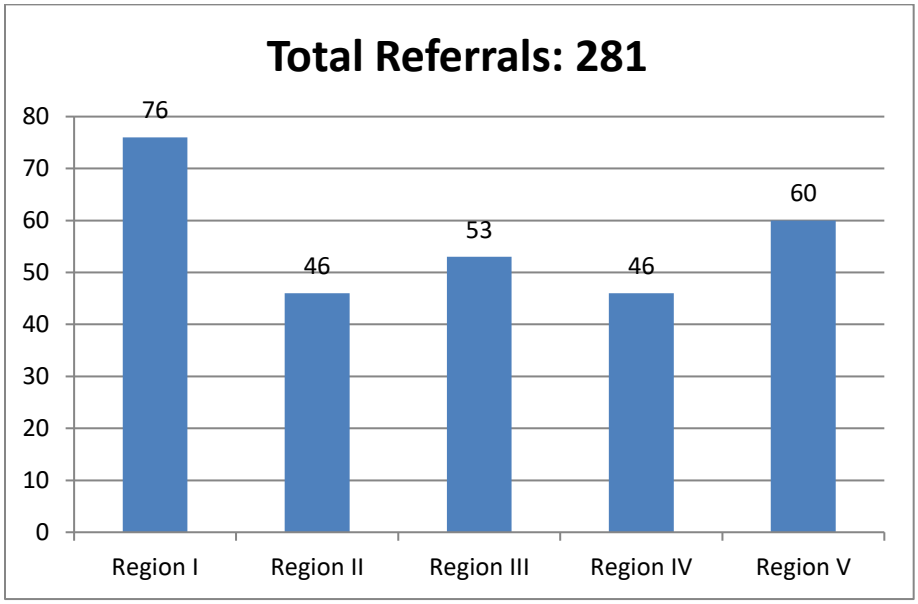
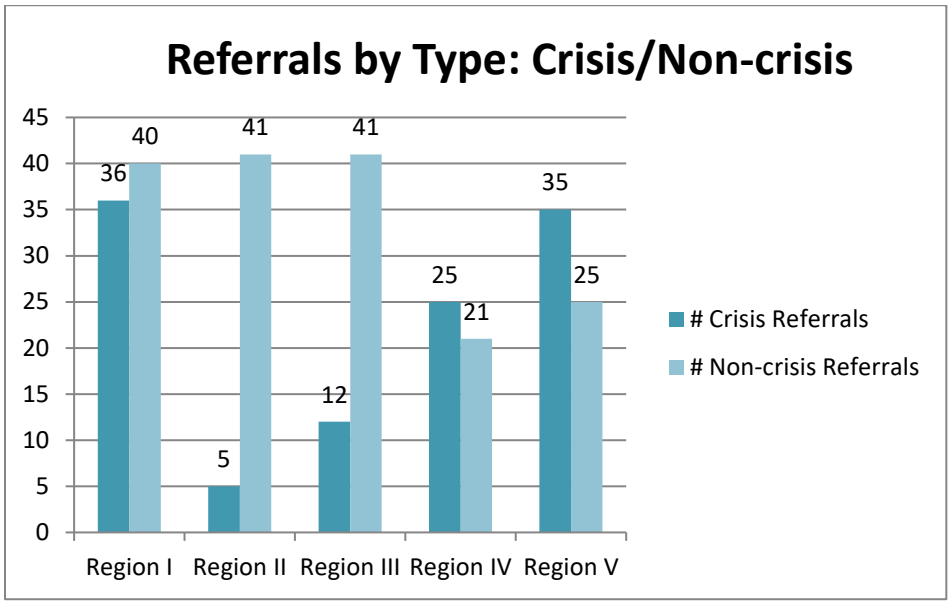
Children's REACH Quarterly Report: IV-FY20

This report provides data summarizing the referral activity, service provision, and residential outcomes for children served by the children's REACH programs during the fourth quarter of fiscal year 2020 (April 1-June 30, 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. Six individuals, who were actively being supported by RII REACH from these CSBs were transferred to Region I REACH. The 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.

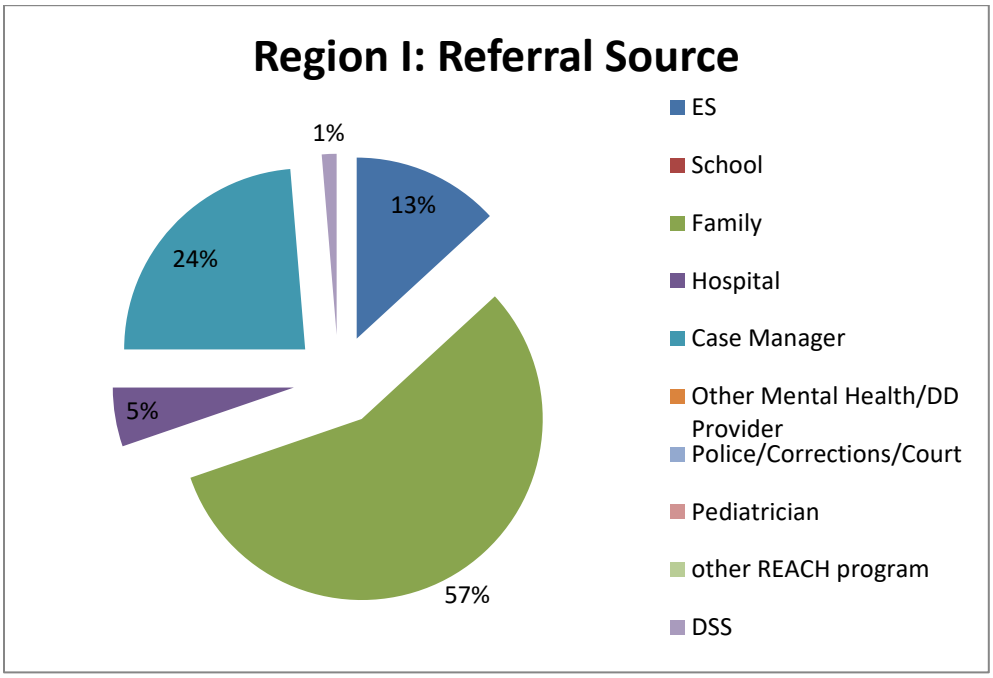
REACH Referral Process

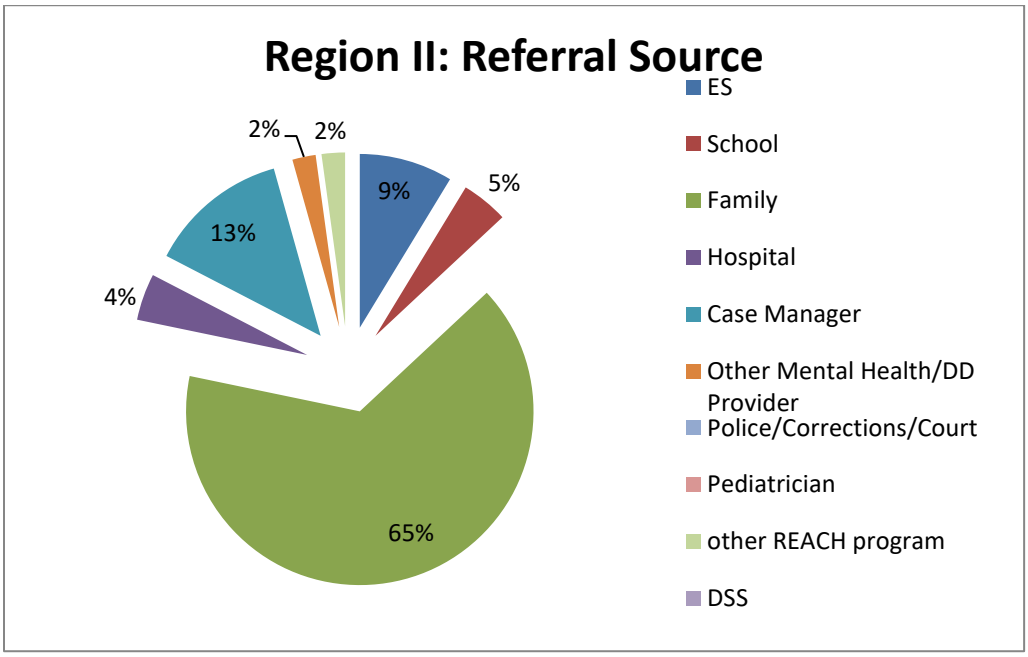


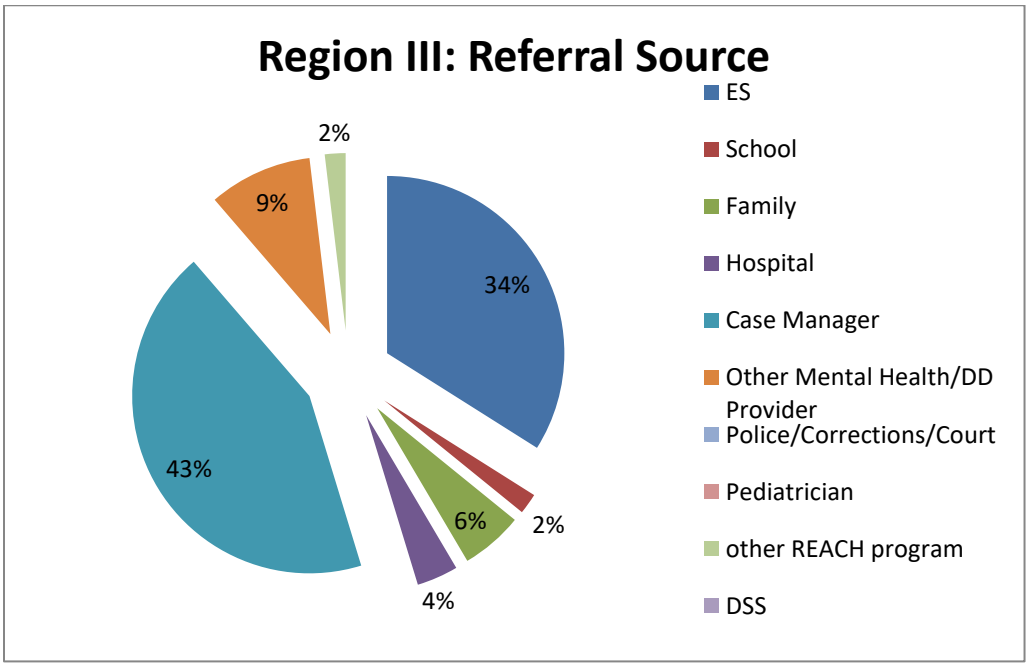
Statewide referrals totaled 281 children and youth for the fourth quarter of fiscal year 2020 (FY20) for the Children's REACH programs. This is a decrease in referrals from the previous quarter (437). The table below segments referrals that were crisis in nature (i.e. need to be seen the same day) and those that were non-crisis or of lesser acuity.

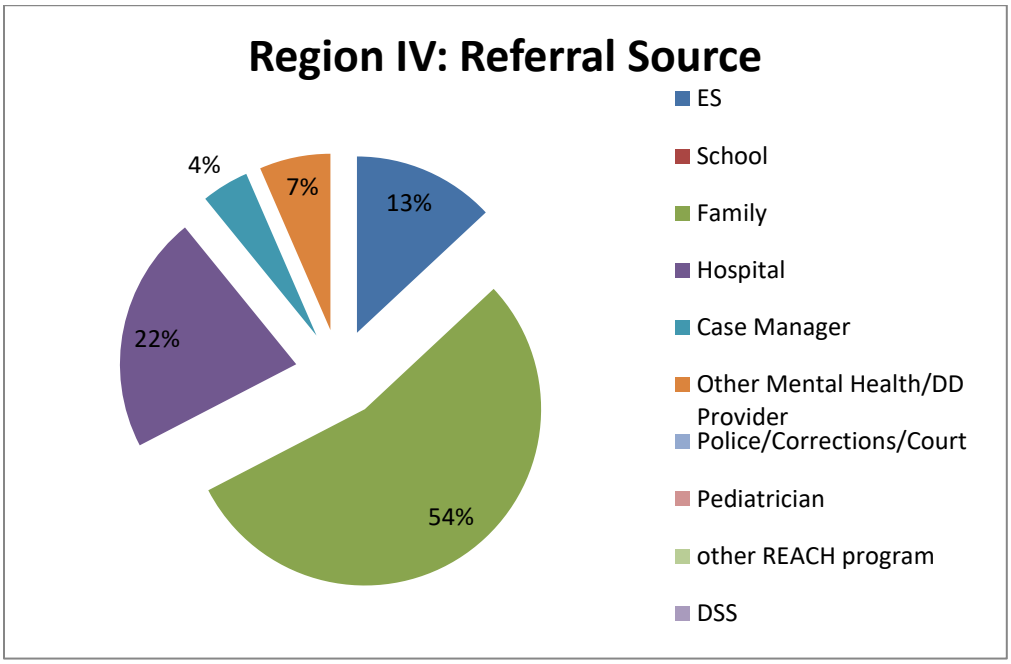


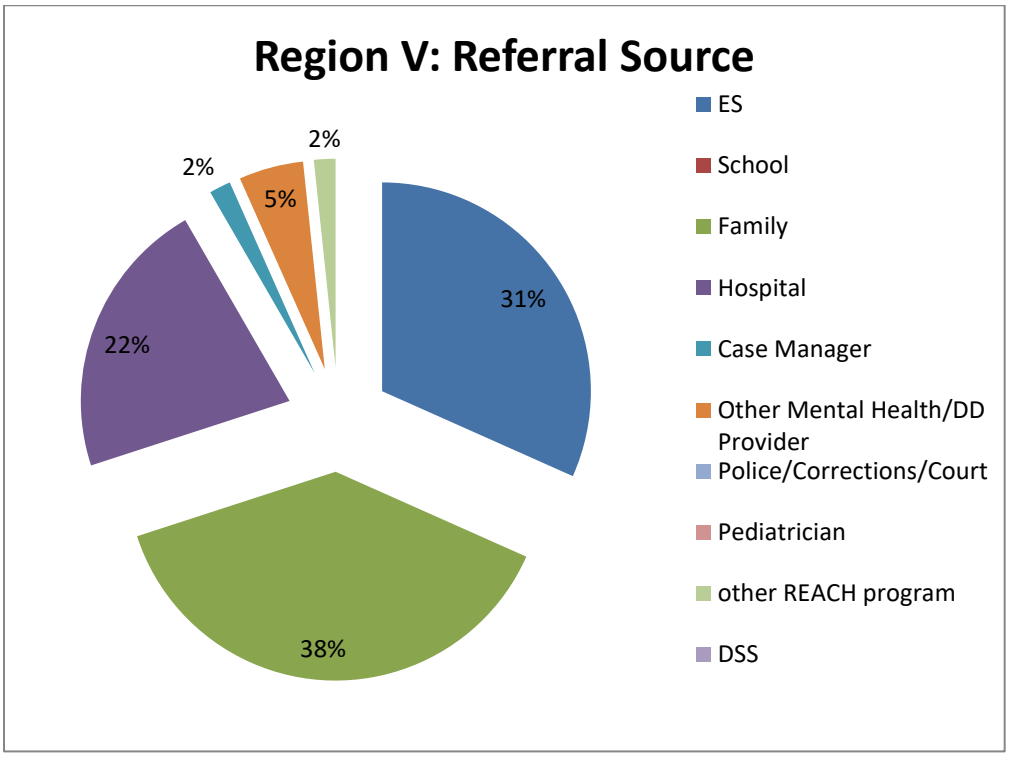
The referral sources provide a perspective on how well the programs are establishing themselves within the communities they serve. The five charts below provide a regional breakdown of referral source data. The subsequent tables provide data concerning the day of the week and time of day that referrals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




Region II: Referral Source
2%
2%
9%
5%
13%
4%
65%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
Police/Corrections/Court
Pediatrician
other REACH program
DSS


Region III: Referral Source
2%
9%
34%
43%
6%
2%
4%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
Police/Corrections/Court
Pediatrician
other REACH program
DSS


Region IV: Referral Source
13%
7%
4%
22%
54%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
Police/Corrections/Court
Pediatrician
other REACH program
DSS


Region V: Referral Source
31%
2%
5%
2%
22%
38%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
Police/Corrections/Court
Pediatrician
other REACH program
DSS

Referral Time	Region I	Region II	Region III	Region IV	Region V	Totals
Monday-Friday	68	39	49	41	44	241
Weekends/Holidays	8	7	4	5	16	40
7am -2:59pm	49	23	29	22	23	146
3pm - 10:59pm	24	20	21	18	31	114
11pm – 6:59am	3	3	3	6	6	21

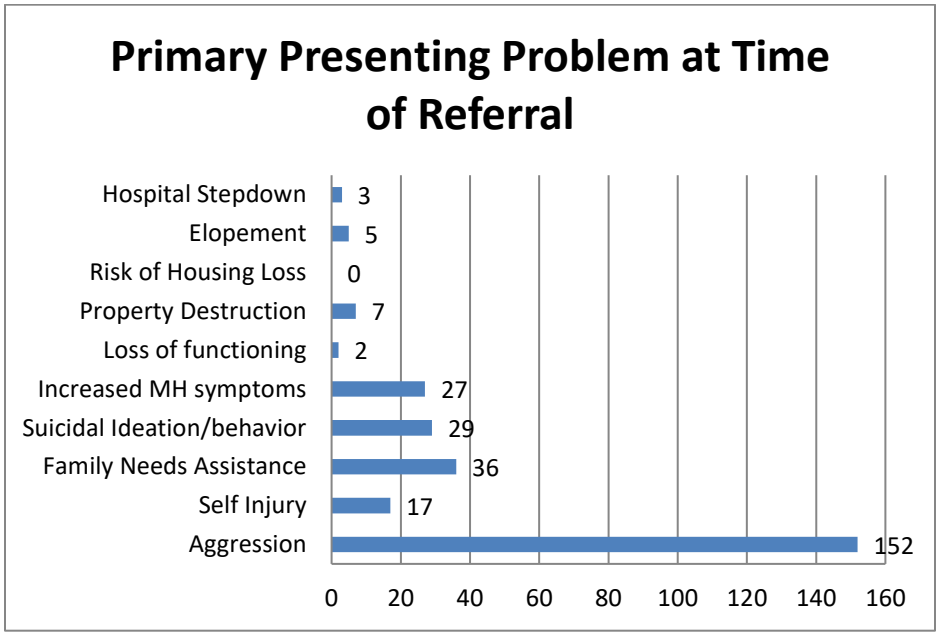
Also of interest to the Commonwealth is ensuring that the REACH programs serve both the ID and the DD communities. The regions are all reporting that they serve more individuals with only a developmental disability as opposed to both a developmental and intellectual disability. "Unknown" refers to individuals 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	13	1	6	6	4	30
DD Only	58	32	34	29	48	201
ID/DD	5	9	10	9	7	40
None/Unknown	0	4	3	2	1	10
Totals	76	46	53	46	60	281

Aggression continues to be the most common reason for a referral to the REACH program. Aggressive behavior includes physical aggression and verbal threats. The following table summarizes primary presenting problems by region. Note: the three individuals noted as "other" for Region III were due to residential transition and inappropriate sexual behavior.

Presenting Problems	**Region I**	**Region II**	**Region III**	**Region IV**	**Region V**	**Totals**
Aggression	50	27	21	25	29	152
Self-injury	0	1	4	5	7	17
Family Needs Assistance	0	8	12	8	8	36
Suicidal Ideation/behavior	14	3	2	2	8	29
Increased MH symptoms	8	7	5	0	7	27
Loss of functioning	0	0	0	2	0	2

Property Destruction	3	0	3	1	0	7
Risk of Housing Loss	0	0	0	0	0	0
Elopement	1	0	3	0	1	5
Hospital Stepdown	0	0	0	3	0	3
Other	0	0	3	0	0	3
Total	76	46	53	46	60	**281**



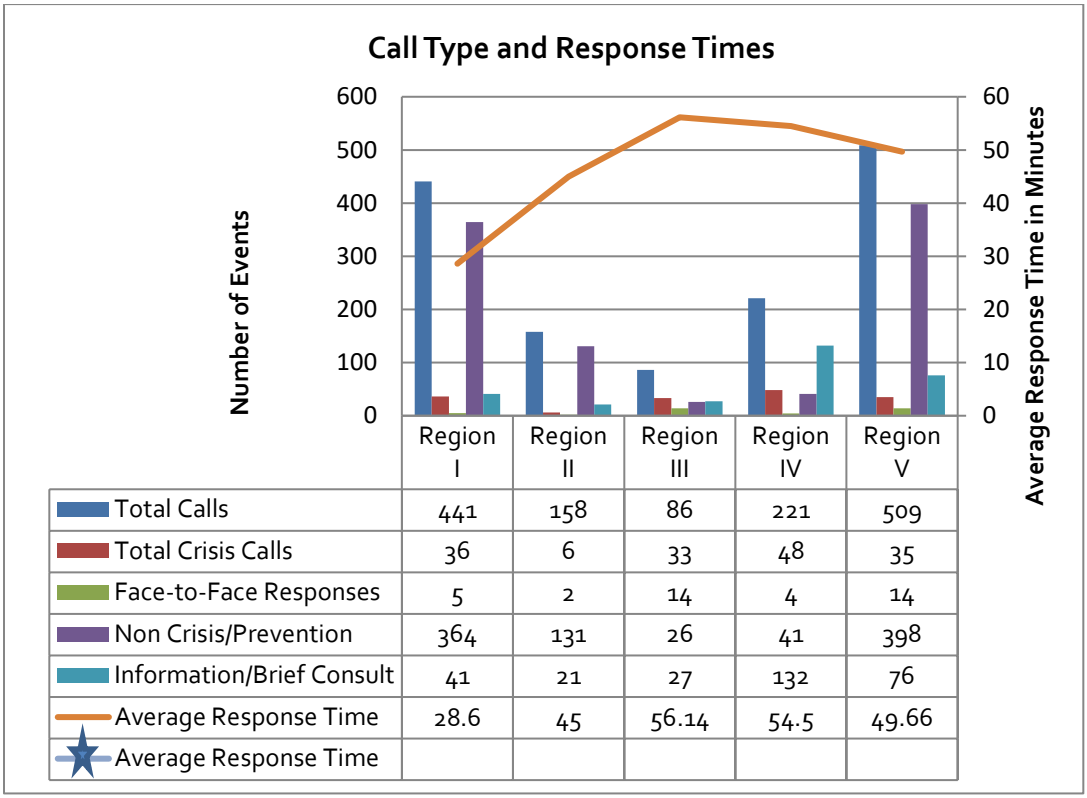
REACH Crisis Response

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.



	Region I	Region II	Region III	Region IV	Region V
Total Calls	441	158	86	221	509
Total Crisis Calls	36	6	33	48	35
Face-to-Face Responses	5	2	14	4	14
Non Crisis/Prevention	364	131	26	41	398
Information/Brief Consult	41	21	27	132	76
Average Response Time	28.6	45	56.14	54.5	49.66
Average Response Time					

The graph above details calls activity for the programs over the fourth 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. As noted earlier in this report, three CSBs moved out of Region II 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. 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 92% for Region IV to 58% for Region III, with Region I at 86%, Region II at 67%, and Region V at 60%. The table on the following page offers the reader a more comprehensive view of response time data by breaking it into 30-minute increments. Regions I, II, IV, and V responded to 100% of their face to face calls within the timeframes required by the Settlement Agreement; Region III responded to 93% of face to face calls within the required 2 hour timeframe for a region designated as rural.

Region	Region I Rural	Region II Urban	Region III Rural	Region IV Urban	Region V Rural	**Totals**
0-30 Minutes	3	1	4	0	5	13
31-60 Minutes	1	1	5	4	1	12
61-90 Minutes	1	0	3	0	6	10
91-120 Minutes	0	0	1	0	2	3
121+ Minutes	0	0	1	0	0	1
Totals	5	2	14	4	14	39

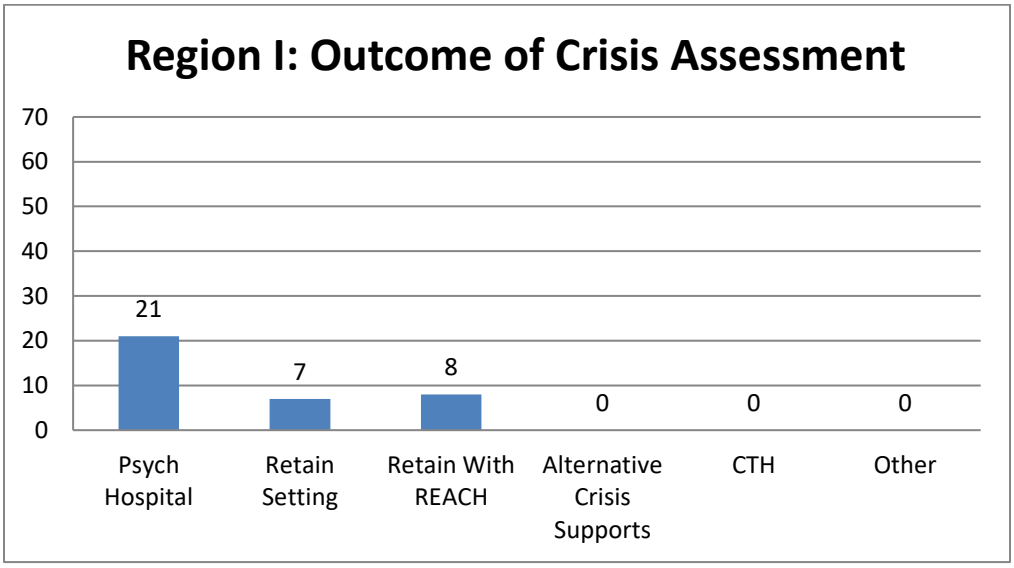
Location of Crisis Assessments

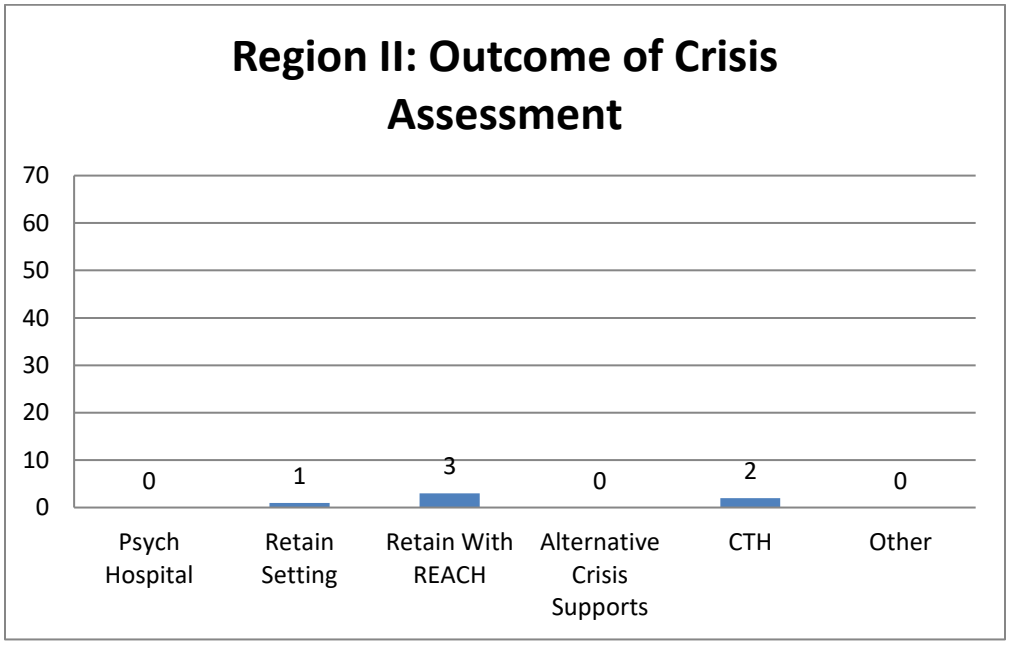
Assessment Location	Region I	Region II	Region III	Region IV	Region V	**Totals**
Family Home	12	1	8	26	9	56
Hospital/Emergency Room	16	1	21	17	21	76
Emergency Services/CSB	8	3	2	0	1	14
School	0	0	0	0	0	0
Residential Provider	0	0	0	0	0	0
Other	0	1	2	5	1	9
Totals	36	6	33	48	32	**155**

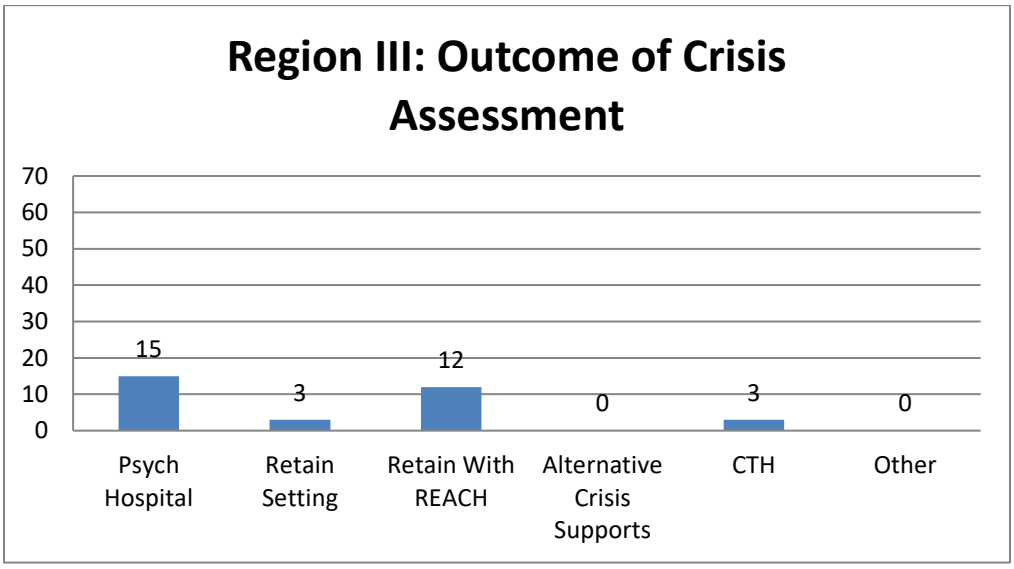
Region II other = grocery store; Region III other = police station, park; Region IV: police station (2), crisis triage center (2), CSU (1); Region V: other = 1 juvenile detention center, 3 less assessments than calls as 3 refused assessment/declined services

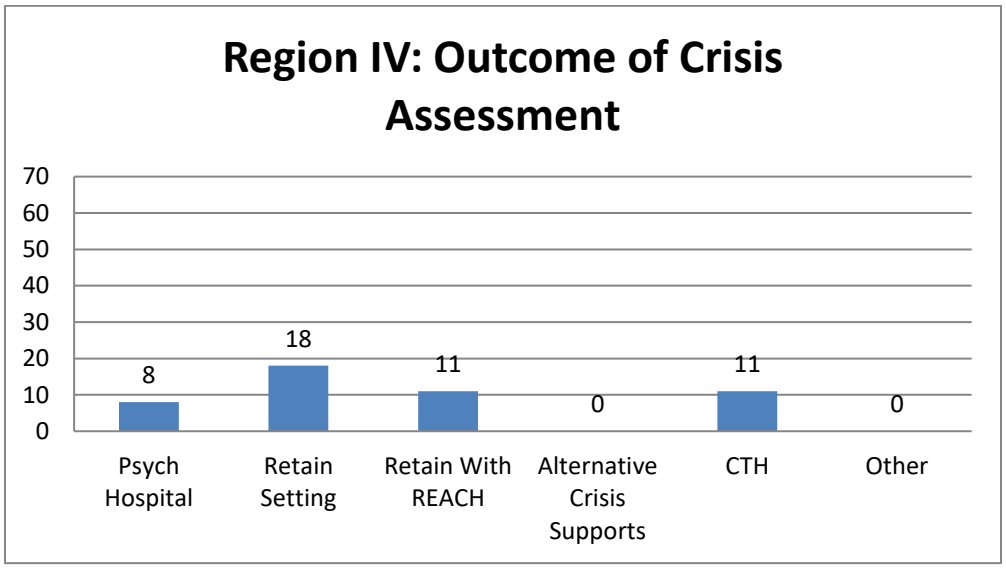
When indicated, the REACH programs are expected to arrive at the physical site of the crisis event, regardless of the nature of the setting. The table above provides a summary of the various locations where mobile crisis assessments took place over the course of the fourth quarter of FY20. The location 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.

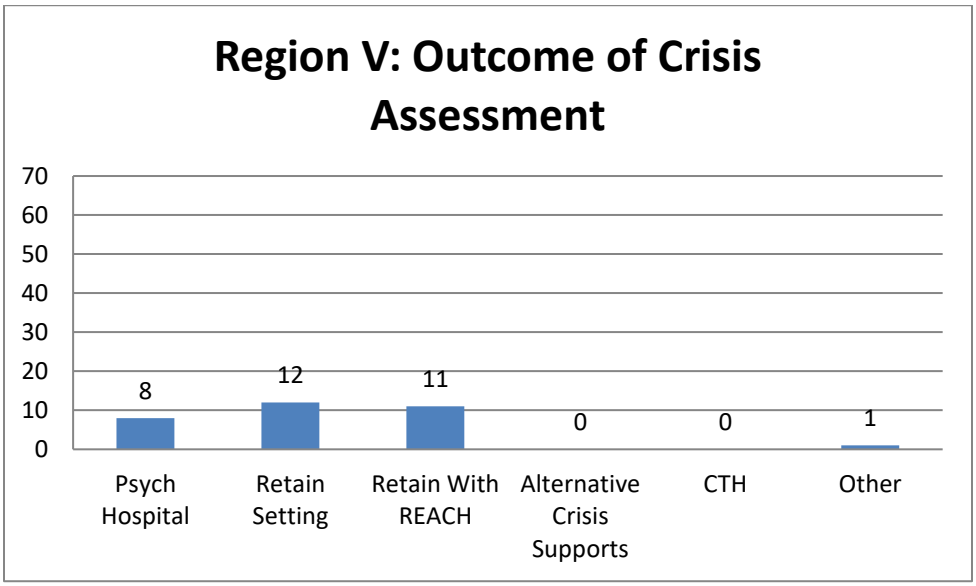
Ideally, when a crisis response occurs, it is hoped that the resulting outcome will be that the child will remain in his/her home with family. While this is not always possible, the REACH programs are very often able to intervene in the moment to prevent out-of-home placement. They can do this by providing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





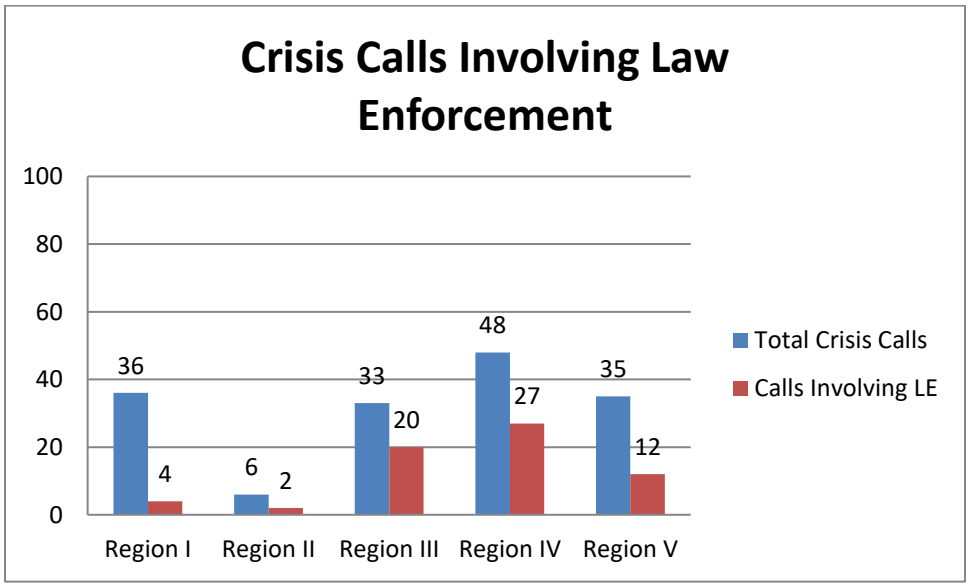

Region III: Outcome of Crisis Assessment
70
60
50
40
30
20
10
0
15
3
12
0
3
0
Psych Hospital
Retain Setting
Retain With REACH
Alternative Crisis Supports
CTH
Other


Region IV: Outcome of Crisis Assessment
70
60
50
40
30
20
10
0
8
18
11
0
11
0
Psych Hospital
Retain Setting
Retain With REACH
Alternative Crisis Supports
CTH
Other



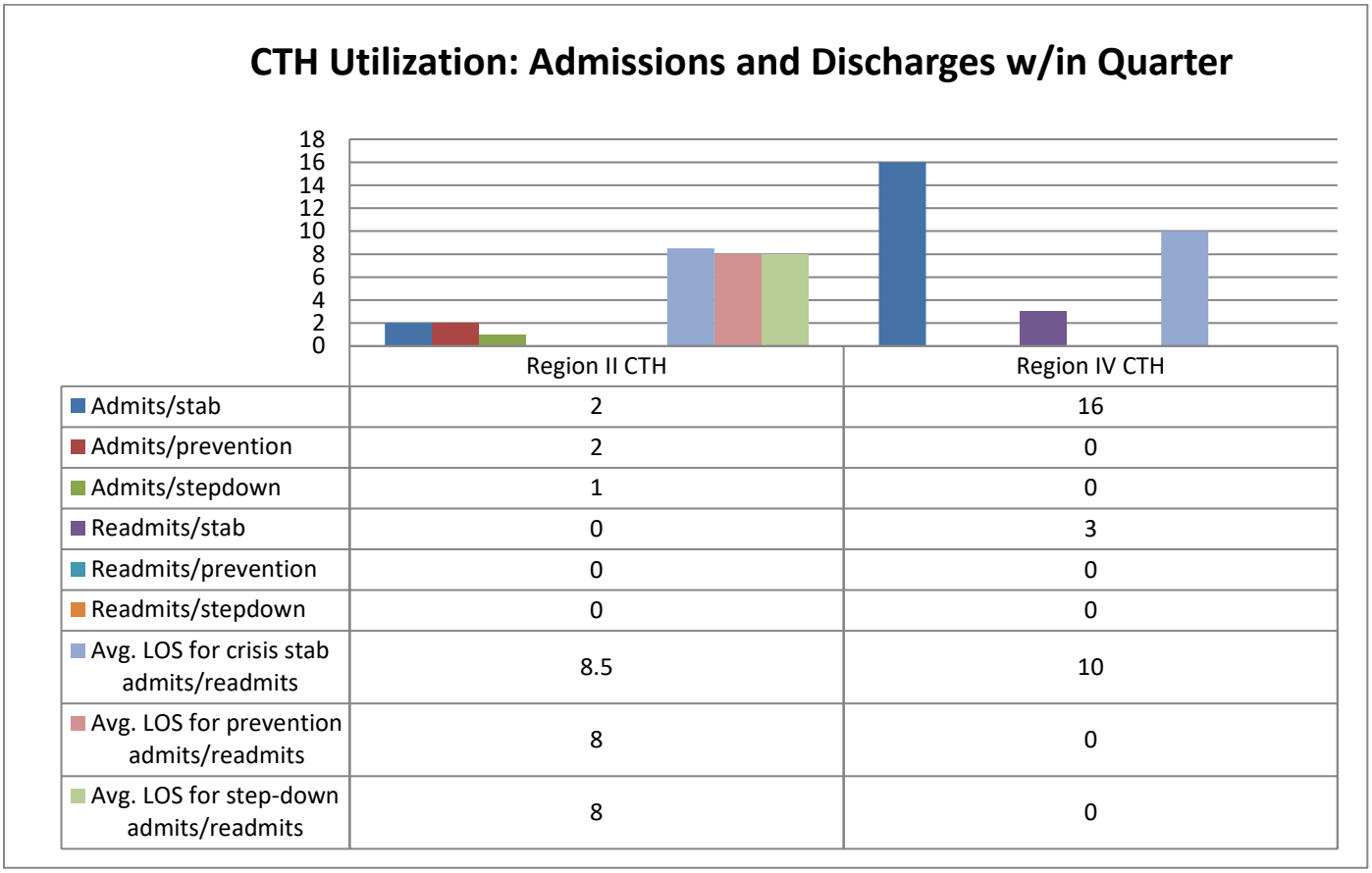
**Other: 1 juvenile detention center; note: 3 less outcomes than crisis calls as 3 individuals refused assessment/declined services*

The table below provides a contrast of the total number of crisis calls to total number of crisis calls which involved law enforcement. Forty-one percent of overall crisis calls received involved law enforcement, which is an increase from the previous quarter (39%).



Crisis Therapeutic Homes

Two of the five REACH programs now operate a Crisis Therapeutic Home (CTH) 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. Information such as type of stay, length of stay, readmissions, and waitlists is presented in the graph below. The data presented in the graph below are displayed by the crisis therapeutic home in which the individual received services, as opposed to by the region where the youth resides. The small table that follows on the next page outlines the region from which the individual was admitted into one of the two child CTHs.



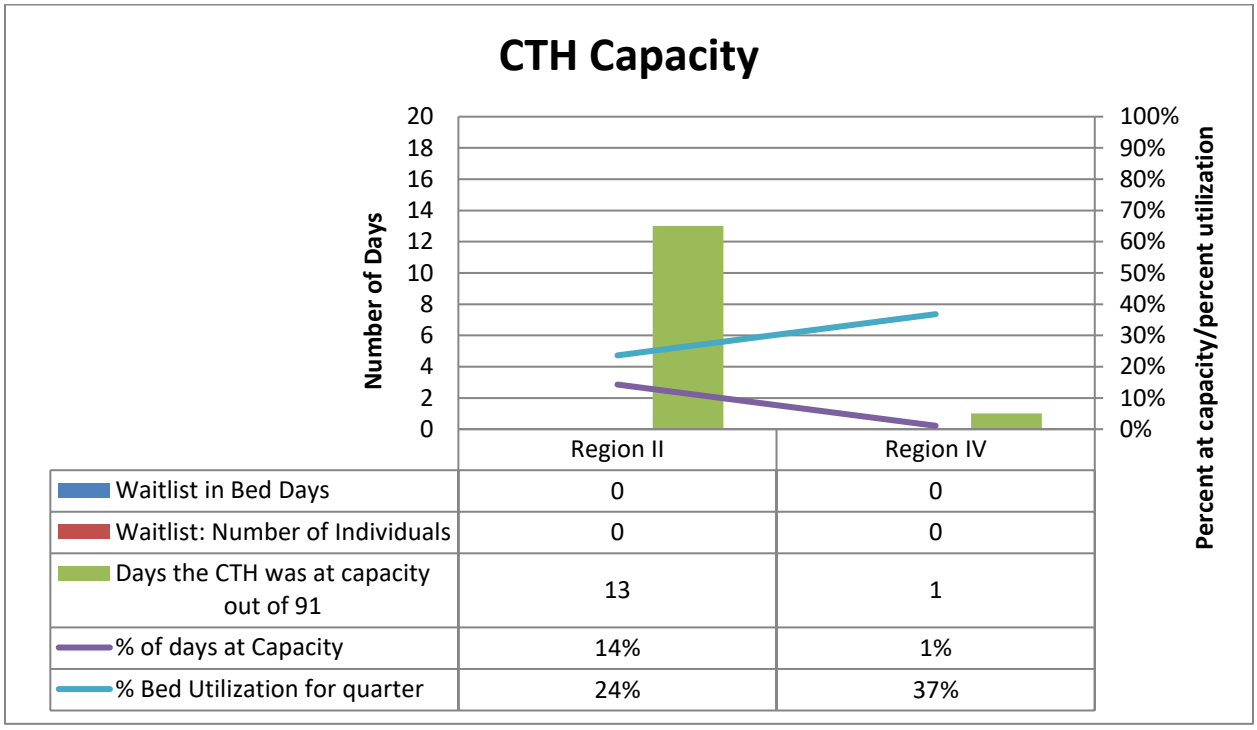
	Region II CTH	Region IV CTH
Admits/stab	2	16
Admits/prevention	2	0
Admits/stepdown	1	0
Readmits/stab	0	3
Readmits/prevention	0	0
Readmits/stepdown	0	0
Avg. LOS for crisis stab admits/readmits	8.5	10
Avg. LOS for prevention admits/readmits	8	0
Avg. LOS for step-down admits/readmits	8	0

Region	Admits & readmits per region
Region 1	0
Region 2	5
Region 3	4
Region 4	11
Region 5	4

The average length of stay reflected for each type of admission on the above chart (CTH Utilization) is within the expected average length of stay. Across both regions operating a child CTH, there was one individual that admitted in the previous quarter that had a stay that carried over to the current quarter. The table below reflects more specific information for this 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 IV	Person 1	Crisis stabilization	39

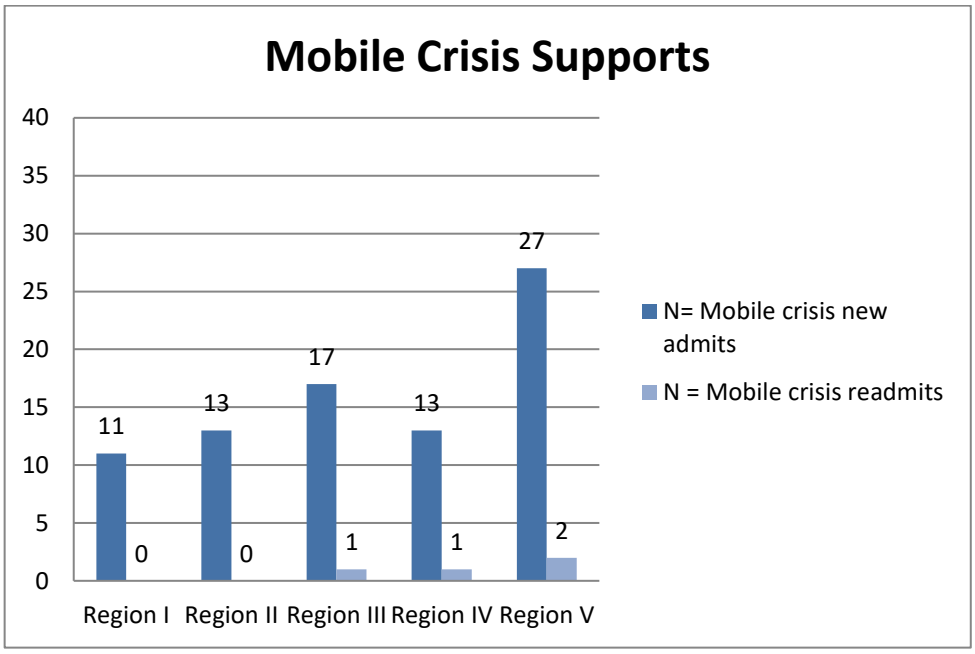
The graph below provides information regarding CTH capacity. Please note that waitlist days are ***not*** consecutive. This number reflects the cumulative number of days across the quarter when a bed was not available when requested for an *appropriate* admission to the CTH. The information provided 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 24% to 37% this quarter. Both homes will be able to serve 6 individuals each upon being fully licensed. During the quarter under review, the home in Region II was licensed for 2 beds and the home in Region IV was licensed for 6 beds; of note, 1 bed was off line in Region IV during the months of April and May.



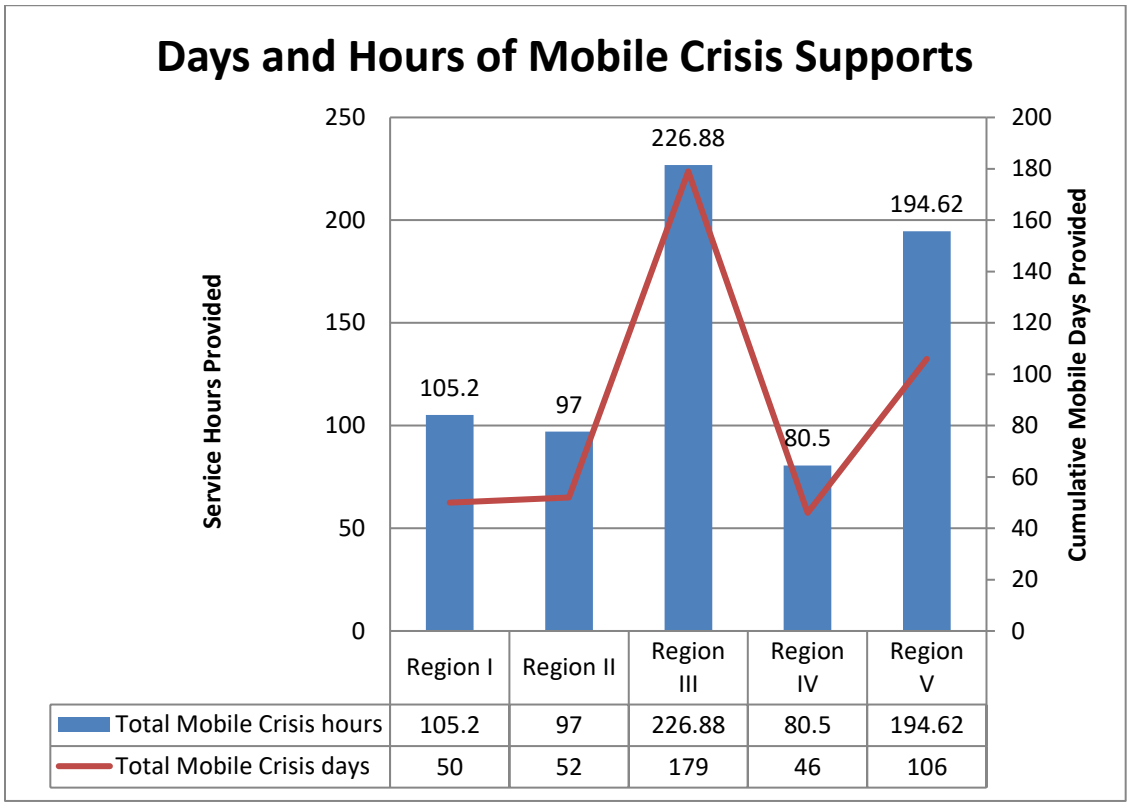
	Region II	Region IV
Waitlist in Bed Days	0	0
Waitlist: Number of Individuals	0	0
Days the CTH was at capacity out of 91	13	1
% of days at Capacity	14%	1%
% Bed Utilization for quarter	24%	37%

Number of beds used out of beds available	*43 out of 182*	*201 out of 552*

Community-based, mobile crisis supports are one of the key services that the children's programs provide. These services are provided in the home or community setting as an immediate result of a crisis event. It is especially important to the REACH model because it impacts and benefits not only the child but their immediate support system as well. Generally, these supports are successful in stabilizing the situation and being part of the solution for obviating out-of-home placement. The chart below depicts admissions activity for the community mobile crisis support program.



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

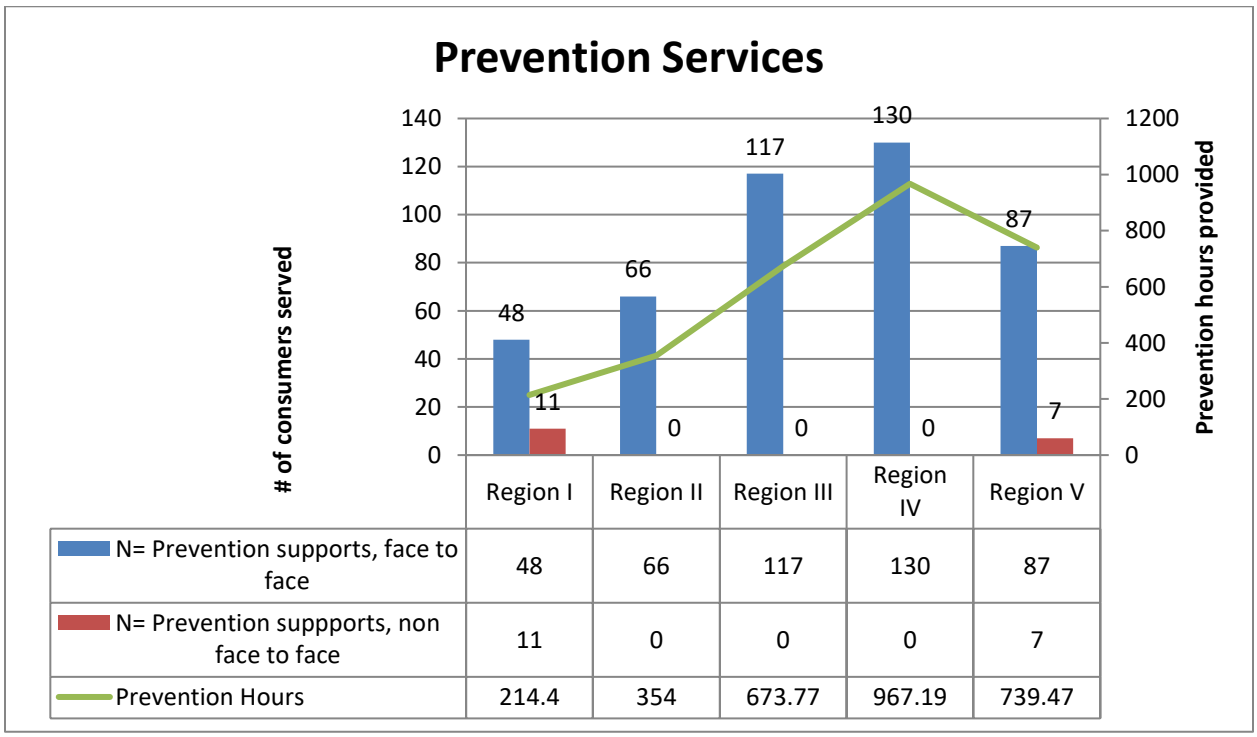


REACH sends clinicians to the homes and schools of individuals to work with them on developing and practicing coping skills. The table below provides information on the range of days across individuals served that mobile crisis supports were in place, the average number of days an individual received mobile crisis supports, and the average number of hours that each individual received per crisis event. All programs are providing at least 3 days on average of mobile crisis supports to individuals as required.

Service Unit	Region I	Region II	Region III	Region IV	Region V
Range of Days	2-9	1-6	1-15	2-6	1-10
Average Days/ Case	4.6	4	9.9	3.3	4.1
Average Hours/Day	2.1	1.9	1.3	1.8	1.6
Average Hours/Case	9.6	7.5	12.6	5.8	6.7

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

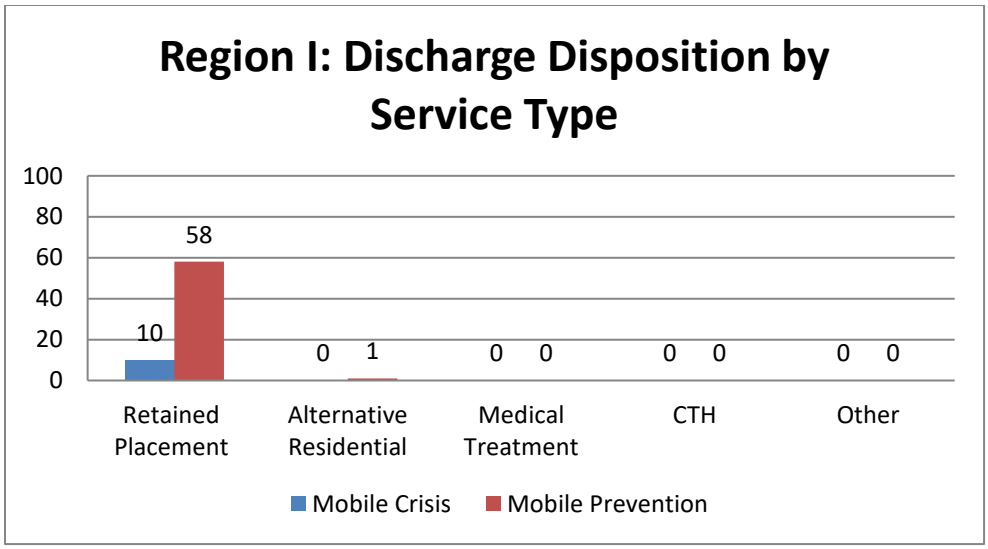
crisis supports, mobile prevention services are provided at a titrated frequency and do not occur as the immediate result of a crisis situation. More specifically, individuals included in mobile prevention services may be those who stepped down from mobile crisis support or those that were referred to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

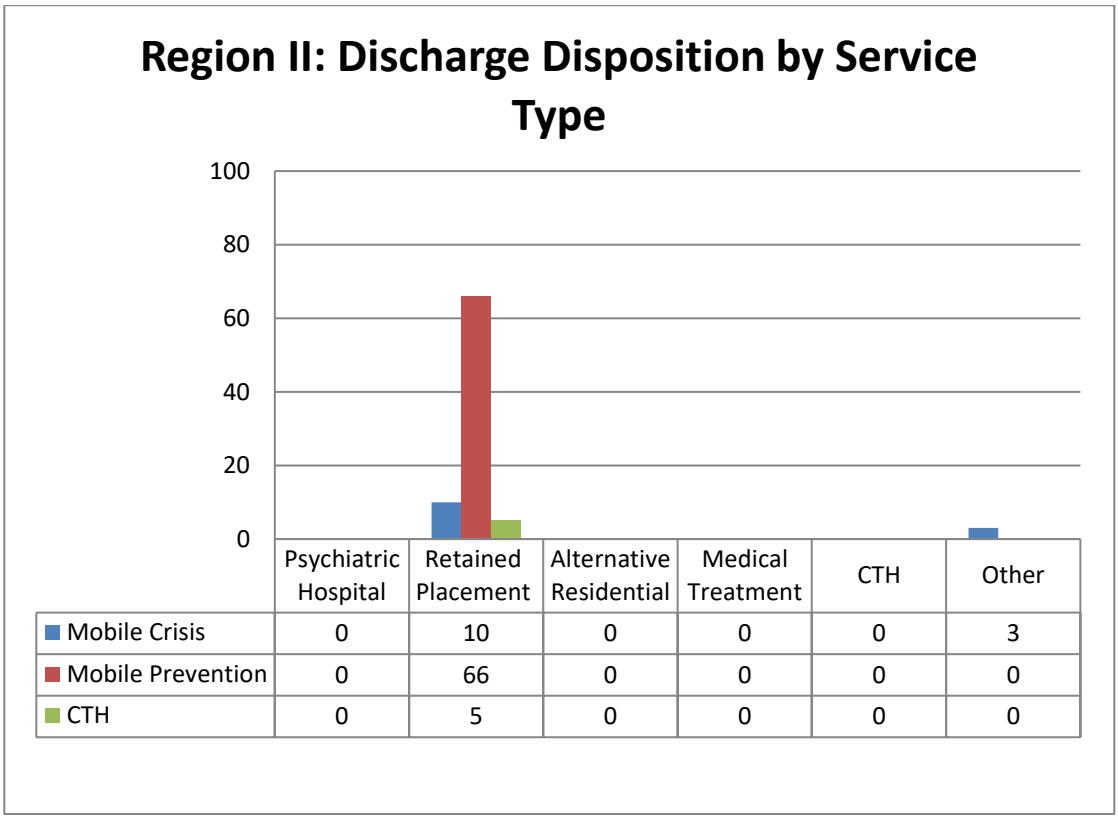


Crisis Service Outcomes/Dispositions

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, 92% of children were able to avoid hospitalization with the provision of mobile crisis supports. Based upon reported data of mobile prevention supports, 99% were also able to avoid hospitalization. Though the CTH service for children is in its infancy, 96% were able to avoid hospitalization. These data suggest that community based REACH supports are effective in helping families and their children through times of crisis and in maintaining stabilization post-crisis such that placement in the community can be maintained.

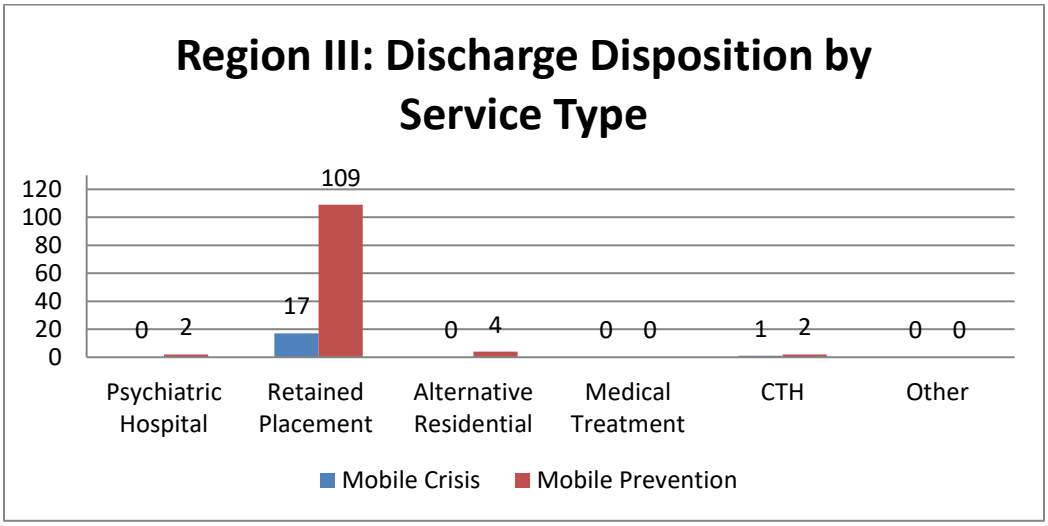
The graphs below display the outcomes of both mobile crisis and mobile prevention services across each REACH program.

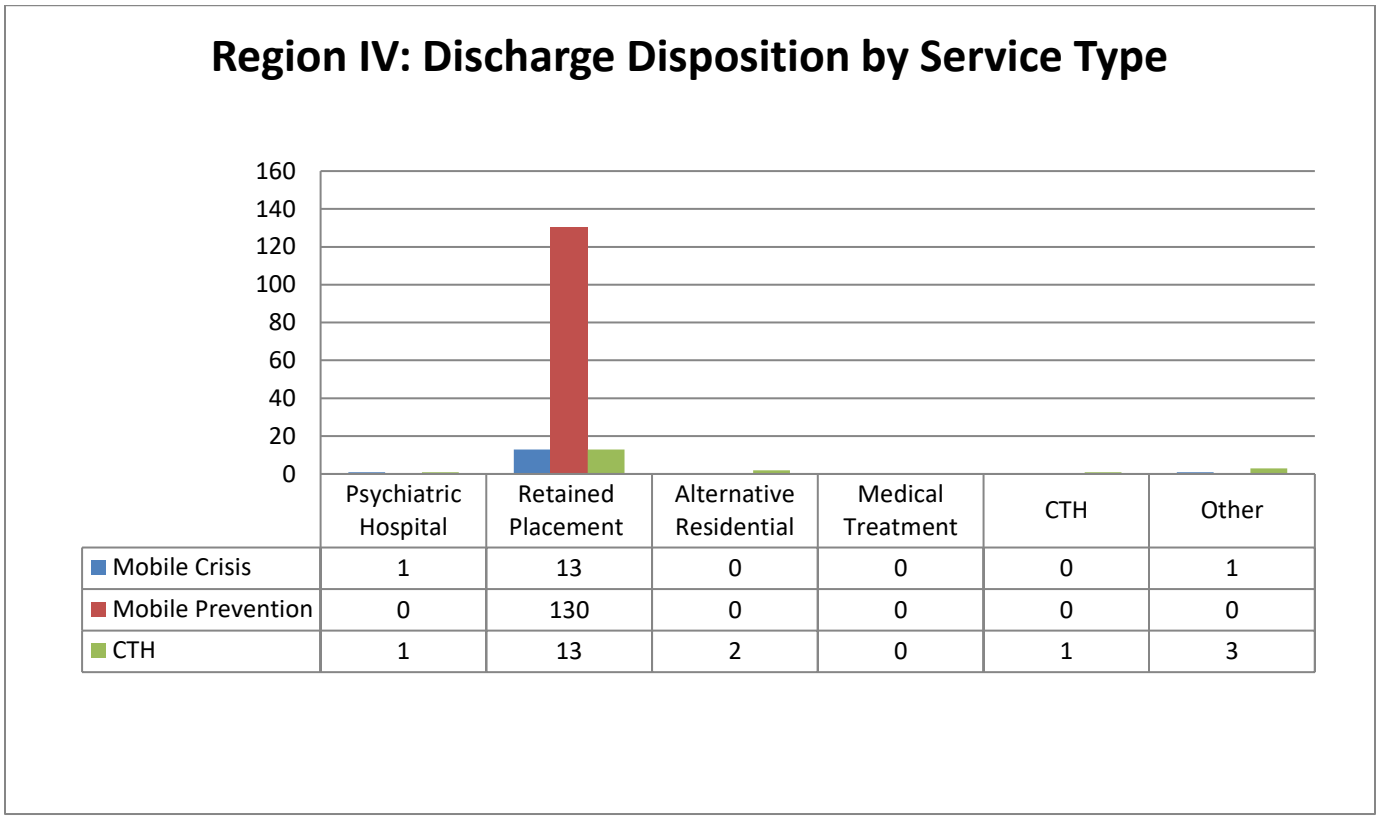




	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	CTH	Other
Mobile Crisis	0	10	0	0	0	3
Mobile Prevention	0	66	0	0	0	0
CTH	0	5	0	0	0	0

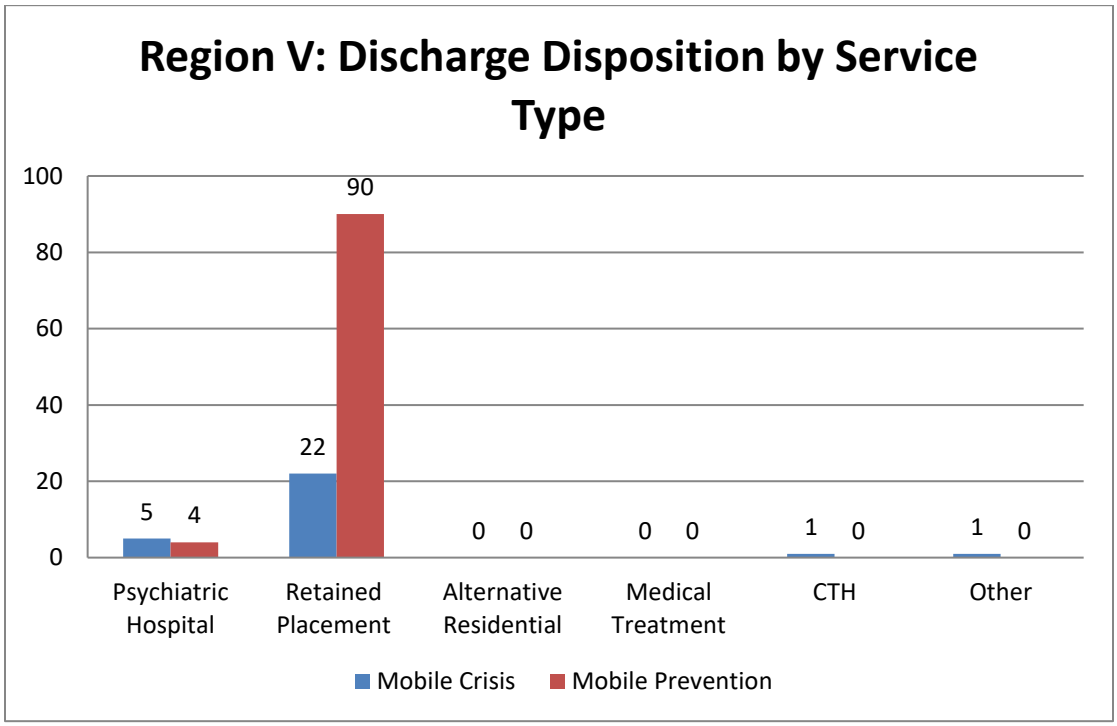
Mobile crisis other = active mobile crisis





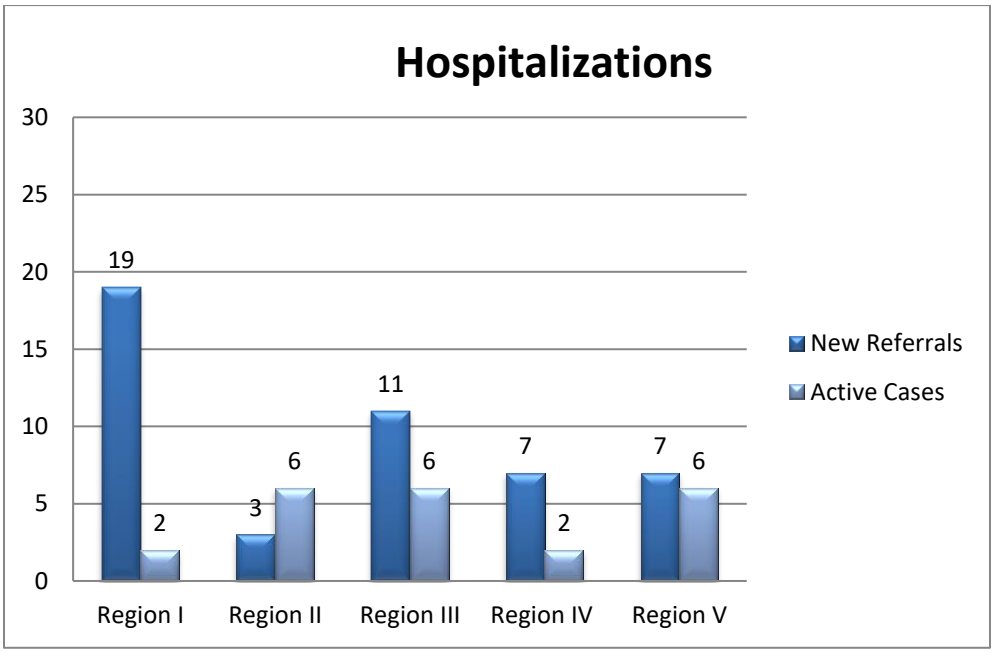
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	CTH	Other
Mobile Crisis	1	13	0	0	0	1
Mobile Prevention	0	130	0	0	0	0
CTH	1	13	2	0	1	3

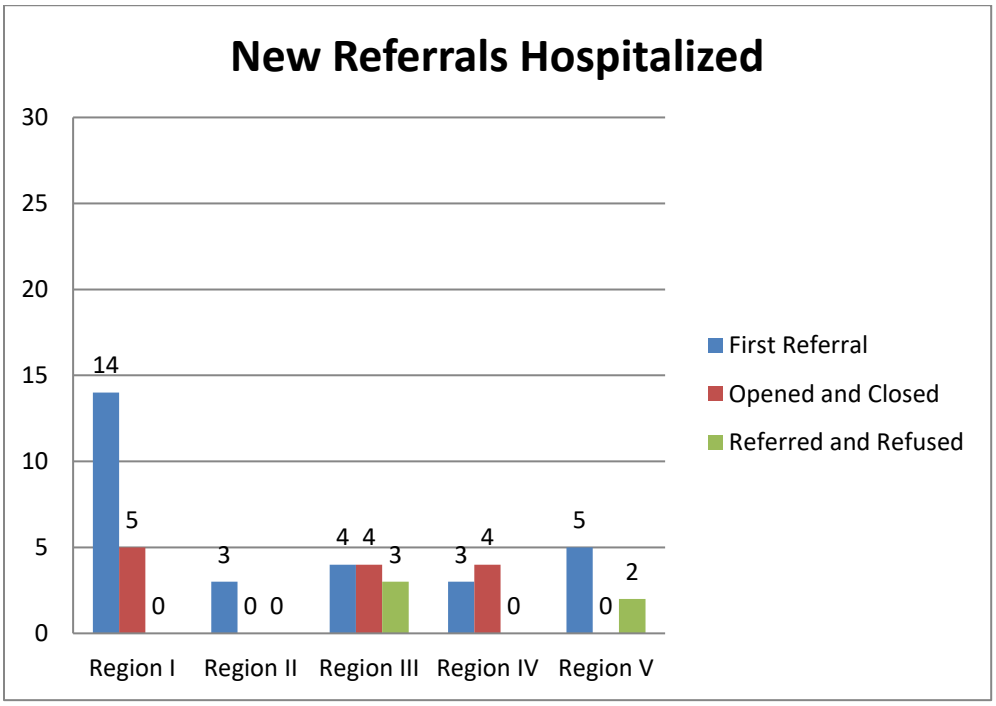
Mobile crisis other = active mobile crisis, includes 1 carryover; CTH other = step down to mobile crisis



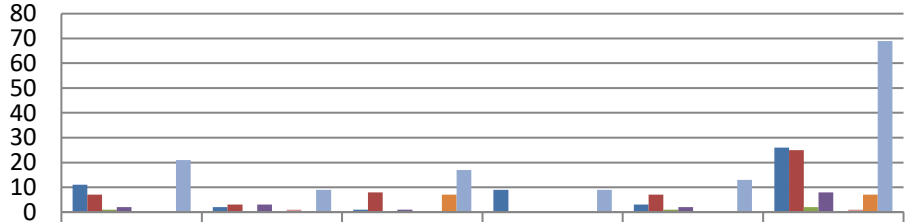
Mobile crisis other = individual legally involved, final disposition unknown

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.





Known Hospital Dispositions



	Region I	Region II	Region III	Region IV	Region V	TOTAL
Retained Setting	11	2	1	9	3	26
Retained Setting w/REACH	7	3	8	0	7	25
Alternate Residential Setting	1	0	0	0	1	2
Continued Hospitalization	2	3	1	0	2	8
Family	0	0	0	0	0	0
CTH	0	1	0	0	0	1
Other	0	0	7	0	0	7
TOTAL	21	9	17	9	13	69

Region 3 other = 7 unknown

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. A compliance indicator target has been set for mobile crisis services that *86% of families and providers will receive training in implementing CEPPs*. Excluding the CEPPs that did not require an update and a subsequent training, those that were scheduled to occur in the next quarter based on the start date into mobile crisis services, and those admitted into a different REACH service where the CEPP and training were completed (e.g. CTH admit), the combined REACH programs trained providers/families on 93% of the CEPPs created for mobile crisis support services this quarter. The reasons and related percentage for not completing the training is as follows: 1% of the individuals left the program, 6% of the families/providers would not respond to REACH staff communications or discontinued services. The tables that follows summarize the services provided for mobile and CTH services.

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	11	13	17	13	27
Consultation	11	13	17	13	27
Crisis Education Prevention Plan	11	12	16	13	20
Family/Provider Training	11	5	16	13	20

Region II: 1 individual discontinued services prior to CEPP, training declined due to family moving out of state (2), family not responsive to request to schedule training (1), training scheduled for next quarter based on start date in mobile crisis (4); Region III: 1 youth discharge from mobile crisis after 1 day and admitted to CTH; Region V: 4 CEPPs/trainings completed in previous quarters, 3 CEPPs/trainings not completed due to family discontinuing services or family not responsive to request to schedule CEPP and training

Service Type Provided: Crisis Stabilization (CTH)		
Service Type	Region II	Region IV
Comprehensive Evaluation	2	19
Consultation	2	19
Crisis Education Prevention Plan	2	18
Family/Provider Training	0	18

Region II training: 1 legal guardian did not participate in training; 1 family elected to have training scheduled in FY20Q1; Region IV: 1 family (admit from Region V) refused to participate in CEPP development or training/discontinued services following CTH stay

Service Type Provided: Planned Prevention (CTH)		
Service Type	Region II	Region IV
Comprehensive Evaluation	2	n/a
Consultation	2	n/a
Crisis Education Prevention Plan	2	n/a
Family/Provider Training	1	n/a

Region II training: 1 legal guardian requested training after individual moved to new residence;

Service Type Provided: Crisis Step Down (CTH)		
Service Type	Region II	Region IV
Comprehensive Evaluation	1	n/a
Consultation	1	n/a
Crisis Education Prevention Plan	1	n/a
Family/Provider Training	1	n/a

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	12	0	0	31	43
Case Manager/Support Coordinator: # Trained	10	0	105	0	59	174
Emergency Service Workers: #Trained	0	0	7	0	20	27
Family: # 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	0	0	126	5	78	209
Totals	10	12	385	383	257	**1047**

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

Summary

This report provides a summary of data for the regional children's REACH programs for the fourth quarter of fiscal year 2020. The statewide Children's REACH programs are functioning well and are actively serving children and families in crisis. 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. As noted previously, two child CTH's were opened in the previous quarter. Region IV is licensed for 6 beds at this time, whereas Region II is licensed for 2 beds and is expected to bring on 2 more beds in FY21Q1.

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 will 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. Two vendors have been selected for this service, and one vendor will begin the launch of out of home prevention services in FY21Q1. The other vendor currently is experiencing staffing obstacles related to COVID-19 and hopes to launch services in FY21Q2.

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.