

# COVID-19-Related Reports in the DBHDS CHRIS Serious Injury and Death Database

COVID-19-RELATED REPORTS IN THE DBHDS CHRIS SERIOUS  
INJURY AND DEATH DATABASE

DISABILITY LAW CENTER OF VIRGINIA

# COVID-19-Related Reports in the DBHDS CHRIS Serious Injury and Death Database

Prepared by the disAbility Law Center of Virginia

October, 2020

Since February 2020, dLCV has been continuously tracking COVID-19 related reports in the Computerized Human Rights Information System (CHRIS) operated by the Department of Behavioral Health and Developmental Services (DBHDS). These reports are filed under the “serious injury and death” portion of the database. As of August 21<sup>st</sup>, 2020, dLCV had reviewed 1,858 COVID-19-related reports which detailed the experiences of 1,488 individuals<sup>1</sup>.

On March 16<sup>th</sup>, 2020, DBHDS issued guidance to licensed providers<sup>2</sup> clarifying DBHDS reporting expectations with regards to COVID-19. The guidance requires that providers report presumptive positive and laboratory-confirmed cases of COVID-19<sup>3</sup> to CHRIS “during the provision of services, or where it is determined that the individual contracted COVID-19 during the provision of services or on the provider’s premises.” The Department does not require that providers report negative test result or tests without dispositions, but dLCV has found that many providers report these results voluntarily. Reports of incomplete and negative tests have been useful to dLCV in determining how these providers access testing and implement infection controls during the testing process.

dLCV analyzed data based on an individual’s most recent infection/testing status; for example, if a provider submitted a report indicating that the individual was being tested for COVID-19, and later submitted another report indicating the individual had tested positive, we would only analyze the most recent result<sup>4</sup>. The majority of individuals tested positive for the virus (887, or 59.6%). There were only 11 individuals (0.7%) reported as needing testing but not being able to access it; 5 cases of unavailable testing were reported by Developmental Disability (DD) residential providers. In addition to suspected and confirmed COVID-19 infections, dLCV tracked reports in which an individual who was *not* infected was denied other services due to COVID-19 precautions. To date, we have received only 22 reports of this kind.

A significant number of individuals (337, 22.6%) reported that they had been tested for COVID-19 with no diagnosis specified. The lack of follow-up from reporting providers is concerning, especially considering that there was time to do so: 131 of the 337 individuals with “Testing in Progress” as their

---

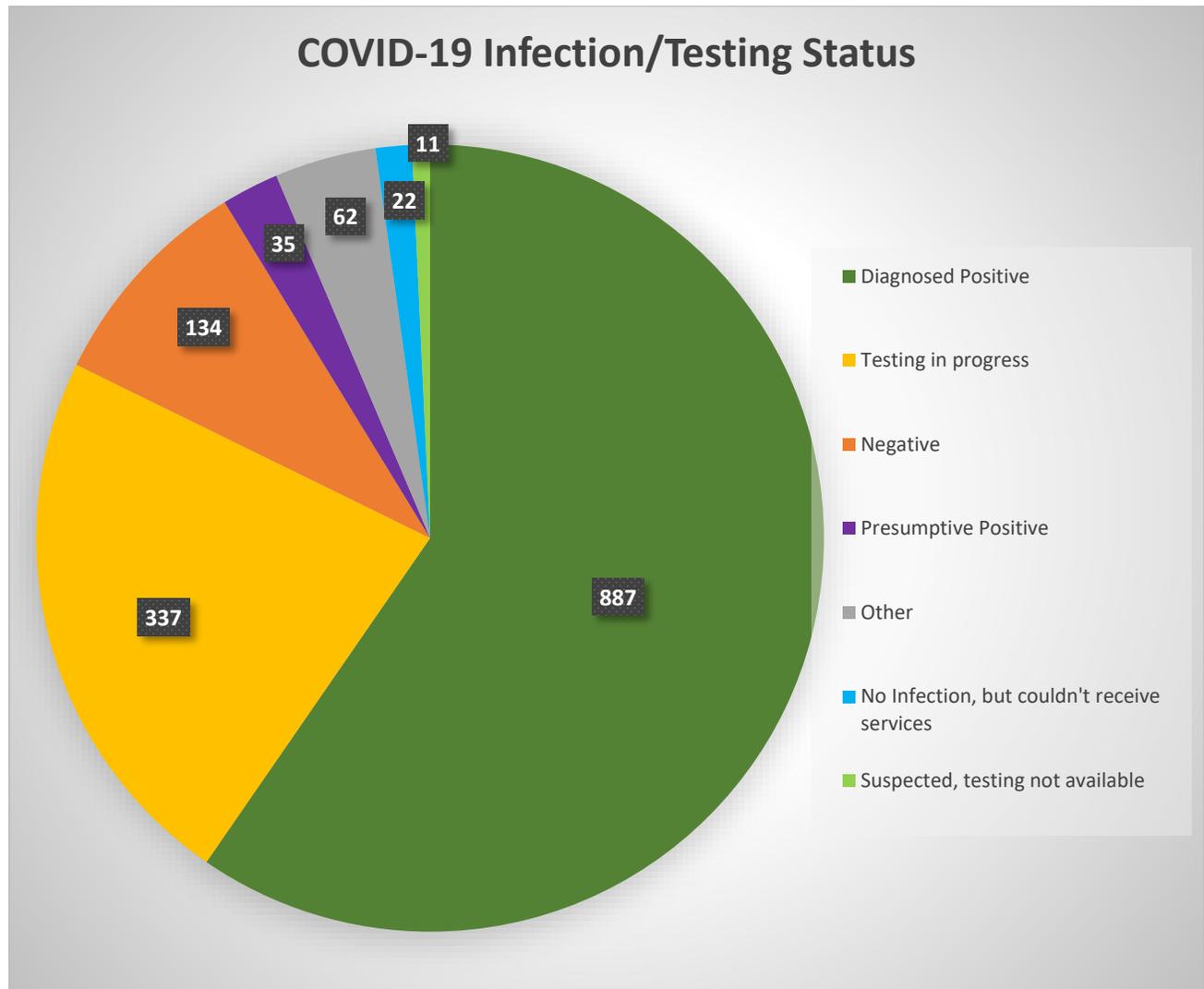
<sup>1</sup> Providers submitted reports on some individuals’ conditions more than once, accounting for the discrepancy between number of reports and number of individuals.

<sup>2</sup> <http://www.dbhds.virginia.gov/assets/doc/EI/serious-incident-reporting-of-covid-19.pdf>

<sup>3</sup> The Centers for Disease Control and Prevention Services (“CDC”) define presumptive positive cases as individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory and laboratory-confirmed COVID-19 cases as individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a CDC laboratory.

<sup>4</sup> In a very small number of cases, providers reported that an individual who had previously been diagnosed as having COVID-19, tested negative many months later after they recovered. In these rare instances, we have logged Positive as the ultimate disposition.

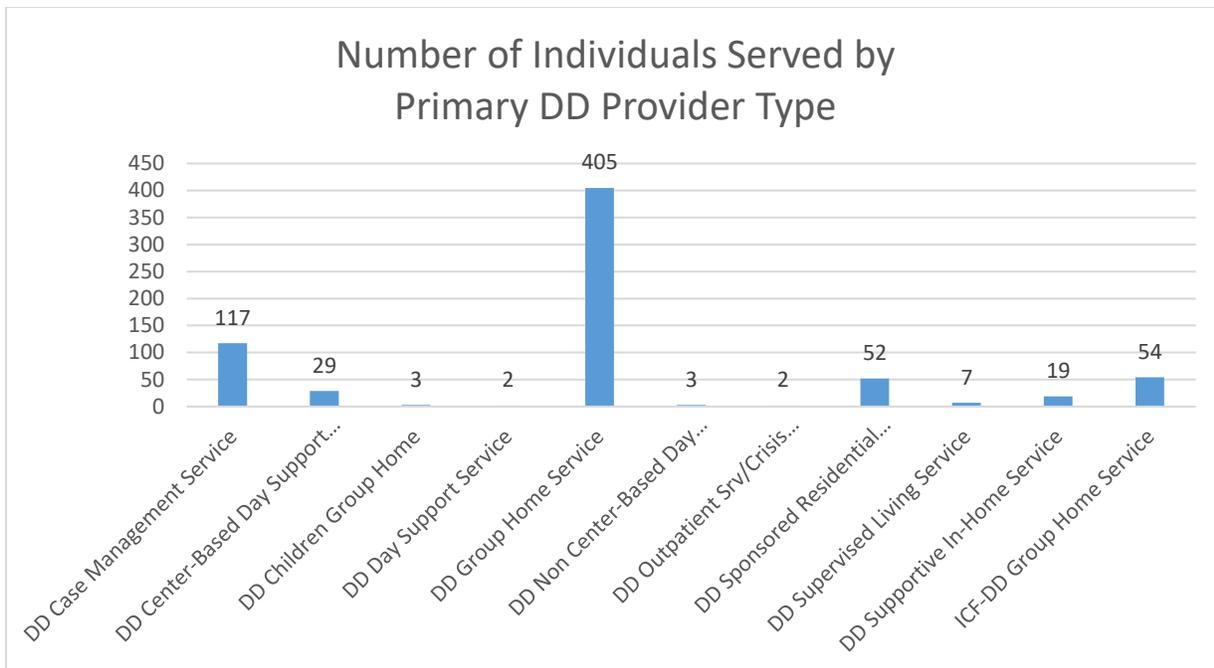
most recent status (38.9%) were reported in March, April, or May of 2020. The matter of updating reports to provide disposition is complicated by the fact that CHRIS reports may be “locked” for provider updates once a DBHDS Licensing Specialist reviews or “closes” the report.



5

Of the 1,488 reported individuals, 693 (46.6%) were primarily receiving DD services. By comparison, 542 individuals (36.4%) were receiving Adult Mental Health (MH) services, 189 individuals (12.7%) were receiving Children’s MH services, and 62 individuals (4.2%) were receiving primarily Substance Abuse (SA) services.

<sup>5</sup> dLCV’s definition of “Presumptive Positive” differs significantly from the DBHDS definition. We defined Presumptive Positive as an instance where a medical practitioner told the individual they likely had COVID-19 and told them to take measures as if they had been diagnosed positive (with or without testing). DBHDS uses the CDC definition, which defines Presumptive Positive as “individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory.”



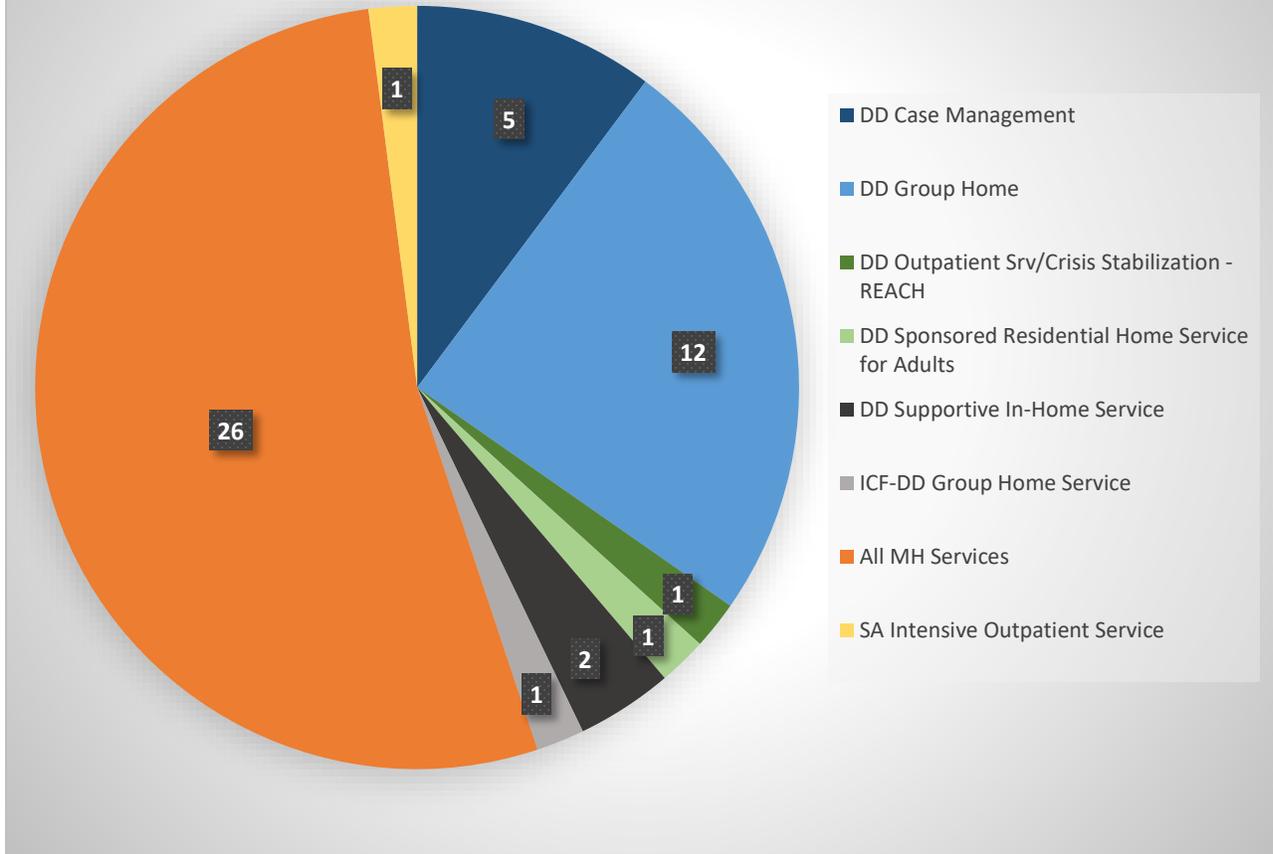
Most of the reported individuals who received DD services resided in Group Homes (405 individuals, which makes up 58.4% of DD service recipients and 27.2% of all individuals). In many instances, individuals who were primarily receiving group home services also received Case Management or Day Support services which made secondary reports. It is not surprising that relatively few reports came from non-residential DD services, as many of these services were suspended during the pandemic and were not required to report cases if the individual was not diagnosed positive while receiving services. Case management reporting by DD providers has also been critically important in identifying outbreak locations and residential providers who have not reported as required.

As of 8/21/20, dLCV identified at least 62 residential provider locations with COVID-19 outbreaks<sup>6</sup>. These include Group Homes, Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF-DDs), and Children’s Residential Treatment Facilities. We identified an additional 22 residential locations which may also have had COVID-19 outbreaks, but where providers failed to report the disposition of COVID-19 testing.

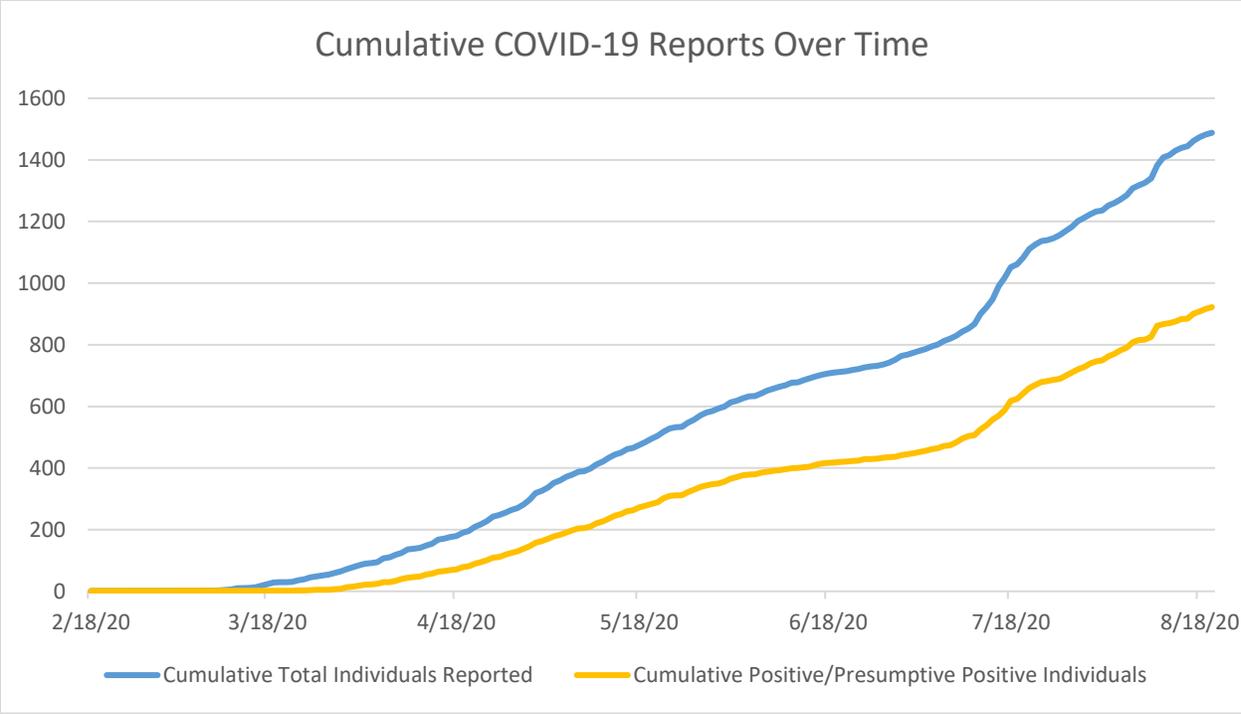
Of the 1,488 COVID-19-involved individuals reported to CHRIS, dLCV has identified 49 COVID-19-related deaths. While it is not always possible to tell whether a death is directly attributed to COVID-19 due to comorbidities, all 49 of these deaths were of individuals who had presumptive positive or laboratory-confirmed diagnoses of COVID-19 prior to their deaths. Slightly more than half of these deaths (26, 53%) were reported by outpatient MH programs (no deaths were reported by inpatient MH programs). DD Group Home providers accounted for 12 (24.4%) deaths—the largest proportion of any DD service.

<sup>6</sup> Outbreak, in this instance, is defined as any physical plant addresses with two or more confirmed COVID-19 cases among residents. The DBHDS’ definition of an outbreak requires that the infections be concurrent. Due to the fact that we have no way of knowing when residents have “recovered” from COVID infections, we have not included the “concurrent” requirement in our definition of outbreak.

## COVID Deaths by Primary Provider Type



During June, it appeared that the number of new COVID-19 reports was slowing, as the number of cumulative reports began to plateau. However, in early July, we saw a sharp increase in both the total number of reports and the number of positive cases. Reports continued to steadily increase throughout July and August.



dLCV has been surveying residential providers identified in the CHRIS reports to determine how they have been coping with the pandemic. We are attempting to identify best practices and exemplary providers with the aim of showcasing helpful strategies in addition to the guidance issued by DBHDS and the CDC. DBHDS has been very open to collaboration with dLCV throughout the pandemic, particularly with regards to data. We look forward to continued collaboration to further the interest of people with disabilities across Virginia.