than by an electronic surveillance device." The SHRC felt the face to face observation as specified in the regulations was an appropriate protection of the human right of dignity and a variance was not indicated. Programs should consider a request for a variance only under unusual circumstances.

VCBR Update: Completes Move

The SHRC held its May 30, 2008 meeting at the Virginia Center for Behavioral Rehabilitation (VCBR) and toured the facility. VCBR is a unique facility within the mental health system. One first notices the set of 15 foot fences with barbed wire at the top surrounding the facility. VCBR houses Virginia's Sexually Violent Predators who have been committed to residential care. VCBR has to meet its unique security requirements and is also a residential facility as well. This brand new facility opened in March 2008 and can eventually house up to 400 residents. At present there are fewer than 100 residents. The facility is bright and new and has a gymnasium that the residents greatly appreciate. The resident's rooms are in sections of 40 rooms that surround a common area. VCBR has many classrooms, treatment rooms and has space set aside for a work program in the future. The combination of a residential facility and a secure facility seems to have been accomplished. As with any new facility there were a few bugs to be worked out and they seem to have been solved.

VCBR is a secured residential treatment facility dedicated to the treatment of civilly committed sexually violent predators. The program is currently located in Nottoway County. The 28 acre site is located adjacent to Piedmont Geriatric Hospital between U.S. 360 and U.S. 460. VCBR is committed to changing the Commonwealth and the lives of our residents through a comprehensive psycho-social treatment program that lowers the re-offense risk of our population to the lowest level possible; providing an invaluable service to the community.

VCBR's Vision

The VCBR is a model behavioral treatment center and a proven innovative leader in the profession. The Commonwealth is a safer place to live and work because the Center maintains suitable custody and exemplary rehabilitation of residents.

The employees are the cornerstone of the Center. We share a common purpose and a commitment to the highest professional standards and excellence in public service. The Center, through its unwavering commitment to its employees, is a gratifying place to work and grow professionally.

VCBR's Goals

- Maintain custody of and provide treatment for residents during their commitment at the Center.
- Ensure a safe and healthy environment for staff and residents alike. Develop and implement effective programs and services that provide residents the opportunity for positive change Provide effective leadership so that the Center can optimize its resources to achieve all mandates, initiatives, and services.

VCBR's Values

We believe we can best fulfill our vision and accomplish our mission by demonstrating and living the following values:

- Performing work that is purposeful and fulfilling;
- Exemplifying professional, ethical, and high moral standards of conduct;
- Demonstrating a commitment to the Center's mission; and
- Being team players and supporting one another.

LHRC Honoree

The LHRC Honoree this newsletter is Dr. William (Bill) FitzPatrick of the New River Valley LHRC. Bill is an Associate Professor of Philosophy at Virginia Tech in Blacksburg, Virginia.

Bill first came to Virginia with his wife and son in 1999 to join the faculty at Virginia Tech. Prior to that, Bill had been living in New Haven, Connecticut, teaching philosophy at Yale University. Two things that especially attracted Bill and his family to Blacksburg as they started their family were the excellent public school system and the strong sense of community, which has become all the more evident since the tragedy of April 16, 2007. When Bill first heard about the New River Valley LHRC from a colleague at Virginia Tech, he jumped at the chance to become involved with this important community service. Bill joined the LHRC in the fall of 2003 and became chair of the committee in 2004.

Part of Bill's interest in the work of the LHRC comes from his professional interest in human rights and dignity. The focus of his work is ethics—from the philosophical foundations of rights and duties to applications of philosophical principles to issues such as human subjects testing or embryonic stem cell research. This past May, Bill presented a paper at a conference at Washington University in St. Louis on Kant's conception of human dignity and its practical implications. Although the issues discussed were often abstract, they form the philosophical background for many of our concerns in LHRC's.

The other source of Bill's interest in the LHRC is more personal. Bill's older brother, Mike, is autistic, and Bill grew up keenly aware of the issues Mike confronted. Being much younger, Bill missed Mike's first thirteen years, when doctors presumed to tell Bill's parents that Mike would never be able to live outside of an institution, and that they had caused the problems—in one case, telling Bill's mother that it must have been her “frigidity”, in another case telling her the opposite, that she must have been “smothering”. In fact, through Bill's parents' devotion and hard work, Mike developed into an extremely capable adult, who has held the same job for the last thirty years. This was a powerful testament to the power of the right kind of care and support to change people's lives for the better.

Shortly before Bill came to Virginia, Mike also experienced first-hand the opposite: the power of ignorance—especially in the hands of people entrusted with authority—to wreak havoc on those least able to defend themselves. Early in 1999, Mike was arrested and charged with

bank robbery, after police browbeat a false confession out of him in the middle of the night and a bank teller mistakenly picked him out of a lineup after having just been shown his picture. The whole episode, which involved his being put briefly in jail (until their parents came up with \$50,000 bail), wound up being featured on the national news program "20/20". The punch line: The charges against Mike were dropped only after the real bank robber, who had since been caught for serial bank robbery in the area, confessed and then contacted the media after being told by officials that they weren't going to charge him with the robbery in question because they "had someone else". It was an eye-opening experience in many ways, not least of which because it highlighted the importance of education for law enforcement personnel concerning persons with mental disabilities.

For all these reasons, Bill has been very interested in contributing to the work of the LHRC in protecting human rights. Bill notes that one persistent challenge for the New River Valley LHRC has been adequate representation on the committee by consumers, which is important to ensure an adequate range of viewpoints.

On the whole, Bill has been extraordinarily impressed by the quality of the care he has seen represented by providers. The thoughtfulness and detail of the treatment plans, for example, shows the extent to which these extremely hard working people have gone to get to know the people they serve, so as to minimize restrictions and maximize their ability to participate freely in as much of life as possible. Bill also has been extremely impressed by the passion and integrity of the NRV LHRC Regional Advocate, Nan Neese, who describes herself as "one of the longest surviving Human Rights Advocates". Bill notes that Nan is the kind of person anyone needing an advocate would definitely want on their side! If Bill had to pick one word to describe the feeling he typically comes away with after an LHRC meeting, it would be: 'inspired'.

Hail and Farwell-SHRC

On June 30th, we said goodbye to Carmen Thompson and Davey Zellmer who have completed six years each serving on the SHRC. Davey was editor of Human Writes from its beginning and is now turning the reins over to Joe Lynch. She says the time is right for new blood and thinks Joe will improve the newsletter and bring a male point of view to it. Carmen Thompson, from 'beautiful Smith Mountain Lake', has served on a number of sub-committees and has never held back her opinions on the way she thinks the committee should take action. We are told she has already signed on to serve on another LHRC. As of July 1st, the Committee welcomes new members Randy Johnsey, consumer member from Area 3 and Carolyn DeVilbiss, a health care provider and professional from Area 1. Randy has been the Chairman of an LHRC for some time and is said to be an outstanding leader of that group. Carolyn has worked in the field of aftercare services at the Mt. Vernon Center for Community Mental Health and has helped form quality community services since the beginning of de-institutionalization

Adrien Monti is the new advocate at Catawba Hospital and Roanoke Valley. Randy Urgo, long time advocate at WSH and area transferred to Central Virginia Training Center. Jerry Thomas will begin as the new advocate at WSH and area on July 10, 2008. Anne Stiles long time advocate at Piedmont Geriatric Hospital (PGH) and Virginia Center for Behavioral Rehabilitation (VCBR) retired. Walter "Buddy" Small will begin as the advocate at PGH/VCBR on June 25th. Stanley Cousins advocate at Southern Virginia Mental Health Institute resigned.

MEET THE ADVOCATE

Each issue of Human Writes will feature one of the Advocates. This issue introduces Stewart Prost, senior advocate in Region V.

Stewart Prost, a determined young man, was born in Minneapolis, Minnesota, with a medical condition which left him legally blind for life. When he was in the third grade, intelligence and other testing determined that he was capable of achieving a college level education. From that moment on, his parents' expectations were that he would complete college and support himself in an average job in an average business. Stewart grew up with that expectation as a given

He graduated from the University of Minnesota with a Bachelor's Degree in Social Work. While he had role models in college, he never had formal training in a facility for the blind. He began his social work career in nursing homes and as an ombudsman in a program in Minneapolis.

He moved to Virginia to be married. He is an active member in the National Federation of the Blind. His career encountered a "bump in the road" when, while working for another state agency, the Virginia Beach office of that agency where he worked was closed. He was offered a position in Richmond, which was over 100 miles away from his home. It was not possible to work in that location because of his disability. The agency was not willing to accept telecommuting as a reasonable accommodation. The dispute was resolved through EEOC intervention and arbitration. During this same period, his present job became available.

His advocacy responsibilities primarily center around Southeastern Virginia Training Center, but also include community programs, as well. Being a small campus, he can walk to most of the places where he is needed. He also covers the Southside Regional LHRC, the Universal Family LHRC, the Mid-city LHRC, and the Norfolk Regional LHRC. When he can't walk, he uses cabs, buses, or sometimes carpools.

His approach to problem solving issues or complaints sounds similar to the way he has dealt with his own. He considers any intervention from the standpoint of "what do you want and how can we get it". He assists the client in defining goals, identifying options, and seeking resolution at the lowest level of intervention. He thinks of his relationship with a client as a human one in that he believes everyone has the right to be heard and treated fairly. He doesn't try to be perfect but to be creative and be a team player.

Introducing CHRIS

Who is CHRIS? The Computerized Human Rights Information System (CHRIS) web based reporting system will be tested this summer with some providers slated to begin reporting in the fall. Full implementation of the new web based reporting system is scheduled for January 2009. Providers will use this system to make required reports of human rights complaints, allegations of abuse and neglect and uses of seclusion and restraint.

Annual Report

Message from the SHRC Chair and the Director of Human Rights

This annual report presents the activities and achievements of the State Human Rights Committee (SHRC) and the Office of Human Rights (OHR) in 2007 in accordance with our duties and responsibilities under the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services*. It is our hope that this report enlightens 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 these rights. The Annual Report will be available in mid August at <http://www.dmhmsas.virginia.gov/OHR-default.htm>

Human Writes

STATE HUMAN RIGHTS COMMITTEE NEWSLETTER

Volume 3 Issue 12

Fall 2008

WELCOME

Welcome to the Fall 2008 edition of Human Writes, a quarterly newsletter from the State Human Rights Committee (SHRC). The purpose of this newsletter is to share ideas, problems, solutions and other items of mutual interest among the Local Human Rights Committees and the SHRC. Please submit you thoughts and ideas to:

DMHMRSAS
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P. O. Box 1797
Richmond, VA 23218

SHRC.newsletter@co.dmhmrsas.virginia.gov

VARIANCE AND APPEAL FOR WESTERN STATE HOSPITAL MR. C.C. v DR. JACK BARBER

The SHRC reviewed an interesting and controversial situation concerning a Western State Hospital patient. The SHRC met on July 11, 2008, August 1, 2008 and September 5, 2008 to hear different aspects of a variance request and an appeal. The appeal case originally came before the SHRC on appeal of a decision of the Western State Hospital (WSH) LHRC. Mr. Nathan J.D. Veldhuis, M.A. brought the case forward on behalf of Mr. CC and his family. Dr. Jack Barber, Director of WSH, appeared on behalf of WSH. Concurrent to the appeal WSH also requested a variance to the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Operated or Funded by the Department of Mental Health, Mental Retardation and substance Abuse Services 12 VAC 35-115, et seq.* Specifically the variance request concerned the issue of seclusion.

Mr. CC for several years has been housed in a Limited Contact Suite. The Limited Contact Suite includes several rooms and an outside patio area. This housing was determined several years ago to be the least restrictive environment for Mr. CC to deal with several hundred acts of aggression toward other patients and staff. The new Human Rights Regulations (Effective date September 19, 2007) changed the definition of seclusion. The regulations state: "*Seclusion means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave it*".

The SHRC unanimously affirmed and agreed with the WSH LHRC that the Limited Contact Suite met the definition of seclusion contained in 12 VAC 35-115-30. The SHRC

approved a variance to 12 VAC 35-115-110.C.3 to allow use of seclusion until December 5, 2008. The SHRC also imposed certain conditions and terms on the variance, including reports from WSH at the September 5, 2008, October 24, 2008 and December 5, 2008 SHRC meetings.

The recommendations of the SHRC, as required by the regulations, were sent to Commissioner James Reinhard. Commissioner Reinhard responded acknowledging this was a very complex and challenging case. Some of the Commissioner's responses are that:

- WSH will discuss how best to implement a treatment plan that will result in a transfer of Mr. C.C. To another location that is in closer proximity to the family.
- WSH will expand its recruiting efforts for Spanish-speaking mental health professional staff.
- The Office of Cultural & Linguistic Competency will also help with recruitment efforts for Spanish-speaking staff.
- WSH director will assist in the development of in-house training programs to help existing staff better communicate with Mr. C.C.
- WSH will develop plans and time lines to safely increase the time Mr. C.C. spends out of the limited contact suite.
- WSH is currently operating in accordance with the variances granting approval for the use of the limited contact suite and is reporting to the SHRC as required.

The SHRC is receiving the reports from WSH and is monitoring the implementation of the plan developed by the SHRC. This situation is difficult and unique and all of the parties involved are attempting to assure that the human rights of Mr. C.C. are respected.

SHRC HAIL AND FAREWELL

The SHRC is pleased to announce the appointment of two new members. Mr. Randy Johnsey, former chairman of the Southwest Regional LHRC, and Ms. Carolyn DeVilbiss from Alexandria Virginia were appointed to the SHRC.

The SHRC welcomes the Office of Human Rights' new employee Rosanna Deal, Human Rights Advocate serving Southern Virginia Mental health Institute (SVMHI) and surrounding areas. Ms. Deal has a background in social work. She has experience working at a community services board and most recently at SVMHI.

MEET THE ADVOCATE

Each issue of Human Writes features one of the Advocates. This issue introduces senior Walter "Buddy" Small, Human Rights Advocate for Piedmont Geriatric Hospital and Virginia Center for Behavioral Rehabilitation.

~ ~ ~ ~

I am a modest yet devoted Eagles fan or as some would say "Yankee" from South Philadelphia. I am one of ten children of a Irish Catholic family, were I learned very

quickly...that the first one up in the morning was the best dressed! I must admit after just four years of State service and reading some of the previous *Meet the Advocate* articles, I need to pick up the pace! I consider myself extremely fortunate to be in the company of such talented and devoted team members.

I started my professional career when I enlisted in the United States Army out of high school. My enlistment took me to many unique places in the world, but none more special than Virginia. I was assigned to Fort Lee in 1984 and stayed there until I retired in 1991 after 20 years of military service. There was no chance for me to go back to Philadelphia since I met and married a Southern Belle and, yes, became a Southern land owner. I now have the respect of my Southern friends, except now I'm a Darn Yankee, which I did not know until recently is two words.

I have been blessed with many things in my life. Never did I expect as a young man on the streets of Philadelphia that I would have a college education, a decorated military career, a beautiful home, a wonderful wife and family, and, oh yeah, a Harley, as well as the opportunity to serve my fellow man as I now do as a Human Rights Advocate in Region 6. Becoming a Human Rights Advocate has taught me more about myself than I anticipated or expected. Being the voice for the rights of those who cannot speak for themselves is truly an honorable and special calling. I hope that with a little help from my friends I can earn the respect that I have for each of you. Thank you for allowing me to tell you a little about me.

STATE INCENTIVE GRANT TO BUILD CAPACITY FOR ALTERNATIVES TO RESTRAINT AND SECLUSION

The SHRC heard a report from Ms. Carolyn Lankford and Ms. Mary Clair O'Hara giving an update on a program to build capacity for alternatives to restraint and seclusion. The program is part of a grant from SAMHSA and has just completed its first year of a three year process. Activities of the grant are based on the Public Health Prevention Model and HASMHPDs "Six Core Strategies to Reduce the Use of Seclusion and Restraint." The program is being implemented at The Commonwealth Center for Children and Adolescents (CCAA) and also at Central State Hospital (CSH). Some of the accomplishments for the first year are:

- Safety plans implemented at CCAA
- Trauma assessment developed by CSH
- Flexibility in Rules at CSH
- Environment of care changes

Also progress has been made in the Consumer Roles:

- Consumer and family representation on CCCA's Seclusion and Restraint Steering Committee
- Family Representation on CCCA Consumer and Family Voice Participation Workgroup
- Family Liaison identified at CCCA
- WRAP facilitator role expanded by CSH to increase role of professional consumers
- WRAP facilitator Role at CSH includes Seclusion and Restraint Steering Committee

In terms of Seclusion and Restraint Use

- Prone restraints eliminated at CCCA
- Downward trend is S/R use for FY 2008 for CSH

SHRC MEETINGS

The SHRC holds its meetings at Community and State Mental Health facilities around the state. The July 11, 2008 SHRC meeting was held at the Rappahannock Area CSB in Fredericksburg, Virginia. Mr. Brian Duncan, Executive Director welcomed the SHRC to his community. This meeting was largely attended by the public and the SHRC thanks the CSB for accommodating such a large group.

The August 1, 2008 special meeting of the SHRC was held at the Region Ten CSB Administrative Offices in Charlottesville, Virginia. Chairman Kirby Wright thanks the staff of Region Ten CSB for hosting the Committee meeting.

The September 5, 2008 meeting was held at the Southwest Virginia Training Center and the Crossroads Institute. Dr. Dale Woods, Executive Director of SWVTC welcomed the SHRC and led a tour of the facility. The SHRC wishes to thank Dr. Woods and B.J. McKnight, Human Rights Advocate, SWVTC for their assistance to the committee.

The SHRC met on October 24, 2008 at Eastern State Hospital's new Hancock Geriatric Facility in Williamsburg, Virginia. The SHRC thanks Mr. John Favret for his hospitality.

The SHRC will meet at Richmond Ambulance Authority on December 5, 2008 in Richmond, Virginia.

For general information on the State Human Rights Committee, Local Human Rights Committees, and Human Rights Advocates, and the Department of Mental Health, Mental Retardation, and Substance Abuse Services, please see Volume 1 Issue 1.

Human Writes is a newsletter of the State Human Rights Committee to all Local Human Rights Committees for the purpose of fostering greater news and idea sharing among all of us.

APPENDIX

III

Local Human Rights Committees and Affiliations

2008
REGION 1
TOTAL PROVIDERS – 120

- 1) Harrisonburg-Rockingham LHRC - 14
 - a) C.C. Associates
 - b) Crossroads Counseling (Fredericksburg)
 - c) DePaul Family Services
 - d) Fair Haven
 - e) Harrisonburg League of Therapists
 - f) Lutheran Family Services
 - g) Minnick Education Center
 - h) The Arc of Harrisonburg/Rockingham Co. (The OP Shop)
 - i) Pleasant View Homes, Inc.
 - j) Rockingham Memorial Hospital – Behavioral Health Unit
 - k) Specialized Youth Services
 - l) Sunset Ridge/Somerset Home
 - m) Valley Association for Independent Living
 - n) HRCSB programs

- 2) Northwestern CSB's LHRC –25
 - a) A Place to Call Home
 - b) Blue Ridge Opportunities
 - c) Blue Ridge Residential Svcs.
 - d) Bridging the Gaps, PC
 - e) Community Alternatives of Virginia (Rescare)
 - f) Crossroads Counseling (Winchester)
 - g) DePaul Family Svcs.
 - h) Family Preservation Services, Inc.
 - i) Good Life Corporation
 - j) Grafton School
 - k) Heart Havens, Inc.
 - l) Intensive Supervision & Counseling Svcs., LLC
 - m) Lord Fairfax House
 - n) Lutheran Family Services
 - o) National Counseling Group
 - p) Northwest Works
 - q) NOVA Family Services
 - r) Robert E. Rose Memorial Foundation, Inc.
 - s) Shenandoah Valley Community Residences
 - t) Shen-Paco Industries
 - u) Timber Ridge School
 - v) Wall Residences
 - w) Where The Heart Is
 - x) Winchester Medical Center
 - y) Northwestern CSB programs

3) Rappahannock Area CSB's LHRC –8

- a) Creative Family Solutions
- b) Fair Winds III
- c) Hope Tree Family Svcs.
- d) Presbyterian Group Home & Family Svcs.
- e) Rappahannock Goodwill Industries
- f) Serenity Home, Inc.
- g) Mary Washington Hospital inpatient psychiatric units
- h) Rappahannock Area CSB programs

4) Fredericksburg Area LHRC –13

- a) Blue Ridge Residential Svcs.
- b) Dominion Youth Svcs.
- c) Empowerment Clinical (temporary affiliation)
- d) Family Love Training Home Ministry, Inc.
- e) Family Preservations of Fredericksburg
- f) Family Solutions
- g) Heritage House of Virginia, Inc.
- h) Intercept Youth Svcs., Inc.
- i) P.E.O.P.L.E.
- j) Remuda Ranch East
- k) Structures Youth Home
- l) Tree of Life Christian Counseling
- m) Wall Residences, LLC

5) Rappahannock-Rapidan CSB's LHRC –15

- a) ACT Family Services
- b) Agape Counseling & Therapeutic Svcs.
- c) Blue Ridge Group Home
- d) Blue Ridge Residential Svcs. (Forest & Charlottesville)
- e) Child Help East (Alice Tyler Village)
- f) Counseling Interventions
- g) Didlake Inc.
- h) Empowering Families
- i) Family Focus
- j) Family Preservation Services of Culpeper
- k) Mountain Laurel Residential Treatment Center
- l) National Counseling Group
- m) Psychology Associates of Orange
- n) Wall Residences
- o) RRCSB programs

6) Region Ten CSB's LHRC –21

- a) ARS Pantops Clinic
- b) Blue Ridge First Step
- c) Blue Ridge Residential Services
- d) Central Virginia Family Therapy
- e) Creative Family Services
- f) DePaul Family Services
- g) Empowering Families (Wellness Center)
- h) Fair Winds I & II
- i) Family Preservation Services of Charlottesville
- j) Lakeview Virginia Neurocare, LLC
- k) Lamona Agency
- l) League of Therapist (Charlottesville & Augusta)
- m) Little Keswick School
- n) Miracles
- o) **On Our Own (funded provider)**
- p) Ragged Mountain Home
- q) The ARC of the Piedmont
- r) Wall Residences
- s) Whisper Ridge
- t) Worksource Enterprises
- u) Region Ten CSB programs

7) Rockbridge Area CSB's LHRC – 4

- a) Family Preservation Services of Lexington
- b) Open Arms Haven
- c) Wall Residences
- d) Rockbridge Area CSB programs

8) University of Virginia's LHRC – 1

- a) UVA – Rucker 3 & 5 East

9) Valley CSB's LHRC –13

- a) Augusta Health Center's Crossroads Unit
- b) ARC of Augusta
- c) Blue Ridge Residential Services
- d) C.C. & Associates
- e) Community Living Services
- f) Creative Family Solutions, Inc.
- g) DePaul Family Services
- h) Family Sharing, LLC
- i) Fidura & Associates
- j) Heart Havens
- k) Presbyterian Group Homes
- l) Wall Residences
- m) VCSB programs

10) Western State Hospital's LHRC – 1

a) WSH

11) Commonwealth Center for Children and Adolescents LHRC –5

a) Family Preservation Services of Verona

b) Intercept Youth Services

c) Liberty Point

d) Lutheran Family Services

e) CCCA

REGION II

1 Alexandria Community Services Board

Affiliations

Alexandria CSB
Central Fairfax Services*
Industrial Concepts of Northern Virginia, Inc.*
Second Genesis, Inc.
St. John's Community Services*
Service Source*
E-Tron Systems, Inc.*

Didlake, Inc.*



Mt. Vernon-Lee Enterprises, Inc.*
The Sheltered Occupational Center of No.Va*

2 Arlington Community Services Board

Affiliations

Community Residences, Inc.*
Vanguard Services, Unlimited*
Volunteers of America Chesapeake, Inc.*
Fellowship Health Resources
Arlington CSB
Family Focus Services
SOC Enterprises
L'Arche

3 Fairfax - Falls Church Community Services Board

Affiliations

Fairfax-Falls Church CSB
Community Systems, Inc.
Community Residences, Inc.*
Chimes of Virginia, Inc.*
Central Fairfax Services*
Langley Residential Support Services
Industrial Concepts of Northern Virginia, Inc.*
Community Living Alternatives, Inc.

Lifeline of Virginia

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Fairfax CSB LHRC cont.
Job Discovery, Inc.*
Gabriel Homes, Inc.
St. John's Community Services*
Service Source*
Jewish Foundation for Group Homes, Inc.
Abilities Network*
Hartwood
E-Tron Systems, Inc*
Pathway Homes, Inc.
Mt.Vernon-Lee Enterprises, Inc.*
RIVA
Psychiatric Rehabilitation Services

4 Loudoun County Community Services Board

Affiliations

Loudoun CSB
National Children's Rehab Center dba Graydon Manor
Job Discovery, Inc.*
St. John's Community Services*
Every Citizen has an Opportunity, Inc. (ECHO)
Hoffman and Lebeda

5 Northern Virginia Regional LHRC 1

Affiliations

Cardinal Group, Inc.
Sellati & Co. Inc.
North Spring Behavioral Center
Braley & Thompson
Childrens Services of Va., Inc.
No.Va. Counseling Group
Family TEAMWORK
Center for Multicultural Human Services
Multicultural Clinical Center
The Women's Home, Inc.
Beyond Behaviors
Whitman-Walker Clinic, Inc.
St. Coletta Society of No.Va.
School for Contemporary Education (Phillips-Family Partners)
Ethos Foundation, Inc
No. Va. .Regional I LHRC cont.

Living Free Unlimited
.Family Preservation Services, Inc.
Adolescent & Family Growth Center, Inc.
Virginia Psychiatric Company, Inc. dba Dominion Hospital
Family Advocacy Services of Virginia, Inc.
Harrison House, Inc.
Residential Youth Services
Circles of Hope Counseling & Addictions Services
Estelle Place, LLC
Family Priority, LLC
Innovative Behavior Treatment Center
INOVA – Kellar Center
Institute for Family Centered Services
Meier Clinics – Fairfax
The Recovery Center of Northern Va.

6 Prince William Community Services Board

Affiliations

Prince William CSB
Community Residences, Inc.*
Elite Healthcare, Inc.
Volunteers of America Chesapeake, Inc.
Service Source*
Accutek Assemblies, Inc.*
Didlake, Inc.*
Association for Retarded Citizens - Pr.Wm. (VOSAC)
*Insight, Inc.
Prince William Area Agency on Aging
Our Place
Destiny's Place
Creative Family Solutions
Victoria Transcultural Services, Inc.
Phoenix "N" Peace
Family Focus, Inc.

7 Northern Virginia Hospitals' (NVH)

Affiliations

Inova – Alexandria
Inova – Fairfax
Inova – Mt. Vernon
Inova – CATS
Inova - Loudoun
NVMHI

Prince William Hospital (CPAT)
Virginia Hospital Center

Northern Virginia Training Center

No Affiliations

*Licensed organizations affiliated with more than one CSB LHRC

REGION III AFFILIATIONS BY LHRCs

updated 3/2009

1 Blue Ridge Regional Human Rights Committee

A Better Life Counseling Services
A Shining Light, Inc
Avenues to Recovery, Inc.
Bethany Hall
Blue Ridge Behavioral Healthcare
Blue Ridge Residential Services
Blue Ridge Support Services
Braley & Thompson, Inc
Camelot of VA
Cee-Breeze Personal Care Services, Inc
CHIP of Roanoke Valley
Centra Health
DePaul Family Services
Didlake, Inc.
EHS MH Support Services, LLC
East Mental Health, LLC
Family Preservation Services, Inc.
Family Services of the Roanoke Valley
Fidura and Associates, Inc.
Goodwill Industries of the Valley (Roanoke)
Hall Community Services
Hope Tree Developmental Disabilities Ministry of Virginia Baptist Family Services
Innovative Community Solutions, Inc
Intercept Youth Services, Inc
Lamano Agency
Lutheran Family Services of Roanoke
Mayo Residential, Inc
Minnick Education Center
Mount Regis Center
National Counseling Group, Inc
New Hope Support Services
Roanoke League of Therapists/New River League of Therapists
Roanoke Treatment Center
Support Services, LLC
The Madeline Centre, Inc
Total Life Counseling, Inc.
Youth Villages, Inc

2 Roanoke Local Human Rights Committee

Alleghany Highlands Community Services

Austin Residential & MHSS
Dominion Youth Services, Inc
Dominion Day Services
It's About Time, Inc
Key Living Options, Inc
United Support Services

3 Mount Rogers Local Human Rights Committee

Mount Rogers Community Mental Health and Mental Retardation Services Board
Camelot of VA
Holston Family Services
Life Center of Galax - SAS residential center and outpatient/Methadone Center
Lutheran Family Services
Positive Options in Living
Twin County Regional Healthcare Behavioral Health Services
Walls Residence, LLC.

4 New River Valley Local Human Rights Committee

New River Valley Community Services
Braley & Thompson, Inc
Carilion's St. Albans Behavioral Health Center
Creative Family Solutions
DePaul Family Services - Christiansburg
Family Preservation, Inc. - Christiansburg
Intercept Youth Services, Inc
Lakeview Blue Ridge Center
Strengthening Our System, LLC
Wall Residences, LLC

5 Piedmont Community Local Human Rights Committee

Piedmont Community Services
Alliant Consortium
ATIBA Youth Intervention Services, LLC
Branches of Hope – has not been granted license
The Claye Corporation
Creative Family Solutions, Inc
Didlake, Inc
EHS Support Sevices
Family Preservations Services, Inc of Martinsville
Family Preservation Services , Inc of Roanoke at Rocky Mount
Goodwill of the Valleys
Hope Tree Family Services
The Lamano Agency
Mayo Residential, LLC
Memorial Hospital of Martinsville and Henry County Inpatient Program

National Counseling Group, Inc
PARC Workshop
Patrick County Developmental Center
Stepping Stone, Inc
Support Services, LLC
Vision Family Services, LLC – no license; application incomplete
Wall Residences, LLC
Upside to Youth Development, LLC

6 SW Regional Human Rights Committee:

Cumber Mountain Community Services
Dickenson County Behavioral Health Services
Highlands Community Services
Planning District I Community Services Board – Frontier Health
Clearview Psychiatric Unit of Russell County Medical Center
Clinch Valley Treatment Center
Creative Family Solutions
Cross Roads Point, Inc. and New Roads, Inc
DePaul Family Services
Hope Tree Developmental Disabilities Ministries of VA Baptist Children & Family Services –
 2 Abingdon Group Homes
Family Preservation Services, Inc.
Holston Family Services
Mountain Connections, Inc.
New Beginnings
Rachel's Haven
R & S Helping Hands

7 Catawba Local Human Rights Committee

Catawba Hospital
Carilion's Roanoke Memorial Behavioral Health Center
Lewis Gale Psychiatric Center

8 Southwestern Va Mental Health Institute Local Human Rights Committee

Southwestern Virginia Mental Health Institute
Ridgeview Pavilion Psychiatric Center – Wellmont Healthcare System
Marion Youth Center

9 Southwestern Virginia Training Center Local Human Rights Committee

REGION IV

4/28/2009

- **ANUE LHRC**

Affiliated Programs:

Agape Counseling
Blandford & Haley
Community Alternatives for Youth & Family
HIM First
Healthy Minds
Pathways to Life, Inc.

- **Central State Hospital**

Affiliates Programs:

None

- **Chester Regional LHRC**

Affiliates Programs:

Alternative Interventions
Atiba Youth Interventions
Bair Foundation
Compassionate Hearts
Cornerstone Youth
E & M Residential
El Shaddai Adult Group Home
Intensive Community Outreach Services
Ivan, Joseph & Allan, LLC
Life Touch Services
New Heights, Inc.
Outreach Training & Support Center
Paradise Homecare
River City Comprehensive
Youth & Family Dynamics

- **Chesterfield LHRC**

Affiliated Programs:

Advanced Services for Kids
All Chesterfield CSB (directly operated and contracted programs)
Covenant Homes
Grafton

J & M Adult Care
Jerolin Management
Kids In Focus of Virginia
Langhorne Family Services
Lyle Professional
Quality Life Services
Rivers Assisted Living
Youth Empowerment Services

- **Commonwealth LHRC**

Affiliates Programs:

All Care Family Services
City of Richmond, Justice Dept.
Elk Hill
Second Chance 4 Youth, LLC
Serenity C & C, Inc.
Unity Family Services

- **Crater LHRC**

Affiliated Programs:

Adult Activity Services
Agape' Unlimited I
Agape' Unlimited II
All D19 CSB (Directly Operated and Contracted Programs)
Association for Retarded Citizens
Benchmark
Dan-Poe-Dil
DePaul Family Services
John Randolph Recovery Center
Low Ground Visions
New Beginnings
Phoenix-N-Peace, Inc.
Pryor House
Southside Regional Hospital (Inpatient & Outpatient Services)
T-Lab, Inc.
Visions Family Services

- **Hanover Community Services Board**

Affiliated Programs:

All Hanover CSB (Directly Operated and Contracted Programs)

Ascending Dove

Creative Family Solutions

Dimensions Youth Services

Fidura & Associates

Hanover Adult Center

Milestone Counseling Services

Riggins Residential

Veldot Residential

Virginia Baptist Children's Home

Virginia Supportive Housing

Wall Residences

- **Henrico Community Services Board**

Affiliated Programs:

All Henrico Area CSB (Directly Operated and Contracted Programs)

Aunt Ann's Home for Adolescents

Braley & Thompson

Clearr Vision Support Services LLC

Clinical Alternatives

Family Life Services

Family Focus

Hartwood Foundation

Heart Havens

Institute for Family Centered Services

Intercept Youth Services

Little Sisters of St. Francis (Seton House)

LOCHMS Inc. – Olivia's House *

Lutheran Family Services

NDUTIME Youth & Family Services

St. Mary's Behavioral Health Inpatient Unit

Support One, Inc. (formerly Community Based Services)

The Center for Child & Family Services

The Family Counseling Center for Recovery

Tree of Life Services

Temporary Affiliate:

*Attachment & Trauma Institute (Compass Youth Services)

- **Metro Richmond LHRC**

Affiliated Programs:

A Grace Place Adult Care Services
All RBHA CSB (Directly Operated & Contracted Programs)
Associated Educational Services of Virginia
Bon Secours Richmond Community Hospital
CJW/Tucker Pavilion
Challenge Discovery
Child Savers (formerly Memorial Child Guidance Clinic)
Community Residences
Cumberland Community Based Services & RTC
Dana's Habitat
Diamonds In The Rough
Divine Residential Services
Dominion Youth Services
Drug Addition Services
Faith Residential
Family Preservation Services
Generation X-Cel
Human Resources
Independent Adult Care
J & D Residential
JDM of Va./South Richmond Adult Day
Kristie Family Care
MCV/VTCC
Metro Treatment of Va.
NHS Mid-Atlantic, Inc.
RAARC/Camp Baker
Richmond IOP
Richmond Residential
Rubicon
Sierras Life
Slabaugh & Associates
St. Joseph's Villa
The Healing Place
The New Y-Capp, Inc.
United Methodist Family Services

- **New Creation LHRC**

Affiliated Programs:

Access Regional Taskforce
Brother's Keeper

Camp Hope
Creative Youth
First Class Living
Five Star Living
Hands of Unity
Impact Youth Services
Kingdom Dominion Impact Youth Services
More Solutions Youth
Richmond Private Methadone Center (Sellati & Co.)
Stepping Stones
True Life Connections
Upside to Youth Development
Youth Village

- **Petersburg Regional LHRC**

Affiliated Programs:

Amazings Grace
Empowerment Clinical Services
FamMat
Gateway Homes
Poplar Springs Hospital & Programs
River City Residences
Savannah's House
Specialized Youth Services of Va.
The Jireh House
Triumph Residential Services

- **Richmond Tri-Cities LHRC**

Affiliated Programs:

Acclaim Care, Inc.
Alternative Counseling Group
Beetween the T's
Changing Fazes
Community Connections
Edgewood Group Family Services
Faith & Family Advocates
Faith Partners Care Group
Family Impact
Family Transitions
Good Neighbor Homes
Halo, Inc.
Hope, Unity & Freedom
Life Construction
Lumzy's Residential Services

Mercy 'N' Grace Residential Services, Inc.
Open Arms Family Services & Residential
Renewance Services, LLC
Safe Haven Day Support Services
Substance Abuse Consulting Services, Inc.
Taylor's Enhanced Living
Transitional Adult Residential Care
Wilkerson's Consulting Services
Youth Pathway, LLC

Temporary Affiliation

All Family Matters
Brookfield
LaurAlex, LLC
Metro Area Support Services
Wise Enterprises

- **S. V. T. C.**

Temporary Affiliate Programs:

Clinical Services of Virginia
From the Ground Up Youth Services
Heritage Adult Day Services
Life Lessons Residential
We Care Youth Services

- **Tuckahoe LHRC**

Affiliate Programs:

Alliant Consortium
Associates in Counseling & Therapeutic Services
Blue Ridge Residential Services
Caring Corner
Family & Adolescent Services
Family & Community Support Systems
Grace Family Services
Greater Unity
H.O.P.E., Inc.
Miracles Behavioral Health Center
OLA Home for Boys
S.T.O.N.E.S.
Southern Va. Regional Medical Center
Tri-City Solutions
Williamsville Wellness, LLC

REGION V*Revised: 04/20/09*

- **Atlantic Regional LHRC**

Affiliates (8)

Divine Behavioral Services
 Divine House
 F.A.C.E.S. Community Services
 Harmony House
 New Hope Family and Youth Relations
 Oasis Counseling Center
 Peaceful Surroundings
 Rosezanne's Ark

- **Chesapeake Regional LHRC**

Affiliates (10)

Carpe Diem of Virginia, Inc. – Children's Services of Hampton Roads
 Chesapeake General Hospital's Older Adult Behavioral PHP
 Circle of Friends
 Compass Youth Services
 In-Home Clinical and Casework Services
 Institute for Family Centered Services
 Joy Haven (P)
 National Counseling Group (P)
 Our Summer Place
 Shore Memorial Hospital Psychiatric Center

- **Colonial Regional LHRC**

Affiliates (17)

Alpha Counsellors Services, Inc.
 Covell Family Services
 Dominion Psychiatric Services
 Family Maintenance Counseling Group, Inc.
 Independent Perspectives
 John and Mildred Thoroughgood House
 Kids 4 Success
 LEVOC Family Services
 Living Hope, LLC
 Lyle Professional Counseling In-Home Services
 Martha's Place
 New Season Clinical Services
 Strong Foundation Youth Initiative
 Therapeutic Interventions

VBODIE
Virginia Supportive Housing
Youth Intervention Services

- **Eastern State Hospital LHRC**

No Affiliations

- **Eastern Virginia LHRC**

Affiliates (3)

Holiday House of Portsmouth
Maryview Behavior Medicine Center – Turning Point Program
St. Mary’s Home for Disabled Children

- **Genesis LHRC**

Affiliates (10)

Alpha Community Services
Community Direct Services
Cornerstone Service Intervention Systems, LLC (*Temporary Affiliation*)
Hope Unity & Freedom, LLC
Individual’s First
Just People, Inc.
Liberty Family Services
Louise Eggleston Center
Pleasant Vue Residential Care Home
Reliable Community Care

- **Hampton Regional LHRC**

Affiliates (15)

Alliant Consortium (TA)
Angelic Hearts (TA)
Bell’s Haven (TA)
Boney Community Residential Services
Caring Family Homes (P)
Charis Support Services (TA)
Family & Adolescent Services (TA)
Family Impact (TA)
Fourth Bay Ventures, LLC (TA)
H & L Group Homes (P)
Higher Heights Residential Services Center (TA)
L. G. Woods Management, LLC (TA)

New Y-Capp (TA)
 People Too, LLC (TA)
 Serenity, Inc. (TA)

- **Hampton Roads Regional LHRC**

Affiliates (12)

Community Services of Virginia
 Didlake, Inc. (Formerly Commonwealth Support Systems)
 Emerson Place
 E.V.O.L.V.E.
 Family Redirection Institute, Inc.
 G.R.A.C.E. (*Temporary Affiliation*)
 James Bentley Treatment Program (*Temporary Affiliation*)
 Northwestern Human Services of Virginia
 Seeds of Success
 Sentara Behavioral Health Care Program
 Tranquility Manor Residential Services
 Unique Friends LLC

- **Health Planning Region V LHRC**

Affiliates (9)

Associates at York
 Fidura & Associates
 Heart Havens, Inc.
 Hope House Foundation
 Lucas Lodge LLC
 Norfolk CSB
 Portsmouth DBHS
 Support Services of Virginia
 Tidewater Regional Group Home Commission – In Home Services

- **James City Regional LHRC**

Fam Mat

- **Mid-City LHRC**

Affiliates (7)

A J & T Independent Group Homes
 Alternative Family Treatment Services (*Temporary Affiliation*)
 Community Solutions
 Prosperity Homes (*Temporary Affiliation*)

Restorer of Broken Walls
 T. W. Neumann & Associates
 The Up Center (Formerly Child & Family Services)

- **Middle Peninsula/Northern Neck LHRC**

Affiliates (7)

Blue Ridge Residential Services (two sponsored homes)
 The Brambles
 Bridges of Rappahannock
 Heart Havens, Inc.
 Lewis B. Puller Center
 Middle Peninsula/Northern Neck CSB
 Sola, Inc., Zorzan Home

- **Newport News Regional LHRC**

Affiliates (8)

A & R Health Care – Alexander House
 Brighter Futures, Inc.
 Chessen & Associates
 Family First – Lydia’s House
 Families in New Directions
 Family Solutions, Inc.
 Keystone Youth Center of Newport News
 Residential Living Options

- **Norfolk Regional LHRC**

Affiliates (13)

Achievers House
 Ashanti House (P)
 Alliance of Community Provisions (TA)
 Brighton Gardens (TA)
 Community Group Homes, LLC (TA)
 Destiny’s House
 Dominion Day Services
 Family & Youth Foundation
 Giving Hearts, LLC (TA)
 Hope Tree Services for Developmental Disabilities
 Judy’s Place
 National Coalition for Youth and Families, USA
 Neighbor to Family (P)
 Positive Pathways

- **Ocean View Regional LHRC**

Affiliates (4)

Access Regional Task Force
 Jen & C Home Care
 United Methodist Family Services
 Valdemar Home Care

- **Peninsula Regional LHRC**

Affiliates (5)

Agape Counseling & Therapeutic Services, Inc.
 Hampton Mental Health Associates
 Riverside Behavioral Center – Acute
 Riverside Behavioral Center – Residential Services
 Riverside Regional Medical Center – Psychiatric Center

- **Portsmouth Regional LHRC**

Affiliates (9)

Armethia, Angelene & Gwendolyn (AA & G) Group Home
 Blue Ridge Residential Services
 Child of God Group Home (*Temporary Affiliation*)
 Dominion Services for All People (*Temporary Affiliation*)
 Faith, Hope & Charity (*Temporary Affiliation*)
 Intercept Youth Services
 Nursing Consultants Associates - Shepherd's Lodge
 Phoenix Aspiration System of Care, LLC
 Virginia Beach Methadone Clinic

- **Southeast Alliance LHRC**

Affiliates (4)

Association for Retarded Citizens - Peninsula (ARC-P)
 Colonial Services Board
 Hampton/Newport News CSB
 Lutheran Family Services, Home Based Services and Outpatient Counseling Services

- **Southeastern Virginia Training Center LHRC**

No Affiliations

- **Southside Regional LHRC**

Affiliates (10)

Atlantic Psychiatric Services
 Barry Robinson Center
 Family Net
 Finney Psychotherapy Associates
 New Life Programs
 Paramount Youth Services Group Home
 Pendleton Child Services Center
 Tidewater Psychotherapy Services
 Virginia Independent Training Organization (VITO)

- **Suffolk Regional LHRC**

Affiliates (11)

Baker Homes
 Better Care Family Homes - Carlisle Estates, Inc
 Braley & Thompson, Inc.
 Community Supported Training Organization
 Obici Hospital, Behavioral Management Program
 Quality Care Residential Services
 Quality Community Supports
 Rehobeth Residence
 Visions Community Services
 Western Tidewater CSB
 Zuni Presbyterian Homes

- **Tidewater Regional LHRC**

Affiliates (6)

Crawford Day School
 Family Support Team - In Home Services - First Hospital Corporation (FHC)
 First Home Care (FHC) Homes
 Oyster Point Academy
 Pines – Brighton, Crawford and Kempsville Campuses
 Virginia Beach Psychiatric Hospital

- **Universal Family LHRC**

Affiliates (13)

CMJ Positive Change
 Covenant Place
 Crossroads Family Services, LLC

Essential Independent Lifestyles
 Family Preservation Services LLC
 Hines Haven/Columbia House
 Hoffler House
 Limited Time Adult Services
 Peterson Family Care Center
 Preferred Providers Services
 Steppingstone Family Services – Legacy House
 Taylor Family Homes
 Volunteers of America – Baker House

- **Virginia Beach LHRC**

Affiliates (7)

Burke Family Care
 Chesapeake CSB
 Community Alternatives, Inc.
 Eagles Nest, LLC
 Eastern Shore CSB
 Hope House Foundation
 Virginia Beach Department of Human Services

- **Williamsburg Regional LHRC**

Affiliates (8)

Bacon Street
 Better Life of Virginia (*Temporary Affiliation*)
 Campbell House (*Temporary Affiliation*)
 East End Intensive Outpatient Program
 Family Preservation, Inc.
 Neurological Rehabilitation Living Center
 Sentara Williamsburg Regional Medical Center – Structured Outpatient Behavioral Health
 United & Empowered Care
 Williamsburg Place

Programs Affiliated with LHRCs in
Region VI
Total affiliated programs 136

Central Virginia Community Services

Central Virginia Community Services (12 services)

ARC of Central Virginia (3 services)

Blue Ridge Residential Services (2 services)

Centra Health (7 services)

- Bridges Child & Adolescent Treatment Center
- Bridges at Brightwell
- Adult Psychiatric Program
- Child and Adolescent Psychiatric Program
- Pathways Treatment Center (2 services)
- Centra Health-Mental Health Services

Cabaniss Consultants (3 services)

Creative Family Solutions, Inc. (2 services)

Family Preservation Services, Inc. (4 services)

Jessie Calloway Family Services

Bedford Adult Day Center

Comprehensive Family Services, LLC

DePaul Family Services (8 services)

Heart Havens

Lamano Agency, Inc. (4 services)

Laury Homes Residential Services

LifeLine Residential Services

Loving Residential Care Facility

Lutheran Family Services of Virginia, Inc.

The Madeline Centre (2 services)

Poindexter Residential

Presbyterian Home (2 services)

Strategic Home Based Therapy Associates (2 services)

Support Services of Virginia (3 services)

Wall Residences, LLC (3 services)

Windsor Manor Training Home

VP & J Services

Wynne Adult Care

Able Homes

Braley & Thompson, Inc.

Meridian House
Family Coaching Services (2 services)
Hope Tree Family Services (2 services)
Cabaniss Day Support
DePaul Family Services-Mental Health Supports
Lynchburg League of Therapist (2 services)
Seneca House, Inc.
Youth Intervention Services, LLC
National Counseling Group
New Beginnings
EHS Supports
Tree of Life Christian Counseling
McKinney Residential Services
Innovative Family Consultants, Inc.
Blue Ridge Support Services
Harvest Outreach
Dominion Day Services
CentraCare, LLC
Rice Counseling and Associates
Youth Villages

Danville-Pittsylvania County Regional

MT Sorrell Home
Negril, Inc. (4 services)
Doss Estates
Johnny's Heroes (5 services)
The Madeline Centre
National Counseling Group, Inc.
Alliant Consortium, LLC (4 services)
A New Inspiration
Innovative Family Consultants
Family Coaching Services (2 services)
Support Systems, LLC

Goochland Powhatan CSB

Goochland Powhatan Community Services
Ann Zetta's Therapeutic Home for Boys (2 services)
Hallmark Youthcare (2 services)
Heartfield Home for Boys
National Counseling Group
Next Level Residential Services
Royal Care Residential Services

Therapeutic Services Unlimited
V.A.B.O.D.E.
Virginia Group Home Services

Heartland Regional

Family Preservation Services-Farmville (3 services)
Family Preservation Services-Kenbridge (3 services)
Mary's Rest Home
Helton House (2 services)
Hope Tree Family Services (2 services)
Amelia Residential Estates
Madeline Centre (2 services)
Blue Ridge Residential Services
Faces of Hope, LLC
Miah's House
DePaul Family Services (2 services)
Centra Health

- Bridges-Farmville

Family Coaching Services (2 services)
LEVOC Family Services
Counseling and Advocacy Associates

Piedmont Geriatric Hospital

Piedmont Geriatric Hospital
Crossroads CSB
Virginia Center for Behavioral Rehabilitation (VCBR)
Mental Health Community Based Resources

Richmond Unified

Abundant Life
Angel House
Counseling & Advocacy
Diversity Training & Support Center
Diversity Residential Homes
Family Maintenance Counseling
Family Restorations
Inspiration House
It's A New Day
Outreach Residential
Pleasant View Residential
Strong Foundation Youth Initiative
T.O.D.A.Y.S. Youth Service

Va. Counseling & Community Development (2 services)
Vigilant Mindz, Inc.
Youth Intervention Services

Southside Community Services

Southside Community Services
G and H Group, Inc.
Halifax Regional Health System-Center for Behavioral Health
Community Memorial Pavilion
Family Preservation Services -South Boston(3 services)
Family Preservation Services-Victoria (2 services)
Family First
United Friends (2 services)
Presbyterian Homes
Community Living Inc. (2 services)
Palmer Springs Group Home (2 services)
The Madeline Centre
Lamano Agency (2 services)
United Methodist Family Services
Blue Ridge Residential Services (3 services)
Family Coaching Services (2 services)
Alliant Consortium, LLC (4 services)
DePaul Family Services (2 services)
Divine Residential Services, LLC
Phoenix N-Peace, Inc.
Levoc Family Services, LLC * Temporary Affiliate*

Southern Virginia Mental Health Institute

Danville Regional Medical Center (3 services)
DePaul Family Services (4 services)
Wall Residences LLC (2 services)
Lamano Life Skills II (3 services)
Strategic Therapy Associates, Inc. (2 services)
Family Preservation Services (2 services)
Danville/Pittsylvania Community Services
Alternative Community Experiences (ACE) (5 services)
Blue Ridge Residential Services (2 services)
Hughes Center for Exceptional Children (Psychiatric Solutions of Virginia)
All Care Family Services