

Community Look-Behind



State level report (CY 2018)

The Community Look-Behind (CLB) process is a review conducted annually by the Office of Human Rights (OHR) for human rights cases among individuals receiving DD services in the community. Regional managers reviewed a state-representative sample of 300 cases, with a subset of 60 cases analyzed for interrater reliability. All cases reviewed had an incident date in calendar year 2018 and a closed case status.

OHR Business Processes and Requirements

One goal of the CLB is to assess the OHR business processes associated with monitoring allegations of abuse/neglect, and provider compliance with OHR investigation requirements.

Table 1. Business Processes and Compliance with Investigation Requirements

Business Requirement Question	Percent True
<i>Investigation completed within time frame?</i>	88%
<i>Evidence that person conducting investigation has been trained to conduct investigations?</i>	75%
<i>CHRIS report submitted within 24 hours?</i>	71%
<i>CHRIS entry closed by OHR within 60 days?</i>	67%
<i>Involved staff AND individual(s) were interviewed or submitted written statements?</i>	55%

There were 35 investigations that were not completed on time (within 10 business days from the date the investigation was initiated, not including weekends or holidays). Providers were granted an extension by the advocate in 5 of these cases (14%), and were not granted an extension in 4 other cases (11%). An extension was never requested by the provider in 25 cases (71%).

Validity of Outcomes and Substantiation

Another goal of the CLB is to assess the validity of investigation outcomes and substantiation.

Reviewers indicated that the facts of a provider investigation supported the Director’s finding in 258 out of 300 cases (86%). For cases where the facts did not support the findings, Regional Managers facilitated on-site provider education. The education is unique because it is case specific and framed by the provider’s reporting of the facts of the investigation and their understanding of the preponderance of evidence. Furthermore, this helps to ensure data quality by promoting a practical understanding of the CHRIS application.

Among the 300 provider investigations reviewed, data entered by DBHDS Human Rights Advocates indicated 632 distinct and separate actions (Table 2).

Table 2. DBHDS Advocate Actions Taken

DBHDS Advocate Actions	Count	Percent
<i>OK to Close Case</i>	254	85%
<i>Monitored Investigation</i>	128	43%
<i>Consulted with provider</i>	52	17%
<i>Memo to provider</i>	49	16%
<i>Other</i>	44	15%
<i>Reviewed Investigation Report</i>	35	12%
<i>Citation of Violation sent to Office of Licensing</i>	24	8%
<i>Referral to Office of Licensing</i>	20	7%
<i>Agreed with Provider's Corrective Action</i>	9	3%
<i>Other notified</i>	6	2%
<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>Met with individual</i>	2	1%
<i>Recommendations for resolution</i>	0	0%
<i>Reviewed Individual record</i>	1	0%
<i>CSB/Licensed program notified</i>	1	0%
<i>Notified Client of Investigation Findings</i>	0	0%
<i>Conducted Independent Investigation</i>	1	0%

For the 88 cases that were substantiated, reviewers indicated the DBHDS Advocate Action description in CHRIS verifies the corrective actions taken by the provider in 36 cases (41%). Reviewers utilized a text description called ‘Remarks’ for this assessment; however, advocates

were not advised to begin using this section for the purpose of capturing this action until April 2018. OHR expects to see an improved response rate over time.

Reviewers indicated they found evidence that the person conducting the investigation was trained to conduct investigations in 225 cases (75%). Although OHR does not have a standard training certification program for providers, Fidura & Associates was the most popular option for training, followed by 'other', Ecco Consulting, and the DBHDS website. The earliest evidence of training was from 2011 and the most recent was 2019.

Data Quality Comparison

The final goal of the CLB is to assess the quality of the data entered into the CHRIS system compared to the provider's supporting documentation kept on-site.

There were 81 cases where a provider indicated an individual was injured. Reviewers found on-site evidence that an injury did occur in 71 of these cases. They did not find evidence in another 10 cases. In one case, evidence was found to indicate an injury, but the data was not entered into CHRIS.

A follow-up question asked reviewers whether this injury received "medical care by a licensed professional." This narrative is assessed by OHR to determine whether these would classify as 'serious injuries' according to the regulatory definition. This is a necessary component due to the disparity between the actual definition of a serious injury compared with the colloquial definition.

A comparison between data entered into CHRIS and documentation kept on-site for the notification made to the AR/Guardian found that, in 46 cases, the individual is their own decision maker and does not have an authorized representative or Guardian, so the question is not applicable. This reduces the number of eligible cases in this comparison to 254.

- In 168 cases (66%), 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 the letter sent.
- In another 33 cases (13%), reviewers could not find evidence of notification.
- In 42 cases (17%), there was on-site evidence, but the provider did not enter the notification data into CHRIS.
- Reviewers did not respond to investigation questions in 11 cases, so a comparison could not be made with all CHRIS data.

If a provider checked a corrective action in CHRIS, reviewers indicated whether they found supporting evidence in the on-site documentation (Table 3). If evidence was found on-site for a provider action but it was never entered into CHRIS, it was labelled as "No data."

Table 3. Evidence of Corrective Action Taken by Provider

Corrective Action Taken by Provider	Evidence	No Evidence	No Data
<i>Appropriate Staff Action Taken</i>	62	25	21
<i>Reinforce Policy and Procedure</i>	49	25	7
<i>Train Individual Staff</i>	33	13	9
<i>Train All Staff</i>	22	16	9
<i>Notification to Office of Licensing Made</i>	17	7	8
<i>Increase Supervision (change patterns of supervision)</i>	12	10	0
<i>Supervisory/Administrative Staff Change/Action</i>	10	1	1
<i>Support Plan Modification</i>	8	3	4
<i>Improve QA</i>	8	9	4
<i>Environmental Modification</i>	6	0	3
<i>Increase Staffing</i>	4	0	0
<i>Individual(s) were Moved</i>	3	4	2
<i>Other Corrective action(s) taken by provider</i>	2	1	12

Reviewers found evidence in 184 cases (61%) that, once an investigation was complete, providers sent a written notice of findings to the individual and/or the AR/Guardian. Evidence could not be found to support this data for 63 cases (21%). Conversely, on-site evidence was found in 6 cases (2%), but data was never entered into CHRIS. Written notice was never sent in 47 cases (16%).

Interrater Reliability

Sixty cases were randomly selected for review by a second manager from a neighboring region. These reviews were conducted at the end of the year, after the initial 300 reviews were completed. Managers traveled to conduct the interrater reviews on site, so that both reviewers followed the same procedure. For each item on the form, the percent agreement tells us how frequently the first and second raters chose the same responses.

The majority of the items required managers to either check a box or leave it blank, meaning that the only two possible outcomes were "Yes" or "No." When two raters score multiple cases

on a binary outcome, 50% agreement is expected due to chance alone. Therefore, in addition to calculating percent agreement, Maxwell’s Random Error Coefficient (RE) for binary data was also computed. Maxwell’s RE rates agreement on a scale from 0 (agreement due to chance alone) to 1 (perfect agreement). A more commonly used statistic, Cohen’s kappa, was also considered but found to be less appropriate for the data because the kappa coefficient is reduced when one of the outcomes is highly prevalent.

High agreement was found for the CHRIS corrective action checklist that verified what had been entered in CHRIS. The reviewers agreed an average of 97% of the time on these items (mean RE = 0.95). Agreement ranged from 92% to 100%. Agreement was also high for the DBHDS advocate action checklist, with an average agreement of 99% (mean RE = 0.98). The item with the lowest agreement was at 95% agreement, which is still quite high.

Agreement was lower, but still relatively high, for the provider corrective actions checklist. Maxwell’s RE was not calculated for these items because it is only for binary outcomes, and “not applicable” was one of the choices. However, a simulation using the distribution of responses found that agreement was higher than what would be expected due to chance for eleven out of thirteen items ($p < 0.05$). The item with the lowest agreement (60%) asked reviewers to indicate whether “appropriate staff action” was taken. Previous discussions with managers have indicated some confusion about what constitutes appropriate action; training has been provided since then. Additionally, further analysis found that one of the regional managers indicated “Does not apply” far more frequently than the others.

The reviewers agreed 73% of the time on whether the advocate action description verified corrective actions (RE = 0.47). However, the interrater reliability for this item was only run for the fifteen substantiated cases that were reviewed by two managers, so the margin of error for this result is very wide.

Table 4. Interrater Reliability for Corrective and Advocate Actions

OHR Business Question	Percent Agreement	Maxwell’s RE
<i>DBHDS advocate action checklist (average)</i>	99.10%	0.98
<i>Corrective actions in CHRIS checklist (average)</i>	97.40%	0.95
<i>Corrective actions on-site verification (average)</i>	84.70%	**
<i>Advocate description verified corrective actions</i>	73.33%	0.47

The reviewers agreed on whether an incident was reported in CHRIS within 24 hours 88% of the time (RE=0.77). Agreement on whether the investigation was closed within 60 days was similar at 90% (RE=0.80), and a bit lower (but still high) for the item that asked whether the

investigation was completed on time (85%, RE=0.70). For all three of these items, agreement was higher than would be expected based on chance alone.

Table 5. Interrater Reliability for Timeliness

OHR Business Question	Percent Agreement	Maxwell's RE
<i>Investigation closed by OHR within 60 days</i>	90.00%	0.80
<i>Incident reported in CHRIS within 24 hours</i>	88.30%	0.77
<i>Investigation completed within timeframes</i>	85.00%	0.70

The reviewers agreed on whether notification was made to the AR/Guardian 88% of the time (RE=0.77), and they agreed on whether written notice was provided 83% of the time (RE=0.67).

Table 6. Interrater Reliability for Notification

OHR Business Question	Percent Agreement	Maxwell's RE
<i>Notification made to AR/Guardian</i>	88.3%	0.77
<i>Written notice of findings provided to individual and/or AR/Guardian</i>	83.3%	0.67

Reviewers agreed 83% of the time (RE=0.67) on whether there was evidence that the person conducting the investigation was trained. There may be some remaining confusion about what counts as evidence of proper training, and whether evidence is necessary. They agreed on whether the facts supported the director's finding 90% of the time (RE=0.80), a high rate of agreement considering the subjective nature of the question.

Agreement was lowest for the item asking whether involved staff and individuals were interviewed (65%, RE=0.30), possibly due to the fact that the question was double-barreled. Reviewers may have answered differently in situations where staff were interviewed but the individual was not, for example. One regional manager, in particular, was more likely to indicate "Yes" while the other manager who reviewed the same cases said "No."

Table 7. Interrater Reliability for Other Investigation Items

OHR Business Question	Percent Agreement	Maxwell's RE
<i>Facts support director's finding</i>	90.00%	0.80
<i>Investigator trained to conduct investigations</i>	83.30%	0.67
<i>Involved staff and individuals interviewed</i>	65.00%	0.30

Overall, the results indicate high reliability, often well above what would be expected due to chance alone. OHR will consider re-wording the item that asks if involved staff and individuals were interviewed so that it is no longer a double-barreled question.