

Transcript of “Rights Here, Rights Now” – Episode about CHRIS

Produced by the disAbility Law Center of Virginia.

[INTRO]: **The information provided on this podcast does not, and is not intended to, constitute legal advice. Instead, all information, content and materials available are for general informational purposes only.**

[Enter host, Ren Fazuski.]

[Ren Fazuski]: Welcome to Rights Here, Rights Now!- a podcast about disability advocacy and activism. I'm your Advocate host, Ren Fazuski.

[Enter host, Virginia Pharis.]

[Virginia]: And I'm your Advocate host, Virginia Pharis.

[Ren]: Every two weeks we dig into to relevant issues, current events, and avenues for self-advocacy.

[Virginia]: ‘Cause someone has to.

[Ren]: And it might as well be us.

[Virginia]: ***This podcast is produced and edited by the disAbility Law Center of Virginia, the Commonwealth’s protection and advocacy agency for disability rights.***

[Enter, again, Ren Fazuski and Virginia Pharis, hosts]

[Ren]: So Virginia- today is a very... **special episode.**

[Virginia]: We say this every time. But, we do mean it every time.

[Ren]: That is true. It’s not *just* the topic, though. It is also because (pause) we’re sort of participating! In this episode!

[Virginia]: We are! We’re doing a bit of round table community here [discussion]. With Dana Traynum and Erin Haw, who have both been-

[Ren]: Past podcasts guests!

[Virginia]: We're talking about, basically, the incident-reporting **system for community providers [in the area]**.

[Ren]: Yes, we are all part of this team. We're all in very different roles. And it'll be a *SUPER COOL chat between* four cool people. Talking about some really interesting stuff, so... I think we are all (four) going to look forward to it. 😊

[Virginia]: But, before we jump in, let's check out **Disability in the News**.

A new study by Nielsen, the company known for tv ratings, analyzed data from almost 450,000 commercials that aired during prime time in February 2021. The results were shocking. Only 1% of TV advertising includes people with disabilities, though people with disabilities account for more than a quarter of the population. Only 6,000 of those 450,000 showed or referenced disabilities through themes, visuals, or topics. These ads accounted for 3% of spending for all tv ads. Over the inclusive ads, more than half were in the health and personal care category, most were pharmaceutical related. Advertisers are overlooking a huge segment of the population and missing opportunities to incorporate people with disabilities into everyday branding. This mistake could end up being costly. Advertisers have an opportunity to help break down social stigmas around disabilities by making people with disabilities more visible. Many brands are embracing the need to engage and include people with disabilities but are still leaving them out of creative content. We hope representation and inclusion will continue to rise. Find out more at DisabilityScoop.com

[Ren]: All right- Time to talk about (pause) CHRIS stuff! Which is an acronym that we're going to explain over and over again on this episode. We have Erin and Dana, and Virginia, my cohost, here. And all together- we're part of the CHRIS TEAM! So, we're all very knowledgeable. I think we're going to start at the beginning. Talking [here] about the work, DLCV does, really to ensure that the providers **licensed by the DBHDS**, make sure that these providers are **safer and more inclusive, for people w/disabilities**. And, Erin Haw is going to set the stage for us & tell us, *what does that even mean?*

[Enter, Senior Disability Advocate, Erin Haw.]

[Erin]: Yes, thank you! What a wonderful introduction. So, as you mentioned, Ren, we're going to have a lot of acronyms, & I'm going to do my best not

to **fall into acronym land**. Again, DBHDS stands for The Department of Behavioral Health and Developmental Services. And, in Virginia, DBHDS is **our lead state agency** for developmental disability(ies), mental health, and substance use disorder. So they have a pretty big part and role, in terms of our disability service systems. And Virginia, one of the things that they do, and, I'm sure our listeners are familiar with this, based on past podcast episodes we've had- but, they directly fund and operate a number of large state agencies for people with disabilities. Like, when we talk about WSH, those are **large facilities that DBHDS largely funds and operates**. But in addition to those programs, DBHDS LICENSES thousands of other service types and settings across the state. So that includes for profit providers, even the ones within multiple states, also smaller non-profit providers; in Virginia, we have a thing called the community services board, so, a number of their programs are licensed by DBHDS. And there's other kinds of provider arrangements that we have in Virginia as well. So, within the bubble of the DBHDS programs, we have the **Institutional Service Setting(s)**. So [those are] institutions *not operated* by the state. So they're going to be things like Psychiatric Residential Treatment facilities, for children. And then, um, we also have a service type in Virginia called Intermediate Care Facilities, for people with developmental disabilities. All of those programs are serviced by DBHDS. On the other side of that, though, are the more community based settings, also for people with disabilities. And some examples that people might be familiar with are: Group homes, sponsored residential programs/units, day programs, and as some people may have heard of REACH, which is our crisis center for people with developmental disabilities. Even things like **case management through your local community service board- all of those** types of services are licensed by DBHDS. And when we talk about, a provider **being licensed** for/by the state, we mean that we've had some rules that apply to them. So there's a big set of rules called the Human Rights Regulations. And, more to the point of what we're talking about today, are the *State's Licensing Regulations*. And those licensing regulations are pretty in-depth. They talk about things, like: Staff training requirements, you know, requirements around emergency preparedness, making sure you have your first aid kits and your water reserves and all of that in a group home, in case a hurricane comes through. And then, it also includes some pretty specific rules around incident reporting. So if you go to a day program, and, something happens to you at that day program, something as serious as, you know, perhaps, sexual assault. Or just maybe like a little minor bump, bruise, scrape, etc. Those providers that are licensed by DBHDS have to prepare incident reports and submit those, to the state, for review. **We're very fortunate, at DLCV**, because a few years ago—and

Dana may remember the exact year. Dana, do you remember when our CHRIS legislation went through?

[Dana]: I think...it started in 2016, and then **we got it in 2017?** Virginia, does that sound right?

[Virginia]: It sounds true. I'm fairly certain it even *IS* true!

[Dana]: (Laughter.) I know that we started actually **receiving the reports, in July of 2017!**

[Erin]: Okay, yes. So, for a few years now, *we have had access on our end to some of the reports* that live in this incident data base that the providers input information into. And that database has another acronym. It's, in full, the Computerized Human Rights Information System, or: CHRIS. So Chris is what will be probably referring to it as from here on out. So, Dana will get a little bit more into I think, kind of what types of reports we have access to, (and don't have access to) in the database. But, basically our access to CHRIS plays a *very* important role in the work that DLCV does to make sure that people, both children and adults, who live in community and institutional settings are safe and have access to inclusive services.

[Virginia]: That's a really good sort of way to start us off. And, the way to provide context for what Chris is! I mean, for our listeners at home, for your purposes, you can essentially think of CHRIS as, a guy who lives in the computer, who tells us about all of the incidents in DBHDS licensing program(s). That's probably how I tend to think about it. And maybe... maybe just the simplest way. Dana, can you tell our listeners a little bit about like the specific information that's contained in CHRIS?

[Dana]: Sure! So there are two sides of CHRIS, [which] is what we are dealing with. There are two sides! One side, is, we're dealing with... the licensing side. Erin talked about the Office of Licensing, & the office of Human Rights. The Office of Licensing side, um, has serious incident reports. And, serious incident reports, are reports of things that require some sort of medical attention- So, if someone gets injured and they have to go to the ER, they get sick, and, they have to see a nurse for some sort of medical care. It also includes things like folks leaving the program, and a Missing Person report(s) being filed. (Pause). It includes medication errors. Even if it doesn't require medical attention...If a resident of a program into another resident that's included. And it also includes deaths. Any deaths that occur or individual who is receiving license services. This [even] includes deaths of folks who **don't necessarily live** in a program that

licensed operator funded by the department. An example would be someone with a DD diagnosis, or mental health diagnosis, who lives independently, or with family, but they get case management services. Because case management is a licensed program, (that is) licensed by DBHDS, if a death occurs on that case manager; or, it's also called a service coordinator, on that person's caseload, then they report it in CHRIS. So we received reports of folks who were even living independently in the community services. As long as they are receiving services in some kind of (sort of) **licensing program**. So that's a serious incident side of Chris and that is the side that we currently receive. We review those reports every day. And, I'd say an average day would be about a hundred, a hundred reports a day, on that side of CHRIS And remember, from what Erin said, we're talking about thousands and thousands of programs,...(pause) that are filing these reports. The other side of CHRIS, the Human Rights side of CHRIS, is the abuse and neglect investigations and reports that happened in these license programs. We don't currently have access to this side of CHRIS. But we are working on it there are a couple of bills going on right now, in the general assembly, that would allow us to have access to this other side of CHRIS. And Erin, I know you're, kind of, following this legislative process a little bit closer can you tell us what we may be able to get if this goes through?

[Erin]: Absolutely! So we are recording this podcast episode in the midst of Virginia Virtual 2021 General Assembly session. And, we've been very fortunate, um, as an agency, that, despite the pandemic, and the many, many challenges that have come along with that, in terms of, trying to balance the state budget, and make sure, um, that the legislative process goes smoothly, we've had a lot of support from state legislators, from DBHDS, & from the private provider community, *to make sure* that DLCV has had a more complete picture, about, what is happening in these Licensed Community Settings. So, we have, bills that have been patroned by, State Legislators, and, I think, other than usual wordsmithing that happens during the general assembly, they seem to be moving ahead quickly and efficiently, and I think we're hopeful. Probably, at the start of the next fiscal year, we will have access to this abuse and neglect side of CHRIS. So it's still up in the air at the time of recording. But, that's [...] the behind-the-scenes work going on right now.

[Ren]: Well, that is all very exciting! Because, I know how much we all love more data! So, since we're going to talk about the data... Dana, as well as Virginia, you guys are the coup (group?) leaders, and you have been with this thing since the beginning, since its first came into DLCV? As proud parents **Why don't you talk about what does DLCV even do with this information?? What do we do with them?**

[Dana]: So, currently we have access to these tier reports, and what we do with them once we have them....(pause) Virginia, I can talk about the first tier review process- not in-depth -but, you know, how we do that, and then, maybe you can talk about the second-tier- what we do with that information? How does that sound?

[Virginia]: Why don't you take us through the day-to-day?

[Dana]: The day-to-day?

[Virginia]: Okay, not the "day today," **but, the day-to-day** I am Punchy today, Dana! Take it away!

[Dana]: So, what we do with Chris on a day-to-day basis, is, we have a CHRIS team, and four members of that team are considered what we call **"first-chair review."** and that means they (we) reviewed the reports told, as they come in each day. And, we are going to run, as you said that, um, **Virginia and I have been here since the birth we've actually been here since the conception because ...[we].** Even before we started getting a report, OR, trying to figure out if we're going to get these reports, what are we going to do with them, when we going to even figure out how to keep track of them, etc. And, what we came up with was a six-point rating scale. And, I'm not going to bore you with what the six points are. But just to tell you- that when we look at a report- **we are reading the narrative in the report and analyzing it and giving it a rank on that 6-point scale depending on different things that happened [*how different things happened]** to the report, at that point: it could go to a second-tier review, which, **I'm going to let Virginia talk about, because she's our "second-tier" reviewer.** I have to say, a majority but I don't know what that statistic is... I'm...because, I don't do numbers, but, most of our reports are just your ordinary reports about stuff that happens in life. We call it a **Rank- 4**, which means there's really nothing...you know, nobody did anything wrong. Somebody got sick. You know, [or], a kid jammed their finger on the basketball court, you know. It's just things that can happen a day to day life, in our reports, and then, the other ranking systems they go off in different directions. So that's how we handle it day to day...so, Virginia, why don't you take it from there? What do we do with a report get something **other than a 4?**

[Virginia]: Yeah! So, it's at that point essentially to get something higher than a four: What it means is somebody else needs to put "eyes on this." And, it may be that another person needs to confirm that, you know, this really isn't something that we can do anything about. Maybe, 'Cuz, it **didn't happen to add a provider location** There have certainly been lots of the incidents in which, you know...Something really troubling happened. But maybe, it happened to somebody who is **receiving Case Management Services.** Maybe they were, you know, friends assaulted at the hands of the family member(s), that's **not, not** concerning! But it's not necessarily indicative

of an issue *with the dbhds provider*. So, you know, there's something to be said for that. But a lot of what we do is looking at all of the data points involved, and reading between the lines, to see if there's anything that requires further scrutiny. A lot of these providers are provided with really good, detailed reports, but, I don't think I've ever received any report that I go: ***"Yeah that provides all of the information that could possibly be said about this data/issue."*** So, with that in mind, or some of these that we look at, that raised concern, that we **refer for independent investigation** within dLCV. [And,] that can either mean that, we start doing an investigation, that nobody else has done at all. Or, it can mean, we look at an investigation that's already been done, to see if it was a suspicion in an investigation. We address everything that needs to be. **We can also refer to other oversight agencies like the Department of Licensing.** We can let them know, if there's, you know, a report that we're especially concerned with...We can refer to the office of Human Rights, (or), we can refer to other licensing agencies as appropriate. There are some providers, that, if we're really concerned about we might up our monitoring efforts! One of the really great things about CHRIS, is that.... the fact that it's a database that tells us a lot about what's going on, at a lot of different Community Providers, um, -That gives us a window into those community providers - Because we can't always have boots on the ground in every place where services are being provided. There is not enough dLCV employees *by HALF*, to be able to do that. But, the reports that we received can help us direct our monitoring efforts to the staff that we do have can be spending their time effectively as humanly possible, we have something called: "the Coalition for Community Safety". I might let **Ren** talk about that a little bit. She's actually been heading up our "coalition efforts," but, it is essentially a team of stakeholders who are really invested in promoting safety, and Disability Rights issues, in the community. There are some issues that we bring to them, and go, like: "Hey, how can we as a group promote improvements here, and, we can, get legislative level advocate(s) for targeted policy reforms, & legislative changes, and, increased transparency by providers in DBHDS?? One of those, an example of that... [...] Those are really basic examples. [But,] that is what we're doing right now. We're trying to get more information because, honestly, an issue that has come up as we've been doing first-tier reports, is that, you know, we don't necessarily think that we're getting all the information we should! There are some reports that just don't have very much information in them. [And,] There are some providers that we think are necessarily reporting everything they should and so giving us greater access, *fuller access*, to the CHRIS reporting system, and the other side of CHRIS, is, going to help us have a better idea of what's happening across the service provision system so we can respond appropriately and know

what else there is to tackle. Ren, this isn't exactly something that we had talked about addressing, but, it might be worth saying a little bit. Do you want to talk to us a little bit about the "Coalition of Community Safety", that I mentioned?

[Ren]:

Sure! So, the "Coalition of Community Safety," is essentially a group of volunteers, who come from all over the service delivery system, whether they are part of the system itself, *as a provider*, or, whether they receive services from the system, or are self-Advocates. And, the idea is that we provide them information **from CHRIS**, and come up with potential action plans, respond to what this data tells us. So for example, um, a couple years ago, some of the data that we were tracking was: transportation-related injuries. So this is individuals that were, you, know suffering injuries, there were even deaths involved. And, we're seeing this on the rise. And so, we took this data to the Coalition, and essentially, said: "Okay, so what do we do, we wanted you to respond to this." And they came up with a bunch of different recommendations, as to what providers could do to prevent a transportation related injuries. They also make recommendations to dLCV too about investigations, that they were hoping we would initiate. So that is something that the coalition can do. They have a lot of creativity there. And they are really excited about continuing that mission. And seeing when/where we can get more involved. (Pause.) In trying to address **community safety issues**.

A big part of that, again, it's already mentioned is this watch list! So Virginia's our sort of, 'certified data guru'. But, the idea is that- we can- all these reports, we also marked these reports as sort of what the what the issue was involved. It might be involved a urinary tract infection and might have all the transportation incident, it might involve the use of seclusion and restraint, or, I guess, in the community use of restraint. So, we tracked that and we start looking at are there any trends that we see? Are there any things in particular that are deeply concerning this last year one of our big things were tracking is obviously covid-19. And, not only seeing how many people were being reported as ill, if you know the deaths that were occurring as a result of covid-19. Complications we are also seeing is because of the illness that people were not being connected to services! Whether, they were being denied access to certain services. That's also something we were looking at,- Abusive seclusion and restraint practices- is something that we're always keeping

an eye out for. One of our current projects is regarding excessive force by, and over-reliance on, law enforcement. So one of the other as part of serious incident is it law enforcement has been called to be part of whatever is going on. [And] That can be as simple as, "Do the EMTs respond to an injury?" But, we also see that it's an individual is engaging in is having a mental health crisis or engaging in self-injurious behaviors the use of law enforcement that mitigate that situation. so that's something else that we're also looking at in the past trap saying such as your new tract infection so if we see a huge spike in urinary tract infections and group homes how to take group homes to better their practices and policies about management of urinary tract infections we can also get self-advocacy information out as to how people with disabilities in the community can you do better self-advocate for treatment to make sure that they're protected. so having the state allows us to kind of look at very specific issues and then coordinate responses on those issues.

[Virginia]:

So, to go into the current issues, in a little bit, into sort of, the: 'inter-project workings,' you know. We were seeing some really concerning issues, really bad effects, from urinary tract infections. That was part of what inspired us to do *our podcast episode a few months ago on urinary tract infections!* If you haven't listened to that, already, you know, if... I'm not saying it's *a fun episode!* But, like, it's an important issue! So I think people should listen to it. Because you know, like Ren said, it's a... it's a systemic issue, and it's one that we can see, (with)in CHRIS, you know. There's actual steps for improvement to be made. And one of them is educating yourself, so!

[Dana]:

One thing that I want to say, in that vein: I'm so excited about the Coalition and the work that Ren is doing, in the Coalition. The thing that really excites me when you go into the room-- *or here, the zoom- into the zoom room; it's pretty amazing!* Sitting at (around) the table, and we have the directors of different offices: Of the Department of Behavioral Health and Developmental Services; We have the director of APS, we have someone from DMASS, somebody from the inspector General's office, and, most importantly, we have self-advocates there who can give us you know the real world view of issues! We have providers from the institutional settings such as the parts, the psychiatric residential treatment facilities, as well as group homes, &, day support programs. But, if you're interested in joining the Coalition, let us let us know. As Ren, you and I know, they're very excited and they want to get involved in more things, and having more people at the table. And more views and that would be really exciting! So, it's a wonderful group of people to work

with. I don't feel like, you know, a lot of times, you don't like having a meeting in your life. You know, like, looking forward to it? I look forward to these meetings! Everybody is very involved, and engaged, and we...Our goal is to really get something done. NOT just attend the meeting. So, if you're interested in joining us, let us know. ☺

[Virginia]:

You can do that by going to our website www.dlcw.org & clicking on the link with volunteer opportunities. That is honestly going to be an easier option for you than trying to spell Ren's last name, uh, Fazuski, and sending her a direct email! [LOL]. Go to dlcw.org and go to our volunteer link. Do you know, Dana or Erin, whichever one of you wants to try to end on this? If somebody's thinking about applying for services from a provider license by dbhds, you know, whether that's Residential Services case management, where can they go to learn more about that providers licensing history??

[Erin]:

Great question! So, we talked a lot about what dLCV does with the information we have access to. CHRIS, and a lot of that information we have, is confidential, it includes names, and addresses, and birthdays, and other private info, etc. DBHDS does publicly post routine provider inspection reports. And, when people file complaints with DBHDS, with the office of licensing, a report is generated after that complaint is investigated, as well. It's not the easiest website to navigate. We're going to include the links on for those pages in the show notes. So you can, you know, if you are already working, or, if someone, you know, has been thinking about, you know, maybe accessing some new or different services, it's a great way to get ahead of providers. They show the history of the providers. And, there are some specific providers, & institutional providers, **that are both licensed by DBHDS, and they're certified by the federal Medicaid agency, which is called CMS, for short.** And, those providers are going to include things like: the psychiatric residential treatment facilities, &, Intermediate care facilities; And also, inpatient psychiatric units in hospitals. In addition to having public dbhds licensing reports, you can access reports about those programs through the Virginia Department of Health. It's not a straightforward process, (not as straightforward of a process) unfortunately, there's not just the building you can go to and pull down the reports. You are probably going to have to do what they call a Freedom of Information Act Request- FOIA- to contact information for yourselves. In case anybody wants to hold on some report history's inspection histories for those more institutional types of settings.

[Virginia]:

You know, more about a provider: One thing that unfortunately, we can't do- don't call us, and ask: 'Is this a good provider; 'Is this not a good

provider?' We're not able to give recommendations on that kind of thing. It's very subjective! So, going to the licensing inspections or talking to people who currently receive services from that provider is going to be your best bet unfortunately that's not necessarily something we can help with.

[Ren]: Let's say somebody is a little concerned about a provider, that is licensed by dbhds. To whom(m?) exactly do they contact to relay this concern?

[Dana]: if someone has a concern about a license provider there are actually several places they can go to file a complaint depending on you know what it involves you can always call DLC be and asked us for assistance in deciding how to file a complaint we can help you find the right portal. We take calls on Monday Wednesday and Friday from 8:30 to 4:00. Erin is nodding her head. And so, on those days, you can call, and talk to someone. And they'll get you to someone who knows that information, and can help walk you through that process. You can contact the **DBHDS** office of Licensing, or, Office of Human Rights. They have a... I think... it's a button on their page that says file a complaint? You can do it that way. You can also let the Virginia Office of the State Inspector General know about your complaint. They do inspect license programs, and often provide a report on inspections. If it's license by the Virginia Department of Health: nursing homes fall into that category. And there are others that fall under the Virginia Department of Health. Or, is it all under CMS?

[Erin]: It's all CMS certified facilities which are usually the bigger institutional programs the Intermediate Care Facilities psychiatric hospitals. [And] psychiatric residential treatment facilities for kids (??)

[Dana]: So you can file a complaint with them. And, but, the really important thing to know is that if it is something that is causing imminent risk-- to that person-- **where it is truly an emergency situation**- where they're being hurt, or harmed in some way- You may want to call law enforcement at that point. If it's something that's imminent. And, you can also call Adult Protective Services, or Child Protective Services, depending on the age of the individual. and have them investigated. And, in our show notes, we'll include the numbers for the State Offices, Adult protective Services, & Child Protective Services. And, you can let people know that you are concerned about what's going on in these programs.

[Ren]: I think that we are all part of an amazing team! And we all do great work. But, I think this is that a really good run down, ***as to a really important part of dLCV, something that we advocated strongly for the legislature,*** and, we were able to successfully have access to the site of CHRIS. I think that, this has been, you know, good, ***that we've given our listeners a really good idea of how we've been able to use this information [in order to] to better promote the safety of individuals with disabilities, in the community, and hopefully how we can continue to do so!*** And I want to thank all of you for coming on and chatting today. It's good to see you guys. And you guys are great!

[In UNISON: THANK YOU]

[Ren]:

And now, a dLCV Highlight.

We here at dLCV want to let you know how much we appreciate you continuing to listen to this podcast. Over the next few months we will be replaying our greatest hits as we prepare for our upcoming year. We hope you stay tuned because new stuff is on the way and we can't wait to see you back here in a few months with new episodes. Stay tuned! Please stay subscribed so that when new episodes come out you'll be the first to know. There are some new episodes coming out in the upcoming weeks and then we will begin our greatest hits replay. We will see you soon!

[Ren]: I want to say thank you AGAIN, to Erin and Dana, for joining us today. Not only are they amazing podcast guests, as always, but we love being part of this team! And doing all these things with CHRIS. They're just fabulous people!

[Virginia]: Yeah! We're really excited about the potential legislation! If you have strong feelings about them, if you have questions about them, feel free to visit our website. We found a little more information there, and so, you can just continue to keep your eyes on the General Assembly (GA).

[Ren]: And, as a person who is currently in charge of the Coalition for Community Safety: If that's something that you can read really like to be involved in go to dLCV.org and look under volunteers. And let us know you're interested! I welcome all (new)comers. It doesn't matter if you're a provider, or, in any place in the service system. We always love people with disabilities and self Advocates joining the team. So absolutely reach

out to us we'd love to hear from you. **And thank all of you** for listening to this episode of Rights Here, Rights Now, brought to you by the disability Law Center of Virginia. We're available on Apple podcasts, Spotify, or wherever you get your podcasts! Don't forget to subscribe, and leave us a review.

[Virginia]: If you need assistance, or want more information about dLCV, and what we do, visit us online at www.dlcv.org.

[Ren]: You can also follow us on Twitter, @disabilitylawVA. And, we have a Facebook, which is The Disability Law Center of Virginia. Go ahead and like us, and share us with your friends!

[Virginia]: Until next time, I'm Virginia Pharis.

[Ren]: And I'm Ren Fazuski. And this has been: Rights Here!

[Virginia]: Rights Now!

*****[End of Transcriptions]*****