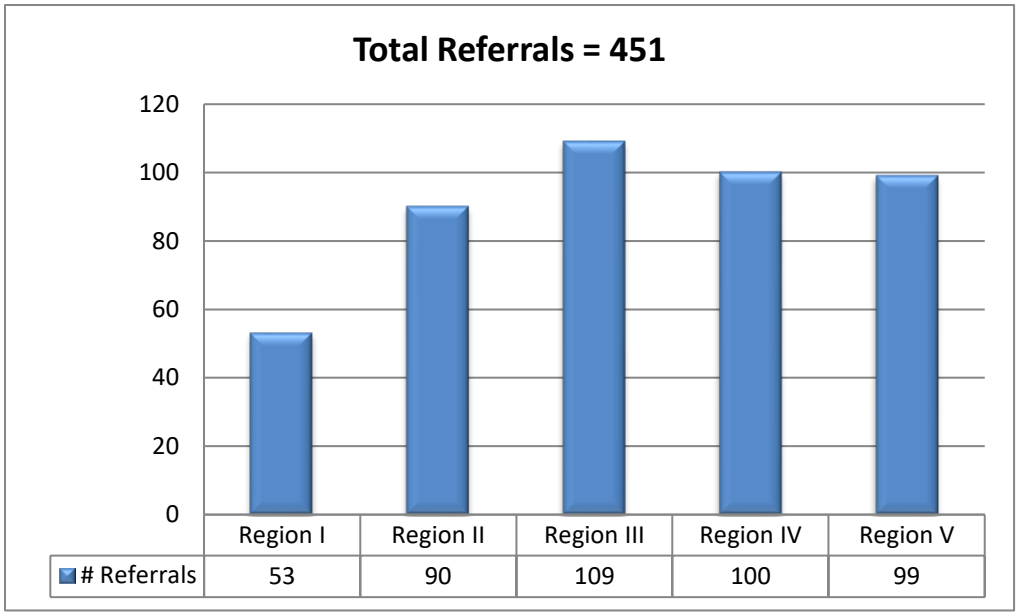
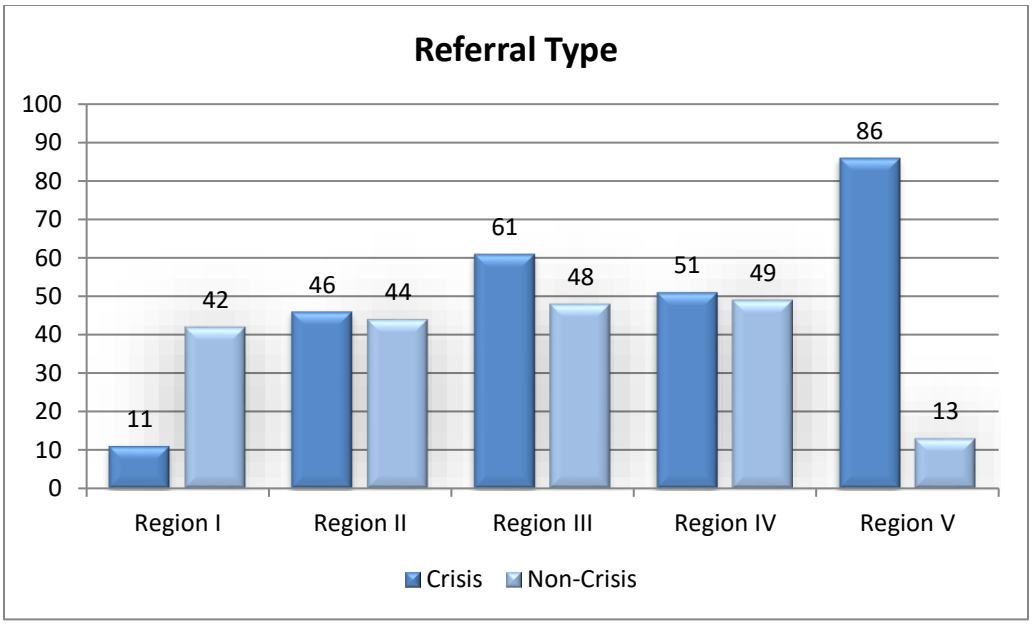
REACH Data Summary Report-Children: Q1-FY26

This report provides data summarizing the referral activity, service provision, and residential outcomes for children served by the children's REACH programs during the first quarter of fiscal year 2026 (July 1, 2025 – September 30, 2025).

REACH Referral Process



Statewide referrals totaled 451 children and youth for the first quarter of fiscal year 2026 (FY26) for the Children's REACH programs. This is an increase of 27 referrals as compared to the previous quarter FY25Q4. The table below segments referrals that were crisis in nature (i.e., need to be seen the same day) and those that were non-crisis or of lesser acuity.



Referral Time	Region I	Region II	Region III	Region IV	Region V	Totals
Monday-Friday	51	77	94	83	80	385
Weekends/Holidays	2	13	15	17	19	66
7am -2:59 pm	37	45	64	46	30	222
3pm - 10:59 pm	14	38	38	44	58	192
11pm – 6:59 am	2	7	7	10	11	37

Also, of interest to the Commonwealth is ensuring that the REACH programs serve both the ID and the DD communities. The regions are all reporting that they serve more individuals with only a developmental disability as opposed to both a developmental and intellectual disability. "Unknown" refers to individuals who are still in the referral process at the end of the quarter and documentation of disability is being verified, and "None" references individuals for whom a referral was taken but diagnostic criteria were not substantiated.

Diagnosis	Region I	Region II	Region III	Region IV	Region V	Total
ID only	3	6	12	11	16	48
DD only	42	75	82	87	46	332
Both	4	5	11	2	12	34
Neither	4	4	4	0	25	37
Totals	53	90	109	100	99	451

Aggression continues to be the most common reason for a referral to the REACH program. Aggressive behavior includes physical aggression and verbal threats. The following table summarizes primary presenting problems by region. The presenting problems noted in the "Other" category indicate presenting problems such as "homicidal ideation," "suicidal ideation," and "unsafe community behaviors."

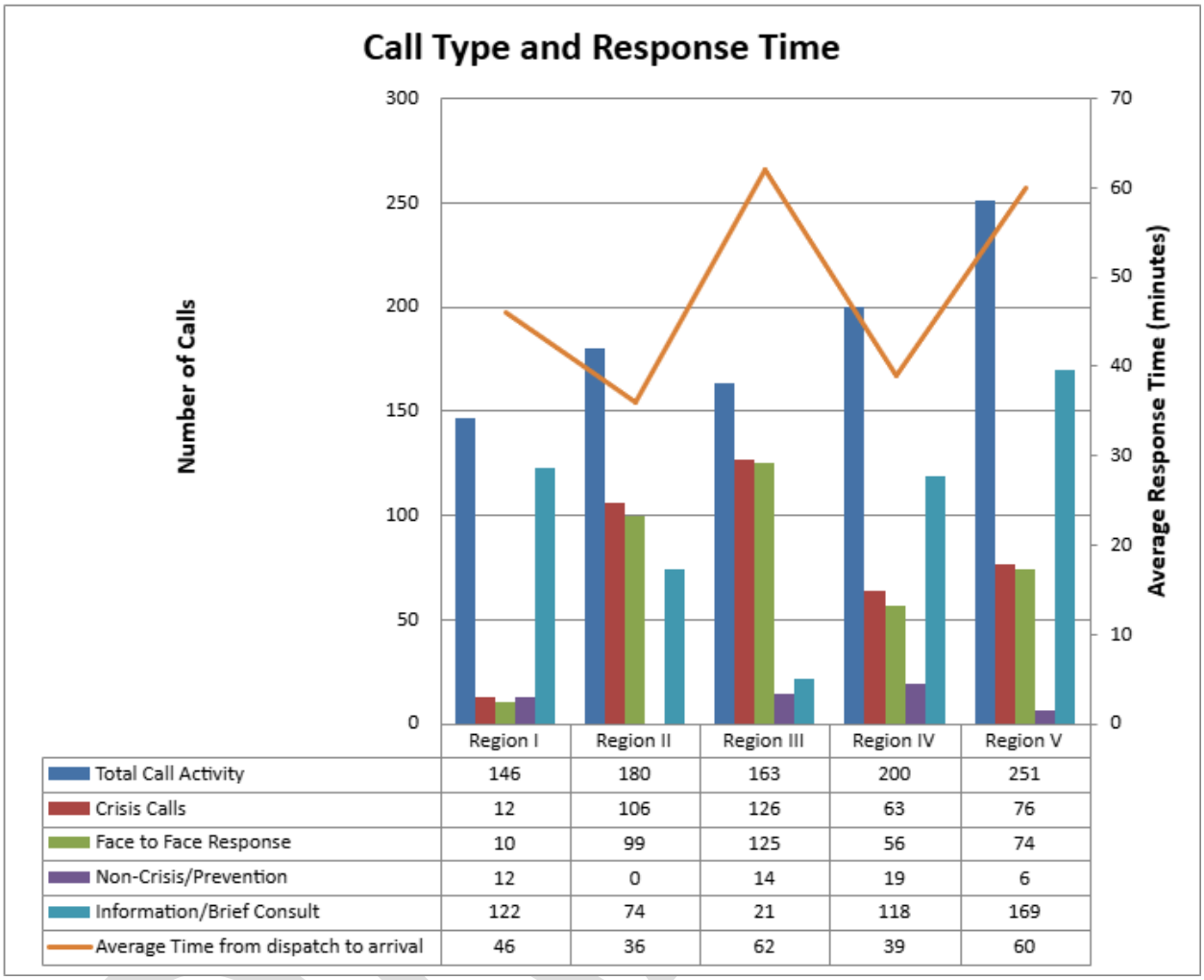
Presenting Problems	Region I	Region II	Region III	Region IV	Region V	Total
Aggression	23	31	37	35	40	166
Self-Injury	4	10	8	4	2	28
Family Needs Assistance	9	6	9	12	12	48
Suicidal Ideation/behavior	9	25	30	14	16	94
Increased MH symptoms	5	15	11	27	18	76
Loss of functioning	0	1	0	0	0	1
Property Destruction	0	0	0	3	3	6
Risk of Housing Loss	0	0	0	0	0	0
Elopement	0	0	4	5	4	13
Hospital Stepdown	2	1	0	0	1	4
Other	1	1	10	0	3	15
Total	53	90	109	100	99	451

REACH Crisis Response

Each of the five regional REACH programs operates a crisis line 24 hours per day, seven days per week. Calls coming into the crisis lines may be from existing REACH families or from families or care providers in the midst of an escalating situation. Calls are responded to in one of two ways: either by telephone consultation or through an on-site, face-to-face assessment and intervention. As the crisis line allows an individual to access a trained clinician 24/7, it is being used more and more frequently by REACH consumers and their circles of support to maintain stability or to assist the individual in problem solving through a stressful situation. The crisis line is becoming a primary tool of prevention for some of the programs. REACH clinicians are expected to respond in-person to situations that meet the acuity level of a crisis, and this includes partnering with emergency services prescreening staff when a Temporary Detention Order is being considered. Non-crisis calls that are received by the programs are understood to serve a preventive role and may be a prescribed element within a written Crisis Education and Prevention Plan (CEPP). Domains of interest related to crisis line activity include the following:

- Crisis calls
- In-person assessment/intervention
- Telephone intervention
- Prevention
- Total crisis line activity
- Average response time

A summary of information related to crisis calls and responses is depicted in the graph below. Please note that this graph encompasses all calls received on the crisis line during the review cycle. It includes on-site responses to existing REACH consumers, repeat calls from individuals, as well as new referrals who may be contacting REACH for the first time. Therefore, call totals when combined across categories will exceed the total number of referrals for the quarter. As has been noted in previous reports, crisis line activity and referral activity are best understood as separate elements.



	Region I	Region II	Region III	Region IV	Region V
Total Call Activity	146	180	163	200	251
Crisis Calls	12	106	126	63	76
Face to Face Response	10	99	125	56	74
Non-Crisis/Prevention	12	0	14	19	6
Information/Brief Consult	122	74	21	118	169
Average Time from dispatch to arrival	46	36	62	39	60

The graph above details calls activity for the programs over the first quarter of FY26. Average response time is graphed on the secondary y-axis as an orange line, both to emphasize it and to allow any variability to be clearly seen. The number of responses via telehealth for each region varied across regions, as follows: Region I, 17%; Region II, 7%; Region III, 1%; Region IV, 11%; and Region V, 3%. The table below offers the reader a more comprehensive view of response time data by breaking it into 30-minute increments. All regions having responded on site to a crisis met expectations as denoted in the REACH Program Standards regarding average time to respond to the scene of the crisis event. Regions II and IV must have an average response time within one hour as designated as urban setting and Regions I, III, and V within two hours as designated rural setting. Region I responded to 80%, Region III responded to 92%, and Region V responded to 86% of their face-to-face calls within the required 2-hour timeframe for a region designated as rural. Region II responded to 90% and Region IV responded to 93% of their calls within the 1-hour timeframe for a region designated as “urban.”

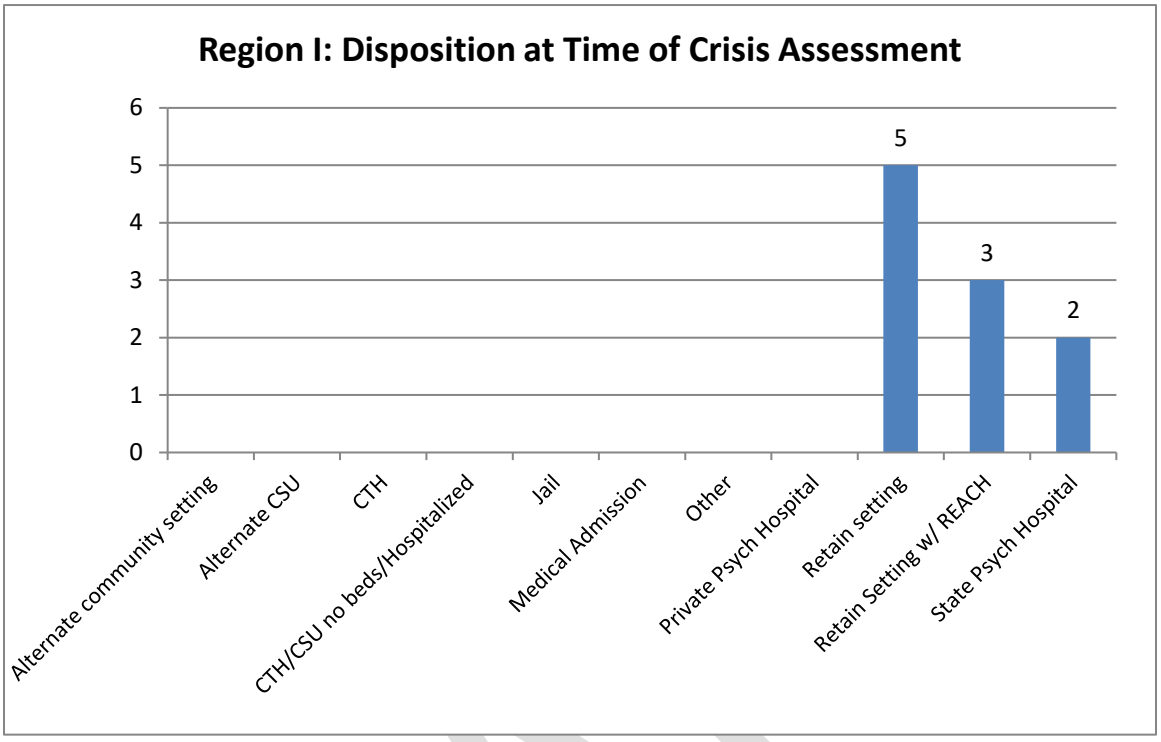
Region	Region I Rural	Region II Urban	Region III Rural	Region IV Urban	Region V Rural	**Totals**
0-30 Minutes	4	44	20	22	6	101
31-60 Minutes	1	45	43	30	31	129
61-90 Minutes	2	9	33	3	20	67
91-120 Minutes	1	1	19	0	7	30
121+ Minutes	2	0	10	1	10	34
Totals	10	99	125	56	74	361

Location of Crisis Assessments

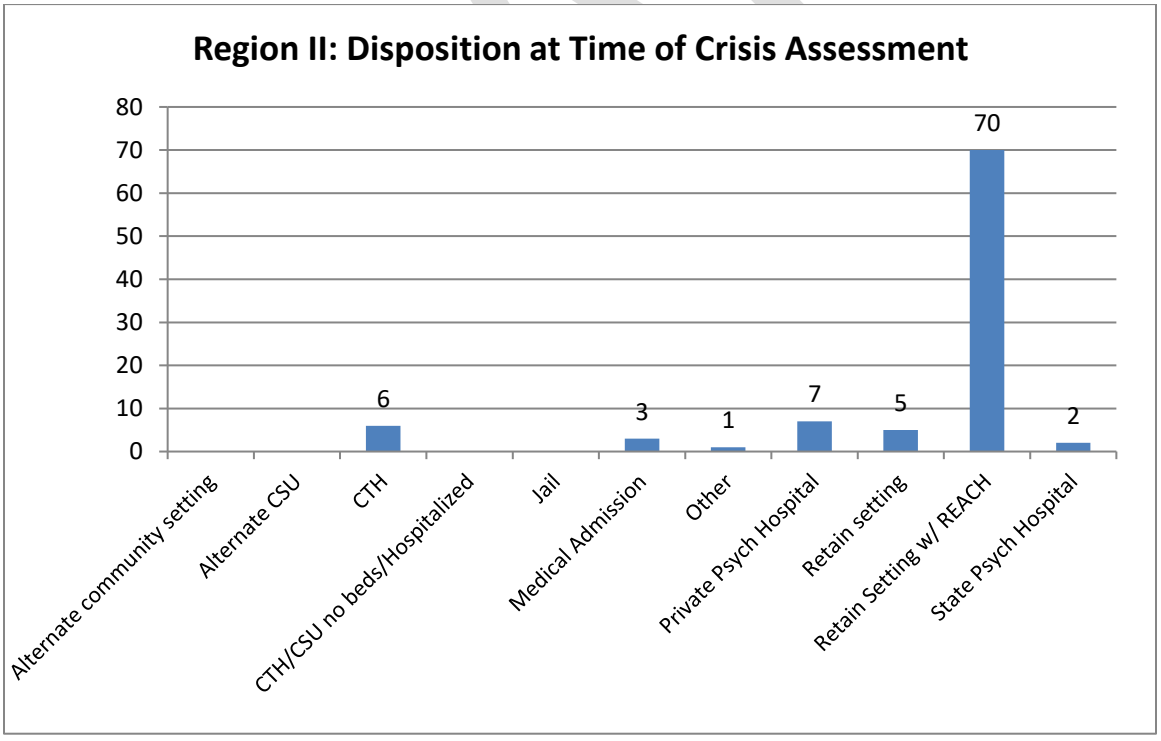
Assessment Location	Region I	Region II	Region III	Region IV	Region V	**Totals**
Individual/Family Home	5	63	45	35	38	186
Hospital/Emergency Room	3	30	28	16	35	112
Emergency Services/CSB	4	4	32	1	2	43
Residential Provider	0	0	1	1	0	2
Police Station	0	1	0	0	0	1
Day Program	0	0	1	0	1	2
School	0	3	15	6	0	24
Other	0	5	4	4	0	13
Totals	12	106	126	63	76	383

When indicated, the REACH programs are expected to arrive at the physical site of the crisis event, regardless of the nature of the setting. The table above provides a summary of the various locations where mobile crisis assessments took place over the course of the first quarter of FY26. The location of assessments listed in the chart includes both those assessments completed by a REACH staff "in-person" and those completed via telehealth. The location still denotes where the individual was located when the assessment occurred.

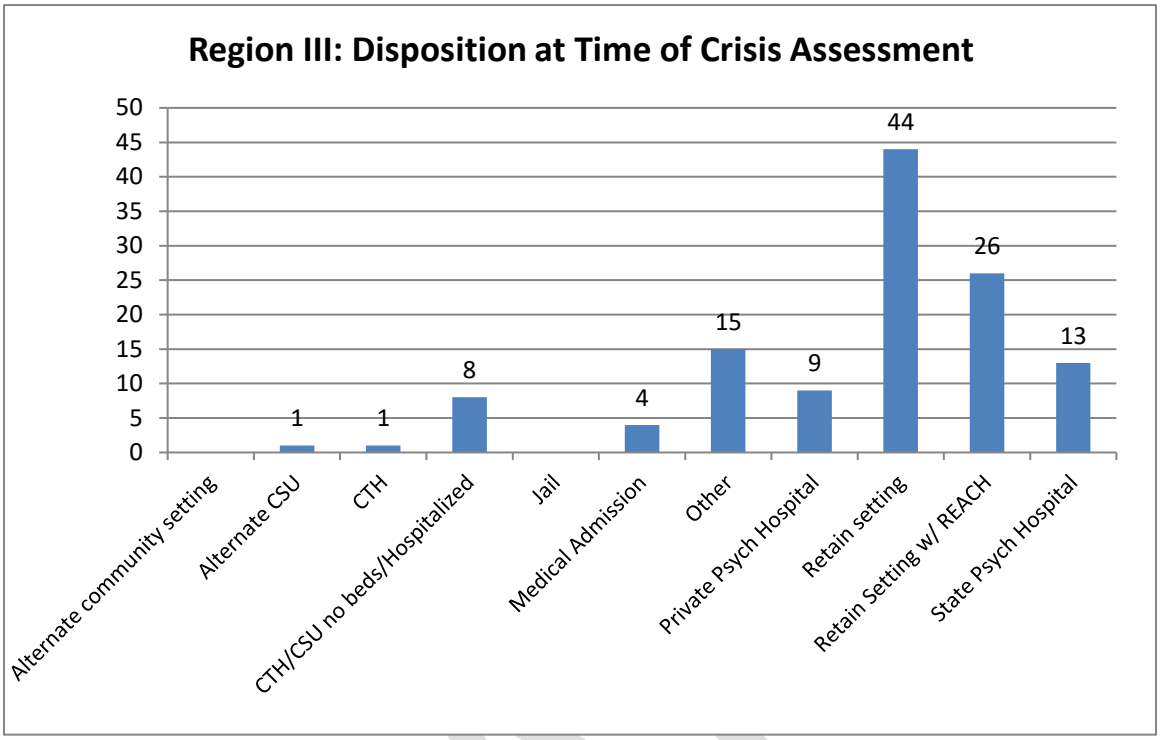
Ideally, when a crisis response occurs, it is hoped that the resulting outcome will be that the child will remain in his/her home with family. While this is not always possible, the REACH programs are very often able to intervene in the moment to prevent out-of-home placement. They can do this by providing immediate in-home support to the family, problem solving a safety plan to stabilize the crisis until additional help can be accessed and following up with community-based crisis stabilization plans. The charts on the following pages offer a picture of the initial outcome after an in-person crisis response has been dispatched by region. In these charts, "Retain with REACH" means an individual retained their setting while receiving community-based REACH services.



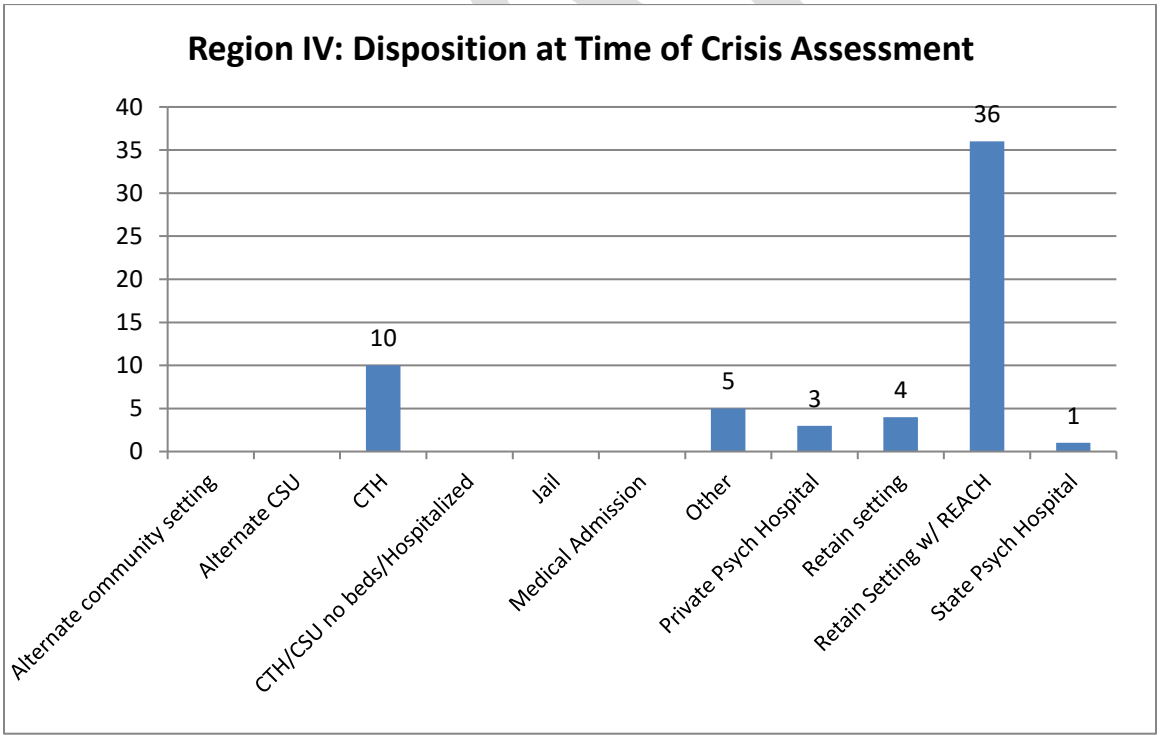
In addition to the above – 2 crisis calls were ended before the provider could provide an assessment.



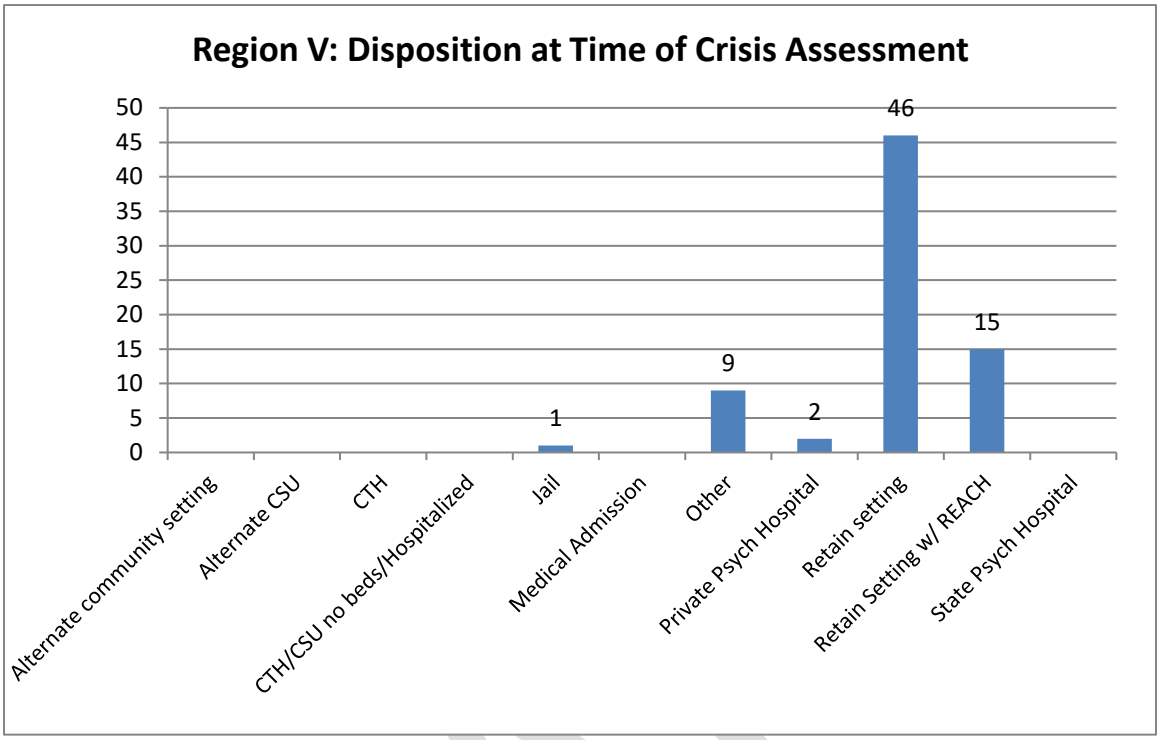
In addition to the above – 12 crisis calls were ended before the provider could provide an assessment.



In addition to the above – 5 crisis calls were ended before the provider could provide an assessment.

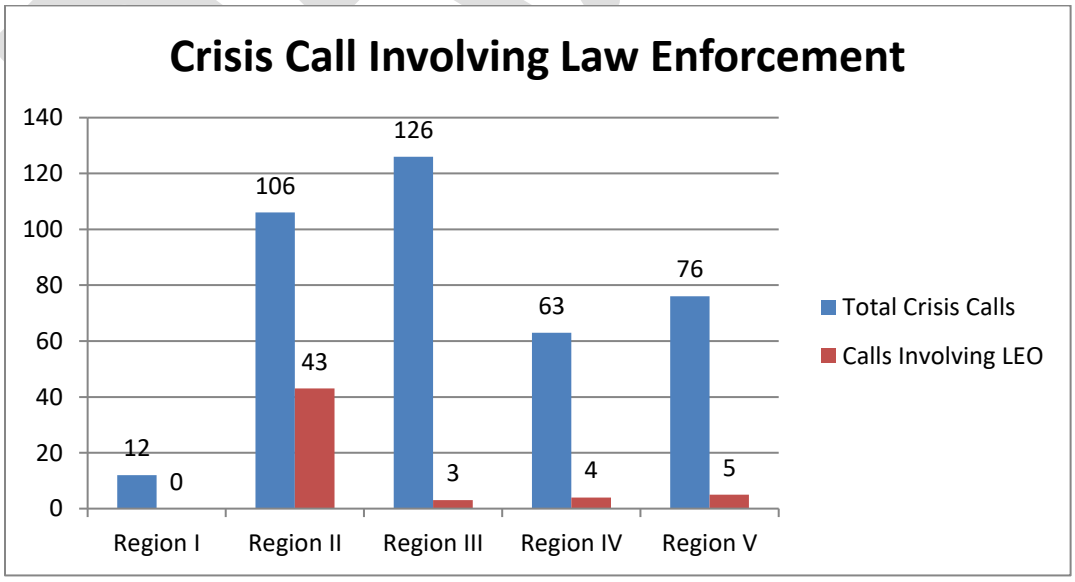


In addition to the above – 4 crisis calls were ended before the provider could provide an assessment.



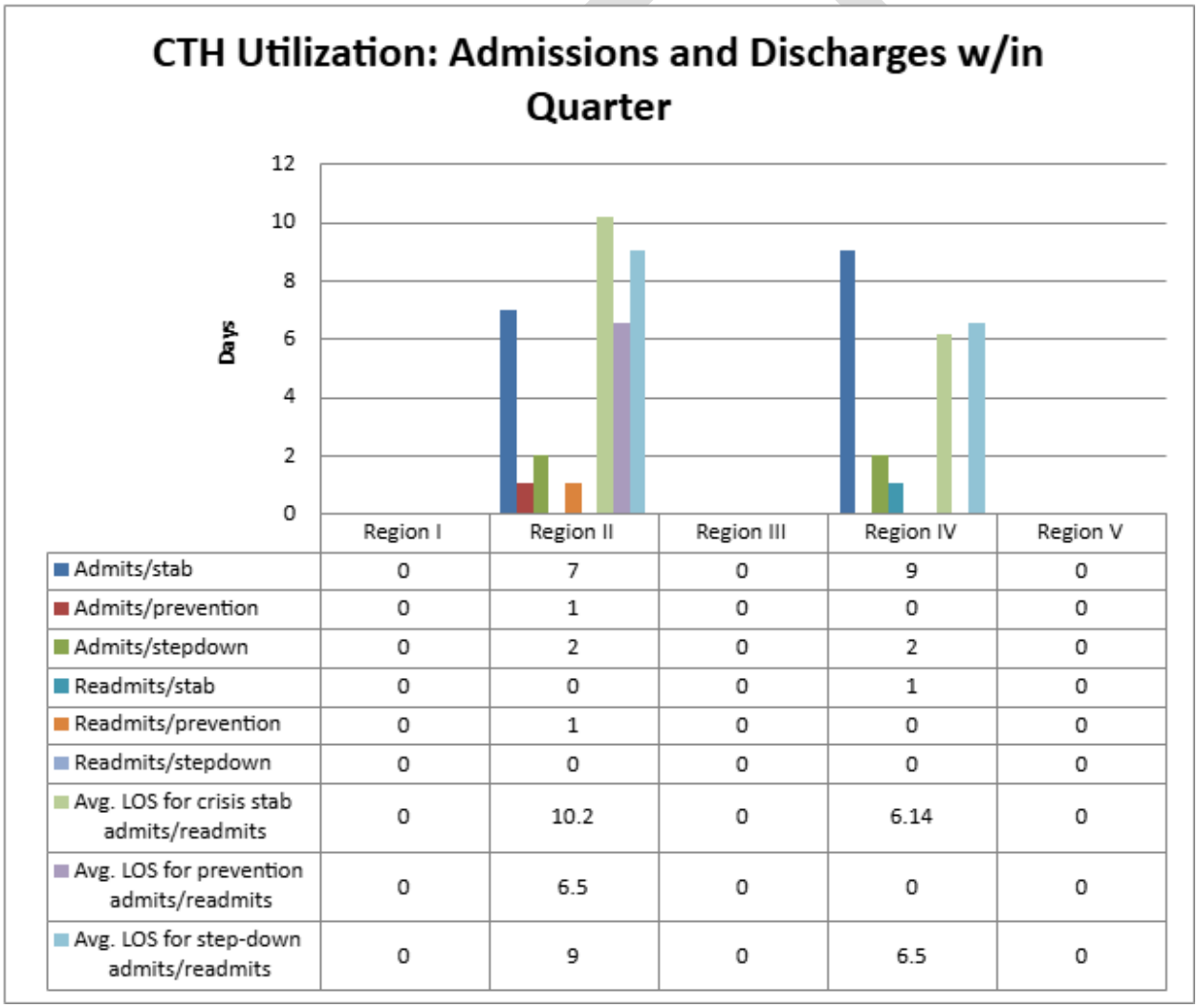
In addition to the above – 3 crisis calls were ended before the provider could provide an assessment.

The table below provides a contrast of the total number of crisis calls to total number of crisis calls that involved law enforcement. Approximately 14.36% of overall crisis calls received involved law enforcement in FY26Q1, which is an increase from the last quarter, 7.71% in FY25Q4.



Crisis Therapeutic Homes

Two of the five REACH programs operate a Crisis Therapeutic Home (CTH) for children. The homes are located in Culpeper and Chester, VA which are operated by the Region II and Region IV program operators, respectively. The home that is in Region II serves primarily Regions I and II, while the home in Region IV serves primarily children from Regions III, IV, and V; with that noted, admissions can be accepted into any home from any region of the state. Information such as type of stay, length of stay, readmissions, and waitlists is presented in the graph on the following page. The data presented are displayed by the crisis therapeutic home in which the individual received services, as opposed to by the region where the youth reside. The table that follows outlines the region from which the individual was admitted into one of the two youth CTHs.



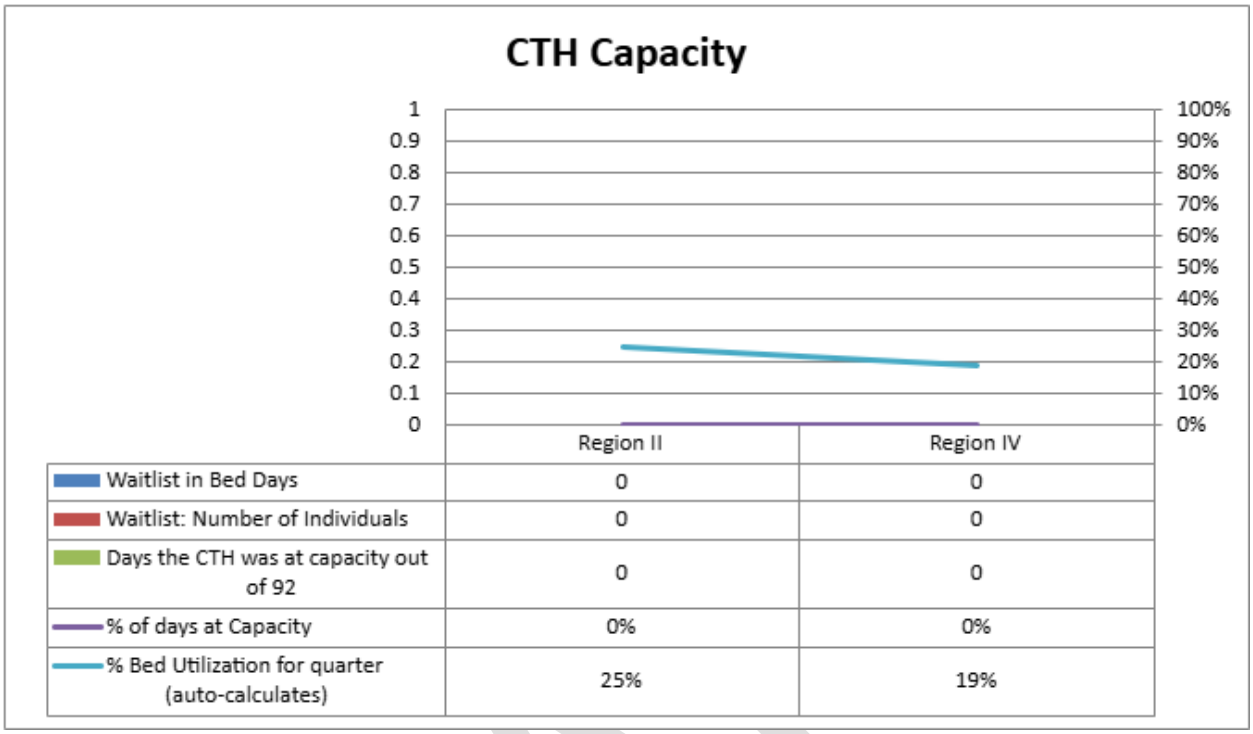
	Region I	Region II	Region III	Region IV	Region V
Admits/stab	0	7	0	9	0
Admits/prevention	0	1	0	0	0
Admits/stepdown	0	2	0	2	0
Readmits/stab	0	0	0	1	0
Readmits/prevention	0	1	0	0	0
Readmits/stepdown	0	0	0	0	0
Avg. LOS for crisis stab admits/readmits	0	10.2	0	6.14	0
Avg. LOS for prevention admits/readmits	0	6.5	0	0	0
Avg. LOS for step-down admits/readmits	0	9	0	6.5	0

Region	Admits & readmits per region
Region 1	1
Region 2	9
Region 3	1
Region 4	14
Region 5	0

The average length of stay reflected for each type of admission on the above chart (CTH Utilization) is within the expected average length of stay. Across the regions operating a child CTH, there were 3 youth carried over from a previous quarter. The table below reflects more specific information for each person regarding length of stay, region, and type of admission.

LOS: Individuals Admitted Previously and Discharged w/in Quarter			
Region	*Individual*	*Type of Admission*	*Total LOS (days)*
Region 1			
Region 2	Person 1	Crisis Stabilization	14
	Person 2	Crisis Stabilization	7
	Person 3	Crisis Stabilization	10
Region 3			
Region 4			
Region 5			

The graph on the next page provides information regarding CTH capacity. Please note that waitlist days are ***not*** consecutive. This number reflects the cumulative number of days across the quarter when a bed was not available when requested for an *appropriate* admission to the CTH. The information provided in the graph includes both the number of days when the two CTHs were at capacity in the quarter and how many of the beds were utilized. The bed utilization rate for the Crisis Therapeutic Homes was 24.73% for Region II and 19% for Region IV.

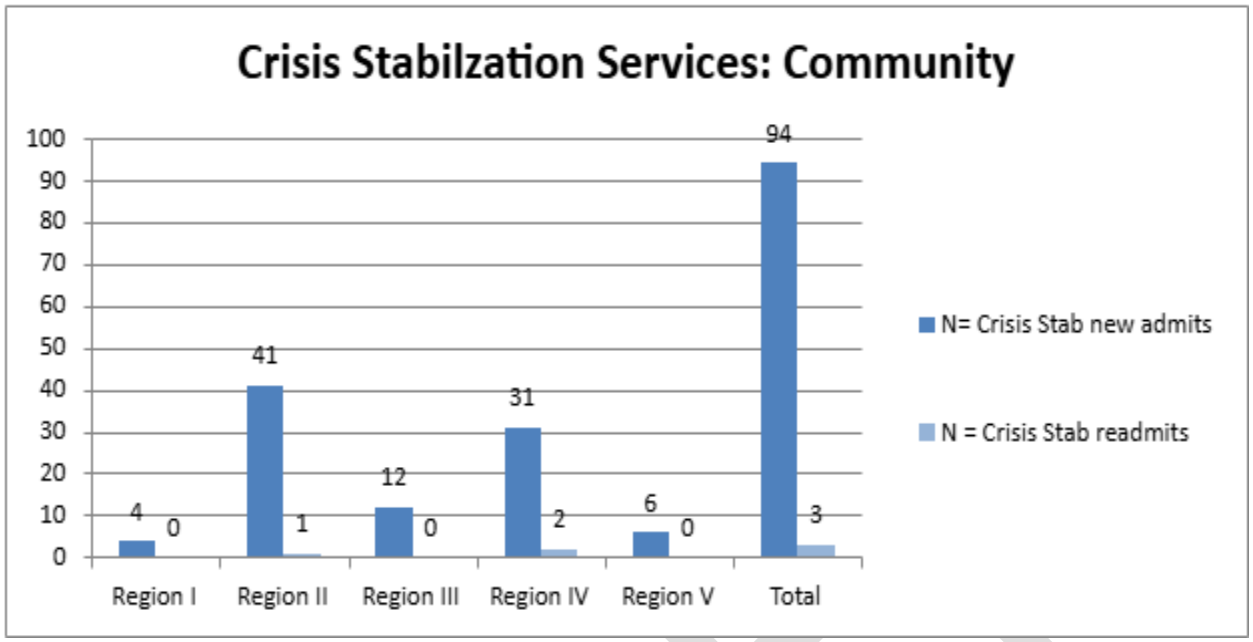


	Region II	Region IV
Waitlist in Bed Days	0	0
Waitlist: Number of Individuals	0	0
Days the CTH was at capacity out of 92	0	0
% of days at Capacity	0%	0%
% Bed Utilization for quarter (auto-calculates)	25%	19%

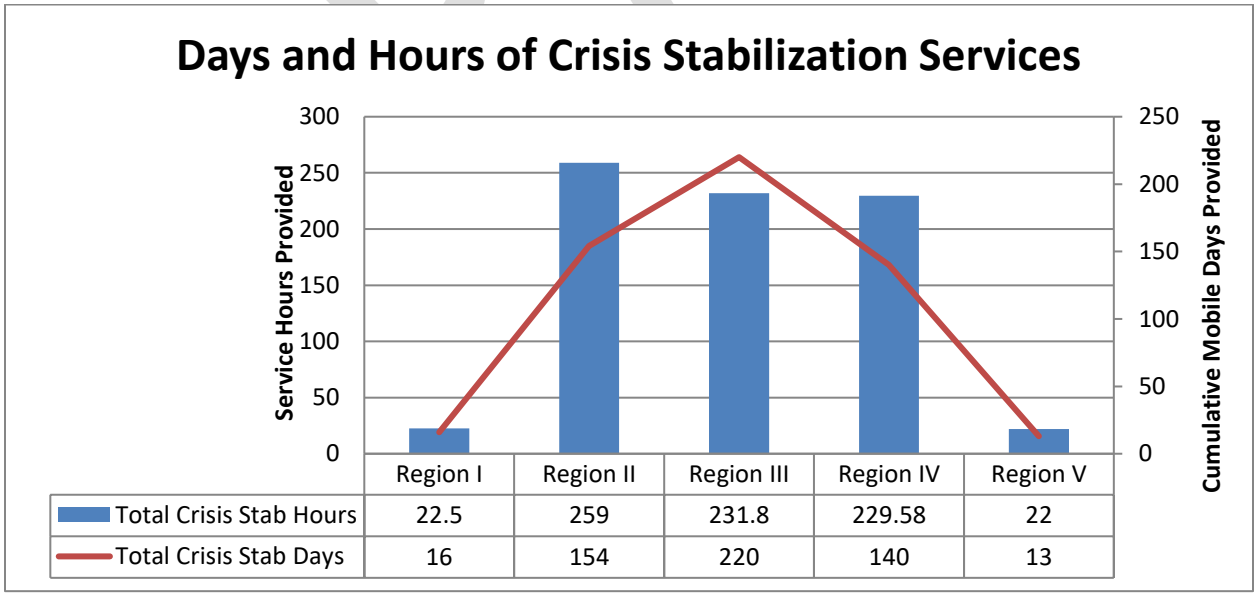
Number of beds used out of beds available	135 out of 552	104 out of 552

Community Based Crisis Stabilization Services

Community-based, mobile crisis supports are one of the key services that the children's programs provide. These services are provided in the home or community setting as an immediate result of a crisis event. All regions are providing these services on site. It is especially important to the REACH model because it impacts and benefits not only the child but their immediate support system as well. Generally, these supports are successful in stabilizing the situation and being part of the solution for obviating out-of-home placement. The next chart depicts admissions activity for the community-based crisis stabilization services.



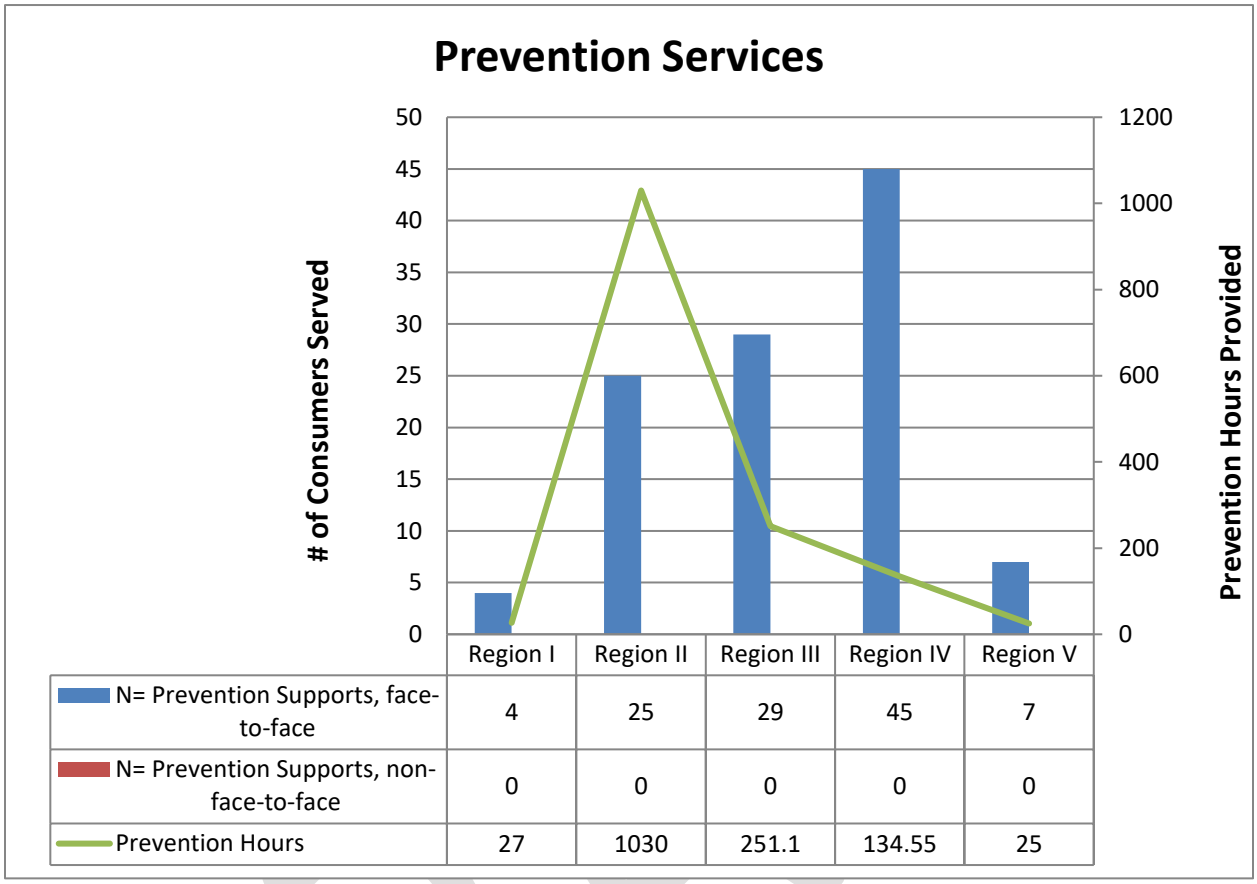
In addition to collecting information related to the number of admissions into the mobile crisis supports program, data related to service provision is also tabulated. The chart below summarizes both the number of days and hours of crisis intervention and/or stabilization services offered by each region. On the secondary axis, the cumulative number of mobile days provided for families across the quarter is shown.



REACH sends clinicians to the homes and schools of individuals to work with them on developing and practicing coping skills. The table below provides information on the range of days across individuals served that mobile crisis supports were in place, the average number of days an individual received mobile crisis supports, and the average number of hours that each individual received per crisis event.

Service Unit	Region I	Region II	Region III	Region IV	Region V
Range of Days	2-5	1-6	1-11	1-15	1-3
Average Days/Case	4.0	3.7	18.3	4.2	2.2
Average Hours/Day	1.4	1.7	1.1	1.6	1.7
Average Hours/Case	5.6	6.2	19.3	7.0	3.7

REACH also provides ongoing community-based services to children and their families that is more "preventative" in nature. Mobile prevention services consist of face-to-face, community-based services that target deterring future crisis situations via ongoing education and practice on emerging skills, training on individualized strategies with the support system, and continued linkages and coordination with other necessary services as needed. In comparison to mobile crisis supports, mobile prevention services are provided at a titrated frequency and do not occur as the immediate result of a crisis situation. More specifically, individuals included in mobile prevention services may be those who stepped down from mobile crisis support or those that were referred to the program in a non-crisis situation. At times, prevention services may include individuals who are offered mobile crisis support immediately following a REACH crisis response but do not elect to access REACH services until sometime after the crisis was stabilized. All mobile crisis stabilization service has returned to on-site. The graph below depicts the following: 1) the number of youths that accessed face to face mobile prevention services; 2) those that were matriculating out of the REACH program based on ongoing stability and may have received brief non face to face prevention services (e.g., telephonic communication); and 3) the total number of prevention hours provided, across each program. These metrics are displayed via the blue column, red column, and green line, respectively, with the green line corresponding to the secondary y-axis.



	Region I	Region II	Region III	Region IV	Region V
N= Prevention Supports, face-to-face	4	25	29	45	7
N= Prevention Supports, non-face-to-face	0	0	0	0	0
Prevention Hours	27	1030	251.1	134.55	25

Short Term Crisis Prevention Services

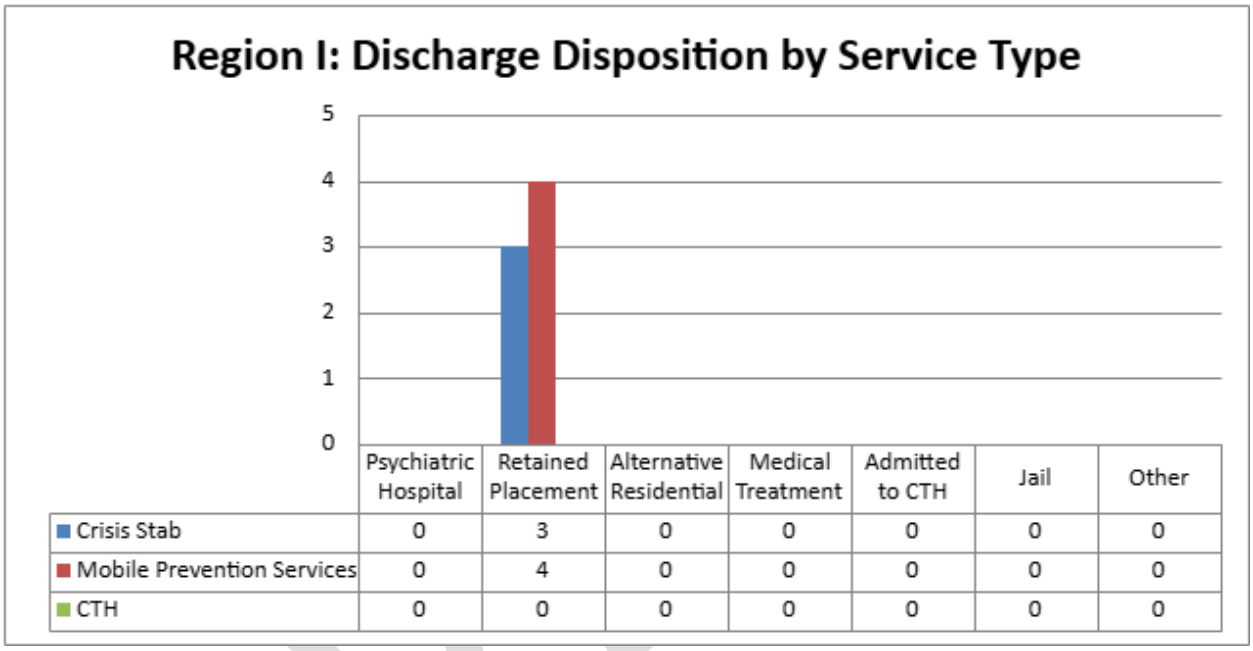
As per the Permanent Injunction, DBHDS is committed to increasing YTCHs to have one located in all five regions to support crisis prevention admissions. The new YCTH builds are part of the Governor's RHRN initiative to expand short term crisis services. In the interim until the three new YCTHs are operational, DBHDS is offering a short-term Crisis Prevention Respite Service to youth in these regions (R2, R3, and R5) to allow for services to be rendered in current community and promote prevention of a crisis. Funding for this service was provided as part of the FY26 budget to these regions. No youth were served in quarter 1 with this service.

Crisis Service Outcomes/Dispositions

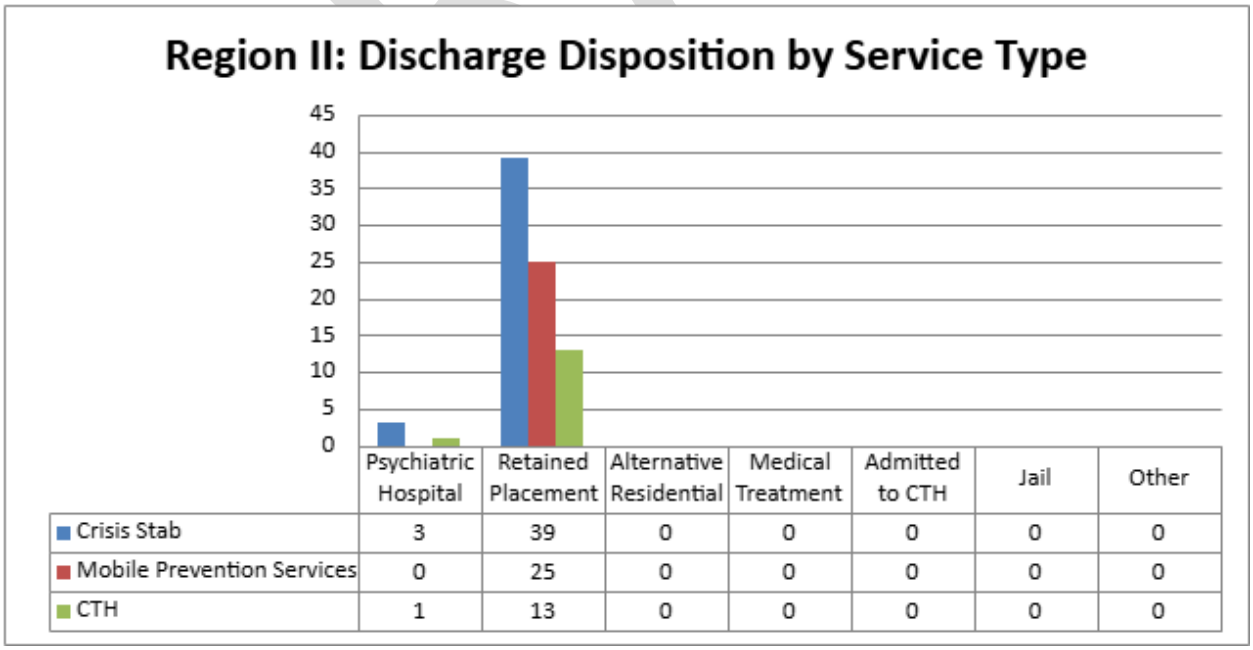
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. The graphs on the following pages provide a summary of outcome data for community crisis stabilization services and prevention support services. Based upon outcomes, 97% of children were able to avoid psychiatric hospitalization with the provision of community crisis stabilization services. Based upon reported data of mobile prevention supports, 100% were also able to avoid psychiatric hospitalization. For CTH services, approximately 96% were able to

avoid hospitalization. These data suggest that community-based REACH supports are overall effective in helping families and their children through times of crisis and in maintaining stabilization post-crisis such that placement in the community can be maintained.

The graphs on the following pages display the outcomes of both mobile crisis and mobile prevention services across each REACH program.



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Crisis Stab	0	3	0	0	0	0	0
Mobile Prevention Services	0	4	0	0	0	0	0
CTH	0	0	0	0	0	0	0

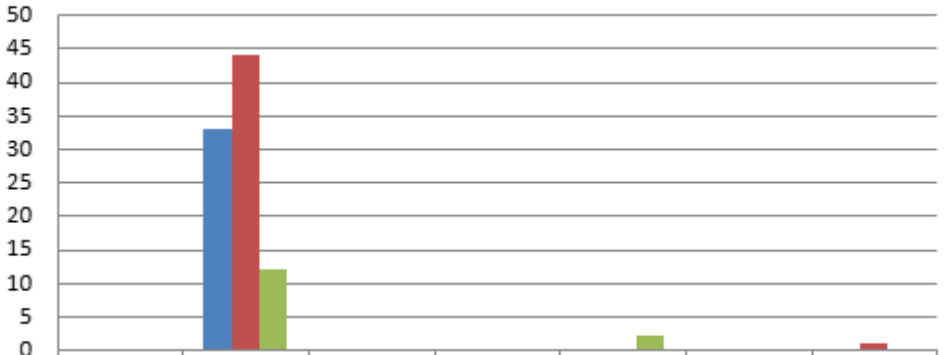


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Crisis Stab	3	39	0	0	0	0	0
Mobile Prevention Services	0	25	0	0	0	0	0
CTH	1	13	0	0	0	0	0

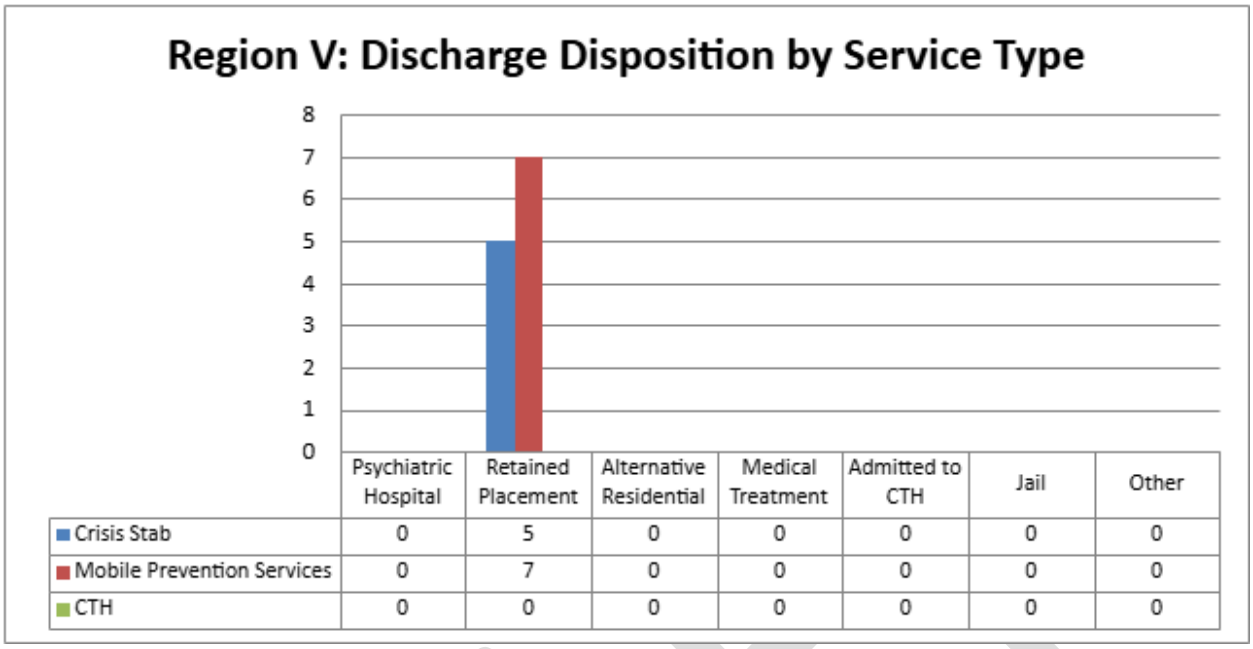
Region III: Discharge Disposition by Service Type

	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Crisis Stab	0	12	0	0	0	0	0
Mobile Prevention Services	0	28	0	0	0	0	1
CTH	0	0	0	0	0	0	0

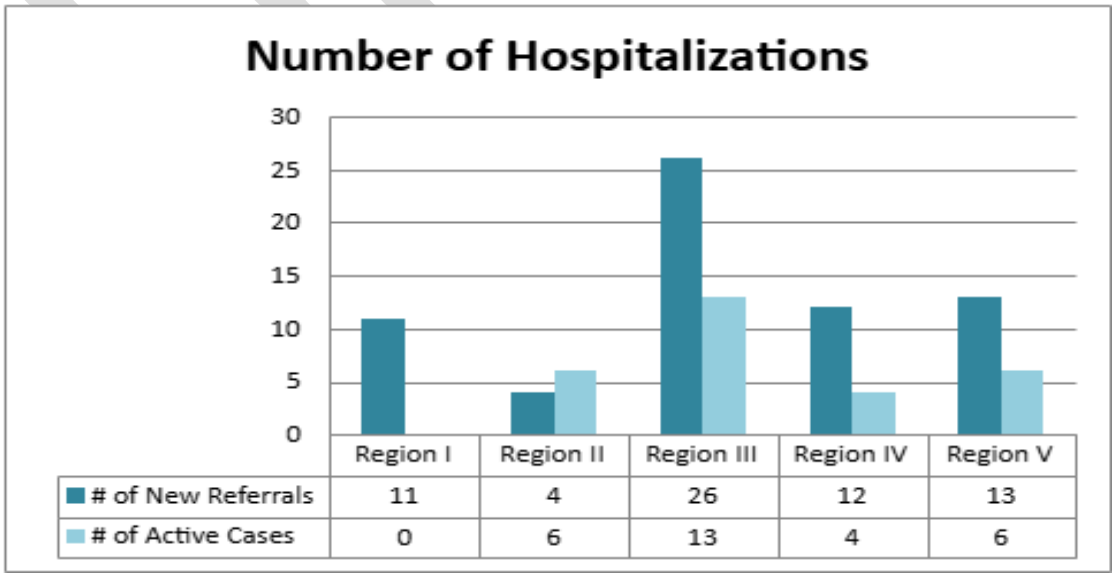
Region IV: Discharge Disposition by Service Type

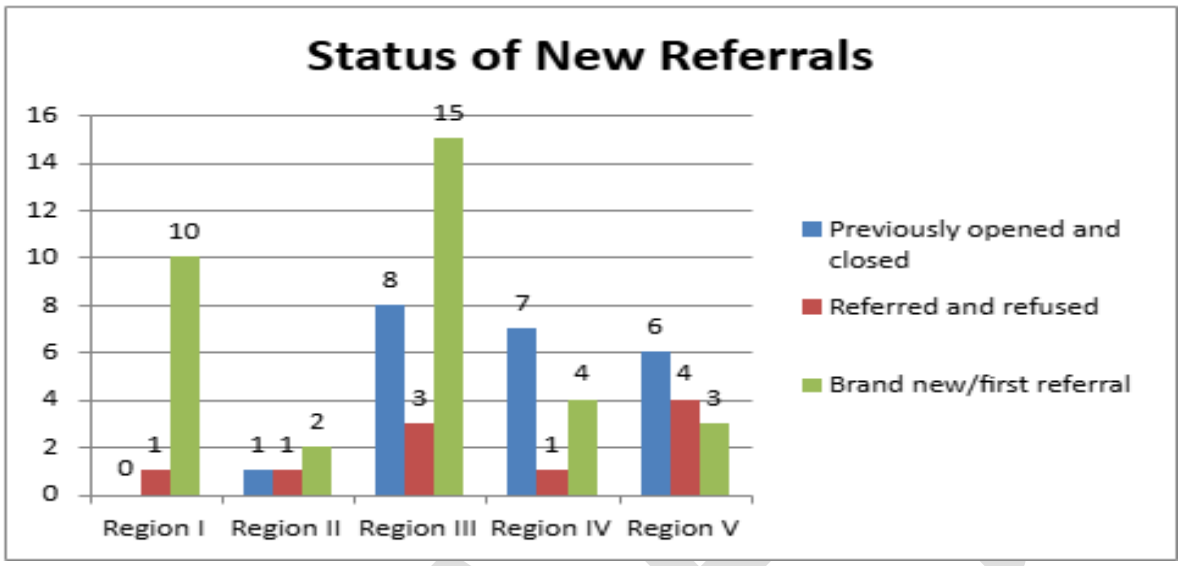


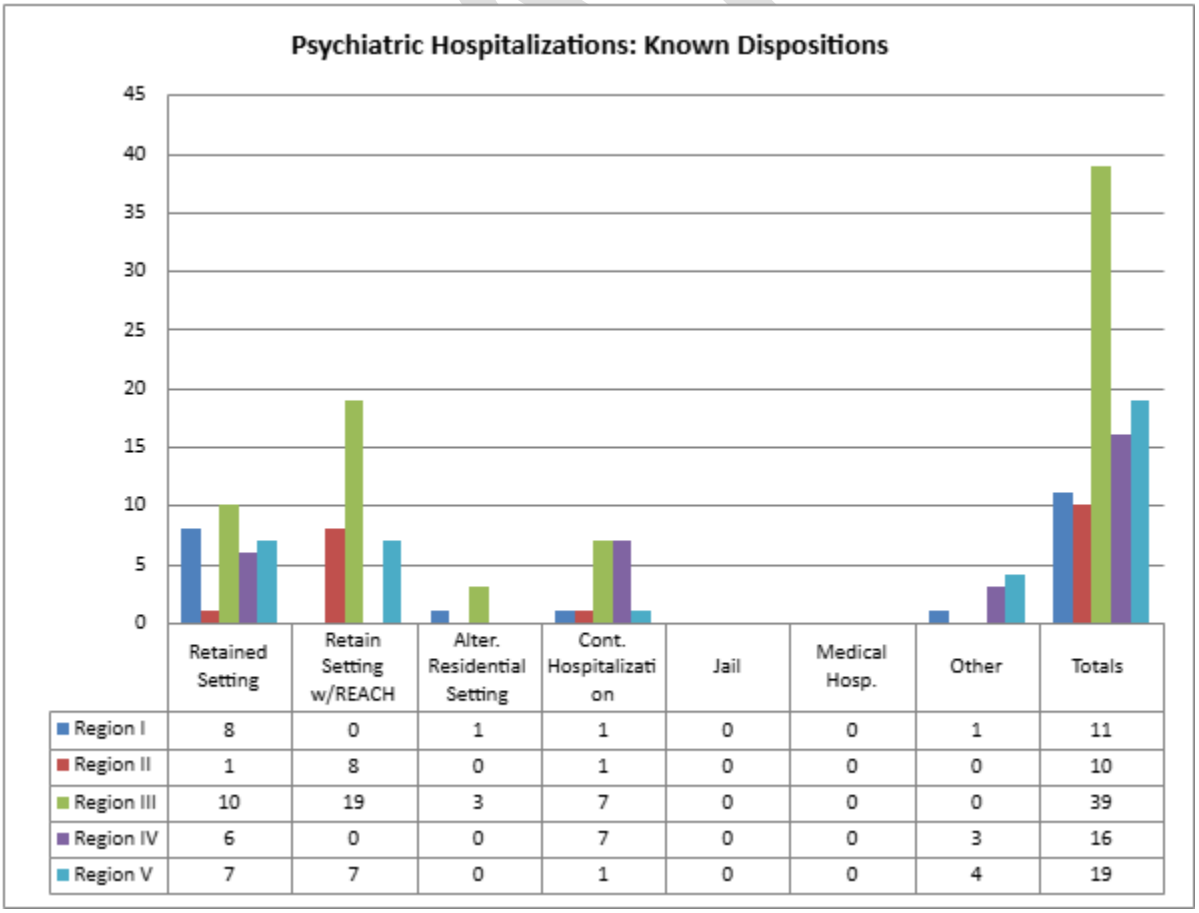
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Crisis Stab	0	33	0	0	0	0	0
Mobile Prevention Services	0	44	0	0	0	0	1
CTH	0	12	0	0	2	0	0



The three graphs that follow display hospitalizations for new referrals and active cases, hospitalizations for new referrals, and known hospitalization dispositions, respectively. While the REACH programs remain actively involved with all hospitalized cases *when they are aware of this disposition and have parental consent to provide service*, they may not always be apprised that a REACH client has been hospitalized or that an individual with DD has entered inpatient treatment. While the Commonwealth Center for Children and Adolescents educates families about the children's REACH programs, many families elect not to access this service.







	Retained Setting	Retain Setting w/REACH	Alter. Residential Setting	Cont. Hospitalization	Jail	Medical Hosp.	Other	Totals
Region I	8	0	1	1	0	0	1	11
Region II	1	8	0	1	0	0	0	10
Region III	10	19	3	7	0	0	0	39
Region IV	6	0	0	7	0	0	3	16
Region V	7	7	0	1	0	0	4	19

SERVICE ELEMENTS

Each of the five regional REACH programs provides an array of services to children and families enrolled. These services include prevention, skills training, and assessment services. A compliance indicator target has been set for community-based crisis stabilizations services that *86% of families and providers will receive training in implementing CEPPs*. Excluding the CEPPs that did not require an update and subsequent training, the combined REACH programs trained providers/families on 81% of the community-based crisis stabilization CEPPs this quarter. Respectively, Regions I through V completed the following percentages of the required training for community-based crisis stabilizations services: 75%, 87%, 55%, 87%, and 100%. The tables that follow summarize the services provided for mobile crisis and CTH services. In accordance with recent updates to the licensing regulations for Community-Based Crisis Stabilization Services and Crisis Stabilization Units, providers are now required to complete a crisis assessment as part of the service delivery process. As a result of this change, the "Comprehensive Evaluation and Consultation" components have been removed from the service elements chart in this quarter, as they are now addressed through the required crisis assessment.

Service Type Provided: Community-based Crisis Stabilizations Services					
Service Type	Region I	Region II	Region III	Region IV	Region V
Crisis Education Prevention Plan	3	26	10	20	2
Family/Provider Training	3	26	6	20	2

RI: CEPP and Training: 1 left service
RII: CEPP & Training: 9 still in service, 3 hospitalized, 4 left service
RIII- CEPP: 1 still in service; Training: 1 still in service, 5 REACH error
RIV- CEPP & Training: 10 previously completed, 3 left service
RV- CEPP and Training: 4 still in service

Service Type Provided: Crisis Stabilization (CTH)		
Service Type	Region II	Region IV
Crisis Education Prevention Plan	5	6
Family/Provider Training	5	6

RII: CEPP and Training - 1left service, 1 refused
RIV: CEPP and Training - 4 individuals have previously completed CEPPs and Training

Service Type Provided: Prevention (CTH)		
Service Type	Region II	Region IV
Crisis Education Prevention Plan	1	0
Family/Provider Training	1	0

RII: CEPP and Training – 1 previously completed

Service Type Provided: Crisis Step Down (CTH)		
Service Type	Region II	Region IV
Crisis Education Prevention Plan	2	2
Family/Provider Training	2	2

REACH Training Activities

The Children's REACH programs are working to expand their role as a training resource for the community of support for children and families impacted by developmental disability. The following table provides a summary of attendance numbers for various trainings completed by the Children's REACH programs. These trainings target the information needed by professionals in various work settings to work effectively with individuals with DD.

Training Activity	Region I	Region II	Region III	Region IV	Region V	**Totals**
CIT/Police: # Trained	78	32	2	5	56	173
Case Manager/Support Coordinator: # Trained	0	38	8	8	113	167
Emergency Service Workers: # Trained	0	0	3	15	0	18
Family: # Trained	0	0	0	0	32	32
Hospital Staff: # Trained	0	0	0	0	6	6
DD Provider: # Trained	0	76	50	7	112	245
Other Community Partners: # Trained	0	26	408	46	155	635
Totals	78	172	471	81	474	**1276**

Summary

This report provides a summary of data for the regional children's REACH programs for the first quarter of fiscal year 2026. The statewide Children's REACH programs are functioning well and are actively serving children and families in crisis. As has been the case previously, the regional programs have continued to face many challenges regarding staffing.

Overall, the program continues to move forward in support of the mission for a full spectrum of crisis, prevention, and habilitation services to be offered to children in Virginia with a developmental disability. Much has been accomplished within the area of children's crisis services, and the path ahead appears to be clear in terms of defining next steps. The Department remains committed to fulfilling its mission to have a continuum of qualified care for children with developmental disabilities and their families.