



State Human Rights Committee  
2011 Annual Report  
On the Status of the  
Human Rights System

Approved by the  
State Human Rights Committee  
July 6, 2012

Presented to the  
State Board of Behavioral Health and Developmental Services  
July 17, 2012

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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 2011 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 (DBHDS) Department of Behavioral Health and Developmental 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, one private location, DBHDS Central Office and two 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 2011, approximately 7227 allegations of abuse or neglect (over 50% of the allegations of abuse/neglect were acts of peer on peer aggression) and 3717 human rights complaints were managed through the statewide human rights system and all but fourteen of those were resolved at the provider level. The SHRC heard six of those complaints on appeal. If responsiveness to consumer complaints is an indicator of system success, then the fact that over 99+% 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 treatment of children and adolescents. 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 Mr. Russell Payne, Office of Mental Health Services, Ms. Janet Lung Director, Office of Child and Adolescent Services, Dr. Anita Schlank Director, Clinical Services Virginia Behavioral Center for Behavioral Rehabilitation (VCBR), Ms. Kim Runion Facility Director, VCBR, Karen DeSousa DBHDS Special Counsel, Office of the Attorney General, Ms. Colleen Miller,

Director, Virginia Office of Protection and Advocacy (VOPA), Mr. John Pezzoli, Assistant Commissioner for Behavioral Health Services, Ms. Marion Greenfield Director, Office of Quality Management and Ms. Mary Clair O' Hara Quality Program and Clinical Training Manager on issues related to our goals. More details about our goals, objectives and activities can be found beginning on page **15** of this report.

The State Human Rights Committee (SHRC), Office of Human Rights and Advocates devoted a considerable amount of effort during the year to the restructuring of Local Human Rights Committee (LHRC) roles and responsibilities, consistent with the vision articulated during the SHRC planning sessions of 2010: "Success for the DBHDS human rights system is when providers integrate and demonstrate the concepts of the human rights regulations into all aspects of services so that individuals are empowered and supported in seeking the life they choose."

A key component of that vision is for providers, LHRCs and the Human Rights Advocates to work in true partnership to assure the rights of individuals. All LHRCs executed new model Cooperative Agreements with their affiliated providers. The new Cooperative Agreement is designed to set the tone for positive, cooperative relationships between LHRCs and affiliated providers to promote the rights of individuals receiving services.

The SHRC also created new model LHRC bylaws, which were adopted by all LHRCs during the year. The new model bylaws are designed to focus limited resources, including the resources of our LHRCs and Advocates, on those activities that are most impactful in assuring the rights of individuals. The new bylaws do not permit LHRCs to limit the number of affiliated providers. They strongly discourage vacancies in Code-mandated member positions. They also clarify that it is the role of the LHRC to provide each individual receiving services assurance that his or her rights, as defined in the Regulations, will be protected. And also clarify that it is the role of the Human Rights Advocate to promote and monitor provider compliance with the Regulations.

The LHRC restructuring activities also included the development of processes to review the viability of LHRCs with long-standing member vacancies and to consolidate those LHRCs if deemed appropriate. To date, the LHRCs have had increased success in filling vacancies and the SHRC has not taken action to consolidate LHRCs.

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 Behavioral Health and Developmental Services, we will succeed in making this program the best possible.

  
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Christina Delzingato., Chair  
State Human Rights Committee



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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 Behavioral Health and Developmental 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 DBHDS.

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.
- Be afforded the opportunity to have an individual of his choice notified of his general condition, location, and transfer to another facility. (**new July 1, 2009**)

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 Behavioral Health and Developmental 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 (DMHMRSAS) Department of Behavioral Health and Developmental 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 DBHDS 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 DBHDS Human Rights dispute resolution program.

## **Structure**

The Office of Human Rights is located within the Department of Behavioral Health and Developmental 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. Members of the SHRC are appointed by the State DBHDS Board and 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**

### **Ms. Christina Delzingaro Chairperson**

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

### **Randy J. Johnsey Vice-Chairperson**

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 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

### **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 Administrative Director for Negril Academy Day Treatment and Mental Health Support for Negril, Inc. She previously served as 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 DBHDS Board on August 21, 2007, for a term of July 1, 2007 to June 30, 2010. Dr. Robinson resides in Danville, Virginia.

**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 was a licensed polygraph examiner for the Department of State Police. 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 DBHDS 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 discharge planning for clients hospitalized in State and local hospitals 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.

**Dr. Frank Royal**

Dr. Royal is an Administrative Projects Coordinator for John Randolph Medical Center. He has experience in managing and treating patients in acute care settings for both residential and outpatient services, and has managed and supervised residents in an addiction medicine clinic. He is a former Psychosomatic Medicine Fellow and a former Child & Adolescent Psychiatric Fellow for the Medical College of Virginia. Dr. Royal's experience provides a valuable resource for the SHRC's oversight of the department's medical services. Dr. Royal was appointed to the SHRC on September 15, 2009 for a term of July 1, 2009 to June 30, 2012.

**Penny Cameron**

Ms. Penny Cameron is a Licensed Nurse Practitioner Mental Health Therapist formerly with Fairfax County Government and has over 20 years of experience as Director of Partial Hospitalization where she has managed multidisciplinary treatment teams at various mental health centers. Ms. Cameron has provided review of services and services delivery of treatment for clients with a history of substance abuse and mental illness. She has over 30 years experience in psychiatry and 18 years internal medicine experience in community mental health. Ms. Cameron was appointed to the SHRC by the DBHDS State Board for a term of July 1, 2010 to July 30, 2013. Ms. Cameron resides on Great Falls, Virginia.

**Thomas "TC" Bullock**

Mr. Thomas C. Bullock is a Hearings Officer and Hostage Negotiator for the Department of Corrections at Mecklenburg Correctional Center. In his 35 years of experience in the correctional system he has had regular contact with individuals with mental health issues. Mr. Bullock came to the SHRC after serving as a member and as

Chair of the Southside Community Services Board Local Human Rights Committee.  
Mr. Bullock was appointed by the DBHDS State Board for a term of July 1, 2010 to July 30, 2013. Mr. Bullock resides in South Hill.

### **Officer Appointments / Membership Changes**

#### Effective July 1, 2011

Ms. Christina Delzingaro, Chair  
Mr. Randy Johnsey, Vice Chair

#### Reappointments July 1, 2011

Ms. Carolyn DeVilbiss  
Mr. Randy Johnsey

## **State Human Rights Committee Activities**

- **LHRC Bylaws**

The SHRC approved revised bylaws of 78 local human rights committees.

- **Variances**

Variances were approved for the following providers.

- Barry Robinson Center
- The Pines
- Holiday House
- St. Mary's Home for Children
- VA Beach DHS
- VA Beach Psychiatric Hospital
- SVTC
- CVTC
- SWVTC
- NVTC
- VCBR

- **LHRC Appointments**

The SHRC appointed 196 individuals to serve on Local Human Rights Committees.

- **Meetings**

In 2011 the State Human Rights Committee held the following meetings:

January 21	Williamsville Wellness Center Hanover, Virginia
March 4	Region Ten CSB Charlottesville, Virginia
April 15	Goochland Powhatan CSB Powhatan, Virginia
June 10	Southside Virginia Training Center Petersburg, Virginia
July 8	Spotsylvania Regional Medical Center Fredericksburg, Virginia
September 9	Blue Ridge Behavioral Health Services Children and Family Services Center

Roanoke, Virginia

October 28                      Southeastern Virginia Training Center  
Chesapeake, Virginia

December 9                     Piedmont Geriatric Hospital  
Burkeville, Virginia

Meeting at various facilities and programs throughout the state provides the Committee with firsthand 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 10,944 human rights and abuse/neglect complaints were processed through the human rights resolution process in 2011. All but 14 of these cases were resolved at the Directors level or below. Those cases were appealed to local human rights committees and **six** 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.

Issues addressed in decisions rendered by the SHRC, 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

## SHRC Biennium Goals and Recommendations for 2010-2012

### 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 Behavioral Health and Developmental Services*. Indicators include:

- Updated policies and procedures
- Training
- Resources
- Review of the human rights regulations
- Participation in any Department effort to revise the regulations

Progress toward Biennium Goal #1 to date:

Colleen Miller, Executive Director of the Virginia Office of Protection and Advocacy (VOPA) provided comments on the status of the human rights system during the July 2009 meeting.

The SHRC and OHR held a planning retreat in April 2010. The retreat helped to bring focus to strategies to improve the efficiency and effectiveness of the human rights system. A major outcome of the retreat was the establishment of the SHRC Subcommittee to review the LHRC structure. The subcommittee worked throughout the fall of 2010 and submitted its report and recommendations to the SHRC in early 2011 for implementation by mid 2011.

The SHRC again became the oversight committee for VCBR in the fall of 2010 following the Commissioner's issuance of an exemption to the complaint process in October 2010.

Steven Wolf, Director of the Office of Sexual Violent Predators presented research on best practices for the treatment of children and adolescents in SVP programs. His presentation was prompted by requests for variances from two adolescent SVP programs to use video cameras in resident bedrooms.

Michelle Thomas, Director of the Office of Community Pharmacy gave an update on the status of the community pharmacy program and its impact on consumer services.

The Loudon County LHRC submitted a question about the meaning of the term Health Care Provider. Based on the question from this LHRC, the SHRC established a subcommittee to review the issue and provide additional guidance on the matter. The subcommittee plans to have its report completed by early 2011.

*The SHRC issued a revised definition of Health Care Provider in January 2011. The new definition provides for more flexibility in the recruitment and filling of this Code mandated member.*

*On January 10, 2011, the SHRC issued the memo “Implementation of Recent SHRC Decisions re: LHRC Structure.” The memo and corresponding documents can be found in Appendix IV. The memo addressed the following key factors:*

- *Timeframe for Implementation( June 2011)*
- *Purpose of Changes (Clarify the role of the LHRC and advocate and strengthen partnership between LHRCs and providers.)*
- *Number of Affiliates per LHRC ( no limit)*
- *Code Mandated members*
- *Affiliation Fees ( LHRCs cannot charge a fee)*
- *Informing SHRC of LHRC activities under 12 VAC 35-115-250 D)*
- *LHRC review of Behavior Plans ( LHRCs no longer serve as SCC)*
- *Definition of Health Care provider*
- *LHRC Offices*
- *Provider attendance at LHRC Meetings*
- *Provider Compliance*
- *New model Bylaws and Cooperative Agreements*

#### 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:

The SHRC learned about the DBHDS 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.

Ann Benner, VOCAL Network Program Director provided information on Peer Support Programs and VOCAL to the SHRC at its meeting in December 2010.

The SHRC received a long letter of concern from residents at ESH. The SHRC viewed this letter as an opportunity to engage in a dialogue about not only the rights of the individuals at ESH but also about the concepts of recovery and

empowerment. The SHRC discussed these issues with facility representatives as part of the complaint resolution process in the fall of 2010.

*The SHRC Subcommittee for LHRC structure will address recovery and self empowerment in several of its recommendation about consumer representation and access.*

### Biennium Goal #3

The SHRC recommends that DBHDS 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 the Department's response to DOJ (new 2011)
  - Indicators: TBD when plan is developed
  
- 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.

Russell Payne reported 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 DBHDS 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.

Douglas Newsome, Manager Office of Licensing, presented information during the January 2009 meeting about the influx of programs for children and adolescents. Mr. Newsome explained the standards these providers must meet and the monitoring of quality provided by the Department.

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

Russell Payne reported on the number of individuals ready and waiting for discharge at the state operated facilities in June 2010.

Vickie Montgomery, Director of Central State Hospital provided information about the efforts of that facility to promote treatment in the least restrictive environment. Ms. Montgomery came to the SHRC upon invitation as a follow up to complaints lodged by individuals at CSH whose transfer to ESH was significantly delayed due to census management issues at ESH.

The census management issues at ESH and Region V continue to be an issue that the SHRC will closely monitor in 2011. Assistant Commissioner John Pezzoli will provide an update on the Departments efforts to address the issue at the SHRC meeting in March 2011.

Karen DeSousa presented training in April 2010 on the changes to the Health Care Decisions Act and how it will increase individual decision making options.

*Janet Lung, Director of the Office of Children and Family Services presented a report on the status of children and adolescent services in early January 2011.*

*John Pezzoli, Assistant Commissioner provided updates on census management and flow through issues between CSH and ESH particularly related to the transfer and admission of forensic patients and jail transfers.*

*Russell Payne provided the SHRC with by annual updates on the status of the state hospital discharge ready lists.*

#### Biennium Goal #4

The SHRC recommends that DBHDS 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 Department provides training on TOVA to community partners.

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).

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

*Marion Greenfield, Director of Quality and Risk Management presented an update on the Department and systems efforts to reduce seclusion and restraint in April 2011.*

*Mary Clair O'Hara presented an update on the new Seclusion and Restraint Departmental Instruction in October 2011.*

#### 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 2009.  
SHRC 2008 Annual Report was submitted to the State Board in September 2009.

Kli Kinzie, Executive Secretary to the SHRC, developed a variance tracking sheet for use by the SHRC to improve the tracking of variances.

Kli Kinzie developed a LHRC vacancy tracking sheet to assist the SHRC with review of committee membership status.

*The SHRC established a subcommittee to review the LHRC vacancy list and make recommendations for improvement.*

#### Biennium Goal # 6

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 2011)

Progress toward Biennium Goal #6 to date:

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.

The SHRC again became the oversight committee for VCBR in the fall of 2010 following the Commissioner's issuance of an exemption to the complaint process in October 2010.

*The SHRC takes its role as the oversight committee for VCBR seriously. The Committee completed the following activities related to this role in 2011:*

- *Reviewed and commented on 15 policies and procedures*
- *Processed 64 appeals of complaints.*
- *Engaged in discussions with the Director, Clinical Director and Quality Assurance/Compliance Director about issues and concerns.*
- *Met with the Resident Advisory Council (RAC) in December to listen to their concerns.*

#### 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.
  - Explore an email distribution list

Progress toward Biennium Goal #7 to date:

The SHRC published 2 volumes of Human Writes in 2008. SHRC members attended meetings of local committees.

The SHRC members are now to attend 2 LHRC meetings per year.

The SHRC has a standing agenda item to discuss and review reports of attendance at LHRC meeting.

*The SHRC established a Communication Subcommittee charged with developing a plan to improve and increase communication between the SHRC and LHRCs.*

- *The newsletter has made a transition both in format and focus. In one way the newsletter has returned to its roots. In the first SHRC newsletter Winter 2006 Dr. Joyce Bozeman Ph.D, Chair of the SHRC wrote:*

*“The newsletter has been created to share information about emerging issues, best practices and other topics that affect human rights service delivery in the Commonwealth of Virginia.”*

- *The newsletter thus has addressed broad issues like the DOJ involvement with the training centers. The new format is more attractive, colorful, and allows for more graphics and photos.*

*The Communications Subcommittee issued a report in March 2011 with recommendations for the support and improvement of communication between and among the SHRC and Local Human Rights Committees. Feedback was requested from LHRC’s, Advocates, SHRC members, and DMHR staff in both meeting and electronic venues. Some resulting findings and actions include:*

- *Feedback from advocates and LHRC’s strongly underscores the value of face-to-face contact between SHRC members and among LHRC members across the State. The twice yearly visits by SHRC members to LHRC’s is an important opportunity to share issues arising across the State with local committees.*

- *A scheduled time on the SHRC meeting agenda (during open session) has been established for SHRC members to report out their visits to LHRC's. This gives an opportunity for bringing local concerns to the State Committee and for discussion with the members, the advocates present, and the public regarding these issues.*
- *Similarly, the value of regional trainings for LHRC leaders and members should be supported, and encouraged, to enhance idea-sharing and support consistency across jurisdictions.*
- *This Committee will continue to solicit suggestions for enhancing communication (request for comment was sent in the Summer 2011 Newsletter), and to consider recommendations for the enhancement of the State Human Rights website and use of other electronic means for information sharing with LHRC leaders.*

#### 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 issues guidance to LHRC members in the newsletter and memorandum.*

*The SHRC supports regional LHRC training activities. The Communication subcommittee is addressing how to increase training activities by other means including electronic.*

#### Biennium Goal # 9

The SHRC will recognize the service of LHRC members.

Progress toward Biennium Goal #9 to date:

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

## Office of Human Rights Program Highlights

### Staffing

The Office of Human Rights had several staffing changes in 2011 that have significantly impacted the overall organization of the office. A list of the staff changes and status of the positions is below.

Sherry Miles, Regional Advocate Region IV, resigned to take a position with the Office of Licensing. Kevin Paluszak is the now the Regional Advocate for Region VI.

Roanna Deal, Human Rights Advocate SVMHI and area resigned and Jennifer Kovack was hired for that position.

Deborah Jones, Human Rights Advocate at SWVMHI and area left service in late 2011. The position was moved to Catawba Hospital/Roanoke area and Dwayne Lynch was hired for that position in 2012.

Nerissa Rhodes and Hillary Zaneveld joined the Region V team at Eastern State Hospital

Tammy Long was hired to fill the vacant position at PGH and VCBR in early 2011.

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 2011 is as follows:

- 130 in Region I
- 129 in Region II
- 79 in Region III
- 340 in Region IV
- 275 in Region V
- 114? in Region VI

The number of new providers per region in 2011 is as follows:

- 6 in Region I
- 11 in Region II
- 9 in Region III
- 30 in Region IV
- 58 in Region V
- 11? in Region VI

The number of LHRCs per region in 2011 follows:

- 10 in Region I
- 9 in Region II
- 8 in Region III
- 17 in Region IV
- 26 in Region V
- 8 in Region VI

The OHR continues to promote the cross training of all advocates. At this time, most advocates provide services to both community and state facility programs which strengthens 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 Behavioral Health and Developmental Services* continued throughout the year. OHR staff provided over 157 training events in 2011. 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.DBHDS.virginia.gov](http://www.DBHDS.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

## **Training and Staff Development**

In order to increase communication and information sharing, the Office of Human Rights scheduled more frequent conference calls in 2011. These calls were held in January, March, June, July, October, November and December. Staff meetings were held at Western State Hospital in May and September.

All training and meetings focused on enhancing staff ability to effectively advocate for individuals, and monitor the implementation of the regulations. Samples of Topics addressed during these meetings include the following:

- General Assembly updates
- Department of Justice updates
- OHR actions in response to the SHRC Implementation memo
- Medication over objection ( guidance)
- CHRIS and other data sources
- Budget
- Staffing issues
- LHRC Annual and Quarterly Report development and implementation
- Forensic issues
- Individual's losing services
- At Risk Children
- OHR relationship with VOPA
- Seclusion and restraint
- LHRC document shredding...revision to Bylaws
- Office of Licensing issues and organizational changes
- State facility building updates (SEVTC, WSH, CVTC)

## **Creating Opportunities Plan and DOJ**

Efforts to transform the DBHDS system continued in 2011 with the implementation of the *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia*. This plan guides the Department's efforts toward increased community focused services. The plan focuses on enhancing community based services and supports. The human rights system is central to this effort as the human rights regulations apply to individuals served by providers licensed, operated or funded by DBHDS. The work and effort of the SHRC and OHR continue to increase in response to all the new services and providers developed as part of this effort.

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 and

began the implementation of a model document. 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.

The Department of Justice (DOJ) and the State of Virginia have entered into a temporary Settlement Agreement in response to DOJ's letter outlining concerns about Virginia's efforts to comply with the Olmstead Act. The Department is actively involved in the further development and implementation of the actions addressed in the settlement agreement including discharging individuals from State Operated Training Centers. The Office of Human Rights and has a critical role in monitoring the health, safety and rights of individuals discharged to community homes. While the Department has discharged many individuals from Training Centers in the past the volume of discharges occurring in response to the DOJ Settlement is far beyond what has been done in the recent past. The Human Rights System as a whole will need to be increasingly diligent, flexible and responsive to assist with this effort.

### **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 fall 2012.

### **Projected Activities for 2011-2012**

The primary goal for the Office of Human Rights for the year 2011-2011 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 Behavioral Health and Developmental Services*. Other major projected activities for the Office of Human Rights for the year 2010-2011 are as follows:

- Promote community integration by assisting with the implementation of the DOJ activities.
- Provide training and guidance on the human rights regulations.
- Implement a web-based human rights reporting system.
- Promote best practice models of recovery and self empowerment
- Continue efforts to identify efficiencies in operation.
- Continue efforts to coordinate monitoring activities with the Office of Licensing
- Provide support, training and guidance to local human rights committees.

Promote coercion free environments statewide.

Work with consumers, providers, family members, professionals and other stakeholders to identify options to improve the system and availability of alternative decision-makers.

Promote consistency and accurate documentation of monitoring activities.

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. Local Human Rights Committees or subcommittees held approximately 450 meetings in 2012. A listing of all **79** 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:

- Representing and assisting individuals in the presentation and resolution of complaints;
  - 7227 total allegations of abuse/neglect 2011
    - 6484 in licensed services
    - 543 cases were founded
    - 743 in state operated services
    - 255 cases were founded
  - 3717 total human rights complaints in 2011
    - 1016 in licensed services
    - 2701 in state operated services
  - 10930 complaints and allegations of abuse and neglect were resolved at the Director level or lower.
    - 14 appealed to LHRC
    - 6 appealed to SHRC
- Investigating allegations of abuse and neglect and other potential violations of the regulations
  - 187 investigations in 2011

- Educating consumers, families, staff and Local Human Rights Committees on the rights of consumers;
  - 211 training activities in 2011
  - 249 advocacy activities in 2011
- Monitoring the implementation and compliance with the regulations;
  - 255 announced and unannounced site visits in 2011
- Assisting in developing, reviewing and amending human rights policies and procedures for the approximately 755 providers in the state (697 in 2010). These providers offer 1808 services (1662 in 2010) at 5974 locations across the state (5037 in 2010). Currently, the Office of Licensing has 424 applications for new licenses yet to be processed.
- 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 all of the above, the regional advocates and managers provide supervision to assigned staff.
- Regional staff/teams prepared comprehensive Regional Reports for 2011. 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 through 2011. This information is reported to the Regional Advocates from the Community Service Boards (CSB) and private providers.

- There were 1016 human rights complaints as reported to the Office of Human Rights in 2011. This number includes complaints processed both formally and informally in accordance with changes in the 2007 regulations. 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 6484 allegations of abuse and/or neglect as reported to Office of Human Rights in 2011. The large number of 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. Most of the reported peer on peer aggression occurs in residential treatment centers for children and adolescents.
- There were 543 substantiated cases of abuse and or neglect as reported to the Office of Human Rights in 2011, which is up slightly from the 508 substantiated cases reported in 2010.
- 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

	<b>Abuse Allegations</b>	<b>Abuse cases Substantiated</b>	<b>Human Rights Complaints</b>
<b>2001</b>	<b>899</b>	<b>162</b>	<b>840</b>
<b>2002</b>	<b>1094</b>	<b>215</b>	<b>785</b>
<b>2003</b>	<b>1626</b>	<b>252</b>	<b>380</b>
<b>2004</b>	<b>1694</b>	<b>276</b>	<b>534</b>
<b>2005</b>	<b>1938</b>	<b>286</b>	<b>849</b>
<b>2006</b>	<b>**3098</b>	<b>**334</b>	<b>**689</b>
<b>2007</b>	<b>**4007</b>	<b>**340</b>	<b>**615</b>
<b>2008</b>	<b>**5402</b>	<b>**464</b>	<b>**1374</b>
<b>2009</b>	<b>**6765</b>	<b>**658</b>	<b>**1311</b>
<b>2010</b>	<b>**5710</b>	<b>**508</b>	<b>** 1021</b>
<b>2011</b>	<b>**6484</b>	<b>**543</b>	<b>**1016</b>

Note: Data for 2004 is incomplete

\*\*Data from Regional Reports

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

(Data source is CHRIS and Regional Annual Reports)

- There were 2701 human rights complaints in state facilities in 2011. This number includes complaints processed both formally and informally and is somewhat higher than the 2424 reported in 2010. The difference is attributed to the large number (1371) of complaints reported at the Virginia Center of Behavioral Rehabilitation (VCBR).
- All but five of the of the facility complaints was resolved at the Director's level or below. Five human rights complaints were heard on appeal at the LHRC level and four were heard on appeal at the SHRC level.
- The number of complaints reported at VCBR has increased from 292 in 2008, 407 in 2009, t1271 in 2010, to 1316 in 2011. This is, in part due to the increase in census at VCBR but also because the residents are eager to voice their concerns about the conditions at VCBR. We anticipate that these numbers will continue to rise in direct proportion to the increase in census at the facility.
- There were 743 allegations of abuse/neglect in the state facilities. This number is higher than in the recent past years. The increase is primarily due to the increase in cases from VCBR (27 in 2010 to 114 in 2011). This is, in part due to the increase in census at VCBR but also because the residents are eager to voice their concerns about the conditions at VCBR. We anticipate that these numbers will continue to rise in direct proportion to the increase in census at the facility.
- The 255 substantiated cases of abuse and neglect is higher than in past years. The increase is attributed to the multiple findings of neglect at SVTC due to staff sleeping, lack of care and exploitation.
- 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**

	<b>2007</b>	<b>2008*</b>	<b>2009*</b>	<b>2010*</b>	<b>2011*</b>
Catawba	11/1	9/0	8/2	9/5	9/3
CSH	156/18	143/14	136/13	168/17	125/17
CVTC	60/16	98/36	87/21	46/15	56/18
CCCA	6/4	4/1	15/2	14/2	9/2
ESH	78/4	61/5	50/6	61/12	74/12
HDMC	7/0	4/1	3/1	3/0	9/6
NVMHI	16/6	24/3	28/0	39/1	24/1
NVTC	16/10	12/3	19/11	19/11	24/16
PGH	7/1	12/1	10/0	16/1	22/5
SEVTC	20/10	19/10	14/7	13/5	25/13
SVMHI	5/0	5/0	6/4	9/0	3/0
SVTC	101/25	75/34	60/36	92/57	123/110
SWVMHI	19/4	14/0	25/2	22/1	14/0
SWVTC	67/13	72/19	57/11	38/17	56/22
WSH	25/6	16/5	30/8	23/11	14/11
VCBR	14/0	35/4	29/4	27/19	114/16
<b>Totals</b>	<b>608/118</b>	<b>568/132</b>	<b>577/128</b>	<b>599/174</b>	<b>743/255</b>

\* Includes data from CHRIS and the Regional Annual Report

**State Facility**  
**Human Rights Complaints**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Catawba	8	74	57	31	26
CSH	97	291	163	231	167
CVTC	8	3	4	60	12
CCCA	25	41	36	8	19
ESH	54	215	264	582	633
HDMC	1	0	0	1	0
NVMHI	6	25	75	37	56
NVTC	0	4	0	1	9
PGH	42	21	0	1	74
SEVTC	3	2	7	2	3
SVMHI	39	46	50	18	12
SVTC	6	12	16	2	3
SWVMHI	14	42	30	34	39
SWVTC	10	22	7	11	3
WSH	70	345	295	134	333
VCBR	292	292	407	1271	1316
<b>Totals</b>	<b>650</b>	<b>1435</b>	<b>1411</b>	<b>2424</b>	<b>2701</b>

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

# APPENDIX I

# OFFICE OF HUMAN RIGHTS

1 June 2012

<b>Central Office, Richmond</b>	<b>Phone</b>	<b>Fax</b>	<b>Toll Free</b>	<b>Location</b>
Margaret Walsh, Director	804- 786-2008	804- 371-2308		Jefferson Bldg
Kli Kinzie, Sec	804- 786-3988	804- 371-2308		
Deb Lochart	804- 786-0032	804- 371-2308		
<b>Region 1 (Northwest)</b>				
Chuck Collins, Regional Adv	540- 332-8321	540- 332-8314	877- 600-7437	WSH
Angela Harrison, Sec	540- 332-8309	540- 332-8314		
Mark Seymour	540- 332-2149	540- 332-8314		CCCA
<b>Region 2 (Northern VA)</b>				
Kevin Paluszak, Regional Adv	703- 323-2098	703- 323-2110	877- 600-7431	NVTC
Tim Simmons	703- 207-7217	703- 207-7270		NVMHI
<b>Region 3 (SW VA)</b>				
Nan Neese, Regional Adv	276- 783-1219	276- 783-1246	877- 600-7434	SWVMHI
Dwayne Lynch	540- 375-4321	540- 375-4328		Catawba Hosp
BJ McKnight	276- 728-1111	276- 728-1118		SWVTC
<b>Region 4 (Richmond, Petersburg)</b>				
Mike Curseen, Regional Adv	804- 524-7245	804- 524-4734	888-207-2961	CSH
Yolanda Smith, SVTC Sec	804- 524-7321	804- 524-7398		SVTC
Carrie Flowers	804- 524-4463	804- 524-4734		SVTC, HWD
Walter G "Buddy" Small	804- 524-7548	804- 524-4734		CSH
Tammy Long	434- 767-4519	434- 767-4551		VCBR, PGH
<b>Region 5 (Williamsburg, Tidewater)</b>				
Reginald Daye, Regional Adv	757- 253-7061	757- 253-5440	877- 600-7436	ESH
Annette Joseph-Walker, Sec	757- 253-7061	757- 253-5440		ESH
Nerissa Rhodes	757- 253-4220	757- 253-5440		ESH
Hillary Zaneveld	757- 253-4066	757- 253-5440		ESH
Stewart Prost	757- 424-8263	757- 424-8348		SEVTC
<b>Region 6 (South Central)</b>				
Beverly Garnes, Regional Adv	434- 947-6214	434- 947-6274	866- 645-4510	CVTC
Jennifer Kovack	434- 773-4315	434- 773-4274		SVMHI
Joan "Beth" Lee	434- 947-6230	434- 947-6343		CVTC

# APPENDIX 2

## Region 1 LHRC Affiliations

2011

### CCCA LHRC – Mark Seymour

#### *+Children Programs*

**14 – Updated 2/7/11**

- +Crossroads Counseling of Harrisonburg
  - +Family Preservation Svcs of Verona
  - +Family Education Services\*
  - +Intercept Youth Svcs, Inc. (Shenandoah House)
  - +League of Therapists
  - +Liberty Point
  - +Lutheran Family Svcs
  - +Minnick Education Center (Harrisonburg)
  - +National Counseling Group (Harrisonburg & Staunton)
  - +People Places (Charlottesville & Staunton)
  - +Specialized Youth Svcs of Harrisonburg (Shenandoah Academy)
  - +Virginia Home Based Counseling (Central Va.)\*
  - +Virginia School for the Deaf and Blind
- +CCCA**

### HRCSB LHRC – Chuck Collins

**7 – Updated 2/7/11**

- CC & Associates
  - CJ Designs, Inc. (Somerset & Sunset Ridge)
  - Fair Haven Residential Svcs
  - Pleasant View, Inc
  - RMH – Behavioral Health Unit
  - The ARC (of Harrisonburg/Rockingham Co)/Op Shop
- HRCSB programs**

### Loudoun County CSB LHRC – Mark Seymour

#### *+Children Programs*

**13 – Updated 2/7/11**

- Community Residences
  - ECHO
  - Green Meadows
  - +Hoffman and Lebeda
  - Inova Loudoun Hospital\*
  - Institute for Family Centered Svcs. (The Mentor Network)\*
  - +National Children’s Rehab Center at Graydon
  - +North Springs Behavioral Healthcare, Inc.
  - St. John’s Community Svcs in Loudoun\*
  - Visions Family Services
  - NOVA Family Services
  - Wall Residences\*
- Loudoun County CSB Programs**

**NWCSB LHRC – Chuck Collins**

**+Children Programs**

**26 – Updated 2/7/11**

A Place to Call Home, Inc.  
Blue Ridge Opportunities  
Blue Ridge Residential Svcs.  
Bridging the Gaps, Inc.  
Community Alternatives of Virginia (Rescare)  
Creative Family Solutions\*  
DePaul Family Svcs  
+Family Preservation Svcs., Inc.  
Good Life Corporation  
+Grafton  
Heart Havens, INnc  
+Intensive Supervision Counseling Svcs  
Lord Fairfax House  
+Lutheran Family Svcs.  
+National Counseling Group  
NOVA Family Sservices  
NW Works, Inc. (new facility)  
Robert E Rose Memorial Foundation  
Shenandoah Valley Community Residences, Inc.  
Shen-Paco Industries, Inc.  
+Timber Ridge School – (added intensive in-home)  
Wall Residences, LLC – (added residential respite svc. in Loudoun County (1 yr.)  
Where the Heart is I & II  
Winchester Community Mental Health Center\*  
Winchester Medical Ctr.  
**NWCSB programs**

**UVA LHRC – Chuck Collins**

**1 – Updated 2/7/11**

**UVA (Rucker 3 & 5 East)**

**Rappahannock-Rapidan CSB LHRC – Chuck Collins**

**+Children Programs**

**20 – Updated 2/7/11**

+Act Family Services  
+Agape Counseling & Therapeutic Services  
Blue Ridge Group Home  
Blue Ridge Residential Svcs. (Forest & Charlottesville)  
+ChildHelp East USA (Alice C. Tyler Village)  
+Chrysalis Counseling  
+Counseling Interventions, Inc.  
Creative Family Solutions

Didlake, Inc.

+Empowering Families

Family Focus Counseling Service

Family Life Counseling\*

+Family Preservation Svcs.

+League of Therapists ( Culpeper)\*

+Mountain Laurel Residential Treatment Ctr.

+National Counseling Group

+Psychology Associates

+Time Family Services\*

Wall Residences, LLC

**RRCSB programs**

**Region Ten CSB LHRC – Chuck Collins**

**+CHILDREN PROGRAMS**

**23 – Updated 4/19/11**

ARS Pantops Clinic

Blue Ridge First Step

+Creative Family Solutions, Inc.

+Dominion Day Services

+Empowering Families

+Envision Solutions

+Fair Winds I & II

+Family & Adolescent Svcs.

+Family Preservations Svcs, Inc.

+Little Keswick School

+Lutheran Family Services

Meridian House

+Miracles

+New Y-CAPP

*On Our Own (Not Licensed but Funded)*

+Ragged Mountain Home

The ARC of the Piedmont, Wildwood, & Lovingson Day Tx.

+Therapeutic Interventions

Virginia Neurocare

Wall Residences

Worksource Enterprises

+VABODE

**RTCSB programs**

**Rockbridge Area CSB LHRC – Chuck Collins**

+*Children Programs*

**6 – Updated 2/7/11**

Centra Health, Inc.

+Family Preservations SVCS, Inc.

Open Arms Haven

Presbyterian Family Homes Svcs. (formerly Presbyterian Group Home)

**Rockbridge Area CSB**

Wall Residences, LLC

**Valley CSB LHRC - Chuck Collins**

**14 – Updated 2/7/11**

AHC (Crossroads Mental Health Unit)

Blue Ridge Residential Svcs.

CC & Associates

Community Living Svcs.

Creative Family Solutions, Inc.

DePaul Family Svcs.

Family Sharing, LLC

Fidura& Associates

Hall Community Svcs.

Heart Havens, Inc.

Presbyterian Group Home & Family Svcs.

The ARC (of Augusta), Inc.

Wall Residences, LLC

**VCSB programs**

**WSH LHRC – Chuck Collins**

**1**

**WSH**

*\* Newly Affiliated 2010*

*Total Affiliated Programs in Region 1 – 126*

**REGION II AFFILIATES (Alphabetically LHRC's)-updated 2011**

Adolescent and Family Growth	Northern Virginia Regional LHRC
Alexandra CSB	Alexandria LHRC
Alternative House	Fairfax-Falls Church LHRC
Angels of Hope Mental Health Center, LLC	Prince William LHRC
Arlington CSB	Arlington LHRC
Associated Educational Services (AES)	Alexandria LHRC
Autumn Leaf Group	Northern Virginia Regional LHRC
Belmont	Rappahannock Area LHRC
Beyond Behaviors	Northern Virginia Regional LHRC
Blue Ridge Residential Services	Fredericksburg Area LHRC
Braley and Thompson	Northern Virginia Regional LHRC
Bridging the Gaps	Northern Virginia Regional LHRC
Calvary Counseling Center	Prince William LHRC
CARD	Alexandria LHRC
Central Fairfax Services	Fairfax-Falls Church LHRC
Chimes of Virginia	Fairfax-Falls Church LHRC
Circles of Hope	Northern Virginia Regional LHRC
Community Concepts, Inc.	Prince William LHRC
Community Living Alternatives	Fairfax-Falls Church LHRC
Community Residences	Arlington LHRC
Community Systems, Inc.	Fairfax-Falls Church LHRC
Community Visions, LLC	Prince William LHRC
COMPASS Counseling Services of NOVA, LLC	Prince William LHRC
Creative Family Solutions	Rappahannock Area LHRC
Crossroads Counseling Center	Prince William LHRC
Destiny's Place	Prince William LHRC
Developmental Support Associates	Northern Virginia Regional LHRC
Didlake, Inc.	Prince William LHRC
Dominion Day Services	Fredericksburg Area LHRC
Dominion Hospital	NOVA Hospital's LHRC
Elite Healthcare Services	Prince William LHRC
Empowerment Clinical and Consulting Services	Fredericksburg Area LHRC
Ethos Foundation	Northern Virginia Regional LHRC
ETRON Systems	Fairfax-Falls Church LHRC
Fairfax-Falls Church CSB	Fairfax-Falls Church LHRC
Fairwinds	Rappahannock Area LHRC
Family Advocacy Services	Northern Virginia Regional LHRC
Family and Adolescent Services	Rappahannock Area LHRC
Family Focused Services	Arlington LHRC
Family Guidance	Fredericksburg Area LHRC
Family Insight, Inc.	Prince William LHRC
Family Love Training Home	Fredericksburg Area LHRC
Family Outreach Community	Prince William LHRC

Uniform Services Group Solution (FOCUS)	
Family Preservation	Northern Virginia Regional LHRC
Family Preservation Services	Fredericksburg Area LHRC
Family Priority	Northern Virginia Regional LHRC
Family Solution	Fredericksburg Area LHRC
Fellowship Health Resources	Arlington LHRC
First Home Care	Alexandria LHRC
For Children's Sake	Northern Virginia Regional LHRC
Gabriel Homes, Inc	Fairfax-Falls Church LHRC
Gateway Homes, Inc	Fairfax-Falls Church LHRC
Global Interventions	Alexandria LHRC
Gracey's Vision	Alexandria LHRC
Harrison House	Northern Virginia Regional LHRC
Hartwood Foundation, Inc.	Fairfax-Falls Church LHRC
HaynesView, LLC	Prince William LHRC
Heritage House	Fredericksburg Area LHRC
Heritage Multicultural Program & Services	Alexandria LHRC
Hope Tree Family Services	Rappahannock Area LHRC
Hopewell House for Independent Living	Northern Virginia Regional LHRC
Horizon's of Hope	Northern Virginia Regional LHRC
Improving Outcomes	Arlington LHRC
INOVA – CATS	NOVA Hospital's LHRC
INOVA Fairfax Hospital	NOVA Hospital's LHRC
INOVA Mount Vernon	NOVA Hospital's LHRC
Inova-Keller Center	Northern Virginia Regional LHRC
Institute for Family Centered Services	Northern Virginia Regional LHRC
Intercept Youth Services	Fredericksburg Area LHRC
Intercept Youth Services, Therapeutic Day	Fredericksburg Area LHRC
Jewish Foundation for Group Homes	Fairfax-Falls Church LHRC
Job Discovery, Inc.	Fairfax-Falls Church LHRC
L'arche	Arlington LHRC
Langley Residential Support Service, Inc.	Fairfax-Falls Church LHRC
Lifeline of Virginia	Fairfax-Falls Church LHRC
Lifeworks Outreach Services	Northern Virginia Regional LHRC
Lifting As We Climb	Prince William LHRC
Lindsey's Treatment	Arlington LHRC
Living Free Health Services	Northern Virginia Regional LHRC
MARCs Agency	Rappahannock Area LHRC
Micah Ecumenical Ministries	Rappahannock Area LHRC
Multicultural Clinical Center	Northern Virginia Regional LHRC
MVLE	Prince William LHRC
MVLE	Arlington LHRC
MVLE	Fairfax-Falls Church LHRC
National Counseling Group	Fredericksburg Area LHRC
National Counseling Group	Northern Virginia Regional LHRC
Northern Va. Family Services	Northern Virginia Regional LHRC

Northern Virginia Mental Health Institute	NOVA Hospital's LHRC
Northern Virginia Training Center	Northern Virginia Training Center LHRC
NuStart	Northern Virginia Regional LHRC
Our Place, Estelle's Place, Jirah's Place	Prince William LHRC
P.E.O.P.L.E., LLC	Fredericksburg Area LHRC
Pathway Homes, Inc.	Fairfax-Falls Church LHRC
Phillips Family Partners	Northern Virginia Regional LHRC
Phoenix-N-Peace Adult Care, Inc.	Prince William LHRC
Platinum Healthcare Services	Fairfax-Falls Church LHRC
Presbyterian Group Home and Family Services	Rappahannock Area LHRC
Prince William CATS	NOVA Hospital's LHRC
Prince William Family Counseling, P.C.	Prince William LHRC
Professional Education and Respite Services	Northern Virginia Regional LHRC
Provident Arc, LLC	Prince William LHRC
Psychiatric Rehabilitation Services, Inc.	Fairfax-Falls Church LHRC
PWC Community Services	Prince William LHRC
Rappahannock Goodwill Industries	Rappahannock Area LHRC
Rappahannock Area CSB	Rappahannock Area LHRC
Residential Youth Services	Northern Virginia Regional LHRC
Resources for Independence of Virginia, Inc.	Fairfax-Falls Church LHRC
Sagebrush Treatment, Inc	Arlington LHRC
Sellatti and Company	Northern Virginia Regional LHRC
Serenity Home	Rappahannock Area LHRC
ServiceSource, Inc.	Fairfax-Falls Church LHRC
Snowden at Fredericksburg	Rappahannock Area LHRC
SOC Enterprises	Arlington LHRC
Solace Healthcare Services	Fredericksburg Area LHRC
Special Needs Academy	Fairfax-Falls Church LHRC
Spotsylvania Regional Medical Center	Rappahannock Area LHRC
St. Coletta's	Arlington LHRC
St. John's Community Services	Fairfax-Falls Church LHRC
Structures Youth Services	Fredericksburg Area LHRC
The Arc of Greater PW, Inc.	Prince William LHRC
The Lamano Agency	Fredericksburg Area LHRC
The Recovery Center of Northern Virginia	Northern Virginia Regional LHRC
The Woman's Home	Northern Virginia Regional LHRC
Therapeutic Alliance, LLC	Prince William LHRC
Therapeutic Interventions	Prince William LHRC
Tikor	Alexandria LHRC
TODAYS Youth Services	Fredericksburg Area LHRC
Total Quality Residential	Arlington LHRC
Treatment Program	Fredericksburg Area LHRC
Tree of Life Counseling	Prince William LHRC
United Methodist Family Services	Fairfax-Falls Church LHRC
VABODE	Prince William LHRC

Vanguard Services Unlimited	Arlington LHRC
Victoria Transcultural Clinical Center	Prince William LHRC
Virginia Hospital Center	NOVA Hospital's LHRC
VOA-ID Residential	Arlington LHRC
Volunteers of America	Prince William LHRC
Volunteers of America- RPC	Arlington LHRC
Wall Residences	Fredericksburg Area LHRC
Wall Residences	Northern Virginia Regional LHRC
Walking with You	Northern Virginia Regional LHRC
Washington Behavioral Health	NOVA Hospital's LHRC
Youth Excel and Advancement	Alexandria LHRC
Youth for Tomorrow	Prince William LHRC

## Region III Affiliations by LHRC

updated 9/2011

### Roanoke Valley ~~Blue Ridge Regional~~ Local Human Rights Committee 2011

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  
Cee-Breeze Personal Care Services, Inc  
CHIP of Roanoke Valley  
Centra Health  
DePaul Community Resources  
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  
Lamano Agency  
Lutheran Family Services of Roanoke/ Minnick Education Center  
Mayo Residential, Inc  
Mount Regis Center  
National Counseling Group, Inc  
New Hope Support Services  
Roanoke Treatment Center  
Support Services, LLC  
Total Life Counseling, Inc.

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~~Camelot of VA~~ closed  
~~Intercept Youth Services, Inc~~ consolidated affiliation to NRV LHRC  
~~Roanoke League of Therapists/New River League of Therapists~~ closed 7/31/11  
~~Youth Villages, Inc~~ closed

**Roanoke Local Human Rights Committee**

Alleghany Highlands Community Services  
Austin Residential & MH Support Services  
Dominion Youth Services, Inc  
Dominion Day Services  
Family Insight, P.C. Intensive Inhome and MHS Services 8/18/2011  
First Home Care (ABS LINCS) – Mental Health Support Services  
It's About Time, Inc  
Key Living Options, Inc  
Mountain River Counseling, LLC  
Mountainside Therapeutics Services, Inc  
United Support Services  
Youth Advocacy Program – Roanoke

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~~Edgewood Group Family Services~~ affiliation concluded/never granted license modification

**Mount Rogers Local Human Rights Committee**

Mount Rogers Community Mental Health and Mental Retardation Services Board  
A New Inspiration – Galax and Roanoke MHSS  
Holston Family Services  
Life Center of Galax - SAS residential center and outpatient/Methadone Center  
Positive Options in Living  
Twin County Regional Healthcare Behavioral Health Services

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~~Camelot of VA~~ closed  
~~Lutheran Family Services~~ closed location  
~~Walls Residence, LLC~~ consolidated affiliation to NRV LHRC

**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 Community Resources- Christiansburg  
Family Preservation Services, Inc. - Christiansburg  
Intercept Youth Services, Inc – NRV, Roanoke Valley  
NeuroRestorative ~~Lakeview Blue Ridge~~ Center  
Strengthening Our System, LLC  
Wall Residences, LLC – NRV, Roanoke Valley, Mount Rogers services areas

**Southwest ~~SW Regional~~ Local Human Rights Committee 2011**

Cumberland 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 Community Resources  
Hope Tree Developmental Disabilities Ministries of VA Baptist Children & Family Services –  
2 Abingdon Group Homes  
Family Preservation Services, Inc.  
Holston Family Services  
Infinite Potential, LLC  
Mountain Connections, Inc.  
New Beginnings  
Rachel's Haven  
R & S Helping Hands

**Catawba Local Human Rights Committee**

Catawba Hospital  
Carilion's Roanoke Memorial Behavioral Health Center  
Lewis Gale Psychiatric Center  
Lewis Gale Hospital – Alleghany Geriatric Behavioral Health Program 9/1/2011

**Virginia Highlands ~~SWVMI~~ Local Human Rights Committee 2011**

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

**Appalachian Community ~~SWVTC~~ Local Human Rights Committee 2011**

## REGION 4 LHRC Affiliations

9/25/2012

### ANUE LHRC

#### Affiliated Programs:

- 1) Abrial Youth Services
- 2) Agape Counseling
- 3) Blandford & Haley Family Services
- 4) Changing Faces Youth Services
- 5) Clinical Services of Virginia
- 6) Community Alternatives for Youth & Family
- 7) Community Intervention Assoc.
- 8) Family & Children Treatment Services
- 9) Family Resources, Inc.
- 10) FOCUS, Inc.
- 11) From Start 2 Finish Counseling Services, Inc.
- 12) H-n-R Residential Services, Inc.
- 13) Healthy Minds, LLC
- 14) Heritage Adult Day Services
- 15) Influential Family Services
- 16) Life Lessons Family Services, LLC
- 17) Nadiya, LLC
- 18) Pathways to Life, Inc.
- 19) Strata GEM Connections, LLC
- 20) Supportive Care, Inc.
- 21) Youth Development Counseling Agency

### Central Area LHRC

#### Affiliated Programs:

- 1) Angelic Homes, LLC
- 2) A New Idea Clinical Consulting, LLC
- 3) Delivering H.O.P.E. Human Services
- 4) EVOLVE
- 5) Exceptional Treasures
- 6) Extreme Counseling
- 7) ~~Family Face 2 Face Service~~ Closed 9/2011
- 8) Family Guidance : 4/11/12 Mental Health Support Program approved.
- 9) Future Generation
- 10) Guiding Light LLC
- 11) Guiding Lives, Inc.
- 12) Karisma Counseling
- 13) Legacy Family Services, LLC
- 14) Levoc Family Services
- 15) Metro Area Support Services
- 16) ~~Middleton G. Community Group Home~~ Closed Feb. 2012

- 17) Negril, Inc.
- 18) New Beginning Residential Services
- 19) New Hope Home
- 20) Phase One
- 21) Put Family First LLC
- 22) Rest Assured, LLC
- ~~23) Restoring Youth Alternative~~ Reassigned to Metropolitan 7/21/10
- 24) Strategic Youth Services
- 25) The Outreach Foundation: 4/11/12 Program Expansion approved.

**Central State Hospital LHRC**

Affiliates Programs:

None

**Chester Regional LHRC**

Affiliates Programs:

- 1) Alternative Interventions
- 2) Atiba Youth Interventions
- 3) Bair Foundation
- 4) Catalyst, Inc.
- 5) Compassionate Hearts
- 6) Cornerstone Youth
- 7) D.Y.V.I.N.E. Youth Services, LLC
- 8) E & M Residential
- 9) El Shaddai Adult Group Home
- 10) Envision One, LLC
- 11) Intensive Community Outreach Services
- 12) Ivan , Joseph & Allan, LLC (**former name**) Have Faith Residential, LLC (**current name**)
- 13) Life Touch Services
- 14) New Heights, Inc.
- 15) Outreach Training & Support Center
- 16) Paradise Homecare (**former name**) Home For Good (**current name**)
- 17) River City Comprehensive
- 18) The Lighthouse Home
- 19) Tri City Solutions
- 20) Y.E.S. Kids Count, LLC
- 21) Youth & Family Dynamics

**Chesterfield LHRC**

Affiliated Programs:

- 1) A Dab of Hope
- 2) Advanced Services for Kids
- 3) All Chesterfield CSB (directly operated and contracted programs)
- 4) Community Intervention
- 5) Covenant Homes
- 6) Grafton Schools

- 7) H & W Enterprises
- 8) J & M Adult Care
- 9) Jerolin Management
- 10) Kids In Focus of Virginia
- 11) Langhorne Family Services
- 12) Counseling Alliance of Va., LLC - formerly League of Therapists
- 13) Lyle Professional
- 14) Olmeja Advocacy Services
- 15) Overcomers
- 16) New Pathways Youth Services
- 17) Quality Life Services
- 18) Rivers Assisted Living
- 19) Second Chance Youth Services
- 20) Spectrum Transformations Group, LLC
- 21) The Village Children & Family Services, LLC
- 22) Turning Point Mental Health
- 23) Youth Empowerment Services

### **Commonwealth LHRC**

#### Affiliated Programs:

- 1) Abraham Youth Family Services
- 2) All Care Family Services
- 3) Central Virginia Healthcare Mental Health
- 4) Circle of Care for Systematic Treatment, Inc.
- 5) Cornerstone Support Services
- 6) Elk Hill
- 7) Fig Tree
- 8) From Within
- 9) Lyfe, Inc. (Affiliated 4/19/12)
- 10) Mending Fences, LLC
- 11) New Directions Community Outreach
- 12) Quality Health Care
- 13) Richmond Justice Services
- 14) Second Chance 4 Youth, LLC
- 15) Serenity C & C, Inc.
- 16) The Skye Is the Limit Residential
- 17) The Guiding Light Family Services
- 18) Unity Family Services
- ~~19) Urban Oasis Youth Services — Closed 4/4/12~~
- 20) Virginia Home Based Counseling
- 21) Virginia Support Services
- 22) Youth & Family Services of Virginia

## **Crater LHRC**

### Affiliated Programs:

- 1) Adult Activity Services
- 2) Agape' Unlimited I
- 3) Agape' Unlimited II
- 4) A Simply Wonderful Counseling Svs.
- 5) Benchmark
- 6) Dan-Poe-Dil 4/12/12 Added New Location (Fairway House)
- 7) DePaul Family Services
- 8) Family & Youth Services
- 9) Happy Home Counseling Services 4/12/12 Added Mental Health Support Services
- 10) High Hopes
- 11) J.C. Home Life
- 12) John Randolph Recovery Center
- 13) Lea & Associates
- 14) Live 4 Life, Inc.
- 15) Low Ground Visions
- 16) New Beginning
- 17) New Hope Youth Services
- 18) Phoenix-N-Peace
- 19) Progressive Adult Rehabilitation Center, Inc (P.A.R.C.)
- 20) Pryor House
- 21) Southside Regional Hospital Inpatient Services
- 22) Southside Regional Hospital Outpatient Services
- 23) Sussex-Greenville-Emporia Adult Svs. Inc.
- 24) T'Lab, Inc.
- 25) Trucare Home
- 26) Visions Family Services

## **Hanover Community Services Board**

### Affiliated Programs:

1. Ascending Dove Residential Care & Therapeutic Day Treatment
2. Bethel Residential
3. Community Counseling Group
4. Comprehensive Counseling Group
5. Creative Family Solutions, Inc.
6. Destiny Services
7. Dimensions Youth Services
8. Envision Solutions
9. Fidura & Associates, Inc.
10. Hanover Adult Center

11. Hanover Community Services
12. Heartfelt Family Services
13. Key Support Services
14. Lamano Agency
15. Life Changing Services
16. Mental Health Experience Supportive Services
17. Milestone Counseling Services
18. Pathways To Success
19. Riggins Residential
20. Step N Up Youth Services
21. Transitions Day Support Services
22. Veldot Residential
23. Virginia Baptist Children's Home (Hope Tree)
24. Virginia Supportive Housing
25. Wall Residences
26. Youth Counseling Services

### **Henrico Community Services Board**

#### Affiliated Programs:

- 1) All Henrico Area CSB (Directly Operated and Contracted Programs)**
- 2) Attachment & Trauma
- 3) Braley & Thompson
- 4) Clear Vission Support Services LLC
- 5) Clinical Alternatives
- 6) Family Life Services
- 7) Family Focus
- 8) Hartwood Foundation
- 9) Heart Havens
- 10) Institute for Family Centered Services
- 11) Intercept Youth Services
- 12) Little Sisters of St. Francis (Seton House)
- 13) LOCHMS Inc. – Olivia's House \*
- 14) Lutheran Family Services
- 15) NDUTIME Youth & Family Services
- 16) St. Mary's Behavioral Health Inpatient Unit
- 17) Support One, Inc. (formerly Community Based Services)
- 18) The Center for Child & Family Services
- 19) The Family Counseling Center for Recovery
- 20) Tree of Life Services

### **Metropolitan LHRC**

#### Affiliate Programs

- 1) A Fresh Approach Youth Services, LLC

- 2) All Family Matters, Inc.
- 3) Committed Counseling Program
- 4) Commonwealth Clinical and Consulting Services
- 5) District 19 CSB
- 6) Family AriZen
- 7) Family In Care Intervention Services, LLC
- 8) Independent Capacity System
- 9) Jacksonfield Homes
- 10) J & G House of Beginning, LLC
- 11) M.I.N.K.S. Youth & Family Services
- 12) Omega II Therapeutic Afterschool, Inc.
- 13) Restoring Youth Alternative
- 14) Saving Lost Souls, Inc.
- 15) Stepping Stones Towards The Future, LLC
- 16) The Center for Counseling and Community Affairs
- 17) The Choice Group
- 18) Virginia Home for Boys and Girls
- 19) Wise Enterprise, Inc.
- 20) Youth Builders, LLC

### **Metro Richmond LHRC**

#### Affiliated Programs:

- 1) A Grace Place Adult Care Services (Connections)
- 2) All RBHA CSB (Directly operated and contracted programs)
- 3) Associated Educational Services of Virginia
- 4) Bon Secours Richmond Community Hospital
- 5) CJW/Tucker Pavilion
- 6) Challenge Discovery
- 7) Child Savers
- 8) Community Residences
- 9) Cumberland Community Based Services & RTC
- 10) Dana's Habitat
- 11) Diamonds In The Rough
- 12) Divine Residential Services
- 13) Dominion Youth Services
- 14) Drug Addition Services
- 15) Faith Residential
- 16) Family Preservation Services
- 17) Generation X-Cel
- 18) Human Resources, Inc.
- 19) Independent Adult Care
- 20) J & D Residential Services
- 21) Kristie Family Care
- 22) MCV/VTCC
- 23) Metro Treatment of VA

- 24) NHS Mid-Atlantic, Inc.
- 25) RAARC/Camp Baker
- 26) Richmond IOP
- 27) Richmond Residential
- 28) Rubicon
- 29) Slabaugh & Associates
- 30) Sierras Life
- 31) St. Joseph's Villa
- 32) The Healing Place
- 33) The New Y-Capp, Inc.
- 34) TLC Day Support & Residential Services
- 35) United Methodist Family Services

### **New Creation LHRC**

#### Affiliated Programs:

- 1) Brothers' Keeper
- 2) Créative Youth
- 3) EZETT
- 4) First Class Living
- 5) Greatness In You, LLC
- 6) Hands of Unity
- 7) Harrison House
- 8) Impact Youth Services
- 9) Kingdom Dominion
- 10) More Solutions Youth
- 11) Open Arms Residential Services
- 12) ProActive Behavioral Services, Inc.
- 13) Richmond Private Methadone Center (Sellati & Company)
- 14) The MARCS Agency, LLC
- 15) Therapeutic Interventions
- 16) Upside To Youth Development

### **Petersburg Regional LHRC**

#### Affiliated Programs:

- 1) A & C Alternative Care, LLC
- 2) Amazings Grace
- 3) DBS Family Services, Inc.
- 4) ~~Empowerment Clinical Consulting Services~~ – Bought by Braley & Thompson
- 5) FamMat
- 6) Gateway Homes
- 7) Life Enhancement Services
- 8) New Journey Family Services
- 9) Poplar Springs Hospital & Programs
- 10) Positive Image
- 11) R.E.A.P. (formerly) Youth Excel & Advancement (current)
- 12) River City Residences

- 13) Savannah's House
- 14) Simms Children Assistance Services
- 15) S.O.A.R., LLC
- 16) Specialized Youth Services of VA.
- 17) The Jireh House
- 18) Triumph Residential Services
- 19) We Care Residential

### **Richmond Tri-Cities LHRC**

#### Affiliated Programs:

- 1) Acclaim Care, Inc.
- 2) Alternative Counseling Group
- 3) Beetween the T's
- 4) Changing Fazes
- 5) Edgewood Group Family Services
- 6) Faith & Family Advocates
- 7) Family Impact
- 8) Family Transitions
- 9) Good Neighbor Homes
- 10) Halo, Inc.
- 11) Hope, Unity & Freedom
- 12) Life Construction
- 13) Lumzy's Residential Services
- 14) Mercy 'N' Grace Residential Services, Inc.
- 15) Open Arms Family Services & Residential
- 16) Renewance Services, LLC
- 17) Safe Haven Day Support Services
- 18) Solace Health Care Group, Inc.
- 19) Substance Abuse Consulting Services, Inc.
- 20) Taylor's Enhanced Living
- 21) Transitional Adult Residential Care
- 22) Wilkerson's Consulting Services
- 23) Youth Pathway, LLC

### **Richmond Unified LHRC**

#### Affiliate Programs:

- 1) Abundant Life
- 2) Accent Group & Family Services
- 3) Arch Support Residential
- 4) Community Alternative Consortium
- 5) Counseling & Advocacy
- 6) Deuteronomy Eight Eighteen, LLC (DET)
- 7) Diversity Training & Support Center

- 8) Family Insight
- 9) Family Integrated Counseling
- 10) Family Maintenance Counseling Group, Inc.
- 11) For A Good Cause Group Home
- 12) Inspiration House
- 13) It's A New Day
- 14) Outreach Residential
- 15) Pleasant View Residential
- 16) T.O.D.A.Y.S. Youth Service
- 17) Va. Counseling & Community Development
- 18) Vigilant Mindz, Inc.
- 19) Youth Intervention Services

### **SVTC LHRC**

#### Affiliate Programs:

None

### **Tuckahoe LHRC**

#### Affiliate Programs:

- 1) Alliant Consortium
- 2) Associates in Counseling & Therapeutic Services
- 3) Blue Ridge Residential Services
- 4) Daily Grace Adult Day Program
- 5) EMS Intensive In-Home Services
- 6) Family & Adolescent Services
- 7) Family & Community Support Systems
- 8) Greater Unity
- 9) Hamlet House Youth Services
- 10) H.O.P.E., Inc.
- 11) H.Y.P.E. Youth Services
- 12) Miracles Behavioral Health Center
- 13) OLA Home for Boys
- 14) RISEUP, LLC
- 15) Renaissance Residential Services
- 16) Southern Va. Regional Medical Center
- 17) The G.R.O.W.N. Program LLC Solutions (Independent Living Solutions)
- 18) TIME Family Services, LLC
- 19) Trimble Agency LLC
- 20) Williamsville Wellness, LLC

**REGION V***Revised (SP):2-24-2012***Atlantic Regional LHRC**Affiliates (11)

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

**Bay Regional LHRC**Affiliates (16)

A & C Alternative Care, LLC  
Attachment & Trauma Institute  
Best Friends LLC  
Changing Faces Youth Services  
Crescent Counseling & Casework Services, Inc  
Family & Community Transition Services  
Genesis I-The House of Care  
Image House  
Just By 5  
Ndutime Family Youth Services, Inc.  
Noble Care, LLC  
Quality Living Hampton Roads, LLC  
Ros Beacon of Care  
Pathways to Life  
Turning Point Residential Care  
Youth Solutions for Families in Crisis LLC

**Chesapeake Regional LHRC**Affiliates (10)

Chosen Hands Residential Services  
Circle of Friends  
Compass Youth Services  
Crestar Health, LLC  
In-Home Clinical and Casework Services  
Institute for Family Centered Services  
Joy Haven  
~~Latch Key Projects~~  
National Counseling Group

Our Summer Place  
Riverside Shore Memorial Psychiatric Center

### **Colonial Regional LHRC**

#### Affiliates (14)

Alpha Counsellors Services  
Community Behavioral Support Services  
Family Maintenance Counseling Group  
Independent Perspectives  
John and Mildred Thoroughgood House  
LEVOC Family Services  
Lyle Professional Counseling In-Home Services  
Martha's Place  
New Season Clinical Services  
Strong Foundation Youth Initiative  
Therapeutic Interventions  
Youth and Family Counseling Service  
VBODIE  
Virginia Supportive Housing

### **Eastern State Hospital LHRC**

#### Affiliates (7)

Cornerstone Support Services  
Eastern State Hospital  
Family Priority, LLC  
One Way counseling Services, LLC  
Positive Intervention Services, LLC  
Together Lives Change, LLC  
Transitions Training & Development, LLC

### **Eastern Virginia LHRC**

#### Affiliates (10)

AC Support Systems  
Bair Foundation  
Best Practices Coaching, Counseling, Consultation & Training  
Better Life Services  
Community Options  
Holiday House of Portsmouth  
Maryview Behavior Medicine Center  
Psalms Assistive Support Services  
St. Mary's Home for Disabled Children  
Virginia Home Based Counseling & Virginia Supportive Services

### **Genesis LHRC**

#### Affiliates (9)

Alpha Community Services  
Community Direct Services

Cornerstone Service Intervention Systems  
 Greatness In You, LLC  
 Hope Unity & Freedom, LLC  
 Individual's First  
 Just People, Inc.  
~~Liberty Family Services~~  
 Louise Eggleston Center  
 Pleasant Vue Residential Care Home

### **Hampton Regional LHRC**

#### Affiliates (13)

Alliant Consortium  
 Bell's Haven  
 Boney Community Residential Services  
 Caring Family Homes  
 Charis Support Services  
 Family & Adolescent Services  
 Family Impact  
 H & L Group Homes  
 Higher Heights Residential Services Center  
 New Y-Capp  
 People Too  
 Serenity C & C  
 Visions Family Services

### **Hampton Roads Regional LHRC**

#### Affiliates (11)

Community Services of Virginia  
 Didlake (Formerly Commonwealth Support Systems)  
 Emerson Place  
 E.V.O.L.V.E. Therapeutic Counseling Services  
 Family Redirection Institute  
 G.R.A.C.E.  
 James Bentley Treatment Program  
 Northwestern Human Services of Virginia  
 Seeds of Success  
 Sentara Norfolk General Behavioral Health Services  
 Tranquility Manor Residential Services

### **Health Planning Region V LHRC**

#### Affiliates (11)

Another Level Youth & Family Services  
 Associates at York  
 Compassion House  
 Fidura & Associates  
 Heart Havens

Lucas Lodge  
 Norfolk CSB  
 Portsmouth DBHS  
 Support Services of Virginia  
 Tidewater Regional Youth Commission – In Home Services  
 V & V Adult Group Home

### **James City Regional LHRC**

#### Affiliates (10)

Angel Wings Family Services  
 Dominion Services for all People  
 Elam House  
 Extended Family Services  
 Fam Mat  
 Gale's Place  
 Milestone Counseling Services  
 Miracles Behavioral Health Center  
 One Life One Love, Inc  
 Tidewater Therapeutic After School Program

### **Mid-City LHRC**

#### Affiliates (14)

A J & T Independent Group Homes  
 Alternative Family Treatment Services  
 Caring Hands Supplementary Enrichment Education of Virginia  
 Community Solutions  
 Cook Community Support  
 Dubie's Love Residential  
 Faith Foundation  
 Prosperity House  
 Restorer of Broken Walls  
 TALK Family of Virginia  
 T. W. Neumann & Associates  
 Up Center (Formerly Child & Family Services) Of Eastern Virginia  
 Urban Learning & Leadership Center  
 Virginia Institute for People with Disabilities

### **Middle Peninsula/Northern Neck LHRC**

#### Affiliates (9)

~~Blue Ridge Residential Services~~  
 Brambles  
 Brother's Keeper Day Treatment  
 Bridges of Rappahannock  
 Empowering Youth for Positive Change  
 Heart Havens  
~~Lewis B. Puller Center~~  
 Middle Peninsula/Northern Neck CSB

New Day Counseling Services  
 Sola, Zorzan Home  
 Walls Residences

### **Newport News Regional LHRC**

#### Affiliates (12)

A & R Health Care – Alexander House  
 Brighter Futures  
 CATCH-Concerned Adults Teaching Children Hope  
 Chessen & Associates  
 Faith, Hope, Care Provider, LLC  
 Family Solutions  
 Guiding Young Girls  
 Heart & Soul  
 Inner Circle  
 Newport News Behavioral Health Center  
 Opportunities for Growth  
 Residential Living Options

### **Norfolk Regional LHRC**

#### Affiliates (12)

Achievers and Queens House  
 Alliance of Community Provisions  
 Brighton Gardens  
 Destiny's House  
 Dominion Day Services  
 Family & Youth Foundation  
 Giving Hearts  
 Hope Tree Services for Developmental Disabilities  
 Jerolin Management  
 National Coalition for Youth and Families, USA  
 Positive Pathways  
 Progressive Counseling Services

### **Ocean View Regional LHRC**

#### Affiliates (10)

B & M Group Home  
 Compassion  
 Divinely Directed Services  
 Essential Family Services  
 Family Determination  
 Intensive Community Outreach  
 Jen N C Home Care  
 Neighborhood Empowerment and Transformation (NEAT)  
 Renaissance Family Care  
 United Methodist Family Services

**Peninsula Regional LHRC**Affiliates (3)

- Agape Counseling & Therapeutic Services
- Hampton Mental Health Associates
- Riverside Behavioral Center
  - Outpatient Services
  - Acute
  - RTC
  - Restorative Services

**Portsmouth Regional LHRC**Affiliates (9)

- Armethia, Angelene & Gwendolyn (AA & G) Group Home
- Blue Ridge Residential Services
- Child of God Group Home
- Comprehensive Family Services of Virginia
- Intercept Youth Services
- Moody's Residential Services
- Phoenix Aspiration System of Care
- Shepherd's Lodge
- Virginia Beach Methadone Clinic

**Southeast Alliance LHRC**Affiliates (8)

- The ARC of the Virginia Peninsula, Inc and Lewis B. Pullman Ctr.
- Colonial Services Board
- Family Behavioral Health and Healing
- Gray's Family Services
- Hampton/Newport News CSB
- Lutheran Family Services, Home Based Services and Outpatient Counseling Services
- Mid-Atlantic Family Services
- Second Chance Youth Services

**Southeastern Virginia Training Center LHRC**

## Affiliations (14)

- Achievers Counseling Services
- Care Group Company, LLC
- Casa de Gloria Residential Services
- Creative Living Community Services
- COOPS Vision
- Everyday Angels
- In Caring Hands
- Life Changers Community Mental Health Services
- Moving Forward Family Services
- RIZE, LLC
- Southeastern Virginia Training Center
- Specialized Youth Services of VA

Terry's Place Group Home  
Vigilant Mindz

### **Southside Regional LHRC**

#### Affiliates (11)

Barry Robinson Center  
Dominion Psychiatric Services  
Family Net  
Finney Psychotherapy Associates  
New Life Programs  
One Vision Associates  
Paramount Youth Services Group Home  
Pendleton Child Services Center  
Sarah's Place  
Tidewater Psychotherapy Services  
Virginia Independent Training Organization (VITO)

### **Suffolk Regional LHRC**

#### Affiliates (13)

Baker Homes  
Better Care Family Homes - Carlisle Estates  
Braley & Thompson  
Citadel Family Service  
Community Supported Training Organization  
Obici Health Systems  
Quality Care Community Services  
Quality Community Supports  
Rehobeth Residence  
Sister's Developing Growth and Change  
Visions Community Services  
Western Tidewater CSB  
Zuni Presbyterian Homes

### **Tidewater Regional LHRC**

#### Affiliates (6)

Family Support Team - In Home Services - First Hospital Corporation (FHC)  
First Home Care (FHC) Homes

- Foundation House
- Gateway House

First Home Care (FHC) Group Homes

- Crawford Day School
- Oyster Point Academy
- Northhampton Schools
- Portsmouth Schools

Kempsville Center for Behavioral Health (formerly The Pines Kempsville)  
Brighton BHC / Harbor Point BHC (formerly The Pines)  
Virginia Beach Psychiatric Hospital

## **Universal Family LHRC**

### Affiliates (14)

Chesapeake Treatment Center  
 CMJ Positive Change  
 Crossroads Family Services  
 Essential Independent Lifestyles  
 Family Preservation Services  
 Hines Haven/Columbia House  
~~Limited Time Adult Services~~  
 Peterson Family Care Center  
 Phelps LLC  
 Preferred Providers Services  
 Shekinah's Glory  
 Steppingstone Family Services – Legacy House  
 Taylor Family Homes  
 Trust Counseling  
 Volunteers of America – Baker House

## **Virginia Beach LHRC**

### Affiliates (10)

Burke Family Care  
 Chesapeake CSB  
 Community Alternatives  
 Eagles Nest  
 Eastern Shore CSB  
 Hope House Foundation  
 Lifting As We Climb Community Service  
 Person Centered Place  
 U First, Inc.  
 Virginia Beach Department of Human Services

## **Williamsburg Regional LHRC**

### Affiliates (9)

Bacon Street  
 Better Life of Virginia  
 Campbell House  
 East End Intensive Outpatient Program  
 Family Preservation Services  
 Neurological Rehabilitation Living Center  
 Sentara Wmsburg Regional Medical Ctr.–Structured Outpatient Behavioral Health  
 United & Empowered Care  
 Williamsburg Place (The Farley Center)

## Region 6 Affiliated Programs

Effective June 21, 2011

### **Central Virginia Community Services LHRC**

Central Virginia Community Services

Able Homes

Anderson Counseling Services

ARC of Central Virginia

Bedford Adult Day Center

Blackberry Ridge

Blue Ridge Residential Services

Braley & Thompson, Inc.

Cabaniss Consultants

Cabaniss Day Support

### **Centra Health**

- Adult Psychiatric Program
- Bridges Child & Adolescent Treatment Center
- Child and Adolescent Psychiatric Program
- Mental Health Services
- Pathways Treatment Center

Comprehensive Family Services, LLC

Creative Family Solutions, Inc.

DePaul Community Resources

DePaul Community Resources-Mental Health Supports

Dominion Day Services

Family Impact, Inc.

Family Preservation Services, Inc.

Hall Community Services

Harvest Outreach Center

Heart Havens

Innovative Family Consultants, Inc.

JL Supports

Jessie Calloway Family Services

Jordan-Brown Residential Homes

Lamano Agency, Inc.

Laury Homes Residential Services

LifeLine Residential Services

Lutheran Family Services of Virginia, Inc.

Lynchburg League of Therapists

The Madeline Centre, Inc.

McKinney Residential Services

Otter River Resource Center (formerly known as The Sheltered Workshop of Altavista, Inc.)

Poindexter Residential

Presbyterian Homes

Rice Counseling and Associates

Strategic Home Based Therapy Associates  
Support Services of Virginia  
TIME Family Services  
Tree of Life Christian Counseling  
VP & J Services  
Virginia Home Based Counseling/Virginia Support Services  
Wall Residences, LLC  
Windsor Manor Training Home  
Wynne Adult Care  
Youth & Family Counseling Services (formerly known as Youth Intervention Services, LLC)

**Central Virginia Training Center LHRC**

Central Virginia Training Center

**Danville-Pittsylvania County Regional LHRC**

A New Inspiration  
Alliant Human Services  
Doss Estates  
Johnny's Heroes

- Johnny's Angel's
- Family First Solutions
- Family First Solutions
- Johnny's Heroes- day treatment

Kingdom Dominion, LLC  
MT Sorrell Home  
Negril, Inc

**Goochland-Powhatan Community Services LHRC**

Goochland/Powhatan CSB  
Hallmark Youthcare  
Heartfield Home for Boys  
Intercept Youth Services  
National Counseling Group  
New Directions Community Outreach Services  
Next Level Residential Services  
Royal Care Residential Services  
The Independent Capacity System  
V.A.B.O.D.E.  
Virginia Group Home Services

**Heartland Regional LHRC**

Amelia Residential Estates  
Barksdale Group  
Bridgeway Residential Services, LLC  
Counseling and Advocacy Associates  
Faces of Hope, LLC

Family and Adolescent Services  
Helton House  
Hope Tree Family Services (Virginia Baptist Children's Home and Family Services/DDM)  
LEVOC Family Services  
Mary's Rest Home  
Miah's House  
Virginia Youth Outreach Services

**Piedmont Community Services LHRC**

Piedmont Community Services  
ATIBA Youth Intervention Services, LLC  
Blue Ridge Counseling Services  
The Claye Corporation  
East Mental Health  
EHS Support Services  
Family Preservations Services, Inc  
Goodwill of the Valleys  
Hope Tree Family Services  
Intercept Youth Services  
It's About Time  
Life Stages  
Mayo Residential, LLC  
Memorial Hospital of Martinsville and Henry County Inpatient Program  
M Powering Kids Mentoring Services  
National Counseling Group, Inc  
PARC Workshop  
Patrick County Developmental Center  
Pioneer Health Services of Patrick County  
Stepping Stones Inc  
Support Services, LLC  
Trinity Support Services  
United Support Services  
Upside to Youth Development, LLC

**Piedmont Geriatric Hospital LHRC**

Piedmont Geriatric Hospital  
Brother's Keeper, Inc  
Crossroad Community Services Board  
Mental Health Community Based Resources

**Southern Virginia Mental Health Institute LHRC**

Southern Virginia Mental Health Institute  
Alternative Community Services  
All Care Family Services  
Children and Family Community Development  
Danville/Pittsylvania Community Services

Danville Regional Medical Center  
Family Preservation Services  
Hope Harbor  
Hughes Center for Exceptional Children  
New Hope Support Services, LLC.

**Southside Community Services LHRC**

Community Living Inc.

- Psychosocial Rehabilitation Services

Community Memorial Pavilion

Divine Residential Services, LLC

Family First

Family Systems II, Inc., and New Life Programs, Inc.

G and H Group, Inc.

Halifax Regional Health System

Palmer Springs Group Home

Phoenix N-Peace, Inc.

The Empowerment Services Group, Inc.

Taylor's Enhanced Living

United Friends

United Methodist Family Services

# APPENDIX 3



# *Human Writes*

## *State Human Rights Committee Newsletter*

Summer 2011

Welcome to the Summer 2011 edition of Human Writes, a 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:

DBHS  
Office of Human Rights  
P. O. Box 1797  
Richmond, VA 23218  
[SHRC.newsletter@co.dbhds.virginia.gov](mailto:SHRC.newsletter@co.dbhds.virginia.gov)

## **DBHDS WEB SITE – HUMAN RIGHTS INFORMATION**

Below is some information from the DBHDS website on the Human Rights Mission and Structure. We encourage you to visit the site for more details.

### **Human Rights Useful Information**

#### **Mission**

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 DBHDS Human Rights dispute resolution program.



## 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 DBHDS.

Title 37.2.400, Code of Virginia, 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.
- Be afforded the opportunity to have an individual of his choice notified of his general condition, location, and transfer to another facility.

## Structure

The Office of Human Rights is located within the Department of Behavioral Health and Developmental 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](#) (SHRC) 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 Local Human Rights Committee (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, with regional advocates located throughout the State who provide a similar function for consumers in community programs. The DBHDS 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.

(see link) <http://www.dbhds.virginia.gov/OHR-UsefulInformation.htm#hr1>

## **INSPECTOR GENERAL'S REPORT**

At the SHRC meeting on March 4, 2011 Mr. John Pezzoli, Assistant Commissioner of Behavioral Health Services with the DBHDS reviewed the report on Eastern State Hospital, by G. Douglas Bevelacqua - Inspector General. Below is the Executive Summary of the OIG report and the links to the OIG and the report.

### *Executive Summary*

**In August 2010, Eastern State Hospital (ESH) opened a new, state-of-the-art 150 bed adult behavioral health facility containing 85 fewer beds than had been available the preceding year at this regional hospital. In preparation for the move to the smaller facility, starting in early 2010, ESH refused to admit new patients who had been civilly committed for involuntary treatment and, as of early November, the state hospital had denied admission to 30 Hampton Roads residents who had been screened by the Facility Management Committee (FMC) and determined to meet ESH's stringent admission criteria. ESH also restricted admissions for dozens of additional forensic patients during 2010 and, currently, there is a forensic waiting list of approximately 40 individuals awaiting a bed at ESH – most of who continue to be housed in local jails.**



The moratorium on new admissions to ESH, and the loss of its unique safety net function for our most vulnerable citizens with serious mental illness, has created an unsustainable situation for consumers and their families, the nine Community Services Boards (CSBs) of Health Planning Region 5 (HPR V), and for the Hampton Roads community. This represents a failure of the facility component of the Commonwealth's public safety net for individuals needing involuntary intermediate-term psychiatric treatment.

The OIG's *Review* supports a finding that, the current capacity problem was created by the confluence of historically inadequate facility leadership, the loss of operating beds at ESH as part of the downsizing initiative, and the elimination of \$2.6 million in requested community funding in 2009. The inability to fund the creation of the expanded intensive community capacity, before retiring obsolete ESH buildings and moving patients into the new (downsized) facility, triggered the current crisis.

Admissions and discharges represent the front door and the back door to a state facility, and, if either the entrance or exit is blocked, it creates pressures for the entire public sector safety net system. Likewise, in this interdependent system, if the community lacks the capacity to receive discharge-ready individuals from the state hospitals, then the state facilities will not be able to return people to the community and free-up a bed for someone seeking admission. This interdependence explains much of what happened at ESH; however, the contemporaneous downsizing from 235 beds to 150 beds last summer exacerbated the problem.

The *Code of Virginia 1950, et seq.* (the *Code*) requires the Inspector General to investigate —complaints of abuse, neglect, or inadequate care.□ Despite the extraordinary efforts and creativity of crisis workers and other CSB staff, ESH's admissions moratorium meant that some currently unknowable number of Hampton Roads residents were unable to access the full range of public sector safety net services. This conclusion is supported by the case histories presented below and the waiting list profiles documented at Appendices I and II.

The OIG wants to highlight the heroic efforts of the HPR V CSBs during 2010. These mental health professionals created treatment alternatives for the civilly committed individuals under their care without accessing ESH and lacking the requested additional funding or the promised expanded community programs. Their skilled interventions, and ability to improvise, doubtless averted many bad outcomes as they worked to assure the safety of their consumers.

According to the admission criteria established by ESH, the persons screened and approved for admission to this state facility must: 1) Be a danger to themselves or others in the near future; 2) Be substantially unable to care for themselves; and, 3) They cannot be served in any less restrictive alternative to institutional confinement and treatment. While some of the individuals denied admission to ESH were returned to the acute care programs operated by private psychiatric hospitals, Hampton Roads currently has no provider of intermediate-care services, other than ESH, and some unknowable number of individuals,



requiring longer term treatment, did not receive that care they would have received at the state facility.

The Department of Behavioral Health and Developmental Services (DBHDS or the Department) recently hired a seasoned facility director to provide the solid leadership needed to chart a course through this crisis, in addition to resolving the backlog of ESH problems, like regaining certification at the Hancock Geriatric Center. The new facility Director is having an immediate, positive impact at ESH; however, the new Director and HPR V will need support from the DBHDS, along with additional General Assembly funding, to create the community infrastructure necessary to relieve the admissions pressure and provide appropriate supported community placements for the dozens of ESH residents on the discharge-ready list.

(OIG-Office of Inspector General DBHDS <http://www.oig.virginia.gov/rpt-Facilities.htm> )

(to read the report see: <http://www.oig.virginia.gov/documents/FR-ESH-197-10.pdf> )

## **DOJ FINDS VIRGINIA IN VIOLATION OF ADA**

***\*\*\*\*\* The following article is provided as a way for the SHRC to share items of mutual interest among the Local Human Rights Committees and the SHRC. The SHRC has not taken any position in this matter and is not endorsing any policy. The article is for educational purposes.***

On February 10, 2011, Governor McDonnell received a letter from the Department of Justice, (DOJ), Civil Rights Division, Office of the Assistant Attorney General. (to view the complete letter go to: [http://www.governor.virginia.gov/news/docs/DOJ\\_Findings\\_Letter\\_2011-02-11.pdf](http://www.governor.virginia.gov/news/docs/DOJ_Findings_Letter_2011-02-11.pdf)) Below is an article from DEVELOPMENTS IN MENTAL HEALTH LAW, Vol. 30, Issue 2 (printed with permission)

### **DOJ Finds Virginia Violates ADA/Olmstead**

The Civil Rights Division of the United States Department of Justice notified Governor Robert F. McDonnell by letter dated February 10, 2011 of the findings that Virginia is violating the Americans with Disabilities Act as interpreted by the United States Supreme Court in *Olmstead v. L.C.*, 527 U.S. 581 (1999), [http://www.justice.gov/crt/about/spl/documents/cvtc\\_findlet\\_02-10-2011.pdf](http://www.justice.gov/crt/about/spl/documents/cvtc_findlet_02-10-2011.pdf).

DOJ wrote:

“The inadequacies we identified have resulted in the needless and prolonged institutionalization of, and other harms to, individuals with disabilities in [Central Virginia Training Center] and in other segregated training centers throughout the Commonwealth who could be served in the community.” DOJ faults Virginia for its



reliance on “unnecessary and expensive institutional care” which has led not only to these civil rights violations, but also “incurs unnecessary expense.”

In August 2008, DOJ notified then-Governor Kaine of its intent to conduct an investigation into the quality of services and treatment at CVTC under the Civil Rights of Institutionalized Persons Act (CRIPA), 42 U.S.C. § 1997. CRIPA was enacted in 1980 to authorize DOJ to investigate what was then described as squalid conditions in state-operated facilities for persons with mental illness and intellectual disabilities and to take remedial action to force states to provide an acceptable level of care and treatment as later established under *Youngberg v. Romeo*, 457 U.S. 307 (1982). CRIPA also covers conditions in state and local prisons and jails, juvenile correctional facilities and nursing homes, but does not authorize investigations at private facilities. CRIPA only permits DOJ to investigate *systemic* constitutional and federal law violations (hence the ADA violations found), but not individual complaints. DOJ investigated four Virginia psychiatric facilities and one training center in the 1990s.

DOJ conducted on-site visits at CVTC in November and December 2008, and again in April 2009. In October 2009, Thomas E. Perez was sworn in as Assistant Attorney General for the Civil Rights Division at DOJ. Shortly thereafter, Mr. Perez announced a shift in priority away from investigating and improving conditions of confinement in government-operated facilities towards enforcement of the Americans with Disabilities Act and its mandate requiring that individuals with disabilities receive services in the most integrated setting appropriate to their needs. On April 23, 2010, DOJ advised Governor Kaine of its expansion of the CRIPA investigation to focus on the State’s compliance with the ADA and the *Olmstead* decision. It conducted a 4-day on-site investigation at CVTC in August 2010, reviewing not only the policies and practices at CVTC, but also visiting community programs in the region and examining the Commonwealth’s efforts as a whole to both discharge individuals to more integrated settings and to prevent unnecessary institutionalizations.

Specifically, DOJ found that Virginia systemically violates the rights of those living in its institutions by failing “to develop a sufficient quantity of community-based alternatives for individuals currently in CVTC and other training centers, particularly for individuals with complex needs;” by failing “to use resources already available to expand community-based services and its misalignment of resources that prioritizes investment in institutions rather than in community-based services;” and by implementing “a flawed discharge planning process at CVTC and other training centers that fails to meaningfully identify individuals’ needs and the services necessary to meet them and address barriers to discharge.” DOJ further found that the Commonwealth also places individuals currently living in the community at risk of institutionalization by failing “to develop a sufficient quantity of community services to address the extremely long waiting list for community services, including the 3,000 people designated as ‘urgent’ because their situation places them at serious risk of institutionalization; and by



failing to ensure a sufficient quantity of services, including crisis and respite services, to prevent the admission of individuals to training centers when they experience crises.”

As is required under CRIPA, DOJ also set out a number of remedial remedies that it has determined Virginia must undertake to address these violations related to both serving individuals with intellectual disabilities in the community and discharging individuals from CVTC and its four other training centers. These include providing a sufficient number of waiver slots “ – far more than what the Commonwealth has currently budgeted – ” to address the needs of those currently in training centers and those on the waiting list, and taking full advantage of funding opportunities, including the Money Follows the Person program. Virginia must also align its investment in services away from institutions to prioritize community-based services. It should develop crisis services, preserve respite services already being provided and provide integrated day services, including supported employment without relying on segregated sheltered workshops, as Virginia currently does. The state should also make modifications to its Medicaid waivers or develop new targeted waivers for specialty populations including those with complex physical, medical and behavioral needs. The Commonwealth should also ensure that its quality management and licensing systems are sufficient to monitor and assure the adequacy and safety of treatment services provided by the community services boards, private providers and state training centers. “The systems must be able to timely detect deficiencies, verify implementation of prompt corrective action, identify areas warranting programmatic improvement, and foster implementation of programmatic improvement.”

In addition, DOJ states that the Commonwealth must implement “a clear plan to accelerate the pace of transitions to more integrated community-based settings” and overcome the institutional bias in its system. Discharge planning must begin at the time of admission and be improved and simplified, focusing on needed services, rather than whether an individual is “ready” for discharge. Virginia must focus on which services each individual will require in the community and begin constructing a plan for providing those services. Assessment teams must become knowledgeable about services available in the community and engage community providers in the discharge planning process as far in advance as possible. It must develop and implement a system to follow up with individuals after discharge to identify gaps in care and reduce the risk of re-admission. DOJ will require that community-based agencies must be made full partners in the process of planning and developing services for individuals. The Commonwealth must also develop a quality assurance or utilization review process to oversee the discharge process, including “developing a system to review the quality and effectiveness of discharge plans; developing a system to track discharged individuals to determine if they receive care in the community that is prescribed at discharge; and identifying and assessing gaps in community services identified through tracking of discharge outcomes.”



And DOJ insists that if individuals, guardians or family members oppose discharge, the training center must document steps taken to ensure that they are making an informed choice and adopt strategies to address their individual concerns and objections. Families should also be provided the opportunity to visit potential placements and talk with provider staff and other families with relatives living in the community. Under CRIPA, DOJ must give the state notice of the conditions which leads it to believe that the state is systemically violating the constitutional or federal rights of persons in its institutions and give the state at least 49 days to correct the violations before it initiates a law suit. Obviously, correcting long-term systemic violations or even negotiating a settlement that establishes a roadmap to correct those deficiencies with terms similar to those found in the *United States v. Georgia* settlement agreement [http://www.justice.gov/crt/about/spl/documents/ga\\_settlement\\_fact\\_sheet.pdf](http://www.justice.gov/crt/about/spl/documents/ga_settlement_fact_sheet.pdf) will take much longer than 49 days. However, if DOJ finds that the state is entering into good faith negotiations to timely resolve the violations identified in accordance with DOJ's overall objectives, then DOJ will allow a reasonable amount of time to negotiate the terms of any settlement and correct the violations.

Upon receipt of the letter, Governor McDonnell promptly introduced House Bill 2533 (Cox) and Senate Bill 1486 (Northam) to amend § 37.2-319 that establishes the Behavioral Health and Developmental Services Trust Fund to authorize the expenditure of funds to facilitate the transition of individuals with intellectual disabilities from state training centers to community-based services. The legislation that the General Assembly passed on the last day of the session directs the Secretary of Health and Human Resources to develop a plan to transition individuals from state training centers to community-based settings and to include facility specific objectives and timeframes to implement the changes with input from the individuals receiving services and their families: <http://leg1.state.va.us/cgi-bin/legp504.exe?111+ful+HB2533H3+pdf>. The plan must be submitted to the House and Senate money committees by November 1, 2011 with reports on development and implementation of the plan submitted in July and December of each year beginning July 1, 2011. In addition, the bills authorize any funds to be deposited into the trust fund to finance a broad array of community-based services including up to 600 Intellectual Disability waiver slots, one-time transition costs for community placements, appropriate community housing and other identified community services that may not be covered through the waiver program

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## **US Supreme Court Allows VOPA to Sue DBHDS**

In a 6-2 decision written by Justice Antonin Scalia, the United States Supreme Court held on April 19, 2011 that the Virginia Office for Protection and Advocacy (“VOPA”), an independent state agency, can sue on its own behalf the Virginia Department of Behavioral Health and Developmental Services (“DBHDS”) under the *Ex parte Young* exception to the doctrine of sovereign immunity as embodied in the Eleventh Amendment to the United States Constitution. *Virginia Office for Protection and Advocacy v. Stewart, Commissioner, et al.* 563 U.S. \_\_ (Docket No. 09-529), slip opinion found at: <http://www.supremecourt.gov/opinions/10pdf/09-529.pdf>. Agreeing that VOPA could bring suit on behalf of other individuals, DBHDS had argued that VOPA itself could not sue another state agency or its officials to enforce its federally created rights.

In upholding the right of VOPA to sue, the Court reversed the decision of the Fourth Circuit Court of Appeals that decided such a suit would offend the sovereignty and dignity of the State. *Virginia v. Reinhard*, 568 F.3d 110 (4th Cir. 2009). The case will now return to the United States District Court in Richmond for a decision on the merits of whether VOPA may access privileged “peer review” information when investigating allegations of abuse. The case will be assigned presumably to Judge Robert E. Payne who originally determined that VOPA could sue another state agency’s officials under *Ex parte Young*. For full article see link at: [DMHL Vol. 30 Issue 4.pdf](#)

## **SHRC Subcommittee to Review LHRC Structure**

In the fall of 2010 the SHRC appointed a subcommittee to review LHRC structure. The SHRC approved the subcommittee recommendation to establish model LHRC Bylaws and model Cooperative Agreements between the LHRC’s and affiliated providers. These documents were sent to the Human Rights Advocates to distribute to the LHRC’s to be implemented by June 31, 2011. The Advocates and the LHRC’s have provided feedback to the SHRC about the process and the documents. Below is some clarification of some of the issues:

- **Affiliation Fees:** The action by the SHRC regarding affiliation fees was to clarify that affiliation fees cannot be set by the LHRC as a condition of affiliation, and that these funds do not belong to the LHRC. The providers affiliated with each LHRC are strongly encouraged to get together and determine, with the input of the LHRC, how to fulfill their obligation under the Regulations to provide support to the LHRC. The providers affiliated with your LHRC may decide to continue things much as they are now with one affiliate providing all of the support to the LAHRC and collecting fees from other affiliates to cover this cost.
- **Noncompliance:** The SHRC did not specifically consider what actions are to be taken if a provider fails to meet their obligation to support the LHRC either directly or



- through delegation to another affiliate. However, each provider is responsible for complying fully with the regulation, including the requirement to provide support. And providers who are not compliant with the Regulations may be subject to Licensure citation and sanctions invoked by the Commissioner of DBHDS.
- **Quarterly Reports:** The subcommittee originally considered moving to just an Annual Report, as that is all that is required under the Regulations. Several members felt that the Advocates receive the quarterly reports and could bring issues to the LHRC. The SHRC received comments from the Advocates, however, that this would not be acceptable to LHRCs—that many LHRCs receive quarterly reports and rely on them. The Office of Human rights is currently working on developing model quarterly and annual reporting formats to ensure that the information collected is consistent across all LHRCs and that the data collection and analysis is not overly burdensome to the provides or the LHRCs. Your LHRC can decide how you would like to use these quarterly reports.
  - **Notification of SHRC of Section E Activities:** LHRCs have been seeking guidance on how best to notify the SHRC that they are engaged in activities which fall under Article II Section E of the model LHRC By Laws. Several LHRCs have asked if noting these activities in their minutes is sufficient. Other LHRCs have asked to include these activities in their By Laws. LHRCs should notify the SHRC of Section E activities through a letter to the Chair of the SHRC, copied to the Office of Human Rights. LHRCs may not make changes to Article II Section E in the model By Laws. The Office of Human Rights will maintain a tracking sheet of Section E activities, similar to the tracking sheet currently used for variances, and the SHRC will review this information periodically.

## **COMMUNICATIONS COMMITTEE: Request for Feedback**

**Chair: Carolyn Devilbiss**

In order to facilitate better information sharing among the LHRC members, the SHRC, and the Department, a number of suggestions have been put forward. We would appreciate your feedback about these as well as other ideas or concerns. SHRC members will continue to visit LHRC's during the year for information sharing, and the newsletter Human Writes has resumed regular publication.

In this age of electronic communication, some ideas for using email and the websites are being considered.

1. **Email:** A distribution list maintained by Department staff could collect email addresses of willing chairpersons and other leadership from LHRC's. It would be used to distribute information more directly and frequently to the LHRC's and to receive questions or



information from them. It would not be used for distributing or discussing confidential material, but would be a vehicle for sharing information about issues, concerns, procedures, training and other business.

2. **Website:** The website may be further enhanced to include more training modules as well as information for the public. The Communications subcommittee will be reviewing the State Human Rights website this year to consider additions or changes that may further our goal.

Please send your feedback about these and other suggestions for enhancing communication to the committee through [kli.kinzie@dbhds.virginia.gov](mailto:kli.kinzie@dbhds.virginia.gov) and put in the subject line SHRC Communication Subcommittee.

## **LHRC Health Care Provider Definition**

Background Information:

1. **The Code of Virginia (see below) established the requirement for at least one member of the LHRC to be a “health care provider.” This requirement was placed in the code in 2005.**

§ 37.2-204. Appointments to state and local human rights committees.

The Board shall appoint a state human rights committee that shall appoint local human rights committees to address alleged violations of consumers' human rights. One-third of the appointments made to the state or local human rights committees shall be current or former consumers or family members of current or former consumers, with at least two consumers who are receiving or who have received within five years of their initial appointment public or private mental health, mental retardation, or substance abuse treatment or habilitation services on each committee. **In addition, at least one appointment to the state and each local human rights committee shall be a health care provider.** Remaining appointments shall include lawyers and persons with interest, knowledge, or training in the mental health, mental retardation, or substance abuse field. No current employee of the Department, a community services board, or a behavioral health authority shall serve as a member of the state human rights committee. No current employee of the Department, a community services board, a behavioral health authority, or any facility, program, or organization licensed or funded by the Department or funded by a community services board or behavioral health authority shall serve as a member of any local human rights committee that serves an oversight function for the employing facility, program, or organization.

In 2005 the SHRC decided “For the purpose of these appointments, current and former health care providers will be considered. The SHRC will consider otherwise qualified individuals as “health care providers” when the following definitions are met” The definitions were those in the Code of Virginia § 8.01-581.1.

At the March 4, 2011 SHRC meeting the committee passed a motion to change the “Health Care Provider” SHRC guidelines for meeting the requirements of § 37.2-204. *Appointments to state and local human rights committees as follows: (new language is underlined):*



1. Each LHRC must have at least one member who is a Health Care Provider as defined in the Code of Virginia § 8.01-581.1 or § 32.1-127.1:03. OR be a person who has a minimum of five years' experience in the delivery of direct services to persons with mental illness, intellectual disabilities or substance abuse.

2. The role of the Health Care Provider on the LHRC is to provide their perspective on matters presented to the LHRC based on their professional experience and knowledge of mental illness, intellectual disabilities or substance abuse. They are there to "to address alleged violations of consumers' human rights," the same as any other LHRC member. They are not present to practice their profession or evaluate the treatment decisions of LHRC affiliates.

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## **SHRC MEETINGS**

SHRC meetings are held around the state at both facility and community program locations. SHRC meetings are open to the public except for portions which are in executive session as allowed under the provisions of the Virginia Freedom of Information Act. The SHRC met on March 4, 2011 at Charlottesville VA at the Region Ten CSB and toured the Crisis Stabilization Program facility. The SHRC met at the Goochland-Powhatan Community Services Board facility in Powhatan VA. The SHRC will next meet on June 10, 2011. Minutes of the SHRC meetings are available on the Department's web site. <http://www.dbhds.virginia.gov>



## *Human Writes*

*State Human Rights Committee Newsletter*

Volume 1 Issue 4

Fall 2011

Welcome to the Fall 2011 edition of Human Writes, a 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:

DBHS

Office of Human Rights

P. O. Box 1797

Richmond, VA 23218

[SHRC\\_newsletter@co.dbbds.virginia.gov](mailto:SHRC_newsletter@co.dbbds.virginia.gov)

Visit the OHR web site at:

<http://www.dbbds.virginia.gov/OHR-default.htm>

### MEET THE ADVOCATE OF THE QUARTER

By: Randy Johnsey

*Stewart Prost*

The first thing that you notice about Stewart is that he is a one man wrecking crew. He is all business. The moment that he accepts a case for someone, he gives the case all he has. Never have I seen him leave any thing on the table. He is an Advocate that I would want fighting for me. But alas he is working on the other side of the state. The next thing that you notice is the fact that he is legally blind. However he never lets his disability, slow him down. Even when some would cause them not do anything. He is very active in advocating, for those with disabilities. However, we are here are here to talk about his work in the field of Human Rights. He has worked in all kinds of positions in widely diverse types of jobs and settings. He started working for the department in 1998 in the Department of Behavioral Health and Disability Services. Within the department, and his work with the blind of Virginia, this writer thinks Stewart has found his calling in life. If you have read this article then you have found that Stewart started out as a part-time worker and worked his way up to his full time job as an Advocate. Sorry Ladies, Stewart is married.

## LHRC HONOREE MEMBER OF THE QUARTER

By: Randy Johnsey

This Quarter There Will Not Be An LHRC Honoree Member.

I was given the task of writing this portion of the newsletter, by the Editor, Mr. Joe Lynch. I have decided to change the way that it is completed, by myself. I hope that this is approved by the SHRC.

The change is simple, the person will be picked, by the person, or people, from the SHRC, from the pool of candidate are chosen by the LHRC committees, across the state. This will give the local committee's more say in what the newsletter contains, and provide a greater group of possible members to use to Honor each Quarter.

As the person that writes this part of the Newsletter, I can tell you that each LHRC has some outstanding member that they feel should be honored. So, if I receive proper approval, of this change, it will go into effect next quarter. This does not cause less work for me, it really means more work.

I am hoping that this will be approved at the next meeting of the SHRC. If it is, you, each LHRC, will be notified on how to submit your choice.

Thank You, Randy Johnsey.

## MEET SHRC MEMBER OF THE QUARTER

By: Randy Johnsey

Joe Lynch

Some may say, that since Joe, is the Editor, of the Newsletter, that he instructed me to write this article, to make himself look good. Please let me inform you, that the opposite is true. He leaves the choice about whom, to write about, up to me. The only time that he even comes close to helping me decide, is when he reminds me, that, an advocate might have a person, that has an interesting story, or an SHRC member, has an unique prospective, on how they think, the way things should be conducted, by the SHRC. What I am trying to say is this, I had to ask, if he would do the interview, for this article.

Now to the essence, of the man. Joe has served on so many committees, advisory boards, and, so many other, policy panels, that affect changes, that frankly, I wonder how he finds time, to do all of it. You know the old saying, the past is great, but what have you done lately, well, Joe, just won an award, that bears his name, Joseph George Lynch. An award, that will be given to those who have excelled, in their lifetime, outstanding work, in the mental health field. You might not know this, but Joe Co-founded, an organization to help anyone, facing any kind, of mental distress.

Since Joe, is allowing me to talk about him, I 'm going to tell you, some things, that he might not want, to be said. The first thing that you notice about him, is his willingness, to teach people, in a way that does not make the person feel like they have done something, so bad, that they should never open their mouth again. The first time I became aware, of this was at my first SHRC meeting. You see, I was still under the impression, that things should be fixed, at the rate that they were at the local level. As I was chair, of a local level committee, we told providers, to fix problems, by the next meeting, and unless something major prevented it from occurring, it was completed. My very first motion, caused silence in the room, Joe, then made a motion that caused the room,

to come back to life. I leaned over, and said, thank you, his response “ no problem, we are here to help each other”. You see, that brings up another thing about this man, that I admire, even though he has a back ground that any one, would envy, he continues to teach others with the humbleness, that makes you feel like he is still learning. To put it in mountain language “he never acts like he is to big for his britches.”

One last thing about this man, “who, I hope, call’s me a friend” he is the most prepared, of any of the members, for the meeting’s. While some read the material, when they get to their room, the night before the meeting, Joe, has his plan, for the entire meeting, mapped out, and is totally prepared, for any situation.

Joe, I, and, anyone who is even endowed, with at least half a brain, looks up to you.

## **PATIENT FUND ACCOUNTS**

The SHRC has been concerned about the Department’s policy on Patient Funds Accounts at DBHDS facilities. In June 2010 Ms. Margaret Walsh, Director Office of Human Rights, reported on her research into common practices for handling patient funds at state facilities. The SHRC asked Commissioner Stewart to consider revising Departmental Instruction # 206 to be consistent with the Human Rights regulations and more consistent across the state facilities. In October 2010 Ms. Walsh reported that the Commissioner’s office was studying the issue and expected to report on its findings in six months. After much delay, at the September 9, 2011 SHRC meeting Assistant Commissioner of Behavioral Health Services Mr. John Pezzoli, presented a draft of a new Departmental Instruction on Patient Fund Accounts. After reviewing the draft of the new policy the SHRC expressed continuing concerns about the draft policy and the potential violation of human rights. Assistant Commissioner Pezzoli invited the SHRC to provide further input and an Ad-Hoc committee of the SHRC was formed. At the SHRC October 28, 2011 meeting the SHRC approved sending the Ad-Hoc committee’s report to Assistant Commissioner Pezzoli for his consideration. Below are some of the SHRC’s recommendations that were included in the Ad-Hoc committees report. For a complete copy of the report contact the Office of Human Rights: [margaret.walsh@dbhds.virginia.gov](mailto:margaret.walsh@dbhds.virginia.gov)

### **SPECIFIC GUIDANCE:**

- *In order to implement any policy that places any restriction on patient access to private funds accounts (PFA) the facility director must document the specific risk to safety of the individual, other patients or the facility.*
- *In order to implement any policy that places any restriction on patient access to PFA the facility director must document the specific risk to the orderly environment of the facility.*
- *Any risk so identified must not be remote but must be imminent and documentation of harm that has occurred as a result of no restriction on the freedom to have and spend personal money must be presented as part of the substantiation of the risk.*
- *Any policy that restricts the right of the individual to have and spend personal money must document how the policy enhances the following Virginia Principals of Person Centered Practices:*
  - *Listening,*
  - *Community,*
  - *Self Direction,*
  - *Talents and Gifts,*
  - *Responsibility*
- *Any policy that restricts the right of the individual to have and spend personal money shall specifically have procedures for receipt, deposit, disbursement, and accountability of private funds*

which facilitate the option of family member's gift of funds to the patient during visits by patient's family members.

- While each facility director has flexibility in developing policies taking into account the unique characteristics of each facility, the individual's right to have and spend personal money shall not be restricted in an arbitrary manner or simply for the convenience of the facility.

## PATIENT TRANSFER

Assistant Commissioner of Behavioral Health Services Mr. John Pezzoli, presented "Proposal for Addressing Forensic Waiting Lists at State Facilities" report to the SHRC at the October 28, 2011 meeting. Below are highlights from the report. For a complete copy of the report contact Mr. Pezzoli at:

[john.pezzoli@dbhds.virginia.gov](mailto:john.pezzoli@dbhds.virginia.gov)

<b>Action Step</b>	Move older, non-violent civil patients at ESH to the empty areas of the geriatric unit in order to free up beds in the adult hospital	Aggressively pursue the conditional release of NGRI acquittees at ESH to make beds available	Begin admitting low-risk CSH misdemeanor restoration cases to civil beds	Place new, low-risk NGRI acquittees directly in civil facilities
<b>Expected Impact</b>	Up to <b>25 beds</b> become available for forensic admissions at ESH adult units.	5 conditional release plans are now pending; if all are released <b>5 beds</b> become available at ESH	Up to <b>10 beds</b> available; <b>3</b> persons admitted so far, with 2 more scheduled	Will divert unnecessary admissions from CSH to make beds available for others
<b>Timeline</b>	Assessment of patients has begun, and transfers to geriatrics are anticipated to be complete by September 29, 2011.	Dependent on court dockets; approximately 2 months	Started on 7/28/11; admissions will be ongoing	Assessment has begun; may divert approximately <b>1 admission per month</b> at CSH
<b>CSH Anticipated Outcome</b>	<ul style="list-style-type: none"> <li>• All persons waiting for transfer to ESH from CSH are moved out of the forensic unit after transfer of older, non-violent ESH civil patients to the geriatric unit</li> <li>• 20 beds will become available at CSH in the near future by transferring persons to ESH and using civil beds for forensic admissions. At least 5 of these will go to new NGRI acquittees.</li> <li>• 15 beds would then be available to restoration defendants (presently 29 on the CSH list).</li> <li>• Assuming CSH's average length of time to restoration of about 68 days, with this improved accessibility to bed space all 29 restoration defendants currently on the CSH list could be admitted within approximately 11 weeks (while continuing to admit persons to existing beds at the current rate).</li> </ul>			
<b>ESH Anticipated Outcome</b>	<ul style="list-style-type: none"> <li>• All persons at ESH who currently have conditional release plans pending are ordered to be released, and 5 beds are made available</li> <li>• 25 persons are moved to the geriatric unit, freeing another 15 beds, for a total of 30.</li> </ul>			
	<ul style="list-style-type: none"> <li>• About 15 of these will go to persons waiting to transfer from CSH.</li> <li>• The remaining 15 beds would be available to restoration defendants. Assuming ESH's average length of time to restoration of about 59 days, with this additional bed space all 38 restoration defendants currently on the ESH list could be admitted within approximately 6 months (while continuing to admit persons to existing beds at the current rate).</li> </ul>			

## READY FOR DISCHARGE STATUS

Mr. Russell Payne Community Support Specialist with the Office of Behavioral Health Community Support Services reported to the SHRC at the October 28, 2011 meeting on those consumers who are Ready for Discharge but experience some barrier to discharge. Below is a summary of Mr. Payne's report. For a complete copy of the report please contact Mr. Payne at [russell.payne@dbhds.virginia.gov](mailto:russell.payne@dbhds.virginia.gov)

Statewide Total Ready for Discharge > 30 days	182
Statewide Total/Operational Beds	1293
Statewide Total Ready for Discharge > 365 days	25

NATURE OF BARRIERS FOR THOSE READY FOR DISCHARGE > 365 DAYS	NUMBER OF CONSUMER EXPERIENCING THIS BARRIER
1. Not Guilty by Reason of Insanity	7
2. Guardianship/legal-property issues	4
3. Availability of Nursing Home Beds	4
4. Discharge resistant	3
5. Family Opposition/Geographic	2
6. Aberrant Behaviors/Provider/DAP	1
7. Citizenship/Benefits	1
8. Traumatic Brain Injury Provider	1
9. MR. Waiver	1
10. Placement Established/ Waiting List	1

## WHEN DOES AN LHRC MEMBER MAKING A PHONE CALL TO ANOTHER LHRC MEMBER BECOME A PUBLIC MEETING UNDER VA FOIA?

As it turns out there are conditions under which a simple phone call from one LHRC member to another LHRC member could be considered a public meeting and thus must adhere to the requirements of the Virginia Freedom of Information Act (Code of Virginia §2.2-3700 to §2.2-3714).

Assistant Attorney General Ms. Karen DeGousa, DBHDS Special Counsel, alerted the SHRC at the September 9, 2011 meeting of a recent Official Advisory Opinion issued on August 5, 2011 by Attorney General Kenneth T. Cuccinelli, II. The issues arose in response to a request for an opinion from the Goochland County Board of Elections that was composed of only three members. The opinion (in part) states:

*It is my opinion that the discussion of the business of the electoral board by two members of the Board constitutes a meeting of the Board under the Act that must be conducted in public and properly noticed as required by the Act. It is further my opinion that the transaction of public business includes conversations over the telephone involving "rescheduling board meetings, submitting agenda items, commenting on unapproved draft minutes of prior meetings" and other similar matters. Such matters, however, may be discussed via electronic mail. Electronic mail lacks the simultaneous feature of telephone meetings and, therefore, does not constitute a "meeting" under the Act.*

*The Goochland County Board of Elections is composed of three individuals. A quorum is therefore present when one member of the Board telephones another member to discuss the business of the electoral board? Consequently, under the Act, the discussion of the affairs of the Board between two members over the telephone constitutes a meeting. It would constitute an "informal assemblage" of the members of the Board.*

The LHRC and also the SHRC are held to the same standard of VA FOIA and thus any LHRC committee or subcommittee with three or less members would be required to follow VA FOIA. To read the complete Attorney General opinion go to:  
<http://www.vaag.virginia.gov/Opinions%20and%20Legal%20Resources/Opinions/11-096-Lind.pdf>

## **SHRC Subcommittee on LHRC Structure**

The Code of Virginia § 37.2-204 Appointments to state and local human rights committees, identifies the composition of the state and local human rights committees to include the following:

*"...One-third of the appointments made to the state or local human rights committees shall be current or former consumers or family members of current or former consumers, with at least two consumers who are receiving or who have received within five years of their initial appointment public or private mental health, mental retardation, or substance abuse treatment or habilitation services on each committee. In addition, at least one appointment to the state and each local human rights committee shall be a health care provider..."* <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+37.2-204>

The SHRC has been concerned with the fact that some LHRC's have had "Code mandated member" vacancies, sometimes for extended periods of time. The SHRC asked the Office of Human Rights to track data for each of the six Regions of the Commonwealth concerning Code mandated membership vacancies. Below are a summary of the results as of October 11, 2011 and a map of the six Regions.

REGION	# OF LHRC'S	IF ALL POSITIONS FILLED- CAPACITY OF LHRC	CODE MANDATED MEMBER VACANCIES				
			CONSUMER MEMBER #1	CONSUMER MEMBER # 2	FAMILY MEMBER	HEALTH CARE PROVIDER	TOTAL
1	10	72	1	0	0	1	2
2	9	55	3	0	0	0	3
3	8	58	0	2	0	0	2
4	17	113	5	11	4	1	21
5	26	142	9	0	0	1	10
6	8	58	2	2	1	3	8
<b>TOTAL</b>	<b>78</b>	<b>498</b>	<b>20</b>	<b>15</b>	<b>5</b>	<b>6</b>	<b>46</b>

## MAP OF VIRGINIA HUMAN RIGHTS REGIONS

Office of Human Rights Regions  
2011



The SHRC has identified the following LHRC's as being without a Code mandated member for more than a year and a study is underway on consolidation of these LHRC's:

REGION	NAME OF LHRC
4	Tuckahoe
5	Bay Regional
5	Chesapeake Regional
5	Universal
6	Goochland-Powhatan
6	Southside CSB

The Cooperative Agreement between the Affiliated Provider and the LHRC instructs the provider on their role in recruiting members for the LHRC. It states:

*"...The Provider will actively recruit potential members for these vacancies, including distributing applications for LHRC membership...The provider will limit its activities to identifying potential members and submitting information about these potential members to the LHRC for review and recommendation for appointment by the SHRC..."*

Providers are required by licensing to be affiliated with an LHRC. The responsibility is clearly on the affiliated providers to support membership recruitment for the LHRC in order for there to be an LHRC that exist for the provider to maintain that affiliation and meet the requirements of licensure.

## BY-LAWS REVISION

Upon the advice of DBHDS Special Counsel, Ms. Karen DeSousa, the SHRC adopted revision of its By-Laws to address retention of reports and records by SHRC members. The SHRC revisions are also recommended to be implemented as revisions in LHRC By-Laws as well. The SHRC will send communication on this directly to the LHRC's. The revisions are as follows:

- 3.4 *SHRC members will return all meeting documents containing confidential information to the Office of Human Rights at the close of each meeting for shredding. Members shall personally maintain only those documents with non-confidential information such as agendas, minutes, bylaws and general information.*

- 8.5 *The Office of Human Rights shall ensure that the shredding of the documents is carried out in a manner that protects confidentiality.*
- 8.6 *The Office of Human Rights will maintain one complete agenda packet for each meeting of the SHRC in accordance with the Library of Virginia Record Retention Policy.*

## JALARC Review of the Civil Commitment of Sexually Violent Predators

The General Assembly as part of the 2011 Appropriation Act instructed the Joint Legislative Audit and Review Commission (JLARC) to "...undertake a comprehensive review of the civil commitment of sexually violent predators at the Virginia Center for Behavioral Rehabilitation (VCBR)..."

On November 14, 2011 (JLARC) released a Commission Briefing (available at: <http://jlarc.virginia.gov/meetings/November11/SVPbrf.pdf>). JLARC also released a DRAFT of the full report on November 14, 2011 which is available at: <http://jlarc.virginia.gov/meetings/November11/SVP.pdf>. The briefing notes that the "Virginia risk assessment process is flawed, and does not provide enough flexibility or sufficiently use consensus to determine whether to proceed with civil commitment." VCBR opened in 2003 and the General Assembly initially identified 4 predicate crimes that could be considered for the Sexually Violent Predator (SVP) designation. In 2006 the General Assembly increased to 28 the number of predicate crimes that qualified for the SVP designation. From 2006 to the fall of 2011 the VCBR census grew 1,374% to 270 patients and the FY 2011 cost for VCBR was \$24.5 million. The "expansion of SVP predicate crimes led to moderate portion of overall increase" in the census. The briefing identifies that the "switch to Static-99 (an actuarial sex offender risk assessment instrument) led to 450% increase" in the census. The scientifically validated instrument (the Static-99) to be used to assess risk was specified (with an option for the Commissioner of the Department of Behavioral Health and Developmental Services to designate another scientifically validated instrument to be used) in the Code of Virginia § 37.2-903 B:

*B. Each month, the Director shall review the database and identify all such prisoners who are scheduled for release from prison within 10 months from the date of such review who receive a score of five or more on the Static-99 or a similar score on a comparable, scientifically validated instrument designated by the Commissioner, or a score of four on the Static-99 or a similar score on a comparable, scientifically validated instrument if the sexually violent offense mandating the prisoner's evaluation under this section was a violation of § 18.2-67.3 where the victim was under the age of 13 and suffered physical bodily injury and any of the following where the victim was under the age of 13: § 18.2-61, 18.2-67.1, or 18.2-67.2.*

*(the "Director" refers to the Director of the Department of Corrections and the "Commissioner" is the Commissioner of DBHDS. The statute is available at: <http://leg1.state.va.us/cgi-bin/legp304.exe?000+cod+37.2-903>)*

The DRAFT report makes 15 Recommendations. A sample of them is listed below. Again the full DRAFT report is available at: <http://jlarc.virginia.gov/meetings/November11/SVP.pdf>

### **COMMISSION DRAFT - NOT APPROVED**

1. The General Assembly may wish to amend §37.2-903.B of the Code of Virginia to remove the reference to "a score of five or more on the Static-99 or a similar score on a comparable, scientifically

validated instrument designated by the Commissioner, or a score of four or more on the Static-99 or a similar score on a comparable, scientifically validated instrument." (p. 40).

2. The General Assembly may wish to amend §37.2-903.B of the Code of Virginia to direct the Department of Behavioral Health and Developmental Services to choose a current and scientifically-validated actuarial risk assessment instrument to identify individuals that merit further assessment as a possible sexually violent predator. The statute should give qualified professionals the authority to designate the instrument, develop a threshold score as a guideline, and deviate from the threshold when justified. (p. 40).

6. The Office of Sexually Violent Predators (OSVP) should review instances in which an individual's SVP evaluation includes a diagnosis that is subsequently changed during the initial diagnosis made once the individual is at the Virginia Center for Behavioral Rehabilitation. The purpose of the review should be to make the evaluator(s) aware of the difference and give them the feedback needed to correct any issues with their diagnostic approach in future evaluations. OSVP should develop specific criteria to assess whether the evaluator has addressed the issues and at what point the evaluator's contract with the State should be terminated. (p. 50).

14. The Department of Corrections and the Department of Behavioral Health and Developmental Services should assess the feasibility of providing additional treatment to violent sex offenders while they are in prison. The assessment should consider whether this additional treatment would be a prudent and cost effective way to make conditional release a more realistic alternative for certain sexually violent predators. (p. 103).

15. The Department of Behavioral Health and Developmental Services should consult with state staff at the Florida sexually violent predator program if it decides to proceed with considering privatizing the Virginia Center for Behavioral Rehabilitation in Nottoway County or a future facility. The consultation should address the specific requirements and provisions of Florida's contract, including how a facility can be designed and operated to minimize costs and staffing levels. (p. 121)

## SHRC MEETINGS

SHRC meetings are held around the state at both facility and community program locations. SHRC meetings are open to the public except for portions which are in executive session as allowed under the provisions of the Virginia Freedom of Information Act. The SHRC met at the following locations:

- March 4, 2011 at the Charlottesville Region Ten CSB and toured the Crisis Stabilization Program facility.
- April 15, 2011 at the Goochland-Powhatan Community Services .
- June 10, 2011 at the Southside Virginia Training Center in Petersburg.
- July 8, 2011 at the Spotsylvania Regional Medical Center in Fredericksburg.
- September 9, 2011 at Blue Ridge Behavioral Healthcare, Children and Family Services Center in Roanoke.
- October 28, 2011 at the Southeastern Virginia Training Center in Chesapeake.

At the SHRC meeting in October, the Director, Dr. Robert Shrewsbury led the SHRC members on a tour of one of the 15 new 5 bedroom homes that are designed for various levels of mobility and behavior. Below are some photos of the tour.



HR Advocates & SHRC Member



Kitchen



SHRC member and OHR staff



Dr. Schrewsbury Director SEVTC

Minutes of the SHRC meetings are available on the Department's web site. <http://www.dbbds.virginia.gov>





# HUMAN WRITES

## Newsletter of the State Human Rights Committee



Spring 2012

### State Human Rights Committee Members

- Chairperson  
Christina Delzingaro
- Vice Chairperson  
Randy Johnsey
- Thomas "TC" C. Bullock Jr.
- Penny Cameron
- Carolyn M. DeVilbiss
- Joseph Lynch LCSW, CSOTP
- Donald H. Lyons
- Jannie Robinson
- Frank S. Royal Jr., MD

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Welcome to the Spring 2012 edition of Human Writes, a 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:

### Department of Behavioral Health and Developmental Services

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

[SHRC.newsletter@co.dbhds.virginia.gov](mailto:SHRC.newsletter@co.dbhds.virginia.gov)

[Visit the OHR web site at:](#)

<http://www.dbhds.virginia.gov/OHR-default.htm>



James W. Stewart, III  
Commissioner DBHDS

### Commonwealth of Virginia and U.S. Department of Justice Settlement Agreement

January 27, 2012

**(March 6 update see Page 6)**

James W. Stewart, Commissioner of the Department of Behavioral Health and Developmental Services presented at the State Human Rights Committee on January 27, 2012 to give an update on the status of the Department of Justice agreement with the Commonwealth of Virginia.

Today, Governor McDonnell announced that the Commonwealth of Virginia has reached a settlement agreement with the U.S. Department of Justice (DOJ). DOJ began an investigation in 2008 that was expanded to cover Virginia's entire system of services for citizens with intellectual and developmental disabilities, including all five training centers and community services. In its February 2011 [findings let-](#)

[ter](#), DOJ concluded that Virginia is not providing services in the most integrated and appropriate setting, is not developing a sufficient quantity of community services, and has a flawed discharge process at training centers. Since the findings letter, Virginia has been negotiating with DOJ to achieve a settlement agreement that ensures quality services for our citizens with developmental disabilities and avoids an extremely costly and lengthy court battle that would utilize monies needed to serve our citizens through direct support and services.

The settlement agreement includes the creation of 4,170 new Medicaid Waiver slots for individuals transitioning from training centers to the community and for the planned growth in the number of Waiver slots for those on the waiting list. The agreement

also expands accountability and oversight in the community. Also, the agreement calls for the creation of an individual and family support program for 1,000 families each year to ensure that families who are assisting family members with intellectual disability/developmental disabilities (ID/DD) or individuals who live independently have access to some supports to continue to live at home; full implementation will occur in FY2014.

In addition, and in accordance with Virginia's long-standing policy to transition to a community-based system of care, it is very important for you to know Virginia will provide a plan to cease residential operations at four of Virginia's training centers by 2020. (For more information on this topic see: <http://www.dbhds.virginia.gov/Settlement.htm>)



**Celebrate with us the new LHRC Honoree of the Quarter.**

**MEET THE LHRC HONOREE OF THE QUARTER**

**By: Randy Johnsey**

Deidra Mathena

I can say from personal experience that this woman really cares about the job that she has found herself in. You see when I was Chair of the local committee where I started, Deidra was the Chair of the next closest committee to me. So I had an opportunity to have her come to meet the committee I was working with. We got a chance to talk a little, sharing stories about our experi-

ences in the system. Although our illnesses are different we found that we had had some of our past in the system to be the same, including, but not limited too, the stigma that comes with a diagnosis.

She started out becoming a RN in 1987. Living near a state facility, it seemed only natural for her to start working there. This turned out as a blessing in disguise, as she soon became a certified psychiatric nurse working with the adult population. This changed when she was diagnosed with Bi-Polar disorder thus ending her life as a nurse.

Several years later the Advocate for her former place of employment suggested she consider working with the LHRC. By her own admission she did not think that she would have much to offer the committee, however she wanted to see what they did, thinking that if they helped one person like her it would be a huge thing. Now almost eight years later after serving as both a member and a chairperson, she says that she has meet many people in all different walks of life that are trying to help the mentally ill in many ways.

**MEET THE ADVOCATE OF THE QUARTER**

**By: Randy Johnsey**

Nancy Neese

Nancy “Nan” is the last of the original advocates. She was appointed to the system and feels that it is her vocation. After taking a brief time to work with what is now known as VOPA (Virginia Office of Protection and Advocacy) she came back with the Human Rights system which soon hired two more Advocates to set up a regional system. This could not have happened at a better time as private business’ were now asking to be licensed through the department.

Nan’s region covers a rather large area that includes three state institutions( one ready to close) and a growing list of private providers.

Nan just got a new advocate on her team, of whom she is very proud. She has worked long and hard to get where she is today.

the state, Bachelor’s - University of Tennessee- she will not say what year; years later, 1999 Master’s - Virginia Tech.

**HUMAN RIGHTS IN BRIEF: IT IS YOU RIGHT**

- ◆ TO BE TREATED WITH DIGNITY AND RESPECT
- ◆ TO HAVE A SAY IN YOUR TREATMENT
- ◆ TO HAVE YOUR COMPLAINTS RESOLVED
- ◆ TO ASK QUESTIONS AND BE TOLD ABOUT YOUR RIGHTS
- ◆ TO BE TOLD ABOUT YOUR TREATMENT
- ◆ TO SPEAK TO OTHERS IN PRIVATE
- ◆ TO SAY WHAT YOU PREFER
- ◆ TO GET HELP WITH YOUR RIGHTS

## State Human Rights Committee Honoree's of The Quarter

### Joe Lynch

#### Part 2

If you remember last quarter, I said a few words about Joe Lynch. This is part 2 of that article. As I started to say last time, Joe is a very well prepared member of the committee. If there is a question about what a presenter to the committee is saying he is one of two people that we can count on to bring it up and get an answer that is satisfactory. If the people(person) do(es) not provide us with the answers we need, Joe will ask to have them come back with the answer we need. I have seen him ask to form a sub-committee to address the SHRC's concern's.

Joe has come to the end of this six year term on the committee (June,30), and as busy as he stays I know that he will not be able to find the time to come back to it after his mandatory year off. No, Joe will keep busy helping people that need his expertise, and still remain humble. Please do not get me wrong, I am saving my goodbye for next quarter. But when you have someone that you work with gently guide you while still being firm you want to see them continue to reap the rewards that they deserve, and he will.

### Christina Delzingaro

What can you say about a woman that stays so busy she tries but cannot return your phone call? No, she is not ducking my calls she is just that busy. She has been Chairperson now for two years and takes on more work all the time. Christina has given me the honor of being her vice-chair for both of her years as chairperson, and I cannot thank her enough. She is the other one that I was referring to in the above piece as one that the committee can count on to get answers to the tough questions that need to be asked. Her guidance both as Vice-Chair and Chairperson have made the time that I have been on the committee interesting to say the least. A new Chairperson will be chosen on April 20<sup>th</sup> and when I asked her if she would consider coming back to the committee after her year off is over she was very serious when she said NO!

More on Christina in part 2 of her story-

**Human Writes tried a new look to the Newsletter this edition. Let us know what you think.**

### Announcement of SHRC Vacancies

Effective June 30th, 2012, there will be two vacancies on the State Human Rights Committee.

The SHRC Membership Committee will select finalists who meet the current membership requirements. The types of positions on the committee are consumers, family members, healthcare providers including sex offender treatment providers, and professionals. At this time, we are particularly interested in recruiting a consumer and a specialist in the field of sexually violent predators.

As part of its role in representing the diverse populations and cultures within the state of Virginia, the SHRC seeks to maintain a balance which includes diversity of age, background, race, gender, skills, experience, and geographic areas of the state. Current members remaining on the committee after July 1, 2012 are from Alexandria, Danville, Glade Spring, Great Falls, Hillsville, Richmond, South Hill. At this time the SHRC is interested in recruiting members residing in the Tidewater/Hampton Rhodes/Eastern Shore area and the Northwest area of Virginia (Front Royal/Harrisonburg/Staunton). The State Human Rights Committee meets about 8 times a year in various locations throughout the state. Members are responsible for getting themselves to meetings. Travel expenses will be paid by the department including mileage reimbursement and meals per diem as well as state-arranged lodging for any members who need to stay overnight on the evening before a meeting.

Applications can be submitted to: State Human Rights Committee  
c/o Kli Kinzie, Office of Human Rights  
DBHDS  
P.O. Box 1797  
Richmond, VA 23218  
Fax: 804-371-2308

Questions? Call the human rights office at 804-786-3988 or e-mail [Kli.Kinzie@co.dbhds.virginia.gov](mailto:Kli.Kinzie@co.dbhds.virginia.gov)

## SHRC Meeting Schedule

The SHRC meeting schedule for 2012 was approved by the SRRC at the December 9, 2011 meeting. The SHRC meets at different regions of the state and at different facility and community based programs. Meetings are open to the public except for those portions of the meetings that are lawfully exempt under the Freedom of Information Act.

\*\*\*The location for all of the SHRC meetings have not been established but may be found at the DBHDS web site at: <http://www.dbhds.virginia.gov/OHR-default.htm>

2012 SHRC Meeting Schedule Dates Approved 12/9/2011 Rev. 9 Jan 2012			
Meeting Date	Agenda Deadline	Region	Location
January 27	January 10	Region 4 Petersburg / Central	DBHDS Central Office 1220 Bank Street Commissioner's Board Room (13 <sup>th</sup> floor) Richmond, VA 23219
March 9	February 21	Region 1 Staunton and Northwest	Western State Hospital 1301 Richmond Road Library, Jeffries Building Staunton, VA 24401
April 20	April 3	Region 6 Lynchburg/ Danville	***
June 8	May 22	Region 4 Petersburg / Central	***
July 6	June 19	Region 2 Northern Va	***
September 7	August 21	Region 3 Southwest	***
October 26	October 9	Region 5 Tidewater/ Hampton Rhodes	***
December 7	November 20	Region 6 South Central	***

### YOUR HUMAN RIGHTS REGIONAL ADVOCATS ARE:

**Region 1 Chuck Collins**  
540 332-8321

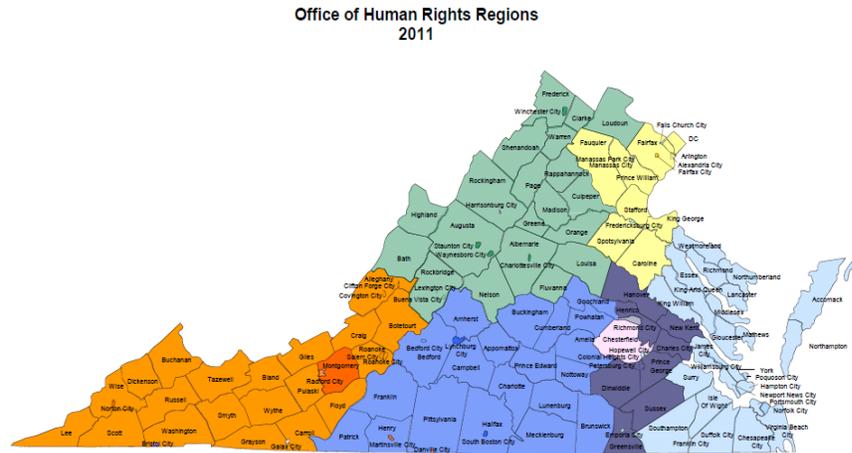
**Region 2 Deb Lochart**  
703 323-2098

**Region 3 Nan Neese**  
276 783 1219

**Region 4 Mike Curseen**  
804 524-7245

**Region 5 Reggi Daye**  
757 253-7961

**Region 6 Kevin Paluszak**  
434 947-6214



### LHRC Code Mandated members

The SHRC has been concerned about the number of vacancies on LHRC's of Code Mandated members. The Code of Virginia § 37.2-204 Appointments to state and local human rights committees, identifies the composition of the state and local human rights committees to include the following:

*"...One-third of the appointments made to the state or local human rights committees shall be current or former consumers or family members of current or former consumers, with at least two consumers who are receiving or who have received within five years of their initial appointment public or private mental health, mental retardation, or substance abuse treatment or habilitation services on each committee. In addition, at least one appointment to the state and each local human rights committee shall be a health care provider..."* <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+37.2-204>

On the next page is a table showing the current status of LHRC vacancies of Code Mandated member positions. Currently there are 38 Code Mandated LHRC member vacancies.

### LHRC CODE MANDATED MEMBER VACANCIES

R E G I O N #	# O F  L H R C' S	C A P A C I T Y	NAME OF THE LHRC WITH CODE MANDATED MEMBER VACANCIES	AS OF JANUARY 18, 2012 CODE MANDATED MEMBER VACANCIES (Number of vacancies and date of vacancy)										TOTAL NON-CODE MANDATED MEMBER VA- CANICES	T O T A L  V A C A N C I E S
				CONSUMER MEMBER #1		CONSUMER MEMBER #2		FAMILY MEMBER		HEALTH CARE PROVIDER		TOTAL CODE MAND. VAC.			
1	10	70	CCC&A	1	6/30/10	0	----	0	----	0	----				
TOTAL REGION 1												1	1	2	
2	9	55	FREDERICHSBURG	1	6/30/11	0	----	0	----	0	----	1			
			NOVA HOSPITALS	1	3/1/11	0	----	0	----	0	----	1			
			PRINCE WILLIAM	1	1/31/11	0	----	0	----	0	----	1			
TOTAL REGION 2												3	0	3	
3	8	58	CATAWBA	0	----	1	2009	0	----	0	----	1			
			ROANOKE	0	----	1	?	0	----	0	----	1			
TOTAL REGION 3												2	0	2	
4	17	113	ANUE	0	----	1	6/30/11	0	----	0	----	1			
			CHESTER REGIONAL	1	?	1	?	0	----	0	----	2			
			COMMONWEALTH	0	----	1	?	0	----	0	----	1			
			HENRICO	1	?	1	?	0	----	0	----	2			
			METRO RICHMOND	0	---	0	---	0	---	1	?	1			
			METROPOLITAN	0	----	1	10/23/09	1	10/23/09	0	----	2			
			NEW CREATION	0	----	0	----	1	6/30/11	0	----	1			
			PETERSBURG REGIONAL	1	2/11/09	0	----	0	----	0	----	1			
			RICHMOND TRI-CITIES	0	----	1	6/30/09	0	----	0	----	1			
			RICHMOND UNIFIED	0	----	1	6/30/09	0	----	0	----	1			
			TUCKAHOE	1	?	1	6/30/07	0	----	0	----	2			
TOTAL REGION 4												15	3	18	
5	26	142	ATLANTIC REGION	1	11/14/11	0	----	0	----	0	----	1			
			BAY REGIONAL	1	6/30/10	0	----	0	----	0	----	1			
			HAMPTON ROADS REGIONAL	0	----	0	---	0	----	1	9/9/11	1			
			JAMES CITY REGIONAL	1	10/31/11	0	----	0	----	0	----	1			
			MID-CITY	1	7/25/11	0	----	0	----	0	----	1			
			SOUTHWEST VA TRAINING CENTER	1	10/1/09	0	----	0	----	0	----	1			
			SOUTHEAST ALLIANCE	1	?	0	----	0	----	0	----	1			
			VIRGINIA BEACH AREA	1	7/15/11	1	11/4/11	0	----	0	----	2			
TOTAL REGION 5												9	4	13	
6	8	58	DANVILLE- PITTSYLVANIA	0	----	1	2/3/10	0	----	1	7/1/10	2			
			GOOCHLAND-POWHATAN CSB	1	7/1/09	0	--	0	----	0	---	1			
			HEARTLAND REGIONAL	1	7/20/10	0	----	0	----	0	----	1			
			PIEDMONT GERIATRIC HOSPITAL	1	11/1/11	0	----	1	6/30/11	0	----	2			
			SOUTHSIDE CSB	0	---	1	7/1/07	0	---	1	7/1/07	2			
TOTAL REGION 6												8	2	10	
			<b>78 LHRC'S</b>	<b>498</b>	<b>16 LHRC CODE MANDATED MEMBER POSITIONS OVER 1 YEAR VACANT</b>							<b>38</b>	<b>10</b>	<b>48</b>	
				POSITIONS POSSIBLE											

Below are excerpts from the Court Order dated March 6, 2012.

**UNITED STATES OF AMERICA,**

**Plaintiff**

**v.**

**COMMONWEALTH OF VIRGINIA,**

**Defendant.**

Civil Action No. 3:12cv59-JAG

On the day suit was filed, the United States and the Commonwealth of Virginia submitted a joint agreement to this Court. The agreement settles the case. The parties have asked the Court to incorporate the settlement agreement into its final order. . . . The Court has thoroughly reviewed the suit papers and settlement agreement. At heart, the purpose of this agreement is to allow disabled people to live in the community. The Court, however, is concerned that the agreement is being misconstrued by some. Most importantly, the agreement **does not** force the closing of any institution or Training Center in Virginia. Rather, the agreement requires the Governor of Virginia to submit to the General Assembly a plan to close four of the residential Training Centers. The General Assembly need not close the facilities, and, in fact, can easily pass legislation requiring the Executive Branch to keep the Training Centers open. . . . In short, this Court cannot close the Training Centers; it also cannot keep them open. The agreement is simply a plan or system for the Court to hold the state accountable on how it treats disabled citizens. For example, the agreement provides for an independent reviewer, who is an expert in the care of developmentally and intellectually disabled people, to submit public written reports to the Court every six (6) months. Under the agreement, the Court would use the reviewer's detailed reports and determine whether the Commonwealth is in compliance with the terms of the agreement. . . . If a person or group has already sent a letter to the Court, it will be treated as a written comment and properly considered. The Court will consider these written comments in deciding if the agreement is adequate, fair, and reasonable, if the agreement is unlawful, or if it is against public policy. Generally, people who submit written comments or amicus briefs may not speak or argue at a hearing, because they are not parties to the case. But, if the Court receives a consolidated written comment from a large enough group of interested people, then it may allow a group representative to speak at a hearing prior to its final decision on the agreement

Written comments or more formal amicus briefs concerning the agreement may be submitted before **April 6, 2012** to:

**The Honorable John A. Gibney Jr.**

**District Court Judge**

**United States District Court,**

**Eastern District of Virginia**

**Spottswood W. Robinson III and**

**Robert R. Merhige, Jr.,**

**Federal Courthouse**

**701 East Broad Street**

**Richmond, VA 23219**

Accordingly, the Court ORDERS the following:

- (1) Interested people and groups shall have until April 6, 2012, to submit written comments or amicus curiae briefs to this Court regarding the proposed agreement;
- (2) The Joint Motion for Entry of Settlement Agreement (the "agreement") (Dk. No. 2) is **PROVISIONALLY GRANTED**, subject to final approval after the submission of comments and briefs to the Court;
- (3) The defendant shall make available and provide public notice of this Order by:

- (1) maintaining it on the website of the Virginia Department of Behavioral Health and Developmental Services until at least April 6, 2012;
- (2) transmitting it to parent groups associated with the Defendant's Training Centers, the Arc of Virginia, the Virginia Office for Protection and Advocacy, and the Virginia Association of Community Services Boards; and
- (3) transmitting it to such other interested persons as the Court identifies to the defendant. The defendant shall certify that it has provided such notice; and
- (4) The defendant will provide to the Court a list of all ICF/MRs and private facilities equipped to deal with profoundly disabled people within thirty (30) miles of the State Capitol.

A copy and descriptions of the agreement are available at:

<http://www.iustice.gov/va-ada>

<http://www.dbhds.virginia.gov/Settlement.htm>.

**SHRC meets with VCBR RAC**

**By: Joseph G. Lynch LCSW,**

The State Human Rights Committee (SHRC) met with the Virginia Center for Behavioral Rehabilitation (VCBR) Residents Advisory Committee (RAC) on December 9, 2011. The RAC had extended an invitation to the SHRC to meet with them to hear their overall experience with the Human Rights process at VCBR.

The twelve members of the VCBR RAC and the VCBR Human Rights Advocate, Tammy Long, met with the nine members of the SHRC at the VCBR facility. The RAC had prepared a letter outlining their questions about the Human Rights process at VCBR and there was a good exchange between the two groups.

The SHRC met for their regular meeting just a few hundred yards away from VCBR at the Piedmont Geriatric Facility and Chair Christine Delzingaro appointed an ad-hoc committee chaired by SHRC member Joseph Lynch to draft a response to the VCBR RAC.

VCBR is a unique program within the DBHDS system. Commissioner Stewart has approved the following exceptions to the Human Rights Regulations:

- 12 VAC 35-115-50
- 12 VAC 35-115-50 (C) (3) (a)
- 12 VAC 35-115-50 (C) (3) (b)
- 12 VAC 35-115-50 (C) (6)
- 12 VAC 35-115-50 (C) (7)
- 12 VAC 35-115-50 (C) (8)
- 12 VAC 35-115-90
- 12 VAC 35-115-90 (A) 1
- 12 VAC 35-115-90 (A) 2
- 12 VAC 35-115-90 (C)
- 12 VAC 35-115-90 (C) 2
- 12 VAC 35-115-100
- 12 VAC 35-115-100 (A)
- 12 VAC 35-115-100 (B)
- 12 VAC 35-115-100 (B) (3)
- 12 VAC 35-115-110
- 12 VAC 35-115-110 (C)

One of the other characteristics of VCBR is that it produces the highest number of Human Rights complaints of all of the facilities within the DBHDS system. For comparison see the table below.

The SHRC has approved the following variances to the Human Rights Regulations:

- 12 VAC 35-115-50 (D)(3)(e)(5)**
- 12 VAC 35-115-60
- 12 VAC 35-115-60 (B)(1)(d)
- 12 VAC 35-115-140
- 12 VAC 35-115-140 (A)(2)
- 12 VAC 35-115-140 (A)(4)
- 12 VAC 35-115-150
- 12 VAC 35-115-170
- 12VAC35-115-180.**
- 12VAC35-115-190.
- 12VAC35-115-200.
- 12VAC35-115-210.

The SHRC received a letter from the VCBR RAC at the January 27, 2012 SHRC meeting that expressed appreciation for the SHRC meeting with them.

At the January 27, 2012 meeting the SHRC approved the letter of response drafted by the ad-hoc committee to be sent to the VCBR RAC. Both groups expressed hope that there would be ongoing dialogue with each other about the Human Rights process.

01/01/11 TO 12/31/11			
FACILITY	NUMBER OF HUMAN RIGHTS COMPLAINTS	NUMBER OF ALLEGATIONS OF ABUSE	SUBSTANTIATED CASES OF ABUSE
Eastern State Hospital	633	74	12
Central State Hospital	136	125	17
Western State Hospital	333	14	11
Virginia Center for Behavioral Rehabilitation	1316	114	14

The number of Human Rights Complaints from VCBR is about 2 to 10 times higher than the other facilities. While the actual number of substantiated case of abuse is very similar. Hopefully as the VCBR RAC and the SHRC work to keep lines of communication open it might be possible to see the number of human rights complaints go down over time.