



Virginia Department of
Behavioral Health &
Developmental Services






Crisis Services

Division of Developmental Services

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DBHDS Vision: A life of possibilities for all Virginians

Who Does REACH Serve?

-  ...both children and adults
-  ...persons with a developmental disability, including an intellectual disability
-  ...who have a co-occurring mental health illness or behavioral disorder
-  ...who are at risk for a crisis event or are in the midst of a crisis
-  ...the support system surrounding individuals receiving services from REACH

REACH's Mission

To Educate

- Providers
- Family
- Health Care staff
- Schools
- Mental Health Professionals
- Law enforcement
- Members of the person's natural circle of support

To Assess

- Crisis situations
- Mental health symptoms
- Behavioral function
- Environment
- The support system surrounding the Individual
- Medical issues impacting behavior

To Provide Crisis Services

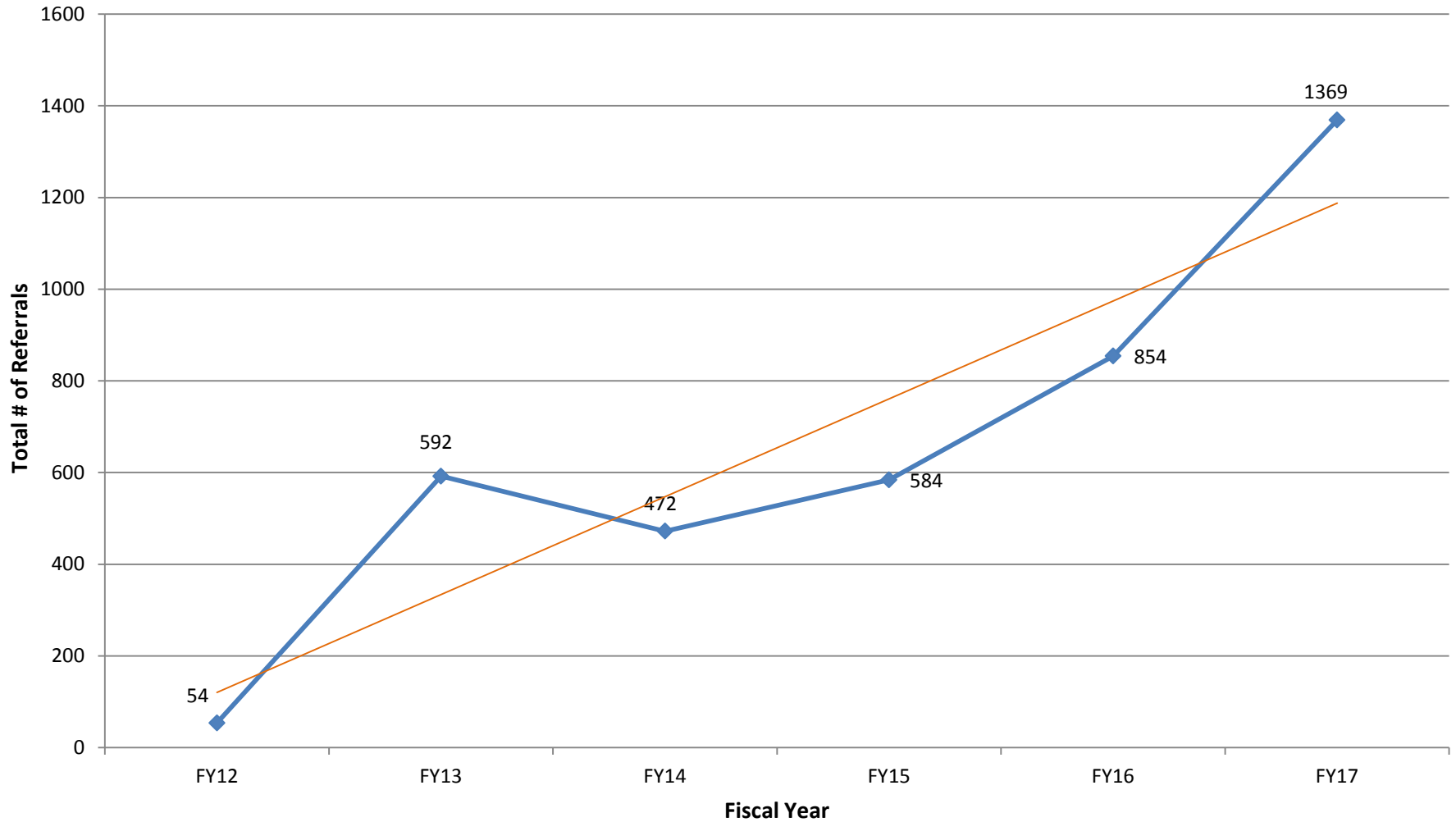
- 24/7 crisis response
- Stabilization services
- Coaching and mentoring for the person's system of support
- Making environmental changes that support the person

To Habilitate

- Teach effective coping skills
- To develop stress tolerance skills
- To teach functional skills for increased independence
- To identify individual interests and learn to access these

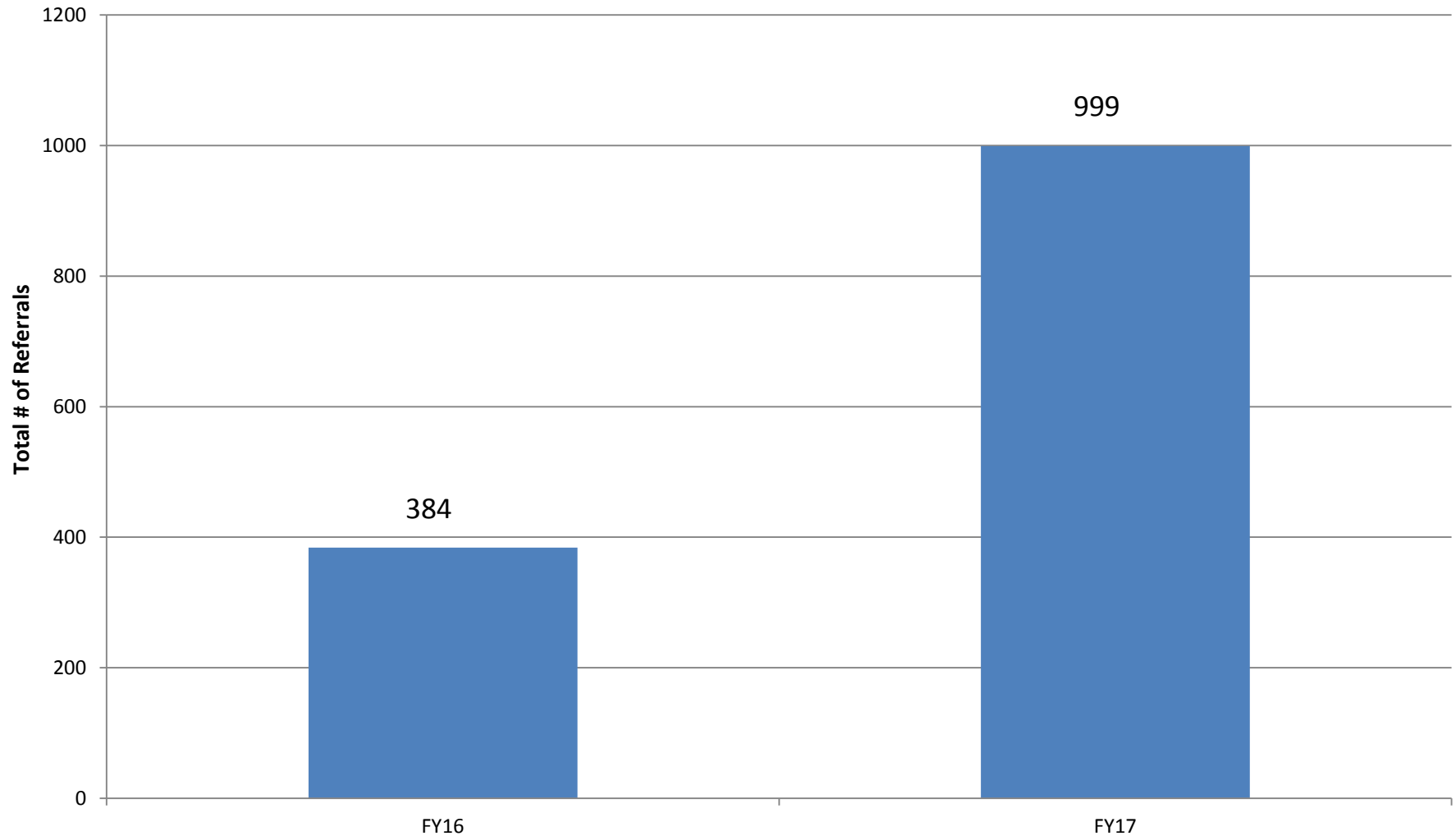
Adult Crisis

Total Number of Referrals by Fiscal Year



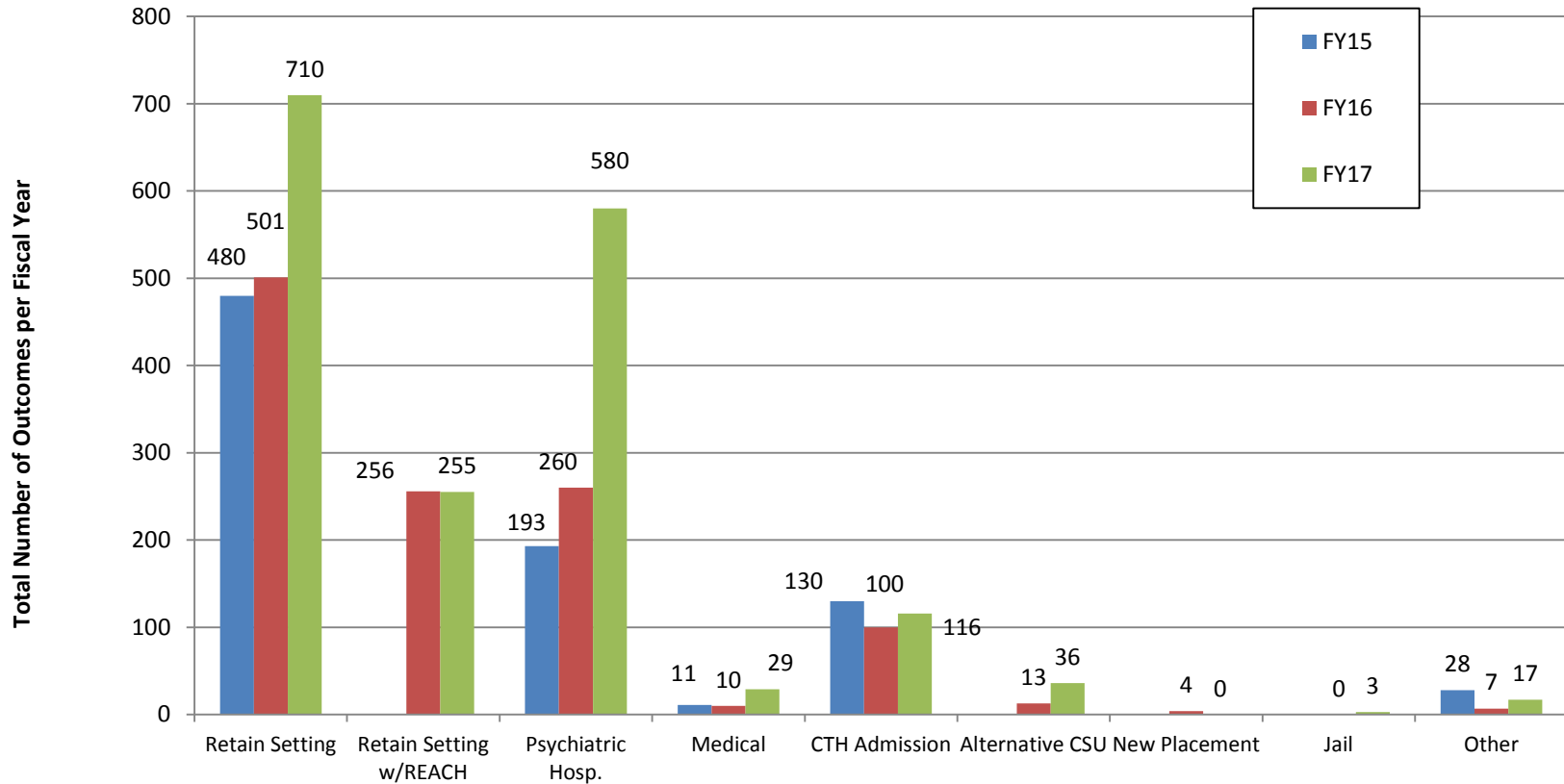
Child Crisis

Total Number of Referrals by Fiscal Year



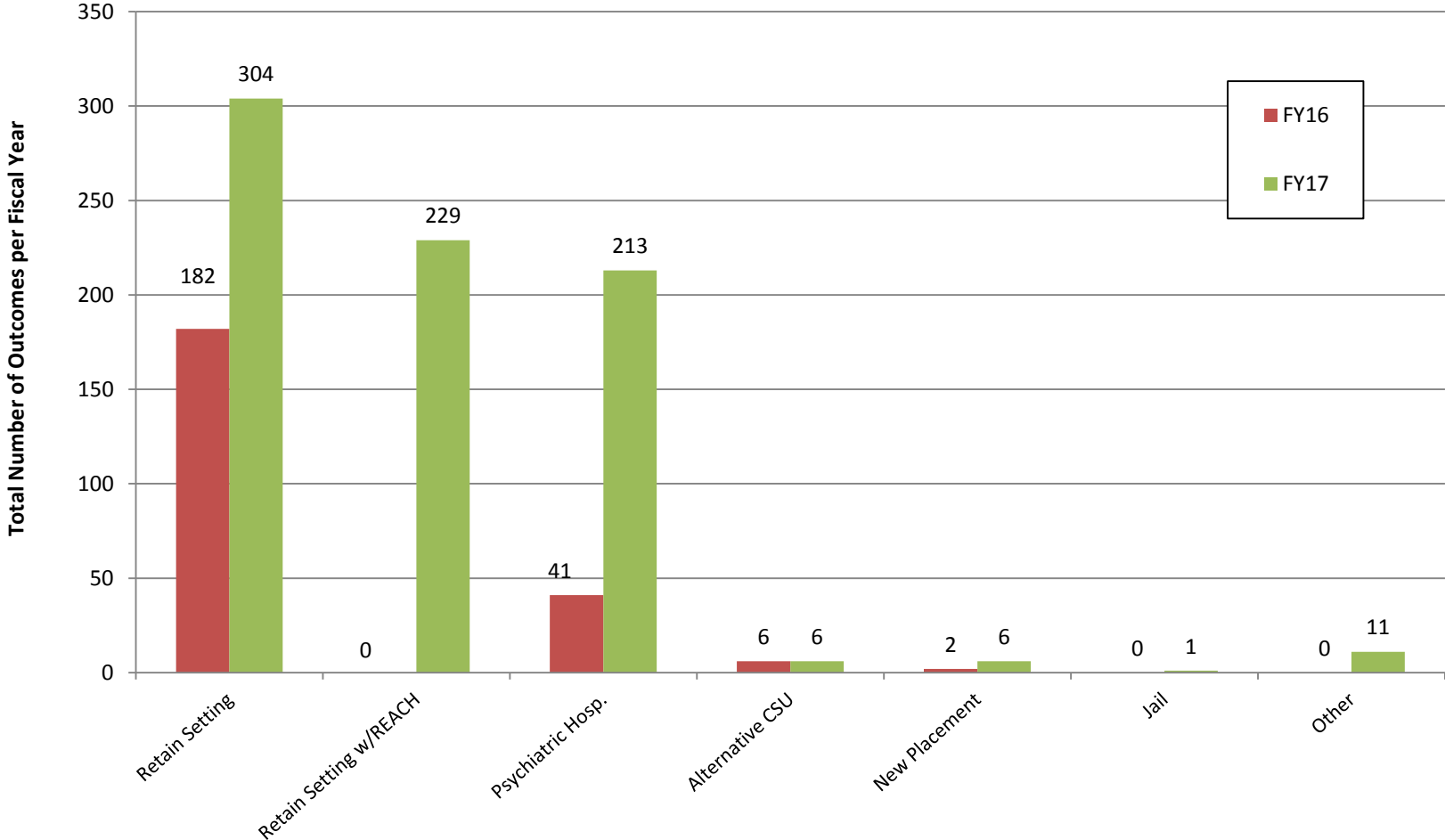
Outcome of Crisis Assessments (Adult)

Outcome of Crisis Assessment by Fiscal Year



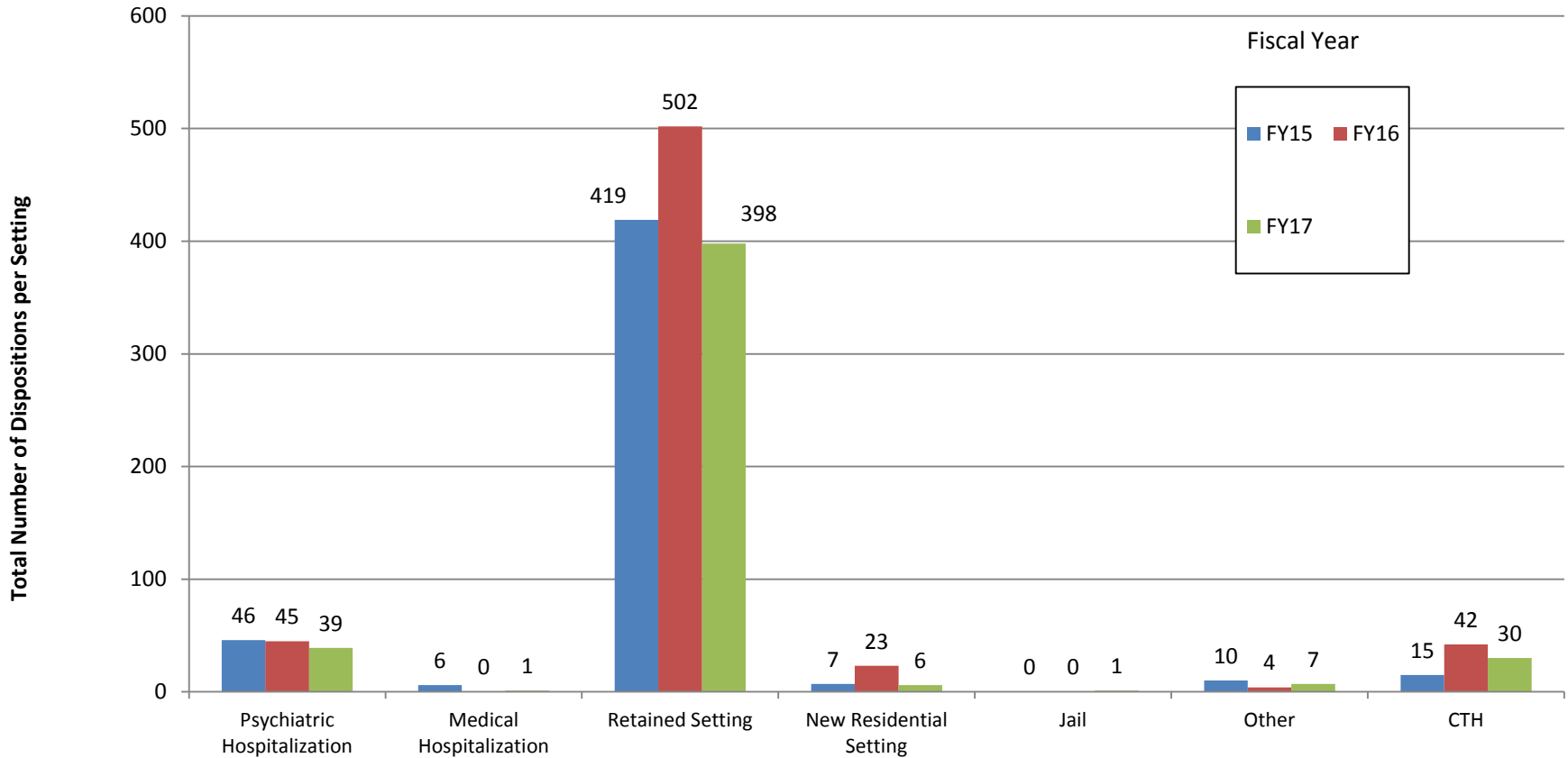
Outcome of Crisis Assessment (Child)

Outcome of Crisis Assessment by Fiscal Year



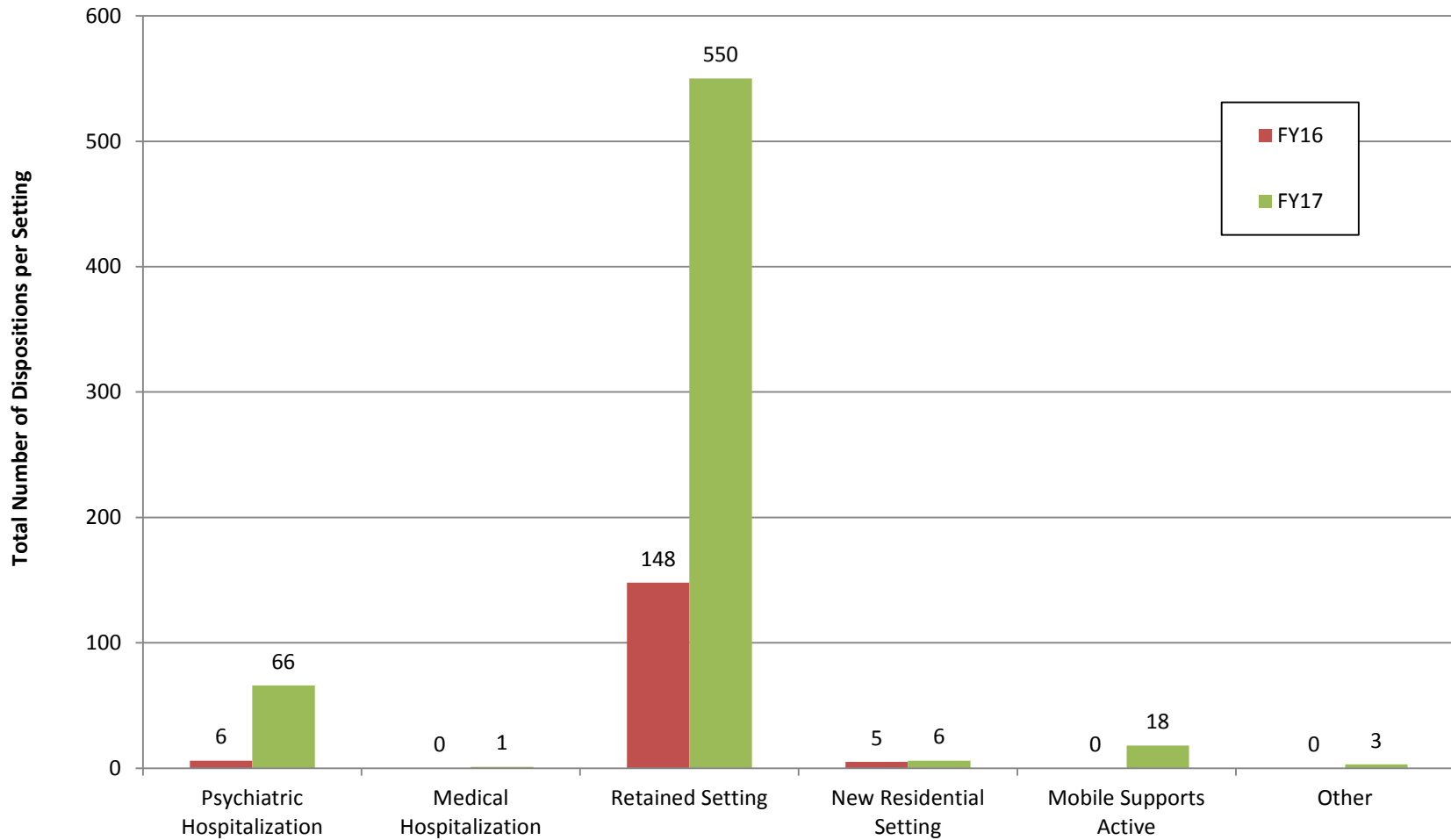
Mobile Support Outcome (Adult)

Disposition at Conclusion of Mobile Supports by Fiscal Year



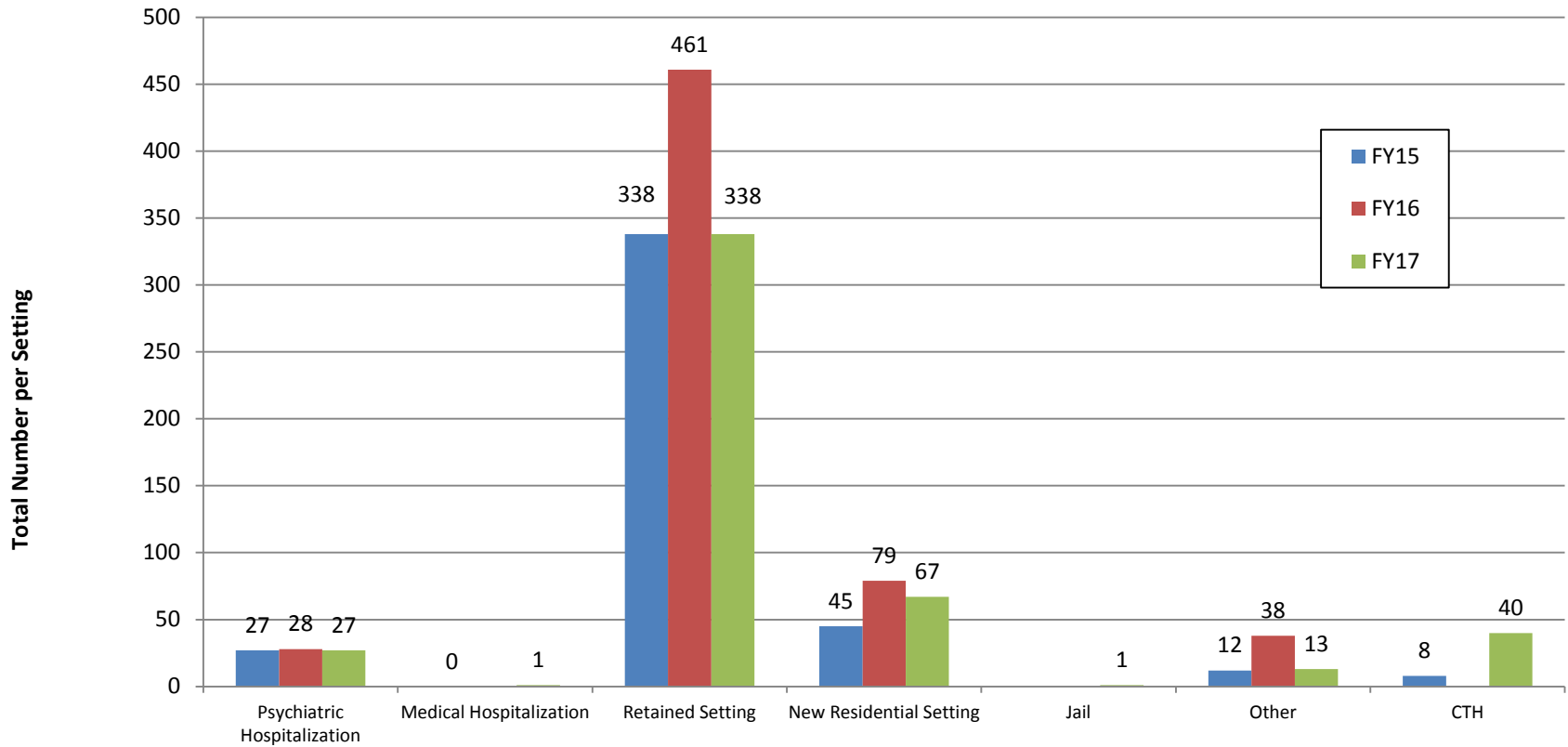
Mobile Support Outcomes (Child)

Disposition at Conclusion of Mobile Crisis by Fiscal Year



CTH Outcomes (Adults)

Disposition from CTH by Fiscal Year



Independent Reviewer Concerns

“The Commonwealth should study and determine the root causes of the significant increase in admissions of individuals with IDD to state operated psychiatric facilities. Studies found two related factors: an unexpected high rate of families refusing REACH services and not all CSB ES Teams informed REACH of individuals with IDD being screened for psychiatric admission.”

- Emergency Services System
- Psychiatric Hospitalizations
 - Adult
 - Children
- Refusal of services

Next Steps Children's Crisis

- Hospital Data Review
 - Reasons for increased admissions
 - Age of parent caregiver
 - Size of child (obesity and GMO)
 - Increase in survival rate of preemies
 - Fetal Alcohol/Drug impact
 - DSS/Foster Care
 - Single natural parent households
 - Abuse /Neglect and trauma
 - Bullying
 - Looking at CSA data – are more kids remaining in state in comparison
- Children's Therapeutic Homes
- Increase consistency
 - Training
 - Documentation
 - Processes

Next Steps Adult Crisis

- Hospital Data Review
 - Vet data and theories
- Adult Transitional Homes
- Increase consistency
 - Training
 - Documentation
 - Processes
- Partnership with BH Acute Care Team
 - Hospitalizations
- Behavioral Provider Development