



Virginia Department of Behavioral Health  
and Developmental Services

# Reporting in CHRIS

**Abuse, Neglect, Exploitation & Human Rights Complaints**

Office of Human Rights

[alonzo.riggings@dbhds.virginia.gov](mailto:alonzo.riggings@dbhds.virginia.gov)

# 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”



Determining Abuse Review



Peer-to-Peer Guidance



Abuse & Complaint Reporting Demo



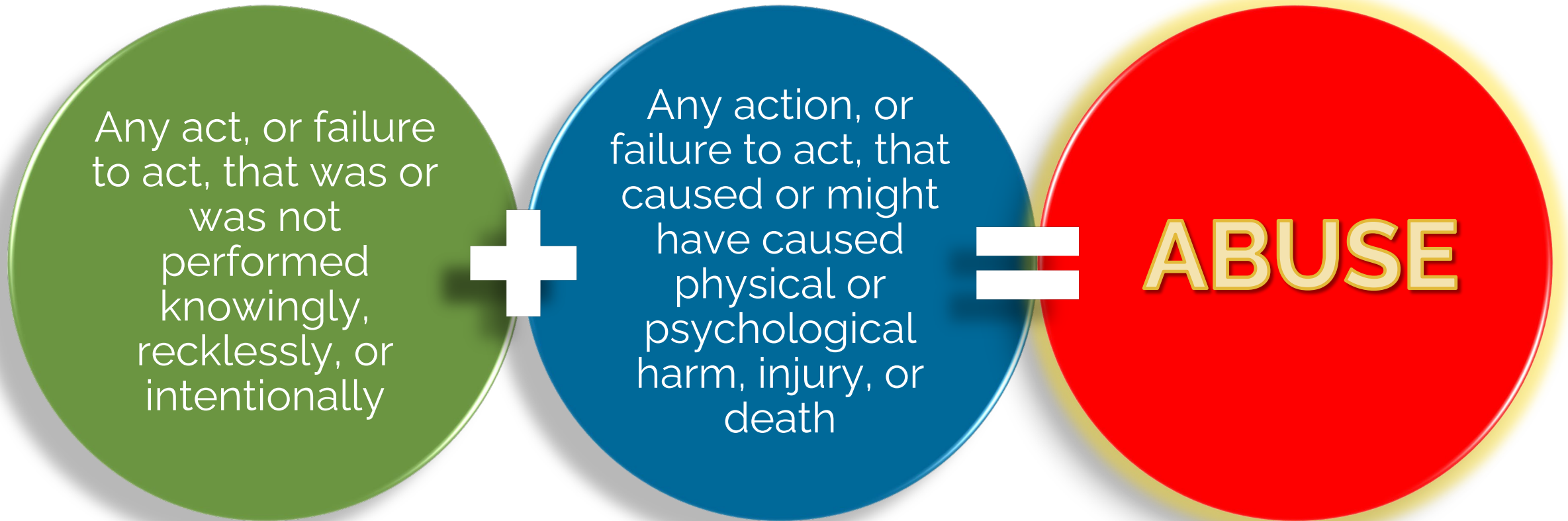
Considerations in Reporting

## Relevant Regulatory Information

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



	12VAC35-115-175 (C)(B)	<ul style="list-style-type: none"> <li>The <b>results</b> of the investigation, including any applicable action plan, <b>must be reported to the individual and authorized representative</b> (if applicable) <b>within 10 working days</b>, and <b>entered into CHRIS</b>.</li> <li><b>Results</b> of abuse, neglect, or exploitation investigations must be provided to the director and human rights advocate, in a written report, <b>within 10 working days of the date the investigation began</b>, unless an extension was granted [12VAC35-115-175 (F)(S)]. <ul style="list-style-type: none"> <li><b>Extensions may be requested through the assigned advocate no later than the 6th day of the investigation</b>. 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.</li> <li>The director must submit the final decision and action plan to the individual, authorized representative (if applicable), <b>in writing, within 10 working days from completion</b>. <ul style="list-style-type: none"> <li>The date of notification must be documented in CHRIS on the Investigation tab.</li> <li>The written notification is typically provided in the form of a <b>director's decision letter and must include</b> [12VAC35-115-175 (E)(7)(b)]: <ul style="list-style-type: none"> <li><b>The individual's right to appeal.</b></li> <li><b>The process to appeal.</b> <ul style="list-style-type: none"> <li><b>This should include the Regional Advocate's name and phone number.</b></li> </ul> </li> </ul> </li> </ul> </li> </ul> </li></ul>
Provider Requirements for Reporting	12VAC35-115-230 (A)(2)	<b>Complaints involving allegations of abuse or neglect must be reported in CHRIS within 24 hours of receipt of the allegation.</b>
	12VAC35-115-230 (B)(2)	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. <b>*Special Note: This requirement is different from those established by the Office of Licensing. Please contact your Licensing Specialist for questions regarding reporting requirements for the Office of Licensing related to serious injury, incidents, or death</b>
	12VAC35-115-230 (C)(2)	In addition to the requirement to report seclusion and restraint data to the Office of Human Rights each year by the 15 <sup>th</sup> of January, and instance of seclusion or restraint that is not in compliance with the Human Rights Regulations; or cause injury, must be reported in CHRIS within 24 hours of discovery.



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**

- Coercion (As Abuse)
- Physical Abuse
- Verbal Abuse
- Sexual Abuse
- Exploitation
- Psychological
- Neglect
- Neglect: Missing/AWOL/Elopement
- Neglect: Medication Related
- Neglect Peer-to-Peer \**See guidance: slides 21 - 24*
- Seclusion (As Abuse)
- Restraint (As Abuse)

# Coercion

- ❖ The use of expressed or implied threats of violence, reprisal, or other intimidating behavior that puts a person in immediate fear of consequences in order to compel that person to act against his or her will
- Coercion can play a role in abuse:
  - Intention (and impact) of words or behavior
  - Can apply to all abuse types, exploitation, and neglect
  - Leading statements or coercive questions/redirection in response to an individuals' expressed preferences
- ❖ 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.

# Physical Abuse

- includes but is not limited to hitting, kicking, pinching, choking, shoving, pushing, biting, slapping, punching, burning, striking, cutting with an object or any other direct physical act that is the proximate cause of psychological harm or physical injury to a person receiving services.

## *Examples:*

- An employee slaps an individual and demands they take their medications.
- An employee pushes an individual in the restroom for showers.

# Verbal Abuse

- Words, signs, and/or gestures by an employee or actions taken by an employee which intimidate, demean, curse, harass, cause emotional anguish or distress, ridicule, or threaten harm to the person; or actions which the employee knows for that particular person will or is likely to incite and/or precipitate aggressive and/or regressive behavior by that person.
- ***Examples:***
  - Directing a racial slur at an individual.
  - Using names which would demean an individual receiving services.
  - Humiliating an individual by making fun of a prized belonging.



# Sexual Abuse

## ALLEGATIONS OF SEXUAL ABUSE MUST BE REPORTED TO LAW ENFORCEMENT PRIOR TO INITIATING AN INVESTIGATION

Any contact, however slight, between the sex organ of one person and the sex organ, mouth, or anus of another person, or any intrusion, however slight, of any part of the body of one person, animal, or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio and anal penetration; any intentional or knowing touching or fondling by one person, either directly or through clothing, of the sex organs, anus, or breast of the other person, for the purpose of sexual gratification or arousal of either person

- ***Examples:***

- Staff engage in a sexual relationship with an individual.
- There is oral sex between staff and an individual
- Staff allow an individual to perform acts of sexual gratification for the individual or themselves

# Exploitation

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.

***Examples:***

- Financial Misconducts
- Using an individual's belongings without permission
- Withholding an individual's belongings or medications to ensure compliance with a request
- Offering an individual extra meds for favors/personal gain.
- Accepting gifts
- Coercing an individual to make purchases for staff

# Psychological

The Individual is alleged to have experienced emotional harm that may be evidenced by changes in the individual's behavior

- ***Example:***
- Becoming withdrawn
- Avoidance of specific people or situations
- Behavioral change atypical of the individual

# Neglect:

## Failure to provide nourishment, treatment, care, goods or services

Failure to provide what is necessary for the individual's health, safety and welfare in accordance with their identified needs (ISP) and the level of service

❖ *failure could be the result of inaction by one or more staff, or possibly the result of a programmatic failure (i.e. inadequate policy or infrastructure).*

### ***Examples:***

- Failure to provide food, clothing, support or appropriate supervision
- 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
- Failure to report a co-worker not doing their job

# Neglect: Missing/Elopement/AWOL

When an individual is not physically present when and where they should be and their absence cannot be accounted for or explained by their supervision need, and the individual has been determined to lack capacity, or their capacity is currently in doubt

## *Examples:*

- When an individual is to report to unit/program, but the individual cannot be found, however required to have one on one support.
- The individual is not able to located in their room, on the unit, in programming; or additionally accessible locations., however supervision is not provided based on ISP/need.

# Neglect: Medication Related

A mistake made by the provider in administering medication to an individual.

***Examples:***

- Wrong medication is given to an individual,
- Wrong dosage of a medication is given to an individual,
- Wrong method is used to give the medication to the individual
- Medication is given to an individual at the wrong time or not at all.

# Neglect: Peer to Peer

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 or through a complaint.

- ***Examples:***
- Staff were not engaged in appropriate supervision
- An allegation or suspicion of sexual assault, and or other non-consensual sexual acting out
- An allegation or suspicion of consensual and non-consensual sexual acts between minors
- An allegation or suspicion of sexual activity between adult peers in which at least one individual is deemed to lack capacity to make informed decisions
- Three (3) or more Incidents involving one or more of the same peers within a 72-hour timeframe



# Seclusion (as Abuse)

- **As of 7/17/24: Seclusion may be used only in an emergency and only in facilities operated by the department; residential facilities for children that are licensed under Regulations for Children's Residential Facilities (12VAC35-46); inpatient hospitals; and crisis receiving center or crisis stabilization units that are licensed under Part VIII (12VAC35-105-1830 et seq.) of 12VAC35-105**

The involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave it.

## *Examples:*

- Seclusion performed outside of an emergency
- Performing seclusion outside of the parameters of approved policy and procedure / as punishment

# Restraint (as Abuse)

A restraint is a Mechanical device, Pharmacological (medication administered to control behavior), or Physical hold that prevents an individuals' body (or part of the body) movement, meant to mitigate imminent risk to the individual or others.

## *Examples of Restraint (as abuse):*

- Improper use
  - Not approved behavior management methods,
  - not in ISP/BTP
  - done outside of imminent risk or as punishment)
- Excessive Force or Injury obtained during approved uses
- ***Prone Position:*** a violation of Regulation 12VAC35-115 110C.6



[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](#).)

Q-Now that we don't have to enter every single P2P for OHR, what new documentation is expected for our tracking, specifically for OHR?

- ✓ All incidents that meet the definition of "peer-on-peer aggression" (P2P) in the Human Rights Regulations are to be reviewed by the provider. This review is expected to consider, at a minimum, whether provider staff followed internal policies and procedures, delivered supervision consistent with individual(s) needs and the ISP(s) and acted to prevent individuals from being harmed while receiving services.
- ✓ During the internal review process, the provider is responsible for determining whether something is reportable to OHR in CHRIS.
- ✓ P2P is an incident. Providers are required to track and trend incidents per Licensing Regulations. (See 12VAC35-105-160 and 12VAC35-105-520).

Q-What is the differences between an "internal review" and "investigation"?

- ✓ Internal Review refers to the provider's standard processes to review incidents to determine any further actions needed to identify and address potential harm to an individual and to reduce the likelihood of reoccurrence. This is separate from the human rights investigation, that would occur if the review raised suspicion of abuse or neglect, or the provider received a complaint.

Q-Is a provider required to submit documentation from internal reviews of P2P incidents to OHR, like they do for Annual Seclusion/Restraint?

- ✓ No. OHR may request to review provider information specific to their review of incidents involving P2P 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 (See 12VAC35-115-260.)

Q-How long does the provider have to complete their internal review of P2P incidents?

- ✓ 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.

Q-What if a provider makes an incorrect determination and does not report in CHRIS? Will there be a late reporting citation?

- ✓ When the provider is doing an internal review and identifies a potential rights violation, the provider would use the date of the internal review as the date of discovery and report the incident within 24 hours.
- ✓ Late reporting is when the provider is made aware of a reportable incident by OHR, and the provider does not enter the report into CHRIS within the 24-hours or when a provider is aware of a reportable P2P incident and only enters it on the OL side of CHRIS.
- ✓ If OHR discovers that a provider should have but did not report a P2P incident to OHR in CHRIS, this would be considered a failure to report.



**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 [deltaprod@dbhds.virginia.gov](mailto:deltaprod@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



# CHRIS Resources

Virginia Department of Behavioral Health and Developmental Services

Home » » DELTA » CHRIS

LOGGED IN AS

- ch627476
- Logout

NAVIGATION

- Home
- Incidents >
- Reports
  - Abuse Reports
  - Complaint Reports
  - Serious Incident Reports
  - Death Reports
  - Case Manager Reports
  - AdHoc Reports
    - Accused List
    - Alleged Abuser History
- Help

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


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

Agency CD: 11206 , User Role: 23

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

Case Number

Name (First, Last)



CHRIS log in or Delta  
Access

DELTAprod@DBHDS.  
Virginia.gov

Virginia Department of Behavioral Health and Developmental Services

Home » » DELTA » CHRIS

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- ch627476
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NAVIGATION

- Home
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  - Serious Incident Reports
  - Death Reports
  - Case Manager Reports
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- Help

CHRIS VERSION 5.1


Welcome to the Computerized Human Rights Information System (CHRIS). CHRIS is organized like the existing paper records and Training Modules can be found below

CHRIS DOCUMENTATION

- [CHRIS Modification Training PowerPoint](#) (August 2019)
- [CHRIS Modification Training Webinar](#) (mp4) (August 2019)
- [Navigating CHRIS User's Guide](#) (doc) Updated 8-19-2020
- [Frequently Asked Questions](#) (pdf)
- [Frequently Asked Questions Reminders #2](#) (pdf)
- [Guidance to Providers on DBHDS authority to require names of certain employees](#) (pdf) Updated 8-19-2020
- [Abuse Allegation Quick Reference Guide](#) (pdf) Updated 8-19-2020
- [Death Case Quick Reference Guide](#) (pdf)
- [Human Rights Complaint Quick Reference Guide](#) (pdf) Updated 8-19-2020
- [Abuse and Complaint Cases Frequently Asked Questions](#) (pdf) Updated 8-19-2020

CHRIS TRAINING MODULES

- [Creating A New Abuse Allegation](#) (mp4)
- [Creating A New Complaint Case](#) (mp4)





## Virginia Department of Behavioral Health and Developmental Services

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## Resources

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## Login

▶ Username:  Username is required.▶ Password:  Password is required.[Log In](#)[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 Complaint 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) Don't have SSN Please enter (999999999)	999999999 (999999999)
Current Address where individual is living	
^ Street	778 Bi-Frost Way
^ City, ^State, ^Zip	Asguard VA 77777
Phone	(540) 777-7777 Phone (###) ###-####
Provider Primary Address	
Street	4850 Mark Center Drive
City, State, Zip	Alexandria VA 22311

## DEMOGRAPHICS

* Date of Birth (format: 99/99/9999)	08/25/2025
* Race	Other
* Gender	Male
Medicaid Number	

* Substitute Decision Maker	<input type="radio"/> No <input checked="" type="radio"/> Yes	Name	Odin Odinson	Phone Number	9999999999	Email	unknown
Relationship to Individual	Parents						

Save

Cancel

Delete

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 “Name,” “Contact Information,” and “Relationship to Individual” fields must be completed.

- **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
<a href="#">129903</a>	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

**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 waiver service.

"Yes" will require additional information such as:

- Type of Waiver
- 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 <a href="#">here</a> 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 <small>Enter 00:00 if time is unknown</small>			
Provider:	Alexandria Community Services Board							
Location:	02-011 MH Psychosocial Rehabilitation			* Specific Site of Abuse	Hallway <small>(e.g.: "Bathroom")</small>			
				* Waiver	<input checked="" type="radio"/> No <input type="radio"/> Yes			
Street City, State, Zip				* Waiver Type	<input type="text"/> Required if receiving waiver service.			
*FIPS								
*Medicaid Number				* Case Management Provider	<input type="text"/> 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						
<b>* Type:</b> (Select All that apply)	<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	
<b>*Describe the Abuse</b>	<p>-Snapshot of allegation reported: Who, What, When, Where, and How</p> <p>-Use language provided by the individual in "quotes"</p> <p>Check Spelling</p>					

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)	<table border="1"><tr><td><input type="checkbox"/> Bruises</td><td><input type="checkbox"/> Fractures</td></tr><tr><td><input type="checkbox"/> Lacerations</td><td><input type="checkbox"/> Death</td></tr><tr><td><input type="checkbox"/> Burns</td><td><input type="checkbox"/> Other Injury</td></tr></table>	<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
<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><div></div><div>Check Spelling</div></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**

**SAVE record** – This completes the Allegation Tab

### REPORTING

Who made the allegation?	
Name (First, MI, *Last)	Thor Odinson
Title	<b>**Read Only**</b>
*Entity	Individual 
OSIG complaint # <small>Required if selected OSIG on entity.</small>	
* Date Allegation made <small>(format: 99/99/9999)</small>	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 <small>(format: 99/99/9999)</small>	01/10/2024 
* (hh:mm AM or PM)	01:30 AM
Who entered report in CHRIS?	
Name (First, MI, *Last)	Whomever Enters it in CHRIS
*Phone	(540) 857-6309 <small>Phone(###) ###-####</small>

Save

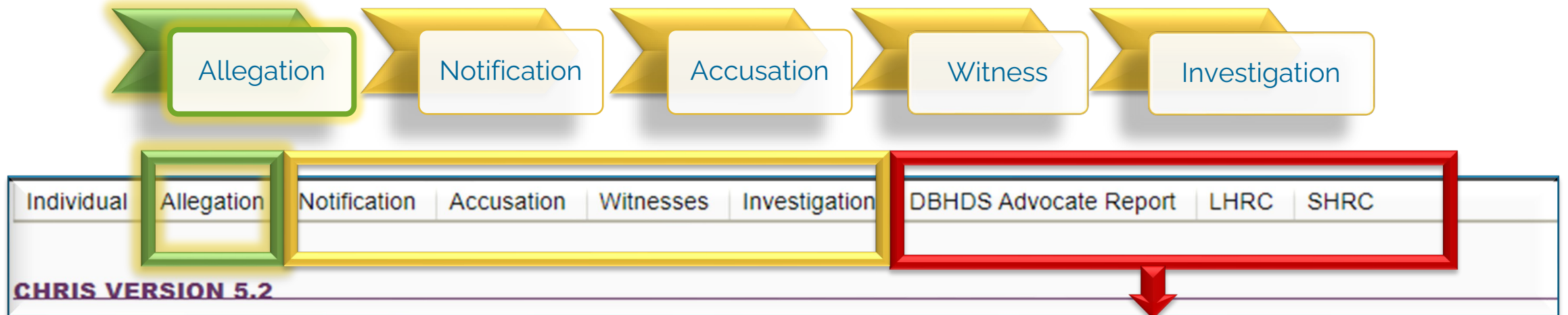
Cancel

Delete

Print Abuse

[Back to top](#)

- ❖ 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.gov  
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**

\* Device is required field

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

**NOTIFICATION DATES & TIMES**

Director  
Date / Time (mm/dd/yyyy Month AM or PM)  
1/1/2024 1:30:00 AM

Licensing Bureau  
Date / Time (mm/dd/yyyy Month AM or PM)  
01/01/2024 1:30:00 PM

DBHDS  
Date / Time (mm/dd/yyyy Month AM or PM)  
01/01/2024 1:30:00 PM

Substitute  
Date / Time (mm/dd/yyyy Month AM or PM)  
01/01/2024 1:30:00 PM

DBHDS Bureau  
Date / Time (mm/dd/yyyy Month AM or PM)  
01/01/2024 1:30:00 PM

Other Bureau  
Date / Time (mm/dd/yyyy Month AM or PM)  
01/01/2024 1:30:00 PM

If Other, who was it?

**DEPARTMENT OF SOCIAL SERVICES**

Name (First, MI, LAST)  
Date/Time Notified (Month, Day, Year)  
Method of Notification  
DSS Findings

**POLICE**

☐ Suspected Criminal Activity

**Local Police**

Name  
Department  
Date Notified

**State Police**

Name  
Department  
Date Notified

**DEPARTMENT OF HEALTH PROFESSIONALS**

Name (First, MI, LAST)  
Date/Time Notified (Month, Day, Year)  
Method of Notification

[Back to top](#)

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 <input type="text"/> 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	<input type="text"/> 
DSS Findings	<input type="text"/> 

Phone  
Email



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



## 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 Professionals (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"/>
Method of Notification	<input type="text" value="v"/>	<div>Phone Email</div>	
<div>Save</div>			

[Back to top](#)

**"Save" record** - This completes the Notification Tab

## CHRIS VERSION 5.2

\* denotes a required field

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

## CHRIS VERSION 5.2

## Thor Odinson

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

	ID	First	MI	Last
<a href="#">Select</a>	143866	Accused		Assaulter
<a href="#">Select</a>	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  
Other Resident  
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

Save

Delete

❖ Note the alleged employee(s) accused of abuse; and additional individuals involved or accused.

- **Name:** List the employee's/individuals name(s). (if name is 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
<a href="#">Select</a>	123414	Interview		Alleged Victim
<a href="#">Select</a>	123415	Interview		Alleged "Assaulter"
<a href="#">Select</a>	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**

CHRIS VERSION 5.2

Individual Allegation Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

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 6<sup>th</sup> working day of the investigation

Individual	Allegation	Notification	Accusation	Witnesses	<b>Investigation</b>	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	

*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.*

Date of Investigator's Final Report	1/10/2024 5:19:00 PM
-------------------------------------	----------------------

## 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.
- ❖ “Other” may only be used if additional Human Rights *complaints* are discovered during the investigation. If attempting to select “Other,” outside of this reason, reach out to the Office of Human Rights Advocate/Regional Advocate Manager for guidance regarding a selection.

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

See slides 49 – 51 for descriptions





<b>Documentation of individual's activities</b>	A review of documentation of the individual's activities led to a need for corrective action to be taken by the provider.	<b>Example:</b> Documentation of repeated bullying, which then led to moving an individual to a different room or a different assigned room in a day program.
<b>Unauthorized use of restraint techniques</b>	A staff member uses restraint techniques on an individual that are not in compliance with applicable federal or state regulations, agency/provider policy or the behavioral management program.	<b>Example:</b> Using a prone restraint on an individual, using behavioral management technique not approved for use, or placing pressure on joints.
<b>Policy &amp; Procedures Don't Exist</b>	The provider does not have an identified policy or procedure for staff to follow which contributed to the investigation findings. This may be related to a systemic finding. A systemic finding is when the violation is relating to the Providers overall operation or multiple and interconnected processes, as opposed to a particular staff person or a singular decision.	<b>Example:</b> The program did not have an identified accountability procedure, and an individual is forgotten at a location without appropriate supervision.
<b>Policy &amp; Procedures in Conflict with Requirement</b>	Staff members were following an agency policy that is not in compliance with applicable regulations. This may be related to a systemic finding.	<b>Example:</b> The residential provider has a procedure which allows staff to tell a person they may not come out of their bedroom until they are calm.  <b>Example:</b> The provider policy allows staff to report alleged abuse to their supervisor "no later than the next business day", which conflicts with the requirement for the provider to take immediate action to protect the individual and to report alleged abuse to the department within 24 hours.



<b>Failure to Report Abuse/Neglect Allegation</b>	<p>A staff member becomes aware of an allegation of abuse or neglect and does not report in accordance with regulatory expectations.</p>	<p><b>Example:</b> An individual tells a staff member that another staff member hit them. The DSP does not report or waits until the next day to report.</p> <p><b>Example:</b> Adult Protective Services (APS) conducted an investigation with the provider concerned alleged abuse or neglect and the provider did not report the allegation in CHRIS.</p>
<b>Clinical Issue</b>	<p>The clinical condition of the individual was not considered; or an unsound clinical decision was made - which led to an incident</p>	<p><b>Example:</b> Two individuals with a history of aggression toward one another are assigned as roommates in a residential facility and a peer-to-peer incident occurs.</p>
<b>Environmental / Physical Plant Issue</b>	<p>The physical environment of the licensed service or state facility causes or contributes to a reportable incident.</p>	<p><b>Example:</b> The water temperature at a group home or on a unit is not properly regulated and the individual is scalded while showering.</p>
<b>Inappropriate Behavior / Verbal Exchange w/individuals</b>	<p>The staff member has engaged in inappropriate behavior or verbal exchange with an individual served.</p>	<p><b>Example:</b> A staff member tells an individual, "Shut up! Don't be an idiot."</p>
<b>Duplicate Issue/Cases</b>  <p>This should <b>not</b> be used when there is an accidental duplicate entry into CHRIS. <b>Please contact your advocate to delete duplicate cases.</b></p>	<p>This should be used to acknowledge an ongoing issue that has not previously been resolved either due to failure of the staff or program to address the issue or new circumstances.</p>	<p><b>Example:</b> Three peer-to-peer entries involving aggression between the same individuals.</p>

**Performance Issue – Substantiated**

The staff member(s) failed to perform assigned duties or acted inappropriately. Note that any action taken with the staff member(s) should also be listed on the Accusation tab in the CHRIS report.

**Example:** The staff member failed to give seizure medication to an individual and the individual has a seizure.

**Performance Issue – Unsubstantiated**

The staff member was alleged to have failed to perform assigned duties or acted inappropriately, however was determined to have performed duties appropriately and as assigned.

**Example:** A peer-to-peer investigation determines staff intervened immediately and appropriately.

\*Note that in some cases, the 'performance issue' was unsubstantiated, but an organizational failure led to the violation resulting in the need for corrective action.

**Systemic – Substantiated**

The provider overall has a policy or procedure that is not in compliance with regulation or sound therapeutic practice, or the provider does not have a policy or procedure at all that addresses the situation, and this leads or contributes to an incident.

**Example:** The provider fails to implement and train staff on a behavior management system, and an individual is improperly restrained.

**Example:** It is determined that multiple staff members do not understand and are not following the abuse/neglect policy.

**Systemic – Unsubstantiated**

The allegation indicated the provider overall has a policy or procedure, or lacks one, that leads or contributes to an incident, but it is determined that the provider does have appropriate policy and procedures.

**Example:** The allegation indicates the provider does not train staff on how to properly and safely restrain individuals, but in fact does have a policy and training on emergency restraints does exist.

## 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	<div>See slides 53 – 55 for descriptions</div> <div>Appropriate Staff Action Taken Description: <input type="text"/></div> <div>Appropriate Notification to Office of Licensing Description: <input type="text"/></div>
<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	

Reinforce policy and procedure	The provider has appropriate policy and procedures related to the incident, but determined staff may need additional reminders or understanding of the policy and procedure.	<b>Example:</b> A memo is sent to all staff following an incident to clarify or remind about immediately reporting abuse/neglect allegations.
Train individual staff	A specific staff member or staff members receive additional training due to the investigative findings.	<b>Example:</b> All staff members have been trained on appropriate reporting of abuse/neglect allegations, but one staff member is retrained due to not understanding or following the policy.
Train all staff	All staff members working in the service have received additional training due to the investigative findings.	<b>Example:</b> It is determined multiple staff members do not understand the abuse/neglect policy and everyone is retrained on the proper procedures to address the systemic issue.
Increase supervision (change patterns of supervision)	The provider increases supervision of staff members to improve performance or provide additional protections for individuals.	<b>Example:</b> The sponsored home supervisor increases unannounced visits to the sponsored home from one time per month to two times per month.  <b>Example:</b> The Unit supervisor initiates overnight checks to ensure staff are awake and performing duties, after the staff were determined to be sleeping during their shifts.

<b>Increase staffing</b>	The provider adds additional staff to the service that is licensed, funded or operated by DBHDS, as a result of the findings from the complaint.	<b>Example:</b> A group home increases overnight staffing from one overnight Direct Support Professional (DSP) to two overnight DSPs to allow so that individuals can be assisted with incontinence in a timely manner.
<b>Supervisory/Administrative staff change/action</b>	A personnel action is taken to better serve individuals. Note that when this is related to an accused employee, the action(s) taken should also be listed on the Accusation tab in the CHRIS report.	<b>Example:</b> The staff member has been terminated, moved to a different location or receives written counseling. Note that while termination of staff is appropriate action in response to identified violations, it may not be the only appropriate response, and the provider should indicate all other corrective actions implemented as well.
<b>Environmental modification</b>	A change to the physical environment is made.	<b>Example:</b> The water temperature is better regulated so that it is a safe temperature.
<b>Support plan modification</b>	A modification is made to the individual's support plan to ensure staff members are appropriately meeting the needs of the individual.	<b>Example:</b> Staff members became aware of additional needs to report to the medical designee signs/symptoms of constipation. As a result of the investigation, this is added to the individual's plan.

Individual(s) were moved	At least one individual was moved in response to the investigation.	<b>Example:</b> While peer-to-peer incidents are investigated as staff neglect, individuals may be moved as an appropriate response to show the program's effort to ensure the safety of the individuals.  <b>Example:</b> An individual agreed to move and was moved to another service location operated by the provider, following the complaint investigation.
Improve QA	Quality assurance measures are adjusted/improved.	<b>Example:</b> A new system is implemented to decrease medication errors or missed medication.
Appropriate staff action taken	The provider took appropriate corrective action against the staff member(s) as a result of the investigation. <u>The description box must be used.</u> Note that when related to accused staff, the staff action should also be listed on the Accusation tab in the CHRIS report.	<b>Example:</b> A performance improvement plan is implemented, and the description box is used to describe this
Appropriate notification to Office of Licensing made  *The Office of Licensing is not automatically notified when information is entered into an abuse/neglect/exploitation case.	This box should be used when a licensed provider has specifically notified the Office of Licensing about the allegation, findings of the investigation, or has entered a Serious Incident Report related to this investigation.	<b>Example:</b> The description box should include which of the action(s) were taken. I.e. Notification of allegation, findings of the investigation, or has entered a Serious Incident Report related to this investigation.






### 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)	
<a href="#">Back to top</a>	

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:  /  /

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

Check Spelling

Save

[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

**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.




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Virginia Department of Behavioral Health and Developmental Services

Home Contact Us | Search this Site GO

**Resources**

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- Contact Us
- Privacy Policy



**Login**

▶ Username:  Username is required.

▶ Password:  Password is required.

[Log In](#)

[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

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

Select Individual Abuse Information **Complaint Information** Death/Incident

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
<a href="#">42439</a>	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 [here](#) to add a new incident.

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

Complaint ID: 42439 Complaint Counter: 20240001

\*Complaint Date/Time (format: MM/DD/YYYY) 01/10/2024 00:00 AM  
Clear 00:00 if time is unknown

Provider: Alexandria Community Services Board

Location: [Dropdown]  
\* Specific Site of Complaint (e.g. "Bathroom") [Dropdown]  
\* Individual receiving a waiver service? [Radio] No [Radio] Yes  
\* Waiver Type [Dropdown] receiving waiver service. Required if receiving waiver service.

Street City State Zip \*FIPS [Text] [Text] [Text] [Text]  
\* Medicaid Number [Text] Required if receiving waiver service. Case Management Provider [Dropdown] Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

COMPLAINT

\*Category [Dropdown]  
\*Sub-Category [Dropdown]  
\*Description of Complaint/Relief Requested [Text Area]  
\*Specify complaint details -Relief/Resolution requested by individual [Text Area]  
Check Spelling

REPORTING

Who made the allegation?  
Name (First, MI, \*Last) [Text] Person / AR [Radio] Reporting [Radio]  
Title [Text] \*\*Read Only\*\*  
\*Entity [Dropdown]  
OSIG complaint if Required if selected OSIG on entity. [Text]  
\*Date Complaint made (format: MM/DD/YYYY) 01/10/2024  
To whom did they report it?  
Name (First, MI, \*Last) [Text] Staff [Radio] Reported too [Radio]  
Title [Text]  
Who reported it to the Director?  
Name (First, MI, \*Last) [Text] Person [Radio] Notifying [Radio]  
\*Date Reported (format: MM/DD/YYYY) 01/10/2024  
Who entered report in CHRIS?  
Name (First, MI, \*Last) [Text] Person [Radio] Filing out CHRIS [Radio]  
\*Phone [Text] (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

Complaint overview

Complaint type

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
<a href="#">42439</a>	20240001	01-10-2024	-Specify complaint details -Relief requested by individual

Complaint ID:

42439

Complaint Counter: 20240001

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

01/10/2024

00:00 AM

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

VA

\* Specific Site of Complaint

Hallway

(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"/>	
*Sub-Category	<input type="text"/>	<input checked="" type="checkbox"/> ★
*Description of Complaint/Relief Requested	<input type="text"/>	
	<input type="button" value="Check Spelling"/>	

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

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) |

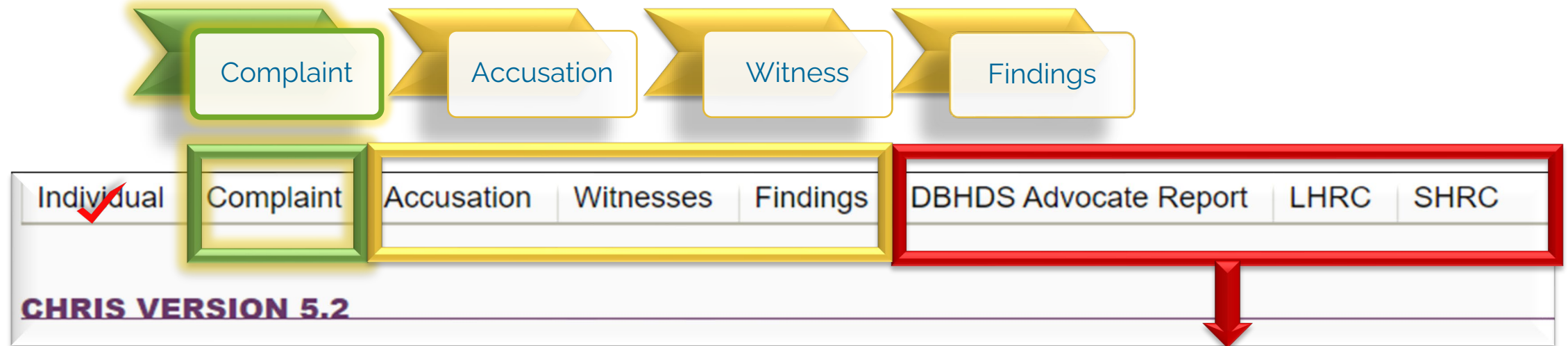
### 3 Reporting: Persons reporting / Report "Trail"

- 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	
<b>Who made the allegation?</b>	
Name (First, MI, *Last)	Person / AR <input type="checkbox"/> Reporting <input type="checkbox"/>
Title	<input type="text"/> <b>**Read Only**</b>
*Entity	Individual <input type="button" value="v"/> <div> 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>	<input type="text"/>
*Date Complaint made(format: 99/99/9999)	01/10/2024 <input type="button" value="calendar"/>
<b>To whom did they report it?</b>	
Name (First, MI, *Last)	Staff <input type="checkbox"/> Reported too <input type="checkbox"/>
Title	<input type="text"/>
<b>Who reported it to the Director?</b>	
Name (First, MI, *Last)	Person <input type="checkbox"/> Notifying <input type="checkbox"/>
*Date Reported (format: 99/99/9999)	01/10/2024 <input type="button" value="calendar"/>
<b>Who entered report in CHRIS?</b>	
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**

\* denotes a required field


**Thor Odinson**

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

	ID	First	MI	Last
<a href="#">Select</a>	13564	Enter		Person

[Add new record...](#)

Name (First, MI, \*Last)

\*Position/Relation  

**Save**

- Physician
- Nurse
- Other Resident
- 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

- Enter the name of the person(s) accused and their title/relation to the individual
- Select the title/relation from the drop-down menu.
- ❖ You may enter multiple “alleged against” individuals. **Save** after **each** entry.
  - Please note that a separate report is required for multiple alleged victims.

**This completes the Accusation tab**

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
<a href="#">Select</a>	11809	Thor		Odinson
<a href="#">Select</a>	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  
AR201482  
Logout

**NAVIGATION**

- Home
- Incidents >
- Reports
  - Abuse Reports
  - Complaint Reports
  - Serious Incident Reports
  - Death Reports
  - Case Manager Reports
  - State Facility O&IO Summary Reports
  - Office of Licensing Reports
  - Consumer Listing
  - Summary Reports
  - Consumer Summary Reports
  - Statewide Summary Reports
  - Death/Injury By Date Range Reports
- O&IO Reports
  - Waiver Reports
  - Summary Waiver Reports
  - Statewide Waiver Summary Reports
- AdHoc Reports
  - Assault List
  - Alleged Abuser History
- Edit Lookup Tables
- Help

**FINDINGS :**

1

**COMPLAINT FINDINGS**

\* Date Investigation Initiated [Date Picker]

\* Point of Resolution [Dropdown]

\* Resolution [Dropdown]

\* Date Resolution offered [Date Picker]

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 Picker]

Date Resolution Accepted/Declined [Date Picker]

☐ Unable to notify

Notification Remarks

Check Spelling

**RESPONSIBLE DBHDS ADVOCATE**

Name (First, MI, LAST) [Text Box]

**CASE STATUS**

Status [Dropdown: Pending/under investigation]

Date Case Closed [Date Picker]

Closed by

Name (First, MI, LAST) [Text Box]

Save

2

3

4

5

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

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

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

## 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	
* Date Resolution offered	<input type="text"/> 
If other:	<input type="text"/>
* Description of Resolution Offered:	<div><div><div>Complaint Withdrawn</div><div>Individual Discharged</div><div>Individual Accepts Resolution</div><div>Referral to LHRC</div><div>Declined LHRC Appeal</div><div>No Action Required</div><div>Appeal to Exec Director - Inactive as of February 8, 2017</div><div>Other</div></div><div><div>-Who the resolution offered was made too</div><div>-When the resolution offered was made</div><div>-What was included in the resolution offered</div><div>-How the resolution offered was made (in-person, phone, etc.)</div><div><b>**Use the individual's language where able/appropriate</b></div><div>Check Spelling</div></div></div>

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	<input type="text"/>
Date Resolution Accepted/Declined	<input type="text"/>
<input type="checkbox"/> Unable to notify	
Notification Remarks	<div><div></div><div>Check Spelling</div></div>
RESPONSIBLE DBHDS ADVOCATE	
Name (First, MI, Last)	<input type="text"/> <input type="text"/> <input type="text"/>
CASE STATUS	
Status	<div>Pending/under investigation</div> <div><div>Pending/under investigation</div><div>Pending/LHRC review</div><div>Pending/SHRC review</div><div>Pending/other</div><div>Closed</div></div>
Date Case Closed	<input type="text"/>
Closed by	
Name (First, MI, Last)	<input type="text"/> <input type="text"/> <input type="text"/>
<div>Save</div>	<div>Save record –Findings tab is complete</div>

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 be 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

☐ 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

**COMMISSIONER**

Date Notified

Date of Response/Action

Response/Action

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



# DBHDS Reporting to Office of Licensing (OL) and Office of Human Rights (OHR)

- ❖ 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
<a href="#">129903</a>	20240001	01-10-2024 -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
<a href="#">4249</a>	20240001	-10-2024 -Specify complaint details -Relief/Resolution requested by individual

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

If abuse, enter CHRIS abuse #

20240001

If complaint, enter CHRIS complaint #

20240001

Was an internal investigation initiated?

☐ No ☐ Yes

If yes, indicate date begun:

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](mailto: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*

**Cassie Purtlebaugh | 804.382.3889**  
[cassie.purtlebaugh@dbhds.virginia.gov](mailto:cassie.purtlebaugh@dbhds.virginia.gov)

**2 Diana Atcha | 804.426.3279**  
[diana.atcha@dbhds.virginia.gov](mailto:diana.atcha@dbhds.virginia.gov)

**Mandy Crowder | 434.713.1621**  
[mandy.crowder@dbhds.virginia.gov](mailto:mandy.crowder@dbhds.virginia.gov)

**Andrea Milhouse | 434.390.0116**  
[andrea.milhouse@dbhds.virginia.gov](mailto:andrea.milhouse@dbhds.virginia.gov)

**5 Latoya Wilborne | 757.508.2523**  
[latoya.wilborne@dbhds.virginia.gov](mailto:latoya.wilborne@dbhds.virginia.gov)

## OHR Regional Manager Contact Information



Virginia Department of Behavioral Health  
and Developmental Services

Office of Data Quality and Visualization



### [OHR Web Page](#)

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

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### [Human Rights Regulations](#)

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Alonzo Riggins, Training & Development Coordinator

[Alonzo.riggins@dbhds.virginia.gov](mailto:Alonzo.riggins@dbhds.virginia.gov)

Jennifer Kovack, Associate Director Community Providers

[Jennifer.kovack@dbhds.virginia.gov](mailto:Jennifer.kovack@dbhds.virginia.gov)

Taneika Goldman, State Human Rights Director

[Taneika.goldman@dbhds.virginia.gov](mailto:Taneika.goldman@dbhds.virginia.gov)