

Navigating CHRIS V5.1

For Facilities/CSBs/Private Providers

(Comprehensive Human Rights Information System)

Virginia's Electronic Human Rights Reporting System



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DBHDS Navigating CHRIS V5.1

1. Introduction

The Office of Human Rights assists the Department in fulfilling its legislative mandate under § 37.2-400 of the Code of Virginia to assure and protect the legal and human rights of individuals receiving services in facilities or programs operated, licensed or funded by the Department.

The mission of the Office of Human Rights is to monitor compliance with the human rights regulations by promoting the basic precepts of human dignity, advocating for the rights of persons with disabilities in our service delivery systems, and managing the DBHDS Human Rights dispute resolution program.

The Office of Human Rights has as its basis the RULES AND REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS RECEIVING SERVICES FROM PROVIDERS LICENSED, FUNDED, OR OPERATED BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES. The Regulations outline the Department's responsibility for assuring the protection of the rights of consumers in facilities and programs operated funded and licensed by DBHDS.

These Rules and Regulations require providers to collect, maintain and report information concerning abuse, neglect, exploitation, deaths and serious injuries. Providers also must provide information on the type, resolution level, and findings of each complaint of a human rights violation. Currently, licensed providers report this data using a paper system and State facilities report the human rights data using an older version of the Computerized Human Rights Information System (CHRIS). With the implementation of CHRIS V5.1, both licensed providers and State facilities will use CHRIS V5.1 to report all data related to abuse and neglect, and human rights complaints of individuals receiving services. Licensed providers will use CHRIS V5.1 to report deaths and serious injuries.

CHRIS V5.1 is organized like the existing paper system currently used by licensed providers. The regulatory requirements and process flow remain the same as the paper system; however, the format for submitting the information is all electronic. There will be a phase-in period for the new electronic systems and the paper system will remain in place throughout the phase-in period. The paper system will also serve as the back-up system in the event of an emergency when the CHRIS system is unavailable.

State facility users will notice minor changes from the current CHRIS application in use. The major change for those users is that CHRIS V5.1 requires access through the DELTA security portal. There is no change in the manner in which State facilities report deaths and serious incidents.

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2. Logging into Delta and the CHRIS Application

DELTA is the internet portal used to access CHRIS and other DBHDS applications. Each agency may have one or more representatives from management assigned DELTA oversight depending on the size of the agency. These representatives will oversee CHRIS permissions/role assignments at the agency location and will have back-up staff identified. These include:

DELTA Security Officer: *This role processes account requests for their agency (except for their own account) and performs CHRIS functions. This role also performs administrative resets on accounts.*

DELTA Supervisor: *This role submits account and application access requests and updates for their agency (except for their own account) and performs CHRIS functions.*

Local Administrator: *This role approves all application access requests for CHRIS roles in DELTA (except for their own account) and performs CHRIS functions.*

The agency accounts for the DELTA Supervisors, Security Officers and Local Administrators are set up for the agency by DBHDS IT staff from the *DELTA Account Request Form* (on the DELTA web site). More details are available on the DELTA web site under [DELTA User's Manual](#).

Information Technology Services

Phone Number: (804) 371-4695

Email Address: deltaprod@dbhds.virginia.gov

Fax Number: (804) 786-2029

Please have your Exec send an email identifying the DELTA Supervisors, Security Officers, and Local Administrator to deltaprod@dbhds.virginia.gov on the DELTA Account Request Form prior to contact for DELTA registration. The DELTA request for agency set up should be completed on the form.

A Login and a Password will be sent automatically to you once your information has been processed by your DELTA Supervisor, Security Officer, and Local Administrator (based on the roles and permissions entered).

Once you have established access to DELTA, the Delta Portal can be accessed at <https://delta.dbhds.virginia.gov> or from the main page of www.dbhds.virginia.gov. Just click on the DELTA logo in the left column of the main page as seen below:

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WELCOME

Available to citizens statewide, Virginia's public mental health, intellectual disability and substance abuse services system is comprised of 16 [state facilities](#) and 40 locally-run [community services boards](#) (CSBs). The CSBs and facilities serve children and adults who have or who are at risk of mental illness, serious emotional disturbance, intellectual disabilities, or substance use disorders.

Please click [here](#) if you need immediate help.

DBHDS has been working with a broad network of stakeholders to transform our system to enhance community-based care for individuals, make overdue infrastructure improvements to our state facilities and to change the way services are delivered. Our [strategic plans](#) reflect efforts to fully embrace self-determination, empowerment, and recovery for individuals in our service system. We have also been further examining our system and working with state and local leadership to determine the services that will be needed in the future.

Recent News

- [Southwestern Virginia Mental Health Institute Infectious Disease Coordinator Cindy Jones Wins 2011 Governor's Award](#)
- [Creating Opportunities Management Workgroup](#)
- [Major Issues Facing VA Behavioral Health and Developmental Services System, by Commissioner Stewart](#)
- [Creating Opportunities Implementation Update 2011](#)
- [Detail of Governor McCrory Budget Proposals for DBHDS](#)
- [Governor McDonnell Pledges Funds to Improve Virginia Behavioral Health and Developmental Services](#)

Licensing

- [Locate Services/Get Help](#)



RESOURCES

- [Item 304.N Fiscal Year 2010 Annual Report](#)
- [Developmental Healthcare for Veterans](#)
- [Co-Occurring Mental Health and Substance Use Disorders](#)
- [Cultural & Linguistic Competence](#)
- [Easy Access for Seniors and Adults with Disabilities](#)
- [Infant & Toddler Connection Of Virginia](#)
- [Mental Health/Criminal Justice Consortium](#)
- [Mental Health Planning Council](#)
- [Mental Health Reform](#)

[View Department Expenses](#)

Developmental Services

- [Autism Plan - Response to JLARC](#)
- [Comprehensive State Plan 2010 - 2016](#)
- [More News Releases](#)

Quick Links

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- [DBHDS Films and Videos](#)
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- [Licensed Provider Search](#)
- [Offices & Staff](#)
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Below is the DELTA Login Screen for authorized users.

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Virginia Department of **Behavioral Health and Developmental Services**

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DELTA

Login

▶ Username:

▶ Password:

[Forgot Password](#)

[Log In](#)

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 "trojan horse". The most common method to protect against this is to maintain current Anti-Virus and

Passwords will be required to change every 90 days and cannot be repeated for the first 24 uses.

Once you have logged into Delta successfully, you will see the link to the CHRIS application.

Virginia.gov Welcome: Susan Tinsley

Virginia Department of **Behavioral Health and Developmental Services**

Home > **My Account** > My Applications Location: Central Office

My Account

- My Applications
- Change Password
- Change Security Question
- My Information
- Change Location
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DELTA

CHRIS

This is CHRIS development site

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3. Permissions and Responsibilities

There are 13 possible roles assigned by those in DELTA oversight positions for the CHRIS application. Each is defined in the following chart.

Role	Description
Office of Human Rights (CHRIS Role #22)	Enters Abuse Allegations, Complaints, Serious Injury, and Death data, views data, runs reports, and deletes records. . Also re-opens cases as needed and maintains Lookup Table values.
Advocates (CHRIS Role #23)	Enters Abuse Allegations & Complaints data, views data, closes Abuse Allegations & Complaints, runs reports, and deletes records.
Directors & Designees (CHROS Role #24)	Enters Abuse Allegations, Complaints, Serious Injury, and Death data, views data, and runs reports for assigned location only.
Directors & Designees, Read Only (CHRIS Role #25)	Functions limited to viewing Abuse Allegations Complaints, Serious Injuries, and Death data and running reports for assigned location only.
Central Office Staff - Statewide (CHRIS #49)	Functions limited to viewing Abuse Allegations and Complains data and running reports for state facilities, CSBs and private providers.
Central Office Staff Facility Only (CHRIS Role #50)	Functions limited to viewing Abuse Allegations and Complaints data and running reports for the state facilities only.
Central Office Staff CSB & Private Providers Only (CHRIS Role #51)	Functions limited to viewing Abuse Allegations and Complaints data and running reports for CSBs and private providers.
Central Office CSB and Private Providers Only Waiver (CHRIS Role #60)	Functions limited to viewing Abuse Allegations, Complaints, Serious Injuries, and Death data and running reports for waiver individuals only at all CSBs and private providers.
Central Office CSB and Private Providers Only Waiver Reports (CHRIS Role #61)	Function limited to running reports for waiver individuals only at all CSBs and private providers.

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Central Office State Training Centers Only Waiver (CHRIS Role #62)	Function limited to viewing Abuse Allegations and Complaints data for waiver individuals at state facilities only.
Office of Licensing (CHRIS Role #70)	Enters Abuse Allegations, Complaints, Serious Injury, and Death data, views data, runs reports, and deletes records. . Also re-opens cases as needed and maintains Lookup Table values.
Licensing Specialists (CHRIS Role #71)	Enters Abuse Allegations, Complaints, Serious Injury, and Death data, views data. Closes Serious Injury and Death cases.
Local Licensing Providers (CHRIS Role #72)	Enters Abuse Allegations, Complaints, Serious Injury, and Death data, views data, and runs reports for assigned location only.

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There are 13 user roles with the CHRIS System. CHRIS permissions for these roles are included in the following chart:

<u>CHRIS User Roles</u>	<u>Permissions</u>				
	Read	Write	Delete	Run Reports	Maintain Lookup Table Values
Office of Human Rights	Yes	Yes	Yes	Yes	Yes
Advocates	Yes	Yes	Yes	Yes	
Directors & Designees	Yes	Yes		Yes	
Directors & Designees Read Only	Yes			Yes	
Central Office Staff Statewide	Yes			Yes	
Central Office Staff Facility Only	Yes			Yes	
Central Office Staff CSB & Private Providers Only	Yes			Yes	
Central Office CSB and Private Providers Only Waiver	Yes			Yes	
Central Office CSB and Private Providers Only Waiver Reports				Yes	
Central Office State Training Centers Only Waiver	Yes				
Office of Licensing	Yes	Yes	Yes	Yes	Yes
Licensing Specialists	Yes	Yes	Yes	Yes	
Local Licensing Providers	Yes	Yes		Yes	

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4. Using the CHRIS System

Problems/questions/issues with the CHRIS screens/reports should be reported by email to DBHDS Production Support with a cc to margaret.walsh@dbhds.virginia.gov. Production Support will respond to application issues/problems and Margaret will respond to process issues/problems.

CHRIS is designed to timeout after 15 minutes of session inactivity. If your session times out and you have not saved your entry or changes, your entry or changes will be lost.

Depending on your individual permissions within the CHRIS system, the screen below may display.

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- ST61cc58
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 - Statewide Summary Reports
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 - Statewide Waiver Summary Reports
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 - Accused List
 - Alleged Abuser History
- Edit LookUp Tables
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CHRIS

CHRIS VERSION 5.1

Select the agency where this incident took place.

☐ State Operated Facility ☐ CSB/BHA ☐ Other Licensed Provider

Agencies...

Choose

Click the radio button to select a programtype of State Operated Facility, CSB/BHA, or other licensed Provider.

Once the program type has been selected, use the drop down list of Agencies to select your agency.

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4.1 Search for a Case

CHRIS has the functionality to search for a case by individual name or by the specific abuse allegation number, complaint number, or death/ injury number assigned to the case by CHRIS (depending on your individual permissions, you may not have access to all data).

- To search by individual name:
 - Click the **by Name** button
 - Enter the individual's **First Name** and **Last Name**
 - Click **Search**
 - All individuals with a name that "sounds like" the one you entered will be displayed on the screen. Click the highlighted **ID number** link to choose the individual you need.

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CHRIS VERSION 5.1

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

Agency CD:016 , User Role: 72

☒ by Name ☐ by Abuse Case ☐ by Complaint Case ☐ by Death/Injury Case

Case Number

Name (First, Last)

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

ID	First	MI	Last	SSN	Gen.	DOB	City	Zip
016201212132735	Thomas		King	098765432	M	4/18/1978	Alexandria	22314

- To search by case number:
 - Click the **by Abuse**, **by Complaint**, or **by Death/Injury** button
 - Enter the **Abuse Allegation number**, **Complaint number**, or **Death/Injury number**
 - Click **Search**
 - The specific Abuse Allegation, Complaint, or Death/Injury screen will display.

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4.2 Individual Demographic Data

Before specific abuse, complaint, or death/injury information can be entered into CHRIS, the individual's demographic data must be entered. **Facilities only: an individual must have been entered in the Avatar database by the facility Health Information Management (HIM) staff before an abuse allegation or complaint can be entered. If you do not find the individual you searched for, please contact your facility HIM staff to make sure the Avatar entry has been completed.** CSBs and other private providers must enter the demographic data.

DRAFT

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Select Individual Abuse Information Complaint Information Death/Injury

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* denotes a required field

^ additionally required fields for CSBs and Private Providers

*Name (First, MI, Last)	Thomas	King
SSN (no dashes)	098765432	
Current Address where individual is living		
^ Street	222 First St.	
^ City, ^State, ^Zip	Alexandria	VA 22312
Phone	(703) 123-4567	Phone (###) ###-####
Provider Primary Address		
Street	720 N. Saint Asaph Street	
City, State, Zip	Alexandria	VA 22314

FOR FACILITIES: Individual demographic data is transferred from Avatar. This data is grayed out and cannot be changed in CHRIS. If a correction is needed to this data, please see your HIM staff.

All individuals must be in the Avatar system before an abut allegation or complaint record can be entered for an individual in a state facility.

DEMOGRAPHICS

*Date of Birth	4/18/1978		
*Race	White / Caucasian	*Gender	Male
Medicaid Number	098765432111		
Substitute Decision Maker	<input type="radio"/> No <input checked="" type="radio"/> Yes		
Relationship to Individual	Relative (Other Family)		
		Name	Bruce King

Save

Cancel

Complete demographics fields as necessary and click Save.

FOR FACILITIES: The Get Most Current Avatar button will refresh the individual's Avatar supplied data with the most current data from the Avatar system.

NOTE: Throughout the CHRIS application, the Delete button may or may not be visible on your screen. Access to Delete functionality is based on your user permissions.

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4.3 Abuse Allegation Entry

DRAFT

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Individual Allegation

CHRIS VERSION 5.1

* denotes a required field

Wanda Orange

The record is saved.

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

Counter	AbuseDate	Description
12494	20130015	Mary was hit and yelled at by another resident of the home.

Abuse ID: Abuse Counter: Abuse Date: 1/7/2013

Provider: Alexandria Community Services Board

Location: ID Supervised Living (Entry of Street, City, State and Zip are required for CSS and private provider individuals.)
Get Address
4480 King Street
Alexandria VA 22302
State, Zip Alexandria (city)

Specific Site of Abuse: Living Room (e.g.: Bathroom)

Waiver: Individual receiving a waiver service? No Yes
ID Waiver Required if receiving waiver service.
Case Management Provider: Alexandria Community Services Board Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

Medical Number: 123456789012 Required if receiving waiver service.

DETAILS

Type: (Select All that apply)
☒ Physical ☐ Sexual ☐ Verbal ☐ Seclusion/Restraint ☐ Neglect (Peer-to-Peer)
☐ Exploitation ☐ Other
Type of Restraint:
Describe the Abuse: Staff member hit Mary.
Check Spelling

INJURIES

Individual Injured? No Yes
Type of Injury: (Select All that apply)
☐ Bruises ☐ Fractures
☐ Lacerations ☐ Death
☐ Burns ☐ Other Injury
Medical Attention provided? No Yes
Medical Attention Type: NonEmergency Emergency
Description of Medical Treatment Provided & Finding:
Check Spelling

REPORTING

Who made the allegation?
Name (First, MI, Last): Wanda Orange
Title: Individual
Date Allegation made: 1/7/2013

To whom did they report it?
Name (First, MI, Last): Nurse Nancy
Title: Counselor

Who reported it to the Director?
Name (First, MI, Last): Nurse Nancy

Date/Time Reported: 1/7/2013 11:11 AM
Save Cancel Print Abuse

Continue
Record Counter: 20130016
The record is saved.
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Complete abuse allegation fields as necessary and click Save.
NOTE: A new entry is saved only when you see "The record is saved" and "Record Counter" messages displayed. The record counter is your case number.
To continue entering data for this case, click Continue.
To print a report of the data entered for this case, click Print.

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Document Update: 3/4/2013

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Location data entry:

- Facilities: location will be building/ward that is selected from the dropdown list
- CSBs and Private Providers: location will be the program site address:
 - Click the Location and select the provider type
 - Click the Get Address button. This will display addresses from the OLIS database for the provider type selected.
 - Select the address where the incident took place
 - Enter the FIPS city/county code from the dropdown menu

Enter a new incident

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

Counter	AbuseDate	Description
12495	20130016	01-07-2013 Staff member hit Mary.
12494	20130015	01-07-2013 Mary was hit and yelled at by another resident of the home.

Abuse ID: 12495 Abuse Counter: 20130016 *Abuse Date: 1/7/2013

Provider: Alexandria Community Services Board

Location: ID Supervised Living
Select the address.

Location	LicenseID	LocationName
4480 King Street Alexandria VA 22302 510	016-01-011	Administrative
419 East Bellefonte Avenue Alexandria VA 22301 510	016-01-011	MR Superv
421 East Bellefonte Avenue Alexandria VA 22301 510	016-01-011	MR Superv
423 East Bellefonte Avenue Alexandria VA 22301 510	016-01-011	MR Superv
5300 Holmes Run Parkway #516 Alexandria VA 22304 510	016-01-011	The Green

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

Individual receiving a waiver service? ☒ Yes

Required if receiving waiver

*Medical Number: 5300 Holmes Run Parkway #516|Alexandria|VA|22304|510

*Type: (Select All that apply)

*Describe the Abuse: Staff member hit Mary.

Check Spelling

Continue with the entry of the Abuse Allegation Notification data.

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

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* denotes a required field

Wanda Orange

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	<input type="text" value="2/26/2013 4:30 PM"/>
Licensing (hh:mm AM or PM)	<input type="text" value=""/> <input type="button" value="v"/>
*DBHDS Advocate (hh:mm AM or PM)	<input type="text" value="3/4/2013"/> <input type="text" value="7:22 AM"/> <input type="button" value="v"/>
Substitute Decision Maker (hh:mm AM or PM)	<input type="text" value=""/> <input type="button" value="v"/>
DMAS (hh:mm AM or PM)	<input type="text" value=""/> <input type="button" value="v"/>
Other (hh:mm AM or PM)	<input type="text" value=""/> <input type="button" value="v"/>
If Other, who was it: <input type="text" value=""/>	

The Director and DBHDS Advocate notification fields are automatically populated by the CHRIS system. CHRIS will send an email notification to the advocate whenever a new abuse allegation is saved.

Enter any other notifications that are made. Click Save.

DEPARTMENT OF SOCIAL SERVICES

Name (First, MI, Last)	<input type="text" value=""/>
Date/Time Notified (hh:mm AM or PM)	<input type="text" value=""/> <input type="button" value="v"/>
Method of Notification	<input type="button" value="v"/>
DSS Findings	<input type="button" value="v"/>

POLICE

<input type="checkbox"/> Suspected Criminal activity	
Local Police	
Name	<input type="text" value=""/>
Department	<input type="text" value=""/>
Date Notified	<input type="text" value=""/> <input type="button" value="v"/>
State Police	
Name	<input type="text" value=""/>
Department	<input type="text" value=""/>
Date Notified	<input type="text" value=""/> <input type="button" value="v"/>
<input type="button" value="Save"/>	

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Information about the accused person must be entered.

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IndividualAllegationNotification**Accusation**WitnessesInvestigationDBHDS Advocate ReportLHRCSH

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* denotes a required field

Wanda Orange

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

There are no records to display.

Name (First, MI, *Last)

Unknown

Position/Relation

Other

Birthdate

Actions Taken

☐ Terminated

☐ Written Counseling

☐ Transferred

☐ Monitoring

☐ Suspended

☐ Referral to Judicial System

☐ Resigned

☐ Accused Not Employee

☐ Remedial Training

☐ No Action

☐ Verbal Counseling

☐ Other

Remarks about
Actions

Save

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During the investigation of the alleged abuse, you may enter "Unknown" for the last name and "Other" for the Position/Relation. Once the investigation is completed, if the abuse is founded, these fields MUST be changed to the real name and position before the case can be closed.

Multiple records may be saved for one case.

Before th case can be closed, if the abuse is founded, at least one action taken must be entered for each person.

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If the Abuse Allegation was witnessed, information about the witnesses must be entered.

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IndividualAllegationNotificationAccusation**Witnesses**InvestigationDBHDS Advocate ReportLHRCSHRC

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* denotes a required field

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

There are no records to display.

Witness

Name First, MI * Last

Herbert

Black

Save

Enter information on the witness.
Click Save.

Multiple witnesses may be entered
for each case.

DBHDS Navigating CHRIS V5.1

For this document, the Investigation Screen has been separated into 3 sections and is displayed on this page and the next 2 pages.

Investigation Entry Section 1:

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IndividualAllegationNotificationAccusationWitnessesInvestigationDBHDS Advocate ReportLHRCSHRC

CHRIS VERSION 5.1

Wanda Orange

The record is saved.

Investigation Begin Date
(hh:mm AM or PM)

1/7/2013

Investigator's Name

1:00 PM

John

Smith

Date of Investigator's Final
Report

1/31/2013

Complete the investigation data as necessary
and click Save.

DIRECTOR OR INVESTIGATION AUTHORITY'S DISPOSITION

Did Abuse/Neglect occur?

☐ Yes☐ No

This field is not for data entry!
It is to display data from old cases where data
was not collected by abuse/neglect type.

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

Physical Abuse	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Sexual Abuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Verbal Abuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Seclusion /Restraint	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Neglect Non-Peer to Peer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect Peer to Peer	<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	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo

Rationale

☒ Eyewitness Statements

☒ Staff Admissions

☐ Failure to Follow Behavior/Mgmt Plan

☐ Failure To Follow Policy

☐ Witness Credibility

☐ Other

Other Rationale

Decision Date

2/5/2013

CHRIS V5.1
Document Update: 3/4/2013

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DBHDS Navigating CHRIS V5.1

Investigation Entry Section 2:

Decision Date	2/5/2013	
Reason for Corrective Action (Check all that apply)	<input type="checkbox"/> Inadequate documentation of client's activities; ISP	Continue to complete the investigation data and click Save.
	<input type="checkbox"/> Inadequate documentation - clinical and medical	
	<input type="checkbox"/> Unauthorized use of restraint techniques	
	<input checked="" type="checkbox"/> Policy & Procedures not followed	
	<input type="checkbox"/> Policy & Procedures in Conflict with regulation	
	<input type="checkbox"/> Failure To Report as required	
	<input type="checkbox"/> Clinical Issue	
	<input type="checkbox"/> Environmental/Physical Plant Issue	
	<input checked="" type="checkbox"/> Inappropriate Behavior/Verbal Exchange w/ Clients	
	<input type="checkbox"/> Duplicate Issue/Cases	
	<input checked="" type="checkbox"/> Performance Issue - Substantiated	
	<input type="checkbox"/> Performance Issue - Unsubstantiated	
	<input type="checkbox"/> Systemic - Substantiated	
	<input type="checkbox"/> Systemic - Unsubstantiated	
Corrective Actions Taken (Check all that apply)	<input checked="" type="checkbox"/> Reinforce policy and procedure	<div>Appropriate Staff Action Taken Description: Staff member released.</div> <div>Appropriate Notification to Office of Licensing Description: Letter of CAPs.</div>
	<input type="checkbox"/> Train individual staff	
	<input type="checkbox"/> Train all staff	
	<input type="checkbox"/> Increase supervision (change patterns of supervision)	
	<input checked="" 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 checked="" type="checkbox"/> Appropriate staff action taken	
	<input checked="" type="checkbox"/> Appropriate notification to Office of Licensing made	

DBHDS Navigating CHRIS V5.1

Investigation Entry Section 3:

NOTIFICATION OF DECISION AND RIGHT TO APPEAL

	Date
DBHDS Advocate	2/5/2013 ▼
Individual	2/5/2013 ▼
Substitute Decision Maker	2/5/2013 ▼

Continue to complete the investigation data and click Save.

RESPONSIBLE DBHDS ADVOCATE

Name (First, MI, Last)	Katherine	Brown
------------------------	-----------	-------

CASE STATUS

Status	Pending/under investigation ▼
Date Case Closed	▼
Point of Resolution	▼
Individual Decision	▼

	Closed by
Name (First, MI, Last)	
Save	The record is saved.

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DBHDS Navigating CHRIS V5.1

At least one DBHDS Advocate Report must be entered before the case can be closed.

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IndividualAllegationNotificationAccusationWitnessesInvestigationDBHDS Advocate ReportLHRCSHRC

CHRIS VERSION 5.1

* denotes a required field

Wanda Orange

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

There are no records to display.

*Action Date:2/8/2013

Action:Ok to close case

Remarks:

You enter your report here.

Check Spelling

At least one DBHDS Advocate Report must be entered before a case can be closed.

Enter your report and click Save.

DBHDS Navigating CHRIS V5.1

If a Local Human Rights Committee hearing was requested, this information must be entered.

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CHRIS VERSION 5.1

Wanda Orange

Request/Review Date

LHRC Review Requested By

Hearing Date

☐ Review Request Withdrawn

☐ Extension Granted

Enter LHRC data and click Save.

Prior to closing a case, if an LHRC Request/Review data has been entered, this screen (through the decision and decision date) must be completed.

DECISION

Decision
(Check all that apply)

☐ Violation

☐ No Violation

☐ Made Recommendation

☐ Other

Decision Date

Appeal SHRC

☐ No

☐ Yes

REMARKS

Remarks

Check Spelling

Save

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DBHDS Navigating CHRIS V5.1

If a State Human Rights Committee hearing was requested, this information must be entered.

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CHRIS VERSION 5.1

Wanda Orange

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

Check Spelling

COMMISSIONER

Date Notified

Date of Response/Action

Response/Action

Check Spelling

Save

Enter SHRC data and click Save.

Prior to closing a case, if an SHRC Request/Review date has been entered, this screen (through the decision and decision date) must be completed.

DBHDS Navigating CHRIS V5.1

4.4 Complaint Entry

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IndividualComplaint

CHRIS VERSION 5.1

* denotes a required field

Wanda Orange

Complete the complaint data and click Save.

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

There are no previous incidents to display.

Complaint ID:	Complaint Counter:	*Complaint Date	1/24/2013
Provider:	Alexandria Community Services Board		
*Location	ID Supervised Living (Entry of Street, City, State and Zip are required for CSB and private provider individuals.) Get Address 4480 King Street Alexandria VA 22302 Alexandria (city)	Specific Site	Kitchen (e.g.: Bathroom)
Street City, State, Zip		*Waiver	Individual receiving a waiver service here? <input type="radio"/> No <input checked="" type="radio"/> Yes
*FIPS		*Waiver Type	ID Waiver Required if receiving waiver service.
Medicaid Number	123456789012 Required if receiving waiver service.	* Case Management Provider	Blue Ridge Behavioral Healthcare Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

COMPLAINT

*Category

Dignity

*Sub-Category

Staff action and attitudes (A)

*Description of Complaint/Relief Requested

Staff members gossiping about Ms. Orange.

Check Spelling

REPORTING

Who made the allegation?

Name (First, MI, *Last)

Wanda Orange

Title

Individual

*Date Complaint made

1/28/2013

To whom did they report it?

Name (First, MI, *Last)

Nurse Nancy

Title

Counselor

Who reported it to the Director?

Name (First, MI, *Last)

Nurse Nancy

*Date Reported

1/28/2013

NOTE: A new entry is saved only when you see "The record is saved "and Record Counter" messages displayed. the record counter is your case number.

To continue entering data for this case, click Continue.

To print a report of the data entered for this case, click Print.

STATUS

*Process

☒ Informal ☐ Formal

Save Continue Cancel Print Complaint

Record is saved

Record Counter: 20130004

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DBHDS Navigating CHRIS V5.1

Information on the accused must be entered.

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CHRIS

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

CHRIS VERSION 5.1

* denotes a required field

Wanda Orange

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

There are no records to display.

Add new record...

Name (First, MI, *Last) Unknown

*Position/Relation Other

Save

During the investigation of the complaint, you may enter "unknown" for the last name and "Other" for the Position/Relation. Once the investigation is completed, if the complaint is founded, these fields MUST be changed to the real name and position before the case can be closed.

Multiple records may be saved for one case.

before the case can be closed, if the abuse is founded, at least one action taken must be entered for each person.

Any witness information must be entered.

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CHRIS

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

CHRIS VERSION 5.1

Wanda Orange

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

There are no records to display.

Add new record...

Name (First, MI, Last) Ginger Hale

Enter information on the witness.
Click Save.

Multiple witnesses may be entered for each case.

DBHDS Navigating CHRIS V5.1

Once the Complaint has been investigated, the Findings must be entered.

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IndividualComplaintAccusationWitnessesFindingsDBHDS Advocate ReportLHRC SHRC

CHRIS VERSION 5.1

Wanda Orange

Findings : Violation

INFORMAL COMPLAINT FINDINGS

Description of Informal Resolution

Staff members were not gossiping about Ms. Orange but were discussing new diet prescribed by Ms.

Date Informal Resolution Offered

2/5/2013

Informal Resolution Status

Accepted

Date Informal Resolution Accepted/Declined

2/11/2013

For an informal complaint, enter the data in this section.

Enter the notification and responsible DBHDS advocate data.

Enter the case closing data.

FORMAL COMPLAINT FINDINGS

Date Formal Process Begun

Point of Resolution

Resolution

Date of Resolution

If other:

Resolution/CAP:

Check Spelling

For a formal complaint, enter the data in this section.

Enter the notification and responsible DBHDS advocate data.

Enter the case closing data.

NOTIFICATION

Date Individual Notified

2/6/2013

Date Substitute Decision-Maker Notified

2/6/2013

Unable to notify

☐

Notification Remarks

RESPONSIBLE DBHDS ADVOCATE

Name (First, MI, Last)

John

Smith

CASE STATUS

Status

Pending/under investigation

Date Case Closed

Closed by

Name (First, MI, Last)

Save

The record is saved.

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DBHDS Navigating CHRIS V5.1

Before a Complaint case can be closed, at least one DBHDS Advocate Report must be entered.

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

CHRIS VERSION 5.1

* denotes a required field

Wanda Orange

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

There are no records to display.

Add new record...

*Action Date: 2/19/2013

Action: Ok to close case

Remarks: Enter your report here.

Check Spelling

Enter your advocate report here. Multiple reports may be saved for each case as necessary.

At least one DBHDS Advocate Report must be entered before a case can be closed.

DBHDS Navigating CHRIS V5.1

If a Local Human Rights Committee hearing is requested, this information must be entered.

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

CHRIS VERSION 5.1

Wanda Orange

Request/Review Date

Request By Hearing Date

LHRC Review Requested By

☐ 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

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Enter LHRC data and click Save.

Prior to closing a case, if an LHRC Request/Review date has been entered, this screen (through the decision and decision date) must be completed.

DBHDS Navigating CHRIS V5.1

If a State Human Rights Committee hearing is requested, this information must be entered.

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IndividualComplaintAccusationWitnessesFindingsDBHDS Advocate ReportLHRC**SHRC**

CHRIS VERSION 5.1

Wanda Orange

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

Enter SHRC data and click Save.

Prior to closing a case, if an SHRC Request/Review date has been entered, this screen (through decision and decision date) must be completed.

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

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DBHDS Navigating CHRIS V5.1

4.5 Serious Injury Entry

For this document, the Serious Injury screen has been separated into 4 sections and is displayed on the next 4 pages.

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IndividualDeath/InjuryDeath/Injury LSA Report

CHRIS VERSION 5.1

* REPORTABLE DEATH – Death that occurs during the time an individual is receiving services in the program.

* REPORTABLE INJURY – any injury resulting in bodily damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner while the individual is supervised by or involved in services.

* denotes a required field

Wanda Orange

Select an existing Death/Injury case below or [here](#) to add a new record.

NOTE: all injuries that are covered by this definition MUST be reported.

To enter a Serious Injury record, complete the required fields and click Save.

DeathSeriousInjury ID:	95	DeathSeriousInjury Counter:	20130008
Provider:	Alexandria Community Services Board		
* Location:	ID Supervised Living	* Specific Site of Death/Injury	Bedroom (e.g.: "Bathroom")
(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)		*Waiver Service Recipient?	<input type="radio"/> No <input checked="" type="radio"/> Yes
<input type="button" value="Get Address"/>		*Waiver Type	ID Waiver <input type="button" value="Required if receiving waiver service."/> Required if receiving waiver service.
Street City, State, Zip *FIPS		* Case Management Provider	Alexandria Community Services Board <input type="button" value="Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional."/> Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.
4480 King Street Alexandria VA 22302 Alexandria (city)		* Date of Discovery of Death/Injury	2/15/2013
*Date/Time Death/Injury	2/15/2013		
* (hh:mm AM or PM)	8:00 AM		
*Medicaid Number	123456789012	*Death or Serious Injury	<input type="radio"/> Death <input checked="" type="radio"/> Serious Injury

If you don't know the date of the injury, enter the date of discovery here as well. This field can be edited later.

If an individual is receiving a waiver, the following fields must be completed:

- Waiver type
- Medicaid number
- Case mgmt provider

DBHDS Navigating CHRIS V5.1

Serious Injury screen (continued): Section 2

COMPLETE FOR INJURIES

*Complete for serious INJURIES (Check all that apply)	<input checked="" type="checkbox"/> Abrasion/Cut/Scratch	
	<input type="checkbox"/> Adverse Reaction	
	<input type="checkbox"/> Aspiration Pneumonia	
	<input type="checkbox"/> Assault by client	
	<input type="checkbox"/> Assault by staff	
	<input type="checkbox"/> Bite	
	<input type="checkbox"/> Burn	
	<input type="checkbox"/> Choking	
	<input type="checkbox"/> Constipation/Bowel Obstruction	
	<input checked="" type="checkbox"/> Contusion/Hematoma	
	<input type="checkbox"/> Decubitus Ulcer	
	<input type="checkbox"/> Dislocation/Fracture	
	<input type="checkbox"/> Falls	
	<input type="checkbox"/> Ingestion of Substance	
	<input type="checkbox"/> Laceration	
	<input type="checkbox"/> Medication Error	
	<input type="checkbox"/> Overdose	
	<input type="checkbox"/> Redness/Swelling	
	<input type="checkbox"/> Seizure/Convulsion	
	<input checked="" type="checkbox"/> Spain	
<input type="checkbox"/> Suicidal Attempt		
<input type="checkbox"/> Other		
Injury Other(please specify)	<div></div>	
Did this injury involve loss of consciousness?	<input checked="" type="radio"/> No <input type="radio"/> Yes	Medical Attention Type
Date/Time Medical Attention (hh:mm AM or PM)	2/15/2013 9:00 AM	<input checked="" type="radio"/> NonEmergency <input type="radio"/> Emergency
Description of Medical Treatment Provided & Finding	<div>iced sprain; cleaned cuts</div> <div>Check Spelling</div>	

DBHDS Navigating CHRIS V5.1

Serious Injury screen (continued): Section 3

Did this case involve? (Check all that apply)

<input type="checkbox"/> Seduction	Involve Other(please specify)	
<input type="checkbox"/> Restraint		
<input type="checkbox"/> Abuse Allegation		
<input type="checkbox"/> Neglect Allegation		
<input type="checkbox"/> Assault by Client		
<input type="checkbox"/> Self Injurious Behavior		
<input type="checkbox"/> Unexplained		
<input type="checkbox"/> Other		

If Abuse checked, select CHRIS Abuse # If neglect checked, select CHRIS Complaint #

Was an internal investigation initiated? ☐ No ☐ Yes

If yes, indicate date begun:

External notifications made
(Check all that apply)

<input type="checkbox"/> DSS
<input type="checkbox"/> Local Law Enforcement Agency
<input type="checkbox"/> State Police
<input type="checkbox"/> Department of Health Professions
<input type="checkbox"/> Department of Health
<input checked="" type="checkbox"/> Other

Other (please specify):

Provider's Corrective Action(Check all that apply)

<input checked="" type="checkbox"/> Reinforce policy and procedure
<input type="checkbox"/> Train individual staff
<input type="checkbox"/> Train all staff
<input type="checkbox"/> Increase supervision (change patterns of supervision)
<input checked="" type="checkbox"/> Increase staffing
<input type="checkbox"/> Supervisory/Administrative staff change/action
<input checked="" 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

Person Filling Out Form Name/Title

First name	<input type="text" value="Janet"/>	Last name	<input type="text" value="Jones"/>	Staff Title	<input type="text" value="Administrator"/>	Date of Completion	<input type="text"/> <input type="button" value="v"/>
------------	------------------------------------	-----------	------------------------------------	-------------	--	--------------------	---

*Licensing Specialist:	<input type="text" value="Barry Lee"/> <input type="button" value="v"/>	Date Case Closed:	<input type="text"/> <input type="button" value="v"/>
------------------------	---	-------------------	---

Record Counter: 20130008

The record is saved.

[Back to top](#)

A new entry is saved only when you see "Record is saved" and "Record counter" displayed. The Record Counter is your case number.

To print a report of the data entered for this case, click Print.

DBHDS Navigating CHRIS V5.1

Serious Injury screen (continued): Section 4

Service Staff Name/Title			
First name	<input type="text"/>	Last name	<input type="text"/>
Staff Title	<input type="text"/>	Date of Completion	<input type="text"/>
*Licensing Specialist	<input type="text" value="Elaine Haley"/>	Date Case Closed:	<input type="text"/>
<div><input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Print Death/Injury"/></div> <p><i>The record is saved.</i></p> <p>Back to top</p>			

A new entry is saved only when you see "Record is saved." The record number will be displayed at the top of the page. This is your case number.

To print a report for all data entered on this case, press Print Death/Injury.

Before a Serious Injury report can be closed, at least one Licensing Specialist Action Report must be entered.

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Individual > Death/Injury > **Death/Injury LSA Report**

CHRIS VERSION 5.1

* denotes a required field

Wanda Orange

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

There are no records to display.

*Action Date:	<input type="text" value="2/26/2013"/>
*Action:	<input type="text" value="Ok to close case"/>
Remarks:	<input type="text" value="please enter your report here."/>
<input type="button" value="Check Spelling"/>	

Enter the required fields and the narrative of your report and click Save.

DBHDS Navigating CHRIS V5.1

4.6 Death Entry

For this document, the Death screen has been separated into 3 sections and is displayed on this page and the next 2 pages.

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CHRIS

Individual Death/Injury

CHRIS VERSION 5.1

* REPORTABLE DEATH – Death that occurs during the time an individual is receiving services in the program.

* REPORTABLE INJURY – any injury resulting in bodily damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner while the individual is supervised by or involved in services.

* denotes a required field

Wanda Orange
The record is saved.

Select an existing Death/Injury case below or [here](#) to add a new record.

Counter	Death/Injury	Date	Known Facts
95	20130008	02-15-2013	

Death/Serious Injury ID:

Death/Serious Injury Counter:

Provider: Alexandria Community Services Board

* Location: ID Supervised Living

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

Get Address

Street: 4480 King Street

City, State, Zip: Alexandria VA 22302

* FIPS: Alexandria (city)

* Specific Site of Death/Injury: Bedroom (e.g.: "Bathroom")

* Waiver Service Recipient? ☐ No ☒ Yes

* Waiver Type: ID Waiver Required if receiving waiver service.

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

* Date/Time Death/Injury: 3/1/2013

* (hh:mm AM or PM): 12:30 AM

If you don't know the data of the death enter the date of discovery here as well. This field can be

* Date of Discovery of Death/Injury: 3/1/2013

* Medicaid Number: 123456789012 Required if receiving waiver service.

* Death or Serious Injury: ☒ Death ☐ Serious Injury

If an individual is receiving a waiver, the following data must be completed:
Waiver type
Medicaid number
Case mgmt provider

DBHDS Navigating CHRIS V5.1

Death screen (continued): Section 2

COMPLETE FOR DEATHS ONLY

*Type of Death	Natural
Was the death?	<input checked="" type="radio"/> Expected <input type="radio"/> Unexpected
Referred to Medical Examiner?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is autopsy to be performed?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, status	
Cause (from death certificate)	cardiac arrest
State other known facts regarding incident or death	
<input type="button" value="Check Spelling"/>	

Did this case involve? (Check all that apply)

<input type="checkbox"/> Seduction	Involve Other(please specify)		
<input type="checkbox"/> Restraint			
<input type="checkbox"/> Abuse Allegation			
<input type="checkbox"/> Neglect Allegation			
<input type="checkbox"/> Assault by Client			
<input type="checkbox"/> Self Injurious Behavior			
<input type="checkbox"/> Unexplained			
<input type="checkbox"/> Other			
If Abuse checked, select CHRIS Abuse #		If neglect checked, select CHRIS Complaint #	
Was an internal investigation initiated?	<input type="radio"/> No <input type="radio"/> Yes		
If yes, indicate date begun:			
External notifications made (Check all that apply)	<input type="checkbox"/> DSS <input type="checkbox"/> Local Law Enforcement Agency <input type="checkbox"/> State Police <input type="checkbox"/> Department of Health Professions <input type="checkbox"/> Department of Health <input checked="" type="checkbox"/> Other		
Other (please specify):	Substitute Decision Maker		

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Death screen (continued): Section 3

Provider's Corrective Action(Check all that apply)

<input type="checkbox"/> Reinforce policy and procedure
<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 checked="" type="checkbox"/> Appropriate notification to Office of Licensing made

Person Filling Out Form Name/Title

First name	<input type="text" value="Janet"/>	Last name	<input type="text" value="Jones"/>	Staff Title	<input type="text" value="Administrator"/>	Date of Completion	<input type="text" value="3/3/2013"/>
*Licensing Specialist:	<input type="text" value="Barry Lee"/>			Date Case Closed:	<input type="text"/>		

Record Counter: 20130009

The record is saved.

[Back to top](#)

NOTE: A new entry is saved only when you see "The record is saved "and Record Counter" messages displayed. the record counter is your case number.

To continue entering data for this case, click Continue.

To print a report of the data entered for this case, click Print.

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Before a Death record can be closed, at least one Licensing Specialist Action Report must be entered.

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Individual Death/Injury **Death/Injury LSA Report**

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* denotes a required field

Wanda Orange

Enter the required fields and the narrative of your report and click Save.

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

There are no records to display.

*Action Date: 2/26/2013

*Action: Ok to close case

Remarks: please enter your report here.

Check Spelling

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4.7 Reports

From the left menu, click the type of report to run: Abuse, Complaint, Serious Injury or Death Reports. For all reports, complete the selection parameters and preview the reports.

4.7.1 Abuse Reports

The screenshot displays the DBHDS CHRIS V5.1 interface. The header includes the Virginia.gov logo and the Virginia Department of Behavioral Health and Developmental Services. The left navigation menu shows the 'Reports' section expanded, with 'Abuse Reports' selected. The main content area is titled 'CHRIS VERSION 5.1' and contains a form for selecting a report. The form includes radio buttons for 'Facility', 'CSBs', and 'Licensed Provider'. A yellow callout box with the text 'Click Facility, CSB, or Licensed Provider. Click All to report on all facilities, or Click on facility from the dropdown menu to report on a specific facility, or Click a facility, CTRL-Click another facility, then CTRL-Click another facility to report on multiple facilities.' is overlaid on the 'Facility' radio button. Below the radio buttons is a dropdown menu labeled 'Select one of the pre-defined reports below to begin.' with a red border. Further down are fields for 'Begin Date' and 'End Date', each with a dropdown arrow. Below these is an 'Optional Select' section with a 'Waiver Type' dropdown menu set to 'All Waiver and Non-Waiver Records'. At the bottom of the form is a 'Preview Report' button. The CHRIS logo is visible in the bottom left corner of the page.

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 - Death Reports
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 - Summary Reports
 - Consumer Summary Reports
 - Statewide Summary Reports
 - ODS Reports
 - Waiver Reports
 - Summary Waiver Reports
 - Statewide Waiver Summary Reports
 - AdHoc Reports
 - Accused List
 - Alleged Abuser History
 - Edit LookUp Tables
 - Help

CHRIS

ReportCode	ReportName
AB-01	Abuse Allegations (by Date Range)
AB-04	Abuse Cases (by Age)
AB-05	Abuse Summary (by Date Range)
AB01Summary	Abuse Cases Summary
AB02	Abuse Aging Report

Click the pre-defined reports dropdown menu and select the report to run. Enter a Begin Date and an End Date. To run a report for one date, enter the same Begin and End date.

Optionally, select a Waiver Type. The default for all Abuse reports is All Waiver and Non-Waiver records.

Begin Date: End Date:

Optional Select:

Waiver Type: All Waiver and Non-Waiver Records

Preview Report

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4.7.2 Complaint Reports

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CHRIS VERSION 5.0

☐ Facility ☐ CSBs ☐ Licensed Provider

Click the Facility, CSB or Licensed Provider.

Click All to report on all facilities, or
Click one facility from the dropdown menu to report on a specific facility, or
Click a facility, the CTRL+Click another facility, then CTRL+Click another
facility to report on multiple facilities.

Select one of the pre-defined reports below to begin.

Begin Date **End Date**

Optional Select:

Waiver Type All Waiver and Non-Waiver Records

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CHRIS

ReportCode	ReportName
COMP-01	Complaint Cases (by Date Range)
COMP-02	Complaint Aging Report
COMP-03	Complaint Category Summary (by Date Range)
COMP-05	Monthly Complaint Category Summary (by Ward)

Click the pre-defined reports dropdown menu and select the report to run.
Enter a Begin Date and an End Date. To run a report for one date, enter the same Begin and End date.
Optionally, select a Waiver Type. The default for all reports is All Waiver and Non-Waiver records.
Click Preview Report.

Begin Date: End Date:

Optional Select:

Waiver Type:

Preview Report

4.7.3 Serious Injury Reports

REPORTS ARE STILL BEING DEVELOPED.

4.7.4 Death Reports

REPORTS ARE STILL BEING DEVELOPED.

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4.8 Help Screen

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CHRIS VERSION 5.1

Welcome to the Computerized Human Rights Information System (CHRIS). CHRIS is organized like the existing paper reporting system currently in use. The regulatory requirements and process flow for the CHRIS system remain the same as the paper system. To help you with the new CHRIS electronic system, links to the User's Guide, Frequently Asked Questions, and Training Modules can be found below.

CHRIS DOCUMENTATION

- [Navigating CHRIS User's Guide](#)
- [Frequently Asked Questions](#)

CHRIS TRAINING MODULES

- [Creating A New Abuse Allegation](#)
- [Creating A New Complaint Case](#)
- [Creating A New Serious Injury Case](#)
- [Creating A New Death Case](#)
- [Updating An Abuse Allegation](#)
- [Updating A Complaint Record](#)
- [Updating A Serious Injury](#)
- [Updating A Death Record](#)
- [Closing An Abuse Allegation](#)
- [Closing A Complaint Record](#)
- [Closing A Serious Injury](#)
- [Closing A Death Record](#)
- Reports

FOR FURTHER ASSISTANCE WITH CHRIS DATA ENTRY, CONTENT, OR PROCEDURES, PLEASE CONTACT THE FOLLOWING:

Process	Name	Phone	Email
Abuse Allegations	Margaret Walsh	(804) 786-3988	Margaret.Walsh@dbhds.virginia.gov
Complaint Cases	Margaret Walsh	(804) 786-3988	Margaret.Walsh@dbhds.virginia.gov
Serious Injuries	Chanda Braggs	(804) 786-3475	Chanda.Braggs@dbhds.virginia.gov
Death Cases	Chanda Braggs	(804) 786-3475	Chanda.Braggs@dbhds.virginia.gov

For technical support please contact DBHDS production Support at DBHDSProductionSupport@dbhds.virginia.gov

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4.9 Logout of CHRIS

To logout of the CHRIS system, click Logout on the left menu bar. To return to the main DELTA menu, click DELTA.

