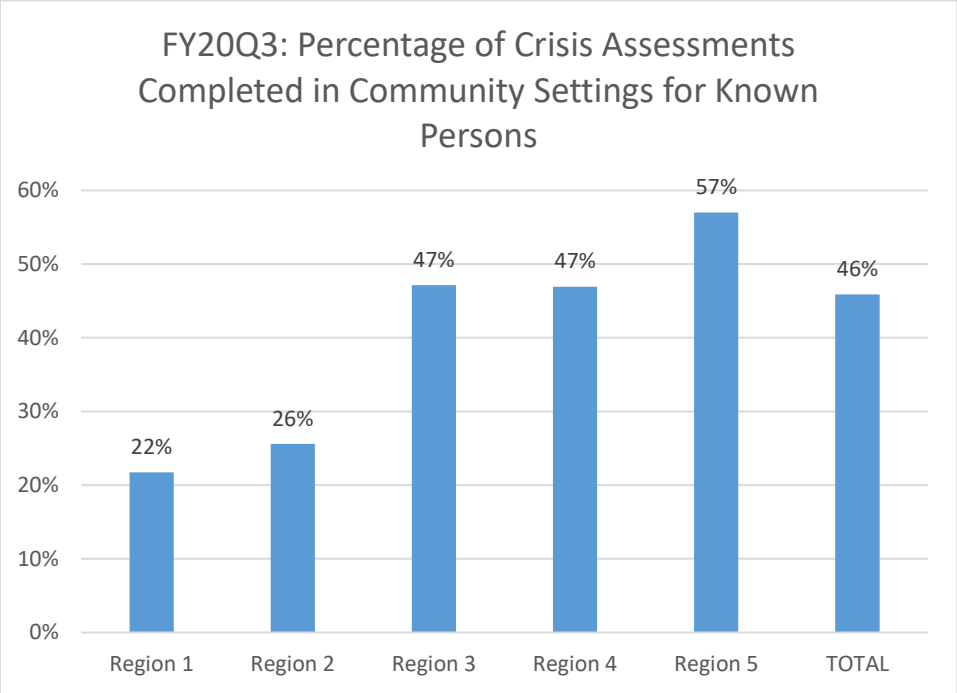
Supplemental Crisis Report: Quarter III-FY20

This report provides supplemental data to the Adult and Children's REACH Quarterly Data Reports. The data contained in this report correspond to specific compliance indicators agreed upon between the Commonwealth and the United States Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. The first report of this nature was developed for data collected in and prior to the third quarter of fiscal year 2020 (FY20Q3).

REACH Crisis Assessments in Community Settings

The REACH programs provide crisis assessments to persons with DD that are experiencing a behavioral crisis in various settings. The full array of REACH crisis assessments and their locations is available in both the quarterly Adult and Children's REACH Quarterly Data Reports. The data provided below speak to the percentage of persons that are known to the system that receive REACH crisis assessments at home, the residential setting, or other community setting, in comparison to crisis assessments completed in emergency rooms/departments or CSB locations. It is most desirable that persons in crisis receive a crisis assessment in the location in which the crisis event occurs, as opposed to being removed from their community setting to be assessed in a different location.

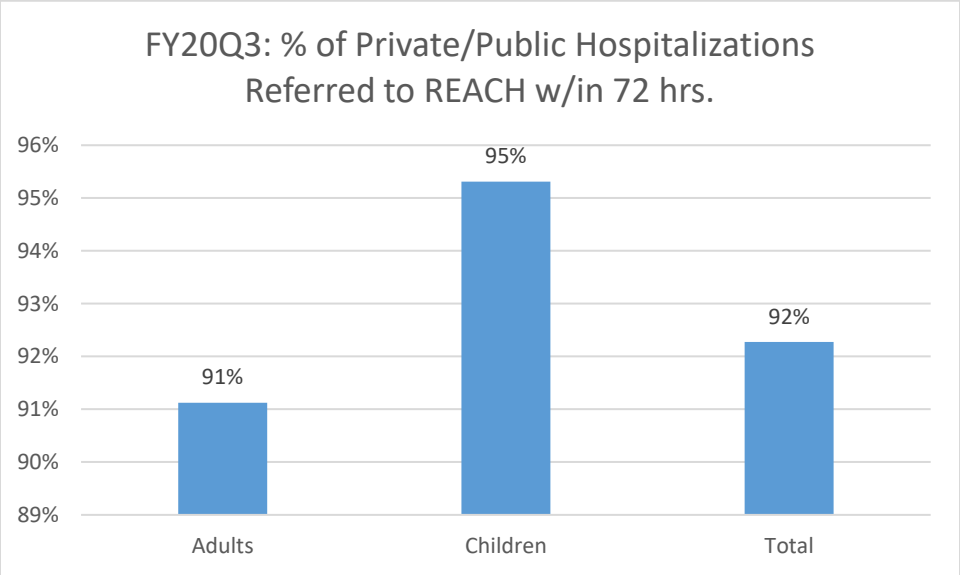


The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator target has been set of **86% of children and adults who are known to the system will receive REACH crisis assessments at home, the residential setting, or other community setting (non-hospital/CSB location).** As displayed above, 46% of persons received REACH crisis assessments in a community location, which is not currently meeting this target. These data should not be confused with the crisis assessment data included in the Adult and Children's REACH Quarterly data report, as those data include all persons receiving a crisis assessment as opposed to just persons known to the system in the previous graphical display.

Hospitalizations

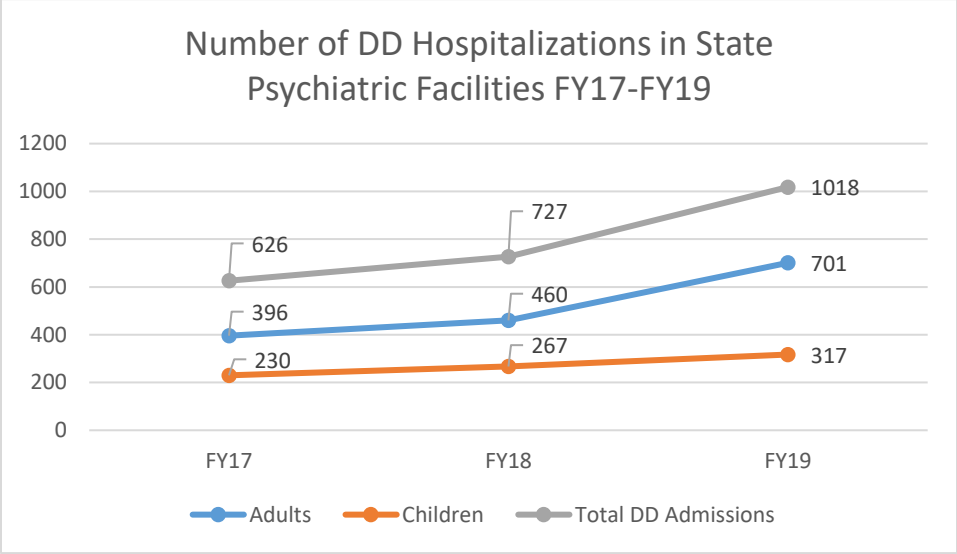
The Commonwealth tracks admissions to state operated psychiatric hospitals, and REACH tracks those to private hospitals as it is made aware. Numerous facets of hospitalization data are analyzed, including but not limited to determining if timely referrals have been made to REACH and examining trends on numbers of persons hospitalized and their associated lengths of stay.

It is critical that persons with a DD diagnosis admitted to psychiatric hospitals are referred promptly to the REACH program. The REACH program can assist hospitals in discharge planning and in offering needed services in the community, such as mobile supports or providing a step down admission to a crisis therapeutic home. The indicator target is that **95% of children and adults admitted to state-operated and private psychiatric hospitals who are known to the CSB will be referred promptly (within 72 hours of admission) to REACH.** As displayed below, 91% of adults that were hospitalized during the quarter were referred to REACH within the required 72-hour timeframe; for children, this percentage is 95%. With both populations combined, the percentage is 92% of adults and children known to the CSB that were hospitalized were referred to REACH within 72 hours, which is just shy of meeting this compliance indicator.

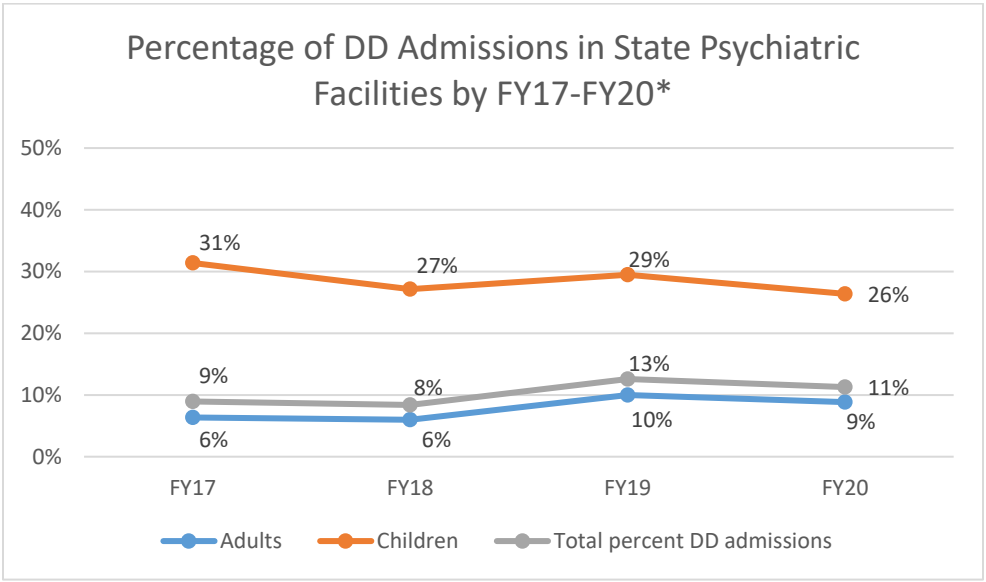


Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population hospitalized compared to all admissions can be reviewed. There are several compliance indicators surrounding tracking the number of admissions, trends, lengths of stay, and comparisons of DD admissions to admissions of the larger, non-DD population. A compliance indicator surrounding hospitalization data requires that **documentation indicates a decreasing trend in the total and percentage of total admissions as compared to population served and lengths of stay of individuals with DD who are admitted to state-operated and known by DBHDS to have been admitted to private psychiatric hospitals.** Trend data from fiscal years 2017-2019 on the number of admissions of persons with a developmental disability into a state hospital is available in the graphical display that

follows. This is broken down into both age populations (adults and children) and displayed as a total below.

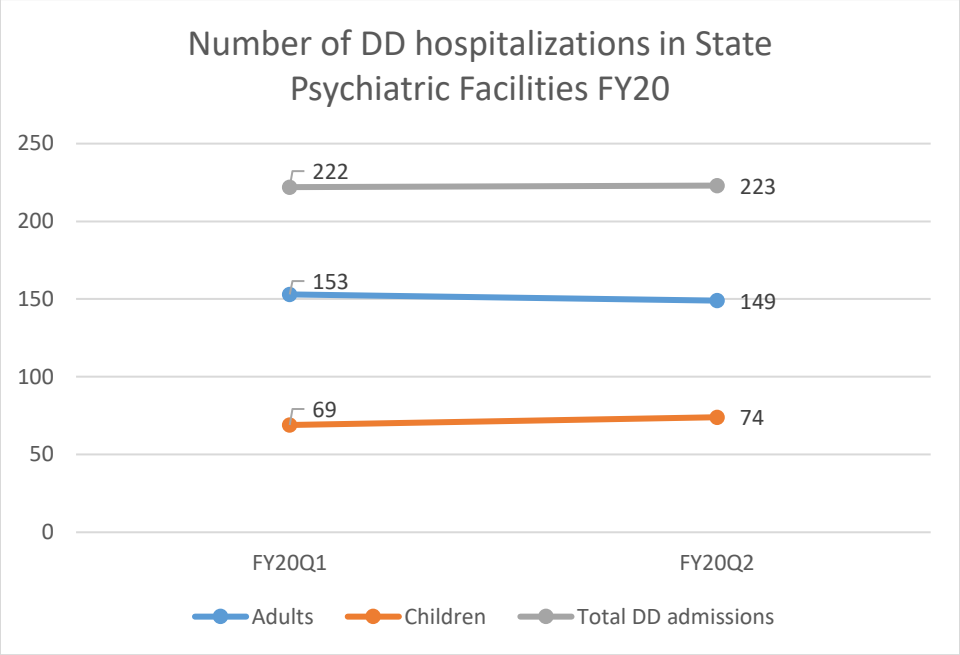


These data are also displayed as a percentage of DD admissions to the entire sum of all individuals that were admitted to a state psychiatric facility in FY17-19 in the graph below, as well as the percentage of individuals admitted in FY20Q1 and FY20Q2 compared to the entire sum of all admitted persons.

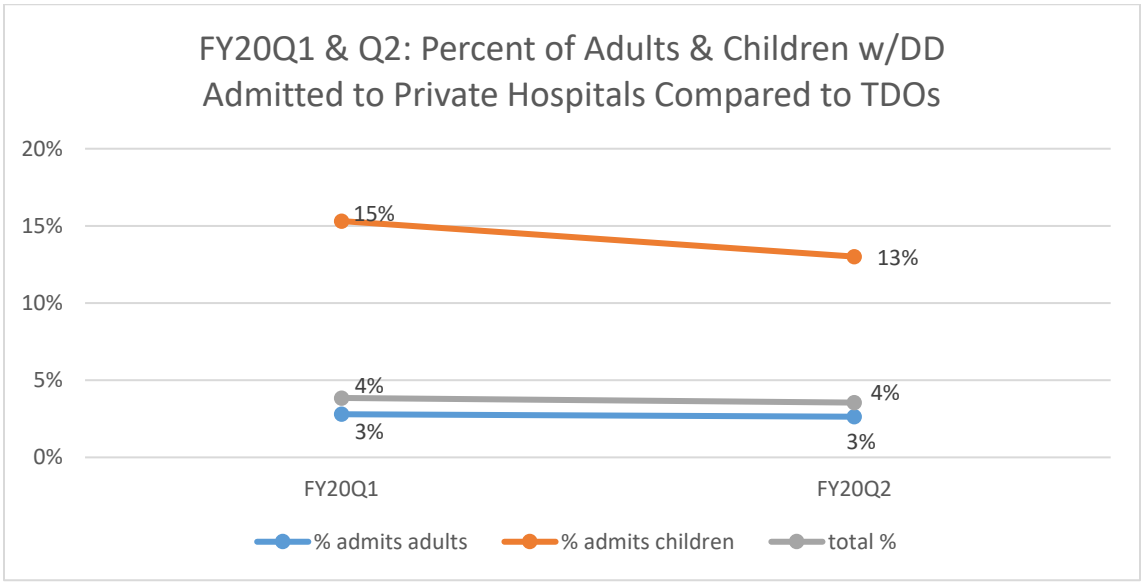


**first two quarters of FY20 included*

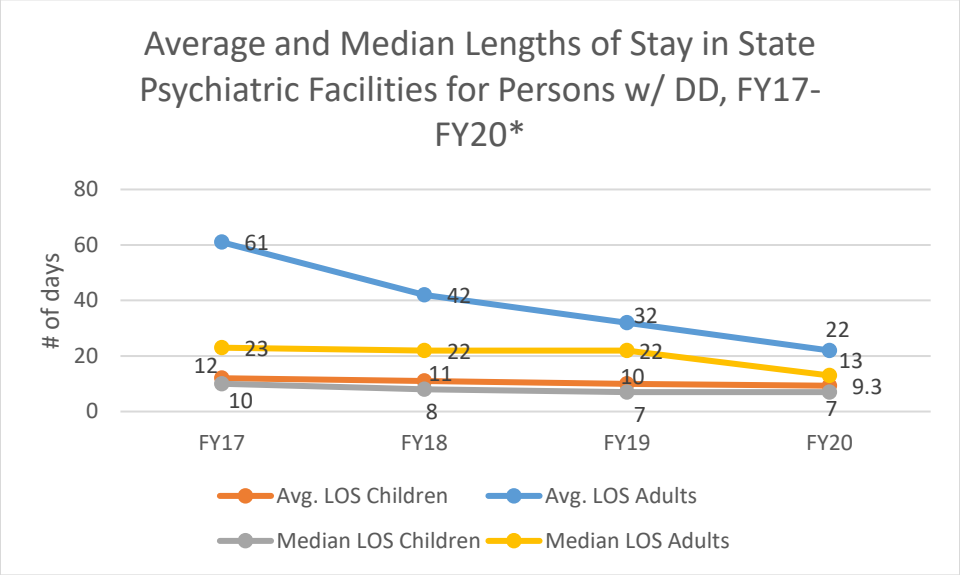
Trend data for quarters 1 and 2 of FY20 on the number of DD hospitalizations for adults and children in state psychiatric facilities are displayed on the graph below.



DBHDS is not able to provide data on the total number of persons with DD hospitalized in private hospitals or provide comparison data on the percentage of persons with DD to the total number of all people hospitalized in private hospitals. However, DBDHS does have data on individuals with DD that become known to REACH either through an ES referral or through the private hospital, individual, family member, or other stakeholder referring the individual to REACH. DBHDS also has data available on the number of total Temporary Detention Orders (TDOs) issued each quarter for persons with and without a DD diagnosis. With that noted, individuals can be voluntarily hospitalized in private hospitals that DBHDS and REACH may not become aware of; thus, the data below should not be interpreted as including the entire representation of persons hospitalized in private hospitals.

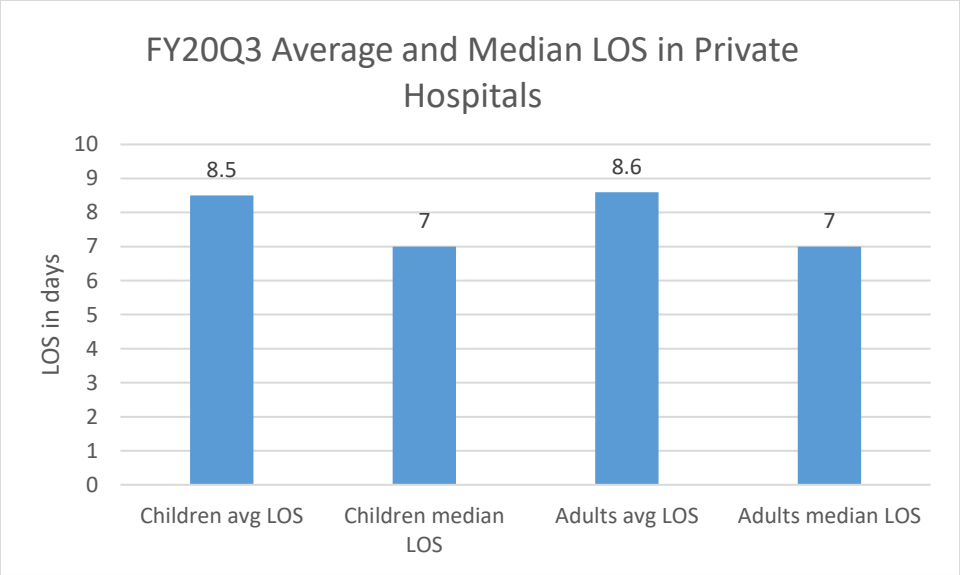


Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17-FY19, and inclusive of FY20Q1 and FY20Q2, are displayed below.

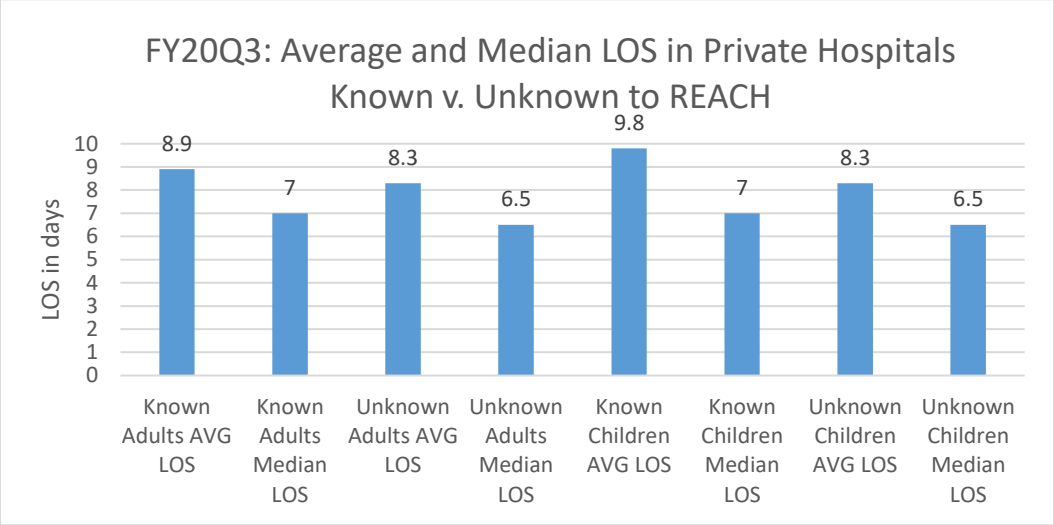


**first two quarters of FY20 included*

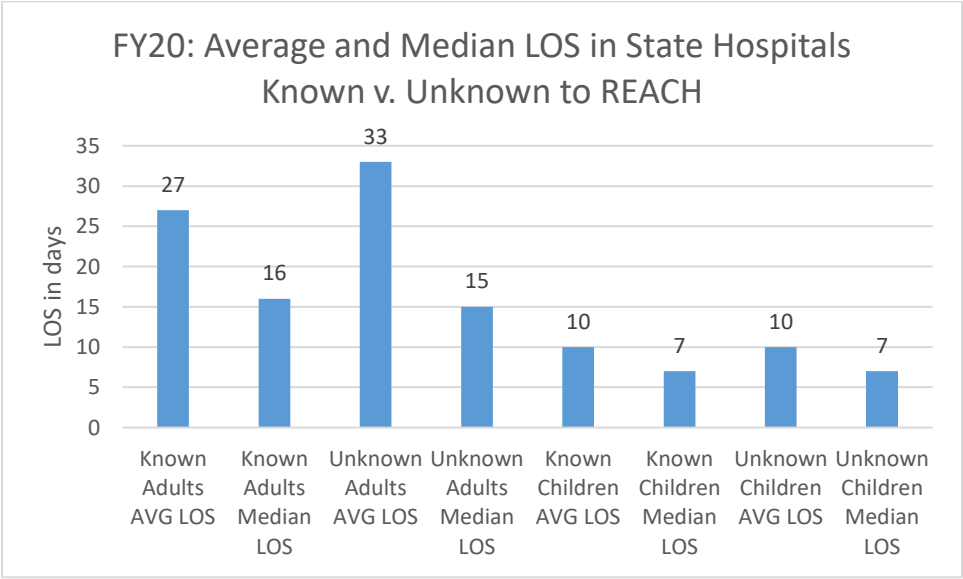
As of FY20Q3, REACH is tracking lengths of stay for persons in a private psychiatric hospital—as the REACH programs are made aware of such persons. This information for the current quarter under review is provided below.



REACH is capturing information for hospitalized persons based upon if they are accepting or refusing REACH services surrounding their hospitalization. If the person (or their decision maker, as applicable) accepts REACH services ("known"), REACH can participate in discharge planning and offer mobile supports in the community, or a step down stay at a crisis therapeutic home if indicated. An individual (or their decision maker) may elect to decline REACH services ("unknown") when offered which is outside of the program's control. Length of stay data for private hospitalizations for FY20Q3 are displayed below. In the context of the graphs that follow on average and median lengths of stay, accepting is displayed as "known" and refusing services is displayed as "unknown".

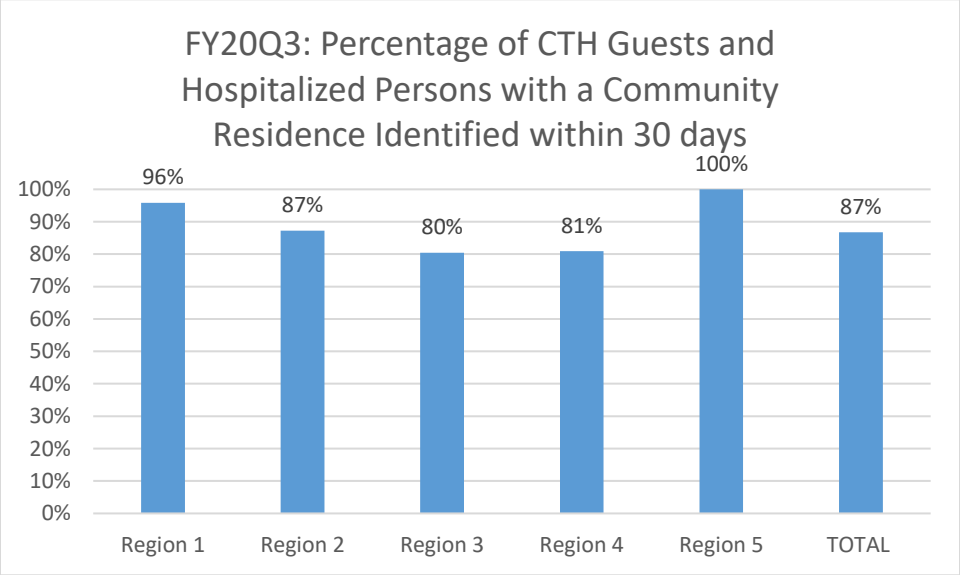


Length of stay data for FY20Q1 and FY20Q2 are noted below for known versus unknown to REACH persons in state psychiatric facilities.



Identification and Development of Community based Residences

The REACH programs continue to work towards timely and appropriate discharge for persons that are admitted to REACH Crisis Therapeutic Homes (CTH), as well as are partners in discharge planning for persons that accept REACH services while hospitalized. Some individuals become known to the larger public system of developmental services (and REACH) only after they have been hospitalized, or after a hospitalization has been diverted and the person has been admitted to a REACH CTH. For individuals that have never been connected to a CSB and/or to REACH, activating basic services and associated funding stream(s) takes a protracted duration; achieving a discharge timeline of 30 days is highly unusual for persons with such a profile. An indicator has been set outlining that **86% of individuals with a DD waiver and known to the REACH system who are admitted to CTH facilities and psychiatric hospitals will have a community residence identified within 30 days of admission.** The data below display the percentage of persons admitted with a waiver into a CTH facility, as well as persons admitted into psychiatric hospitals that accepted REACH services that have a community residence identified within 30 days. The data is calculated within and across all regions.



As demonstrated above, 87% of this group had a community residence identified within 30 days in FY20Q3, which is meeting this indicator for FY20Q3.

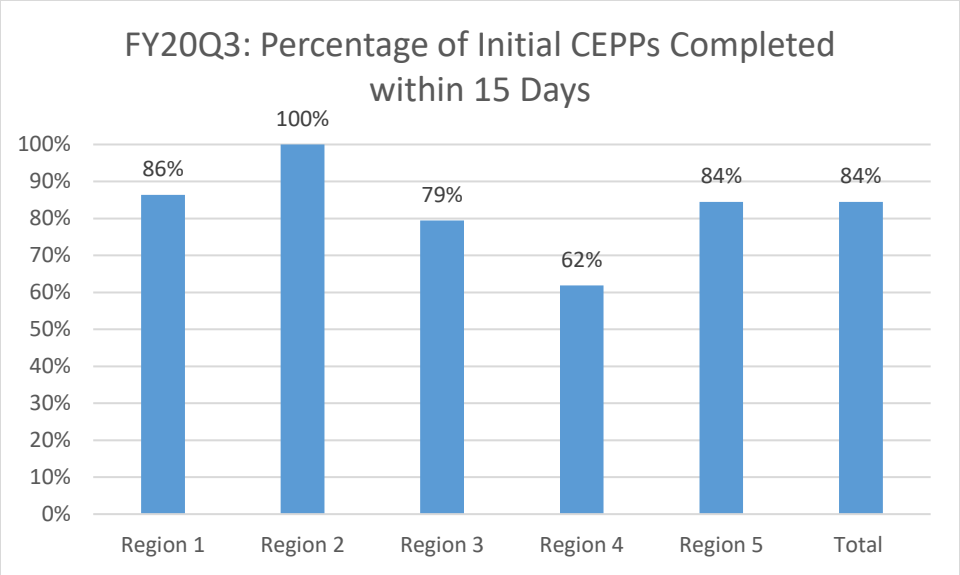
In FY18, DBHDS issued a Request for Proposal (RFP) to target the further development of residential providers that can support persons with complicated behavioral needs, as well as persons with co-occurring behavioral health disorders. Via this RFP process, multiple vendors were selected to serve this unique population, which includes persons exiting training centers, persons that have contacted the REACH crisis system, persons that are stepping down from psychiatric hospitalizations, persons in out of state placements, and persons that require complex behavioral/behavioral health services to avoid crisis situations and/or admission to restrictive placements (such as a psychiatric hospital). RFP requirements stipulate person centered and trauma informed care practices, as well as incorporation of appropriate administrative oversight (including nursing, as appropriate, and behavior analysis services). Crisis prevention and stabilization services were also baked-in RFP requirements, as is working in concert with REACH. Based on the population served in these residences, some providers are also incorporating training components through a venerable certification process for individuals with dual diagnoses. There is a related compliance indicator that outlines the following: **DBHDS will increase the number of**

residential providers with the capacity and competencies to support people with co-occurring conditions using a person-centered/trauma-informed/positive behavioral practices approach to 1) prevent crises and hospitalizations, 2) to provide a permanent home to individuals discharged from CTHs and psychiatric hospitals. As of the date of this report, four "forever" homes have been brought on line through this RFP process that have been able to open 22 new beds in the Commonwealth to serve this population. The current homes are operational in the northern and western regions of the state. DBHDS continues to work with selected vendors to increase capacity to serve persons with complicated needs and skill repertoires, with progress being made on additional homes being constructed and/or near licensure to accept new residents in the western, northern, and eastern regions of the state.

As it relates to resources for individuals that are hospitalized or without disposition at REACH CTHs and need a waiver as a resource for community based services, the emergency waiver slot process remains in use for Community Services Board and Behavioral Health Authorities. The yearly allocation of emergency waiver slots are determined through general funds as indicated by the General Assembly. There is a compliance indicator which outlines the following: **DBHDS will utilize waiver capacity set aside for emergencies each year to meet the needs of individuals with long term stays in psychiatric hospitals or CTHs.** During the current fiscal year to date, 23 out of 49 emergency waiver slots (47%) were provided to support the discharge of people from a psychiatric hospital, REACH CTH, or the Adult Transition Home.

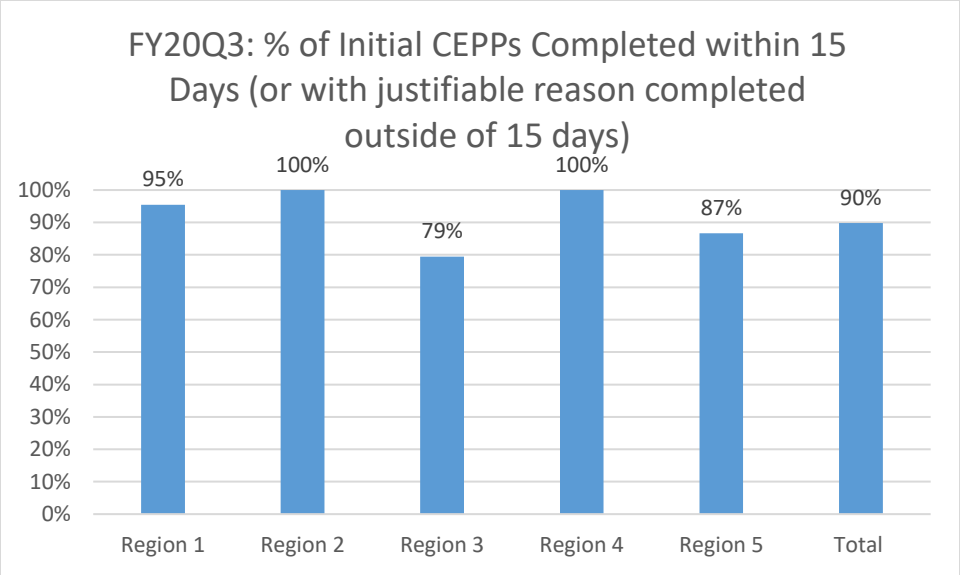
Crisis Education and Prevention Plans

During the course of crisis services, the REACH programs work with the individual and their system of supports to create a Crisis Education and Prevention Plan (CEPP). The CEPP is an individualized, client-specific written document that provides a concise, clear, and realistic set of supportive interventions to prevent or de-escalate a crisis and assist an individual who may be experiencing a behavioral loss of control. The goal of the CEPP is to identify problems that have arisen in the past or are emergent in order to map out strategies that offer tools for the circle of support to assist the individual in addressing and deescalating problems in a healthy way and provide teaching skills that the individual can apply independently. REACH Program Guidelines outline the expectation an initial CEPP is developed within 15 days of an individual's first full enrollment into the REACH program. The initial CEPP is a working document that provides individualized guidelines for support while additional information is gathered and further interventions and linkages are explored. It should be noted that not every person that accesses REACH services through a call to the REACH hotline, or via mobile crisis supports, will elect to enroll into the program or participate in CEPP development. Additionally, some persons that receive REACH crisis services in the quarter may have had a CEPP created in a previous quarter. A specific compliance indicator has been set which indicates that **86% of initial CEPPs are developed within 15 days of the assessment.** The data displayed on the next page offer information on the percentage of CEPPs that were completed within 15 days of full enrollment into the program for individuals enrolled in the quarter under review. These data should not be confused with information that is displayed in table format in the Adult and Child REACH DOJ Quarterly Data Reports that outlines CEPPs completed for mobile supports as those data do not speak to a specific timeline for completion of a CEPP.



Across all persons that accessed REACH mobile crisis services in FY20Q3, 84% received an initial CEPP within 15 days of full enrollment into the program.

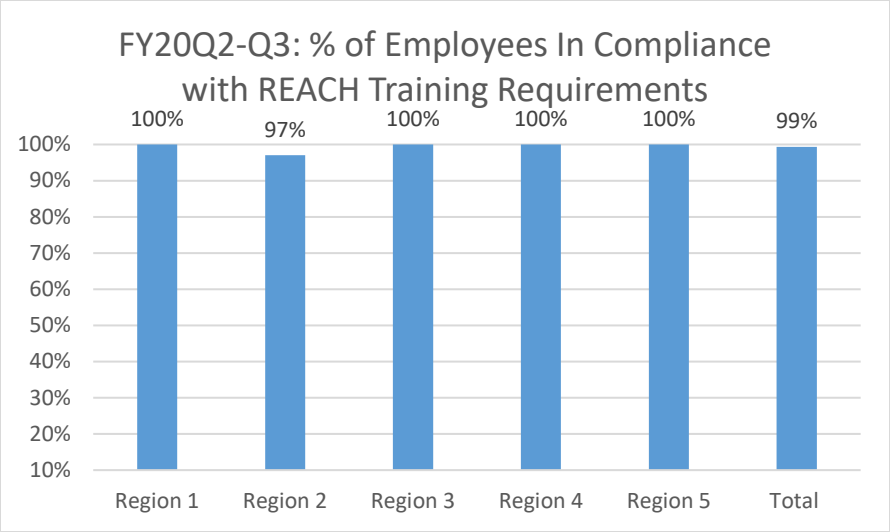
REACH collects data on reasons why a CEPP was not completed within the required 15 day timeframe. Reasons may include the following: 1) the individual, their family, or provider had a scheduling conflict that did not allow for completion in 15 days, despite REACH attempts to complete within 15 days; 2) the individual was hospitalized or other non-community based placement occurred; and 3) REACH error in completing CEPP in the appropriate timeframe. The latter (a REACH error) is not a justifiable reason for a delay in the completion of the initial CEPP. There also may be situations when an individual discontinues REACH services prior to 15 days of full enrollment in the program and a CEPP is not completed at all; these situations are not included in these data, as there was not a full opportunity for the program to complete the initial CEPP within program guidelines. During this quarter, the only justifiable reasons provided by the program that an initial CEPP was completed outside of the required timeframe was due to scheduling conflict on behalf of the family, individual, or provider. The graph on the following page displays the percentage of CEPPs completed within 15 days, along with CEPPs completed outside of this window that had this justifiable reason of family, individual, or provider scheduling conflict.



With the CEPPs included that had a time window outside of 15 days due to a scheduling conflict on the part of the family, individual, or provider, the percentage of CEPPs completed within 15 days and the CEPPs completed outside of the 15 day window stands at 90% for the quarter, which is meeting the compliance indicator.

REACH Employee Training

All REACH employees that provide any sort of direct or indirect clinical care to persons accessing REACH services are required to complete initial and ongoing employee training requirements. Initial employee training consists of, but is not limited to, completion of required DBHDS competencies, modules and associated competency based assessments on developmental disabilities and related topics, and shadowing/direct observation via seasoned REACH staff. The initial employee training sequence must be completed within 180 days of hire. After the new employee training process, all REACH staff are also required to contact a minimum of 12 hours of continuing education on topics that are pertinent to their ongoing professional development (e.g. developmental disabilities, person centered thinking, behavioral health disorders, positive behavior support, etc.). The graph that follows displays the percentage of REACH staff region by region, as well as the total, that are in compliance with either new or ongoing training requirements. A specific target indicator has been established that **86% of REACH staff will meet training requirements.** These data are a representation of employee training compliance from FY20Q2 to FY20Q3 and include both new and veteran REACH employees.



As displayed above, 99% of REACH staff are meeting training requirements, which is in compliance with this indicator for FY20Q2 to FY20Q3.

Summary

This is the first supplemental quarterly report on specific indicators agreed upon between the Commonwealth and the US Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. The content of the report will be refined in additional quarters as processes are solidified and associated data become available surrounding additional compliance indicators on crisis services for the DD population. Data will continue to be utilized to guide decision making to meet the overarching goal of Virginians with a developmental disability that contact the crisis system receiving timely and effective services in the least restrictive setting possible.