Virginia Department of Behavioral Health & Developmental Services

State Human Rights Committee 2021 Executive Summary

Presented to the DBHDS State Board
July 13, 2022

Introduction

This annual report enumerates the activities and achievements of the State Human Rights Committee (SHRC) and the Office of Human Rights (OHR) for calendar year 2021, in accordance with the duties and responsibilities iterated 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* (Human Rights Regulations). 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. This report also contains statistical information from FY22 (July 1, 2021 – June 30, 2022) regarding alleged human rights violations, as reported to the OHR via the departments web based reporting system, referred to as CHRIS (Computerized Human Rights Information System).

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 OHR staff in discussions regarding quality of treatment, inherent limitations the system imposes upon individuals' rights and strategies to support intensive collaboration between public and private providers in order to prioritize and proactively protect the assured rights of individuals in the DBHDS service delivery system. This dialogue was further informed by presentations to the committee by subject matter experts regarding the development and framework of key DBHDS and community service initiatives and expansions. Presentations included strategies for reducing the use of seclusion and restraint, plus, including the Alternative Transportation program, the launch of crisis call centers with mobile Crisis Response Teams, the MARCUS Alert and Project BRAVO (Behavioral Health Redesign for Access, Value and Outcomes).

Recognizing the treatment environment at DBHDS operated facilities as among the most restrictive, the SHRC continued its focused review of their use of seclusion and restraint, allowing for facility staff to attend meetings to offer presentations and answer questions about their philosophies, practices and policies. OHR staff also provided overview reports at each of the scheduled SHRC meetings focused on aggregated monthly data and trending information related to seclusion, restraint, abuse and neglect and human rights complaints. The SHRC also continued to invite community providers to present virtually at meetings to learn more about programs and services being provided across the Commonwealth. In addition, the committee received training on the DBHDS Diversity, Equity and Inclusion initiatives from the department's DEI Officer and training about FOIA requirements from the Office of the Attorney General. All of these activities assisted the SHRC to better define how they can improve their efficiency in oversight of the Human Rights program and tangentially, their review and assessment of the quality of services delivered to individuals in both facility and community settings.

Emergency protocols initiated by OHR in 2020 in response to the COVID-19 public health crisis limited onsite visits to those where individuals were determined to be at imminent risk of harm and activities requiring in person encounters where physical space was shared. These protocols also briefly suspended Local Human Rights Committee (LHRC) and SHRC meetings until agency approved HIPAA compliant technology was available and modified public meeting requirements were defined to support virtual meetings. As a result, the OHR became more proficient at facilitating public meetings via Zoom for Government, which allowed for local and state committee members to conduct business effectively electronically. When the Governors State of Emergency expired, all public bodies were required to return to in-person public meetings with a mandatory quorum of members attending the meeting in person. Still, all LHRC and SHRC meetings remained open to virtual participation by individuals, providers, guest presenters and members of the public.

The following SHRC meetings were held on Thursdays in 2021:

- January 21st - Virtual
- March 4th - Virtual
- April 15th - Virtual
- May 20th – Virtual
- June 24th – Southeastern Virginia Training Center, Chesapeake
- August 19th – Central Office, Richmond
- September 30th – Central Office, Richmond
- November 4th – Central Office, Richmond

2021 SHRC Work Plan: Summary of progress towards goals

1. Monitor the implementation of the Human Rights Regulations
    - Appointed LHRC members, Held appeals, Granted variances, Submitted an Annual Report to the State Board.
    - Temporarily expanded virtual jurisdiction of LHRC to serve any individual statewide, in response to due process delays resulting from difficulty maintaining in-person quorums.

2. Ensure the rights of individuals receiving services at the Virginia Center for Behavioral Rehabilitation (VCBR) are protected and they are not treated as DOC (Department of Corrections) inmates:
    - Reviewed VCBR policies and Facility Instructions (FI) identified through the complaint resolution process to understand and make recommendations specific to the way VCBR operationalizes human rights principles (i.e. FI 137 *Administration of Medications*, FI 202 *Resident Complaint Resolution Policy*, and FI 207 *Mail and Packages*).
    - Received, reviewed and decided on requests for variances.
    - Received updated documentation from State Human Rights Director (SHRD) concerning results of VCBR resident appeals and exemptions.
    - Monitored census management and received progress updates on facility expansion.

3. Monitor effects of COVID-19 pandemic on State Facilities, Populations and Responses:
    - Received routine updates from SHRD concerning emergency protocols put in place to govern OHR field operations during the COVID-19 emergency period.
    - Presentation from DBHDS Assistant Commissioner for Facility Services regarding impact of COVID-19 on Mental Health Facilities (infection rates, staffing challenges, interim solutions) and overview of collaboration with OHR regarding system-wide decisions specific to mandatory testing, use of isolation for infection control and consent for vaccinations.
    - Monitored State budget and actions to seek federal assistance.

4. Enhance Communication with LHRC's:
    - Monitored efforts to increase resources for potential and active LHRC members via the OHR webpage on the DBHDS website.
    - Worked with OHR to standardize documents used by the LHRC for reporting findings and decisions concerning appeals and other reviews.
    - Designed strategy for implementing in person and virtual SHRC- LHRC Meet & Greet sessions to hear first-hand about accomplishments, suggestions and concerns.
    - Focused on increasing participation by SHRC members, in person and virtually, at LHRC meetings in the Region they represent.

- Issued a letter of commendation to LHRC members for their dedication and service through the COVID-19 pandemic.

5. Promote treatment without coercion:
    - Reviewed monthly data concerning instances of seclusion/restraint and reduction efforts at state facilities.
    - Reviewed Data Warehouse reports concerning trends in human rights complaints.

6. Ensure 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.

7. Monitor increased issues with opioid addiction and continued interest in substance use disorders:
    - Increased understanding about substance use disorders relating to individual access to services and statewide trends.

8. Administrative effectiveness:
    - Committed to being punctual and professional, to participate in all aspects of each meeting and remain intentionally courteous providing unbiased attention to individuals and other stakeholders.
    - Received information at each meeting via "Regulation Spotlight" about SHRC, LHRC and OHR core code mandates.
    - Consolidated business (i.e. variance reviews and appeals) to ensure access for involved parties and to manage SHRC travel.
    - Boosted Subcommittees to manage Max Appeals, Policy Reviews and conduct intense review of Bylaws.

Julie C. Allen, Chair
Julie is a licensed and board certified behavior analyst with more than 20 years of experience working with children and adults with disabilities, particularly in developing and monitoring behavior support plans. Most recently, Julie served as Senior Director of Clinical Services at CRi, a large non-profit provider. 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, Julie worked collaboratively with several LHRCs in Northern Virginia for over 15 years. She represents the professional interest on the Committee. Julie was appointed to the SHRC in July of 2018 to fill a vacant term of July 1, 2016 to June 30, 2019 and was reappointed in July of 2019 to a full term of July 1, 2019 to June 30, 2022. Julie resides in Springfield.

Will Childers, Vice Chair
Will 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, VA. Will 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. Will volunteers regularly to provide care to hospice patients and children referred to the Court Appointed Special Advocates program. He is a former member of the Roanoke-Catawba LHRC, on which he served as Secretary, Vice-Chair and Acting Chair. Will was appointed to the SHRC in July of 2018 to fill a vacant term of July 1, 2017 to June 30, 2020, and was reappointed to his first full term of July 1, 2020 to June 30, 2023. Will resides in Hardy.

David R. Boehm
David is retired from the Department of Corrections, having served in administrative positions including Warden for 32 years and previously for 12 years with the Department of Behavior Health including being a Unit Director. He is a professional mental health provider, a licensed clinical social worker and a certified sex offender treatment provider. David served on the Virginia Board of Social Work and has been very active with social work ethics, conducting numerous workshops. He is also known professionally in the field of sex offender treatment, domestic violence, school threat assessments 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. David was appointed to the SHRC in July of 2018 for a term of July 1, 2018 to June 30, 2021 and was reappointed to a second term of July 1, 2021 to June 2024. David resides in Marion.

Monica Lucas
Monica 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 LHRC's including Tuckahoe, Central Area, New Creation, Goochland-Powhatan, Metropolitan, Henrico and Chesterfield LHRCs. Monica was appointed in July of 2018 for a term of July 1, 2018 to June 30, 2021 and was reappointed to a second term of July 1, 2021 to June 30, 2024. Monica resides in Richmond.

Timothy Russell
Timothy (Tim) is a Facilities manager at William & Mary. He is a former Transitional Living Counselor at ValuMark West End Behavioral Health Care. Tim is a former member of Newport News Regional LHRC and a former member and Chair of Williamsburg Regional LHRC. Tim has served the SHRC in the past but was most recently reappointed to the SHRC by the DBHDS State Board in December of 2019 to fill a vacant term of July 1, 2018 to June 30, 2021. Tim was reappointed to a full term of July 1, 2021 to June 30, 2024. Tim resides in Williamsburg.

Cora Swett
Cora worked for the Prince William Community Services Board for 30 years where she held several Administrative positions. The last several years she served as Coordinator for the Office of Consumer and Family Affairs and also served as staff to the Prince William LHRC. In addition, Cora has served as Facilitator for the Prince William County Waiver Slot Assignment Committee. Cora represents the family member-interest on the SHRC and was appointed to a full term of July 1, 2019 to June 30, 2022. Cora lives in Nokesville, located in Prince William County.

Megan Sharkey
Megan proudly represents the consumer-interest as a member of the SHRC. Megan came to the SHRC after working as a peer recovery advocate and Program Director with Virginia's statewide peer-run grassroots mental health advocacy organization, VOCAL. Prior to their work with VOCAL, Megan completed their Master's of Social Work, with a concentration in administration, policy, and program planning, at the Virginia Commonwealth University in 2017. Megan worked with Soulforce, a nonprofit committed to ending the political and religious oppression of lesbian, gay, bisexual, transgender, queer and intersex people through relentless nonviolent resistance. They were appointed to their first term in October 2020 for July 1, 2020 to June 30, 2023. Megan resides in Petersburg.

State Human Rights Committee

Chair **Julie C. Allen** Springfield Region 2 Appointed July 2018 7/1/2016 – 6/30/2019 Vacancy 7/1/2019 – 6/30/2022 Term → Family Member	**Vice-Chair** **Will Childers** Hardy Region 1/3 border Appointed July 2018 7/1/2017 – 6/30/2020 Vacancy 7/1/2020 - 6/30/2023 Term →Professional	**David Boehm** Marion Region 3, far southwest Appointed June 2018 7/1/2018 - 6/30/2021 Term 7/1/2021 - 6/30/2024 Term →Certified Sex Offender Treatment Provider
Monica Lucas Richmond Region 4 Appointed June 2018 7/1/2018 – 6/30/2021 Term 7/1/2021 - 6/30/2024 Term →Professional	**Timothy Russell** Williamsburg Region 5 Appointed December 2019 7/1/2018 – 6/30/2021 Vacancy 7/1/2021 - 6/30/2024 Term →Consumer	**Megan Sharkey** Petersburg Region 4 Appointed October 14, 2020 7/1/2020 – 6/30/2023 Term →Consumer
Cora Swett Nokesville Region 2 Appointed April 2019 7/1/2019 – 6/30/2022 Term → Family Member		

State Human Rights Committee
C/o Taneika Goldman, State Human Rights Director
P.O. Box 1797
Richmond, VA 23218

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The DBHDS Office of Human Rights

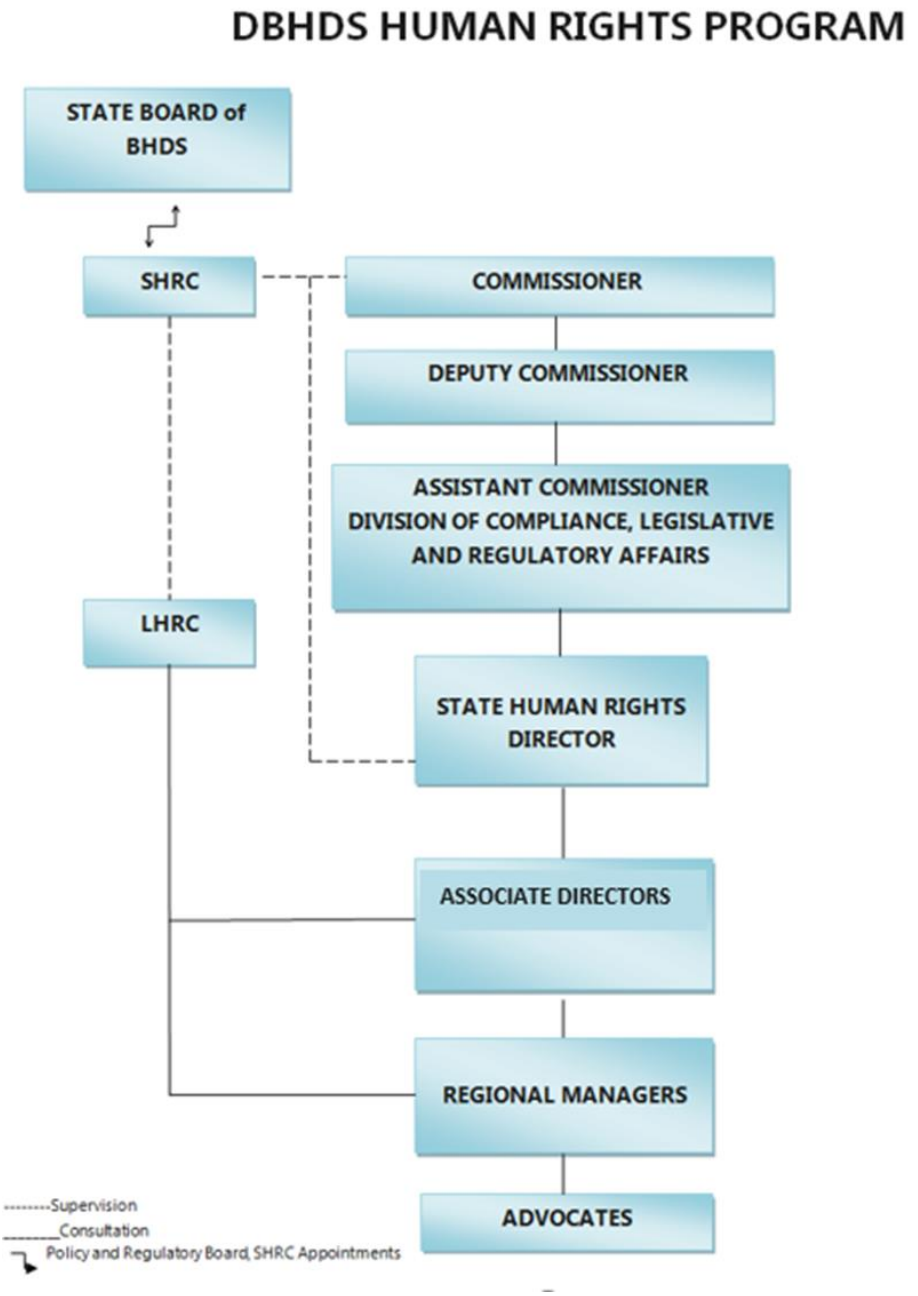
The DBHDS OHR, established in 1978, has as its basis the *Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services*. The Human Rights Regulations outline the responsibility for assuring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

Title 37.2-400, Code of Virginia is the authority behind the Regulations and explicitly assures that each individual receiving services has the following rights:

- 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.

Duties of the Human Rights Advocates include facilitating due process for individuals who allege human rights violations, examining conditions that impact individual's rights and monitoring facility and provider compliance with the Human Rights Regulations. Facility Advocates are assigned to each of the 12 state operated facilities and Community Advocates are mobilized to public and private community programs where high profile incidents occurred or other trends impacting rights protections are identified. All Advocates conduct independent and sometimes joint investigations with the Office of Licensing, Facility Investigators, Law Enforcement and/or Adult (APS) and Child Protective Services (CPS), where individuals are determined to be at imminent risk of harm. Advocates

also provide monitoring and oversight to individuals discharged from the training centers in response to the United States Department of Justice Settlement Agreement with Virginia, and conduct onsite reviews of newly licensed Waiver providers to assess compliance with the Home and Community Based Settings (HCBS) Rule.



The mission of the DBHDS OHR is to promote the basic precepts of human dignity by monitoring provider compliance with the Human Rights Regulations, managing the departments' complaint resolution program, and advocating for the rights of individuals with disabilities in our service delivery system.

Office of Human Rights Staff

Central Office
Taneika Goldman, State Human Rights Director
Mary Clair O'Hara, Associate Director, Facility Operations
Jennifer Kovack, Associate Director, Community Operations
Carlton Henderson, Training & Development Coordinator
Michelle Lochart, Data Coordination Advocate
Betsy Thompson, TOVA and NRI Data Coordinator
Kli Kinzie, Executive Secretary
Amaya Henderson, Administrative Assistant to Operations

Region 1
Cassie Purtlebaugh, Manager
Lequetta Hayes, DD Advocate/CVTC
Artea Ambrose, Community Advocate
Heather Hilleary, Community Advocate

Region 2
Ann Pascoe, Manager
Jennifer Anglin, NVMHI/Community
Lana Hurt, DD Advocate

Region 3
Mandy Crowder, Manager
Hollie Carlisle, Community Advocate
Heather Oakes, DD Advocate
Chelsea Robinette, Community Advocate

Region 4
Sharae Henderson, Manager
Andrea Milhouse, Community Advocate
Cheryl Young, Community Advocate
Karlyne Snead, Community Advocate

Region 5
Reginald Daye, Manager
Corie Reed, Community Advocate
Latoya Wilborne, Community Advocate
Michael Gause, Community Advocate

Facility Operations
Brandon Rotenberry, Manager
Riley Curran, WSH/CCCA
Tony Davis, CSH/HDMC/VCBR/PGH
Lashanique Green, ESH/SEVTC
Ivana Onojafe, NVMHI
Mykala Sauls, SWVMHI/SVMHI/Catawba

Office of Human Rights Program Highlights

COVID-19 Pandemic Response:

In April 2021, following the peak of the COVID-19 pandemic, OHR shifted from the majority of operations being virtual and electronic, to resuming field operations face to face. This transition was predicated on several factors; such as serious incident reports of provider/facility outbreaks, guidance from the DBHDS Commissioner and data from the Virginia Department of Health (VDH) and the Centers for Disease Control and Prevention (CDC). As OHR expanded on-site and in person activities, staff conducted pre-screening assessments to identify concerns for infections, and requested that provider/facility staff and individuals (when able) wear masks. All OHR staff were provided personal protective equipment (PPE) to include sanitizer, face shields, foot coverings, masks, gloves, goggles and gowns as appropriate to the location and set up of the onsite activity, and staff were required to be aware of and adhere to real time CDC and VDH recommendations. OHR staff also discussed all provider safety protocols (i.e. expectations regarding temperature screenings and ability to host meetings/reviews outside) prior to going onsite in order to ensure the safest environment for everyone involved. Moreover, some activities continued to occur virtually due to active COVID-19 infections and/or because of lessons learned during the public health emergency where it was clear that a virtual visit provided the same level of quality and oversight as a face-to-face visit, but, for example saved travel expense and time for team members.

Mission Critical Re-Organization

In late 2020, the SHRD evaluated the then current and future state of OHR operations and determined a need to address workload issues around the DOJ SA and broader areas of inconsistency across facility and community advocate processes. Through the reorganization of existing OHR Advocate positions and internal recruitment, the Facility Operations and Community Operations teams were established. This reorganization was mission critical in order that OHR could maximize existing resources to continue to ensure rights protections for all individuals receiving services. The OHR Associate Director for Facility Operations oversees the team which consists of a Facility Advocate Manager who supervises 5 Facility Advocates. These Advocates are divided among each of the 12 DBHDS state operated facilities to include the Virginia Center for Behavioral Rehabilitation, the only facility providing targeted services to sexually violent predators; the Commonwealth Center for Children and Adolescents, the states only Mental Health hospital for children and Southeastern Virginia Training Center, the states only remaining Training Center. This specialized Facility Advocate team champion's compliance by facilities operated by the department with the Human Rights Regulations - enactment of corresponding DOJ SA indicators for SEVTC withstanding, in the same way the Community Operations team does with licensed and funded providers of services. However the Facility Operations team has a focused emphasis on synthesizing system-wide abuse/neglect seclusion/restraint and incident data (reported via the Incident Tracker, PAIRS and CHRIS) as well as

ensuring education, training and technical assistance to facility staff (including Facility Directors, Risk Managers and Facility Investigators), collaboration and partnership with facility-specific stakeholders and external oversight bodies such as the disAbility Law Center of Virginia and the Office of the State Inspector General.

Facility Notice of Violation

The purpose of the Violation Letter is to document the manner in which state operated facilities acknowledge Human Rights violation(s), and identify and implement appropriate corrective action(s), in accordance with timelines outlined in the Human Rights regulations. The work of correcting, mitigating and preventing abuse occurs after the identification of a violation. The assurance of this work is the responsibility of the Advocate assigned to the facility and is reflected in the substance of the Violation Letter process. As of January 2021, Notice of Violation letters were issued for Human Rights violations identified through the following processes and for the following reasons (including but not limited to):

- DI 201 investigations: All substantiated findings to include Abuse, Neglect and Exploitation, as well as any other regulatory violation resulting from the investigation. Note - following an unsubstantiated finding, the Advocate may issue a Notice of Violation letter based on their independent review and determination of a violation.
- During the course of routine Facility Advocate activities such as policy reviews, AIM visits, and Facility Look-Behinds. Examples of observations that would result in a Notice of Violation include failure to properly display the Human Rights poster; failure to obtain and properly maintain evidence of informed consent; failure to maintain current Human Rights policies and procedures.
- Pursuant to the regulatory oversight and due process responsibility of the LHRC: For example, failure to follow procedures concerning the approval of: Restrictions, Behavioral Treatment Plan's; Human research; and Next friend designations and as a result of a Findings and Recommendations following a Fact Finding Hearing.
- Identified Trends Involving: Duplicate substantiated Human Rights complaints that point to a systemic failure or concern; Late Reporting to include failure to report allegations of Abuse/Neglect in CHRIS and/or failure to provide the results of the investigation within the required timeframes.

Since July 1, 2021 there have been 92 Notice of Violation letters issued across all 12 state hospitals and centers. HDMC and PGH did not have a Notice of Violation during this review period. The remaining 10 facilities had at least one.

Revision of Peer-to-Peer Incident Reporting in State Facilities

In June 2021 the OHR issued a memorandum to state operated facility directors intended to revise and clarify the reporting and investigating requirements for Peer-to-Peer (P2P) incidents in state operated facilities. The impetus for clarification was based on information collected through two years of facility look behinds and the requirement for state operated facilities to investigate all allegations of abuse and neglect in accordance with DI 201 and the Human Rights regulations. The OHR identified issues related to over-reporting of P2P incidents as neglect in some state facilities and under-investigating of these incidents in other facilities. The guidance identified criteria and set a threshold for determining when P2P incidents should be reported into the department's Computerized Human Rights Information System (CHRIS) and investigated as allegations of abuse or neglect. In addition, expectations were established regarding the initial review and documentation of P2P incidents in the Incident Tracker, and potentially in PAIRS, in accordance with DI 401. Data detailed below seems to reflect the success of this action to ensure more accurate information regarding alleged and identified violations specific to incidents involving peer-on-peer aggression.

Substantiated Abuse Response

In order to assure a safe environment for all individuals receiving services and to ensure follow-up on all substantiated abuse allegations, OHR continued execution of the A.I.M. Protocol. High priority cases, defined as any allegation of sexual assault, restraint with serious injurie(s), and physical abuse with serious injurie(s) required an immediate Advocate response to include a site visit within 24 hours of notification. The Protocol further defines the Advocate response of Assessing and assuring safety for the identified individual, as well as other individuals receiving services; Initiating the department's complaint resolution process and Monitoring provider follow up through verification that the provider/facility has completed an investigation and implemented appropriate corrective action(s). This is the first year OHR attempted to collect data specific to the number of AIM "visits" (virtual and in person, to include immediate follow up within 24 hours and follow up within 30 days based on the determination of a violation) and there were approximately 480 AIM24 and AIM30 "visits". We anticipate completion of a Data Warehouse report coupled with calculated documentation to continue to inform the effects of this practice.

Inter-Agency Collaboration

In theory, all allegations of abuse reported to APS or CPS involving DBHDS-licensed or funded programs and state operated facilities should also be reported to OHR via CHRIS. In practice; however, providers do not always report incidents in a timely fashion. After years of inter-departmental collaboration, a joint protocol between Department of Social Services (DSS) and the Department of Aging and Rehabilitation Services (DARS) now facilitates a process for localities to send APS and CPS reports via secure email, fax, or US Postal Service that are triaged, tracked and trended by OHR. DBHDS providers are contacted regarding their failure to report abuse and advised about

initiating the complaint resolution process. Citation is also recommend through the Office of Licensing when any violation is identified.

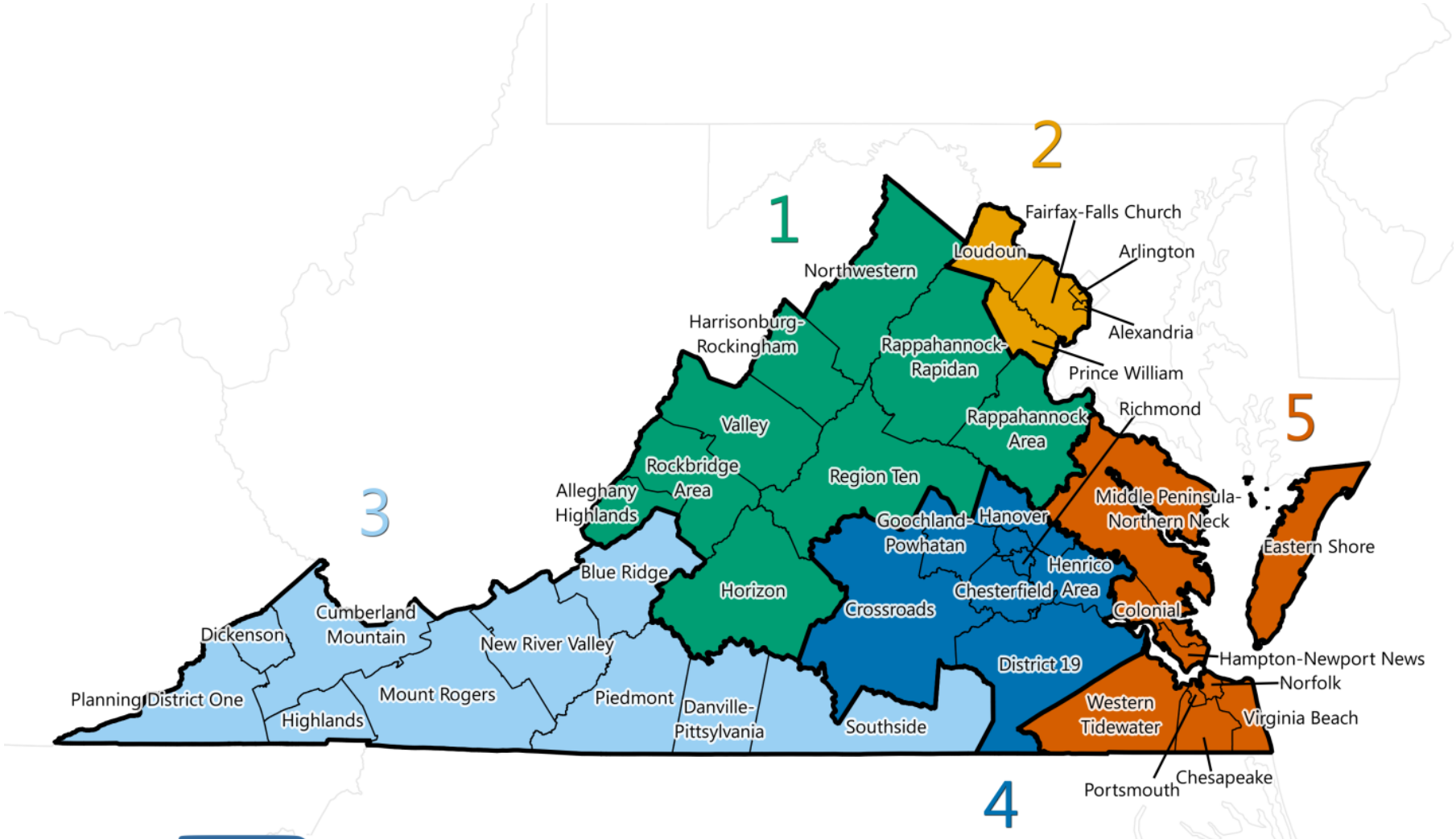
In FY22, OHR received and reviewed a total of 1,119 APS and CPS reports directly from one of 120 DSS localities across the Commonwealth. Of these, 865 alleged abuse, neglect or exploitation involving a licensed community provider or state operated facility. Initial review by the OHR revealed that 226 of these reports were not entered into CHRIS by the provider/facility. Additional OHR follow up directly with provider and facility staff as well as involved individuals determined that 193 of these reports met the criteria for a CHRIS report (in 33 instances, the provider was unaware of the allegation and appropriately entered the report into CHRIS and investigated the allegation upon notification from OHR staff). Of the 160 known allegations that were not reported - which is explicitly the reason for this process - there were 53 violations identified. As a result the OHR partnered with the Office of Licensing to issue 28 late reporting citations and 25 citations acknowledging substantiated abuse/neglect.

Statewide Provider Training Strategy

Throughout 2021 OHR remained committed to providing system-wide training opportunities to promote literacy regarding individuals' assured rights and corresponding facility/provider duties. OHR provided a series of virtual training opportunities with companion resource materials available on the OHR webpage such as training slide decks, audio/video recordings, and FAQs. During FY21 OHR Advocates and Managers provided over 40 distinct consultation and training sessions attended by 91 licensed-provider and facility staff. By way of the OHR Training and Development Coordinator, OHR facilitated 21 statewide training seminars to approximately 1,865 licensed-provider & facility staff participant, and administered roughly 1,337 CEUs.

Training sessions offered statewide included the following topics:

- Reporting in CHRIS: Abuse, Neglect, and Human Rights Complaints (*with a parallel training for DBHDS Facilities*).
- Restrictions, Behavioral Treatment Plans, & Restraints.
- Investigating Abuse & Neglect: An Overview for Community Providers (*with a parallel training for DBHDS Facilities*).
- Human Rights Regulations: An Overview



Office of Human Rights Regions

Virginia Department of Behavioral Health & Developmental Services

Office of Data Quality and Visualization

Abuse/Neglect and Human Rights Complaint Statistics (July 1, 2021 – June 30, 2022)

FY 2022 Human Rights Data Reported by Community Providers				
Total Number of Human Rights Complaints				941
Total Number of Complaints That Resulted in a Violation of Human Rights				108
Total Number of Allegations of Abuse, Neglect, or Exploitation				10,237
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation				1,049
Substantiated Allegations by Type		Exploitation	21	
Physical Abuse	100	Neglect	743	
Verbal Abuse	83	Neglect (Peer-to-Peer)	125	
Sexual Abuse	11	Unauthorized use of Restraint	52	
Resolution Levels for the 941 Human Rights Complaints and 10,237 Allegations of Abuse, Neglect, or Exploitation				
Director and Below	12,169	State Human Rights Committee		5
Local Human Rights Committee	9	DBHDS Commissioner		0

In FY22, there were 941 human rights complaints involving licensed community programs, including Community Services Boards. 108 of these complaints, or 11% of the total, resulted in a violation. There were 10,237 allegations of abuse, neglect, or exploitation (ANE) reported with 1,049 or 10% of the total, substantiated following the provider investigation and OHR review. This is a 2% increase in the overall number of substantiated allegations when compared to FY21.

There was an overall increase in allegations and identified violations for FY22. While Neglect is routinely the largest category of alleged and substantiated human rights violations, it is notable that the number of allegations substantiated resulting from peer on peer aggression increased from 75 to 125, and substantiated allegations of sexual abuse nearly doubled, going from 6 to 11. There are also double digit increases for alleged and substantiated allegations of verbal abuse and unauthorized uses of restraint. These increases may be the natural upswing of more intentioned reporting now that providers are recovering from staffing shortages following the slight dip in reporting during the COVID-19 emergency health crisis.

Abuse/Neglect and Human Rights Complaint Statistics (July 1, 2021 – June 30, 2022)

FY 2022 Human Rights Data Reported by State Hospitals and Centers				
Total Number of Human Rights Complaints				790
Total Number of Complaints That Resulted in a Violation of Human Rights				94
Total Number of Allegations of Abuse, Neglect, or Exploitation				537
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation				85
Substantiated Allegations by Type		Exploitation	3	
Physical Abuse	25	Neglect	25	
Verbal Abuse	22	Neglect (Peer-to-Peer)	2	
Sexual Abuse	2	Unauthorized use of Restraint	8	
Resolution Levels for the 790 Human Rights Complaints and 537 Allegations of Abuse, Neglect, or Exploitation				
Director and Below	1,310	State Human Rights Committee		17*
Local Human Rights Committee	3	DBHDS Commissioner		1

*14 of the 17 complaints resolved at the SHRC level were reviewed by the SHRC Appeals Subcommittee per a variance allowing alternative procedures for addressing complaints by individuals in maximum security at CSH and residents of VCBR, when the individual is not satisfied with the director's response.

In FY22 there were 790 human rights complaints involving state operated hospitals and centers, 94 of these complaints, or 11% of the total, resulted in violations. There were 537 allegations of ANE involving state operated facilities and centers, wherein 85 (16% of the total) were determined after facility investigation and OHR review to be substantiated. When compared to FY21, there was a marked decrease in the number of reported allegations of ANE. OHR believes the revised guidance provided to state facilities in June 2021, concerning reporting and investigating procedures for peer on peer aggression (Neglect P2P), accounts for much of this decrease. By way of explanation, there were a total of 2,681 allegations of ANE in FY21, of these 2, 219 alleged Neglect P2P. In FY22; however, there were 115 reports of Neglect P2P which after investigation by the facility and OHR review, resulted in 2 violations (compared to the 0 in FY21).

A critical function of the SHRC is to serve as the final step in the DBHDS Human Rights complaint resolution process. Of the 12, 505 total complaints (including ANE) the SHRC heard a total of 22 complaints on appeal. This is less than 1% and a brilliant indicator of resolution to individual complaints at the lowest/earliest level of the process. The SHRC commends all who worked together to resolve these issues.

Conclusion

The OHR would like to acknowledge and thank the 90+ citizen volunteers serving on each of the 16 LHRCs and the SHRC for their tremendous effort in support of individuals receiving services and DBHDS Human Rights program at large. OHR is hopeful about the future of rights protections, sustained by the commitment of courageous and compassionate staff and volunteers.