



Virginia Department of
Behavioral Health &
Developmental Services

STATE HUMAN RIGHTS COMMITTEE
2022 Annual Report

Presented to the DBHDS State Board
September 27, 2023

Introduction

This annual report details the activities and accomplishments of the State Human Rights Committee (SHRC) and the Office of Human Rights (OHR) for Calendar Year 2022, in accordance with the duties and responsibilities outlined 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 state fiscal year (FY23) (July 1, 2022 – June 30, 2023) regarding alleged human rights violations, as reported to the OHR via the department's web-based reporting system, referred to as CHRIS (Computerized Human Rights Information System).

During Calendar Year 2022, the SHRC maintained its efforts to monitor the Department of Behavioral Health and Developmental Services' (DBHDS) human rights system through the facilitation of nine public business meetings focused on the attainment of specific goals and objectives that address identified areas of concern. The Committee engaged OHR team members in discussions, training, subcommittee work sessions and meetings in order to better understand, prioritize and proactively protect the assured rights of individuals in the DBHDS service delivery system. The work of the Committee was further informed through presentations by subject matter experts regarding the development and framework of key DBHDS initiatives. Presentations included a synopsis by the DBHDS Commissioner, Nelson Smith, of his North Star strategic plan and its alignment with the Governor's Right Help Right Now plan; an overview of the requirements and current status of the Department of Justice Settlement Agreement and a summary of the 2022 General Assembly session with special attention paid to bills affecting individuals and providers of behavioral health, substance use and developmental disability services. The Committee also continued to invite community providers to host meetings and/or present about programs and services being provided across the Commonwealth. In fact, the Committee was permitted to host four of their nine meetings in 2022 at a local Community Services Board location, during which the Executive Director or a senior level designee provided an overview of programs and services offered in their respective jurisdictions. Many of the presentations focused on the expansion of crisis services offerings.

Recognizing the treatment environment at DBHDS-operated hospitals and centers as among the most restrictive service settings, the SHRC remained attentive to reports about the use of seclusion and restraint, intentionally seeking presentations to answer questions about DBHDS facility procedures, policies, and practices. The Committee exercised their authority to request information directly from DBHDS Facility Directors to include updates regarding issues brought to the Committee's attention through appeals of complaints and/or public comment. For example: the Committee worked with

employees of the Virginia Center for Behavioral Rehabilitation (VCBR) to address issues raised by residents about the facility's process for and determination about when to file criminal charges against residents because of certain behaviors. This resulted in suggested (and accepted) revisions to VCBR Facility Instruction 131 *Criminal Incident Response and Filing Criminal Charges against Residents*. The Committee also requested information and status reports from Western State Hospital outlining employee education and engagement strategies as part of an overall plan for reduction of seclusion and restraint usage, following review of data indicating consistently and relatively high incidences of seclusion and restraint as compared to other DBHDS-operated hospitals.

The SHRC received public comments during its regularly scheduled meetings throughout 2022. Most comments were provided by private citizens, including individuals who were currently receiving services from DBHDS providers. Comments included statements of concern about Virginia's infrastructure for ethics enforcement; proposed variances to the Human Rights Regulations; treatment of NGRI acquttees and patients admitted under Temporary Detention Orders at DBHDS-operated hospitals; and detailed concerns about the impact of staffing shortages on patient safety and rights protections across all DBHDS-operated and licensed community provider service settings.

In addition, the Committee received training from the State Human Rights Director on *Confidentiality and Conflicts of Interest* and the role of the SHRC in reviewing and deciding on requests for variances to the Human Rights Regulations, a presentation about the behavior management program utilized by DBHDS-operated facilities (Therapeutic Options of Virginia), and instruction regarding relevant requirements of the Freedom of Information Act (FOIA) from the Office of the Attorney General. All of the aforementioned activities assisted the SHRC to better define how the Committee can improve its efficiency in oversight of the DBHDS Human Rights program and tangentially, its review and assessment of the quality of services delivered to individuals in DBHDS-operated facilities and licensed community-based provider settings across the Commonwealth.

The following SHRC meetings were held on Thursdays in 2022:

- January 20th - Virtual
- March 3rd - Central Office, Richmond
- April 14th - Mt. Rogers Community Services Board, Wytheville
- May 19th - Hampton-Newport News Community Services Board, Hampton
- June 23rd – Service Source, Oakton
- August 18th - City of Virginia Beach Department of Human Services, Virginia Beach
- September 29th - Northwestern Community Services Board, Front Royal
- November 3rd - Southern Virginia Mental Health Institute, Danville
- December 8th - Piedmont Geriatric Hospital, Burkeville

2022 SHRC Work Plan: Summary of progress towards goals

1. Monitor the implementation of the Human Rights Regulations (HRR)
 - Appointed LHRC members; reviewed LHRC fact-finding decisions upon appeal; reviewed and decided on requests for variances to the HRR and submitted an Annual Report to the DBHDS State Board.
 - Studied reports on aggregated data and trending information related to seclusion, restraint, abuse, neglect, and other human rights complaints at each scheduled meeting.
 - Expanded virtual jurisdiction of the 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 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.
 - Received information from the DBHDS Commissioner concerning time-limited exemptions, based on the need to protect individuals receiving services, employees, or the public.
 - Examined the use of transport restraints through review of data, including information about usage, injuries, escape attempts and corresponding human rights complaints.
 - Facilitated an "Appeals Subcommittee" to address complaints by residents, when they are not satisfied with the director's response, per approved variance to the HRR that allows for alternative complaint resolution procedures.

3. Enhance communication with Local Human Rights Committees (LHRC):
 - Issued a letter of commendation to LHRC members for their dedication and service through the COVID-19 pandemic.
 - Facilitated two "Meet & Greet" sessions for LHRC members to engage with SHRC members directly and observe the business portion of scheduled meetings.
 - Focused on increasing participation by SHRC members, in person and virtually, at LHRC meetings in the regions they represent.
 - Committed to having an SHRC member provide the "welcome" and participate in quarterly LHRC Orientation sessions facilitated by the OHR.

4. Promote treatment without coercion:
 - Reviewed monthly data concerning instances of seclusion/restraint and reduction efforts at DBHDS-operated hospitals and centers.

- Requested presentation from Brandi Justice, Psy.D, Facility Director, Central State Hospital, detailing effective strategies that contributed to demonstrated reduction in seclusion and restraint events at Central State Hospital.
 - Acknowledged concerns and supported activities of the OHR in response to restrictions imposed on patients' rights at DBHDS-operated hospitals following recommendations by The Joint Commission, intended to address potential ligature risks.
5. 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.
 - Received information and training about the formal recognition of Supported Decision-Making Agreements in Virginia, for individuals with developmental disabilities to receive support with making various choices in their lives, while also retaining all their rights.
 - Reviewed an individual's appeal of an LHRC decision concerning whether they lacked capacity to consent to treatment at a DBHDS-operated hospital, pursuant to 12VAC35-115-200 and 12VAC35-115-210.
6. Monitor increased issues with opioid addiction and continued interest in substance use disorders:
- Received presentations from DBHDS to increase understanding about substance use disorders relating to individual access to services and statewide trends.
7. Administrative effectiveness:
- Initiated on-site provider/program tours Wednesday evenings prior to scheduled Thursday business meetings, to allow for ample time without delay to other necessary business items or disruption to public access of meetings.
 - Focused on implementing a meaningful Work Plan and cultivating a diverse membership.
 - Leveraged work of subcommittees to accomplish goals and develop outputs, including:
 - Revised State and Local Human Rights Committee Bylaws (Bylaws Subcommittee)
 - *FOIA Public Meeting Requirements* – Policy created to comply with the requirements of §2.2-3708.2, which necessitates that any public body that wishes to allow its members to participate in public meetings through electronic means adopt a written policy governing electronic participation. (Policy Subcommittee)

Julie C. Allen, Chair

Julie is a licensed and board-certified behavior analyst with 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, prior to establishing herself as an independent consultant. 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 and was initially appointed in July of 2019 to her first full term. Julie was reappointed this year to her second full term, serving July 1, 2022, to June 30, 2025. 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 and 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 also volunteers regularly to provide care to hospice patients, advocates for children referred to the Court Appointed Special Advocates program and offers his services as a Master Gardener in his community. He is a former member of the Roanoke-Catawba LHRC, on which he served as Secretary, Vice-Chair and Acting Chair. Will served on the SHRC Membership Subcommittee this year and has been diligent in the new member onboarding and orientation process. Will was appointed to the SHRC in July of 2018 to fill a vacant term and was appointed to his first full term, serving July 1, 2020 – June 30, 2023. Will resides in Hardy, Virginia.

David R. Boehm

David is retired from the Department of Corrections, having served in administrative positions, including Warden, for 32 years, and previously worked for 12 years with the Department of Behavioral 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 has informed his service on the SHRC subcommittee that is specifically

assigned with the review of complaints appealed by individuals pursuant to variances approved for Central State Hospital and the Virginia Center for Behavioral Rehabilitation. David was first appointed to the SHRC in July of 2018 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., which offers adolescent group homes providing residential and mental health services. Monica currently co-owns Serenity Counseling Services of VA where she oversees operations including Intensive In-Home Services, Mental Health Skill Building and Residential Crisis Stabilization programs. She has served as a member and Chair on various LHRCs including Tuckahoe, Central Area, New Creation, Goochland-Powhatan, Metropolitan, Henrico and Chesterfield LHRCs. Monica served diligently on the SHRC Bylaws subcommittee, leading the review and revision of both LHRC and SHRC Bylaws to ensure consistency and compliance with committee authority outlined in the Human Rights Regulations as well as VA Code and FOIA. Monica was first appointed to the SHRC in July of 2018 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 Director of Space Planning at William & Mary. He is a former Transitional Living Counselor at ValuMark West End Behavioral Health Care. Tim has experience serving as a member of the Newport News Regional LHRC, and as a former member and Chair of the Williamsburg Regional LHRC. Tim previously served on the SHRC prior to taking the required year-long hiatus. He returned in December of 2019 to fill a vacant term and was reappointed to a full term of July 1, 2021, to June 30, 2024. Tim passionately represents the perspective of an individual who has received services. He also oversaw the Workplan Subcommittee for the SHRC this year and helped to establish a structured and collaborative process for identifying meaningful goals and objectives. 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 worked as Coordinator for the Office of Consumer and Family Affairs and served as staff liaison to the Prince William LHRC. Cora has also served as Facilitator for the Prince William County Waiver Slot Assignment Committee. Cora contributed as a member of the Bylaws subcommittee and represented the family member-interest on the SHRC. Cora was appointed to a full term of July 1, 2019, to June 30, 2022. Cora resides in Nokesville.

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 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 agency 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, serving from July 1, 2020, until their resignation in April 2022, to pursue a dream career opportunity in North Carolina. Megan resided in Petersburg.

David Crews

David Crews has a bachelor's degree in both Criminal Justice and Sociology. He is the Administrative Director and Risk Manager of The Madeline Centre in Lynchburg, Virginia. Mr. Crews is a firm believer in following policy and procedure and lives out his expressed commitment to ensuring the individuals we serve do not "fall between the cracks". He is a QMHP-C and has experience working in an intensive in-home and therapeutic day treatment environment. He has 20+ years of experience working with youth, and he is familiar with the DBHDS system of services delivery and rights protections. He serves in the role of a Healthcare Provider and was appointed in March 2022 to fill a vacant term of July 1, 2019, to June 30, 2022; and he was re-appointed to his first full term of July 1, 2022, to June 30, 2025.

Betty Crance

Ms. Crance has extensive experience in the developmental disabilities field. She holds a bachelor's degree in Criminal Justice from Radford University and a master's degree in Counseling from VPI & SU. She retired as the ID Director of Alleghany Highlands Community Services in Covington, Virginia, and in 2011 opened Commonwealth Lifespan Services, a private provider of DD services in the Highlands. She brings both professional and personal experience into her advocacy work. Having worked in the system for years, she has witnessed the evolution and implementation of human rights safeguards both in institutions and community-based services. Ms. Crance served on the Roanoke Valley LHRC and later moved to the Roanoke-Catawba LHRC, where she served as Chairperson. She is passionate about advocacy and the importance of being a voice for those who cannot speak for themselves. She serves as a family member and was appointed in March 2022 to fill a vacant term of July 1, 2021, to June 30, 2024. Ms. Crance resides in Fincastle, Virginia.

State Human Rights Committee Membership Information

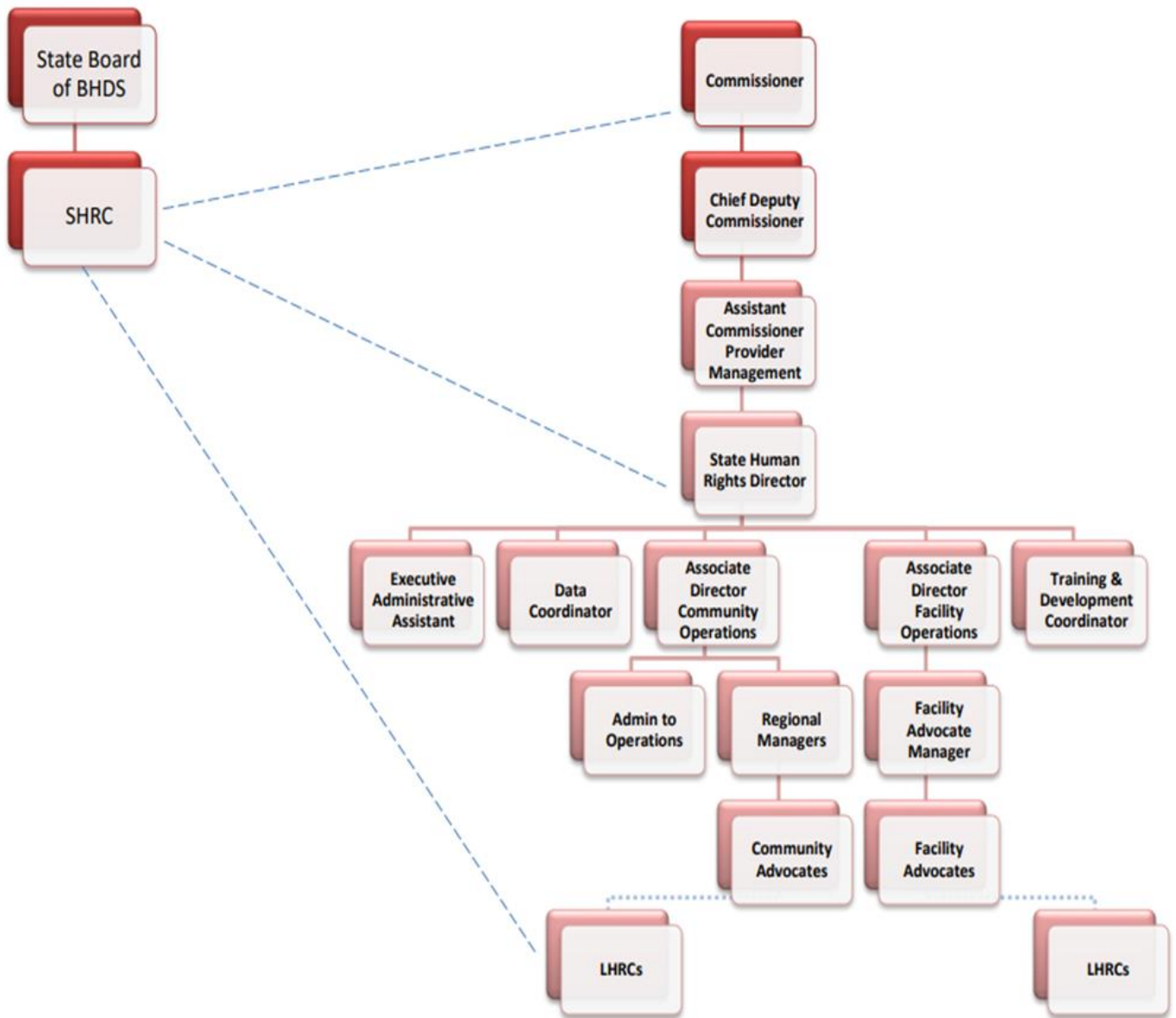
<p>Chair Julie C. Allen Springfield Region 2</p> <p>Appointed July 2018 7/1/2016 – 6/30/2019 Vacancy 7/1/2019 – 6/30/2022 Term 7/1/2022 – 6/30/2025</p> <p>→ Family Member</p>	<p>Vice-Chair Will Childers Hardy Region 1/3 border</p> <p>Appointed July 2018 7/1/2017 – 6/30/2020 Vacancy 7/1/2020 - 6/30/2023 Term</p> <p>→Professional</p>	<p>David Boehm Marion Region 3, far southwest</p> <p>Appointed June 2018 7/1/2018 - 6/30/2021 Term 7/1/2021 - 6/30/2024 Term</p> <p>→Professional [Certified Sex Offender Treatment Provider]</p>
<p>Monica Lucas Richmond Region 4</p> <p>Appointed June 2018 7/1/2018 – 6/30/2021 Term 7/1/2021 - 6/30/2024 Term</p> <p>→Healthcare Provider</p>	<p>Timothy Russell Williamsburg Region 5</p> <p>Appointed December 2019 7/1/2018 – 6/30/2021 Vacancy 7/1/2021 - 6/30/2024 Term</p> <p>→Consumer</p>	<p>Cora Swett Nokesville Region 2</p> <p>Appointed April 2019 7/1/2019 – 6/30/2022 Term</p> <p>→ Family Member</p>
<p>Megan Sharkey Petersburg Region 4</p> <p>Appointed October 2020 7/1/2020 – 6/30/2023 Term <i>Resigned April 2022</i></p> <p>→Consumer</p>	<p>David Crews Chatham Region 3</p> <p>Appointed March 2022 7/1/2019 – 6/30/2022 Vacancy 7/1/2022 - 6/30 2025 Term</p> <p>→Healthcare Provider</p>	<p>Betty Crance Fincastle Region 3</p> <p>Appointed March 2022 7/1/2021 – 6/30/2024 Vacancy</p> <p>→ Family Member</p>

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

Fax: 804-371-4609
www.dbhds.virginia.gov
SHRC@dbhds.virginia.gov

The DBHDS Office of Human Rights

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 department’s complaint resolution program, and advocating for the rights of individuals with disabilities in our service delivery system. Below is a photo representation of the Human Rights Program within the DBHDS organizational structure.



Title 37.2-400, Code of Virginia is the authority behind 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) and explicitly assures that everyone 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.

The Human Rights Regulations (HRR) also outline responsibilities of DBHDS and its providers for assuring the protection of the aforementioned assured rights. Established in 1978, the OHR uniquely fulfills DBHDS' code-mandated duty to protect the rights of individuals receiving services by:

- Providing training and technical assistance to individuals, family members and providers on the HRR and OHR processes.
- Monitoring on-going compliance at the provider level (i.e., policy reviews).
- Conducting independent and joint reviews to examine all conditions or practices that have an impact on an individual's human rights.
- Representing individuals making a complaint that their human rights have been violated.
- Providing oversight, training, and technical assistance to the Local and State Human Rights Committees, which are integral to the practical application of due process for individuals.
- Tracking and trending data to determine areas for quality improvement initiatives.
- Reviewing reports of alleged violations to provide technical assistance, make determinations of regulatory compliance, and ensure due process for individuals.

Concurrent to completing activities associated with code-mandated duties outlined above, OHR Advocates are assigned to each of the 12 state operated facilities and mobilized to public and private community programs where high-profile incidents occurred or other trends impacting rights protections are identified. Advocates conduct independent and sometimes joint investigations with the Office of Licensing, Facility Investigators, Law Enforcement and/or Adult and Child Protective Services, where individuals are determined to be at imminent risk of harm. Advocates also provide monitoring and oversight to individuals discharged from the Southeastern Virginia Training Center in response to the United States Department of Justice Settlement Agreement with Virginia. The State Human Rights Director reviews and approves all new provider Human Rights Complaint Resolution policies, while Advocates provide one-on-one training to new providers and review their remaining array of human right policies. Once DMAS notifies the OHR that a new provider has started to bill for services, Advocates conduct an on-site visit to each of the new providers newly licensed DD-Waiver service settings within 30 days to review for compliance with the HRR and the Home and Community Based Settings (HCBS) Rule. Any noncompliance issues are reported back to DMAS for remediation.

Significant Office of Human Rights Proactive and Protective Actions in FY23

- Reviewed and approved Human Rights Complaint Resolution Policies for 264 newly licensed community providers and conducted an additional 19 onsite Waiver Validation reviews to ensure compliance with the HRR and HCBS Settings Rule.
- Completed 352 onsite AIM reviews (assess safety, initiate process, monitor compliance) to ensure safety of individuals following reports of serious abuse involving sexual assault, restraint with serious injury, physical abuse with injury, and all substantiated complaints involving abuse, neglect, and/or exploitation.
- Collaborated with APS and CPS to validate accurate reporting of potential abuse and neglect in DBHDS provider settings through receipt, review, triage, and response to over 1200 referrals.
- Facilitated 356 “due process” LHRC Reviews, including reviews of individualized restrictions and Behavioral Treatment Plans with restraint and timeout.
- Issued 1,535 OHR-Only citations to licensed community providers: 884 citations were specifically for violations of abuse, neglect and/or exploitation.
- Issued 127 Violation Letters to DBHDS-operated facilities for Human Rights violations.
- Provided 58 distinct consultation and targeted technical assistance/training sessions attended by 452 licensed community provider and DBHDS facility staff.
- Facilitated 23 statewide training seminars to approximately 1,971 licensed providers and DBHDS facility staff participants and administered over 1,000 CEUs.

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
Artea Ambrose, Community Advocate
Heather Hilleary, Community Advocate

Region 2

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

Region 3

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

Region 4

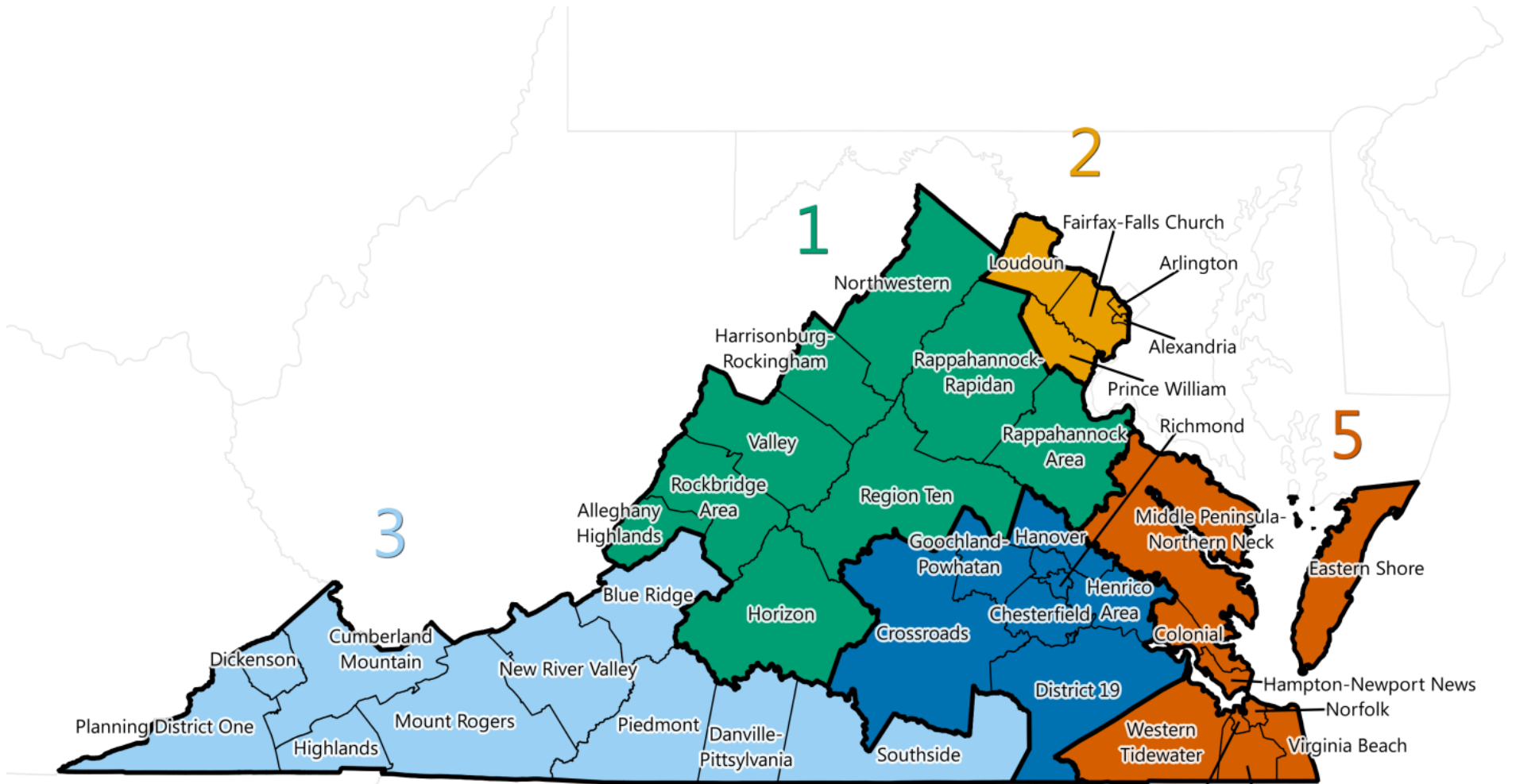
Sharae Henderson, Manager
Andrea Milhouse, Community Advocate
Cheryl Young, Community Advocate
Karlyne Snead, Community Advocate

Region 5

Reginald Daye, Manager
Corie Reed, Community Advocate
Latoya Wilborne, Community Advocate
Angela Dodson, Community Advocate

Facility Operations

Brandon Charles, 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 Regions

Virginia Department of Behavioral Health & Developmental Services

Lingering Impact of COVID

On January 10, 2022, Governor Northam issued Executive Order 84 declaring a limited state of emergency (SOE) in Virginia due to COVID-19, a communicable disease of public health threat and its impact on hospitals and the health-care workforce. As a result, the Office of Human Rights (OHR) again put into place emergency protocols, originally established under Executive Order 51, to govern field operations during this COVID-19 emergency period. The emergency protocols limited onsite visits to those where individuals were determined to be at imminent risk of harm and suspended activities requiring in person encounters where physical space is shared. When the Governor's Executive Order expired, OHR was able to resume normal operations by April 2022, specific to assuring compliance with regulatory requirements. Shifting between the majority of field operations being conducted virtually versus being conducted face-to-face was predicated on several factors such as the status of COVID-19 within Virginia, serious incident reports of provider outbreaks, and additional data from the Virginia Department of Health and the Centers for Disease Control.

With the SOE still in effect through the beginning of 2022, OHR requested authorization to suspend the requirement for the Local Human Rights Committee (LHRC) to meet electronically, without a physical quorum present, as allowed by § 2.2-3708.2. OHR believed that the catastrophic nature of the declared emergency did make it impracticable and unsafe to assemble a physical quorum in a single location, taking into account that LHRC meetings typically required between 5 and 15 people to congregate, LHRC meetings lasted upwards of one to three hours and the physical properties of the meeting rooms often could not ensure necessary safety measures could be put into place, such as adequate social spacing between members and appropriate technological support to effectively host members of the public as required for matters of public business. Given all the efforts to adjust with the crests and troughs of the pandemic, this request for virtual meetings during the period of the SOE was granted.

The LHRC's play a vital role in providing due process and rights protections to individuals as an external component of the human rights system. The duties of the LHRC include review and recommendations regarding restrictions on an individual's rights, administrative fact-finding hearings at the request of individuals who disagree with their provider's decision or action plan resulting from any human rights complaint, and review of concerns related to consent, authorization and human research. Each LHRC should consist of at least five members who broadly represent the professional and "consumer" interests. The persistence of COVID-19 crippled the DBHDS LHRC volunteer network. Prior to 2020, the system boasted over 26 LHRCs and nearly 150 LHRC volunteers spread out somewhat evenly across the 5 DBHDS Regions and DBHDS-operated hospitals and centers. By March 2022, there were 16 LHRCs with 85 volunteer members, significantly concentrated in the community. Since the onset of the worldwide COVID pandemic and specifically following the expiration of the SOE, the requirement for LHRCs to have an in-person quorum at each business meeting negatively

impacted the assured rights of individuals receiving services to due process reviews conducted by an LHRC. At one point in time in mid-2022, 20 of the 61 scheduled LHRC meetings had been cancelled due to an inability to assemble an in-person quorum. As a direct result, 3 Next-Friend appointments, 2 Behavior Treatment Plans with restraint or time-out, 16 individualized restrictions, 12 variance updates and 6 fact-finding hearings were postponed up to 3 months, waiting for an LHRC with a quorum.

Office of Human Rights Program Highlights

LHRC Training Initiative:

While there were very real and very valid concerns preventing some LHRC members from continuing to serve on Committees, when LHRC meetings were cancelled or delayed, individuals did not have access to their due process rights. Compelled by regulation to provide an LHRC structure accessible by individuals receiving services for due process reviews, and to do so in accordance with Freedom of Information Act (FOIA) requirements, OHR staff took several significant actions:

- Advocates and Regional Managers developed processes to avoid over-burdening those LHRCs that could assemble a quorum (while trying to meet the increasing and time-sensitive needs of individuals waiting for access to an LHRC Review);
- The Training & Development Coordinator created a training video for all LHRC members to ease anxiety about conducting reviews for unfamiliar providers and/or circumstances;
- The State Human Rights Director sought support from the SHRC to expand the operational definition of 'jurisdiction' so that any individual and their provider could access any LHRC in the Commonwealth and hosted feedback sessions with LHRC Chairs to provide real-time COVID outbreak statistics, data about the impact of cancelled LHRC meetings and inspire discussion about concerns, challenges and identified needs to promote volunteer safety and retention.

In addition to the aforementioned efforts and based on feedback from some LHRC members, the OHR designed a quarterly Orientation for newly appointed volunteers to receive an overview of the DBHDS Human Rights program and their responsibilities as LHRC members, within 3 months of being appointed to a committee by the SHRC. New volunteers were also expected to view pre-recorded training sessions within the first year of their appointments. These trainings expand on the Orientation and include detailed information about LHRC processes in which they would be expected to participate. The OHR also built a year-long curriculum of quarterly sessions for existing LHRC members to include training on the relevant requirements of FOIA, a mock fact-finding hearing, an overview of the LHRC Review Forms and of the HRR and DBHDS Human Rights system at large. Moreover, to help with the issue of documentation as well as address process consistency, OHR developed tools for providers and LHRC members to use when conducting LHRC Reviews in general. These tools are a sort of checklist itemizing what should be submitted ahead of time and what the LHRC is considering in its review. Finally, the SHRC, through its review and revision to the Bylaws,

operationalized LHRC (and SHRC) member participation through electronic means from a remote location that is not open to the public, in the event of an emergency or personal matter, or temporary or permanent disability or other medical condition in accordance with Virginia Code § 2.2-3708.3(B), and they established a policy to address when LHRCs and the SHRC may hold all-virtual public meetings in accordance with Virginia Code § 2.2-3708.3(C).

OHR Facility Operations

Out of a need to address workload issues around the Department of Justice Settlement Agreement (DOJ SA) with DBHDS and broader areas of inconsistency across facility and community advocate processes, the OHR established the Facility Operations and Community Operations teams. This mission critical reorganization of existing OHR positions was an attempt to transform static resources into a more effective approach 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 Advocates divided among each of the 12 DBHDS 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 state's only Mental Health Hospital for children, and Southeastern Virginia Training Center (SEVTC), the state's only remaining Training Center for individuals with developmental disabilities. 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.

Notice of Violation Letters

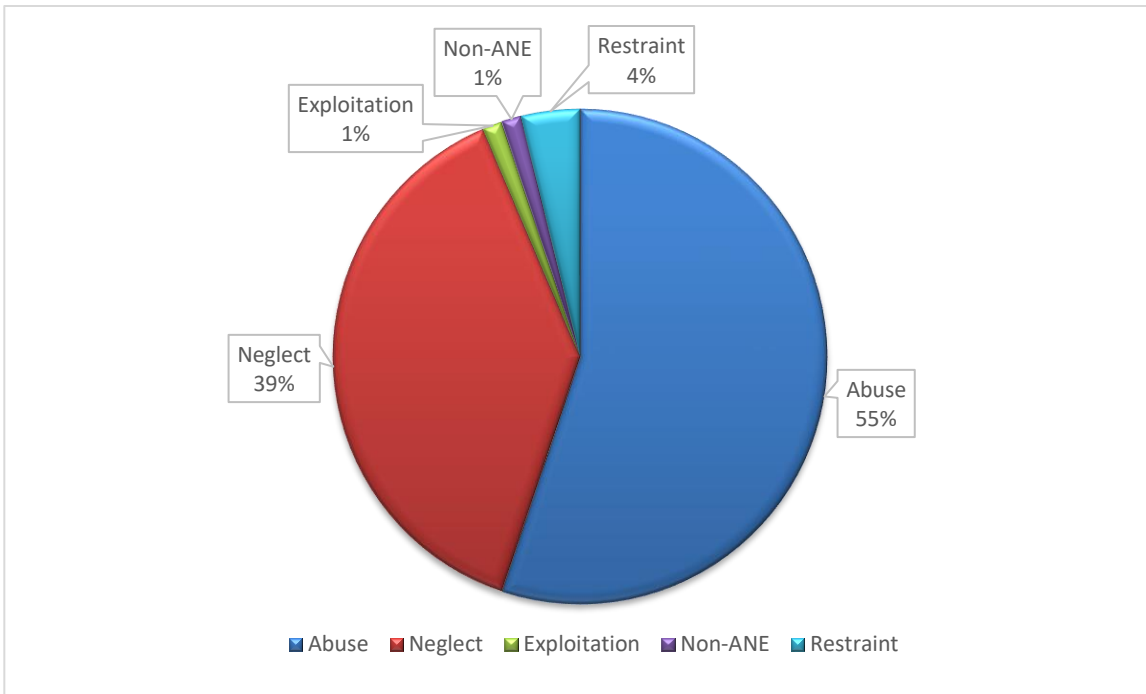
The OHR provides oversight and monitors compliance with risk management and quality management expectations of DBHDS facilities. Through the development of a systemwide event tracker, OHR analyzes and trends serious incidents to include injuries, deaths and reports of abuse or neglect. When OHR identifies that incidents have not been reported in accordance with the HRR, Facility Instructions (policies) or Departmental Instructions, the Facility Director and appropriate DBHDS Commissioners are notified, and an analysis is conducted by the facility to identify root causes. OHR Advocates assigned to DBHDS-operated facilities monitor implementation of corrective action for all identified human rights violations and, as necessary, address identified root causes. The purpose of the OHR "Notice Violation Letter" is to document this process, namely, the way DBHDS-operated facilities acknowledge Human Rights violation(s) and identify and implement appropriate corrective action(s), in accordance with timelines outlined in the HRR. The work of correcting,

mitigating, and preventing abuse/neglect is the responsibility of the facility, and 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.

Violation Letters are 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 Violation Letter based on their independent review and determination of a violation.
- *During routine Advocate activities* such as policy reviews and AIM visits. Examples of observations that would result in a Violation Letter include failure to properly display the Human Rights poster; failure to obtain and properly maintain evidence of informed consent; and failure to uphold 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 Plans; Human Research; and Next-Friend Designations; and, as a result of a Findings and Recommendations following a Fact-Finding Hearing.
- *Identified Trends* involving multiple 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.

Between July 1, 2022, and June 30, 2023, there were a total of 127 Violation Letters issued across all 12 DBHDS-operated hospitals and centers. Most violations (62%) were identified through the DI 201 Investigation process and resulted from substantiated complaints of abuse, neglect, or exploitation (See Graph #1). Violation Letters were also issued for noncompliance related to documentation such as a failure to report complaints or document findings of an investigation in the Computerized Human Rights Information System (CHRIS) within prescribed timelines. Lastly, Violation Letters were also issued for employee failures related to not following policies. Notably, there were 6 Violation Letters issued as a result of non-abuse, neglect, or exploitation (ANE) complaints.



Graph #1: Breakdown of Violation Letters Issued as a result of the DI 201 Investigation Process

OHR Substantiated Abuse/Neglect Response

DBHDS-operated facilities as well as licensed community providers, are required to report and investigate all human rights complaints. All providers must also ensure the immediate protection of the individual making the complaint (from harm and retaliation), and then report the findings of the investigation and decision as to whether the complaint is substantiated, along with any applicable corrective action plans within 10 working days, from the date the complaint was made. In all cases, the assigned OHR Advocate monitors the providers investigation, and, at the conclusion, reviews and validates the provider’s findings to justify their determination of whether a violation occurred and verifies implementation of appropriate corrective action(s) taken by the provider within 30 days of the date of the provider’s final investigative report in CHRIS. Whenever a human rights violation has been identified, either by the provider through its investigation, by the Advocate independently or through the appeal process with the Local and/or State Human Rights Committee, the Advocate utilizes DBHDS Office of Licensing citation procedures to document and monitor Corrective Action Plans both in CONNECT, which is the Licensing database, and CHRIS.

To ensure follow-up on all high-priority cases and complaints that resulted in a violation, OHR continued execution of the A.I.M. Protocol. High priority cases are defined as any complaint that alleges sexual assault, the use of unauthorized restraint with a serious injury, and/or physical abuse with a serious injury. The protocol defines the Advocate response of 1) Assessing and assuring safety for the identified individual, as well as other individuals receiving services; 2) Initiating the DBHDS complaint resolution process, and 3) Monitoring provider follow-up through verification that the

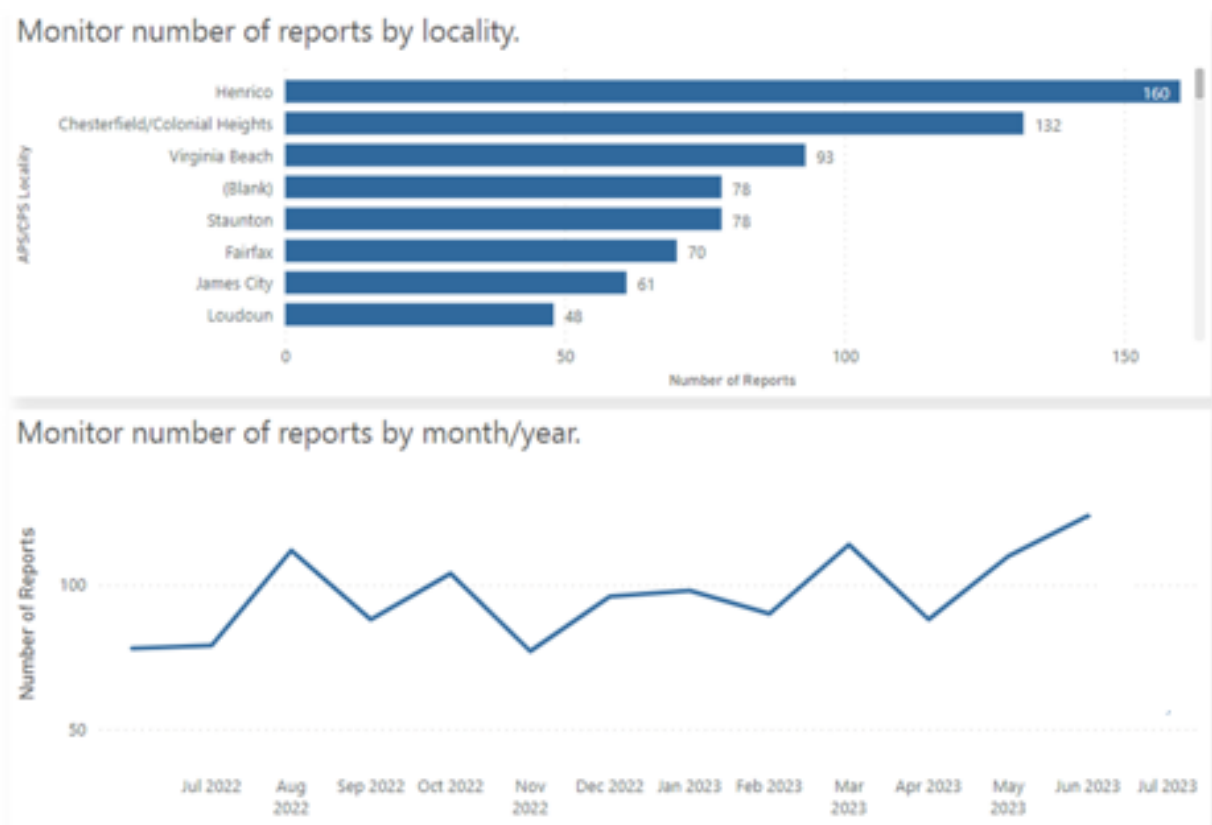
provider investigation has been completed and appropriate corrective action(s) have been implemented. An AIM response can be done remotely but is most often completed in person, on-site with the individual and provider. The initial response is referred to as an "AIM24" and must be completed within one business day (although it is typically completed within 24 hours) of OHR receiving a high priority complaint via CHRIS. Besides assurance of safety for all individuals receiving services, the AIM24 response involves the Advocate assuring that appropriate notifications have been made (for example to Adult/Child Protective Services, Police, Licensing, Legal Guardian, etc.) and verification that the provider has explained the complaint resolution process to the individual/Guardian, if applicable, and initiated an impartial investigation. There is also a follow-up AIM response referred to as an "AIM30" where Advocates verify corrective actions for all substantiated complaints involving abuse, neglect and/or exploitation - not just those complaints that were initially deemed to be high priority cases. The AIM30 response involves virtual or on-site interviews with staff who have reportedly been trained or re-trained, observation of any environmental modifications such as room changes or repairs, and other forms of record and documentation reviews. This is how OHR ensures providers are doing what they have attested to having completed in their CHRIS report/Corrective Action Plan and, more importantly, that it has the desired effect of assuring safety in the treatment milieu.

In FY23, licensed community providers (including CSBs) reported 9,438 complaints involving abuse, neglect, or exploitation in CHRIS. 119 (1.26%) of these complaints were identified as priority and resulted in an initial AIM24 response. DBHDS-operated facilities reported 585 complaints involving abuse, neglect, or exploitation in CHRIS, and 34 (5.8%) were identified as high priority resulting in an AIM24 response. Overall, OHR Advocates completed 352 on-site AIM responses (260 community programs/92 DBHDS facilities) to ensure the safety of individuals receiving services across community and DBHDS-operated services settings, including immediate responses and follow-up reviews after complaint substantiation.

Coordination with Protective Services

DBHDS via OHR has a Code of Virginia-mandated responsibility to ensure that individuals who are receiving services from providers licensed, funded, or operated by DBHDS are not abused, neglected, or exploited. After years of inter-departmental collaboration, a joint protocol now exists between the Virginia Department of Social Services (VDSS), the Virginia Department of Aging and Rehabilitative Services (DARS) and DBHDS that governs inter-agency exchange of information and supports the efficient execution of DBHDS' responsibility. Most, if not all, allegations of abuse and neglect reported to Adult Protective Services (APS) and Child Protective Services (CPS) involving DBHDS-licensed programs and DBHDS-operated facilities should also be reported to OHR via CHRIS; however, providers do not always report these occurrences timely or at all. When any of the 120 VDSS localities receives an APS or CPS report that appears to involve a program or service that is licensed, funded, or

operated by DBHDS, OHR is to receive a copy of the report via US Postal Services, secure fax, or secure email [statewideaps_cpsreports@dbhds.virginia.gov]. Upon receipt, these reports are studied, tracked, triaged, and trended by the OHR APS/CPS Data Coordinator. The Data Coordinator immediately looks to verify “valid” reports are entered in CHRIS, and when they are not, OHR staff follow-up directly with the identified providers, offer technical assistance and ensure the complaint investigation and resolution processes have been initiated and are completed. When a violation is identified through this process, citations are issued to licensed community providers and violation letters are issued to DBHDS-operated and funded providers. A “valid” report means 1) the involved services provider is licensed, funded, or operated by DBHDS, 2) the alleged abuser was or is an employee or agent of the services provider at the time of the alleged abuse or neglect, and 3) the alleged victim was or is an individual who was or is receiving the service.



Graph #2: Protective Services Data FY23

The line graph at the bottom of Graph #2 depicts, that on average, the OHR receives about 100 reports per month. The bar graph at the top reflects localities based on the number of referrals received - from the most to the least. Since the OHR started tracking referrals in 2019, OHR has received over 4,500 reports. In FY23, OHR received and reviewed a total of 1,236 APS and CPS reports, which is a 10% increase in reports received over FY22. Of the total reports received, 1,010 were determined to be “valid” reports that alleged abuse, neglect or exploitation by a licensed community provider or DBHDS-operated facility. Initial review by the APS/CPS Data Coordinator revealed that 352

of these reports were not entered into CHRIS. Additional OHR follow-up directly with provider and facility staff, as well as involved individuals, determined that 272 (27%) of these valid APS and/or CPS reports involved circumstances that were previously made known to the provider or facility staff. This means that the provider/facility should have, but did not, appropriately enter the report into CHRIS and they should have, but did not, properly initiate the investigation or complaint resolution process. This is explicitly the reason for this process - to identify unreported potential human rights violations to ensure safety, freedom from abuse/neglect and access to due process for the individuals involved.

Statewide Provider Training

Throughout 2022, 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 live web-based training experiences with companion resource materials available on the OHR webpage to include training slide decks, audio/video recordings, and FAQs. During FY23, OHR Advocates and Managers provided over 58 distinct consultation and targeted technical assistance/training sessions attended by 452 licensed provider and facility staff. By way of the OHR Training and Development Coordinator, OHR facilitated 23 statewide training seminars to approximately 1,971 licensed-provider and facility staff participant and administered over 1,000 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.

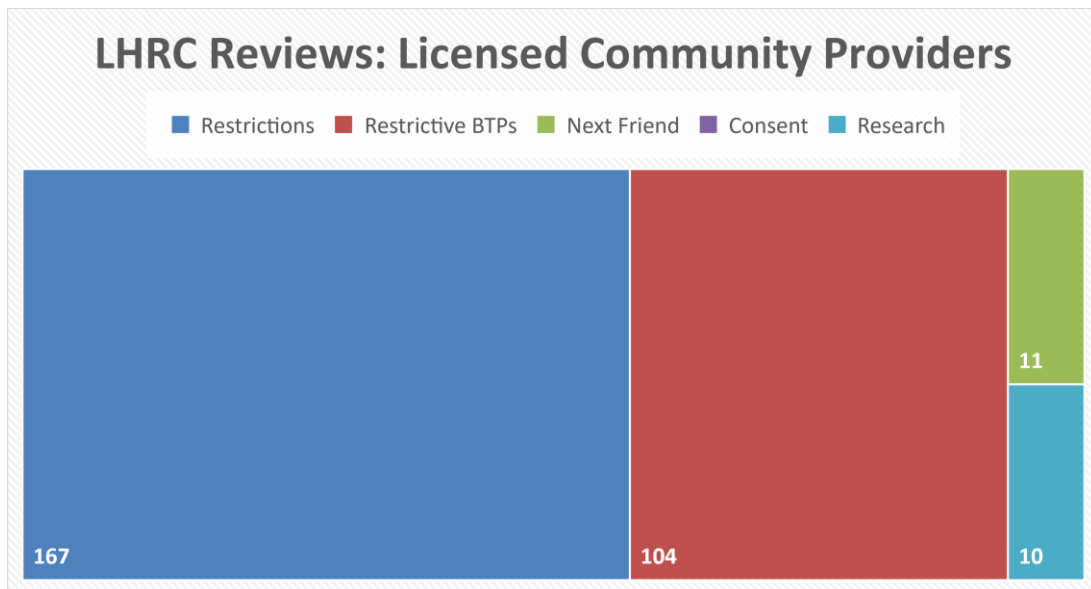
Tracking Use of Restrictive Interventions

OHR has implemented a statewide tracking system to monitor the use of restrictive behavior interventions by all providers, including DBHDS-operated facilities. The Advocate Activities Tracker is a series of SharePoint lists designed to capture identified assignments that are not directly related to a human rights complaint (and therefore not documented in CHRIS), such as the LHRC review of restrictive behavioral treatment plans (BTP) and LHRC approval of provider-implemented restrictions. When a provider intends to implement a BTP that contains restraint, time-out and/or seclusion, the provider must seek prior review by the LHRC to ensure implementation according to the HRR. Restrictions imposed under 12VAC35-115-50 and 12VAC35-115-100 of the HRR that last longer than seven days or occur three or more times in a thirty-day period must also be reviewed by the LHRC. The Advocate Activities Tracker for LHRC Reviews contains information manually entered by Advocates following each LHRC meeting where a BTP or restriction was reviewed/approved. The

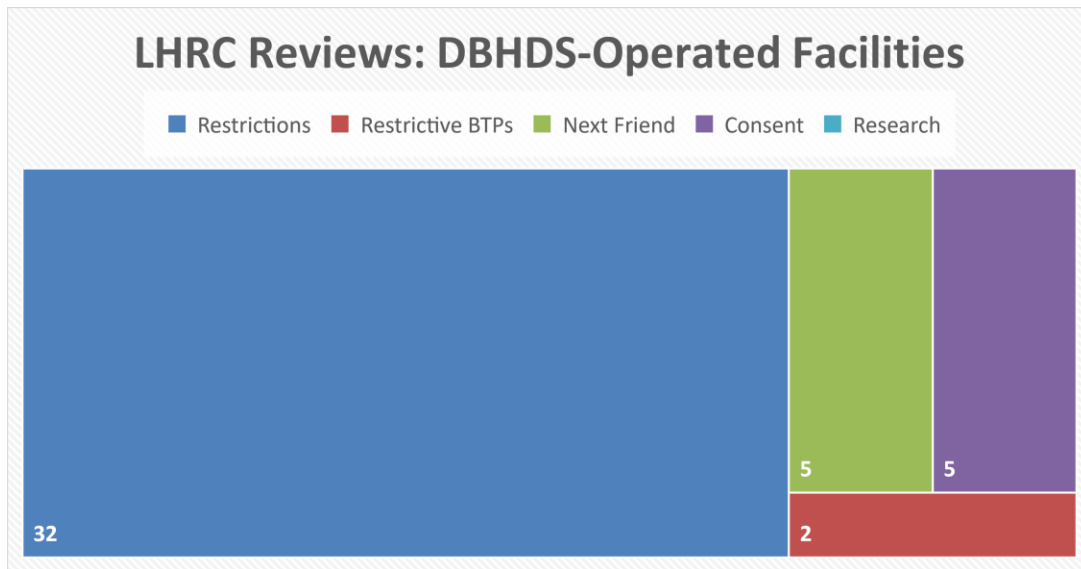
tracker contains demographic information about the individual and services provider, the date of the review/approval, and any recommendations made by the LHRC to address issues of noncompliance with the HRR. For BTPs, the tracker also includes the date of the next quarterly review and assurance that all restrictive BTPs were initially approved by an Independent Review Committee, based on the technical adequacy of the BTP and data collection procedures.

All provider requests for review by the LHRC go through the OHR using a standard form and process. The provider/DBHDS facility is responsible for notifying the OHR via the Regional Manager concerning the need for review. Upon request, the assigned Advocate will review with the provider regulatory requirements for the specific type of review being requested, provide a copy of the corresponding LHRC Review Form, and provide information about upcoming scheduled LHRC meetings in the region, and across the state if necessary. Providers/DBHDS facilities are responsible for ensuring the protection of each individual's PHI by using an "Individual Identifier", listed as the individual's first and last name *initials* in the space provided on the LHRC Review Request Form. When PHI is necessary to the review process, the LHRC will conduct the review with the provider and all parties involved in Executive Closed session.

In FY23, OHR Advocates facilitated a total 356 LHRC Reviews including those monitoring restrictive interventions like restraint and individualized restrictions. The following graphs identify the type and number of due process reviews conducted by LHRCs (with the support and technical assistance of OHR staff) during FY23:



Graph #3: Licensed Provider LHRC Review Data FY23



Graph #4: DBHDS-Operated Facility LHRC Review Data FY23

OHR also utilizes a web-based survey to collect data on an annual basis from licensed community providers, for the total number of unique instances of seclusion and restraint or both between January 1 and December 31. Providers complete the survey for each licensed service. Providers with zero instances of seclusion or restraint are still required to complete the survey, indicating zero instances. Failure to submit this information and failing to submit it on time may result in a licensing citation. DBHDS also maintains the Seclusion and Restraint database, a web-based system designed to allow DBHDS-operated hospitals and centers maximum flexibility to define and collect seclusion and restraint data at each point of a seclusion or restraint. The Seclusion and Restraint database also tracks the frequency of the use by type of procedures, type of restraint, duration, ordering of practitioner, precipitating event, time of day, day of week, facility and facility type and injuries. All Advocates assigned to provide support to individuals receiving services in a DBHDS facility have access to and monitor information in the Seclusion and Restraint database.

Human Rights Complaint Statistics (July 1, 2022 – June 30, 2023)

The HRR define complaint to mean an allegation of a violation of the HRR or a provider’s related policies and procedures. For the purposes of this section, complaints that alleged a violation other than abuse, neglect and/or exploitation are referred to as “Complaint Reports”. Human Rights complaints that alleged abuse, neglect and/or exploitation are referred to as “Abuse Reports”. This is consistent with the way data is reported by providers in CHRIS. A report that resulted in a violation is also referred to as substantiated.

In FY23, licensed community providers (including CSBs) entered 1,199 Complaint Reports with 132 of these complaints, 11% of the total, resulting in a violation. In review of these substantiated complaints by service type: 43% occurred in licensed mental health provider service settings, 40% occurred in

licensed developmental disability provider service settings, and 17% occurred in substance use disorder provider service settings. Overall, the largest classification of Complaint Reports identified violations to individuals' rights under Dignity-12VAC35-115-50, which accounted for 45% of all non-abuse/neglect violations. Licensed community providers also entered 9,438 Abuse Reports with 13% resulting in the abuse, neglect and/or exploitation of an individual receiving services. The most prevalent type of violation was neglect (including peer-on-peer aggressions), accounting for 77% of all substantiated Abuse Reports. In review of these violations by service type: 65% occurred in licensed developmental disability provider service settings, 28% occurred in licensed mental health provider service settings and 3% occurred in substance use disorder provider service settings. The remaining violations (4%) occurred in services identified for individuals with a brain injury. Compared to FY22, there was an overall increase in Complaint Reports by 27% and a 22% increase in the number of non-abuse/neglect violations. There was an 8% decrease in Abuse Reports and a 19% increase in the number of abuse/neglect violations. More details about Complaint and Abuse Reports involving licensed community programs are below:

FY 2023 Human Rights Complaint Data Reported by Community Providers			
Total Number of Complaint Reports			1,199
Total Number of Complaint Reports that resulted in a human rights violation			132
Total Number of Abuse Reports			9,438
Total Number of Abuse Reports that resulted in a human rights violation			1,252
Substantiated Abuse Reports by Type		Exploitation	35
Physical Abuse	116	Neglect	895
Verbal Abuse	132	Neglect (Peer-to-Peer)	69
Sexual Abuse	6	Unauthorized use of Seclusion or Restraint	17
Resolution Levels for All Reports			
Director	10,622		
Local Human Rights Committee	9	State Human Rights Committee	6

In FY23, DBHDS-operated hospitals and centers entered 771 Complaint Reports. 103 of these complaints, or 13% of the total, resulted in a violation. Most of the complaints involving the rights of individuals receiving services in a DBHDS-operated facility were classified under Dignity. Of these total complaints, 76% alleged a Dignity violation and 90% of the substantiated complaints determined a violation of Dignity. There were 585 Abuse Reports entered by DBHDS facilities, and 114 (19%) were determined to have resulted in the abuse, neglect and/or exploitation of an individual receiving services. The most prevalent type of complaint and violations involved neglect (including peer-on-peer aggressions), accounting for 40% of all Abuse Reports and 50% of all violations. Notably, DBHDS facilities identified about 2% (17) of Abuse Reports as "Other" in CHRIS. Many of these entries met the

criteria to be reported as a specific type of abuse. For example, one substantiated Abuse Report coded by a DBHDS hospital in CHRIS as “Other” was identified by OHR as an incident of excessive force during restraint, which is defined as abuse in the HRR. In another example, the description of the complaint read, “PNA was found asleep on Direct Observation of a patient by the Nurse making rounds.” This meets the definition of neglect in the HRR and should have been entered in CHRIS accordingly. In each of these examples, a Violation Letter was issued by OHR under the appropriate HRR citation for abuse and neglect respectively. Compared to FY22, there was a 2% decrease in Complaint Reports and a 9.5% increase in the number of non-abuse/neglect violations. There was an increase of Abuse Reports by about 9% and a 34% increase in the number of abuse/neglect violations. Neglect remains the highest reported and substantiated Abuse Report. While substantiated complaints of verbal abuse increased from 22 (FY22) to 25 (FY23), substantiated complaints of the unauthorized use of restraint decreased from 8 (FY22) to 2 (FY23), and there were no violations concerning the use of seclusion. More details about Complaint and Abuse Reports involving DBHDS facilities below:

FY 2023 Human Rights Complaint Data Reported by DBHDS Hospitals and Centers			
Total Number of Complaint Reports			771
Total Number of Complaint Reports that resulted in a human rights violation			103
Total Number of Abuse Reports			585
Total Number of Abuse Reports that resulted in a human rights violation			114
Substantiated Abuse Reports by Type		Exploitation	3
Physical Abuse	16	Neglect	45
Verbal Abuse	25	Neglect (Peer-to-Peer)	12
Sexual Abuse	1	Unauthorized use of Seclusion or Restraint	2
Resolution Levels for All Reports			
Director	1,340	State Human Rights Committee	3
Local Human Rights Committee	4	SHRC Appeals Subcommittee*	9

A critical function of the OHR is due process via the Local and State Human Rights Committees. Of the 11,993 total complaints (including those alleging abuse, neglect, and exploitation), individuals escalated 31 complaints to the Local and State Human Rights Committee. This is less than 1%. In FY23, there were 9 complaints reviewed by the SHRC Appeals Subcommittee, based on 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. This is a decrease, by comparison to 14 reviews by the SHRC Appeals Committee in FY22.

Conclusion

The OHR would like to acknowledge and thank the 95+ citizen volunteers serving on each of the 17 LHRCs and the SHRC for their tremendous effort in both the support of individuals receiving services, and the DBHDS Human Rights program as a whole. In addition to these enduring efforts, OHR will continue to make data-driven decisions to enforce the Human Rights Regulations with providers who are licensed, operated or funded by DBHDS. The OHR is optimistic about the future of rights protections and is sustained by the commitment of courageous and compassionate staff and volunteers. As is the OHR mission to promote the basic precepts of human dignity, we are looking forward to the future with confidence that every Virginian will have a life of possibilities and, more specifically, their human rights will be respected, protected, and actualized through the commitment of DBHDS, OHR staff and dedicated volunteers.