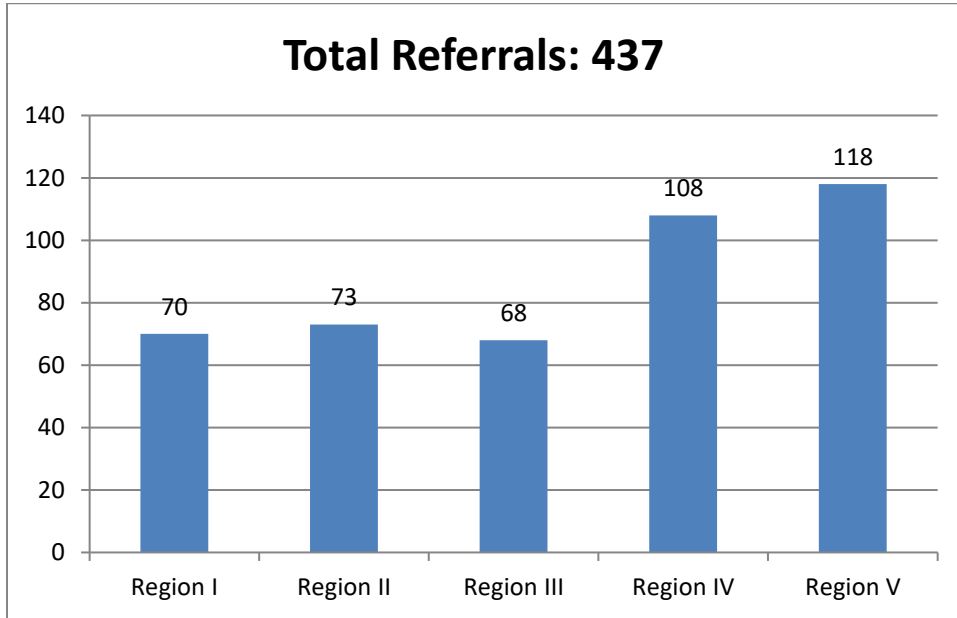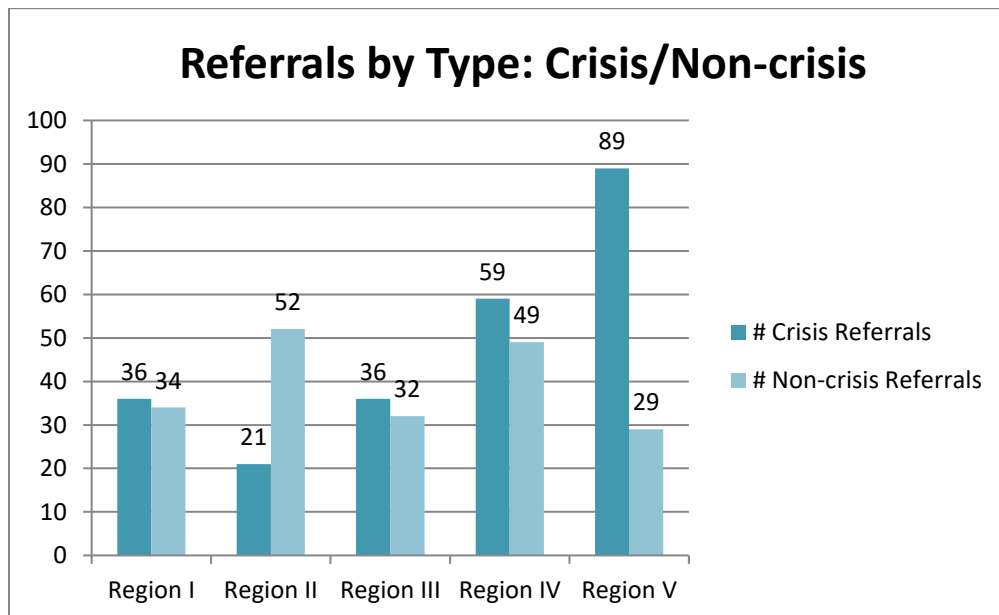# Children's REACH Quarterly Report: III-FY20

This report provides data related to the Children's REACH programs. All data contained in this report corresponds to activity from January 1, 2020, through March 31, 2020.
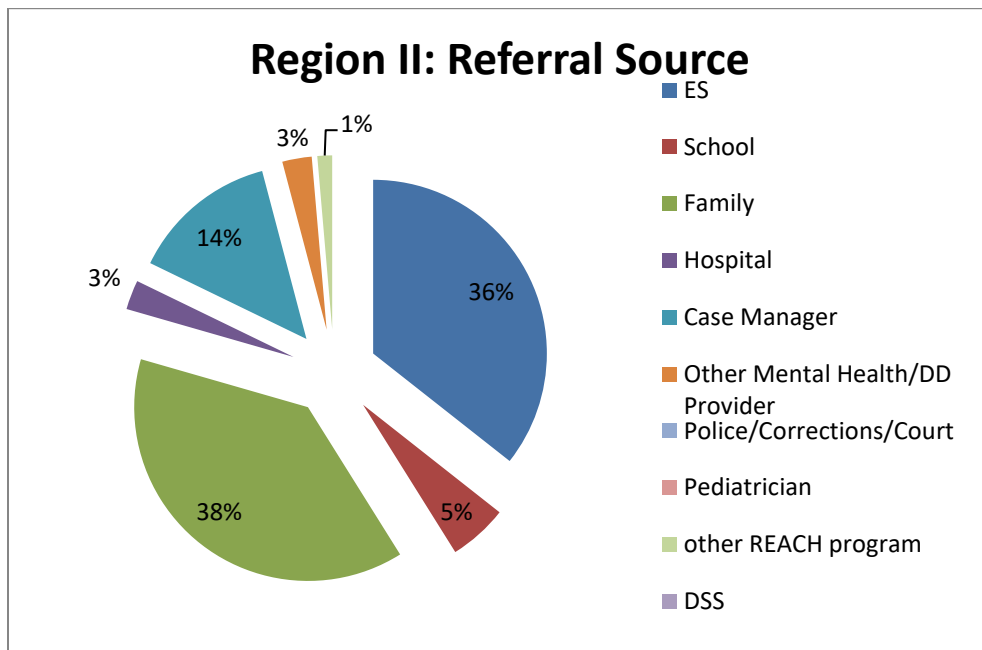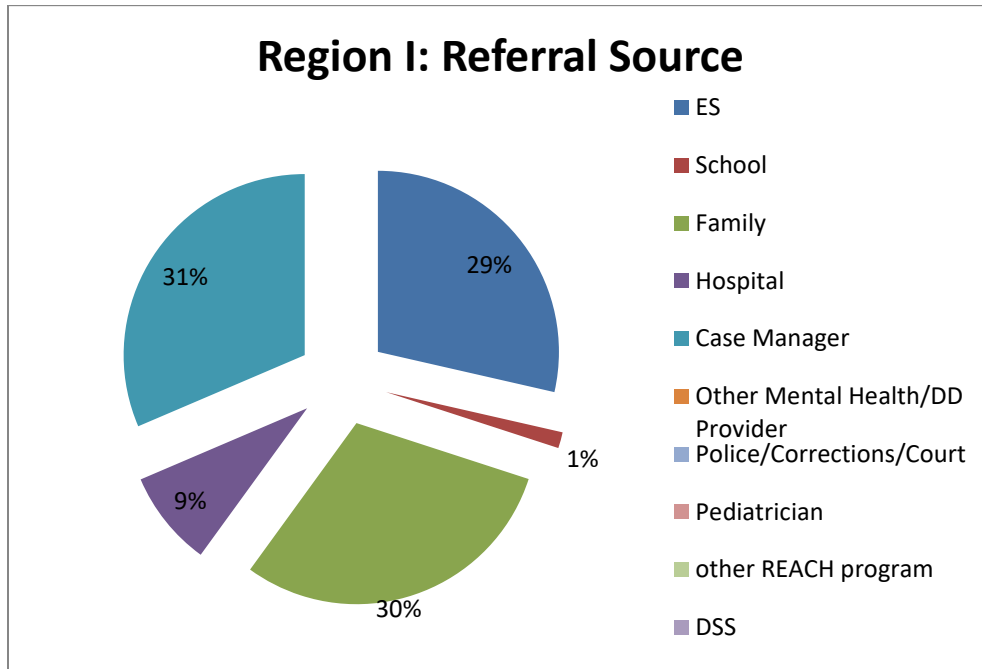
REACH Referral Process

Total Referrals: 437

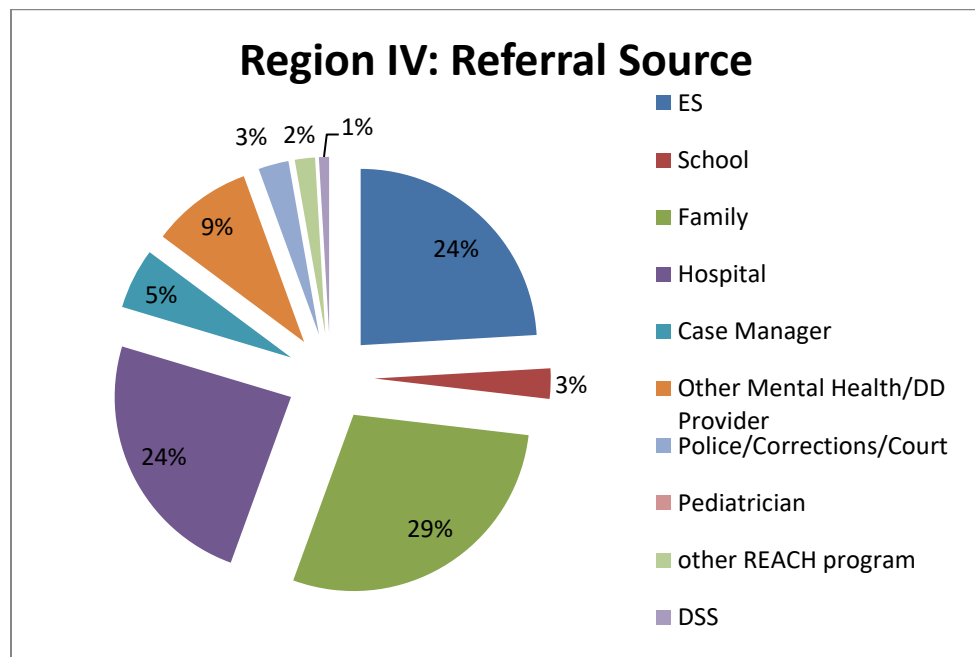| Region	Total Referrals
Region I	70
Region II	73
Region III	68
Region IV	108
Region V	118

Statewide referrals totaled 437 children and youth for the third quarter of fiscal year 2020 (FY20) for the Children's REACH programs. This is a decrease in referrals from the previous quarter (474). 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.

Referrals by Type: Crisis/Non-crisis

Region	# Crisis Referrals	# Non-crisis Referrals
Region I	36	34
Region II	21	52
Region III	36	32
Region IV	59	49
Region V	89	29

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 I: Referral Source

- ES
- School
- Family
- Hospital
- Case Manager
- Other Mental Health/DD Provider
- Police/Corrections/Court
- Pediatrician
- other REACH program
- DSS

31% 29% 1% 9% 30%

Region II: Referral Source

- ES
- School
- Family
- Hospital
- Case Manager
- Other Mental Health/DD Provider
- Police/Corrections/Court
- Pediatrician
- other REACH program
- DSS

3% 1% 3% 14% 36% 5% 38%

Region III: Referral Source

Legend:
- ES
- School
- Family
- Hospital
- Case Manager
- Other Mental Health/DD Provider
- Police/Corrections/Court
- Pediatrician
- other REACH program
- DSS

Values: 1%, 6%, 15%, 6%, 9%, 4%, 59%

Region IV: Referral Source

Legend:
- ES
- School
- Family
- Hospital
- Case Manager
- Other Mental Health/DD Provider
- Police/Corrections/Court
- Pediatrician
- other REACH program
- DSS

Values: 3%, 2%, 1%, 9%, 5%, 24%, 3%, 24%, 29%

Region V: Referral Source

Legend:
- ES
- School
- Family
- Hospital
- Case Manager
- Other Mental Health/DD Provider
- Police/Corrections/Court
- Pediatrician
- other REACH program
- DSS

Pie chart values: 33%, 41%, 15%, 3%, 6%, 2%

Referral Time	Region I	Region II	Region III	Region IV	Region V	Totals
Monday-Friday	67	63	53	94	93	370
Weekends/Holidays	3	10	15	14	25	67
7am -2:59pm	34	42	38	65	25	204
3pm - 10:59pm	34	26	26	39	79	204
11pm – 6:59am	2	5	4	4	14	29

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	4	9	6	14	5	38
DD Only	43	55	50	74	90	312
ID/DD	16	9	6	16	10	57
None/Unknown	7	0	6	4	13	30
Totals	70	73	68	108	118	437

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. Note: the one individual noted as "other" for Region V presented with homicidal ideations.

Presenting Problems	Region I	Region II	Region III	Region IV	Region V	Totals
Aggression	41	37	21	46	66	211
Self-injury	0	6	2	12	8	28
Family Needs Assistance	0	7	5	19	3	34
Suicidal Ideation/behavior	16	16	26	20	28	106
Increased MH symptoms	9	5	5	7	9	35
Loss of functioning	0	1	2	1	0	4
Property Destruction	2	1	1	2	0	6
Risk of Housing Loss	0	0	1	0	1	2
Elopement	2	0	2	1	2	7
Hospital Stepdown	0	0	3	0	0	3
Other	0	0	0	0	1	1
Total	70	73	68	108	118	**437**

Primary Presenting Problem at Time of Referral

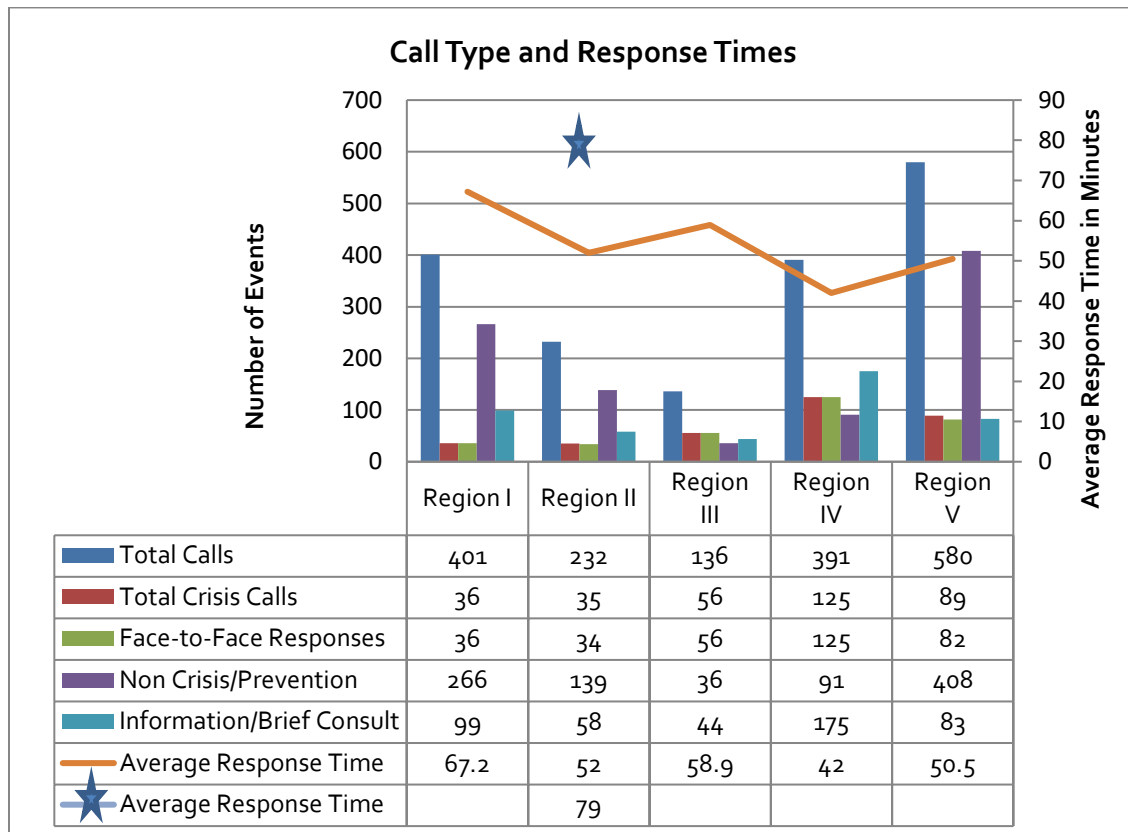| Category	Value
Hospital Stepdown	3
Elopement	7
Risk of Housing Loss	2
Property Destruction	6
Loss of functioning	4
Increased MH symptoms	35
Suicidal Ideation/behavior	106
Family Needs Assistance	34
Self Injury	28
Aggression	211
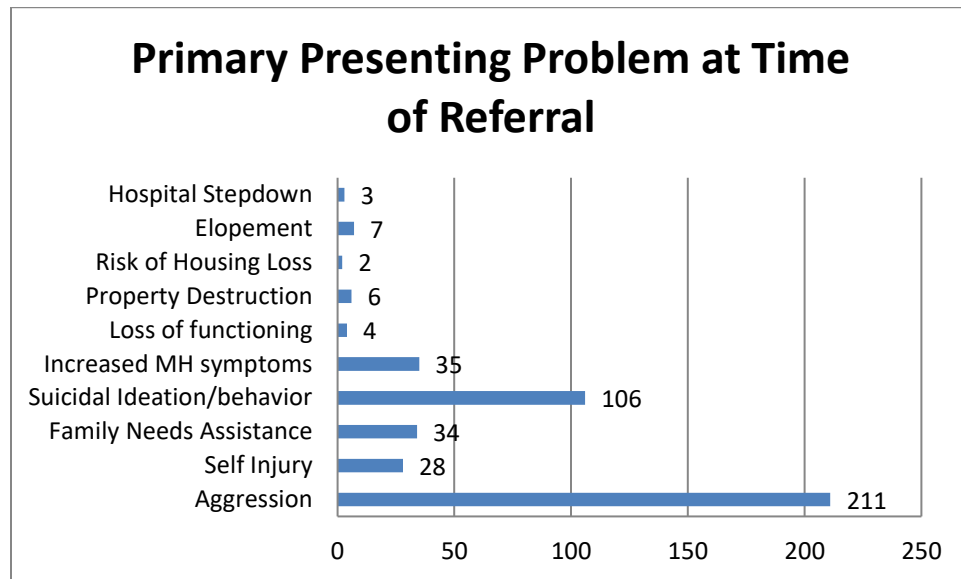
REACH Crisis Response

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

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.

Call Type and Response Times

	Region I	Region II	Region III	Region IV	Region V
Total Calls	401	232	136	391	580
Total Crisis Calls	36	35	56	125	89
Face-to-Face Responses	36	34	56	125	82
Non Crisis/Prevention	266	139	36	91	408
Information/Brief Consult	99	58	44	175	83
Average Response Time	67.2	52	58.9	42	50.5
Average Response Time		79			

For region 2, 1 youth's family transported youth to hospital out of state; Region 5, 3 calls canceled by caller while program in route, 4 calls conducted via tele due to COVID-19 screening

The graph above details calls activity for the programs over the third 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	8	4	1	12	19	11	55
31-60 Minutes	7	16	3	21	100	49	196
61-90 Minutes	11	1	1	15	5	18	51
91-120 Minutes	9	3	5	6	1	4	28
121+ Minutes	1	0	0	2	0	0	3
Totals	36	24	10	56	125	82	333

Location of Crisis Assessments

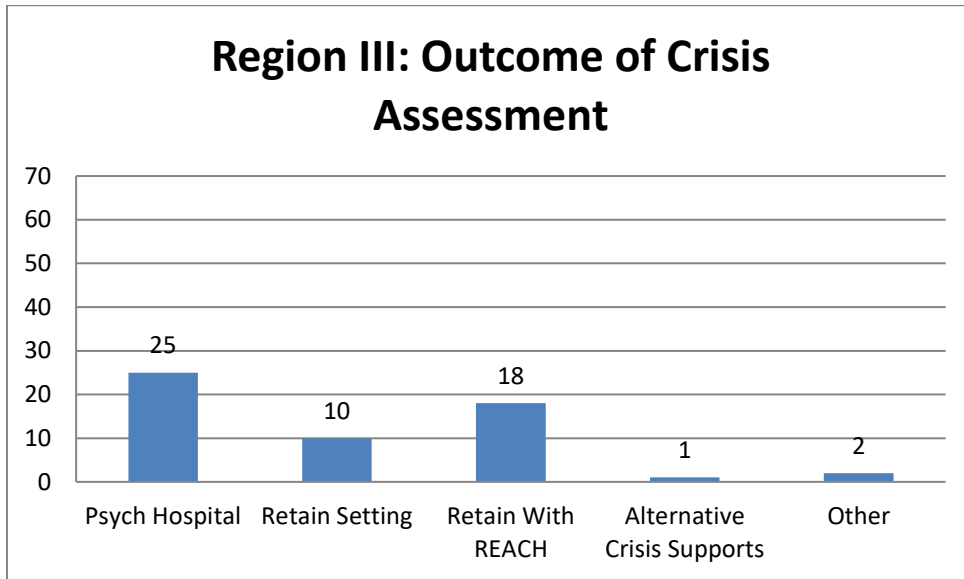| Assessment Location	Region I	Region II	Region III	Region IV	Region V	Totals
Family Home	5	6	11	46	34	102
Hospital/Emergency Room	22	14	41	54	42*	173
Emergency Services/CSB	9	11	2	5	7	34
School	0	1	2	8	0	11
Residential Provider	0	0	0	2	2	4
Other	0	2	0	10	1	13
Totals	36	34	56	125	86	**337**

4 done via telehealth while individual was at ER

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 third quarter of FY20.
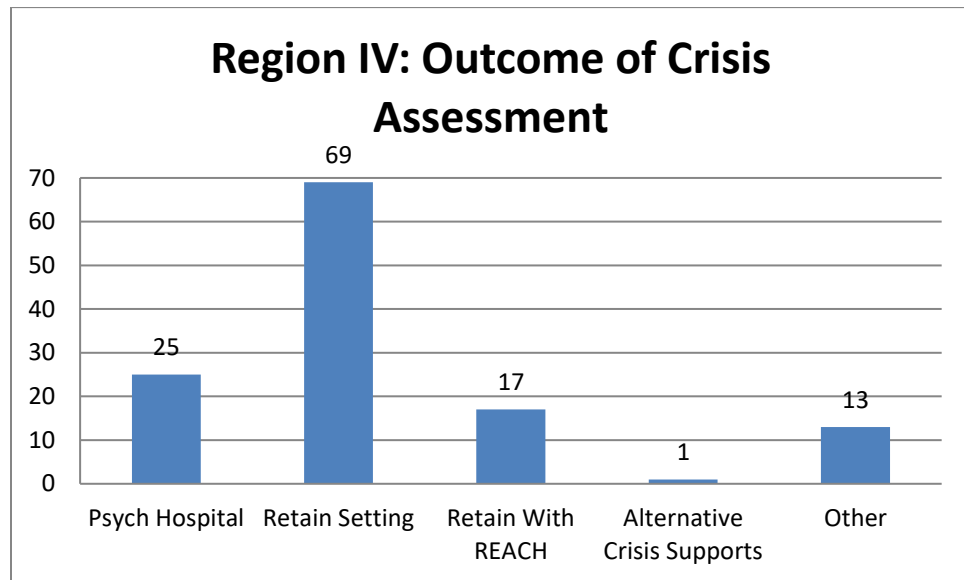
Ideally, when a crisis response occurs, it is hoped that the resulting outcome will be that the child will remain in his/her home with family. While this is not always possible, the REACH programs are very often able to intervene in the moment to prevent out-of-home placement. They can do this by providing 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.
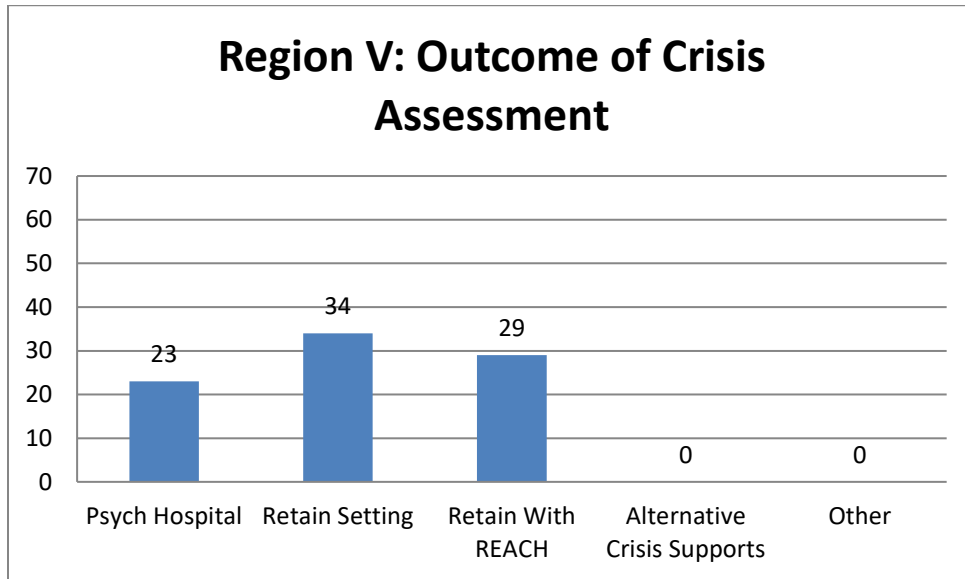
Region I: Outcome of Crisis Assessment

Outcome	Value
Psych Hospital	20
Retain Setting	11
Retain With REACH	5
Alternative Crisis Supports	0
Other	0

Region II: Outcome of Crisis Assessment

Outcome	Value
Psych Hospital	11
Retain Setting	1
Retain With REACH	20
Alternative Crisis Supports	0
Other	2
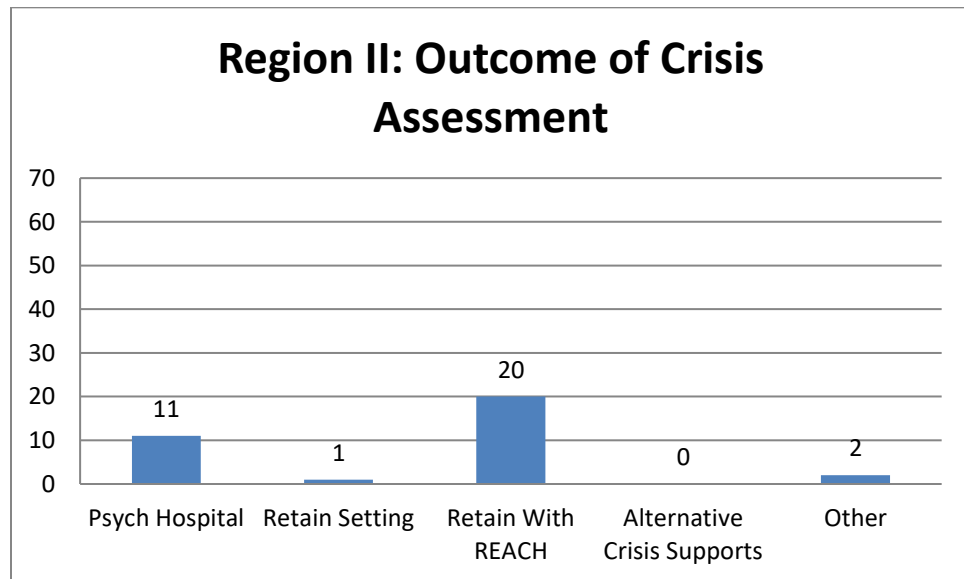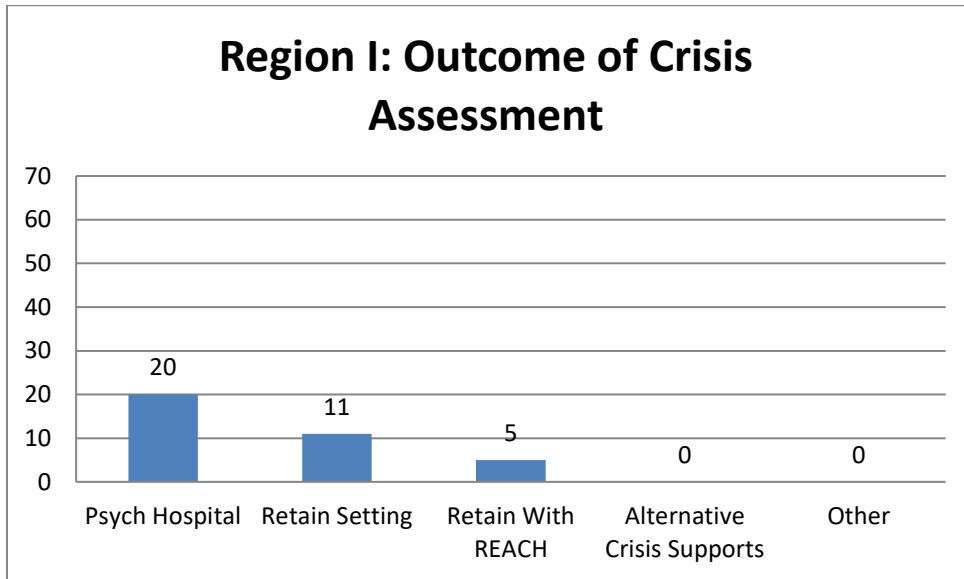
Other=1 CTH admit to region 4, 1 medical hospitalization

Region III: Outcome of Crisis Assessment

Category	Value
Psych Hospital	25
Retain Setting	10
Retain With REACH	18
Alternative Crisis Supports	1
Other	2

Other=alternate community setting

Region IV: Outcome of Crisis Assessment

Category	Value
Psych Hospital	25
Retain Setting	69
Retain With REACH	17
Alternative Crisis Supports	1
Other	13

Other=CTH admissions

Region V: Outcome of Crisis Assessment

A bar chart showing outcomes: Psych Hospital 23, Retain Setting 34, Retain With REACH 29, Alternative Crisis Supports 0, Other 0.
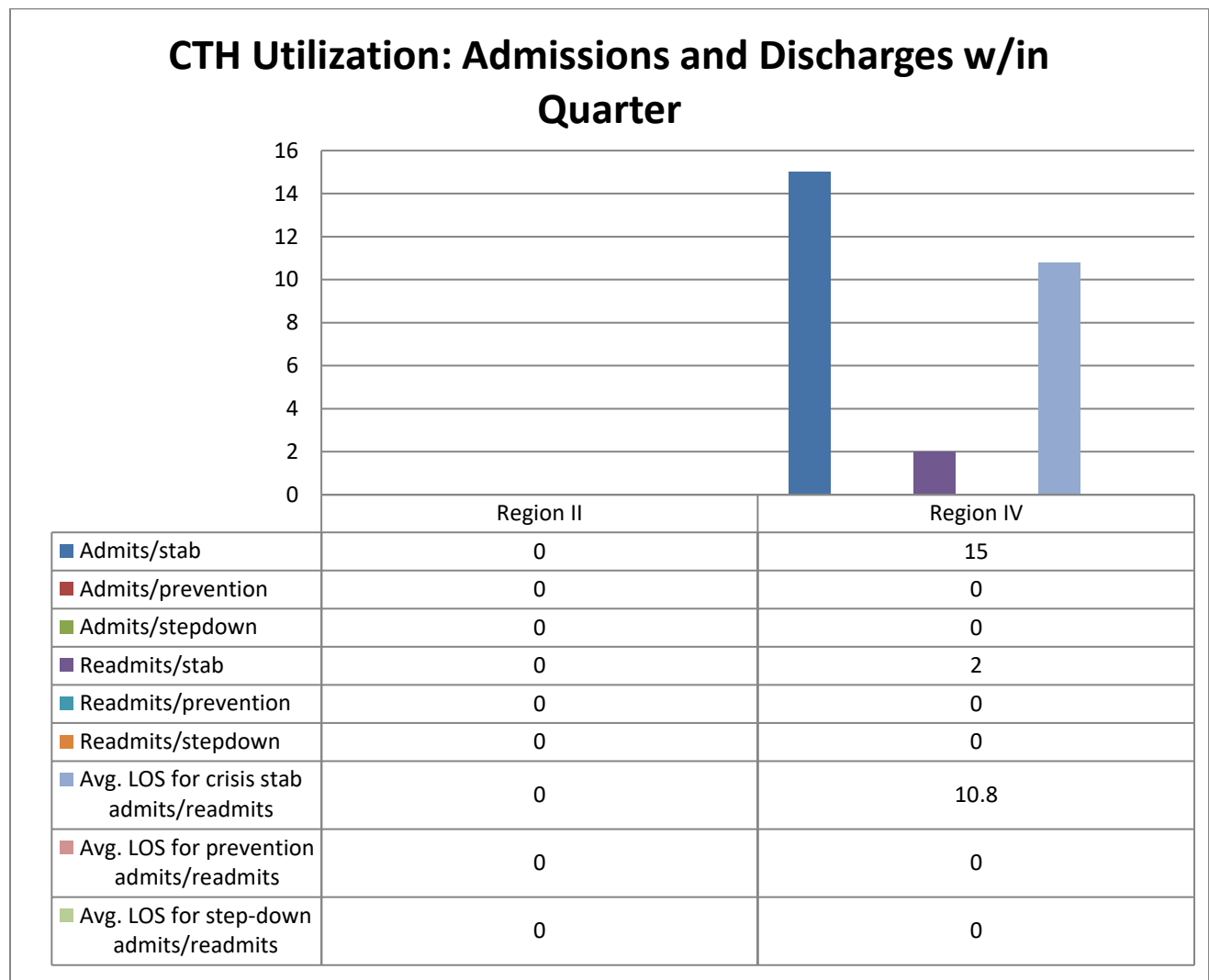
The table below provides a contrast of the total number of crisis calls to total number of crisis calls which involved law enforcement. Thirty-nine percent of overall crisis calls received involved law enforcement, which is a decrease from the previous quarter (42%).

Crisis Calls Involving Law Enforcement

A bar chart comparing Total Crisis Calls and Calls Involving LE by region: Region I — 36 and 9; Region II — 34 and 21; Region III — 56 and 21; Region IV — 125 and 58; Region V — 89 and 22.
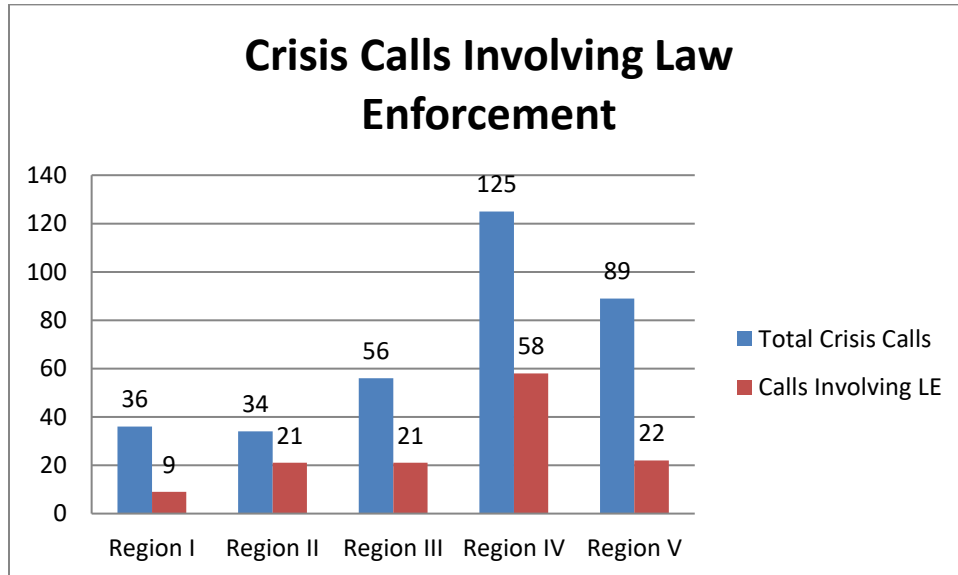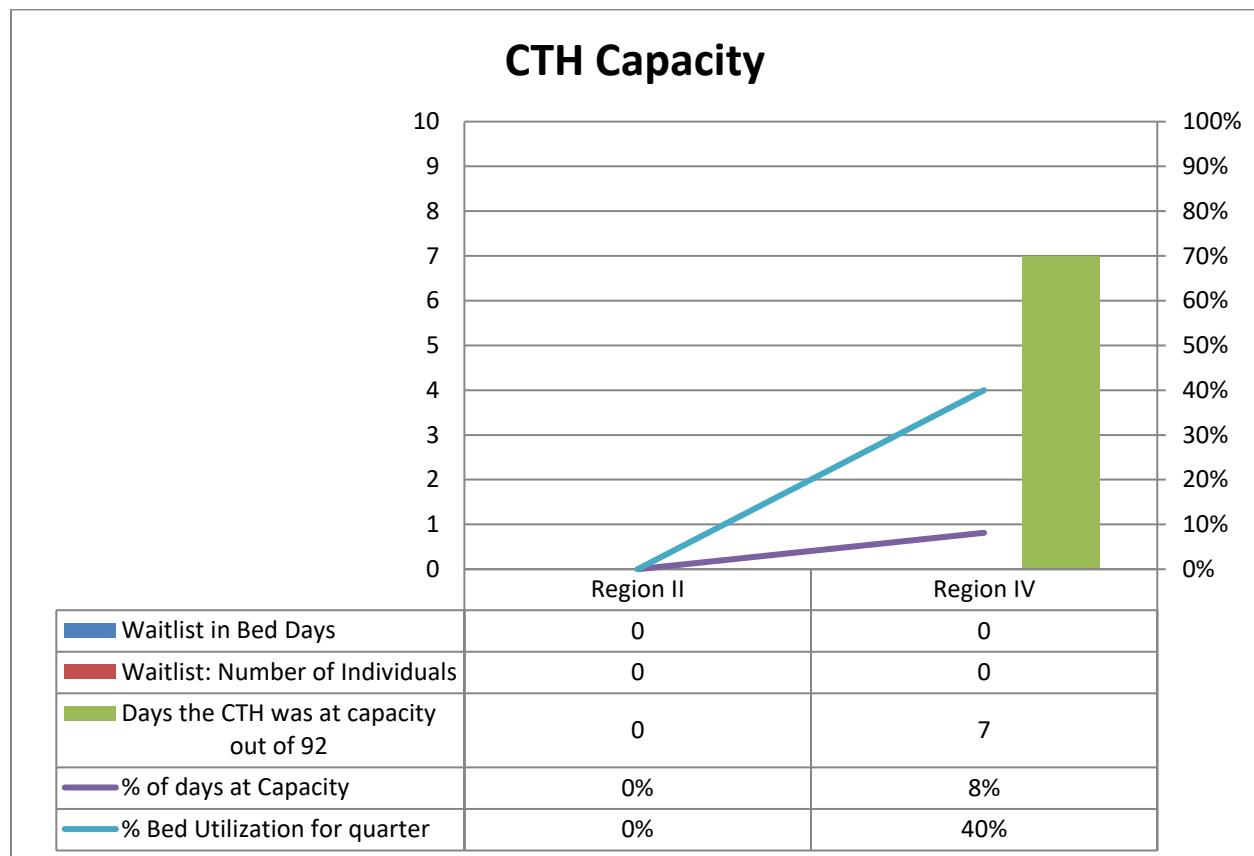
Crisis Therapeutic Home

Two of the five REACH programs now operate a Crisis Therapeutic Home (CTH) that accepts crisis stabilization admissions for children. The homes are located in Culpeper and Chester, and are operated by the Region II and Region IV program operators, respectively. The home that is in Region II serves primarily Regions I and II, while the home in Region IV serves primarily children from Regions III, IV, and V. The home in Chester was licensed in early January, whereas the home in Culpeper was licensed in early March and was opened for 15 days during the quarter (the home had to be closed in mid-March due to multiple staff being quarantined related to possible exposure to COVID-19 and the home reopened on 3/30/2020). The data presented are displayed by the crisis therapeutic home in which the individual received services, as opposed to by the region where the youth resides. Information such as type of stay, length of stay, readmissions, and waitlists is presented in the graph below.

CTH Utilization: Admissions and Discharges w/in Quarter

	Region II	Region IV
Admits/stab	0	15
Admits/prevention	0	0
Admits/stepdown	0	0
Readmits/stab	0	2
Readmits/prevention	0	0
Readmits/stepdown	0	0
Avg. LOS for crisis stab admits/readmits	0	10.8
Avg. LOS for prevention admits/readmits	0	0
Avg. LOS for step-down admits/readmits	0	0

The graph below 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 the two CTHs were at capacity in the quarter and how many of the beds were utilized. The bed utilization rate for the Crisis Therapeutic Homes ranged from 0 to 40% this quarter. Both homes will be able to serve 6 individuals each upon being fully licensed. At the time of this report, the home in Region II is licensed for 2 beds and the home in Region IV is licensed for 6 beds.
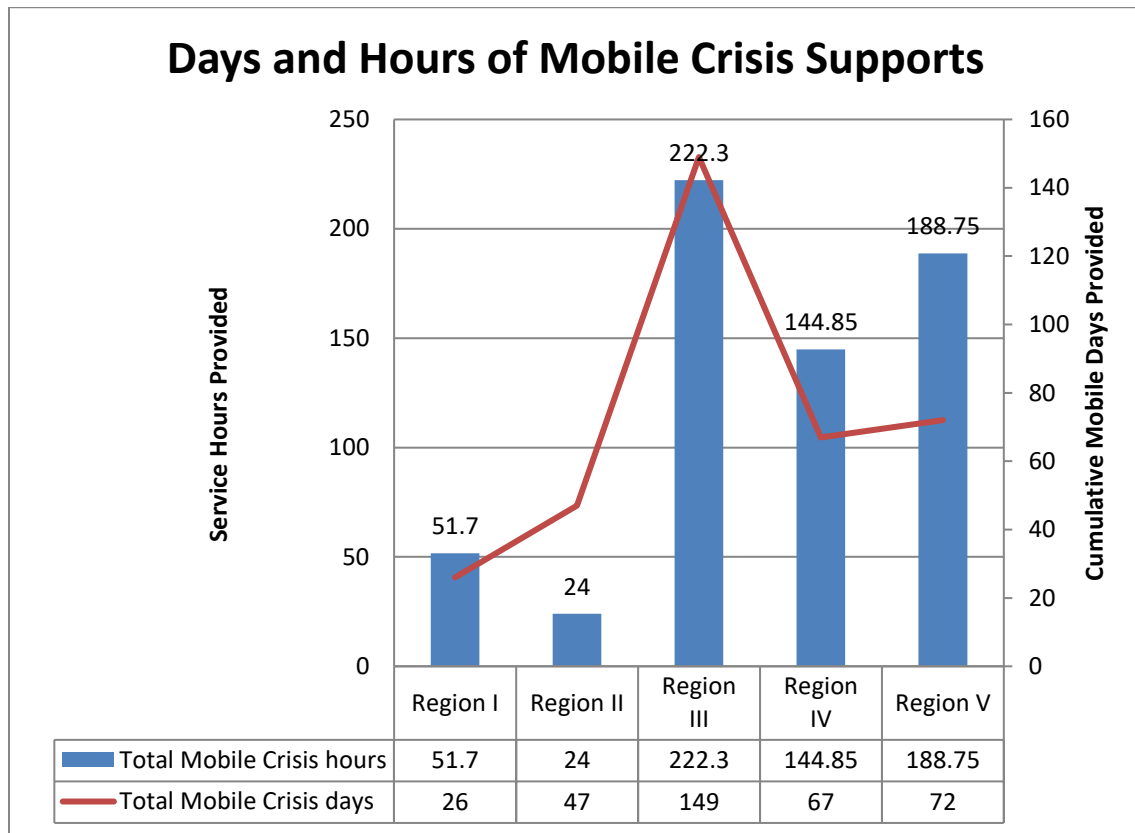
CTH Capacity

	Region II	Region IV
Waitlist in Bed Days	0	0
Waitlist: Number of Individuals	0	0
Days the CTH was at capacity out of 92	0	7
% of days at Capacity	0%	8%
% Bed Utilization for quarter	0%	40%

Number of beds used out of beds available	0 out of 30	203 out of 508

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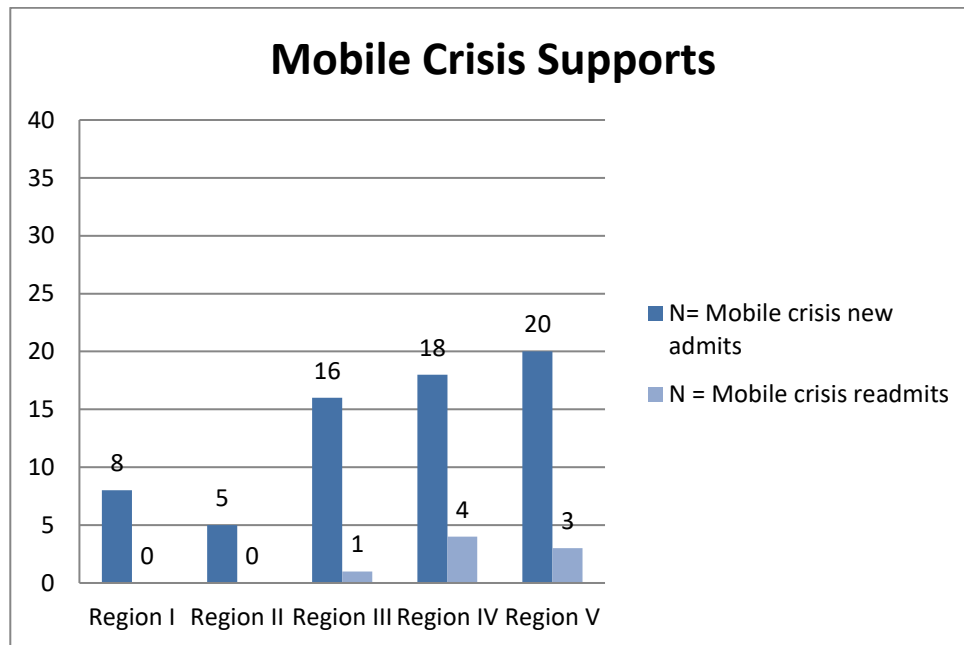
In addition to collecting information related to the number of admissions into the mobile crisis supports program, data related to service provision is also tabulated. The chart on the following page summarizes both the number of days and hours of crisis intervention and/or stabilization services offered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

Days and Hours of Mobile Crisis Supports

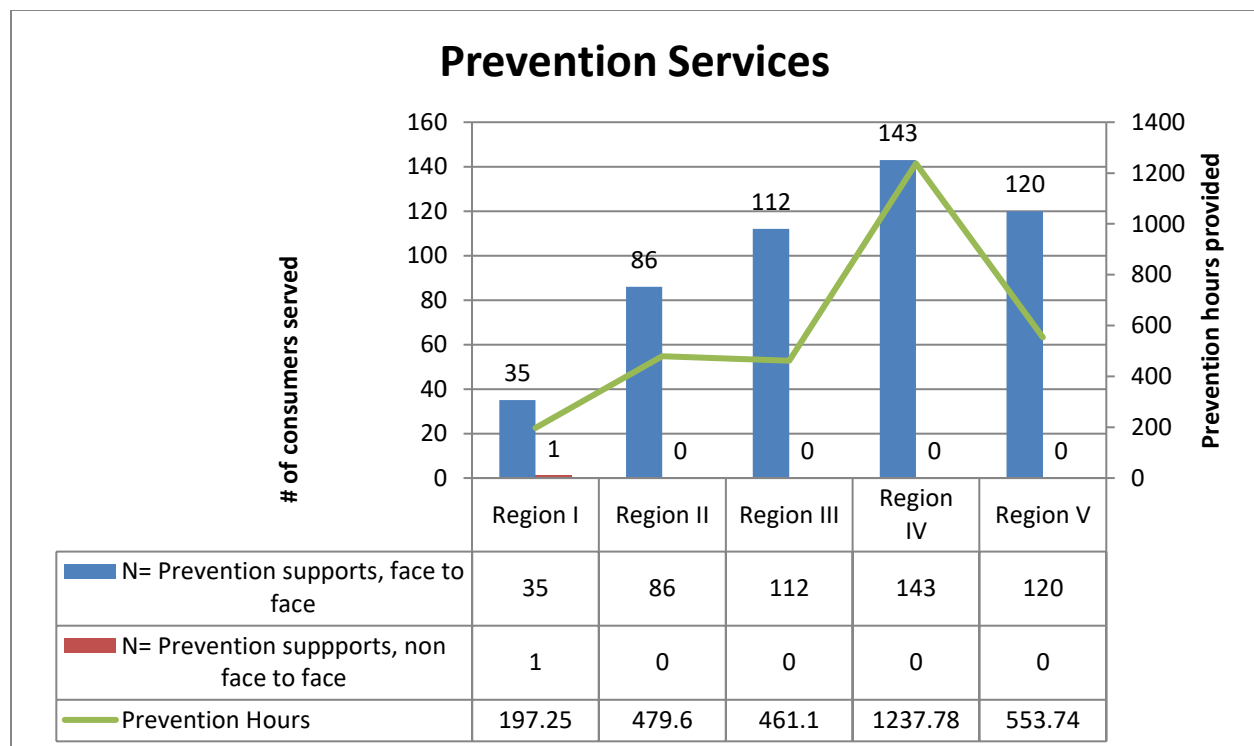|	Region I	Region II	Region III	Region IV	Region V
■ Total Mobile Crisis hours	51.7	24	222.3	144.85	188.75
— Total Mobile Crisis days	26	47	149	67	72

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	1-6	2-6	5-15	1-9	1-12
Average Days/ Case	3.6	9.4	8.8	3.1	3.1
Average Hours/Day	2	0.5	1.5	2.2	2.6
Average Hours/Case	6.5	4.8	13.1	6.6	8.2

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
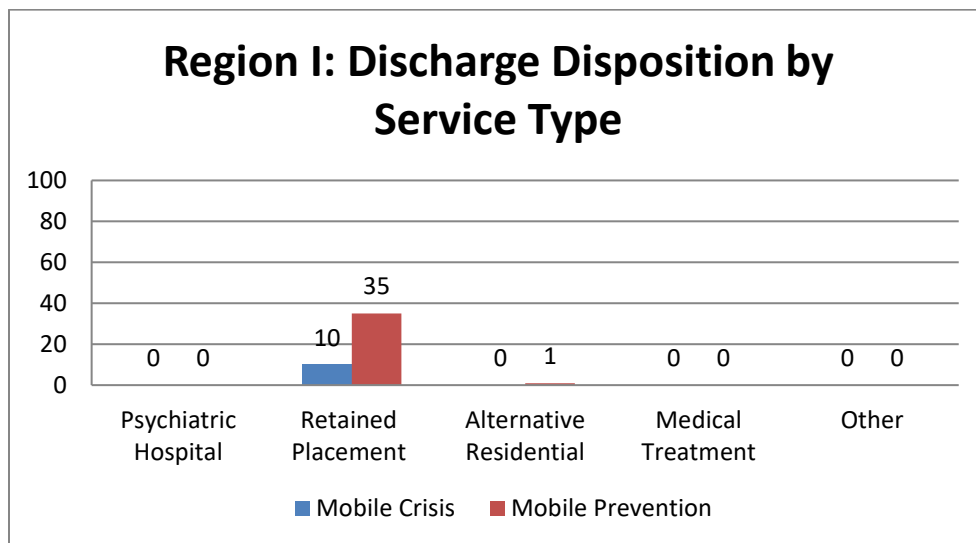
crisis supports, mobile prevention services are provided at a titrated frequency and do not occur as the immediate result of a crisis situation. More specifically, individuals included in mobile prevention services may be those who stepped down from mobile crisis support or those that were referred to 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.

Prevention Services

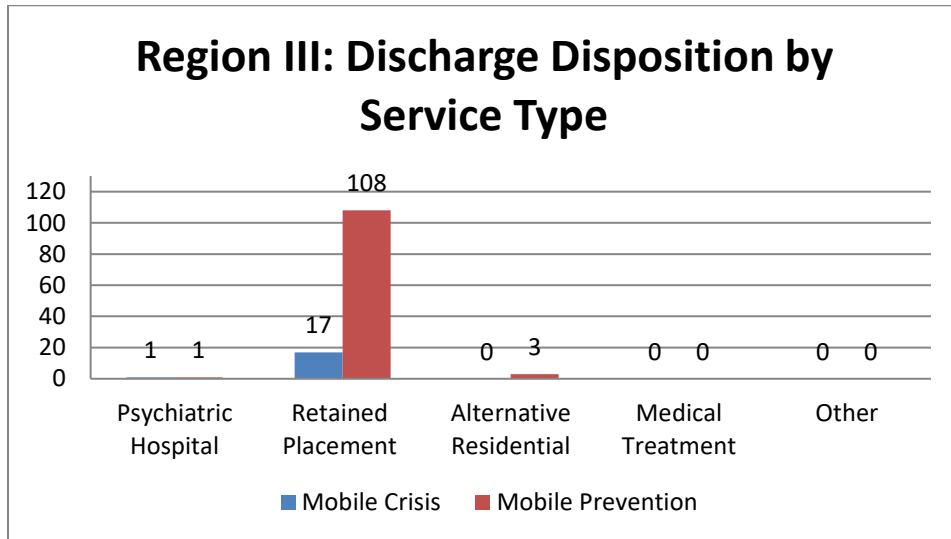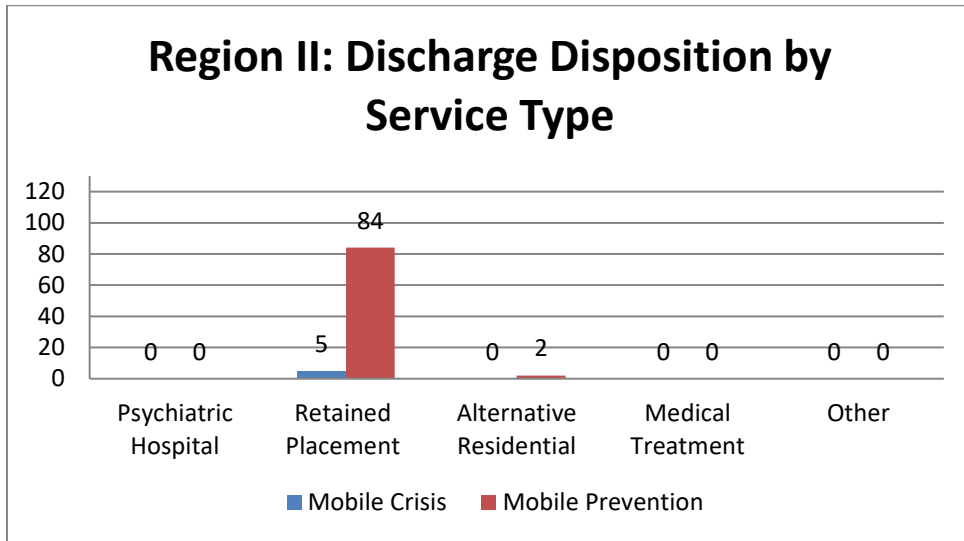|	Region I	Region II	Region III	Region IV	Region V
N= Prevention supports, face to face	35	86	112	143	120
N= Prevention suppports, non face to face	1	0	0	0	0
Prevention Hours	197.25	479.6	461.1	1237.78	553.74

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, 97% 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. Though the CTH service for children is in its infancy and the number enrolled in this service is much smaller than mobile services, 94% were able to avoid hospitalization (note: this does not include the one youth that remained in the CTH at the end of the quarter). 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.
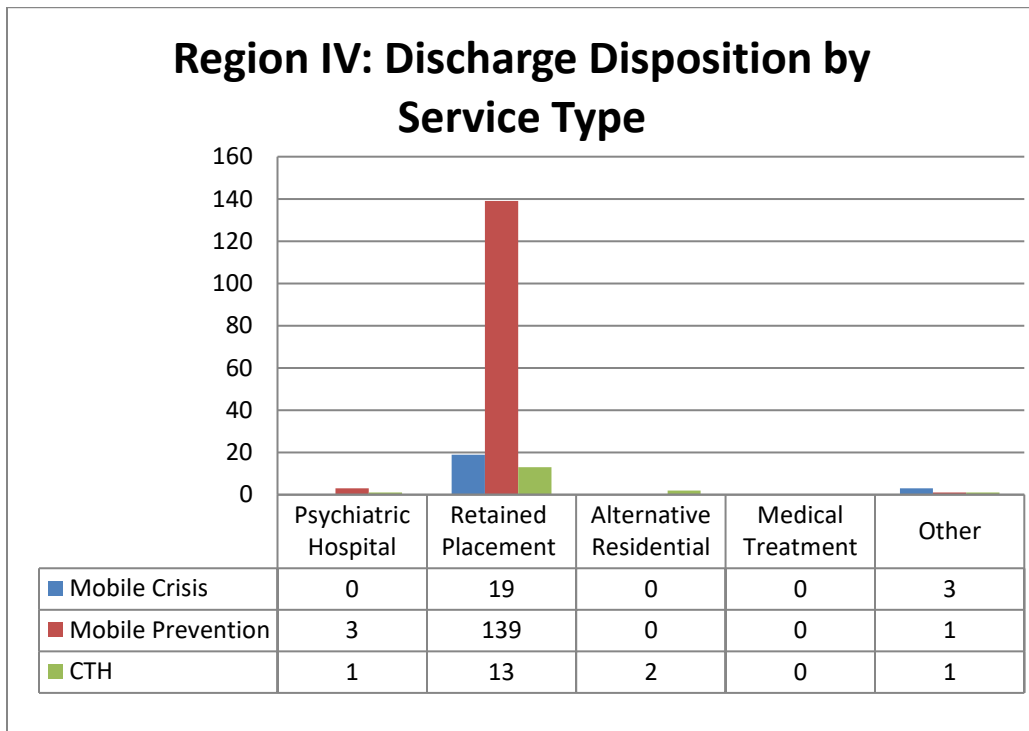
The graphs below display the outcomes of both mobile crisis and mobile prevention services across each REACH program.


Mobile crisis includes 2 carryovers from Q2

Region II: Discharge Disposition by Service Type

	Mobile Crisis	Mobile Prevention
Psychiatric Hospital	0	0
Retained Placement	5	84
Alternative Residential	0	2
Medical Treatment	0	0
Other	0	0

Region III: Discharge Disposition by Service Type

	Mobile Crisis	Mobile Prevention
Psychiatric Hospital	1	1
Retained Placement	17	108
Alternative Residential	0	3
Medical Treatment	0	0
Other	0	0

Includes 1 carryover for mobile crisis

Region IV: Discharge Disposition by Service Type

	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Other
Mobile Crisis	0	19	0	0	3
Mobile Prevention	3	139	0	0	1
CTH	1	13	2	0	1

Mobile crisis other = CTH admit; mobile prevention other = CTH admit; CTH other = remains admitted

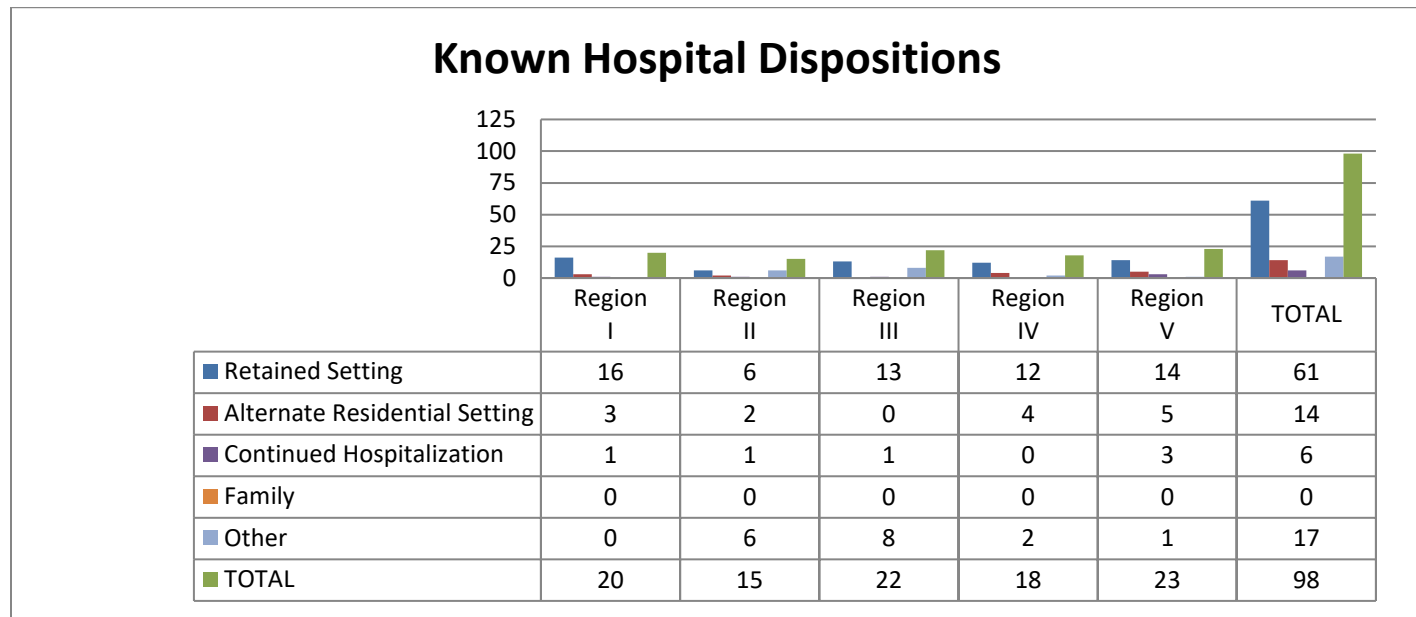## Region V: Discharge Disposition by Service Type
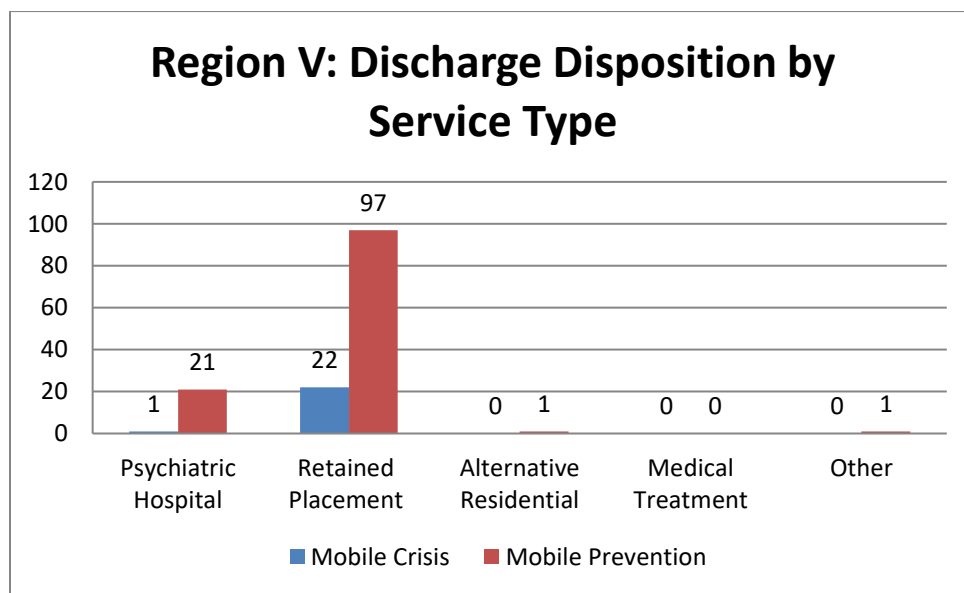
Mobile prevention other = CSU admit

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.

Hospitalizations

New Referrals Hospitalized

Known Hospital Dispositions

	Region I	Region II	Region III	Region IV	Region V	TOTAL
■ Retained Setting	16	6	13	12	14	61
■ Alternate Residential Setting	3	2	0	4	5	14
■ Continued Hospitalization	1	1	1	0	3	6
■ Family	0	0	0	0	0	0
■ Other	0	6	8	2	1	17
■ TOTAL	20	15	22	18	23	98
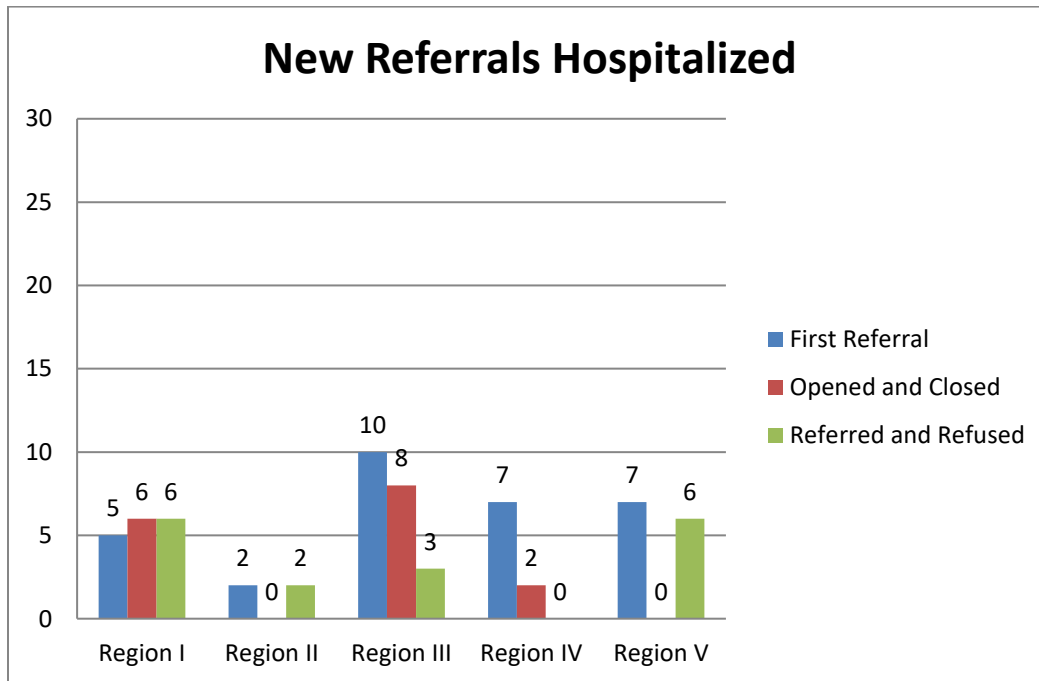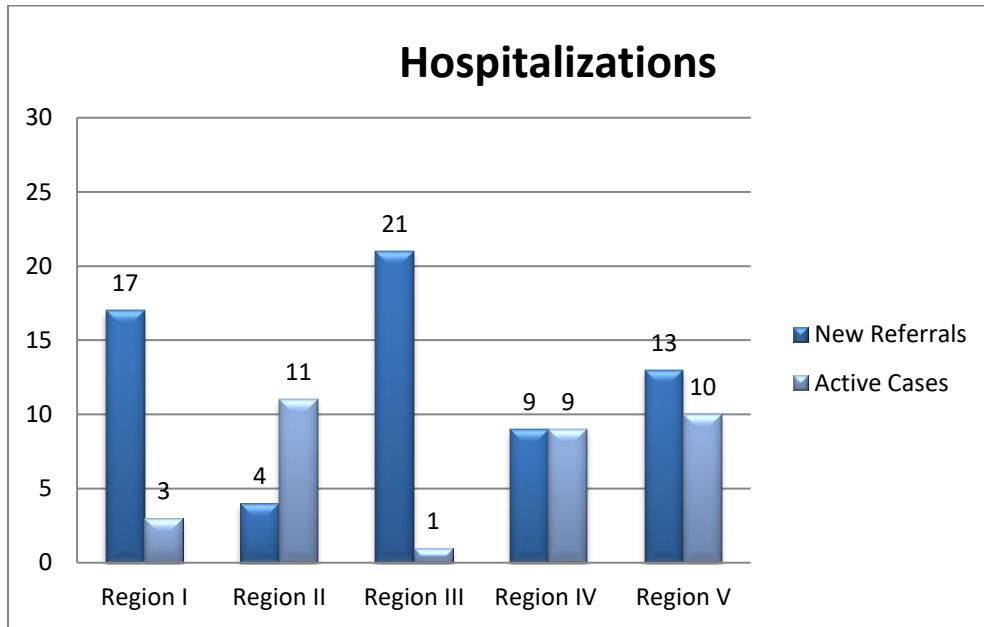
Region 2 other = unknown due to refused; Region 3 other = 8 refused, Region 4 other = 1 CTH, 1 CSU, Region 5 other = CSU

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	8	5	17	21	23
Consultation	8	5	17	21	26
Crisis Education Prevention Plan	4*	5	17	21	20
Family/Provider Training	4*	4**	17	21	21

*4 dropped out of services prior to initial CEPP completion; **training canceled due to COVID-19; ***1 youth received mobile crisis for 1 day and then admitted to CTH

Service Type Provided: Crisis Therapeutic Home		
Service Type	Region II	Region IV
Comprehensive Evaluation	n/a	17
Consultation	n/a	17
Crisis Education Prevention Plan	n/a	17
Family/Provider Training	n/a	17

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 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.

Training Activity	Region I	Region II	Region III	Region IV	Region V	Totals
CIT/Police: #Trained	0	40	12	40	65	157
Case Manager/Support Coordinator: # Trained	55	10	19	134	10	228
Emergency Service Workers: #Trained	0	1	3	0	5	9
Family: # Trained	0	20	40	1	87	148
Hospital Staff: # Trained	0	0	0	3	0	3
DD Provider: # Trained	16	51	32	38	113	250
Other Community Partners: #Trained	86	103	20	27	0	236
Totals	157	225	126	243	280	**1031**

Note: Regions II, III, IV, and V data are duplicative of adult training data

Summary

The statewide Children's REACH 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). As noted previously, two child CTH's were opened during this quarter. At the time of this report, referrals to the new youth homes had slowed, which is suspected to correlate with the outbreak of COVID-19.

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 FY19 for planning and informational purposes in which several providers from different areas of the state responded. A request for proposal (RFP) process was initiated afterward, which closed in January 2020. At this time, negotiations with selected vendors are near completion.

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.