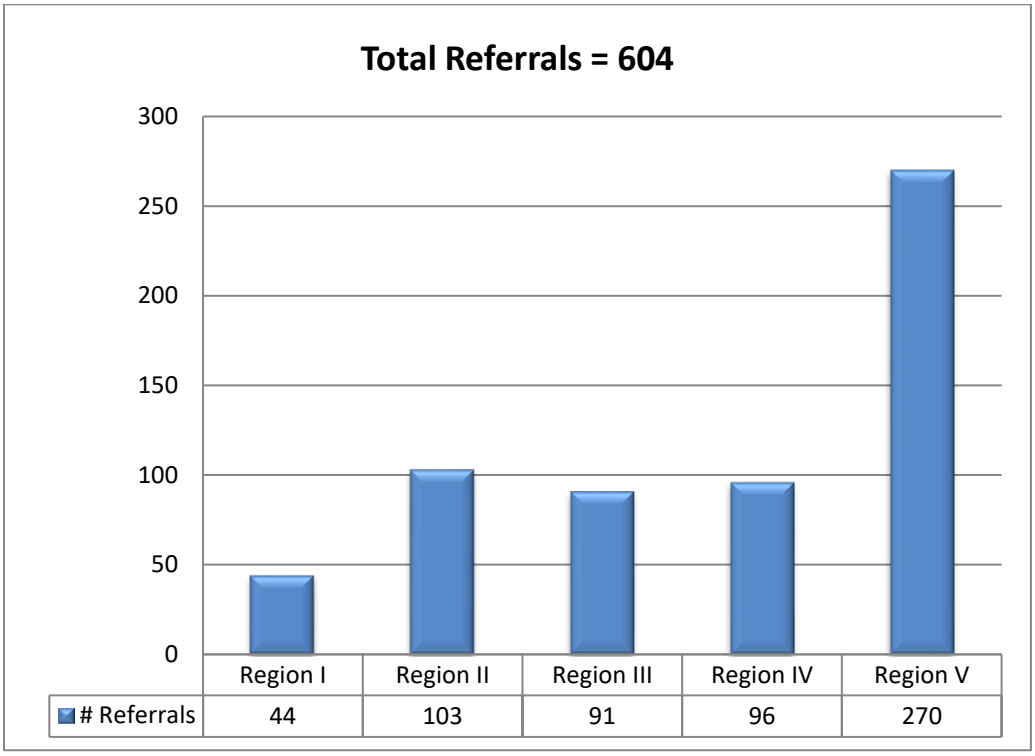
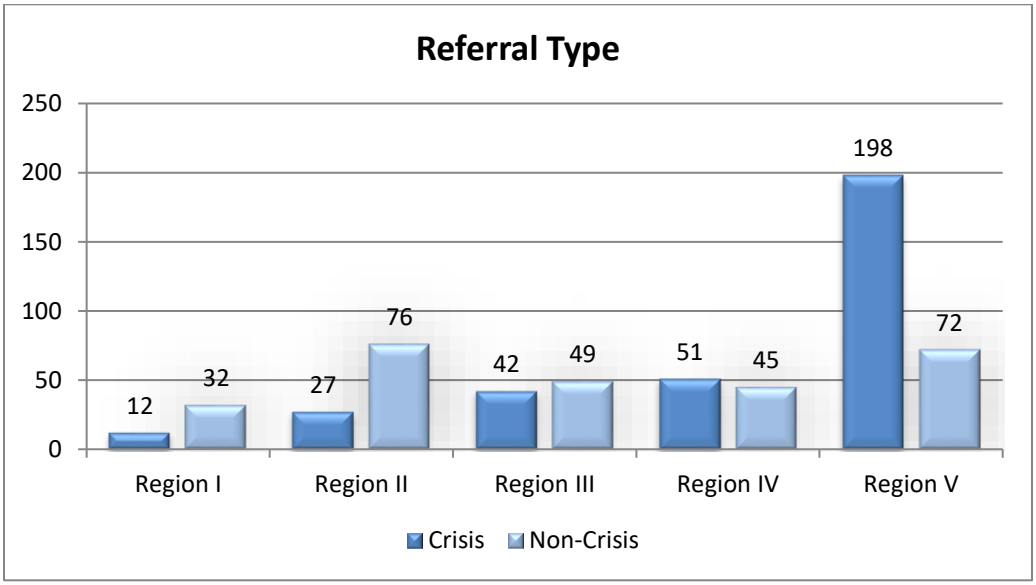
REACH Data Summary Report-Adult: Quarter 3/FY20

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

REACH Referral Activity

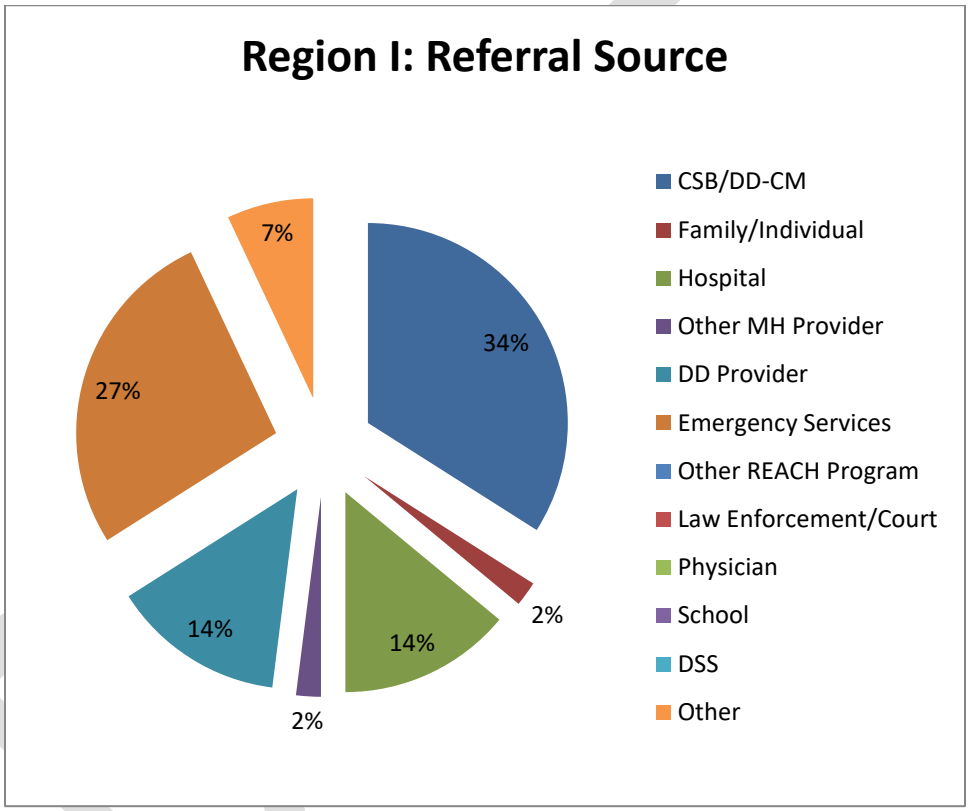


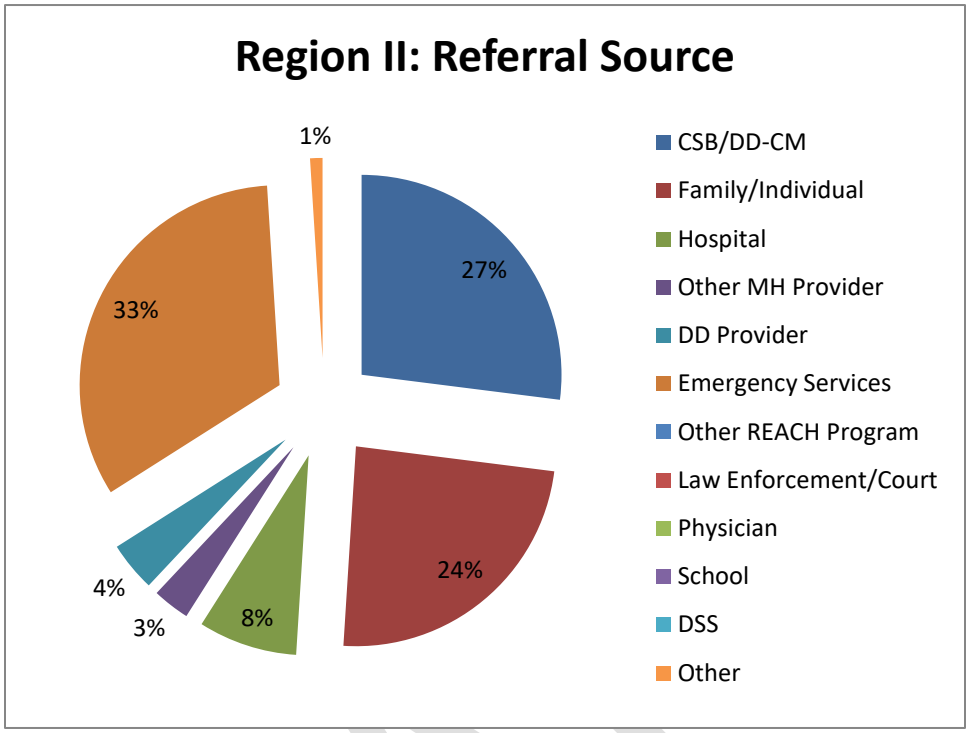


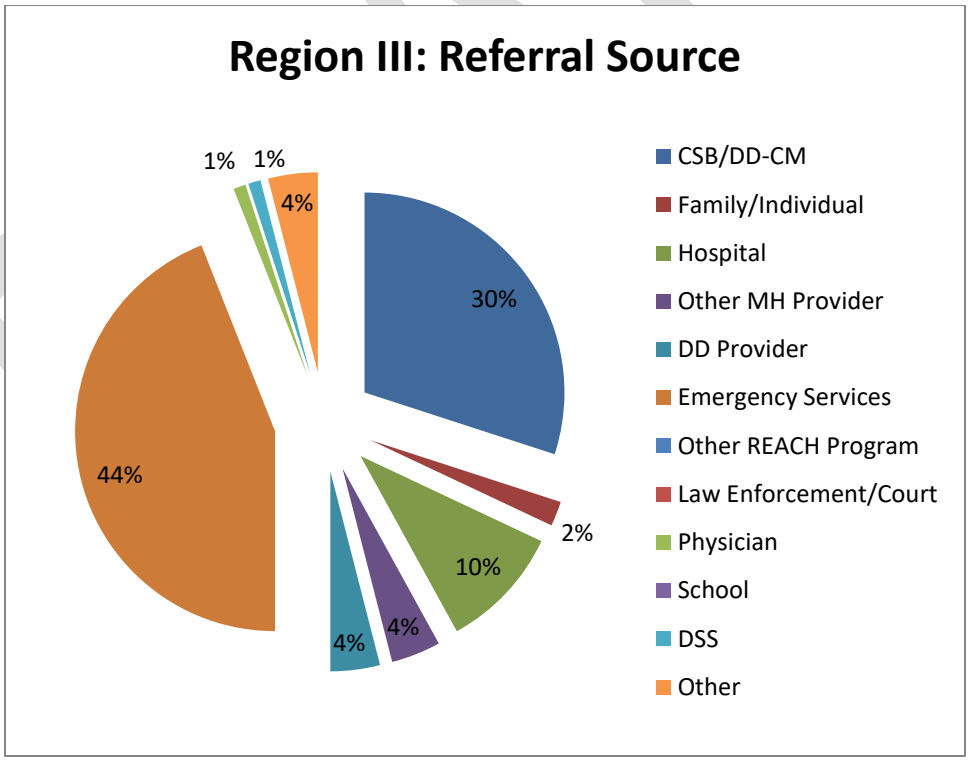
Referral activity for the third quarter of fiscal year 2020 is presented in the graphs above. For FY20 quarter three, an increase was noted in total referrals as compared to FY20 quarter two, 593

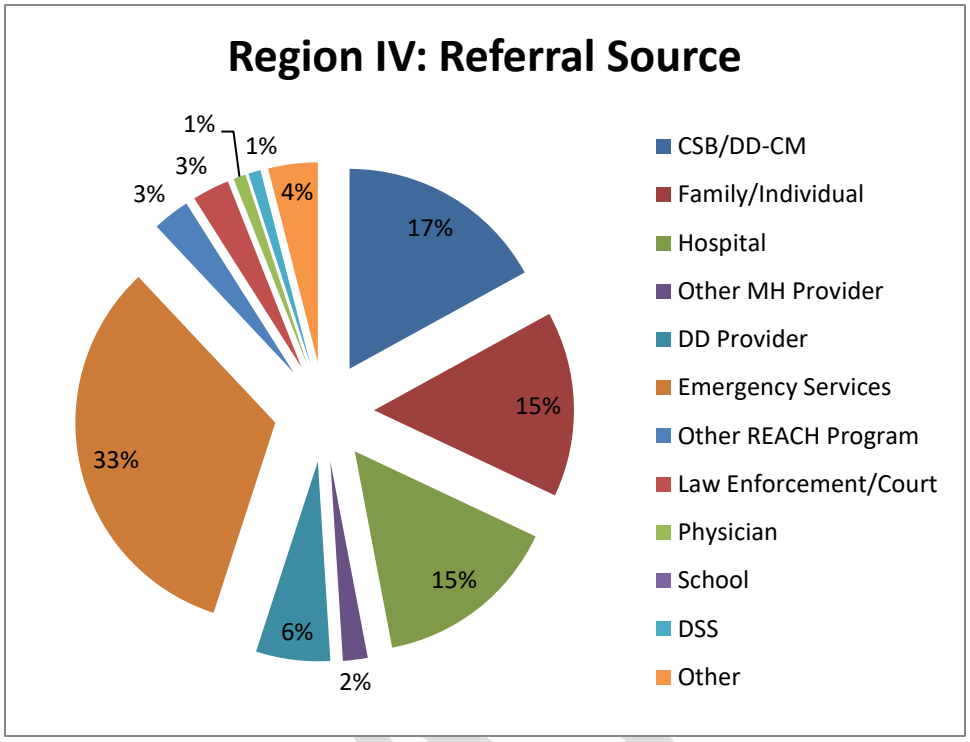
to 604. The increase in referrals this quarter continues the increasing trend noted for all quarters to date in FY20.

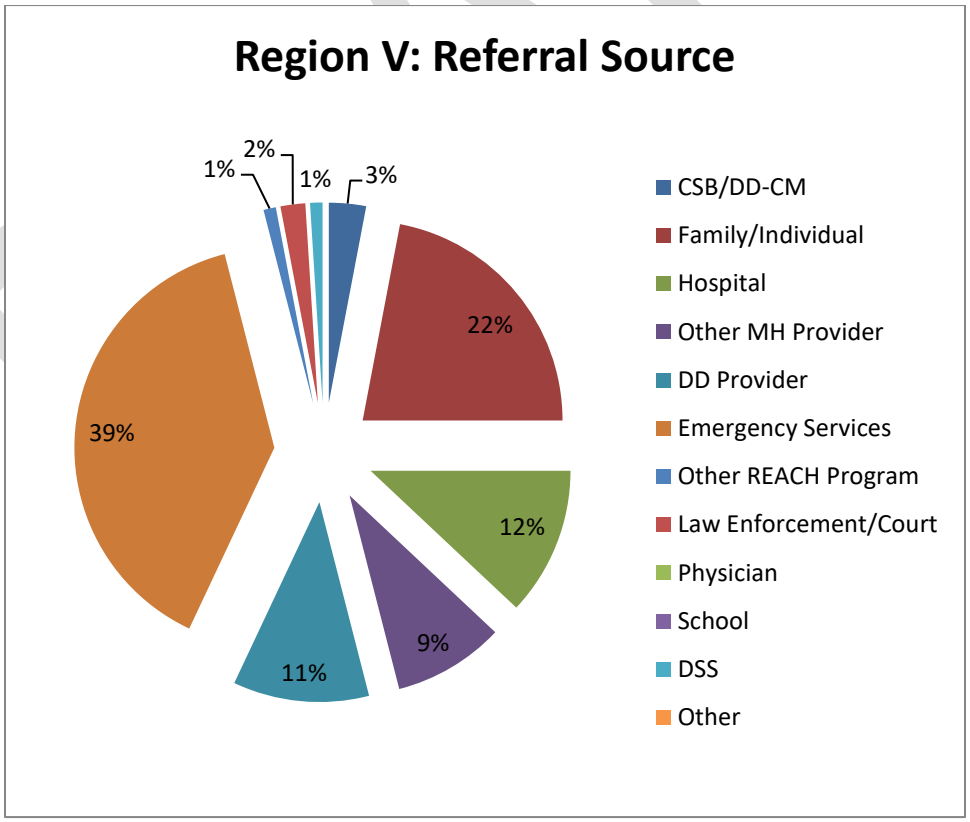
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by Region of referral source data. Referral sources cover a broad range of stakeholders when the state is considered as a whole and primary referral sources vary by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




Region II: Referral Source
1%
27%
33%
24%
4%
3%
8%
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
1%
1%
4%
30%
44%
2%
10%
4%
4%
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
17%
15%
15%
2%
6%
33%
3%
3%
1%
1%
4%
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
22%
12%
9%
11%
39%
1%
2%
1%
3%
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. For Regions IV and V, the referral break down between daytime/evening is higher for the evening hours.

Referral Time	Region I	Region II	Region III	Region IV	Region V	**Total**
Monday-Friday	36	86	77	79	212	490
Weekends/Holidays	8	17	14	17	58	114
7am-2:59pm	22	52	48	41	110	273
3pm-10:59pm	19	45	32	47	124	267
11pm-6:59am	3	6	11	8	36	64

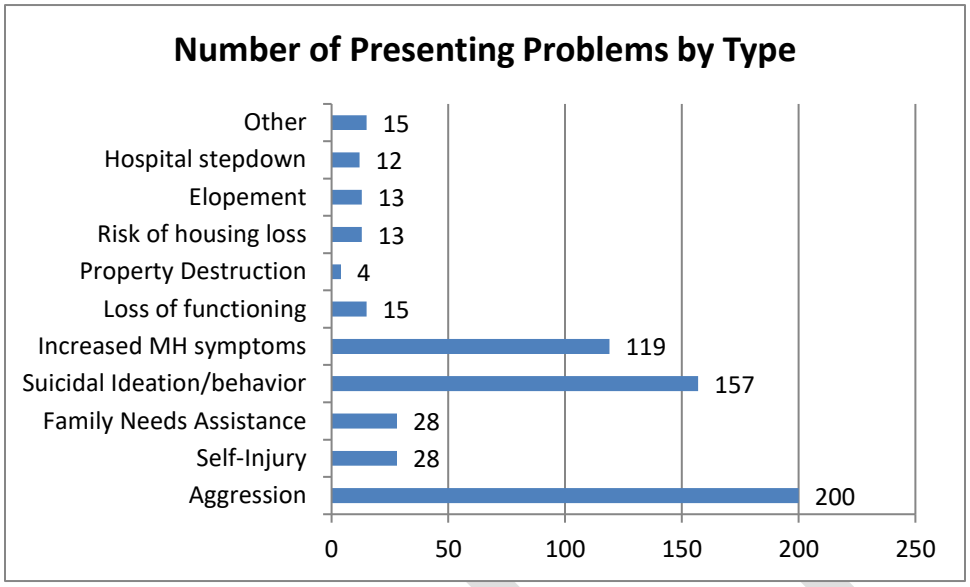
Also of interest to the Commonwealth is ensuring that the REACH programs serve the DD community in its entirety and effectively. The table below summarizes the breakdown of individuals referred to REACH with an intellectual disability (ID) only, an intellectual and other developmental disability, developmental disability exclusive of ID, and unknown or no developmental disability. "Unknown" refers to individuals who are still in the referral process at the end of the quarter and documentation of disability is being verified, and "None" references individuals for whom a referral was taken but diagnostic criteria were not substantiated. This quarter Region II supported more adults with DD only, Region I supported an equal number of those with ID only and 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 Adult REACH programs.

Diagnosis	Region I	Region II	Region III	Region IV	Region V	**Total**
ID only	17	26	46	53	132	274
DD only	17	50	24	28	64	183
ID/DD	5	24	16	14	52	111
Unknown/None	5	3	5	1	22	36
Total	44	103	91	96	270	604

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	11	40	24	39	86	200
Self Injury	3	3	5	1	16	28
Family Needs Support	0	7	1	14	6	28
Suicidal Ideation/behavior	7	18	23	20	89	157
Increased MH symptoms	15	22	21	16	45	119
Loss of functioning	2	1	1	0	11	15
Property Destruction	0	2	0	2	0	4
Risk of housing loss	4	4	4	0	1	13
Elopement	1	0	2	3	7	13
Hospital Stepdown	0	3	2	1	6	12
Other	1	3	8	0	3	15

*Other: Transitioning from jail; Linkages to service; Substance Use; Family abuse; Transitioning from TC; Homicidal ideation; Transitioning to a new provider; and an ATH admission.



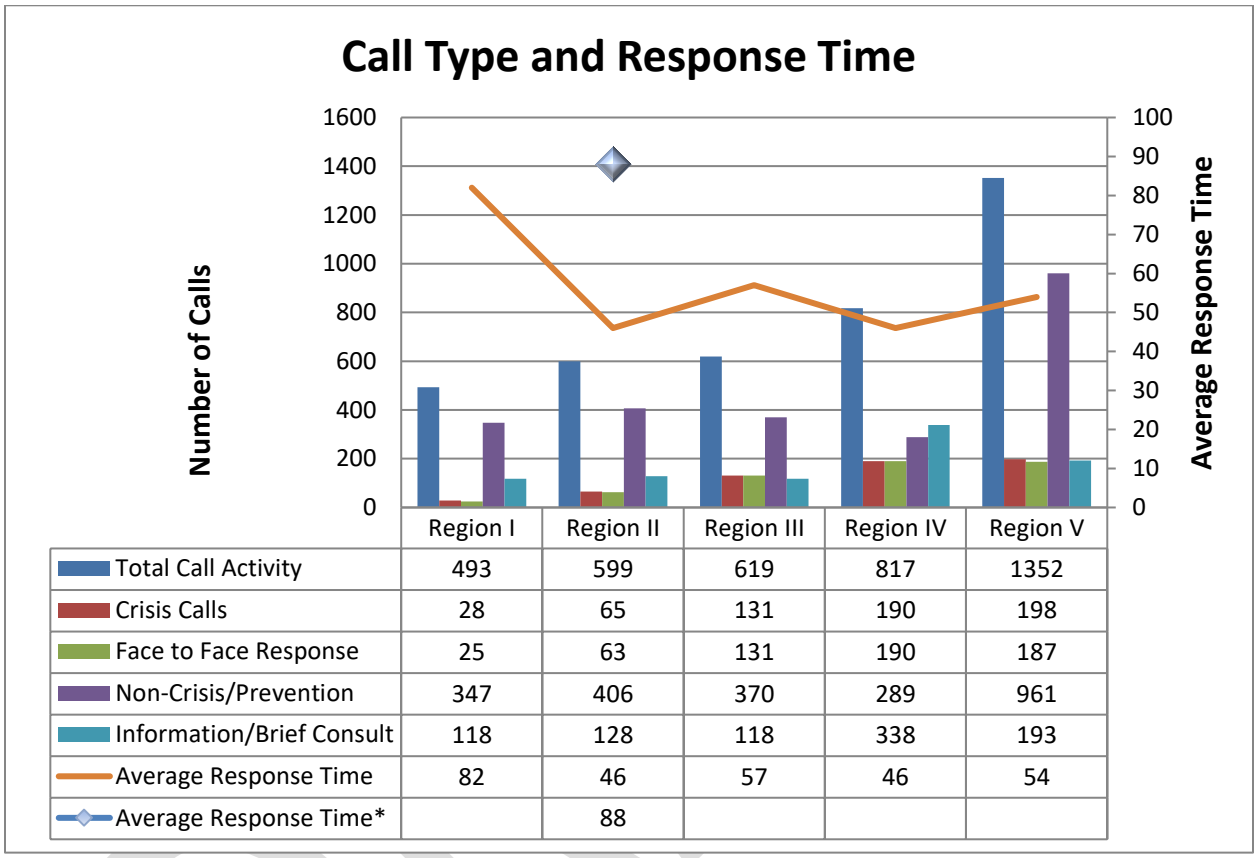
REACH Crisis Response

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	493	599	619	817	1352
Crisis Calls	28	65	131	190	198
Face to Face Response	25	63	131	190	187
Non-Crisis/Prevention	347	406	370	289	961
Information/Brief Consult	118	128	118	338	193
Average Response Time	82	46	57	46	54
Average Response Time*		88			

*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 I met the response time for 100% of their calls while Regions II urban, II rural, III, IV, and V met 82%, 83%, 99%, 87%, and 98% 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 and distance continue to be the main reasons for delays in meeting response time.

	Region I	Region IIU	Region IIR	Region III	Region IV	Region V	**Total Calls**
Response Interval: 0-30	2	17	1	34	37	27	118
Response Interval: 31-60	3	30	2	50	129	83	297
Response Interval: 61-90	10	8	0	28	16	50	112
Response Interval: 91-120	10	1	2	18	5	24	60
Response Interval: 120+	0	1	1	1	3	3	9
Total	25	57	6	131	190	187	596

Location of Crisis Assessments

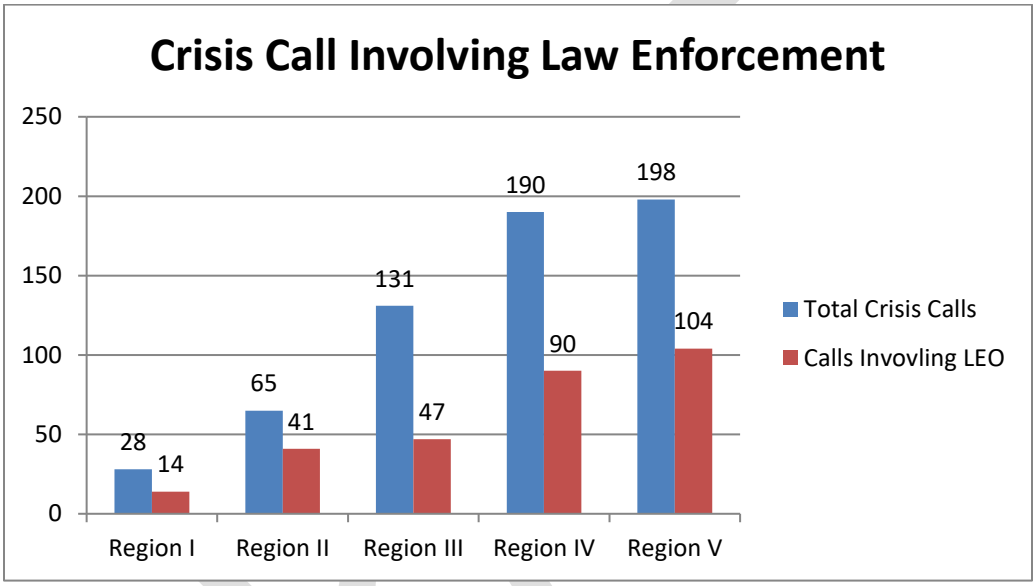
Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual/Family Home	1	5	10	18	32	66
Hospital/Emergency Room	19	29	83	113	102	346
Emergency Services/CSB	3	25	5	5	16	54
Residential Provider	4	3	28	37	36	108
Police Station	0	0	1	0	0	1
Day Program	1	2	3	9	1	16
School	0	0	0	0	0	0
Other	0	1	1	8	11	21
Total	28	65	131	190	198	612

*Other settings include: Jail, Police station, Community Pool, Crisis Triage Center, other Community Locations

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 on the previous page provides a summary of the various locations where mobile crisis assessments took place over the course of the third quarter

of FY20. Due to COVID-19 precautions implemented towards the end of quarter three, Regions I, II and V did not have some face to face responses but rather handled the assessment through a telehealth process. This accounts for the fewer number of face to face responses than crisis calls listed in the previous chart with the exception of Region V who also had two of their crisis calls cancelled by the caller.

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

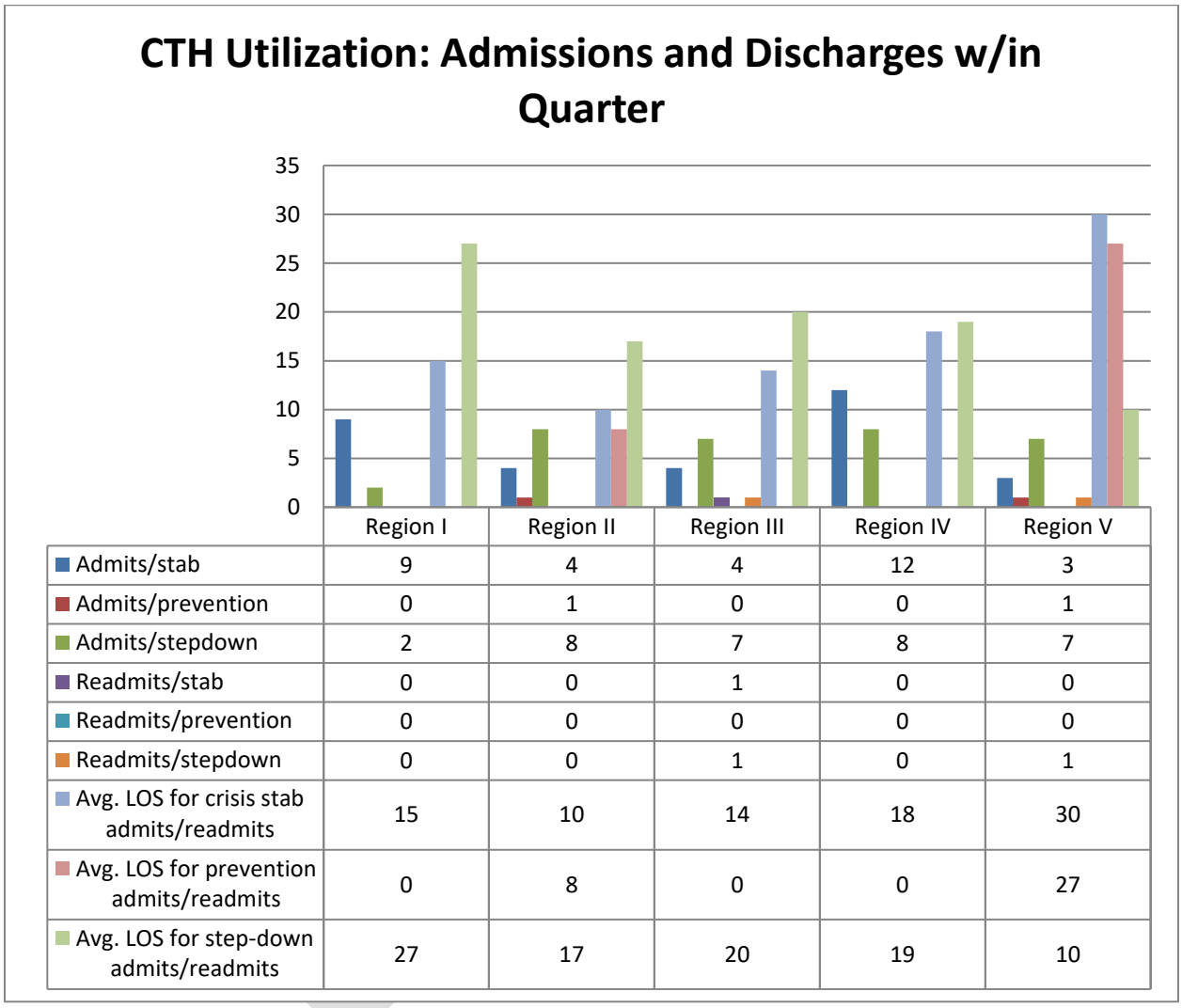


Crisis Therapeutic House

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 in FY20 to reflect only those individuals who were admitted or readmitted and discharged in the quarter. All other individuals who were admitted in previous quarters and discharged in this quarter will have their LOS data reflected in the narrative and table on page 12.

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 32 crisis stabilization admissions, 2 prevention admissions, and 32 step-down admissions.

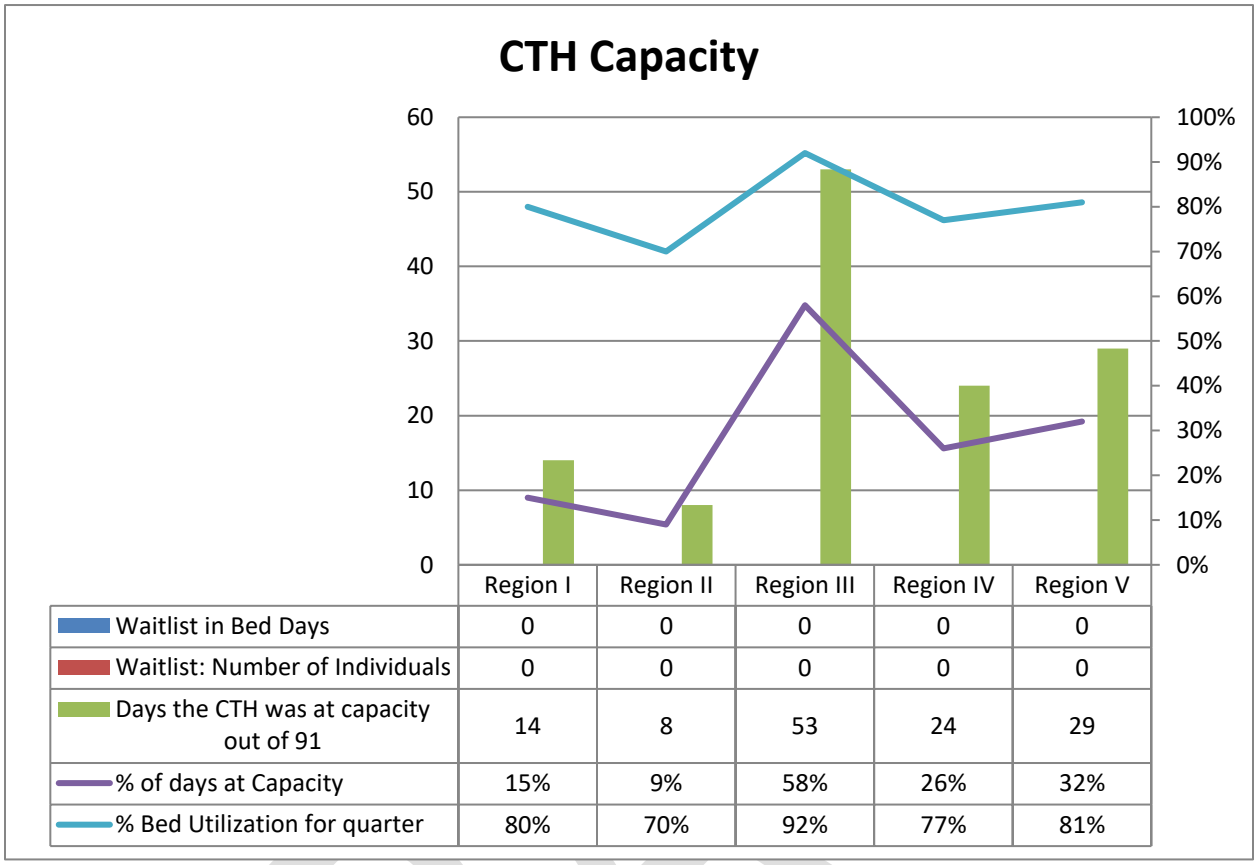


	Region I	Region II	Region III	Region IV	Region V
Admits/stab	9	4	4	12	3
Admits/prevention	0	1	0	0	1
Admits/stepdown	2	8	7	8	7
Readmits/stab	0	0	1	0	0
Readmits/prevention	0	0	0	0	0
Readmits/stepdown	0	0	1	0	1
Avg. LOS for crisis stab admits/readmits	15	10	14	18	30
Avg. LOS for prevention admits/readmits	0	8	0	0	27
Avg. LOS for step-down admits/readmits	27	17	20	19	10

The average length of stay reflected for each type of admission on the previous chart is within the expected average length of stay. Across all Regions for those individuals who were admitted in a previous quarter to the CTH and discharged in this quarter, the data is as follows: 8 crisis stabilization admissions with LOS ranging from 12 - 595 days; 2 prevention admission with LOS of 167 and 69 days; and 12 step-down admissions with LOS ranging from 11 - 229 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	Crisis Stab	595
	Person 2	Crisis Stab	49
	Person 3	Crisis Stab	12
Region II	Person 1	Step-down	229
	Person 2	Step-down	179
	Person 3	Prevention	167
	Person 4	Step-down	77
	Person 5	Prevention	68
Region III	Person 1	Step-down	127
	Person 2	Crisis Stab	46
	Person 3	Step-down	29
	Person 4	Step-down	127
Region IV	Person 1	Crisis Stab	37
	Person 2	Crisis Stab	67
	Person 3	Crisis Stab	13
	Person 4	Step-down	16
Region V	Person 1	Crisis Stab	77
	Person 2	Step-down	54
	Person 3	Step-down	14
	Person 4	Step-down	11
	Person 5	Step-down	116
	Person 6	Step-down	92

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 70% to 92% this quarter.

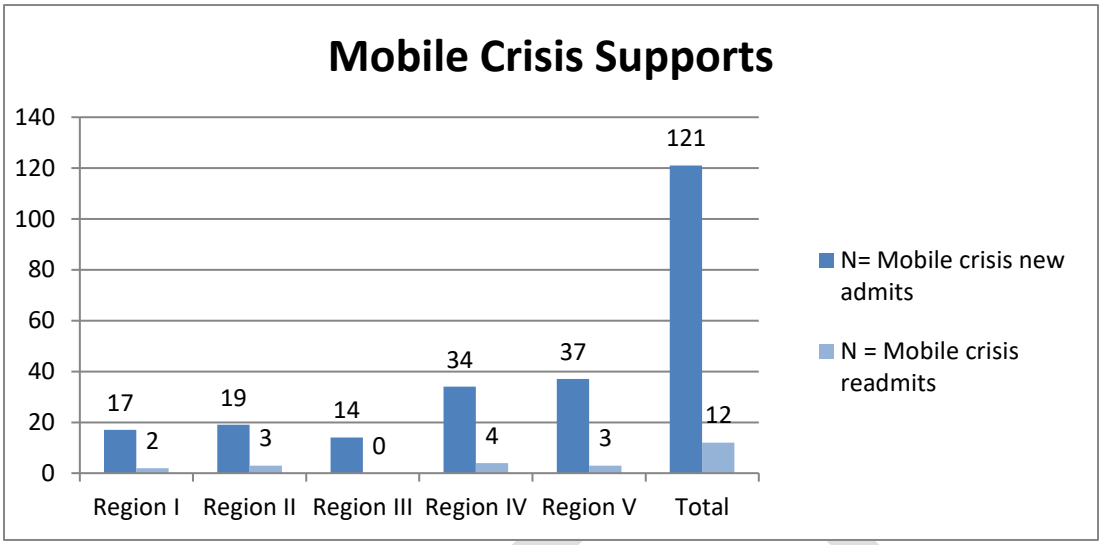


	Region I	Region II	Region III	Region IV	Region V
Waitlist in Bed Days	0	0	0	0	0
Waitlist: Number of Individuals	0	0	0	0	0
Days the CTH was at capacity out of 91	14	8	53	24	29
% of days at Capacity	15%	9%	58%	26%	32%
% Bed Utilization for quarter	80%	70%	92%	77%	81%

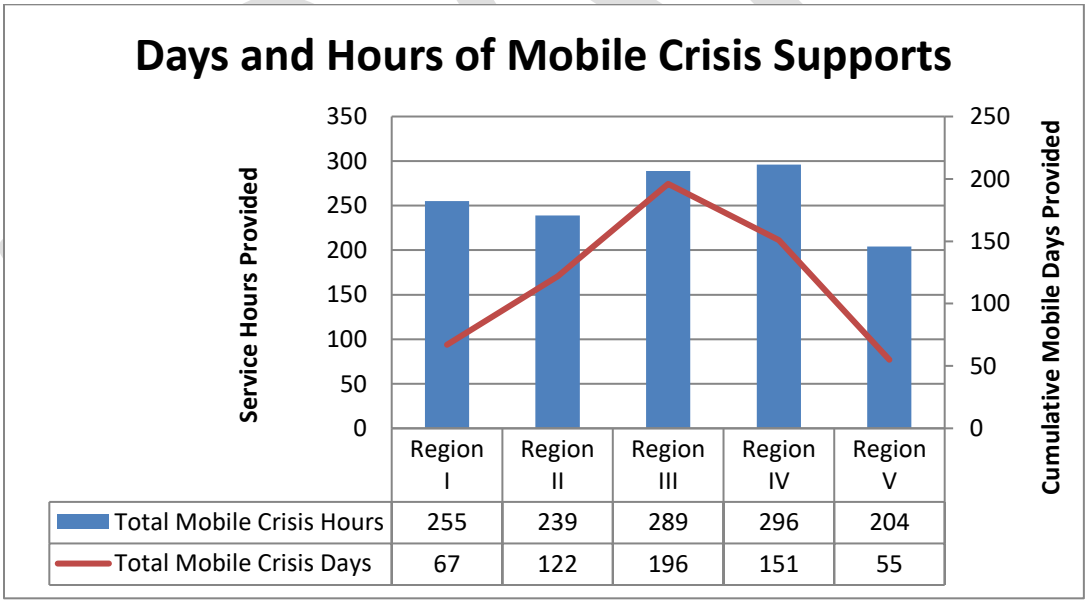
Beds Used Out of 546 Beds Available:	435	382	503	422	441

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 125 in Q2 to 121 in Q3. The total number of readmissions also decreased in quarter three from 23 to 12.



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.

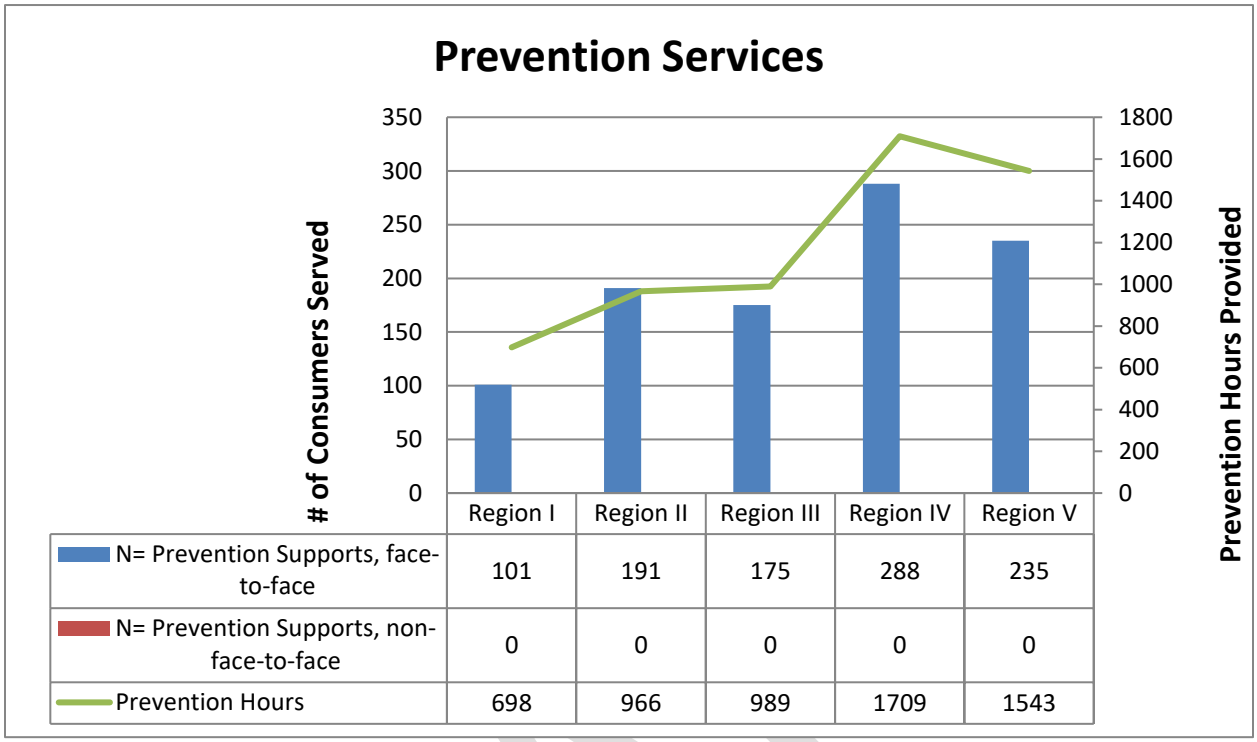


Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings where they spend 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. Overall, the regional programs provided 1283 hours of mobile crisis supports across 591 days. This is an increase in both the number of days and hours of supports as compared to quarter two. The bottom end of range of days that crisis services are provided is variable for the regions. Generally, cases are provided with crisis service for about 3 to 5 days with a targeted average per day of 2 hours. All programs with the exception of RIII met the target average of 2.0 hour per day; however RIII had the highest average days per case and average hours 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	2-11	4-8	1-15	1-9	1-12
Average Days/ Case	3.5	5.5	14.0	4.0	1.4
Average Hours/Day	3.8	2.0	1.5	2.0	3.7
Average Hours/Case	13.4	10.9	20.6	7.8	5.1

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	101	191	175	288	235
N= Prevention Supports, non-face-to-face	0	0	0	0	0
Prevention Hours	698	966	989	1709	1543

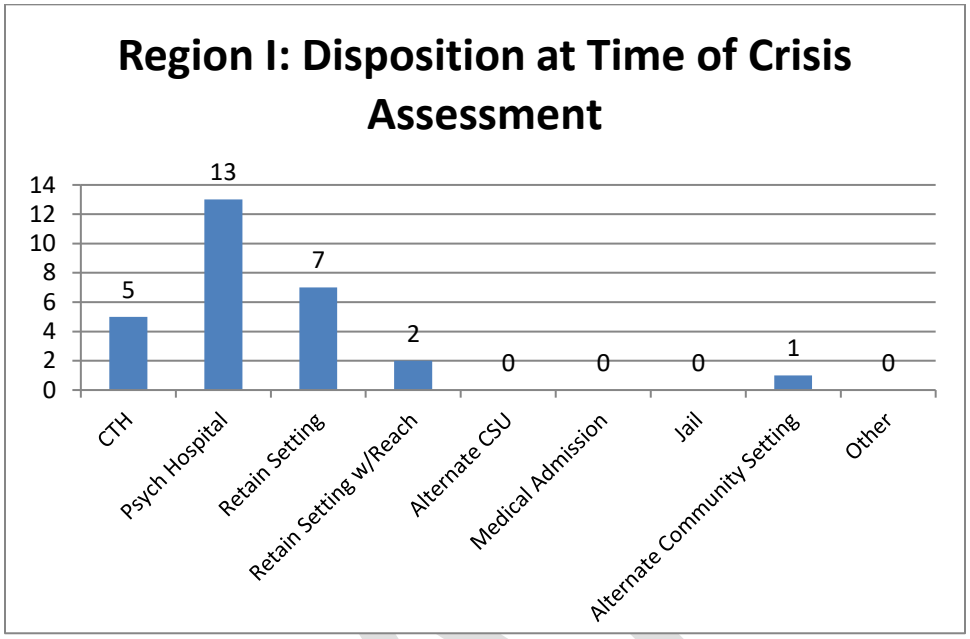
The total number of individuals receiving face-to-face prevention supports decreased from 1027 in quarter 2 to 990 in this quarter. The total number of individuals receiving non face-to-face supports decreased this quarter to 0 as compared to 13 in quarter two. The total number of prevention hours provided by all programs decreased from 6252 in Q2 to 5905 this quarter. The trends for both the number of prevention hours and number of adults receiving face to face supports varies from quarter to quarter as quarter one data is the lowest for the fiscal year to date.

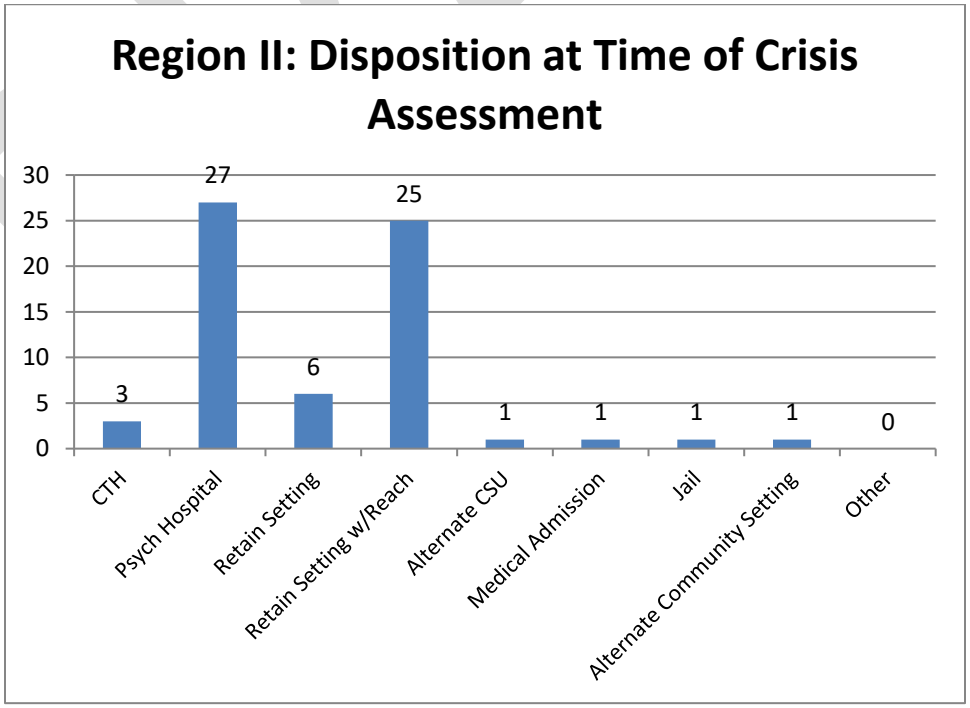
Crisis Service Outcomes/Dispositions

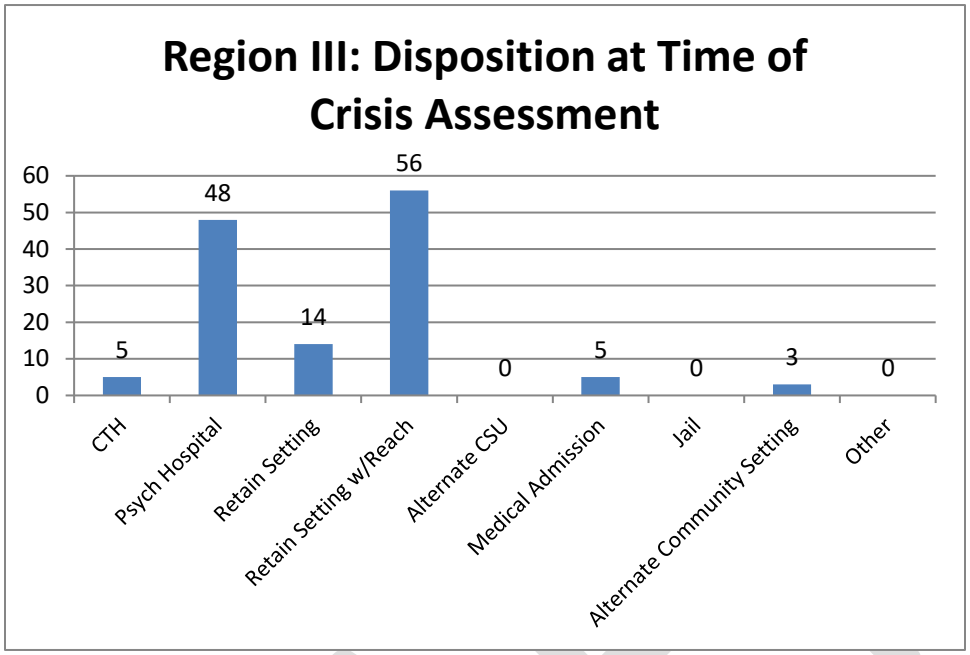
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted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

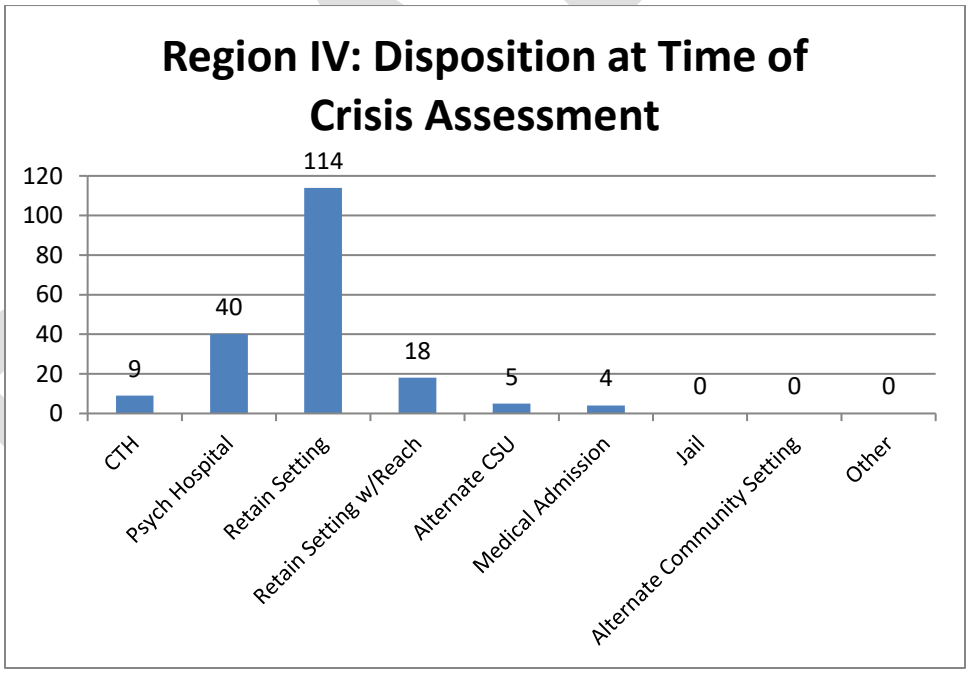
For this quarter, 61% of the individuals receiving a crisis assessment were able to retain their original residential setting, 4% were diverted to a CTH, with another 1.5% diverted to an alternate CSU, and 33% were psychiatrically hospitalized. Individuals who retained their setting went up

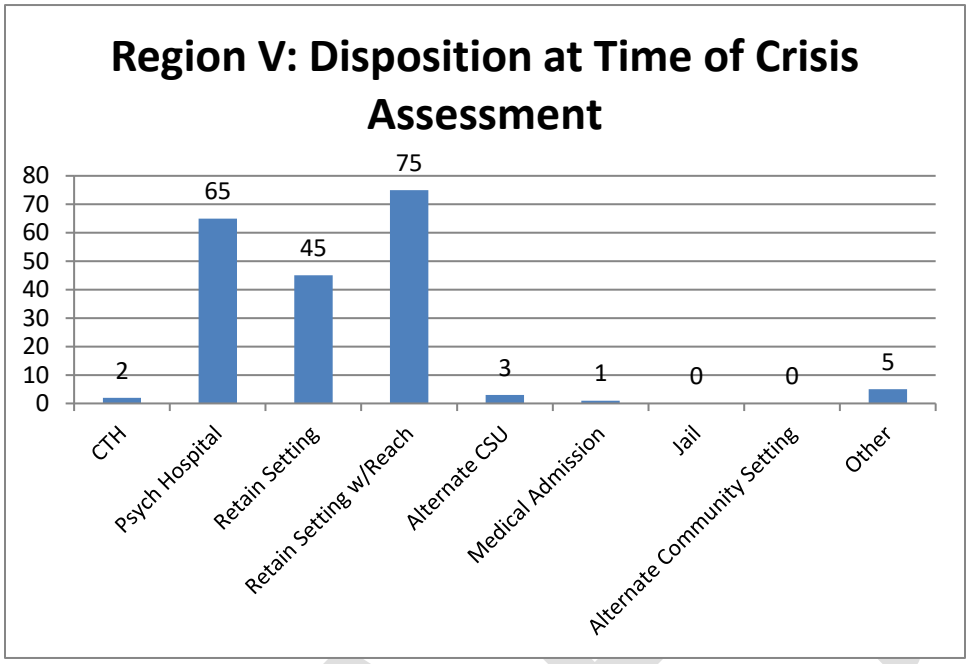
by 5% and those psychiatrically hospitalized decreased by 3%. The following graphs display the outcomes of the crisis assessments across each regional program.






Region III: Disposition at Time of Crisis Assessment
60
50
40
30
20
10
0
5
48
14
56
0
5
0
3
0
CTH
Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other

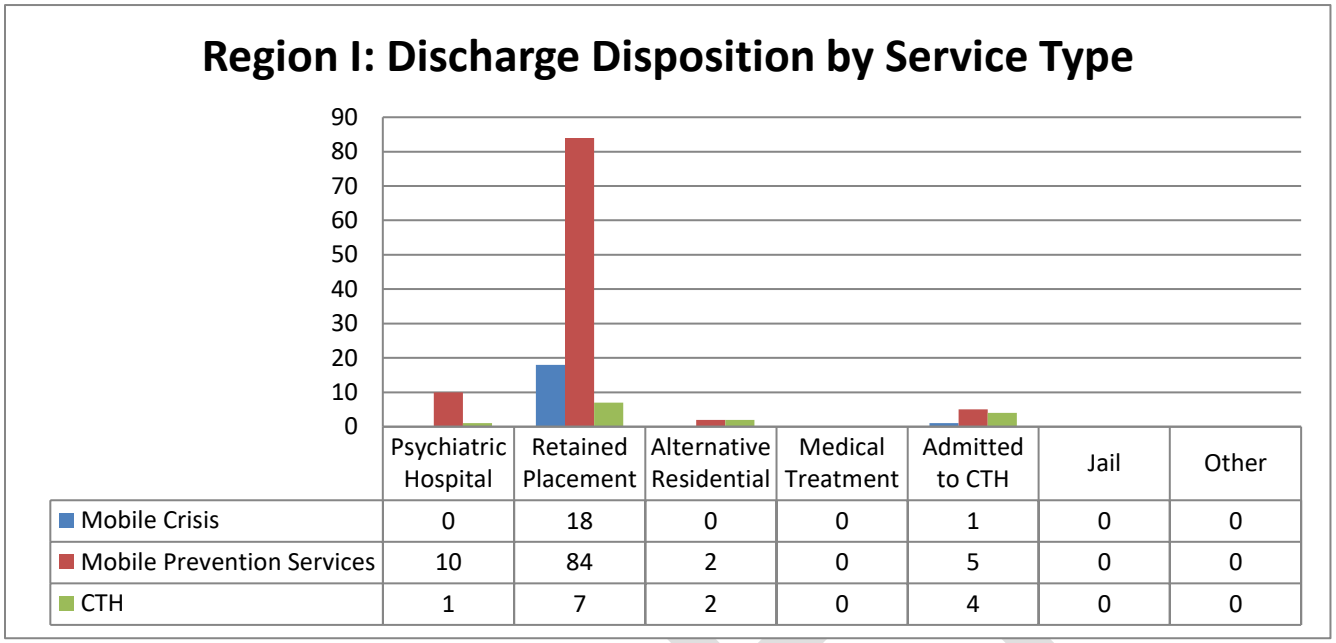

Region IV: Disposition at Time of Crisis Assessment
120
100
80
60
40
20
0
9
40
114
18
5
4
0
0
0
CTH
Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other



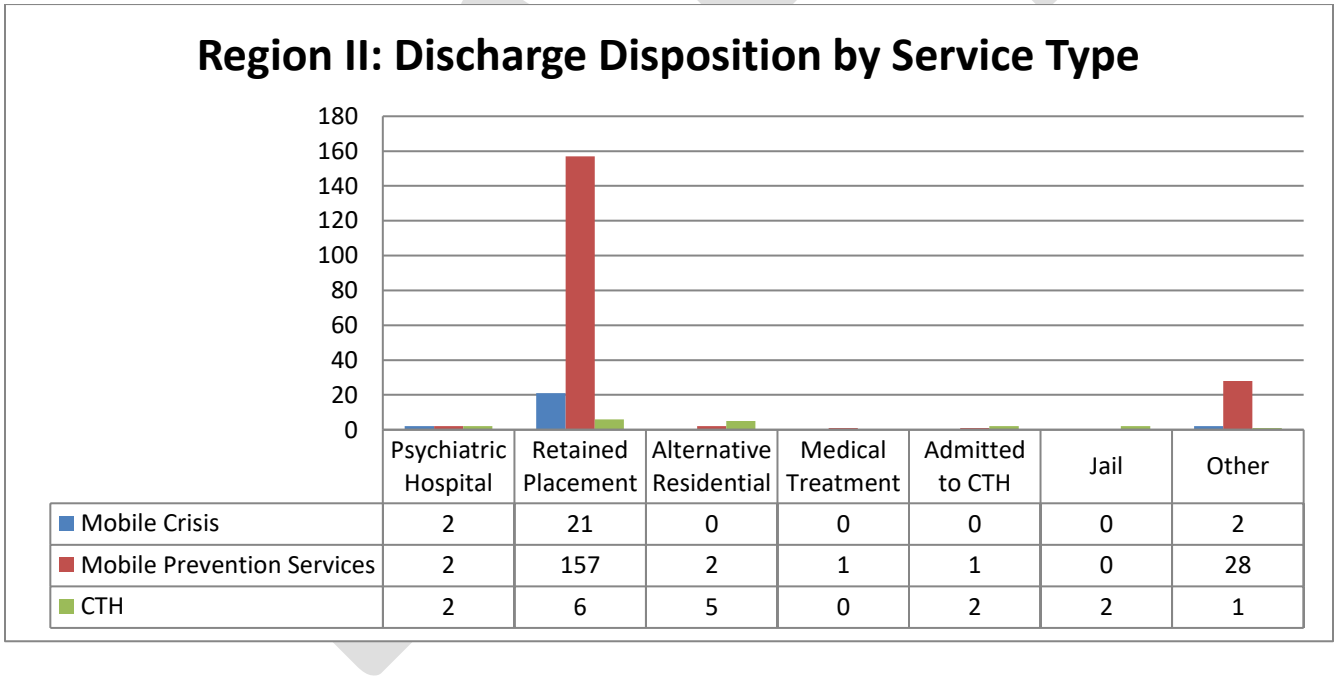
Other: Refused Service; Two assessments cancelled prior to meeting at response site.

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, 84% were able to return to their original residence or went to a new residence post discharge. Twenty percent (20%) of outcomes for individuals at the CTH resulted in a psychiatric hospitalization and the remaining 5% were individuals who went to jail. Sixteen individuals continued as guests at all the CTHs at the end of the quarter. For all admissions receiving mobile crisis supports, 89% remained in their residence, 1% was diverted to the CTH, 8% were hospitalized during the course of mobile services, and the remaining 2% 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; 2% went to an alternative residential community setting; 5% were hospitalized, 2% were admitted to the CTH, and the remaining 7% had other outcomes (refer to charts). Four hundred and sixty-seven 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.



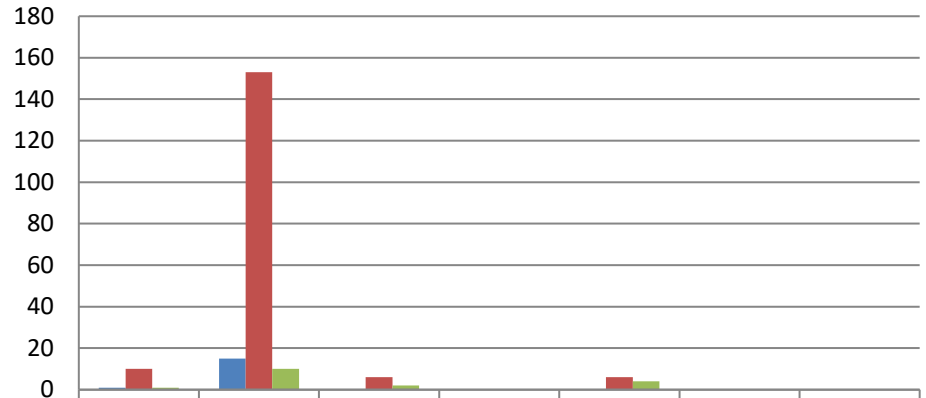
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	18	0	0	1	0	0
Mobile Prevention Services	10	84	2	0	5	0	0
CTH	1	7	2	0	4	0	0



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	2	21	0	0	0	0	2
Mobile Prevention Services	2	157	2	1	1	0	28
CTH	2	6	5	0	2	2	1

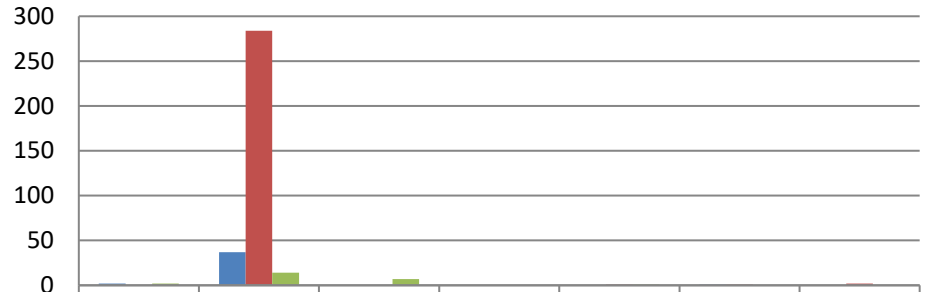
Other: Transferred to Region I REACH and transferred to ATH

Region III: Discharge Disposition by Service Type



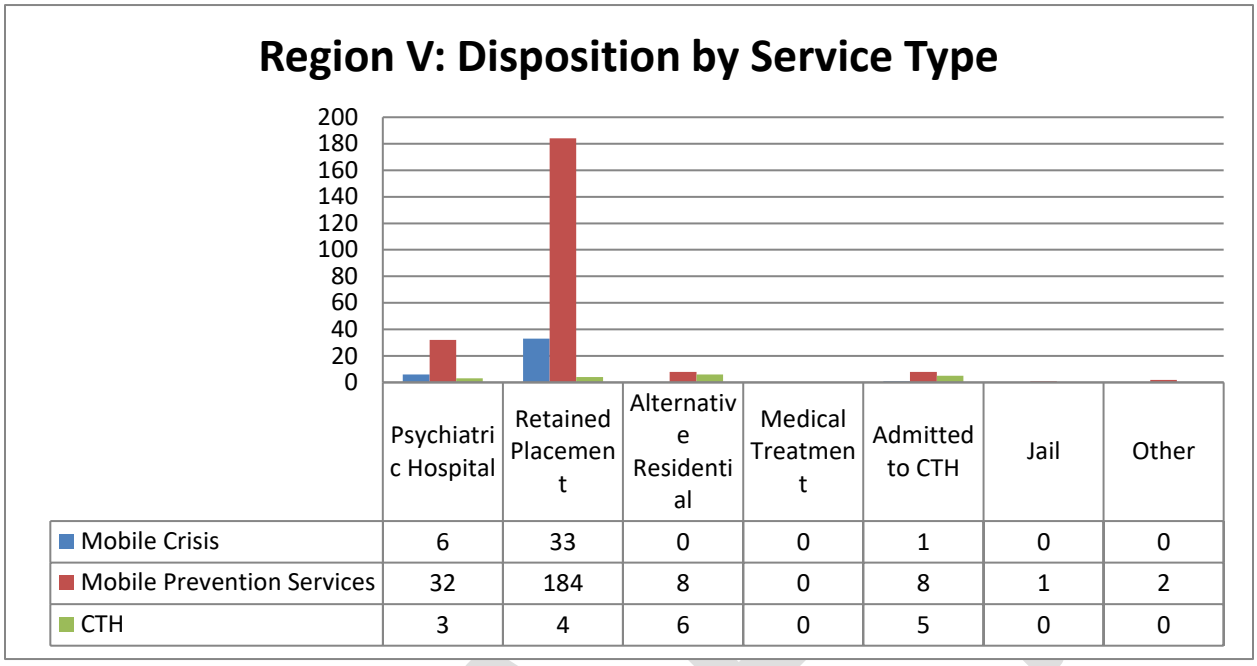
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	1	15	0	0	0	0	0
Mobile Prevention Services	10	153	6	0	6	0	0
CTH	1	10	2	0	4	0	0

Region IV: Discharge Disposition by Service Type



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	2	37	0	0	0	1	0
Mobile Prevention Services	0	284	0	0	1	1	2
CTH	2	14	7	0	1	0	0

Other: Ended service and Long Term Residential

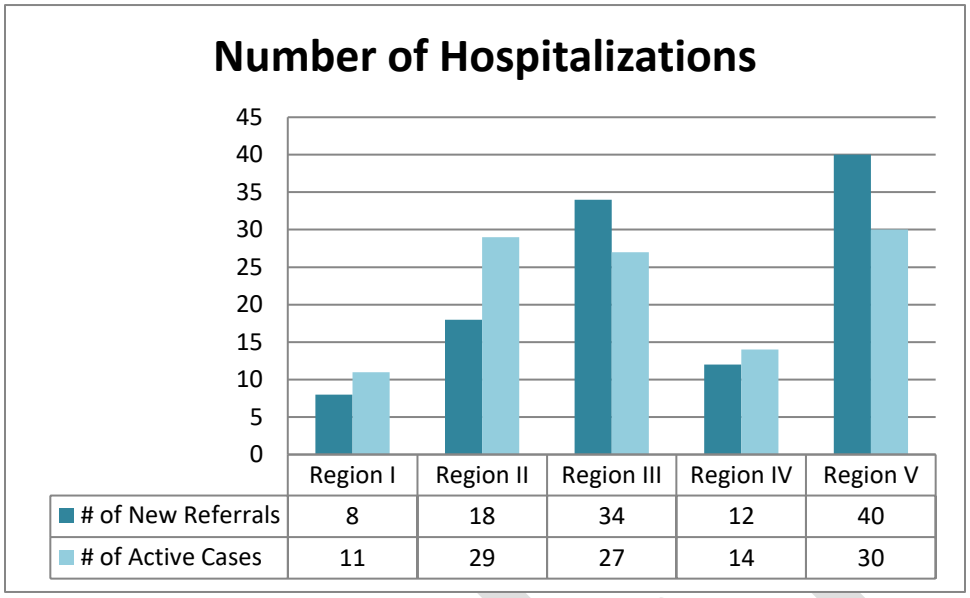


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	6	33	0	0	1	0	0
Mobile Prevention Services	32	184	8	0	8	1	2
CTH	3	4	6	0	5	0	0

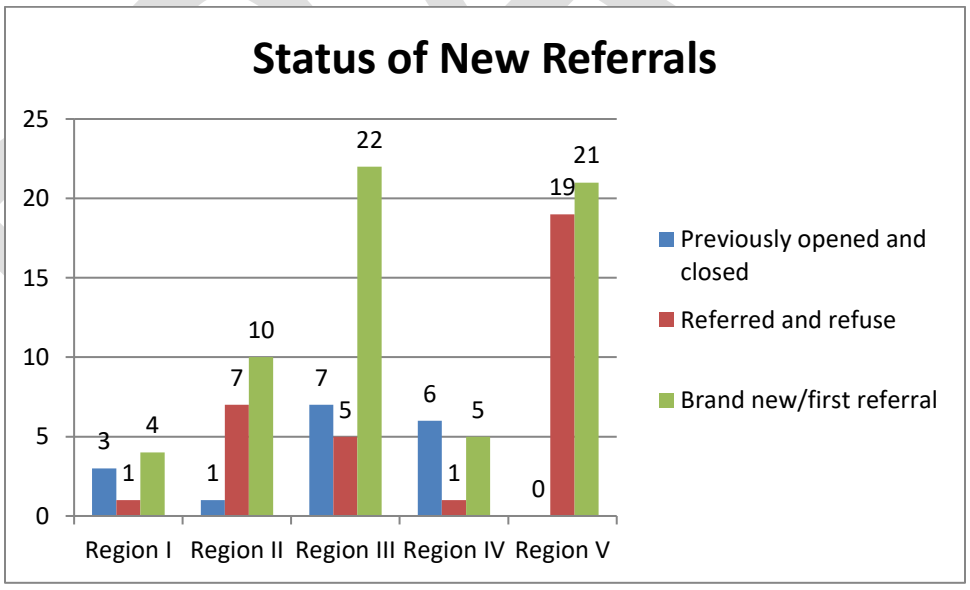
Other: ineligible and jail

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.

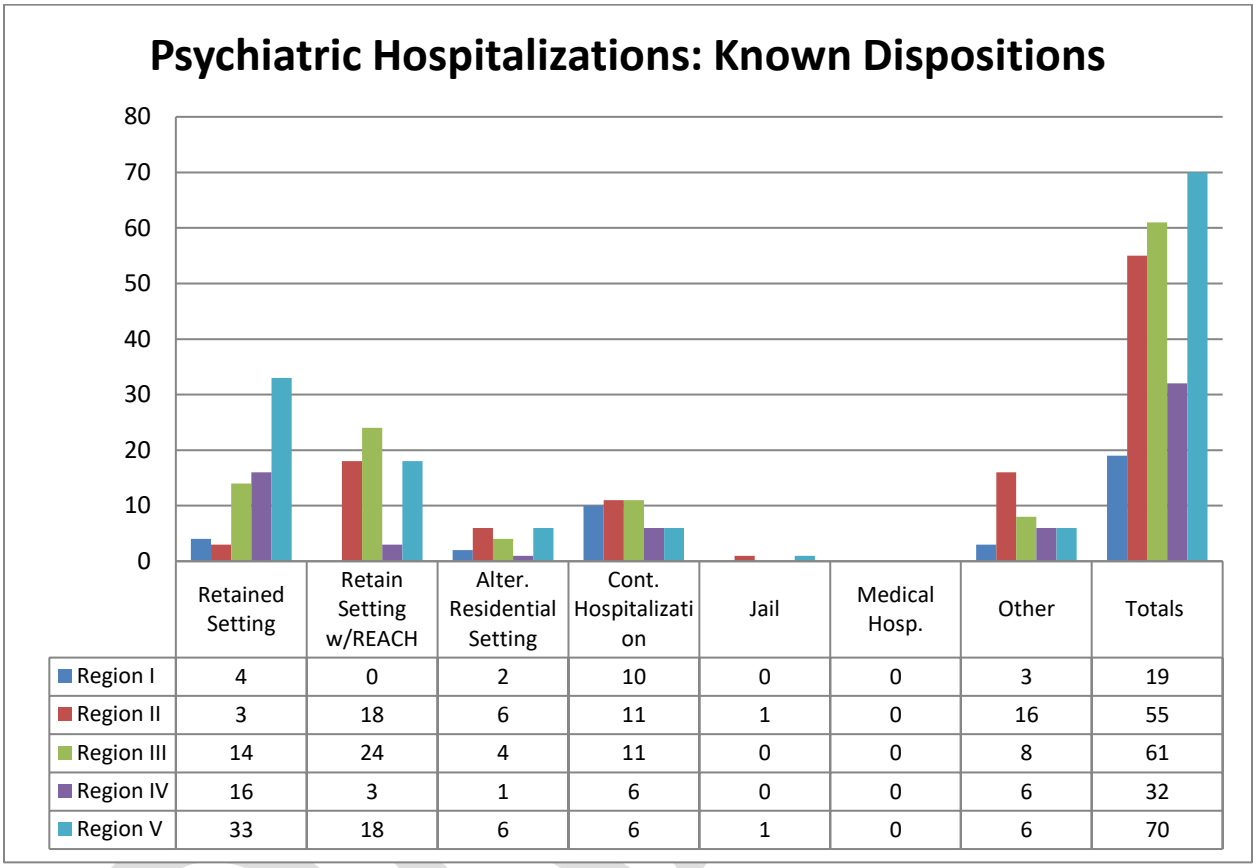


The programs are tracking new referrals according to whether individuals previously received supports through REACH and were closed, were referred but refused follow up services, or were first time referrals.



Fifty percent (50%) of all hospitalization were “new referrals” to the REACH program. Of the **new** referrals to REACH that were hospitalized, 55% of the individuals were new to the program, 29% were referred to REACH but refused services, and 15% had been previously discharged (inactive) from REACH services. Of the known dispositions of the people

hospitalized and discharged, 69% retained their original community home and 10% 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	4	0	2	10	0	0	3	19
Region II	3	18	6	11	1	0	16	55
Region III	14	24	4	11	0	0	8	61
Region IV	16	3	1	6	0	0	6	32
Region V	33	18	6	6	1	0	6	70

Includes readmit outcomes. Other: Unknown, stepped down to CTH; out of region transfer; ineligible; closed; long term residential; and homeless

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	9	4	5	11	3
Consultation	9	4	4	11	33
Crisis Education Prevention Plan	7	2	4	11	3
Provider Training	5	1	4	11	10

R1: 1 declined services – no CEPP; 1 discharged and team not available for discharge; 2 still admitted and training planned near discharge. R2: CEPPs and training– 1 out of region and one guardian refused services post discharge; one team unavailable after discharge.

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

Service Type: Crisis Stepdown (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	2	8	8	6	8
Consultation	2	8	8	6	42
Crisis Education Prevention Plan	1	6	8	6	7
Provider Training	0	2	8	6	9

R1: 1 CEPP to be developed due to recent admission at end of quarter and training to be done pre-discharge and another CEPP scheduled for training closer to discharge. R2 – Two new admitted have CEPPs in development and training to be scheduled; 2 teams unavailable post discharge and two training scheduled in early Q4.

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	17	22	14	37	37
Consultation	17	22	14	37	52
Crisis Education Prevention Plan	13	18	13	37	33
Provider Training	8	15	13	37	38

R1: 3 CEPPs in development progress; 3 families unavailable to schedule training; two service providers unavailable to schedule training; one individual moved abruptly. R2: CEPPs and Training- Two in MS at end of quarter and two ended services; Training – two scheduled in early Q4 and 1 transferred to another region. RV: One CEPP already current; 1 individual ended service; 2 new admissions and CEPPs under development.

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 1191 community partners to receive this training.

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	52	40	12	40	65	209
Case Managers/Support Coordinators	26	10	19	134	10	199
Emergency Service Workers: #Trained	10	1	3	0	5	19
Family Members: # Trained	0	20	40	1	87	148
Hospital Staff: # Trained	34	0	0	3	0	37
DD Provider: #Trained	35	51	32	38	113	269
Other Community Partners: #Trained	160	103	20	27	0	310
Total	317	225	126	243	280	1191

*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 third quarter of fiscal year 2020. In keeping with the DBHDS' vision, all five of the programs continue to focus on mobile crisis and prevention work with the adults and outreach with the systems that support these individuals. 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 in addition to the Department's continued work with the programs

and related partners to develop consistent processes, training requirements, and documentation across all of the REACH Programs.