



Virginia Department of  
Behavioral Health &  
Developmental Services

STATE HUMAN RIGHTS COMMITTEE  
2018 EXECUTIVE SUMMARY

Presented to the DBHDS State Board  
July 2019

## Introduction

This annual report presents the 2018 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 inform you about the protection of the human rights of individuals receiving services and the contributions of Virginia's citizens who serve as volunteers to assure those rights.

In 2018, the SHRC initiated a more focused review of seclusion and restraint usage in DBHDS facilities with the intent to present findings and recommendations to department leadership once completed. This practice allows for facility staff to attend meetings to provide presentations; reports and to answer questions about their programs and policies.

The SHRC continued to also hold meetings at provider agencies to learn more about the programs and services being provided across the Commonwealth. This assists the SHRC to better define how they can improve the effectiveness and efficiency of services delivered in both facility and community settings.

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 2018, the following meetings were held:

- January 26<sup>th</sup> – Richmond Behavioral health Authority
- March 9<sup>th</sup> - Central State Hospital
- April 20th - Virginia Beach Psychiatric Center
- June 15<sup>th</sup> – South Eastern Virginia Training Center
- July 13<sup>th</sup> – Good Neighbor Homes
- October 25<sup>th</sup> – Northern Virginia Mental Health Institute (rescheduled from September)
- October 26<sup>th</sup> – Northern Virginia Mental Health Institute
- December 7<sup>th</sup> – John Randolph Medical Center

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 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 seven 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 Senior Assistant Attorney General Karen Taylor, Attorney General's Office. Other presentations were made by Braden Curtis, Attorney General's Office; LaDonna Walters, DelMarva Foundation; Mellie Randall, DBHDS Director of Substance Use Disorders; Becky Sterling, DBHDS Director of Recovery Services; Mary Clare O'Hara, DBHDS Clinical Training Manager; Dr. Navid Rashid, NVMHI Medical Director; Tommy Saunders, Program Director of Behavioral Health for John Randolph Medical Center; Laura Minnick, Coordinator of Consumer and Family Affairs for RBHA and Donovan Burke, SEVTC Assistant Director of Day Support.

These presentations included such topic areas as Virginia Quality Services Reviews, the opioid crisis in Virginia, Peer Support Recovery initiative, the status of the Department of Justice Settlement Agreement, an overview of facility use of seclusion/restraint use and the Substance Abuse Addiction and Recovery Alliance (SAARA) in Richmond.

The committee visited units at NVMHI and heard a brief history of the facility; they toured the medical unit, the inpatient psychiatric unit and the military unit at John Randolph Medical Center as well as the day support and homes at South East Virginia Training Center.

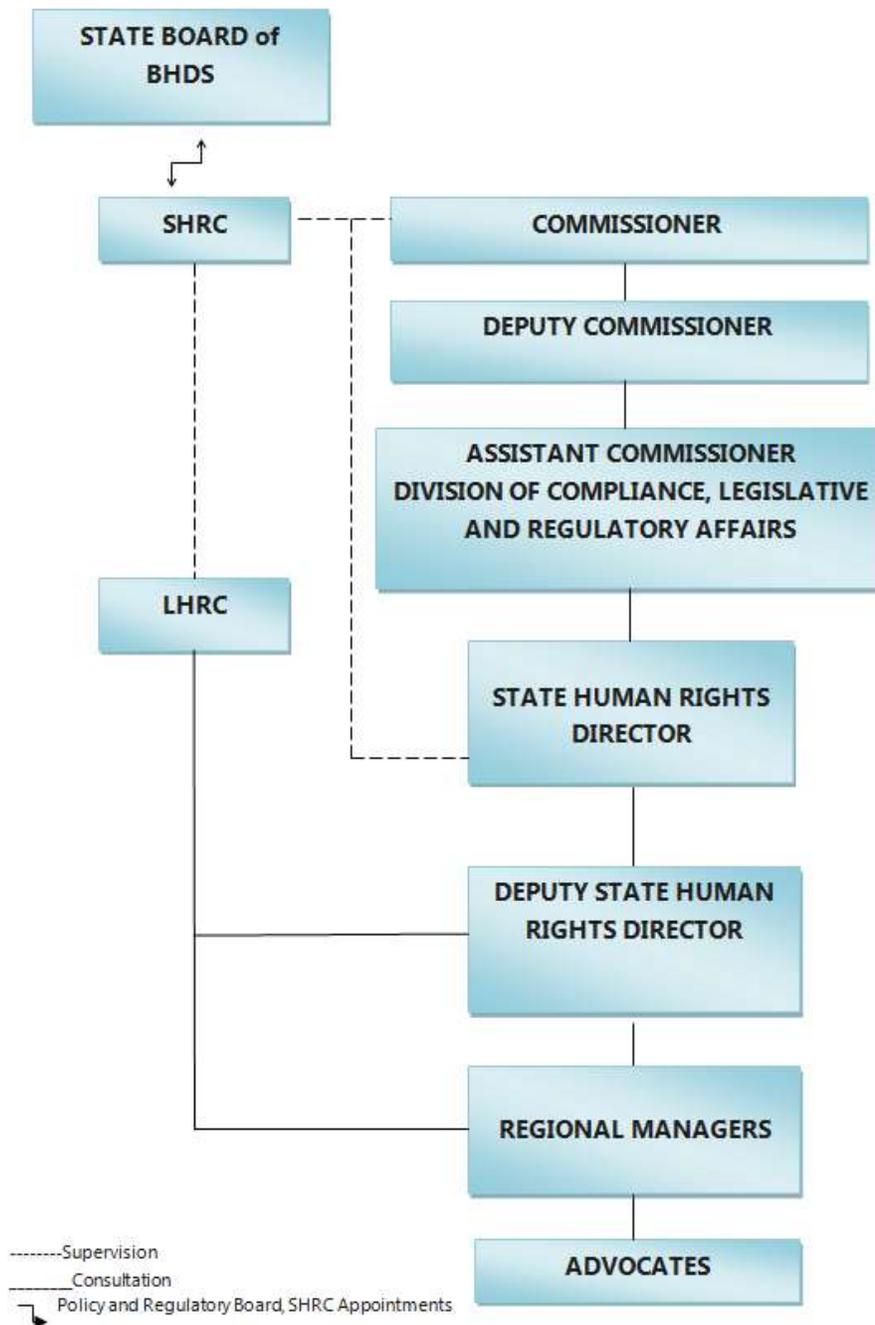
As hoped, the revisions to the human rights regulations improved the ability of the OHR to perform its mandated responsibilities and maximize resources, in a manner that promotes the vision of recovery, self-determination, empowerment and community integration for individuals receiving services. We have streamlined the administrative process, improved program efficiencies and eliminated redundancies. The OHR as well as the State Human Rights Committee will continue to work together to implement system change needed to ensure that the advocates are available within our facilities and community programs, protecting the rights of individuals served throughout our system of care.

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 DBHDS Office of Human Rights is to assure the health and safety of individuals receiving services by promoting the basic precepts of human dignity, advocating for the rights of persons with disabilities in our service delivery systems and managing the human rights complaint resolution process.

## DBHDS HUMAN RIGHTS PROGRAM



The Department's Office of Human Rights, established in 1978, has as its basis 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

### Chair

#### **John Barrett**

Mr. 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 in the central office until his retirement from state service in 1995. While there, he worked for the office of Administrative Services, the Office of Licensing as Assistant Director, and the Division of Quality Assurance where he assisted State Hospitals in preparing for Joint Commission Surveys. After retiring from DBHDS, he joined Fidura & Associates as Director of Operations. His duties included overseeing the Licensing and Human Rights activities of the company. He retired again after 14 years. Mr. Barrett was a member of the Williamsburg Local Human Rights Committee for five years, the last two serving as Chair. He was initially appointed to the SHRC in July of 2013 to fill a vacant term between July 1, 2012 to June 30, 2015. He was then appointed for a full term of July 1, 2015 to June 30, 2018. He is currently serving his second full term, which will expire on June 30, 2021. Mr. Barrett resides in Richmond and the Eastern Shore.

### Vice-Chair

#### **Ann Folk Bevan**

Ms. Ann 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 her MS in Rehabilitation Counseling from MCV in 1998. She has over 30 years of experience working with individuals with disabilities. Her 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 initially appointed to the SHRC in July of 2013 for a term of July 1, 2013 to June 30, 2016, and reappointed for a second term that will expire on June 30, 2019. Ms. Bevan resides in Mechanicsville.

#### **Julie Dwyer-Allen**

Ms. Dwyer-Allen is a licensed and board certified behavior analyst with more than 15 years of experience working with children and adults with disabilities, particularly in developing and monitoring behavior support plans. She is the Director of Behavioral Services at Community Residences, a large non-profit provider, and the Program Director of Newbrook Place, a high intensity day support program. Under her leadership, the program expanded to provide behavior consultation services to several community services boards, utilizing both Medicaid Waiver therapeutic consultation services and county funding. Before joining the SHRC Ms. Dwyer-Allen worked collaboratively with local human rights committees for over 15 years. She is a professional and a family member of an individual receiving services. She was appointed to the committee in July of 2018 to fill a vacant term of July 1, 2016 to June 30, 2019. Ms. Dwyer-Allen resides in Chantilly.

#### **David R. Boehm**

Mr. Boehm is retired from the Department of Corrections, having served in various positions for over 40 years. He is a professional mental health provider, a licensed clinical social worker and a certified sex

offender treatment provider. He has served on the Virginia Board of social work and has been very active with social work ethics, conducting numerous workshops. Mr. Boehm served on the Virginia Board of Social Work and is well known professionally in the field of sex offender treatment and crisis intervention. His knowledge regarding treatment for sex offenders within the department of corrections makes him a valuable resource to the SHRC regarding its relationship with the residents of VCBR. He was appointed to the SHRC in July of 2018 for a term of July 1, 2018 to June 30, 2021. Mr. Boehm resides in Marion.

### **Will Childers**

Mr. Childers has worked with adults with developmental disabilities, mental health and physical challenges for 35 years. He was Program Coordinator for Blue Ridge Behavioral Healthcare in Roanoke and Associate Director for Developmental Disabilities at HopeTree Family Services in Salem. Mr. Childers has coordinated residential, in-home and independent living services for adults with intellectual and developmental disabilities. He was an investigator for allegations of human rights violations for 30 years, working collaboratively with human rights advocates as well as other DBHDS staff. Mr. Childers volunteers regularly to provide care to hospice patients. He is a former member of the Roanoke-Catawba Local Human Rights Committee, on which he served as Secretary, Vice-Chair and Acting Chair. He was appointed to the SHRC in July of 2018 to fill a vacant term of July 1, 2017 to June 30, 2020. Mr. Childers resides in Hardy.

### **Pete Daniel**

Mr. Daniel is a former consumer member of the Piedmont LHRC. He is a Human Services Board Certified Practitioner and worked with Olmeja Advocacy Services providing mental health skill building services as well as case management to clients as a qualified mental health professional. He worked at Virginia Center for Behavioral Rehabilitation as a Treatment Associate/Counselor facilitating psycho-educational groups, providing case management services, and helping to develop individualized treatment plans. Prior to that, Mr. Daniel 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 initially appointed to the State Human Rights Committee for a term of July 1, 2014 to June 30, 2017, and reappointed for a second term that will expire on June 30, 2020. Mr. Daniel resides in Charlotte Court House.

### **Latesha Graham**

Ms. Graham is an employee of Sentara Healthcare in Chesapeake as a scheduler and insurance verifier. She is pursuing the opening of a group home for foster children. As well as being an enthusiastic member of the State Human Rights Committee, Ms. Graham has worked as a volunteer and enjoys serving others. As a consumer receiving services she is a valuable asset to the SHRC and she helps fulfill the committee's mandate for consumer membership on the committee. She was appointed in July of 2018 for a term of July 1, 2018 to June 30, 2021. Ms. Graham resides in Portsmouth.

### **Monica Lucas**

Ms. Lucas is a Mental Health Consultant and Behavioral Health Technician at Lucas Concepts & Consulting / Serenity Counseling Services of Virginia. She served as a Co-Owner of Rion's Hope, LLC, and Seventeen Twenty Five, Inc., adolescent group homes providing residential and mental health

services. She has served as a member and Chair on various local human rights committees including Tuckahoe, Central Area, New Creation, Goochland-Powhatan, Metropolitan, Henrico and Chesterfield LHRCs. Ms. Lucas was appointed in July of 2018 for a term of July 1, 2018 to June 30, 2021. Ms. Lucas resides in Richmond.

**Sandy Robbins**

Ms. Robbins is a Psychology Associate who recently retired from the Department of Corrections. She has a Bachelor of Science degree in Psychology/Sociology and a Master of Science in Psychology. Ms. Robbins has over 20 years of experience with DMHMRSAS/DBHDS as a Psychologist at Southern Virginia Mental Health Institute and Southside Virginia Training Center, and a Licensing Specialist for the DBHDS central office. During her experience she has worked closely with human rights advocates and the human rights program. Ms. Robbins became a member of the State Human Rights Committee in July of 2016 when she was appointed to a term of July 1, 2016 to June 30, 2019. Ms. Robbins resides in Valentines.

# 2018 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 Advocate 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 quality of life and health and safety concerns related to the community integration process

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

#### 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

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

### Region 2

Ann Pascoe, Manager  
Jennifer Anglin, NVMHI/Community  
Lana Hurt, DD Advocate

### Region 3

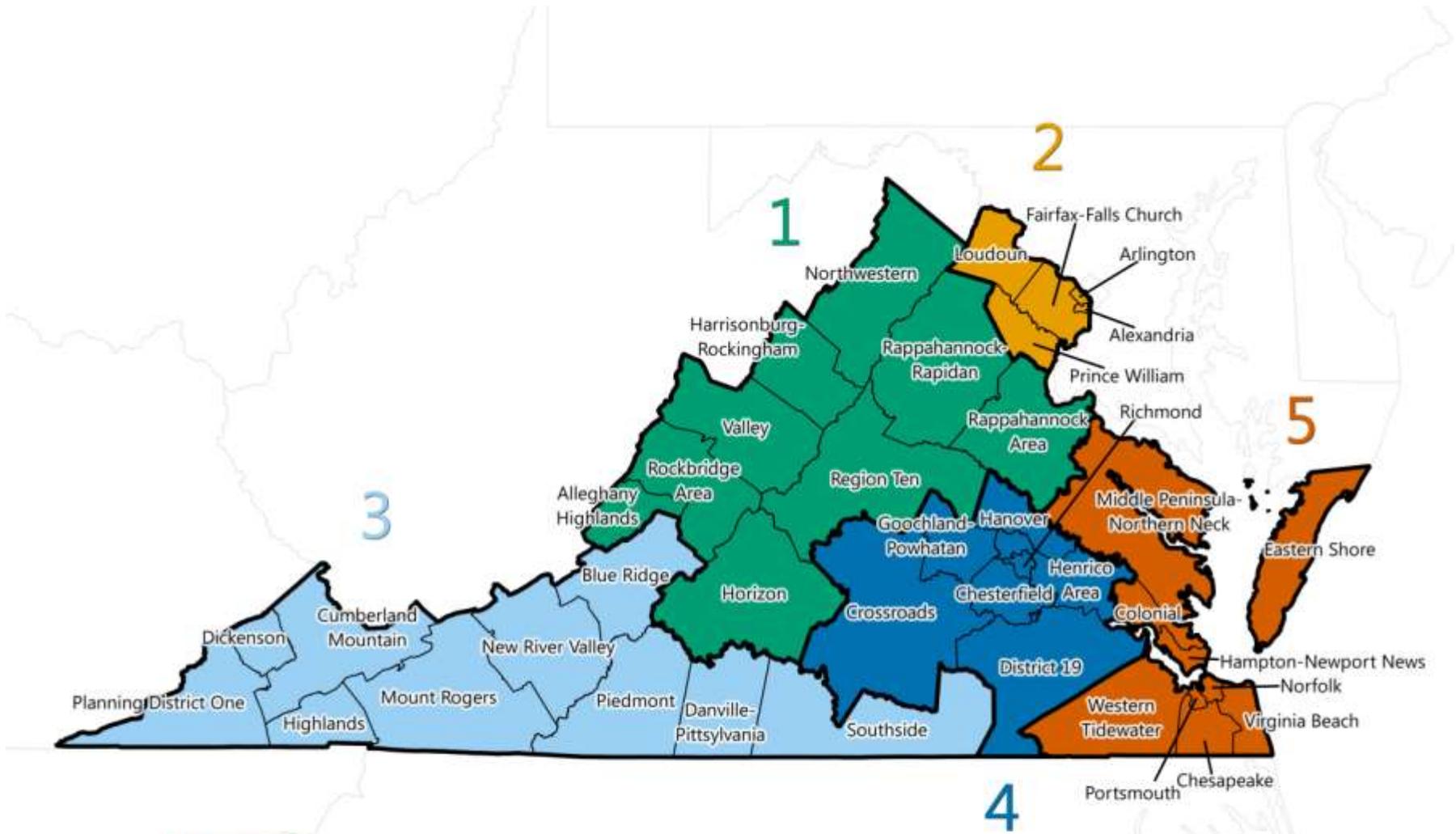
Jennifer Kovack, Manager  
Brandon Roddenberry, SWVMHI/Community Advocate  
Crystal Oakes, SWVTC/DD Advocate  
Mandy Crowder, SVMHI/Community Advocate  
Hollie Stephens, Catawba/Community Advocate

### Region 4

Sharae Henderson, Manager  
Samantha Fogt, DD 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  
Latoya Wilbourn, SEVTC/Community Advocate  
Carlton Henderson, ESH/Community Advocate



# Office of Human Rights Regions

Virginia Department of Behavioral Health & Developmental Services

## Office of Human Rights Program Highlights

The Office of Human Rights implemented a statewide web-based tracking system to monitor provider use of restrictive behavior interventions (to include behavioral treatment plans with restraint and time out), as well as other due processes reviewed by the LHRC. These include next friend appointments; variances; reviews of consent and authorization and, research recommendations.

In partnership with other DBHDS Offices, the Office of Human Rights effectively applied an original protocol and procedure for validation of all new HCBS waiver providers. The DD Advocates facilitated on-site visits within 30 days of the determination of compliance regarding development of a complaint resolution policy. The visit consisted of a review of the new providers human rights policies in their entirety as well as a review of compliance with the HCBS requirements. Emphasis is on discussion and feedback from individuals supported by the provider and any remediation required is triaged to the appropriate DBHDS Office. When required, the DD Advocate arranges for additional visits until compliance with human rights and/or HCBS can be verified and validated.

The Community Look Behind initiative was expanded in 2018 to incorporate a staff performance measure amid the quarterly review of closed community IDD abuse investigations and, extended to include a monthly quality assessment of DI 201 investigations performed by facility investigators across DBHDS' state-run facilities. Information collected from both look-behind processes identified trends in reporting, assessed the appropriateness of corrective actions taken by the respective providers as well as informed decisions about regional and statewide training needs.

Following fast-track revisions to the Human Rights Regulations effective November 1, 2018, the Office of Human Rights facilitated five half-day regional training for licensed community providers that consisted of an overview of the specific regulatory changes, plus a review of Behavioral Treatment Plans, Restrictions on Freedoms of Everyday Life and Use of Seclusion, Restraint and Time Out.

As it relates to the DOJ Settlement Agreement, the Office of Human Rights continued to be an integral part of the Post-Move Monitoring evaluation 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. DD Advocates in each region are also standing members of the Regional Support Teams and the 5 Regional Managers attend quarterly Provider Round-table and Regional Quality Council meetings to relay targeted guidance and technical assistance based in part of collection of data through the Community Look-Behind initiative.

Finally, in tandem with the SHRC's biennium-emphasis on ensuring rights protections in state-operated facilities, recognizing their treatment environments as among the most restrictive, Facility Advocates provided an overview report at each of their scheduled meetings. These reports coupled with a tour and presentation by leadership at the facility, focused on quarterly data and trending information related to seclusion/restraint, abuse, neglect and human rights complaints. Moreover, the Office of Human Rights provided staff support the newly appointed Policy and Bylaws Subcommittees.

## 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

11,636 total allegations of abuse/neglect 2018

- 9,076 in licensed services (1312 cases were founded)
- 2,560 in state operated services (118 cases were founded)

2,972 total human rights complaints in 2018

- 1,193 were in licensed services
- 1,779 were in state operated services
- 14 were appealed to LHRC
- 7 were appealed to SHRC

Completed 1039 site visits to monitor implementation and compliance with the regulations, to include pre and post move training center discharge visits to residential settings and waiver validation for new providers.

Provided 135 training activities to educate providers, individuals, families, staff and Local Human Rights Committees on human rights.

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 and prepared comprehensive regional reports for 2018. These reports provide detailed statistics and information about human rights activities in each of the 5 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 2018. 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 2007-2018)**

Calendar Year	Abuse Allegations	Abuse Substantiated	Human Rights Complaints
<b>2007</b>	4,007	340	615
<b>2008</b>	5,402	464	1,374
<b>2009</b>	6,765	658	1,311
<b>2010</b>	5,710	508	1,021
<b>2011</b>	6,484	543	1,016
<b>2012</b>	6,482	609	1,120
<b>2013</b>	5,543	777	1,423
<b>2014</b>	7,666	851	975
<b>2015</b>	7,854	997	1,362
<b>2016</b>	8,374	1,056	1,158
<b>2017</b>	9,103	1,167	1,157
<b>2018</b>	9,076	1,312	1,193

## Community Provider Abuse Allegations

In calendar year 2018, there were 9,076 allegations of abuse among community providers, which is a decrease of 27 from the previous year. Of these allegations, 1,312 cases (14.45%) 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 5,532 (60.96%) allegations, of which 189 (3.41%) 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 to 14.45% in 2018. 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 1,193 complaint reports in 2018. 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 requests that a citation be issued to the provider through the Office of Licensing.

## State Facilities

The table below is a summary of statistics on human rights abuse allegations, substantiation and complaints from state facilities for the calendar years 2007 through 2018. Data is from the CHRIS system.

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

<b>Calendar Year</b>	<b>Abuse Allegations</b>	<b>Abuse Substantiated</b>	<b>Human Rights Complaints</b>
<b>2007</b>	608	118	650
<b>2008</b>	568	132	1,435
<b>2009</b>	577	128	1,411
<b>2010</b>	599	174	2,424
<b>2011</b>	743	255	2,710
<b>2012</b>	515	145	2,817
<b>2013</b>	471	139	2,860
<b>2014</b>	1,731	132	2,534
<b>2015</b>	1,974	133	2,295
<b>2016</b>	1,959	113	2,173
<b>2017</b>	2,304	96	1,658
<b>2018</b>	2,560	118	1,779

### State Facility Abuse Allegations

In 2018, state-operated facilities reported 2,560 allegations of abuse. Of these allegations, 118 (4.60%) were found to be substantiated.

Peer-to-peer (P2P) incidents of aggression that were investigated as potential neglect accounted for 81.48% (2,086) 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, 4 (0.19%) were found to be substantiated.

There were also 1,779 human rights complaints reported by state operated facilities in 2018. This is a increase of 7.29% (121) 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 2018. 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 2018)**

<b>Provider</b>	<b>No Violation</b>	<b>Violation</b>	<b>Total</b>
CATAWBA	10	0	<b>10</b>
CSH	127	3	<b>130</b>
CVTC	2	0	<b>2</b>
CCCA	6	0	<b>6</b>
ESH	194	2	<b>196</b>
HDMC	1	0	<b>1</b>
NVMHI	36	1	<b>37</b>
PGH	18	0	<b>18</b>
SEVTC	16	0	<b>16</b>
SVMHI	4	0	<b>4</b>
SWVMHI	33	5	<b>38</b>
VCBR	362	69	<b>431</b>
WSH	889	1	<b>890</b>
<b>All Facilities</b>	<b>1698</b>	<b>81</b>	<b>1779</b>

<p><b>Chairperson</b>  <b>John Barrett</b>                  Richmond and Deltaville                  Region 4 and Region 5</p> <p><i>Appointed July 2013</i>                  7/1/2012 - 6/30/2015 Vacancy</p> <p>Term                  7/1/2015 - 6/30/2018                  7/1/2018 - 6/30/2021</p> <p>→Professional</p>	<p><b>Vice-Chairperson</b>  <b>Ann Folk Bevan</b>                  Mechanicsville                  Region 4</p> <p>Term                  7/1/2013 - 6/30/16                  7/1/2016 - 6/30/19</p> <p>→ Family Member</p>	<p><b>Julie Dwyer-Allen</b>                  Leesburg                  Region 2</p> <p><i>Appointed July 2018</i>                  7/1/2016 - 6/30/2019 Vacancy</p> <p>→ Family Member</p>
<p><b>David Boehm</b>                  Marion                  Region 3, far southwest</p> <p>Term                  7/1/2018 - 6/30/21</p> <p>→Certified sex offender                  treatment Provider</p>	<p><b>Will Childers</b>                  Hardy                  Region 1/3 border</p> <p><i>Appointed July 2018</i>                  7/1/2017 - 6/30/2020 Vacancy</p> <p>→Professional</p>	<p><b>Pete Daniel</b>                  Charlotte Court House                  Region 4</p> <p>Term                  7/1/2014 - 6/30/2017                  7/1/2017 - 6/30/2020</p> <p>→Consumer</p>
<p><b>Tesha Graham</b>                  Portsmouth                  Region 5</p> <p>Term                  7/1/2018 - 6/30/2021</p> <p>→Consumer</p>	<p><b>Monica Lucas</b>                  Richmond                  Region 4</p> <p>Term                  7/1/2018 - 6/30/2021</p> <p>→Professional</p>	<p><b>Sandy Robbins</b>                  Valentines                  Region 3/4 border</p> <p>Term                  7/1/2016 - 6/30/2019</p> <p>→Health Care Provider:                  Psychology Associate I</p>

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