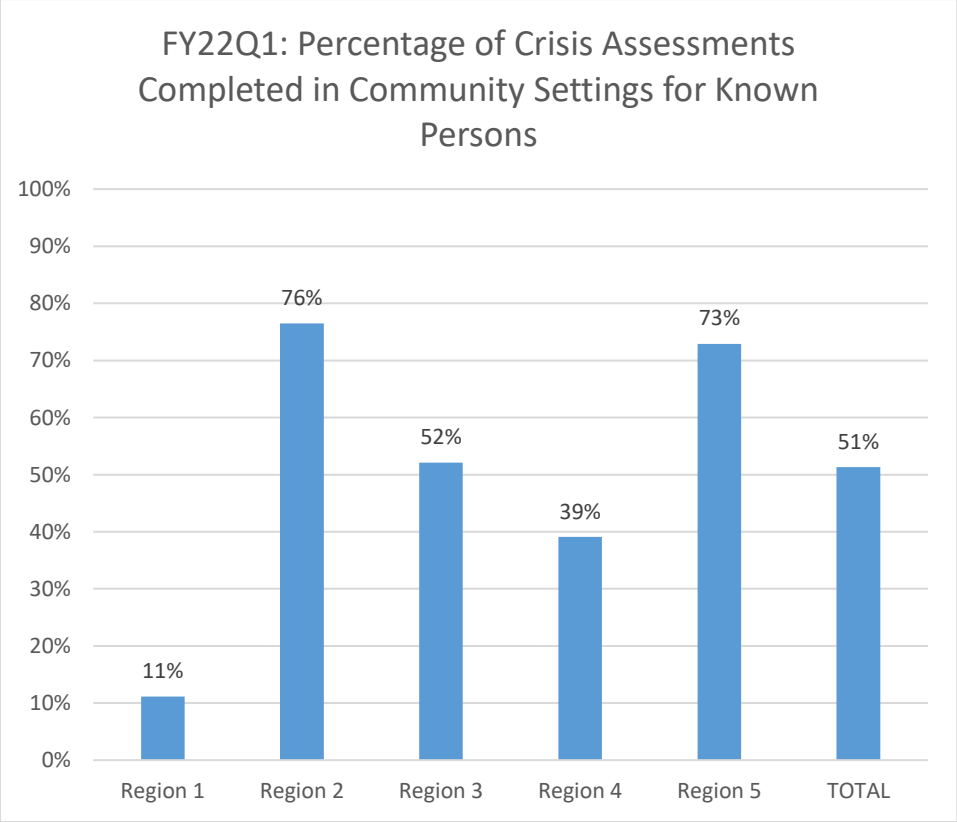
**Supplemental Crisis Report: Quarter I-FY22**

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.



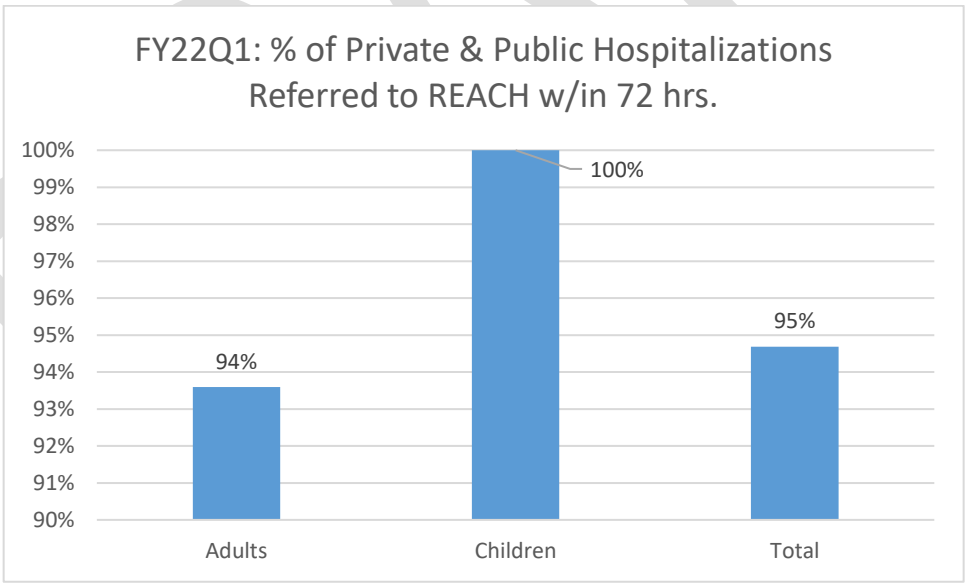

The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator 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, 51% of persons received REACH crisis assessments in a community location in FY22Q1 as opposed to 42% in FY21Q4. 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 94% 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%. With both populations combined, the percentage is 95% of adults and children known to the CSB that were hospitalized were referred to REACH within 72 hours, which is meeting this compliance indicator.

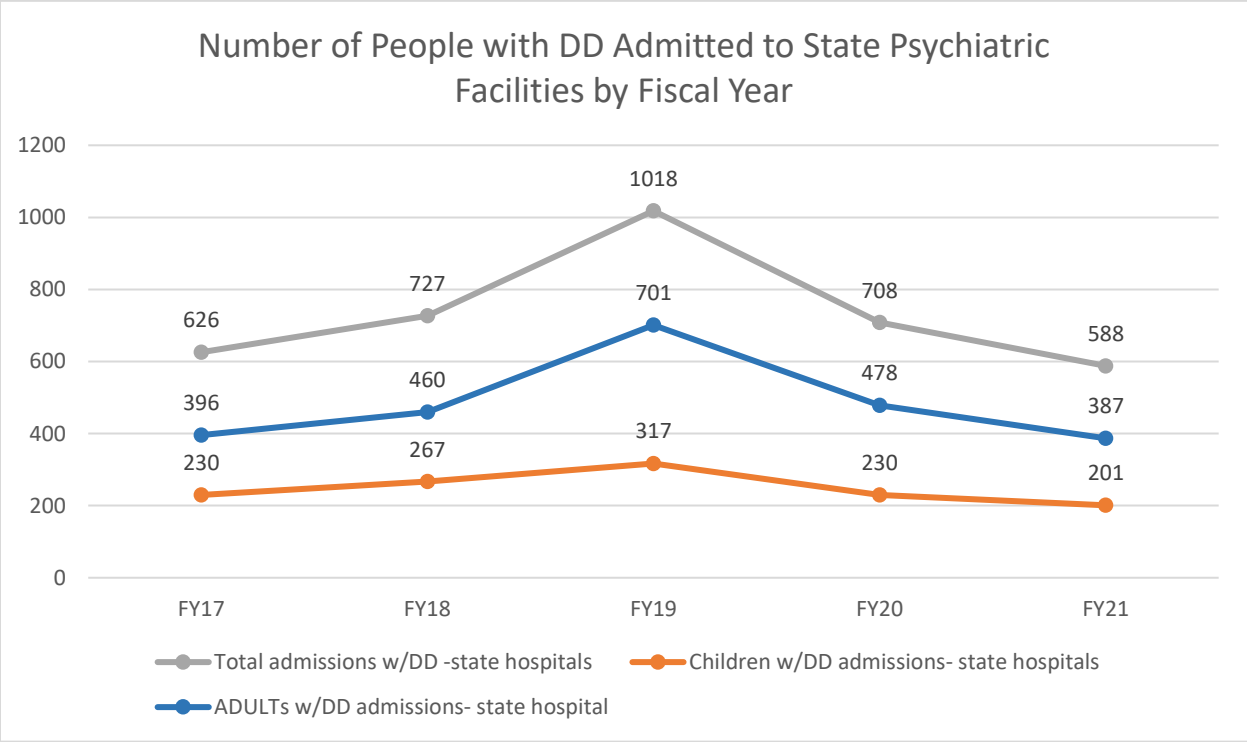



Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population hospitalized compared to all admissions can be reviewed. There are several compliance indicators surrounding tracking the number of admissions, trends, lengths of stay, and comparisons of DD admissions to admissions of the larger, non-DD population. A compliance indicator surrounding

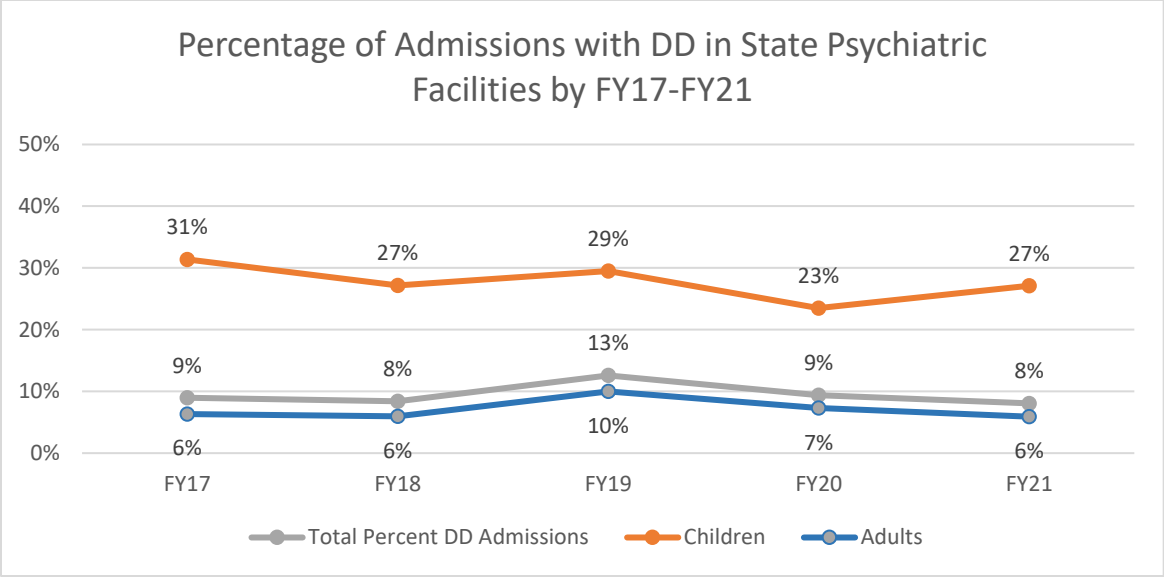
hospitalization data requires that **documentation indicates a decreasing trend in the total and percentage of total admissions as compared to population served and lengths of stay of individuals with DD who are admitted to state-operated and known by DBHDS to have been admitted to private psychiatric hospitals; *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.**

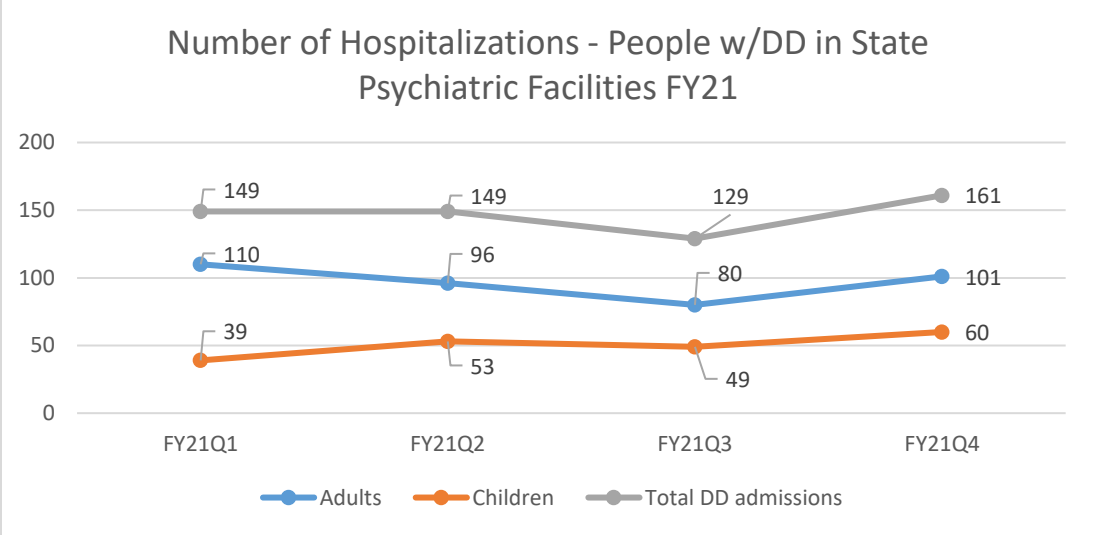
Trend data from fiscal years 2017-2021 on the number of admissions of persons with a developmental disability into a state hospital is available in the graphical display that follows. This is broken down into both age populations (adults and children) and displayed as a total below.




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.

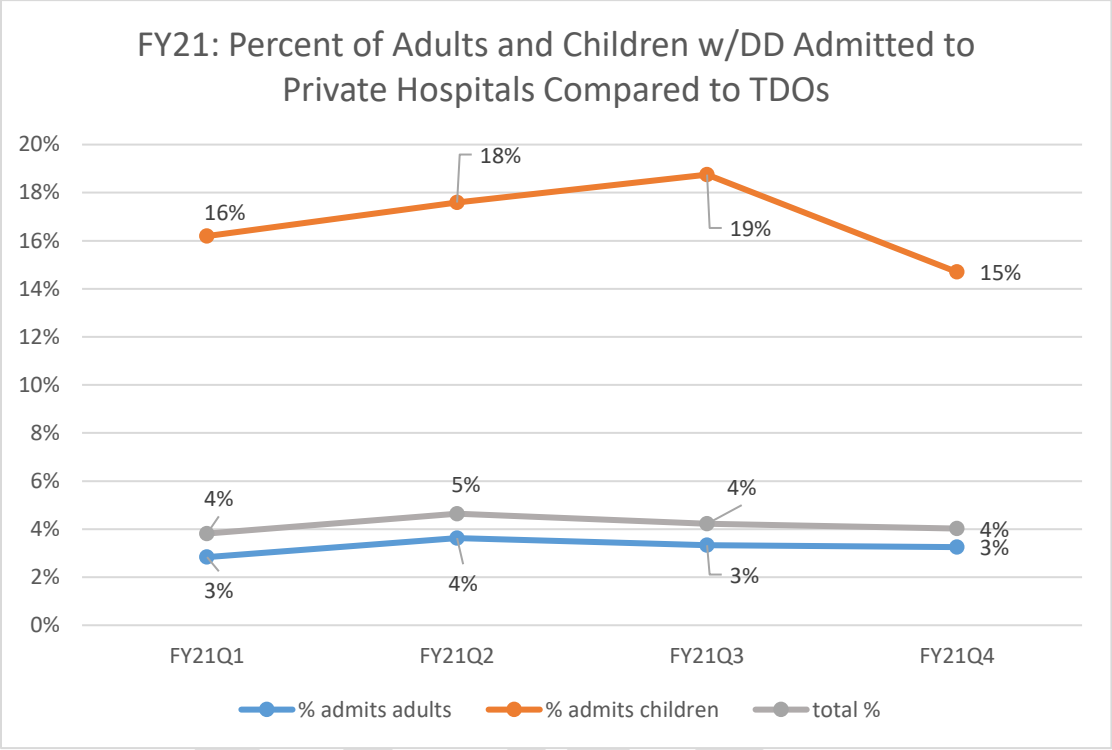


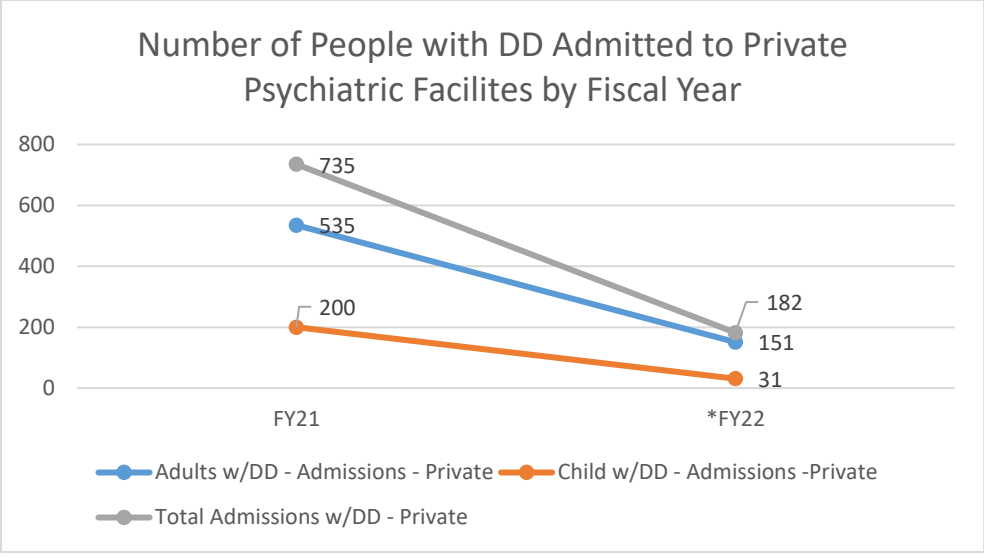

Trend data for quarters 1 through 4 of FY21 is displayed on the graph below.




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.

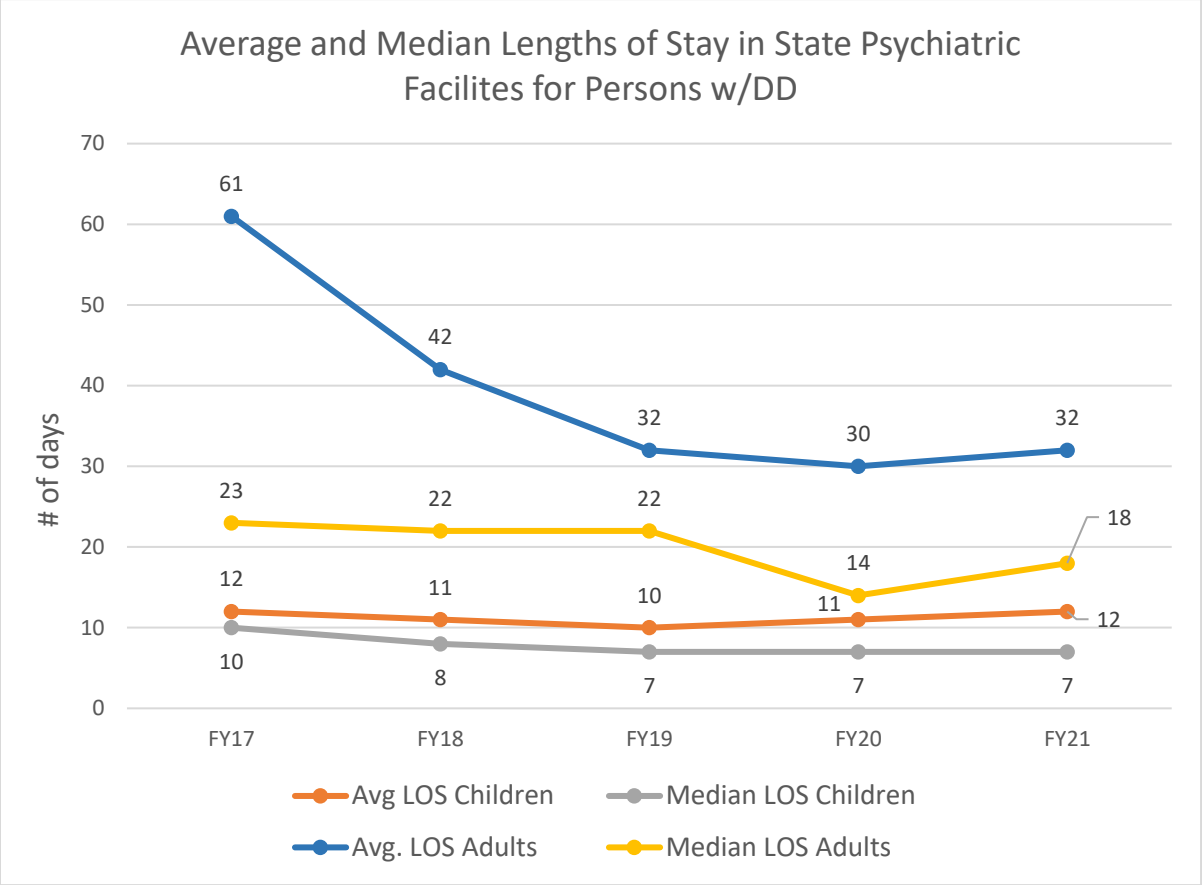


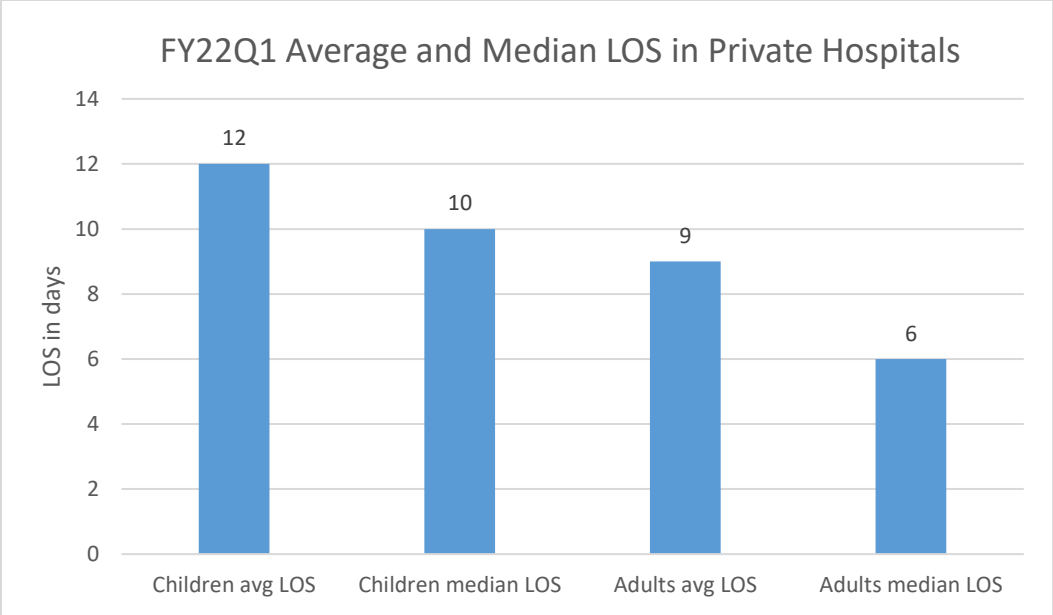

*FY22 includes only quarter one data

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

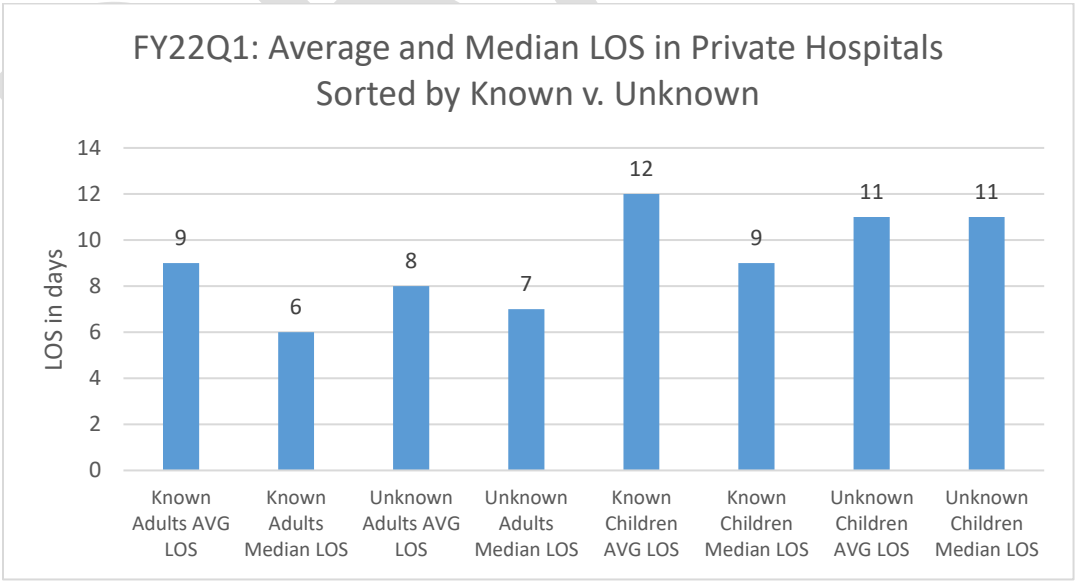
median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17-FY21 are displayed below.



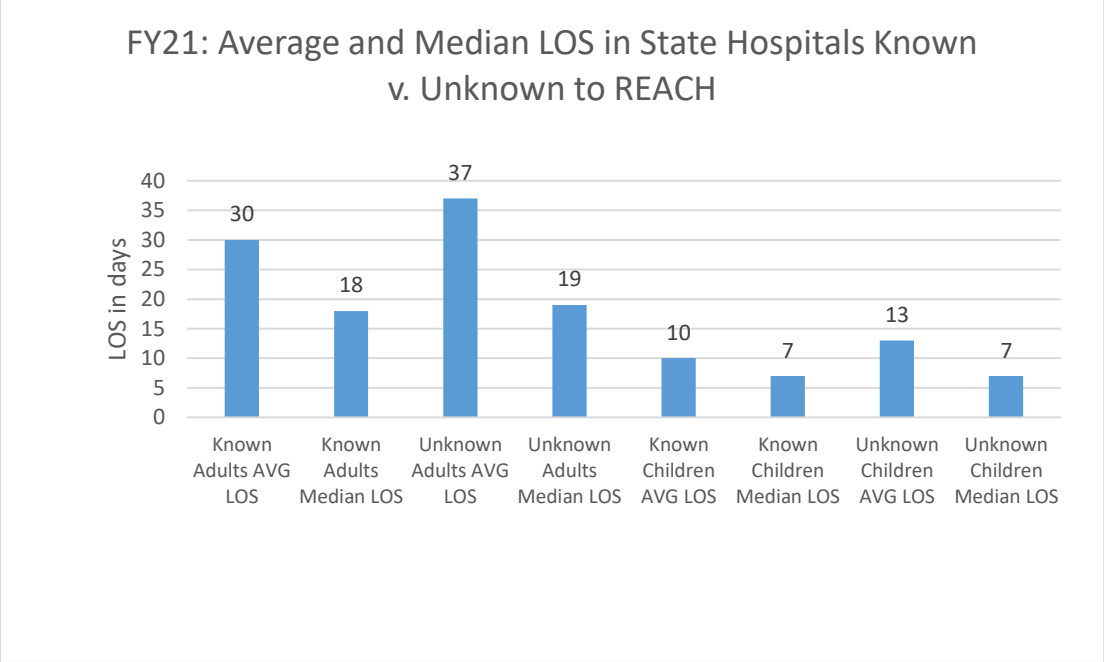

REACH is tracking lengths of stay for persons in a private psychiatric hospital as the REACH programs are made aware of such persons. The median length of stay for adults per quarter in FY21 ranged from 6 days to 8 days while the children ranged from 6 days to 9 days. The data for FY22Q1 for median length of stay was similar with adults being 6 days and children 10. In comparing the average length of stay in FY22Q1 to FY21, the adults average length of stay was very similar with the adults ranging from a stay of an average of 9 days as compared to an average of 9 to 11 days in FY21 and children averaging 10 days in FY22Q1 as compared to an average of 8 to 11 days in the previous fiscal year. This information for the current quarter under review is provided on the next page.




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".

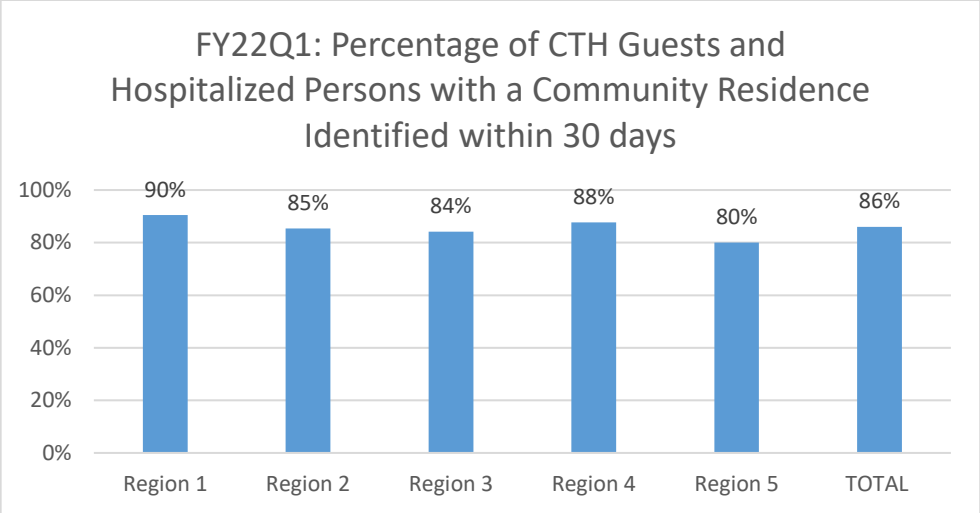


Length of stay data for FY21Q1 through Q4 are noted below for known versus unknown to REACH persons in state psychiatric facilities.




**Identification and Development of Community based Residences**

The REACH programs continue to work towards timely and appropriate discharge for persons that are admitted to REACH Crisis Therapeutic Homes (CTH), as well as are partners in discharge planning for persons that accept REACH services while hospitalized. Some individuals become known to the larger public system of developmental services (and REACH) only after they have been hospitalized, or after a hospitalization has been diverted and the person has been admitted to a REACH CTH. For individuals that have never been connected to a CSB and/or to REACH, activating basic services and associated funding stream(s) 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 FY22Q1, 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 noted in previous reports, seven homes have been brought online through the original FY18 RFP process which upon completion resulted in the opening of 34 new beds in the Commonwealth to serve people with DD who present with challenging behavior/mental health needs. At the time of this report, there are 29 out of 34 beds filled with one provider noting a pending admission. Currently, 28 out of 29 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. Beyond these 34 beds across the seven homes, there are additional providers that are serving this challenging population. The operators of the seven beds noted in the previous quarter's report continue to serve this population and all seven beds are currently full. The homes denoted are operational across all regions of the state. 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.

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 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.

As reported out in the Supplemental Crisis Report from FY21Q4, 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: FY21Q4: 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 FY21Q4)** | Individual hospitalized, services not yet initiated |
| **Person 2 (slot awarded FY21Q4)** | Sponsored residential services |

In FY22Q1, there were 20 emergency slots awarded, of which 5 (25%) were provided to people with long term stays in psychiatric hospitals, CTHs, or an Adult Transition Home

The waiver services for individuals that received an emergency slot in FY22Q1 are available in the table on the following page (Table 2).

*Table 2: FY22Q1: 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, group day |
| **Person 2** | Group home 4 beds or less, group day |
| **Person 3** | Group home 4 beds of less |
| **Person 4** | Group home 4 beds of less |
| **Person 5** | Group home 4 beds of less, 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 4th quarter of FY21, 6 individuals were admitted to an ICF IID. Of these 6 individuals admitted to an ICF IID, none of these individuals were on the priority one waiting list.

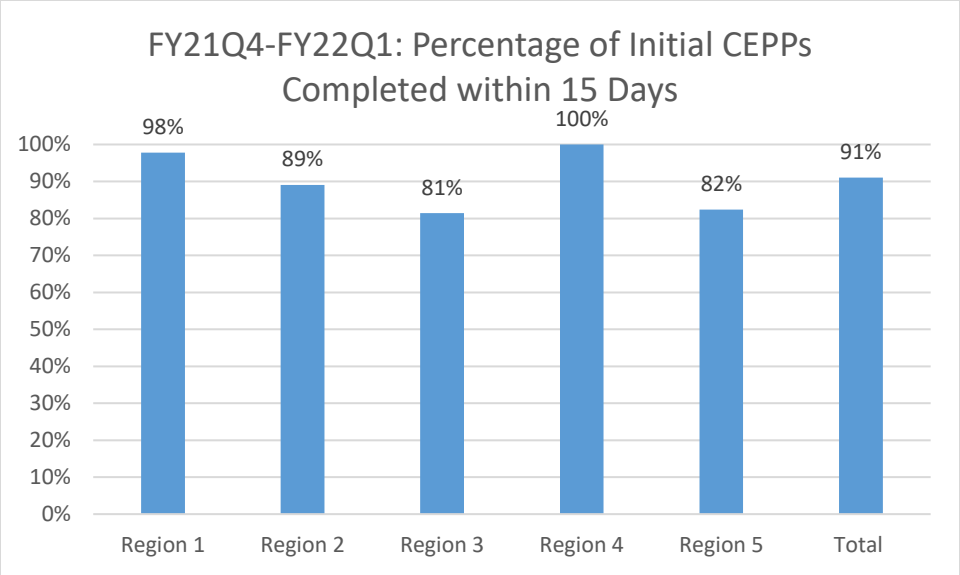
Additionally, during the 4th quarter of FY21, there were 197 individuals admitted to private psychiatric hospital (REACH aware) and 161 admitted to the state psychiatric hospitals. Of these 358 individuals in the fourth quarter 23 individuals were on the priority one waiting list.

Finally, during the 4th quarter of FY21, there were 82 adults and 3 children screened for admission to a nursing facility, one of whom was on the Priority 1 waiting list.

The total number of people institutionalized from the Priority 1 waiting list was 24. The total number of people on the Priority 1 waiting list as of 6/30/2021 was 3,445. Therefore, DBHDS met the expectation as 99.993% of people on the Priority 1 waiting list were not institutionalized.

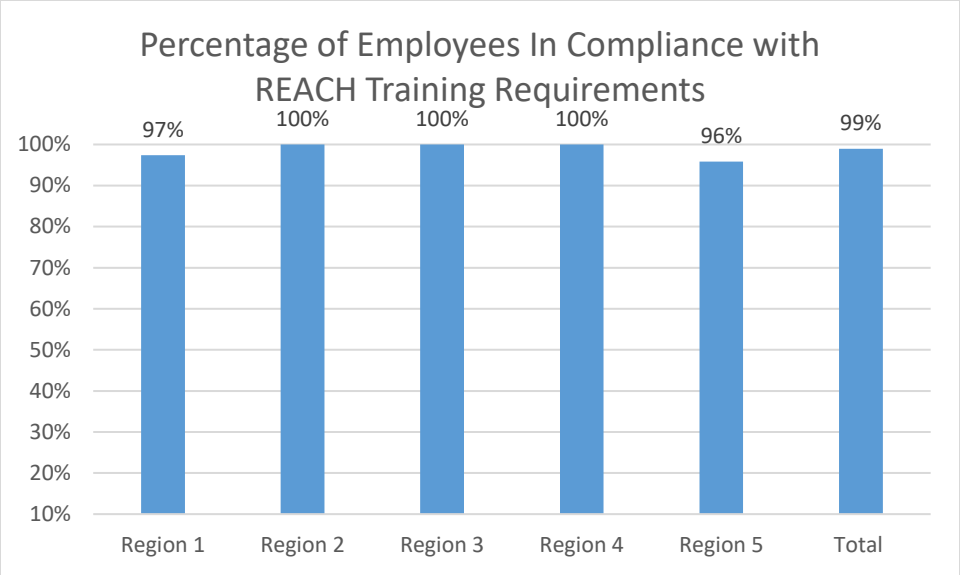
**Crisis Education and Prevention Plans and REACH Employee Training**

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 met the 86% percent requirement, with 91% of initial CEPPs overall completed within the 15 days of mobile crisis enrollments across FY21Q4 and FY22Q1, with data displayed on the bar graph on the following page.




**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 3/1/2021 – 9/1/21 and include both new and veteran REACH employees; data indicate that 99% 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 October 20, 2021, 3167 CSB/BHA staff have completed this training, with training occurring in all CSBs/BHA across the Commonwealth. This is an increase of 157 CSB personnel since the previous report (3010 staff were trained as of July 2021).

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 FY21Q4 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 persons with developmental disabilities in the Commonwealth that are in the Support Level 7 category. Those 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 3 and 4 (1/1/21 through 6/30/2021). 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. | 333 | 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. | 326 | 97.9% of individuals received some level of services as needs are identified in their ISP. Four persons (1.2%) moved to a residential setting out of home, out of state or the slot was released or placed on hold. One (.3%) person passed away. Two (.6%) persons admitted to a state psychiatric facility during the review period. |
| C. A comparison of the hours identified as needed in ISPs to the hours authorized. | 315 | 96.6% (315) of the persons reviewed had approved authorizations, with 2.75% (9) individual's authorizations were pended awaiting input by provider and .9% (3) denied. For the remaining 303 individuals, the |

| | | |
|---|---|---|
| | | hours identified in the ISPs matched the hours authorized. It is noted that some families requested additional hours post approval of assessed hours. Those additional hour requests are not included in this review. |

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 326 families as a part of this quality review. At the time of this report, 105 families provided a response to the DBHDS reviewer. Of the remaining individuals, the DBHDS reviewer left 101 messages for individuals providing information and requesting a return call. The remaining 45 individuals did not have a phone number listed in WaMS; 61 individuals had numbers when attempted that were out of service, and six individuals declined to participate when contacted. Eight remaining individuals are described above. 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 as defined in the review expectations.

*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 106 respondents reported receiving some level of hours they were authorized for; 34% (36) families reported a service gap during the review period.<br><br>The remaining 66 % (70) families reported consistent services received as authorized. | There were 326 attempted contacts were attempted contacts by the DBHDS reviewer; 106 families responded. |
| B. What were the reasons authorized services were not delivered? | 100% of (106) family respondents cited COVID had impacted their lives and services globally. This is also indicated in the previous review period.<br><br>All 34% (36) of the families cited staffing barriers including a lack of well trained staff to fill hours. All 36 families report | Three primary categories were reported as barriers to authorized service delivery. These are noted to be consistently presented issues from |

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|---|---|---|
| | there is a serious lack of individuals "willing to work in these roles". Families also reported the rate of pay is not competitive and creates barriers for recruitment and retention. Finally, families reported that delays in processing documentation submission is a barrier for hiring attendants and receipt of payment.<br><br>Of the 70 (66%) families who reported services hours are being filled and service needs met, there is a clear pattern of utilizing of Appendix K in order to utilize parents and family member as paid providers in order to fill authorized hours. | previous review (6/1/20-12/30/20)<br><br>All of the reviewed families reported some or all of the identified barriers being a factor in service delivery needs.<br><br>Those families with hours identified and filled noted Appendix K as the reason hours are filled. |
| C. If there are any unmet needs that are leading to safety risks. | During the period reviewed there were no reported safety concerns related to service needs. | The DBHDS reviewer noted that when service gaps were reported, no outstanding crisis needs were identified. Families reported being connected to crisis services or not in need of a crisis service. |

The data in this section represents a 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 in this support level and with authorization requests for these services. For the larger cohort (326 individuals), 97.9% of individuals reviewed had documented and approved authorizations with the exception of 9 pending authorization awaiting provider input for final approval and 3 denied. For the families reviewed in compliance indicator 7.22, authorizations were not identified as a barrier by families interviewed. This is consistent with the report from the previous review. The data in Table 4 reflects information gathered from families during interview with a DBHDS reviewer and demonstrate that all families interviewed reported challenges related to COVID, which has influenced almost all aspects of service provision during this review period across the state of Virginia.

The second barrier as reported by families are staffing shortages including recruitment and retention. Families voiced their frustrations with the inability to recruit and retain skilled staff because of the lack of applicants and the ability to offer lower than competitive wages. Families (regardless of geographic location) reported similar feedback of the lack of staff. Respondents report this occurs either when they

directly recruit or when they utilize agency directed services. The families interviewed reported the third barrier is the time it takes to process new hires or any other documentation when working through facilitators to get new staff on boarded. This results in individuals finding other employment due to length of process. Of the 106 families who provided feedback, 54 (51%) of respondents were families of children, whereas 52 (49%) were families of adults receiving services.

The DBHDS reviewer completed an ISP review of all of the 326 individuals in this cohort (B. The number of children and adults in Support Level 7 receiving in home or personal care services identified in their ISP). During this review (January 1, 2021 – June 30, 2021) the DBHDS reviewer did not receive feedback from any of the 106 family interviews that gaps in services resulted in a crisis service need that was unmet. The reviewer did receive feedback that families were either aware of or connected to REACH or other crisis services when the need arose. This may be related to the implementation of the Crisis Risk Assessment Tool (CAT) that provides that the Support Coordinator/Case Manager review for crisis needs during service reviews. There appears to be increasing knowledge and connection to crisis services among those receiving the Support Level 7 for in home and personal assistance services based on direct interview feedback. The other point that families were very vocal in support of was the ongoing ability to utilize Appendix K (Appendix K is a standalone appendix that may be utilized by states during **emergency situations to request amendment to approved 1915 (c) waivers**, which includes actions that states can take under the existing Section 1915 (c) home and community-based waiver authority in order to respond to an emergency). The use of Appendix K has allowed families to become the attendant and provide and be paid for service hours under a designated EOR (employer of record). This has allowed families to fill hours they report would otherwise go unfilled. This has resulted in service needs previously going unmet being filled by known family caregivers, per feedback received.

## Summary

This is the seventh 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.