



Virginia Department of
Behavioral Health &
Developmental Services

Community Lookbehind

Office of Human Rights State Level Report (CY2020)

Community Look-Behind



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The Community Look-Behind (CLB) is an annual review process conducted by the Office of Human Rights (OHR) for abuse cases among individuals receiving DD services in the community. The Human Rights Regional Manager for all regions reviewed 300 cases. These cases had an incident date in CY 2020 and a closed case status. Due to the ongoing concerns during the COVID-19 Pandemic, these reviews were conducted remotely, through a desk review and follow-up virtual meeting or phone call.

Business Processes and Requirements

One goal of the CLB is to assess business processes. OHR uses an 86% threshold standard for key metrics surrounding provider reporting timelines and compliance with investigation requirements (Table 1).

Table 1. Business Processes and Compliance with Investigation Requirements

Business Requirement Question	Count	Percent
<i>Investigation completed within timeframe</i>	273	91%
<i>Evidence that person conducting investigation has been trained to conduct investigations</i>	245	82%
<i>CHRIS report submitted within 24 hours</i>	230	77%
<i>Involved staff were interviewed or submitted written statements</i>	230	77%
<i>Involved individual(s) participated in the investigation</i>	137	46%

Reviewers indicated that providers did not complete their investigation within the required time frame (10 business days, not including weekends or holidays) in 27 cases, which is down from the 34 cases not completed within the timeframe in CY2019. Providers requested an extension to their investigation in 6 cases. For an additional 2 cases, providers requested an extension but it was not granted.

The stand-alone question about whether “Involved individuals participated in the investigation” was new this review year. In previous years, this question was paired with another question asking whether “Involved staff *and* individuals were interviewed or submitted written statements”. Due to the double-barreled question being confined to one answer, and suspicion that providers (for multiple reasons) may not be involving individuals in their investigations, OHR decided to split the one question into two unique questions for a more accurate reflection of both individual and staff participation in the investigation.

Notably, DBHDS Human Rights Advocates are required to close out cases in the CHRIS data system within 60 days. Reviewers indicated this deadline was met in 287 cases (96%).

Data Quality Comparison

Another goal of the CLB is to assess the quality of the data entered into CHRIS compared to the provider’s supporting documentation kept on-site. As part of the remote review process specific to this review cycle, reviewers completed a desk review of the provider’s supporting documentation that the provider submitted via email. This is referenced as on-site documentation in this data quality comparison.

Provider Corrective Actions

If a provider checked a corrective action in CHRIS, reviewers indicated whether they found supporting evidence in the on-site documentation (Table 2). If evidence was found on-site for a provider action but it was never entered into CHRIS, it was labelled as “No data.”

Table 2. Evidence of Corrective Action Taken by Provider

Corrective Action	Evidence	No Evidence	No Data
<i>Reinforce Policy and Procedure</i>	36	28	2
<i>Appropriate Staff Action Taken</i>	30	41	17
<i>Train Individual Staff</i>	25	19	7
<i>Train All Staff</i>	19	25	6
<i>Supervisory/Administrative Staff Change/Action</i>	7	1	0
<i>Appropriate Notification to Office of Licensing Made</i>	7	20	3
<i>Increase Supervision (Change Patterns of Supervision)</i>	5	18	0
<i>Environmental Modification</i>	5	5	2
<i>Individual(s) were Moved</i>	3	3	0
<i>Increase Staffing</i>	2	4	0
<i>Support Plan Modification</i>	2	5	0
<i>Improve QA</i>	1	6	0
<i>Other corrective action(s) taken by provider</i>	0	0	6

Although “Appropriate Staff Action Taken” continues to present with the most ambiguity, there has been improvement. In CY2019 there was evidence that appropriate action was taken by the provider in 50 of the cases where this action was selected, and the same action was observed to have been selected most often, for which there was no evidence to support it. In CY2020; however, there was evidence that appropriate action was taken by the provider in 30 of the cases where this action was selected. OHR believes that this decrease in number from providers misidentifying the action as a justification for not determining a violation is a result of OHR utilizing its existing training infrastructure and presentations (i.e. “CHRIS”; “Overview of Human Rights”; and “Community Provider Investigation”) to educate about the accurate use of “Appropriate Staff Action Taken” as a corrective action after the identification of a violation.

Notifications

Another data quality comparison was made regarding the initial notification of a pending allegation made to the individuals’ authorized representative (AR) or legal guardian. Reviewers indicated in 64 cases, the individual is their own decision maker and does not have an AR or guardian. This reduces the number of eligible cases in the following comparison to 236.

- In 136 cases (58%), reviewers found on-site evidence to support the CHRIS data notification to AR/Guardian. Evidence could be documentation of a phone call or a copy of a letter.
- In another 78 cases (33%), reviewers could not find evidence of notification.
- In 22 cases (9%), there was on-site evidence, but the provider did not enter the notification data into CHRIS.

Once an investigation is complete, a provider must send a final written notice of the findings to the individual and/or their AR/guardian, regardless of whether or not the case was substantiated for abuse. Providers indicated in CHRIS that they sent this notice in 289 cases and failed to send it in 11. Of the 289 written notices that were sent, reviewers found supporting on-site evidence in 224 cases but did not find evidence in 65. Conversely, reviewers found on-site evidence in 3 cases but the provider never entered this data into CHRIS.

Validity of Investigation Outcomes

The final goal of the CLB is to assess the validity of the providers’ investigation and outcomes.

Facts Support the Findings

Reviewers indicated that the facts of the investigation supported the findings in 256 cases (85%). For 11 (4%) cases, reviewers indicated the facts did not support the findings, meaning after reading the provider’s rationale the reviewer would have issued a different finding. This could mean the provider substantiated a case that a reviewer would not have, or vice versa. Each quarter, an open-text narrative is assessed by OHR to understand these various reasons why a

reviewer may have reached a different finding from the provider. For an additional 33 cases (11%), the reviewer did not have enough evidence to make a determination. This typically refers to a provider's lack of an investigative report on site.

DBHDS Advocate Actions

DBHDS Human Rights Advocates indicated 930 actions were taken as they monitored 300 provider investigations (Table 3). Some actions, such as monitoring the provider's investigation, are considered passive, while other actions, such as conducting an independent investigation, are considered to be more active efforts that an advocate could take.

Table 3. DBHDS Advocate Actions Taken

DBHDS Advocate Actions	Count	Percent
<i>OK to Close Case</i>	274	91%
<i>Monitored Investigation</i>	170	57%
<i>Other</i>	112	37%
<i>Citation of Violation sent to Office of Licensing</i>	87	29%
<i>Consulted with provider</i>	76	25%
<i>Lookbehind</i>	76	25%
<i>Communication with Provider</i>	71	24%
<i>Memo to provider</i>	63	21%
<i>AIM visit</i>	48	16%
<i>Reviewed Investigation Report</i>	45	15%
<i>OL CAP Correspondence</i>	39	13%
<i>Other Correspondence</i>	35	12%
<i>Referral to Office of Licensing</i>	32	11%
<i>Reviewed Individual record</i>	25	8%
<i>Other notified</i>	21	7%
<i>Verified corrective action</i>	21	7%
<i>Agreed with Provider's Corrective Action</i>	17	6%
<i>Met with individual/AR/LG</i>	3	0.01%
<i>Participated in Investigation</i>	2	<1%
<i>Phone call with individual/family member</i>	2	<1%
<i>Recommendations for Corrective Action</i>	2	<1%
<i>Communication with individual/AR/LG</i>	2	0.006%
<i>Recommendations for resolution</i>	1	<1%
<i>CSB/Licensed program notified</i>	1	<1%
<i>Community Violation Letter</i>	1	<1%

DBHDS Advocate Actions	Count	Percent
<i>Notified Client of Investigation Findings</i>	0	0%
<i>Conducted Independent Investigation</i>	0	0%
<i>Met with individual</i>	0	0%

Verification of Provider Outcomes

There were 59 substantiated cases, meaning there was a preponderance of evidence that abuse, neglect or exploitation did occur. Among these cases, reviewers selected the DBHDS Advocate Action in CHRIS that verifies the corrective actions taken by the provider in 18 cases (31%) rate over time.

Conclusion

As noted in the assessment of Business Processes and Requirements, the data suggests that an involved individual's participation in investigation is a needed area of improvement and ongoing training point with providers. OHR is not surprised that only 46% of the provider investigations reviewed documented involvement by the individual. As a result of this data confirmation, OHR's training provider training module titled "Investigating Abuse and Neglect-An Overview for Community Providers", now explicitly addresses this as a necessary component of an investigation and should improve future outcomes.

Since the review process was conducted remotely for CY2020, several factors could have contributed to lower compliance overall. For example, in CY2019 87% of provider staff conducting investigations were trained to do as compared to 82% in CY2020, and there was a decrease from 66% in CY2019 to 58% compliance in CY2020 regarding evidence of initial AR/guardian notification. In the past, reviewers actually went on-site to conduct a review of documentation relative to assigned cases. This allowed the reviewers to request certain documents assumed omitted for review, such as an investigation training certificate and allowed the provider the opportunity to gather the information in real time. As the reviewers were relying on email as the source of documentation, that back and forth conversation between provider and reviewer did not occur in real time. Additionally, due to the COVID-19 Pandemic, some licensed providers were temporarily closed, requiring the provider to rely solely on electronic health records for the requested documentation. Moving forward, the impact of the remote process may be lessened by training reviewers to request information that is more specific and to initiate additional conversation with the provider to ensure they are submitting the accurate and complete investigative file for comparison.

Lastly, in August 2020, OHR initiated an internal resource and training for Advocates regarding usage of DBHDS Advocate Actions in CHRIS. This resource defines how and when OHR staff should select drop-downs in CHRIS to capture Advocate Actions taken, which directly impacts the validity of investigative outcomes. This effort towards consistent documentation should be evident in the next year of reviews.

Next Steps

As DQV prepared for the new year of reviews for the Community Look Behind, a substantial barrier was encountered that must be addressed. DQV identified a data quality issue in the Office of Licensing Information System (OLIS) that extended to CHRIS and the Data Warehouse tables. On September 1, 2021, DQV communicated to DBHDS leadership and key stakeholders that there does not appear to be a single comprehensive source of information classifying services by diagnosis group (i.e. DD, MH, SA, BI). All of the lookup tables in OLIS, CHRIS, and the Data Warehouse lack complete information related to which program and service codes specialize in supporting individuals with DD. Without a means of distinguishing between DD and non-DD services, the sample of abuse, neglect, and exploitation cases retrieved from CHRIS may not be representative of all DD services. Rather, the sample would be representative of a subset of DD services that systematically excludes other DD services solely due to data quality errors.

Without a clear way to group the program and service codes associated with DD services, it is not possible for DQV to retrieve a valid random sample of Human Rights allegations for DD services. This issue must be addressed in the source system (OLIS) and incorporated into CHRIS before the Community Look Behind reviews can proceed.

DQV does not support performing the Community Look Behind without a valid and reliable list of licensed services that includes the populations they serve. If the previous methodology were applied to this year's study, the Community Look Behind would suffer from systematic bias by excluding DD services improperly classified as non-DD from the sample of cases eligible for review. This issue is especially pernicious as it would not be observable to OHR reviewers who are never assigned cases from non-DD services for review or validation.

To this end, the Community Look Behind is postponed until a valid and reliable list of services and the populations they support is available in DBHDS's licensing system of record and properly integrated in CHRIS and the Data Warehouse.