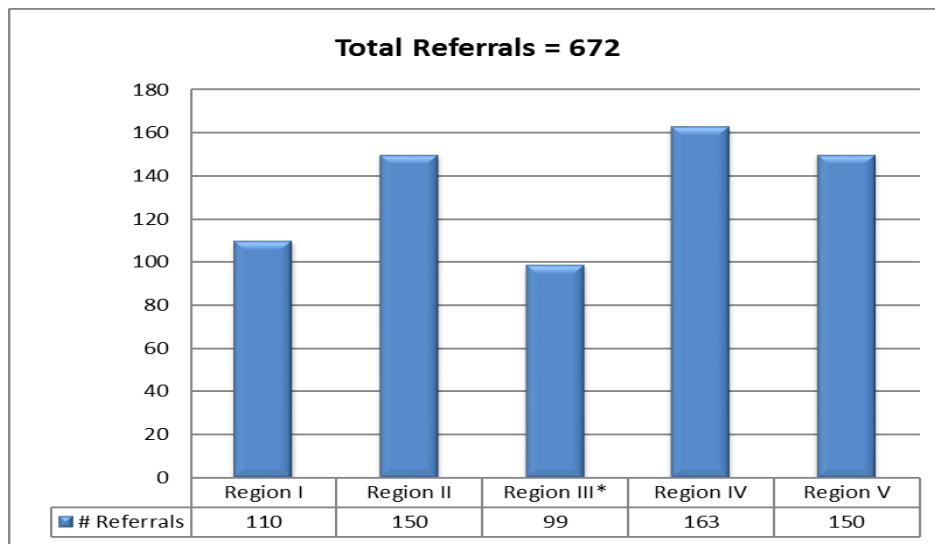


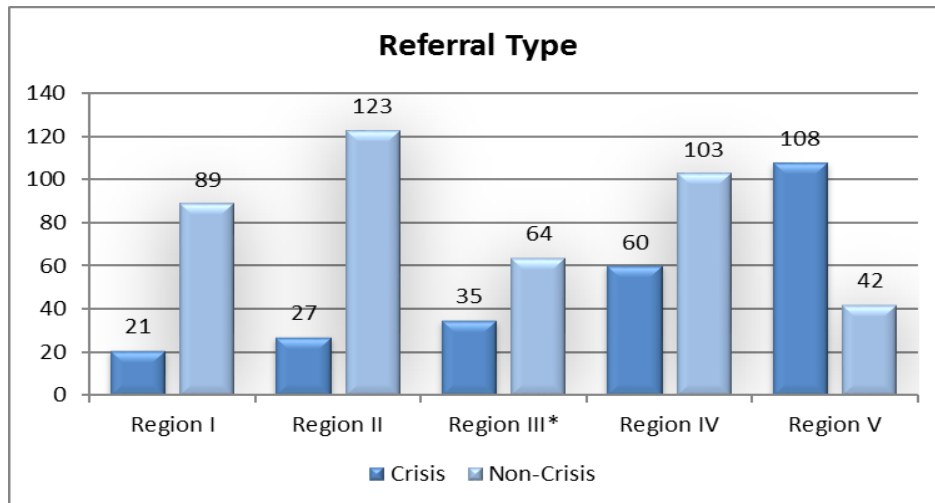
REACH Data Summary Report-Adult: Quarter 1/FY21

This report provides data summarizing the referral activity, service provision, and residential outcomes for adults served by the REACH programs during the first quarter of fiscal year 2021. On July 1, 2020, the Region III REACH Program began supporting Southside CSB, due to the DBHDS realignment of this Community Services Board (CSB) from Region IV to Region III for DD crisis services. The realignment of the CSB brings the DD crisis services into alignment with the current behavioral health regional distribution of support services. Five individuals, who were actively being supported by RIV REACH, were transferred to Region III REACH. The transfer data for these individuals are reflected in a note under charts below.

REACH Referral Activity



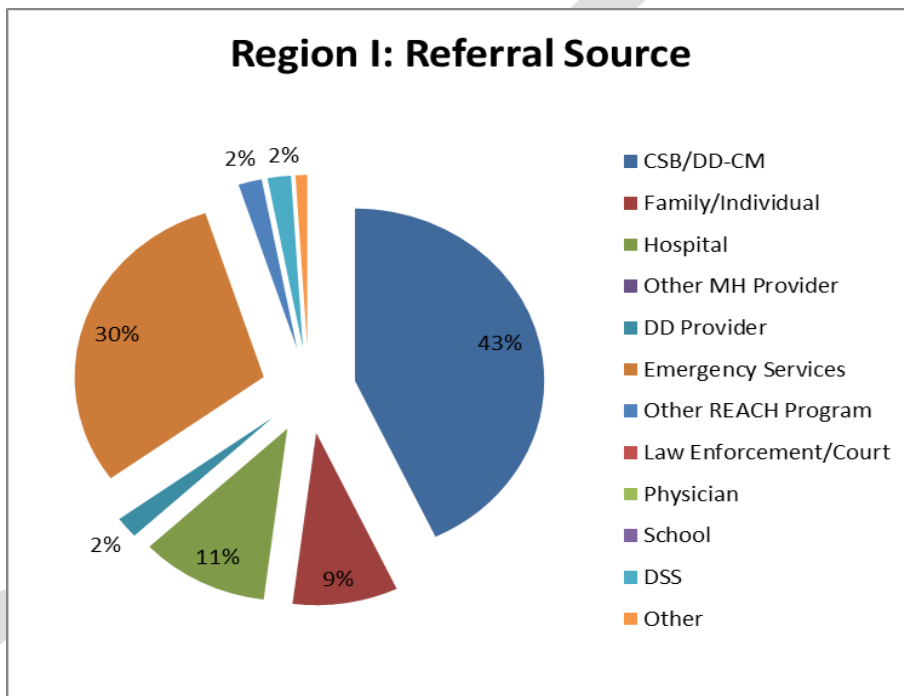
*Not included in data above: Five individuals transferred in the quarter to RIII from RIV.

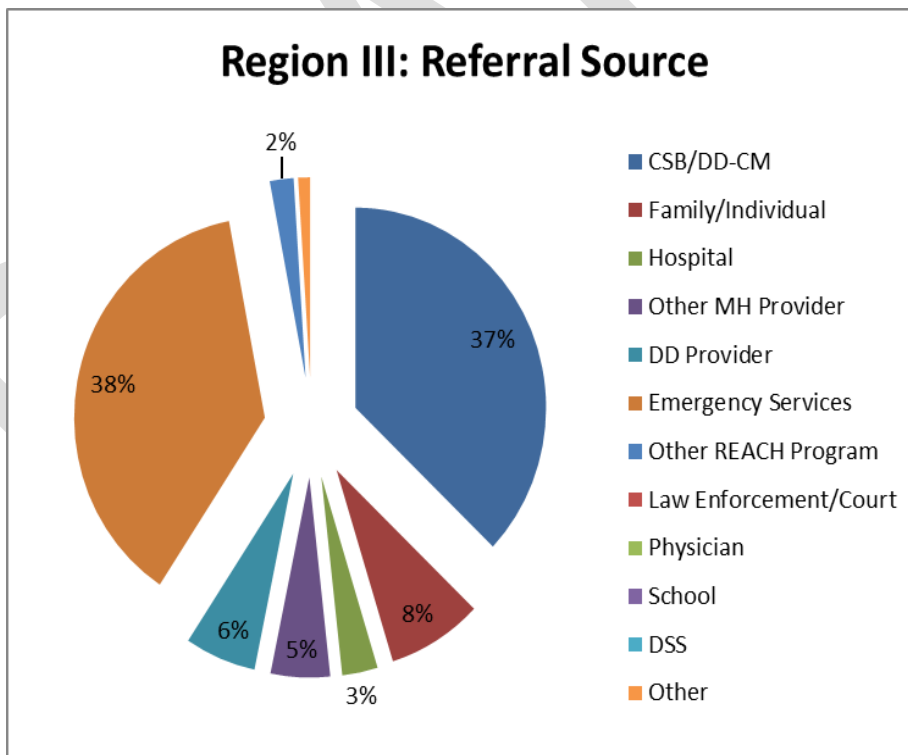
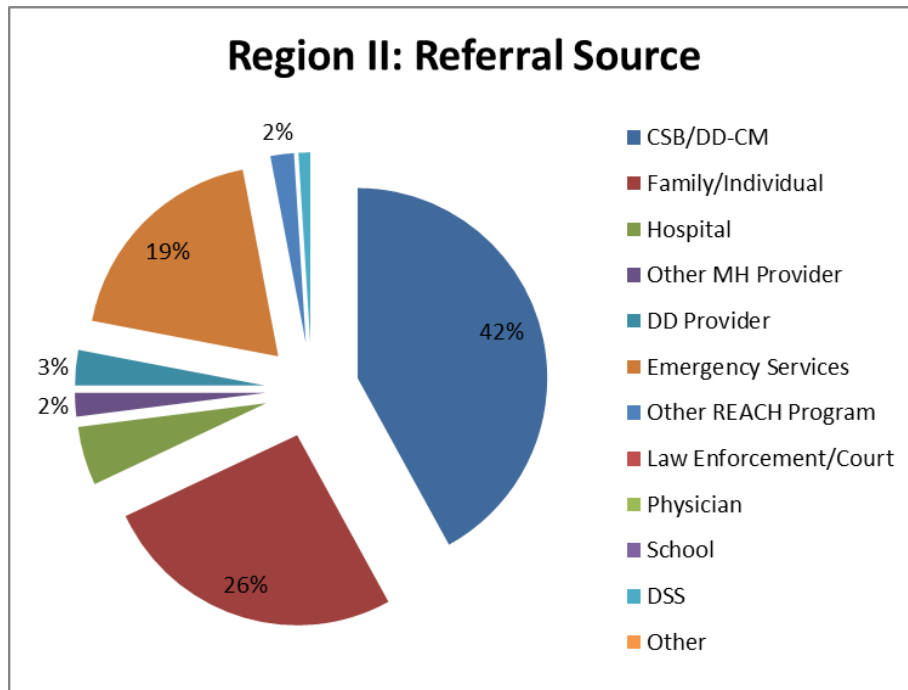


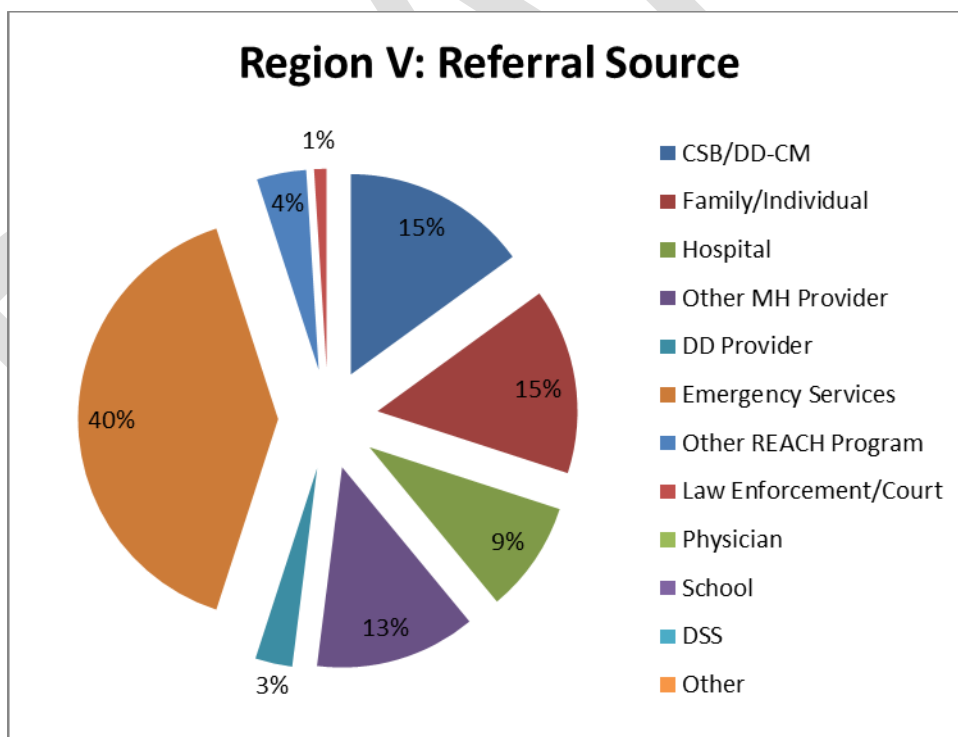
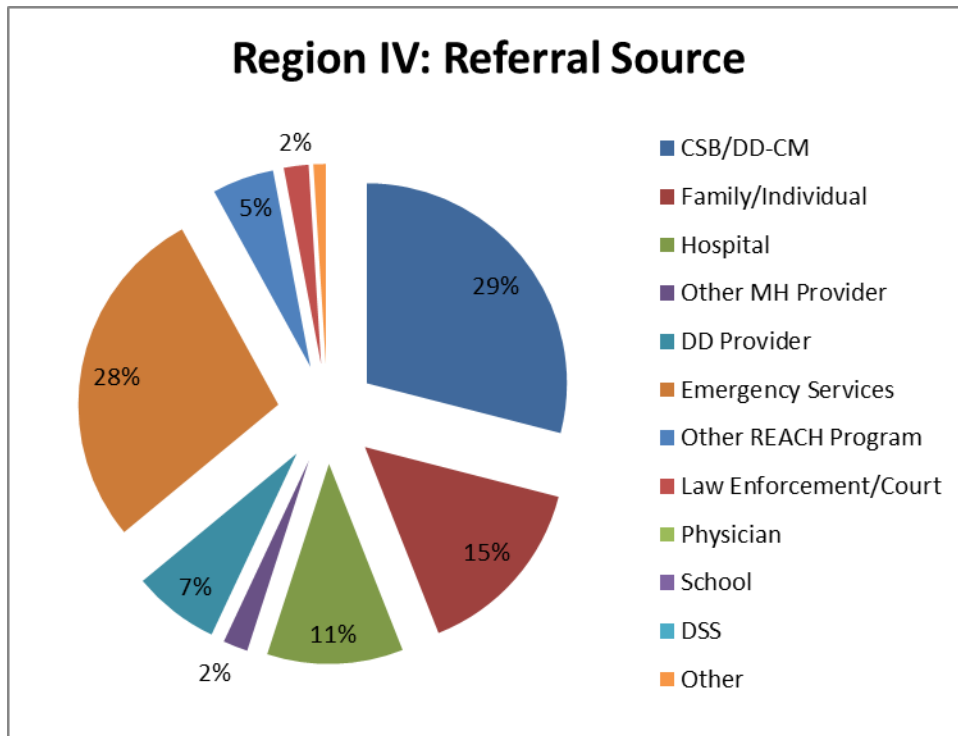
*Not included in data above: Five individuals that were not in crisis transferred to RIII from RIV

Referral activity for the first quarter of fiscal year 2021 is presented in the graphs on the previous page. For FY21 quarter one, an increase was noted in total referrals as compared to FY20 quarter four, 501 to 672. Regions I through IV have more non-crisis referrals than crisis referrals; whereas Region V has more crisis referrals.

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.







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 slightly higher than 3 p.m. to 10:59 p.m. time frame in which most referrals occur.

Referral Time	Region I	Region II	Region III	Region IV	Region V	Total
Monday-Friday	96	130	81	135	126	568
Weekends/Holidays	14	20	18	28	24	104
7am-2:59pm	47	90	44	71	65	317
3pm-10:59pm	58	53	42	73	68	294
11pm-6:59am	5	7	13	19	17	61

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	49	48	56	90	99	342
DD only	17	66	25	50	31	189
ID/DD	13	35	13	16	16	93
Unknown/None	31	1	5	7	4	48
Total	110	150	99	163	150	672

REACH Quarterly Report: Adults

Quarter 1: FY 2021

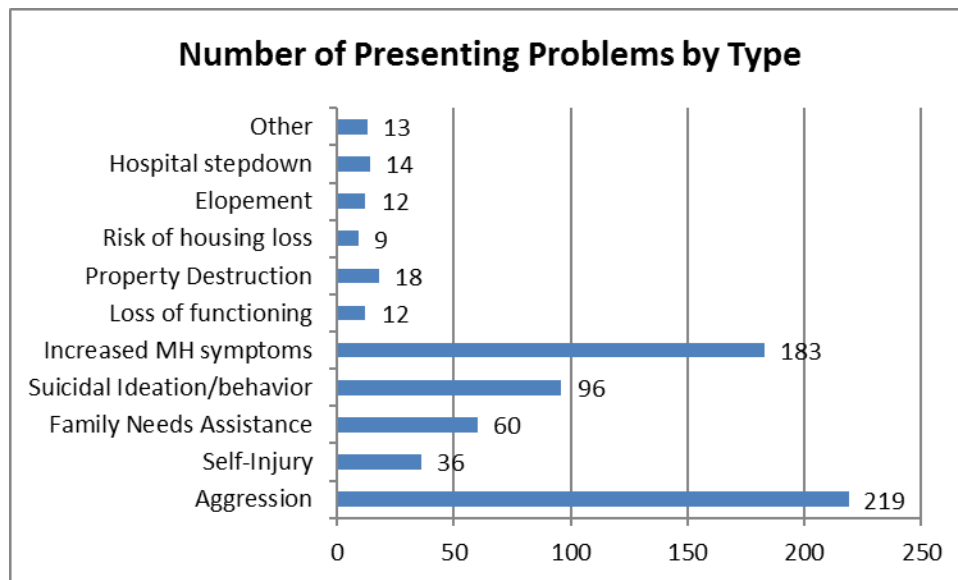
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In terms of what type of clinical issues bring individuals to the REACH programs for support; aggression and increased MH symptoms followed by suicidal ideation/behavior continue to be the main reasons for referral. Aggressive behavior includes physical 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	21	58	27	37	76	219
Self-Injury	4	2	4	11	15	36
Family Needs Support	12	17	5	24	2	60
Suicidal Ideation/behavior	9	14	25	19	29	96
Increased MH symptoms	48	41	21	61	12	183
Loss of functioning	4	3	5	0	0	12
Property Destruction	3	3	3	5	4	18
Risk of housing loss	4	2	2	0	1	9
Elopement	1	0	2	4	5	12
Hospital Stepdown	0	4	3	2	5	14
Other	4	6	2	0	1	13

Other: R1: 3 no crisis need, 1 discharge from ATH; R2: jail transition, 2 ATH step down, 3 housing transitions; R3: 2 sexually inappropriate behaviors; RV: homicidal ideation



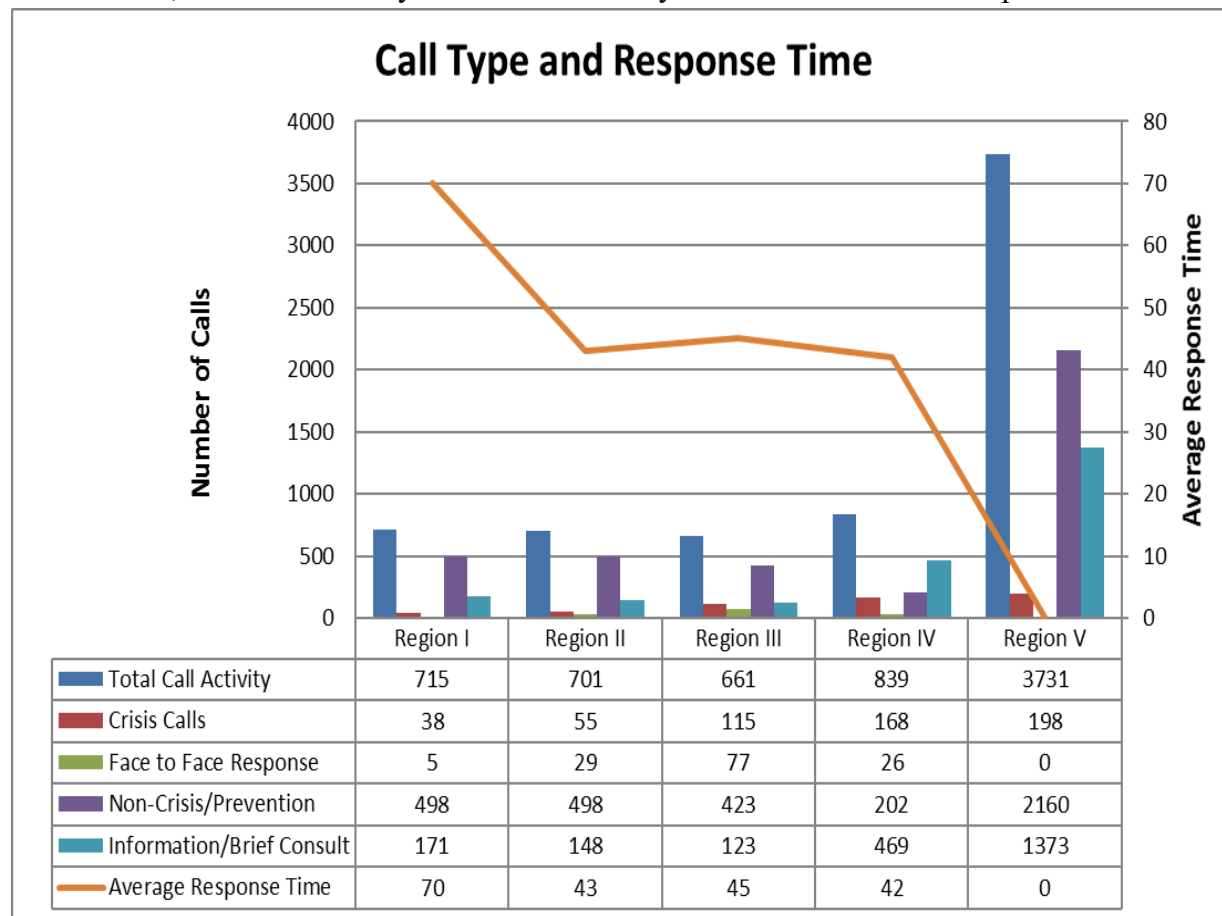
REACH Crisis Response

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.



The average response time is graphed on a secondary axis represented by the orange line. 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 RV to 33% for RIII with RI, RII, and RIV being at 89%, 47%, and 84% 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. Region I met the response time for 100% of the in-person responses while Regions II, III and IV met 83%, 99% and 92% 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. Distance continues to be the main reasons for delays in meeting response time.

	Region I	Region II	Region III	Region IV	Region V	Total Calls
Response Interval: 0 - 30	1	7	42	7	0	57
Response Interval: 31 - 60	1	17	18	17	0	53
Response Interval: 61 - 90	1	4	6	1	0	12
Response Interval: 91 -120	2	1	10	0	0	13
Response Interval: 120+	0	0	1	1	0	2
Total	5	29	77	26	0	137

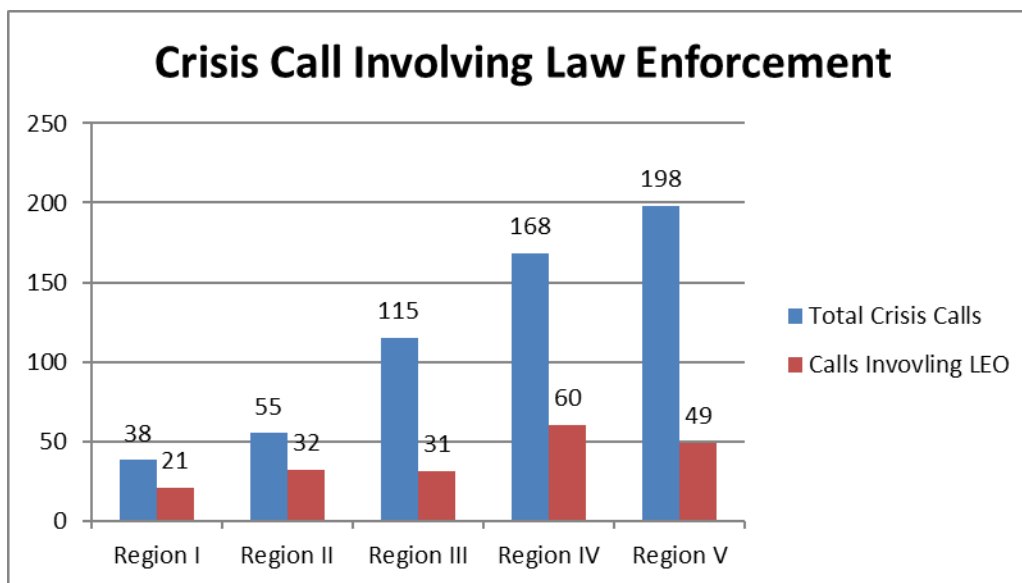
Location of Crisis Assessments

Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual/Family Home	6	7	18	20	73	124
Hospital/Emergency Room	22	18	57	111	57	265
Emergency Services/CSB	4	20	8	1	17	50
Residential Provider	6	8	30	27	39	110
Police Station	0	0	0	4	0	4
Day Program	0	0	0	0	0	0
School	0	0	0	0	0	0
Other	0	2	2	3	1	8
Total	38	55	115	166	187	561

Other settings include: R2 – grocery store and jail; R3 – grocery store and CSU; R4 – 2 less crisis assessments as individuals were sedated and assessment could not be done, police station, crisis triage center and CSU; R5: 11 less assessments as 9 refused assessment and 2 left prior to clinician meeting, 1 FACES Community 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 first quarter of FY21. 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. Forty-four (44%) of the assessments occurred with the individual located in a community setting outside of the ES or Hospital/ED. The graph on the next page provides a summary of the crisis calls that involve law enforcement. The data denotes a decrease in law enforcement presence for this quarter as compared to the previous quarter, 40% to 34%.

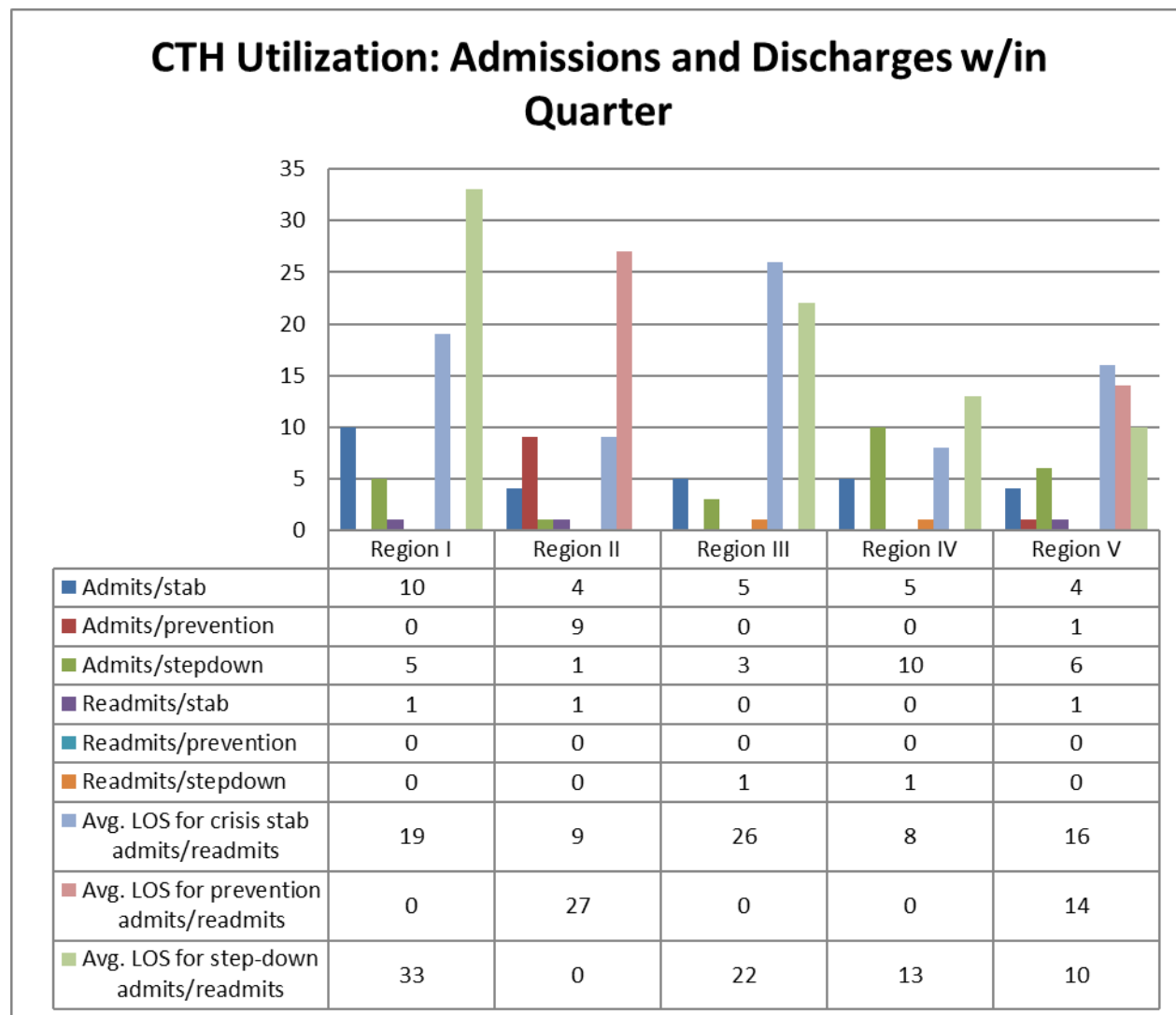


Crisis Therapeutic House

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 pages 12 and 13. 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, 10 prevention admissions, and 25 step-down admissions. Additionally, there were three crisis stabilization admissions as well as two step down admissions readmitted during the quarter. The number of crisis stabilization and step-down admissions remained stable with prevention admissions increasing for the same time period.

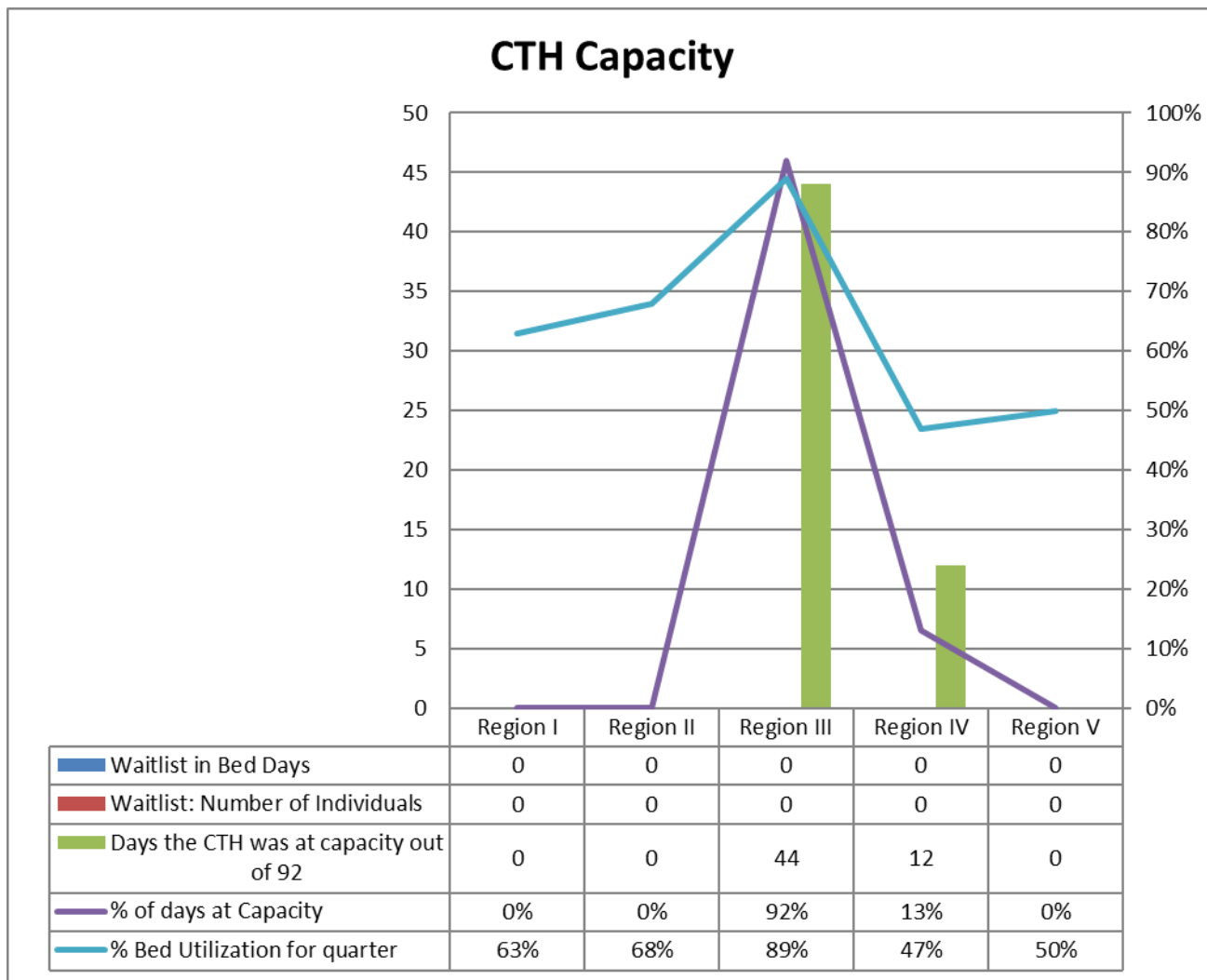


The average length of stay reflected for each type of admission on the previous chart is within the expected average length of stay. Across all Regions for those individuals who were admitted in a previous quarter to the CTH and discharged in this quarter, the data is as follows: 7 crisis stabilization admissions with LOS ranging from 15 - 366 days; 6 step-down admissions with LOS ranging from 11 - 100 days and 2 planned admissions with LOS ranging from 15 to 30 days. Over

the past three quarters there have been 52 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			
<i>Region</i>	<i>Individual</i>	<i>Type of Admission</i>	<i>Total LOS (days)</i>
Region I	Person 1	Crisis Stab	84
Region II	Person 1	Planned	30
	Person 2	Planned	15
	Person 3	Step-down	100
	Person 4	Step-down	72
Region III	Person 1	Crisis Stab	29
	Person 2	Crisis Stab	18
	Person 3	Crisis Stab	366
Region IV	Person 1	Crisis Stab	19
	Person 2	Crisis Stab	15
	Person 3	Step-down	75
	Person 4	Step-down	11
Region V	Person 1	Crisis Stab	56
	Person 2	Step-down	51
	Person 3	Step-down	65

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 89% this quarter. As a result of positive tests results for COVID-19, admissions were interrupted in all homes except RIII's CTH.

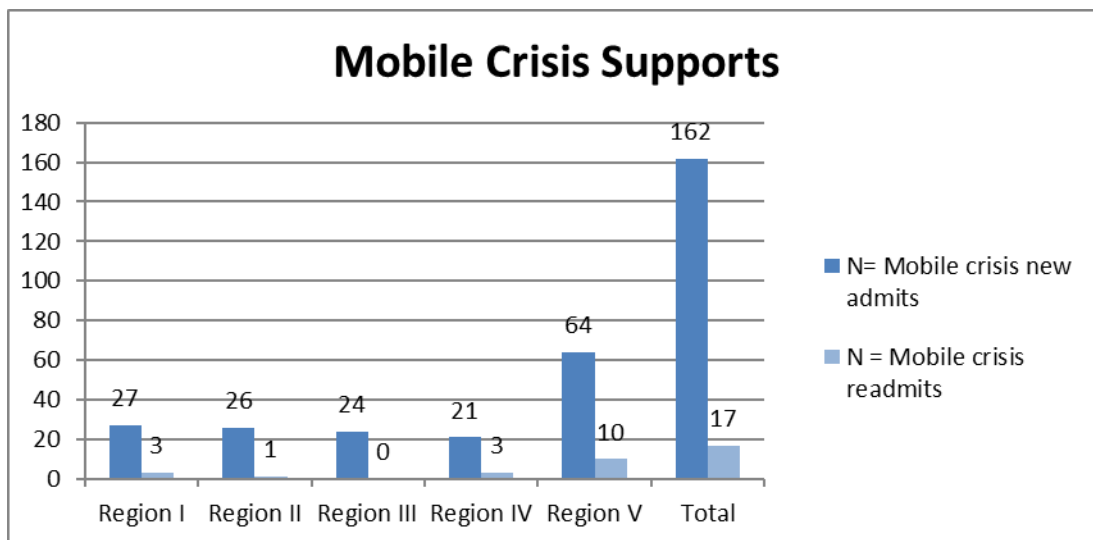


Beds Used Out of 552 Beds Available:	348	376	491	258	275
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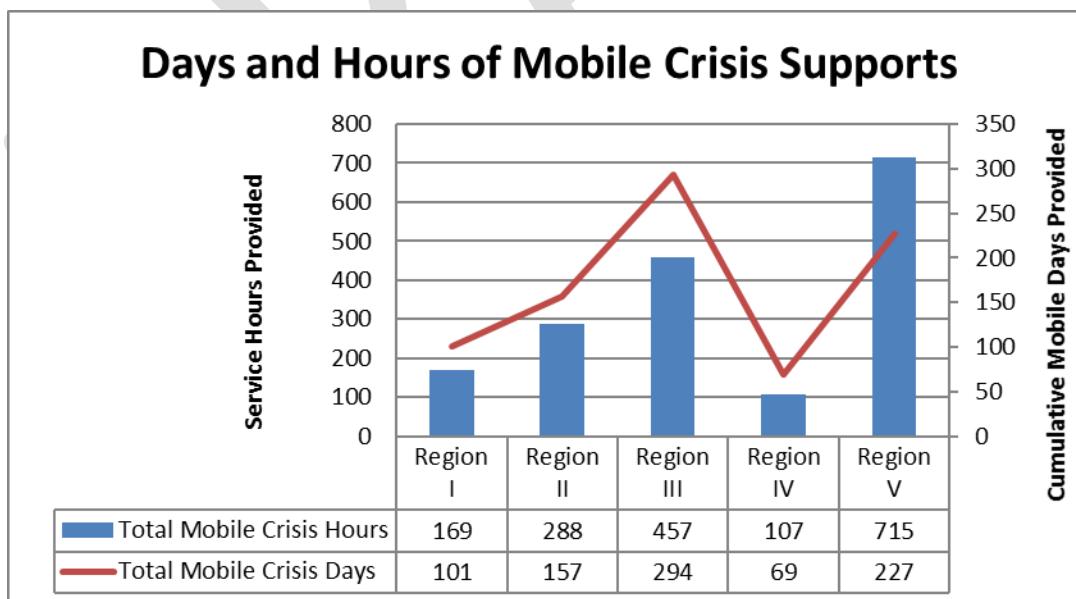
Community Mobile Crisis Stabilization

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 increased from 114 in the previous quarter to 162 in Q1. The total number of readmissions decreased from 22 to 17 for the same time period.



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.

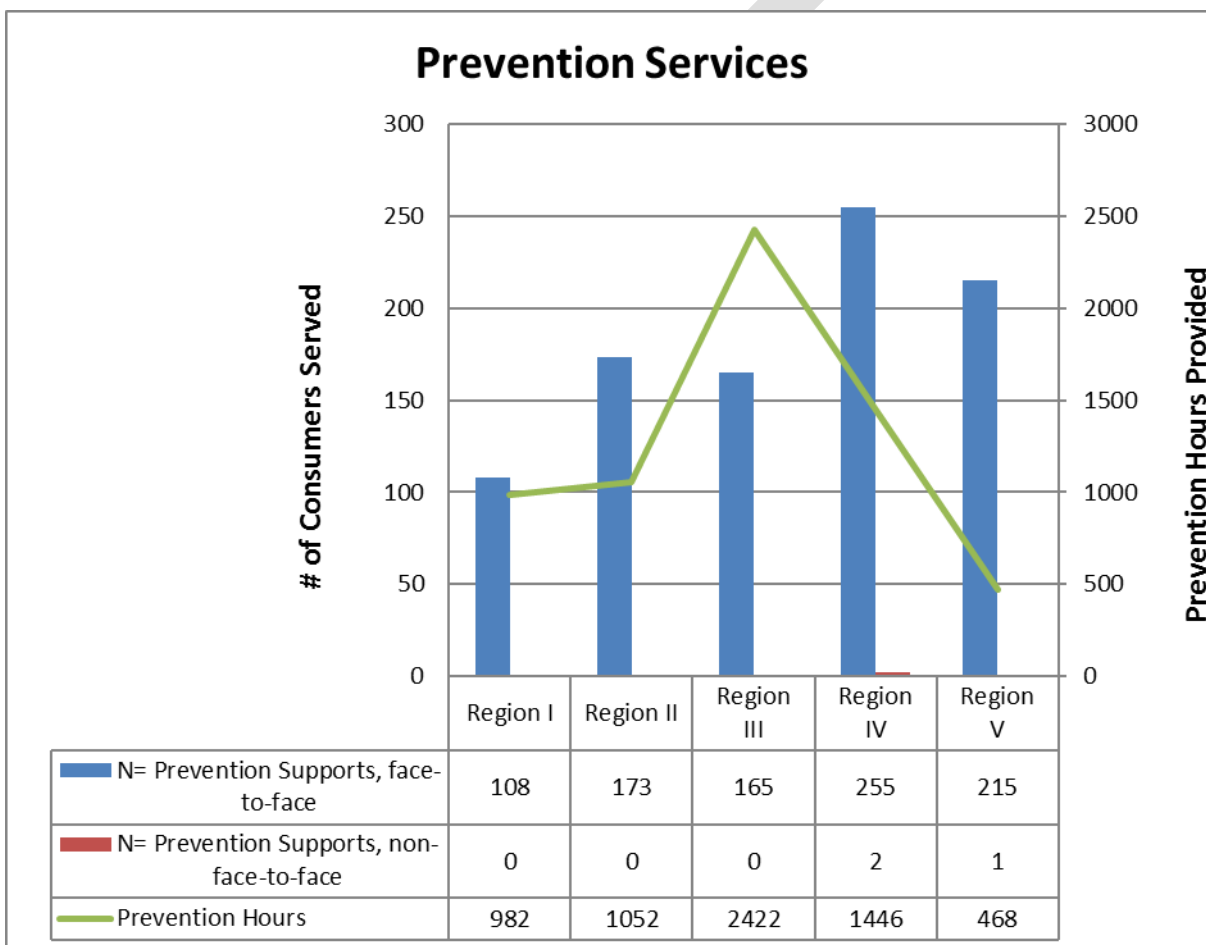


Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings where they spend 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 1736 hours of mobile crisis supports across 848 days. This is a noted increase in both hours and days provided by staff providing mobile crisis supports as compared to the previous quarter. 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. Supports were provided through a mix of in-person and telehealth. 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	1-7	2-10	1-15	1-5	1-10
Average Days/ Case	3.4	5.8	12.3	2.9	3.1
Average Hours/Day	1.7	1.8	1.6	1.6	3.1
Average Hours/Case	5.6	10.7	19.0	4.5	9.7

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. The graph below 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.

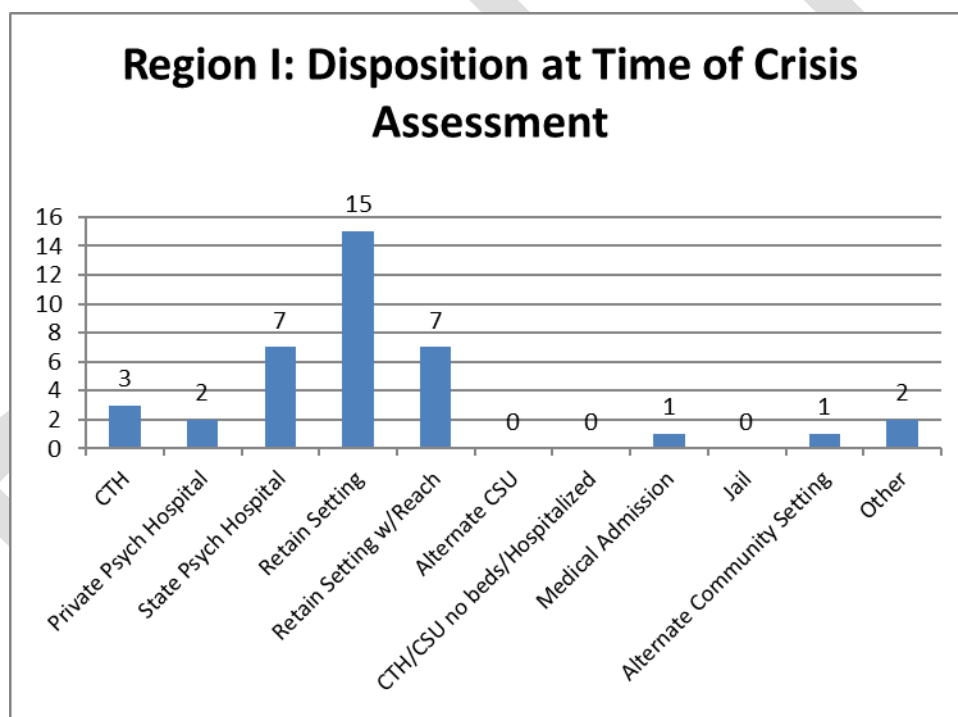


The total number of individuals receiving face-to-face prevention supports increased from 765 in quarter four to 916 in this quarter. The total number of prevention hours provided by all programs increased from 6185 in the previous quarter to 6370 this quarter.

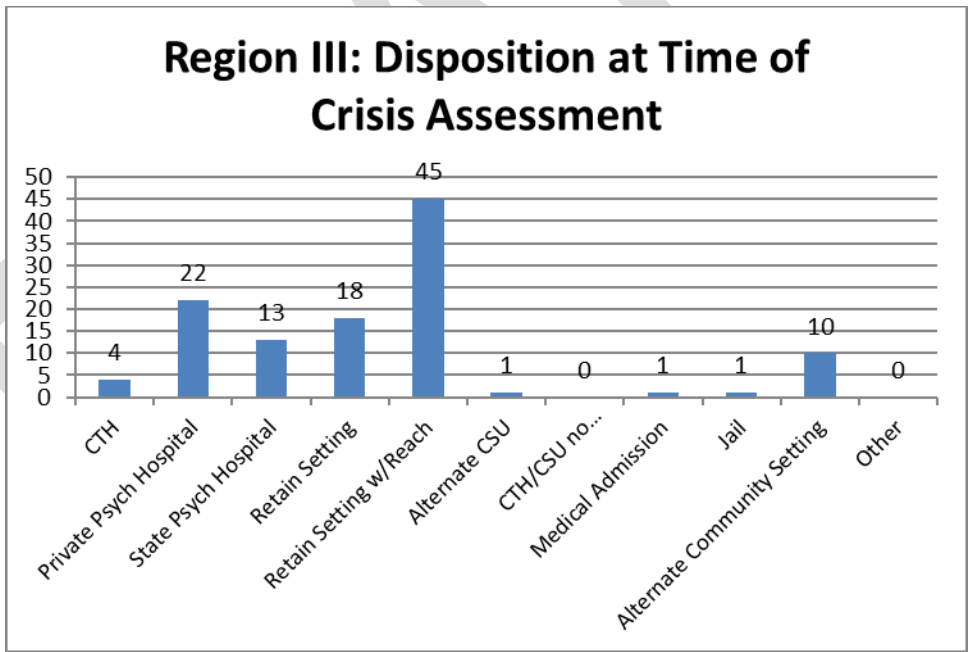
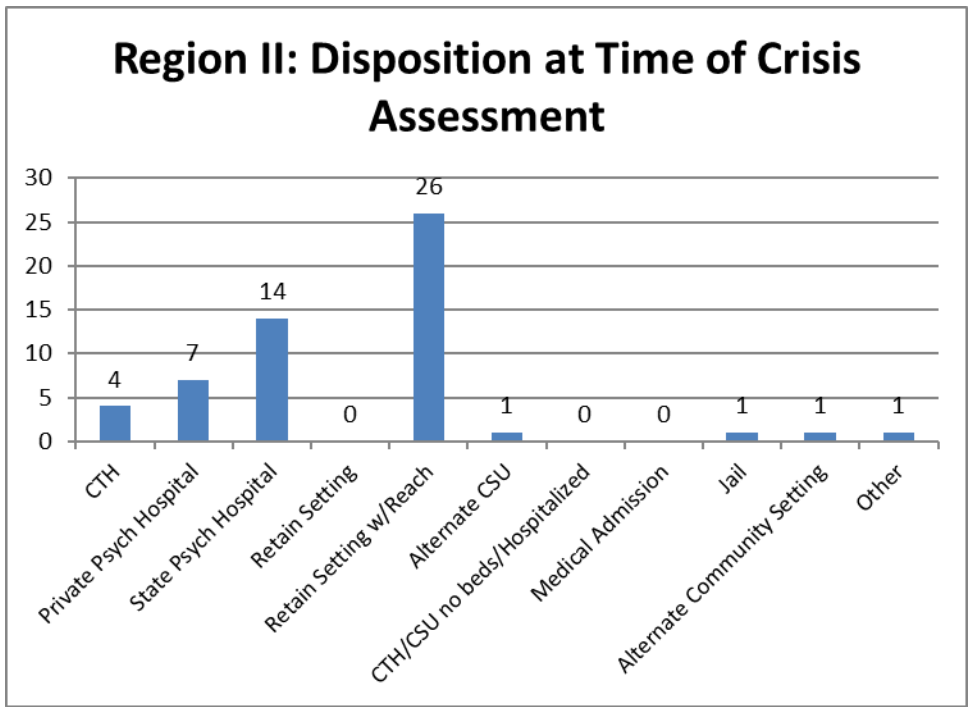
Crisis Service Outcomes/Dispositions

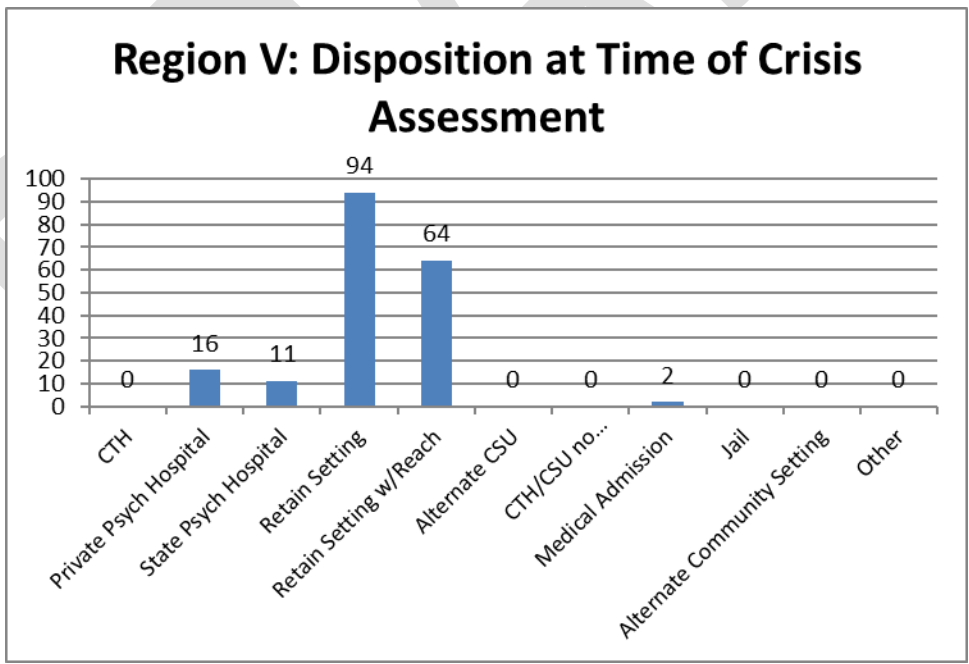
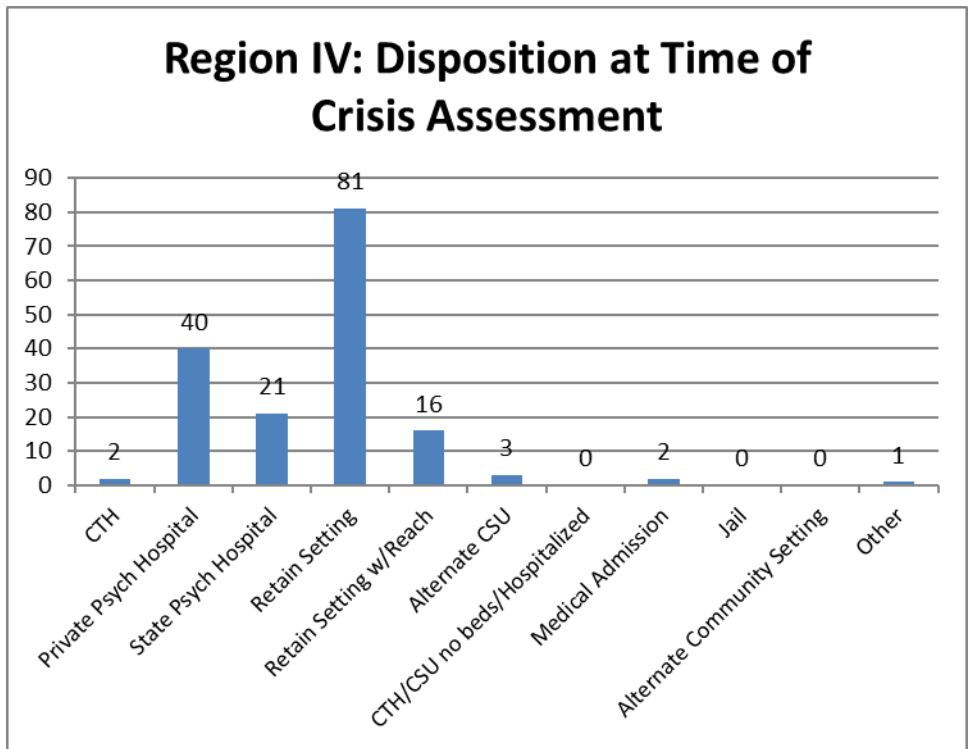
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted 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, 65% of the individuals receiving a crisis assessment were able to retain their original residential setting, 2% were diverted to a CTH, with another 1% diverted to an alternate CSU, 2% chose an alternate community setting, and 28% were psychiatrically hospitalized (16% in private and 12% in state hospitals). 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

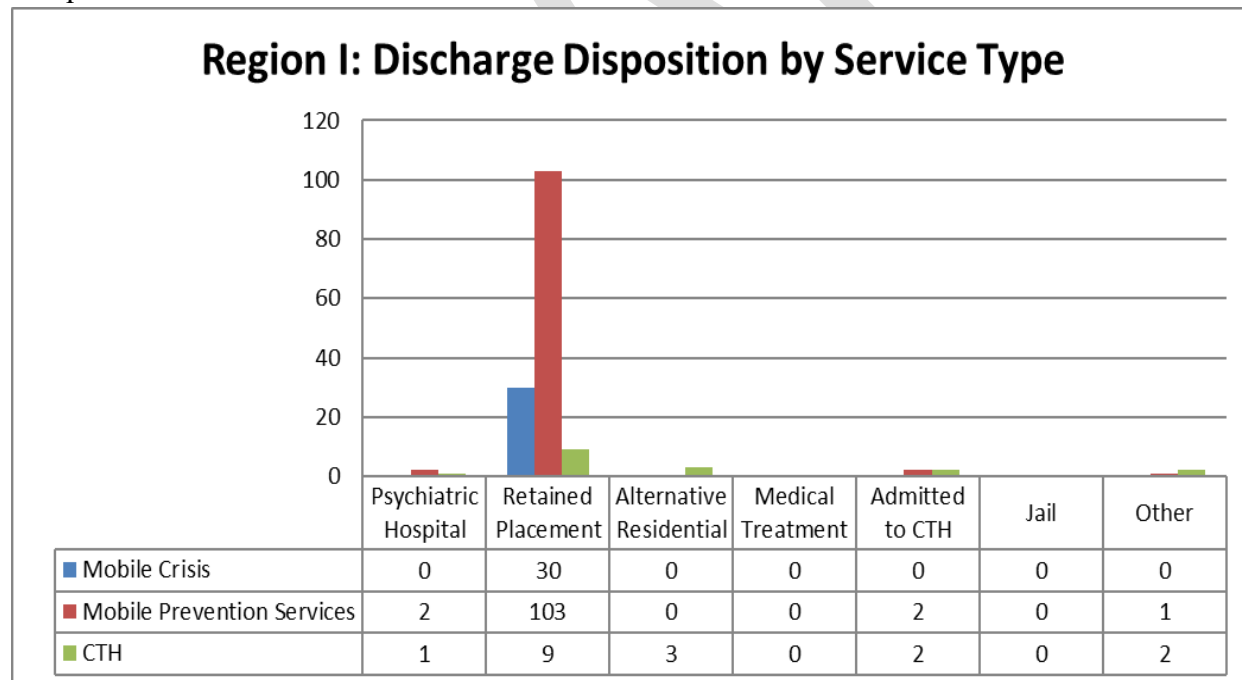




Note: 3 refused assessment and 1 left prior to meeting for assessment

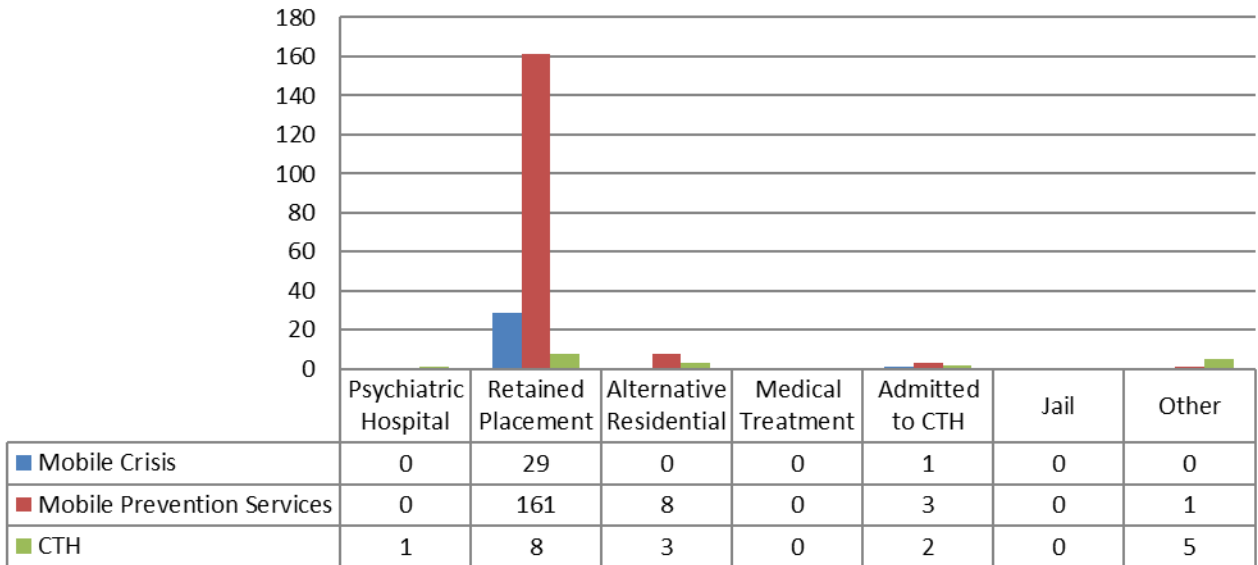
Outcomes that are also of interest are those for individuals that have accessed REACH mobile crisis and mobile prevention services during the quarter in addition to the CTH. Similar to the preceding set of graphs, the following graphs provide a summary of outcome status for adults that accessed ongoing 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, 69% were able to return to their original residence or went to a new residence post discharge. Eight percent (8%) of outcomes for individuals at the CTH resulted in a psychiatric hospitalization and the remaining 12% were individuals who had other outcomes (two people had a medical admission). Nine individuals continued as guests at all the CTHs at the end of the quarter. For all admissions receiving mobile crisis supports, 83% remained in their residence, 3% was diverted to the CTH, 12% were hospitalized during the course of mobile services, and the remaining 2% had a medical admission. Based on reported data on the outcomes of adults in REACH mobile prevention services, 91% retained their setting; 3% went to an alternative residential community setting; 4.5% were hospitalized, 1% were admitted to the CTH, and the remaining .5% 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.



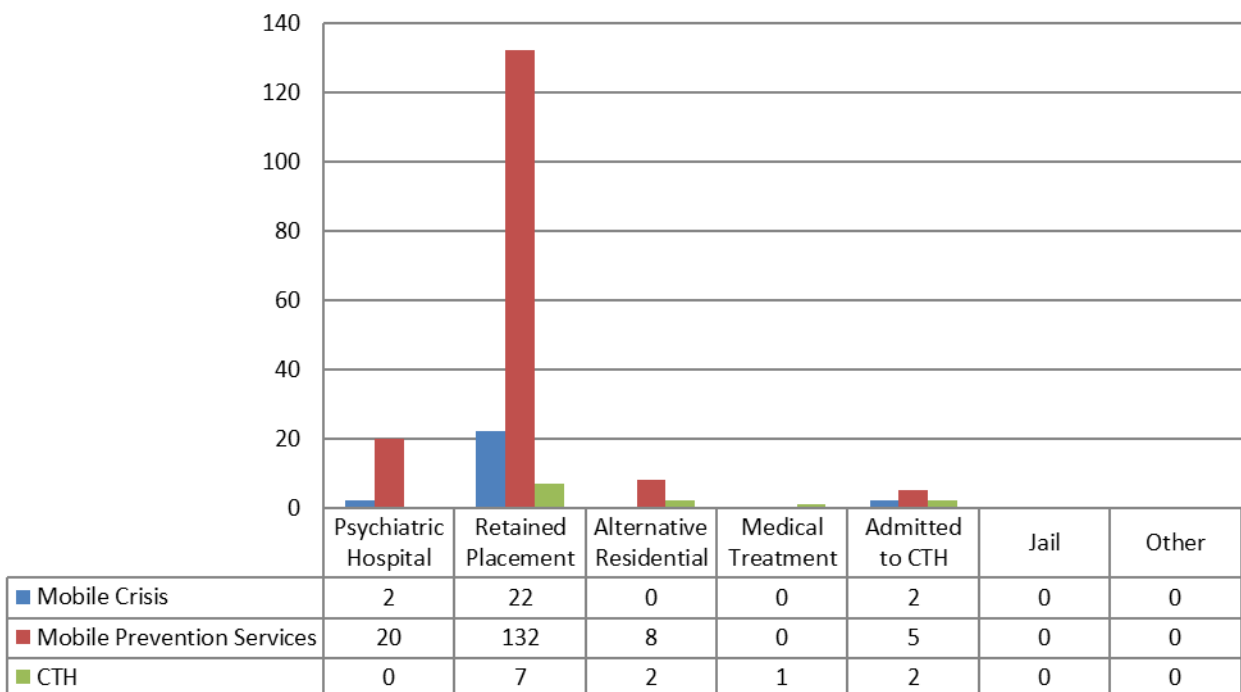
Other: CTH – 2 admitted to ATH; Mobile Prevention – 1 admitted to crisis services

Region II: Discharge Disposition by Service Type



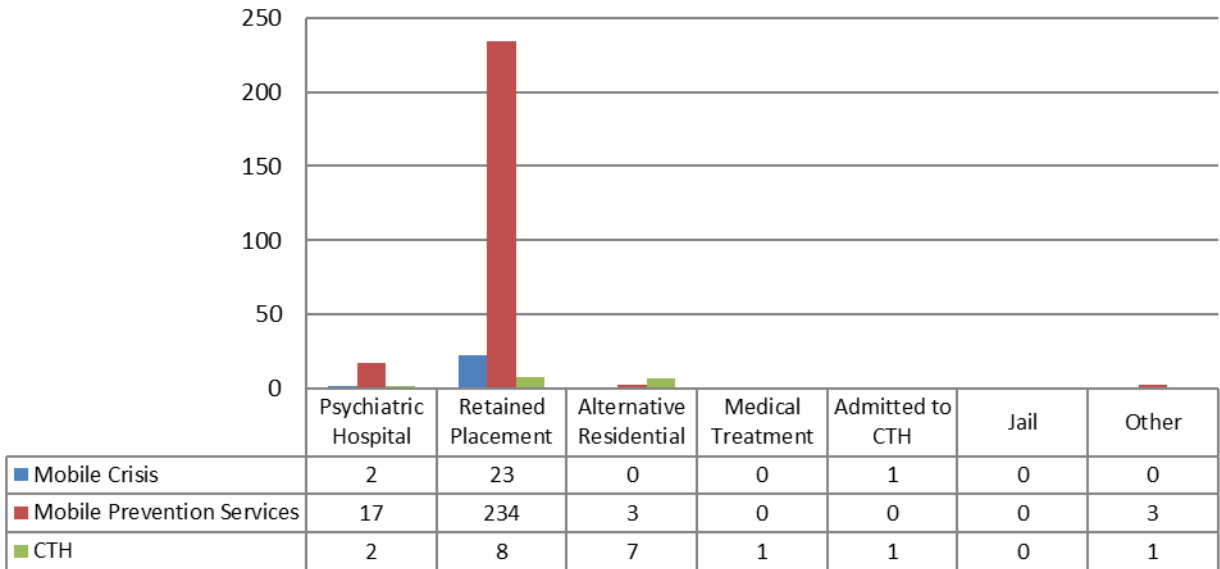
Other: CTH -Transferred to home REACH CTH, transferred to ATH and respite; Mobile Prevention - transfer

Region III: Discharge Disposition by Service Type



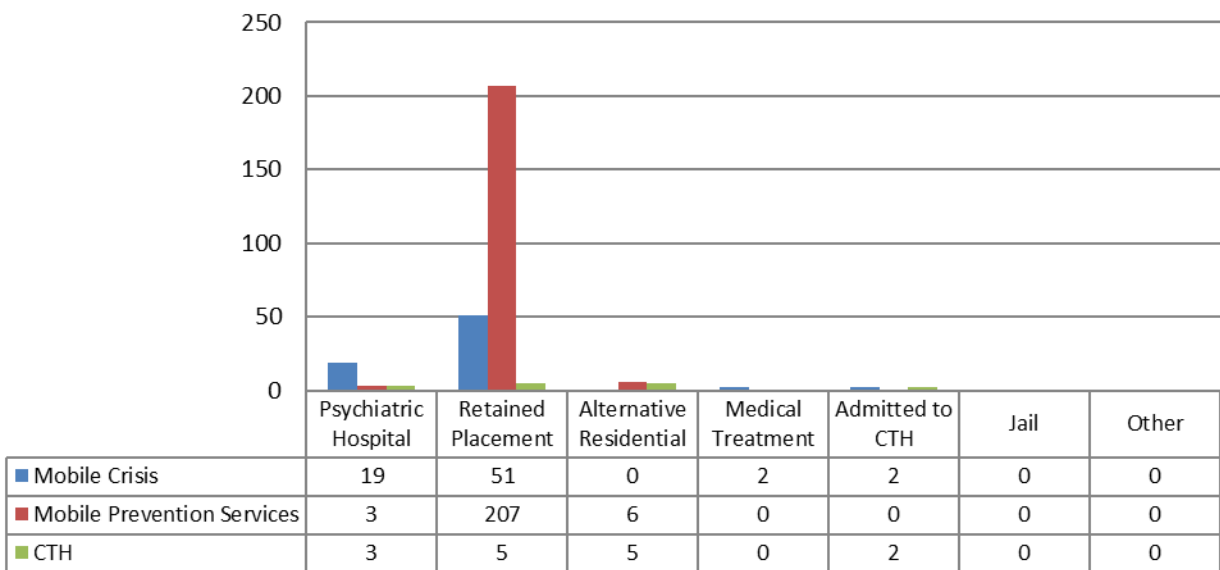
Other GH transition beds and ATH

Region IV: Discharge Disposition by Service Type



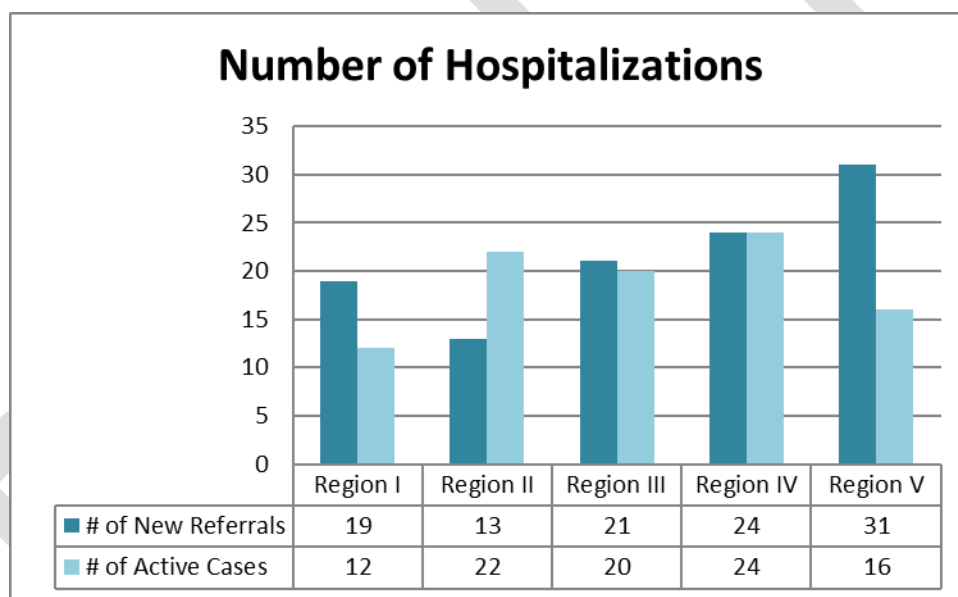
Other: CTH - Transfer; Mobile Prevention – 1 declined further service/closed and closed and admitted to CSU

Region V: Disposition by Service Type

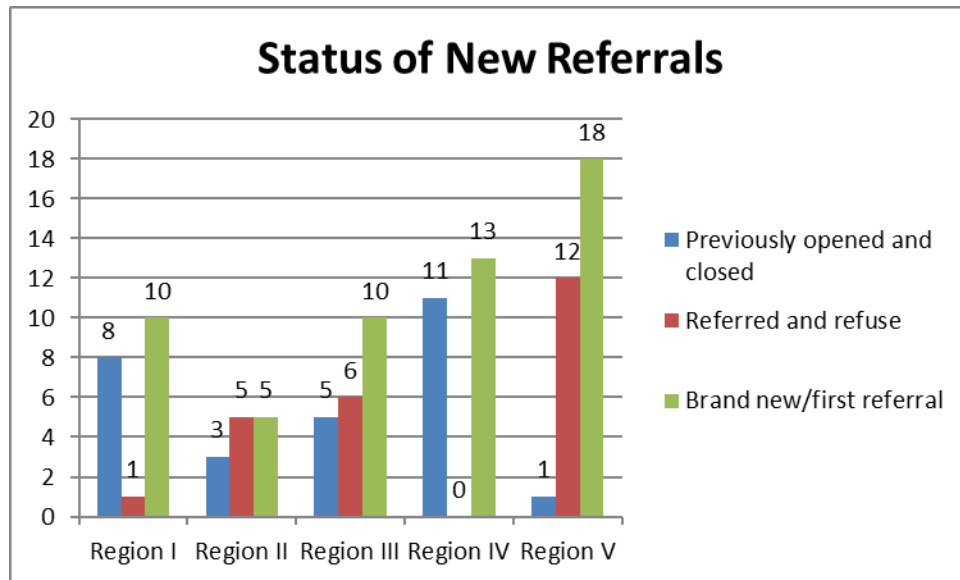


Hospitalizations

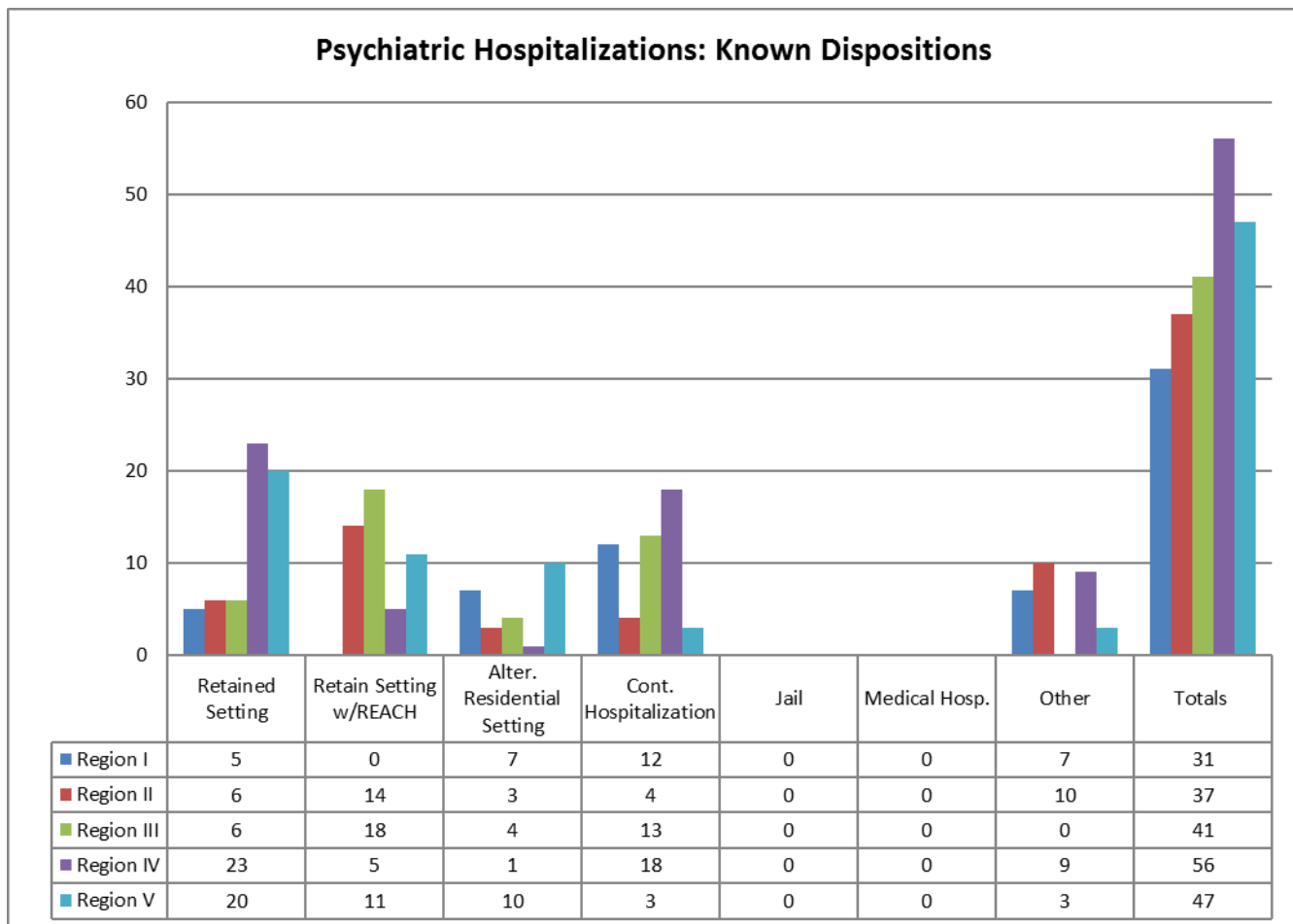
The next graphs provided are intended to supplement the information contained in the larger quarterly report. While the REACH programs remain actively involved with all hospitalized cases *when they are aware of this disposition*, they may not always be apprised that a REACH consumer has been hospitalized or that an individual with DD has entered inpatient treatment as evidenced by the difference in the number of assessments as compared to the number of admissions. While the process of notifying the REACH teams when a prescreening is needed has improved tremendously as a result of new procedures, it remains the case that individuals are sometimes hospitalized without REACH being aware. REACH is active throughout all known psychiatric admissions, including attending commitment hearings, attending treatment team meetings, providing supportive visits, and consultation to the treatment team.



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



Fifty-three percent (53%) of all hospitalizations were “new referrals” to the REACH program. Of the **new** referrals to REACH that were hospitalized, 52% of the individuals were new to the program, 22% were referred to REACH but refused services, and 26% had been previously discharged (inactive) from REACH services. Of the known dispositions of the people hospitalized and discharged, 51% retained their original community home and 12% went to an alternative community setting. Refer to the chart on the following page for a more detailed breakdown of outcomes.



Includes readmit outcomes. Other: R1 – 5 CTH admissions, 1 death, 1 refusal; R2 – 1 CTH, 1 homeless, 8 unknown; R4- 1 transfer of commitment, 1 private to state hospital, 2 CSU admit, and 5 CTH admits; R5 – 3 admits to CTH.

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 80% of the mobile crisis CEPPs this quarter. The reasons and related percentage for not completing the training is as follows: 15% of the

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families/providers would not respond to REACH staff communications, 3% of the individuals/families ended service, 1% of the individuals were psychiatrically 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	11	5	5	5	4
Consultation	11	5	5	5	4
Crisis Education Prevention Plan	8	3	5	3	4
Provider Training	8	2	5	3	5

R1: CEPPs and Trainings - 2 individual admitted at end of quarter and still at CTH, 1 individual readmit and did not need update and training due to timing of readmission in the quarter. R2: CEPPs – 1 early discharge as per family, 1 admitted at end of quarter; Training: - 1 transfer to another CTH, 1 still in CTH, 1 not completed due to early discharge. R4: CEPPs and Training – 2 transferred back to home region. R5: CEPPs readmit did not need an updated CEPP.

Service Type Provided: Planned Prevention (CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	9	0	0	1
Consultation	0	9	0	0	1
Crisis Education Prevention Plan	0	9	0	0	1
Provider Training	0	5	0	0	1

R2: Trainings – 3 due next quarter and 1 refused.

Service Type: Crisis Stepdown (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	5	1	4	11	6
Consultation	5	1	4	10	6
Crisis Education Prevention Plan	5	0	4	9	2
Provider Training	5	0	4	9	3

R2: CEPP and Training – 1 still under development due to admission date. R4: Trainings and CEPPs – 2 individuals ended service after few days. R5: CEPPs – 1 developed in previous quarter and three discharged early; Training 3 discharged early.

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	30	27	24	24	74
Consultation	30	27	24	23	74
Crisis Education Prevention Plan	25	22	22	21	31
Provider Training	23	22	22	21	31

R1: CEPPs - 2 declined services after starting mobile, 1 not completed, 2 started at end of quarter and still in mobile. Trainings – 2 declined services after starting, 2 not completed, 1 unable to schedule due to conflicts, and 2 started at end of quarter and still in mobile; R2 – CEPPs and Training: 5 admissions at end of quarter and still in MC; R3: CEPP and Training – 1 hospitalized and 1 admitted to CTH after 1 day; R4: CEPPs and Training – 2 people opted out of service within 2 days and another hospitalized after one session. R5: CEPPs and Training – 12 unable to contact and 8 refused; 23 completed during previous quarter.

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 below 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	68	83	1	0	44	196
Case Managers/Support Coordinators	20	76	52	0	1	149
Emergency Service Workers: #Trained	8	36	31	0	12	87
Family Members: # Trained	0	0	0	0	32	32
Hospital Staff: # Trained	2	2	0	0	12	16
DD Provider: #Trained	22	107	46	18	0	193
Other Community Partners: #Trained	166	34	306	0	0	506
Total	286	338	436	18	101	1179

*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 first quarter of fiscal year 2021. 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 continue to face many challenges due to the spread of COVID-19. Although in-person interactions have been 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 continue to support individuals during this pandemic. Staff have helped the guests move through the system with the help of creative IT solutions such as virtual tours of prospective living arrangements. The individuals associated with Southside Community Service Board had a successful transitioning of services and supports from RIV to RIII. The Department remains committed to fulfilling its mission to have a continuum of qualified care for adults with developmental disabilities and their families.