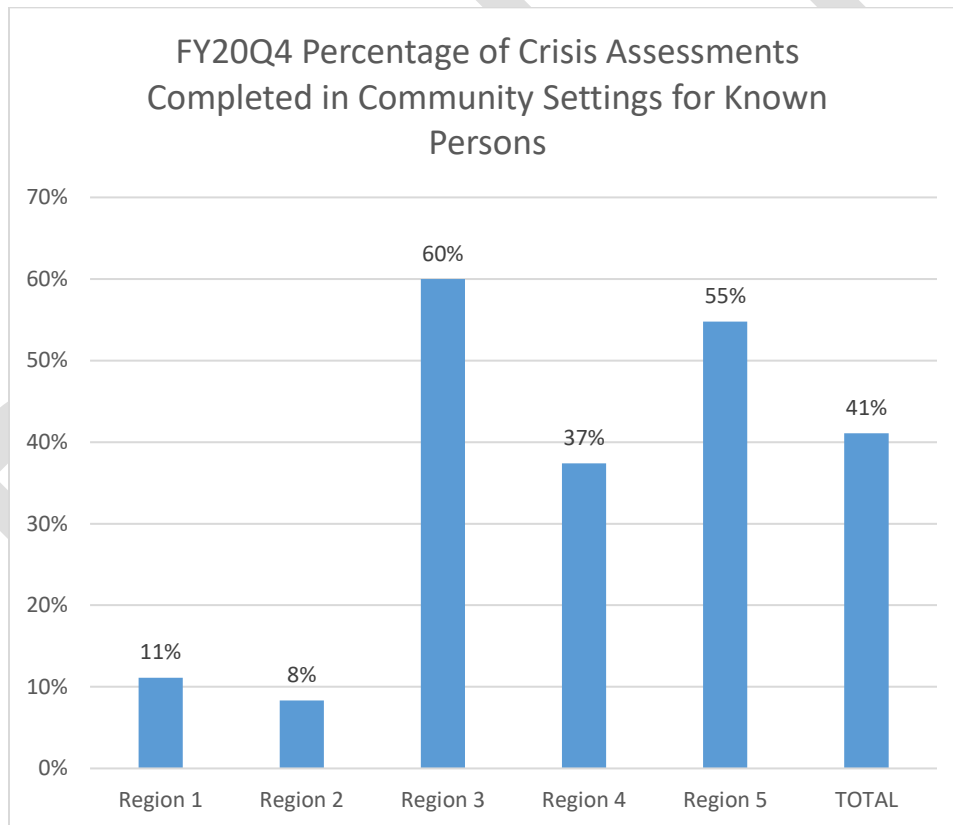


## Supplemental Crisis Report: Quarter IV-FY20

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.



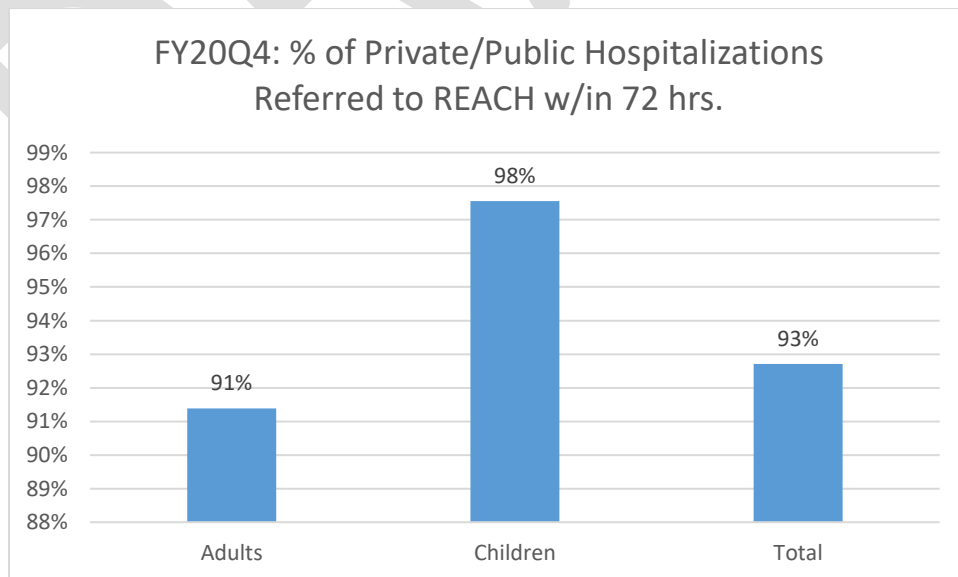
The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator 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, 41% of persons received REACH crisis assessments in a community

location as opposed to 46% in FY20Q3. This data continues to indicate that the target has not been met for this indicator. These data should not be confused with the crisis assessment data included in the Adult and Children's REACH Quarterly data reports, as those data include all persons receiving a crisis assessment as opposed to just persons known to the system in the previous graphical display. In addition, this is the first full quarter in which COVID-19 precautions were implemented for the protection of all involved in the crisis and subsequent supports provided. The Adult and Children's REACH Quarterly data reports has a detailed breakdown of how serviced were provided given these precautions.

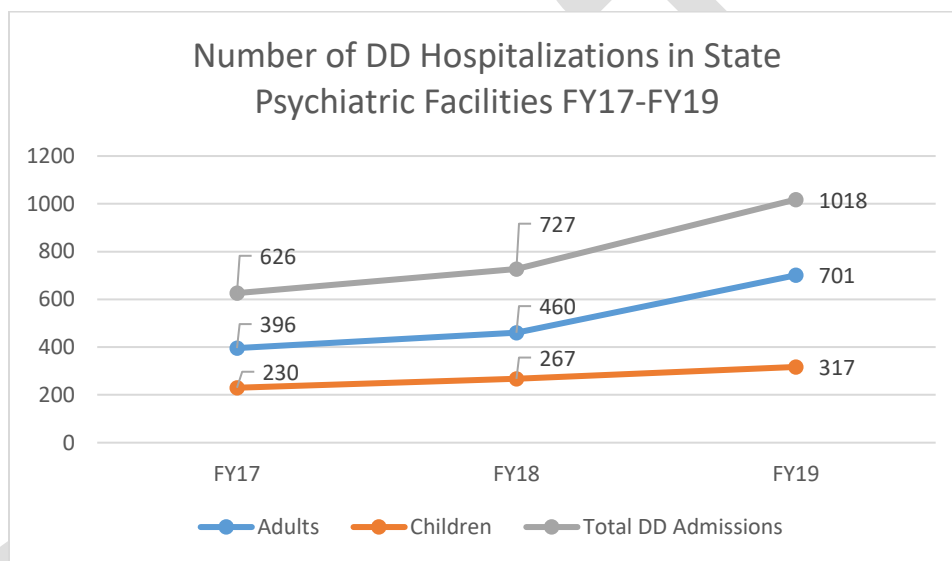
### Hospitalizations

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.

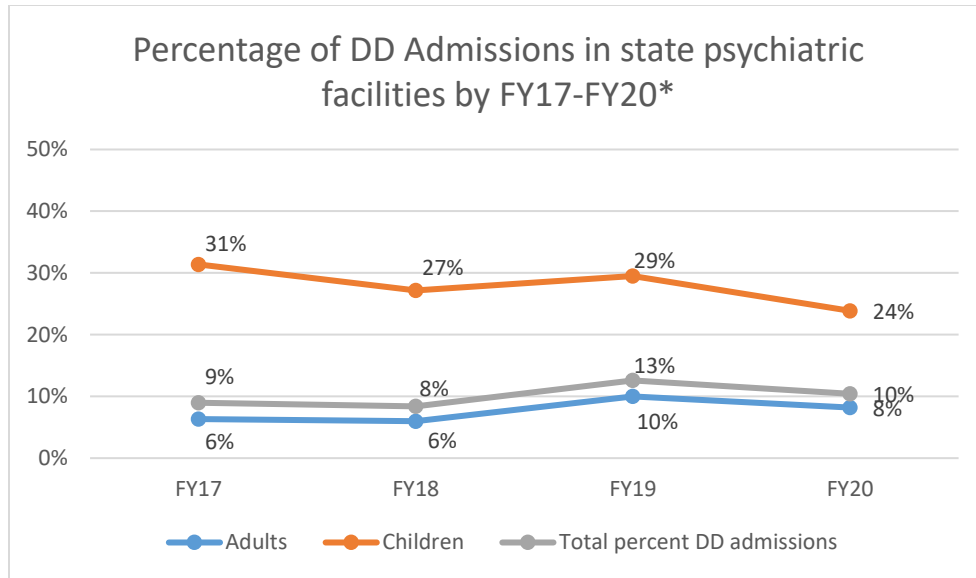
It is critical that persons with a DD diagnosis admitted to psychiatric hospitals are referred promptly to the REACH program. The REACH program can assist hospitals in discharge planning and in offering needed services in the community, such as mobile supports or providing a step down admission to a 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 98%. With both populations combined, the percentage is 93% 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. This is the second consecutive quarter that the children's percentage has been at 95% or higher while the adults have remained at 91% for both quarters. Of the 9% of the adults hospitalized and where REACH was not notified within 72 hours, 8 individuals (69%) were admitted to a private hospital and 3 of the 8 adults were voluntary admissions.



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.

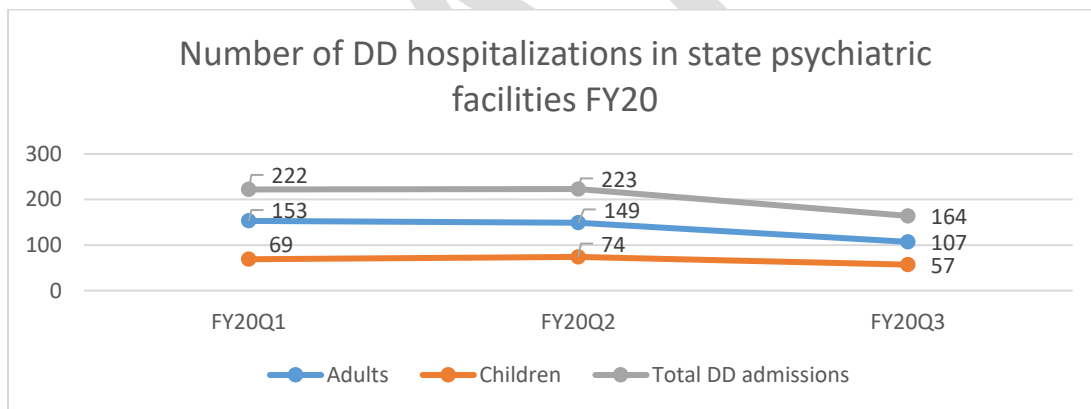


These data are also displayed as a percentage of DD admissions to the entire sum of all individuals that were admitted to a state psychiatric facility in FY17-19 in the graph below, as well as the percentage of individuals admitted in FY20Q1 through FY20Q3 compared to the entire sum of all admitted persons.

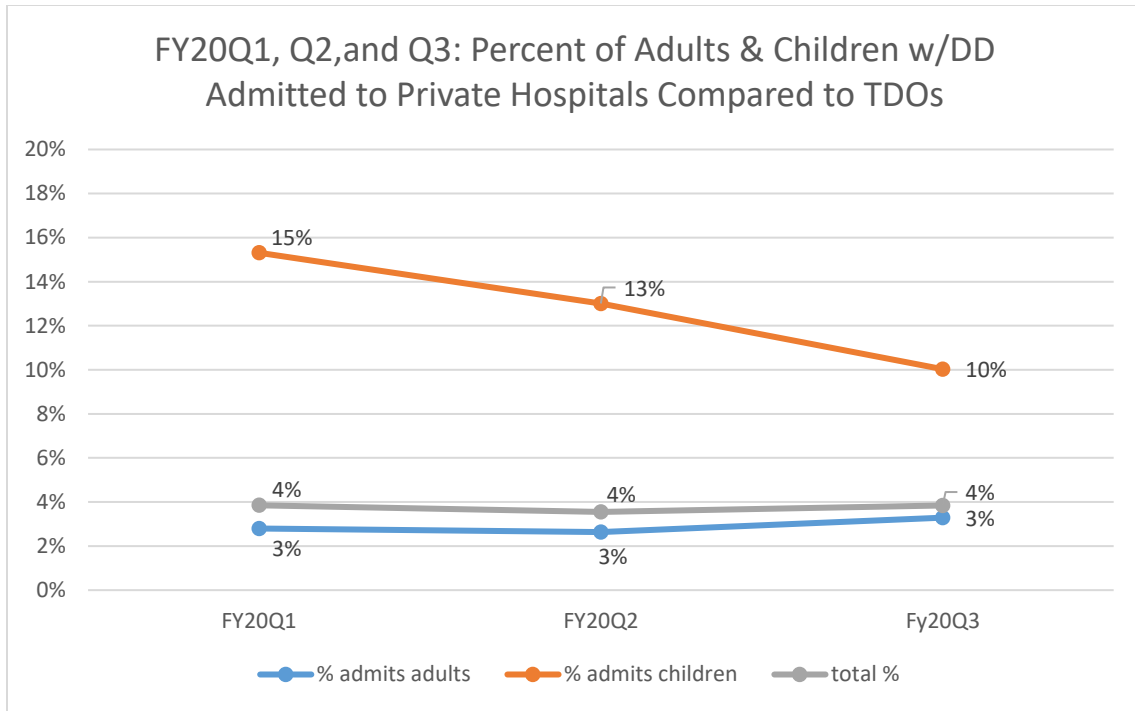


*\*first three quarters of FY20 included*

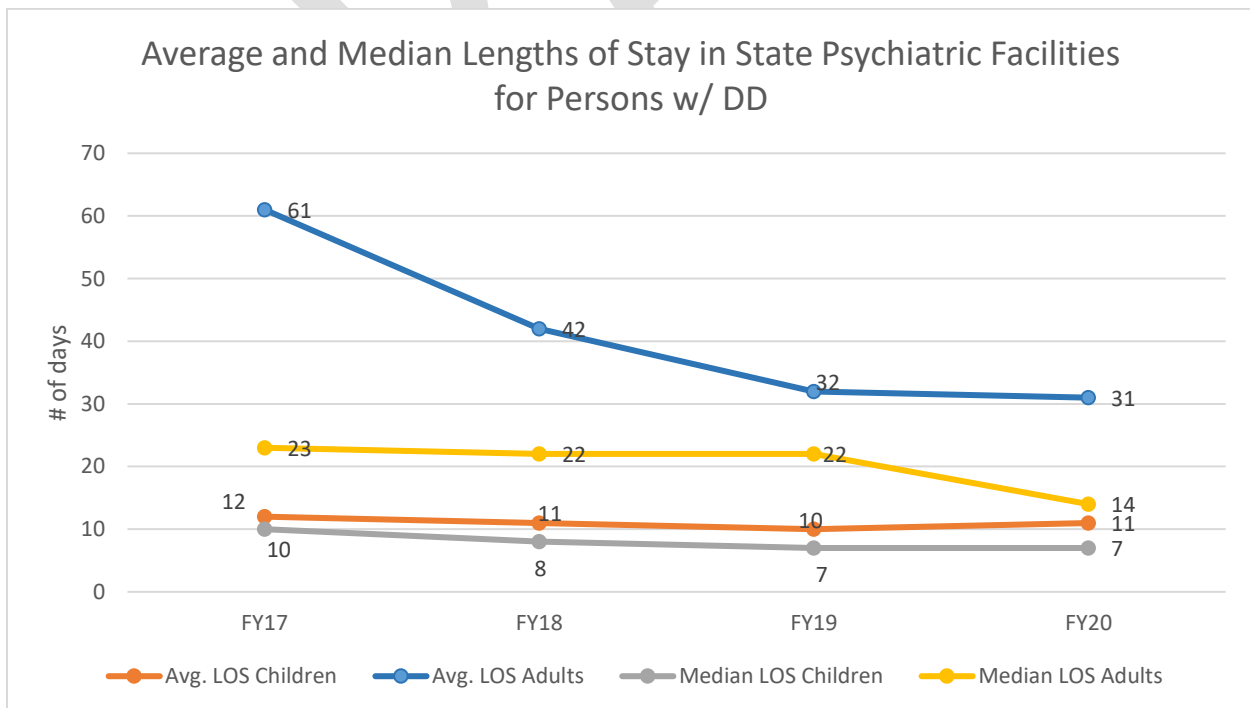
Trend data for quarters 1 through 3 of FY20 on the number of DD hospitalizations for adults and children in state psychiatric facilities are displayed on the graph below.



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.

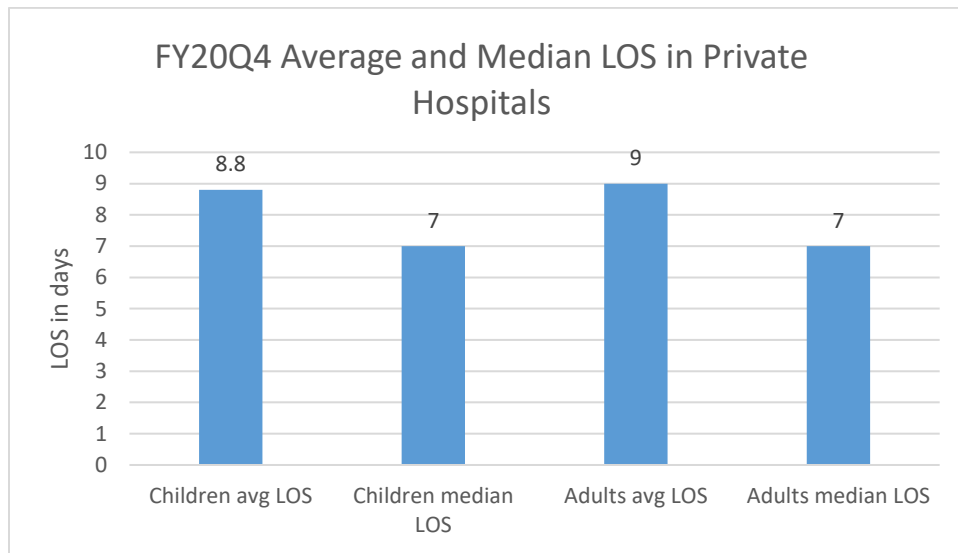


Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17-FY19, and inclusive of FY20Q1 through FY20Q3, are displayed below.

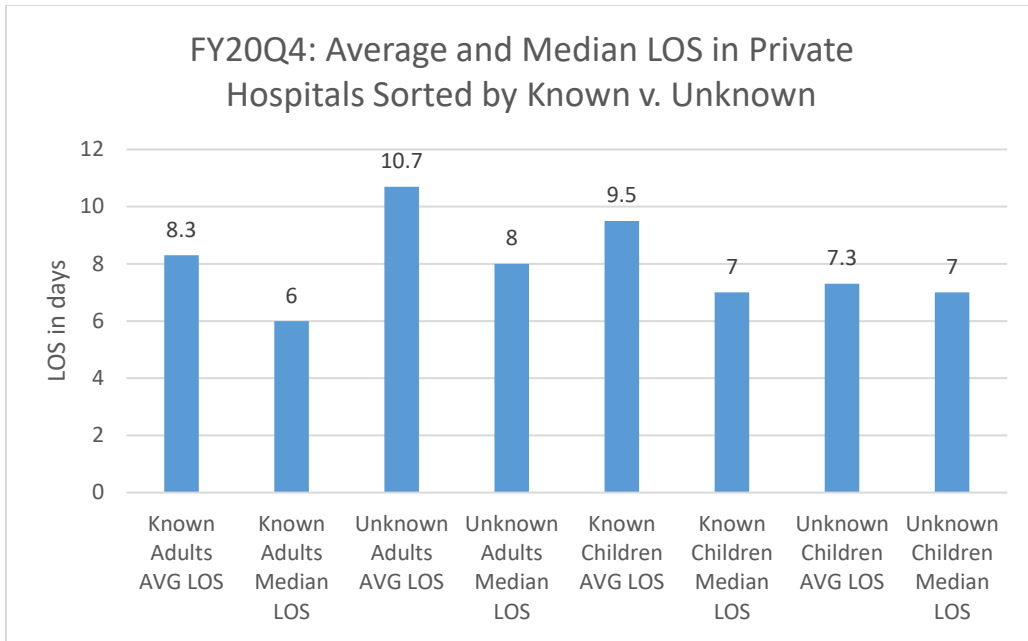


*\*first three quarters of FY20 included*

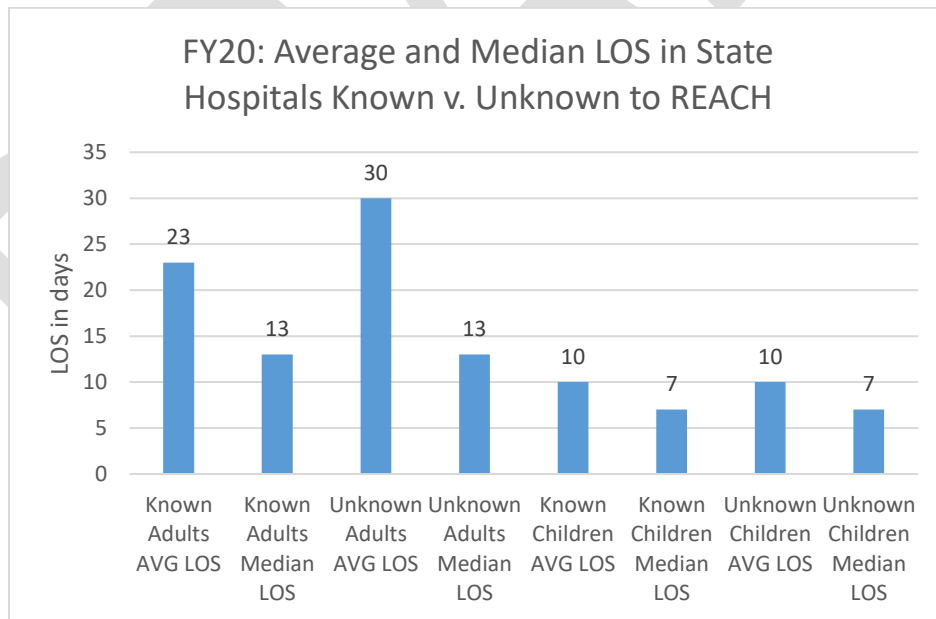
As of FY20Q3, REACH is tracking lengths of stay for persons in a private psychiatric hospital—as the REACH programs are made aware of such persons. The median length of stay for both adults and children remain the same in comparing Q3 and Q4. In comparing the average length of stay from quarter three to quarter four, the average length of stay was very similar with the adults being 8.6 days to 9 and children 8.5 days to 8.8, respectively. 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 FY20Q4 are displayed on the next page. 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”.



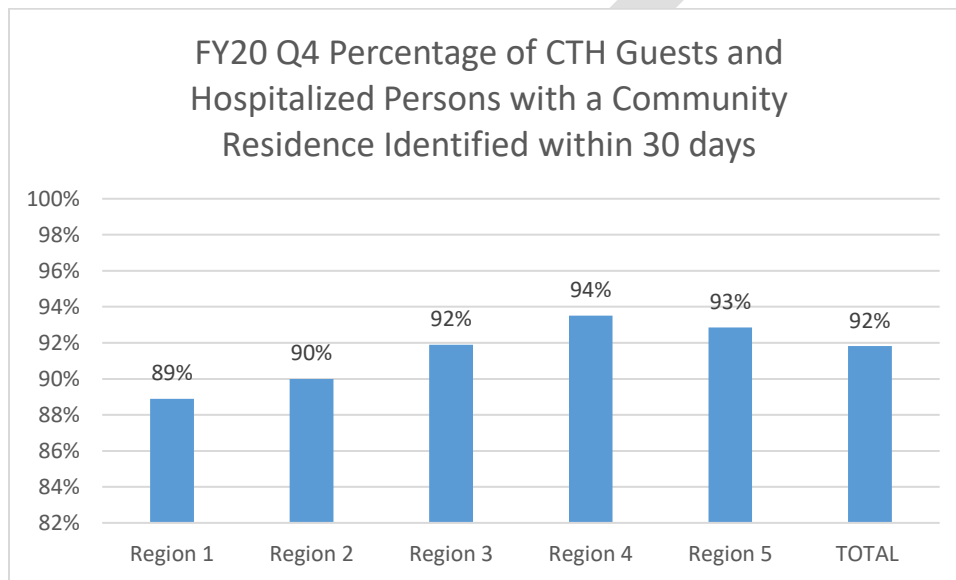
Length of stay data for FY20Q1 through FY20Q3 are noted below for known versus unknown to REACH persons in state psychiatric facilities.



### **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, 92% of this group had a community residence identified within 30 days in FY20Q4, which is meeting this indicator for FY20Q4 (as well as being met for the previous quarter).

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, five homes have been brought on line through this RFP process that have been able to open 26 new beds in the Commonwealth to serve this population. The current homes are operational in the northern, western, and eastern regions of the state. At the end of the quarter, 20 of the 26 beds were occupied by individuals who present with complicated behavioral needs. Of the six remaining beds, one person is pending admission post discharge from a state hospital and another is occupied by an individual who was discharged from CVTC. For the four remaining vacant beds, three of which are located in the most recent home that became operational, staff are currently screening for admissions. 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 is 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 FY20, 27 out of 68 emergency waiver slots (40%) were provided to support the discharge of people from a psychiatric hospital, REACH CTH, or the Adult Transition Home. The table below outlines a breakdown of the types of services that individuals with emergency waiver slots from this group have accessed.

<b>Person receiving waiver slot from REACH, ATH, or hospitalization</b>	<b>Waiver service(s) accessed</b>
<b>Person 1</b>	Group Home, Community Based Crisis
<b>Person 2</b>	Slot secured near end of FY20Q4, services not yet initiated
<b>Person 3</b>	Group Day, Group Home
<b>Person 4</b>	Group Home
<b>Person 5</b>	Group Home, Crisis Support Services
<b>Person 6</b>	Group Home, Group Day, Therapeutic Consultation
<b>Person 7</b>	Slot secured near end of FY20Q4, services not yet initiated
<b>Person 8</b>	Group Home, Therapeutic Consultation
<b>Person 9</b>	Group Home, Therapeutic Consultation
<b>Person 10</b>	Group Home
<b>Person 11</b>	Group Home
<b>Person 12</b>	Slot secured near end of FY20Q4, services not yet initiated
<b>Person 13</b>	Personal Assistance, Respite
<b>Person 14</b>	Group Home, Community Engagement
<b>Person 15</b>	Therapeutic Consultation, Group Day, Group Home
<b>Person 16</b>	Group Day, Supported Living
<b>Person 17</b>	Community Engagement, Group Day, Group Home, Therapeutic Consultation, Supported Employment
<b>Person 18</b>	Group Home, Therapeutic Consultation
<b>Person 19</b>	Group Day, Group Home
<b>Person 20</b>	Slot secured near end of FY20Q4, services not yet initiated

<b>Person 21</b>	Group Day, Group Home, Benefits Planning, Supported Employment
<b>Person 22</b>	Sponsored Residential
<b>Person 23</b>	Group Home
<b>Person 24</b>	Group Home, Supported Employment
<b>Person 25</b>	Community Engagement, Group Home
<b>Person 26</b>	Group Day, Group Home. Therapeutic Consultation
<b>Person 27</b>	Group Home, Group Day, Community Engagement

### **Crisis Education and Prevention Plans and REACH Employee Training**

As per agreement, the two compliance indicators listed below are on a semi-annual report out schedule. Therefore, no data is provided for this quarter, but will be included in the FY21Q1 Supplemental Crisis Report.

- A specific compliance indicator has been set which indicates that **86% of initial CEPPs are developed within 15 days of the assessment.**
- A specific target indicator has been established that **86% of REACH staff will meet training requirements.**

### **Summary**

This is the second 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 continue to 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.