



COMMONWEALTH of VIRGINIA

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Tuesday June 23, 2026

MEMORANDUM

To: Chief Executive Officers, DBHDS-operated Hospitals and Centers

From: Taneika Goldman, Director, Office of Human Rights
Angela Harvell, Deputy Commissioner, Facility Services Division

Subject: Resumption of “Facility Look-Behind” Quality Review Process

The Office of Human Rights (OHR) will be resuming the “Facility Look Behind” (FLB) of abuse/neglect investigations at all DBHDS-operated hospitals and centers in August 2026.

Purpose of the Facility Look-Behind

The FLB is a retrospective quality review designed to ensure that investigations of abuse and neglect allegations at DBHDS-operated hospitals and centers comply with the [Human Rights Regulations](#) and applicable policy, including RTS.001 and FS.006 (currently Departmental Instruction 201).

The goal of the FLB is to strengthen the quality and consistency of abuse investigations across all DBHDS-operated hospitals and centers (facilities). We anticipate this initiative will improve the investigative process and outcomes reported to OHR by identifying areas where training or technical assistance is needed.

Sampling Methodology

The OHR partnered with a DBHDS Quality Research Specialist, to develop a statistically valid sampling approach that allows facility-level findings to be generalized across all DBHDS-operated Hospitals and Centers. Each facility will have three (3) closed cases reviewed per month. Some facilities may have fewer than three closed cases in a given month; this was factored into the methodology. This results in a maximum of 36 case reviews per month across all facilities. In FY25, there were 580 abuse/neglect investigations completed across all DBHDS facilities combined. Based on this sampling approach, OHR anticipates reviewing over 430 cases in FY27, representing nearly 75% of all cases, with a margin of error of $\pm 3\%$.

Process Beginning August 2026 (and monthly thereafter)

A random sample of three closed cases (substantiated and unsubstantiated) from each facility will be assigned from the Look Behind Application to the Human Rights Advocates. Reviews will be conducted virtually through the Look-Behind Application by one of the five Human Rights Advocates on the OHR Facility Operations Team. Importantly, the Advocate assigned to your facility for routine operations will not be the Advocate reviewing your closed investigations.

An email will be sent to the Chief Executive Officer and their designee with the three case numbers, information needed and the link to the Teams channel to upload the documents. The facility designee will upload the *required documentation* to the designated Teams channel within five (5) business days (excluding weekends and holidays). When the required documentation is applicable, it should be uploaded. If the information is not received, it will be determined that it does not exist. The Advocate will not make additional follow-up requests for required documents that have not been uploaded within the 5 business days.

Required Documentation if applicable and available:

- Full investigation file (statements, summaries, photos, videos)
- DI 201A form
- Transmittal Memo (including the violation letter documents, when the case is substantiated)
- Evidence of notification to AR/guardian (email, letter, case note)
- Evidence of required notifications to DSS, DHP, or law enforcement (report, email, case note)
- Findings letters (individual and AR)
- Investigator's training certificate
- Evidence of corrective action for substantiated cases (training documentation, HR email confirmation of disciplinary action and/or staff supervision)

To ensure consistency and reliability with the review process, the OHR Associate Director of Quality and Compliance will conduct quarterly re-reviews of a random sample of cases previously reviewed by Advocates. These re-reviews will use the documents already uploaded. Facilities will not be contacted during this process, and results will be used to establish inter-rater reliability and ensure consistent application of review standards. In addition, aggregated data and key findings from all reviews will be shared with the Facility Quality Review Committee quarterly.

It is important to emphasize that the FLB is a quality improvement initiative. It is not intended to identify real-time human rights violations, and OHR will not issue violation letters based on individual case reviews. The Senior Human Rights Manager who provides direct supervision to Advocates assigned to facilities will review data monthly to identify and analyze trends. If a previously unidentified violation emerges, he will work directly with CEOs to review and, if necessary, monitor corrective actions.

Action Needed

Please send the name and email address of the designated staff member(s) who will receive the monthly case list and upload documentation by July 1, 2026, to Mary Clair O'Hara at

mary.ohara@dbhds.virginia.gov. CEOs will be copied on all FLB communications, unless otherwise requested.

OHR will provide two virtual training opportunities July 7 from 11am to 11:45 am and July 23 from 10:00 am to 10:45 am for designated facility staff on the FLB purpose, documentation requirements, and upload procedures.

Thank you for your continued partnership and commitment to strengthening the quality and integrity of abuse/neglect investigations across DBHDS-operated hospitals and centers. If you have any questions now or during the look-behind process (including technical issues uploading documents), please contact Mary Clair O'Hara, Associate Director of Quality and Compliance by email.