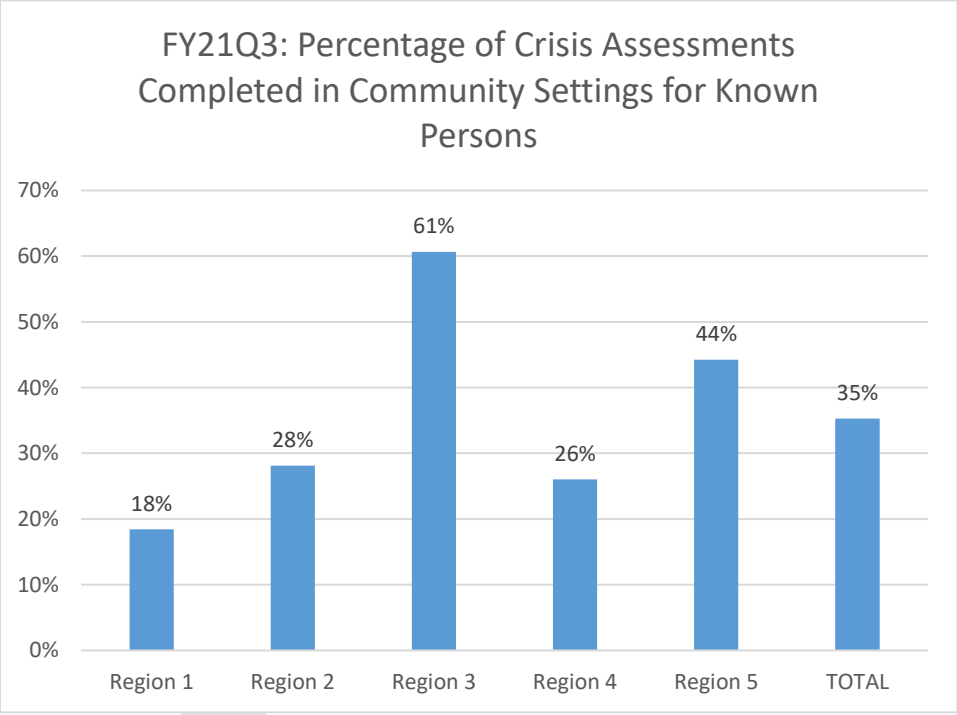
Supplemental Crisis Report: Quarter III-FY21

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 health 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.



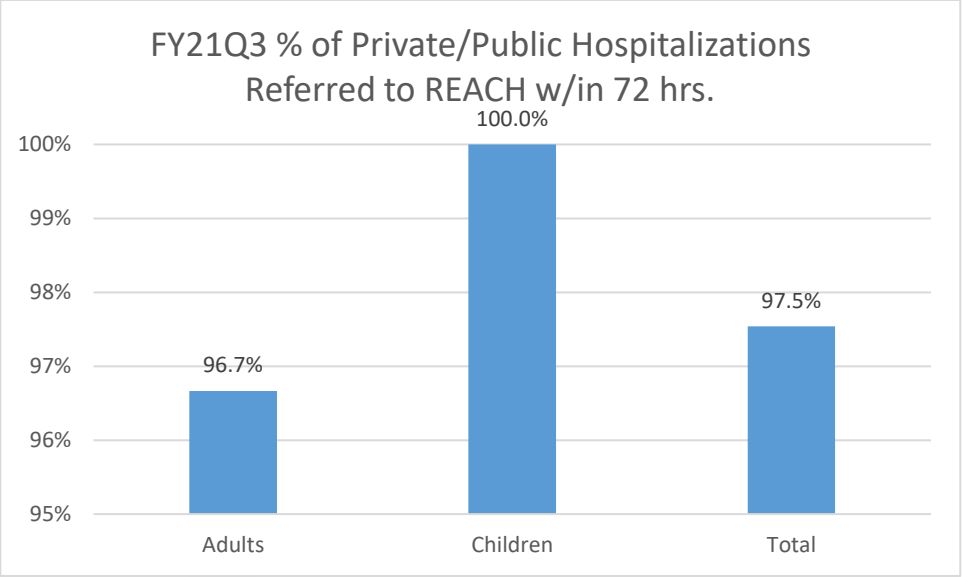
The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator 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, 35% of persons received REACH crisis assessments in a community location in FY21Q3 as opposed to 34% in FY21Q2. 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, approximately 97% of known adults that were hospitalized during the quarter were referred to REACH within the required 72-hour timeframe; for children, this percentage is 100%. With both populations combined, the percentage is 97.5% of adults and children known to the CSB that were hospitalized were referred to REACH within 72 hours, which is meeting this compliance indicator. This is the fifth consecutive quarter that the children's percentage has been at 95% or higher, while this is the first quarter since quarter 1 where adults have been above compliance (previously at 93% in Q2).

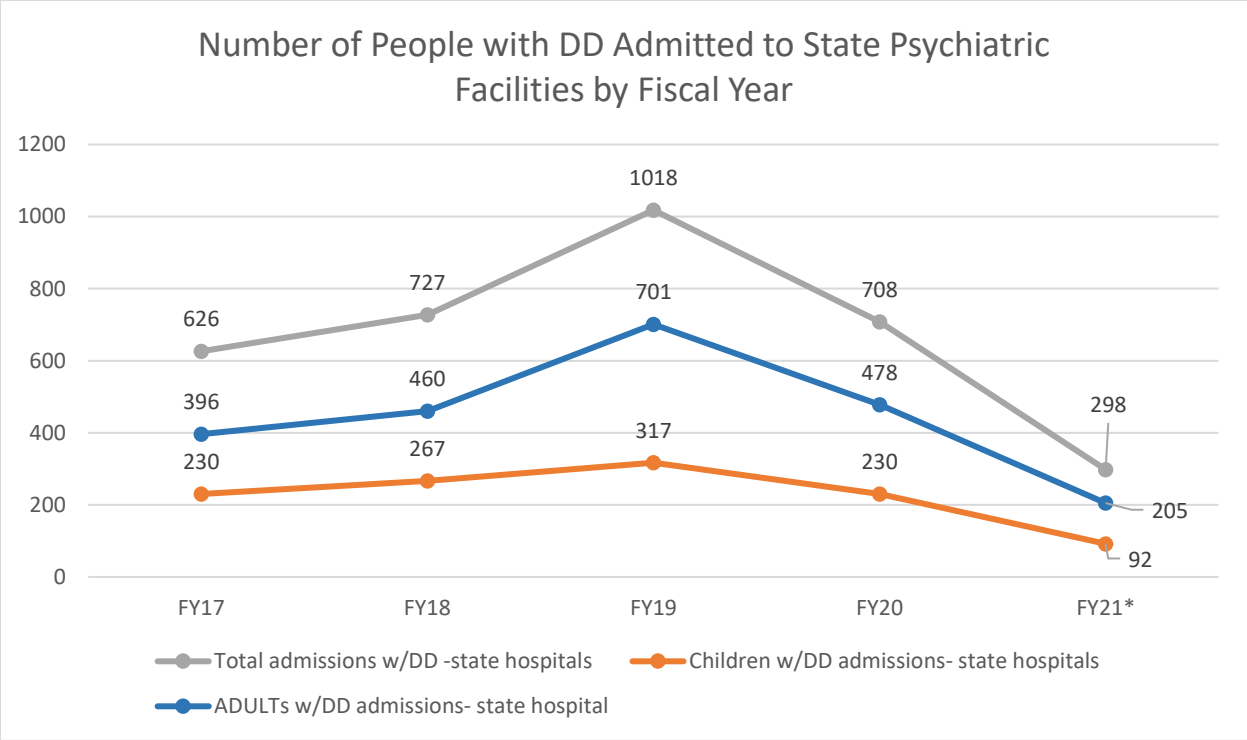


Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population 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)***:

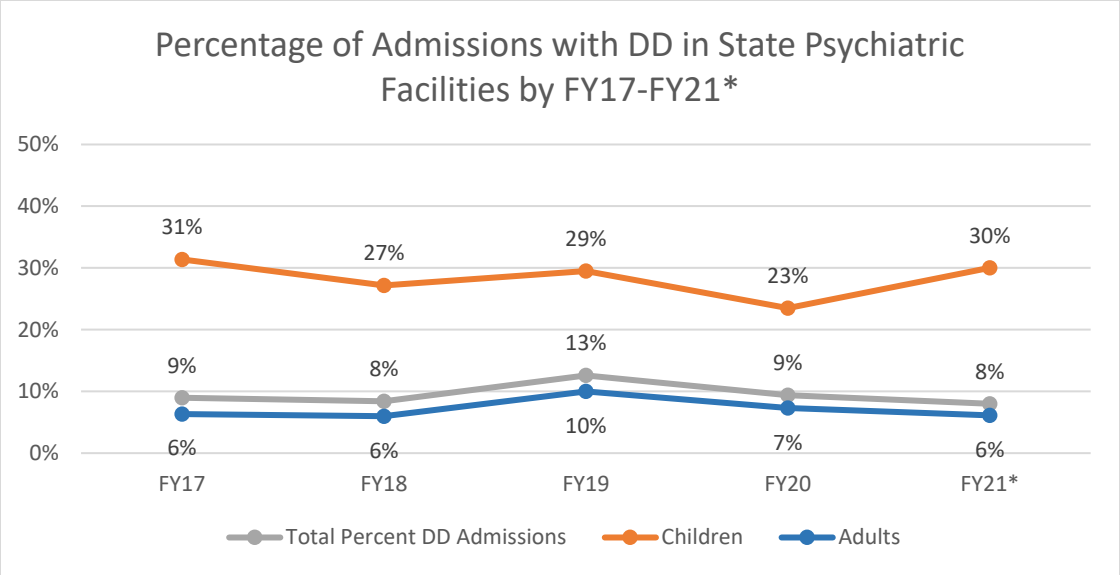
For individuals with DD who are admitted to state-operated psychiatric hospitals and those known by DBHDS to have been admitted to private psychiatric hospitals, DBHDS will track the lengths of stay in the following categories:
• those previously known to the REACH system and those previously unknown;
• 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 2017-2021 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.



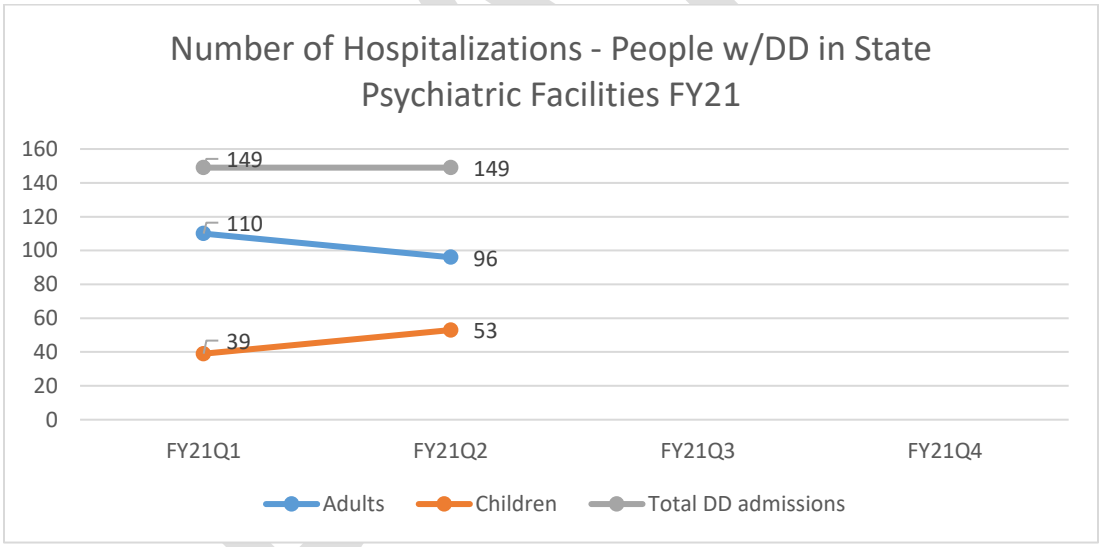
*FY21 is inclusive of quarter one and quarter two data.

On the next page, 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 FY17-21. For FY21, the data is inclusive of the first two quarters.

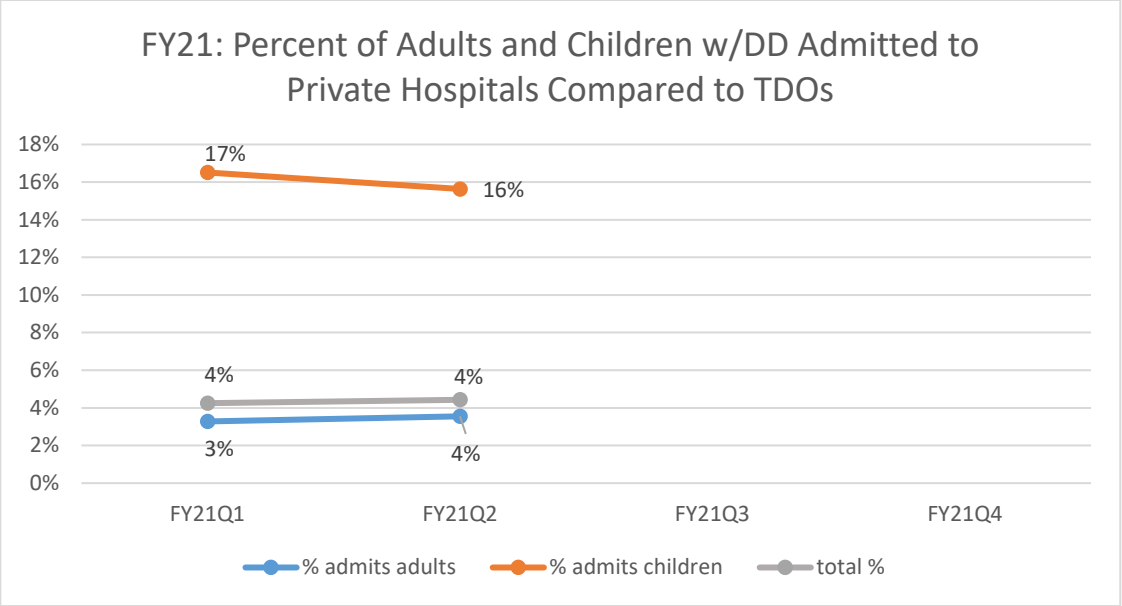


*FY21 – Currently only data for Q1 and Q2 is displayed

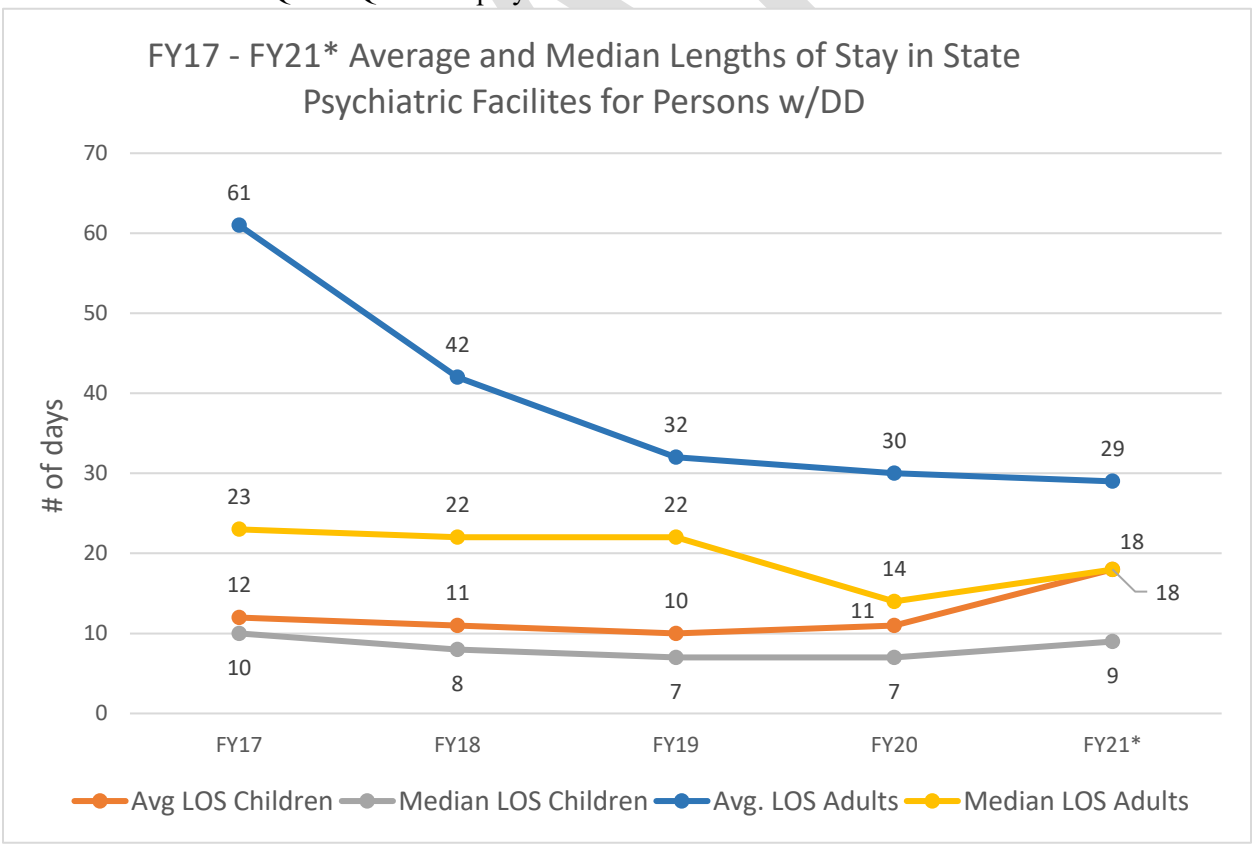
Trend data for quarters 1 through 4 of FY21 will be displayed on the graph below as the fiscal year progresses. Currently noted on the graph is the number of DD hospitalizations for adults and children in state psychiatric facilities for quarters one and two.



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).

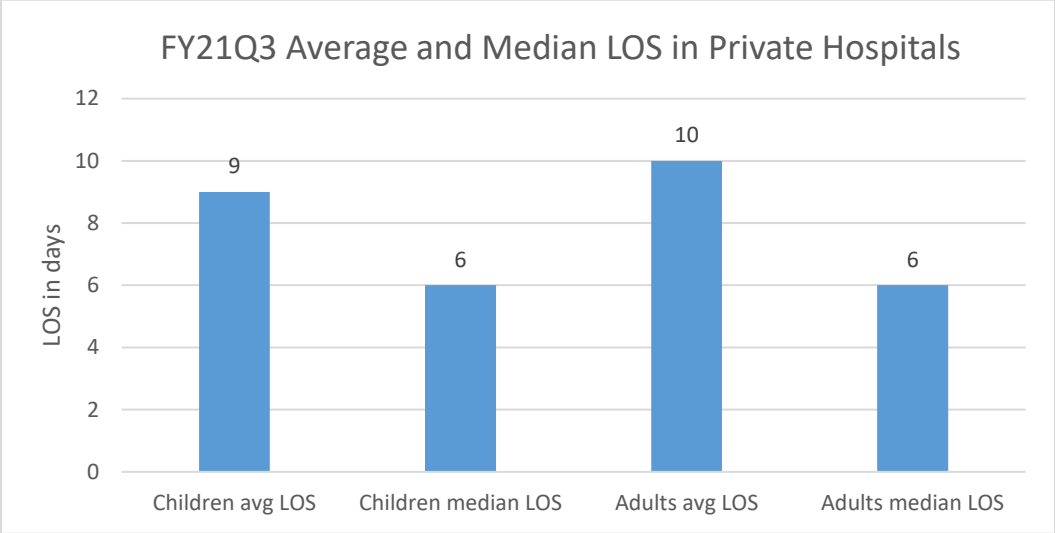


Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17-FY20 and FY21Q1and Q2 are displayed below.



*FY21- Currently only data for Q1 and Q2 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 decreased in FY21Q3 as compared FY21Q1 & Q2 (children 7, 9; adults 7, 8). In comparing the average length of stay for FY21 quarters one through three, the average length of stay was very similar with the adults being 9, 11, 10 days and children 8, 10, and 9 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 FY21Q3 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".

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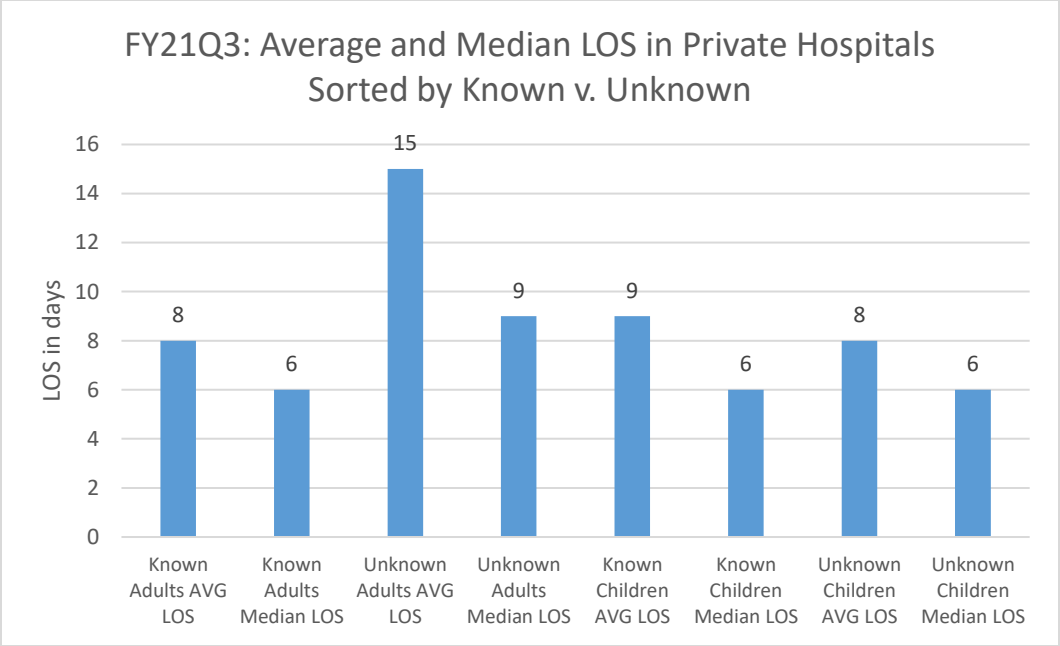
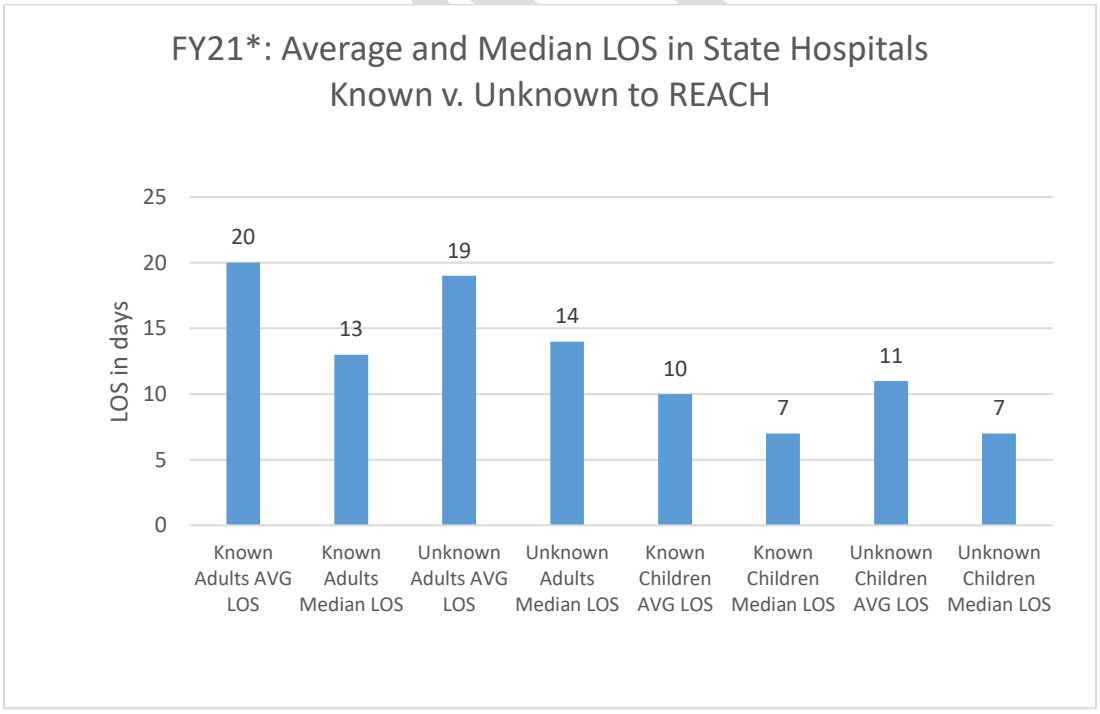


Length of stay data for FY20Q1 and Q2 are noted below for known versus unknown to REACH persons in state psychiatric facilities.

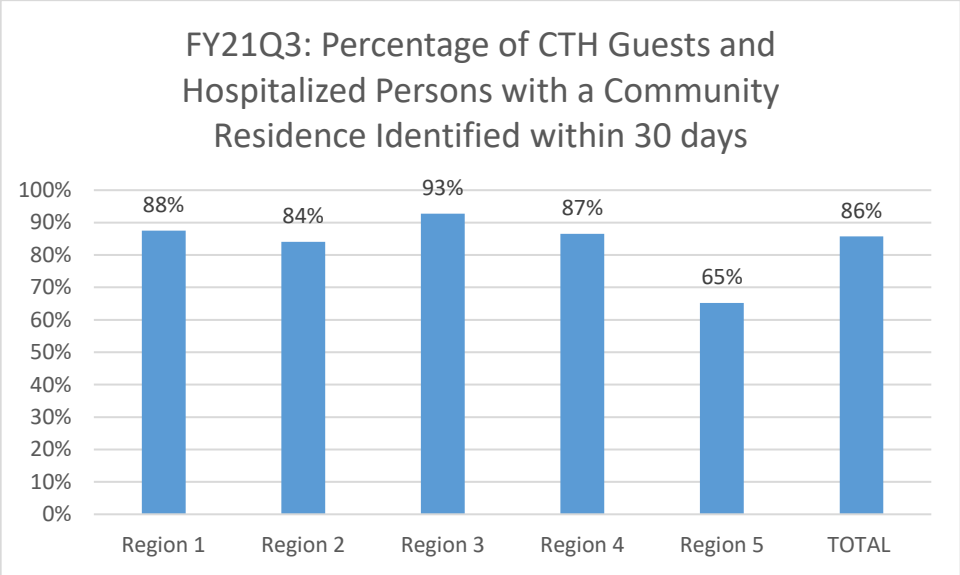


*FY21 – Currently only data for Q1 and Q2 is displayed

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, 86% of this group had a community residence identified within 30 days in FY21Q3, which is meeting the target for this compliance indicator for this quarter. This is an increase from the previous quarter (80%).

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. Additionally, one three bed home has been brought online and another four bed home operated by one of the RFP awardees is serving this population; however, these two homes were not funded through the original RFP process but are serving this population. There is another home that is part of the RFP that will be located in the eastern region of the state; once the home is licensed, this will bring the total capacity to 9 homes with 41 beds available to serve people with DD who present with challenging behavior/mental health needs. The current homes are operational in the northern, central, western, southwestern, and eastern regions of the state. As of last report, there were six homes open totaling 30 beds; the southwest region was not previously listed. At the end of the quarter, 34 of the 37 beds were occupied, with 32 of the 34 beds occupied by individuals who present with significantly complex behavioral needs and/or mental health; 1 bed is occupied by an individual that stepped down from CVTC due to closure and does not meet behavior/mental health criteria and another individual stayed in the existing home once converted. There are three remaining beds across two providers to be filled at this time. All of these beds have been assigned to individuals with admissions pending. One individual is stepping down from a state hospital, another needs a more supportive home due to crisis cycles, and the last individual has been visiting the home but has not gained a release date from the court. DBHDS anticipates the home that is unlicensed will be reviewed in the next quarter. As of FY21Q3, DBHDS is currently involved in an additional (new) RFP process for development of more homes to support individuals with high behavior needs.

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 FY21Q2, there was one individual that had secured a waiver slot in FY20Q4 that did not yet have services activated; there was also an individual that had received a waiver slot in FY21Q2 that did not yet have services activated. The waiver services for these two individuals are available in the table below (Table 1).

Table 1: FY20Q4 and FY21Q2: 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 (slot awarded FY20Q4)	Group home services were initiated; however, individual was psychiatrically hospitalized and was not discharge ready at the time of this report
Person 2 (slot awarded FY21Q2)	Sponsored residential; however, individual passed away shortly after services were initiated

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In FY21Q3, 8 out of 27 emergency waiver slots were awarded to support persons discharging out of a psychiatric hospital, REACH CTH, or ATH (approximately 30%). Thus far in FY21, there have been 52 emergency slots provided, and 16 of the 52 (approximately 31%) 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 FY21Q3 are available in the table on the following page (Table 2).

Table 2: FY21Q3: 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	Community engagement, group home 4 or fewer
Person 2	Sponsored residential
Person 3	Group home 4 or fewer
Person 4	Group home 4 or fewer, therapeutic consultation
Person 5	Services not yet initiated, slot recently awarded
Person 6	Group home 4 or fewer, therapeutic consultation
Person 7	Group home 6 person
Person 8	Services not yet initiated, slot recently awarded

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 2st quarter of FY21, 3 adults and 3 children were admitted to an ICF IID. Of these 6 individuals admitted to an ICF IID, none of these individuals were on the Priority 1 waiting list.

Additionally, during the 2nd quarter of FY21, there were 174 individuals admitted to private psychiatric hospital (REACH aware) and 149 individuals admitted to the state psychiatric hospitals. Of these 323 individuals in the second quarter 20 individuals were on the Priority 1 waiting list.

Finally, during the 2nd quarter of FY21, there were 63 adults and 4 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 20. 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 99.994% of people on the Priority 1 waiting list were not institutionalized.

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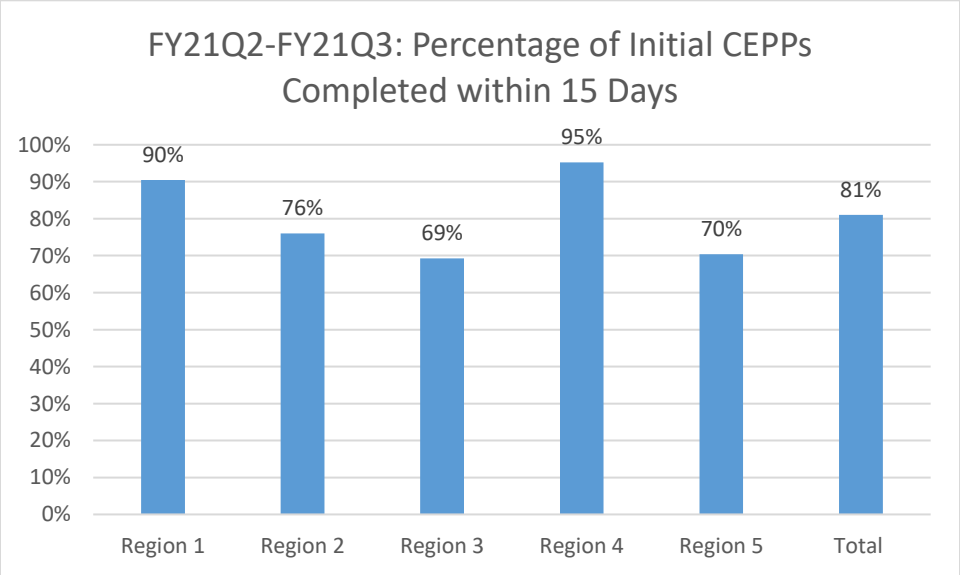
Crisis Education and Prevention Plans and REACH Employee Training

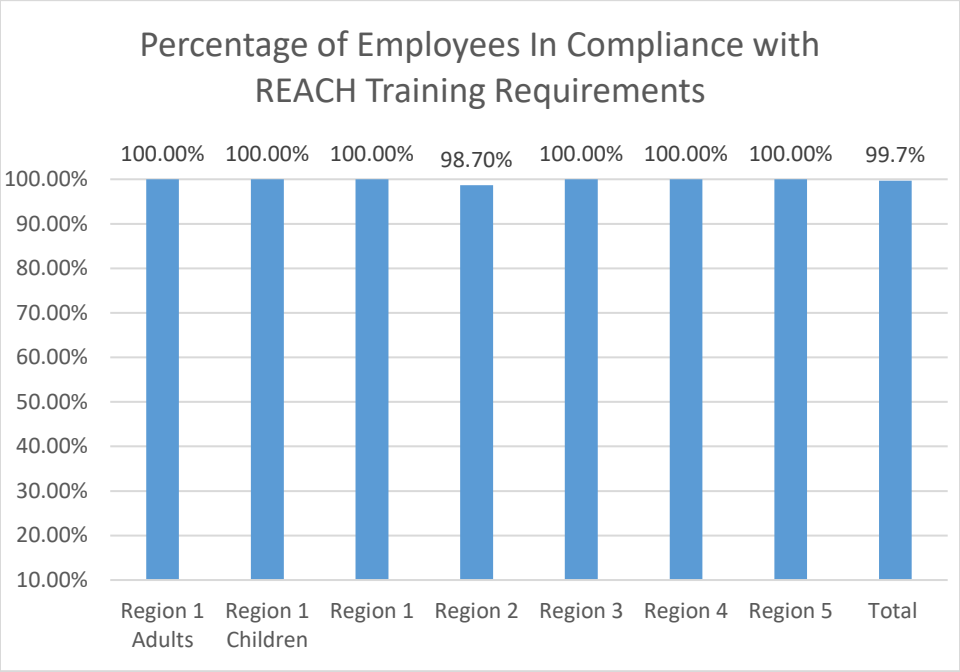
During the course of crisis services, the REACH programs work with the individual and their system of supports to create a Crisis Education and Prevention Plan (CEPP). The CEPP is an individualized, client-specific written document that provides a concise, clear, and realistic set of supportive interventions 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 that 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 related to mobile crisis services has been set which indicates that **86% of initial CEPPs are developed within 15 days of the assessment; *filing reference 8.4*.** 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 quarters under review. These data should not be confused with information that is displayed in table format in the Adult and Child REACH Data Summary Reports that outlines CEPPs completed for mobile supports as those data do not speak to a specific timeline for completion of a CEPP. Cumulatively, the REACH program is shy of the 86% percent requirement, with 81% of initial CEPPs overall completed within the 15 days of mobile crisis enrollments across FY21Q2 and FY21Q3.



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 on the following page 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; *filing reference 8.3*.** These data are a representation of employee training compliance from 9/1/2020 to 3/1/2021 and include both new and veteran REACH employees; data indicate that 99.7% of REACH employees are meeting training requirements.



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 April 4, 2021, 3020 individuals have completed this training through the COVLC. This includes 2850 CSB/BHA staff, with training occurring in all CSBs/BHA across the Commonwealth. The additional 170 trainees beyond the CSB/BHA staff include staff from private case management organizations in Virginia, other state agencies, 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 4/4/2021, there were 2850 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 CSB/BHA personnel that have completed this training since 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*.**

Data for this indicator were reported on in the FY21Q2 Supplemental Crisis Report. Per language in agreement above, these data will be reported out again in a future iteration of this report.

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 31, 2020. This review period and data cover quarters 1 and 2 (7/1-12/31/2020). Similar data will be available on the following schedule: Quarters 1 and 2 (7/1-12/31) will be made available in April. Quarters 3 and 4 (1/1-6/30) will be made available in October and included in corresponding summary reports.

The table which 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.	260	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.	252	96.9% of individuals received services as identified in their ISP. 8 persons (3.07%) either moved out of state, to a residential setting out of home, or the slot was released or placed on hold.
C. A comparison of the hours identified as needed in ISPs to the hours authorized.	249	98.8% (249) of the persons reviewed had approved authorizations, with only 1 (.39%) individual's authorizations were pended awaiting input by provider and 2 (.79%) denied. For the remaining 249 individuals, 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 252 families as a part of the preliminary quality review. At the time of this report, 102 families had provided a response to DBHDS. During the quality review, DBHDS 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 as defined in the review expectations.

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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 102 respondents reported receiving some level of hours they were authorized for; 39.2% (40) families reported a service gap during the review period. 60.7% (62) reported consistent services received as authorized.	There were 252 attempted contacts by DBHDS; 102 families responded.
B. What were the reasons authorized services were not delivered?	100% of (102) family respondents cited COVID had impacted their lives and services globally. 39.2% (40) of the families reported staffing barriers including turnover, lack of well trained staff to fill hours indicating the rate of pay is not competitive and creates barriers for recruitment and retention. 9.8% (10) families reported that current reporting technology and supporting documentation submission is a barrier for payment.	3 primary categories were reported as barriers to authorized service delivery. These are noted to be a repeat of the presented issues from previous review (12/1/20-6/30/20) with this review showing a higher responder rate. Many of the reviewed families reported some or all of the identified barriers being a factor in service delivery needs.
C. If there are any unmet needs that are leading to safety risks.	8 families (7.8 %) reported safety concerns related to service needs.	7.8 % of those responding reporting safety concerns due to barriers to filling hours related to issues cited above in B. Of the 8 families reporting crisis issues, 2 reported they contacted crisis services (REACH) for support, 6 report they managed with existing resources. Families reported that it was difficult to pinpoint specific safety needs to only gaps in personal assistance and respite, due to COVID resulting in the

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		lack of almost all services which resulted in the lack of almost all in person services.

The data in this section represents the second 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.***

DBHDS reviewed authorizations in (WaMS) Virginia Waiver Management System for individuals this support level with authorization requests for these services. For the larger cohort (252 individuals), 98.8% of individuals reviewed had documented and approved authorizations with the exception of 1 pending authorization awaiting provider input for final approval and 2 denied. 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 DBHDS and demonstrate that all families reported challenges across the state related to COVID. The second barrier as reported by families included staffing shortages/turnover. Staffing shortage and turnover were related to COVID pandemic and availability of staff as well as families indicating concern hiring skilled staff due to the inability to recruit and retain because of lower than competitive wages; Of the 102 families who provided feedback, 66 (54.7%) of respondents were families of children, whereas 36 (45.28%) were families of adults receiving services.

DBHDS completed a review of 100% of the 252 ISPs (The number of children and adults in Support Level 7 receiving the in home or personal care services identified in their ISP). Based on this review there are 2 recommendations for improvement. A third recommendation is added as an additional look behind process to supplement contacts with families to gather additional data on individuals who are unavailable for interview.

Quality Improvement Recommendations:

1. DBHDS will develop information for providers around completing more complete schedules for submission with personal assistance and in home supports. DBHDS will review to determine if the concern is more with agency directed personal assistance or consumer directed personal assistance.
2. DBHDS will work with the provider community about history of behavioral concerns and better capturing proactive strategies to address these throughout the shared plan to ensure that this information is successfully communicated to personal assistants and in home support workers.
3. DBHDS will request billing data for individuals identified as tier 4 level 7 living with families who receive respite or personal assistant service to review comparison of authorized services to billed services. This will also allow to review those families' access and utilization who did not participate in the DBHDS review. Additionally, DBHDS will follow up with providers who did not bill the service to determine if the service was delivered or not.

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Summary

This is the fifth 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. 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 5: 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 22 individuals admitted as crisis stabilization admissions to CTHs during FY21Q3 for adults; there were 14 individuals admitted as a crisis stabilization admission to CTHs for youth. Total 36 individuals.	January 1, 2021 – March 31, 2021
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 3 individuals that were not diverted to a CTH stay when one would have been appropriate.	January 1, 2021 – March 31, 2021
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 27 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 10 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 37 individuals.	January 1, 2021 – March 31, 2021
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	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 3/31/2021

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community-based residential services;		
The lengths of stays of individuals with IDD in State hospitals who were ready for discharge but who had "no willing provider;"	The length of stay (LOS) for each person as of 3/31/2021 is provided below. LOS is based on the date the individual was indicated to be "discharge ready". Individuals with a * indicate those that are still hospitalized as of 3/31/2021. Person 1 LOS = 180 days* Person 2 LOS = 176 days* Person 3 LOS = 203 days* Person 4 LOS = 147 days* Person 5 LOS = 210 days* Person 6 LOS = 132 days* Person 7 LOS = 28 days	As of 3/31/2021
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 FY21Q3

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