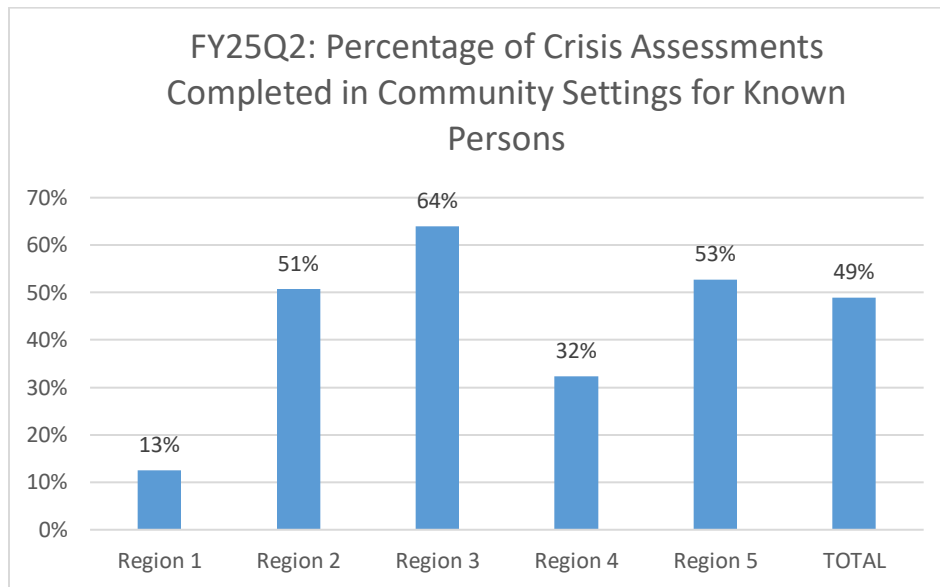


## Supplemental Crisis Report: Quarter II - FY25

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.

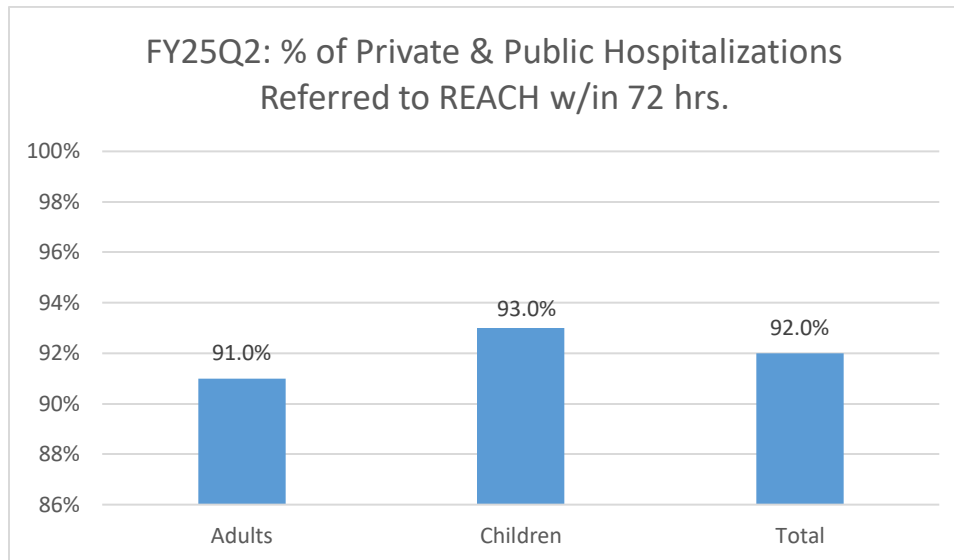


The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator 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, 49% of persons received REACH crisis assessments in a community location in FY25Q2 which is the same as in FY24Q1. This data indicates 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 91% of known adults and approximately 93% of known children that were hospitalized during the quarter were referred to REACH within the required 72-hour timeframe. With both populations combined, the percentage is approximately 92% of adults and children known to the REACH/CSB that were hospitalized were referred to REACH within 72 hours, which is not meeting this compliance indicator for this quarter.

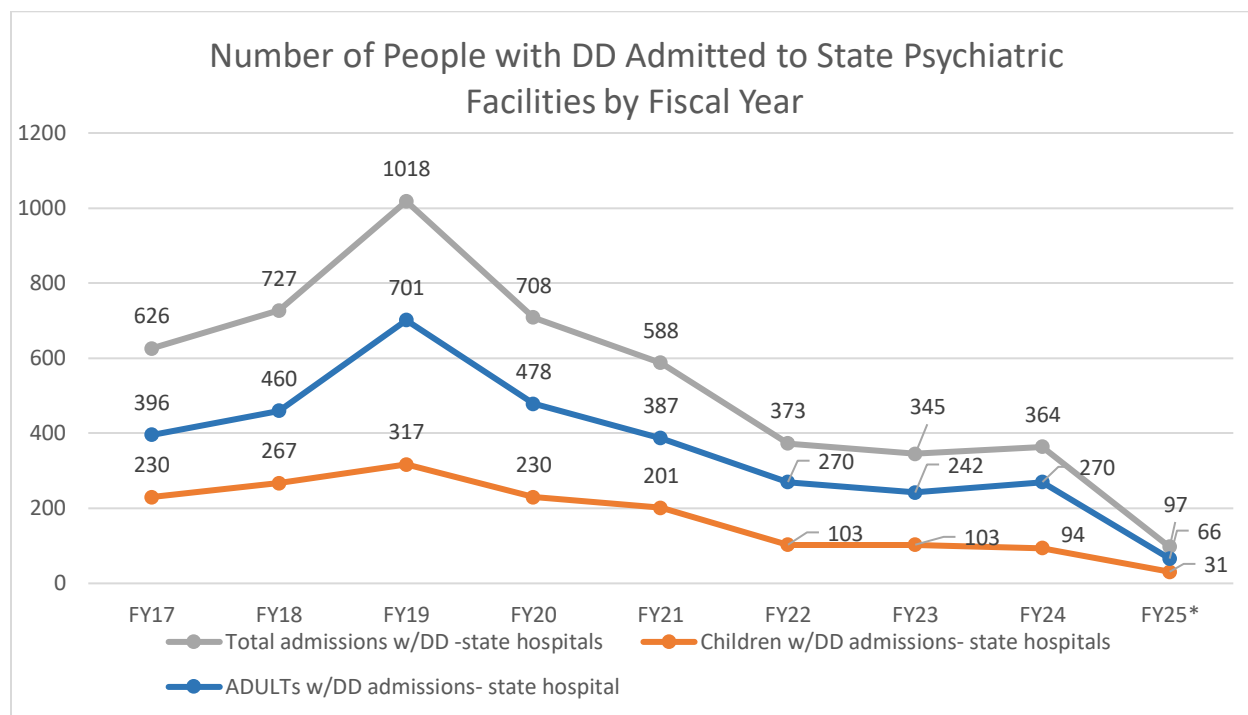


Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population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

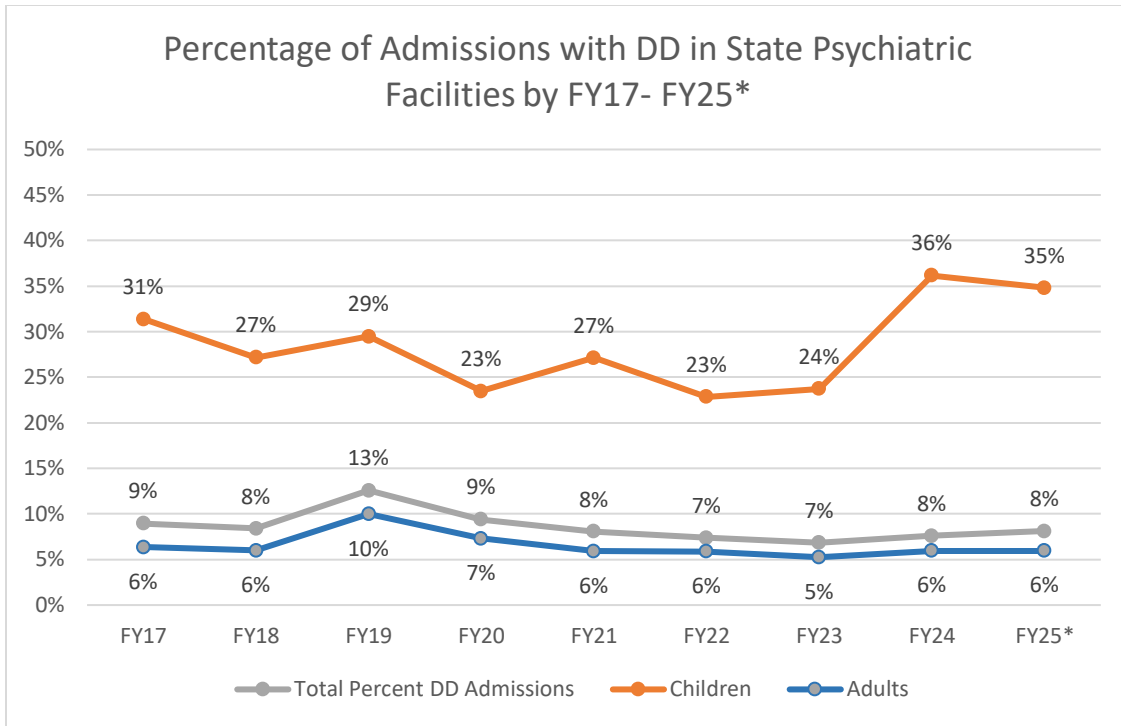
- those previously known to the REACH system and those previously unknown;
- admissions of adults and children with DD to psychiatric hospitals as a percentage of total admissions; and
- median lengths of stay of adults and children with DD in psychiatric hospitals.

Trend data by fiscal year 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.



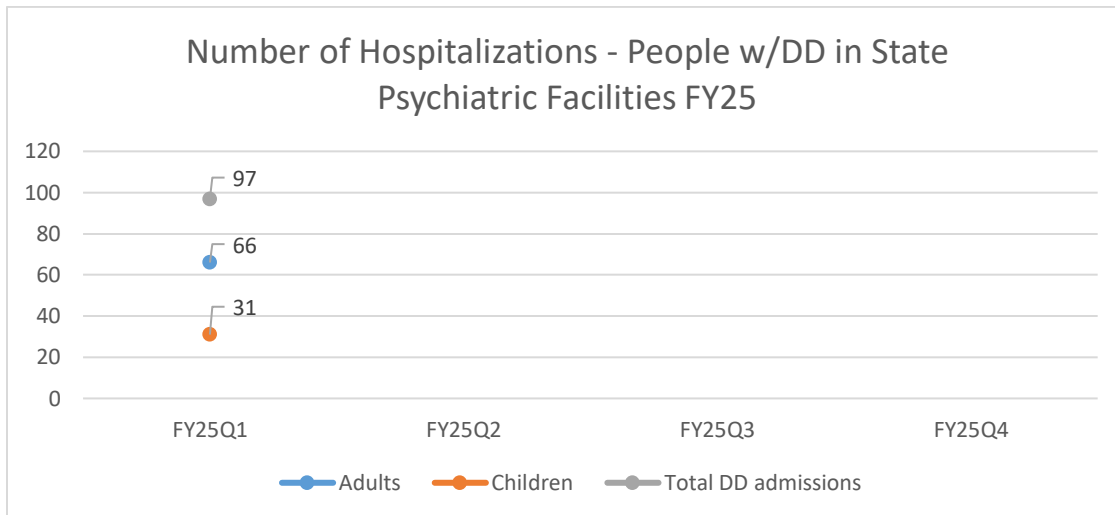
FY25\*: Only includes Fy25Q1

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 the respective fiscal year. The graph covers FY17 through FY24 and quarter 1 of FY25. It should be noted that there was an overall decrease in total admissions to the state's psychiatric hospital for children in FY24, (260 as compared to 434 in FY23), which effected the denominator when calculating the percentage of admissions for youth who are diagnosed with a developmental disability. The number of youth admitted (diagnosed with DD) in FY24 to the state psychiatric facility remained fairly consistent with FY23 as FY24 admissions were 28, 25, 25 and 16 respectively, while FY23 admissions by quarter were as follows: 27, 24, 31, and 21. Quarter 1 of FY25 also remain consistent with 31 admissions for youth who have a diagnosis of DD.



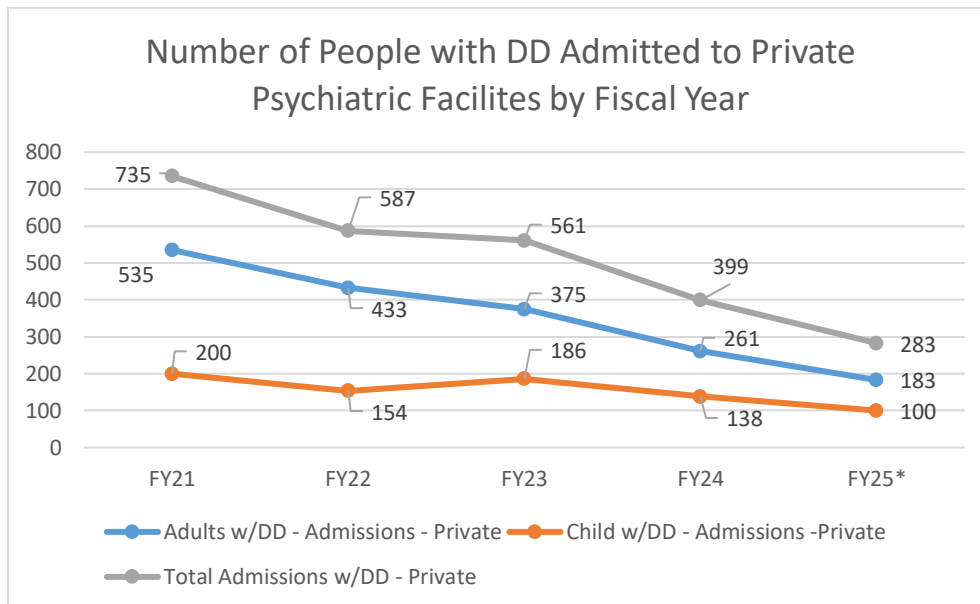
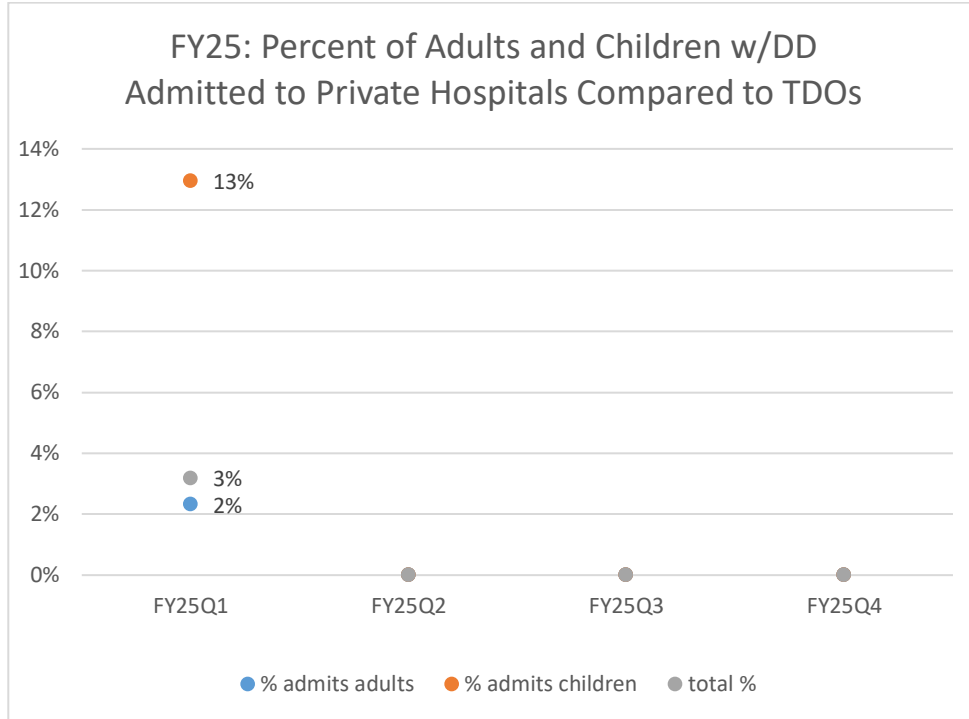
FY25\*: Only includes FY25Q1

Trend data for quarters of the fiscal year 2025 is displayed on the graph below.



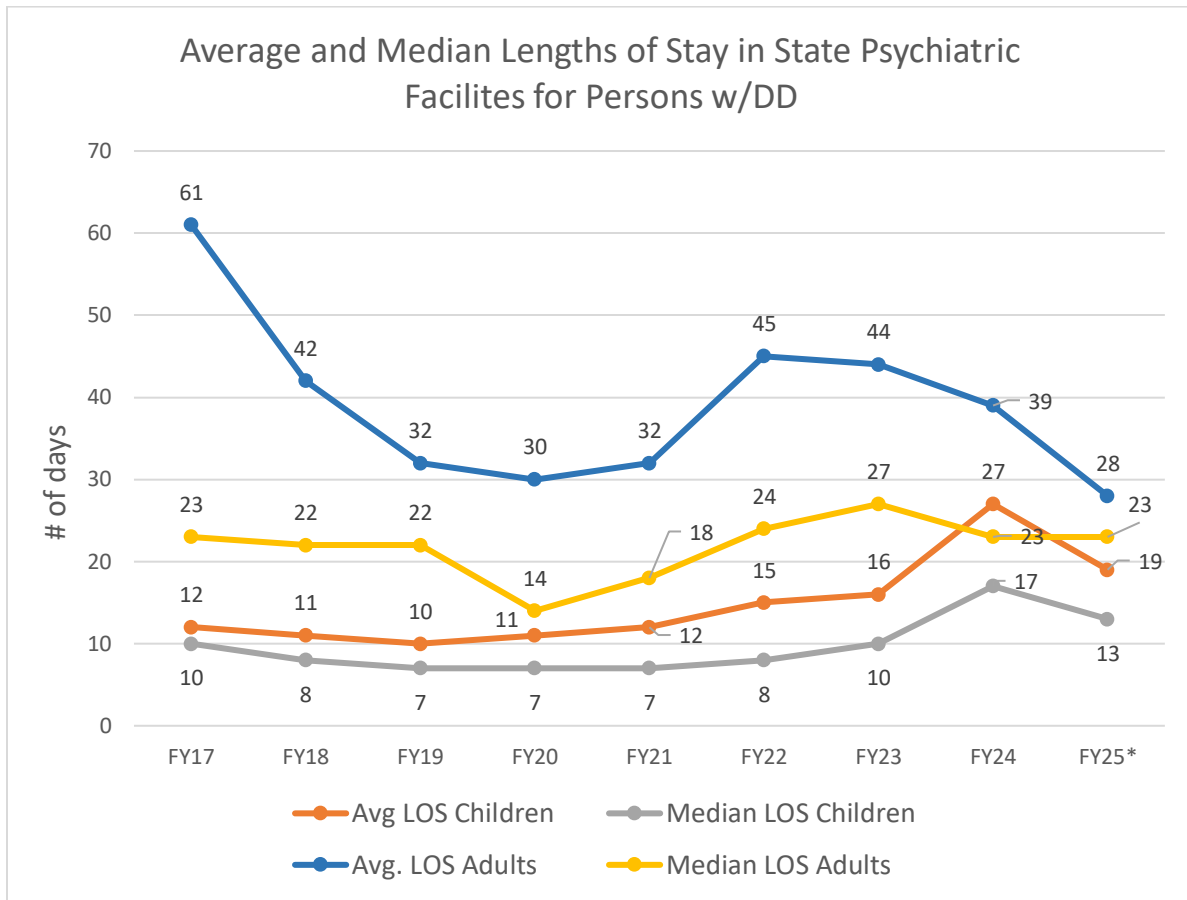
DBDHS can provide data on individuals with DD that become known to REACH either through an ES referral or through the private hospital, individual, family member, or other stakeholder referring the individual to REACH. DBHDS also has data available on the number of total Temporary Detention Orders (TDOs) 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 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 fiscal year to a private hospital. Note: Fiscal year 2021 was the first complete fiscal year that data was available, and data for subsequent fiscal years will continue to be added over time.



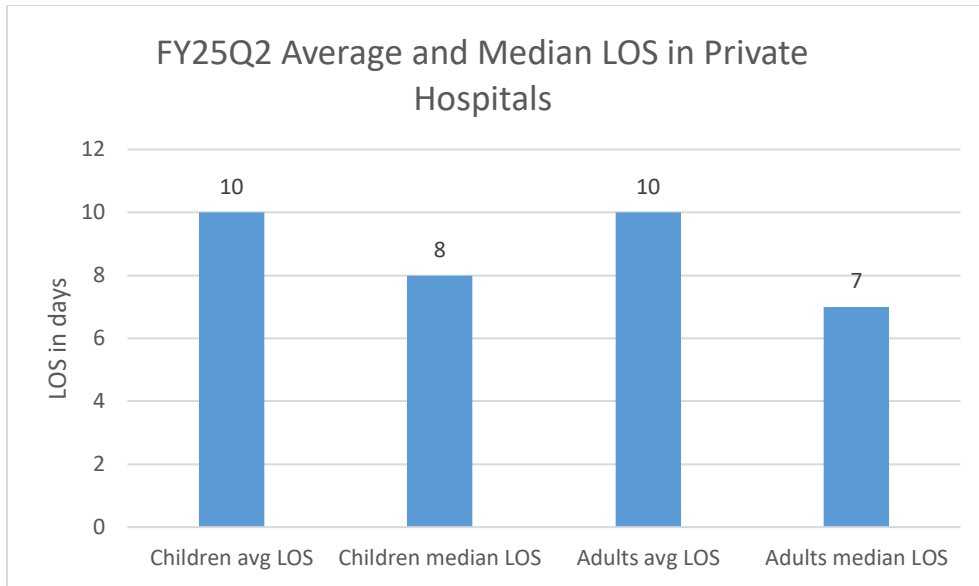
\*FY25 is only inclusive of Q1 and Q2

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 - FY24 are displayed below. FY25 includes only quarter 1.

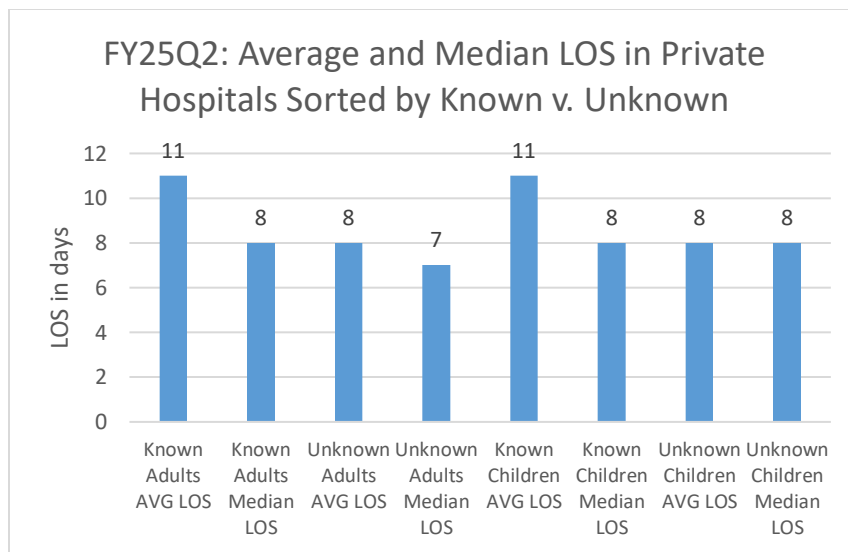


FY25\*: Only includes FY25Q1

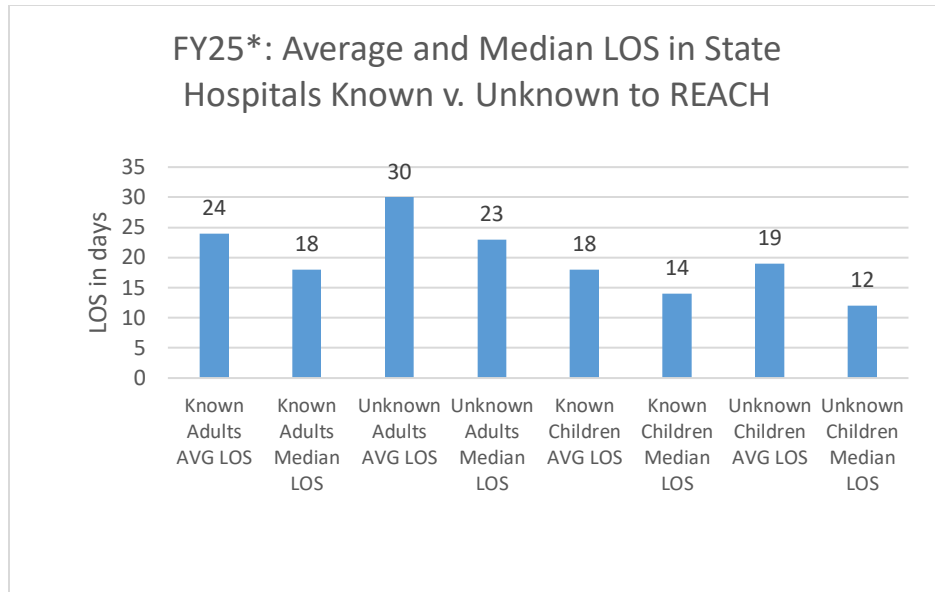
REACH is tracking lengths of stay for persons in a private psychiatric hospital as the REACH programs are made aware of such persons. The median length of stay for children stayed the same and adults decreased by 1 day as compared to last quarter. In comparing the average length of stay in FY25Q1 to FY25Q2, the adult's average length of stay remained the same at 10 days and the children's average length of stay increased by 1 day. 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 FY25Q2 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 FY24 are noted below for known versus unknown to REACH persons in state psychiatric facilities.

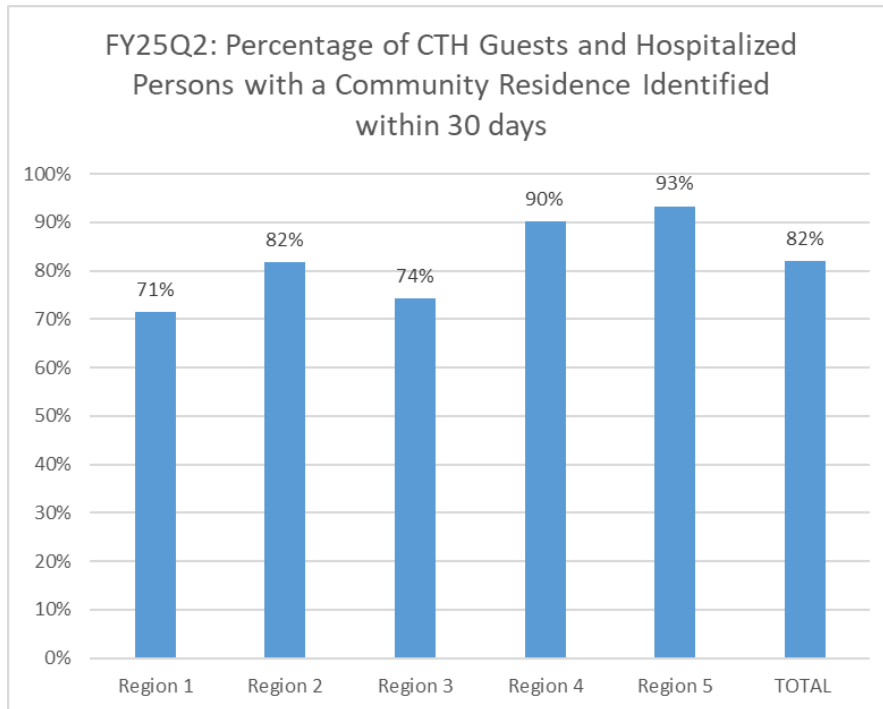


FY25\*: Only includes FY25Q1

### **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 that follow 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.





ALL DATA	# CTH and hospitalized persons accepted REACH, community res ID'd 30 days	#CTH persons, hospitalized persons accepted REACH	Percentage
Region 1	20	28	71%
Region 2	27	33	82%
Region 3	29	39	74%
Region 4	46	51	90%
Region 5	14	15	93%
TOTAL	136	166	82%

During this quarter review, F25Q2, 82% of this group had a community residence identified within 30 days, which is an increase from 78% in FY25Q1. In separating out the CTH data for community residence identified within 30 days, the percentage of guests admitted to the CTH with a waiver who had a residence identified within 30 days was 89% for FY25Q2.

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, three providers were selected in a FY18 RFP process, which upon completion resulted in serving people with DD who present with challenging behavior/mental health needs. Additional homes beyond this RFP have worked closely with DBHDS to continue to serve this population. At the time of this report, **21 out of 29** beds are filled from the FY18 RFP, (plus additional homes with other providers). The homes denoted are operational across all regions of the state.

A recent RFP process (FY24) seeking additional providers to provide similar services has concluded, and as of this report contracts with providers have been signed and funds have been awarded.

Five new providers now have homes open with a total of 33 new beds available. Each home is in different stages of intakes, with a total of **12 beds across these 33** new beds filled at the time of this report. All remaining providers are working to identify and acquire homes and are working with DBHDS and CSBs to identify potential individuals who would be appropriate for admission to the homes once they are operational. In total across all RFP awardees in FY18 and FY24, **33 of 62** beds across the state are filled. It is anticipated that this will increase in the coming reporting period as individuals are identified for the newly opened homes.

For the FY24 RFP homes, the following table outlines current progress for operational homes as part of the Permanent Injunction’s goals and terms (35.a.i-iv):

Region	Goal (part 1)	Status of goal (part 1)	Goal (part 2)	Status of goal (part 2)
1	35.a.i.(part 1): One home operational by August 2024	One new home is operational in Middletown—MET	35.a.i.(part 2): One additional home operational by February 2025	A second home is being closed on—NOT MET
2	35.a.ii.(part 1): Two homes operational by August 2024	Four new homes are operational (2 in Woodbridge, 2 in Dumfries)—MET	35.a.ii.(part 2): One additional home operational by February 2025	A fifth home is purchased but not yet licensed—MET as status in goal part 1 exceeds the target for both parts of the goal
3	35.a.iii.(part 1): One home operational by November 2024	One new home is operational in Roanoke—MET	35.a.iii.(part 2): One additional home operational by February 2025	A second home is purchased but not yet licensed—NOT MET
5	35.a.iv.(part 1): One home operational by November 2024	Two new homes are operational in Chesapeake and Virginia Beach—MET	35.a.iv.(part 2): Two additional homes operational by February 2025	An additional home is purchased in Virginia Beach but not yet licensed; an additional home is being

				sought in Region 5 but not yet identified—NOT MET
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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.**

As reported out in the Supplemental Crisis Report from FY25Q1, one person had not yet had services initiated from a waiver slot awarded in FY24Q3, and 2 persons had not yet had services initiated from FY25Q1. All other individuals from FY24Q3 to FY25Q1 have services initiated and were identified in previous reports. The current update for the 3 persons is available below (Tables 1 and 2).

*Table 1: FY24Q3: 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	Services not yet initiated

*Table 2: FY25Q1: 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	Services not yet initiated
Person 2	Therapeutic Consultation, Sponsored Residential

So far in FY25, there have been 27 emergency slots awarded, of which 6 (approximately 24%) 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 FY25Q2 are available in the table below (Table 3).

*Table 3: FY25Q2: 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 Residential Supports 4 or Fewer Person Homes
Person 2	Services not yet initiated
Person 3	Family and Individual Supports

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 1<sup>st</sup> quarter of FY25, 9 individuals were admitted to an ICF IID. Of these individuals admitted to an ICF IID, zero of them were on the Priority 1 waitlist.

Additionally, during the 1<sup>st</sup> quarter of FY24, there were 159 private psychiatric hospitalizations and (REACH aware) and 127 state psychiatric hospital admissions. Of these 286 hospitalizations in the first quarter, 2 individuals were on the Priority 1 waiting list.

Finally, during the 1<sup>st</sup> quarter of FY24, there were 64 adults and 3 children that were screened for admission to a nursing facility. No adults and no children were on the Priority 1 waiting list.

The total number of people institutionalized from the Priority 1 waiting list was 2. The total number of people on the Priority 1 waiting list at the end of the quarter was 3021. Therefore, DBHDS met the expectation, as 99.9% 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 FY25Q3 Supplemental Crisis Report.

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

### **Assessing Risk for Crisis/Hospitalization**

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

The following compliance indicator speaks directly to training for CSB personnel on identifying risk for going into crisis for adults and youth:

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

A web-based training on the Crisis Risk Assessment Tool was made available to all target CSB staff through the Commonwealth of Virginia's Learning Center (COVLC) on July 1, 2020. As of December 31<sup>st</sup>, 2024, a total of 5,563 CSB/BHA staff have completed this training, with training occurring in all

CSBs/BHA across the Commonwealth. This is an increase of 162 CSB/BHA personnel trained since the previous report.

The compliance indicator, **DBHDS will add a provision to the CSB Performance Contract requiring training on identifying risk of crisis for case managers and intake workers within 6 months of hire; filing reference 7.6**, was report in FYQ3 and per agreement is reported on an annually basis. It will be included in the FY25Q3 report.

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 randomized request from CSBs of 440 CATs, of which 392 were provided, with the number of CATs requested from the CSBs/BHA based upon the DD population that each CSB serves. The 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**, 96% 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. Of the 392 CATs reviewed, 17 had responses that did not match the scoring.

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. Of the 2 CATs where a referral was accepted and the CSB indicates a referral occurred, REACH provided a referral confirmation date for all referrals.

It should be noted that while 392 CATs were received, three CSBs did not submit requested CATs within the given timeframe and an additional CSB did not send all the requested CATs.

Data for this indicator were reported in the FY24Q2 Supplemental Crisis Report. Per language in agreement above, these data will be reported again in a future iteration of this report on an annual basis.

### **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 that need 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. In past reports, the data in this section has corresponded to specific compliance indicators surrounding persons with developmental disabilities in the Commonwealth that are in the Support Level 7 category (filing references 7.21, 7.22, and 7.23). The data previously reported will continue to be provided as per the agreed upon report out schedule which is on a semi-annual. Quarters 1 and 2 of FY25 (7/1/24-12/31/24) will be made available in April and included in corresponding summary report.

A review of the utilization data for In-home Support Services, Personal Assistance, Personal Assistance (CD) from Department of Medical Assistance Services was reported in FY25Q1 report. This is reported on a semi-annual basis and will be included in the FY25Q3 report.

### ADDENDUM

As a part of the joint filing of agreed upon curative actions in October 2021, DBHDS began providing requested data quarterly related to customized rate applications quarterly in this report. The specific curative action that relates to compliance indicator filing reference 7.18 reads as follows: *Report customized rate applications, approvals, and denials quarterly*. The tables below provide data on applications, approvals, and denials for customized rates from July 1, 2024, through September 30, 2024.

*Table 6: Customized rate approvals and denials, FY25Q1*

Application Status	Approved	Denied	Total
Processed/Decision Rendered	232	22	<b>254</b>

The table above outlines the total number of applications during this time period to include approved and denied. Note that approximately 91% of applications were approved.

*Table 7: Approvals and denials by SIS level, FY25Q1*

SIS	Approved	Denied	Total
Level 1	1	0	<b>0</b>
Level 2	22	6	<b>28</b>
Level 3	15	1	<b>16</b>
Level 4	58	3	<b>61</b>
Level 5	7	0	<b>7</b>
Level 6	10	1	<b>11</b>
Level 7	119	11	<b>130</b>
<b>TOTAL</b>	232	22	<b>254</b>

The table above further breaks down the approvals and denials by SIS (Supports Intensity Scale) level.

*Table 8: Approvals and denials by service requested, FY25Q1*

Service	Approved	Denied	Total
Group Day	37	2	<b>39</b>
Group Home	186	17	<b>203</b>
In home Supports	5	2	<b>7</b>

Sponsored	2	0	<b>2</b>
Supported Living	0	1	<b>1</b>
Community Coaching	2	0	<b>2</b>
<b>TOTAL</b>	232	22	<b>254</b>

The table above gives information on the service type being requested for a customized rate based upon approvals and denials.

*Table 9: Reasons for denials, FY25Q1*

<b>Denial Status</b>	<b>Total</b>
Exceptional support need not demonstrated	<b>3</b>
1:1 or 2:1 staffing need not demonstrated	<b>0</b>
Need for higher qualified staffing not demonstrated	<b>0</b>
Need for increased programmatic oversight not demonstrated	<b>0</b>
The requested service needs can be met within the individual's current level and tier or through the use of other services available to the individual within the Medicaid program	<b>4</b>
Proper supporting documentation was not submitted, or an incomplete application was received	<b>15</b>
Application withdrawn	<b>0</b>
<b>TOTAL</b>	<b>22</b>

The table above provides detailed information regarding the reason that the customized rate review committee denied an application.

*Table 10: Approvals & denials for residential services based on bed capacity*

<b>Bed Capacity</b>	<b>Approved</b>	<b>Denied</b>	<b>Total</b>
4 or less	179	16	<b>195</b>
5 Bed	4	1	<b>5</b>
6 Bed	1	0	<b>1</b>
7 Bed	2	0	<b>2</b>
8 Bed	0	0	<b>0</b>
N/A (Day Services)	46	5	<b>49</b>
<b>TOTAL</b>	232	22	<b>254</b>

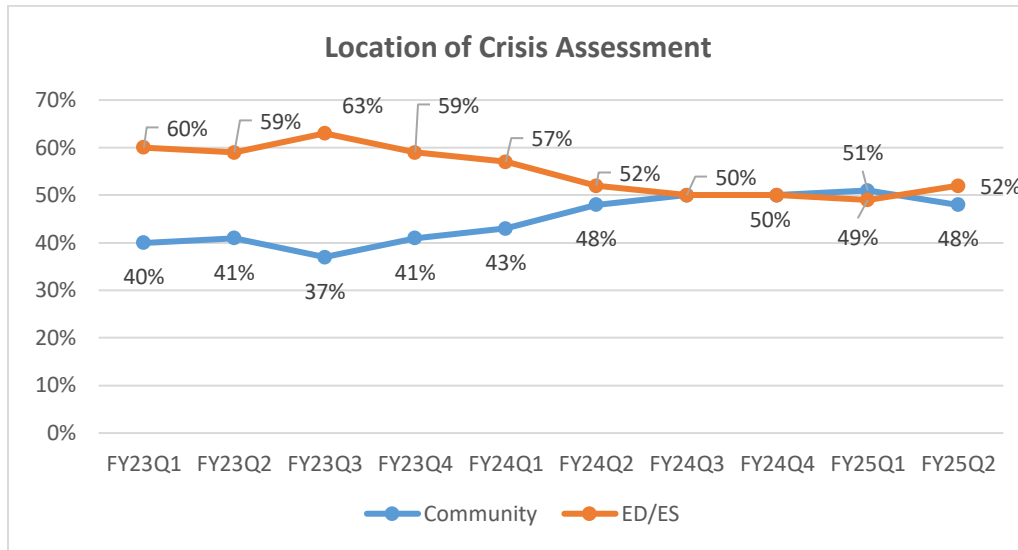
The final table above provides information on the bed capacity of the provider that requested the customized rate. Note that approximately 85% of the requests were for a residential based customized rate (e.g., group home, in home supports).

#### **Crisis Assessment Locations and Outcomes:**

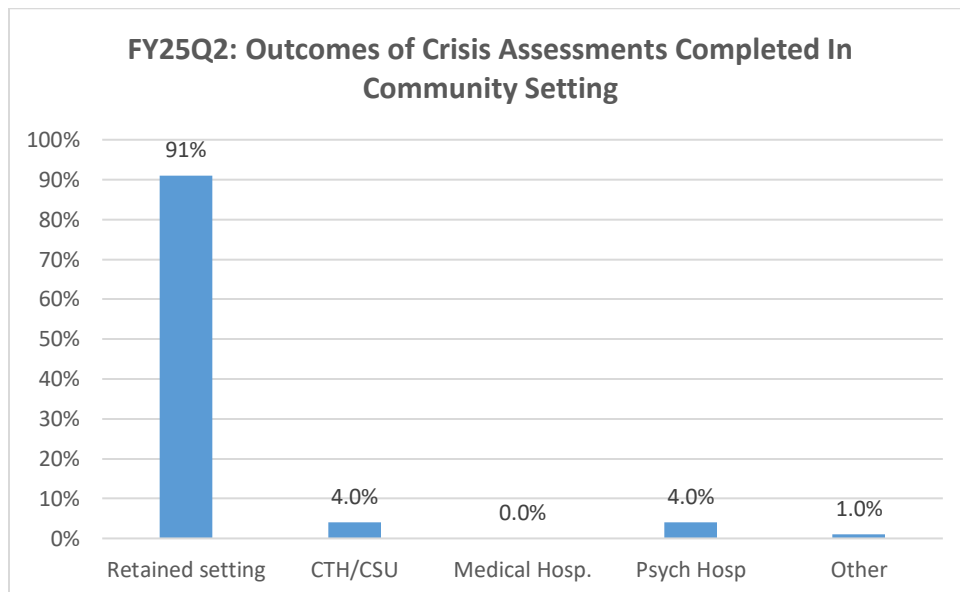
The following data were requested as a part of the 20<sup>th</sup> Study period review and provide information inclusive of all individuals that REACH provided crisis assessment in the quarter (both known to REACH and unknown). The breakdown of this data is focusing on assessment location and resulting outcome. The



data is grouped by crisis assessments completed in a community setting (Community) that is exclusive of those occurring in the local hospital emergency department/CSB Emergency Services Department versus a second grouping of crisis assessments that are completed in the hospital emergency departments or CSB emergency services (ED/ES). FY23Q1 was the first quarter that this specific analysis of data is being reported (in addition to crisis assessment data reported earlier in this report and what is listed in the quarterly Adult and Children’s REACH Data Summary Reports). The chart on the next page indicates that for FY25Q2 52% of the assessments occurred within an ED/ES setting.



Out of the 48% of the crisis assessments completed in a community setting, 91% of the individuals were able to remain in their home setting, 4% were admitted to a CTH/CSU, another 4% were psychiatrically hospitalized (primarily in private hospitals), and 1% had other community outcomes.





Out of the 52% of the crisis assessments completed in an ED/ES setting, 62% of the individuals were able to remain in their home setting, 7% admitted to a CTH/CSU, 2% medically hospitalized, 27% psychiatrically hospitalized, and 2% had “other” community outcomes.

