



Virginia Department of
Behavioral Health &
Developmental Services

STATE HUMAN RIGHTS COMMITTEE
2017 EXECUTIVE SUMMARY

Presented to the DBHDS State Board
July 2018

Introduction

This annual report presents the 2017 activities and achievements of the State Human Rights Committee (SHRC) and the Office of Human Rights (OHR) in accordance with our duties and responsibilities under the *Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services*. This report is intended to enlighten you about the protection of the human rights of individuals receiving services and the contributions of Virginia's citizens who serve as volunteers to assure those rights.

SHRC meetings are typically held in the Richmond area. This practice allows for subject matter experts from DBHDS to attend the meetings to provide presentations and training on programs and services that are being provided across the Commonwealth. This assists the SHRC to better define how they can improve the effectiveness and efficiency of services delivered in facility and community settings.

In both April and October the committee traveled to the Virginia Center for Behavioral Rehabilitation and to Mt. Rogers Community Services Board respectively. These meetings presented opportunities for the SHRC to receive feedback from individuals receiving services about quality of care; meet our service providers; visit community-based programs and share points of view about human rights issues. Meeting at various facilities and programs throughout the state affords the Committee firsthand knowledge and familiarity with the kinds of services available to consumers and the settings within which services are provided.

In 2017, the following meetings were held:

- January 27th - Central Office
- March 10th - Central Office
- April 21st - Virginia Center for Behavioral Rehabilitation
- June 9th - Central Office
- July 14th - Central State Hospital
- September 15th - National Counseling Group
- October 27th - Mount Rogers Community Services Board
- December 8th - Lutheran Family Services

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 the Office of Human Rights staff in discussions regarding 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.

A critical function of the SHRC is to serve as the final step in the complaint resolution process. The SHRC heard six 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 all who worked together to resolve these issues.

The committee received training on the Freedom of Information Act from Karen Taylor, Attorney General's Office. Other presentations were made by DBHDS Deputy Commissioner Daniel Herr, Gail Taylor, DBHDS Director of Behavioral Health and Wellness; Amira Turner, DBHDS Substance Use Disorders Services; Rebecca Currin and Virginia Pharis, dLVC; Richard Wright, DBHDS Forensics Mental Health Consultant; Will Frank, DBHDS Director of Legislative Affairs; Marion Greenfield, DBHDS Director of Facility Quality and Risk Management, Wendy Gullion, Director of Compliance and Quality Assurance-Mt. Rogers CSB; David Wampler, Regional Manager of Developmental Services at Lutheran Family Services and Mary Clare O'Hara, DBHDS Clinical Training Manager.

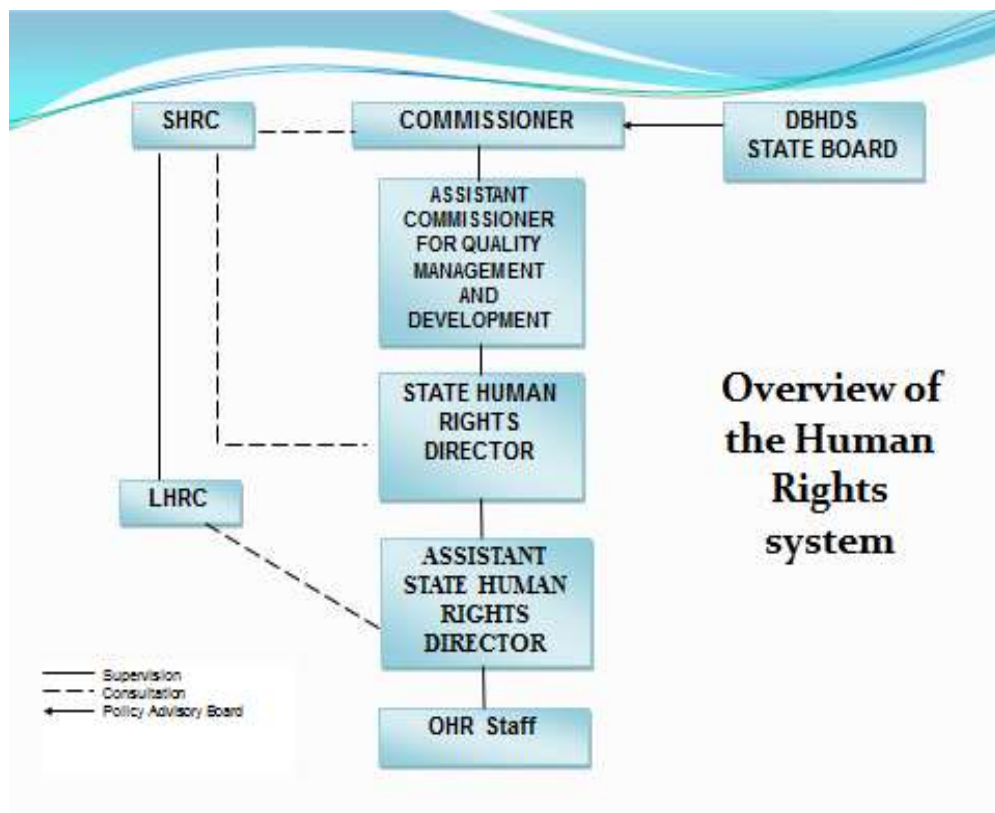
These presentations included such topic areas as the REVIVE! program, status of persons ready for discharge, timely transfers from jails to mental health hospitals, reducing the use of seclusion and restraint, a legislative overview, opioid treatment and the alternative transportation grant for southwest Virginia and advanced directives.

One of the most significant events this past year was the finalization of the revised regulations that became effective on February 9, 2017. The standard regulatory action was started on April 17, 2014, and was approved by the Governor on December 16, 2016. The revisions to the human rights regulations were made to improve the ability of the OHR to perform its mandated responsibilities and maximize resources, in a manner that promotes the vision of recovery, self-determination, empowerment and community integration for individual receiving services. The intent of these proposed changes is to streamline the administrative process; improve program efficiencies and eliminate redundancies. The OHR as well as the State Human Rights Committee will continue to work together to implement the system change that will be necessary with the finalization of these regulations.

Finally, thank you to the citizens serving as volunteers on each LHRC and the SHRC for their tremendous effort in support of the human rights program and the individuals receiving services. OHR can look forward to the future with confidence that through the commitment of staff and dedicated volunteers, Virginia's service recipients are ensured their human rights are protected.

The Human Rights Program

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.



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

Advocates represent individuals 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. Advocates also provide post-move monitoring and oversight to individuals discharged from the training centers in response to the United States Department of Justice Settlement Agreement with Virginia. The State Human Rights Director appoints advocates. Their duties include investigating complaints, examining conditions that impact individual's rights and monitoring compliance with the human rights regulations.

Title 37.2-400, Code of Virginia (1950), as amended, and the Office of Human Rights assure that each individual receiving services 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 clinical treatment, training or habilitation records and be assured of their confidentiality;
- Have the right to an impartial review of violations of the rights assured under section 37.2-400 and the right to access legal counsel;
- Be afforded the appropriate opportunities to participate in the development and implementation of his individualized service plan; and
- Be afforded the opportunity to have an individual of his choice notified of his general condition, location, and transfer to another facility.

State Human Rights Committee Members

Chairperson

Ms. Victoria Cash-Graff is a Licensed Clinical Social Worker and Certified Sex Offender Treatment Provider. As a specialist in the field of sexual offenders, Ms. Cash Graff has worked extensively with adult and juvenile offenders in community based treatment. Her presence on the SHRC provides the committee with the expertise needed to fulfill its obligation to provide rights protections to the consumers of Virginia Center for Behavioral Rehabilitation. Ms. Cash Graff was appointed to the SHRC by the DBHDS State Board on October 2012 to fill a vacant term of July 1, 2012 to June 30, 2015. She was reappointed to the SHRC in July 1, 2015 to June 30, 18. Ms. Cash Graff resides in Staunton.

Vice-Chairperson

Mr. John Barrett worked for DBHDS for 28 years starting at Northern Virginia Training Center in Fairfax in 1973 in the Administration Division as Assistant Director of Admissions before transferring to the Central Office in Richmond. He worked there until his retirement in 1995 in Administration, Office of Licensing (Asst. Dir), and the Quality Assurance Division where he assisted State Hospitals in preparing for Joint Commission Surveys. After retiring from DBHDS, he joined Fidura & Associates, a private company providing services for individuals with developmental disabilities. As Director of Operations his duties included overseeing the Licensing and Human Rights activities of the Company. He retired after 14 years and he currently enjoys retired life. Mr. Barrett was a member of the Williamsburg Local Human Rights Committee for five years, the last two serving as the Chairperson. Mr. Barrett has resides in Richmond and the Eastern Shore.

Mr. Timothy Russell is a research assistant and adjunct faculty at the College of William and Mary. He is a former Transitional Living Counselor at ValuMark West End Behavioral Health Care. Mr. Russell is a former member of Newport News Regional LHRC and a former member and Chair of Williamsburg Regional LHRC. Mr. Russell was appointed to the SHRC by the DBHDS State Board in October 2012 to fill a vacant term of July 1, 2012 to June 30, 2015. He was reappointed to the SHRC in July 1, 2015 to June 30, 2018. Mr. Russell resides in Williamsburg.

Ms. Ann F. Bevan represents the Richmond area and is the DOJ Settlement Senior Advisor for the Virginia Department of Medical Assistance Services. She received her BS in Psychology from VCU in 1988 and subsequently her MS in Rehabilitation Counseling from MCV in 1998. She has over 30 years' experience working with individuals with disabilities. Work experience includes case management with Valley CSB; residential programs at Richmond Residential, Valley CSB and NHS Human Services; Community Resource Consultant with DBHDS and overall operational management at NHS Human Services to include IDD, behavioral health and substance use services. She was appointed to the SHRC by the DBHDS State Board in July 2013. Ms. Bevan resides in Mechanicsville.

Mr. Sam T. Dillon is a retired executive director of a regional, rural Community Services Board (Planning District 1 Behavioral Health Services). He served in this capacity for 32 years. Mr. Dillon has worked with children with developmental disabilities and adults with intellectual disabilities and has served on several mental health related committees, boards, and task forces during his years of employment. He is a former member of the Southwestern Virginia Regional Human Rights Committee. He was appointed to the State Human Rights Committee in July 2014.

Mr. Pete Daniels is a former consumer member of the Piedmont LHRC. He is a Human Services Board Certified Practitioner and has worked with Olmeja Advocacy Services, since November 2013, providing mental health skill building services as well as case management to clients as a Qualified Mental Health Professional. He also worked at the Virginia Center for Behavioral Rehabilitation where he provided services as a Treatment Associate/Counselor facilitating psycho-educational groups, providing case management services, and helping to develop individualized treatment plans. Prior to that, Mr. Daniels worked at Bridge Way Residential Group Home where he provided services as a Residential Counselor and managed a day support program for individuals who presented with severe developmental, mental, and behavioral problems. He was appointed to the State Human Rights Committee in July 2014.

Ms. Sandra Robbins is a Psychology Associate with the Department of Corrections. She has a BS in Psychology/Sociology and a MS in Psychology. She has over 20 years of experience with DMHMRSAS/DBHDS as a Psychology Associate at Southern Virginia Mental Health Institute and at Southside Virginia Training Center, and a Licensing Specialist for the DBHDS central office. During her experience she worked closely with the human rights advocates and the human rights program. Ms. Robbins was appointed to the State Human Rights Committee in April of 2016. She resides in Valentines.

Ms. Ann Pascoe is a Bachelor of Arts and Sciences in Health and Human Services and a Master of Social Work. She is the Director of Operations for a private residential provider and has worked with the Special Olympics. Ms. Pascoe has worked and volunteered in the human services field for over 30 years, and has served on Local Human Rights Committees in the Northern Virginia area. Ms. Pascoe is passionate, qualified and involved in the DBHDS human rights program, and her presence on the committee contributes to a balance with healthcare providers. She was appointed to the committee in July of 2017. She resides in Manassas.

Ms. Salina Greene is a Master of International Relations with coursework in Area Studies, War & Diplomacy, and Ethnic Conflict & Intervention. Ms. Greene is a Senior Officer with the U.S. Department of Homeland Security where she ensures compliance with policies and procedures. She is a former investigator for disability issues and her experience with appropriate application of policies, regulations and statutes make her an asset to the SHRC. Ms. Greene has dealt with mental health issues on the federal, state and local level all of her adult life and she is a family member of a person receiving services. Ms. Greene was appointed to the committee in July of 2017. She resides in Alexandria.

2017 SHRC Work plan

Summary of progress towards goals

1. Implementation of Regulations

Monitor the implementation of the revised regulations

- Appointed LHRC members
- Developed guidance documents as needed
- Held appeals
- Granted variances
- Submitted an annual report to the State Board
- Reviewed Regional Advocates Reports

2. Participate in appeals function for VCBR

Monitor VCBR Human rights policies to include, RAC meetings and medical policies, transport policies, etc.

- Reviewed the monthly Report from VCBR Director to include Medical policies, double bunking policies, seclusion, restraint and risk policy related to transport restraint

Monitor human rights regulation implementation to ensure individuals under forensic status rights are protected and not treated as DOC inmates

- Received updated documentation from OHR director concerning results of appeals, variances and exemptions
- Met with RAC concerning human rights protections
- Monitored census management and NGRI flow
- Advocated for training for VCBR staff to treat individuals as residents and not inmates

3. Promote treatment in most integrated settings and individual and family choice

Monitor DBHDS response to and implementation of DOJ agreement.

- Received updates on training center transition progress
- Received reports from regional post move monitors concerning transition quality of life health and safety concerns

Individuals are treated in the most integrated settings

- Presentation heard from DBHDS staff in charge of monitoring DOJ transition

Individuals are satisfied with services and life after discharge

- Reviewed Data Warehouse reports concerning trends in HR complaints

- Monitored extraordinary barrier discharge list
- Received education regarding current peer support initiatives

4. Individuals with capacity make their own decisions. Individuals without capacity have a duly appointed substitute decision maker

Promote alternative decision-making avenues such as POA, Advanced Directive and Guardianship

- Invited dLCV to update SHRC on current initiatives for substitute decision making

5. Monitoring increased issues with opioid addiction and continued interest in substance use disorders

Increase understanding about substance use disorders relating to clients accessibility to services and statewide trends

- Received reports from directors in substance use disorder programs regarding trends in substance abuse
- Heard from State liaisons identifying new addiction recovery programs

6. Promote treatment without coercion

Monitored use of seclusion and restraint

- Received ongoing information on seclusion and restraint occurrences.

Office of Human Rights Staff

Deb Lochart, State Human Rights Director
Taneika Goldman, Assistant State Human Rights Director
Kli Kinzie, Executive Secretary
Michelle White, Project Specialist Advocate

Region 1 + 2

Cassie Purtlebaugh, Manager
Angela Harrison, Administrative Support
Tim Simmons, NVMHI/Community
Maynard Ritchie, CCCA/WSH
Lequetta Hayes, DD Advocate/CVTC
Lana Hurt, DD Advocate
Artea Ambrose, Community Advocate

Region 3

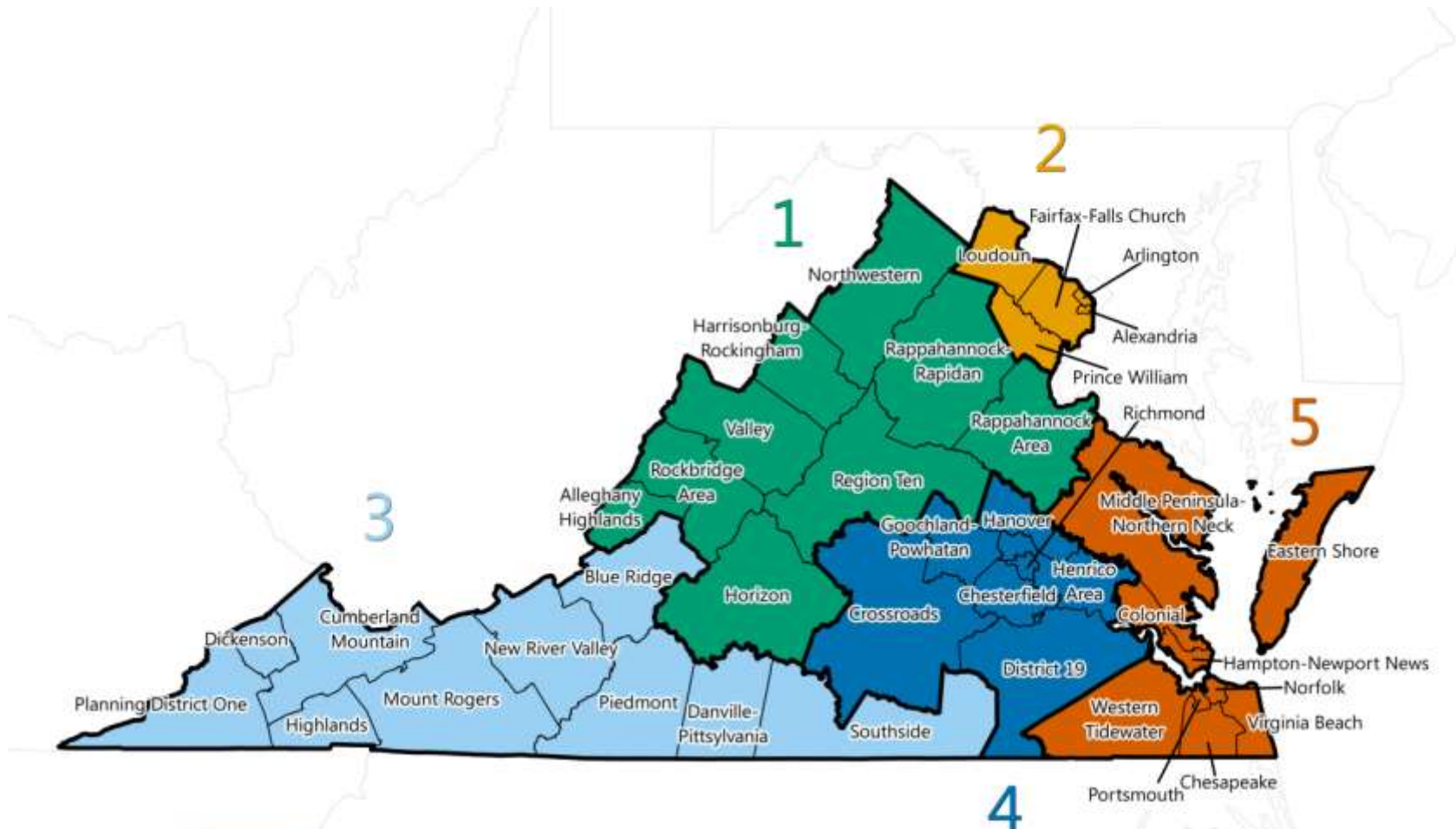
Jennifer Kovack, Manager
Brandon Roddenberry, SWVMHI/Community Advocate
BJ McKnight, SWVTC/DD Advocate
Mandy Crowder, SVMHI/Community Advocate
Hollie Stephens, Catawba/Community Advocate

Region 4

Beverly Garnes, Manager
Sharae Henderson, DD Advocate
Samantha Fogt, Community Advocate
Carrie Flowers, CSH/Hiram Davis
Tammy Long, PGH/Community Advocate
Cheryl Young, VCBR

Region 5

Reginald Daye, Manager
Courtney Miles, Administrative Support
Bernadette Lege, ESH/Community Advocate
Stewart Prost, SEVTC/Community Advocate
Donna Kastelan, ESH/Community Advocate



Office of Human Rights Regions

Virginia Department of Behavioral Health & Developmental Services

Office of Human Rights Program Highlights

In the fall of 2016, a retrospective review or “Look-behind” process was designed to ensure community provider investigations were being conducted in compliance with the Human Rights regulations. The goal was to identify trends, resource gaps and opportunities for training to ultimately improve investigative processes and outcomes reported to the department. Through the data warehouse a random selection of 300 closed cases with an incident date in SFY 2016 and a service type DD (includes ID) were validated for review. The Human Rights Regional Managers began reviews in January 2017 which consisted of a desk audit of investigation information entered by the provider in CHRIS followed by an on-site visit to observe evidence to support what the provider entered. Managers utilized a 12 point Y/N questionnaire to document their observations. After 13 months responses were analyzed and a full report of findings was presented to the department’s Quality Improvement Committee in April 2018.

The community look-behind process revealed early on a potential gap in protection of individuals from abuse/neglect and led to the establishment of an inter-agency protocol with the Virginia Department of Social Services and Department of Aging and Rehabilitation. The protocol became effective in June 2017 and outlined a process for exchange of abuse referral information and joint investigations as well as developed a tool for review and tracking that remains in effect. The original community look behind was also expanded in the last calendar quarter of 2017, to include a quality assessment of DI 201 investigations performed by facility investigators across DBHDS’ state-run facilities.

Following revisions to the Human Rights Regulations effective February 9, 2017, the Office of Human Rights in conjunction with the Office of the Attorney General facilitated five full-day regional trainings for licensed community providers and state operated facilities that consisted of an overview of the specific regulatory changes, plus a review of Substitute Decision Making and Confidentiality.

As it relates to the DOJ Settlement Agreement, the Office of Human Rights has been an integral part of the Post-Move Monitoring review process that involves review of documentation related to essential supports, provider placement and serious incidents for a sample of individuals who have been discharged from a training center for a year or more. Advocates in each region are also standing members of the Regional Support Teams and Regional Managers attend quarterly Provider Round-table meetings to relay targeted guidance and technical assistance.

Moreover, the Office of Human Rights and the Office of Licensing worked together to procure an Investigation Certification program through Labor Relations Incorporated. The certification involves a three day training that outlines a systematic process for conducting thorough administrative investigations of serious incidents. The curriculum was tailored to incorporate Office of Licensing, Internal Audit and Human Rights processes and utilizes role-plays, an investigations manual and workbook. The department also paid for 6 trained-trainers to ensure on-going training of all Licensing, Human Rights, and Internal Audit staff. The Office of Human Rights has also accepted additional responsibility for training Facility Investigators.

As we look ahead to 2018, the Office of Human Rights will continue to operationalize the “look-behind” process in the community and state run facilities. Reviews will incorporate a staff performance measure and be conducted quarterly with intermittent analysis to allow for more real time responsiveness. The Office of Human Rights will also implement a statewide web-based tracking system to monitor provider use of restrictive behavior interventions (to include restraint and time out), as well as other due processes reviewed by the LHRC. Those include next friend appointments; variances; consent and authorization and research recommendations. Furthermore, in partnership with other DBHDS offices, Advocates will implement a protocol and procedure for validation of all new HCBS waiver providers.

Advocate 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

11,407 total allegations of abuse/neglect 2017

- 9,103 in licensed services (1167 cases were founded)
- 2,304 in state operated services (96 cases were founded)

2,815 total human rights complaints in 2017

- 1,658 were in licensed services
- 1,157 were in state operated services
- 11 were appealed to LHRC
- 6 were appealed to SHRC

Investigated allegations of abuse and neglect and other potential violations of the regulations

- 494 investigations were completed in 2017
- 520 site visits were completed to monitor the implementation and compliance with the regulations; to include pre and post move training center discharge visits to residential settings.

Educated consumers, families, staff and Local Human Rights Committees on the rights of consumers

- 149 training activities in 2017

Assisted in developing, reviewing and amending human rights policies and procedures for the approximately 900 providers in the state with over 12,000 locations. Currently, the Office of Licensing has 243 applications for new licenses yet to be processed. This number continues to increase as new initiatives are rolled out across the Commonwealth.

Provided five trainings statewide with the Office of the Attorney General to prepare providers for the rollout of the revised regulations.

Provided consultation on the human rights program to consumers, program staff, LHRCs, and advocacy and community groups.

Provided supervision to assigned staff by regional managers. Using a triage model, staff were mobilized to providers where high profile incidents occurred or trends were identified.

Reported and analyzed trends. Regional staff/teams prepared comprehensive Regional Reports for 2017. 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.

Human Rights Abuse Allegations and Complaints – Data Analysis

Community Providers

The table below reflects summary statistics on human rights abuse allegations, substantiation and complaints from community providers for the calendar years 2007 through 2017. For the purpose of this report, the term “abuse” includes neglect.

Prior to 2013, this information was reported to the Regional Advocates from public and private providers via fax. In 2013, providers transitioned to reporting via the web-based reporting system (CHRIS). Data for that year may include duplication from both fax reports and the CHRIS system reports. The transition to CHRIS was completed in January 2014. This transition has helped to streamline reporting and end-user proficiency. Additionally, the implementation of the data warehouse at Central Office helped to eliminate duplicate reporting and improve data quality.

Human Rights Abuse Allegations and Complaints for Community Providers (CY 2007-2017)

Calendar Year	Abuse Allegations	Abuse Substantiated	Human Rights Complaints
2007	4,007	340	615
2008	5,402	464	1,374
2009	6,765	658	1,311
2010	5,710	508	1,021
2011	6,484	543	1,016
2012	6,482	609	1,120
2013	5,543	777	1,423
2014	7,666	851	975
2015	7,854	997	1,362
2016	8,374	1,056	1,158
2017	9,103	1,167	1,157

Community Provider Abuse Allegations

In calendar year 2017, there were 9,103 allegations of abuse among community providers, which is an increase of 729 from the previous year. Of these allegations, 1,167 cases (12.82%) were substantiated.

Most of these allegations are from peer-to-peer (P2P) incidents of aggression that were investigated as potential neglect due to the provider's role of supervision of the individuals involved. These incidents typically occurred in residential treatment centers for children and adolescents. Incidents of P2P accounted for 5,735 (63%) allegations, of which 248 (2.72%) were found to be substantiated.

In addition to an increase in reports, substantiation rates have also increased, from 10.6% in 2016 to 12.82% in 2017. This may be due to the streamlined reporting from the CHRIS system and additional training opportunities for providers, to include a community retrospective review of community investigations. We also used this review to examine trends in reporting practices throughout the regions.

The Office of Human Rights also received 1,157 complaint reports in 2017. This is a decrease of one complaint from 2016. Of these 1,157 complaints, 204 were found to be violations of the human rights regulations.

These complaints, which are reported differently than allegations of abuse and neglect, centered on individuals concerned with the provision of services; confidentiality and dignity issues. When a violation of human rights is noted, the advocate request that a citation be issued to the provider through the Office of licensing.

State Facilities

The table below is summary statistics on human rights abuse allegations, substantiation and complaints from state facilities for the calendar years 2007 through 2017.

Data for 2014 through 2016 is from the CHRIS system. The rise in reported allegations may be attributed to multiple factors to include additional guidance from OHR to State Facility Directors on peer-to-peer reporting requirements issued in November 2014.

Human Rights Abuse Allegations and Complaints for State Facilities (CY 2007-2017)

Calendar Year	Abuse Allegations	Abuse Substantiated	Human Rights Complaints
2007	608	118	650
2008	568	132	1,435
2009	577	128	1,411
2010	599	174	2,424
2011	743	255	2,710
2012	515	145	2,817
2013	471	139	2,860
2014	1,731	132	2,534
2015	1,974	133	2,295
2016	1,959	113	2,173
2017	2,304	96	1,658

State Facility Abuse Allegations

In 2017, state-operated facilities reported 2,304 allegations of abuse. Of these allegations, 96 (4.17%) were found to be substantiated.

Peer-to-peer (P2P) incidents of aggression that were investigated as potential neglect accounted for 80% (1,848) of these allegations. These P2P allegations are investigated as potential neglect due to the provider's role of supervision of the individuals involved. Of these P2P allegations, three (0.4%) were found to be substantiated.

There were also 1,658 human rights complaints reported by state operated facilities in 2017. This is a decrease of 23.70% (515) since last year. Complaints, which are reported differently than allegations of abuse and neglect, centered on individuals concerned with the quality of services within DBHDS hospitals to include multiple dignity related issues. There are advocates that are located at each hospital. Their main role is to monitor the human rights process at these locations and provide advocacy and support to individuals in regards to the human rights process.

The table below shows the outcomes for all state facilities human rights complaints for calendar year 2017. VCBR has the highest number of complaints and the highest number of founded violations. It is important to note that VCBR has a human rights regulatory variance due to the high volume of complaints. This allows for the resident to directly appeal complaints to a committee comprised of the SHRD, as well as the chair and co-chair of the SHRC.

Outcomes for State Facility Human Rights Complaints (CY 2017)

Provider	No Violation	Other	Unknown	Violation	Total
CATAWBA	28	0	0	0	28
CSH	282	8	86	3	379
CVTC	6	0	0	0	6
CCCA	15	0	0	0	15
ESH	197	3	1	4	205
HDMC	1	0	0	1	2
NVMHI	24	2	8	1	35
PGH	24	0	0	4	28
SEVTC	11	0	0	0	11
SVMHI	1	0	0	0	1
SWVMHI	44	0	0	1	45
SWVTC	1	0	0	1	2
VCBR	860	207	99	99	1,265
WSH	97	54	0	0	151
All Facilities	1,591	274	194	114	2,173

State Human Rights Committee
 Department of Behavioral Health and Developmental Services
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<p>Chairperson Vicki Cash Graff, LCSW, CSOTP Staunton Appointment effective 10/11/12 7/1/2012 - 6/30/15 7/1/2015 - 6/30/18 Health Care Provider Certified Sex Offender Treatment Provider</p>	<p>Vice-Chairperson John Barrett Richmond, Deltaville Appointment effective 7/23/13 7/1/2012 - 6/30/15 7/1/2015 - 6/30/18 Professional</p>	<p>Ann Folk Bevan Mechanicsville 7/1/13 – 6/30/16 7/1/16 – 6/30/19 Professional Family Member</p>
<p>Ann Pascoe NOVA 7/1/2017-6/30/2020 Professional</p>	<p>Pete Daniel Charlotte Court House 7/2014 – 6/30/2017 Consumer</p>	<p>Sam Dillon Big Stone Gap 7/2014 – 6/30/2017 Professional</p>
<p>Selena Greene NOVA 7/1/17-6/30/20 Family member Health Care Provider-Psychologist</p>	<p>Sandy Robbins Valentines 7/1/2016 – 6/30/2019 Health Care Provider (Psychology Associate)</p>	<p>Timothy M. Russell Williamsburg 7/1/2012 - 6/30/15 7/1/2015 - 6/30/18 Consumer</p>
<p>Deb Lochart DBHDS State Human Rights Director P.O. Box 17978 Richmond, VA 23218 Deb.lochart@dbhds.virginia.gov Fax: 804-371-4609</p>	<p>Taneika Goldman DBHDS Assistant State Human Rights Director P.O. Box 17978 Richmond, VA 23218 Taneika Goldman@dbhds.virginia.gov</p>	<p>Karen Taylor, Assistant Attorney General Office of the Attorney General 202 North Ninth Street Richmond, VA 23219 kataylor@oag.state.va.us Ph: 804-225-3219 Fx: 804-371-8718</p>