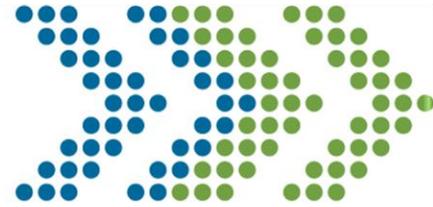


DBHDS 

DBHDS 

Virginia Department of Behavioral Health
and Developmental Services

Reporting in CHRIS

Abuse, Neglect, Exploitation & Human Rights Complaints

Office of Human Rights

2024

01

Develop an understanding of entering a complaint in CHRIS.

02

Identify and distinguish different types of complaints and reporting requirements.

03

Review reportable and non-reportable human rights complaints.

Regulatory “Handout”

Peer to Peer (P2P) Guidance

CHRIS Demo (Abuse Report)

CHRIS Demo (Complaint Report)

Considerations in Reporting 

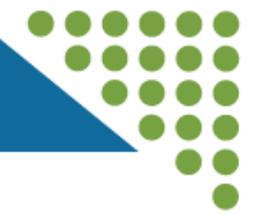


Reporting in CHRIS Training Handout

Relevant Regulatory Information

Human Rights Complaint Process	12VAC35-115-175 (C)(1)	<ul style="list-style-type: none"> Complaints that do not involve abuse or neglect must be reported to the department (i.e., in CHRIS) as soon as possible, but no later than the next business day. Complaints involving allegations of abuse or neglect must be reported to the department, in CHRIS, within 24 hours of receipt of the complaint [12VAC35-115-175 (F)(3)].
	12VAC35-115-175 (C)(2)	<ul style="list-style-type: none"> The individual must be contacted regarding the complaint within 24 hours. If the individual has an authorized representative (AR), that person must also be contacted within 24 hours regarding the complaint [12VAC35-115-175 (F)(3)].
	12VAC35-115-175 (C)(3)	<ul style="list-style-type: none"> An impartial investigation must begin as soon as possible, but no later than the next business day. Those investigating abuse, neglect, or exploitation must be trained to do so and must not be involved in the complaint [12VAC35-115-175 (F)(4)].
		<p><i>Special Note: Given that investigations must be impartial, it is important that each organization have internal policies and procedures for conducting investigations. Below are a couple of questions to consider:</i></p> <ul style="list-style-type: none"> <i>What is the process for reassigning investigators when the assigned investigator is involved in the complaint under investigation?</i> <i>What is the process for assigning an investigator when the director or owner is the accused staff person?</i> <ul style="list-style-type: none"> <i>Because the investigation must be impartial, it needs to be considered how impartial the investigation will be if an employee is responsible for investigating their manager, supervisor, director, owner.</i>





Reporting in CHRIS Training Handout

	<p>12VAC35-115-175 (C)(B)</p>	<ul style="list-style-type: none"> The results of the investigation, including any applicable action plan, must be reported to the individual and authorized representative (if applicable) within 10 working days, and entered into CHRIS. Results of abuse, neglect, or exploitation investigations must be provided to the director and human rights advocate, in a written report, within 10 working days of the date the investigation began, unless an extension was granted [12VAC35-115-175 (F)(S)]. <ul style="list-style-type: none"> Extensions may be requested through the assigned advocate no later than the 6th day of the investigation. Be prepared to explain the reason for the request and the anticipated completion date. It is up to the advocate to approve the request and set the extended due date. The director must submit the final decision and action plan to the individual, authorized representative (if applicable), in writing, within 10 working days from completion. <ul style="list-style-type: none"> The date of notification must be documented in CHRIS on the Investigation tab. The written notification is typically provided in the form of a director's decision letter and must include [12VAC35-115-175 (E)(7)(b)]: <ul style="list-style-type: none"> The individual's right to appeal. The process to appeal. <ul style="list-style-type: none"> This should include the Regional Advocate's name and phone number.
<p>Provider Requirements for Reporting</p>	<p>12VAC35-115-230 (A)(1)</p>	<p>The director of a facility operated by the department shall report allegations of abuse and neglect via the department's web-based reporting application in accordance with all applicable operating instructions issued by the commissioner or his designee.</p>
	<p>12VAC35-115-230 (B)(1)</p>	<p>Any death or serious injury that is suspected or known to be the result of abuse or neglect must be reported to the Office of Human Rights in CHRIS.</p>
	<p>12VAC35-115-230 (C)(1)</p>	<p>The director of a facility operated by the department shall report each instance of seclusion or restraint or both in accordance with all applicable operating instructions issued by the commissioner or his designee.</p>



Any act, or failure to act, that was or was not performed knowingly, recklessly, or intentionally



Any action, or failure to act, that caused or might have caused physical or psychological harm, injury, or death



ABUSE

Coercion

Coercion is not officially defined in the regulations; however, it is important to understand how it is related to abuse.

The use of expressed or implied threats of violence or reprisal or other intimidating behavior that puts a person in immediate fear of the consequences in order to compel that person to act against his or her will, or subtle language or actions intended to persuade or otherwise influence someone to do something that they might typically be unwilling to do, using tactics such as emotions, psychology, imagination, or indoctrination.

Exploitation

This is a type of abuse. Exploitation is the misuse or misappropriation of the individual's assets, goods, or property. Exploitation also includes the use of a position of authority to extract personal gain from an individual.

Using an individual's belongings without permission • Withholding an individual's belongings to ensure compliance • Accepting gifts • Financial misconducts • Stealing or borrowing an individual's medications • Offering an individual additional medication in exchange for sexual favors (this would also be coded as sexual abuse)

Neglect

Failure by an employee or program responsible for providing services to do so, including: nourishment, treatment, care, goods or services necessary to the health, safety and welfare of an individual receiving services.

Failure to take actions that would have prevented an injury • Failure to stop or try to stop an individual from an activity that could lead to harm • Allowing two individuals to fight without intervening (e.g., peer on peer aggression) • Failure to provide adequate supervision • Certain medication errors • Elopement (based on the provider's internal policies & procedures)

First - determine whether the act, or failure to act by the employee was done knowingly, recklessly, or intentionally.

- **Knowingly:** with a sense of consciousness or awareness.
- **Recklessly:** with a sense of carelessness, inattention, or deviation from policy and procedure.
- **Intentionally:** done deliberately or willfully.

Second - determine whether the act, or failure to act by an employee either caused, or may have caused:

- **Physical or psychological harm**
- **Injury**
- **Death**

 [P2P Technical Assistance Memo Link](#) 

Peer on Peer (P2P) Aggression

- “Peer-on-peer aggression,” for purposes of this guidance, means a physical act, verbal threat, or demeaning expression by an individual against or to another individual that causes physical or emotional harm to that individual. Examples include hitting, kicking, scratching, and other threatening behavior

Reporting P2P

- Providers must report to the OHR all incidents of peer-on-peer aggression that are alleged to have resulted in or from a human rights violation, whether the alleged violation is discovered by the provider or through a complaint. These incidents of peer-on-peer aggression shall be entered in CHRIS within 24 hours of discovery of the incident or receipt of the complaint, in accordance with 12VAC35-115-230.

Coding P2P in CHRIS

- These incidents should be coded under the category “Neglect Peer-on-Peer Aggression.”

Reporting Peer-on-Peer Aggression as Neglect

Incidents involving peer-on-peer aggression [also] *may* constitute **potential neglect** when:

- ❑ Provider staff fail to follow internal policies and procedures
- ❑ Provider staff do not deliver supervision consistent with an individual's individualized services plan (ISP) or occurred because staff were not engaged in appropriate supervision
- ❑ Provider staff do not act to prevent an individual from being harmed during the incident, including:
 - **Physical harm** resulting from peer-on-peer aggression may be evidenced by open wounds, bruises, black eyes, lacerations, or broken bones.
 - **Emotional harm** resulting from peer-on-peer aggression may be evidenced by an individual stating that they are feeling unsafe or afraid of certain peers, or documented changes in the individual's behavior (i.e., becoming more withdrawn, avoidance of peer(s), or clinical documentation from a qualified professional).

The following **must always** be reported as **Neglect P2P**:

- ❑ A pattern of three (3) or more incidents of peer-on-peer aggression involving the same peers within a seven (7) day timeframe
 - ❑ Incidents between peers involving sexual assault, which is a form of violence that includes:
 - Forced groping and rape;
 - Involving unwanted sexual activity between minors (e.g., intercourse, kissing, touching of private areas);
 - Involving sexual intercourse or other sexual activity, physical assault, or exploitation between adult peers in which at least one individual is deemed to lack capacity based on an existing assessment that indicated the individual was at risk of exploitation.
- 

- ❖ All incidents that meet the definition of “Peer-on-Peer Aggression” in the Human Rights Regulations are to be reviewed by the provider, in accordance with the providers policies and procedures, and undergo an “internal review.”

“**Internal review**” is not a defined term in the Human Rights Regulations; however, when used in this guidance, it refers to the provider’s standard processes to review incidents to determine any further actions needed to identify and address potential harms to an individual and to reduce the likelihood of reoccurrence. Providers should have policies to address internal review procedures that include a reasonable timeframe for the review of incidents, the methodology used for the review, and a structure for documenting the outcome of the review.

- **Please note that the “internal review” is separate from the investigation that would occur if the review raised suspicion of abuse or neglect, or if the provider received a complaint.**

- ❖ Upon completion of this internal review, providers are expected to implement any identified proactive measures that may reduce the number of peer-on-peer aggressions and lessen the possibility of neglect, resulting in a safer treatment environment overall.

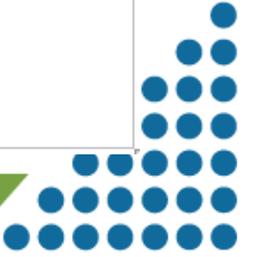
(See also [12VAC35-105-160](#) and [12VAC35-105-520](#) of the Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services [“Licensing Regulations”] that specify various review and reporting requirements.)

- ❖ The OHR may request to review provider information specific to their review of incidents involving peer-on-peer aggression because of identified trends, the possibility of neglect, complaints discovered by the OHR that were known to the provider but not reported, or in any situation that the OHR deems necessary to protect the rights of individuals receiving services from providers of mental health, developmental, or substance abuse services in Virginia (See [12VAC35-115-260](#).)

CHRIS Accounts & Access

- All requests for DELTA accounts, to include obtaining access to CHRIS, must be made through the DELTA Helpdesk Microsoft Form: [DELTA Account Request Form](#)
- Each Provider is encouraged to have at least two representatives, in a leadership position, assigned DELTA oversight. Depending on the size of the agency, it may be a good idea to consider even more staff with Delta privileges. These representatives will oversee CHRIS operations and the roles assigned to the agency's representatives.
- There should always be staff available to enter complaints, and available to access the report, when needed.

Technical Assistance and Reminders

- For general questions about what should be reported, contact your assigned Human Rights Advocate.
 - If you receive an error while you are entering the report within your 24-hour timeframe, take a screenshot and send to your Advocate.
 - For issues with **CHRIS** login or **DELTA** access, email deltaproduct@dbhds.virginia.gov.
 - **CHRIS is designed to time out after 15 minutes.**
 - Save information while you are working.
 - Keep a Word document and copy/paste the information into CHRIS.
 - When you click Save, look for "**RECORD IS SAVED**" at the top and bottom of the CHRIS page. If you do not see this message, your record was not saved. Review the error message and fix the error.
 - Be clear, concise in describing the complaint (only provide the relevant information for the allegation)
 - Enter complaints for the victim (**one victim per report**)
 - Be mindful of mandated reporter [responsibility](#)
 - Contact your Advocate if there is something preventing you from reporting on [time](#)
 - Ensure your report is complete and thorough
- 



Virginia.gov Online Services | Commonwealth Sites | Help | Governor Search Virginia.gov GO

Virginia Department of Behavioral Health and Developmental Services

Home Contact Us | Search this Site GO

Resources

- Help
- About
- Contact Us
- Privacy Policy



Login

▶ Username: Username is required.

▶ Password: Password is required.

[Forgot Password](#)

(▶) Denotes required fields

The security of your personal information is important to us!

Diligent efforts are made to ensure the security of Commonwealth of Virginia systems. Before you use this Web site to conduct business with the Commonwealth, please ensure your personal computer is not infected with malicious code that collects your personal information. This code is referred to as a [keylogger](#). The way to protect against this is to maintain current [Anti-Virus](#) and [security patches](#).

For more information on protecting your personal information online, refer to the [Citizens Guide to Online Protection](#). [Online Protection Glossary](#)



CHRIS VERSION 5.2

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)

By Abuse Case - you must enter the abuse allegation case number

By Complaint Case - you must enter the complaint case number

To report changes to your operating service status related to the state of emergency, please click [HERE](#)

Agency CD:016 , User Role: 22

by Name
 by Abuse Case
 by Complaint Case
 Select one

Case Number				
Name (First, Last)				
Search				

***You must select a record search type to access ability to enter existing case numbers or name**



Example:

Search:

- "by Name"

Enter name:

- (FIRST, then last)

Click "Search"

- Individual is found

Click "ID" link

❖ Note:

If this is a newly entered individual, you may use the hyperlink in CHRIS to begin entering in demographics to create new case

CHRIS VERSION 5.2

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)

By Abuse Case - you must enter the abuse allegation case number

By Complaint Case - you must enter the complaint case number

To report changes to your operating service status related to the state of emergency, please click [HERE](#)

Agency CD:016 , User Role: 22

by Name
 by Abuse Case
 by Complaint Case
 by Death/Incident Case

Case Number

Name (First, Last) Thor Odinson

Search

Choose from the individuals below or click [here](#) to add new individual.

ID	First	MI	Last	SSN	Gen.	DOB	City	Zip
016202411014111	Thor		Odinson	999999999	M	10/31/1981		

Select Individual Abuse Information Compliant Information Death/Incident

CHRIS VERSION 5.1

* denotes a required field
 ^ additionally required fields for CSBs and Private Providers

* Legal Name (First, MI, Last) Thor Odinson

*SSN (no dashes) 999999999 (999999999)
 Don't have SSN Please enter (000000000)

Current Address where individual is living

^ Street 777 Bi-Frost Way

^ City, ^State, ^Zip Asguard VA 77777

Phone (540) 777-7777
 Phone (###) ###-####

Provider Primary Address

Street

City, State, Zip

DEMOGRAPHICS

*Date of Birth (format: 99/99/9999) 10/13/1981

*Race Other *Gender Male

Medicaid Number

*Substitute Decision Maker No Yes
 Name: Odin Odinson Phone Number Email

Relationship to Individual Legal Guardian/Attorney in Fact

Save Cancel Delete

[Back to top](#)

Select Individual tab:

- Verify correct individual
- Provider address will auto populate from location selected previously
- In the “**Demographics**” section of this tab, the **Substitute Decision Maker** field is now **required**. When “Yes” is selected, the following must be completed:
 - “Name”
 - “Phone number” and “Email”
 - (*enter unknown where applicable)
 - “Relationship to Individual”
- **Save record** - This completes the Select Individual Tab

Next: Click the "**Abuse Information**" Tab: Select Individual **Abuse Information** Complaint Information Death/Incident

Individual Allegation

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing abuse case below or [here](#) to add a new incident.

	Counter	AbuseDate	Description
129903	20240001	01-10-2024	-Who, What, When, Where, How -Snap Shot

Next: Click the "**Allegation**" Tab:

- On the "**Allegation**" tab, any existing cases for the individual will be shown
- Add updates by clicking the hyperlink to the case in CHRIS (i.e. [129903](#) in this example)
 - New incidents can also be added at this time by clicking the hyperlink stating "here" to add new incidents

Individual **Allegation** Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

The screenshot shows the 'Allegation' tab in the DBHDS system. The form is divided into several sections:

- 1** (Green circle): The top section of the form, containing basic information like 'Person', 'Abuse Date', and 'Description'.
- 2** (Blue circle): The 'DETAILS' section, which includes a grid for selecting various types of abuse (e.g., Physical, Sexual, Emotional) and a text area for additional information.
- 3** (Yellow circle): The 'INJURIES' section, featuring checkboxes for 'Injury Reported' and 'Injury Observed', and a text area for describing the injuries.
- 4** (Grey circle): The 'REPORTING' section, which contains multiple rows for recording who reported the allegation, including fields for name, title, and date.

Overview: Time/Date, Service type/location, etc.

Details: Who, What, Where, When, How – Snapshot

Injuries: Specific Injury/injuries reported or observed

Reporting: Persons reporting /Report "Trail"

1

Overview

"Abuse Counter" = **Case Number**
i.e. **202400001** seen here

Enter the following information:

- ✓ Abuse Date/Time Reported
- ✓ Provider will be auto-populated
- ✓ Select Service Type/Location
- ✓ Specific area where alleged abuse occurred during the service

Indicate "Yes" or "No" to Individual receiving a wavier service.

"Yes" will require additional information such as:

- Type of Wavier
- Medicaid Number
- Support Coordination CSB

Individual **Allegation** Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing abuse case below or [here](#) to add a new incident.

	Counter	AbuseDate	Description
129903	20240001	01-10-2024	-Who, What, When, Where, How -Snap Shot

Abuse ID: **129903** Abuse Counter: **20240001**

* Abuse Date/Time (format: 99/99/9999) 01/10/2024

* (hh:mm AM or PM) 00:00 AM
Enter 00:00 if time is unknown

Provider: **Alexandria Community Services Board**

Location: * 02-011 MH Psychosocial Rehabilitation

(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)

Street City State, Zip *FIPS

* Specific Site of Abuse: Hallway (e.g.: "Bathroom")

* Individual receiving a waiver service? No Yes

* Waiver Type: Required if receiving waiver service.

* Medicaid Number: Required if receiving waiver service.

* Case Management Provider: Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

2 Details

- Select type(s) of abuse alleged. More than one selection can be chosen.

Describe:

- ✓ "Who" is the alleged assaulter /victim
- ✓ "What" type of alleged abuse is reported/denied, and by whom
- ✓ "When" did the alleged abuse occur
- ✓ "Where" specifically in the service area did the alleged abuse occur
- ✓ "How" was the alleged abuse perpetrated or happened.

DETAILS

<p>* Type: (Select All that apply)</p>	<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Verbal	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Restraint	<input type="checkbox"/> Exploitation
<input type="checkbox"/> Psychological	<input type="checkbox"/> Neglect: peer on peer aggression	<input type="checkbox"/> Neglect: Missing Individual, Elopement, AWOL	<input type="checkbox"/> Neglect: Medication Related	<input type="checkbox"/> Neglect: Failure to provide services necessary for health, safety and welfare		

***Describe the Abuse**

-Snapshot of allegation reported: Who, What, When, Where, and How

-Use language provided by the individual in "quotes"

3

Injuries: Specific Injury/injuries reported or observed

- Indicate injuries that are observed, that meet the definition of serious injury (section 30) - by selecting yes or no
- Specify the type of injury - more than one type of injury can be selected
- Select yes or no if the individual receive medical attention, and the *type* of care provided
 - ❖ *Emergency (i.e., ambulance or taken out of the facility) / Non-emergency (i.e., appointment made)
- Lastly describe the treatment provided and findings. *If taken out of the facility use hospital records to report the treatment received / diagnosis or cause.
- If specifying "NO" to injury, a notation of a "medical review" and/or verbal denial of injury noted from individual.

INJURIES	
*Individual Injured?	<input type="radio"/> No <input type="radio"/> Yes
Type of Injury: (Select All that apply)	<input type="checkbox"/> Bruises <input type="checkbox"/> Fractures <input type="checkbox"/> Lacerations <input type="checkbox"/> Death <input type="checkbox"/> Burns <input type="checkbox"/> Other Injury
Medical Attention provided?	<input type="radio"/> No <input type="radio"/> Yes
Medical Attention Type	<input type="radio"/> NonEmergency <input type="radio"/> Emergency
Description of Medical Treatment Provided & Finding	<div style="border: 1px solid gray; height: 150px; width: 100%;"></div> <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Check Spelling"/> </div>

4 Reporting: Persons reporting /Report "Trail"

- Begin by noting the person making the allegation, followed by their title (if applicable) and "Entity" (i.e. is the person reporting the individual, the parent or the AR, staff, etc.)
- Allegations from the Office of the State Inspector General (OSIG) will have a 'complaint number' associated with the allegation, which must be listed next.
- The person to whom and when the allegation was reported is noted next, as well as their title.
- Next is noting whom reported the allegation to the Facility Director (FD) and date/time when the FD was notified.
- Lastly, enter the name and the telephone number for the person entering the information into CHRIS ***allegations of ANE must be entered in CHRIS as soon as possible, but no later than *24 hrs.**

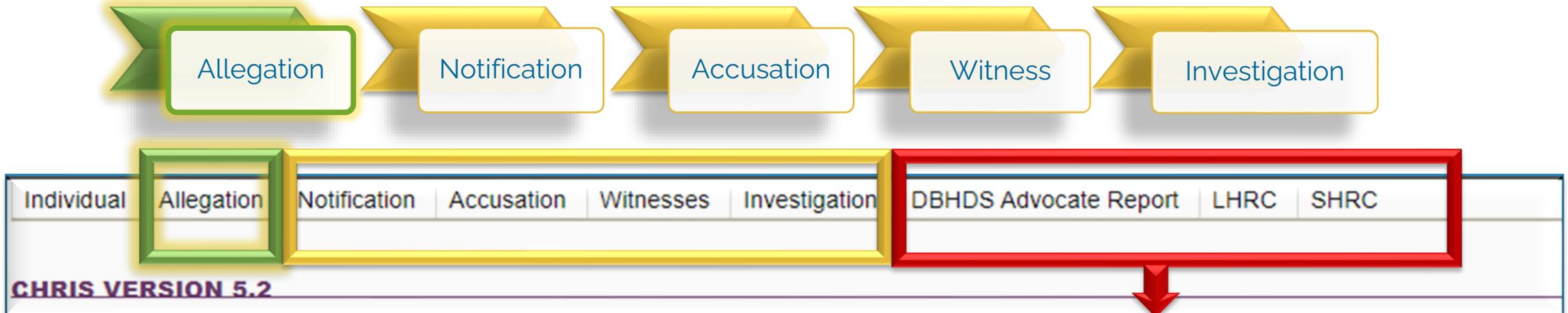
REPORTING

Who made the allegation?	
Name (First, MI, *Last)	Thor Odinson
Title	**Read Only**
*Entity	Individual <div style="border: 1px solid blue; padding: 2px; margin-top: 5px;"> Individual Legal Guardian/AR Family Member Provider Staff OHR/Advocate APS/CPS OSIG dLCV Unknown Other </div>
OSIG complaint # <small>Required if selected OSIG on entity.</small>	
* Date Allegation made (format: 99/99/9999)	01/10/2024
To whom did they report it?	
Name (First, MI, *Last)	Care Bear
Title	
Who reported it to the Director?	
Name (First, MI, *Last)	Care Bear
*Date/Time Reported (format: 99/99/9999)	01/10/2024
* (hh:mm AM or PM)	01:30 AM
Who entered report in CHRIS?	
Name (First, MI, *Last)	Whoever Enters it in CHRIS
*Phone	(540) 857-6309 <small>Phone(###) ###-####</small>

[Back to top](#)

SAVE record – This completes the Allegation Tab

- ❖ After clicking “Save” for the individual on the **Allegation** tab, a series of **additional tabs** will become visible (*or will already be visible if accessing a previously entered case.)



The remaining tabs are for the Advocate to complete. However, Providers may observe entries on these tabs.

- **DBHDS Advocate Report:** progress of the Advocate review of information entered by the provider.
- **LHRC:** Will be completed when appeals to the director decision are made/requested.
- **SHRC:** Will be completed when appeals of the LHRC are made/requested.

Virginia Department of Behavioral Health and Developmental Services

Home > DBHDS > CHRIS

Individual Allegation **Notification** Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

* Denotes a required field

Please use this form to enter all the information about who was notified and when.

NOTIFICATION DATES & TIMES

Case / Time (mm/dd/yyyy between AM or PM)

Division (1/17/2024 1:30:00 AM)

Licensing Bureau (##-##-####) (Within AM or PM)

DBHDS Advocate/Support (##-##-####) (1/17/2024 9:03:04 PM) (05:03 PM)

Substitute Decision Maker/Support (##-##-####) (Within AM or PM)

DBHDS Bureau (##-##-####) (Within AM or PM)

Other/Support (##-##-####) (Within AM or PM)

If Other, please use #

DEPARTMENT OF SOCIAL SERVICES

Name (First, MI, Last)

Date/Time Notified (Format: ##-##-####) (Within AM or PM)

Method of Notification

DSS Finding

POLICE

Suspected Criminal activity

Local Police

Name

Department

Case Notified

State Police

Name

Department

Case Notified

DEPARTMENT OF HEALTH PROFESSIONALS

Name (First, MI, Last)

Date/Time Notified (Format: ##-##-####) (Within AM or PM)

Method of Notification

Save

[Back to list](#)

CHRIS VERSION 5.2

1

Notification: Time/Date /Persons notified of allegation

2

Department of Social Services (DSS) Notification

3

Police Notification

4

Department of Health Professionals

1

**Notification:
Time/Date/Persons notified of allegation**

- ❖ Director notification date and time auto-populates from previous entry on allegation tab.
- Note the date and times of additional notification to appropriate additional parties:
 - ✓ Licensing
 - ✓ Advocate
 - ✓ Substitute Decision Maker:
Authorized Repetitive (AR)
Legal Guardian (LG)
Power of Attorney (POA)
- Other: Any other person notified. Use the text field to note who was notified.

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Please use this form to enter all the information about who was notified and when.

NOTIFICATION DATES & TIMES

	Date / Time (mm/dd/yyyy hh:mm AM or PM)
Director	1/10/2024 1:30:00 AM
Licensing (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/> <input type="text"/>
*DBHDS Advocate (format: 99/99/9999) (hh:mm AM or PM)	01/10/2024 05:03 PM 1/10/2024 5:03:54 PM
Substitute Decision Maker (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/> <input type="text"/>
DMAS (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/> <input type="text"/>
Other (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/> <input type="text"/>
	If Other, who was it: <input type="text"/>

2

Department of Social Services (DSS) Notification

- Note any communications with DSS in this section:
- Name, Date, and Time of person notified
- Method of Communication via drop down Menu: Phone or Email
- Any participation, communication, or findings by DSS can be identified/updated via drop down menu

DEPARTMENT OF SOCIAL SERVICES

Name (First, MI, Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date/Time Notified (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/>		<input type="text"/>
Method of Notification	<div style="border: 1px solid black; padding: 2px;"> ▼ Phone Email </div>		
DSS Findings	<div style="border: 1px solid black; padding: 2px;"> ▼ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Chose not to participate Founded In need of protective services Letter re: abuse findings No longer in need of protective services Not founded/does not need protective services Other Phone call Reason to suspect </div>		

3

Police Notification

- When there is known or suspected criminal activity, note this by checking the box indicating this concern.
- Identify the police organization contacted (Local or State):
 - ✓ Name of person contacted
 - ✓ Department
 - ✓ Date

POLICE	
	<input type="checkbox"/> Suspected Criminal activity
Local Police	
Name	<input type="text"/>
Department	<input type="text"/>
Date Notified	<input type="text"/> 
State Police	
Name	<input type="text"/>
Department	<input type="text"/>
Date Notified	<input type="text"/> 

4 Department of Health Professions (DHP)

- ❖ Complete the section **only** when an alleged assaulter who is licensed by the DHP has been **determined** in the investigation findings and Director's decision as having conducted abuse.
- Name, Date, and Time of person notified
- Identify the method of Communication via drop down Menu: (Phone or Email)
 - *if faxed, use email as notification type

DEPARTMENT OF HEALTH PROFESSIONS

Name (First, MI, Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date/Time Notified (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Method of Notification	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Back to top](#)

"Save" record - This completes the Notification Tab

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing record below or [here](#) to add a new Alleged Against Person

	ID	First	MI	Last
Select	143866	Accused		Assaulter
Select	143867	Additional		Individual

Name (First, MI, *Last)

Position/Relation 

Birthdate

Actions Taken

<input type="checkbox"/> Terminated	<input type="checkbox"/> Written Counseling
<input type="checkbox"/> Transferred	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Suspended	<input type="checkbox"/> Referral to Judicial System
<input type="checkbox"/> Resigned	<input type="checkbox"/> Accused Not Employee
<input type="checkbox"/> Remedial Training	<input type="checkbox"/> No Action
<input type="checkbox"/> Verbal Counseling	<input type="checkbox"/> Other

- Physician
- Nurse
- Human Service Care Staff Member
- Teacher
- Psychologist
- Social Worker
- Psychiatrist
- Dentist
- Transportation Staff Member
- Kitchen Staff Member
- Maintenance Staff Member
- Therapist
- Administrative/Support Staff Member
- Security
- Authorized Representative
- Family
- Friend/Visitor
- Aide/Technician

Remarks about Actions

Note actions to staff: (EXAMPLE)
 -Staff no longer working with individual
 -Staff supervised with individual

CHRIS VERSION 5.2

Individual Allegation Notification **Accusation** Witnesses Investigation DBHDS Advocate Report LHRC SHRC

- ❖ Note the alleged employee(s) accused of abuse; and additional individuals involved or accused.
 - **Name:** List the employee's/individuals name(s). (if name us unknown – list “staff” until discovered.
 - **Position/Relation:** Note the title or relationship to the accused - if known (*will appear in drop down menu).
 - **Action Taken:** indicate what steps are taken regarding the accused employee
 - **Remarks:** describe what the “actions taken” (from above) included
- **“SAVE” record – This completes the Accusation tab**

Individual ✓ Allegation ✓ Notification ✓ Accusation ✓ **Witnesses** Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

* denotes a required field

The record is saved.

Thor Odinson

Select an existing witness below or [here](#) to add a new witness.

	ID	First	MI	Last
Select	123414	Interview		Alleged Victim
Select	123415	Interview		Alleged "Assaulter"
Select	123416	Interview		Any Person Necessary

Witness

Name *First, MI* * Last

Interview Any Person Necessary

Save **Delete**

➤ Note the individuals who were interviewed as part of the investigation.

❖ Include the **alleged victim** on this tab, as they should also be interviewed as part of the investigative process.

Save record -
This completes the Witness tab

The screenshot shows the DBHDS Investigation Tab interface. At the top, a navigation menu includes tabs for Individual, Allegation, Notification, Accusation, Witnesses, Investigation (highlighted with a green box), DBHDS Advocate Report, LHRC, and SHRC. Below the navigation menu, the text "CHRIS VERSION 5.2" is displayed. The main content area is divided into several sections:

- Section 1:** A form for "CHRIS VERSION 5.2" with a "Trained Investigator" field and a date field. A red checkmark is above this section.
- Section 2:** A table titled "DIRECTOR OR INVESTIGATOR AUTHORITY'S DISPOSITION" with columns for "Investigation", "Investigation", "Investigation", and "Investigation". A blue checkmark is above this section.
- Section 3:** A form titled "NOTIFICATION OF DECISION AND RIGHT TO APPEAL" with fields for "Name", "Address", and "Phone". A black circle with the number 3 is next to this section.
- Section 4:** A form titled "RESPONSIBLE DBHDS ADVOCATE" with a field for "Name". A yellow circle with the number 4 is next to this section.
- Section 5:** A form titled "CASE STATUS" with a dropdown menu and a "Status" field. A red circle with the number 5 is next to this section.

1. Investigation Begin date, Trained Investigator, Final Date of Investigation
2. Director or Investigator Authority Disposition
3. Notification of Decision and Right to Appeal
4. Responsible DBHDS Advocate
5. Case Status

1

Notification: Time/Date /Persons notified of allegation

- Note when the investigation began – Date and Time
- Note the **trained** investigator assigned to the case
- Note the date of the close of the investigation.
 - 10 days, unless an extension has been granted
 - Extensions must be requested ASAP but no later than the 6th working day of the investigation

Individual	Allegation	Notification	Accusation	Witnesses	Investigation	DBHDS Advocate Report	LHRC	SHRC
------------	------------	--------------	------------	-----------	---------------	-----------------------	------	------

CHRIS VERSION 5.2

Thor Odinson

Investigation Begin Date (hh:mm AM or PM)	01/10/2024	01:35 AM
Trained Investigator's Name (First Name, MI, Last Name)	Name trained staff	
	Who did interviewing	
Date of Investigator's Final Report	1/10/2024 5:19:00 PM	

Important: To prevent loss of data on this Investigation tab, ensure that the accused staff person(s) name has been entered and saved on the Accusation tab. If the accused staff person(s) name (or unknown, if not known) is not entered and saved, you will be unable to save your investigation report and lose any data you enter on this tab.

2

Director or Investigator Authority Disposition

- Use this section to identify the type of ANE determined via the investigation findings – you may select as many that may apply.
- ❖ If *Other is anticipated as an appropriate abuse type selection, please reach out to your advocate for technical guidance.

DIRECTOR OR INVESTIGATION AUTHORITY'S DISPOSITION

What type of Abuse/Neglect occurred? (check all that apply)

Physical	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Psychological	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Verbal	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect: peer on peer aggression	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Sexual	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect: Missing Individual, Elopement, AWOL	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Seclusion: Not in compliance with standards	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect: Medication Related	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Restraint Not in compliance with standards	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect: Failure to provide services necessary for health, safety and welfare	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Exploit	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	*Other (Explain on below textbox)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo

2 Director or Investigator Authority Disposition – cont.

- **Rationale:** identify how information in the investigation finds were obtained.
 - ❖ other rationale pertains to **video footage**: Note time, date, and actions observed on the footage in the text field
- **Decision Date:** Note the date the determination of ANE was made.
- **Reason for Corrective Actions:** In the investigation findings, select what was the identified concern/why corrective action is necessary (*select all that are found to apply).

Rationale	<input type="checkbox"/> Eyewitness Statements <input type="checkbox"/> Staff Admissions <input type="checkbox"/> Failure to Follow Behavior/Mgmt Plan <input type="checkbox"/> Failure To Follow Policy <input type="checkbox"/> Witness Credibility <input type="checkbox"/> Other (e.g., video footage)
Other Rationale	<input type="text"/>
Decision Date	<input type="text"/>
Reason for Corrective Action (Check all that apply)	<input type="checkbox"/> Documentation of individual's activities <input type="checkbox"/> Unauthorized use of restraint techniques <input type="checkbox"/> Policy & Procedures Don't Exist <input type="checkbox"/> Policy & Procedures in Conflict with Requirement <input type="checkbox"/> Failure To Report Abuse/Neglect Allegation <input type="checkbox"/> Clinical Issue <input type="checkbox"/> Environmental/Physical Plant Issue <input type="checkbox"/> Inappropriate Behavior/ Verbal Exchange w/individuals <input type="checkbox"/> Duplicate Issue/Cases <input type="checkbox"/> Performance Issue - Substantiated <input type="checkbox"/> Performance Issue - Unsubstantiated <input type="checkbox"/> Systemic - Substantiated <input type="checkbox"/> Systemic - Unsubstantiated

2 Director or Investigator Authority Disposition - cont.

➤ Identify all actions taken as result of the findings of the investigation (*select all that apply)

★ Should “**Appropriate staff action taken**” or “**Appropriate notification to Office of Licensing**” be selected, use the text fields on the right to specify what the actions taken included and/or what was reported to licensing (the method and to whom.)

❖ **Appropriate staff action taken** signifies corrective actions taken against staff appropriately; *not* if accused staff acted appropriately

Corrective Actions Taken (Check all that apply)	<input type="checkbox"/> Reinforce policy and procedure	Appropriate Staff Action Taken Description: <input type="text"/> Appropriate Notification to Office of Licensing Description: <input type="text"/>
	<input type="checkbox"/> Train individual staff	
	<input type="checkbox"/> Train all staff	
	<input type="checkbox"/> Increase supervision (change patterns of supervision)	
	<input type="checkbox"/> Increase staffing	
	<input type="checkbox"/> Supervisory/Administrative staff change/action	
	<input type="checkbox"/> Environmental modification	
	<input type="checkbox"/> Support plan modification	
	<input type="checkbox"/> Individual(s) were moved	
	<input type="checkbox"/> Improve QA	
	★ <input type="checkbox"/> Appropriate staff action taken	
	★ <input type="checkbox"/> Appropriate notification to Office of Licensing made	



3 Notification of Decision & Right to Appeal

- Note the date the Advocate, individual, and Substitute Decision Maker (if applicable) were notified of the Director's decision and appeals information provided
 - Date Investigation Tab is completed.
 - Date decision letter provided

4 Responsible DBHDS Advocate

- Note the name of the assigned Advocate

NOTIFICATION OF DECISION AND RIGHT TO APPEAL	
	Date
DBHDS Advocate	<input type="text"/>
Individual	<input type="text"/>
Substitute Decision Maker	<input type="text"/>
RESPONSIBLE DBHDS ADVOCATE	
Name (First, MI, Last)	<input type="text"/> <input type="text"/> <input type="text"/>



5 Case Status

➤ Complete this section as shown:

From the drop-down menu(s), only select the following:

- ✓ "Pending Other" as Status
- ✓ "Director" as Point of Resolution
- ✓ "Agrees with..." as Individual Decision

The Advocate completes the remainder of the fields; and closes the case or updates case statuses drop-down menus.

- ❖ **Closed by:** Should always be completed by the Advocate only

Save record – This completes the Investigations Tab

CASE STATUS	
Status	Pending/other
Date Case Closed	
Point of Resolution	Director
Individual Decision	Agrees with directors decision or action plan
Closed by	
Name (First, MI, Last)	
Save	
Back to top	

Individual Allegation Notification Accusation Witnesses Investigation **DBHDS Advocate Report** LHRC SHRC

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing Report below or [here](#) to add a new Action

There are no records to display.

*Action Date: / / Input Action date

Action:

*Remarks: ****Advocate will note review facts here...**

This tab is only completed by the assigned Advocate; however, may be observed by the provider.

- AIM Visit
- Citation of Violation sent to Office of Licensing
- Communication with Individual/AR/LG
- Communication with Provider
- Community Violation Letter
- Facility Violation Letter
- Lookbehind
- Met with Individual/AR/LG
- Monitored investigation
- Ok to close case
- OL CAP Correspondence
- Other Correspondence
- Recommendations for corrective action
- Recommendations for resolution
- Referral to the Office of Licensing
- Reviewed individual record
- Reviewed investigation report
- Verified Corrective Action

The Advocate will **Date** and select **Actions** or participation taken during the investigation; and describe the actions and participation in the **Remarks** field.

Individual Allegation Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

Thor Odinson

Request/Review Date:

LHRC Review Requested By:

Hearing Date:

Review Request Withdrawn

Extension Granted

DECISION

Decision (Check all that apply)

Violation

No Violation

Made Recommendation

Other

Decision Date:

Appeal SHRC: No Yes

REMARKS

Remarks:

[Back to top](#)

Individual Allegation Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

The Advocate completes this tab when a LHRC Hearing is needed or requested, noting the following:

- ✓ Date LHRC hearing was requested or reviewed
- ✓ Whom requested the LHRC Hearing
- ✓ Date of the hearing
(or indicating if the hearing request was withdrawn; or an extension for the investigation was granted)

Decision: The decision of the LHRC will noted, the date the decision was made by the LHRC, and if there is an appeal of the LHRC decision

Remarks: The Advocate will note remark pertaining to the hearing/Recommendations from the hearing



Individual Allegation Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

Thor Odinson

Request Date:

SHRC Review Requested By (Check all that apply):

- DBHDS Advocate
- Individual
- Authorized Representative
- Director
- Other

Hearing Date:

- Individual Review Request Withdrawn
- Extension Granted
- Director's Review Request Denied

DECISION

Decision (Check all that apply):

- Violation
- No Violation
- Concurred with LHRC
- Made Recommendation
- Other

Decision Date:

- De Novo

Remarks:

COMMISSIONER

Date Notified:

Date of Response/Action:

Response/Action:

Individual Allegation Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

The Advocate completes this tab when an SHRC request/review is requested (via appeal of LHRC decision), noting the following:

- ✓ Date the SHRC review/hearing was made
- ✓ Whom made the SRCH review/hearing request
- ✓ The date of the hearing
 - *Or if the review/hearing request was withdrawn, denied, or an extension granted it will be selected

Decision: The SHRC decision, the decision date, and remarks from the hearing will be noted here.

Commissioner: notification, date of response, or actions/remarks will be noted here.





Virginia.gov Online Services | Commonwealth Sites | Help | Governor Search Virginia.gov GO

Virginia Department of Behavioral Health and Developmental Services

Home Contact Us | Search this Site GO

Resources

- Help
- About
- Contact Us
- Privacy Policy



Login

▶ Username: Username is required.

▶ Password: Password is required.

[Forgot Password](#)

(▶) Denotes required fields

The security of your personal information is important to us!

Diligent efforts are made to ensure the security of Commonwealth of Virginia systems. Before you use this Web site to conduct business with the Commonwealth, please ensure your personal computer is not infected with malicious code that collects your personal information. This code is referred to as a [keylogger](#). The way to protect against this is to maintain current [Anti-Virus](#) and [security patches](#).

For more information on protecting your personal information online, refer to the [Citizens Guide to Online Protection](#). [Online Protection Glossary](#)



CHRIS VERSION 5.2

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)

By Abuse Case - you must enter the abuse allegation case number

By Complaint Case - you must enter the complaint case number

To report changes to your operating service status related to the state of emergency, please click [HERE](#)

Agency CD:016 , User Role: 22

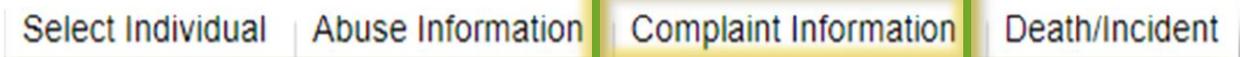
by Name
 by Abuse Case
 by Complaint Case
Select one

Case Number				
Name (First, Last)				
<input type="button" value="Search"/>				

*You **must** select a record search type to access ability to enter existing case numbers or name



Next: Click the "**Complaint Information**" Tab:



Next: Click the "**Complaint**" Tab:

Individual **Complaint**

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing complaint case below or [here](#) to add a new incident.

	Counter	ComplaintDate	Description
42439	20240001	01-10-2024	-Specify complaint details -Relief/Resolution requested by individual

❖ On the "**Complaint**" tab, any existing cases for the individual will be shown

- ✓ Add updates by clicking the hyperlink to an *existing* case in CHRIS
- ✓ New incidents can also be added by clicking the hyperlink stating "[here](#) to add new incident"

CHRIS VERSION 5.2
* denotes a required field

Freddy Krueger

Select an existing complaint case below or [click](#) to add a new incident.

Counter	ComplaintDate	Description
42430	20240001	01-10-2024 -Specify complaint details -Relief/Resolution requested by individual

Complaint ID: 42439 Complaint Counter: 20240001 *Complaint DateTime (format: MM/DD/YYYY) 01/10/2024
00:00 AM
Enter 00:00 if time is unknown.

Provider: Alexandria Community Services Board

Location: (Entry of Street, City, State and Zip are required for CSB and private provider individuals.)

Street City State, Zip *FIPS: VA 510 (Alexandria (city))

*Medical Number Required if receiving waiver service.

*Case Management Provider Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

*Specific Site of Complaint (Hallway (e.g. "Bathroom"))

*Individual receiving a waiver service? No Yes

*Waiver Type Required if receiving waiver service.

COMPLAINT

*Category

*Sub-Category

*Description of Complaint/Relief Requested

*Specify complaint details -Relief/Resolution requested by individual

Check Spelling

REPORTING

Who made the allegation?

Name (FIRST, MI, *LAST) Person / AR Reporting

Title **Read Only**

*Entity Individual

OSIG complaint if Required if selected OSIG on entity

*Date Complaint made (format: MM/DD/YYYY) 01/10/2024

To whom did they report it?

Name (FIRST, MI, *LAST) Staff Reported too

Title

Who reported it to the Director?

Name (FIRST, MI, *LAST) Person Notifying

*Date Reported (format: MM/DD/YYYY) 01/10/2024

Who entered report in CHRIS?

Name (FIRST, MI, *LAST) Person Filling out CHRIS

*Phone (540) 666-6666 Phone(888) 888-8888

Save Cancel Delete Print Complaint

[Back to top](#)

- Individual
- Complaint
- Accusation
- Witnesses
- Findings
- DBHDS Advocate Report
- LHRC
- SHRC

CHRIS VERSION 5.2

1

Complaint overview

2

Complaint type

3

Persons Reporting / Reporting "trail"

1 Complaint overview

- ❖ Cases previously entered will appear at the top along with the ability to enter a new complaint
- ❖ To access a previously entered case click the complaint ID hyper link
 - Enter the complaint Date/Time
 - If time is unknown enter "00:00"
- ❖ The Provider will auto populate from location selected previously.
 - Specify the setting where the complaint was alleged to occur.
- ❖ DD waived individuals will require additional information: Wavier type, Medicaid #, and Support Coordinator Provider CSB name

Individual
Complaint
Accusation
Witnesses
Findings
DBHDS Advocate Report
LHRC
SHRC

CHRIS VERSION 5.2

* denotes a required field

Record is saved

Thor Odinson

Select an existing complaint case below or [here](#) to add a new incident.

Counter	ComplaintDate	Description
42439	20240001	01-10-2024
		-Specify complaint details -Relief requested by individual

Complaint ID:

Complaint Counter:

*Complaint Date/Time (format: 99/99/9999)

Enter 00:00 if time is unknown

Provider:

* Location:

(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)

Street City, State, Zip

*FIPS

* Specific Site of Complaint

(e.g.: "Bathroom")

* Waiver No Yes

* Waiver Type Required if receiving waiver service.

*Medicaid Number Required if receiving waiver service.

* Case Management Provider Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

2 Complaint type

- **Category:** Select the complaint type. The corresponding regulation accompanies the complaint category.
- **Sub-Category:** access to the sub-categories will only become available based on the category above. The selections will be specified to the category selected.
- **Description:**
 - ✓ Specify complaint details
 - ✓ Note relief/resolution requested by individual
 - (i.e. what is the individual asking to be done to resolve the concern.)

COMPLAINT

*Category	<input type="text"/>	Assurance of Legal Rights 12 VAC 35-115-20 and 12 VAC 35-115-40 Dignity 12 VAC 35-115-50 Participation in Decision making and consent 12 VAC 35-115-70 Research 12 VAC 35-115-130 Work 12 VAC 35-115-120 Access to and amendment of services record 12 VAC 35-115-90 Notification to individual Complaint Review Process 12-VAC 35-115-150-210 Services in Accordance with Sound Therapeutic Practices 12 VAC 35-115-60 Confidentiality 12 VAC 35-115-80 Restrictions on freedoms of everyday life 12 VAC 35-115-100 Use of Seclusion, restraint and time out 12 VAC 35-115-110 Determination of capacity to give consent or authorization 12 VAC 35-115-145 Authorized representatives 12 VAC 35-115-146 Behavioral Treatment Plans 12 VAC 35-115-105 Complaint and Fair Hearing - Inactive as of February 8, 2017 12 VAC 35-115-140
*Sub-Category	<input type="text"/> ★	
*Description of Complaint/Relief Requested	<input type="text"/>	

Check Spelling

Dignity | 12 VAC 35-115-50

★

- Staff action and attitudes (A) | Respect, dignity, supported
- Legal name (B,1) | Respond to needs and preferences and are person-centered
- Diet |
- Physical Environment | Safe, sanitary and humane:storage,plumbing,air,temperatures
- Clothing |
- Mail (C,6) |
- Telephone (C, 7) |
- Private Communication (B,4) |
- Religion (C,4) |
- Services (A) |
- Protect from Harm (B,2) |
- Help in applying for service (B,3) |
- Information about services (B 5) |
- Paper, pencil and stamps (C,5) |
- Visitors (C,8) |
- Abuse and Neglect Investigation (D,3) |

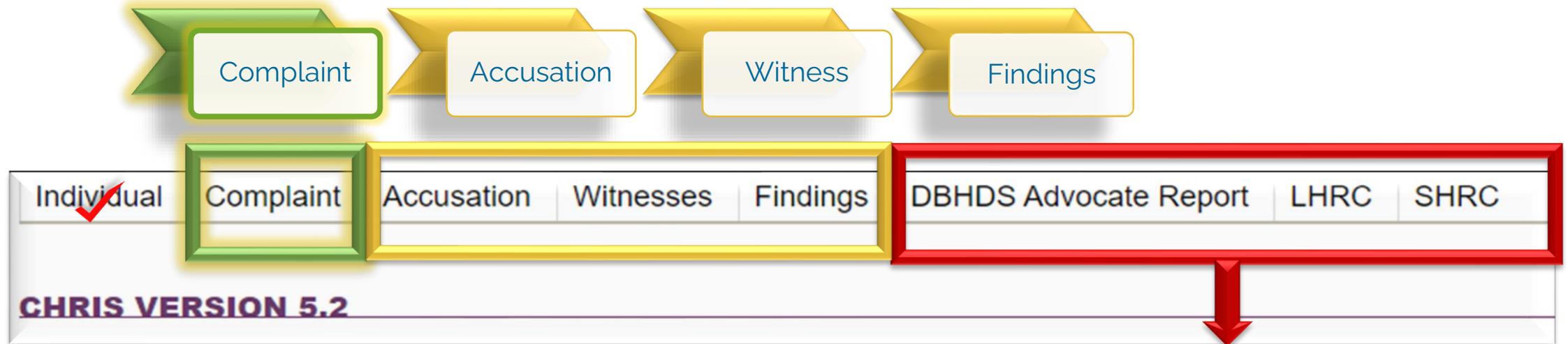
3 Reporting: Persons reporting / Report "Trail"

- Begin by noting the person making the allegation, followed by their title (if applicable) and "Entity" (i.e. is the person reporting the individual, the parent or the AR, staff, etc.)
- Complaints from the Office of the State Inspector General (OSIG) will have a 'complaint number' associated with the complaint, which must be listed next.
- The person to whom and when the allegation was reported is noted next, as well as their title.
- Next is noting whom reported the allegation to the Director and date/time when the Director was notified.
- Lastly, enter the name and the telephone number for the person entering the information into CHRIS ***allegations of ANE discovered in a complaint must be entered in CHRIS as soon as possible, but no later than *24 hrs.**

SAVE record – This completes the Accusation Tab

REPORTING	
Who made the allegation?	
Name (First, MI, *Last)	Person / AR <input type="checkbox"/> Reporting <input type="checkbox"/>
Title	<input type="text"/> **Read Only**
*Entity	Individual <input type="text"/>
OSIG complaint # <small>Required if selected OSIG on entity.</small>	<input type="text"/>
*Date Complaint made(format: 99/99/9999)	01/10/2024
To whom did they report it?	
Name (First, MI, *Last)	Staff <input type="checkbox"/> Reported too <input type="checkbox"/>
Title	<input type="text"/>
Who reported it to the Director?	
Name (First, MI, *Last)	Person <input type="checkbox"/> Notifying <input type="checkbox"/>
*Date Reported (format: 99/99/9999)	01/10/2024
Who entered report in CHRIS?	
Name (First, MI, *Last)	Person <input type="checkbox"/> Filling out CHRIS <input type="checkbox"/>
*Phone	(540) 666-6666 <small>Phone(###) ###-####</small>
<input type="button" value="Save"/>	<input type="button" value="Cancel"/> <input type="button" value="Delete"/> <input type="button" value="Print Complaint"/>

After clicking “Save” for the individual on the **Complaint** tab, a series of **additional tabs** will become visible *or will already be visible if accessing a previously entered case.



CHRIS VERSION 5.2

The remaining tabs are for the Advocate to complete. However, Providers may observe entries on these tabs.

- **DBHDS Advocate Report:** progress of the Advocate review of information entered by the provider.
- **LHRC:** Will be completed when appeals to the director decision are made/requested.
- **SHRC:** Will be completed when appeals of the LHRC are made/requested.

Individual ✓ Complaint ✓ Accusation ✓ **Witnesses** Findings DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

Thor Odinson

Select an existing witness below or [here](#) to add a new witness.

	ID	First	MI	Last
Select	11809	Thor		Odinson
Select	11810	My Little		Pony

Add new record...

Name (First, MI, Last)

Save **Delete**

- Note any person who was interviewed as part of the investigation here.
- ❖ Include the **alleged victim** and the **alleged assaulter**. on this tab, as they should also be interviewed as part of the investigative process.

Save record - This completes the Witness tab

Virginia Department of Behavioral Health and Developmental Services

Home » DELTA » CHRIS

Individual | Complaint | Accusation | Witnesses | Findings | DBHDS Advocate Report | LHRC | SHRC

CHRIS VERSION 5.2
* denotes a required field

LOGGED IN AS
AR261482
Logout

FINDINGS :

1

COMPLAINT FINDINGS

* Date Investigation Initiated

* Point of Resolution

* Resolution

* Date Resolution offered

If other: OTHER: cannot follow-up with individual for: ?

* Description of Resolution Offered:
-Specify what was offered OR outcome/attempts of offering (limited character info).

Check Spelling

NOTIFICATION OF RIGHT TO APPEAL

Date Individual/AR notified

Date Resolution Accepted/Declined

Unable to notify

Notification Remarks

Check Spelling

RESPONSIBLE DBHDS ADVOCATE

Name (FIRST, MI, LAST)

4

CASE STATUS

Status: Pending/under investigation

Date Case Closed

Closed by

Name (FIRST, MI, LAST)

5

Save

Individual ✓ | Complaint ✓ | Accusation ✓ | Witnesses ✓ | **Findings** | DBHDS Advocate Report | LHRC | SHRC

CHRIS VERSION 5.2

Finding

Complaint Findings

Notification of Right to Appeal

Responsible DBHDS Advocate

Case Status

1 Findings

➤ Using the drop-down menu, select:

- ✓ **Violation** –
Facts support a violation
- ✓ **No Violation** –
Facts do not support a violation
- **Other** –
Talk with Advocate if
“Other” is felt to need to be
chosen

Individual | Complaint | Accusation | Witnesses | **Findings** | DBHDS Advocate Report | LHRC | SHRC

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

FINDINGS :

Violation
No Violation
Other

❖ Even when the complaint is able to be resolved, that doesn't mean that there isn't still a violation initially.

2 Complaint Findings

- Note the date the investigation was initiated.
- **Point of Resolution:** from the drop-down menu, select “**Director**” as level complaint was offered (*as shown).
- **Resolution:** from the drop-down menu, select either:
 - ✓ **No Action required** (for unsubstantiated complaints)
 - ✓ **Individual accepts resolution.**
- ❖ Use the text field as indicated. The field has limited text capacity – be concise.

COMPLAINT FINDINGS

* Date Investigation Initiated	<input type="text"/>
* Point of Resolution	Director ▼
* Resolution	<input type="text"/> ▼
* Date Resolution offered	<input type="text"/>
If other:	<input type="text"/>
* Description of Resolution Offered:	<div style="border: 1px solid gray; padding: 5px;"> <p>-Who the resolution offered was made too</p> <p>-When the resolution offered was made</p> <p>-What was included in the resolution offered</p> <p>-How the resolution offered was made (in-person, phone, etc.)</p> <p>**Use the individual's language where able/appropriate</p> <p style="text-align: right;"><input type="button" value="Check Spelling"/></p> </div>

Complaint Withdrawn
 Individual Discharged
Individual Accepts Resolution
 Referral to LHRC
 Declined LHRC Appeal
No Action Required
 Appeal to Exec Director - Inactive as of February 8, 2017
 Other

Discharge from a service **does not** mean that a complaint cannot still be made or require being entered.

3 Notification of Right to Appeal

- Identify the date the individual or AR (if applicable) was notified of their right to appeal
- Identify the date that the resolution offered was accepted
- If the individual or AR were unable to be notified select the field to indicate this.
- Use the “**Notification Remarks**” field to indicate how the notification occurred or efforts toward notification if unable to do so.

4 Responsible DBHDS Advocate

- Enter the assigned Advocates name, consulted on the investigation.

5 Case Status

- From drop-down, Select:
Pending/Under investigation
- ❖ **Only the Advocate will identify if LHRC/SHRC review is needed in the drop-down menu, or close the case**

NOTIFICATION OF RIGHT TO APPEAL

Date Individual/AR notified

Date Resolution Accepted/Declined

Unable to notify

Notification Remarks

RESPONSIBLE DBHDS ADVOCATE

Name (First, MI, Last)

CASE STATUS

Status

Date Case Closed

Closed by

Name (First, MI, Last)

Save record –Findings tab is complete

- Pending/under investigation
- Pending/LHRC review
- Pending/SHRC review
- Pending/other
- Closed

Individual ✓ Complaint ✓ Accusation ✓ Witnesses ✓ Findings ✓ **DBHDS Advocate Report** LHRC SHRC

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing Report below or [here](#) to add a new Action

There are no records to display.

Add new record...

*Action Date:

Action:

*Remarks:

Check Spelling

Save Delete

- AIM Visit
- Citation of Violation sent to Office of Licensing
- Communication with Individual/AR/LG
- Communication with Provider
- Community Violation Letter
- Facility Violation Letter
- Lookbehind
- Met with Individual/AR/LG
- Monitored investigation
- Ok to close case
- OL CAP Correspondence
- Other Correspondence
- Recommendations for corrective action
- Recommendations for resolution
- Referral to the Office of Licensing
- Reviewed individual record
- Reviewed investigation report
- Verified Corrective Action

❖ **This tab is only to completed by the assigned Advocate; however, may be observed by the provider.**

➤ The Advocate will date and select actions or participation taken during the investigation; and describe the actions and participation in the remarks field.

Individual ✓ Complaint ✓ Accusation ✓ Witnesses ✓ Findings ✓ DBHDS Advocate Report ✓ **LHRC** ✓ SHRC

CHRIS VERSION 5.2

Thor Odinson

Request/Review Date

Request By Hearing Date

LHRC Review Requested By Advocate
Individual
Authorized Representative
Other

Review Request Withdrawn

Extension Granted

DECISION

Decision (Check all that apply)

Violation
 No Violation
 Made Recommendation
 Other

Decision Date

Appealed to SHRC No Yes

REMARKS

Remarks

Check Spelling

Save

- **The Advocate will complete this tab** when a LHRC Hearing is needed or requested, noting the following:
 - ✓ Date LHRC hearing was requested or reviewed
 - ✓ Select whom requested the LHRC Hearing from the drop-down menu
 - ✓ Date of the hearing
(or indicating if the hearing request was withdrawn; or an extension for the investigation was granted)

- **Decision:** The decision of the LHRC will be noted, the date the decision was made by the LHRC, and if there is an appeal of the LHRC decision

- **Remarks:** The Advocate will note remarks pertaining to the hearing or recommendations from the hearing

Individual Complaint Accusation Witnesses Findings DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

Thor Odinson

Request Date

SHRC Review Requested By (Check all that apply)

DBHDS Advocate
 Individual
 Authorized Representative
 Director
 Other

Review/Hearing Date

Individual Review Request Withdrawn
 Extension Granted
 Director's Review Request Denied

DECISION

Decision (Check all that apply)

Violation
 No Violation
 Concurred with LHRC
 Made Recommendation
 Other

Decision Date

De Novo

Remarks

Check Spelling

COMMISSIONER

Date Notified

Date of Response/Action

Response/Action

Check Spelling

Save

Individual ✓ Complaint ✓ Accusation ✓ Witnesses ✓ Findings ✓ DBHDS Advocate Report ✓ LHRC ✓ SHRC

CHRIS VERSION 5.2

The Advocate will complete this tab when an SHRC request/review is requested (via appeal of LHRC decision), noting the following:

- ✓ Date the SHRC review/hearing was made
- ✓ Whom made the SRCH review/hearing request
- ✓ The date of the hearing
 - *Or if the review/hearing request was withdrawn, denied, or an extension granted it will be selected

Decision: The SHRC decision, the decision date, and remarks from the hearing will be noted here.

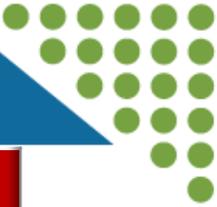
Commissioner: notification, date of response, or actions/remarks will be noted here.

DO report the following:

- ✓ Only report incidents in CHRIS that are alleged to have resulted in a human rights violation [12VAC35-115](#), when that complaint is made by an individual receiving services, their surrogate decision maker, or their chosen representative. Individuals can file complaints with or without ANE *post discharge from a service*. There is no statute of limitations on reporting.
- ✓ Allegations of Abuse, Neglect, and/or Exploitation (ANE)
 - Three (3) or more incidents of peer-on-peer aggression involving the same peers within a seven (7) day timeframe
 - Incidents between peers involving sexual assault
- ✓ Falls that are a result of alleged ANE
- ✓ Injuries that are a result of alleged ANE
 - Improper use of restraints
 - Injury sustained during restraints
- ✓ Deaths which are a result of known (or suspected) ANE
 - Deaths that occur unexpectedly
 - Deaths with "suspicious" circumstances

DO NOT report the following:

- ✗ A review of an incident where there is no complaint, identified pattern, or determination that a human rights violation may have occurred is not reportable to the Office of Human Rights (OHR) in CHRIS. However, these may still be reportable to the Office of Licensing if they meet the definition of a serious incident.
- ✗ Complaints with or without ANE that does not occur during the provision of the provider's service and the alleged abuser is not an employee, contractor or volunteer of the provider is not reportable to the OHR. .
- ✗ Falls that are not result of ANE
- ✗ Injuries that are not a result of ANE
- ✗ Deaths that do not involve ANE or are "suspicious" in nature
 - Expected Deaths
 - Terminal Illnesses
 - Individuals on hospice care



- Should a provider require reporting to both **OL** and **OHR**, they should **enter the OHR report first**. The **OL Serious Incident Report** will have a space to enter the **OHR CHRIS Abuse or Complaint Report number(s)** in relation to the case.

OHR

Individual Allegation

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an **existing abuse** case below or [here](#) to add a new incident.

Counter	AbuseDate	Description
129903	2024001	-Who, What, When, Where, How -Snap Shot

Individual Complaint

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing **complaint case** below or [here](#) to add a new incident.

Counter	ComplaintDate	Description
4243	2024001	-Specify complaint details -Relief/Resolution requested by individual

OL

If this incident was reported to Human Rights, please enter number here

If abuse, enter CHRIS abuse # <input style="width: 80%;" type="text" value="2024001"/>	If complaint, enter CHRIS complaint # <input style="width: 80%;" type="text" value="2024001"/>
Was an internal investigation initiated?	<input type="radio"/> No <input type="radio"/> Yes
If yes, indicate date begun:	<input type="text"/>

Key

1 Alexandria	21 Lynchburg
2 Bristol	22 Manassass
3 Buena Vista	23 Manassass Park
4 Charles City County	24 Martinsville
5 Charlottesville	25 Newport News
6 Chesapeake	26 Norfolk
7 Colonial Heights	27 Norton
8 Covington	28 Petersburg
9 Danville	29 Poquoson
10 Emporia	30 Portsmouth
11 Fairfax City	31 Radford
12 Falls Church	32 Richmond
13 Franklin	33 Roanoke
14 Fredericksburg	34 Salem
15 Galax	35 Staunton
16 Hampton	36 Suffolk
17 Harrisonburg	37 Virginia Beach
18 Hopewell	38 Waynesboro
19 James City County	39 Williamsburg
20 Lexington	40 Winchester

State Facilities: **Brandon Charles | 804.486.0085**
brandon.charles@dbhds.virginia.gov

*Central State Hospital/Western State Hospital/Eastern State Hospital/Catawba Hospital/Piedmont Geriatric Hospital
 Southern VA Mental Health Institute/Northern VA Mental Health Institute/Southwest VA Mental Health Institute
 Hiram Davis Medical Center/Commonwealth Center for Children & Adolescents/VA Center for Behavioral Rehabilitation
 Southeastern Virginia Training Center*

1 Cassie Purtlebaugh | 804.382.3889
cassie.purtlebaugh@dbhds.virginia.gov

2 Diana Atcha | 804.426.3279
diana.atcha@dbhds.virginia.gov

3 Mandy Crowder | 434.713.1621
mandy.crowder@dbhds.virginia.gov

4 Andrea Milhouse | 434.390.0116
andrea.milhouse@dbhds.virginia.gov

5 Latoya Wilborne | 757.508.2523
latoya.wilborne@dbhds.virginia.gov



OHR Regional Manager Contact Information

Virginia Department of Behavioral Health & Developmental Services

[OHR Web Page](#)

- Resources for
 - Individuals
 - Licensed Providers
 - State-Operated Facilities
- Memos, Correspondence & Training
- Data & Statistics
- OHR Contact information

[Human Rights Regulations](#)

Alonzo Riggins, Training & Development Coordinator

Alonzo.riggins@dbhds.virginia.gov

Jennifer Kovack, Associate Director Community Providers

Jennifer.kovack@dbhds.virginia.gov

Taneika Goldman, State Human Rights Director

Taneika.goldman@dbhds.virginia.gov

