



# COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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September 29, 2020

V. Colleen Miller, Executive Director  
Disability Law Center of Virginia  
1512 Willow Lawn Drive, Suite 100  
Richmond, VA 23230

Dear Ms. Miller:

Thank you for the opportunity to respond to your report, *COVID-19-Related Reports in the DBHDS CHRIS Serious Injury and Death Database*. We are grateful the disAbility Law Center of Virginia (dLCV) consulted with DBHDS regarding our data collection methodology and definitions before publication of this report. This report accurately describes many of the important differences between our evaluation process and dLCV's and will help readers understand some of the variability in reporting by our organizations.

Since the onset of COVID-19 in Virginia, DBHDS has sought information from its licensed providers regarding presumptive positive and confirmed positive infections among individuals served. On March 16, 2020, DBHDS issued guidance to licensed providers requiring providers to report these incidences in its Computerized Human Rights Information System (CHRIS) within 24 hours. The information provided has been an important tool for DBHDS to monitor the extent COVID-19 has effected individuals served in DBHDS licensed services. DBHDS has published a dashboard showing reported infections and deaths since May 14, 2020. The dashboard is updated weekly and can be accessed here: <http://www.dbhds.virginia.gov/assets/doc/EI/dashboard-09172020.pdf>

There are a few aspects of the report we would like to address:

- dLCV's report notes that as of August 21, 2020, providers reported 1,488 individuals were either positive, presumptive positive, or undergoing testing. As noted, providers were mandated to report presumptive positives and confirmed positives. However, many providers also voluntarily reported individuals that were being tested and not necessarily positive. The report states that 887 (59.6%) were reported as testing positive. However, the narrative also uses data based on the total pool of 1,488 individuals for which reports were submitted, but the individuals are not necessarily positive. Using this larger pool of data is potentially misleading because it mixes incidents that were required to be reported (positive cases) with those that were not. This skews some of the numbers. For example, dLCV states that 405 reported individuals resided in DD residential settings. While this refers to reports (positive

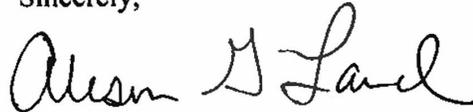
cases and those undergoing testing) a reader might assume that these were all positive cases. Our data indicate there were only 275 individuals testing positive for COVID-19 in DD residential settings (as of 9/17/20).

- On page 1, the report notes a significant concern that 337 individuals were reported as taking COVID-19 tests, with no further follow-up given. It is important to note that DBHDS' reporting requirements only specified that providers should report positive cases. Therefore, it is likely that many of those 337 individuals did not have further follow-up because they did not have positive tests; negative tests were not supposed to be reported. dLCV then uses this purported discrepancy to express concern that 22 providers may have had unreported outbreaks, since they did not report the final disposition of tested individuals.
- The report's footnote 6 (page 3) incorrectly states that DBHDS defines outbreaks as concurrent infections. DBHDS defines outbreaks as any providers that has reported 2 or more infections. In some cases, this may be misleading because it may include a provider that reported one case in April and another in August (2 separate single events, as opposed to an outbreak). DBHDS is now also looking at providers that have recent outbreaks. DBHDS is defining recent outbreaks as 2 or more cases within the past 14 days.

Finally, DBHDS would like more information about "denied services due to COVID-19," this statement does not provide enough information about whether individuals could not access services due to the pandemic and health care provider precautions or if the service was not available (e.g. day support) due to temporary closure.

Thank you again for the opportunity to comment on this report. Should you have any additional questions, please contact Dr. Dev Nair at [dev.nair@dbhds.virginia.gov](mailto:dev.nair@dbhds.virginia.gov).

Sincerely,



Alison G. Land, FACHE

c: Dev Nair