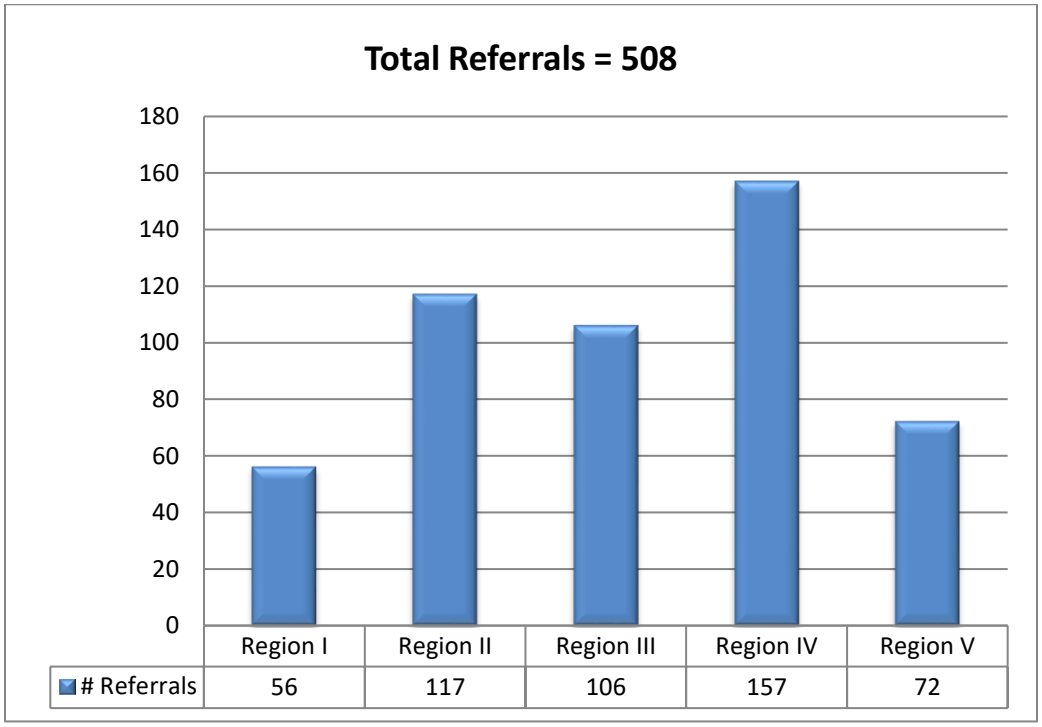
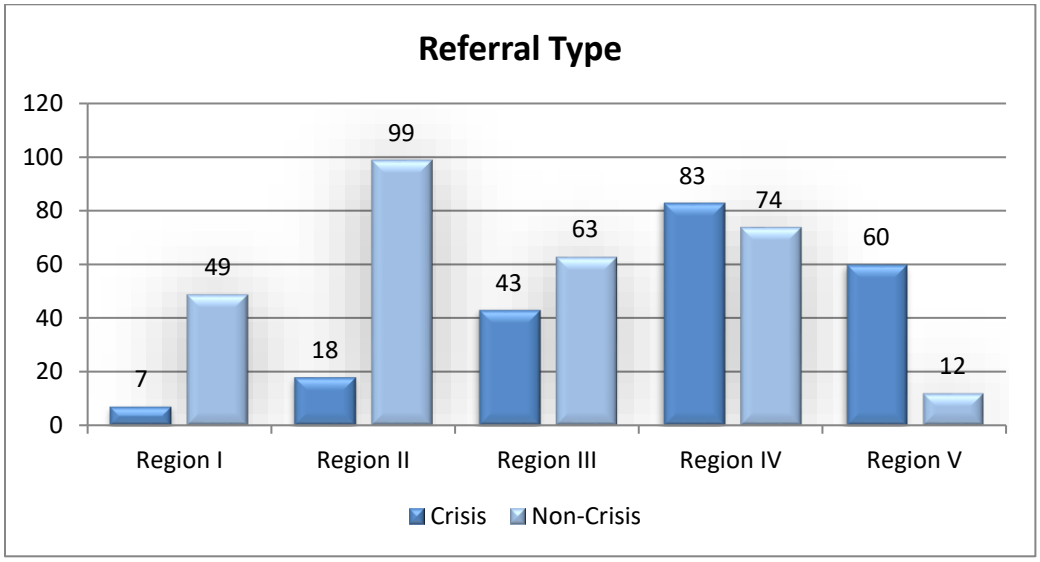
REACH Data Summary Report-Adult: Q4/FY22

This report provides data summarizing the referral activity, service provision, and residential outcomes for adults served by the REACH programs during the fourth quarter of fiscal year 2022.

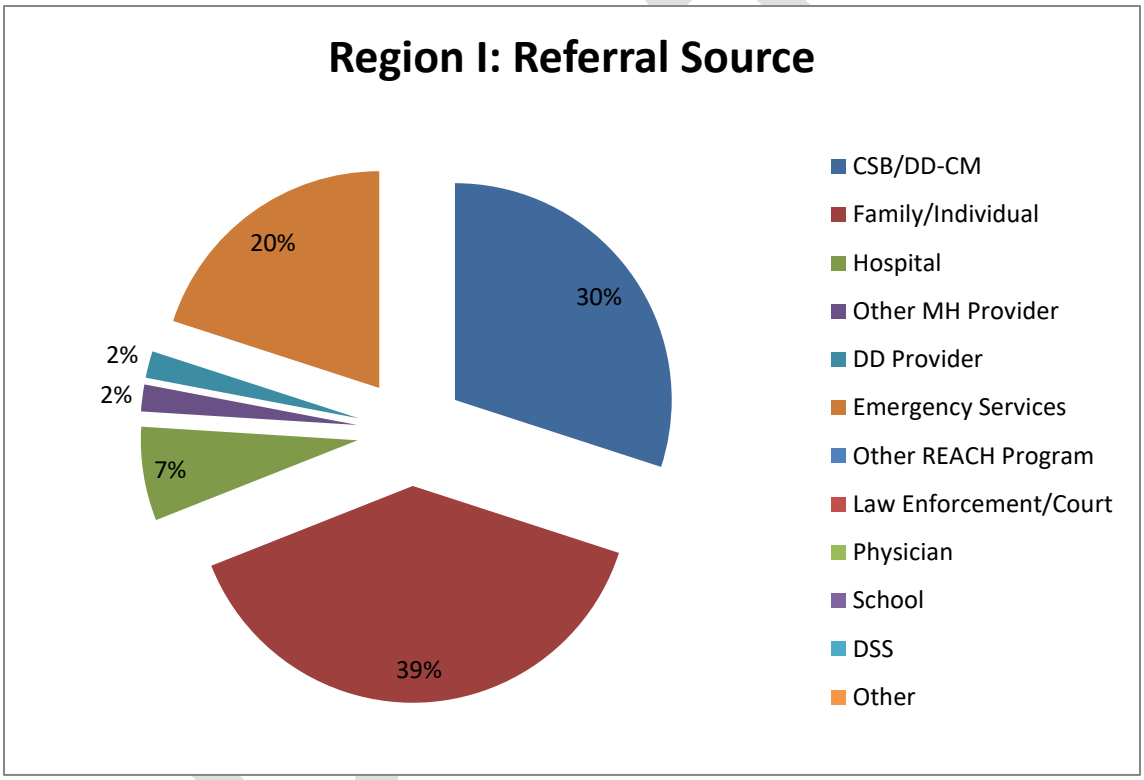
REACH Referral Activity

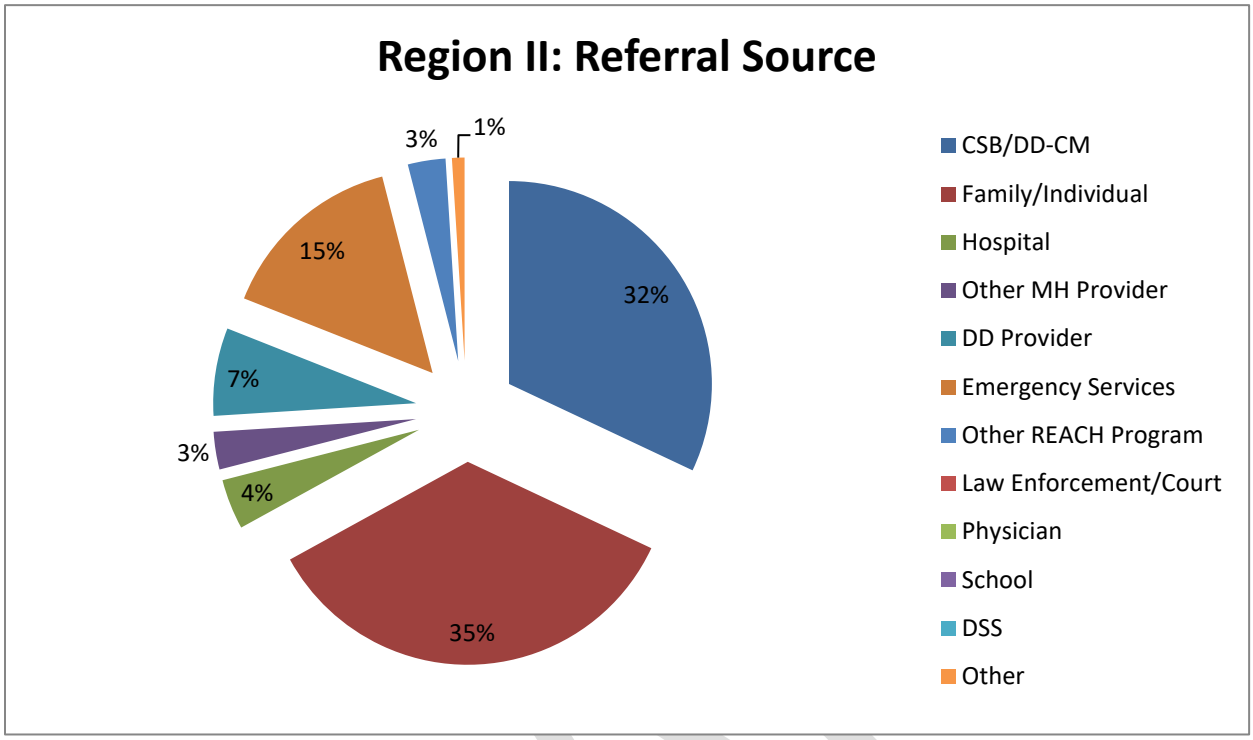


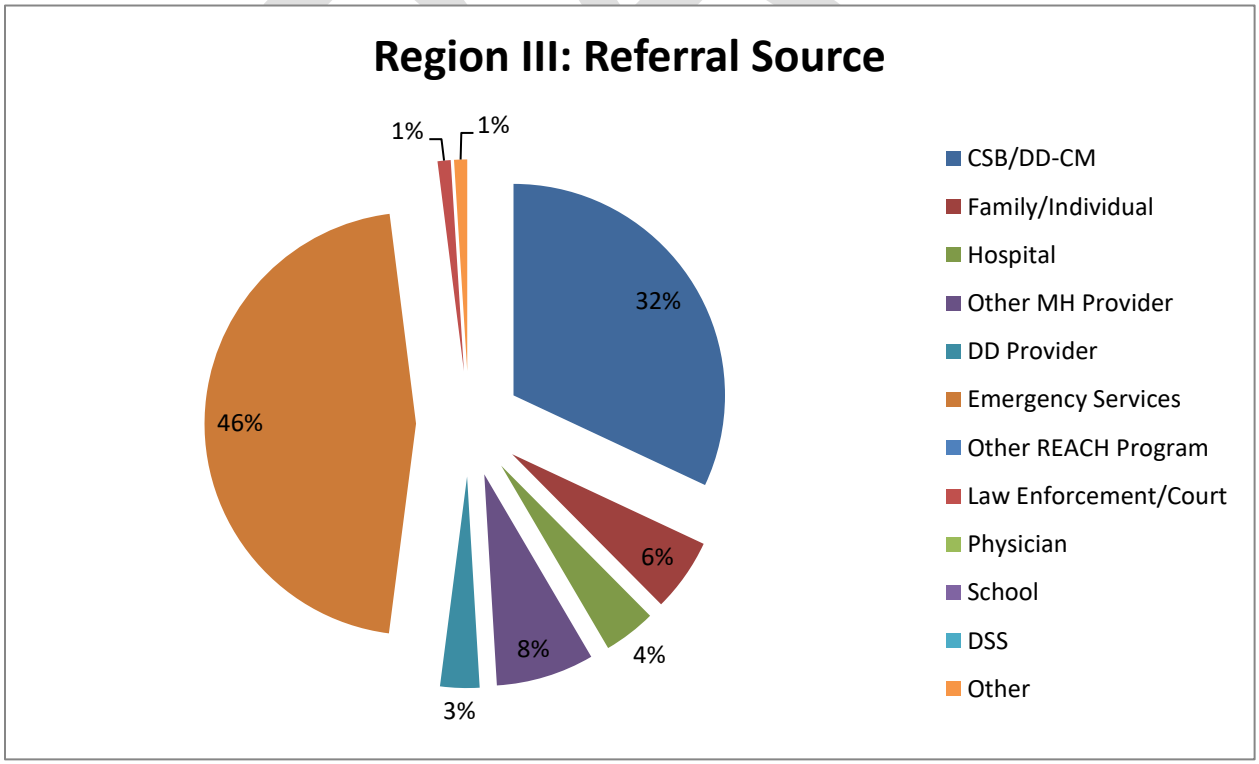


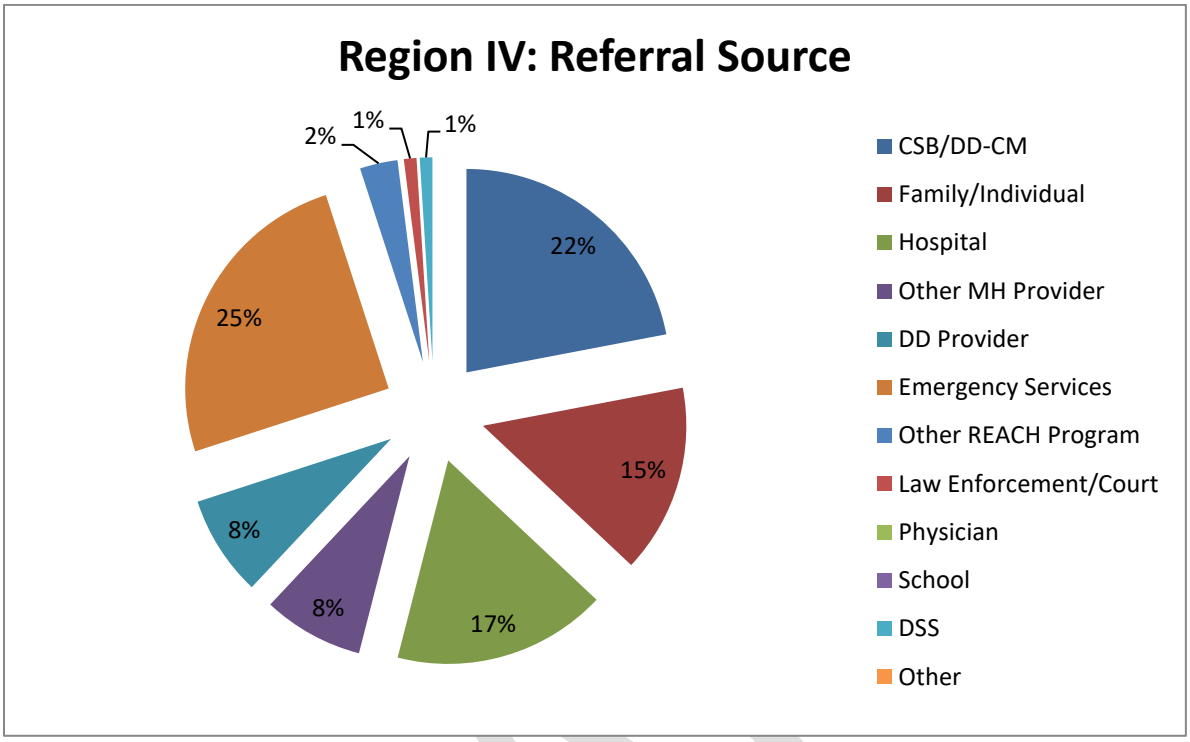
For FY22 Q4, there was an increase in total referrals as compared to FY22 Q3, 499 to 508. The data regarding the breakdown of types of referrals for Regions I, II, and III denote more non-crisis referrals than crisis referrals; whereas Regions IV and V received more crisis referrals in the fourth quarter. Regions I, II and III received more crisis referrals, whereas Regions IV and V received more non-crisis referrals than crisis in the fourth quarter.

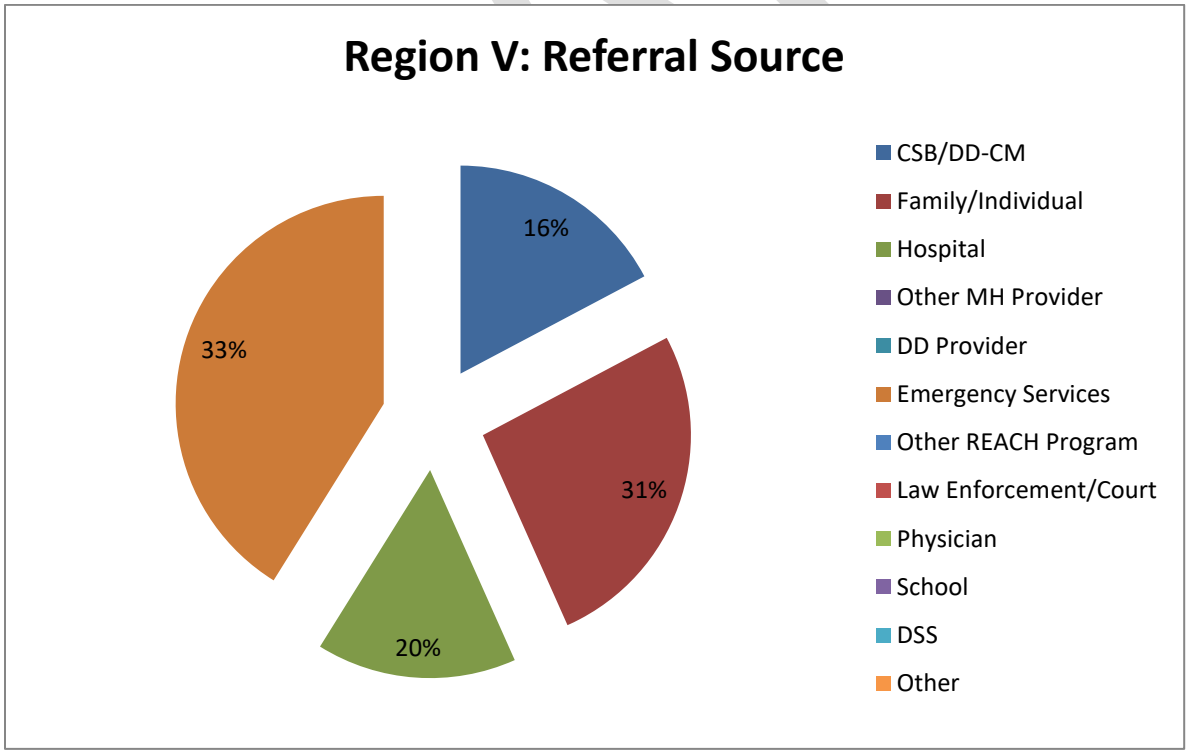
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by Region of referral source data. Referral sources cover a broad range of stakeholders when the state is considered as a whole and primary referral sources vary by Regions of the state.




Region II: Referral Source
32%
35%
4%
3%
7%
15%
3%
1%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court
Physician
School
DSS
Other


Region III: Referral Source
32%
6%
4%
8%
3%
46%
1%
1%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court
Physician
School
DSS
Other


Region IV: Referral Source
22%
15%
17%
8%
8%
25%
2%
1%
1%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court
Physician
School
DSS
Other


Region V: Referral Source
16%
31%
20%
33%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court
Physician
School
DSS
Other

The table below provides a breakdown of referrals by days of the week, ranges of time, and weekends/holidays. Monday through Friday is consistently the prime days for referrals with the 7:00 a.m. to 2:59 p.m. time frame being higher than 3 p.m. to 10:59 p.m. time frame in which most referrals occur.

Referral Time	**Region I**	**Region II**	**Region III**	**Region IV**	**Region V**	**Total**
Monday - Friday	49	106	92	123	60	430
Weekends/Holidays	7	11	14	34	12	78
7am - 2:59pm	39	59	57	67	27	249
3pm - 10:59pm	16	49	34	76	34	209
11 pm - 6:59 am	1	9	15	14	11	50

Also of interest to the Commonwealth is ensuring that the REACH programs serve the DD community in its entirety and effectively. The table below summarizes the breakdown of individuals referred to REACH with an intellectual disability (ID) only, an intellectual and other developmental disability, developmental disability exclusive of ID, and unknown or no developmental 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. During the fourth quarter, RI, II supported more individuals with "DD only". Individuals with only the diagnosis of ID continue to be the highest denoted subgroup supported by the Adult REACH programs.

Diagnosis	Region I	Region II	Region III	Region IV	Region V	**Total**
ID only	18	35	53	94	23	223
DD only	27	48	29	44	22	170
ID/DD	11	34	18	11	24	98
Unknown/None	0	0	6	8	3	17
Total	56	117	106	157	72	**508**

In terms of what type of clinical issues bring individuals to the REACH programs for support; aggression and increased MH symptoms continue to be the main reasons for referral during FY22 Q4, with suicidal ideation as the third most common reason for referral. This pattern is consistent

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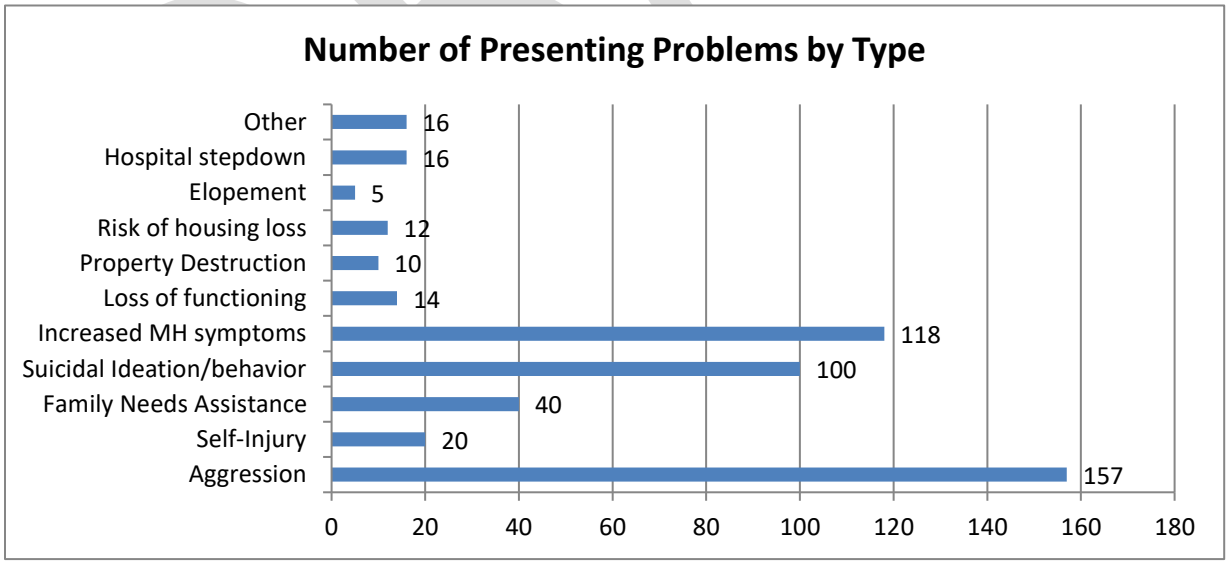
across reviewed quarters. Aggressive behavior includes physical aggression and verbal threats. This pattern remains consistent from the previous quarter. Following the summary table on the next page, a graph presents the same information aggregated across all five REACH Regions.

Presenting Problems

	Region I	Region II	Region III	Region IV	Region V	**Total**
Aggression	25	37	25	47	23	157
Self-Injury	1	4	5	9	1	20
Family Needs Assistance	2	14	4	18	2	40
Suicidal Ideation/behavior	9	11	19	36	25	100
Increased MH symptoms	7	32	30	37	12	118
Loss of functioning	2	5	3	2	2	14
Property Destruction	1	4	1	2	2	10
Risk of housing loss	5	4	3	0	0	12
Elopement	0	0	1	1	3	5
Hospital stepdown	3	3	5	3	2	16
Other	1	3	10	2	0	16

Other: Changed housing, law enforcement intervention, conflict with peers



REACH Crisis Response

Each of the five regional REACH programs operates a crisis line 24-hours per day, seven days per week. Arriving calls may be from existing REACH consumers or from systems 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. Because the crisis line allows an individual to access a trained clinician 24/7, it is being used more and more frequently by REACH clients and their circles of support to maintain stability or to assist the individual in problem solving through a stressful situation. The "crisis" line is 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
- Non-crisis/Prevention
- Information/brief consult
- In-person assessment/intervention
- Total crisis line activity
- Average response time

A summary of information related to these elements is depicted in the graph on the following page. 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 clients, 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 before, crisis line activity and referral activity are best understood as separate elements.

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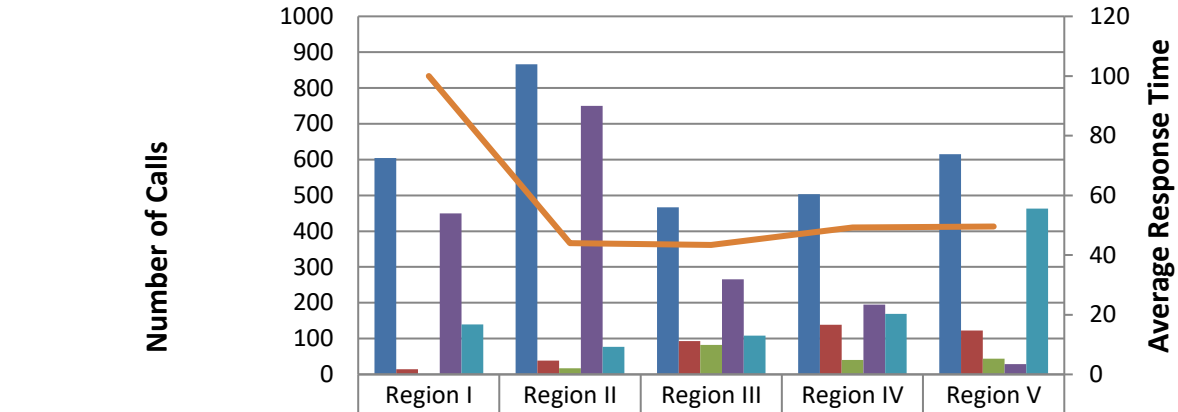

	Region I	Region II	Region III	Region IV	Region V
Total Call Activity	604	866	467	503	615
Crisis Calls	14	39	93	139	123
Face to Face Response	1	17	82	40	44
Non-Crisis/Prevention	450	750	266	195	29
Information/Brief Consult	140	77	108	169	463
Average Response Time	100	44	43.39	49.27	49.58

The average response time is graphed on a secondary axis represented by the orange line. Noted in the data listed above is the impact of COVID in relation to the in-person crisis responses ("face to face response"). Due to precautions related to COVID all programs have utilized some telehealth options in order to continue to be a provide crisis response. The number of responses via telehealth for each region varied with all regions providing increased numbers of face to face response again this quarter. Overall call activity decreased from FY22Q3 of 3,362 to 3,055 in FY22Q4. Crisis call activity increased from 370 calls in FY22Q3 to 408 calls in FY22Q4. The respective regions experienced the following face to face response to calls during the fourth quarter of FY22: All five regions met expectations as denoted in the REACH Program Standards regarding average time to respond to the scene of the crisis event for those responded to face to face. Regions II and IV must have an average response time of within one hour as designated as urban setting and Regions I, III, and V within two hours as designated rural setting. Region I provided 93% of their response via tele health (one face to face), while Region II responded at 82%, Region III met 100%, Region IV at 78%, and Region V met at 100% of their face-to-face response time. The table on the next page offers a more detailed picture of response time data by breaking it into 30-minute increments. Traffic congestions/distance, and multiple calls were the reasons given for delays in response. This is consistent with the previous quarter.

Response Time

	Region I	Region II	Region III	Region IV	Region V	Total Calls
Response Interval: 0 - 30	0	5	37	11	13	77
Response Interval: 31 - 60	0	9	22	20	10	61
Response Interval: 61 - 90	0	3	14	8	14	39
Response Interval: 91 -120	1	0	9	1	7	18
Response Interval: 120+	0	0	0	0	0	0
Total	1	17	82	40	44	**184**

For those at +120 multiple calls, traffic/distance were a factor in not meeting timeframe.

Location of Crisis Assessments

Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual Home/Family Home	0	12	11	20	27	70
Hospital/Emergency Room	10	13	50	97	79	249
Emergency Services/CSB	2	9	10	2	3	26
Residential Provider	2	4	22	18	11	57
Police Station	0	0	0	0	0	0
Day Program	0	0	0	0	0	0
School	0	0	0	1	0	1
Other	0	1	0	1	3	5
Total	14	39	93	139	123	**408**

Other response settings include hotel room, community and parking lot

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 FY22Q4. 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 denotes where the individual was located when the assessment occurred. During FY22Q4 the number of individuals assessed in family homes increased from 49 in FY22Q3 to 70, emergency room assessments increased from the last quarter from 234 to 249 in the fourth quarter. Assessment locations in an emergency services/CSB decreased from 34 to 26 this quarter, and the residential provider location increased 38 to 57 individuals in the fourth quarter. Both COVID and low staffing numbers impacted certain locations of service. The data denotes that in the fourth quarter of FY22, 39% of all assessments occurred outside of a hospital emergency department. The data denotes a decrease in law enforcement presence for the fourth quarter as compared to the previous quarter, 33% to 30.3%.

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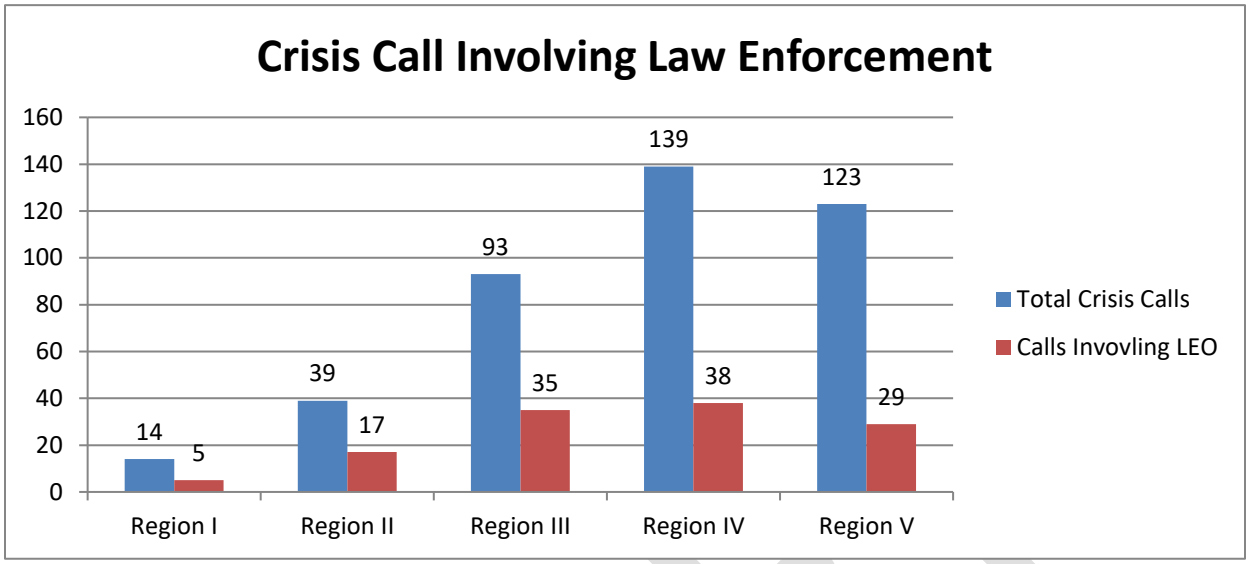
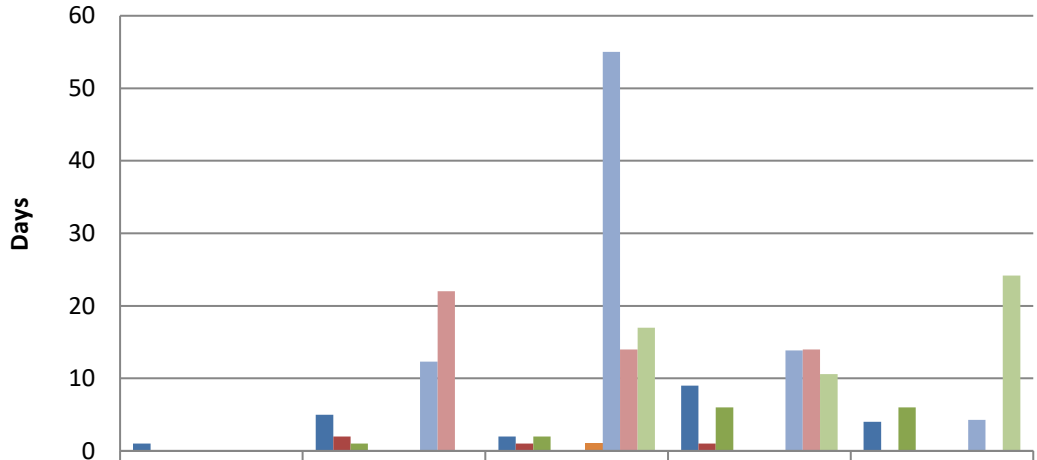


Crisis Therapeutic House

Each of the five REACH programs operates a Crisis Therapeutic Home (CTH) that accepts crisis stabilization admissions, step downs from hospitals and jails, and planned preventive stays. Region specific information such as type of stay, length of stay, readmissions, and waitlists is presented in the graph on the next page. Due to the large variability in average length of stay (LOS) as a result of individuals being admitted with no disposition, the chart depicting CTH utilization was modified in FY20 to reflect only those individuals who were admitted or readmitted and discharged in the quarter. All other individuals who were admitted in previous quarters and discharged in this quarter will have their LOS data reflected in the narrative and table on page 12. These particular individuals also will be included in the data on the chart "Dispositions by Service Type" under "CTH".

The Commonwealth has been closely monitoring capacity of REACH programs across the Commonwealth. In all instances, the CTH is working with the CSB to ensure the individual is linked to appropriate supports and services. All programs are responsible for working with the Department as well to ensure that the system is working together to ensure an appropriate resolution and placement for the individual being supported. Additionally, the Department is working to address follow-through on services to ensure all parties are working diligently to address the needs of individuals without disposition. The next chart denotes within the fourth

quarter admissions/readmissions across all Regional programs. During FY22Q4, there were 21 crisis stabilization admissions, 4 prevention admissions, and 15 step-down admissions reflecting a decrease in the number of crisis and prevention stays, with a slight increase by 1, in step down admissions in the fourth quarter of FY22.



	Region I	Region II	Region III	Region IV	Region V
Admits/stab	1	5	2	9	4
Admits/prevention	0	2	1	1	0
Admits/stepdown	0	1	2	6	6
Readmits/stab	0	0	0	0	0
Readmits/prevention	0	0	0	0	0
Readmits/stepdown	0	0	1	0	0
Avg. LOS for crisis stab admits/readmits	0	12.33	55	13.85	4.3
Avg. LOS for prevention admits/readmits	0	22	14	14	0
Avg. LOS for step-down admits/readmits	0	0	17	10.6	24.2

The average length of stay reflected for each type of admission on the previous chart reflects that for crisis stabilization admissions Region II, IV and V are within the expected average length of stay with the RIII outside of the average length of stay at 55 days. R1 individual

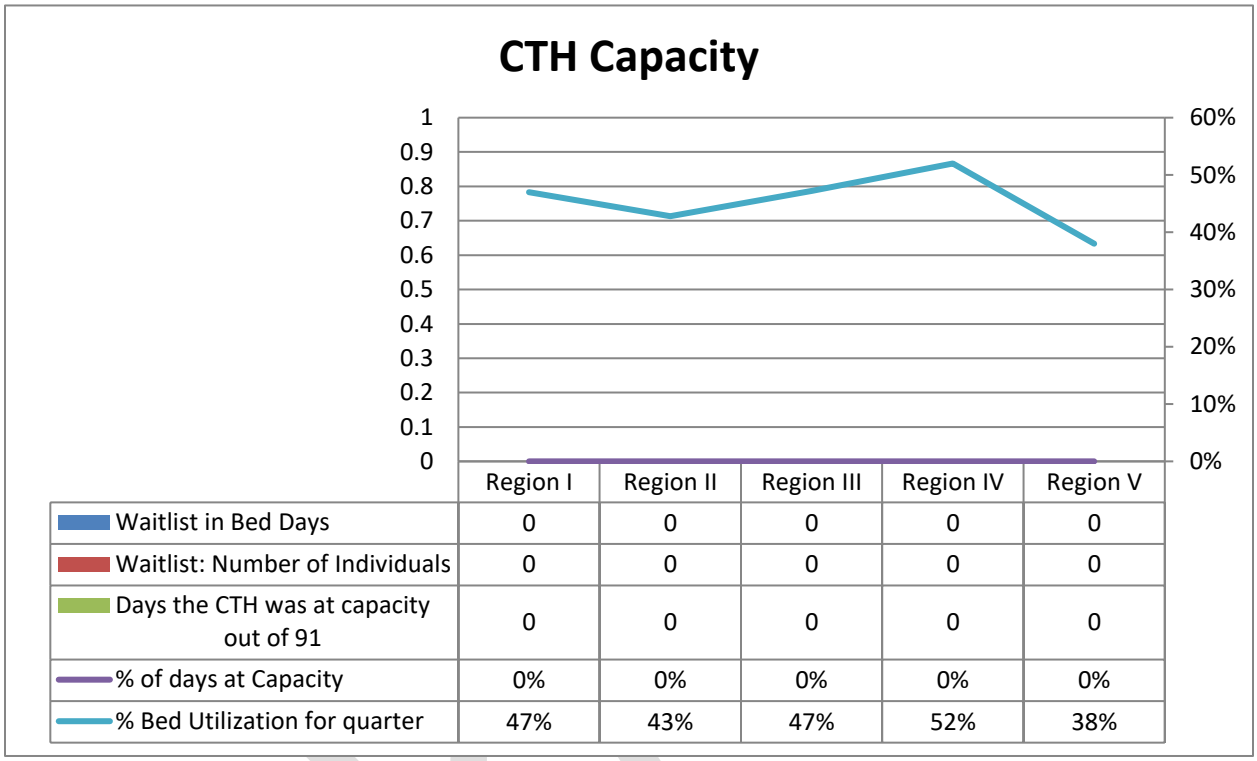
remains admitted this quarter. Across all Regions for those individuals who were admitted in a previous quarter to the CTH and discharged in this quarter, the data is as follows: 8 crisis stabilization admissions with LOS ranging from 18 to 107 days, 2 step-down admissions with LOS ranging from 5 to 68 days, and 1 prevention stay at 59 days. These discharged individuals are in addition to those individuals admitted and discharged within the quarter.

LOS: Individuals Admitted Previously and Discharged w/in Quarter			
Region	*Individual*	*Type of Admission*	*Total LOS (days)*
Region I	Person 1	Crisis Stab	74
	Person 2	Crisis Stab	89
Region II	Person 1		0
Region III	Person 1	Crisis Stab	107
	Person 2	Step Down	68
	Person 3	Crisis Stab	63
Region IV	Person 1	Crisis Stab	44
	Person 2	Crisis Stab	18
Region V	Person 1	Crisis Stab	79
	Person 2	prevention	59
	Person 3	Crisis Stab	60
	Person 4	Step Down	5

The following table reflects more specific information by person regarding length of stay, region, and type of admission.

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 each of the five CTHs was at capacity in the quarter and how many of the beds were utilized. The bed utilization rate for the Crisis Therapeutic Homes ranged from 38% to 52% during the fourth quarter. Admissions were below occupancy rate in all Crisis Therapeutic homes (CTH). Occupancy this quarter in Regions I though V for bed utilization was 47%, 43%, 47%, 52% and 38%, respectively. All five regional REACH programs experienced the impact of a continued nationwide staffing shortage

which impacted the ability to maintain full occupancy of 6 beds due to health and safety guidelines impacting available staff to client ratio as licensed providers during the fourth quarter of FY22.



	Region I	Region II	Region III	Region IV	Region V
Waitlist in Bed Days	0	0	0	0	0
Waitlist: Number of Individuals	0	0	0	0	0
Days the CTH was at capacity out of 91	0	0	0	0	0
% of days at Capacity	0%	0%	0%	0%	0%
% Bed Utilization for quarter	47%	43%	47%	52%	38%

Beds Used Out of 546 Beds Available:	256	234	258	283	206

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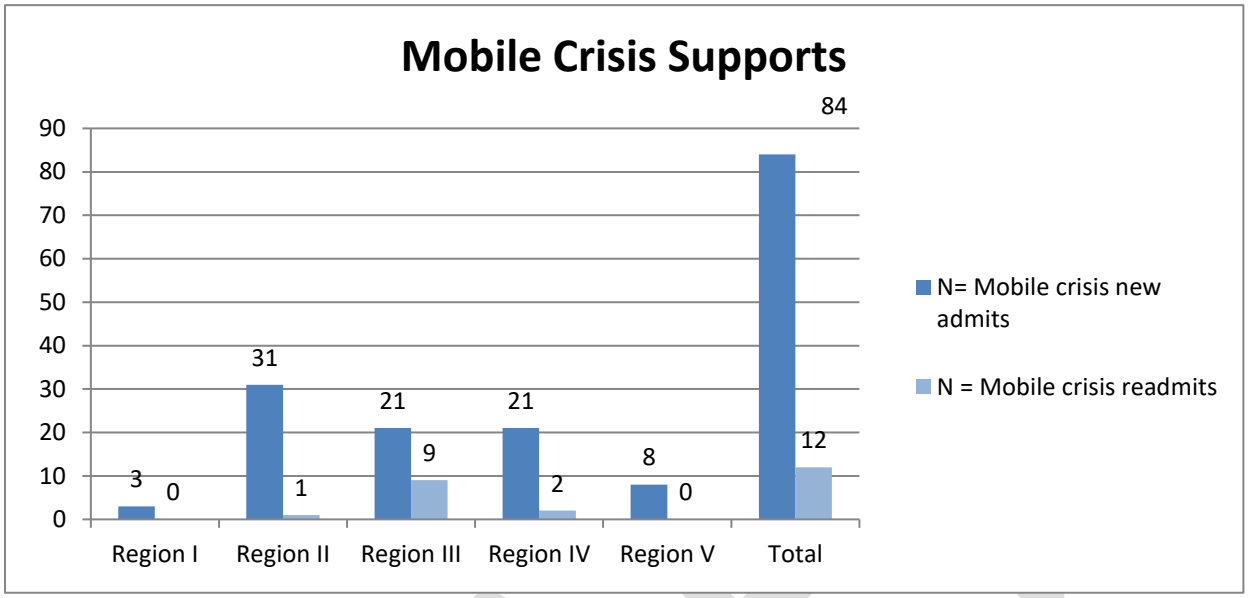
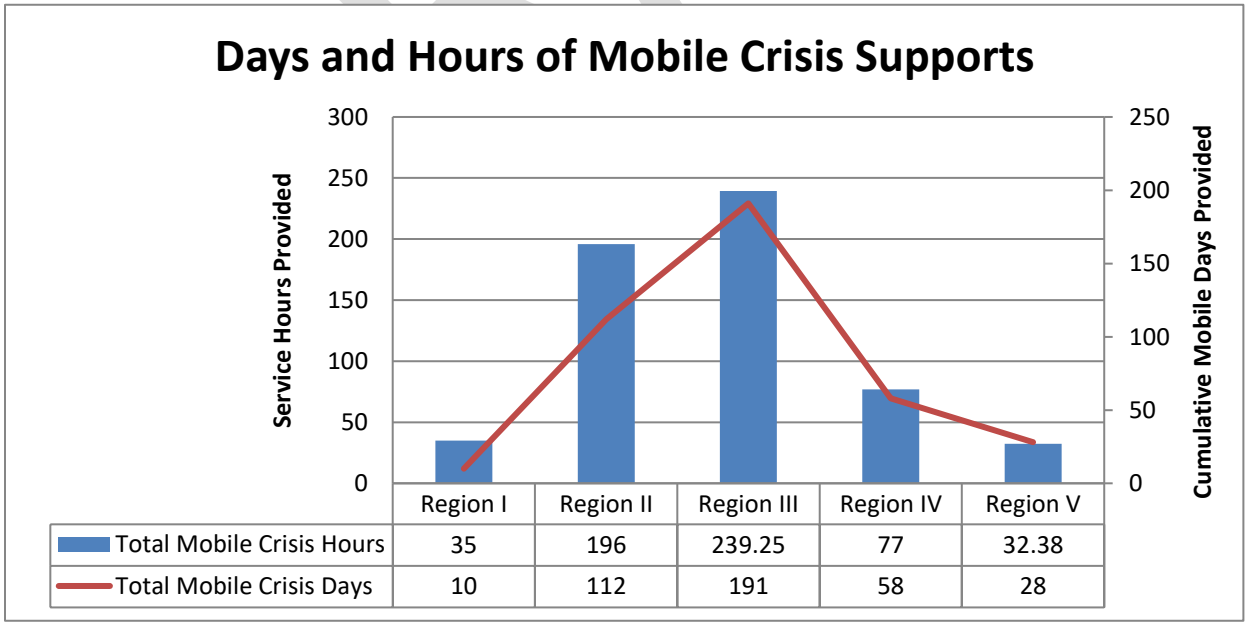
Community Mobile Crisis Stabilization

Community-based, mobile crisis supports are one of the key services that the REACH programs provide. These services are provided in the home or community setting as an immediate result of a crisis event. It is especially important to the REACH model because it impacts and benefits not only the individual 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 chart on the next page depicts admissions activity for the community mobile crisis supports provided by the regional programs. The total number of new admissions supported through mobile crisis services dropped this quarter with 98 in FY22Q3 and 84 in FY22Q4. The total number of readmissions increased this quarter with three in Q3 to and twelve in Q4.



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



Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings where they spend their time. Concurrently, they assist care providers in learning to work successfully with the people they serve. This may involve helping them to effectively coach the individual through the use of a coping strategy during periods of distress, enhancing their communication skills, or making modifications to the environment or daily routine. Overall, the regional programs provided a slight decrease in crisis hours from 678.3 in FY22Q3 to 579. 63 in FY22Q4 of mobile crisis stabilization across 399 days. Generally, individuals are provided with crisis service for about 3 to 5 days with a targeted average per day of 2 hours. The fourth quarter data shows a range of between 1-15 days of services provided with a range of 3.3 to 11.7 average hours per case. All regions continued to provide a mix of in-person and telehealth due to the pandemic. All regions are actively working to return to in face to face/in person crisis stabilization as staffing numbers increase and COVID precautions reduce across all regions. Data for the present quarter regarding the range in crisis service days, as well as the average number of days and hours crisis supports were in place, is as follows

Service Unit	Region I	Region II	Region III	Region IV	Region V
Range of Days	2-4	1-6	2-15	1-5	2-9
Average Days/ Case	3.3	3.5	6.4	2.5	3.5
Average Hours/Day	3.5	1.8	1.3	1.3	1.2
Average Hours/Case	11.7	6.1	8.0	3.3	4.0

REACH also provides ongoing community based services to the individuals and their support system 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 to 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

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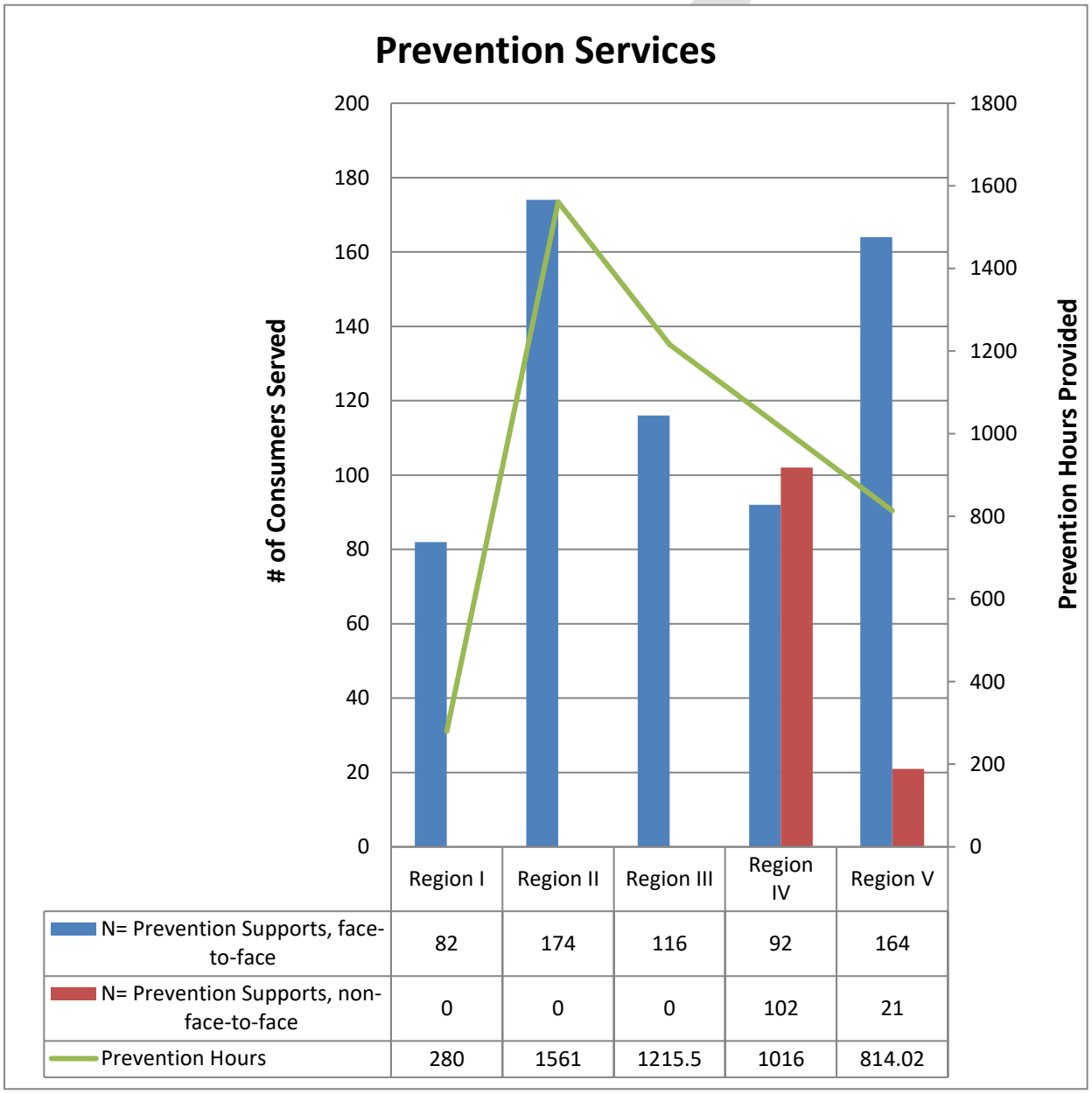
stabilized. FY22 quarter four as in the previous quarter were impacted by COVID precautions, all prevention services (e.g. telephonic communication); are included in the total number of prevention hours provided, across each program. These metrics are displayed via the blue column, red column, and green line, respectively, with the green line corresponding to the secondary y-axis. It should be noted that in previous reports, only total prevention hours by program have been displayed.



	Region I	Region II	Region III	Region IV	Region V
N= Prevention Supports, face-to-face	82	174	116	92	164
N= Prevention Supports, non-face-to-face	0	0	0	102	21
Prevention Hours	280	1561	1215.5	1016	814.02

The total number of individuals receiving face-to-face prevention for FY22Q4 was 751. The total number of prevention hours provided by all programs in quarter four was 4886.52; a slight increase from FY22Q3.

Crisis Service Outcomes/Dispositions

Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted to the CTH? Third, what is the outcome when mobile crisis or prevention supports are put in place to stabilize the situation and avoid the need for CTH admission, hospitalization, or some other disposition that involves disrupting the person's residential setting?

For this quarter, 47% of the individuals receiving a crisis assessment were able to retain their original residential setting, 17% of individuals were able to retain their setting with REACH support, 3.9% were diverted to a CTH, 1% of individuals diverted to an alternate CSU or residential setting, and 18.9% were psychiatrically hospitalized in a private hospital, while 9.3% were hospitalized in a state psychiatric hospital, 1% were medically hospitalized and .25% (1Person) received alternative crisis supports. The following graphs display the outcomes of the crisis assessments across each regional program.

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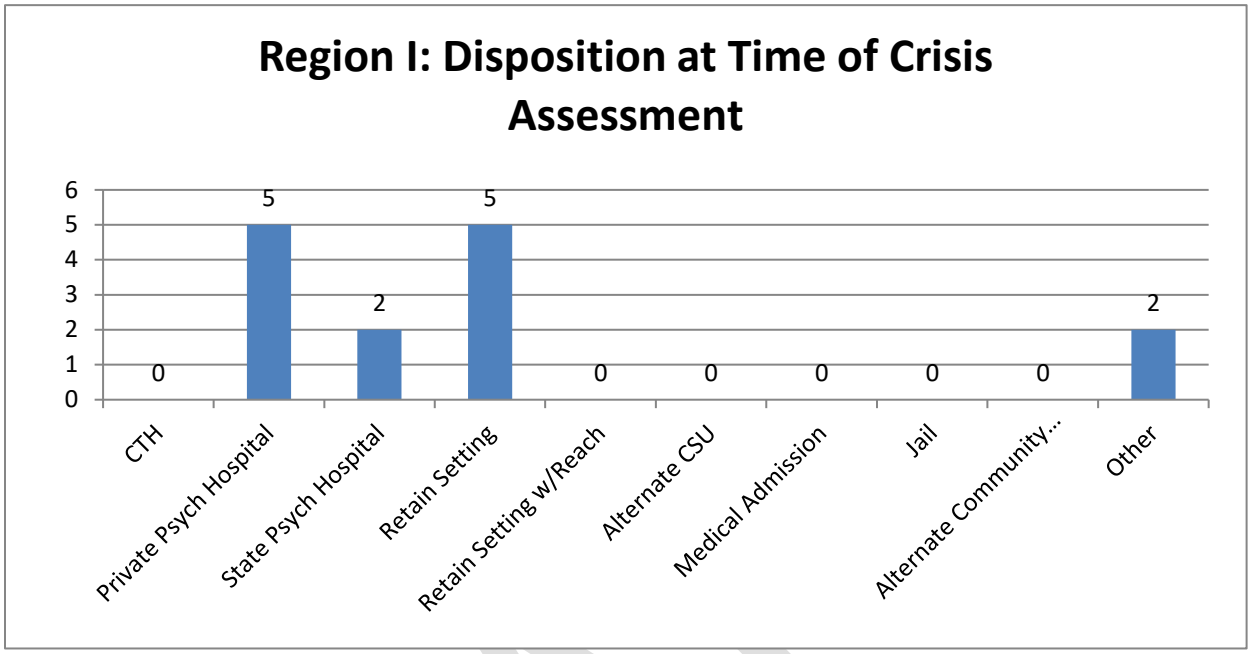
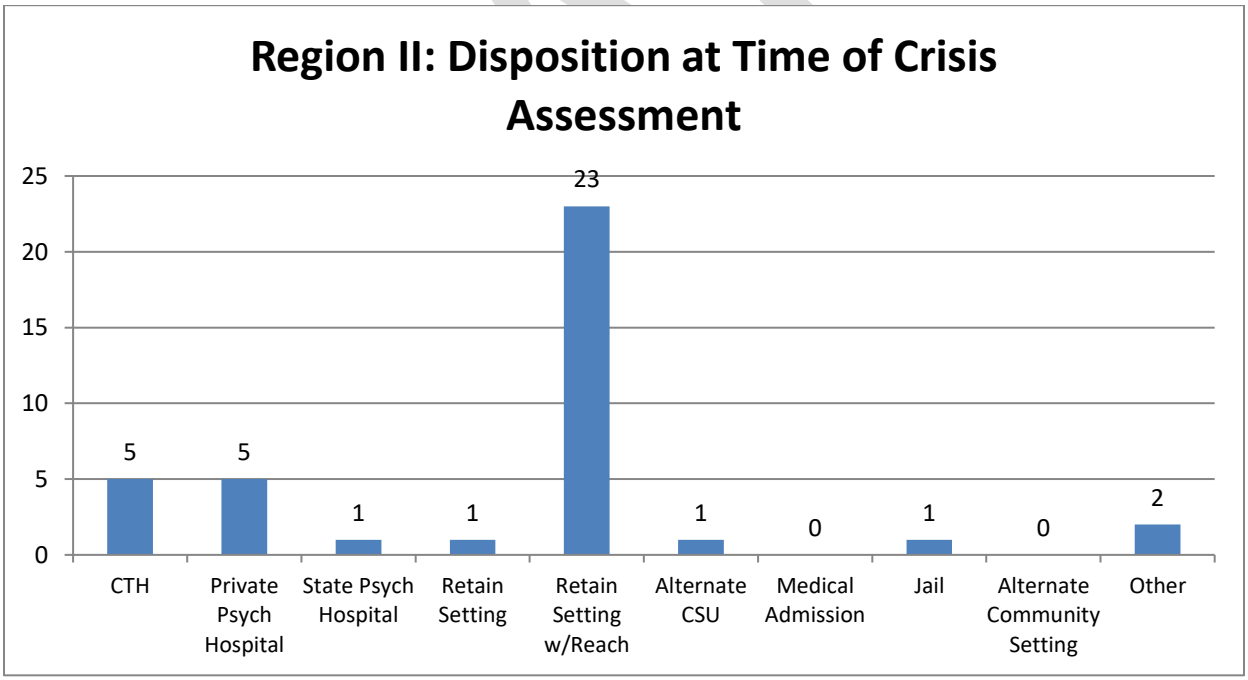
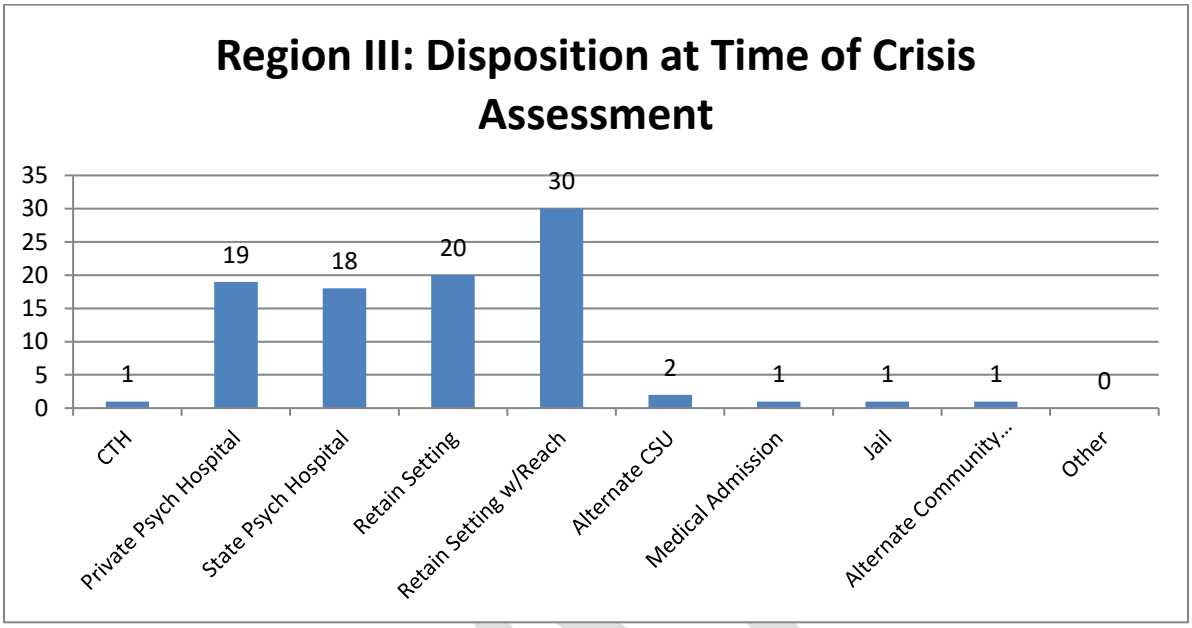
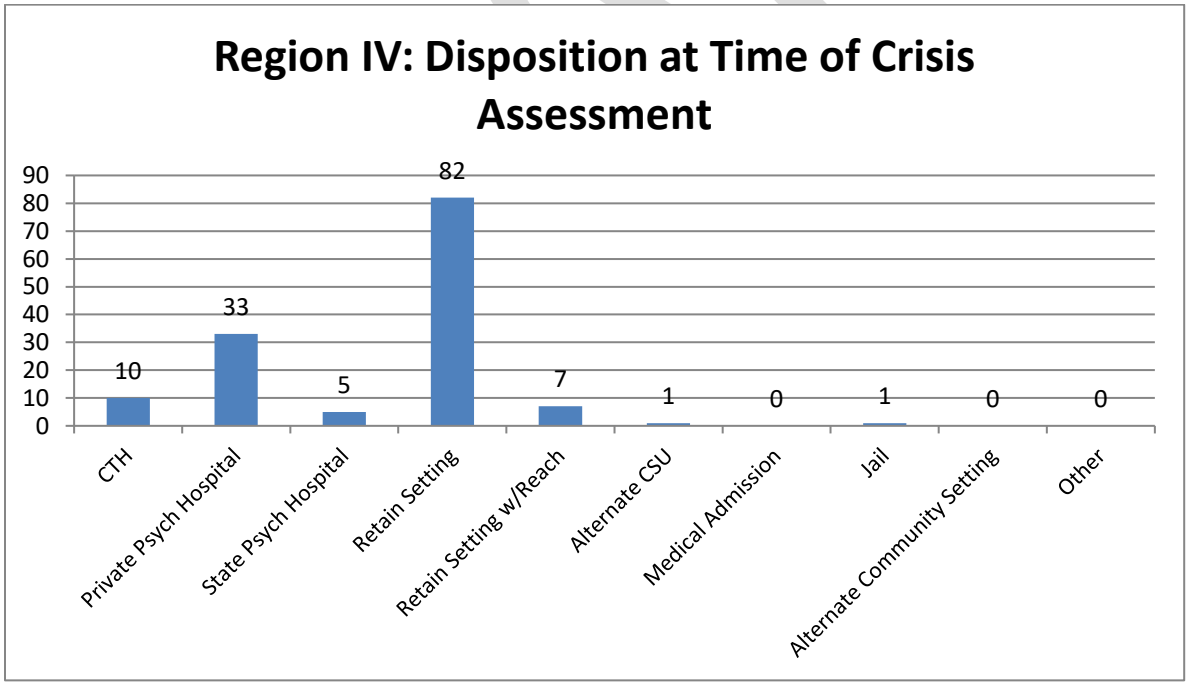
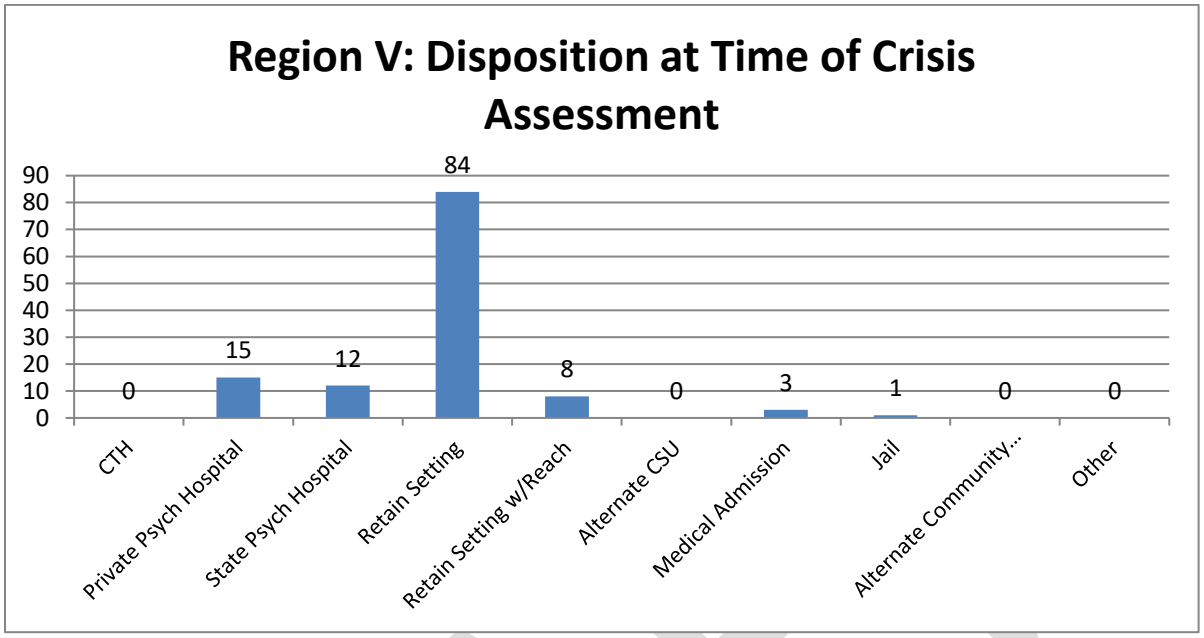

Region I: Disposition at Time of Crisis Assessment
6
5
4
3
2
1
0
0
5
2
5
0
0
0
0
0
2
CTH
Private Psych Hospital
State Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community...
Other


Region II: Disposition at Time of Crisis Assessment
25
20
15
10
5
0
5
5
1
1
23
1
0
1
0
2
CTH
Private Psych Hospital
State Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other

Other: Two indreceived ALT crisis supports, 1 remained at ER.







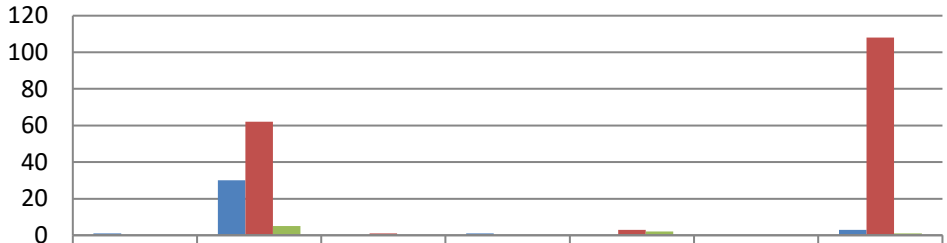
Outcomes that are also of interest are those for individuals that have accessed REACH mobile crisis and mobile prevention services during the quarter in addition to the CTH. Similar to the preceding set of graphs, the following graphs provide a summary of outcome status for adults that accessed ongoing REACH services during the FY22 fourth quarter. Outcomes for individuals admitted to the CTH and discharged this quarter, including those admitted previously and discharged, 57.4 % were able to return to their original residence or went to a new residence post discharge, 10.6 % of outcomes for individuals at the CTH resulted in a psychiatric hospitalization, 2.1% were detained by law enforcement and the remaining individuals who had other outcomes include ATH admission, CTH or leaving without completing services. Four guests remained admitted to regional CTH's at the end of the quarter. For all admissions receiving mobile crisis supports, 86.3 % remained in their residence, 5.2 % were psychiatrically hospitalized during the course of mobile services, and the remaining 8.5% remained admitted or had other outcomes. Based on reported data on the outcomes of adults in REACH mobile prevention services, 77.7% retained their setting or went to an alternative residential community setting, 3.1% were hospitalized, and 2.7% were admitted to the CTH and the other remaining individuals were identified as other.

The following graphs display the outcomes of the support services across each regional program. These charts also include outcomes for re-admissions and people carried over and discharged in the quarter.

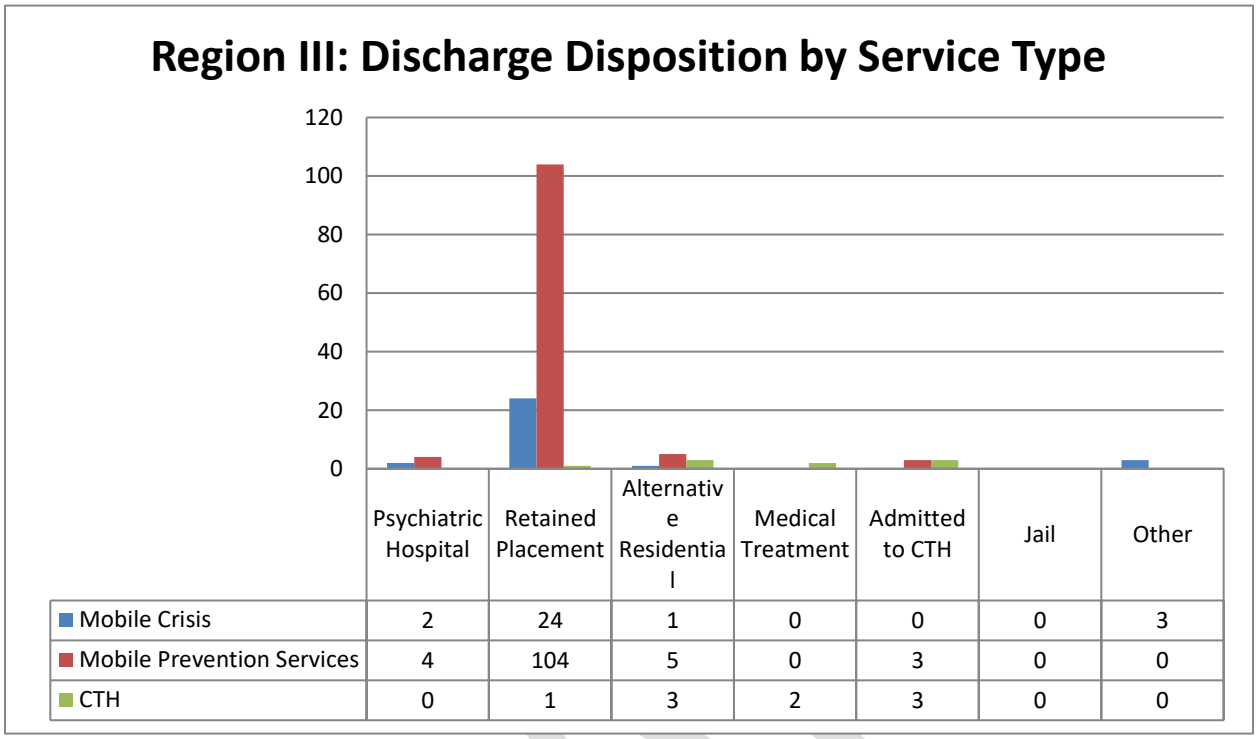
Region I: Discharge Disposition by Service Type

	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	3	0	0	0	0	0
Mobile Prevention Services	6	74	0	0	2	0	0
CTH	0	0	1	0	2	0	1

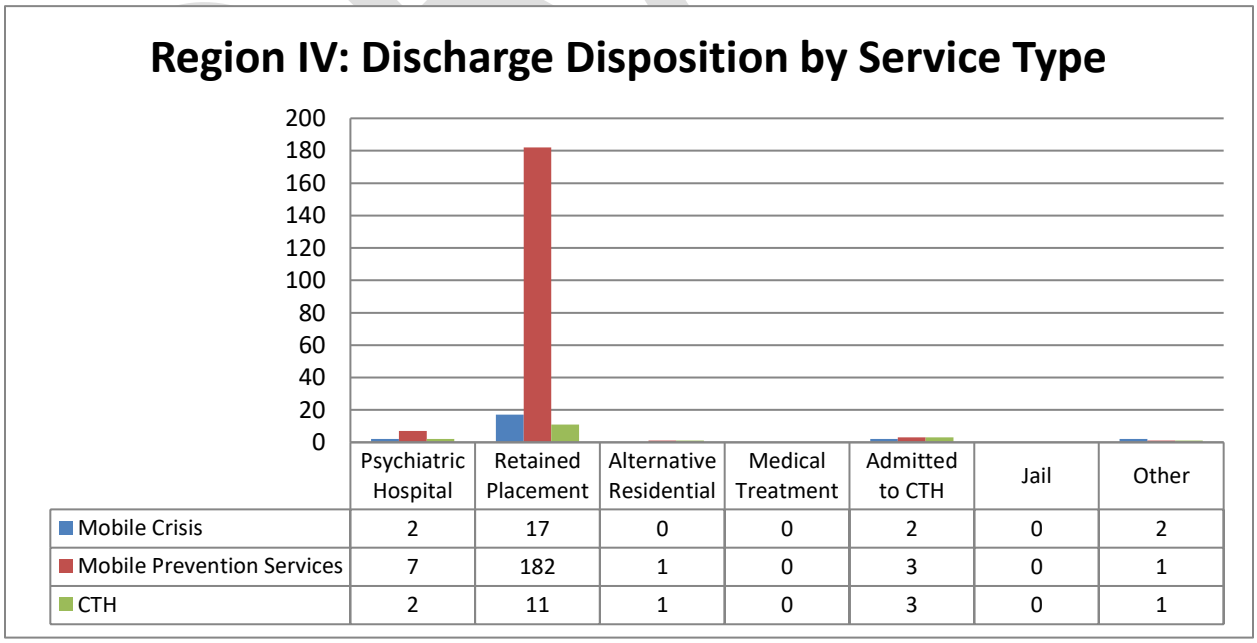
Region II: Discharge Disposition by Service Type



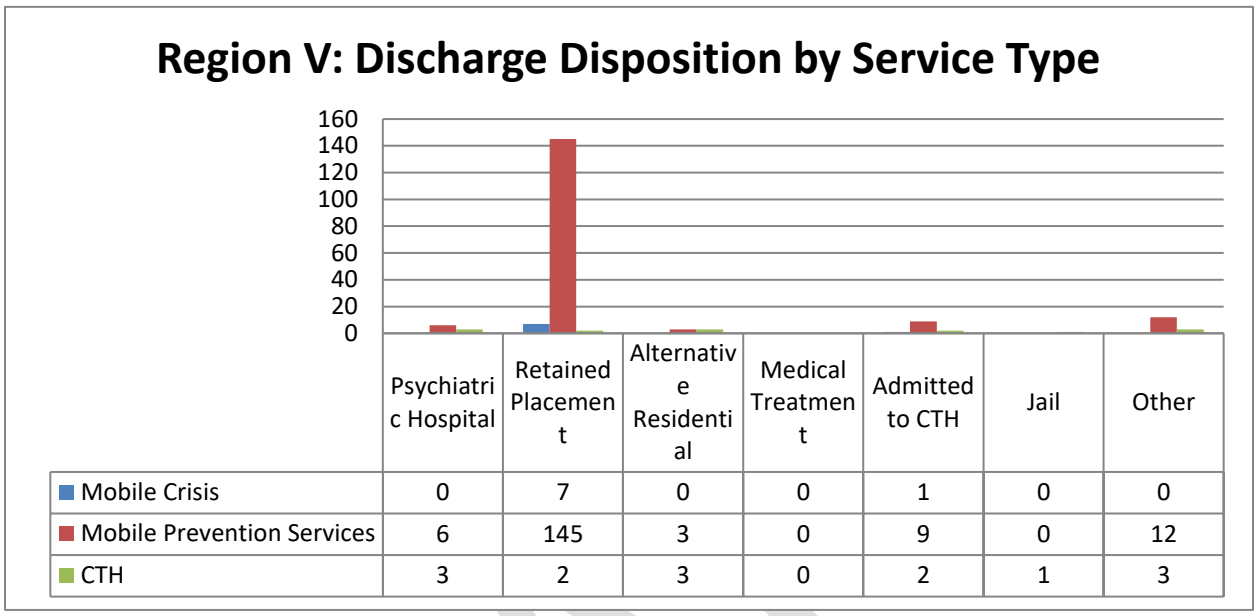
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	1	30	0	1	0	0	3
Mobile Prevention Services	0	62	1	0	3	0	108
CTH	0	5	0	0	2	0	1



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	2	24	1	0	0	0	3
Mobile Prevention Services	4	104	5	0	3	0	0
CTH	0	1	3	2	3	0	0



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	2	17	0	0	2	0	2
Mobile Prevention Services	7	182	1	0	3	0	1
CTH	2	11	1	0	3	0	1



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	7	0	0	1	0	0
Mobile Prevention Services	6	145	3	0	9	0	12
CTH	3	2	3	0	2	1	3

Hospitalizations

The next graphs provided are intended to supplement the information contained in the larger quarterly report. While the REACH programs remain actively involved with all hospitalized cases *when they are aware of this disposition*, they may not always be apprised that a REACH consumer has been hospitalized or that an individual with DD has entered inpatient treatment as evidenced by the difference in the number of assessments as compared to the number of admissions. While the process of notifying the REACH teams when a prescreening is needed has improved tremendously over the past few years, it remains the case that individuals are sometimes hospitalized without REACH being aware. REACH is active throughout all known psychiatric admissions, including attending commitment hearings, attending treatment team meetings, providing supportive visits, and consultation to the treatment team.

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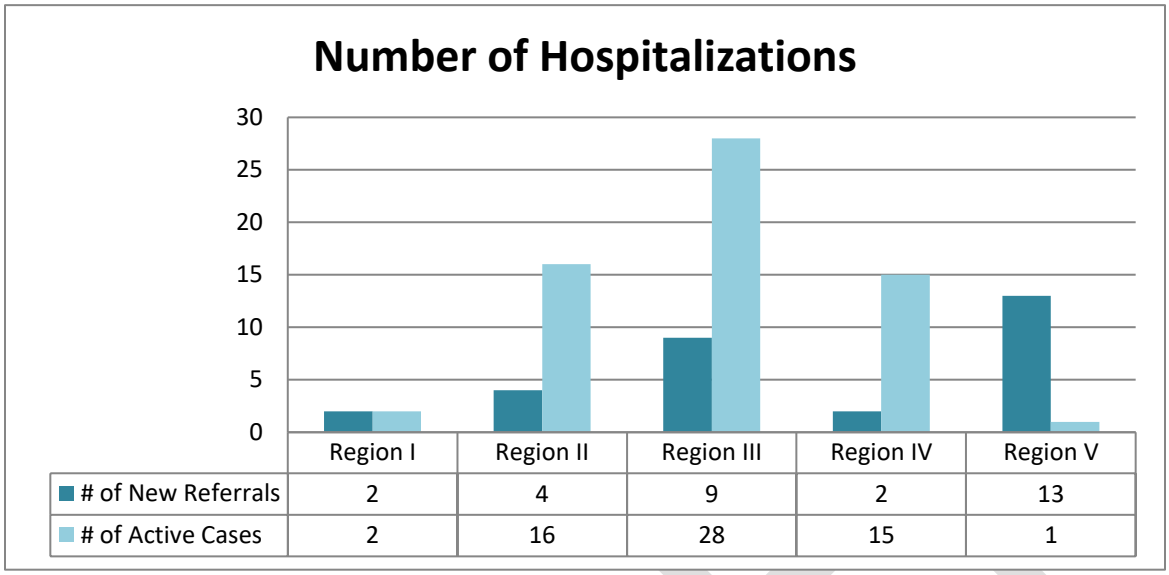
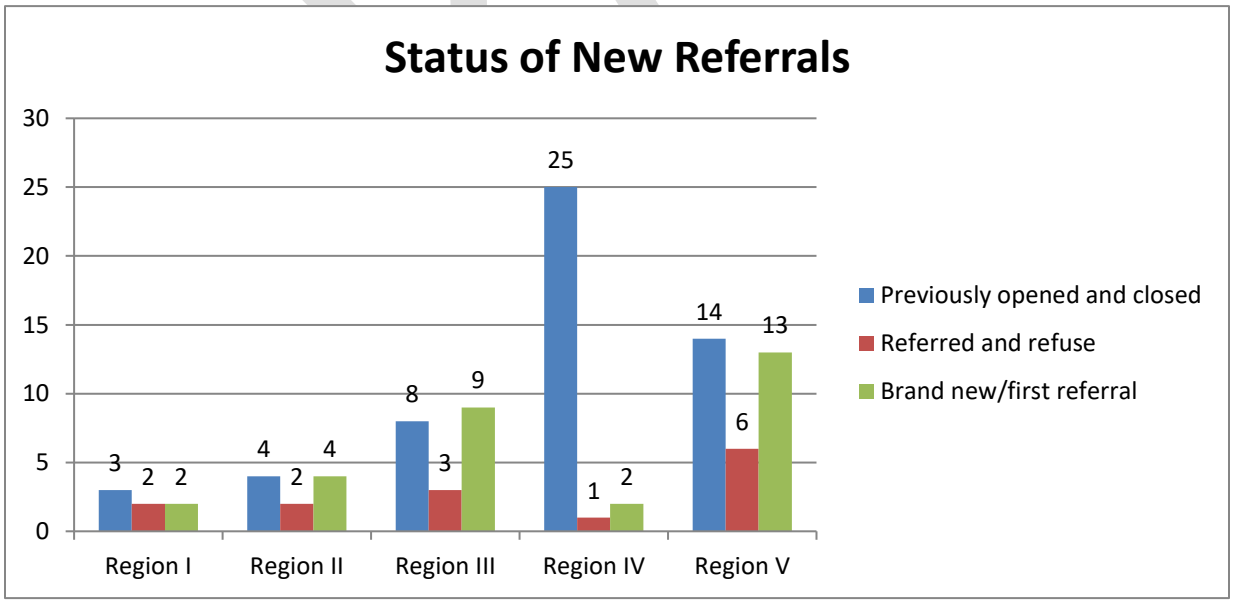
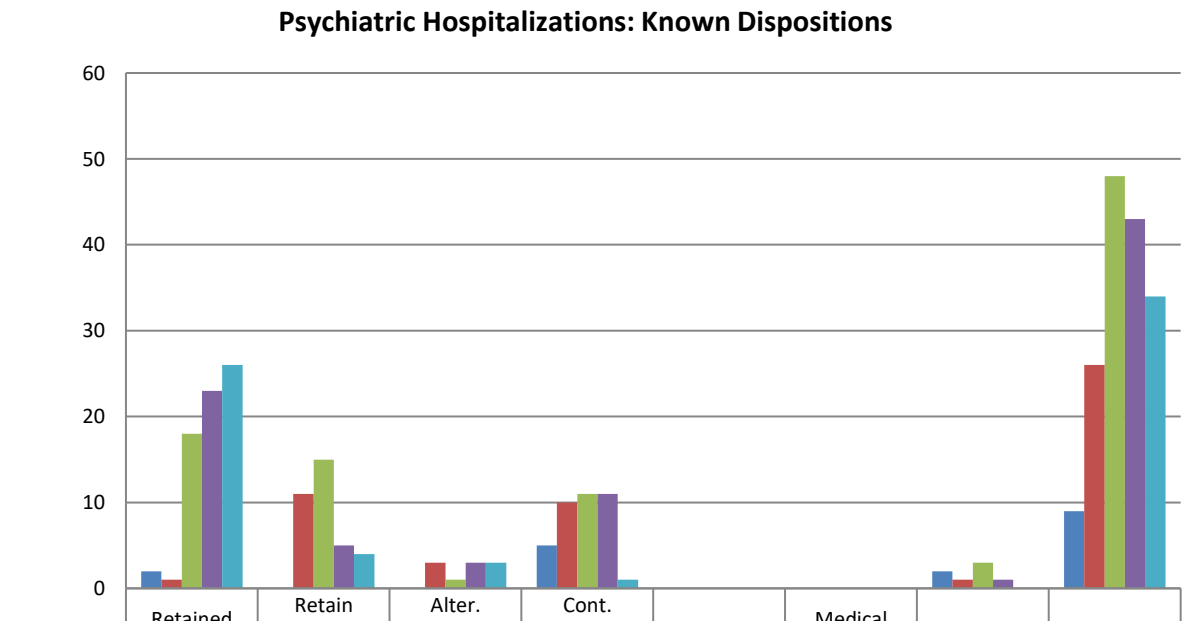


The programs are tracking new referrals according to whether individuals previously received supports through REACH and were closed, were referred but refused follow up services, or were first time referrals.



Thirty-three percent (32.6%) of all hospitalizations were "new referrals" to the REACH program. Of the **new** referrals to REACH that were hospitalized, 30.6% of the individuals were new to the program, 14.2% were referred to REACH but refused services, and 55.1% had been previously discharged (inactive) from REACH services. Of the known dispositions of the people hospitalized and discharged, 65.6% retained their original community home and 6.25% went to an alternative community setting. Refer to the chart below for a more detailed breakdown of outcomes.



	Retained Setting	Retain Setting w/REACH	Alter. Residential Setting	Cont. Hospitalization	Jail	Medical Hosp.	Other	Totals
Region I	2	0	0	5	0	0	2	9
Region II	1	11	3	10	0	0	1	26
Region III	18	15	1	11	0	0	3	48
Region IV	23	5	3	11	0	0	1	43
Region V	26	4	3	1	0	0	0	34

Other: CTH admissions, re-hospitalization, refusal.

SERVICE ELEMENTS

Each of the five regional REACH programs provides an array of services to individuals enrolled. These services include prevention and education services, assessment services, and consultation services. The REACH staff also provide training to providers/families on the Crisis Education Prevention Plan (CEPP) developed during the guest's stay at the CTH or when receiving mobile crisis services. In some instance the CEPP may not be updated as the plan may be clinically accurate as it may have been recently updated such as in the case of a readmission into service or a transfer of service (mobile to CTH admission) within the quarter. A compliance indicator target has been set related to mobile crisis services of *86% of families and providers will receive training in implementing CEPPs*. Excluding the CEPPs that did not require an update and a subsequent training, the combined REACH programs trained providers/families on 99% of the mobile crisis CEPPs this quarter. The data for Mobile crisis supports is as follows: Each region makes continuous attempts to schedule training and follow up into the next quarter for those who carry over due to continued admission or admitting late in the quarter. Respectively Regions I through V completed the following percentages of the required training for mobile supports: 100%; 92%; 100%; 100%; and 88%. The reasons identified for those not completing training this quarter is as follows: Multiple included serviced ended at end of quarter and not due, teams or individuals declined training, medical admission, still admitted to service.

The tables below summarize the services provided in each of the REACH program components.

Service Type: Crisis Stabilization (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	1	5	2	9	4
Consultation	1	5	2	9	4
Crisis Education Prevention Plan	1	5	2	9	0
Provider Training	0	3	1	9	0

R1 One individual still admitted, training not due. R2 Two not trained as they are still admitted/training not due. RIII 1 training waiting for provider to be identified to train. R5 1 CEPP completed previously and updated. 1 late admit in qtr., 1 left AMA, 1 eloped not completed. R5 Training 2 left abruptly without CEPP, 1 admit late in QTR, 1 training scheduled at dc.

Service Type Provided: Planned Prevention (CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	2	1	1	0
Consultation	0	2	1	1	0
Crisis Education Prevention Plan	0	2	1	1	0
Provider Training	0	0	1	1	0

R 2: 1 CEPP training scheduled, 1 family no show working to rescheduled.

Service Type: Crisis Stepdown (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	1	2	6	6
Consultation	0	1	2	6	6
Crisis Education Prevention Plan	0	1	2	6	5
Provider Training	0	0	2	6	5

R2 not trained due to still being admitted. R5 1 CEPP previously completed no update/training needed. 1 training scheduled for discharge from CTH.

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	3	31	30	21	8
Consultation	3	31	30	21	8
Crisis Education Prevention Plan	3	26	21	21	3
Provider Training	3	18	21	21	7

R2 CEPPS: 3 still admitted for carry over, 1 ended last week of QTR due in 1st QTR, 1 cancelled due to COVID to be rescheduled, R2 training 4 teams not responding to receive training, 3 carry over to 1st QTR to train, 2 families declined, 1 ended late in QTR training in 1st QTR. 1 rescheduled, 1 in hospital, 1 cancelled due to COVID R5 4 CEPPs previously developed update not necessary, 1 CEPP not completed due to contact problems due to homelessness, 1 training not complete due to individual identified as homeless.

REACH Training Activities

In addition to the training REACH programs provide to their staff, REACH continues to expand its role as a training resource for the community of support for those individuals with DD. The REACH programs offered numerous training programs this quarter which enabled 1125 community partners to receive this training.

The table below provides a summary of attendance numbers for various trainings completed by the REACH programs. These trainings target the information needed by professionals in various work settings and are generally tailored to the specific needs of the audience. The training numbers listed in the table is in addition to the training provided to individuals and their respective support system.

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Community Training Provided						
Training Activity	Region I	*Region II	*Region III	*Region IV	*Region V	Totals
CIT/Police: #Trained	67	72	10	40	42	231
Case Managers/Support Coordinators	0	19	246	55	24	344
Emergency Service Workers: #Trained	0	72	29	2	14	117
Family Members: #Trained	0	0	0	0	7	7
Hospital Staff: #Trained	0	0	0	0	1	2
DD Provider: #Trained	0	123	54	78	17	272
Other Community Partner: #Trained	5	39	75	33	0	152
Totals	72	325	415	208	105	**1125**

*Duplicate counts with Children for training in Regions II, III, IV, and V.

Summary

This report provides a summary of data for the regional adult REACH programs for the fourth quarter of fiscal year 2022. In keeping with the DBHDS' vision, all five of the programs continue to focus on mobile crisis and prevention work with adults and outreach with the systems that support these individuals. DBHDS began training the system of providers including REACH for adult mobile crisis to support training to enhance staff clinical skills this quarter. The Department continues to review the consistency of clinical practice, training requirements, and documentation across all of the REACH Programs. During FY22Q4 the REACH regional programs continued to experience the impact of COVID and the national staffing shortage inclusive of both recruiting and retention of qualified staff. All programs are actively recruiting for qualified DSP, CSP, QMHP, LMHP types and nurses. The programs continue to work to retain those qualified and veteran staff within the programs. The combination of staffing shortage and COVID cases have resulted in temporary census reductions to ensure REACH programs are meeting licensing requirements for those requiring an increased level of care during their admission for crisis services. Telehealth continued to be utilized for some level of crisis calls with all five regional programs developing a plan to return to in person response.

The Department remains committed to fulfilling its mission to have a continuum of qualified care for adults with developmental disabilities and their families across the Commonwealth.

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