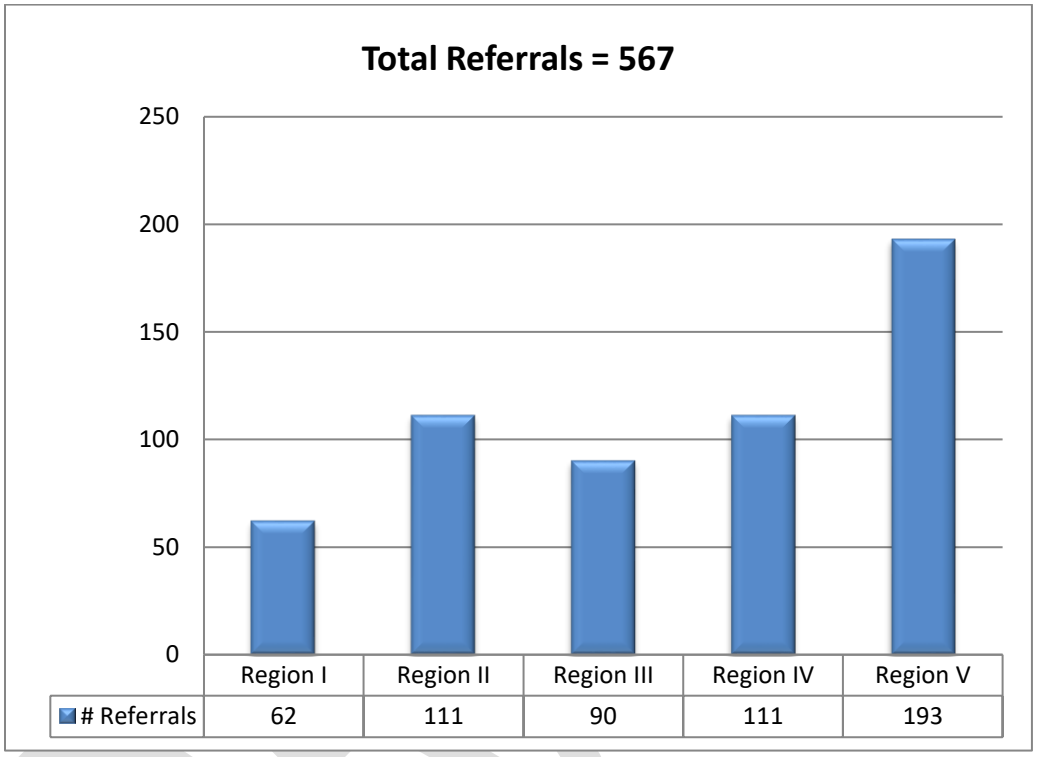
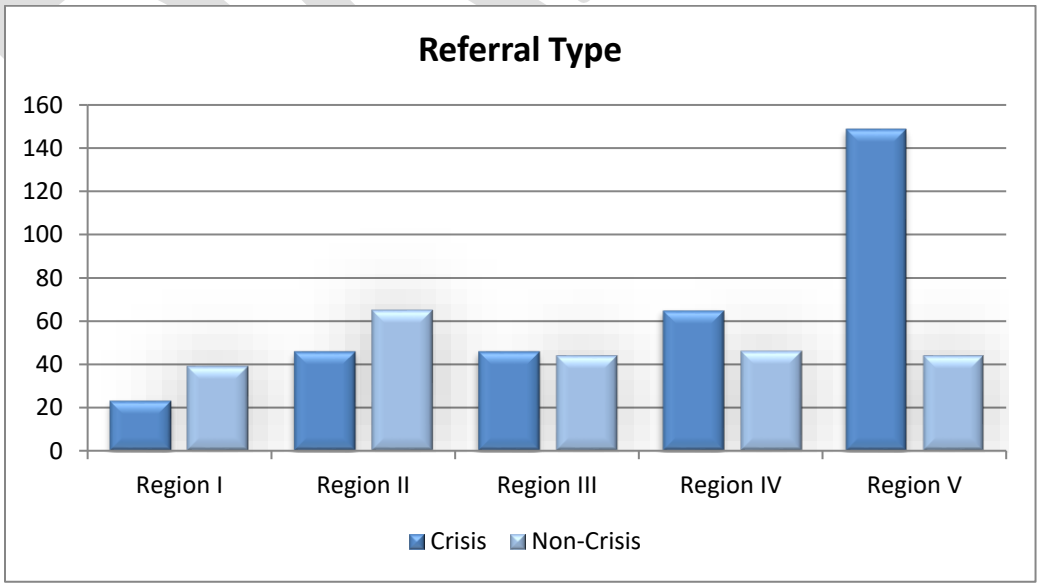
REACH Data Summary Report-Adult: Quarter 1/FY20

This report provides data summarizing the referral activity, service provision, and residential outcomes for adult individuals served by the REACH programs during the first quarter of fiscal year 2020.

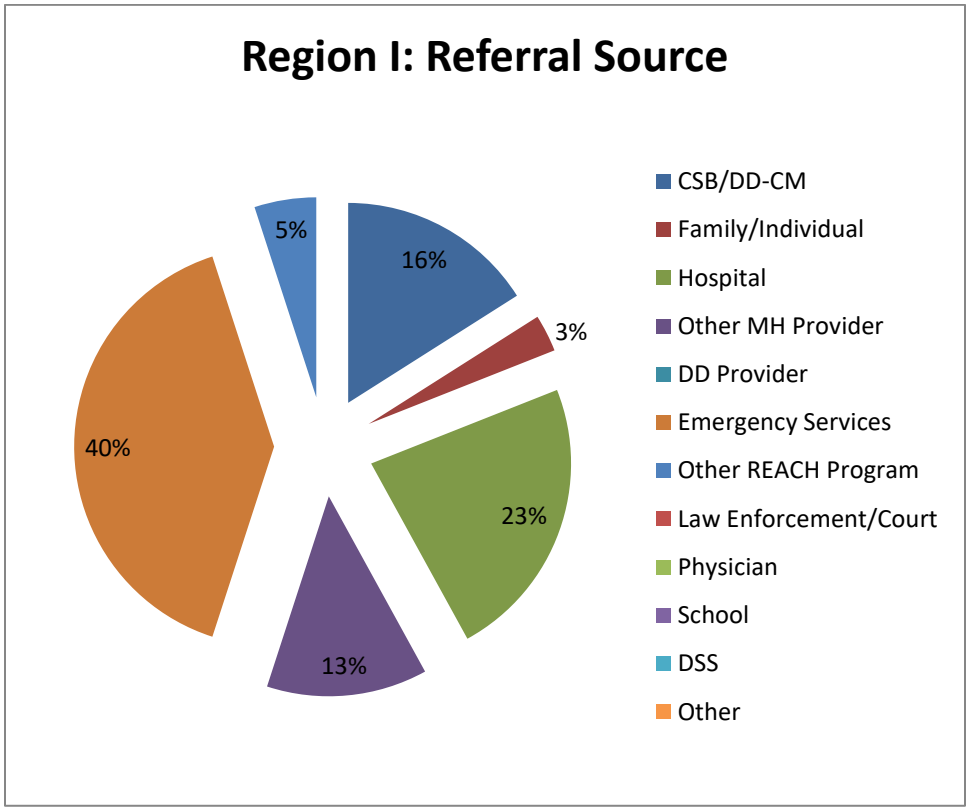
REACH Referral Activity

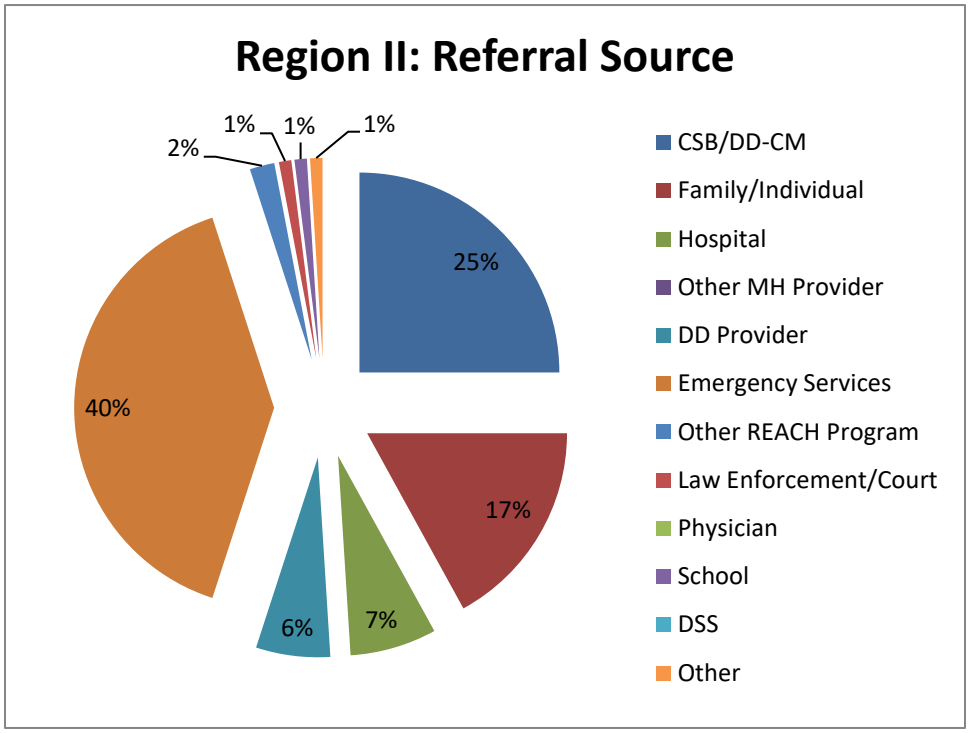


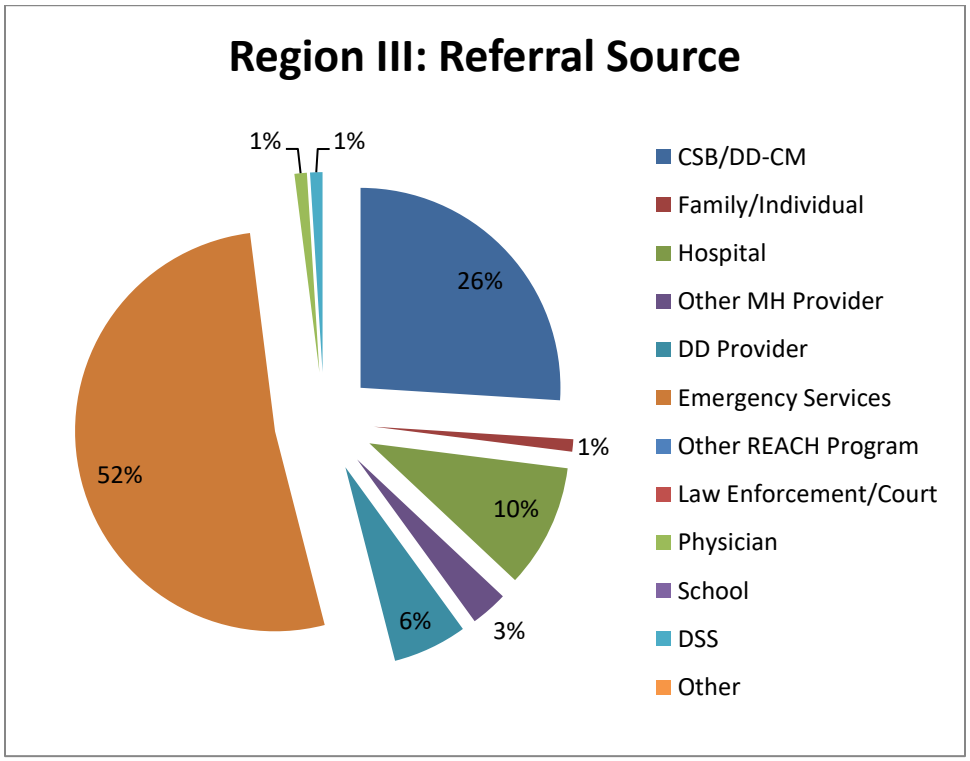


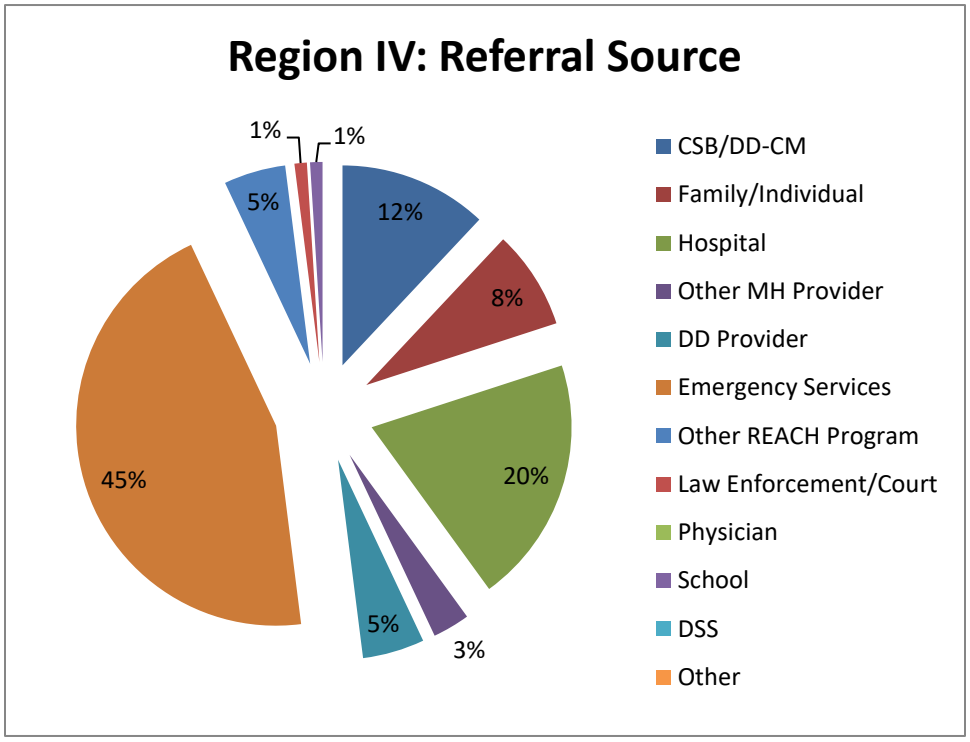
Referral activity for the first quarter of fiscal year 2020 is presented in the graphs on the preceding page. For FY20 quarter one, a decrease was noted in total referrals as compared to FY19 quarter four, 660 to 567. The number of referrals in quarter one FY20 is closer to, but greater in number, than FY19Q1. In FY20 quarter one, the decrease in total referrals was most notable in Region V. All other regional programs either slightly increased or decreased in their number of total referrals. Region II continues to trend higher for non-crisis referrals whereas RV trends higher for crisis referrals.

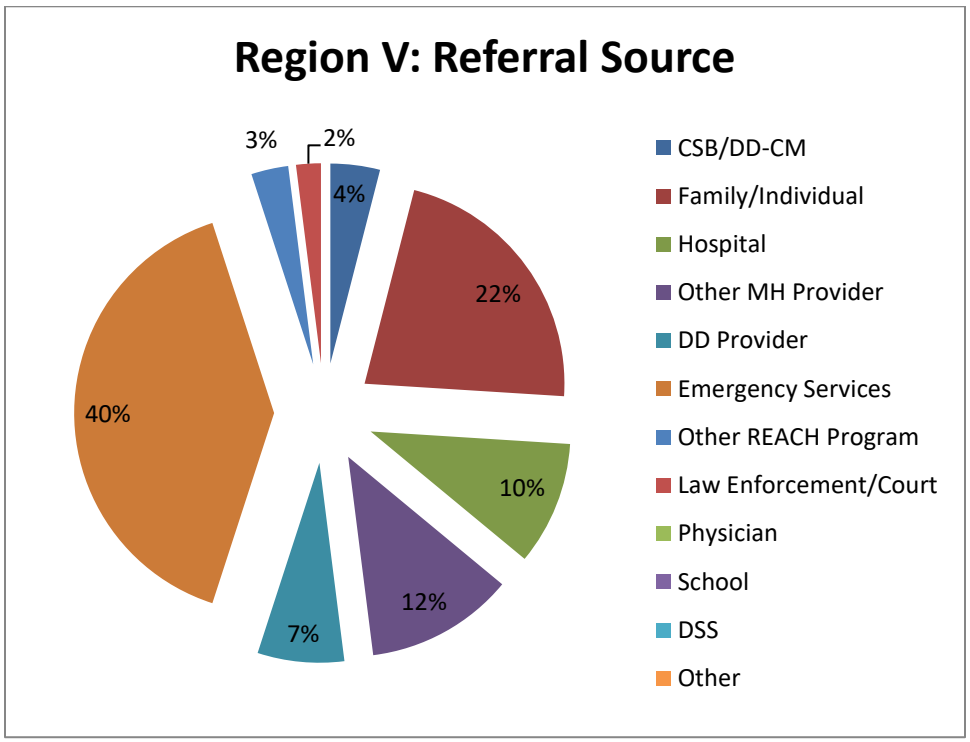
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by Region of referral source data. Referral sources cover a broad range of stakeholders when the state is considered as a whole and primary referral sources vary by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




Region II: Referral Source
25%
17%
7%
6%
40%
2%
1%
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 III: Referral Source
26%
1%
10%
3%
6%
52%
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
1%
1%
5%
12%
8%
45%
20%
5%
3%
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
3%
2%
4%
22%
40%
10%
12%
7%
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 edging out the 3:00 p.m. to 10:59 p.m. time frame for being the main range of time in which most referrals occur. In Region V, the referral break down between daytime/evening is higher for the evening.

Referral Time	Region I	Region II	Region III	Region IV	Region V	**Total**
Monday-Friday	52	95	74	91	163	475
Weekends/Holidays	10	16	16	20	30	92
7am-2:59pm	38	55	53	54	81	281
3pm-10:59pm	18	46	26	42	93	225
11pm-6:59am	6	10	11	15	19	61

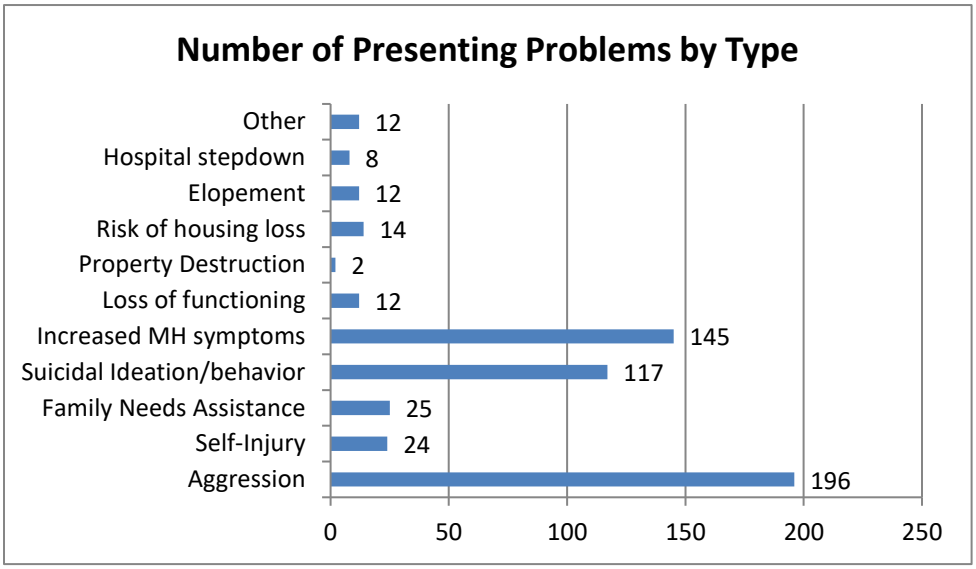
Also of interest to the Commonwealth is ensuring that the REACH programs serve the DD community in its entirety and effectively. The table below summarizes the breakdown of individuals referred to REACH with an intellectual disability (ID) only, an intellectual and other developmental disability, developmental 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 was not substantiated. This quarter Region II continues the past trend into this fiscal year by supporting more adults with DD only while all other regions support more adults with ID only.

Diagnosis	Region I	Region II	Region III	Region IV	Region V	**Total**
ID only	28	41	49	64	91	273
DD only	19	46	16	28	57	166
ID/DD	10	17	14	15	33	89
Unknown/None	5	7	11	4	12	39
Total	62	111	90	111	193	**567**

In terms of what type of clinical issues bring individuals to the REACH programs for support, aggression and increased MH symptoms followed by suicidal ideation/behavior continue to be the main reasons for referral. Aggressive behavior includes physical aggression and verbal threats. Following the summary table below, a graph presents the same information aggregated across all five REACH Regions.

	Region I	Region II	Region III	Region IV	Region V	**Total**
Aggression	15	41	32	31	77	196
Self Injury	2	5	5	5	7	24
Family Needs Support	3	11	0	9	2	25
Suicidal Ideation/behavior	11	21	17	20	48	117
Increased MH symptoms	21	21	29	32	42	145
Loss of functioning	1	3	3	1	4	12
Property Destruction	0	0	0	2	0	2
Risk of housing loss	3	6	0	1	4	14
Elopement	0	0	0	9	3	12
Hospital Stepdown	2	2	1	1	2	8
Other	4	1	3	0	4	12

*Other: Jumping out of moving vehicle; Discharge from TC; Transitioning from Child REACH; Transitioning from jail; Linkages to service; Transitioning from institutional setting out of state; Struggling with appropriate social interaction with younger children; and Homicidal ideation.

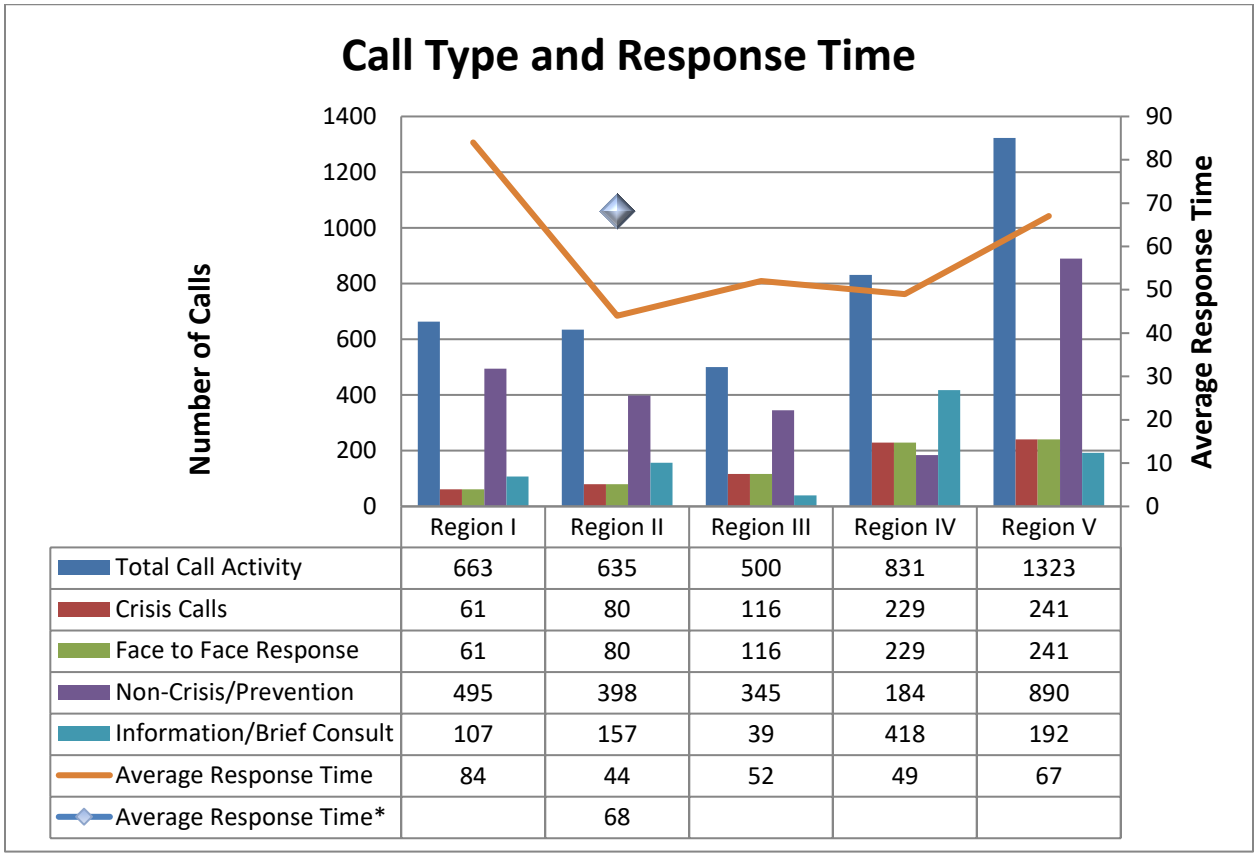


REACH Crisis Response

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 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 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.



	Region I	Region II	Region III	Region IV	Region V
Total Call Activity	663	635	500	831	1323
Crisis Calls	61	80	116	229	241
Face to Face Response	61	80	116	229	241
Non-Crisis/Prevention	495	398	345	184	890
Information/Brief Consult	107	157	39	418	192
Average Response Time	84	44	52	49	67
Average Response Time*		68			

*Region II Rural Areas only

With the exception of the average response time for the Region II rural areas which is denoted with a diamond on the secondary axis, the average response time is graphed on a secondary axis represented by the orange line. All regions are meeting expectations as denoted in the REACH Program Standards regarding average time to respond to the scene of the crisis event. Regions II (Urban) and IV must have an average response time of within one hour and Regions I, II* (Rural), III, and V within two hours. Most Regions are also responding well below their allotted time, with average response times very close to the shorter average response time applied only to urban Regions. Region II rural met the response time for 100% of their calls while Regions I, II urban, III, IV, and V met 98%, 81%, 98%, 83%, and 98% of their calls, respectively. The table

below offers a more detailed picture of response time data by breaking it into 30-minute increments. Traffic congestion, distance, and multiple calls continue to be the main reasons for delays in meeting response time. In addition a tractor trailer fire on an interstate and a re-routing of a staff member in route to the individual's home to a hospital farther away also accounted for delays in response.

	Region I	Region IIU	Region IIR	Region III	Region IV	Region V	**Total Calls**
Response Interval: 0-30	2	16	1	44	31	38	132
Response Interval: 31-60	15	38	5	40	160	96	354
Response Interval: 61-90	16	12	5	18	25	74	150
Response Interval: 91-120	27	1	2	12	10	28	80
Response Interval: 120+	1	0	0	2	3	5	11
Total	61	67	13	116	229	241	**727**

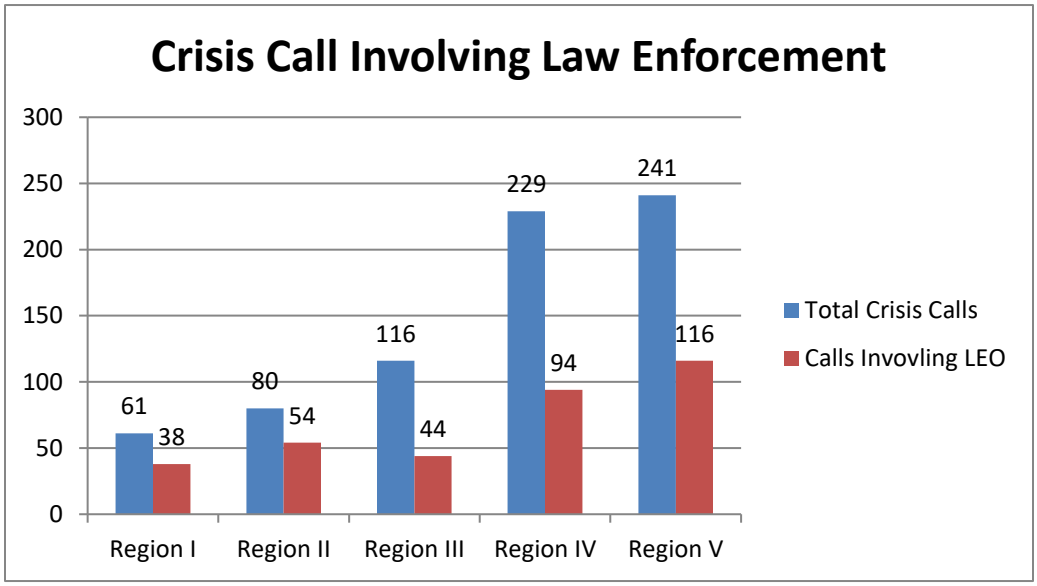
Location of Crisis Assessments

Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual/Family Home	11	10	7	29	52	109
Hospital/Emergency Room	36	40	86	90	119	371
Emergency Services/CSB	1	23	5	5	18	52
Residential Provider	7	4	16	48	45	120
Police Station	0	2	0	1	0	3
Day Program	0	0	2	9	1	12
School	0	0	0	1	1	2
Other	6	1	0	46	5	58
Total	61	80	116	229	241	**727**

*Other settings include: ALF; Jail; Crisis Triage Center; CSU; Community; Church Boarding Home; CIT Office; Community Event; Convenient Store; and Street Intersection.

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 FY20.

The graph on the next page provides a summary of the crisis calls that involve law enforcement. The data is consistent with the previous quarter.



Crisis Therapeutic House

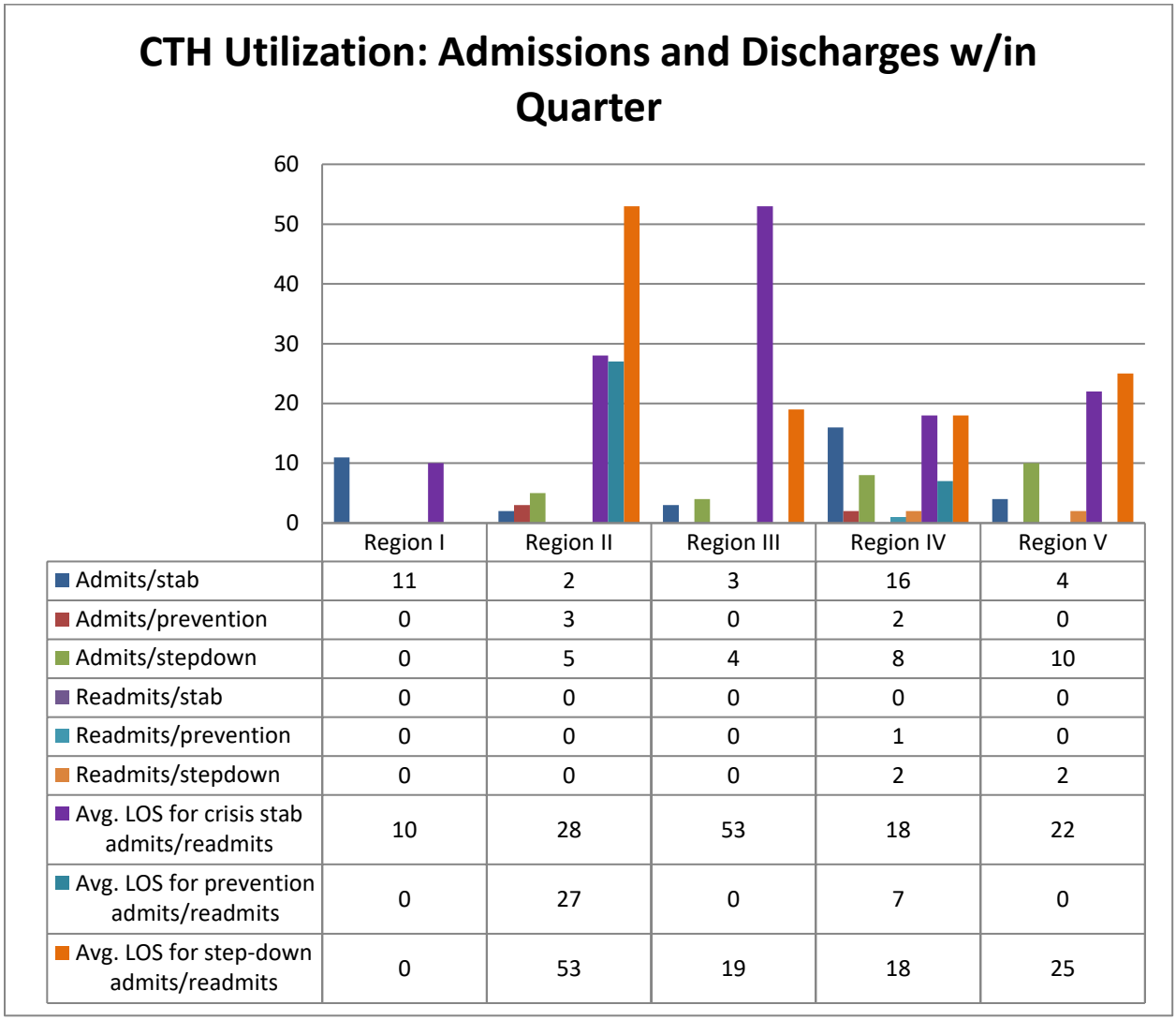
Each of the five REACH programs operates a Crisis Therapeutic Home (CTH) that accepts crisis stabilization admissions, step downs from hospitals and jails, and planned preventive stays. Region specific information such as type of stay, length of stay, readmissions, and waitlists is presented in the graph below. 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 this quarter 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 the next page. Those individuals who were present at the CTH at the end of a quarter will have their LOS data noted in the quarter they are discharged. The average length of stay reflected for each type of admission/readmission on the chart is consistent with the expectations for the average length of stay with the exception of the average length of stay for a prevention admission in Region II. This person changed to a no disposition after admission. Typically those admitted to the CTH for prevention stay have a total length of stay of approximately seven days. 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: 7 crisis stabilization admissions with LOS ranging from 8-87 days; 3 prevention admissions with LOS ranging from 3 to 80 days; and 9 step-down admissions with LOS ranging from 10 -179 days. The following table reflects more specific information by 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 I	Person I	Step-down	179
Region II	Person 1	Crisis Stab	12
	Person 2	Crisis Stab	8
	Person 3	Prevention	80
	Person 4	Step-down	41
Region III	Person 1	Crisis Stab	11
	Person 2	Prevention	36
	Person 3	Prevention	77
	Person 4	Step-down	151
Region IV	Person 1	Crisis Stab	52
	Person 2	Crisis Stab	33
	Person 3	Crisis Stab	87
	Person 4	Crisis Stab	23
	Person 5	Step-down	64
	Person 6	Step-down	10
Region V	Person 1	Step-down	35
	Person 2	Step-down	46
	Person 3	Step-down	32
	Person 4	Step-down	23

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 quarter admissions/readmissions across all Regional programs. For this quarter there were 36 crisis stabilization admissions, 5 prevention admissions, and 27 step-down admissions. In regions I, III, and V there were no prevention admissions and there was no step-down admissions in RI during this quarter. This is most likely being impacted by the amount and/or LOS of individuals with no disposition. For RI, out of the 11 crisis stabilization admissions two individuals did not have a disposition and for the three individuals admitted in RIII for crisis stabilization, two had no disposition. In RII one out of the two individuals admitted for crisis, two out of three individuals admitted for prevention and 100% of the individuals admitted (5) as a step-down had no dispositions. In RIV, seven out of the 16

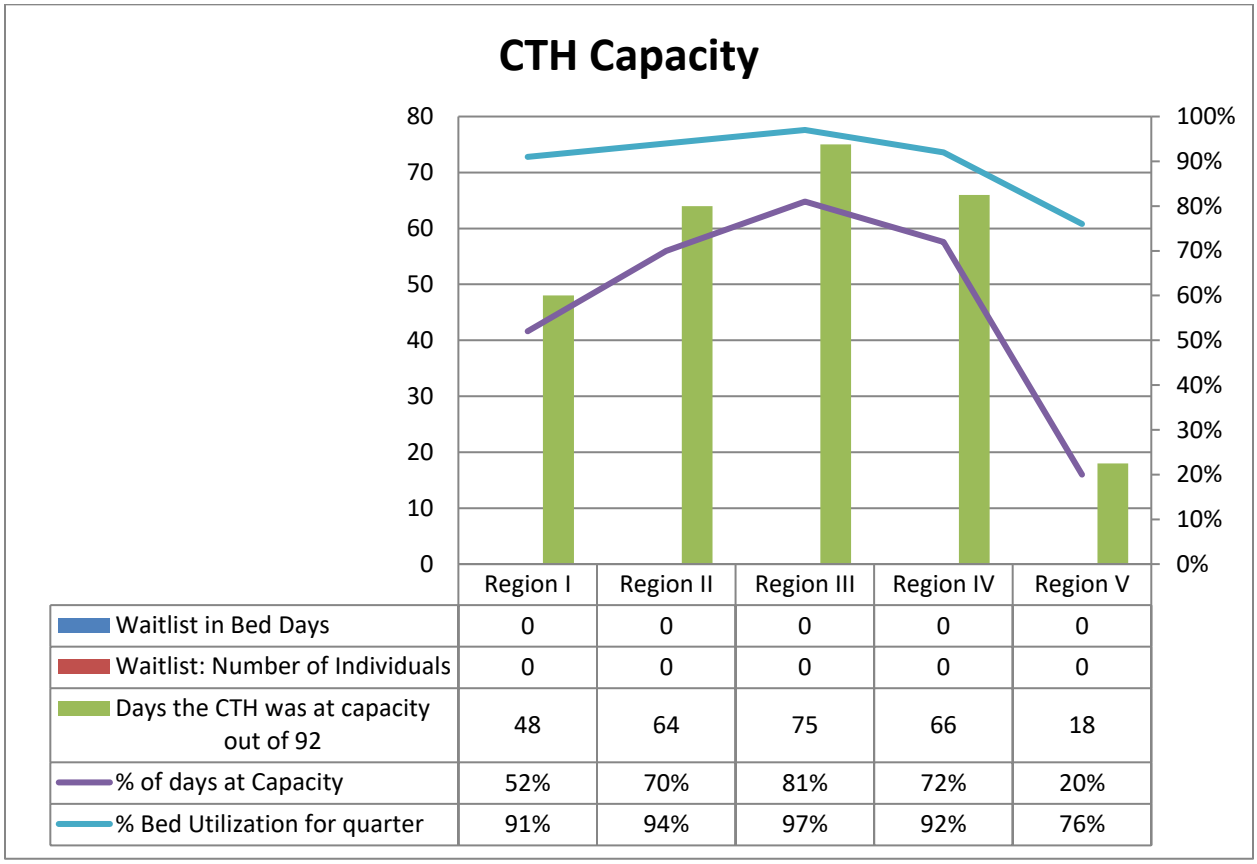
individuals admitted for crisis, one out of two individuals admitted for prevention, and seven out of the eight individuals admitted as a step-down had no dispositions. In RV, three out of the 4 individuals admitted for crisis and five out of the 10 individuals admitted as a step-down had no dispositions. Fifty-one percent of the individuals admitted to the CTH this quarter were without a disposition. It should be noted that some of the individuals listed without a disposition were admitted to a CTH from outside their region.



	Region I	Region II	Region III	Region IV	Region V
Admits/stab	11	2	3	16	4
Admits/prevention	0	3	0	2	0
Admits/stepdown	0	5	4	8	10
Readmits/stab	0	0	0	0	0
Readmits/prevention	0	0	0	1	0
Readmits/stepdown	0	0	0	2	2
Avg. LOS for crisis stab admits/readmits	10	28	53	18	22
Avg. LOS for prevention admits/readmits	0	27	0	7	0
Avg. LOS for step-down admits/readmits	0	53	19	18	25

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 four of the five of the Crisis Therapeutic Homes was at or above 91% for the quarter. Region V had a bed offline during the month of July accounting for the lower utilization rate.



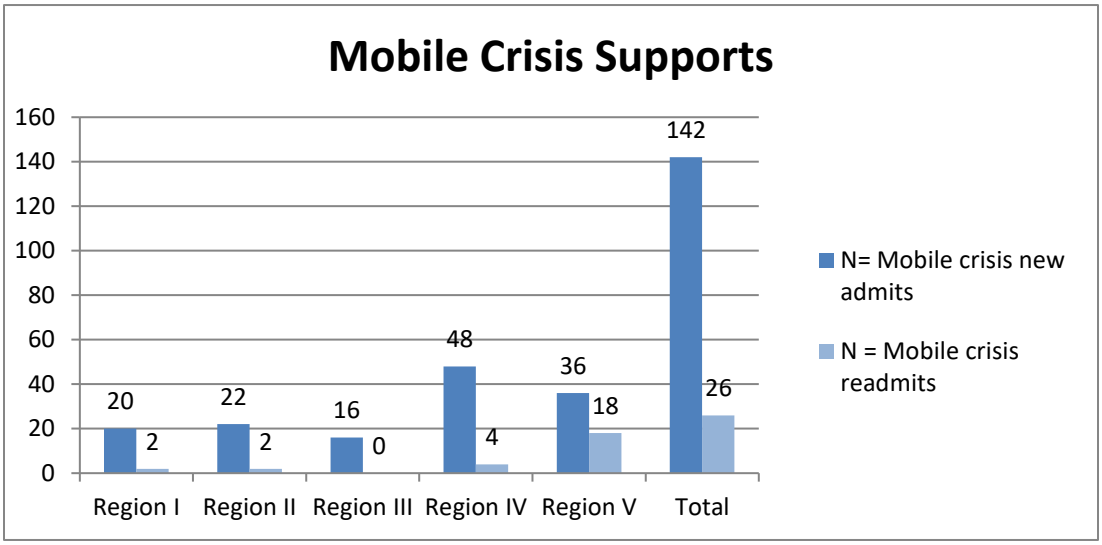
	Region I	Region II	Region III	Region IV	Region V
Waitlist in Bed Days	0	0	0	0	0
Waitlist: Number of Individuals	0	0	0	0	0
Days the CTH was at capacity out of 92	48	64	75	66	18
% of days at Capacity	52%	70%	81%	72%	20%
% Bed Utilization for quarter	91%	94%	97%	92%	76%

Beds Used Out of 552 Beds Available:	504	520	535	552	417

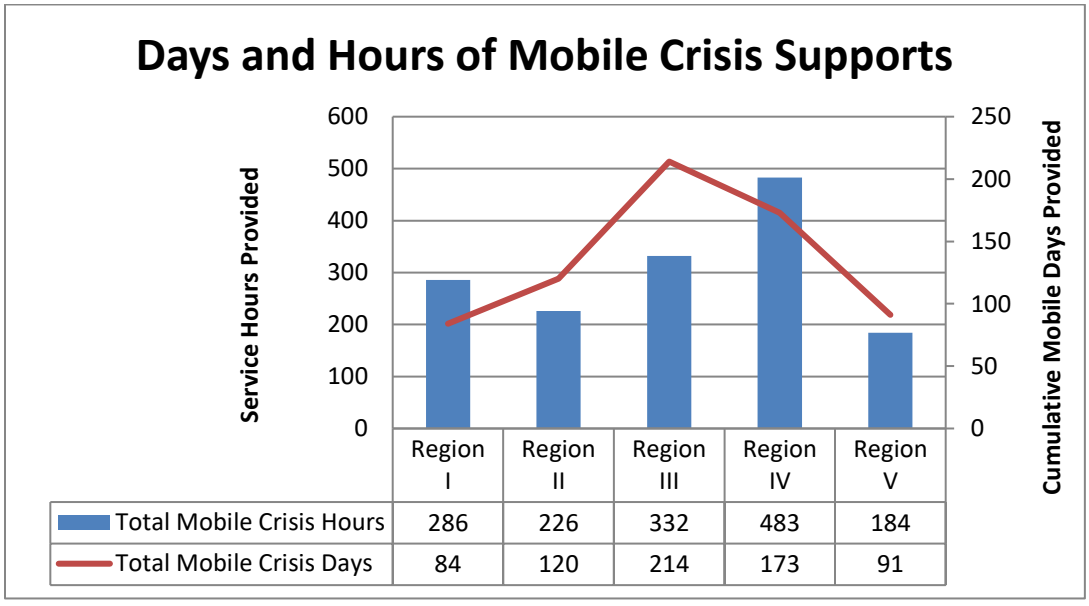
RV had one bed offline for 16 days due to environmental issues. The bed utilization or capacity numbers listed above do not take in to account the closed bed.

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.



In addition to collecting information related to the number of admissions into the mobile crisis supports, data related to service provision is also tabulated. 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.

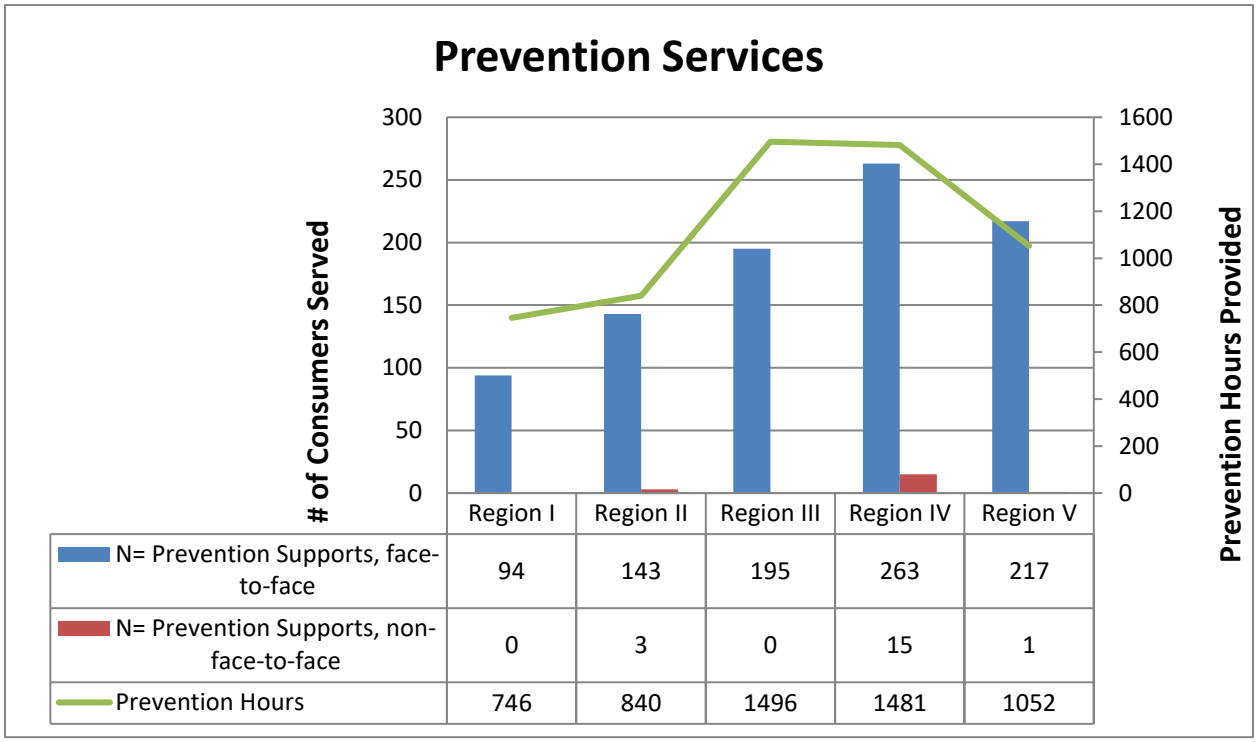


Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings

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. The bottom end of range of days that crisis services are provided is one for all regions. Generally, cases are provided with crisis service for about 3 to 5 days. 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	2-5	1-8	2-15	1-11	1-14
Average Days/ Case	3.8	5.0	13.4	3.5	1.7
Average Hours/Day	3.4	1.9	1.6	2.5	2.0
Average Hours/Case	13.0	9.4	20.8	8.7	3.4

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 stabilized. The graph below depicts the following: 1) the number of adults 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. It should be noted that in previous reports, only total prevention hours by program have been displayed.

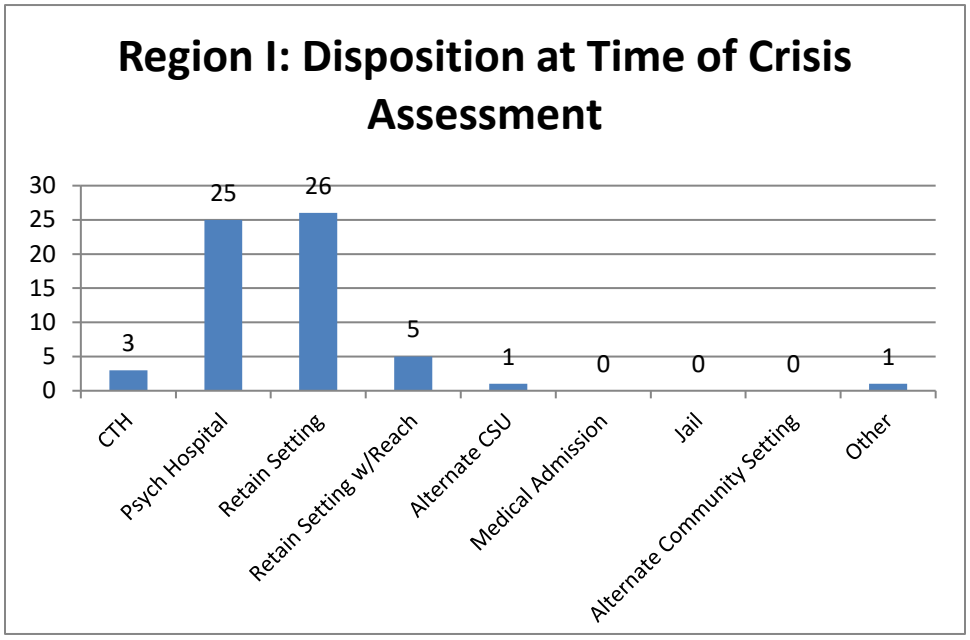


	Region I	Region II	Region III	Region IV	Region V
N= Prevention Supports, face-to-face	94	143	195	263	217
N= Prevention Supports, non-face-to-face	0	3	0	15	1
Prevention Hours	746	840	1496	1481	1052

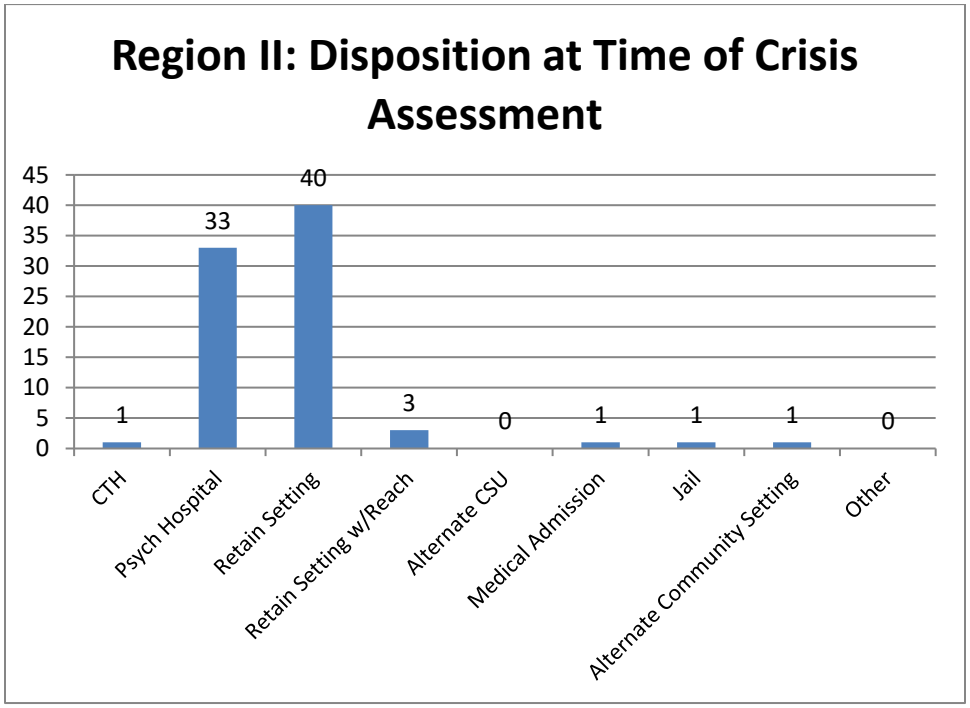
Crisis Service Outcomes/Dispositions

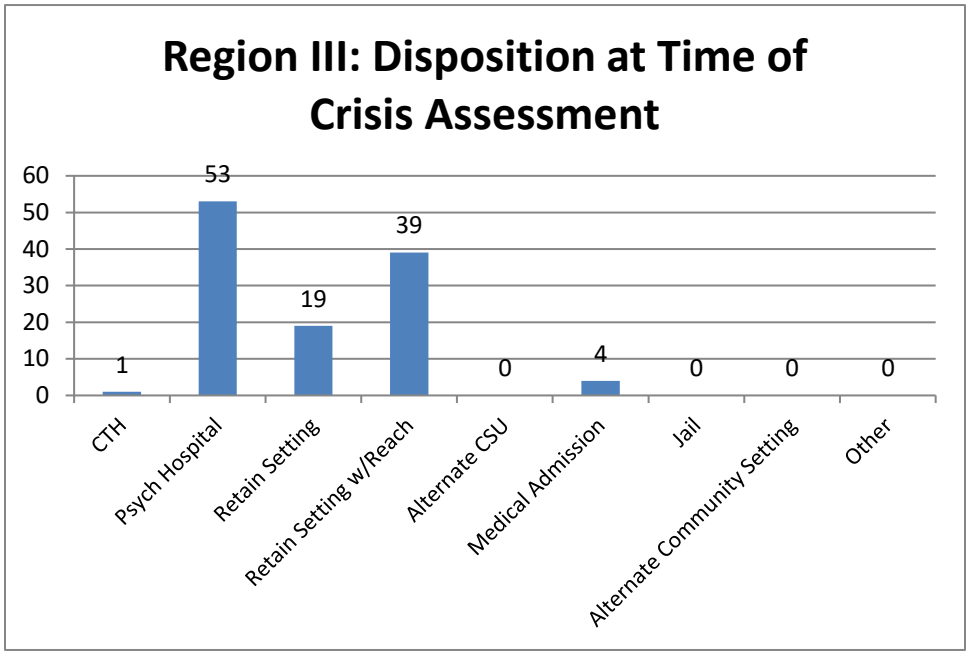
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted 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?

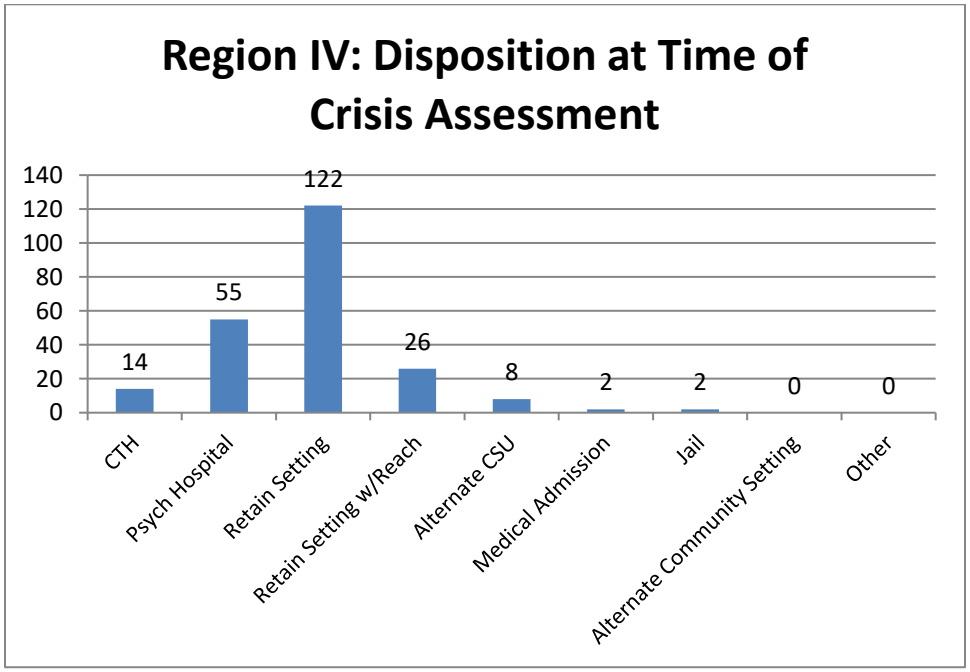
For this quarter, 60% of the individuals receiving a crisis assessment were able to retain their original residential setting, 3% were diverted to a CTH, with another 2% diverted to an alternate CSU, and 32% were psychiatrically hospitalized. These numbers are fairly consistent with the previous quarter. Individuals who retained their setting went up by 3% and those diverted to a CSU increased by 1%. The remaining 3% of the individuals received medical treatment, went to a mission, refused serviced, or had an unknown outcome. The following graphs display the outcomes of the crisis assessments across each regional program.

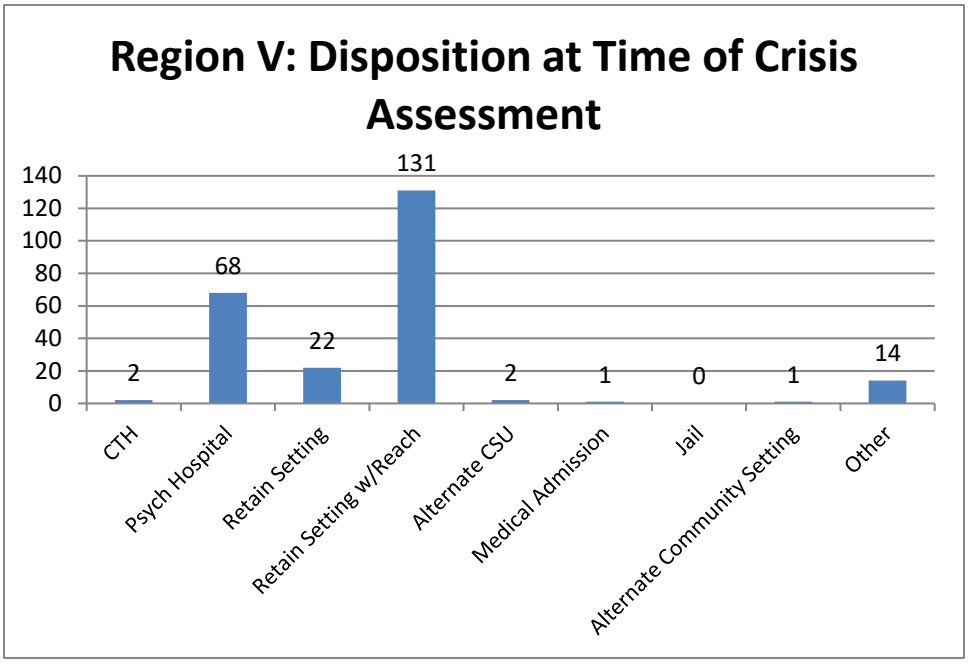


Other: Mission




Region III: Disposition at Time of Crisis Assessment
60
50
40
30
20
10
0
1
53
19
39
0
4
0
0
0
CTH
Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other

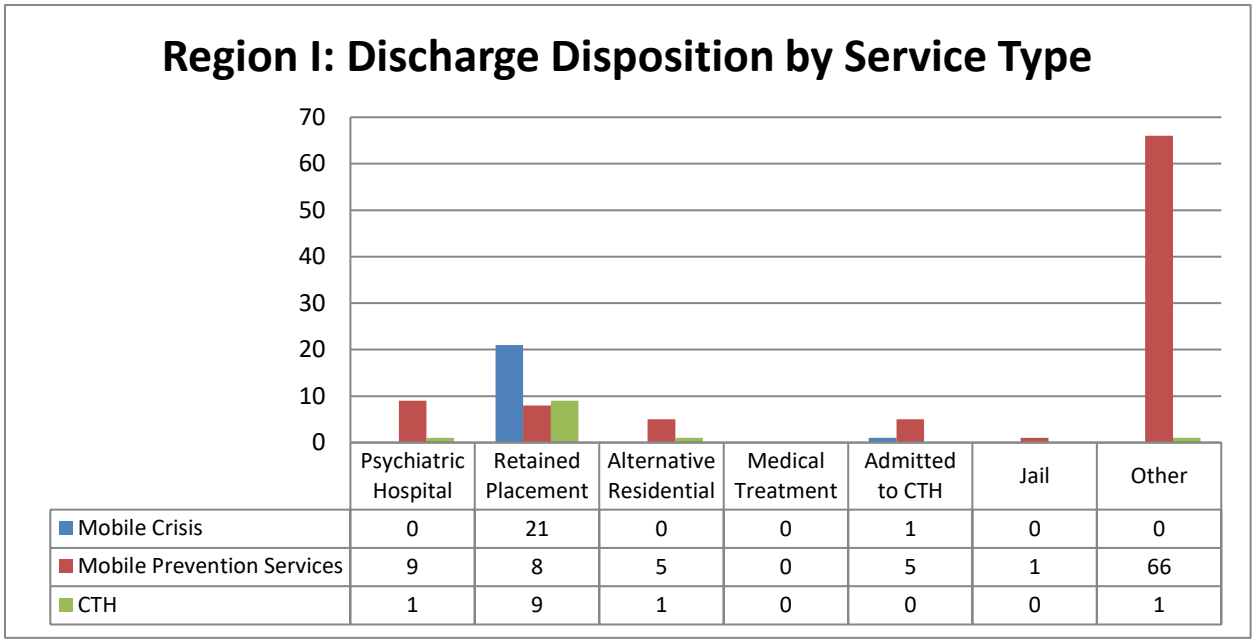

Region IV: Disposition at Time of Crisis Assessment
140
120
100
80
60
40
20
0
14
55
122
26
8
2
2
0
0
CTH
Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other



Other: Refused Service; Ineligible; Unknown

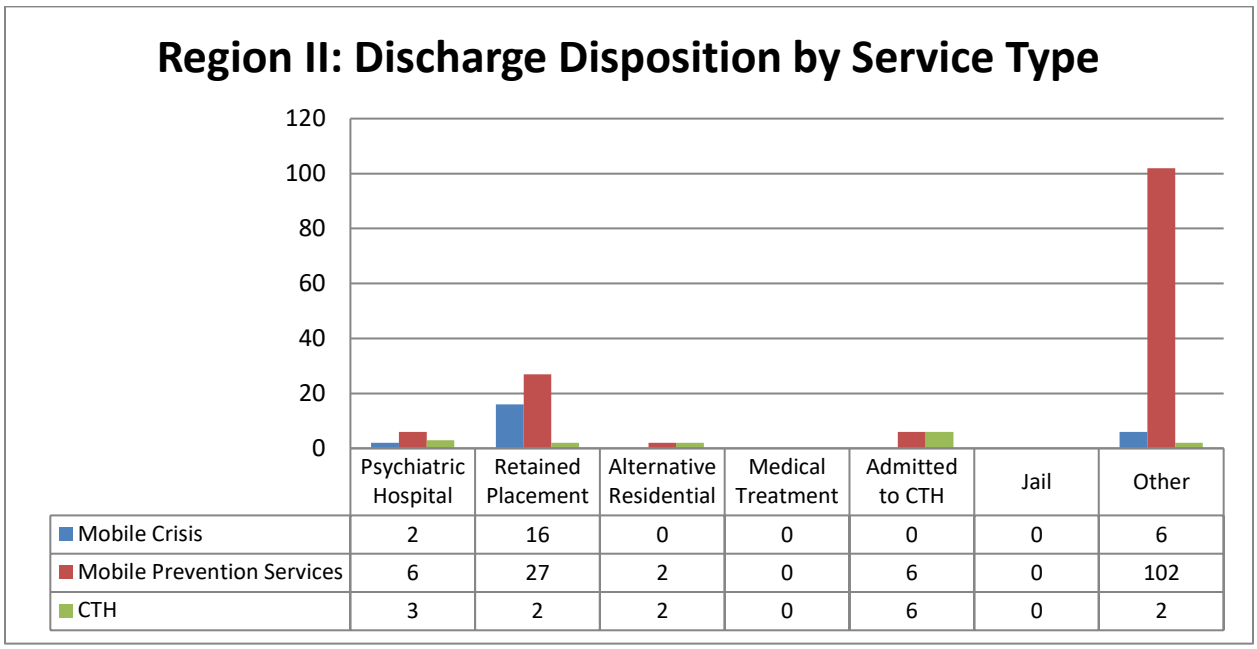
Outcomes that are also of interest are those for individuals that have accessed REACH mobile crisis and mobile prevention services during the quarter in addition to the CTH. Similar to the preceding set of graphs, the graphs on the following pages provide a summary of outcome status for adults that accessed ongoing REACH services during the quarter. Of the outcomes for those individuals admitted to the CTH and discharged this quarter and including those admitted previously and discharge, 72% were able to return to their original residence or went to a new residence post discharge. Nineteen percent (19%) of outcomes for individuals at the CTH resulted in a psychiatric hospitalization and the remaining 9% were individuals who transferred to another CTH. For those individuals receiving mobile crisis supports, 79% remained in their residence, 2% were diverted to the CTH, and 12% were hospitalized during the course of mobile services. Based on reported data on the outcomes of adults in REACH mobile prevention services, 35% of the individuals remained in prevention services at the end of the quarter, 58% retained their setting; 3% were hospitalized, and 2% were admitted to the CTH.

The following graphs display the outcomes of the support services across each regional program. These charts also include outcomes for re-admissions.



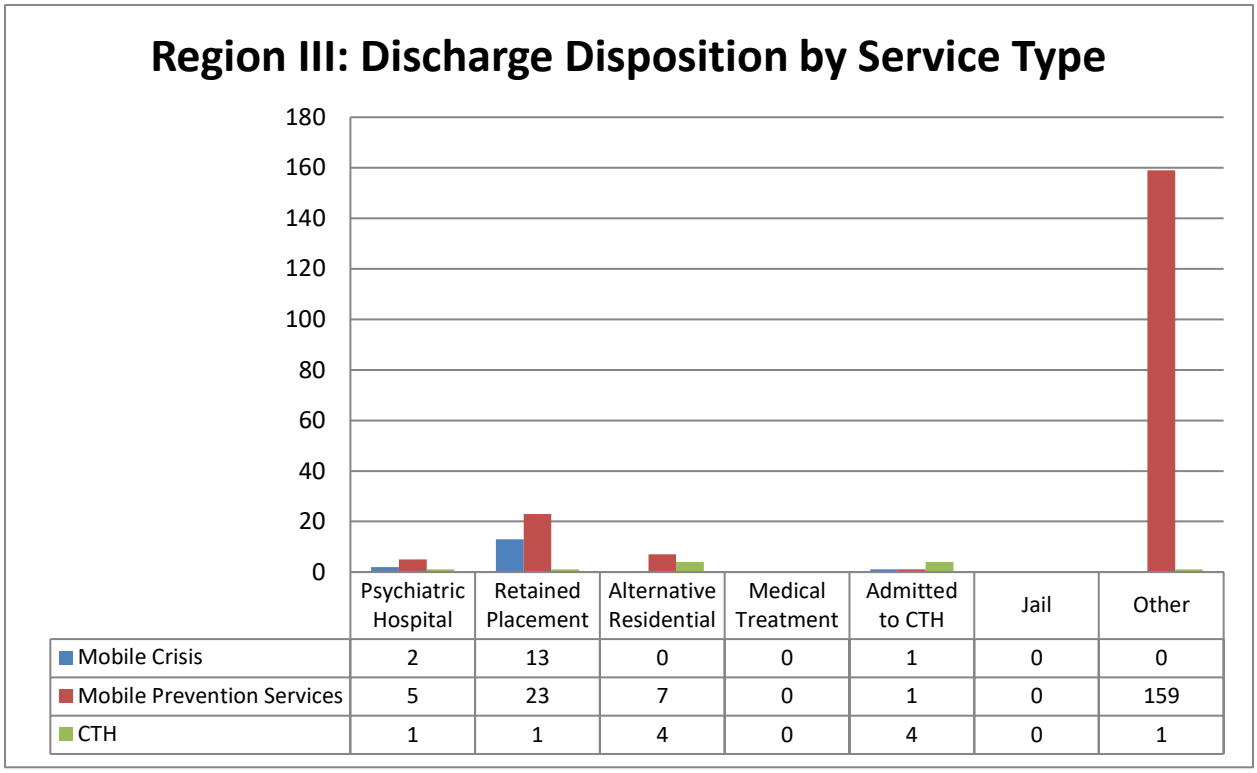
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	21	0	0	1	0	0
Mobile Prevention Services	9	8	5	0	5	1	66
CTH	1	9	1	0	0	0	1

Other: Prevention -Individuals remained in prevention services at end of quarter; CTH – Return to home region CTH



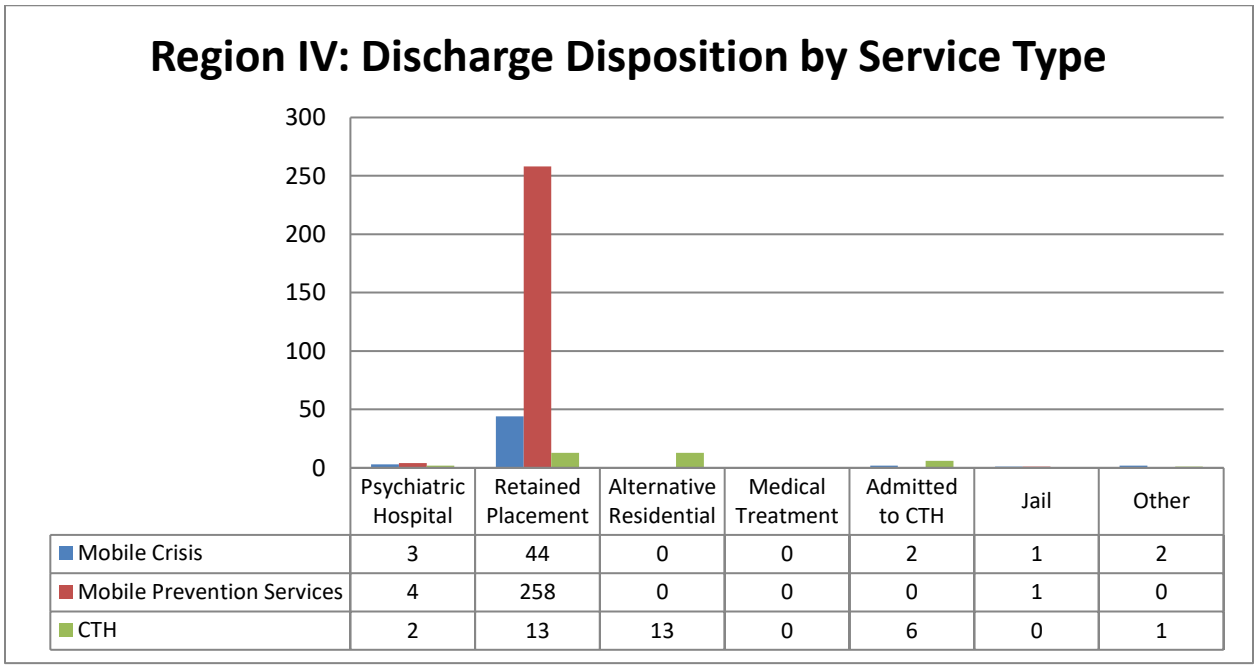
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	2	16	0	0	0	0	6
Mobile Prevention Services	6	27	2	0	6	0	102
CTH	3	2	2	0	6	0	2

Other: Prevention -Individuals remained in prevention services at end of quarter; CTH – Unknown and transition to home region CTH



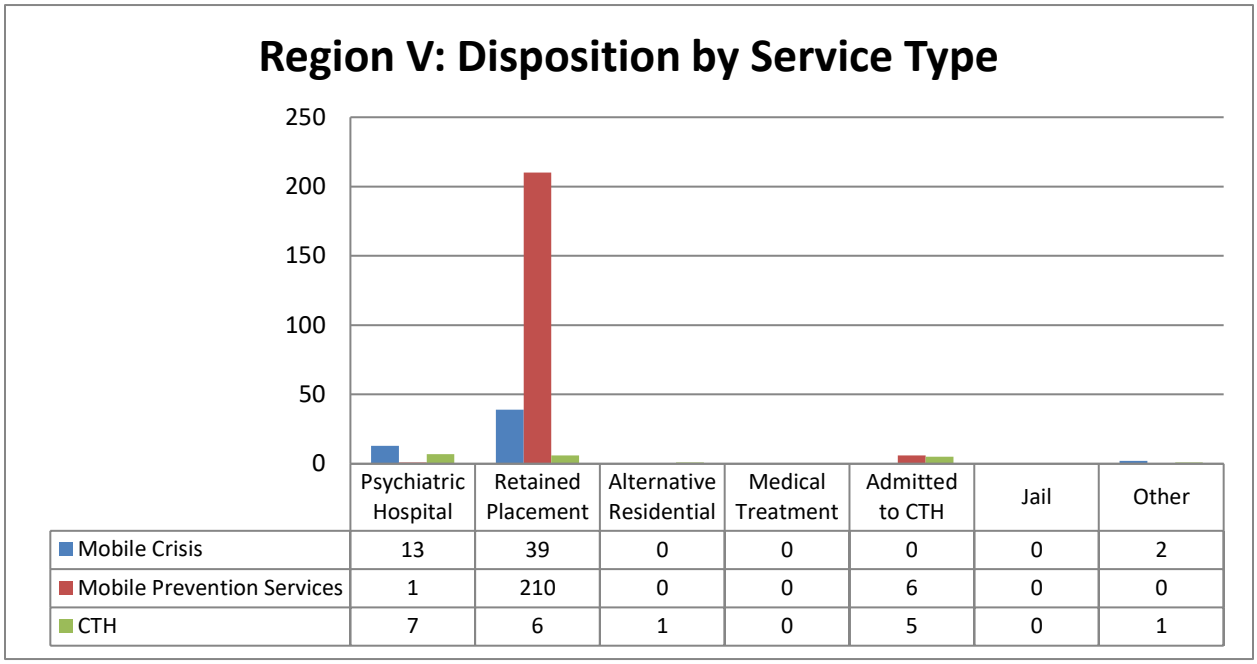
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	2	13	0	0	1	0	0
Mobile Prevention Services	5	23	7	0	1	0	159
CTH	1	1	4	0	4	0	1

Other: Prevention -156 individuals remained in prevention at end of quarter, 2 individuals deceased, 1 went into crisis; CTH: 1 person into a transition bed at CSB



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	3	44	0	0	2	1	2
Mobile Prevention Services	4	258	0	0	0	1	0
CTH	2	13	13	0	6	0	1

Other: CTH – Transferred to another CTH; Mobile: Still receiving mobile supports at end of quarter

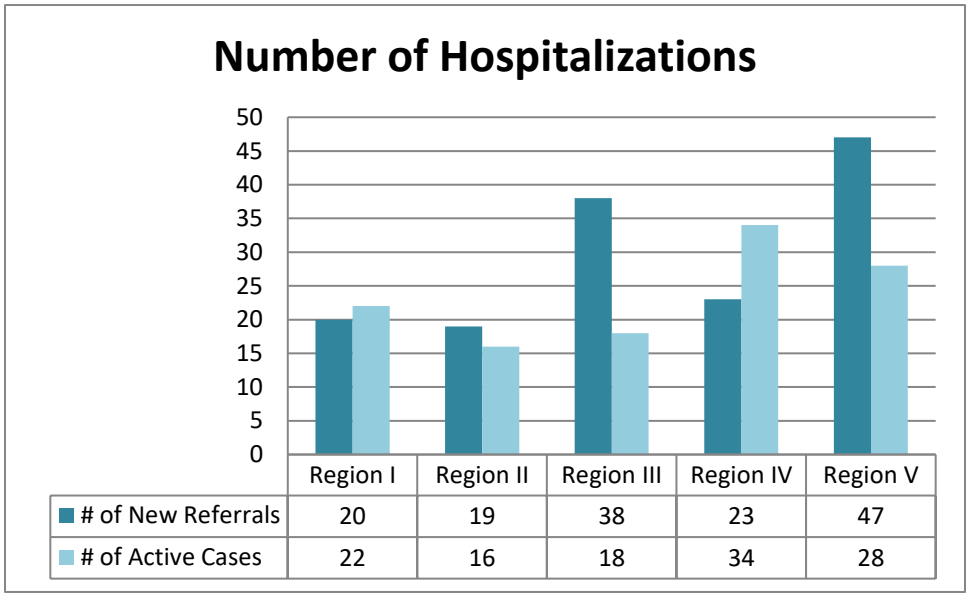


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	13	39	0	0	0	0	2
Mobile Prevention Services	1	210	0	0	6	0	0
CTH	7	6	1	0	5	0	1

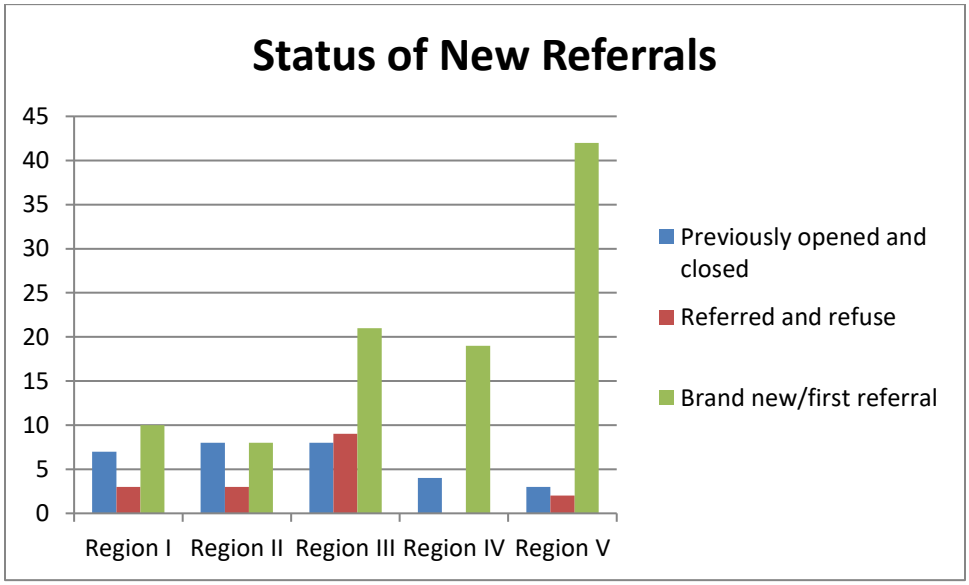
Other: Mobile Crisis: Refused and unable to contact; CTH- Transferred to another CTH

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 as a result of new procedures, 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.

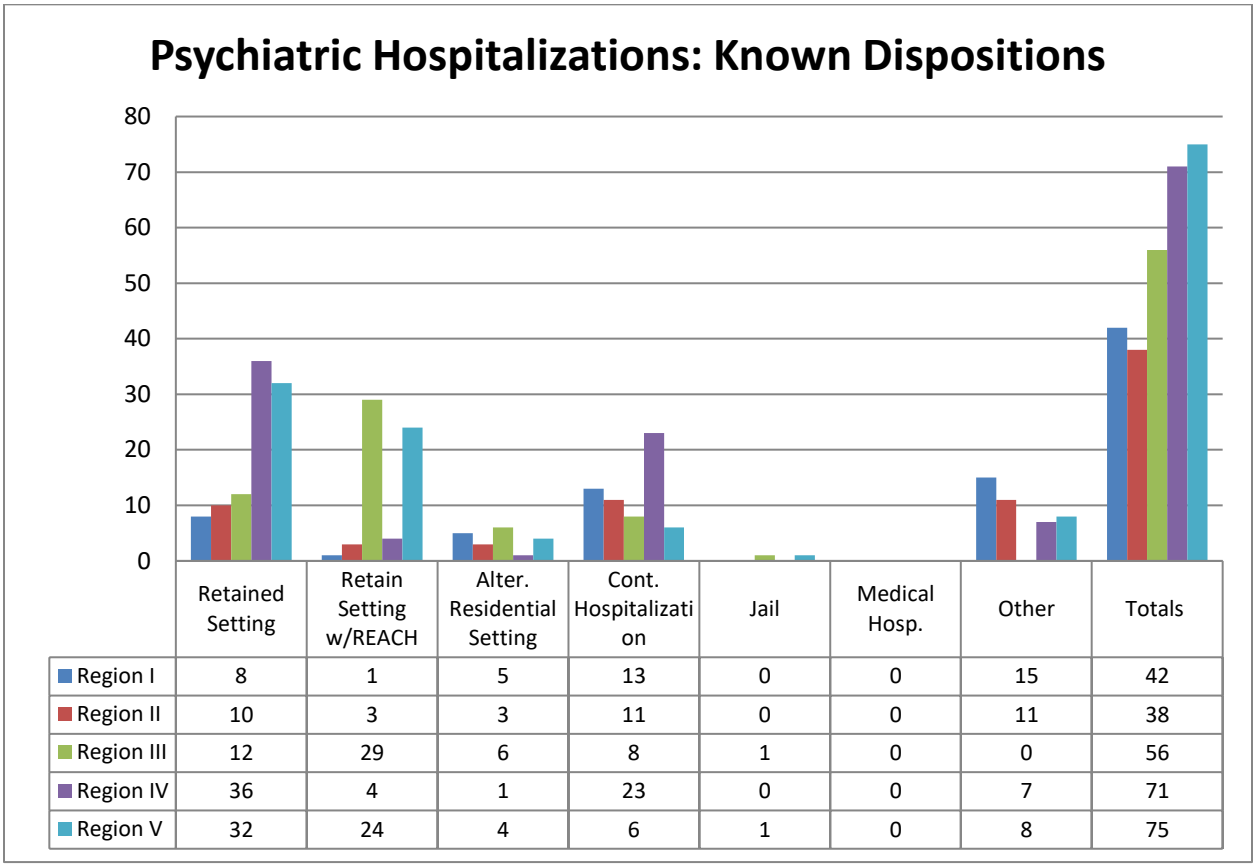


The programs are tracking new referrals according to whether individuals previously received supports through REACH and were closed, were referred but refused follow up services, or were first time referrals.



Fifty-four percent (54%) of all referrals hospitalized were new to the REACH program. Of the **new** referrals to REACH that were hospitalized, 42% of the individuals were new to the

program, 16% were referred to REACH but refused services, and 42% had been discharged (inactive).



	Retained Setting	Retain Setting w/REACH	Alter. Residential Setting	Cont. Hospitalization	Jail	Medical Hosp.	Other	Totals
Region I	8	1	5	13	0	0	15	42
Region II	10	3	3	11	0	0	11	38
Region III	12	29	6	8	1	0	0	56
Region IV	36	4	1	23	0	0	7	71
Region V	32	24	4	6	1	0	8	75

Includes readmit outcomes. Other: Refused; Substance Abuse; Shelter; Closed services; Ineligible

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 tables below summarize the services provided in each of the three 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	11	4	3	16	4
Consultation	11	4	3	16	8
Crisis Education Prevention Plan	8	4	3	14	4
Provider Training	7	1	3	16	6

Service Type Provided: Planned Prevention (CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	3	0	3	0
Consultation	0	3	0	3	0
Crisis Education Prevention Plan	0	3	0	3	0
Provider Training	0	2	0	3	0

Service Type: Crisis Stepdown (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	2	4	10	10
Consultation	0	2	4	10	31
Crisis Education Prevention Plan	0	3	4	8	8
Provider Training	0	2	4	10	12

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	20	26	16	44	13
Consultation	20	26	16	44	13
Crisis Education Prevention Plan	20	20	14	44	14
Provider Training	14	15	14	44	14

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 are working to expand their role as a training resource for the community of support for the individual and their support system impacted by developmental disability. The REACH programs, both child and adult, continue to train law enforcement officers about REACH and the DD population. In addition to ongoing training offered by the REACH programs for law enforcement offices, DBHDS continues its partnership with the Department of Criminal Justice Services, the Virginia Board for People with Disabilities, and Niagara University surrounding comprehensive training targeting disability awareness for law enforcement in Virginia. Trainings on "Disability Awareness for Law Enforcement Overview" continue to be provided to different law enforcement agencies utilizing a "train the trainer" model such that law enforcement personnel are able to deliver this training ongoing to their colleagues. During the first quarter, more than 50 law enforcement personnel received a train the trainer model, which is double the number that participated in this training in the previous quarter. The train the trainer model was offered in various regions across the state during this quarter. In the upcoming quarter continued "Disability Awareness for Law Enforcement" train the trainer sessions will again be offered to law enforcement officers.

The table on the next page 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.

Community Training Provided						
Training Activity	Region I	*Region II	*Region III	*Region IV	*Region V	Total
CIT/Police: #Trained	43	54	17	44	58	216
Case Managers/Support Coordinators	39	95	35	82	59	310
Emergency Service Workers: #Trained	9	53	0	3	14	79
Family Members: # Trained	2	0	21	33	0	56
Hospital Staff: # Trained	0	0	5	26	10	41
DD Provider: #Trained	32	148	90	90	23	383
Other Community Partners: #Trained	35	225	0	26	40	326
Total	160	575	168	304	204	**1411**

*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 first quarter of fiscal year 2020. In keeping with the DBHDS' vision, all five of the programs are focusing on prevention work and outreach efforts. The Department's focus on consistency of clinical practice is continuing. The Department continues to work with the programs and related partners to develop consistent processes, training requirements, and documentation across all of the REACH Programs.

DBHDS is in the process of finalizing the opening of two adult transition homes (ATH) that, although not a part of crisis services, will help to address the capacity issue at the CTH and to aid in stepping down individuals from the state mental health hospitals who have complicated discharge supports. For both homes the operator has submitted the service modification application to DBHDS Office of Licensing and it is confirmed to be received and under review. The homes will open pending licensure approval.