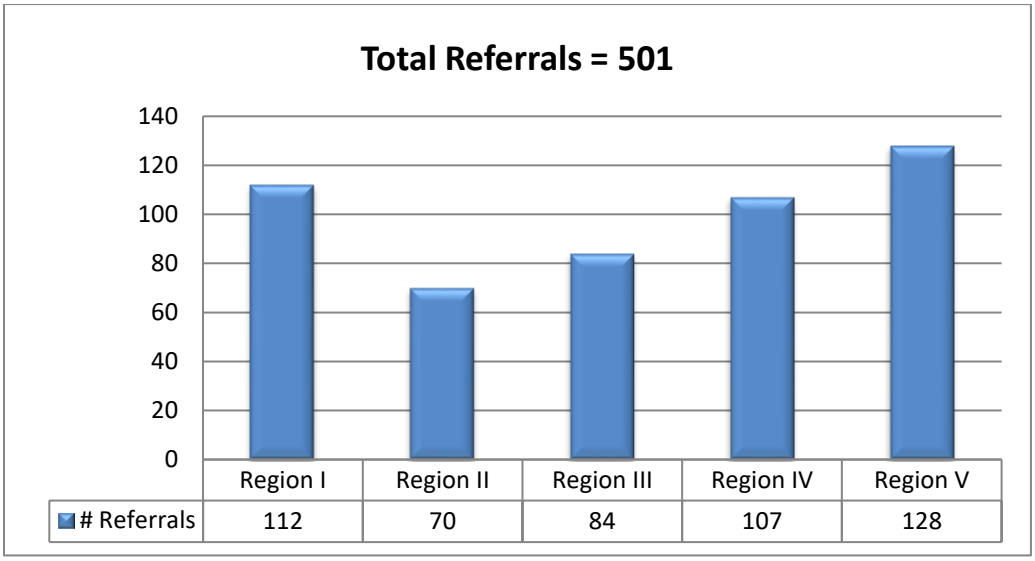
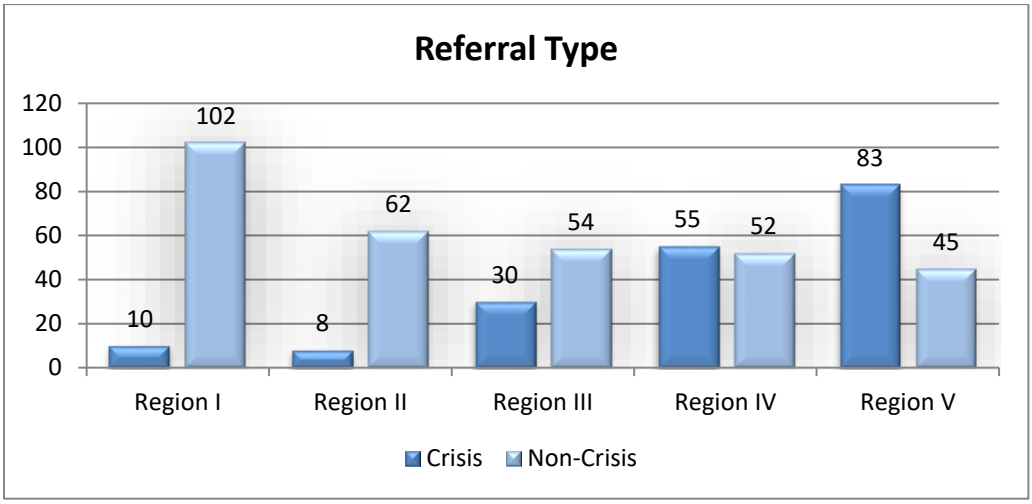
REACH Data Summary Report-Adult: Quarter 4/FY20

This report provides data summarizing the referral activity, service provision, and residential outcomes for adults served by the REACH programs during the fourth quarter of fiscal year 2020. On April 1, 2020, the Region I REACH Program began supporting Rappahannock Area CSB, Rappahannock- Rapidan CSB, and Northwestern CSB due to the DBHDS realignment of these Community Services Boards (CSB) from Region II to Region I for DD crisis services. The realignment of the three CSBs brings the DD crisis services into alignment with the current behavioral health regional distribution of support services. Twenty-seven individuals, who were actively being supported by RII REACH from these CSBs, were transferred to Region I REACH. The transfer data for these individuals are reflected in this report. Additionally, the modifications in services due to COVID-19 precautions, such as utilizing telehealth for a crisis response, are also reflected in the data throughout this document.

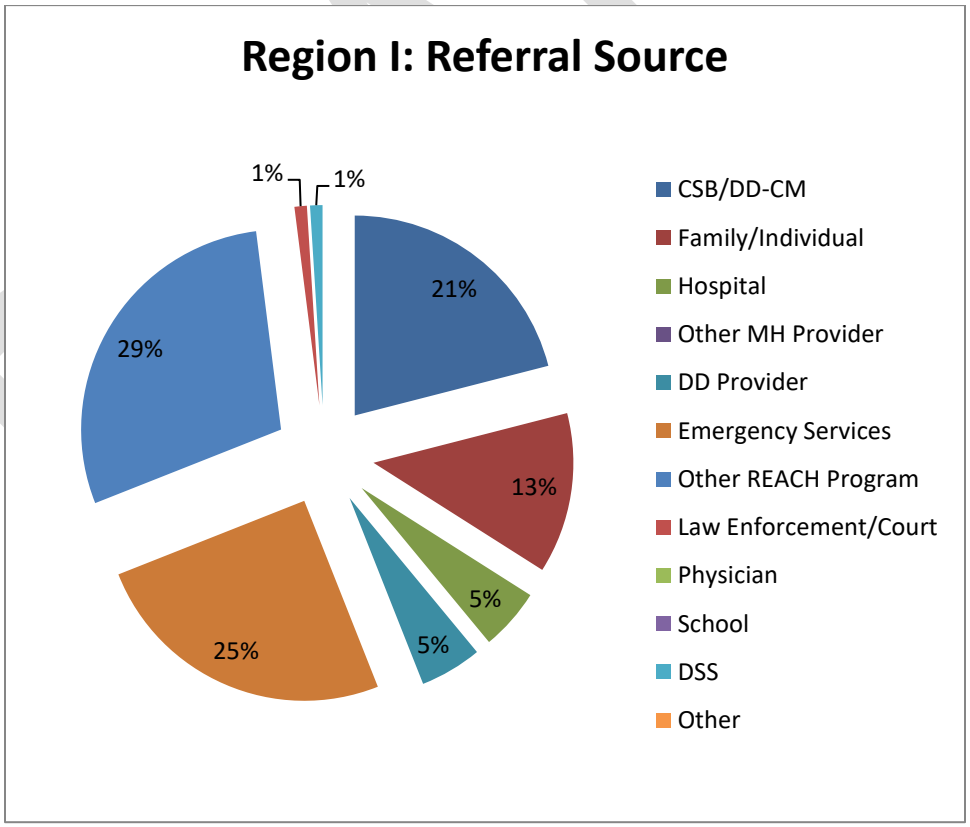
REACH Referral Activity

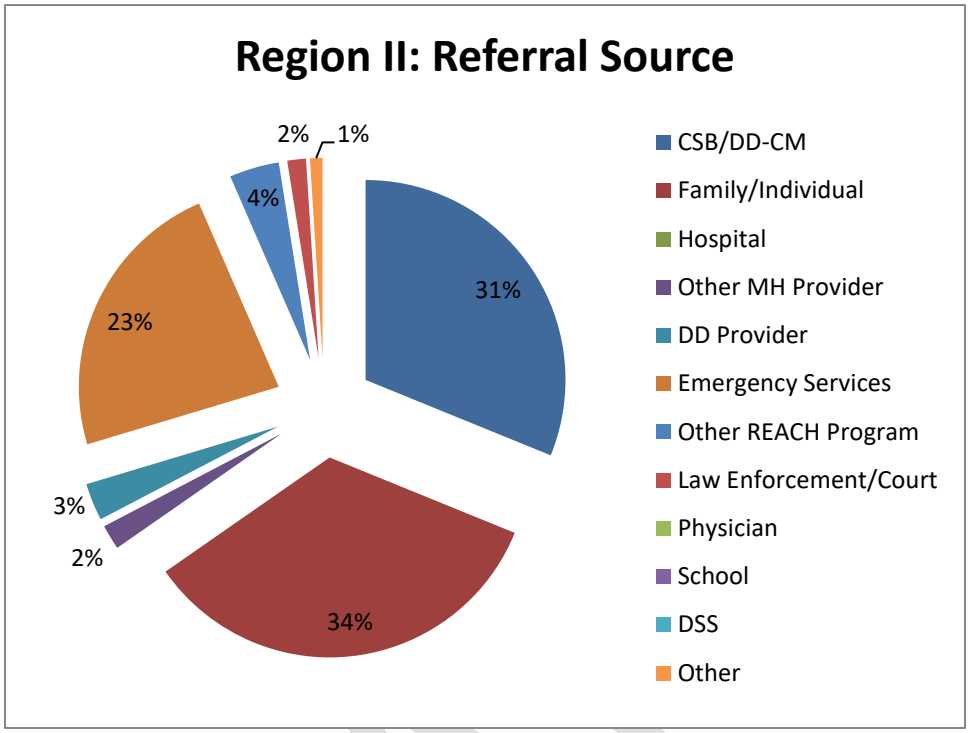


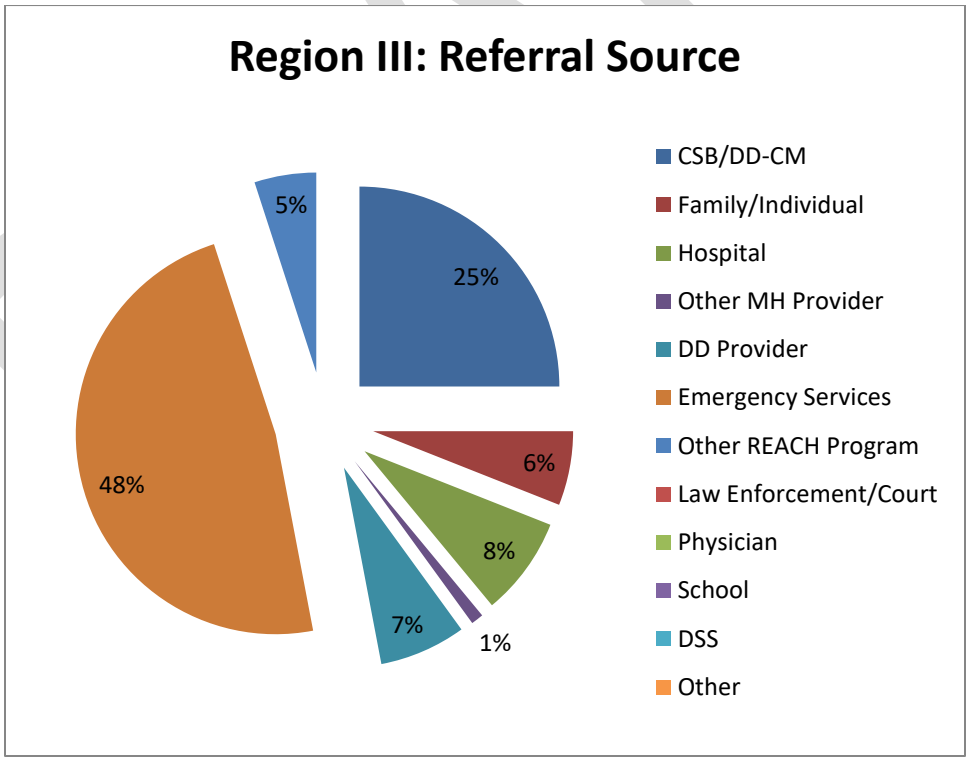


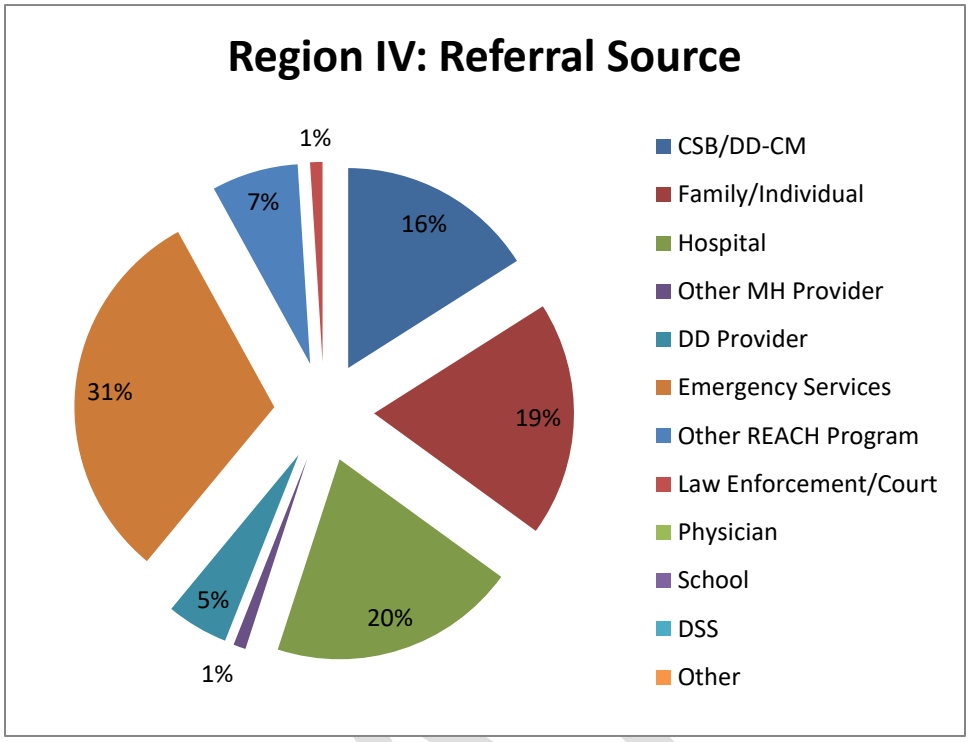
Referral activity for the fourth quarter of fiscal year 2020 is presented in the graphs on the previous page. For FY20 quarter four, a decrease was noted in total referrals as compared to FY20 quarter three, 604 to 501. This was the first decrease noted in total referrals during FY20. The spread of crisis versus non-crisis within region remains similar to quarter three with the exception of a slight decrease in crisis referrals and conversely, a slight increase in non-crisis referrals with the exception of RI. The 27 cases transferred to RI are included in the non-crisis referrals. Excluding these individuals, RI more than doubled the amount of non-crisis referrals as compared to quarter three.

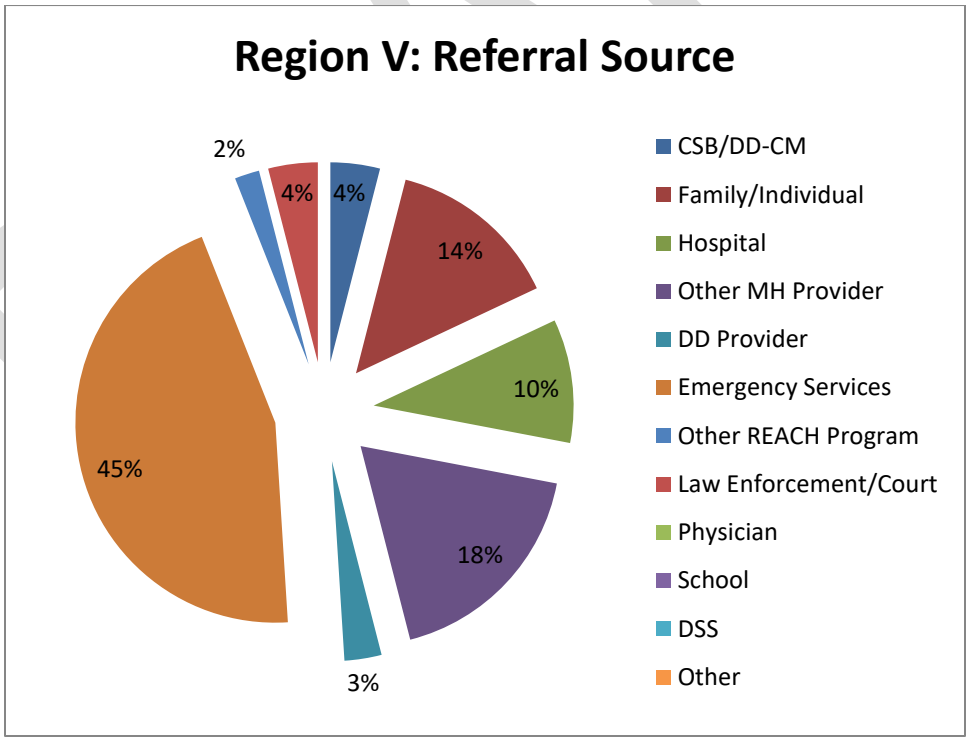
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by Region of referral source data. Referral sources cover a broad range of stakeholders when the state is considered as a whole and primary referral sources vary by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




Region II: Referral Source
2%
1%
4%
31%
23%
3%
2%
34%
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
5%
25%
48%
6%
8%
7%
1%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court
Physician
School
DSS
Other


Region IV: Referral Source
1%
7%
16%
31%
19%
5%
20%
1%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court
Physician
School
DSS
Other


Region V: Referral Source
2%
4%
4%
14%
10%
45%
18%
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 being the main range of time in which most referrals occur. For Regions IV, the referral breakdown between daytime/evening is slightly higher for the evening hours and with RII, the referrals are almost evenly distributed between the days and evening time frames.

Referral Time	Region I	Region II	Region III	Region IV	Region V	**Total**
Monday-Friday	92	61	72	89	93	407
Weekends/Holidays	20	9	12	18	35	94
7am-2:59pm	76	34	39	49	63	261
3pm-10:59pm	34	33	33	52	47	199
11pm-6:59am	2	3	12	6	18	41

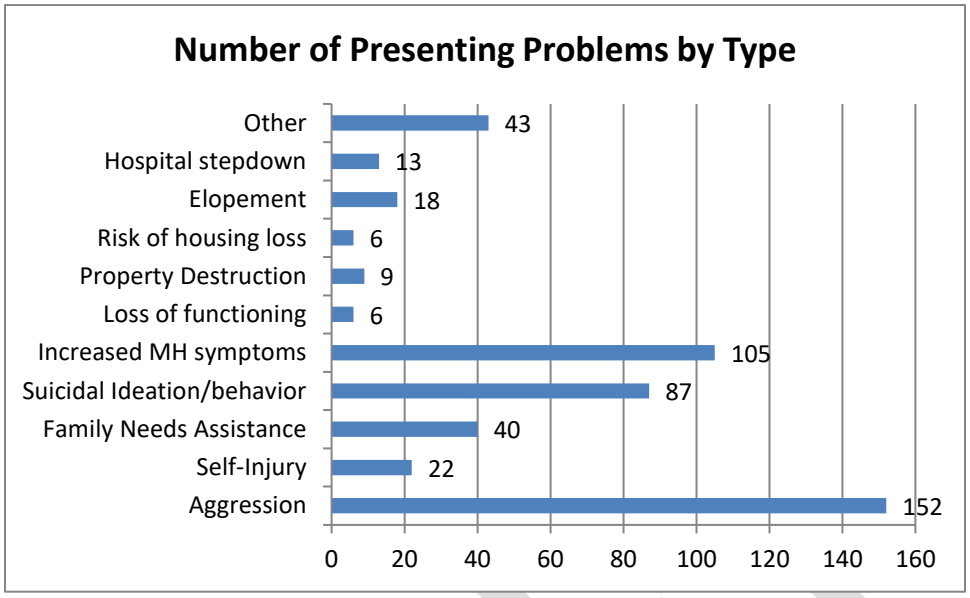
Also of interest to the Commonwealth is ensuring that the REACH programs serve the DD community in its entirety and effectively. The table below summarizes the breakdown of individuals referred to REACH with an intellectual disability (ID) only, an intellectual and other developmental disability, developmental 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. As with previous quarters, RII supported more individuals with "DD 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	51	21	50	57	66	245
DD only	28	38	11	33	32	142
ID/DD	20	8	8	12	25	73
Unknown/None	13	3	15	5	5	41
Total	112	70	84	107	128	501

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

	Region I	Region II	Region III	Region IV	Region V	**Total**
Aggression	26	28	26	34	38	152
Self-Injury	3	6	1	5	7	22
Family Needs Support	2	8	3	23	4	40
Suicidal Ideation/behavior	8	10	20	17	32	87
Increased MH symptoms	36	9	18	19	23	105
Loss of functioning	0	0	1	1	4	6
Property Destruction	0	2	2	1	4	9
Risk of housing loss	2	1	3	0	0	6
Elopement	1	1	0	5	11	18
Hospital Stepdown	2	1	6	2	2	13
Other	32	4	4	0	3	43

Other: R1: 27 transfer from R2, 2 not eligible for service, 1 no crisis need, 2 discharge from ATH; R2: 1 ATH, 2 Jail step-downs, 1 person supported in independent apt.; R3: 2 sexually inappropriate behaviors and 2 unsafe behaviors; RV: 3 homicidal ideation



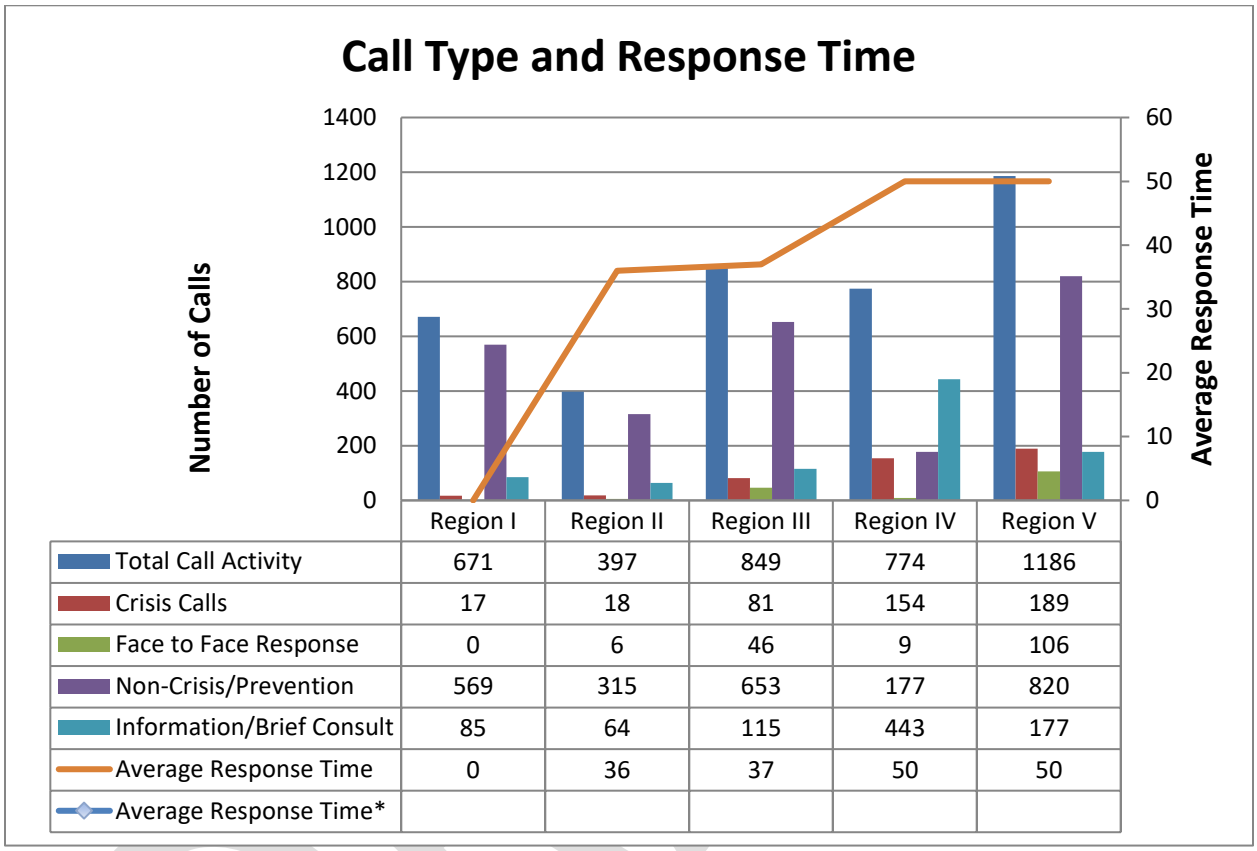
REACH Crisis Response

Each of the five regional REACH programs operates a crisis line 24-hours per day, seven days per week. Arriving calls may be from existing REACH consumers or from systems in the midst of an escalating situation. Calls are responded to in one of two ways: either by telephone consultation or through an on-site, face-to-face assessment and intervention. Because the crisis line allows an individual to access a trained clinician 24/7, it is being used more and more frequently by REACH clients and their circles of support to maintain stability or to assist the individual in problem solving through a stressful situation. The "crisis" line is a primary tool of prevention for some of the programs. REACH clinicians are expected to respond in-person to situations that meet the acuity level of a crisis, and this includes partnering with emergency services prescreening staff when a Temporary Detention Order is being considered. Non-crisis calls that are received by the programs are understood to serve a preventive role and may be a prescribed element within a written Crisis Education and Prevention Plan (CEPP). Domains of interest related to crisis line activity include the following:

- Crisis calls
- Non-crisis/Prevention
- Information/brief consult
- In-person assessment/intervention
- Total crisis line activity
- Average response time

A summary of information related to these elements is depicted in the graph 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	671	397	849	774	1186
Crisis Calls	17	18	81	154	189
Face to Face Response	0	6	46	9	106
Non-Crisis/Prevention	569	315	653	177	820
Information/Brief Consult	85	64	115	443	177
Average Response Time	0	36	37	50	50
Average Response Time*					

The average response time is graphed on a secondary axis represented by the orange line. As noted earlier in this report, three CSBs moved out of region two and are now being supported by region I. In previous reports these rural CSBs were denoted by a diamond on the graph. For consistency and to denote the change, the cells are left blank in the chart above and below and will be removed in the next quarterly report. Also noted in the data listed above is the impact of COVID – 19 in relation to the in person crisis responses ("face to face response"). Due to precautions related to COVID- 19 all programs utilized telehealth in order to continue to be a part of the crisis response. The number of responses via telehealth for each region varied from 100% for Region I to 43% for RIII with RII, RIV, and RV being at 67%, 94%, and 44% respectively. For those crisis call that were responded to in person; 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 and IV must have an average response time of within one hour and Regions I, III, and V within two hours. Regions II and III met the response time for 100% of their calls while Regions IV and V met 89% 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	0	4		23	2	34	63
Response Interval: 31-60	0	2		18	6	44	70
Response Interval: 61-90	0	0		4	1	24	29
Response Interval: 91-120	0	0		1	0	2	3
Response Interval: 120+	0	0		0	0	2	2
Total	0	6		46	9	106	167

Region II Rural: CSBs moved under R1

Location of Crisis Assessments

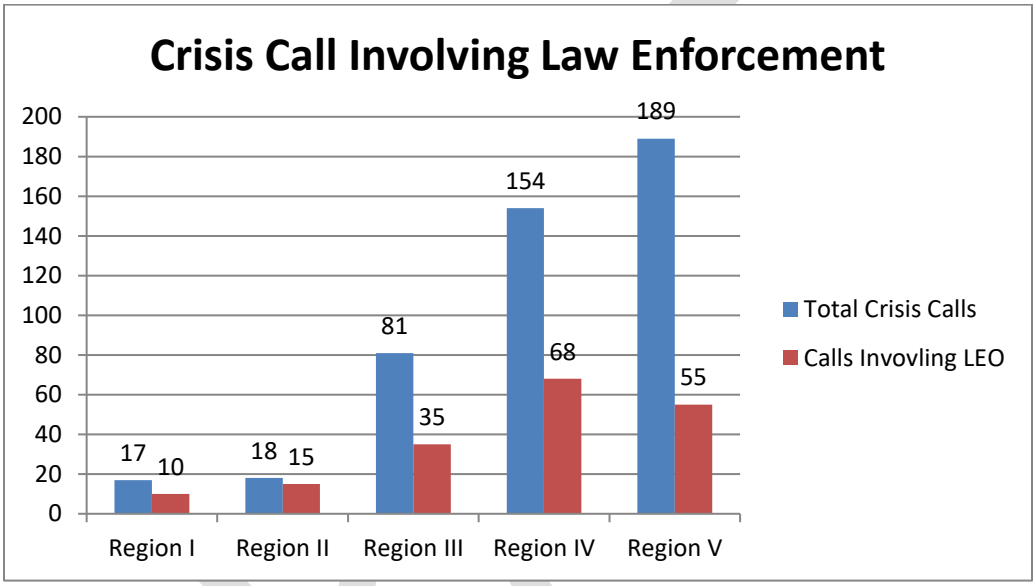
Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual/Family Home	1	5	6	6	57	75
Hospital/Emergency Room	15	4	52	128	64	263
Emergency Services/CSB	0	8	2	1	28	39
Residential Provider	0	0	20	13	35	68
Police Station	1	0	1	1	1	4
Day Program	0	0	0	0	0	0
School	0	0	0	0	0	0
Other	0	1	0	4	0	5
Total	17	18	81	153	185	454

Other settings include: R2 – individual started in crisis at CTH but due to medical issues crisis assessment carried into ED; R4 – 1 less crisis assessment than calls as one individual was too incoherent/psychotic assessment could not be done, other – 1 community and 3 crisis triage center. R5: 4 less assessments as 3 refused assessment and 1 left prior to clinician meeting.

When indicated, the REACH programs are expected to arrive at the physical site of the crisis event, regardless of the nature of the setting. The table above provides a summary of the various locations

where mobile crisis assessments took place over the course of the fourth quarter of FY20. The location of assessments listed in the chart includes both those assessments completed by a REACH staff "in-person" and those completed via telehealth. The location still denotes where the individual was located when the assessment occurred.

The graph below provides a summary of the crisis calls that involve law enforcement. The data denotes an increase law enforcement presence for this quarter for RI, RII, and RIII as compared to the previous quarter.

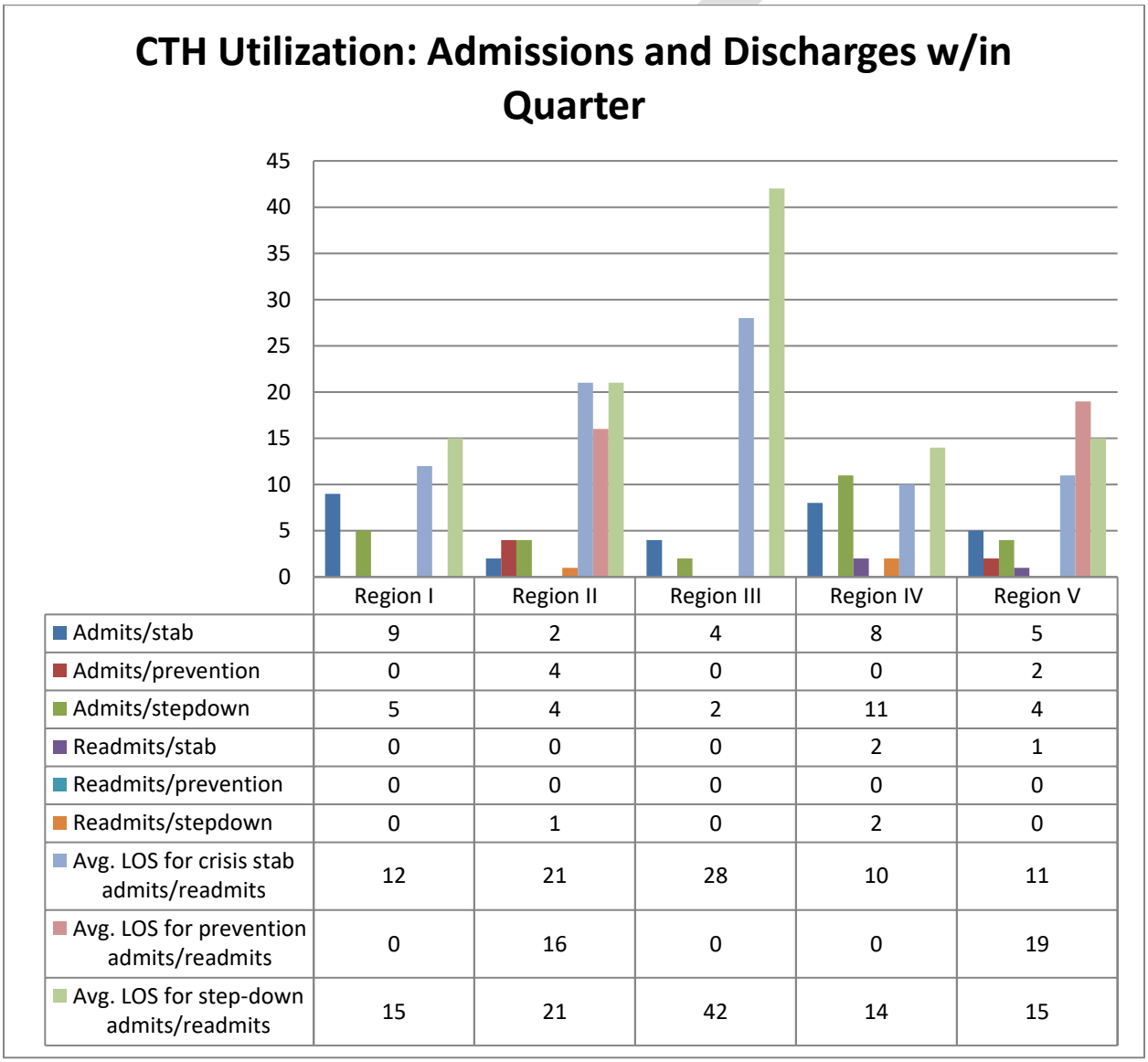


Crisis Therapeutic House

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. These particular individuals also will be included in the data on the chart "Dispositions by Service Type" under "CTH".

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 28 crisis stabilization admissions, 6 prevention admissions, and 26 step-down admissions. Additionally, there were three crisis stabilization admissions as well as three step down admissions readmitted during the quarter. The number of crisis stabilization and step-down admissions decreased slightly this quarter with prevention admissions increasing for the same time period.



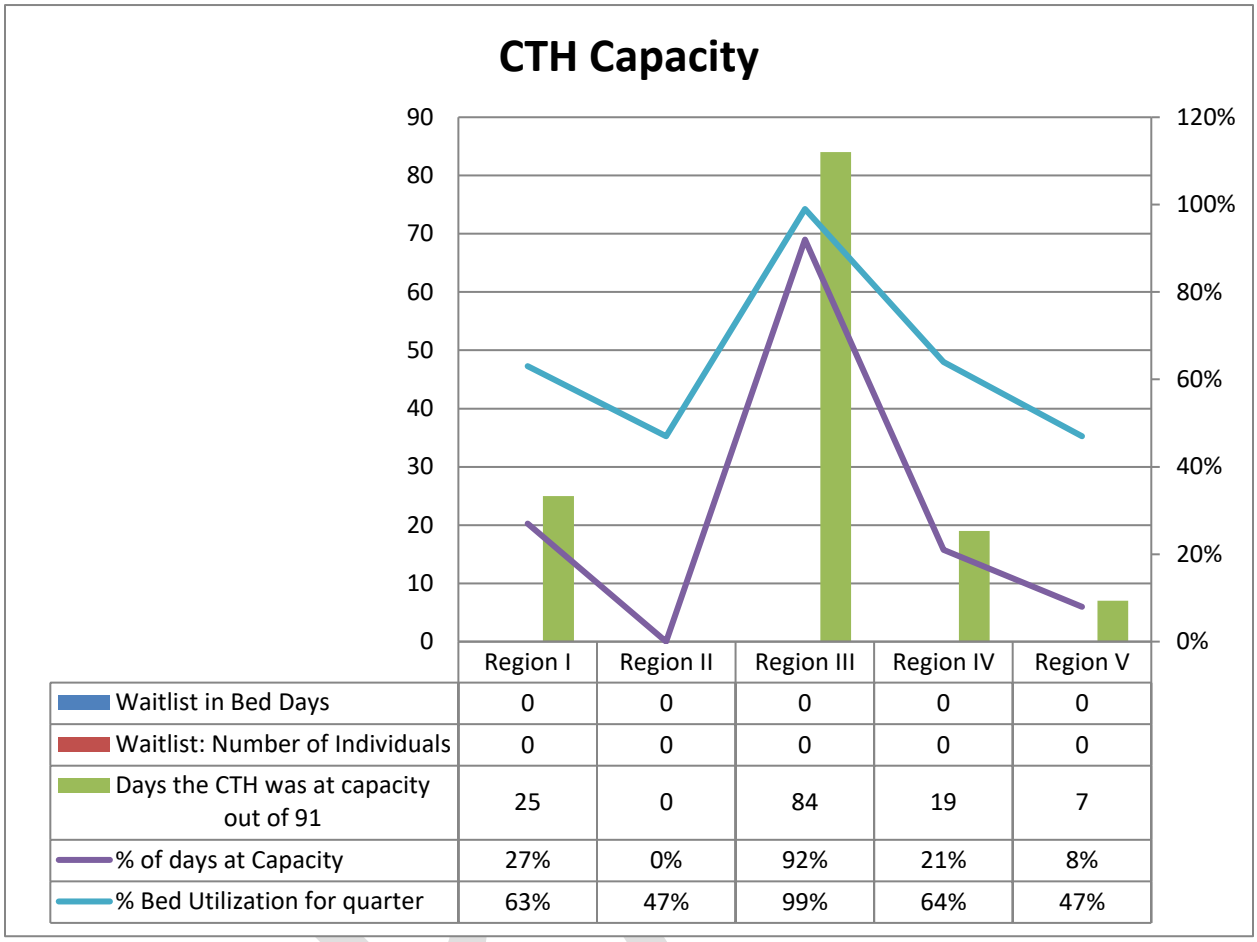
	Region I	Region II	Region III	Region IV	Region V
Admits/stab	9	2	4	8	5
Admits/prevention	0	4	0	0	2
Admits/stepdown	5	4	2	11	4
Readmits/stab	0	0	0	2	1
Readmits/prevention	0	0	0	0	0
Readmits/stepdown	0	1	0	2	0
Avg. LOS for crisis stab admits/readmits	12	21	28	10	11
Avg. LOS for prevention admits/readmits	0	16	0	0	19
Avg. LOS for step-down admits/readmits	15	21	42	14	15

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: 5 crisis stabilization admissions with LOS ranging from 35 - 136 days and 10 step-down admissions with LOS ranging from 15 - 78 days. Over the past two quarters there have been 37 individuals discharged from the CTH who were carry-over from previous quarters. These discharged are in addition to those individuals admitted and discharged within the quarter. 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	136
	Person 2	Crisis Stab	49
	Person 3	Crisis Stab	74
	Person 4	Crisis Stab	75
	Person 5	Step-down	16
Region II	Person 1	Step-down	78
	Person 2	Step-down	48
Region III	Person 1	Step-down	15
	Person 2	Crisis Stab	35
	Person 3	Step-down	62
Region IV	Person 1	Step-down	29
Region V	Person 1	Step-down	68
	Person 2	Step-down	36
	Person 3	Step-down	18
	Person 4	Step-down	78

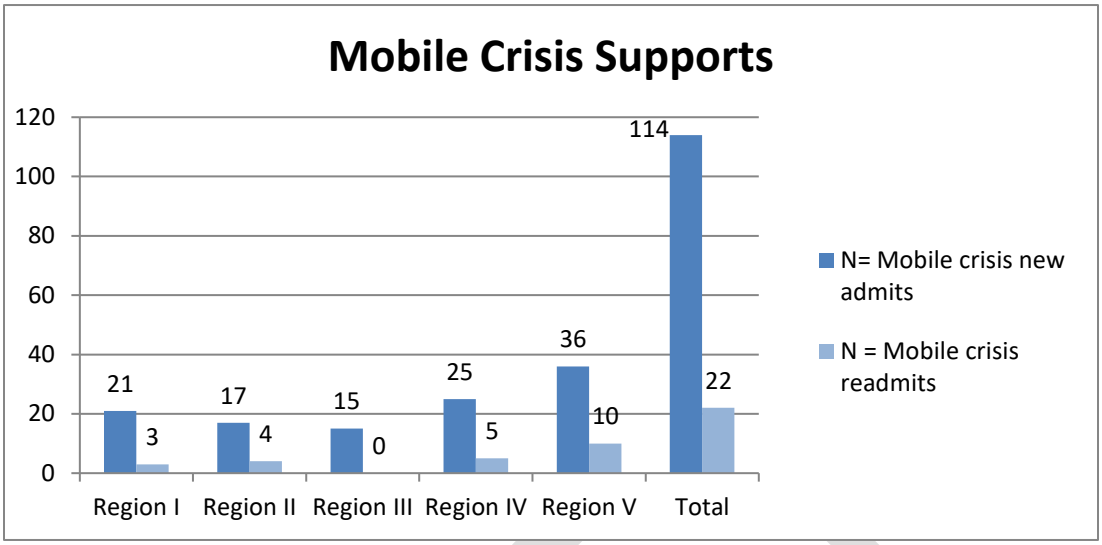
The graph on the next page provides information regarding CTH capacity. Please note that waitlist days are ***not*** consecutive. This number reflects the cumulative number of days across the quarter when a bed was not available when requested for an *appropriate* admission to the CTH. The information 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 47% to 99% this quarter. Due to COVID-19 precautions, beds were held/admissions temporarily halted (RII) post positive test result.



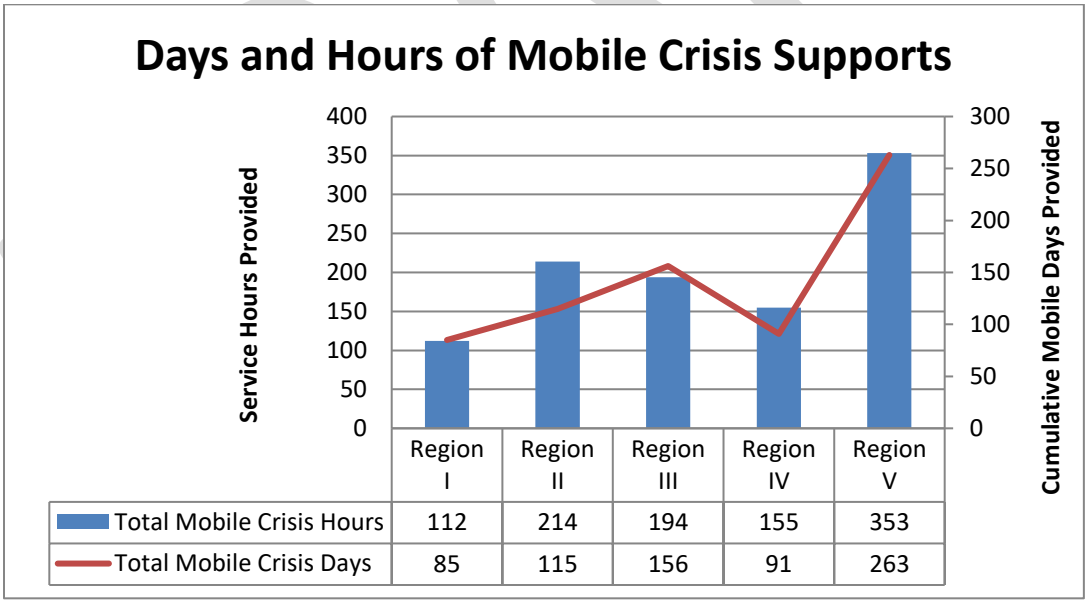
	Region I	Region II	Region III	Region IV	Region V
Waitlist in Bed Days	0	0	0	0	0
Waitlist: Number of Individuals	0	0	0	0	0
Days the CTH was at capacity out of 91	25	0	84	19	7
% of days at Capacity	27%	0%	92%	21%	8%
% Bed Utilization for quarter	63%	47%	99%	64%	47%
Beds Used Out of 546 Beds Available:	346	257	539	348	259

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 121 in Q3 to 114 in Q4. The total number of readmissions increased in quarter four from 12 to 22.



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.



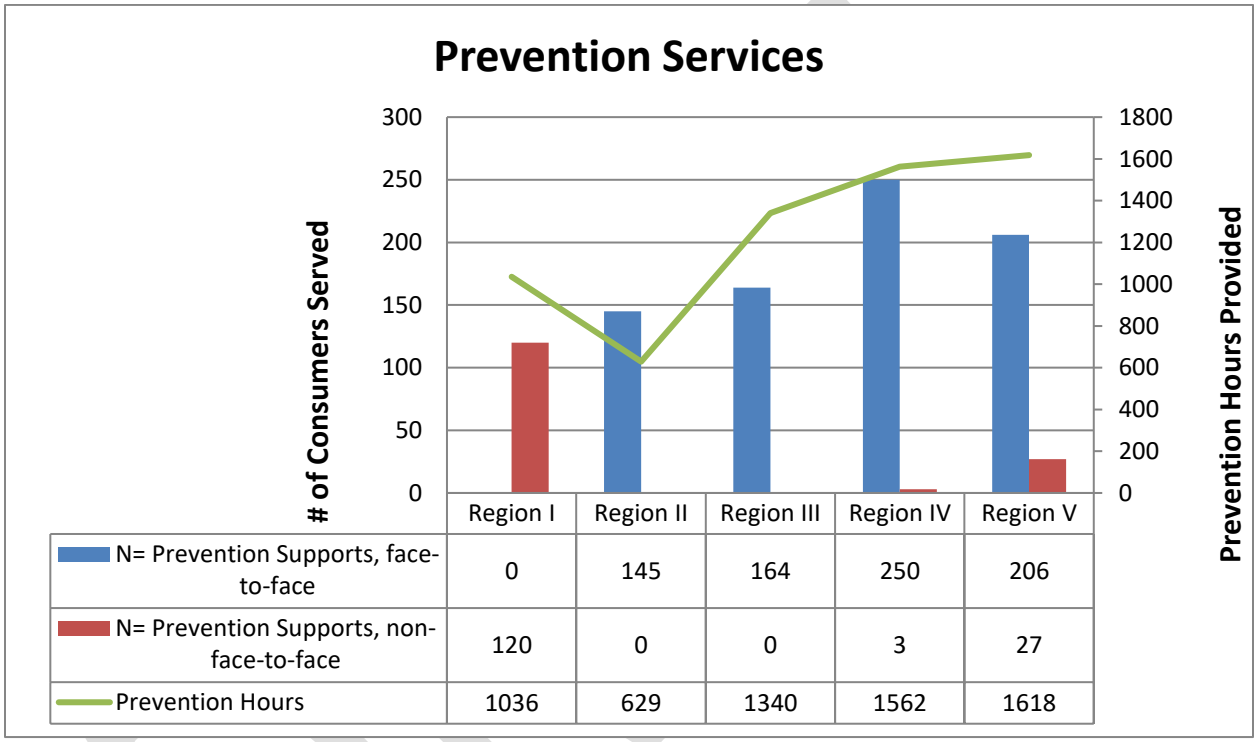
Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings

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 1028 hours of mobile crisis supports across 710 days. There is a noted decrease in the hours of mobile crisis supports as compared to quarter three most likely as a result of COVID-19 precautions; however, the amount of days provided is similar to those provided in quarter three. The bottom end of range of days that crisis services are provided is variable for the regions. Generally, individuals are provided with crisis service for about 3 to 5 days with a targeted average per day of 2 hours. 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	1-6	1-12	4-15	1-5	1-13
Average Days/ Case	3.5	5.5	10.4	3.0	5.7
Average Hours/Day	1.3	1.9	1.2	1.7	1.3
Average Hours/Case	4.7	10.2	12.9	5.2	7.7

REACH also provides ongoing community based services to the individuals and their support system that is more "preventative" in nature. Mobile prevention services consist of face to face, community based services that target deterring future crisis situations via ongoing education and practice on emerging skills, training on individualized strategies with the support system, and continued linkages to other necessary services as needed. In comparison to mobile crisis supports, mobile prevention services are provided at a titrated frequency and do not occur as the immediate result of a crisis situation. More specifically, individuals included in mobile prevention services may be those who stepped down from mobile crisis support or those that were referred to the program in a non-crisis situation. At times, prevention services may include individuals who are offered mobile crisis support immediately following a REACH crisis response but do not elect to access REACH services until sometime after the crisis was stabilized. For this quarter due to COVID-19 precautions, some individuals receiving "face to face" prevention service may have received some or all of these services via telehealth. The data on the next page in the section "Prevention Services – face to face" does not delineate between the different services deliveries as individuals may have received a mixture of both in person and telehealth. However, for RI all of their typical face to face prevention services were denoted to be via telehealth and this is denoted in the "Prevention Services – non-face to face" section. 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	0	145	164	250	206
N= Prevention Supports, non-face-to-face	120	0	0	3	27
Prevention Hours	1036	629	1340	1562	1618

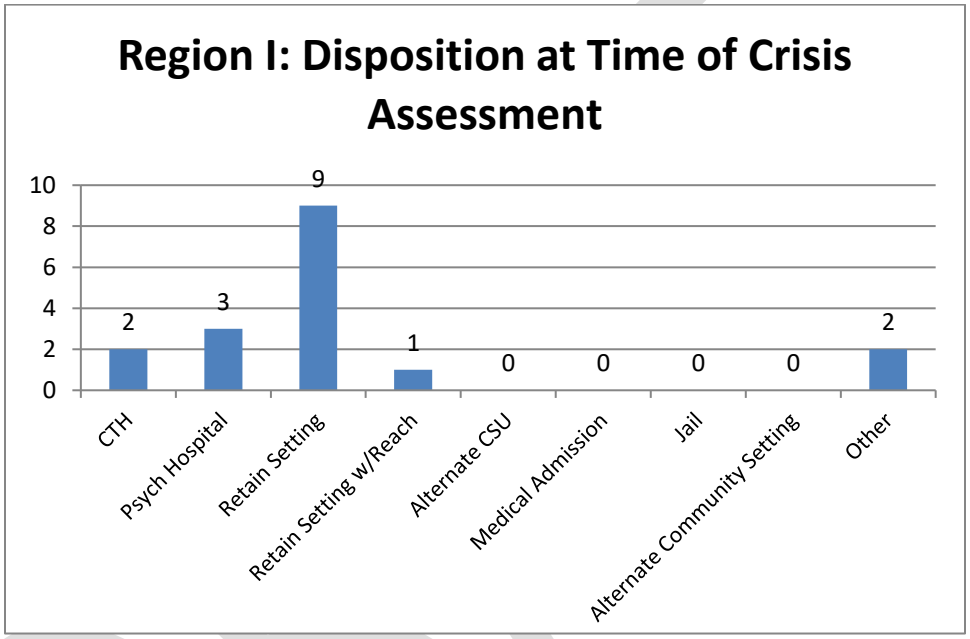
The total number of individuals receiving face-to-face prevention supports decreased from 990 in quarter three to 765 in this quarter. The total number of individuals receiving non face-to-face supports increased this quarter to 150 as compared to 0 in quarter three. The total number of prevention hours provided by all programs increased from 5905 in Q3 to 6185 this quarter.

Crisis Service Outcomes/Dispositions

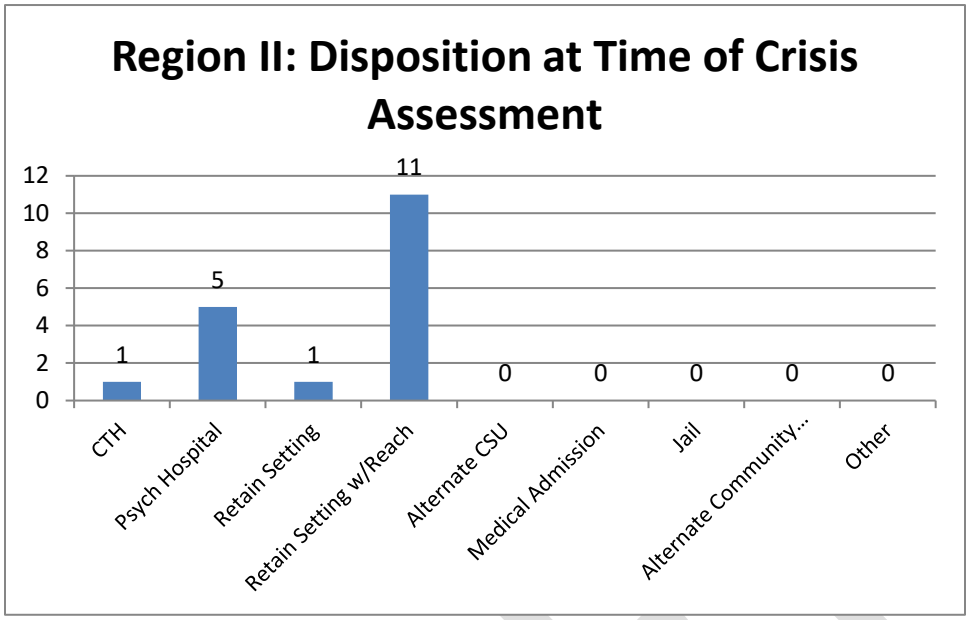
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted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

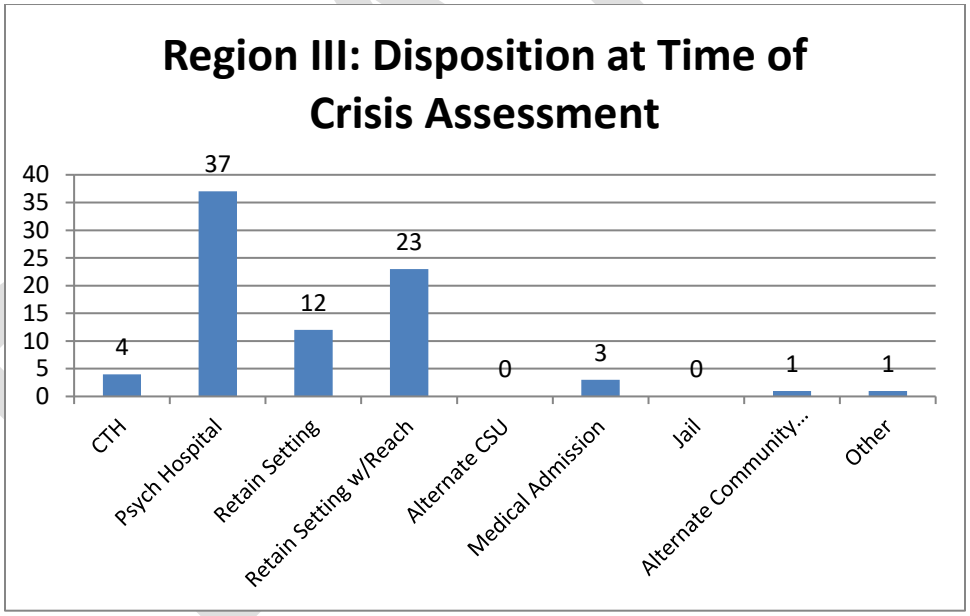
are put in place to stabilize the situation and avoid the need for CTH admission, hospitalization, or some other disposition that involves disrupting the person's residential setting?

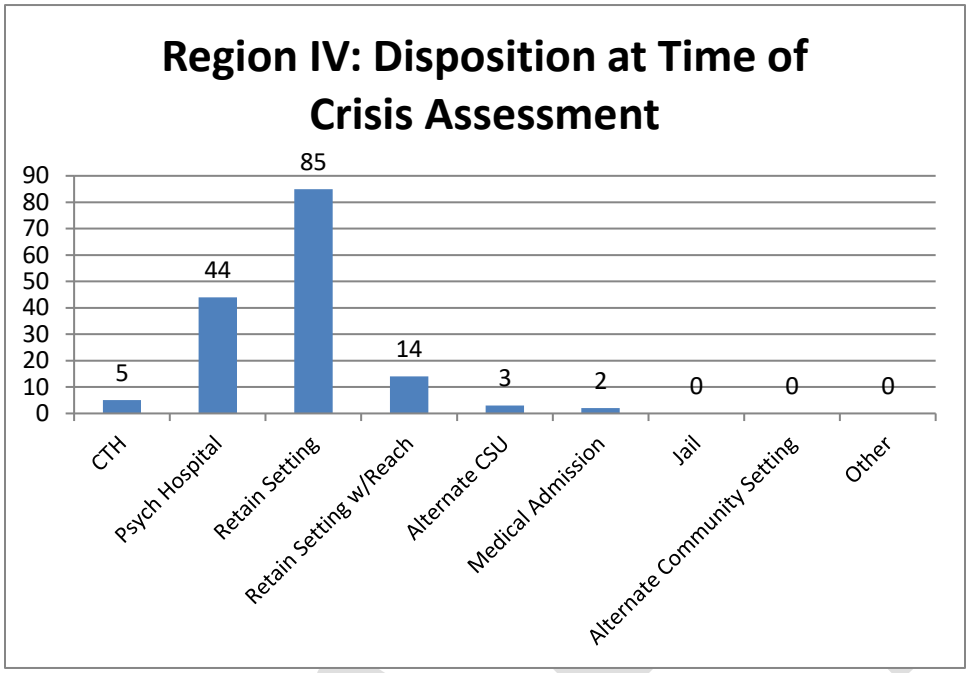
For this quarter, 64% of the individuals receiving a crisis assessment were able to retain their original residential setting, 3% were diverted to a CTH, with another 1% diverted to an alternate CSU, and 28% were psychiatrically hospitalized. Individuals who retained their setting went up by 3% and those psychiatrically hospitalized decreased by 5% from the previous quarter. The following graphs display the outcomes of the crisis assessments across each regional program.

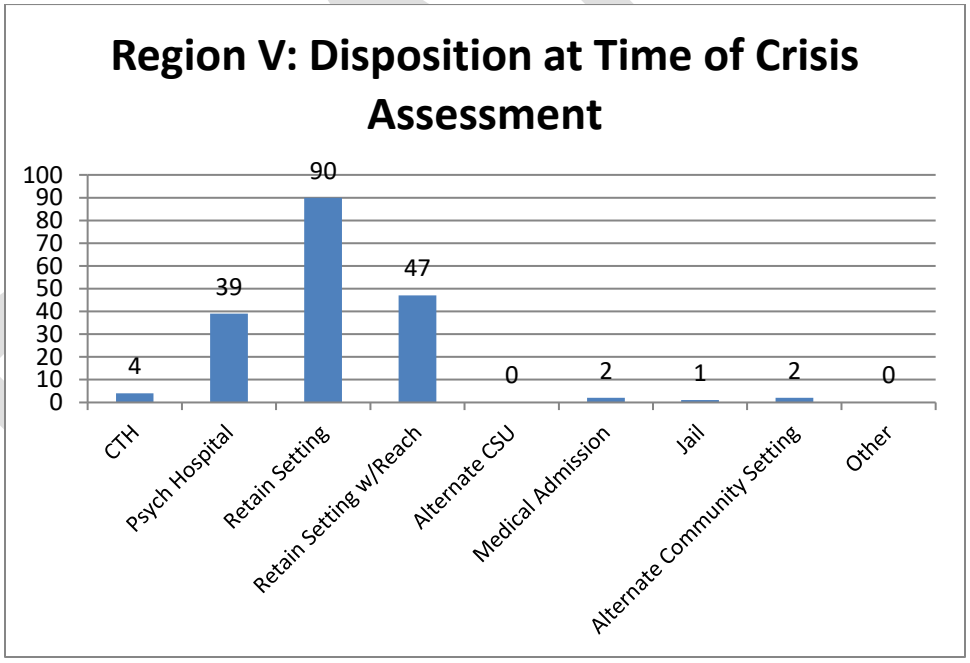


Other: 2 unknown - 1 due to ineligible and other prolonged ED and then unknown


Region II: Disposition at Time of Crisis Assessment
12
10
8
6
4
2
0
1
5
1
11
0
0
0
0
0
CTH
Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community...
Other


Region III: Disposition at Time of Crisis Assessment
40
35
30
25
20
15
10
5
0
4
37
12
23
0
3
0
1
1
CTH
Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community...
Other



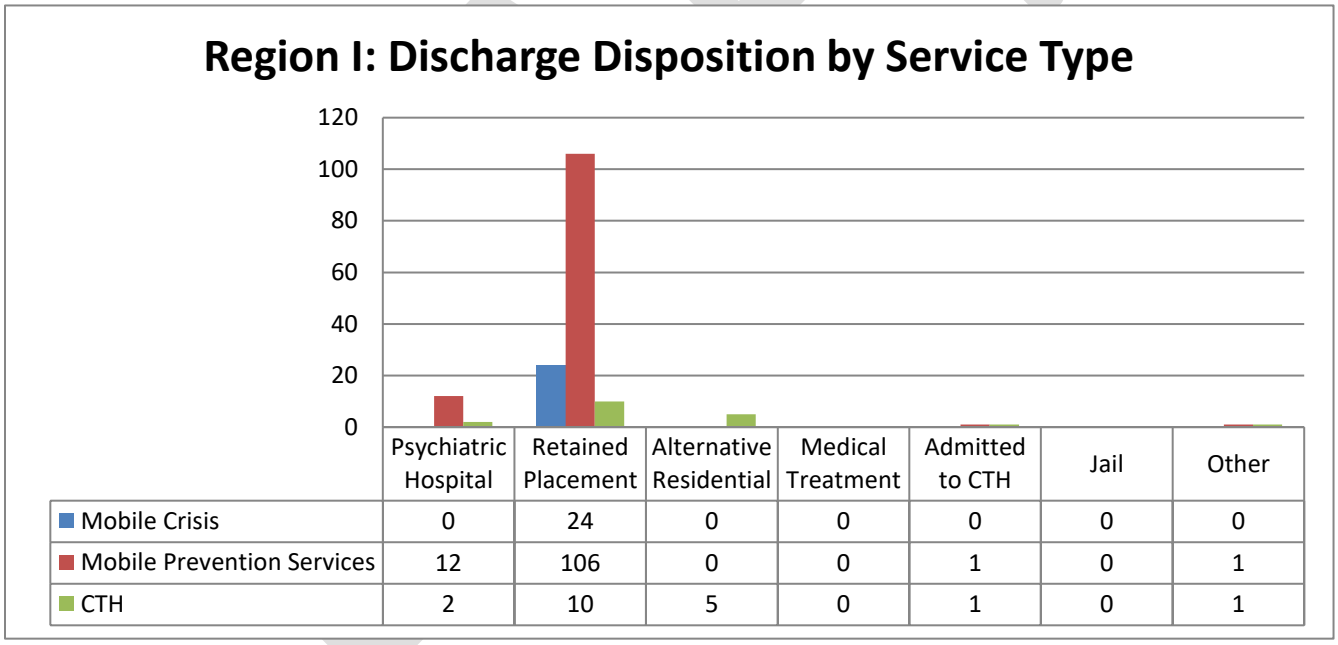


Note: 3 refused assessment and 1 left prior to meeting for assessment

Outcomes that are also of interest are those for individuals that have accessed REACH mobile crisis and mobile prevention services during the quarter in addition to the CTH. Similar to the preceding set of graphs, the graphs on the following pages provide a summary of outcome status for adults that accessed ongoing REACH services during the quarter. Of the outcomes for those

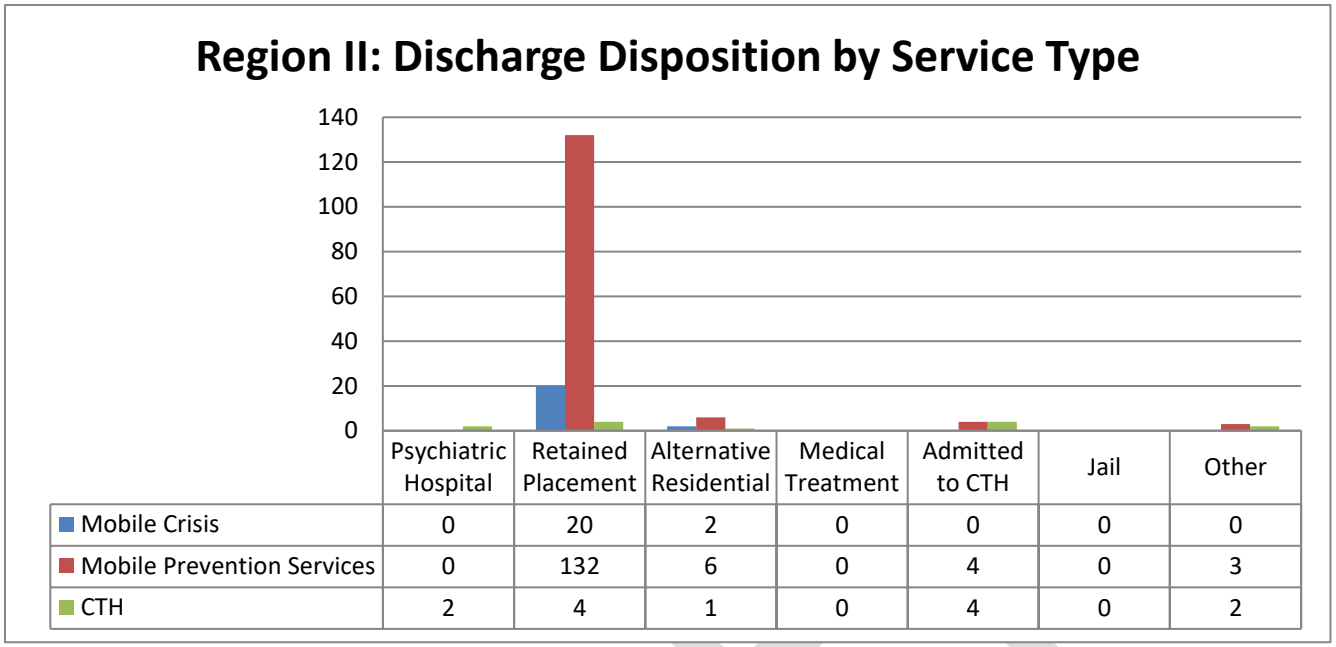
individuals admitted to the CTH and discharged this quarter and including those admitted previously and discharge, 72% were able to return to their original residence or went to a new residence post discharge. Ten percent (10%) of outcomes for individuals at the CTH resulted in a psychiatric hospitalization and the remaining 17% were individuals who had other outcomes (one person had a medical admission). Twelve individuals continued as guests at all the CTHs at the end of the quarter. For all admissions receiving mobile crisis supports, 88% remained in their residence, 1% was diverted to the CTH, 9% were hospitalized during the course of mobile services, and the remaining 2% had a medical admission or went to an alternate residential setting. Based on reported data on the outcomes of adults in REACH mobile prevention services, 90% retained their setting; 2% went to an alternative residential community setting; 5% were hospitalized, 2% were admitted to the CTH, and the remaining 1% had other outcomes (refer to charts).

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.



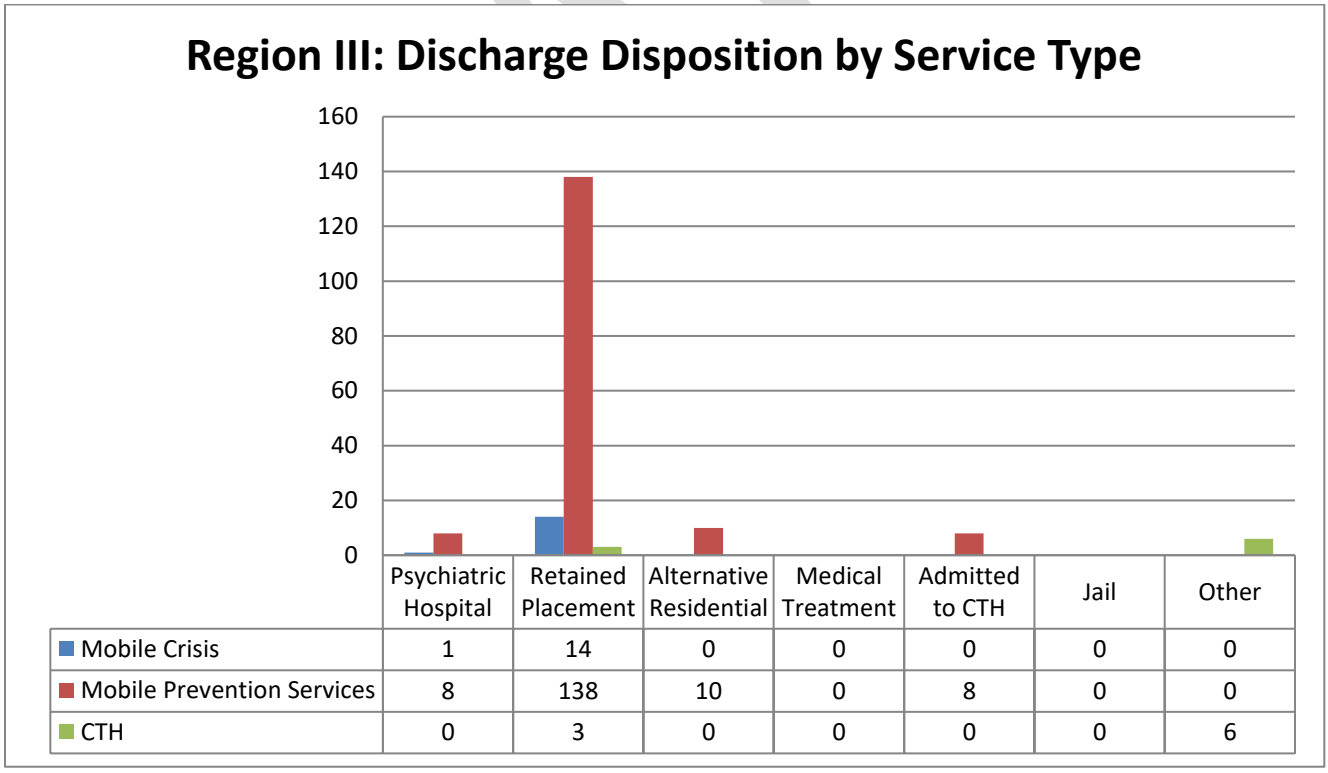
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	24	0	0	0	0	0
Mobile Prevention Services	12	106	0	0	1	0	1
CTH	2	10	5	0	1	0	1

Other: CTH – 1 admitted to ATH; Mobile Prevention – 1 admitted to crisis services



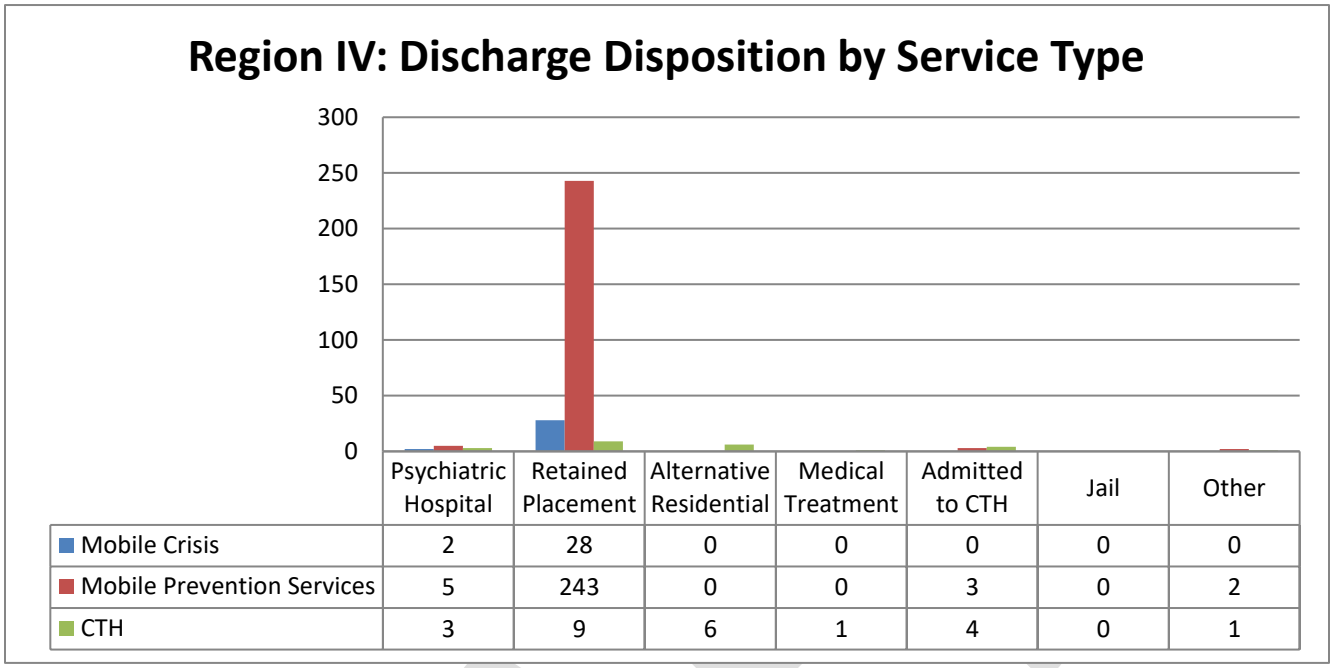
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	20	2	0	0	0	0
Mobile Prevention Services	0	132	6	0	4	0	3
CTH	2	4	1	0	4	0	2

Other: CTH -Transferred to home REACH CTH and transferred to ATH; 3 persons went into crisis supports



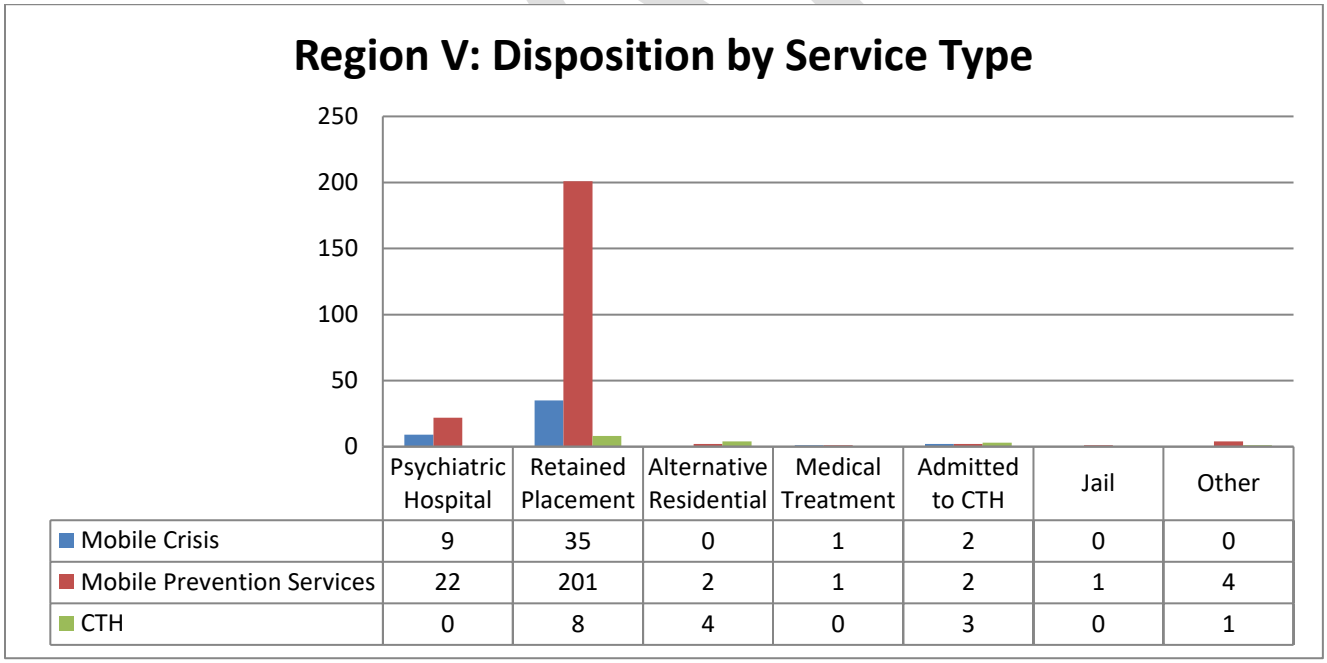
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	1	14	0	0	0	0	0
Mobile Prevention Services	8	138	10	0	8	0	0
CTH	0	3	0	0	0	0	6

Other GH transition beds and ATH



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	2	28	0	0	0	0	0
Mobile Prevention Services	5	243	0	0	3	0	2
CTH	3	9	6	1	4	0	1

Other: CTH - Long Term Residential; Mobile Prevention – 1 declined further service/closed and 1 closed due to lack of engagement.

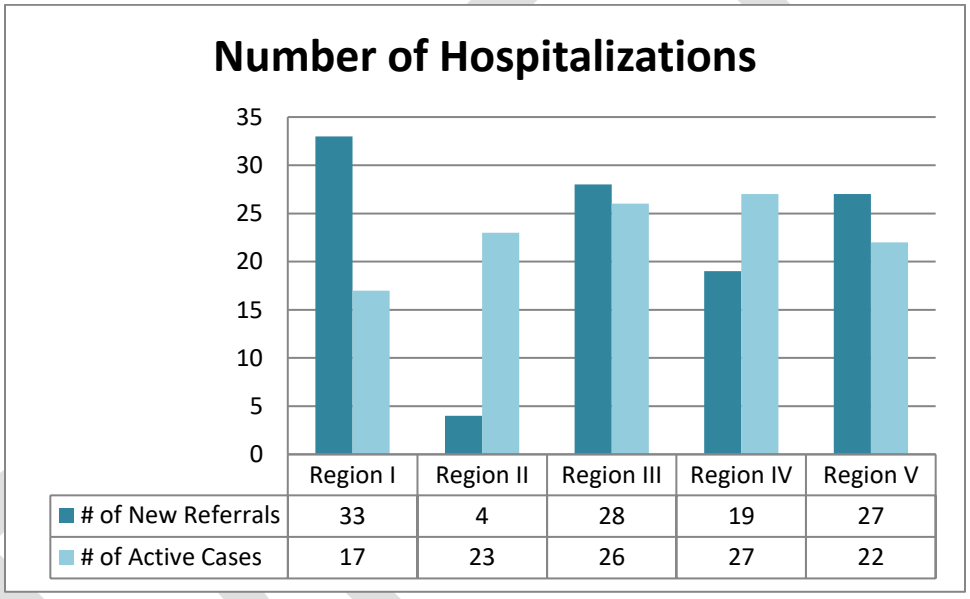


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	9	35	0	1	2	0	0
Mobile Prevention Services	22	201	2	1	2	1	4
CTH	0	8	4	0	3	0	1

Other: CTH – 1 admit to ATH; Mobile prevention – 2 Ineligible; 1 homeless; 1 deceased

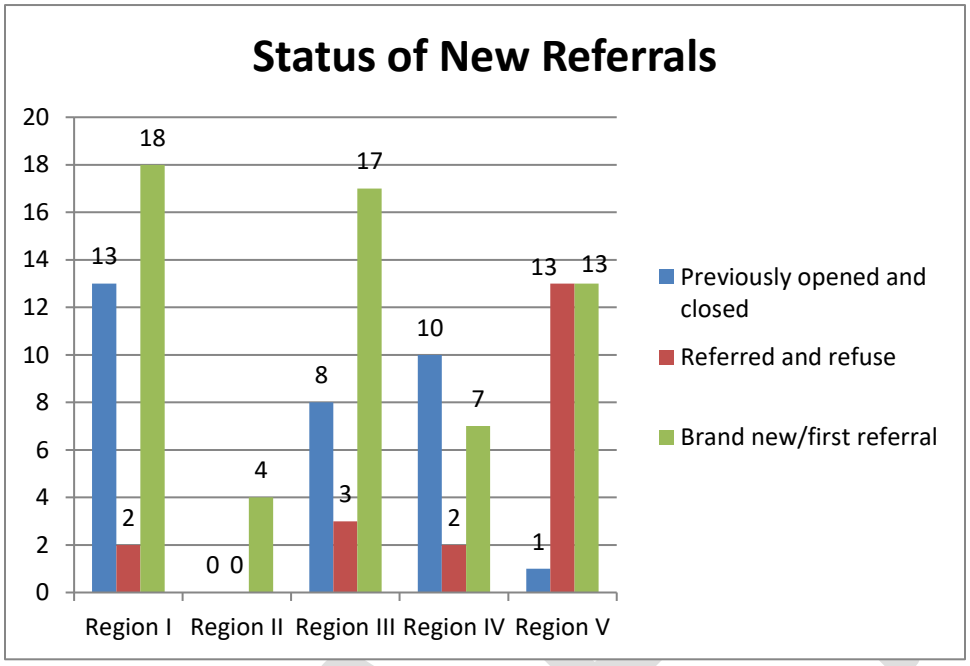
Hospitalizations

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.

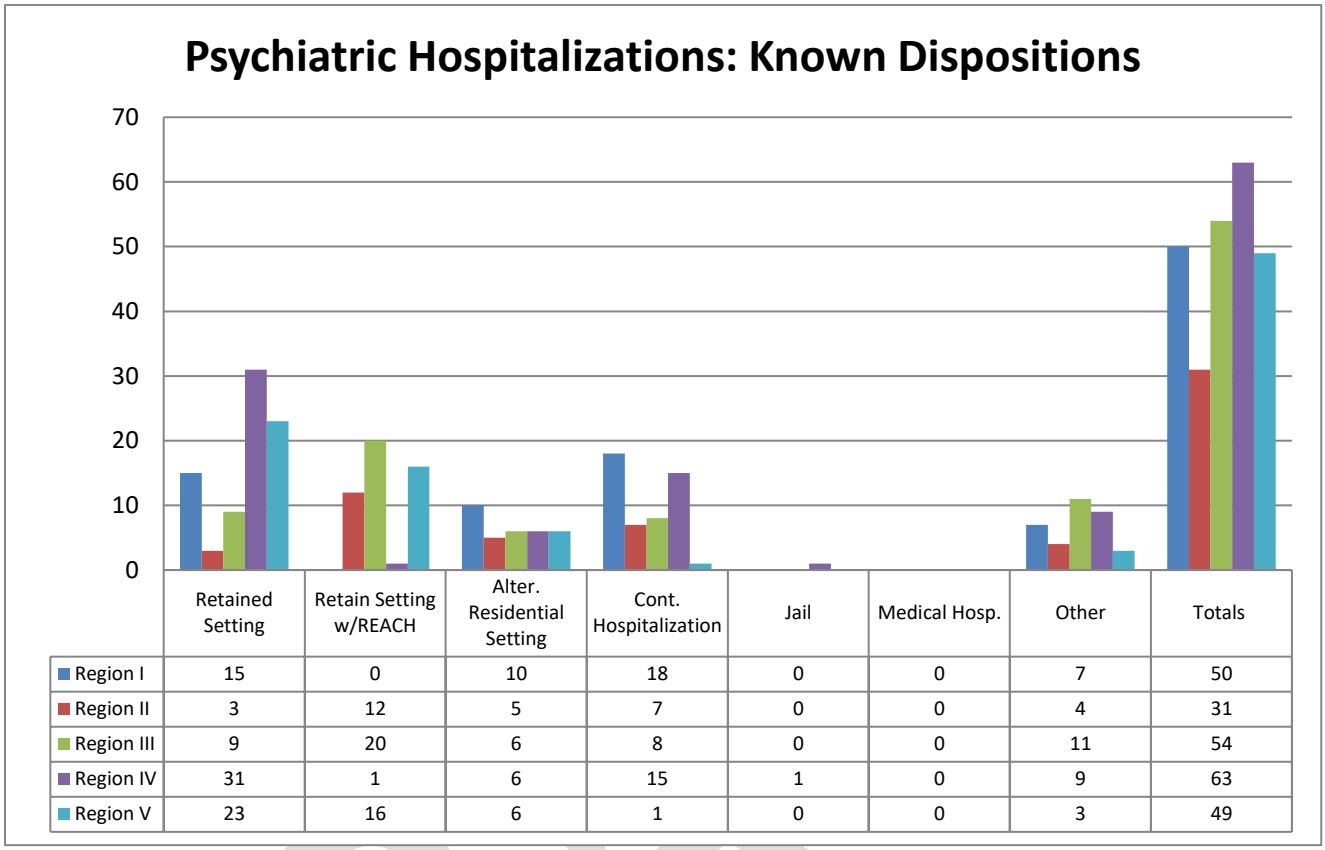


	Region I	Region II	Region III	Region IV	Region V
# of New Referrals	33	4	28	19	27
# of Active Cases	17	23	26	27	22

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.



Forty-nine percent (49%) of all hospitalizations were "new referrals" to the REACH program. Of the **new** referrals to REACH that were hospitalized, 53% of the individuals were new to the program, 18% were referred to REACH but refused services, and 29% had been previously discharged (inactive) from REACH services. Of the known dispositions of the people hospitalized and discharged, 66% retained their original community home and 17% went to an alternative community setting. Refer to the chart on the following page 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	15	0	10	18	0	0	7	50
Region II	3	12	5	7	0	0	4	31
Region III	9	20	6	8	0	0	11	54
Region IV	31	1	6	15	1	0	9	63
Region V	23	16	6	1	0	0	3	49

Includes readmit outcomes. Other: R1 – 3 CTH admissions, 1 CSU, 2 refusals, 1 ineligible. R2 – 4 CTH Admissions; R3 – 9 unknown and 2 CTH admissions; R4- 1 refused, 1 closed due to lack of engagement, 2 CSU admits, and 4 CTH admits; R5 – 2 admits to CTH and 1 Shelter

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 REACH staff also provide training to providers/families on the Crisis Education Prevention Plan (CEPP) developed during the guest's stay at the CTH or when receiving mobile crisis services. In some instance the CEPP may not be updated as the plan may be clinically accurate as it may have been recently updated such as in the case of a readmission into service or a transfer of service (mobile to CTH admission) within the quarter. A compliance indicator target has been set of *86% of families and providers will receive training in implementing CEPPs*. Excluding the CEPPs that did not require an update and a subsequent training, the combined REACH programs trained providers/families on 76% of the CEPPs this quarter. The reasons and related percentage for not completing the training is as follows:12% of the families/providers would not respond to REACH staff communications, 6% of the individuals/families ended service, 4% of the individuals were psychiatrically hospitalized, 1% of the individuals were medically

hospitalized, and 1% of the training did not occur due to REACH staff error. The tables below summarize the services provided in each of the 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	2	4	10	6
Consultation	9	2	4	10	6
Crisis Education Prevention Plan	9	2	4	7	5
Provider Training	3	1	4	7	5

R1: Trainings - 1 individual still at CTH, 1 individual moved out of area, 1 awaiting family to return from vacation, 1 individual hospitalized, 2 not completed; R2 – Training – 1 Individual moved out of area. R4: CEPPs and Training – 3 transferred back to home region. R5: CEPPs and Training – 1 readmit –update not clinically indicated.

Service Type Provided: Planned Prevention (CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	4	0	0	2
Consultation	0	4	0	0	2
Crisis Education Prevention Plan	0	2	0	0	1
Provider Training	0	2	0	0	2

R2: Trainings – 2 still admitted at end of quarter and CEPPs under developments due to train in Q1FY21. R5 CEPPs – updated not clinically indicated.

Service Type: Crisis Stepdown (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	5	5	2	13	4
Consultation	5	5	2	13	4
Crisis Education Prevention Plan	5	3	2	9	1
Provider Training	2	2	2	9	3

R1: Trainings -1 individual hospitalized and 2 families not responding to requests. R2: CEPP – 2 under development new admits and will be trained closed to discharge and another individual admitted to psych hospital and legal guardian not responding. R4: Trainings and CEPPs – 3 transferred out of region and 1 individual ended service after one day. R5: CEPPs – 2 admits had current CEPPs and 1 person ended services prior to CEPP; Training – 1 person ended service prior to CEPP.

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	21	22	15	30	36
Consultation	21	22	15	30	36
Crisis Education Prevention Plan	21	18	15	27	18
Provider Training	14	9	15	27	18

R1: 6 trainings - families not being available or not responding, 1 not completed. R2 – CEPPs – 1 left service and 3 are still in services and plan under development; Trainings: 3 still receiving services, 4 ended at end of quarter and training is scheduled in July, 4 individuals did not respond to requests; 1 admitted to CTH and family requests training at end of CTH stay, and 1 hospitalized. R4: CEPPS and Training – 2 people opted out of service within 2 days and another hospitalized after one session. R5: CEPPs and Training: 3 unable to contact, 5 refused and ended services; 1 moved; 1 medically hospitalized, and 2 psychiatrically hospitalized, and 6 completed in quarter prior.

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 1106 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	0	12	0	0	31	43
Case Managers/Support Coordinators	17	0	105	0	59	181
Emergency Service Workers: #Trained	0	0	7	0	20	27
Family Members: # Trained	0	0	0	358	13	371
Hospital Staff: # Trained	0	0	0	0	8	8
DD Provider: #Trained	0	0	147	20	48	215
Other Community Partners: #Trained	52	0	126	5	78	261
Total	69	12	385	383	257	1106

*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 fourth 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 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. During this quarter the regional programs have faced many challenges due to the emergence of COVID-19. Although in-person interactions have been significantly reduced in the area of mobile responses, the programs have maintained in-person responses as much as possible with the implementation of COVID-19 precautions while honoring the family/individual's preferences. The adult and child crisis therapeutic homes have remained open and individuals have moved through the system with the help of creative IT solutions such as virtual tours of prospective living arrangements. Those individuals associated with the three community service boards that were realigned had a successful transitioning of services and supports. The Department remains committed to fulfilling its mission to have a continuum of qualified care for adults with developmental disabilities and their families.