

Community Look-Behind



State Level Report for CY 2019 Cases Reviewed

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 Managers reviewed a state representative sample of 300 cases. These cases had an incident date in CY 2019 Q1 - 4 and a closed case status.

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>	266	89%
<i>Evidence that person conducting investigation has been trained to conduct investigations?</i>	261	87%
<i>CHRIS report submitted within 24 hours?</i>	239	80%
<i>CHRIS entry was closed by OHR within 60 days?</i>	264	88%
<i>Involved staff AND individual(s) were interviewed or submitted written statements?</i>	174	58%

Of the 34 investigations that providers did not complete within the required time frame (10 business days, not including weekends or holidays), reviewers indicated an extension was granted for 6 and not granted for 1. Providers failed to request an extension in 27 cases.

Notably, investigations were found to have been completed by a trained investigator in 87% of the cases reviewed, as opposed to the 75% observed in the previous years' review. Also, CHRIS case closure by the advocate improved substantially from 67% to 88% which OHR attributes to

revised protocols whereby OHR Managers utilize designated data warehouse reports to track the status of cases to ensure closure by the advocate prior to 60 days.

Although there was slight improvement (from 55% to 58%), regarding the observation of evidence that involved staff and individuals were interviewed or submitted written statements as part of the providers investigation, OHR remains concerned about whether this is an accurate reflection of provider investigation strategy or a confusing byproduct of a two-part question confined to one answer. This is addressed more with the inter-rater analysis.

Data Quality Comparison

Another 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.

Provider Corrective Actions

Provider could indicate multiple corrective actions across all 300 sampled cases (Table 2). If a provider checked a corrective action in CHRIS, reviewers indicated whether they found supporting evidence in the on-site documentation (“evidence”). Reviewers also indicated if documentation could not support the CHRIS data (“no evidence”) or if evidence was found on-site but it was never entered into CHRIS (“no data”).

Table 2. Evidence of Corrective Action Taken by Provider

Corrective Action	Evidence	No Evidence	No Data
<i>Reinforce Policy and Procedure</i>	54	16	6
<i>Appropriate Staff Action Taken</i>	50	38	20
<i>Train Individual Staff</i>	42	9	2
<i>Train All Staff</i>	26	10	10
<i>Appropriate Notification to Office of Licensing Made</i>	11	8	3
<i>Increase Supervision (Change Patterns of Supervision)</i>	7	3	1
<i>Improve QA</i>	6	9	1
<i>Support Plan Modification</i>	5	4	2
<i>Supervisory/Administrative Staff Change/Action</i>	4	3	1
<i>Individual(s) were Moved</i>	4	1	0
<i>Increase Staffing</i>	1	1	0
<i>Environmental Modification</i>	1	4	0
<i>Other corrective action(s) taken by provider</i>	0	0	6

“Appropriate Staff Action Taken” appears to present with the most ambiguity. While there is evidence that appropriate action is taken by the provider in 50 of the cases where this action is selected, it is also the action observed to have been selected most often for which there is no evidence to support it. This is similar to results from the previous year’s review. OHR believes that this may be the result of providers misidentifying the action as a justification for not determining a violation as opposed to utilizing the action as intended – as a type of corrective action to demonstrate appropriate behavior followed the violation.

OHR will consider utilizing its existing training infrastructure/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 as opposed to the justification for not determining a violation.

Notifications

Another data quality comparison was made regarding the initial notification of a pending investigation made to the individuals’ authorized representative (AR) or legal guardian. Reviewers indicated in 62 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 238.

- In 157 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.
- In another 41 cases (17%), reviewers could not find evidence of notification.
- In 40 cases (17%), 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 281 cases and failed to send it in 15. Of the 281 written notices that were sent, reviewers found supporting on-site evidence in 218 (78%) cases but did not find evidence in 63. Conversely, reviewers found on-site evidence in 4 cases but the provider never entered this data into CHRIS.

These findings closely mirrored findings from the previous year’s review. OHR is concerned that any individual/AR may not have been notified about the initiation of an abuse/neglect investigation and acknowledges that while there is no direct case correlation, reviewers observed an equal amount of cases where there was no on-site evidence of notification as there were cases where the provider had evidence of notification and did not document it in CHRIS. Affirmation of access to due process is found in review of whether the individual/AR is informed

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of the findings of the provider investigation and their subsequent right to appeal. In this regard, reviewers found evidence that providers notified individuals/ARs in 78% of the cases reviewed.

OHR has considered the need for targeted education and supports for individuals regarding the identification of abuse and other rights protections in general. Understanding their due process and appeal rights is of equal importance and all are being actively addressed through the HR Access initiative. This is a quality improvement project intended to reach individuals who are most vulnerable in the area of receptive and expressive language by revising current resources (furnished to providers) to empower individuals in the service delivery system to report potential violations against their Human Rights. It also serves to increase awareness and understanding of the advocate's role and the individual's Human Rights.

Injuries

Providers indicated in CHRIS that an individual suffered an injury related to their abuse allegation in 72 cases. Reviewers found on-site evidence in 52 (72%) of these cases and did not find on-site evidence in 20 (28%).

Conversely, reviewers found on-site evidence that an individual was injured in 13 cases, but the provider failed to enter this data on the CHRIS abuse report.

An open-text follow-up question asked reviewers whether the injury received "medical care by a licensed professional." Each quarter, this narrative is assessed by OHR to determine whether these classify as 'serious injuries' according to the Office of Licensing regulatory definition. Moving forward, OHR removed this last data quality comparison because there is no longer the need to validate the provider's use of the classification 'serious injury' due to an enhanced serious incident reporting structure on the Office of Licensing side of CHRIS.

Validity of Investigation Outcomes

The final goal of the CLB is to assess the validity of the provider's investigation and outcomes.

Facts Support the Findings

Reviewers indicated that the facts of the investigation supported the findings in 277 cases (92%). For 23 (8%) 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 and, to ensure appropriate real-time follow up occurred. For example, if the assigned advocate also determined a violation occurred based on

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the facts of the provider investigation but the provider unsubstantiated the allegation, the advocate should have recommend citation for the violation and verified the appropriate corrective action was implemented, prior to closing the case.

DBHDS Advocate Actions

DBHDS Human Rights Advocates monitor every allegation entered into CHRIS and conduct multiple actions for each entry through out the life of the case. Advocates indicated 958 actions 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>	279	93%
<i>Monitored Investigation</i>	150	50%
<i>Consulted with provider</i>	120	40%
<i>Other</i>	101	34%
<i>Memo to provider</i>	85	28%
<i>Citation of Violation sent to Office of Licensing</i>	75	25%
<i>Reviewed Investigation Report</i>	48	16%
<i>Referral to Office of Licensing</i>	44	15%
<i>Agreed with Provider's Corrective Action</i>	20	7%
<i>Met with individual</i>	10	3%
<i>Other notified</i>	9	3%
<i>Reviewed Individual record</i>	3	1%
<i>Phone call with individual/family member</i>	3	1%
<i>Recommendations for Corrective Action</i>	3	1%
<i>Notified Client of Investigation Findings</i>	3	1%
<i>Recommendations for resolution</i>	2	1%
<i>CSB/Licensed program notified</i>	1	0%
<i>Participated in Investigation</i>	1	0%
<i>Conducted Independent Investigation</i>	1	0%

Based on preliminary findings from this review, OHR initiated a review and updated the “remarks” drop down options in CHRIS in order to streamline and make consistent documentation of advocate actions related to case review and individual due process. New

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action options were created and defined to reflect changes in process. OHR anticipates a review of DBHDS Advocate Actions in the future to more accurately reflect, and possibly directly correlate for example, to the number of cases where an advocate conducted an independent investigation or met with an individual or recommended citation.

Verification of Provider Outcomes

There were 88 cases that were substantiated, meaning there was a preponderance of evidence that abuse or neglect did occur. Among these cases, reviewers indicated the DBHDS Advocate Action description in CHRIS verified the corrective actions taken by the provider in 66 cases (75%). Reviewers utilized a text description called 'Remarks' for this assessment; however, advocates were not advised to begin using this section until April 2018.

The use of this question to assess verification of corrective action has revealed discrepancies based on the fact that OHR has operationalized case closure to implicitly indicate corrective actions have been implemented by the provider and verified by the advocate. This means that although a specific notation may not be present in the advocate 'remarks', by virtue of the case having been closed, verification has occurred. For these reasons, this question was removed from the next year of reviews.

Inter-Rater Reliability Analysis

For this section of the report, DQV sampled sixty cases for review by a second rater who did not have access to the original reviewer's responses. The sample was stratified so that all five regions would be represented.

While it is not ideal to have an inter-rater process that differs from the original review process, the previous on-site review process was replaced with a virtual review process due to the COVID-19 pandemic.

The percent agreement between the first and second reviewer was calculated for each question. In addition, Maxwell's random error coefficient (RE) was calculated to adjust for agreement expected by chance alone¹. Since Maxwell's RE is for binary outcomes only, an extension proposed by Janes (1979) was used for questions with three or more possible outcomes.²

¹ Maxwell, A. E. (1977) *Coefficients of agreement between observers and their interpretation*. *British Journal of Psychiatry* **130**, 79-83.

² Janes, C. L. (1979) *An extension of the random error coefficient of agreement to NxN tables*. *British Journal of Psychiatry* **134**, 617-19.

Another common inter-rater reliability statistic, Cohen’s kappa, was considered but not used because the kappa coefficient is reduced when one of the outcomes is highly prevalent.³

The Maxwell RE coefficient ranges from -1 (perfect disagreement) to 0 (no agreement beyond what is expected by chance) to 1 (perfect agreement). Scores in between those values can be interpreted on a spectrum; cutoff scores are arbitrary, as there is no consequential difference between a value of 0.599 and 0.600, for example. However, for easier interpretation, scores were coded with the following color scheme:

No agreement	< 0
Weak agreement	0.00 to 0.39
Moderate agreement	0.40 to 0.59
Substantial agreement	0.60 to 1

The remaining tables within this section mirror the organization of questions according to the three main goals of the report.

Several questions are related to business processes and compliance with investigation requirements (Table 4). Substantial agreement was found for all questions except the last one.

Table 4. Inter-Rater Agreement for Compliance with Business Processes and Investigation Requirements

Question	Percent Agreement	Maxwell’s RE
<i>Investigation completed within timeframe?</i>	85%	0.70
<i>If not completed on time, was an extension granted?</i>	97%	0.93
<i>Evidence that person conducting investigation has been trained to conduct investigations</i>	93%	0.87
<i>CHRIS report submitted within 24 hours?</i>	83%	0.67
<i>CHRIS entry was closed by OHR within 60 days</i>	90%	0.80
<i>Involved staff AND individual(s) were interviewed or submitted written statements?</i>	55%	0.10

³ Feng, G. C. (2013) Factors affecting intercoder reliability: a Monte Carlo experiment. *Quality & Quantity* **47**, 2959–2982.

The original intent of the question about whether “involved staff AND individual(s) were interviewed” or submitted written statements was to determine whether investigations included participation from both staff and involved individuals. The low level agreement is not an accurate reflection whether both individuals and provider staff were involved in the investigation but is more a reflection on the style of the question, so we decided to split the question. If the inter-rater results showed strong agreement, we could say the results are accurate. While that aim is still important to OHR, the double-barreled question design and low inter-rater agreement warranted splitting it into two unique questions and retraining reviewers for the next year of reviews.

The checklist of corrective actions documented by the provider in the CHRIS source system show substantial agreement for all items (Table 5).

Table 5. Inter-Rater Agreement for Provider Corrective Actions Entered Into CHRIS

Variable	Percent Agreement	Maxwell’s RE
<i>Reinforce Policy and Procedure</i>	98%	0.97
<i>Train Individual Staff</i>	93%	0.87
<i>Train All Staff</i>	95%	0.9
<i>Increase Supervision (Change Patterns of Supervision)</i>	98%	0.97
<i>Increase Staffing</i>	100%	1
<i>Supervisory/Administrative Staff Change/Action</i>	100%	1
<i>Environmental Modification</i>	100%	1
<i>Support Plan Modification</i>	100%	1
<i>Individual(s) were Moved</i>	100%	1
<i>Improve QA</i>	100%	1
<i>Appropriate Staff Action Taken</i>	98%	0.97
<i>Appropriate Notification to Office of Licensing Made</i>	100%	1
<i>Other corrective action(s) taken by provider</i>	92%	0.83

Comparatively, the checklist of corrective actions documented by the reviewer based on provider investigative documentation shows some disagreement (Table 6). This stands out and warrants a drill down by reviewer. Results are low either because reviewers treat documentation reviews differently, or they are using this section of the form wrong. OHR will work with DQV to research this further.

Table 6. Inter-Rater Agreement for Provider Corrective Actions in Investigative Documents

Variable	Percent Agreement	Maxwell's RE
<i>Reinforce Policy and Procedure</i>	68%	0.53
<i>Train Individual Staff</i>	72%	0.58
<i>Train All Staff</i>	70%	0.55
<i>Increase Supervision (Change Patterns of Supervision)</i>	75%	0.63
<i>Increase Staffing</i>	77%	0.65
<i>Supervisory/Administrative Staff Change/Action</i>	78%	0.68
<i>Environmental Modification</i>	77%	0.65
<i>Support Plan Modification</i>	78%	0.68
<i>Individual(s) were Moved</i>	75%	0.63
<i>Improve QA</i>	70%	0.55
<i>Appropriate Staff Action Taken</i>	65%	0.48
<i>Appropriate Notification to Office of Licensing Made</i>	72%	0.58
<i>Other corrective action(s) taken by provider</i>	77%	0.69

Three additional questions also compared provider documentation to CHRIS data. Questions related to whether appropriate notifications were made showed substantial agreement (Table 7).

Table 7. Inter-Rater Agreement for Data Quality Comparison for Notifications

Question	Percent Agreement	Maxwell's RE
<i>CHRIS shows notification of initial allegation made to AR/Guardian</i>	95%	0.90
<i>Documentation shows notification of initial allegation made to AR/Guardian</i>	80%	0.70
<i>CHRIS shows written notice of investigation findings provided to individual and/or AR/Guardian</i>	90%	0.80
<i>Documentation shows written notice of investigation findings provided to individual and/or AR/Guardian</i>	88%	0.77

Results also showed substantial agreement for reported injuries. Reviewers agreed 87% of the time on whether there was documentation to support the CHRIS data (RE=0.73).

Lastly, several questions were analyzed related to the validity of investigation outcomes. Reviewers agreed on whether the facts of the investigation supported the Director’s finding 83% of the time (RE=0.67), a high rate of agreement considering the subjective nature of the question. The checklist of DBHDS Advocate Actions in CHRIS data also showed substantial agreement for all items (Table 8).

Table 8. Inter-Rater Agreement for DBHDS Advocate Actions in CHRIS Data

Variable	Percent Agreement	Maxwell’s RE
<i>Referral to Office of Licensing</i>	100%	1
<i>Recommendations for resolution</i>	100%	1
<i>Reviewed Individual record</i>	98%	0.97
<i>CSB/Licensed program notified</i>	100%	1
<i>Participated in Investigation</i>	100%	1
<i>Reviewed Investigation Report</i>	97%	0.93
<i>Phone call with individual/family member</i>	100%	1
<i>Recommendations for Corrective Action</i>	100%	1
<i>Notified Client of Investigation Findings</i>	100%	1
<i>Conducted Independent Investigation</i>	100%	1
<i>Agreed with Provider's Corrective Action</i>	100%	1
<i>Citation of Violation sent to Office of Licensing</i>	98%	0.97
<i>Monitored Investigation</i>	98%	0.97
<i>Consulted with provider</i>	93%	0.87
<i>Other notified</i>	97%	0.93
<i>Met with individual</i>	100%	1
<i>Memo to provider</i>	95%	0.9
<i>OK to Close Case</i>	95%	0.9
<i>Other</i>	90%	0.8

The reviewers agreed 75% of the time on whether the advocate action description verified the provider’s corrective actions (RE = 0.50). This only applies to 20 inter-rater cases in the sample that were substantiated for abuse.

Summary

Although, overall, the results indicate high reliability, OHR has initiated quality improvement (QI) measures that should address the areas where a lower level of agreement is shown. These QI efforts include revising the review form and corresponding technical notes with more detailed

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instructions. The double-barreled question regarding individual and staff involvement in the investigation has been split into two separate questions on the form for the next round of reviews. OHR will work with DQV to research reviewer responses regarding documentation reviews of corrective action where moderate agreement occurred. More individualized training with reviewers will occur once this data is identified. Lastly, OHR has added additional Advocate Action selections in CHRIS and provided a comprehensive list to all staff describing when to use these Advocate Actions when documenting in CHRIS. This effort should show improvement in agreement particularly in cases substantiated for abuse where advocates are required to verify implementation of corrective action, as a drop down specific to this action was added.