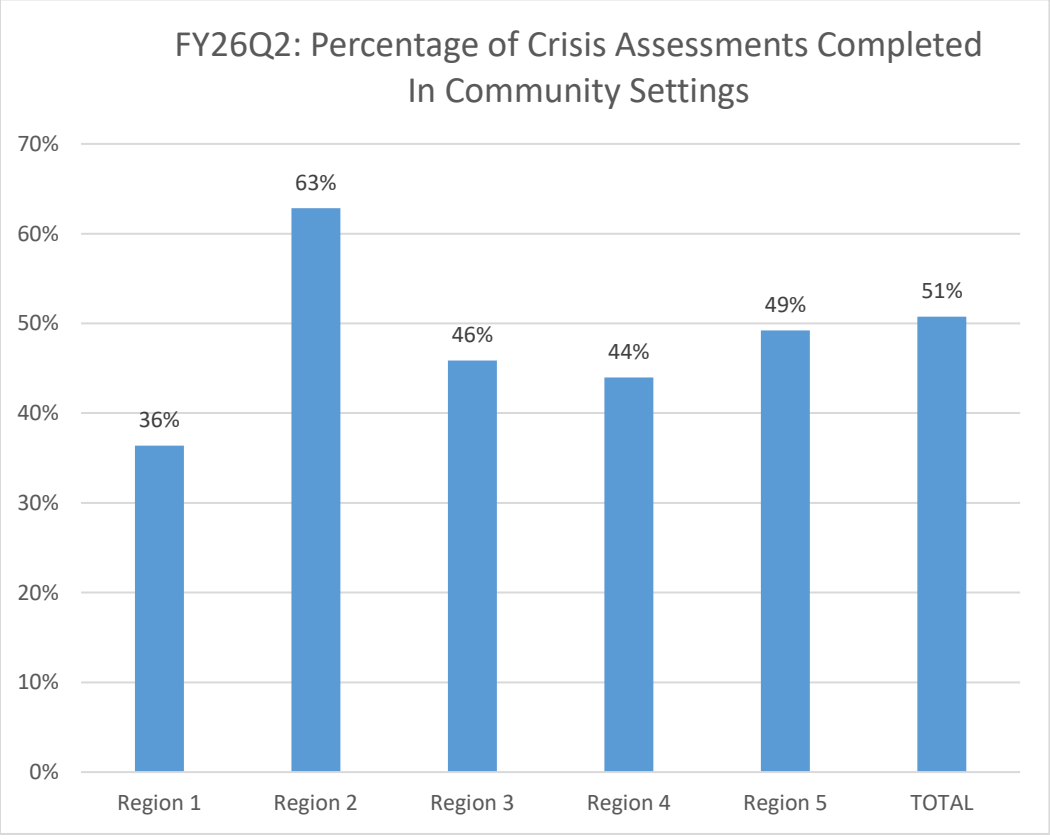
Supplemental Crisis Report: Quarter 2 - FY26

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

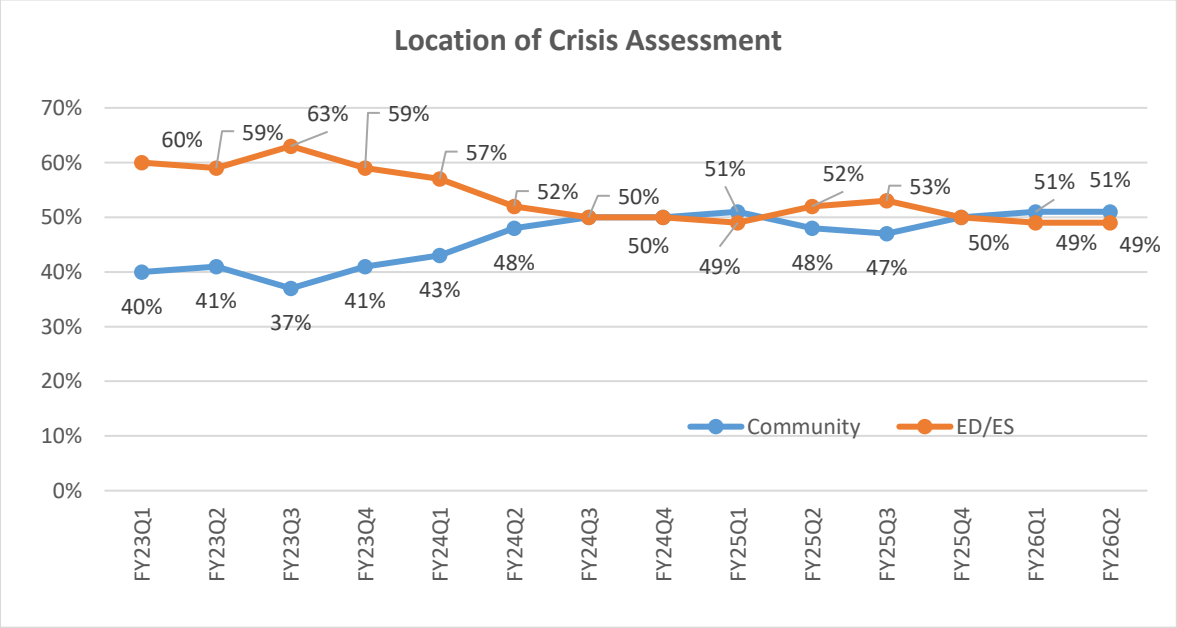
The REACH programs provide crisis assessments to persons with DD that are experiencing a behavioral health crisis in various settings. The data provided below speaks to the percentage of persons that receive REACH crisis assessments at home, the residential setting, or other community setting, in comparison to crisis assessments completed in emergency rooms/departments or CSB office. It is most desirable that people 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. Staff who provide mobile crisis response (MCR) are required to complete the DBHDS standardized mobile crisis training. As of 12/31/25, there were 273 people (funded positions by DBHDS) who are cross trained to provide MCR. Further information on REACH staff who provide MCR, and related training, can be found in the 1st and 3rd quarter's REACH Qualitative Reviews.



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 was set at **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.*** The indicator is now defined as stated in the ***Permanent Injunction, IV. TERMS. 32. Community Setting Crisis Assessments. The Commonwealth will work to achieve a goal that 86% of children and adults receive crisis assessments at home, the residential setting, or other community setting (non-hospital/non-CSB office).*** Crisis Receiving Center ("CRC") will only be counted as an "other community setting" after it is determined that the individual or supported decision maker was not directed by the Call Center, Emergency Services, or Mobile Crisis staff to present at a CRC. As displayed above, 51% of persons received REACH crisis assessments in a community location in FY26Q2. This data indicates that the target has not been met.

Crisis Assessment Locations and Outcomes:

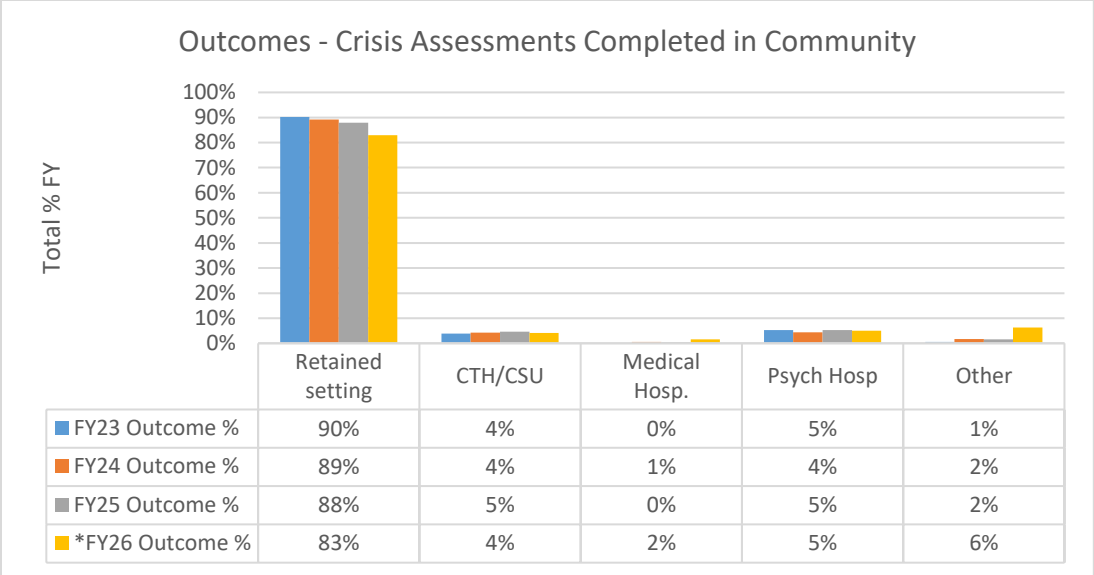
The following data were requested as a part of the 20th Study period review and provide information inclusive of all individuals that REACH provided crisis assessment in the quarter. The breakdown of this data focuses on assessment location and resulting outcome. The data is grouped by crisis assessments 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 where this specific analysis of data is being reported (in addition to crisis assessment data reported above and what is listed in the quarterly Adult and Children's REACH Data Summary Reports). The chart below indicates that for FY26Q2 49% of the assessments occurred within an ED/ES setting.



In FY26Q1 the following 2 charts, formerly located in the addendum, were converted from a quarterly review of the data to charts indicating the fiscal year trends of outcomes of assessments completed. The

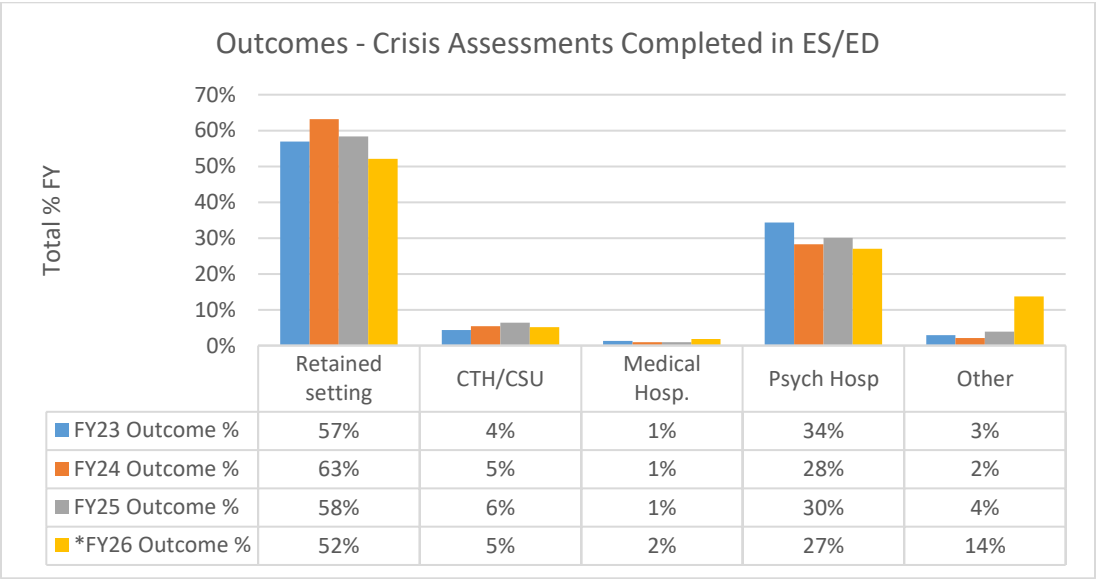
data analysis indicates that outcome trends for the past three fiscal years have been relatively consistent despite there having been a significant increase in total number of assessments completed each fiscal year, 2834 in FY23 to 4036 in FY25, accounting for a 35% increase.

For the first half of FY26, out of 51% of the crisis assessments completed in a community setting, 83% of the individuals were able to remain in their home setting, 4% were admitted to a CTH/CSU, another 5% were psychiatrically hospitalized, 2% had a medical hospitalization, and 6% had other community outcomes. Out of the 49% of the crisis assessments completed in an ED/ES setting, 52% of the individuals were able to remain in their home setting, 5% admitted to a CTH/CSU, 2% medically hospitalized, 27% psychiatrically hospitalized, and 14% had "other" community outcomes.



	Retained setting	CTH/CSU	Medical Hosp.	Psych Hosp	Other
FY23 Outcome %	90%	4%	0%	5%	1%
FY24 Outcome %	89%	4%	1%	4%	2%
FY25 Outcome %	88%	5%	0%	5%	2%
*FY26 Outcome %	83%	4%	2%	5%	6%

*FY26: Q1 and Q2 data only



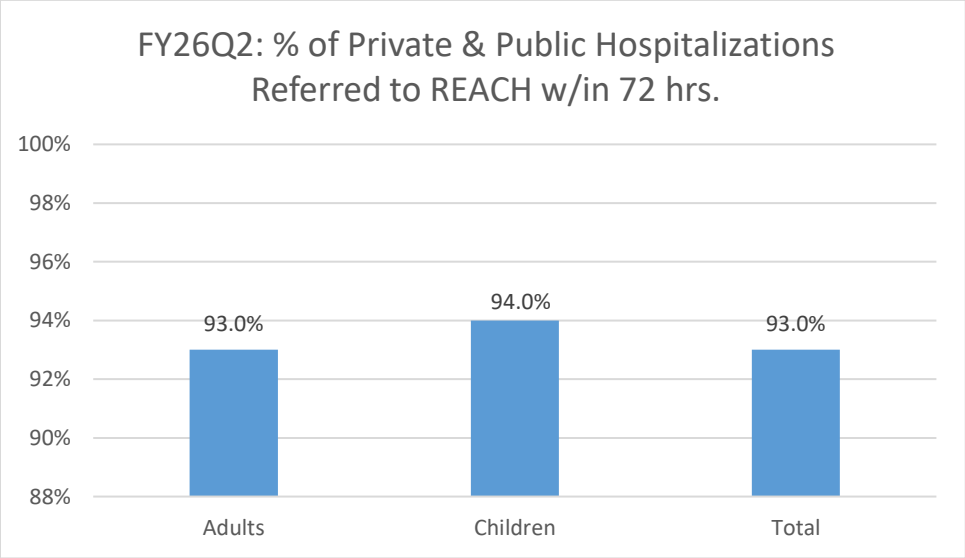
	Retained setting	CTH/CSU	Medical Hosp.	Psych Hosp	Other
FY23 Outcome %	57%	4%	1%	34%	3%
FY24 Outcome %	63%	5%	1%	28%	2%
FY25 Outcome %	58%	6%	1%	30%	4%
*FY26 Outcome %	52%	5%	2%	27%	14%

*FY26: Q1 and Q2 data only

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 people hospitalized and their associated lengths of stay.

It is critical that people 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 93% of known adults and approximately 94% 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 93% 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.

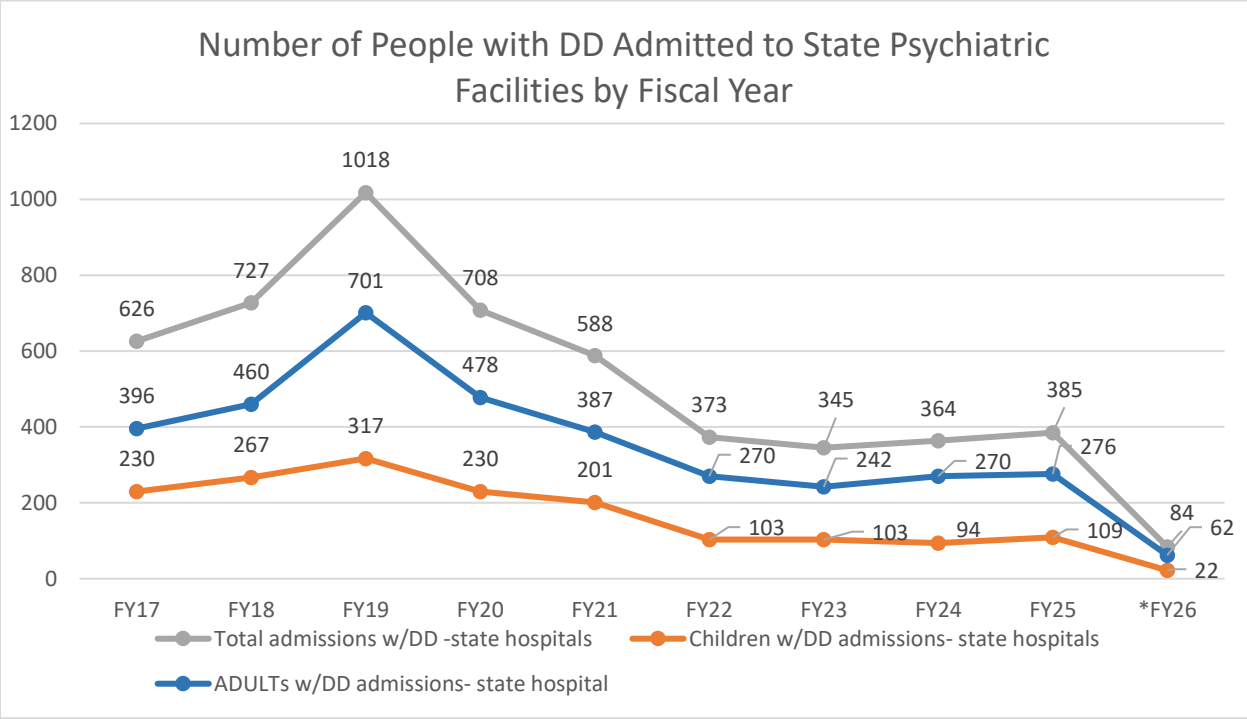


Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population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

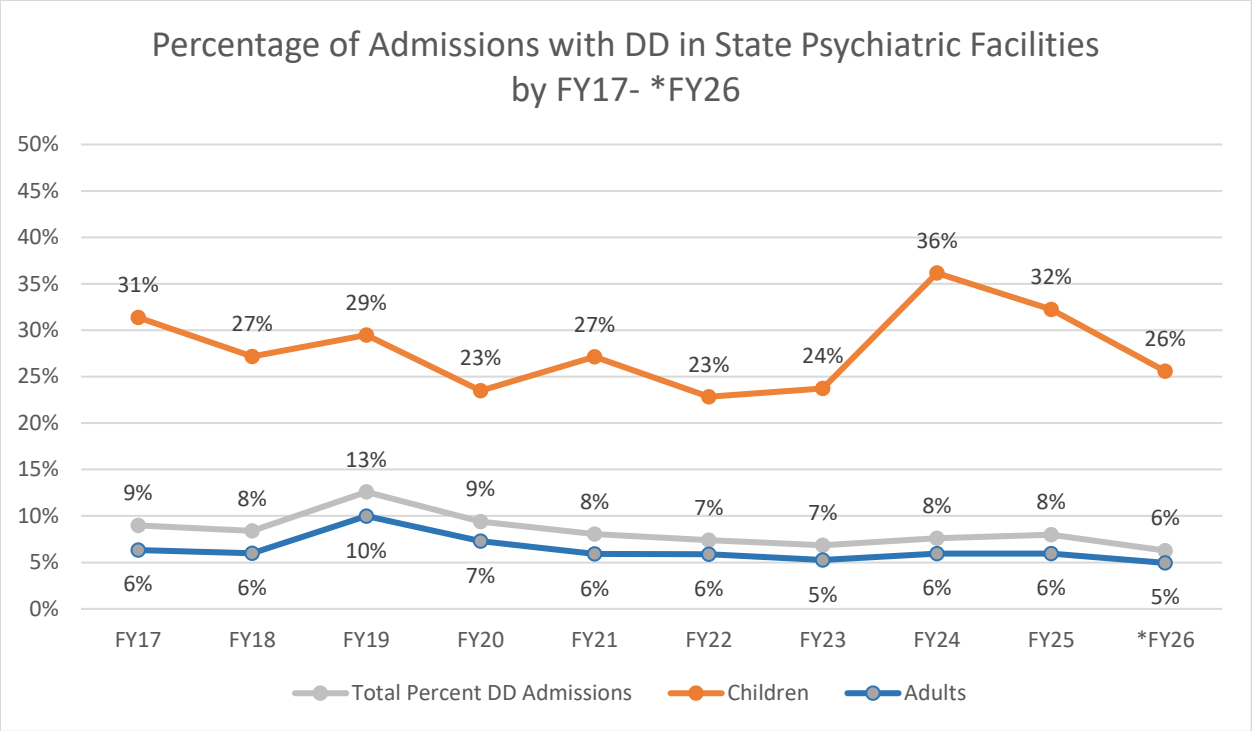
For individuals with DD who are admitted to state-operated psychiatric hospitals and those known by DBHDS to have been admitted to private psychiatric hospitals, DBHDS will track the lengths of stay in the following categories:
• admissions of adults and children with DD to psychiatric hospitals as a 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.



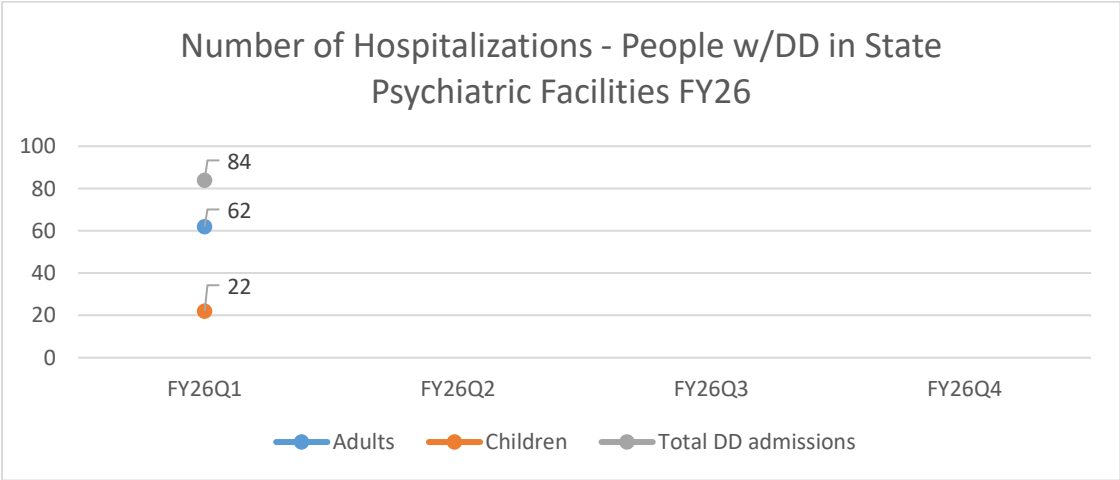
*FY26: Only Q1 data

On the next page, these data are also displayed as a percentage of DD admissions to the entire sum of all individuals that were admitted to a state psychiatric facility in the respective fiscal year. The graph covers FY17 through FY25 and FY26Q1. 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 affected 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 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. Quarters 1, 2, 3, and 4 of FY25 also remain consistent with 31, 28, 27 and 23 admissions for youth who have a diagnosis of DD.

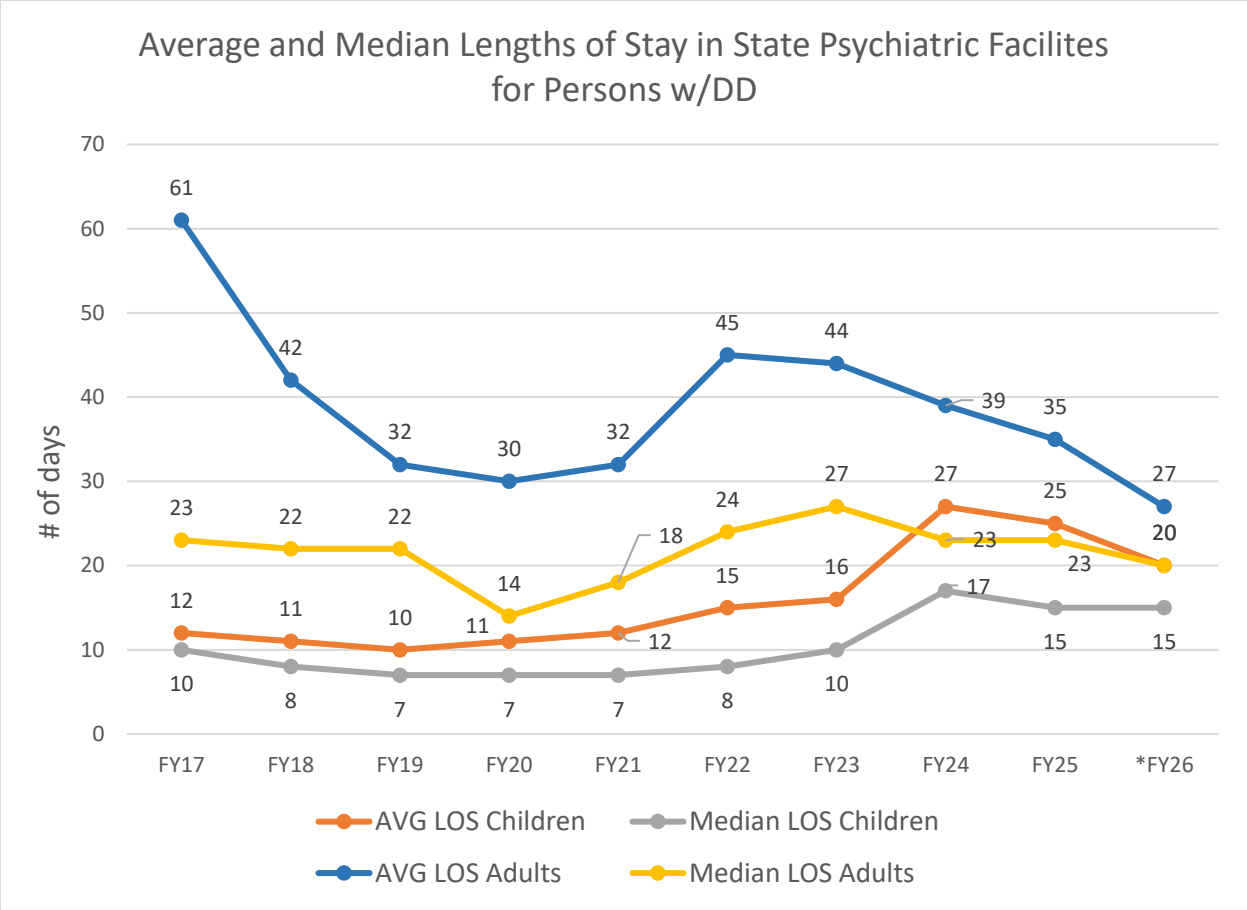


*FY26: Only Q1 data

Trend data for quarters of the fiscal year 2026 is displayed on the graph below.

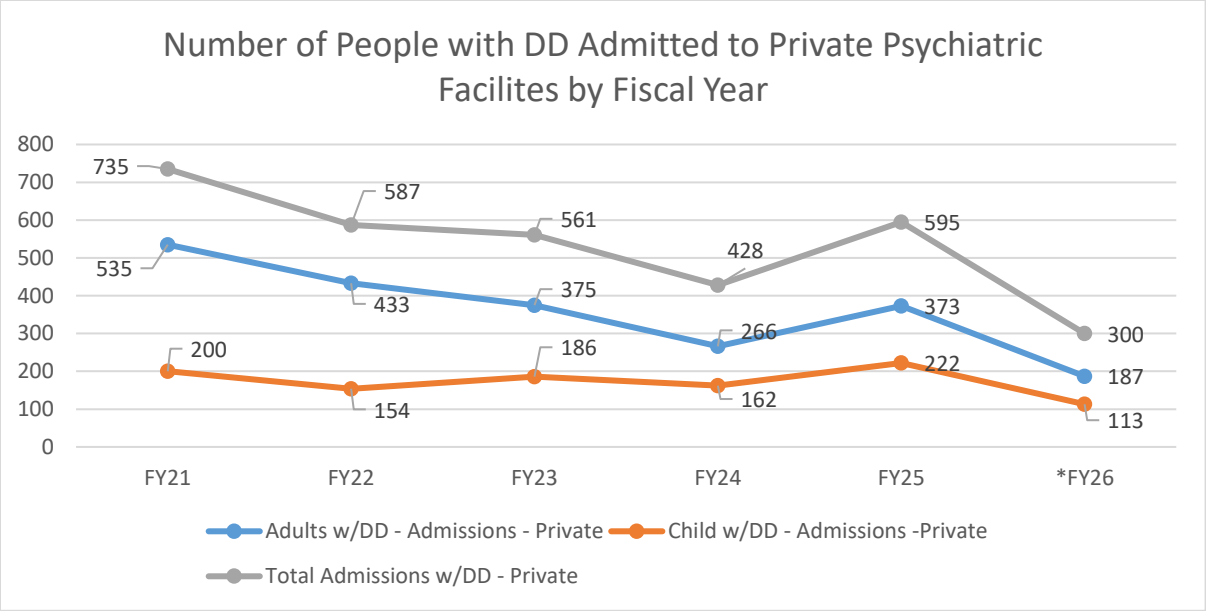


Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for people admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17 - FY25 and FY26Q1 are displayed on the next page.

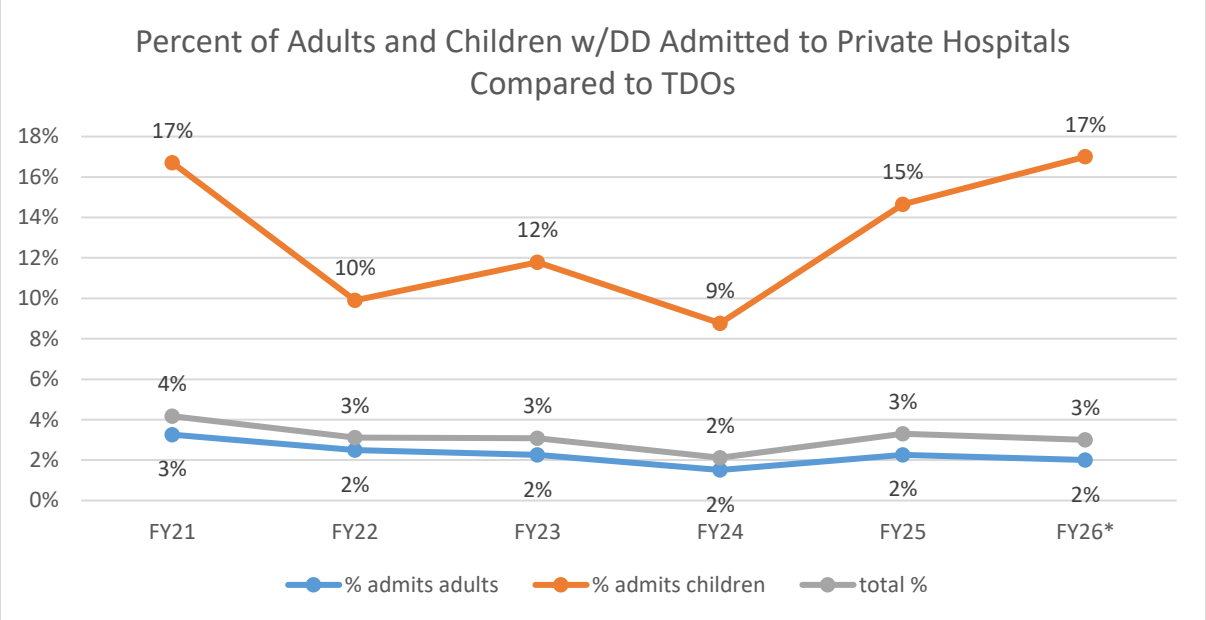


*FY26: Only Q1 data

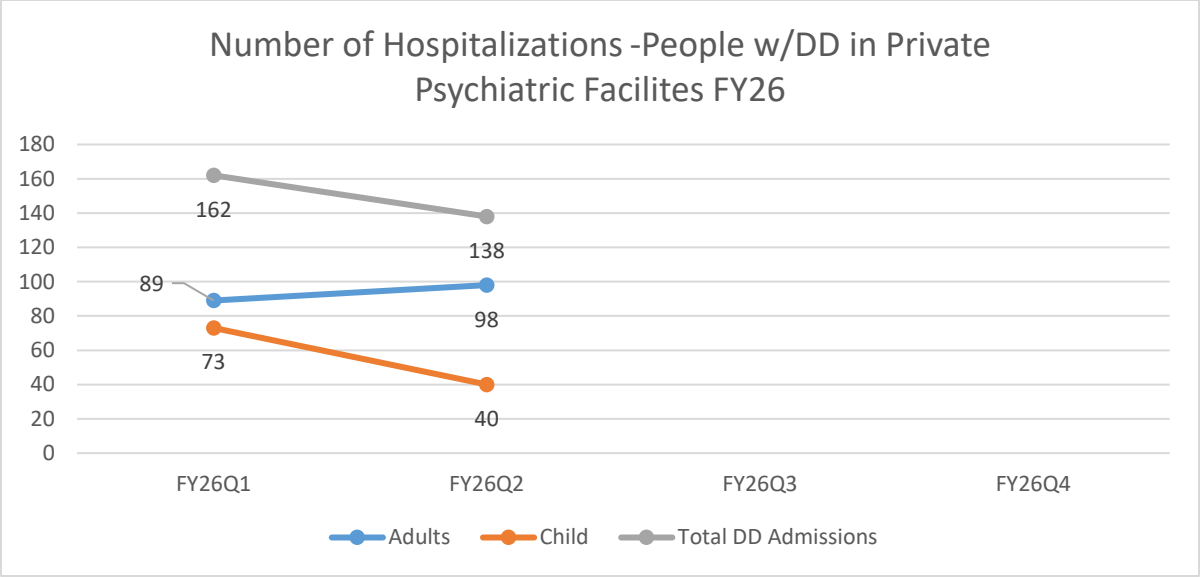
DBDHS can provide data on individuals with DD that become known to REACH either through an ES referral or through the private hospital, individual, family member, or other stakeholder referring the individual to REACH. DBHDS also has data available on the number of total Temporary Detention Orders (TDOs) 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 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. The second set of data displays 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) for FY21 – FY25 and for FY26, Q1.



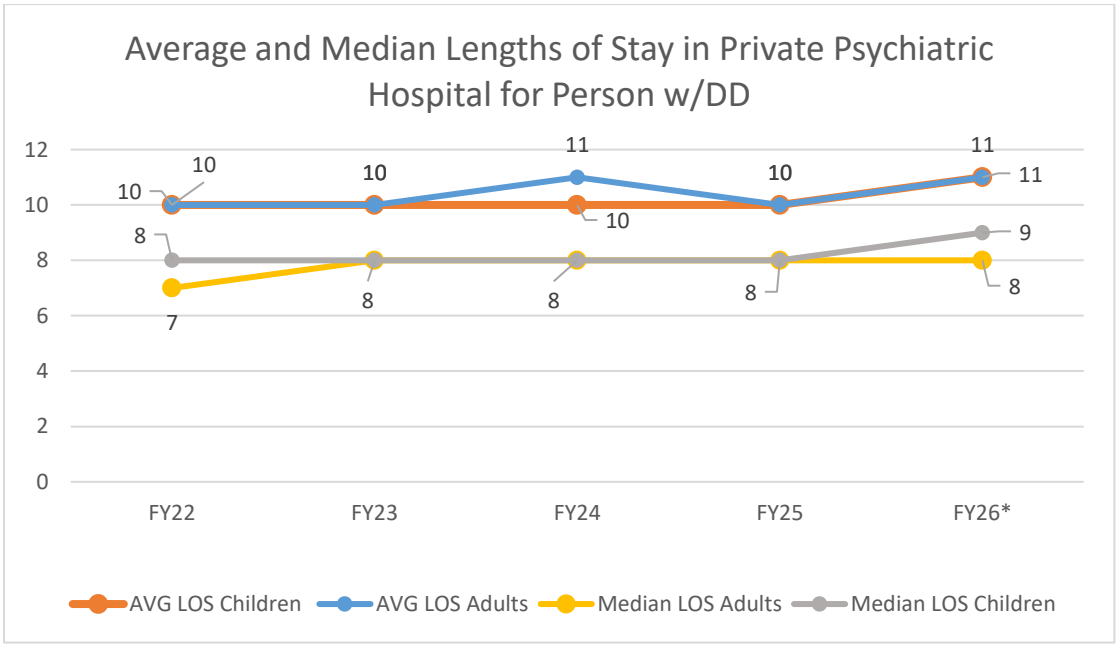
*FY26: Data Q1 and Q2



*FY26: Data is only Q1



REACH is tracking lengths of stay for people in a private psychiatric hospital as the REACH programs are made aware of such people. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY22 - FY25 and FY26Q1 and Q2 are displayed on next page.

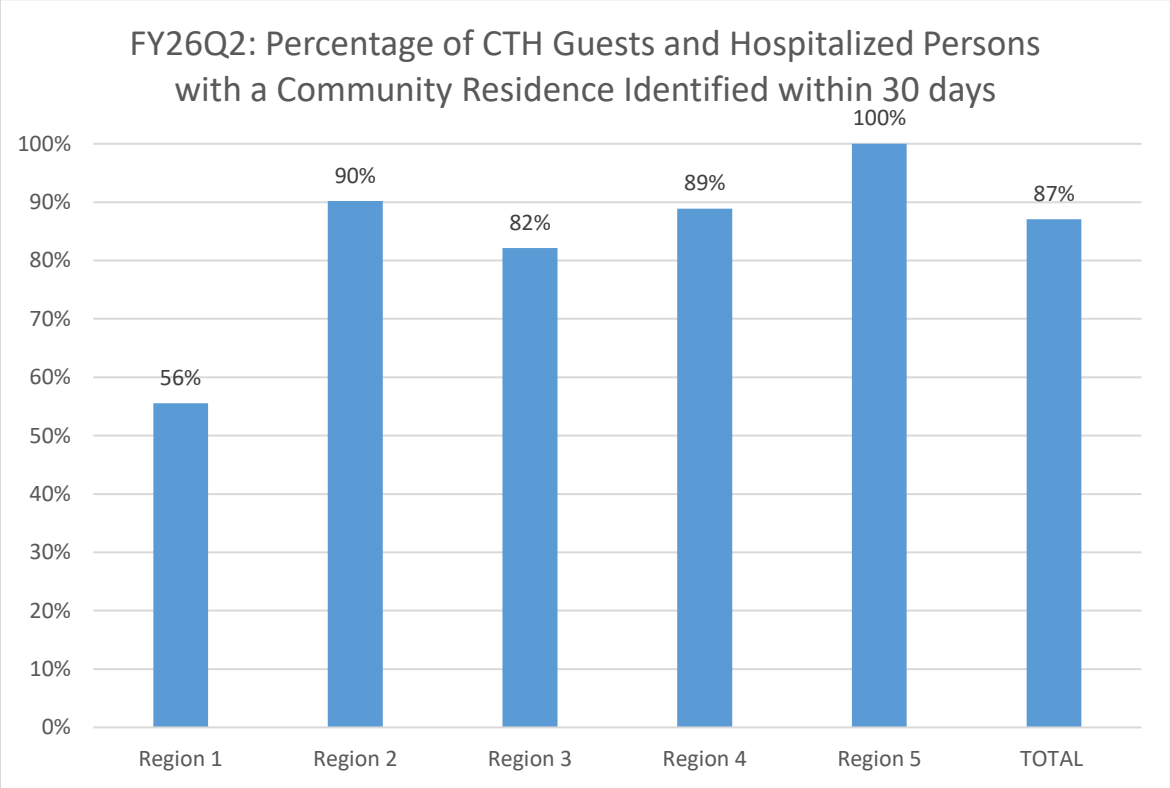


*FY26: Data Q1 and Q2

In FY26Q1, the LOS charts for known versus unknown to REACH persons in psychiatric facilities were removed as the analysis over the years has not indicated any additional information to enhance the service system.

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 indicator is now defined as stated in the ***Permanent Injunction, IV. TERMS. 35. Community Residences for Individuals with DD Waivers. The Commonwealth will work to achieve a goal of 86% of individuals with a DD waiver and known to the REACH system who are admitted to a CTH or a psychiatric hospital have a community residence identified within 30 days of admission.*** 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	5	9	56%
Region 2	46	51	90%
Region 3	23	28	82%
Region 4	40	45	89%
Region 5	14	14	100%
TOTAL	128	147	87%

During this quarter review, F26Q2, 87% of this group had a community residence identified within 30 days, which complies with the goal stated in the PI Terms. 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 97% for FY26Q2.

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.*** This compliance indicator was restated in the Permanent Injection under IV. Terms – 35.a: ***DBHDS will enter into contracts with providers to develop homes for individuals with intense behavior support needs that will be operational (i.e., that an individual can move into the home) in accordance with the schedule set forth in 35.a.i.-iv.***

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, **29 out of 36** 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 similar RFP process seeking additional providers for this effort concluded in FY24. Five new providers now have homes open with a total of 53 new beds available. Each home is in different stages of intakes, with a total of **27 beds across these 53 new beds** filled at the time of this report. All remaining providers have acquired homes and are in the process of having the homes licensed. For open beds, providers are working with DBHDS and CSBs to identify individuals who would be appropriate for admission to the homes. In total across all RFP awardees in FY18 and FY24, **56 of 89** beds across the state are filled. It is anticipated that this will increase in the upcoming 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 actions (35.a.i-iv):

Region	Action (part 1)	Status of Action (part 1)	Action (part 2)	Status of Action (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 in Front Royal is now operational; Completed
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	6 total homes are operational, which exceeds the goal for both part 1 and part 2—Completed
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 under contract but not yet licensed—Not Completed
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 operational in Chesapeake and Hampton—Completed

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. An established waiver slot process has been developed and resulting data is reported to the Virginia General Assembly.

Crisis Education and Prevention Plans

As per agreement, the compliance indicator listed below is on a semi-annual report out schedule. Therefore, no data is provided for this quarter but will be included in the FY26Q3 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*. 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. All those that provide mobile crisis response are required to complete the state's standardized MCR training within 90 days of hire. In FY26, the 6-month pull of staff training data was incorporated into the REACH Qualitative Review Process for quarters 1 and 3 of the fiscal year.

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 Dec. 31st, 2025, a total of 6,090 CSB/BHA staff have completed this training, with training occurring in all CSBs/BHA across the Commonwealth. This is an increase of 122 CSB/BHA personnel trained since the previous report.

Additionally, a related compliance indicator speaks to the requirement of timeliness of training for intake workers and case managers: **DBHDS will add a provision to the CSB Performance Contract requiring training on identifying risk of crisis for care managers and intake workers within 6 months of hire; *filing reference 7.6*.** was reported in FY25Q3 and per agreement is reported on an annual basis.

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 CSBs/BHA in the Commonwealth; the sample consisted of a randomized request from CSBs of 420 CATs, of which 410 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 declines the referral); conversely, CATs with only "no" responses to questions do not require a referral to REACH.

- ***Referral integrity***, specifically reviewing CATs that indicated a REACH referral was required, that the referral was accepted by the individual/their decision maker, and that the CSB indicated that they made the referral. These outcomes were cross-checked with REACH referral records to determine if the referral occurred.

As it relates to ***scoring integrity***, 98% of audited CATs across the commonwealth had the appropriate scoring outcome, meaning that the responses to the questions on the tool corresponded to the appropriate scoring outcome. Of the 410 CATs reviewed, 8 had responses that did not match the score.

As it relates to ***referral integrity***, 33% 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 3 CATs where a referral was accepted and the CSB indicates a referral occurred, REACH provided a referral confirmation date for one referral.

It should be noted that while 410 CATs were received, two CSBs did not submit requested CATs within the given timeframe.

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 corresponds to specific compliance indicators surrounding people with developmental disabilities in the Commonwealth that are in the Support Level 7 category with an identified need for in-home residential support and personal care assistance services.

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 basis. Quarters 1 and 2 of FY26 will be made available in FY26Q3 report.

A review of the utilization data for In-home Support Services, Personal Assistance, Personal Assistance (CD) from Department of Medical Assistance Services is reported on a semi-annual basis and will be included in the FY26Q3 report.