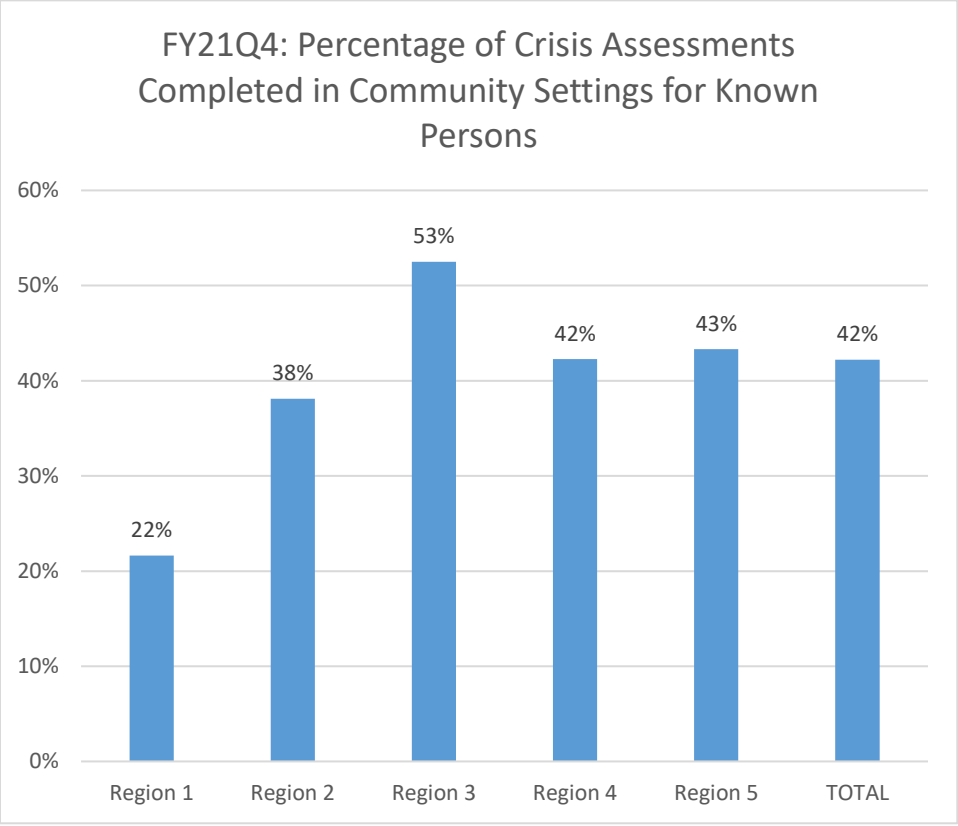
**Supplemental Crisis Report: Quarter IV-FY21**

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.



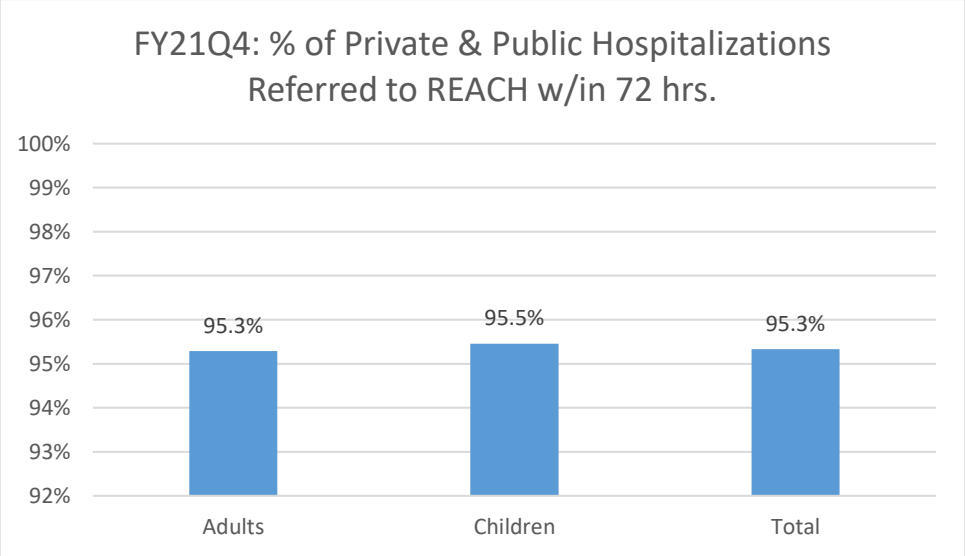

The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator 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, 42% of persons received REACH crisis assessments

in a community location in FY21Q4 as opposed to 35% in FY21Q3. 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 95.3% of known adults that were hospitalized during the quarter were referred to REACH within the required 72-hour timeframe; for children, this percentage is 95.5%. With both populations combined, the percentage is 95.3% 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 sixth consecutive quarter that the children's percentage has been at 95% or higher, while this is the second consecutive quarter where adults have been above compliance (previously at 96.7% in Q3).

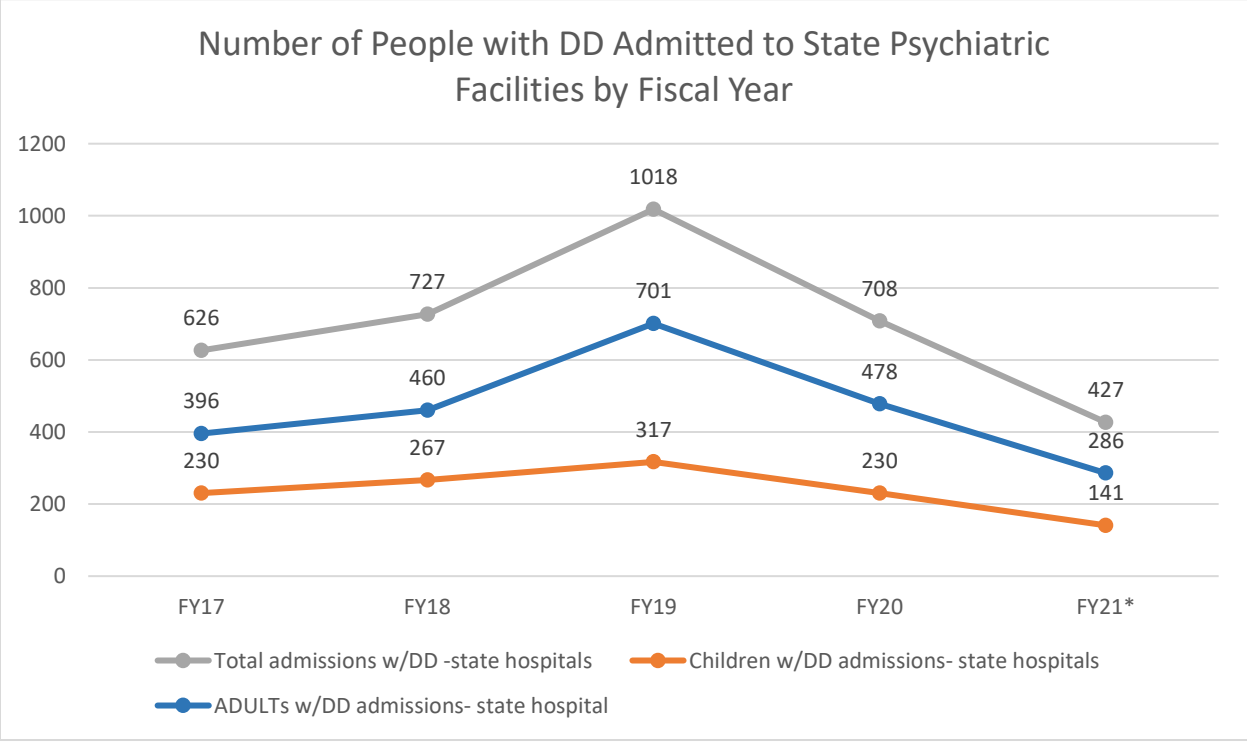



Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population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

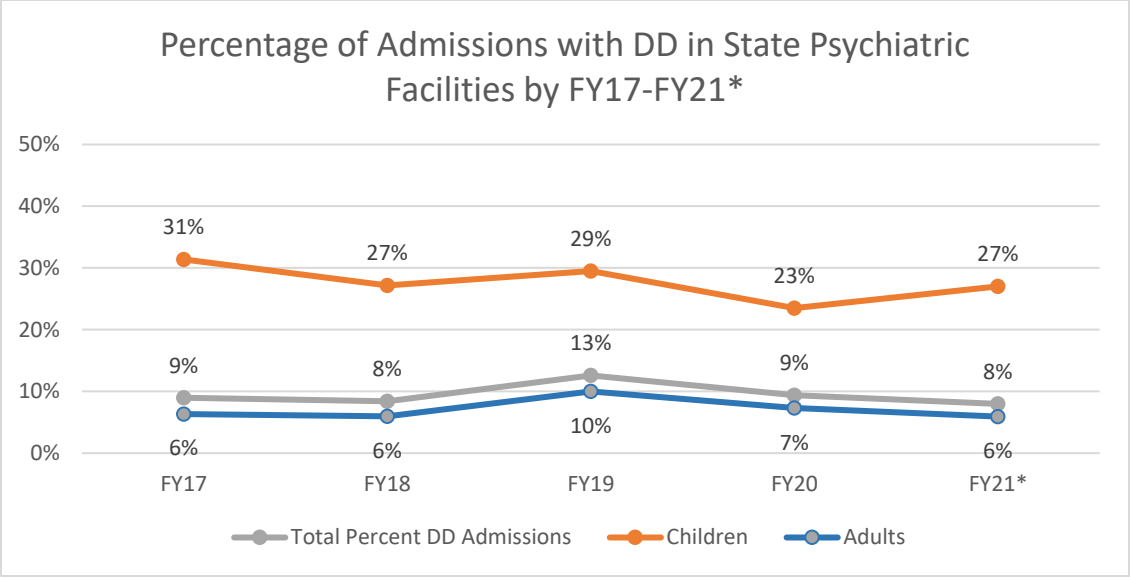
**For individuals with DD who are admitted to state-operated psychiatric hospitals and those known by DBHDS to have been admitted to private psychiatric hospitals, DBHDS will track the lengths of stay in the following categories:**
**• those previously known to the REACH system and those previously unknown;**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



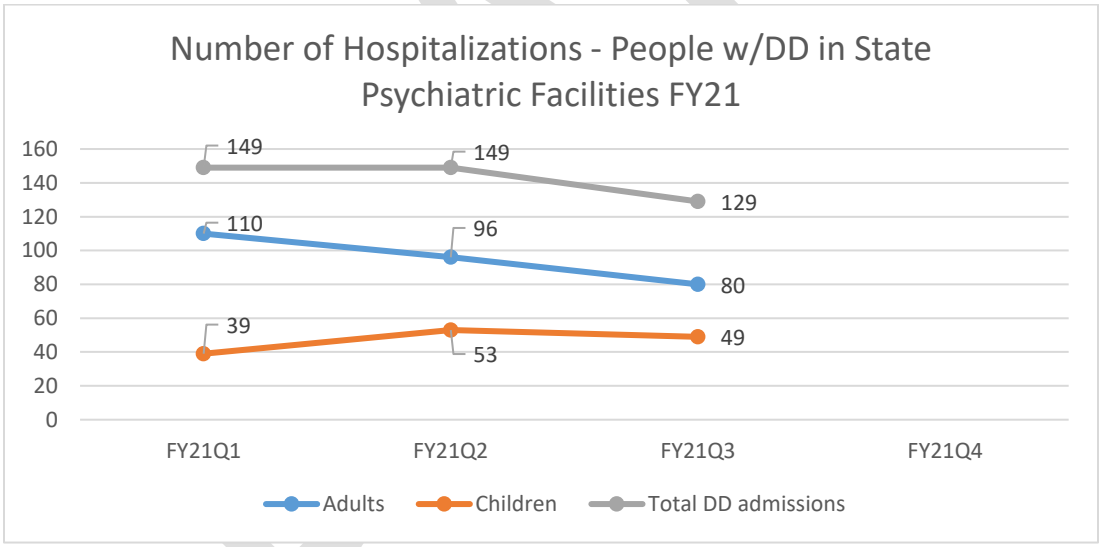

*FY21 data is inclusive of quarters one through three.

On the next page, these data are 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 three quarters.



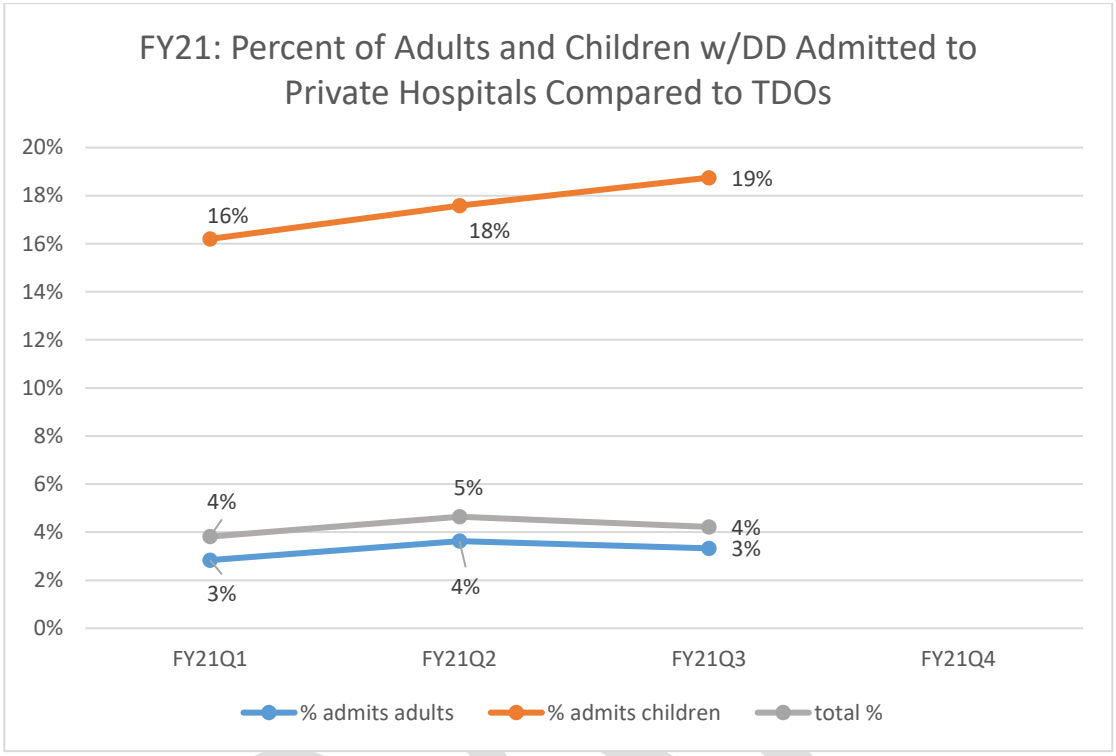

*FY21 – Currently only data for Q1 through Q3 is displayed

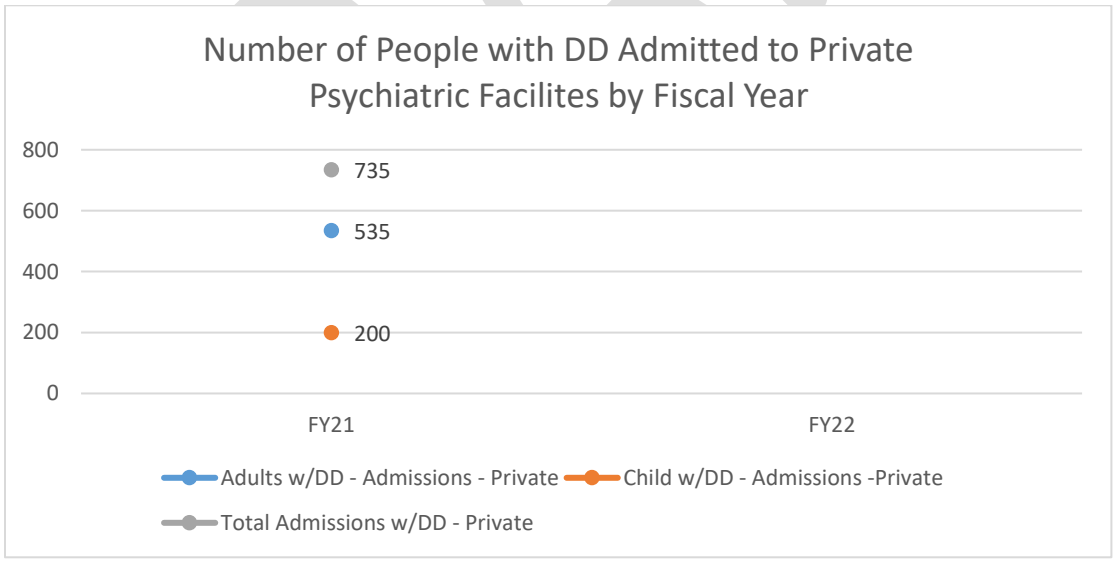
Trend data for quarters 1 through 4 of FY21 will be displayed on the graph below as the fiscal year progresses. Currently noted on the graph is the number of DD hospitalizations for adults and children in state psychiatric facilities for quarters one through three.




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 first set of 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). The second chart displays the number of individuals with DD, as known to the

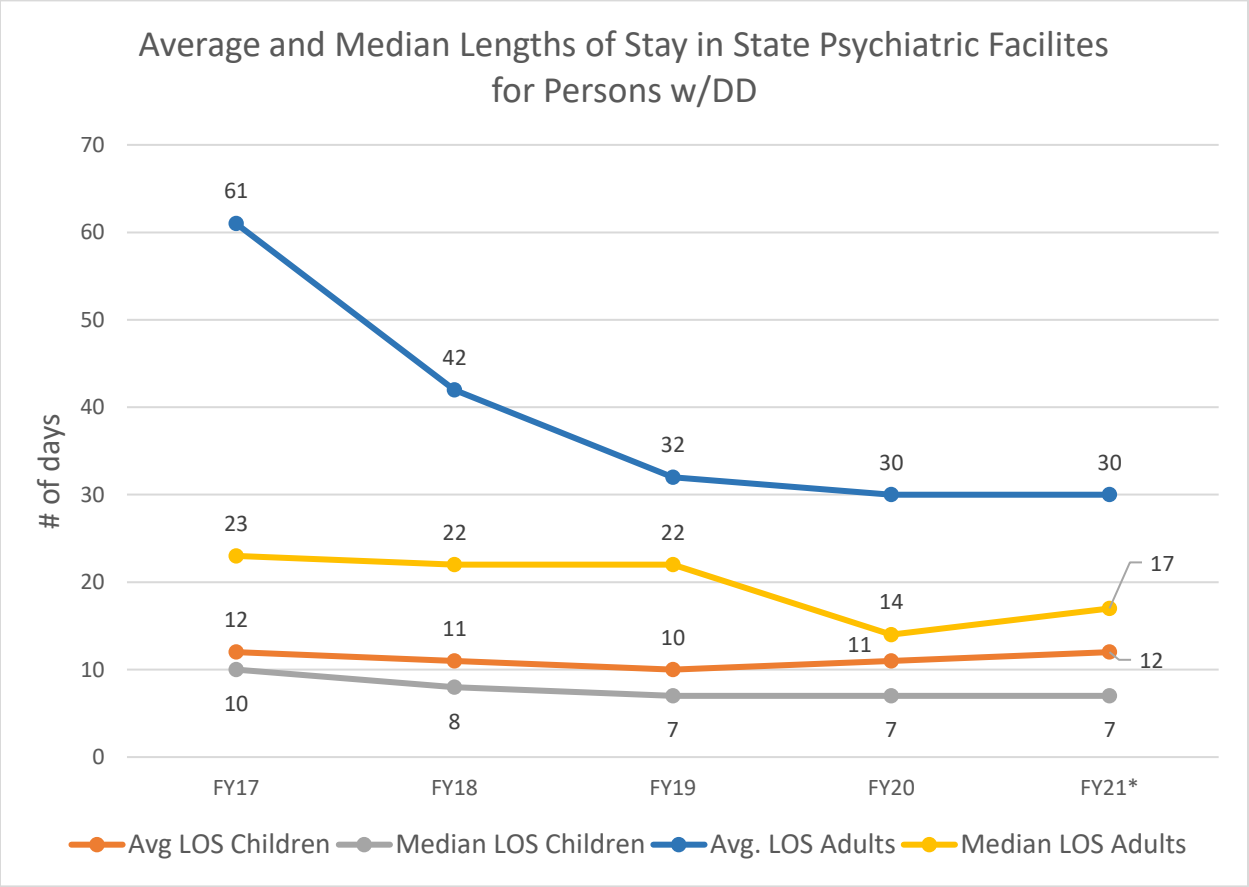
REACH program, that were admitted in the quarter to a private hospital. Fiscal year 2021 was the first complete fiscal year that data was available; data for subsequent fiscal years will be added over time.



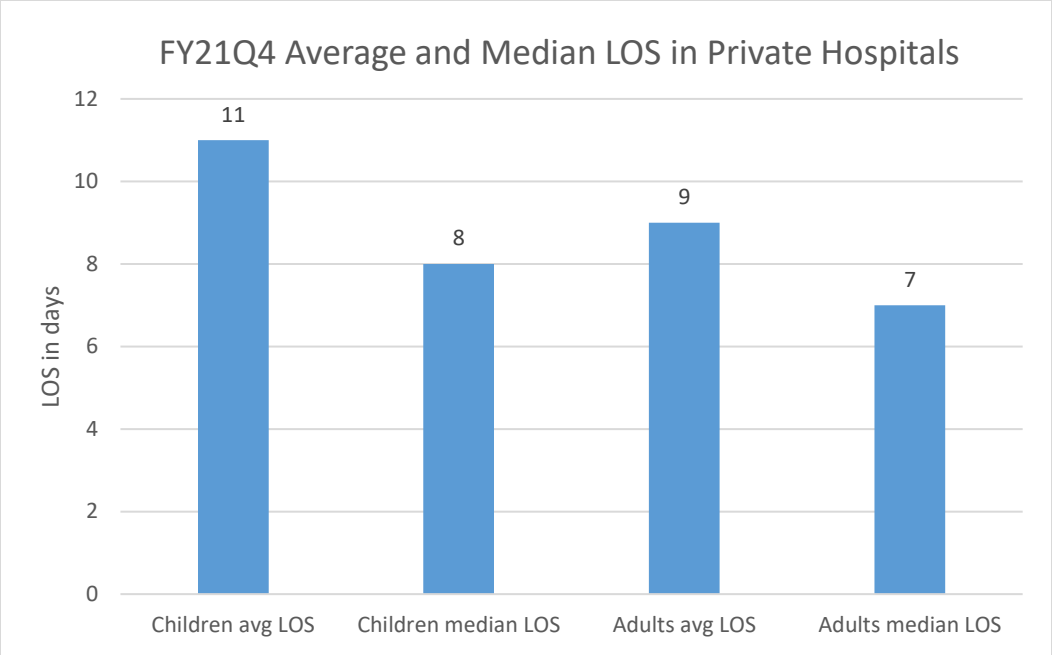

Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal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

FY17-FY20 and FY21Q1through Q3 are displayed below.

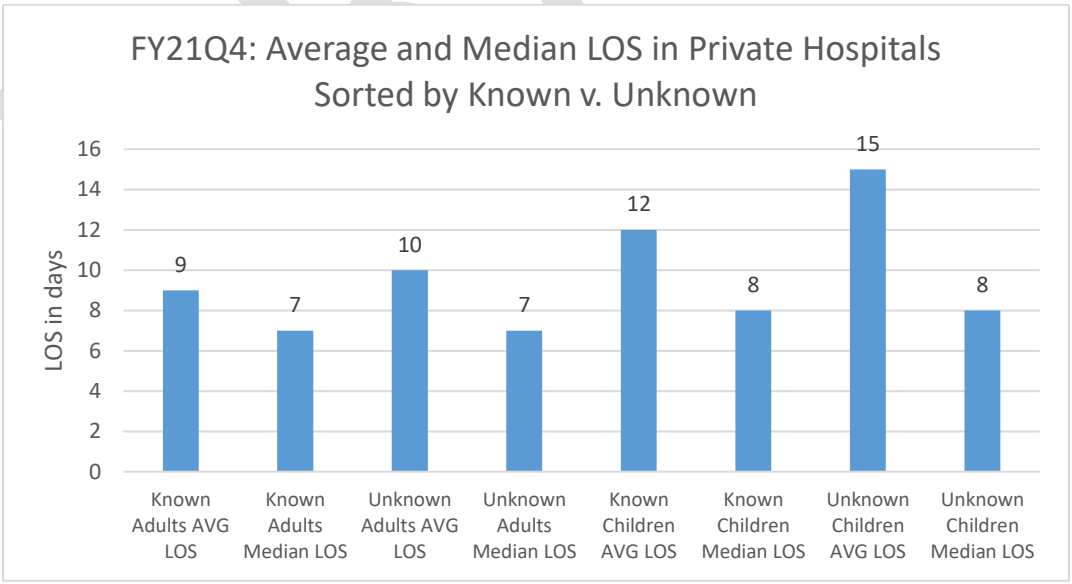



*FY21- Currently only data for Q1 through Q3 is displayed.

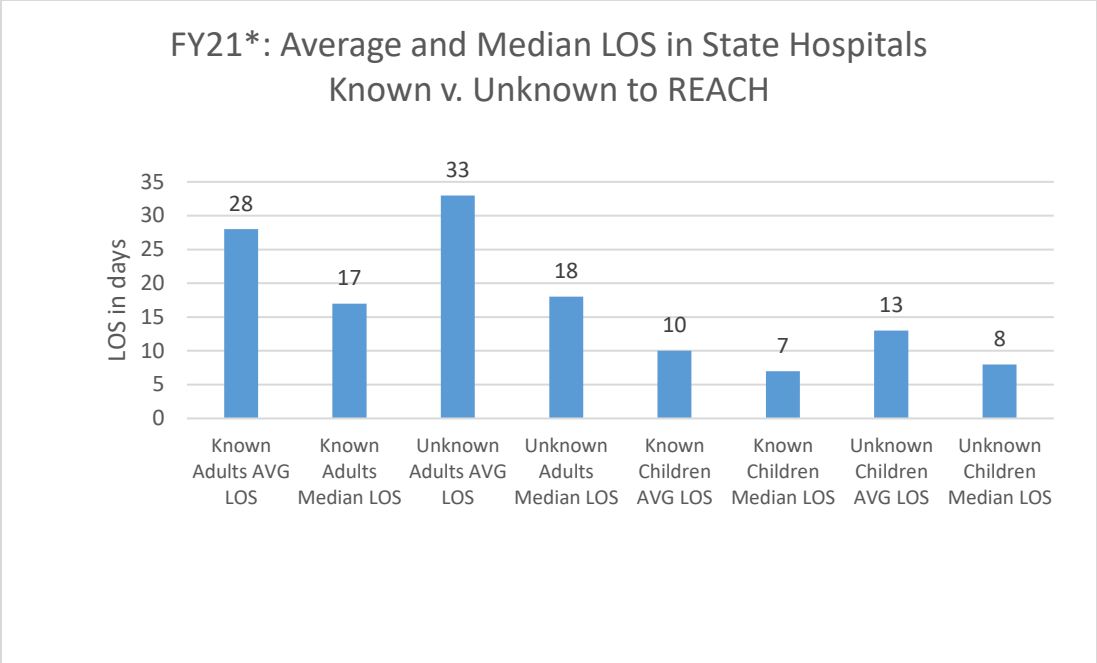
REACH is tracking lengths of stay for persons in a private psychiatric hospital as the REACH programs are made aware of such persons. The median length of stay for adults per quarter in FY21 ranged from 6 days to 8 days while the children ranged from 6 days to 9 days. In comparing the average length of stay per quarter for FY21, the adults average length of stay was very similar with the adults ranging from a stay of 9 to 11 days and children ranging from 8 to 11 days. 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 FY21Q4 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".



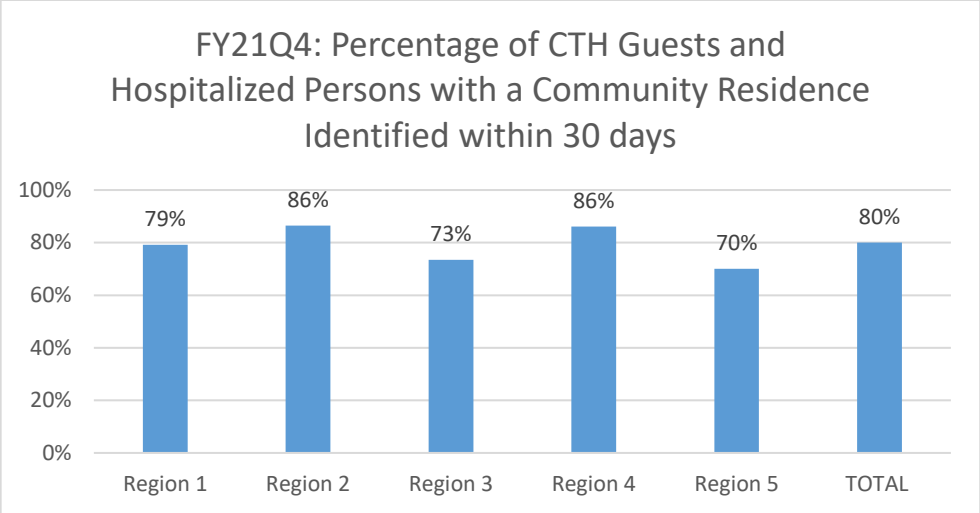

Length of stay data for FY20Q1 through Q3 are noted below for known versus unknown to REACH persons in state psychiatric facilities.




*FY21 – Currently only data for Q1 through Q3 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 FY21Q4, which is not meeting the target for this compliance indicator for this quarter. This is a decrease from the previous quarter (86%).

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, seven homes have been brought online through this RFP process that have been able to open 34 new beds in the Commonwealth to serve this population. These 34 beds and seven homes represent the completion of all homes that were contracted for in the FY18 RFP (described above). Beyond these 34 beds across seven homes, an additional 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 the target population. The total capacity across these particular homes is now 9 homes with 41 beds available to serve people with DD who present with challenging behavior/mental health needs. It is important to note that there are many other providers in the Commonwealth that are serving this population, but the homes described here are specific to homes that DBHDS has had extensive collaboration with providers to increase capacity to address the needs of this population. The current homes are operational across all regions of the state. At the time of this report, there are 38 out of 41 beds filled, which is an increase from the previous quarter when 34 beds were occupied out of 37 total

beds. Currently, 37 out of 38 beds are occupied by individuals who present with significantly complex behavioral and/or mental health needs; 1 bed is occupied by an individual that stepped down from Central Virginia Training Center due to closure and does not fully meet behavior/mental health targets for the FY18 RFP. Two providers have beds available at this time; one provider has one remaining bed that is currently being considered by multiple individuals in the western region of the state, but at the time of this report the bed had not yet been filled. Another provider in the eastern region that recently opened its final home for the FY18 RFP has two beds available and is currently several individuals for placement. As of FY21Q4, DBHDS is currently involved in an additional (new) RFP process that closely parallels the parameters of the original FY18 RFP to develop more homes to support individuals with high behavior needs. DBHDS recently completed a pre-proposal conference with numerous possible providers present and expects proposals to be submitted in FY22Q1.

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 FY21Q3, there were two individuals that had secured a waiver slot that did not yet have services activated at the time of that report. The current waiver services for these two individuals are available in the table below (Table 1).

*Table 1: FY21Q3: 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 FY21Q3)** | day support, group day, therapeutic consultation, group home residential 4 beds or less |
| **Person 2 (slot awarded FY21Q3)** | group home residential 6 beds or less |

In FY21Q4, 9 out of 19 emergency waiver slots were awarded to support people discharging out of a psychiatric hospital, REACH CTH, or ATH (approximately 47%). For the entirety of FY21, there were a total of 71 emergency waiver slots provided, and 25 out of the 71 (approximately 35%) were 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 FY21Q4 are available in the table on the following page (Table 2).

*Table 2: FY21Q4: 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 4 beds or less |
| **Person 2** | Group home 4 beds or less |

| | |
|---|---|
| **Person 3** | Sponsored residential |
| **Person 4** | Services not yet initiated |
| **Person 5** | Services not yet initiated |
| **Person 6** | Group home 4 beds or less |
| **Person 7** | Group home 4 beds or less |
| **Person 8** | Group home 4 beds or less |
| **Person 9** | Group home 4 beds or less, community engagement and therapeutic consultation |

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 3rd quarter of FY21, 2 adults and 4 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 3rd quarter of FY21, there were 187 individuals admitted to private psychiatric hospital (REACH aware) and 129 individuals admitted to the state psychiatric hospitals. Of these 316 individuals in the third quarter, 19 individuals were on the Priority 1 waiting list.

Finally, during the 3rd quarter of FY21, there were 65 adults and 3 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 19. The total number of people on the Priority 1 waiting list as of 3/31/2021 was 3,420. Therefore, DBHDS met the expectation as 99.994% 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 FY22Q1 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 July 7, 2021, 3010 CSB/BHA staff have completed this training, with training occurring in all CSBs/BHA across the Commonwealth.

Based on year-end reporting that CSBs/BHA provided to DBHDS at the conclusion of FY21, there were 681 DD case management/support coordination personnel and 1227 behavioral health case management/support coordination personnel full time employees (total 1908). 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 1988 CSB/BHA. As noted in the previous paragraph, as of 7/7/2021, there were 3010 CSB/BHA staff that have completed training on the Crisis Risk Assessment Tool, which exceeds the 1988 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*.**

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***, 98% 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***, 100% 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.

## 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.

## Summary

This is the sixth 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.