



Office Of Human Rights

Provider Orientation



Orientation Housekeeping

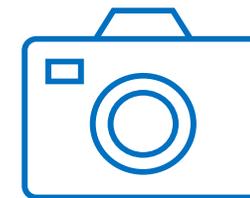
- Make sure your mic is off, camera on for intros only

- In the CHAT please enter:

- your name
- your provider name
- your Region



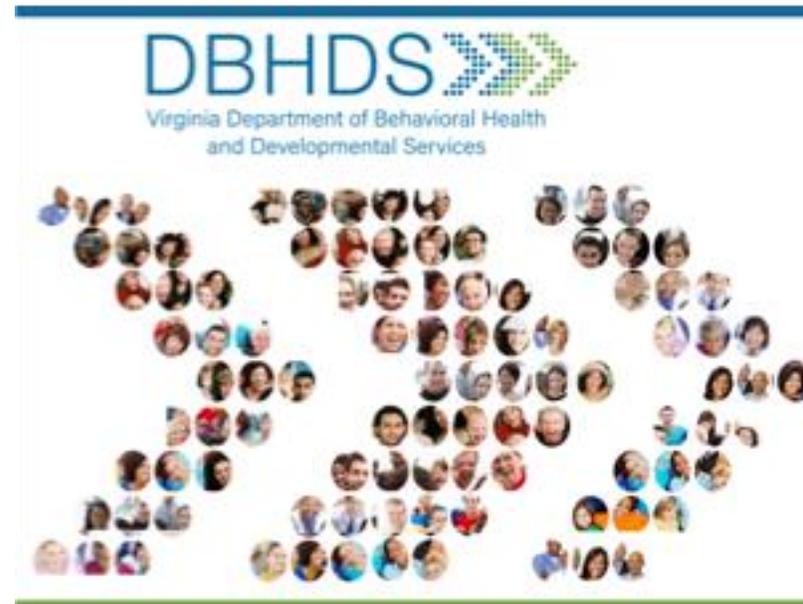
Take a quick screen shot of the slide when you see this! It's important!

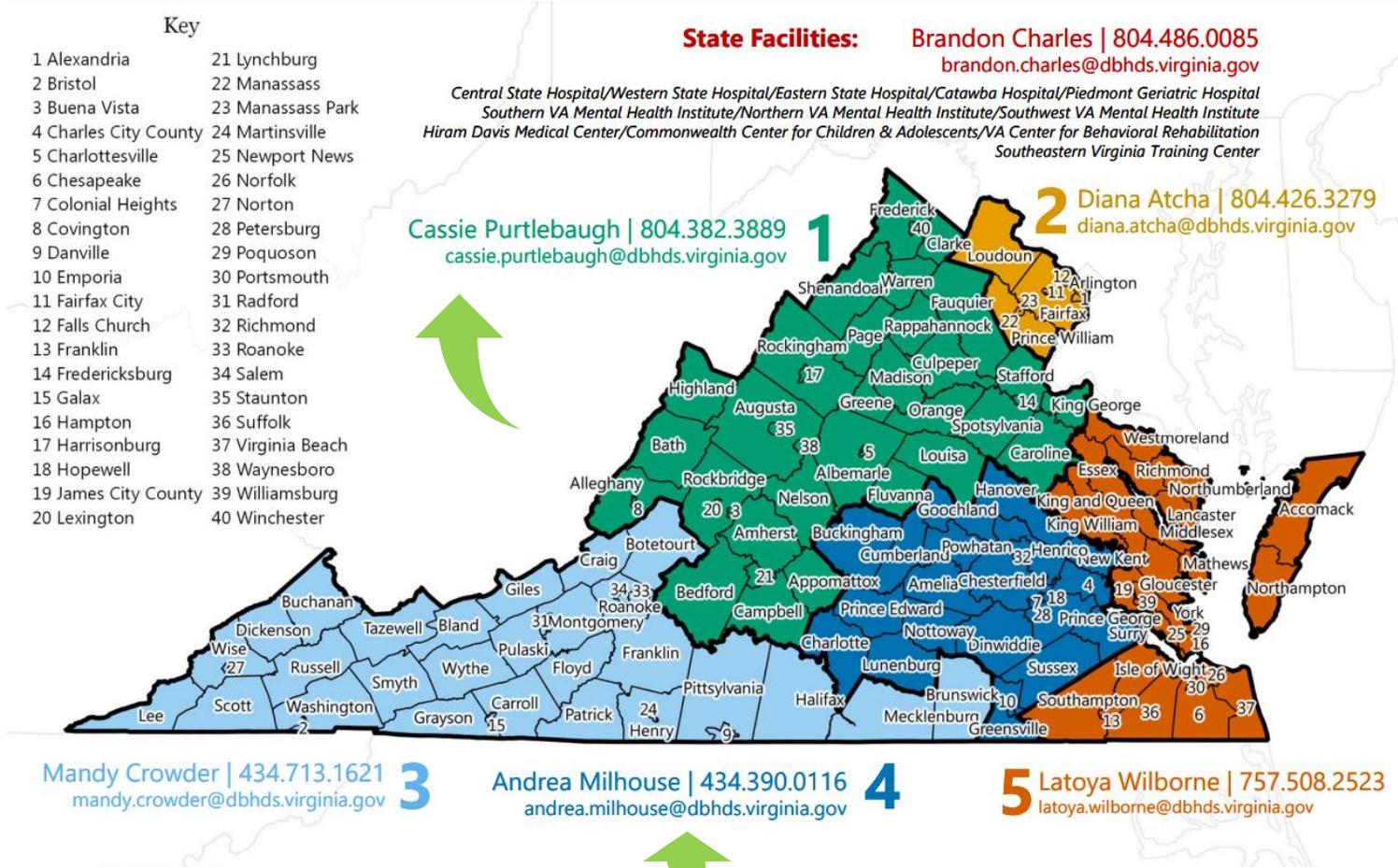


Applicable regulations always listed here.

DBHDS FUN FACT

- Did you know that : “...behind each of the dots that make up our logo’s forward-moving, hope-focused arrows are the people we serve and everyone who is working hard on their behalf...” Commissioner Smith





What do I do now?

4 CORE Human Rights Requirements

- Human Rights policies and procedures
(**PRIOR to getting licensed**: Complaint Resolution Policy approval by State Human Rights Director – Taneika Goldman)
- Human Rights Training Curriculum and Competency Assessment
- Investigation Certification
- DELTA Account Login credentials for CHRIS system (after you are licensed)





Virginia Administrative Code – Office of Human Rights



- <https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/>
- Chapter 115. Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services
 - (Trivia: Anyone know the chapter for Office of Licensing?)
- Available to individuals, ARs/guardians, family members, staff, etc.
- **Your guide to all things Human Rights!**



Compliance Verification Checklist



OFFICE OF HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST
FOR UNLICENSED NEW PROVIDERS

DIRECTIONS: During the Office of Licensing application process new providers must email this completed form AND your Complaint Resolution Policy ONLY to OHRpolicy@dbhds.virginia.gov

By initialing beside each requirement below, you are attesting that you have a policies and procedures that are in compliance with the [Human Rights Regulations](#)

Provider Name: _____
(as it will appear on the license)

Provider Address: _____

Program Name: _____
(if different from Provider name)

Mailing Address: _____
(if different from program address)

Provider Director's Name: _____

Provider Director's Phone Number: _____ Provider Director's Email Address: _____

Select All Applicable Service Types below:

- | | | |
|---------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> MH Group Home | <input type="checkbox"/> ASAM Level 2.5 Adult | <input type="checkbox"/> MH Sponsored Residential |
| <input type="checkbox"/> REACH Group Home Adult | <input type="checkbox"/> ASAM Level 2.5 C/A | <input type="checkbox"/> DD In-Home Respite |
| <input type="checkbox"/> ICF-ID | <input type="checkbox"/> ASAM Level 2.1 Adult | <input type="checkbox"/> MH Correctional Facility RTC |
| <input type="checkbox"/> BI Residential Treatment Serv | <input type="checkbox"/> ASAM Level 2.1 C/A | <input type="checkbox"/> Psychiatric RTF for C/A |
| <input type="checkbox"/> DD Supervised Living | <input type="checkbox"/> MH Intensive Outpatient Adult | <input type="checkbox"/> MH Therapeutic GH for C/A |
| <input type="checkbox"/> MH Supervised Living | <input type="checkbox"/> MH Intensive Outpatient C/A | <input type="checkbox"/> DD Group Home for C/A |
| <input type="checkbox"/> MH Crisis Stabilization | <input type="checkbox"/> Mental Health Skill Building | <input type="checkbox"/> ASAM Level 3.5 C/A |
| <input type="checkbox"/> MH Crisis Stabilization C/A | <input type="checkbox"/> DD Supportive In-Home | <input type="checkbox"/> ASAM Level 3.1 C/A |
| <input type="checkbox"/> DD Residential Respite Adult | <input type="checkbox"/> Inpatient Psychiatric Adult | <input type="checkbox"/> ICF-ID for C/A |
| <input type="checkbox"/> DD Residential Respite C/A | <input type="checkbox"/> Inpatient Psychiatric C/A | <input type="checkbox"/> DD RESIDENTIAL RESPITE C/A |
| <input type="checkbox"/> REACH Group Home C/A | <input type="checkbox"/> ASAM Level 4.0 Adult | <input type="checkbox"/> MH RESIDENTIAL RESPITE C/A |
| <input type="checkbox"/> ASAM Level 3.5 Adult | <input type="checkbox"/> ASAM Level 4.0 C/A | <input type="checkbox"/> SA Case Management |
| <input type="checkbox"/> ASAM Level 3.3 Adult | <input type="checkbox"/> ASAM Level 3.7 Adult | <input type="checkbox"/> MH Case Management Adult |
| <input type="checkbox"/> ASAM Level 3.1 Adult | <input type="checkbox"/> ASAM Level 3.7 C/A | <input type="checkbox"/> MH Case Management C/A |
| <input type="checkbox"/> DD Center-Based Respite | <input type="checkbox"/> Intensive In-Home | <input type="checkbox"/> ACT Small |
| <input type="checkbox"/> Center-Based Day Sup Adult | <input type="checkbox"/> MAT/Opioid Treatment | <input type="checkbox"/> ACT Medium |
| <input type="checkbox"/> Center-Based Day Sup C/A | <input type="checkbox"/> MH Outpatient | <input type="checkbox"/> ACT Large |
| <input type="checkbox"/> Non Center-Based Day Sup Adult | <input type="checkbox"/> Crisis Stabilization | <input type="checkbox"/> MH Center-Based CRC/23-hour Child & Adolescent |
| <input type="checkbox"/> Non Center-Based Day Sup C/A | <input type="checkbox"/> DD Crisis Stabilization-REACH | <input type="checkbox"/> MH Center-Based CRC/23-hour Adults |
| <input type="checkbox"/> Psychosocial Rehabilitation | <input type="checkbox"/> ASAM Level 1.0 Adult | <input type="checkbox"/> OTHER - (Name service type): _____ |
| <input type="checkbox"/> MH Partial Hospitalization | <input type="checkbox"/> ASAM Level 1.0 C/A | |
| <input type="checkbox"/> TDT School Based | <input type="checkbox"/> DD Sponsored Residential Adult | |
| <input type="checkbox"/> MH Partial Hospitalization C/A | <input type="checkbox"/> DD Sponsored Residential C/A | |



OFFICE OF HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST
FOR UNLICENSED NEW PROVIDERS

I attest that I have a written mission/value statement and other documents that promote the policy 12VAC35-115-20 of the Human Rights Regulations

I attest that I have written policies and procedures that are in full compliance with each of the following sections of the Human Rights Regulations:

_____ 12 VAC35-115-40 Assurances

_____ 12 VAC 35-115-50 Dignity

_____ 12 VAC 35-115-60 Services

_____ 12 VAC 35-115-70 Participation in Decision Making

_____ 12 VAC 35-115-80 Confidentiality

_____ 12 VAC 35-115-90 Access to and amendment of services record

I attest that I have a written policy for the use of behavioral treatment plans developed in accordance with 12 VAC 35-115-105.

_____ 12 VAC 35-115-100 Freedoms of everyday life

I understand that I must submit Program Rules to the DBHDS Human Rights Advocate for review prior to implementation. And any changes to these Rules in the future, must also be reviewed by the Advocate.

I will use seclusion. If you initial here, you must also submit a Policy that describes compliance with 12 VAC 35-115-110 to OHRpolicy@dbhds.virginia.gov. A license to provide services via CRC/23 hour stabilization and/or residential Crisis Stabilization Units (CSU) will not be issued until this Policy has been reviewed and approved.

I will use restraint and/or time out and I have a behavioral management policy written in accordance with 12 VAC 35-115-110 for the use of such interventions.

_____ I will NOT use seclusion.

_____ I will NOT use restraint and/or timeout; however, I do have a policy for behavioral management written in accordance with 12 VAC 35-115-110.



OFFICE OF HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST
FOR UNLICENSED NEW PROVIDERS

I attest that I have a written policy that addresses decision making, consent and authorization as well as substitute decision making in accordance with 12 VAC 23-115-145 and 12 VAC 35-115-146

_____ I attest that I have or will have immediately upon receiving a license, a trained investigator to conduct a thorough investigation in accordance with 12 VAC 35-115-175.

Waiver Service Providers only: I attest that I have written policies and procedures in accordance with the Home and Community Based Services settings requirements per 42 CFR 441.301

Signature of Provider Director

Date Form Completed

***** OHR USE ONLY *****

Name of OHR Advocate Assigned to review Policies: _____

Date Waiver Validation Visit Completed (if applicable): _____

Did Provider complete OHR New Provider Orientation: Yes No

Verification of Trained Investigator: _____ Date: _____

Verification of Human Rights Competency Training: _____ Date: _____



Provider Human Rights P&P

- Should address the following:
 - MUST be based on the current human rights regulations,
 - Specific to your service setting and service type
 - Do not include sections of the human rights regulations that do NOT pertain to your services
 - (i.e. structure of the LHRC)
 - MUST clearly state that you do NOT use seclusion
 - (unless you are a psychiatric inpatient hospital, children's residential program or crisis receiving center or crisis stabilization unit)
 - Use of Video Cameras (inside or out) requires a policy
 - Submitted to the advocate for review upon issuance of license and anytime they are updated

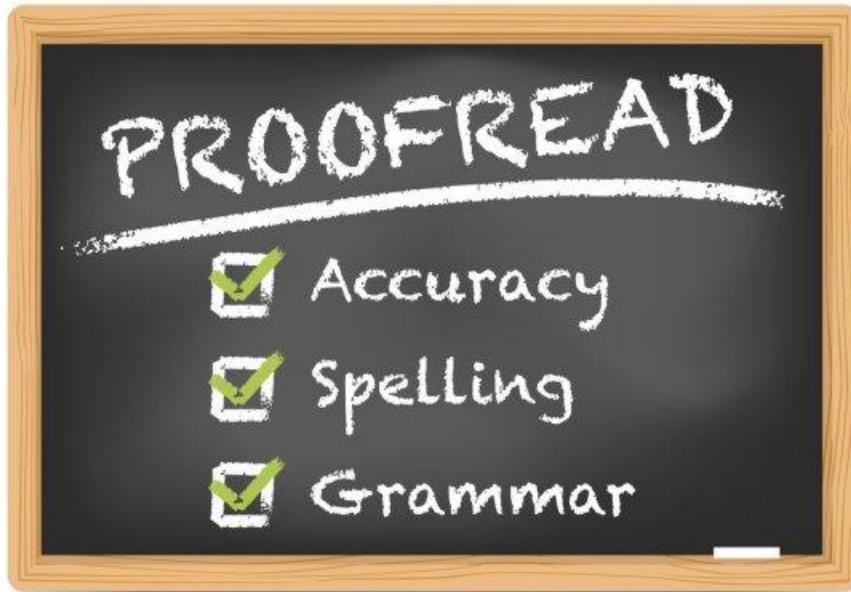


Important Regulations to Know



- **12VAC35-115-50 Dignity**
- Each individual has a right to be protected from harm including abuse, neglect and exploitation.
- **12VAC35-115-60 Services**
- Providers shall develop & implement P&P that address emergencies (Remember COVID??)
- **12VAC35-115-100 Restrictions on freedom of everyday life**
- Each individual is entitled to enjoy all the freedoms of everyday life that are consistent with his need for services
- Providers shall obtain approval of the LHRC of any restriction imposed on an individual's rights under this subsection or 12VAC35-115-50 that lasts longer than seven days or is imposed three or more times during a 30-day time period.
- **12VAC35-110 Use of seclusion, restraint, and time out.**
- Only residential facilities for children & inpatient hospitals may use seclusion & only in an emergency!
- **12 VAC 35-115-175 Human rights complaint process**
- Each individual has a right to file a complaint & upon receipt of complaint, notify **OHR by next business day**
- **(This policy must be submitted for review & approval PRIOR to getting your license!)**
- **12 VAC 35-115-230 Provider requirements for reporting**
- Director of facility or a service shall report each allegation of abuse or neglect via CHRIS within **24 hours of receipt**
- of the allegation.

Proofread!



Ensure YOUR provider documents include only YOUR provider information!

If you use a consultant, check their work! And save your receipt!

Human Rights Training Curriculum & Competency Assessment

- Must be based on current regulations
 - See website for current regulations
- Must be specific to your service setting
- If you are an HCBS provider, you must do a companion HCBS rights training
- Human Rights Training **MUST** be done at hire and annually thereafter
- Competency Assessment –
 - Completed and kept in employee file
 - Should be thorough to demonstrate “competency” in your specific setting
 - What’s a “passing grade”?
 - You choose the format (OHR does not provide a template)
 - Example: True/false, Multiple Choice, Short answer



Competency Assessment Examples

- **True or False:**

1. I work at a day program so I'm not a mandated reporter. Only staff who work at group homes have to report abuse.
2. John Smith who lives at a group home informed his staff on Monday that his ankle was hurting him and he was having trouble walking. On Friday, he went to his staff and told them again that his ankle was hurting and they looked at it, and it was swollen and had turned purple and he was unable to move his foot. They took him to the ER on Sunday because they didn't have the staff to take him Friday or Saturday. This is an example of neglect.

- **Multiple Choice:**

1. Circle each example of abuse:
 - a. Staff cursed at an individual
 - b. Staff put an individual in a head lock in order to get them to stop yelling.
 - c. A staff person requested an individual to take out the trash.
 - d. A staff person took money from an individual's personal cash envelope to pay for their kid's school lunch that day.

- **Short Answer:**

1. What does it mean to have an ISP that is person centered?
2. What does seclusion mean?



Human Rights Notifications

IT IS YOUR

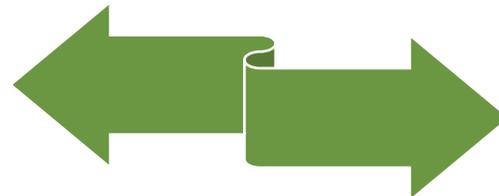
RIGHT

- TO BE TREATED WITH DIGNITY AND RESPECT
- TO BE TOLD ABOUT YOUR TREATMENT
- TO HAVE A SAY IN YOUR TREATMENT
- TO SPEAK TO OTHERS IN PRIVATE
- TO HAVE YOUR COMPLAINTS RESOLVED
- TO SAY WHAT YOU PREFER
- TO ASK QUESTIONS AND BE TOLD ABOUT YOUR RIGHTS
- TO GET HELP WITH YOUR RIGHTS

If you have questions or need help, see the program contact person or the human rights advocate:

Program contact person: _____

Human rights advocate: **NUMBER HERE**



PROTECTED RIGHTS INCLUDE:

dLCV
Protecting Your Rights

You are entitled to these rights. Question? Contact:
800-552-3962 (Toll Free)
804-552-3962
Fax: 804-552-3967
Email: Info@dLCV.org
www.dLCV.org

Privacy	Friends & Family	Religion
Fair Pay	Sticking up for yourself	Having Fun
Going to School	Medicine	Nutritious Food
Voting	Access to Help	Avoiding & Reporting Mistreatment

Contact dLCV at:
1-800-552-3962
Info@dLCV.org
www.dLCV.org



Human Rights Notification Forms

- Must be **signed by individual** receiving services at the **beginning** of services and **annually** thereafter.
- Must provide a **summary of the rights** afforded each individual receiving services
 - (you may use the “It Is Your Right” poster as a template)
- Office of Human Rights notifications are slightly different from the rights guaranteed by **HCBS**
 - (Home and Community Based Services) You must have BOTH signed forms in the record (If you are a HCBS provider)





Internal Monitoring Systems

Where it all starts....

Behavior Treatment
Plans

Emergency
Protocols

Communication Log

ISPs, Progress Notes, MARs,
P2P Tracker

Incident Reports

Human Rights P&P



Provider Operations/Responsibilities

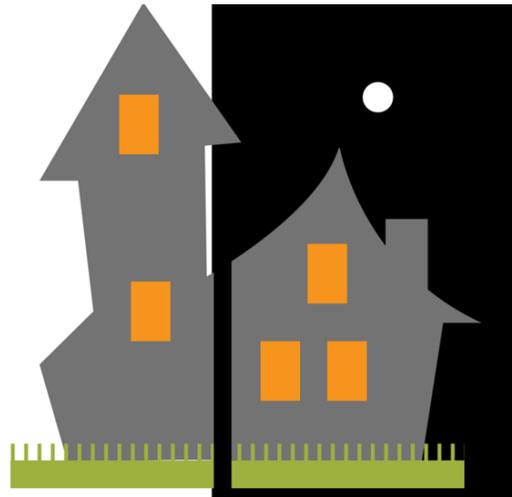
- Agency Policies and Procedures
 - To include Office of Licensing policies
- Human Rights Policies and Procedures
- Program Rules (optional) 12VAC35-115-100 (B)(7)
 - MUST be reviewed by advocate
 - ANY time you make changes, you MUST submit to advocate for review
 - LHRC can ask to review Program Rules at any time
 - Ensure consistent application to all individuals
 - Some restrictions are allowable under HRR but may not be allowable for HCBS providers
- Emergency Physical Interventions MUST be identified in provider P&P





Computerized Human Rights Information System (CHRIS)

Office of Human Rights



Office of Licensing





Comprehensive Human Rights Information System (CHRIS)





<p>Central Office: 1220 Bank Street Richmond, Virginia 23219</p> <p>Mailing Address: P.O. Box 1797 Richmond, VA 23218-1797</p> <p>Phone: (804) 786-3921 Voice TDD: (804) 371-8977 Fax: (804) 371-6638</p>	<p>Policies: FOIA Policy HIPAA Policy Web Policy Americans with Disabilities Act</p> <p>Corporate: Staff Directory Careers Strategic Plan</p>	<p>Facilities</p> <p>Catawba Hospital Central State Hospital Commonwealth Center for Children and Adolescents Eastern State Hospital Northern Virginia Mental Health Institute Piedmont Geriatric Hospital</p>	<p>Southern Virginia Mental Health Institute Southwestern Virginia Mental Health Institute Western State Hospital Southeastern Virginia Training Center Hiram Davis Medical Center Virginia Center for Behavioral Rehabilitation</p>
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The Two Reporting Sides of CHRIS

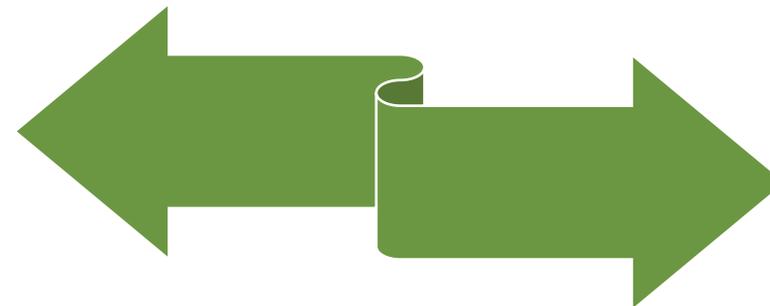
• Office of Human Rights



Office of Licensing

- Complaint
- Complaint with an allegation of abuse, neglect, exploitation

- Death
- Serious Incident Report (SIR)



Must have 1 CHRIS entry person and 1 trained investigator! *Ideally have 1 back up person for each!*



CHRIS Resources

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):



DELTAprod@DBHDS.
Virginia.gov

CHRIS VERSION 5.1

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

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 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)

CHRIS Report > Investigate > Findings



TIP: create a template for director's decision letter. Your advocate can review for you.

- **Investigation:**

- If the accused is a Director – they cannot be the investigator nor involved in any part of the investigation
- Your policy must outline a process that identifies a plan on how to address this.
 - For example: Who will be Director's designee? Who will be the alternative/back up investigator?

- **Director's Decision letter** (for both HR complaints and allegations of abuse/ neglect/ exploitation) must contain:

- Reason for letter
- Decision of investigation (i.e. substantiated vs. unsubstantiated)
- Right to appeal the director's decision & action plan via a petition to the LHRC
- Individual must contact the Regional Advocate w/petition request to appeal within 10 business days of individual's receipt of letter.



Additional notifications

- Don't forget to notify the following if applicable!
- Substitute Decision Maker notification
- OL (SIR/ death report) >> remember the “other side” of CHRIS?
- Law Enforcement
- APS/ CPS
- DSS
- CSB
- Internal incident report >> part of your important foundation as a provider!
- Dept of Health Professionals



OHR Trainings & Important Resources



- The following resources can be found on our website: dbhds.virginia.gov > office of human rights
 - Reporting in CHRIS (Human Rights): Abuse, Neglect, and Human Rights Complaints
 - Restraints, BTP and Restrictions
 - Human Rights Regulations: An Overview
 - Investigating Abuse and Neglect



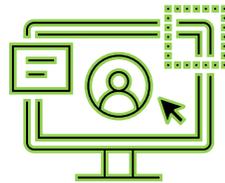
To receive important emails/memos from the Office Of Human Rights, use the following link & select the “Licensing box”:

<https://bit.ly/2ZpumCx>



You can find current schedules on our website to review and register for a class!

<https://dbhds.virginia.gov/clinical-and-quality-management/human-rights/provider-resources/>



Training

Listed on the **2025 Community Provider Trainings Calendar** below you will find Provider education opportunities facilitated by the Office of Human Rights. New in 2025, the Office of Human Rights is pleased to announce that we will be offering *Overview for Professionals Training* and *Dignity of Risk*. Please see the calendar for details!

- Clicking the Microsoft Teams Webinar link on the 2025 Community Provider Training Calendar below will allow you to register and participate in the live education session on the noted date and time.
- Please be advised that dates and times are subject to change. Notification of any change in date or time will be provided by Microsoft Teams Webinar registration.

Certificate eligibility: contact hour certificates are available **upon request**. Request for certificates are made via the registration. Anyone seeking a certificate will need to register for the session, and attend the course on the link provided from their registration.

- Attendees should individually register for the course and attend on the link provided from their registration – including when attending as a group. Certificates are issued to attendees, not as an agency. Please avoid sharing links as it can disrupt attendance verification.
- Please be advised that attending the trainings on a cellular device may limit access and connectivity to the training.
- Timely sign on to the the training and attending the **full course** is required.
- Should a participants' attendance be unable to be verified, a certificate will not be issued.
- Certificates will be issued within **30 days** from the date of the training. **Delays can occur, however, efforts will be made to have the certificates issued within the identified time frame.*

[2025 Community Provider Trainings Calendar](#)

<p>❖ Reporting in CHRIS</p> <p>This training is designed to educate the learner on the human rights complaint process and provider reporting requirements specific to abuse and neglect allegations. The learner will increase their understanding of CHRIS and the Human Rights Regulations regarding human rights complaints and reporting.</p>
<p>❖ Investigating Abuse & Neglect: The Basics</p> <p>This training is designed as an overview of the regulatory and investigative process, specific to the investigation of abuse and neglect.</p>
<p>❖ Overview of the Human Rights Regulations</p> <p>This training is designed to provide the learner an in-depth review of the Human Rights Regulations. Providers will increase their understanding of the Office of Human Rights processes and the responsibilities of the provider as mandated by the Human Rights Regulations.</p>
<p>❖ Restrictions, Behavioral Treatment Plans, & Restraints</p> <p>This training is designed to educate the learner on regulatory requirements related to the use of restrictions, behavioral treatment plans, and restraints.</p>

Resources: Office of Integrated Health (OIH)

Office of Integrated Health

<https://dbhds.virginia.gov/office-of-integrated-health/>

- OIH has a team of community nurses who provide:
 - Provider education on several health-related topics such as fall prevention, fatal 8, choking, etc
 - OIH Health alerts
 - Health Service Coordination
 - Healthcare Provider Training
 - Assistance w/DME requests
 - Mobile Rehab Engineering Team (MRE Team)
 - Mobile Dental Clinic info

What We Do

Mission: Supporting this life of possibilities by ensuring quality supports and a pathway to community integrated health services. To serve as a resource for information related to healthcare, wellness, healthcare providers, and health related services within the Commonwealth.

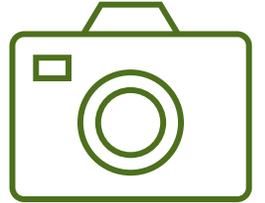
Since the opening of the first institution for “epileptics and the feeble minded”, Virginians involved in the care of persons with developmental disabilities (DD) have identified the gaps in services, living situation concerns, health care access issues, and even the terminology used to describe people with DD. There have been attempts over the years to effect change and improve access, but many were done at a regional level and failed to achieve widespread and lasting results.

The Office of Integrated Health (OIH) was established by the Department of Behavioral Health and Developmental Services (DBHDS) in response to these needs. Its purpose is to build and improve on those past efforts and find new, innovative ways to effect change, and decrease inter and intradepartmental barriers across agencies. Consistent with the strategic goals of DBHDS the OIH assesses the needs and resources available for providing needed health services and supports to persons with DD and serious mental illness (SMI) throughout the Commonwealth. The OIH currently oversees and is responsible for the Health Support Network, and Long Term Care Services: PASRR, OBRA, and the clinical operations of Hiram W. Davis Medical Center.



Mother and child sorting laundry

Additional Provider Resources



- **From the DBHDS Website obtain access to the following resource links for Office of Licensing related items:**
- **Office of Developmental Services**
 - **Office Of Provider Network Supports** ←
 - Access to join the Provider Network Listserv at Constant Contact
 - Access to Community resource consultant statewide contact chart
 - Access to ISP Guidance, Templates and Trainings
 - DSP and Supervisor Orientation Training and Competencies
 - **Centralized Training for Providers>Required Training** ←
 - Access to the PREP program - online sessions are targeted to newly licensed providers or those in the queue who need basic information about the DD services system and provider requirements. Offered monthly.
- **Office of Integrated Health**
 - **Educational Resources** ←
 - Access to health-related training resources as stated previously
- **DMAS:**
 - **Home and Community Based Services Toolkit (HCBS)** ←
 - How to get compliant with all HCBS requirements for those providing HCBS related services.

Additional Provider Resources

- The following resources can be utilized by any provider type:

Office of Clinical and Quality Management ←

- Contains general resources on quality improvement and quality improvement training with the following documents/forms available:
 - 520 620 Provider Handout
 - QI Resources revised 2024
 - QI Job Aid with PDSA worksheet_2024_b
 - FOCUS Worksheet
 - Office of Clinical Quality Management Quality Improvement Training Series

Division of Crisis Services ←

- Contains general resources on crisis services with the following available related to:
 - Office of Crisis and Support Services
 - Mobile Crisis
 - Community Based Stabilization
 - Emergency Services
 - REACH
 - Crisis Data Platform
 - The Marcus Alert System



Local Human Rights Committee (LHRC)

VOLUNTEER OPPORTUNITY

- Each committee meets locally in your area.
- Contact your advocate for specific info about your local committee.
- Provider business to be conducted with LHRC:
 - Behavior Plans with Restraint
 - Restrictions of Dignity and Freedoms of Everyday Life
 - Next Friend Appointment
 - Research Review/ Approval
 - Fact finding hearings
 - Special procedures for consents & authorizations
- Contact your Regional Human Rights Manager to be on agenda.



*I want to volunteer.
How can I help?*

*I want to learn more about
human rights*

Join a Local Human Rights Committee

What's the purpose of Local Human Rights Committees (LHRC)?

The mission of the Office of Human Rights through the Virginia Department of Behavioral Health & Developmental Services, is to monitor compliance with the human rights regulations by promoting the basic precepts of human dignity, advocating for the rights of persons with disabilities in our service delivery systems, and managing the DBHDS Human Rights dispute resolution process.

This is accomplished at the local level by the Local Human Rights Committees.

LHRCs are comprised of individuals and families who receive services, community members, and health care professionals who are interested in ensuring the rights of individuals receiving services.

What are the tasks of an LHRC?

Review any dignity or freedom **restriction on the rights** of an individual that lasts longer than seven days or is imposed three or more times in a 30-day period

Conduct interviews for Next Friends as part of the authorized representative process

Conduct fact finding hearings and make recommendations for resolution of complaints not resolved at the provider level

Review behavioral treatment plans that incorporate the use of seclusion, restraint and time out

Receive, review and act on applications for variances to the human rights regulations

Focus on providing **due process for individuals**

Review and approve provider program rules if requested by the LHRC or Advocate

Identify violations of applicable rights or regulations during complaint resolution along with any policies, practices or conditions that contributed to those violations



To Do List



- 1. Do you have a Director's Decision Letter Template? (with all the required elements)
- 2. Do you have a designated CHRIS entry person and ideally 1 back up?
- 3. Do you have at least 1 trained investigator? (and ideally 1 back up?)
- 4. Do you have your human rights training curriculum created? Along with a comprehensive assessment?
- 5. Do you use program rules? If so, have they been reviewed by your human rights advocate?
- 6. Do you have a human rights poster w/all of the basic rights & correct phone # listed and displayed in your program?
- 7. Do you have a written notification of human rights created?
- 8. Do you have a policy that addresses the use of seclusion if a CRC/CSU? And has it been reviewed by OHR?
- 9. **Last but not least >> Do you have a set of human rights policies and procedures written and reviewed by your human rights advocate?**

Preparation Checklist

Use this checklist to ensure that you have accomplished the Minimum necessary for compliance with the Office Of Human Rights.

Ask questions >> Reach out to your:

- Human Rights Advocate
- Office of Licensing Specialist (OLS)



- DBHDS License
 - Complaint Resolution Policy approval
 - Copy of OL Regulations
 - Copy of HRR
 - Copy of provider P&P
 - Copy of Human Rights P&P
 - (If CRC/CSU, copy of seclusion policy)
 - (Copy of HCBS P&P if applicable)
 - Human Rights Poster
 - dLCV Poster
 - Human Rights form signed by individual
 - (HCBS form signed by individual if applicable)
 - Human Rights Training for staff
 - Human Rights Competency
 - (HCBS Training for Staff if applicable)
 - CHRIS designated staff
 - Trained Investigator(s)
 - Program Rules (optional)
 - Director's Decision Letter template
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Thank you!!

