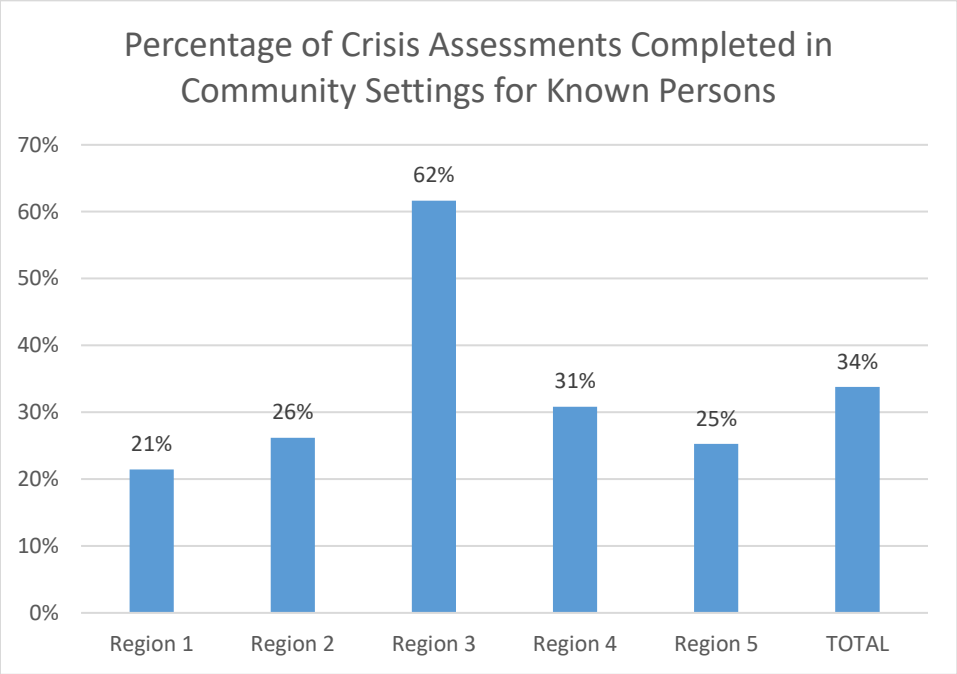
**Supplemental Crisis Report: Quarter II-FY21**

This report provides supplemental data to the quarterly Adult and Children's REACH Data Summary Reports. The data contained in this report correspond to specific compliance indicators agreed upon between the Commonwealth of Virginia 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 Data Summary 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.

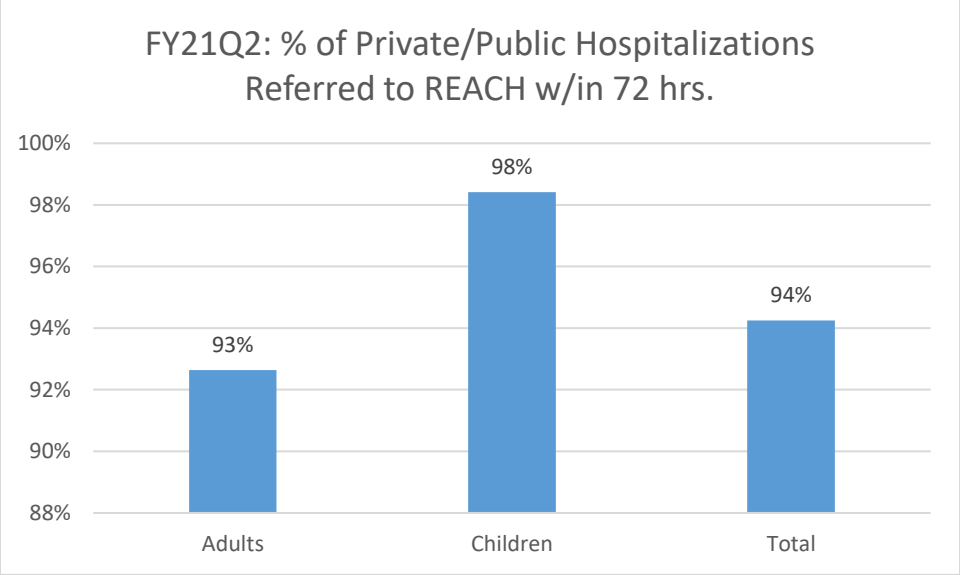



The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator 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);** ***filing reference 7.8.*** As displayed above, 34% of persons received REACH crisis assessments in a community location as opposed to 53% in FY21Q1. 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 Data Summary 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.

## 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. A related compliance indicator is as follows: **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; *filing reference 7.13*.** As displayed below, 93% 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 approximately 94% of adults and children known to the CSB that were hospitalized were referred to REACH within 72 hours, which is just short of meeting this compliance indicator. This is the fourth consecutive quarter that the children's percentage has been at 95% or higher, while after being in compliance in quarter one, the adults fell short of being in compliance at 93%.

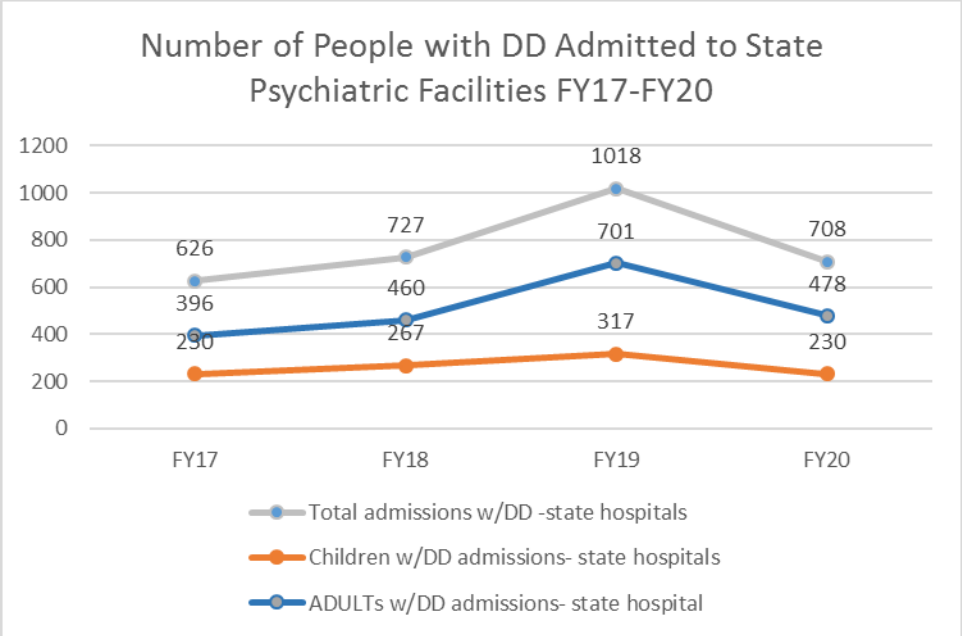



Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population 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; *filing reference 8.6*.** An additional compliance indicator related to the

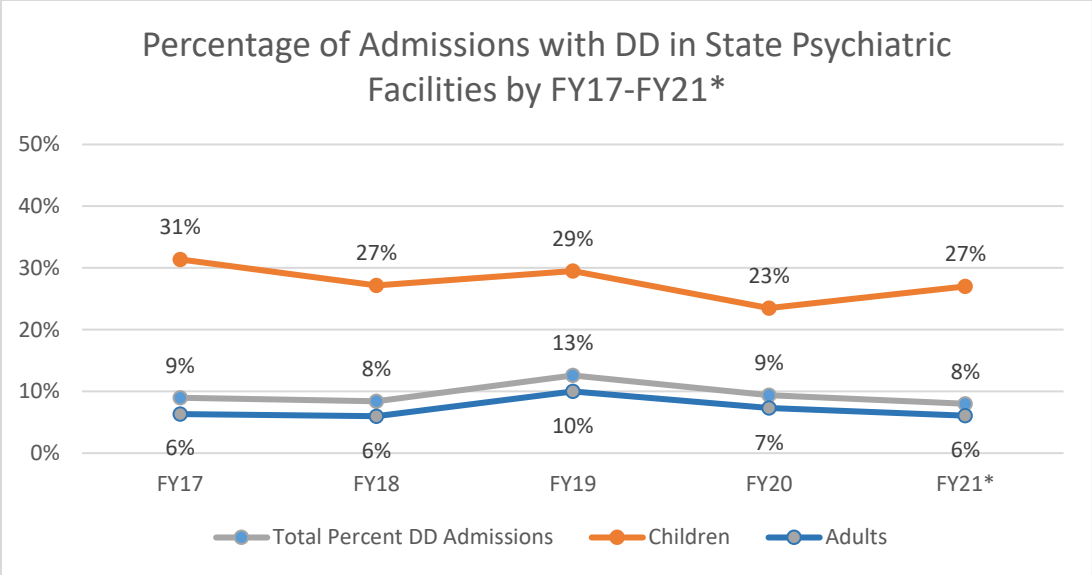
following graphical displays in this "Hospitalizations" section of this report reads as follows (***filing reference 8.7)***:

**For individuals with DD who are admitted to state-operated psychiatric hospitals and those known by DBHDS to have been admitted to private psychiatric hospitals, DBHDS will track the lengths of stay in the following categories:**
**• those previously known to the REACH system and those previously unknown;**
**• admissions of adults and children with DD to psychiatric hospitals as a percentage of total admissions; and**
**• median lengths of stay of adults and children with DD in psychiatric hospitals.**

Trend data from fiscal years 2017-2020 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. For FY21Q1, 39 youth and 110 adults were admitted to a state hospital, accounting for 149 admissions overall.

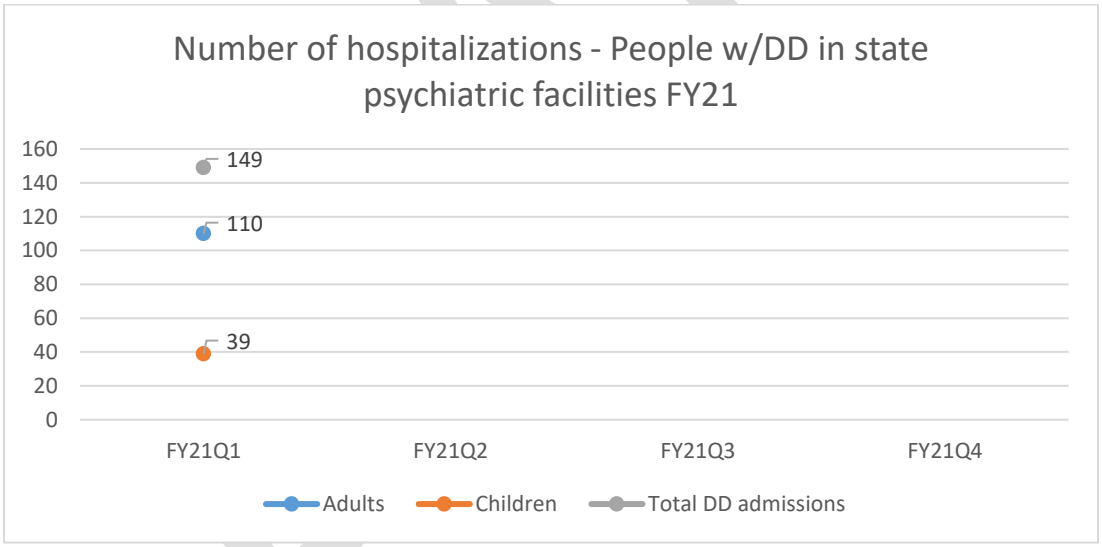



These data are also displayed as a percentage of DD admissions to the entire sum of all individuals that were admitted to a state psychiatric facility in FY17-20 and the first quarter of FY21 on the graph on the next page.

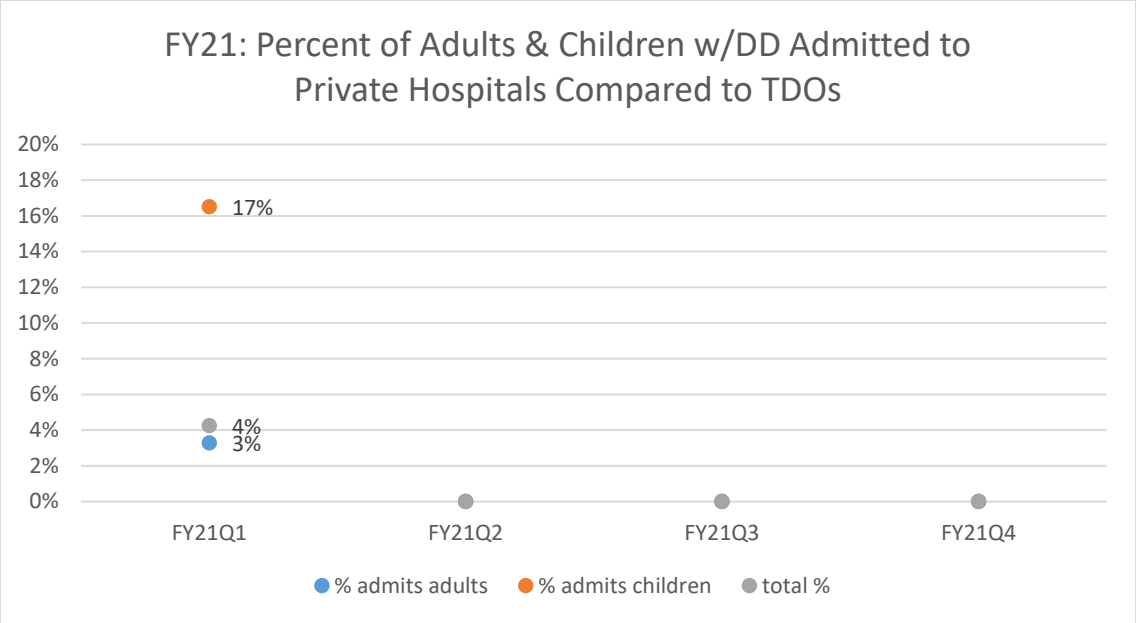



*FY21 – Currently only data for Q1 is displayed

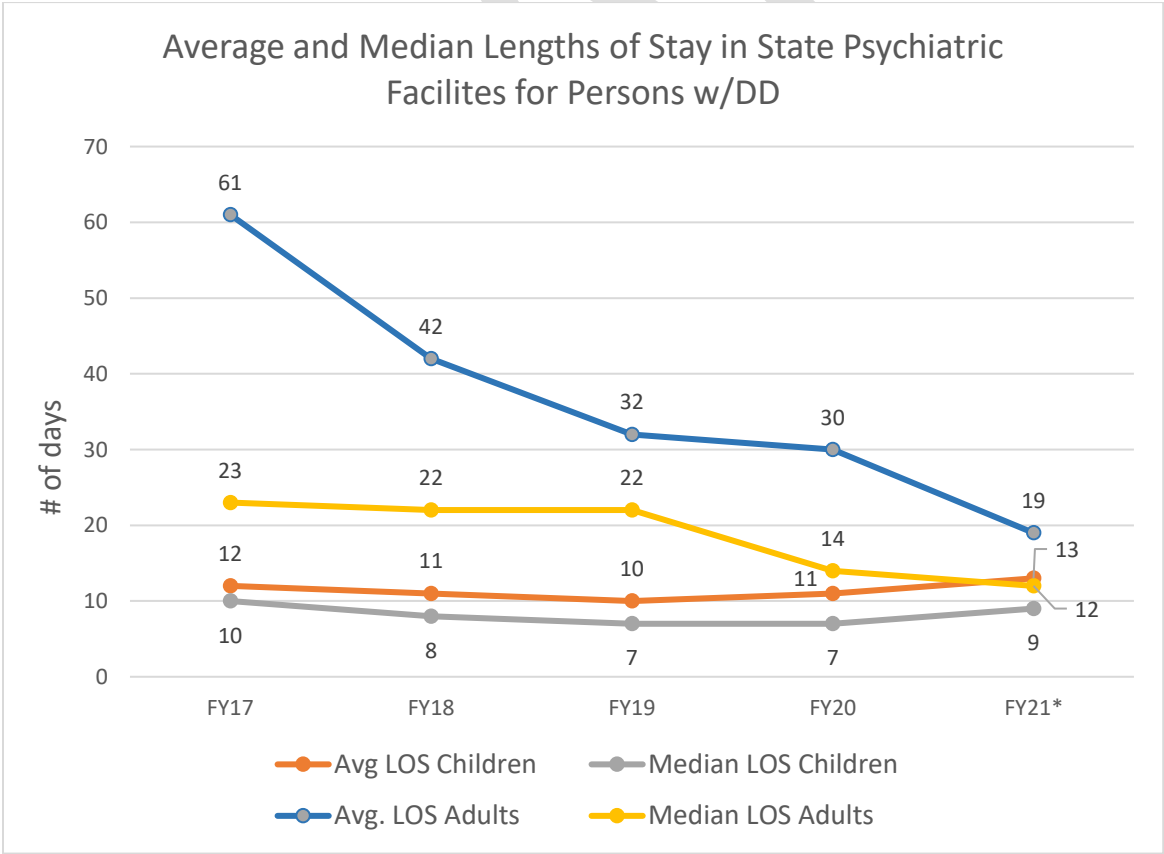
Trend data for quarters 1 through 4 of FY21 will be displayed on the graph below as the fiscal year progresses. Currently noted on the graph is the number of DD hospitalizations for adults and children in state psychiatric facilities for quarter one.




DBDHS is able to provide 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 that follows should not be interpreted as including the entire representation of all persons hospitalized in private hospitals. The data on the following page display the percentage of persons with DD that REACH is aware of that are hospitalized in private hospitals compared to private hospitalization TDOs for individuals with DD and without DD (all private hospitalization TDOs).

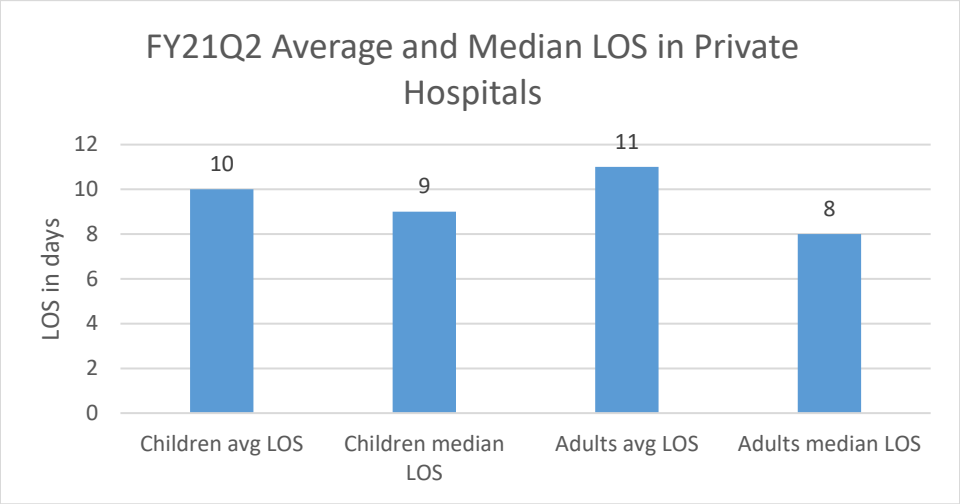



Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17-FY20 and FY21Q1 are displayed below.

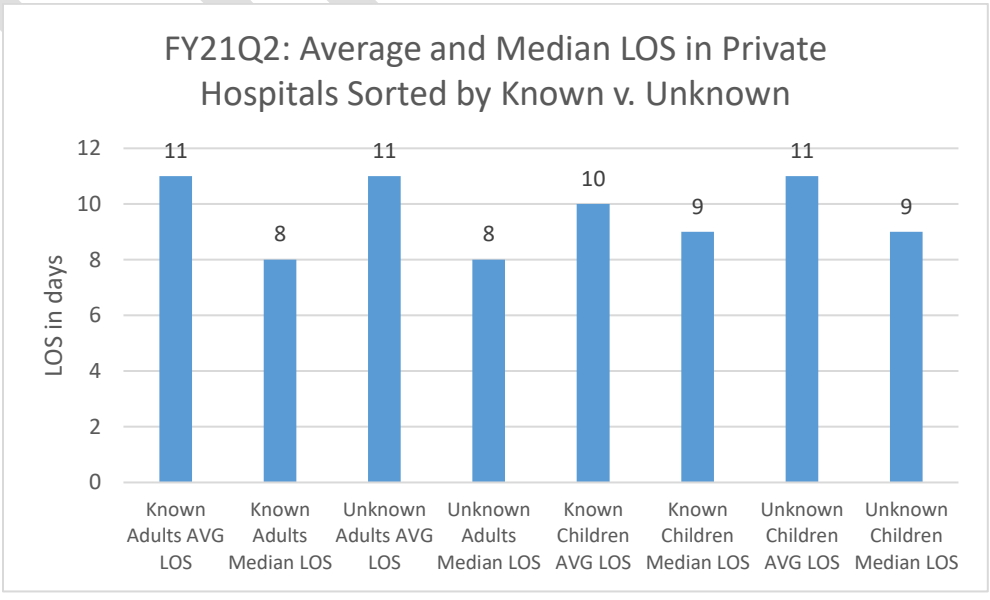



*FY21- Currently only data for Q1 is displayed.

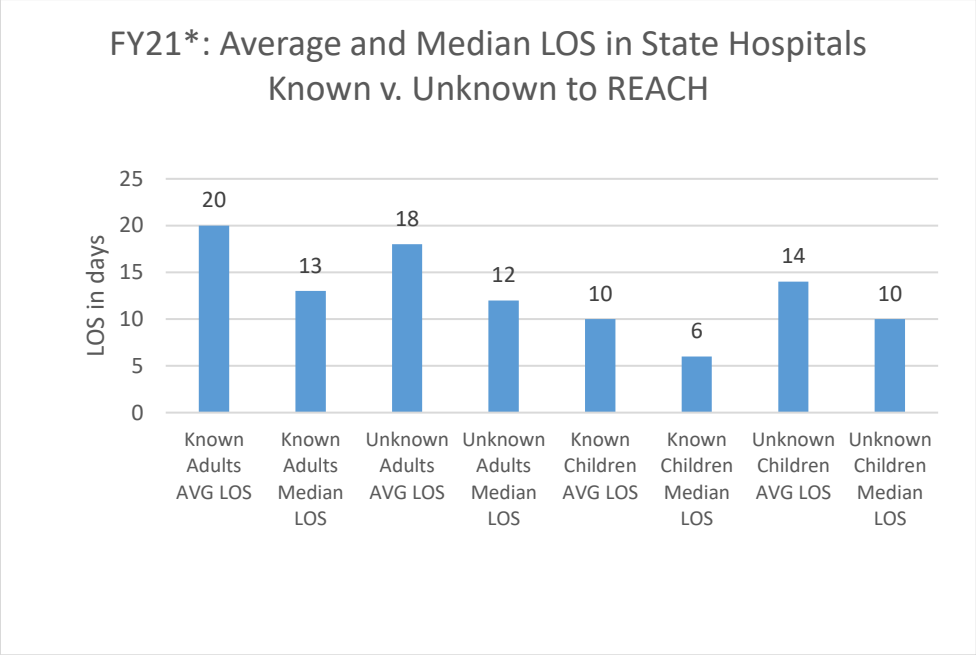
REACH is tracking lengths of stay for persons in a private psychiatric hospital as the REACH programs are made aware of such persons. The median length of stay for both adults and children remain the same in comparing FY20Q3, FY20Q4, FY21Q1, and increased slightly for children from 7 to 9 days and adults from 7 to 8 days for FY21Q2. In comparing the average length of stay from FY20 quarters three and four and FY21 quarters one and two, the average length of stay was very similar with the adults being 8.6, 9, 9 and 11 days and children 8.5, 8.8, 8 and 10 days, 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 FY21Q2 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".



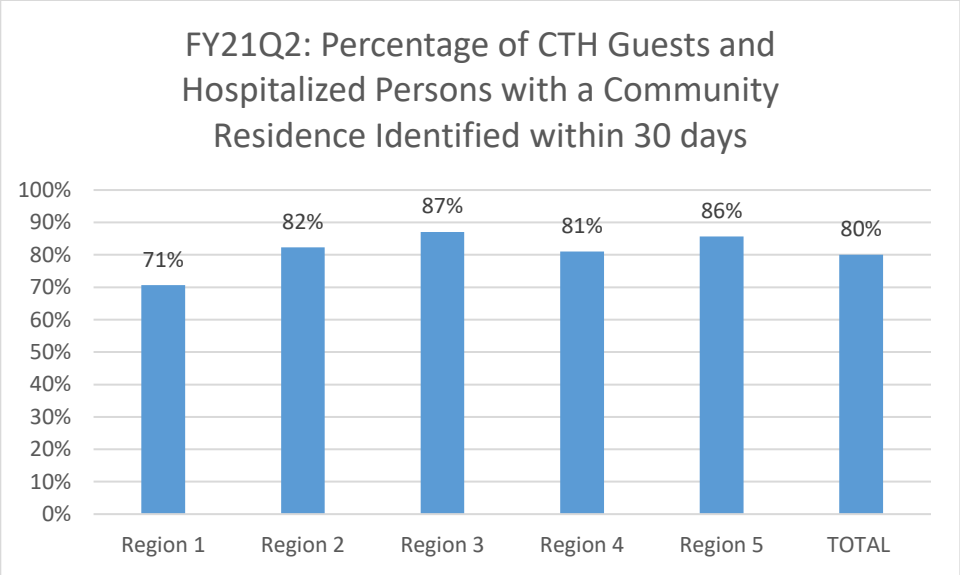
Length of stay data for FY20Q1 are noted below for known versus unknown to REACH persons in state psychiatric facilities.




*FY21 – Currently only data for Q1 is displayed

**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) may take a protracted duration; achieving a discharge timeline of 30 days is highly unusual for persons with such a profile. A related compliance indicator is as follows: **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; *filing reference 10.4 (also included in filing reference 11.1)*.** The data on the following page 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, 80% of this group had a community residence identified within 30 days in FY21Q2, which is below the target for meeting this indicator for this 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. A related compliance indicator is as follows: **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; *filing reference 10.3*.** As of the date of this report, six homes have been brought online through this RFP process that have been able to open 30 new beds in the Commonwealth to serve this population; this is an increase of 1 home and 4 beds in this home since the most recent report. The current homes are operational in the northern, western, and eastern regions of the state. At the end of the quarter, 26 of the 30 beds were occupied, with 25 of the 26 beds occupied by individuals who present with significantly complex behavioral needs and/or mental health needs (this is an increase of 3 beds occupied from the previous reporting period; 1 bed is occupied by an individual that stepped down from CVTC due to closure and does not meet behavior/mental health criteria). There are four remaining beds across three providers to be filled at this time. For the provider offering services in the western part of the state, one bed is targeted to be filled in February 2021 by an individual with frequent contact with the crisis system. For the provider offering services in the eastern region of the state, two beds are available in the new home that came online this quarter with the home currently reviewing referrals and offering

tours; two of the beds in this 4 bed home are filled, though one is for an individual that is on a transitional status from a state hospital and is awaiting court approval for formal discharge. The remaining two beds for this home have individuals identified for move in, with one person scheduled to move in January 2021 and the other individual awaiting court approval for release from hospitalization. For the home in northern VA, 1 bed that was filled previously is now available as the individual elected to move to a different provider in the community; this provider is actively addressing the vacancy to fill this bed with another individual that meets the support profile for this home. The provider in the eastern part of the state anticipates another home to be licensed in the upcoming quarter. 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.

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. A related compliance indicator is as follows: **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; *filing reference 10.2*.** 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 an Adult Transition Home.

As reported out in the Supplemental Crisis Report from FY21Q1, there were three individuals that had secured a waiver slot near the end of that quarter that had not yet initiated services. There was also an additional person that had been provided an emergency waiver slot in FY20Q4 that had not had services initiated at the time of the FY21Q1 Supplemental Crisis Report. The waiver service(s) that these four people accessed are available in the table below (Table 1).

*Table 1: FY20Q4 and FY21Q1: update on emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed*

| **Person receiving waiver slot from REACH, ATH, or hospitalization** | **Waiver service(s) accessed** |
|---|---|
| **Person 1** | Group day and group home |
| **Person 2** | Sponsored residential |
| **Person 3** | Group home |
| **Person 4 (slot awarded FY20Q4)** | Services not yet initiated, individual hospitalized |

In FY21Q2, 3 out of 11 emergency waiver slots have been awarded to support persons discharging out of a psychiatric hospital, REACH CTH, or ATH (27%). Thus far in FY21, there have been 25 emergency slots provided, and 8 of the 25 (32%) have been for individuals with long term stays in psychiatric hospitals, CTHs, or an Adult Transition Home

The waiver services for individuals that received an emergency slot in FY21Q2 are available in the table on the following page (Table 2).

*Table 2: FY21Q2: emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed*

| **Person receiving waiver slot from REACH, ATH, or hospitalization** | **Waiver service(s) accessed** |
|---|---|
| **Person 1** | Group home, group day, therapeutic consultation |
| **Person 2** | Group home |
| **Person 3** | Services not yet initiated |

As it relates to avoiding institutionalization for individuals listed as Priority on the waiver waiting list, an associated compliance indicator reads as follows (***filing reference 29.26)***:

*The Commonwealth ensures that at least 95% of applicants assigned to Priority 1 of the waiting list are not institutionalized while waiting for services unless the recipient chooses otherwise or enters into a nursing facility for medical rehabilitation or for a stay of 90 days or less. Medical rehabilitation is a non-permanent, prescriber-driven regimen that would afford an individual an opportunity to improve function through the professional supervision and direction of physical, occupational, or speech therapies. Medical rehabilitation is self-limiting and is driven by the progress of the individual in relation to the therapy provided. When no further progress can be documented, individual therapy orders must cease.*

During the 1st quarter of FY21, 4 individuals were admitted to an ICF IID. Of these 4 individuals admitted to an ICF IID, none of these individuals were on the priority one waiting list.

Additionally, during the 1st quarter of FY21, there were 175 individuals admitted to private psychiatric hospital (REACH aware) and 149 admitted to the state psychiatric hospital. Of these 324 individuals in the first quarter 11 individuals were on the priority one waiting list.

Finally, during the 1st quarter of FY21, there were 76 adults, and 5 children screened for admission to a nursing facility, none of whom were on the Priority 1 waiting list.

The total number of people institutionalized from the Priority 1 waiting list was 11. The total number of people on the Priority 1 waiting list as of 12/31/2020 was 3,260. Therefore, DBHDS met the expectation as 99.997% of people on the Priority 1 waiting list were not institutionalized.

## 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 FY21Q3 Supplemental Crisis Report.

- A related compliance indicator for mobile crisis CEPPs is as follows: **86% of initial CEPPs are developed within 15 days of the assessment; *filing reference 8.4*.**
- A related compliance indicator for REACH employee training is as follows: **86% of REACH staff will meet training requirements; *filing reference 8.3*.**

**Assessing Risk for Crisis/Hospitalization**

To foster proactive and preventative referrals to the REACH program, DBHDS initiated the Crisis Risk Assessment Tool (CAT) in FY21Q1. This tool, and associated training, are currently being utilized throughout CSBs/BHA in the Commonwealth.

The following compliance indicator speaks directly to training for CSB personnel on identifying risk for going into crisis for adults and youth:
**DBHDS will ensure that all CSB Executive Directors, Developmental Disability Directors, case management supervisors, and case managers receive training on how to identify children and adults receiving active case management who are at risk for going into crisis. Training will also be made available to intake workers at CSBs on how to identify children and adults presenting for intake who are at risk for going into crisis and how to arrange for crisis risk assessments to occur in the home or link them to REACH crisis services; *filing reference 7.5*.**

A web-based training on the Crisis Risk Assessment Tool was made available to all target CSB staff through the Commonwealth of Virginia's Learning Center (COVLC) on July 1, 2020. As of December 31, 2020, 2822 individuals have completed this training through the COVLC. This includes 2693 CSB/BHA staff, with training occurring in all CSBs/BHA across the Commonwealth. The additional 129 trainees beyond the CSB/BHA staff include staff from private case management organizations in Virginia, DBHDS sister agencies (e.g. DMAS), local governments, and private providers that have requested enrollment in the training.

Based on year end reporting that CSBs/BHA provided to DBHDS at the conclusion of FY20, there were 719 DD case management/support coordination personnel and 1253 behavioral health case management/support coordination personnel (total 1972). Additionally, each CSB/BHA has 1 Executive Director (40 total) and 1 Developmental Disability Director (40 total). In sum, the target number of listed staff to receive this training (consisting of CSB Executive Directors, Developmental Disability Directors, and case management personnel) was 2052 CSB/BHA. As noted in the previous paragraph, as of 12/31/2020 there were 2822 CSB/BHA staff that have completed training on the Crisis Risk Assessment Tool, which exceeds the 2052 targeted staff required to complete this training (e.g. CSB Executive Directors, Developmental Disability Directors, and case management personnel). Position turnover likely accounts for additional 770 CSB/BHA personnel that have completed this training sine the time of the last data reporting.

Additionally, a related compliance indicator on quality review of identifying persons at risk of crisis and referring to REACH when indicated is as follows: **DBHDS will implement a quality review process conducted initially at six months, and annually thereafter, that measures the performance of CSBs in identifying individuals who are at risk of crisis and in referring to REACH where indicated; *filing reference 7.7*.**

DBHDS completed a review of a statistically significant sample of CATs to include review of CATs administered across all CSBs/BHA in the Commonwealth; the sample consisted of a review of over 300 CATs, with the number of CATs requested from the CSBs/BHA based upon the DD population which each CSB serves. The preliminary quality review process focused on the following two areas:

- ***Scoring integrity***, specifically reviewing the responses to the questions on the CAT corresponding to the appropriate scoring outcome. For example, any CAT that has any question which is responded to with a "yes" should have an outcome of being referred to REACH

(exception being instances in which the individual/their decision maker decline the referral); conversely, CATs with only "no" responses to questions do not require a referral to REACH.

- ***Referral integrity***, specifically reviewing CATs that indicated a REACH referral was required, that the referral was accepted by the individual/their decision maker, and that the CSB indicated that they made the referral. These outcomes were cross checked with REACH referral records to determine if the referral occurred.

As it relates to ***scoring integrity***, 93% of audited CATs across the Commonwealth had the appropriate scoring outcome, meaning that the responses to the questions on the tool corresponded to the appropriate scoring outcome.

As it relates to ***referral integrity***, 98% of audited CATs across the Commonwealth that indicated a REACH referral was required (and the referral was accepted by the individual/their decision maker) and the CSB indicated a referral was made also had a corresponding referral to REACH. Any CAT in which the CSB indicated a referral was made to REACH was cross-checked with REACH referral data to determine referral integrity.

As a part of the quality review process, each CSB was also provided with individualized feedback on their administration/scoring of the CAT and follow through with referring to REACH where indicated.

DBHDS also completed a supplemental comparison of the statistically significant review of CATs listed above, comparing referrals to REACH to those individuals who were admitted to state hospitals in FY21Q1. The results are as follows:

| **CAT Scoring Resulting in Referral to REACH** | |
|---|---|
| | Q1FY21 |
| # Referred to REACH | 53 |
| # Referred & Hospitalized | 5 |
| # Referred & Not Hospitalized | 48 |
| % Referred & Hospitalized | 9% |
| % Referred & Not Hospitalized | 91% |
| **CAT Scoring Resulting in No Referral to REACH** | |
| | Q1FY21 |
| # Not Referred to REACH | 274 |
| # Not Referred & Hospitalized | 3 |
| # Not Referred & Not Hospitalized | 271 |
| % Not Referred & Hospitalized | 1% |
| % Not Referred & Not Hospitalized | 99% |

As noted above, 91% (48) of the individuals who received a CAT and were referred to REACH were not hospitalized. Of those individuals not referred as a result of being assessed with the CAT, only 1% ended up being hospitalized in quarter one.

Further, DBHDS audited an additional pool of CATs that were completed for those individuals who were psychiatrically hospitalized in a state facility in FY21Q1, not already open to REACH, known to the system, and not included in the statistically significant sample in the data provided above. This additional

audit consisted of CATs for 29 additional individuals. For these individuals, DBHDS requested to review any CATs completed prior to the individual's hospital admission date in FY21Q1. As it relates to ***scoring integrity***, 93% of additionally audited CATs had the appropriate scoring outcome, meaning that the responses to the questions on the tool corresponded to the appropriate scoring outcome. As it relates to ***referral integrity***, 100% of audited CATs that indicated a REACH referral was required (and the referral was accepted by the individual/their decision maker) and the CSB indicated a referral was made, also had a corresponding referral to REACH. Any CATs in which the CSB indicated a referral was made to REACH was cross-checked with REACH referral data to determine referral integrity. Of the 29 individuals for who CATs were requested in the second pool, 41% of the individuals had completed CATs. The reason's provided for those that did not have a CAT completed are as follows: 21% not followed by a CSB; 14% no CATs prior to hospitalization; 17% not opened to support coordination until after hospitalization; and the remaining were due to refusal of case management services and transferring within the system.

## Availability of Direct Support Professionals

The data in the following section correspond to specific compliance indicators surrounding for persons with developmental disabilities in the Commonwealth that are in Support Level 7 whom are in need of in-home and personal care services in their homes. The first data of this nature was developed for data collected January 1, 2020 through June 30, 2020. These data will be reported out semi-annually going forward.

The table that follows (Table 3), speaks to the following compliance indicator: ***DBHDS will implement a quality review process for children and adults with identified significant behavior support needs (Support Level 7) living at home with family that tracks the need for in-home and personal care services in their homes. DBHDS will track the following in its waiver management system (WaMS): a. The number of children and adults in Support Level 7 identified through their ISPs in need of in-home or personal care services; b. The number of children and adults in Support Level 7 receiving the in-home or personal care services identified in their ISPs; and c. A comparison of the hours identified as needed in ISPs to the hours authorized; filing reference 7.21***

*Table 3: Persons in Support Level 7 in need of in home or personal care services (A), persons in Support Level 7 receiving in home or personal care services identified in their ISP (B), and comparison of hours authorized to hours identified in ISP for persons in Support Level 7 (C)*

| ***Metric from compliance indicator 7.21*** | ***Associated data*** | ***Notes on data*** |
|---|---|---|
| A. The number of children and adults in Support Level 7 identified through their ISP's in need of in home or personal care services. | 168 | Data includes all individuals currently identified as Support Level 7 recipients in WaMS. |
| B. The number of children and adults in Support Level 7 receiving the in home or personal care services identified in their ISP. | 153 | 91% of individuals received services as identified in their ISP. 13 persons (8%) either moved out of state, to a residential setting out of home, or the slot was released |

| | | |
|---|---|---|
| | | or placed on hold (2 persons, accounting for the remaining 1%). |
| C. A comparison of the hours identified as needed in ISPs to the hours authorized. | 166 | 99% (166) of the persons reviewed had approved authorizations, with only 2 individual's authorizations pended awaiting input by provider. For the 166 persons, the hours identified in the ISPs matched the hours authorized. |

The table which follows addresses a related compliance indicator: ***Semi-annually, DBHDS will review a statistically significant sample of those children and adults with identified significant behavior support needs (Support Level 7) living at home with family. DBHDS will review the data collected in 7.21a-c and directly contact the families of individuals in the sample to ascertain: a. If the individuals received the services authorized; b. What reasons authorized services were not delivered; and c. If there are any unmet needs that are leading to safety risks; filing reference 7.22***

DBHDS attempted to contact 134 families as a part of the preliminary quality review. At the time of this report, 53 families had provided a response to the DBHDS reviewer. During the quality review, the DBHDS reviewer focused on learning if the individual had received services, learning the reasons services were not delivered (where applicable), and if there were any unmet needs that were contributing to safety risks.

*Table 4: Qualitative data from sample review for filing reference 7.22*

| ***Qualitative metric from compliance indicator 7.22*** | ***Associated data*** | ***Notes on data*** |
|---|---|---|
| A. Did the individual receive the services authorized? | 100% of the 53 respondents reported receiving some level of hours they were authorized for; 57% (30) families reported a service gap during the review period. 43% (23) reported consistent services received as authorized. | There were 134 attempted contacts by the DBHDS reviewer; 53 families responded. |
| B. What were the reasons authorized services were not delivered? | 100% of (53) family respondents cited COVID as a barrier to services.<br>32.08% (17) of the families reported staffing barriers including turnover or lack of staff to fill hours, also noting a rate of pay barrier. | 3 primary categories were reported as the reasons that authorized services were not delivered. |

| | | |
|---|---|---|
| | 9.43% (5) families reported that current reporting technology is a barrier for payment. | |
| C. If there are any unmet needs that are leading to safety risks. | 7 families (13%) reported safety concerns | 13% of those responding reporting safety concerns due to unfilled hours related to issues cited above in B. Of the 7 families reporting crisis issues, 4 reported they contacted crisis services (REACH) for support, 3 report they managed with existing resources. |

The data in this section represents the first review of indicators surrounding in-home or personal care services for persons with an identified Support Level 7. A related compliance indicator which focuses on continuous quality improvement is as follows: ***Based on results of this review, DBHDS will make determinations to enhance and improve service delivery to children and adults with identified significant behavior support needs (Support Level 7) in need of in-home and personal care services; filing reference 7.23.***

The DBHDS reviewer reviewed authorizations in (WaMS) Virginia Waiver Management System for individuals this support level with authorization requests for these services. For the larger cohort (168 individuals), 99% of individuals reviewed had documented and approved authorizations with the exception of 2 pending authorization, which were awaiting provider input for final approval. For the sample reviewed in compliance indicator 7.22, authorizations were not identified as a barrier by families interviewed. The data in Table 4 reflect information gathered from families during interview with a DBHDS reviewer and demonstrate all families were experiencing challenges across the state related to COVID, which has influenced many aspects of service provision during this review period. Outside of the pandemic, the second most significant presenting barrier included staffing shortages and staffing turnover related to report of lower than competitive wages, which families report is a barrier to attracting and retaining staff. Of the 53 families who provided feedback, 29 (54.7%) of respondents were families of children, whereas 24 (45.28%) were families of adults receiving services.

Continuous quality improvement remains a goal of DBHDS with focus of qualitative review data to continually invest in improvement to enhance service delivery to children and adults with identified significant behavior support needs.

**Summary**

This is the fourth 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.

## ADDENDUM

In the 16th report to the Court, the Independent Reviewer requested several pieces of data through recommendations, several of which DBHDS is able to provide. The data on these recommendations are included below, with the time periods which the data encompasses being noted for each data request. The table on the following page outlines the IR's recommendation, supporting data provided by DBHDS, and the time period that the data reflect for each recommendation.

*Table 3: Data on IR requests from 16th review period on crisis services*

| IR's recommendation | Supporting Data | Time period that data reflect |
|---|---|---|
| The number of individuals with IDD who were diverted to stay at a CTH instead of an admission to a psychiatric hospital; | There were 30 individuals admitted as crisis stabilization admissions to CTHs during FY21Q2 for adults; there were 23 individuals admitted as a crisis stabilization admission to CTHs for youth. Total 53 individuals. | October 1, 2020 – December 31, 2020 |
| The number of individuals with IDD who were not diverted to a CTH when a CTH stay would have been appropriate, and were instead admitted to a psychiatric hospital; | There were 5 individuals that were not diverted to a CTH stay when one would have been appropriate. | October 1, 2020 – December 31, 2020 |
| The number of individuals with IDD who were discharged by their residential services provider around the same general time of their crises and were either admitted to a CTH or to a psychiatric hospital; | There were 43 hospitalized individuals that REACH is aware of that were discharged by their residential services provider around the same general time of their crisis; there were 7 individuals that were discharged by their residential services provider around the same general time of their crisis that had a stay at a REACH CTH. Total 50 individuals. | October 1, 2020 – December 31, 2020 |
| The number of individuals with IDD in State hospitals who were ready for discharge, but were designated to have "no willing provider" available to deliver community-based residential services; | There were 7 individuals with I/DD in state hospitals that were noted as discharge ready but designated to have "no willing provider". | As of 11/30/2020 |

| | | |
|---|---|---|
| The lengths of stays of individuals with IDD in State hospitals who were ready for discharge but who had "no willing provider;" and | The length of stay (LOS) for each person as of 11/30/2020 is provided below. LOS is based on the date the individual was indicated to be "discharge ready". An asterisk indicates the individual was still listed as "no willing provider" and was still hospitalized as of 11/30/2020.<br><br>Person 1 LOS = 697 days*<br>Person 2 LOS = 132 days*<br>Person 3 LOS = 74 days<br>Person 4 LOS = 82 days*<br>Person 5 LOS = 82 days*<br>Person 6 LOS = 82 days*<br>Person 7 LOS = 49 days* | As of 11/30/2020 |
| The utilization data and analysis being maintained by DBHDS for "forever" homes. | Data and analysis are provided earlier in this report; see pages 8-9 | Data and analysis cover the entire period of FY21Q2 |