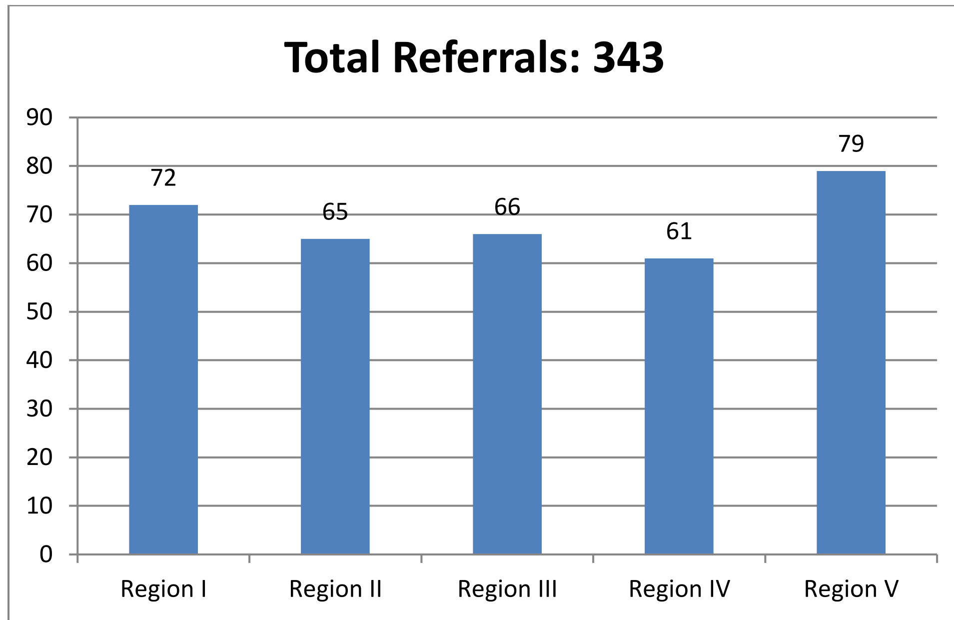
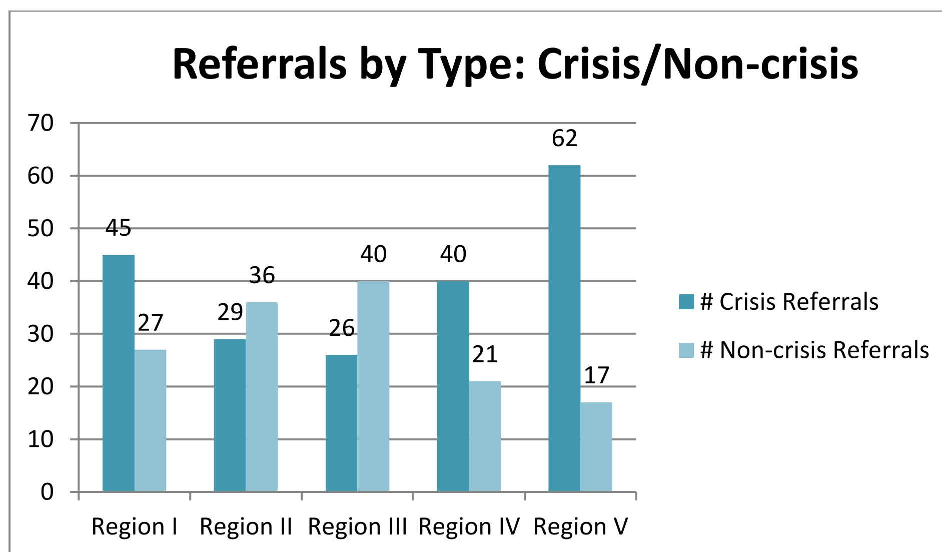
Children's REACH Quarterly Report: I-FY20

This report provides data related to the Children's REACH programs. All data contained in this report corresponds to activity from July 1, 2019 through September 30, 2019.

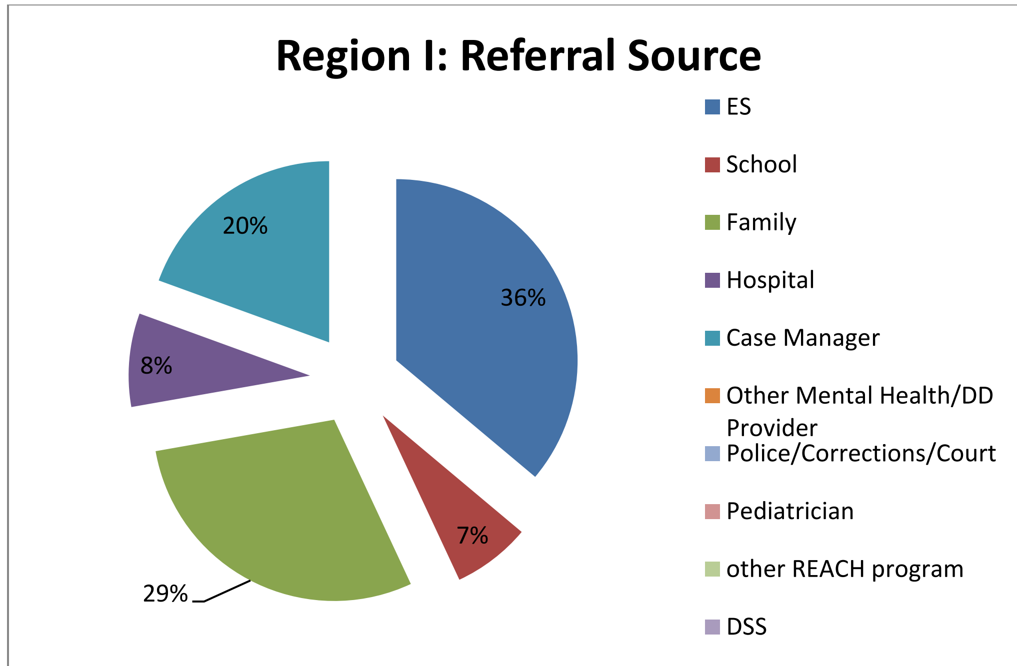
REACH Referral Process

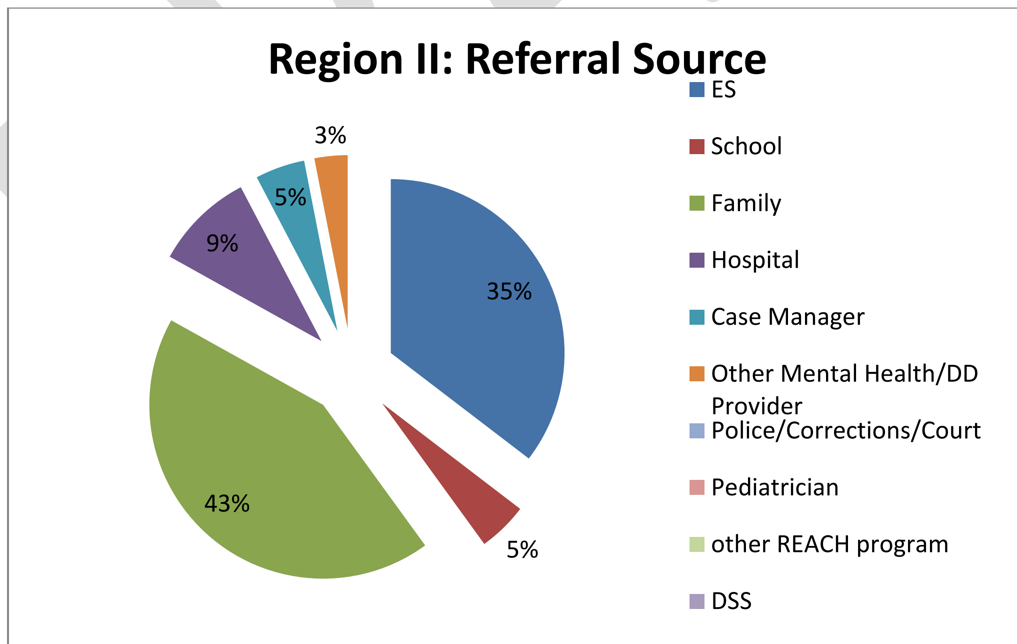


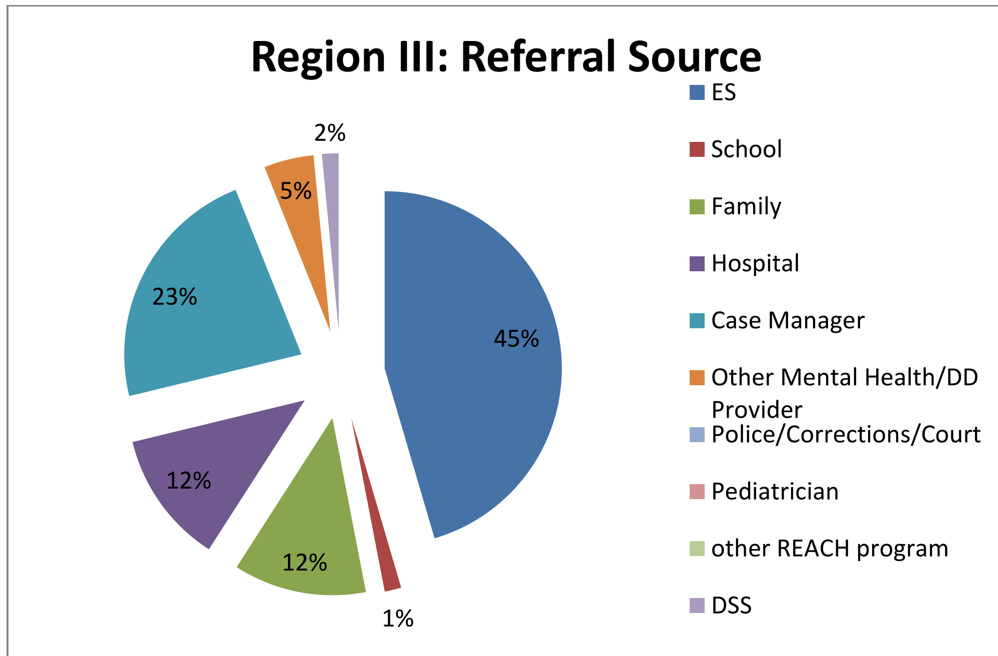
Statewide referrals totaled 343 children and youth for the first quarter of fiscal year 2020 (FY20) for the Children's REACH programs. This is a decrease from the number of referrals from the previous quarter (390). These data are parallel to this timeframe in the previous fiscal year (FY19Q1, 342 referrals). The table below segments referrals that were crisis in nature (i.e. need to be seen the same day) and those that were non-crisis or of lesser acuity.

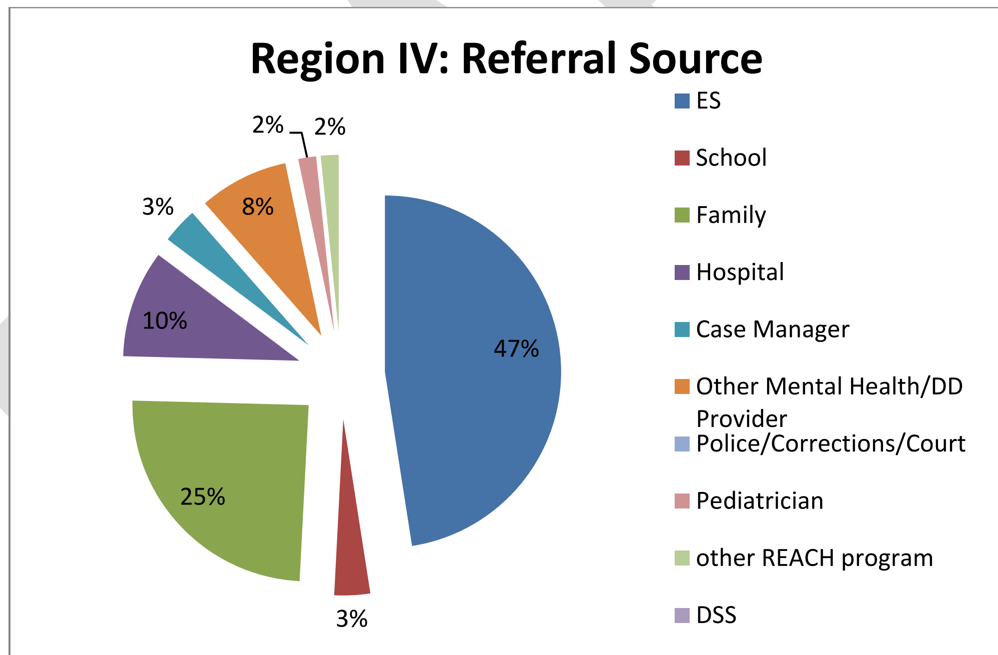


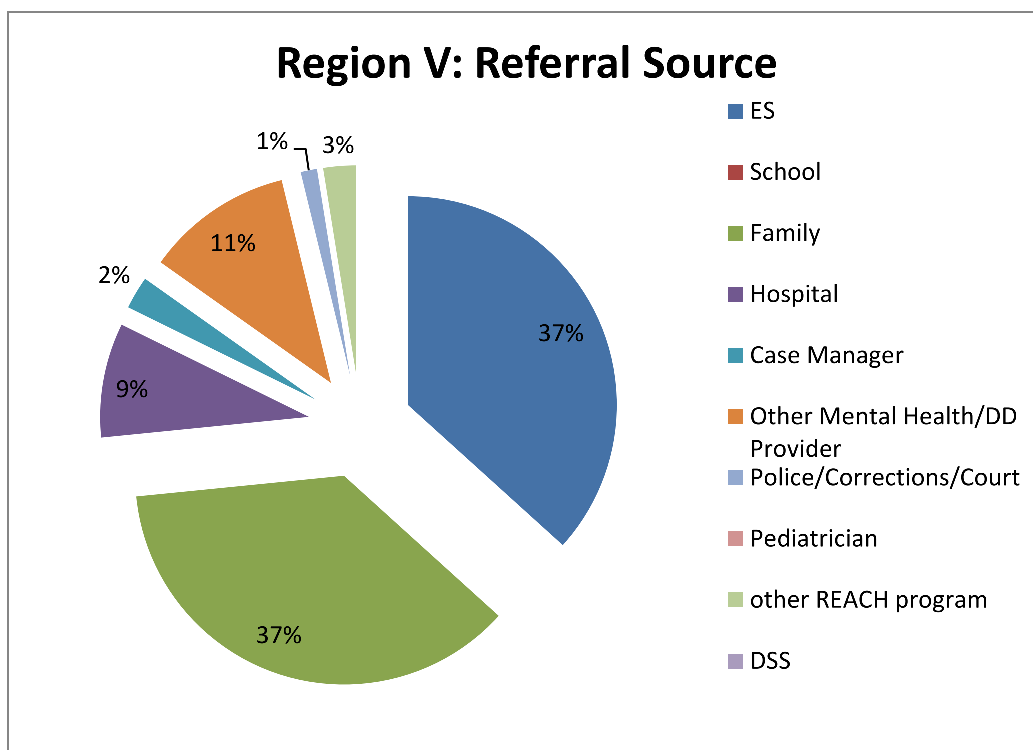
The referral sources provide a perspective on how well the programs are establishing themselves within the communities they serve. The five charts below provide a regional breakdown of referral source data. The subsequent tables provide data concerning the day of the week and time of day that referrals are received by the programs.






Region III: Referral Source
45%
1%
12%
12%
23%
5%
2%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
Police/Corrections/Court
Pediatrician
other REACH program
DSS


Region IV: Referral Source
47%
3%
25%
10%
3%
8%
2%
2%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
Police/Corrections/Court
Pediatrician
other REACH program
DSS



Referral Time	Region I	Region II	Region III	Region IV	Region V	Totals
Monday-Friday	67	60	58	42	63	290
Weekends/Holidays	5	5	8	19	16	53
7am -2:59pm	35	30	28	30	31	154
3pm - 10:59pm	33	33	31	26	39	162
11pm – 6:59am	4	2	7	5	9	27

Also of interest to the Commonwealth is ensuring that the REACH programs serve both the ID and the DD communities. The regions are all reporting that they serve more individuals with only a developmental disability as opposed to both a developmental and intellectual 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.

Diagnosis	Region I	Region II	Region III	Region IV	Region V	**Totals**
ID Only	10	6	11	9	6	42
DD Only	45	46	46	40	55	232
ID/DD	13	12	6	9	6	46
None/Unknown	4	1	3	3	12	23
Totals	72	65	66	61	79	**343**

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Aggression continues to be the most common reason for a referral to the REACH program. Aggressive behavior includes physical aggression and verbal threats. Suicidal ideation/behavior remains the second most frequent presenting problem. The following table summarizes primary presenting problems by region.

Presenting Problems	**Region I**	**Region II**	**Region III**	**Region IV**	**Region V**	**Totals**
Aggression	52	32	27	34	49	194
Self-injury	0	5	4	1	9	19
Family Needs Assistance	0	13	9	4	1	27
Suicidal Ideation/behavior	9	11	16	9	11	56
Increased MH symptoms	9	4	7	4	4	28
Loss of functioning	0	0	1	0	0	1
Property Destruction	1	0	0	0	0	1
Risk of Housing Loss	1	0	0	3	0	4
Elopement	0	0	0	5	2	7
Hospital Stepdown	0	0	0	1	0	1
Other	0	0	2*	0	3**	5
Total	72	65	66	61	79	**343**

**=homicidal ideations; **=2 homicidal ideations, 1 drug use*

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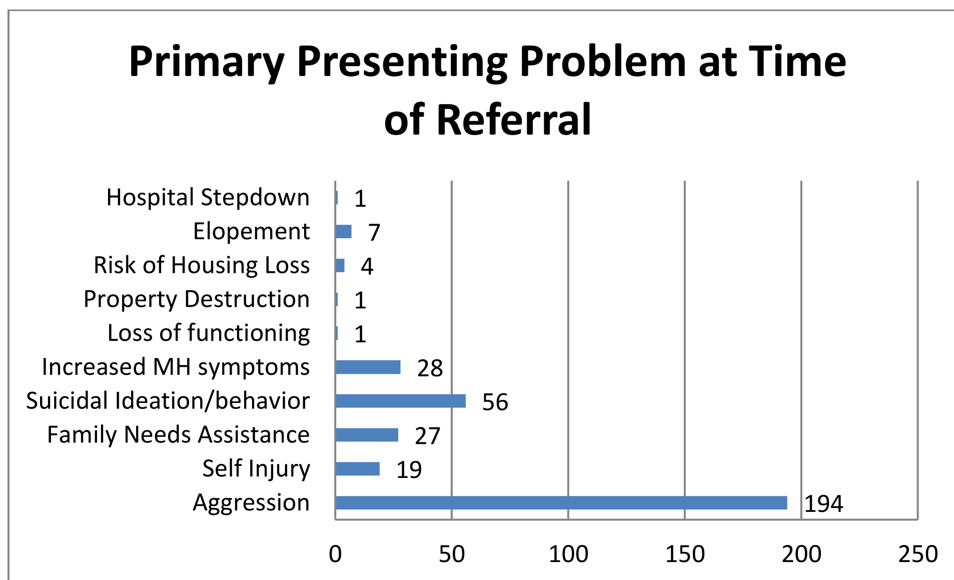

REACH Crisis Response

Each of the five regional REACH programs operates a crisis line 24-hours per day, seven days per week. Calls coming into the crisis lines may be from existing REACH families or from families or care providers 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. As the crisis line allows an individual to access a trained clinician 24/7, it is being used more and more frequently by REACH consumers and their circles of support to maintain stability or to assist the individual in problem solving through a stressful situation. The crisis line is becoming 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
- In-person assessment/intervention
- Telephone intervention
- Prevention
- Total crisis line activity
- Average response time

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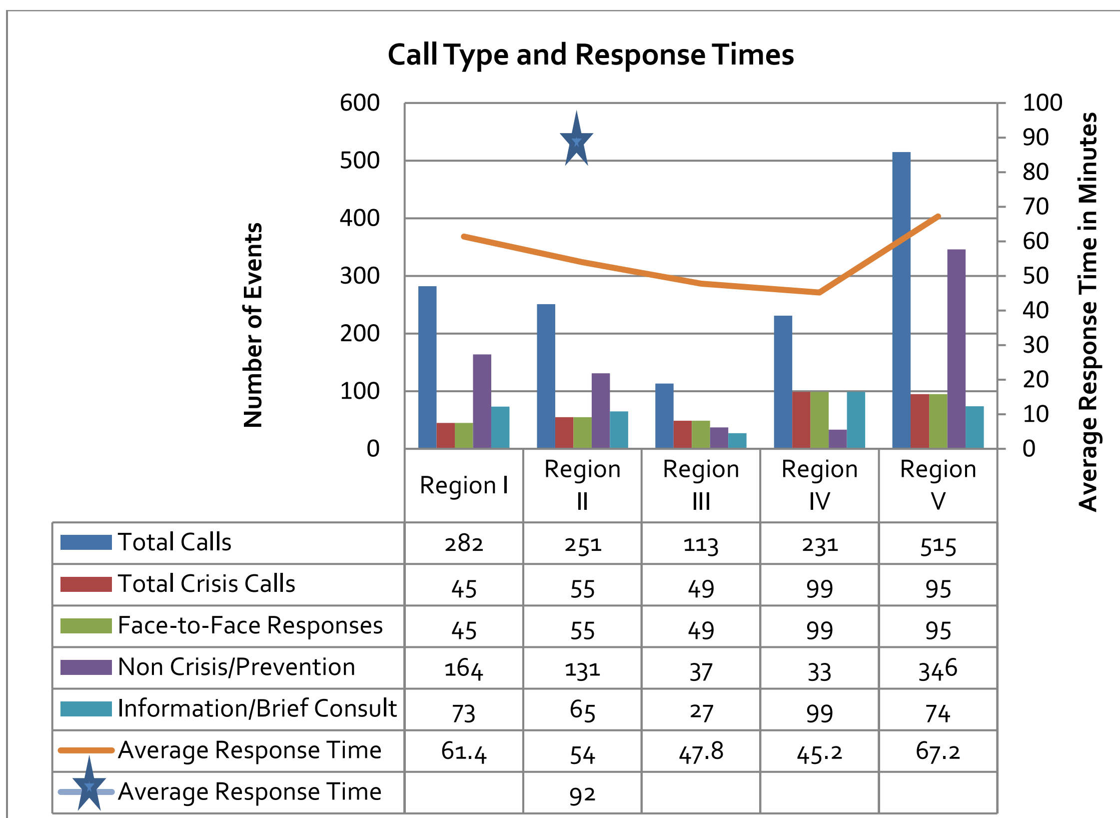
A summary of information related to crisis calls and responses is depicted in the graph below. Please note that this graph encompasses all calls received on the crisis line during the review cycle. It includes on-site responses to existing REACH consumers, repeat calls from individuals, as well as new 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 in previous reports, crisis line activity and referral activity are best understood as separate elements.



	Region I	Region II	Region III	Region IV	Region V
Total Calls	282	251	113	231	515
Total Crisis Calls	45	55	49	99	95
Face-to-Face Responses	45	55	49	99	95
Non Crisis/Prevention	164	131	37	33	346
Information/Brief Consult	73	65	27	99	74
Average Response Time	61.4	54	47.8	45.2	67.2
Average Response Time		92			

The graph above details calls activity for the programs over the first quarter of FY20. Average response time is graphed on the secondary y-axis as an orange line, both to emphasize it and to allow any variability to be clearly seen. The table on the following page offers the reader a more comprehensive view of response time data by breaking it into 30-minute increments. All response times are within expectations defined in the Settlement Agreement. As in previous reports, data for Region II have been parceled to present face to face response times in both rural and urban areas, with the rural response data represented with a blue star, which corresponds to the secondary y-axis (average response time in minutes).

Region	Region I Rural	Region II Urban	Region II Rural	Region III Rural	Region IV Urban	Region V Rural	**Totals**
0-30 Minutes	13	5	0	21	12	13	64
31-60 Minutes	8	24	5	14	78	35	164
61-90 Minutes	13	8	1	9	8	36	75
91-120 Minutes	10	4	7	5	0	11	37
121+ Minutes	1	0	1	0	1	0	3
Totals	45	41	14	49	99	95	**343**

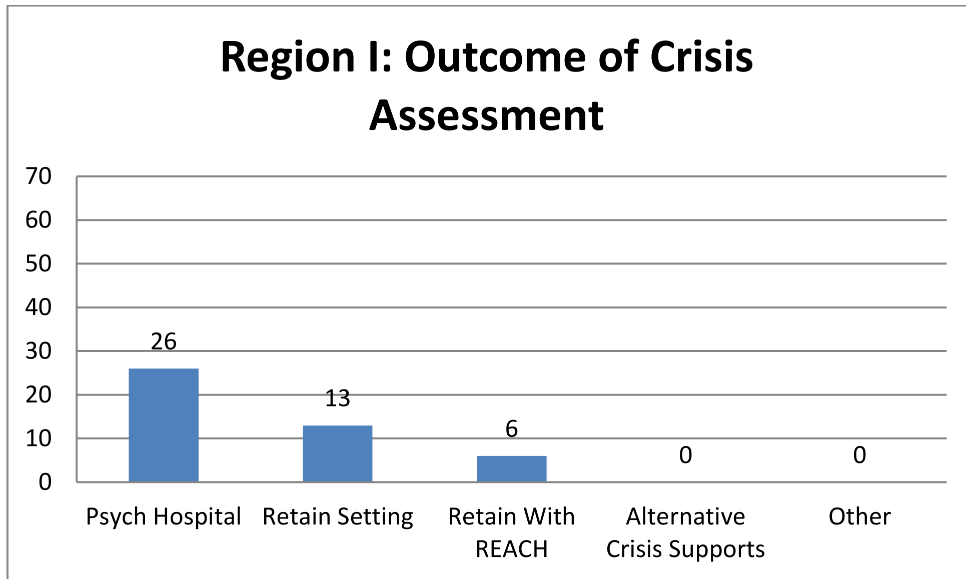
Location of Crisis Assessments

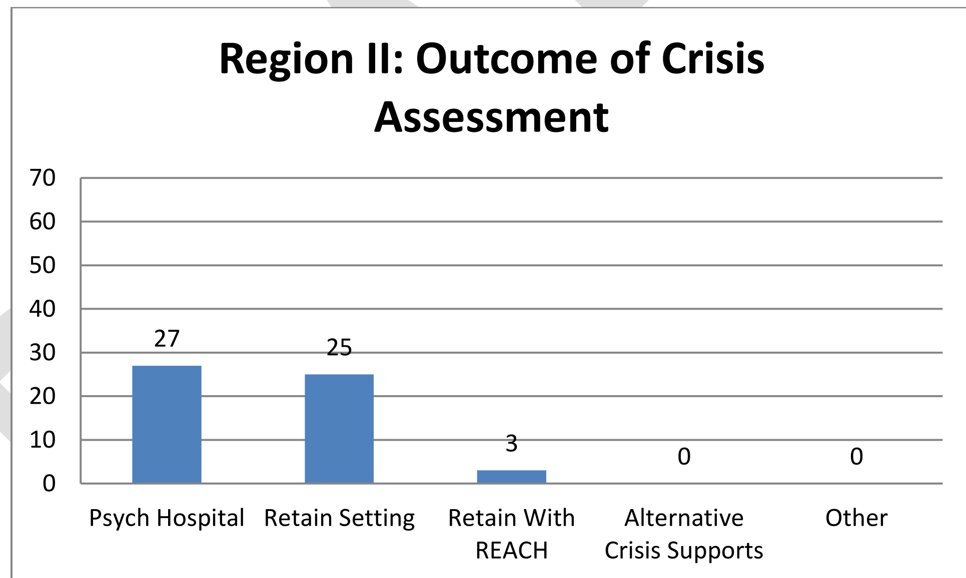
Assessment Location	Region I	Region II	Region III	Region IV	Region V	**Totals**
Family Home	2	12	5	35	38	92
Hospital/Emergency Room	31	28	42	46	42	189
Emergency Services/CSB	12	12	1	2	5	32
School	0	3	0	3	0	6
Residential Provider	0	0	0	4	2	6
Other	0	0	1*	9**	8	18
Totals	45	55	49	99	95	**343**

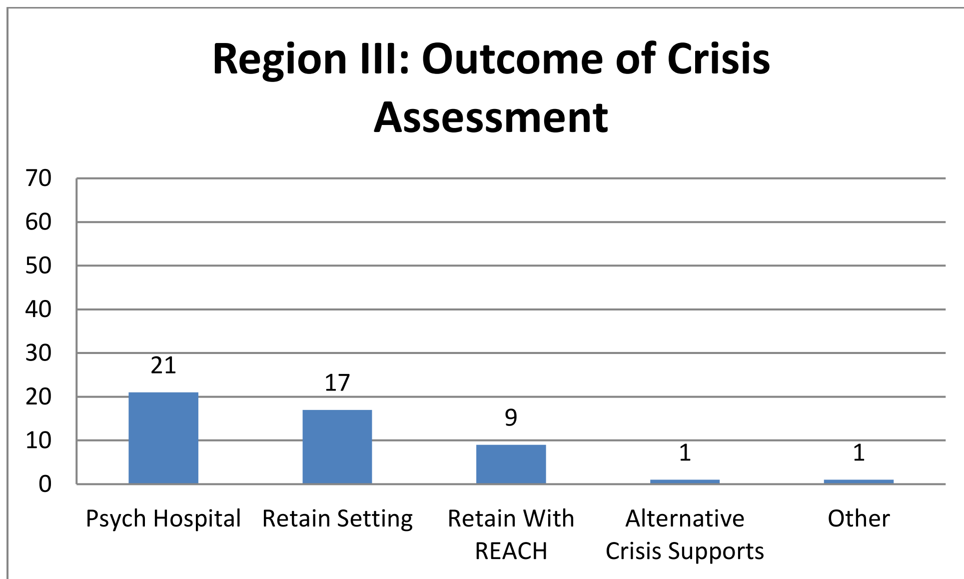
**=police station; **= crisis triage center, other community location*

REACH program staff members are expected to travel to the physical site of the crisis event, when deemed clinically appropriate, regardless of the nature of the setting. If they are informed that inpatient care is being considered, they are expected to be present whenever a child is being prescreened for hospitalization. The table above is a summary of the various locations where mobile crisis assessments took place over the course of the first quarter of FY20.

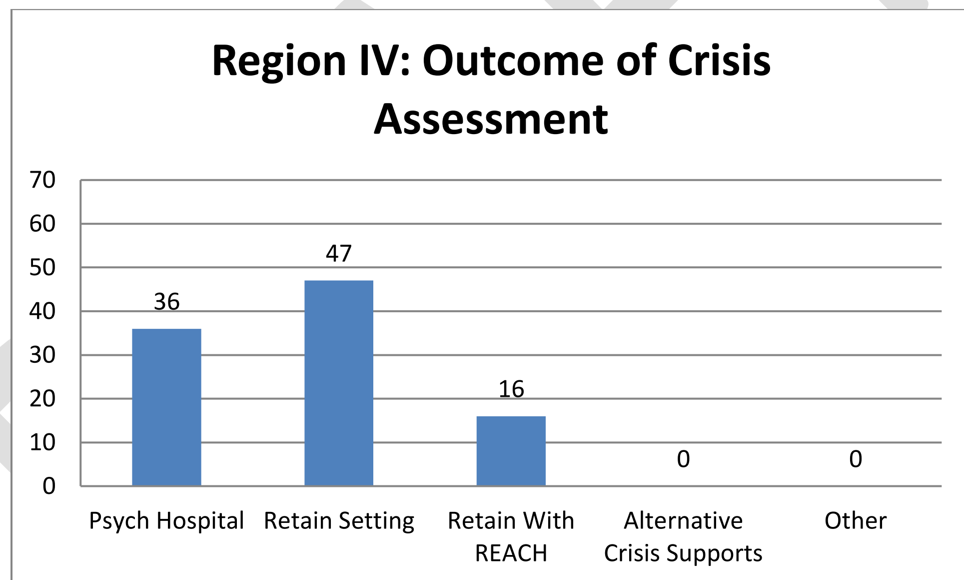
Ideally, when a crisis response occurs, it is hoped that the resulting outcome will be that the child will remain in his/her home with family. While this is not always possible, the REACH programs are very often able to intervene in the moment to prevent out-of-home placement. They can do this by providing immediate in-home support to the family, problem solving a safety plan to stabilize the crisis situation until additional help can be accessed, and by following up with community-based crisis stabilization plans. The charts on the following pages offer a picture of the initial outcome after an in-person crisis response has been dispatched by region. In these charts, “Retain with REACH” means an individual retained their setting while receiving community-based REACH services.

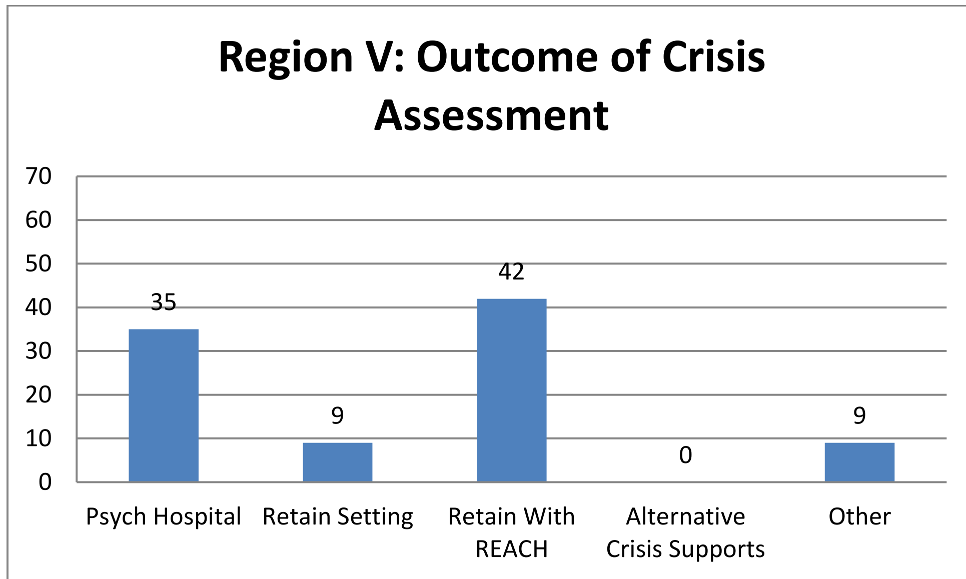

Region I: Outcome of Crisis Assessment
70
60
50
40
30
20
10
0
26
13
6
0
0
Psych Hospital
Retain Setting
Retain With REACH
Alternative Crisis Supports
Other


Region II: Outcome of Crisis Assessment
70
60
50
40
30
20
10
0
27
25
3
0
0
Psych Hospital
Retain Setting
Retain With REACH
Alternative Crisis Supports
Other



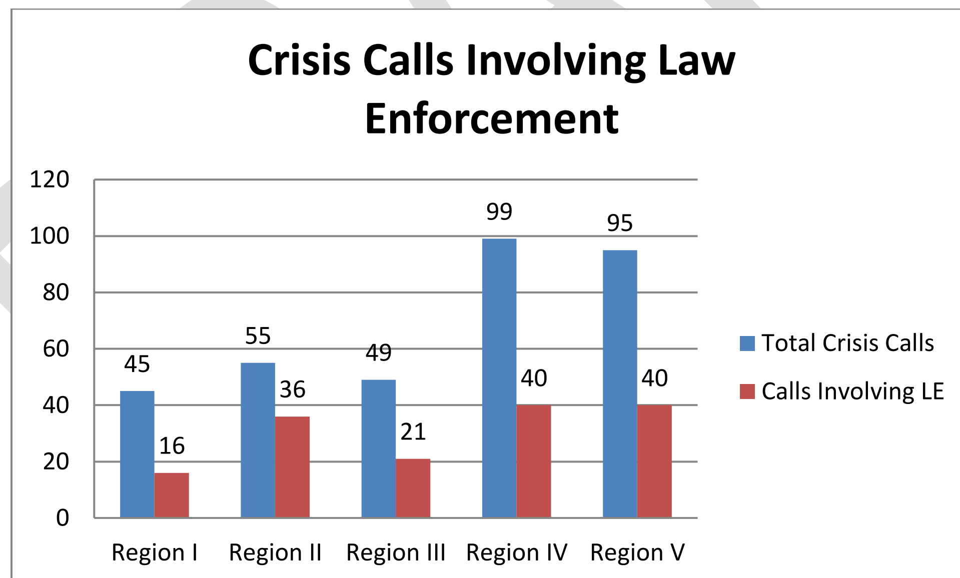
Other=alternate community setting



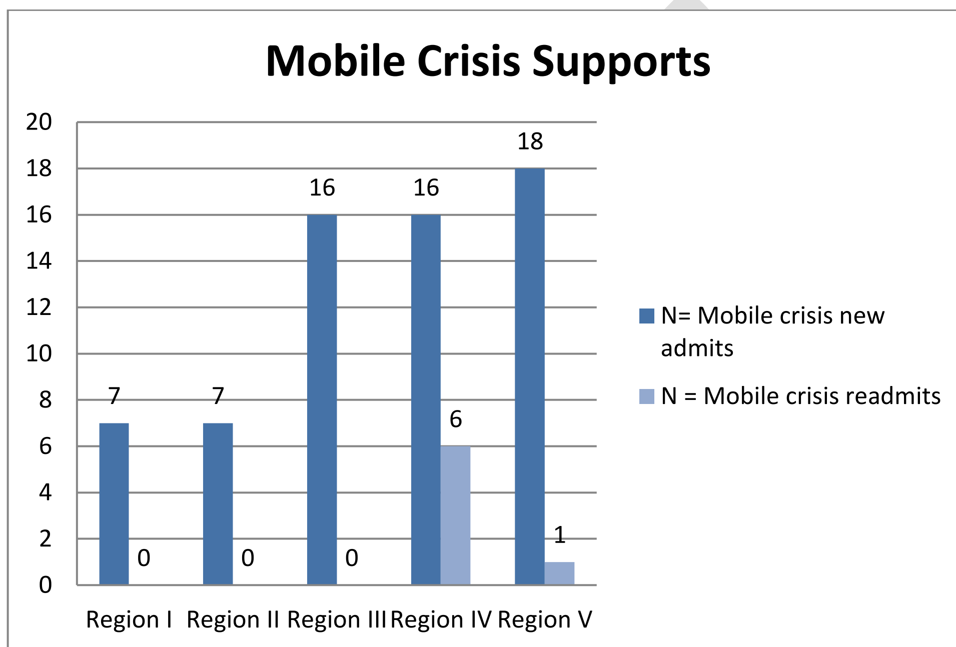


Other = 3 ineligible, 4 refused REACH, 1 jail, 1 alternate community setting

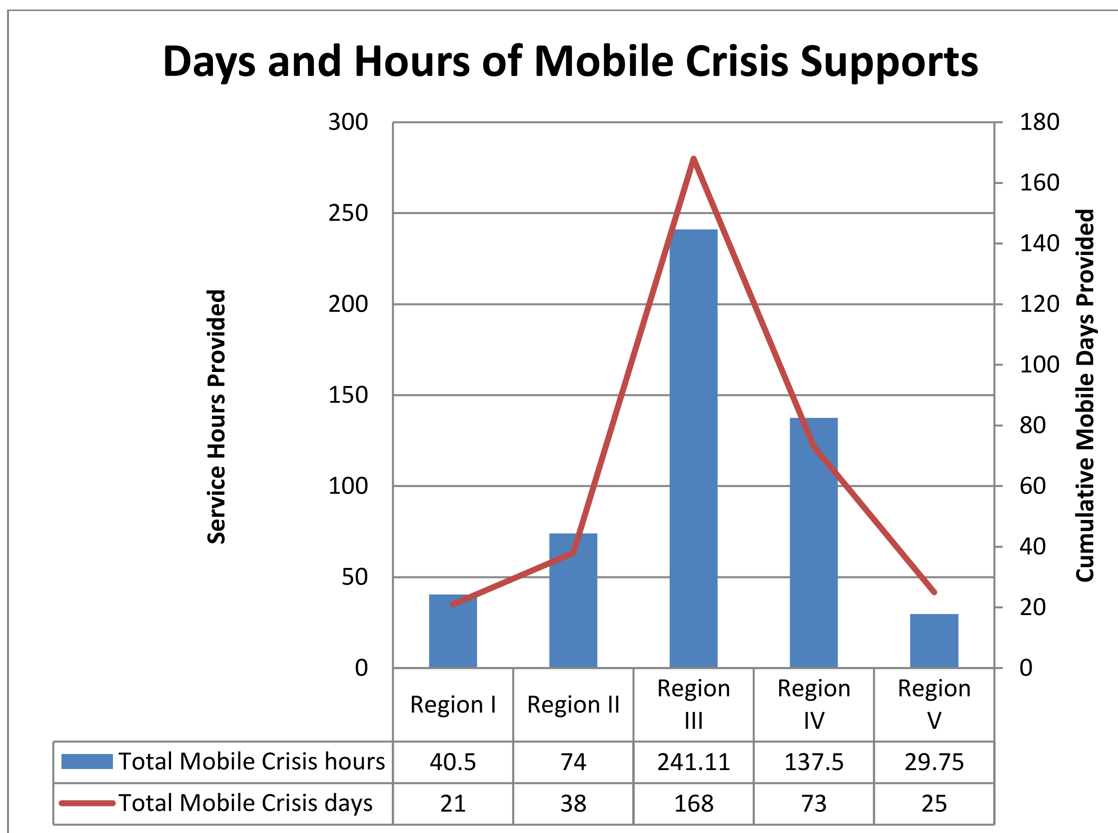
The table below provides a contrast of the total number of crisis calls to total number of crisis calls which involved law enforcement. Forty-five percent of overall crisis calls received involved law enforcement, which is a decrease from the previous quarter (51%).



Community-based, mobile crisis supports are one of the key services that the children's 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 child 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 below depicts admissions activity for the community mobile crisis support program.



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

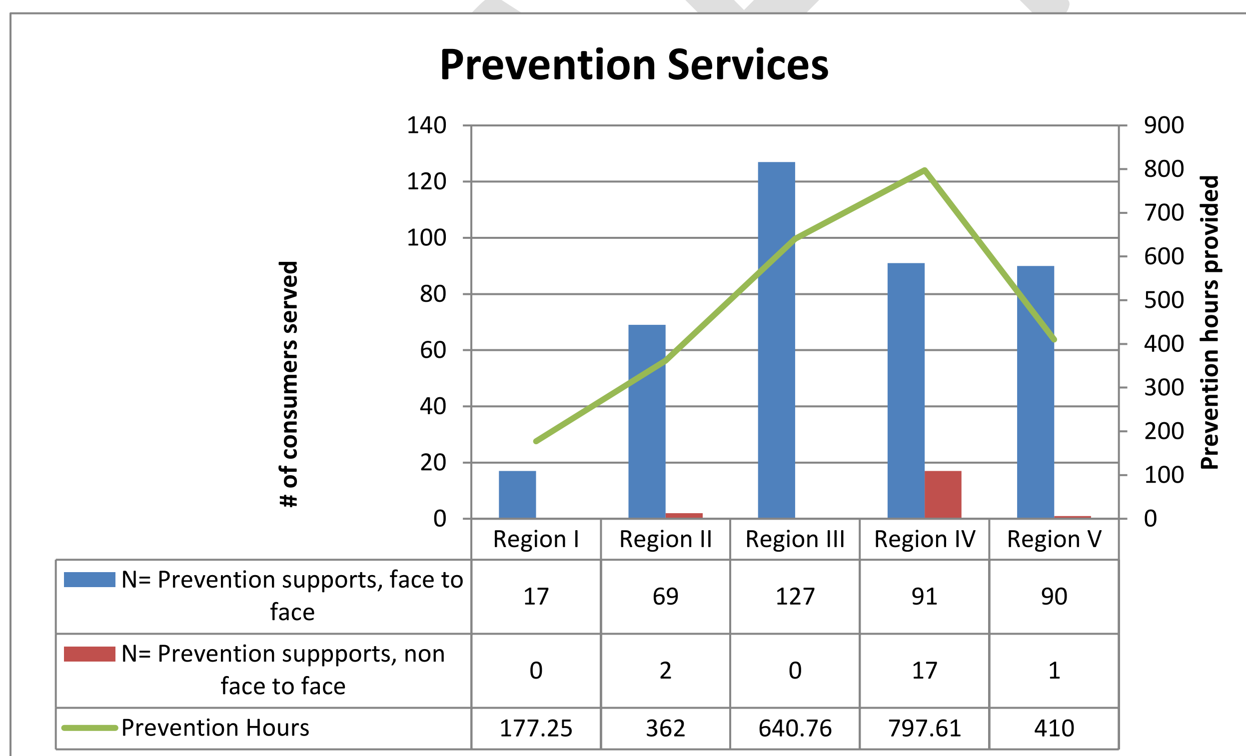


REACH sends clinicians to the homes and schools of individuals to work with them on developing and practicing coping skills. The table below provides information on the range of days across individuals served that mobile crisis supports were in place, the average number of days an individual received mobile crisis supports, and the average number of hours that each individual received per crisis event.

Service Unit	Region I	Region II	Region III	Region IV	Region V
Range of Days	1-4	1-12	1-15	1-6	1-2
Average Days/ Case	3	5.4	10.5	3.3	1.3
Average Hours/Day	1.9	1.9	1.4	1.9	1.2
Average Hours/Case	5.8	10.6	15.1	6.2	1.6

REACH also provides ongoing community based services to children and their families 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 and coordination with 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 youth 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.

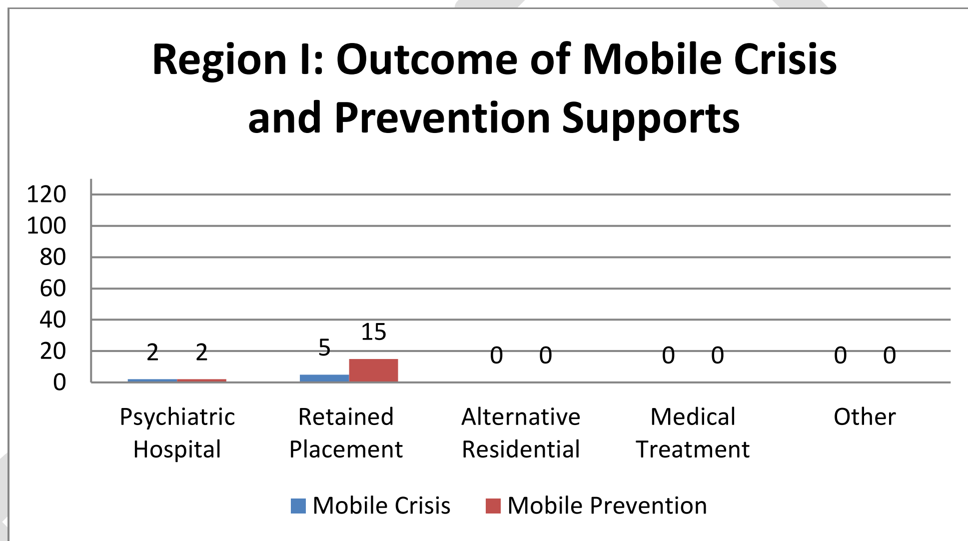


	Region I	Region II	Region III	Region IV	Region V
N= Prevention supports, face to face	17	69	127	91	90
N= Prevention suppports, non face to face	0	2	0	17	1
Prevention Hours	177.25	362	640.76	797.61	410

Crisis Service Outcomes/Dispositions

Maintaining residential stability and community integration is one of the primary goals of the REACH programs. The graphs on the following pages provide a summary of outcome data for community mobile crisis and prevention support services. Based upon reported data of the mobile crisis support outcomes for children, 90% of children were able to avoid hospitalization with the provision of mobile crisis supports. Based upon reported data of mobile prevention supports, 97% were also able to avoid hospitalization. These data suggest that community based REACH supports are effective in helping families and their children through times of crisis and in maintaining stabilization post-crisis such that placement in the community can be maintained.

The graphs below display the outcomes of both mobile crisis and mobile prevention services across each REACH program.



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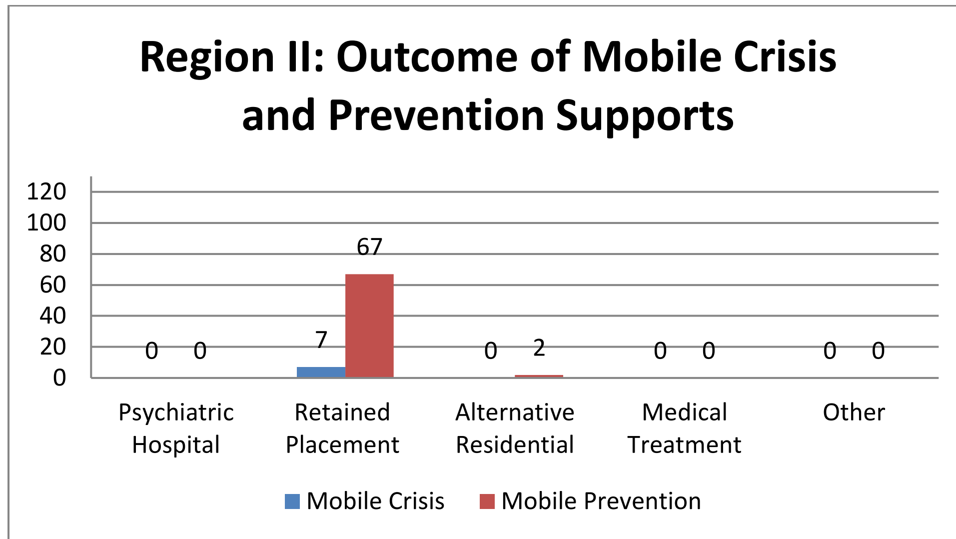
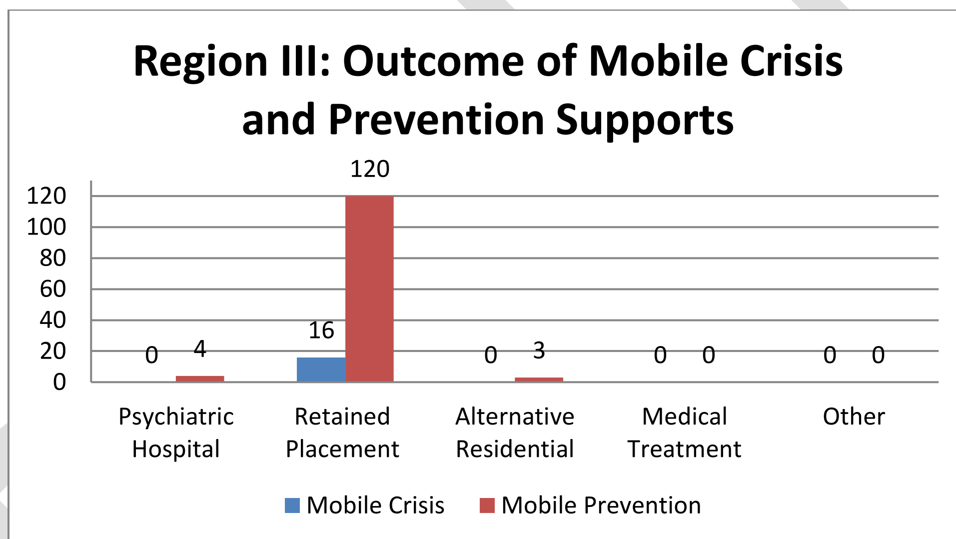
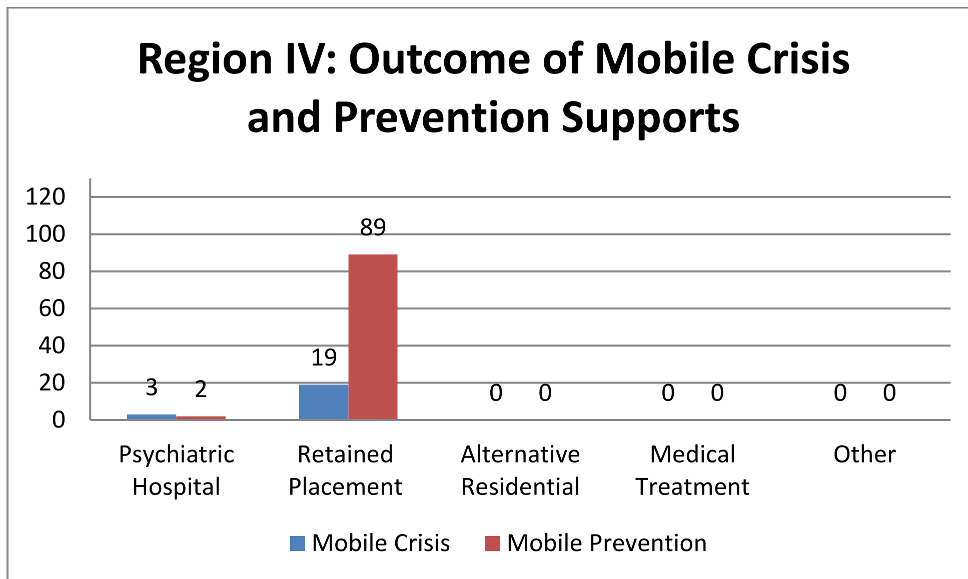
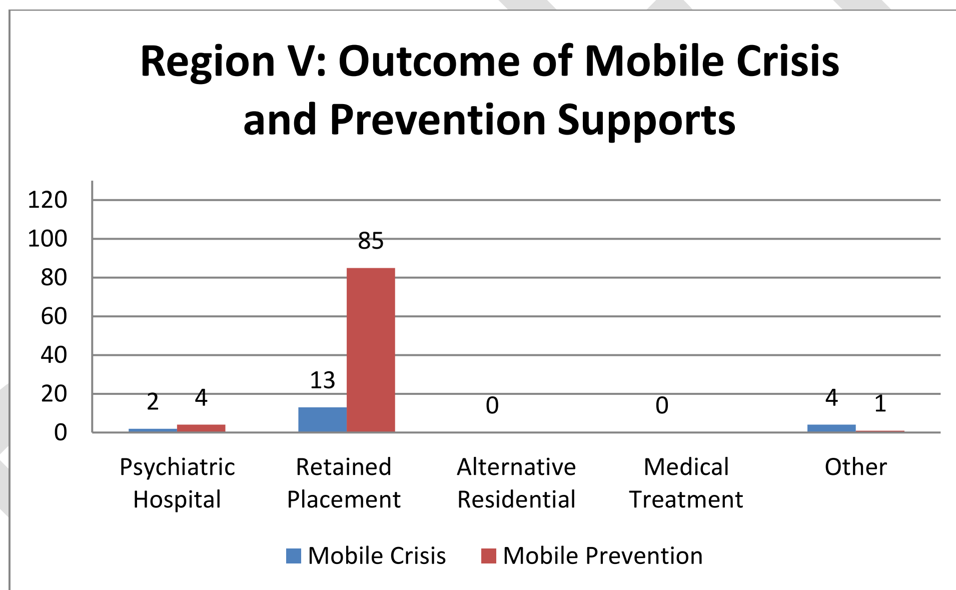

Region II: Outcome of Mobile Crisis and Prevention Supports
120
100
80
60
40
20
0
0
0
7
67
0
2
0
0
0
0
Psychiatric Hospital
Retained Placement
Alternative Residential
Medical Treatment
Other
Mobile Crisis
Mobile Prevention

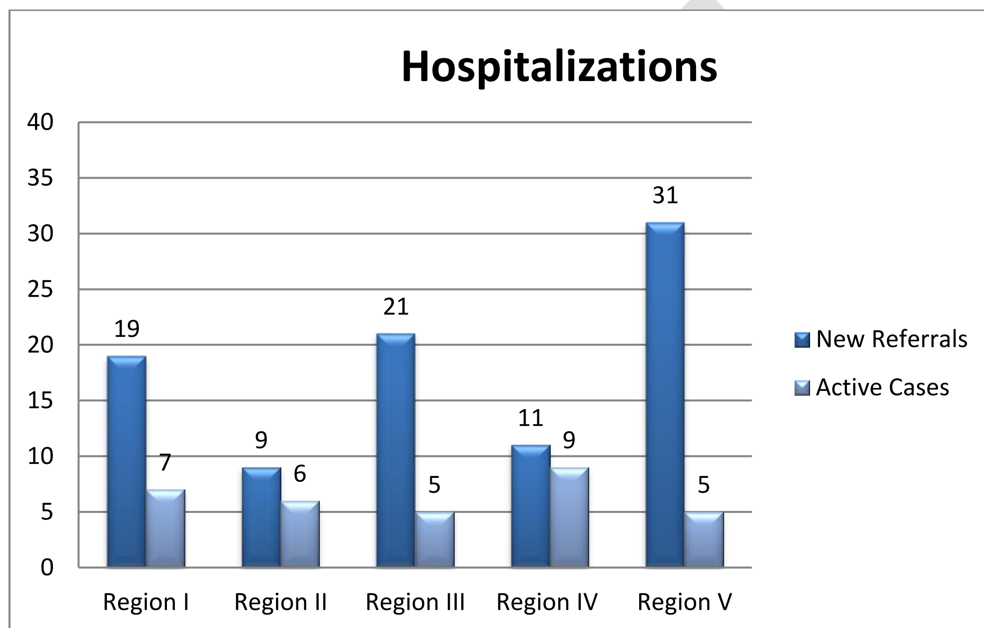

Region III: Outcome of Mobile Crisis and Prevention Supports
120
100
80
60
40
20
0
0
4
16
120
0
3
0
0
0
0
Psychiatric Hospital
Retained Placement
Alternative Residential
Medical Treatment
Other
Mobile Crisis
Mobile Prevention





**mobile crisis other=1 adult CTH upon turning 18, 1 CSU, 1 moved, 1 ended services; mobile prevention other=ineligible*

The three graphs that follow display hospitalizations for new referrals and active cases, hospitalizations for new referrals, and known hospitalization dispositions, respectively. While the REACH programs remain actively involved with all hospitalized cases *when they are aware of this disposition and have parental consent to provide service*, they may not always be apprised that a REACH client has been hospitalized or that an individual with DD has entered inpatient treatment. While the Commonwealth Center for Children and Adolescents educates families about the children's REACH programs, many families elect not to access this service.



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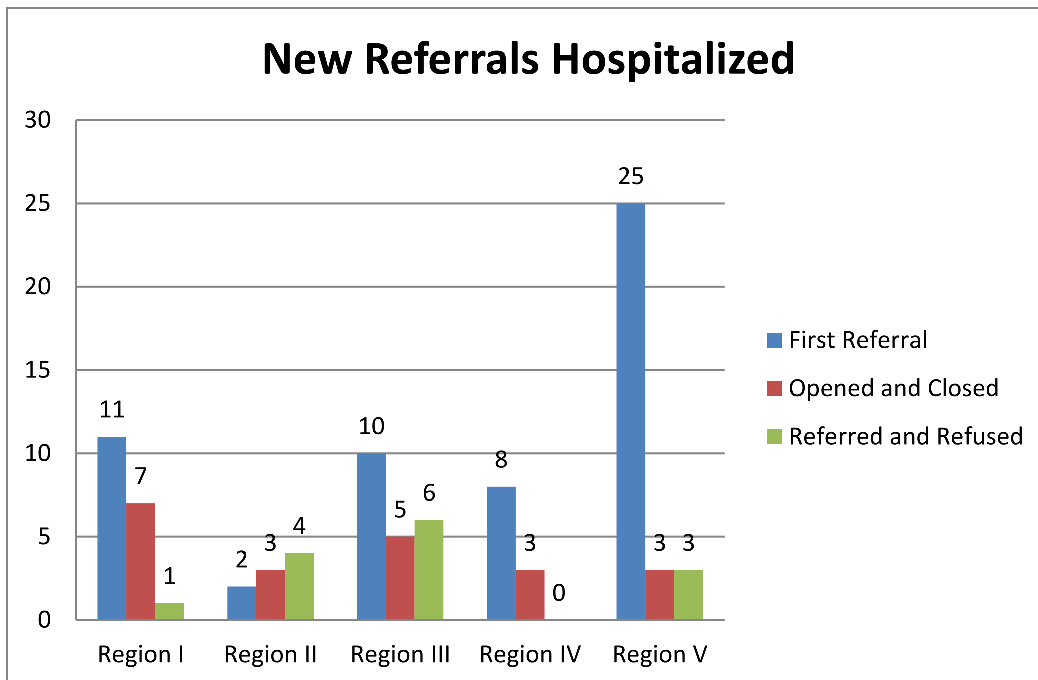

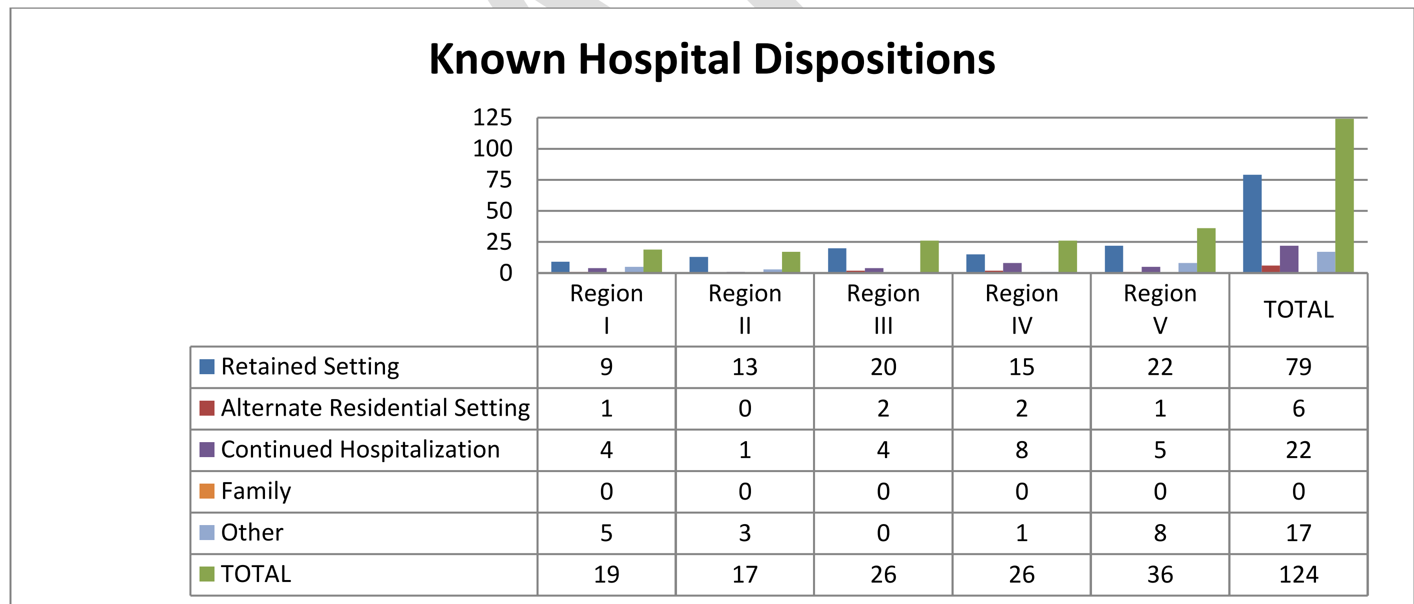

	Region I	Region II	Region III	Region IV	Region V	TOTAL
Retained Setting	9	13	20	15	22	79
Alternate Residential Setting	1	0	2	2	1	6
Continued Hospitalization	4	1	4	8	5	22
Family	0	0	0	0	0	0
Other	5	3	0	1	8	17
TOTAL	19	17	26	26	36	124

Region II: 2 people hospitalized twice; Region IV: 6 people hospitalized twice
Other consists of residential treatment facility, DSS placement, closed to REACH/ended services/ineligible, jail, other short term crisis placement

SERVICE ELEMENTS

Each of the five regional REACH programs provides an array of services to children and families enrolled. These services include prevention and education services, assessment services, and consultation services. The tables that follow summarize the services provided.

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V****
Comprehensive Evaluation	7	7	16	22	18
Consultation	4*	7	16	22	18
Crisis Education Prevention Plan	4*	7	16	22	8
Family/Provider Training	4*	3**	15***	22	9

**=3 individuals dropped out of service prior to completion of provisional CEPP; **=3 individuals' families have not yet respond to requests by the program to receive training; ***1 individual still in service and carrying over to next quarter; ****6 individuals ended service prior to CEPP being completed, 1 admitted to residential treatment facility prior to CEPP development, 1 moved out of area and lost contact, 1 previous admission with CEPP, 1 person determined ineligible after starting services*

REACH Training Activities

The Children's REACH programs are working to expand their role as a training resource for the community of support for children and families impacted by developmental disability. The REACH programs, both child and adult, continue to train law enforcement officers about REACH and the I/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 Children's REACH programs. These trainings target the information needed by professionals in various work settings to work effectively with individuals with DD.

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Training Activity	Region I	Region II	Region III	Region IV	Region V	**Totals**
CIT/Police: #Trained	25	54	17	44	58	198
Case Manager/Support Coordinator: # Trained	5	95	35	82	59	276
Emergency Service Workers: #Trained	13	53	0	3	14	83
Family: # Trained	0	0	21	33	0	54
Hospital Staff: # Trained	0	0	5	26	10	41
DD Provider: # Trained	0	148	90	90	23	351
Other Community Partners: #Trained	13*	225**	0	26***	40****	304
Totals	56	575	168	304	204	**1307**

= school social workers; **=school staff, foster care and MH providers; *=MH providers, behaviorists, supported employment staff; ****DJJ and DSS staff*

Summary

The statewide Children's REACH program has now been operational for over three full fiscal years. The programs are functioning well and are actively serving children and families in crisis. There are regional differences, however, and these are being minimized through ongoing standardization of documentation and processes, as well as via quarterly and annual reviews of the programs to bring the programs into closer alignment with one another. DBHDS and the Children's REACH program have continued to work together towards the goal of offering out of home crisis stabilization services such as those offered by the Adult REACH program's crisis therapeutic homes (CTH), with the current undertaking targeting a CTH in the northern part of the state (Culpeper) for Regions I and II and a CTH in the southern part of the state (Chester) for Regions III, IV, and V. Currently, the home in Culpeper is under licensing review, while the home in Chester is awaiting installation of a wheel chair lift and fencing prior to licensing reviews; it is anticipated that guests will be able to be accepted in the upcoming quarter for both homes. These homes may additionally serve as a step-down from hospitalization for children who require ongoing crisis prevention and stabilization services prior to fully integrating back into their communities.

DBHDS and the Children's REACH programs are working in concert to establish out of home prevention services to provide an extra layer of support for children and their families in the Commonwealth. This service would be separate from the Children's CTH homes that were previously described. DBHDS completed a request for information during the end of FY19 for planning and informational purposes in which several providers from different areas of the state responded. It is anticipated that a request for proposal will be made available to the public soon such that providers for this service can be identified.

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Overall, the program continues to move forward in support of the mission for a full spectrum of crisis, prevention, and habilitation services to be offered to children in Virginia with a developmental disability. Much has been accomplished within the area of children's crisis services, and the path ahead appears to be clear in terms of defining next steps. The Department remains committed to fulfilling its mission to have a continuum of qualified care for children with developmental disabilities and their families.

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