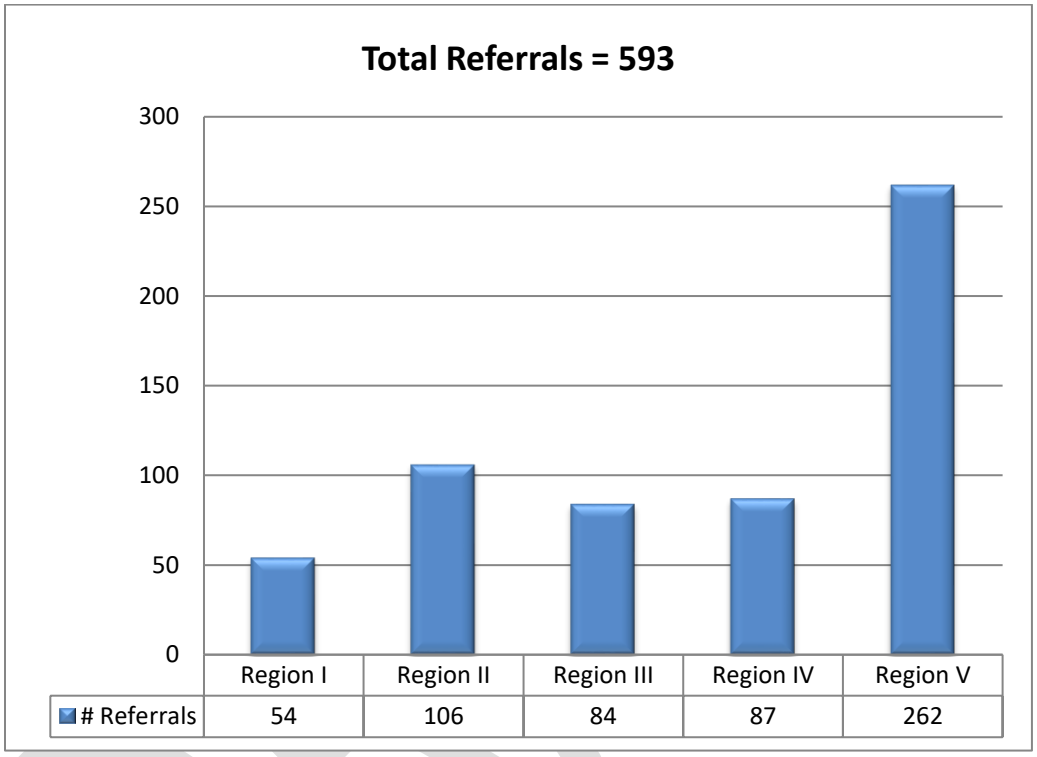
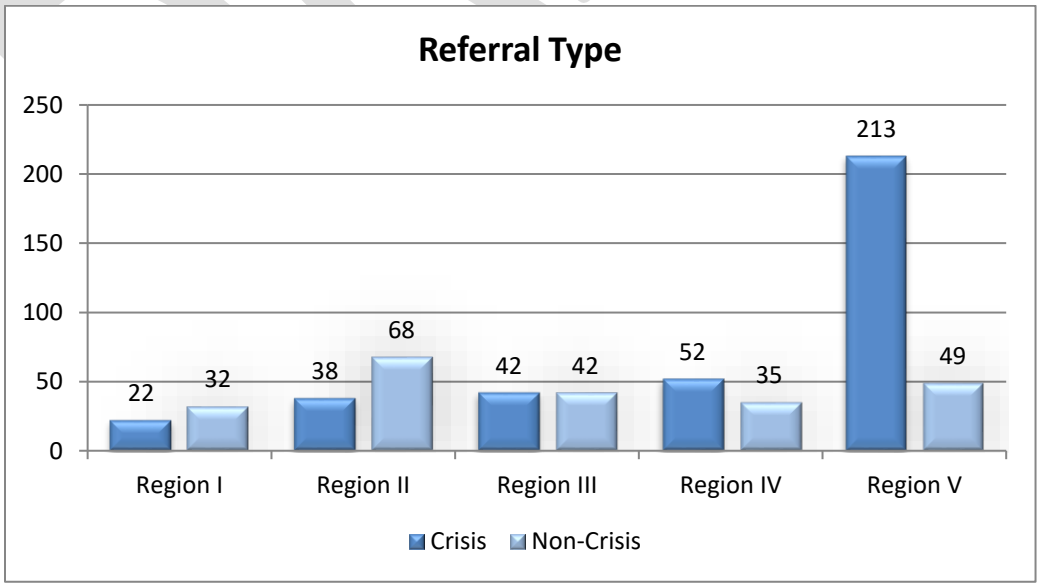
REACH Data Summary Report-Adult: Quarter 2/FY20

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

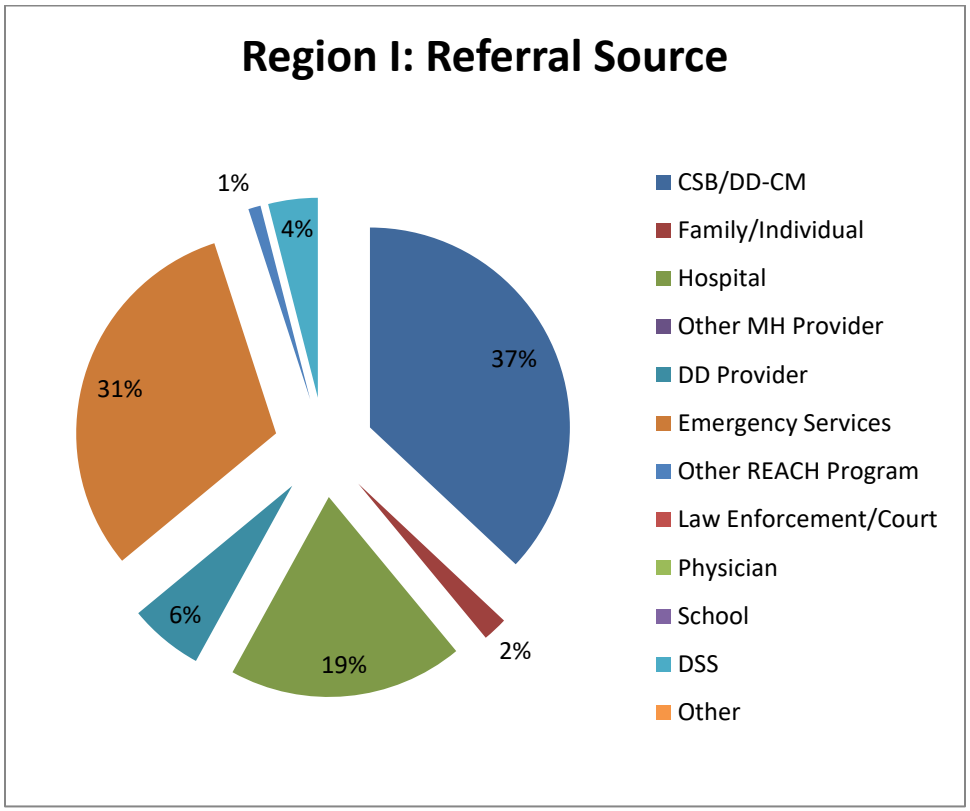
REACH Referral Activity

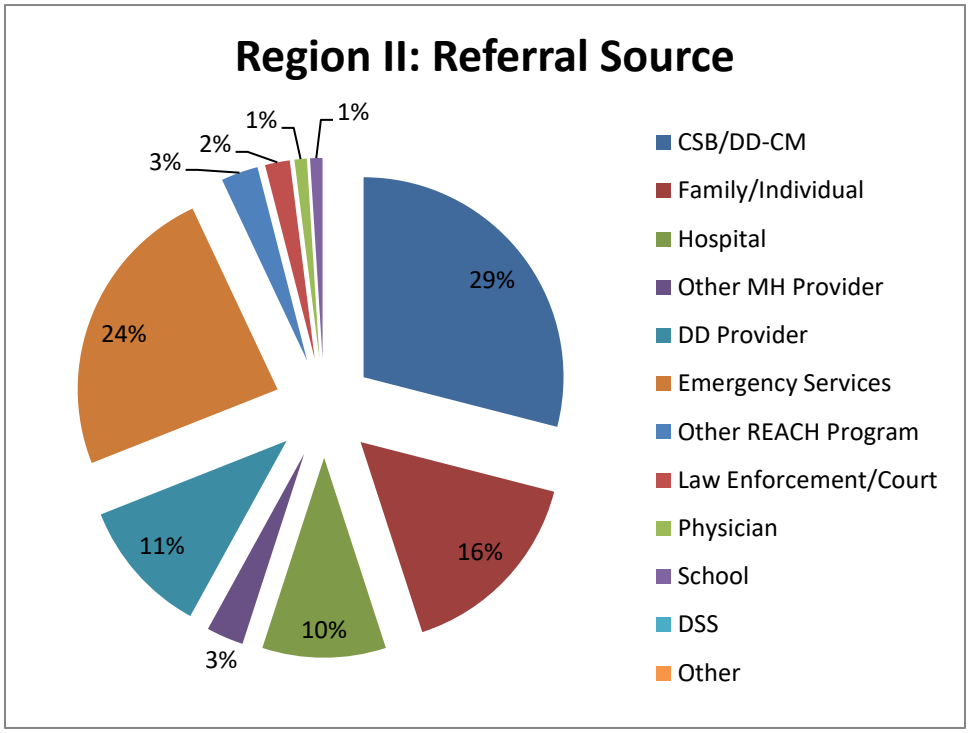


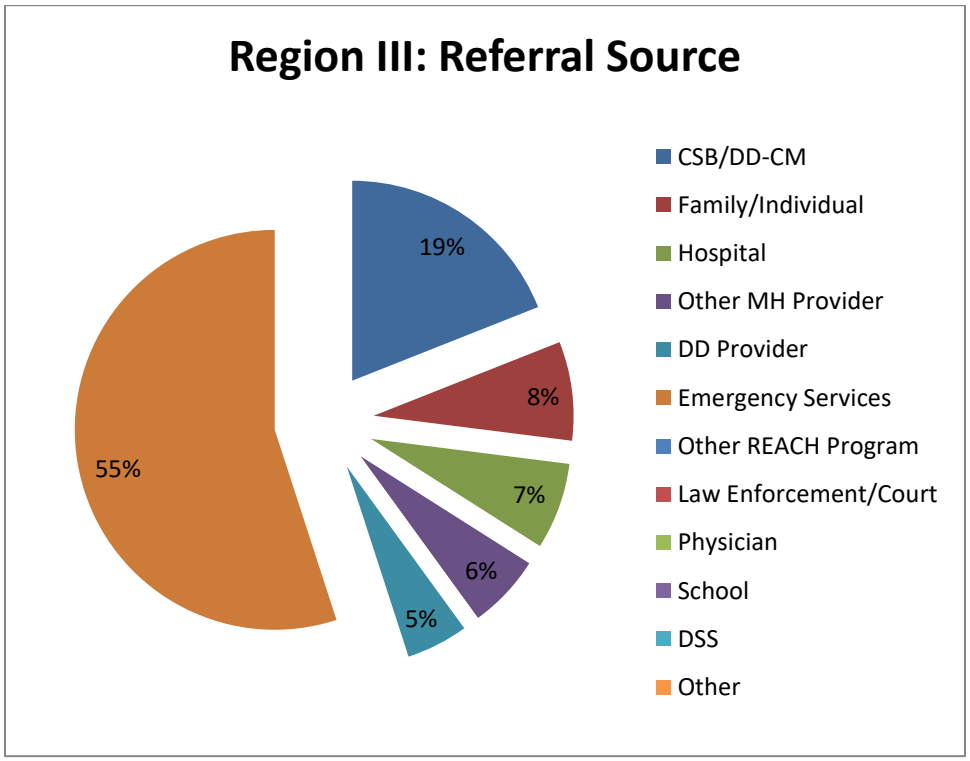


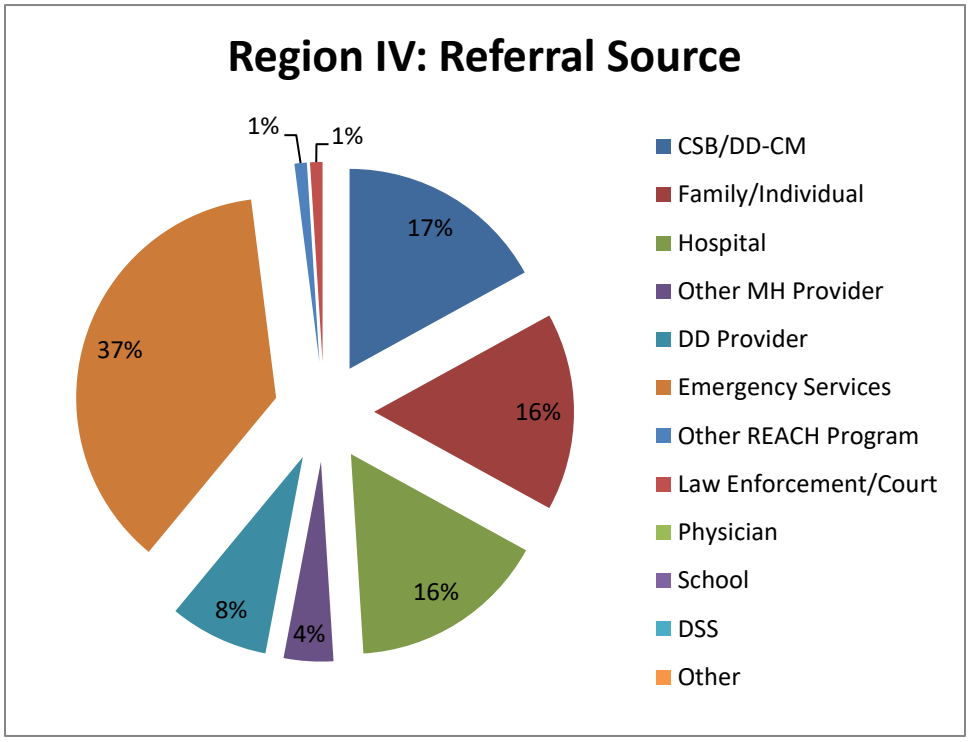
Referral activity for the second quarter of fiscal year 2020 is presented in the graphs on the preceding page. For FY20 quarter two, an increase was noted in total referrals as compared to FY20 quarter one, 567 to 593. Region V accounted for the increase in the total number of referrals. All other regional programs noted a decrease in the number of total referrals. Regions I and II received a higher number of non-crisis referrals, while Regions IV and V had a higher number of crisis referrals. Region III had an equal breakdown of crisis versus non-crisis referrals.

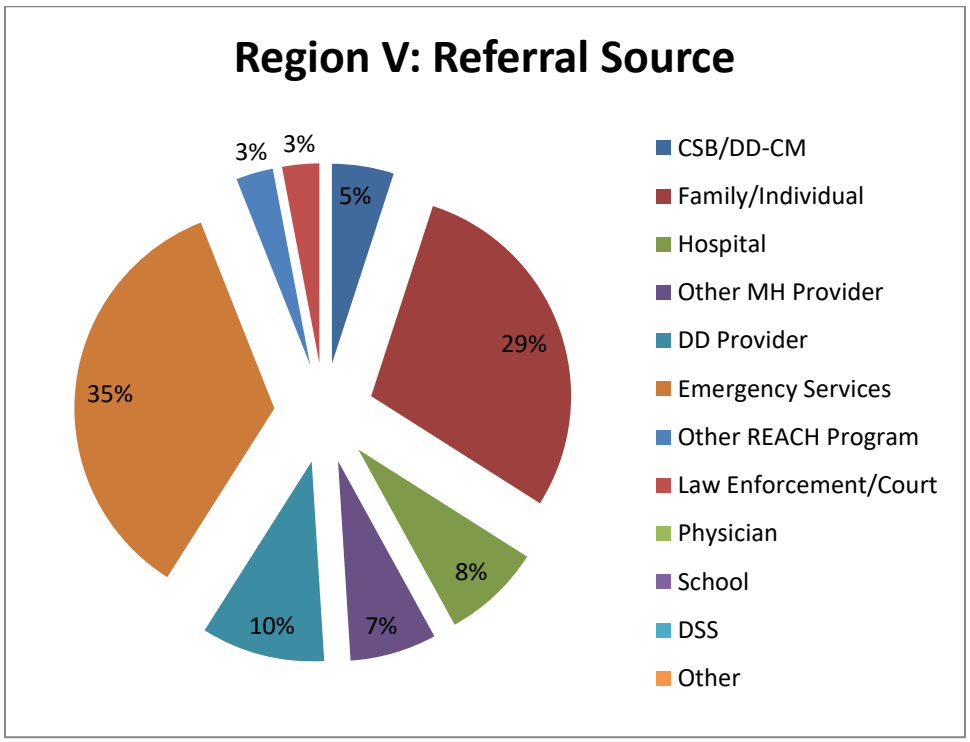
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by Region of referral source data. Referral sources cover a broad range of stakeholders when the state is considered as a whole and primary referral sources vary by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




Region II: Referral Source
29%
16%
10%
3%
11%
24%
3%
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 III: Referral Source
19%
8%
7%
6%
5%
55%
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%
17%
16%
16%
4%
8%
37%
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%
3%
5%
29%
8%
7%
10%
35%
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 3:00 p.m. to 10:59 p.m. time frame edging out the 7:00 a.m. to 2:59 p.m. time frame for being the main range of time in which most referrals occur. In Region II, the referral break down between daytime/evening is higher for the daytime.

Referral Time	Region I	Region II	Region III	Region IV	Region V	**Total**
Monday-Friday	49	93	60	65	199	466
Weekends/Holidays	5	13	24	22	63	127
7am-2:59pm	23	54	32	38	105	252
3pm-10:59pm	28	46	42	43	125	284
11pm-6:59am	3	6	10	6	32	57

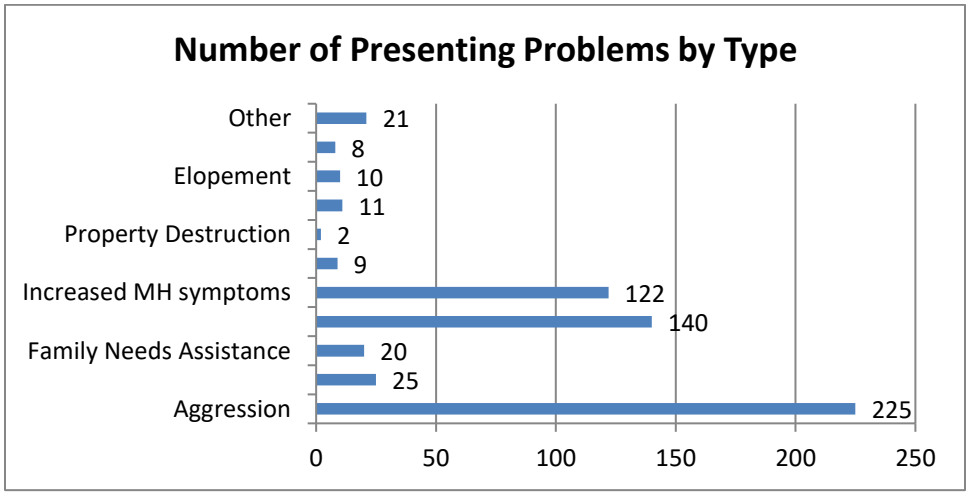
Also of interest to the Commonwealth is ensuring that the REACH programs serve the DD community in its entirety and effectively. The table below summarizes the breakdown of individuals referred to REACH with an intellectual disability (ID) only, an intellectual and other developmental disability, developmental 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 I joined Region II by supporting more adults with DD only while all other regions support more adults with ID only. Individuals with only the diagnosis of ID continue to be the highest denoted subgroup supported by the REACH program.

Diagnosis	Region I	Region II	Region III	Region IV	Region V	**Total**
ID only	15	38	43	52	99	247
DD only	20	48	24	16	89	197
ID/DD	9	17	11	11	57	105
Unknown/None	10	3	6	8	17	44
Total	54	106	84	87	262	593

In terms of what type of clinical issues bring individuals to the REACH programs for support; aggression and suicidal ideation/behavior followed by increased MH symptoms 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	16	51	27	26	105	225
Self Injury	2	2	2	5	14	25
Family Needs Support	0	6	0	12	2	20
Suicidal Ideation/behavior	12	14	17	20	77	140
Increased MH symptoms	12	25	23	19	43	122
Loss of functioning	1	2	1	0	5	9
Property Destruction	0	0	2	0	0	2
Risk of housing loss	1	4	2	0	4	11
Elopement	3	0	1	4	2	10
Hospital Stepdown	0	0	5	1	2	8
Other	7	2	4	0	8	21

*Other: Transitioning from jail; Linkages to service; Substance Use/Unintentional OD; Transitioning from TC; Homicidal ideation; ATH admission.

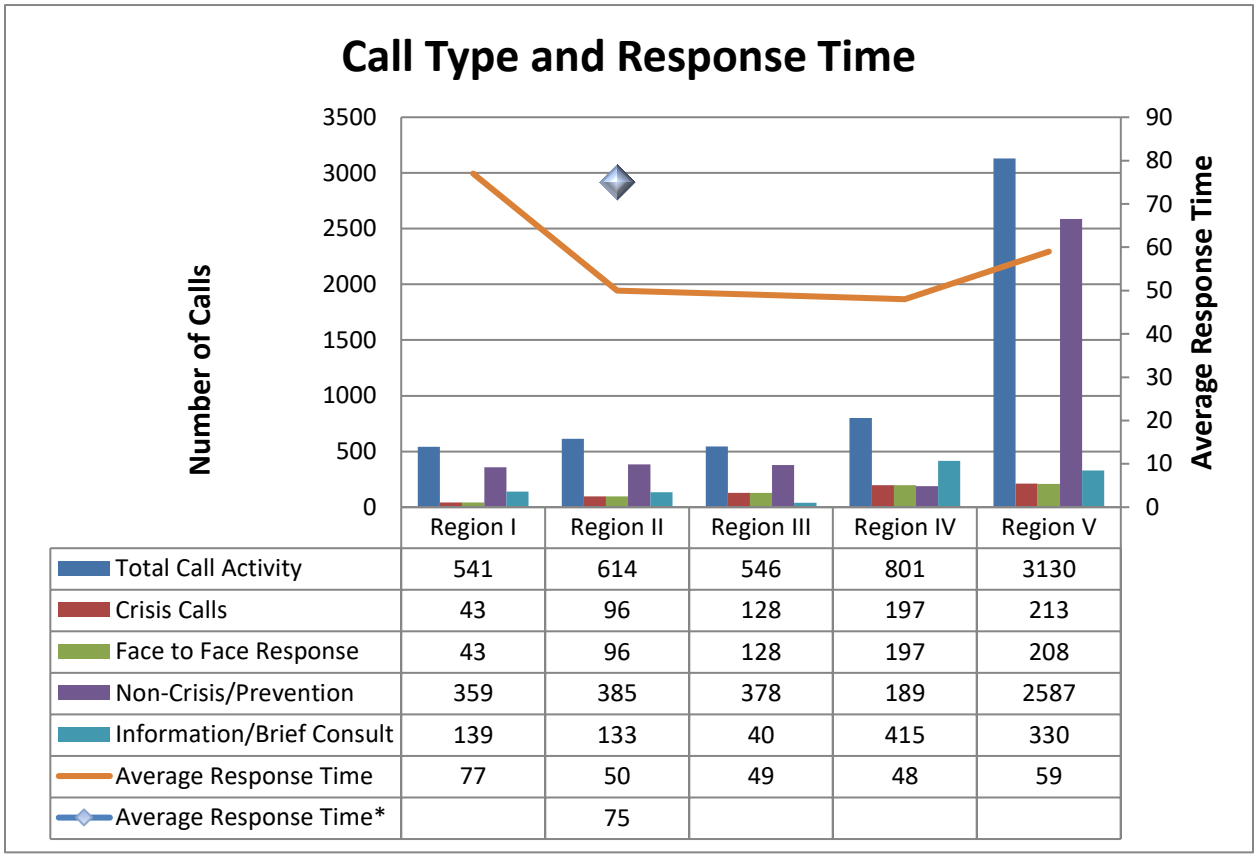


REACH Crisis Response

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 next 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.



	Region I	Region II	Region III	Region IV	Region V
Total Call Activity	541	614	546	801	3130
Crisis Calls	43	96	128	197	213
Face to Face Response	43	96	128	197	208
Non-Crisis/Prevention	359	385	378	189	2587
Information/Brief Consult	139	133	40	415	330
Average Response Time	77	50	49	48	59
Average Response Time*		75			

*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 or below the shorter average response time applied only to urban Regions. Region II rural met the response time for 92% of their calls while Regions I, II urban, III, IV, and V met 98%, 71%, 98%, 84%, and 97% of their calls, respectively. The table on the next page 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 faulty navigation system and a vehicle breakdown accounted for delays in response time. In RV there were no crisis assessments for five crisis calls due to refusals by three families; a cancelled response as the individual wanted to go to bed; and another individual discharged by ES (and subsequently

went home). Follow-up appointments were made for the two individuals who did not refuse REACH services.

	Region I	Region IIU	Region IIR	Region III	Region IV	Region V	**Total Calls**
Response Interval: 0-30	7	19	2	56	31	41	156
Response Interval: 31-60	11	41	2	41	134	80	309
Response Interval: 61-90	7	21	4	17	23	61	133
Response Interval: 91-120	17	1	3	12	6	19	58
Response Interval: 120+	1	2	1	2	3	7	16
Total	43	84	12	128	197	208	672

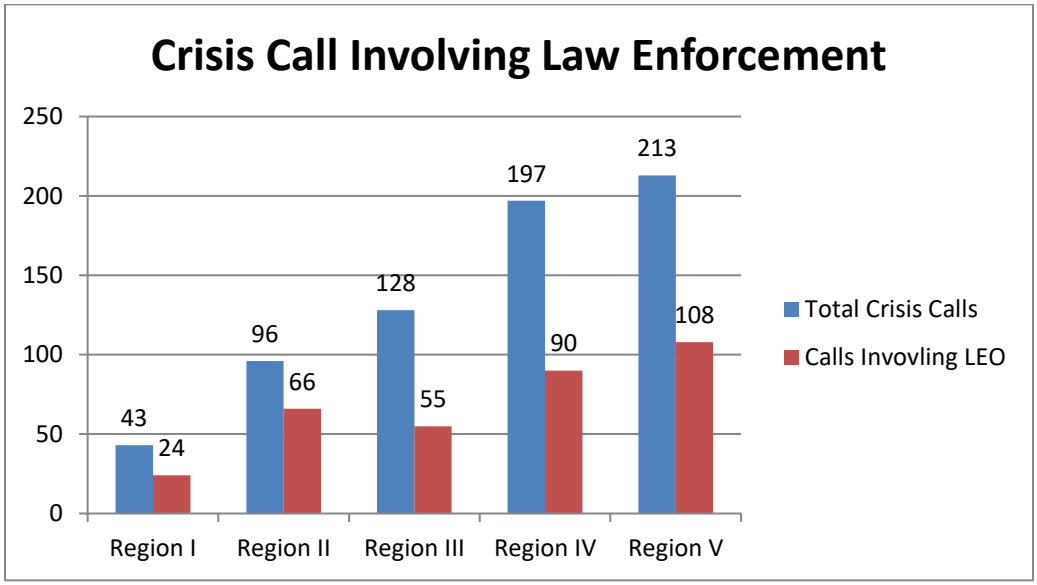
Location of Crisis Assessments

Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual/Family Home	3	7	10	25	47	92
Hospital/Emergency Room	28	50	95	88	111	372
Emergency Services/CSB	4	20	8	5	10	47
Residential Provider	4	16	13	50	33	116
Police Station	0	1	0	0	0	1
Day Program	2	0	1	10	4	17
School	0	1	0	1	1	3
Other	2	1	1	18	2	24
Total	43	96	128	197	208	672

*Other settings include: CSU; Homeless Shelter; Dollar General; Neighbor's home

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 second quarter of FY20.

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

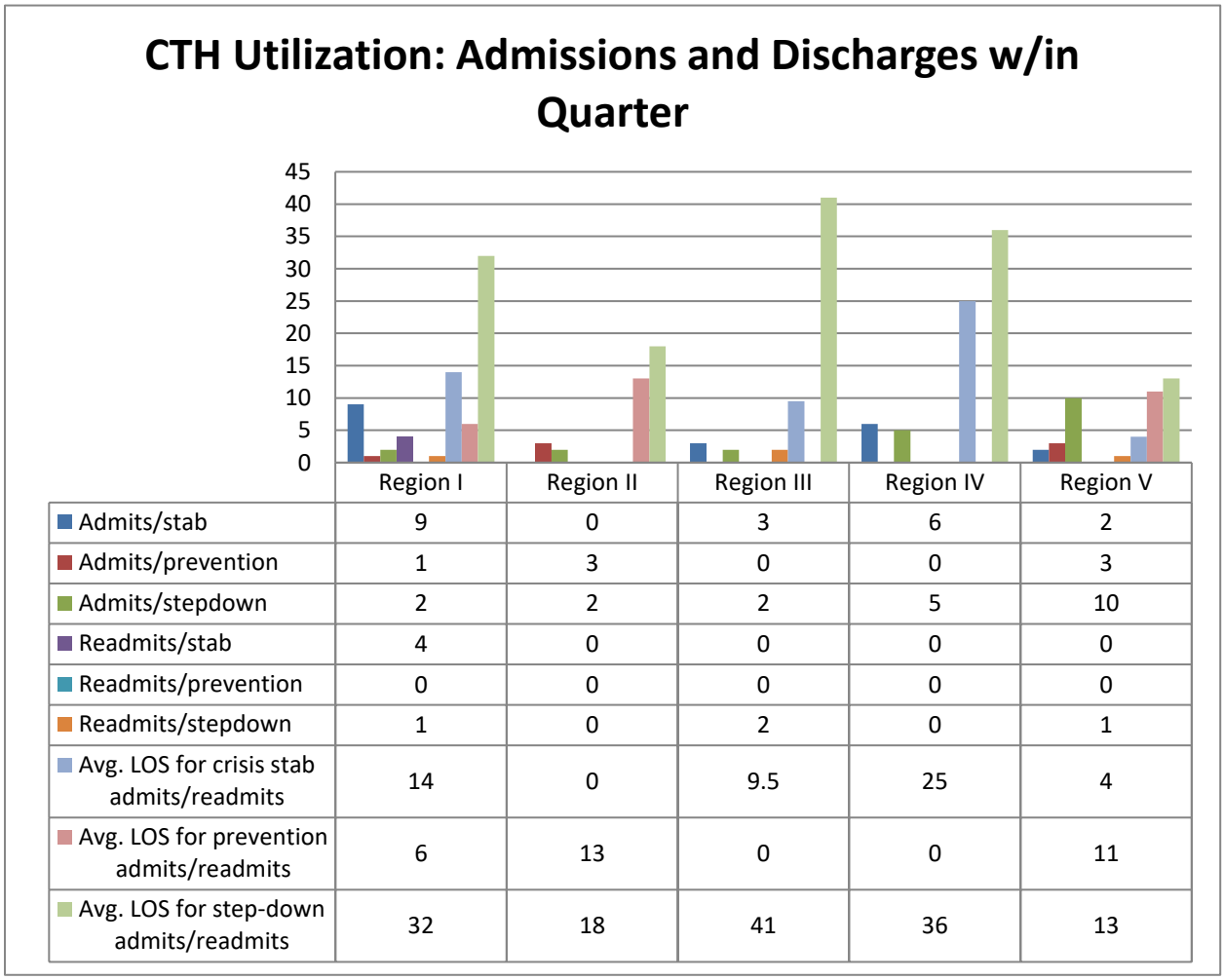


Crisis Therapeutic House

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 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 last 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 page 12.

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 20 crisis stabilization admissions, 7 prevention admissions, and 21 step-down admissions. In regions III

and IV there were no prevention admissions and in RII, no crisis-stabilization admissions occurred during quarter two. This is most likely being impacted by the amount and/or LOS of individuals with no disposition. For RI, 33% of admissions did not have a disposition and in RII 40% had no disposition. In RIII, RIV, and RV, the individuals admitted to the programs with no dispositions comprised 60%, 27%, and 33% respectively, of total program admissions. Thirty-five percent of the total number of individuals admitted to all CTHs this quarter was without a disposition. This was a decrease in the number of no dispositions as compared to FY20Q1 which was at 51%.



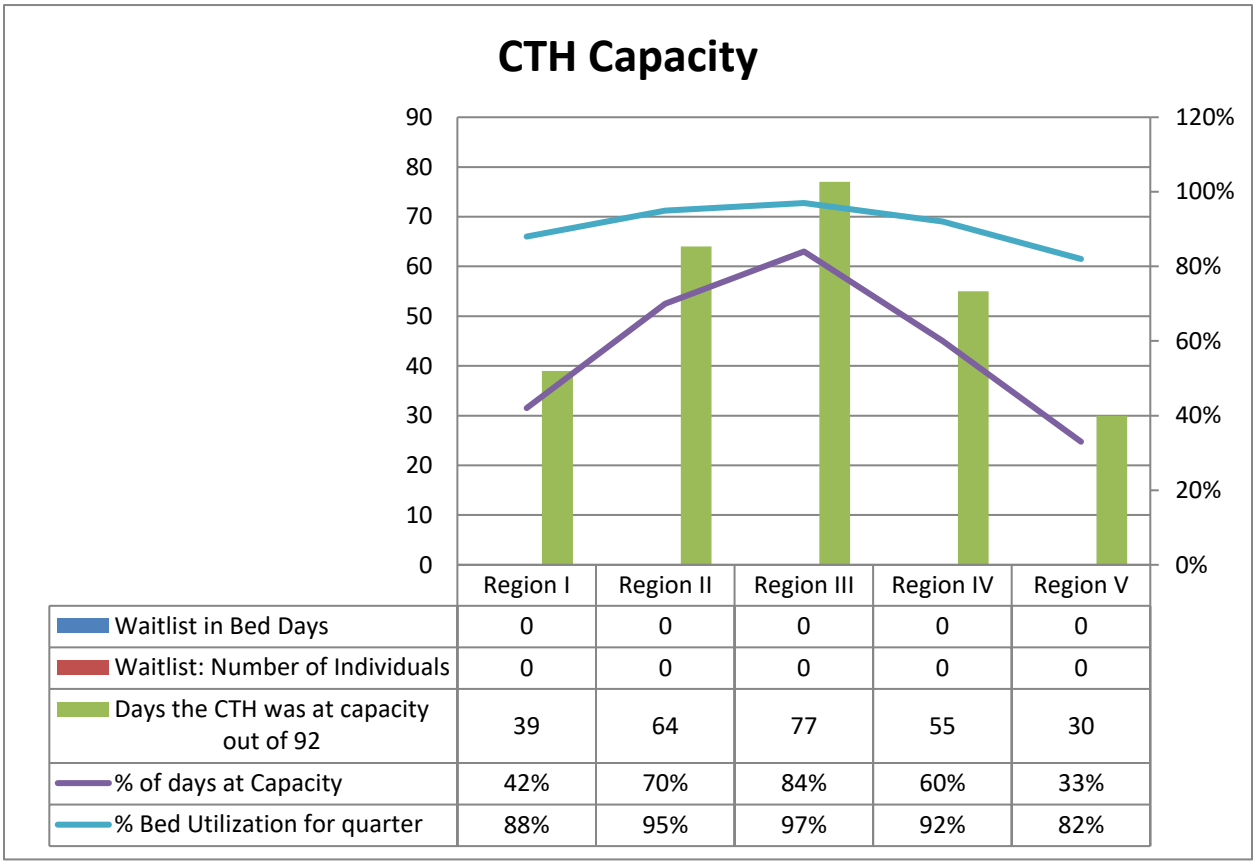
	Region I	Region II	Region III	Region IV	Region V
Admits/stab	9	0	3	6	2
Admits/prevention	1	3	0	0	3
Admits/stepdown	2	2	2	5	10
Readmits/stab	4	0	0	0	0
Readmits/prevention	0	0	0	0	0
Readmits/stepdown	1	0	2	0	1
Avg. LOS for crisis stab admits/readmits	14	0	9.5	25	4
Avg. LOS for prevention admits/readmits	6	13	0	0	11
Avg. LOS for step-down admits/readmits	32	18	41	36	13

The average length of stay reflected for each type of admission/readmission on the previous chart is within the expected average length of stay. Typically those individuals admitted as a stepdown have a lengthier stay at the CTH. 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: 11 crisis stabilization admissions with LOS ranging from 10 - 472 days; 1 prevention admission with LOS of 122 days; and 9 step-down admissions with LOS ranging from 20 - 189 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	189
	Person 2	Crisis Stab	67
	Person 3	Crisis Stab	48
	Person 4	Crisis Stab	10
Region II	Person 1	Step-down	45
	Person 2	Step-down	39
	Person 3	Prevention	122
Region III	Person 1	Crisis Stab	17
	Person 2	Crisis Stab	267
	Peron 3	Crisis Stab	472
Region IV	Person 1	Crisis Stab	75
	Person 2	Crisis Stab	32
	Person 3	Crisis Stab	28
	Person 4	Step-down	90
	Person 5	Step-down	37
	Person 6	Step-down	20
Region V	Person 1	Step-down	61
	Person 2	Step-down	20
	Person 3	Step-down	35
	Person 4	Crisis Stab	71
	Person 5	Crisis Stab	59

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 88% to 97% this quarter. No beds were off line during the quarter; however, one bed in RIV was held for thirteen days due to an individual being medically hospitalized.



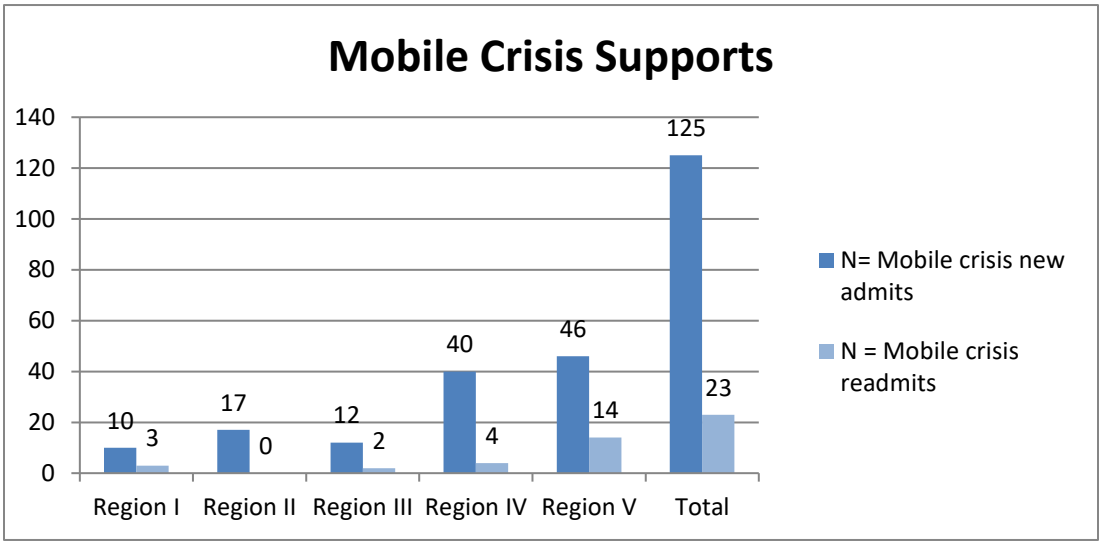
	Region I	Region II	Region III	Region IV	Region V
Waitlist in Bed Days	0	0	0	0	0
Waitlist: Number of Individuals	0	0	0	0	0
Days the CTH was at capacity out of 92	39	64	77	55	30
% of days at Capacity	42%	70%	84%	60%	33%
% Bed Utilization for quarter	88%	95%	97%	92%	82%

Beds Used Out of 552 Beds Available:	487	527	537	509	450

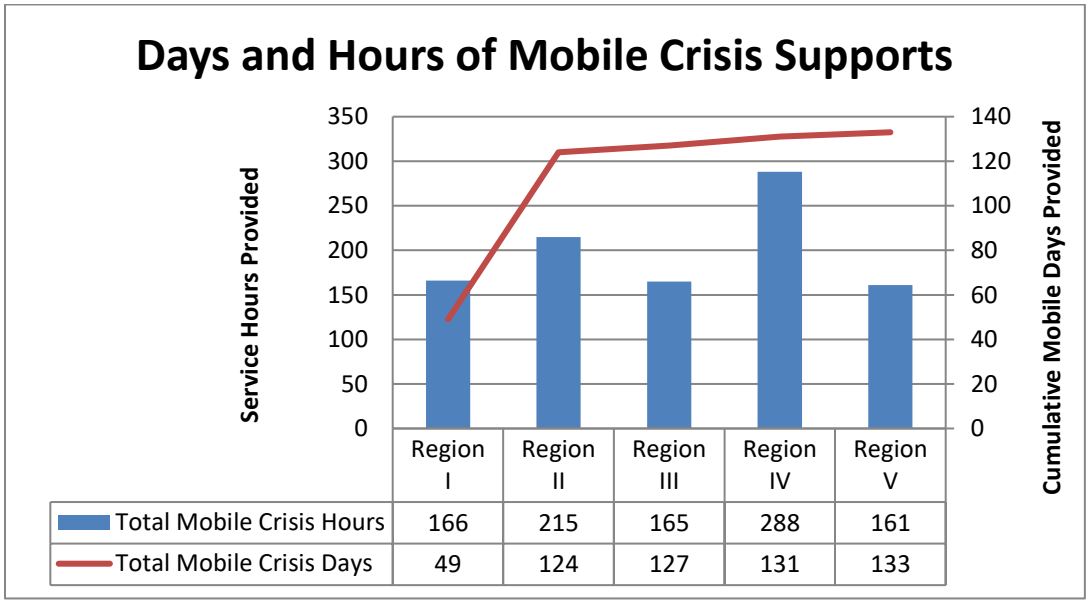
RIV had one bed held for 13 days due to an individual being admitted to a medical hospital. The bed utilization and capacity numbers listed above do not take in to account the bed being held (counted as vacant bed). Bed utilization would be at 94% if this bed was counted as occupied.

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 decreased from 142 in Q1 to 125 in Q2. Region V was noted to have an increase in the number of new admissions supported with this service in comparison to last quarter. The total number of readmissions in the quarter was similar to Q1.



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.

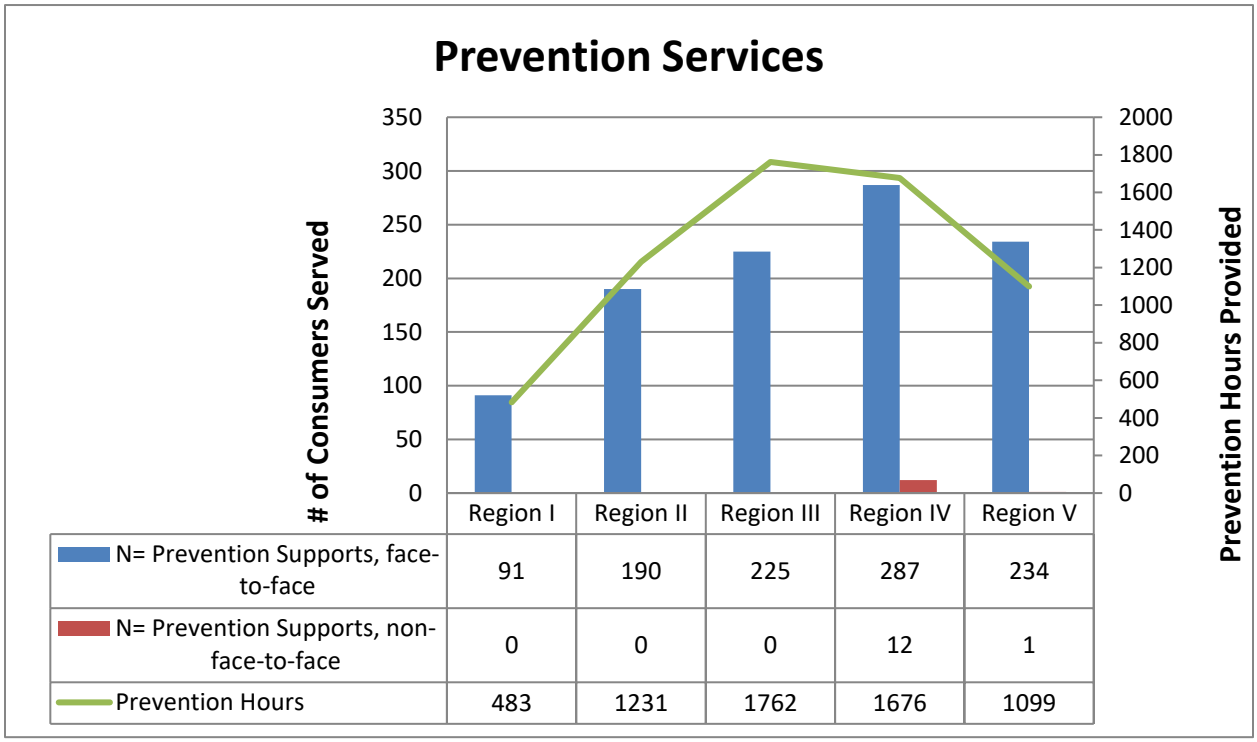


Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings

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 with a targeted average per day of 2 hours. Regions II, III, and V are below the targeted daily average with RV also being slightly below the average days per case. 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	2-9	2-15	1-6	1-7
Average Days/ Case	3.8	7.3	9.1	3.0	2.2
Average Hours/Day	3.4	1.7	1.3	2.2	1.2
Average Hours/Case	12.8	12.6	11.8	6.5	2.7

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 on the next page 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	91	190	225	287	234
N= Prevention Supports, non-face-to-face	0	0	0	12	1
Prevention Hours	483	1231	1762	1676	1099

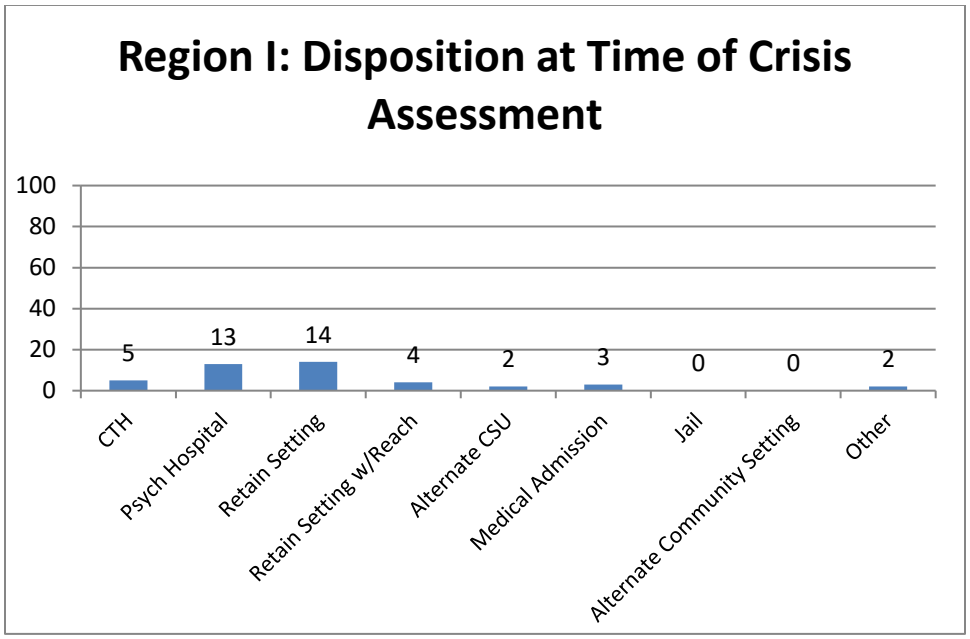
The total number of individuals receiving face-to-face prevention supports increased from 912 in Q1 to 1027 in this quarter. The total number of individuals receiving non face-to-face supports decreased from 19 in Q1 to 13 in Q2. The total number of prevention hours provided by all programs increased from 5617 in Q1 to 6252 this quarter. All regional programs noted an increase in the number of prevention hours provided with the exception of region one who noted a decrease in hours provided this quarter.

Crisis Service Outcomes/Dispositions

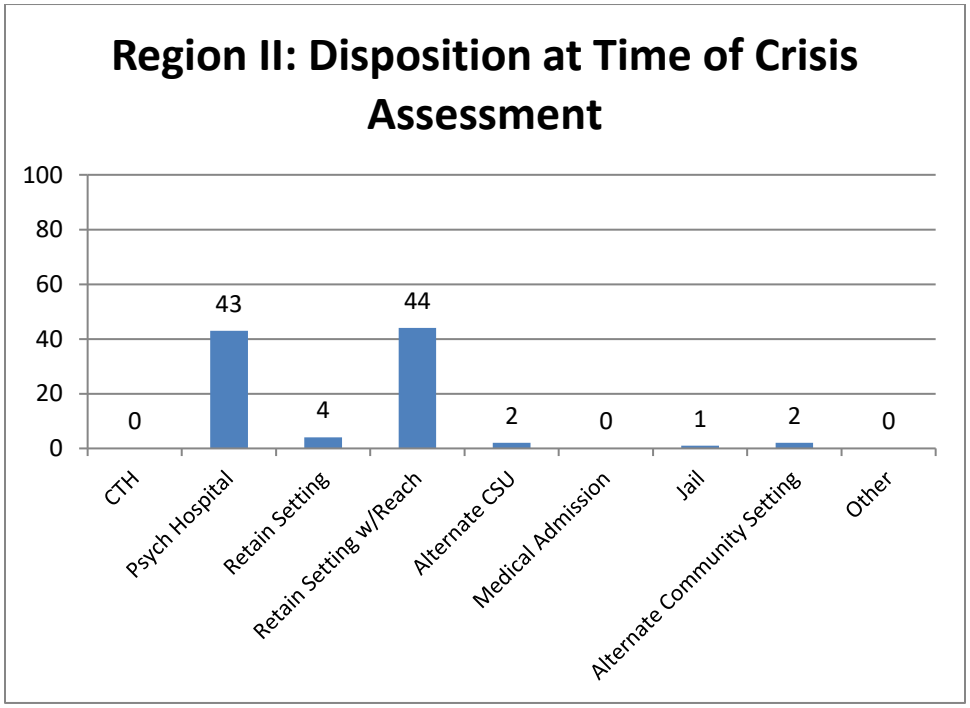
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted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

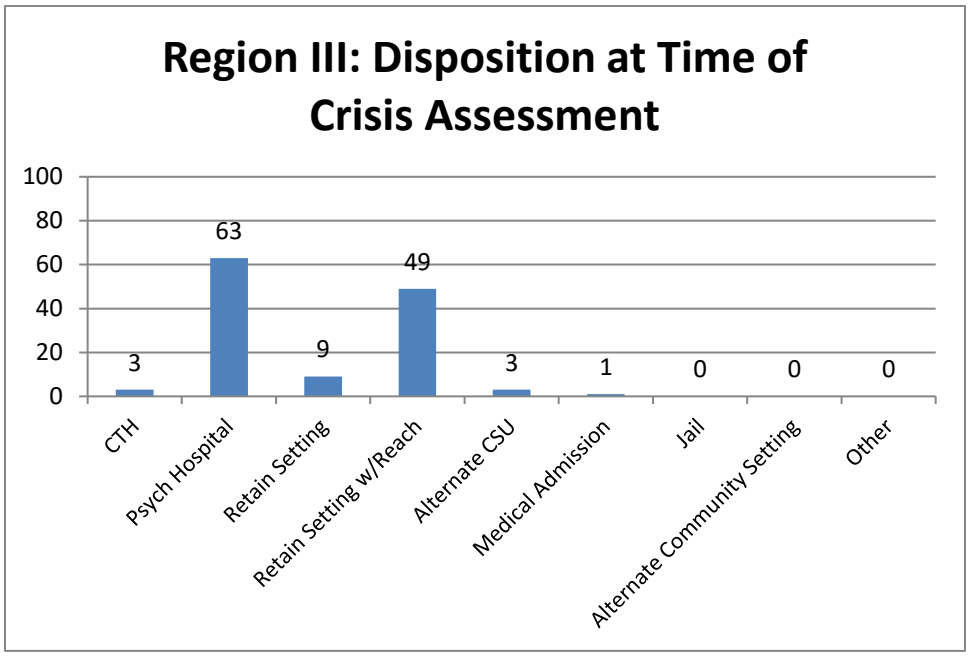
For this quarter, 56% of the individuals receiving a crisis assessment were able to retain their original residential setting, 2.5% were diverted to a CTH, with another 2% diverted to an alternate CSU, and 35% were psychiatrically hospitalized. These numbers are fairly consistent with the previous quarter. Individuals who retained their setting went down by 4% and those

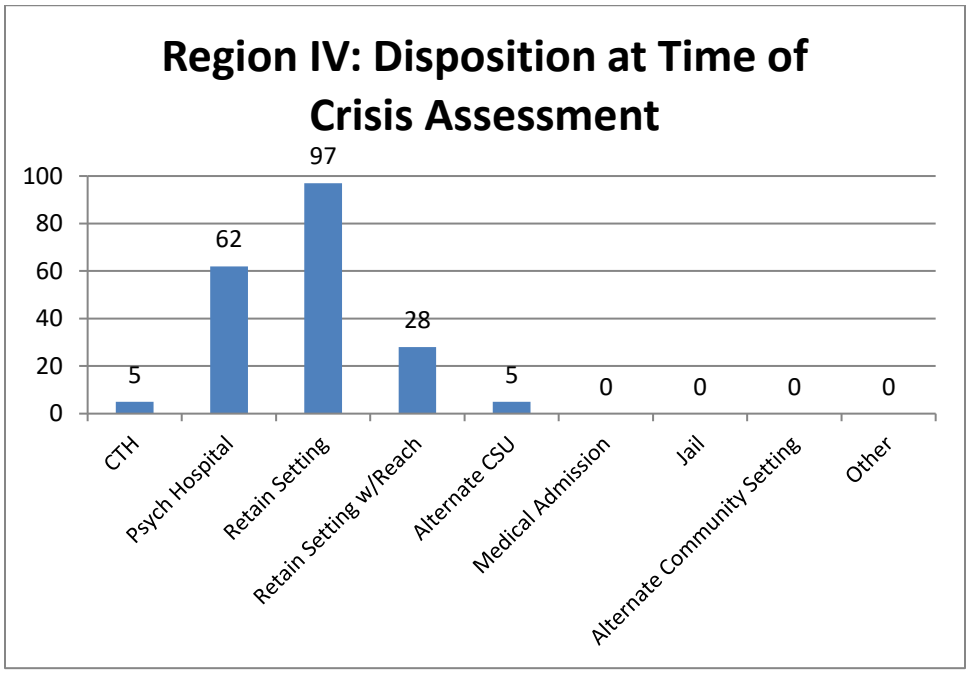
psychiatrically hospitalized increased by 3%. The remaining 4.5% of the individuals received medical treatment, went to an alternative community residence, were incarcerated, were ineligible, refused services, or had an unknown outcome. The following graphs display the outcomes of the crisis assessments across each regional program.

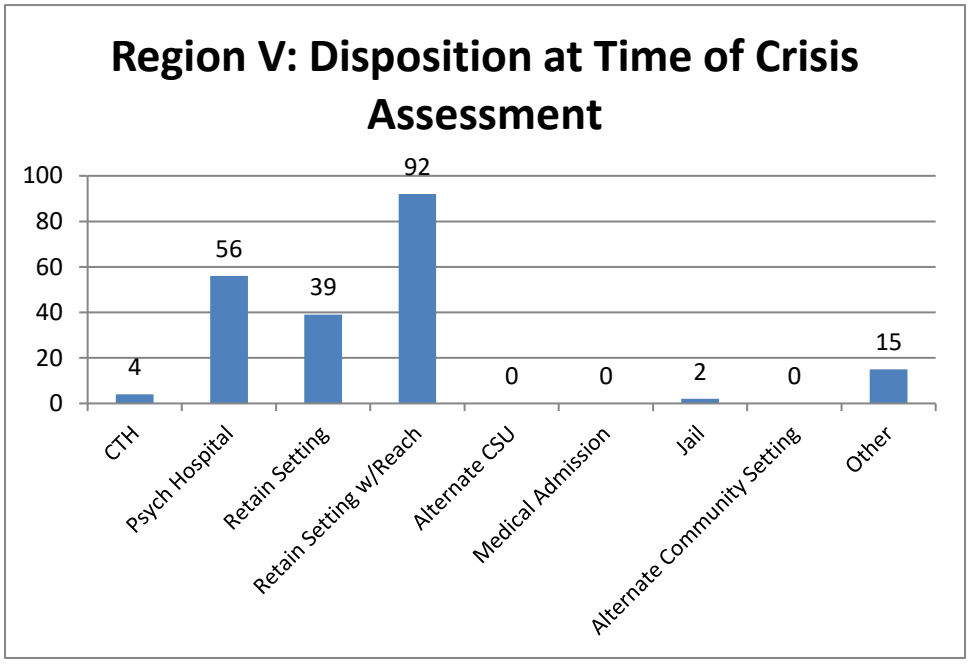


Other: Outcomes unknown due to not qualifying for services and ED admission




Region III: Disposition at Time of Crisis Assessment
100
80
60
40
20
0
3
63
9
49
3
1
0
0
0
CTH
Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other

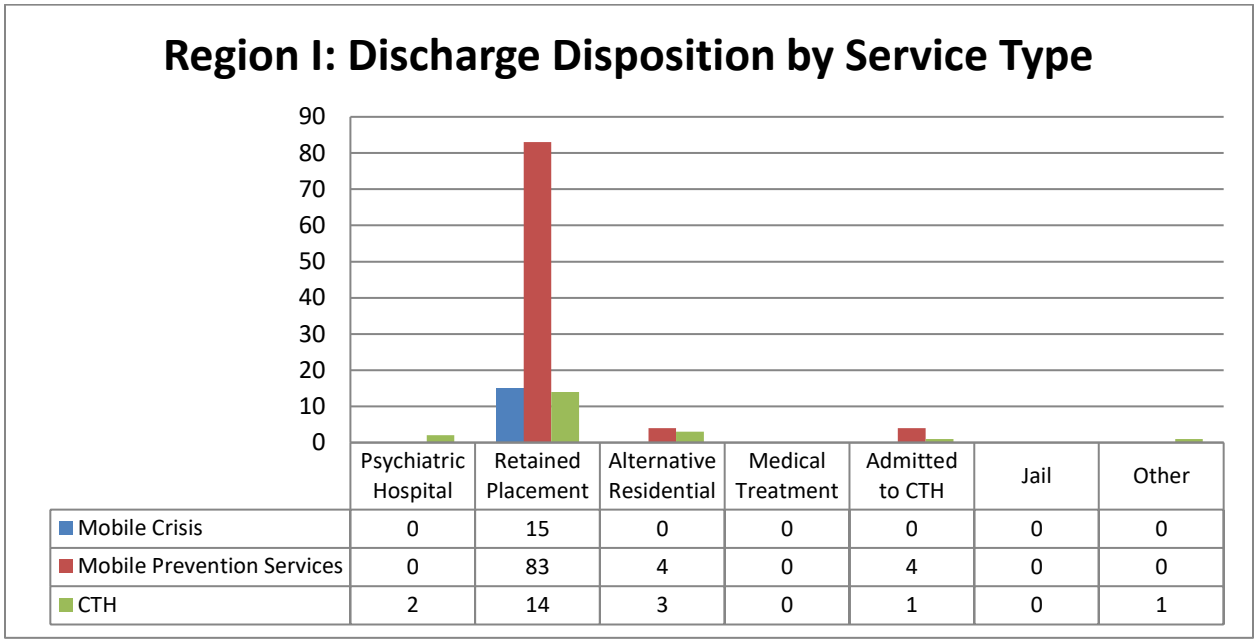

Region IV: Disposition at Time of Crisis Assessment
100
80
60
40
20
0
5
62
97
28
5
0
0
0
0
CTH
Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other



Other: Refused Service; Ineligible

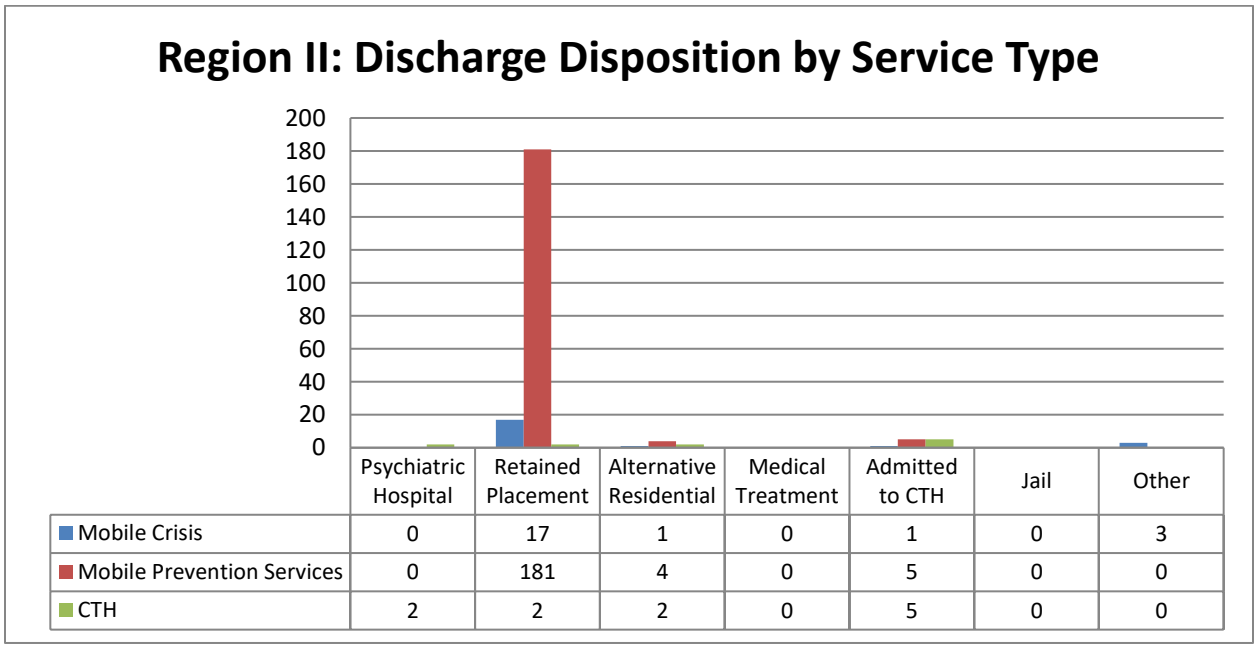
Outcomes that are also of interest are those for individuals that have accessed REACH mobile crisis and mobile prevention services during the quarter in addition to the CTH. Similar to the preceding set of graphs, the graphs on the following pages provide a summary of outcome status for adults that accessed 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, 69% were able to return to their original residence or went to a new residence post discharge. Twenty-one percent (21%) of outcomes for individuals at the CTH resulted in a psychiatric hospitalization and the remaining 10% were individuals who were medically hospitalized or admitted into a transition bed (outside of REACH). Twenty-two individuals continued as guests at all the CTHs at the end of the quarter. For all admissions receiving mobile crisis supports, 84% remained in their residence, 2% went to an alternative residential community setting, 3% were diverted to the CTH, 6% were hospitalized during the course of mobile services, and the remaining 5% had various other outcomes (see charts on next three pages). Based on reported data on the outcomes of adults in REACH mobile prevention services, 87% retained their setting; 3% went to an alternative residential community setting; 5% were hospitalized, 3% were admitted to the CTH, and the remaining 2% had other outcomes (refer to charts). Three hundred and fifty one individuals were still active in receiving prevention supports at the end of the quarter. These people are included in the “retained setting” outcome numbers.

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.



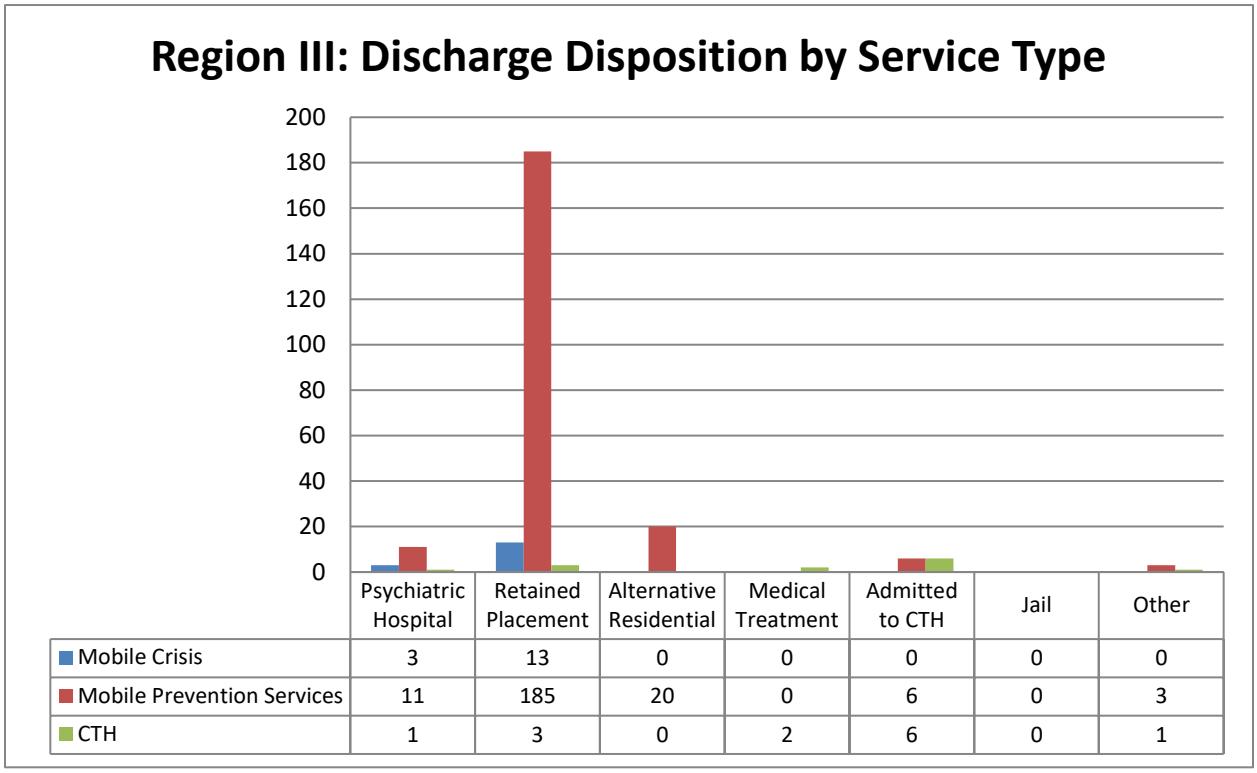
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	15	0	0	0	0	0
Mobile Prevention Services	0	83	4	0	4	0	0
CTH	2	14	3	0	1	0	1

Other: Transitioned to Regional ATH



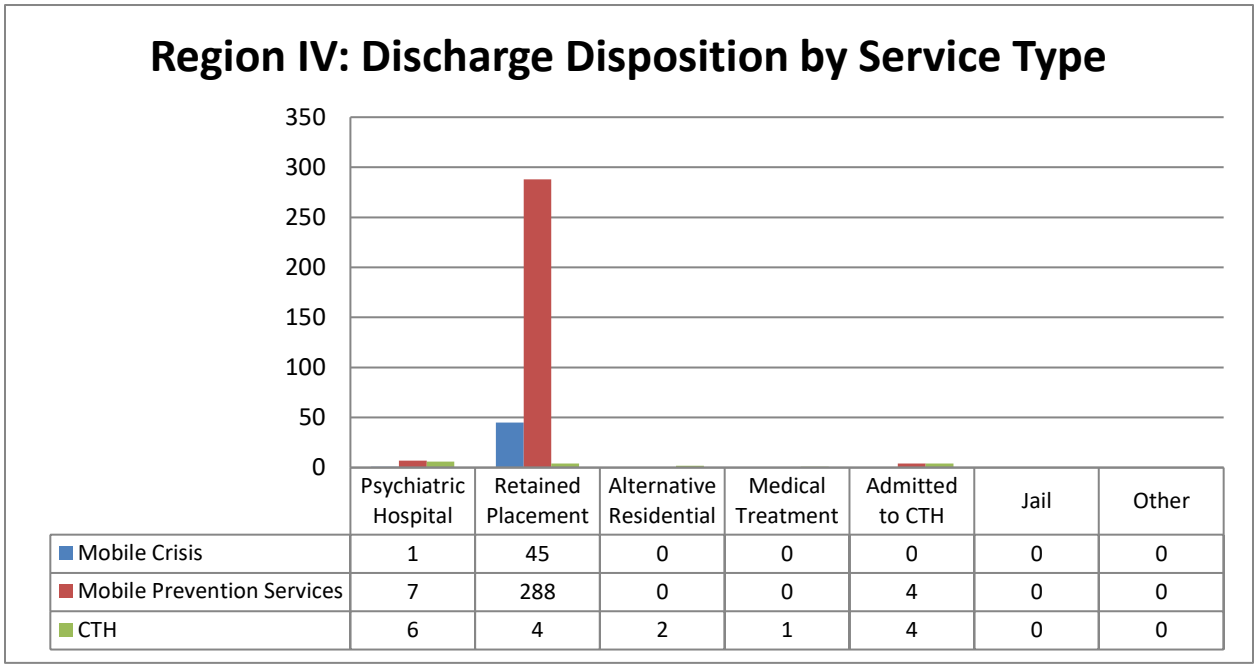
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	17	1	0	1	0	3
Mobile Prevention Services	0	181	4	0	5	0	0
CTH	2	2	2	0	5	0	0

Other: Three individual's remained active in mobile crisis supports at end of quarter.



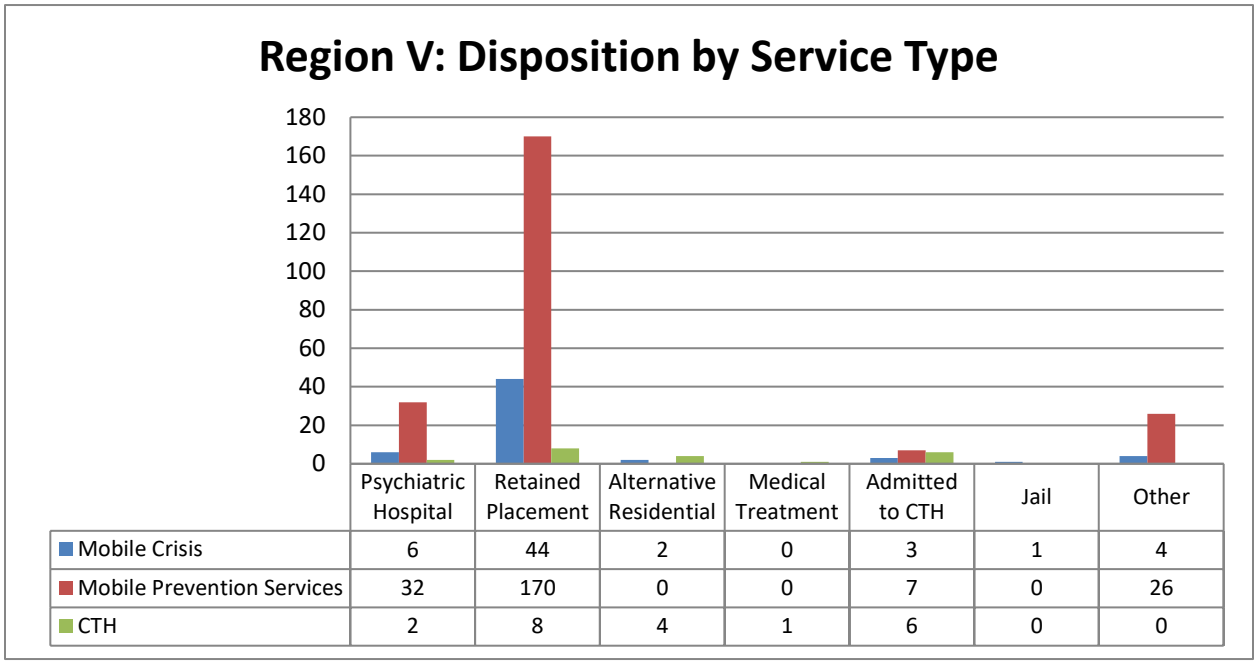
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	3	13	0	0	0	0	0
Mobile Prevention Services	11	185	20	0	6	0	3
CTH	1	3	0	2	6	0	1

Other: CTH – One individual discharged to a transition bed. Prevention – 3 individuals went into crisis.



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	1	45	0	0	0	0	0
Mobile Prevention Services	7	288	0	0	4	0	0
CTH	6	4	2	1	4	0	0

Other: CTH – Transferred to another CTH

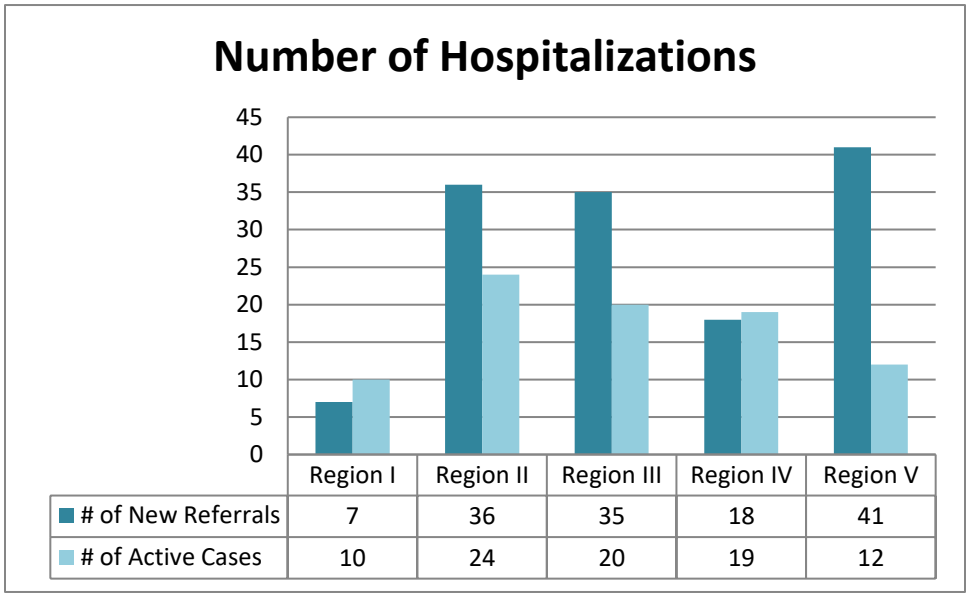


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	6	44	2	0	3	1	4
Mobile Prevention Services	32	170	0	0	7	0	26
CTH	2	8	4	1	6	0	0

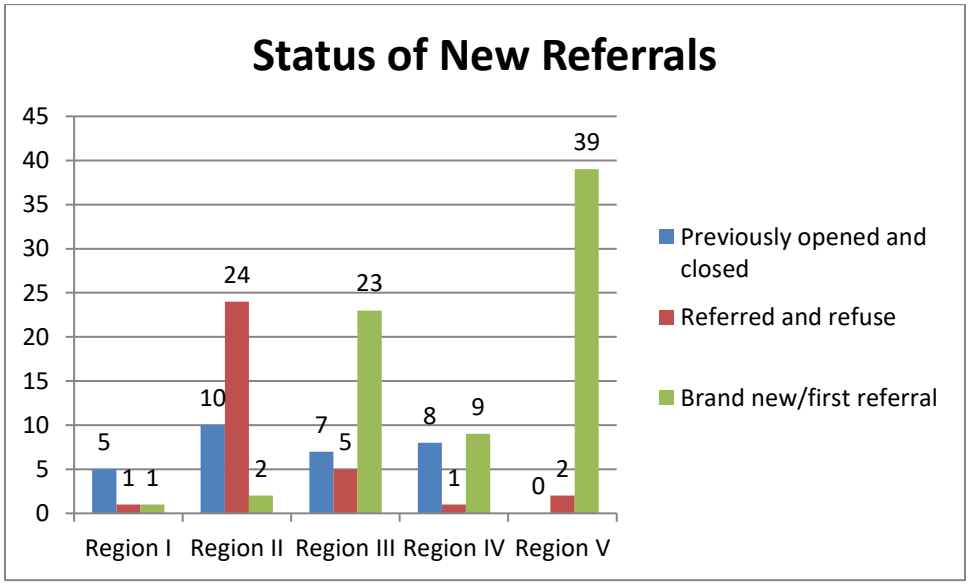
Other: Mobile Crisis: Refused; loss of contact; and one incarcerated; Prevention: Refused and loss of contact

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.

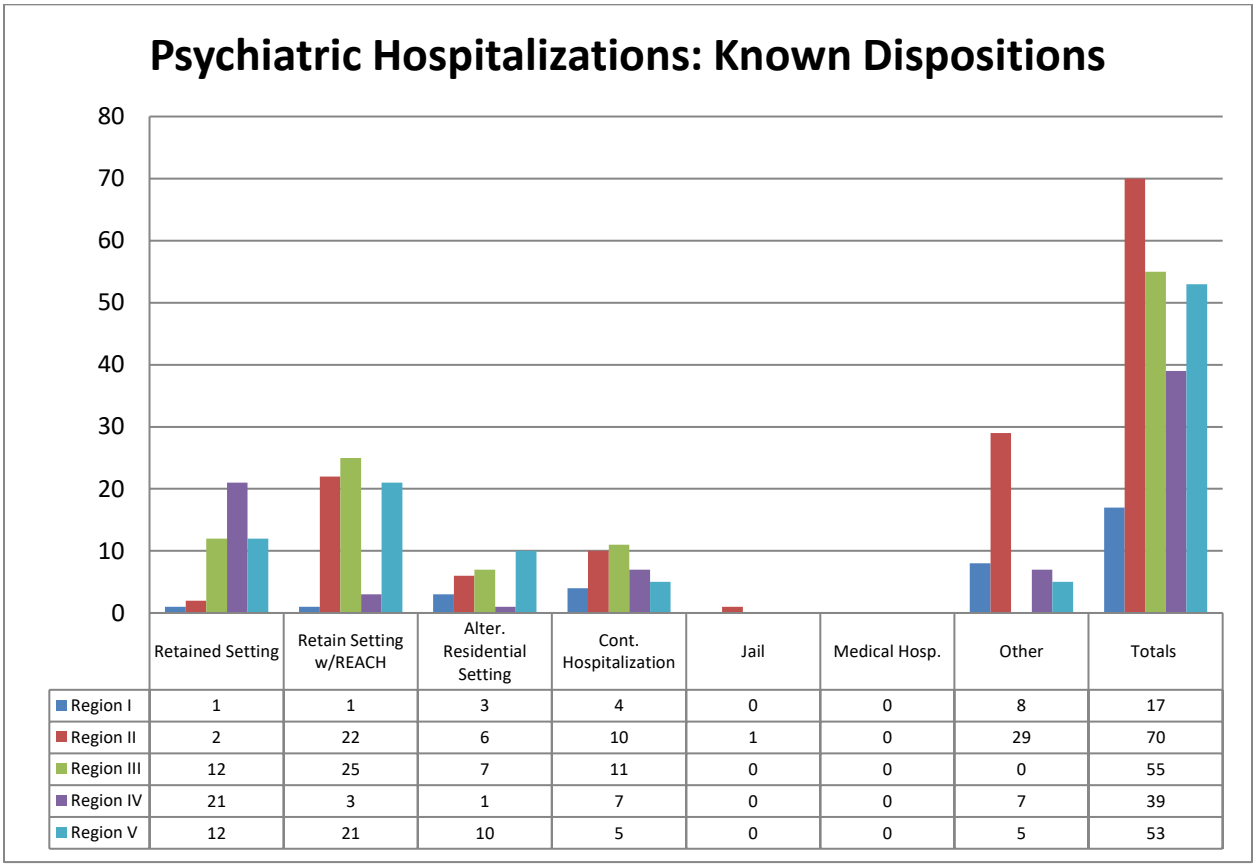


The programs are tracking new referrals according to whether individuals previously received supports through REACH and were closed, were referred but refused follow up services, or were first time referrals.



Sixty- two percent (62%) of all hospitalization were "new" to the REACH program. Of the **new** referrals to REACH that were hospitalized, 54% of the individuals were new to the program, 24% were referred to REACH but refused services, and 22% had been previously discharged (inactive) from REACH services. Of the known dispositions of the people hospitalized, 51%

retained their original community home and 12% 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	1	1	3	4	0	0	8	17
Region II	2	22	6	10	1	0	29	70
Region III	12	25	7	11	0	0	0	55
Region IV	21	3	1	7	0	0	7	39
Region V	12	21	10	5	0	0	5	53

Includes readmit outcomes. Other: Unknown, stepped down to CTH; out of region transfer; ineligible; refused; Shelter; Hotel; CSU

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	13	0	3	6	2
Consultation	13	0	3	6	4
Crisis Education Prevention Plan	6	0	3	6	2
Provider Training	6	0	3	6	3

Service Type Provided: Planned Prevention (CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	1	3	0	0	3
Consultation	1	3	0	0	5
Crisis Education Prevention Plan	1	3	0	0	3
Provider Training	1	1	0	0	3

Service Type: Crisis Stepdown (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	3	2	4	5	10
Consultation	3	2	4	5	22
Crisis Education Prevention Plan	3	2	4	5	10
Provider Training	0	1	4	5	15

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	15	22	14	40	60
Consultation	15	22	14	40	60
Crisis Education Prevention Plan	10	19	13	40	29
Provider Training	8	14	12	40	34

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 1425 community partners to receive this training.

In addition to ongoing training offered by the REACH programs for law enforcement officers, DBHDS offered in partnership with the Department of Criminal Justice Services, the Virginia Board for People with Disabilities, and Niagara University comprehensive training targeting disability awareness for law enforcement in Virginia. As noted in previous reports, this training was provided throughout FY19 and in quarter one in FY20 and included a train the trainer model. This contract was fulfilled at the end of quarter one in FY20. The REACH program will continue to partner with law enforcement to offer training through the CIT trainings and other avenues to continue the efforts to act as a community training resource in supporting individuals with developmental disabilities and their support partners.

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	24	62	0	52	112	250
Case Managers/Support Coordinators	30	119	56	39	80	324
Emergency Service Workers: #Trained	12	12	4	4	25	57
Family Members: # Trained	4	66	22	77	15	184
Hospital Staff: # Trained	0	15	5	0	30	50
DD Provider: #Trained	50	117	104	17	56	344
Other Community Partners: #Trained	46	0	136	7	27	216
Total	166	391	327	196	345	**1425**

*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 second quarter of fiscal year 2020. In keeping with the DBHDS' vision, all five of the programs are focusing on prevention work and outreach efforts. Additionally, the REACH program management and DBHDS continue to support training to enhance staff clinical skills. 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.

The two adult transition homes (ATH) that, although not a part of crisis services, were targeted to 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 were licensed and opened their doors at the end of the second quarter. The Culpeper and Chester ATH admission committees have to date, reviewed and approved admissions from the REACH programs' CTHs and the state hospitals.