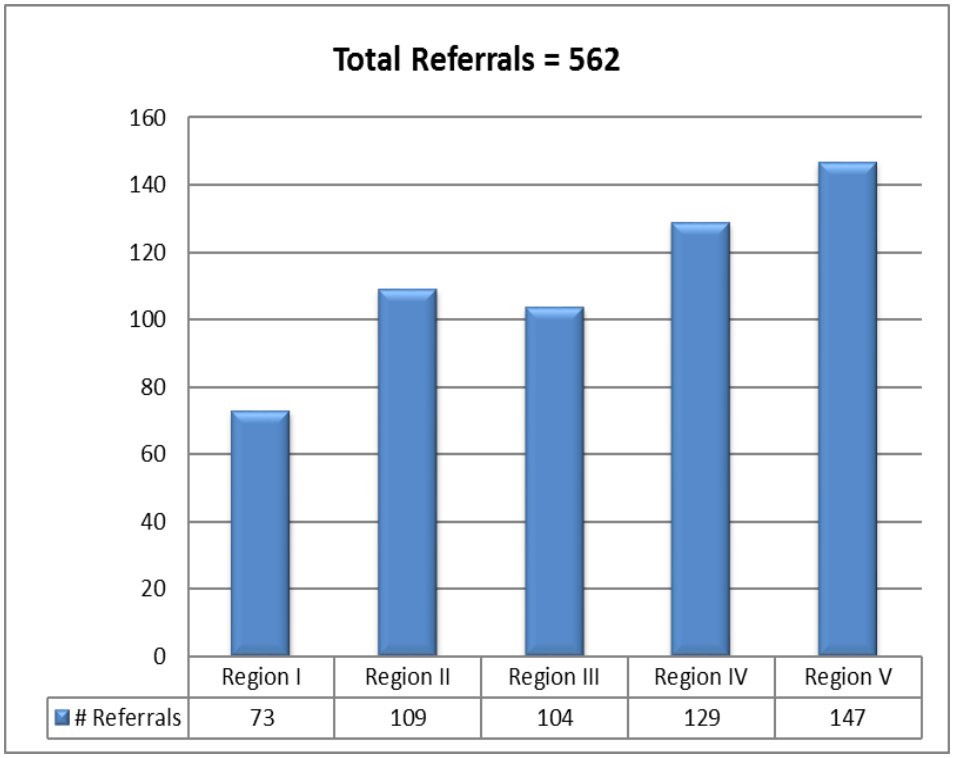
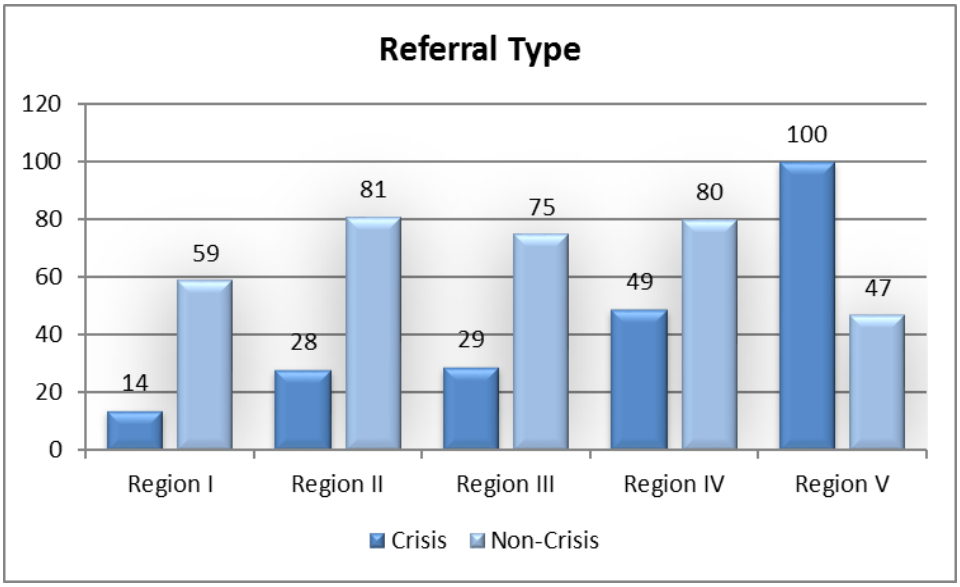
REACH Data Summary Report-Adult: Quarter 2/FY21

This report provides data summarizing the referral activity, service provision, and residential outcomes for adults served by the REACH programs during the second quarter of fiscal year 2021.

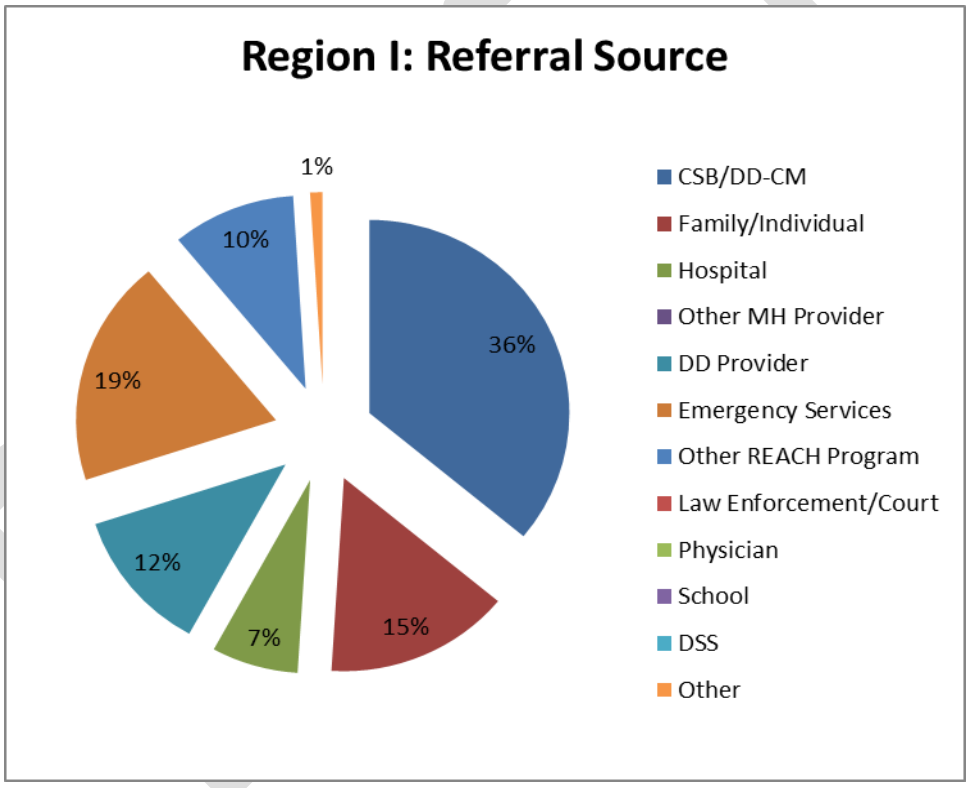
REACH Referral Activity

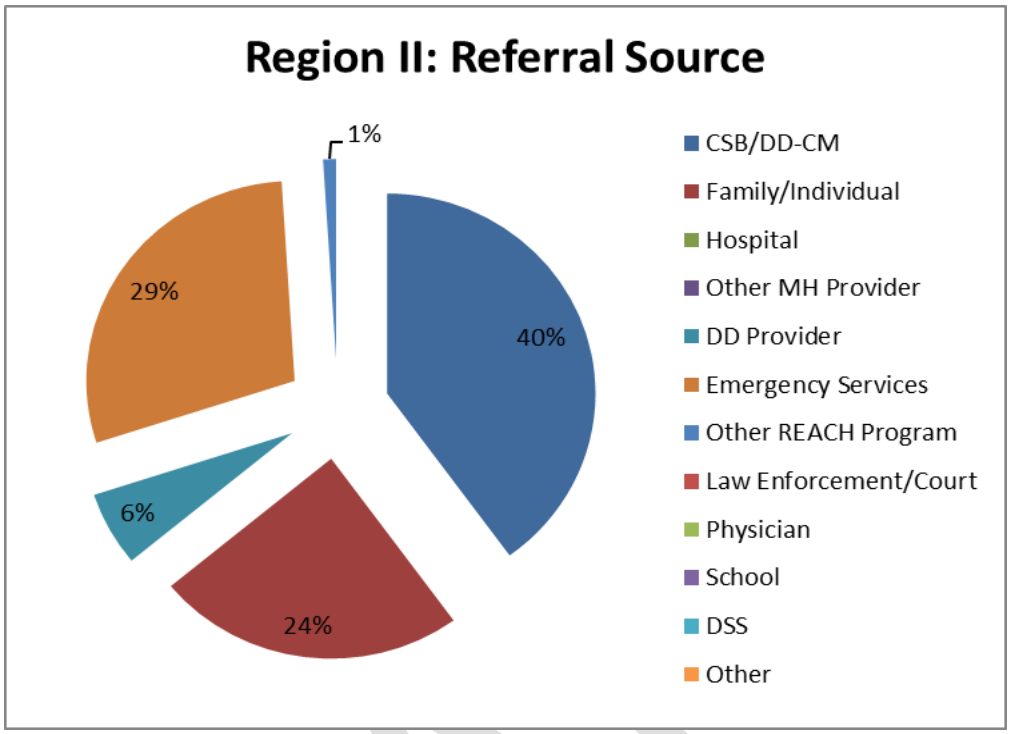


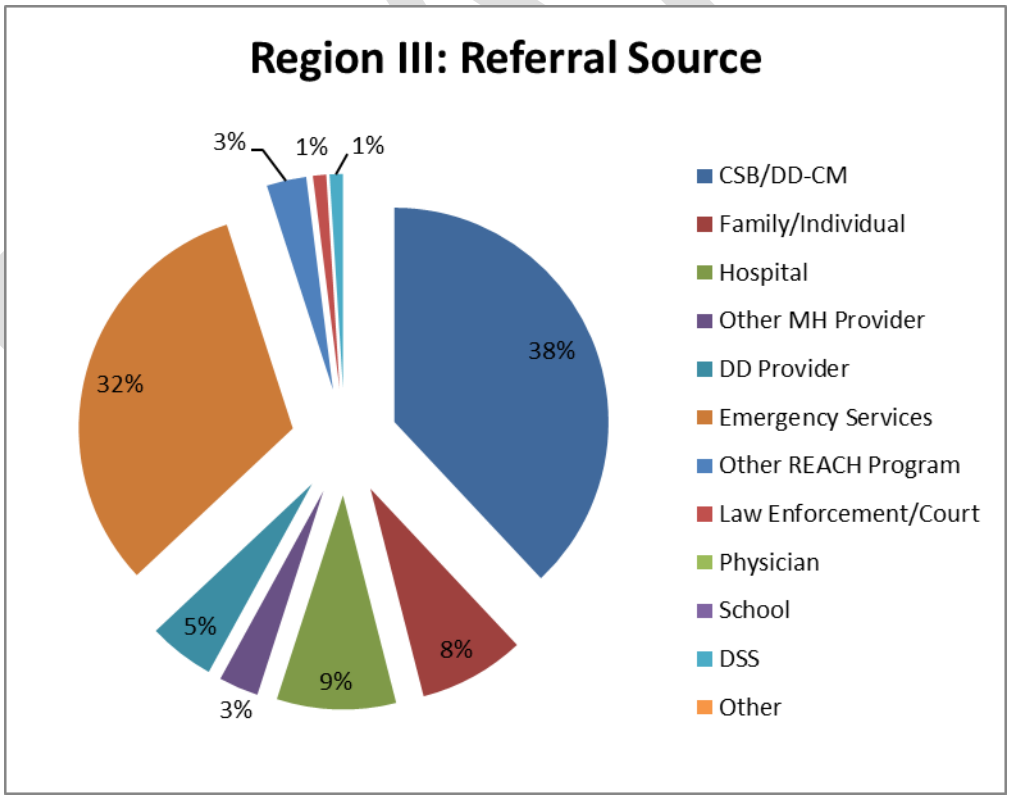


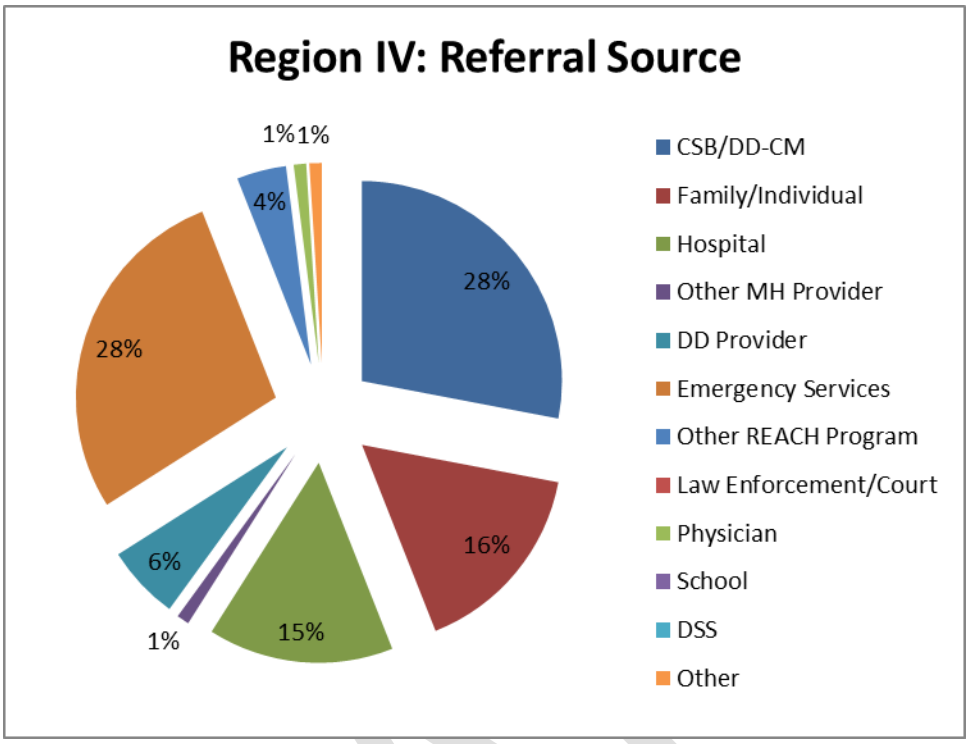
Referral activity for the second quarter of fiscal year 2021 is presented in the graphs on the previous page. For FY21 quarter two, a decrease was noted in total referrals as compared to FY21 quarter one, 672 to 562. The total number of referrals this quarter is similar to the data for the first two quarters of FY20. The data regarding the breakdown of types of referrals for Regions I through IV denote more non-crisis referrals than crisis referrals; whereas Region V has more crisis referrals. This trend is the same as compared to the previous quarters.

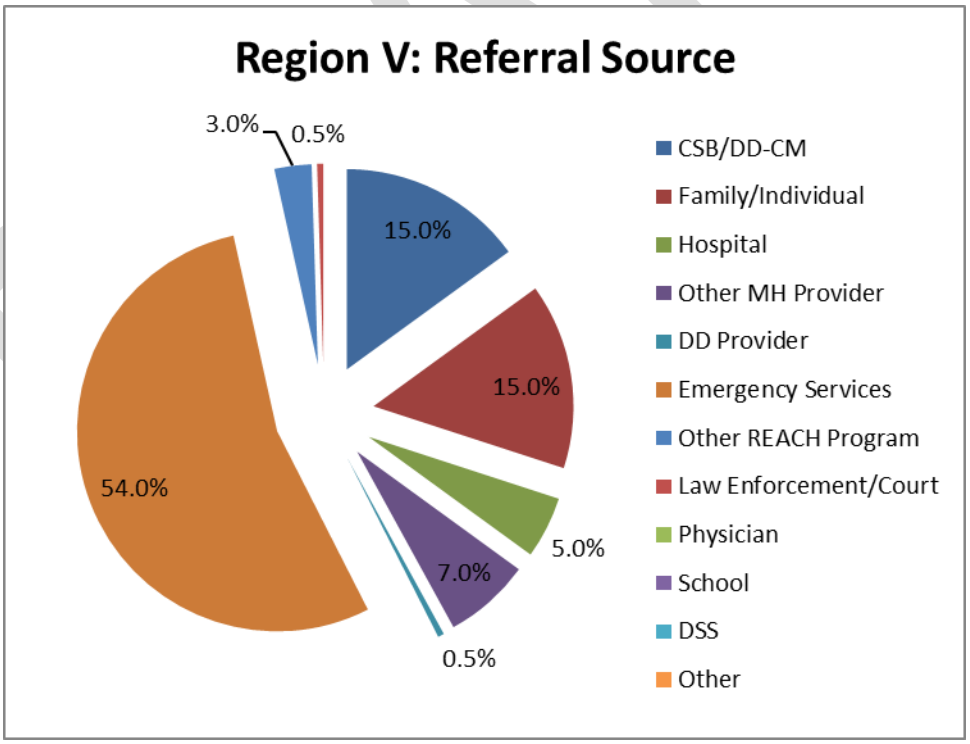
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by Region of referral source data. Referral sources cover a broad range of stakeholders when the state is considered as a whole and primary referral sources vary by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




Region II: Referral Source
1%
40%
24%
6%
29%
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
3%
1%
1%
38%
8%
9%
3%
5%
32%
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%
1%
4%
28%
28%
6%
1%
15%
16%
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
3.0%
0.5%
15.0%
15.0%
54.0%
5.0%
7.0%
0.5%
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 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	64	96	89	115	121	485
Weekends/Holidays	9	13	15	14	26	77
7am-2:59pm	48	57	57	66	62	290
3pm-10:59pm	24	43	39	53	73	232
11pm-6:59am	1	9	8	10	12	40

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.

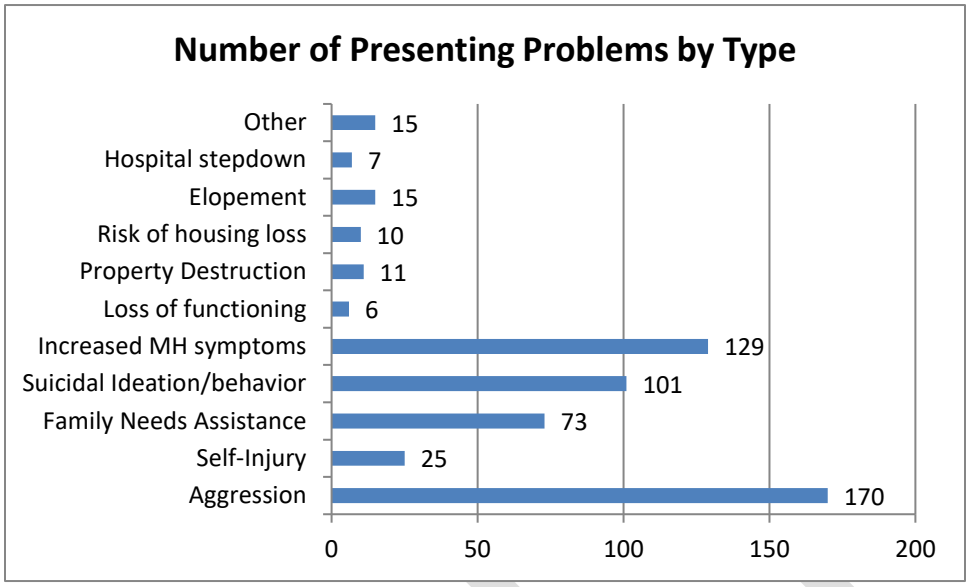
Diagnosis	Region I	Region II	Region III	Region IV	Region V	**Total**
ID only	38	35	55	76	80	284
DD only	24	49	29	28	12	142
ID/DD	11	21	16	16	1	65
Unknown/None	0	4	4	9	54	71
Total	73	109	104	129	147	562

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	19	38	28	32	53	170
Self-Injury	4	2	5	3	11	25
Family Needs Support	10	15	2	37	9	73
Suicidal Ideation/behavior	7	13	23	16	42	101
Increased MH symptoms	23	29	26	34	17	129
Loss of functioning	2	1	2	0	1	6
Property Destruction	1	1	2	0	7	11
Risk of housing loss	4	3	1	1	1	10
Elopement	2	3	4	4	2	15
Hospital Stepdown	0	2	2	2	1	7
Other	1	2	9	0	3	15

Other: 1 discharge from ATH; 4 unsafe community behavior; 2 respite; 4 jail transitions; 1 new residential transition; 1 incarceration notice; 1 homicidal ideation; and 1 linkage.



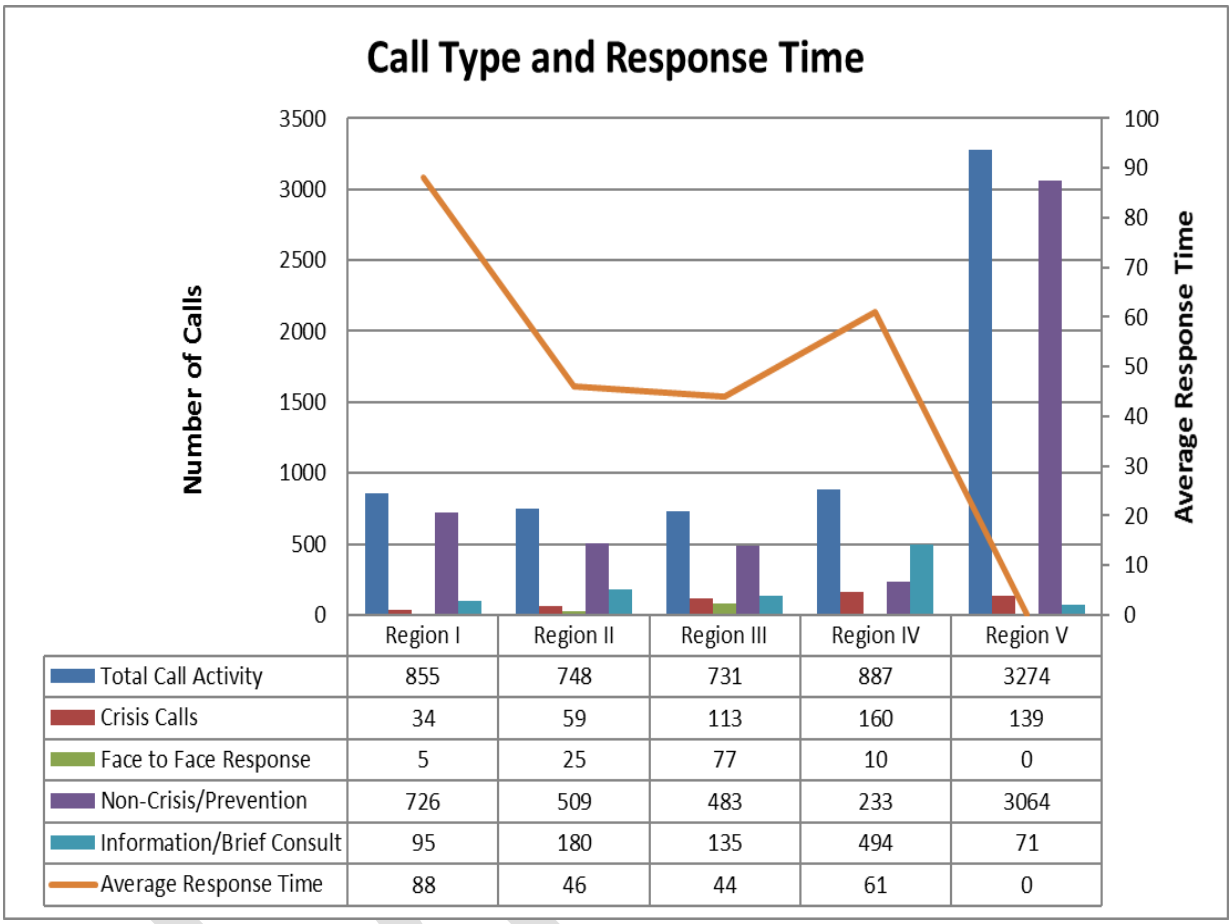
REACH Crisis Response

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 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 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	855	748	731	887	3274
Crisis Calls	34	59	113	160	139
Face to Face Response	5	25	77	10	0
Non-Crisis/Prevention	726	509	483	233	3064
Information/Brief Consult	95	180	135	494	71
Average Response Time	88	46	44	61	0

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 32% for RIII with RI, RII, and RIV being at 85%, 58%, and 94% respectively. For those crisis call that were responded to in person (Regions 1- 4), Regions 1- 3 met expectations as denoted in the REACH Program Standards regarding average time to respond to the scene of the crisis event. Region 4 was one minute over the required average response time for their region. Region 5 did not respond to any calls in-person this quarter due to COVID-19 precautions. 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 88%, 96% and 50% 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, traffic congestions, lengthy conversation on intake call, and multiple calls were the reasons given for delays in response.

	Region I	Region II	Region III	Region IV	Region V*	Total Calls
Response Interval: 0 - 30	1	4	40	2		47
Response Interval: 31 - 60	0	18	27	3		48
Response Interval: 61 - 90	0	3	4	3		10
Response Interval: 91 -120	4	0	3	2		9
Response Interval: 120+	0	0	3	0		3
Total	5	25	77	10		**117**

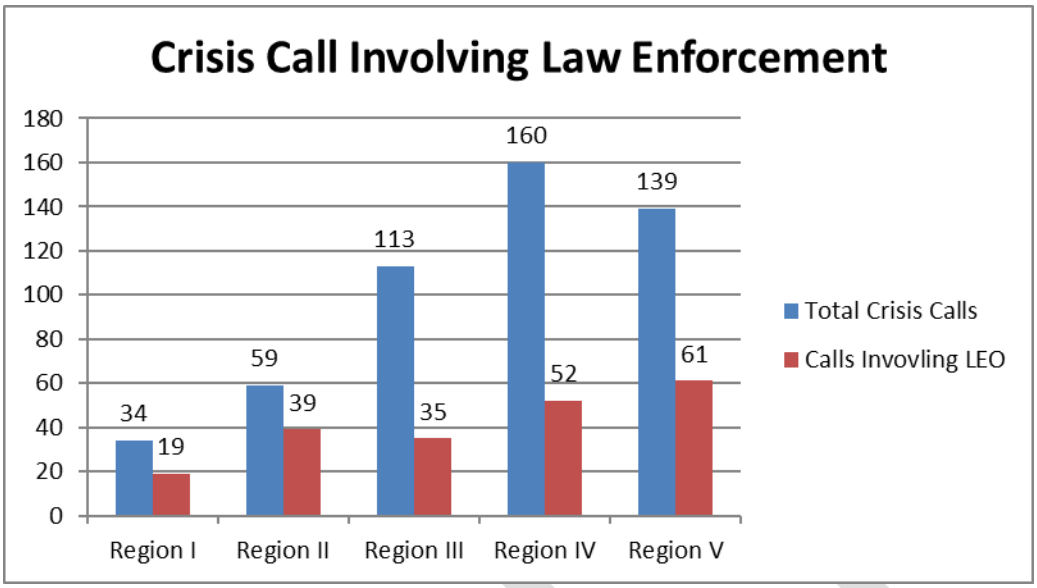
*No in-person responses

Location of Crisis Assessments

Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual Home/Family Home	5	2	6	14	28	55
Hospital/Emergency Room	24	13	62	109	83	291
Emergency Services/CSB	1	38	6	0	14	59
Residential Provider	3	6	35	22	10	76
Police Station	0	0	3	0	0	3
Day Program	1	0	1	1	2	5
School	0	0	0	0	0	0
Other	0	0	0	14	2	16
Total	34	59	113	160	139	**505**

Other settings include: Day program, Community, Crisis triage center, Day program

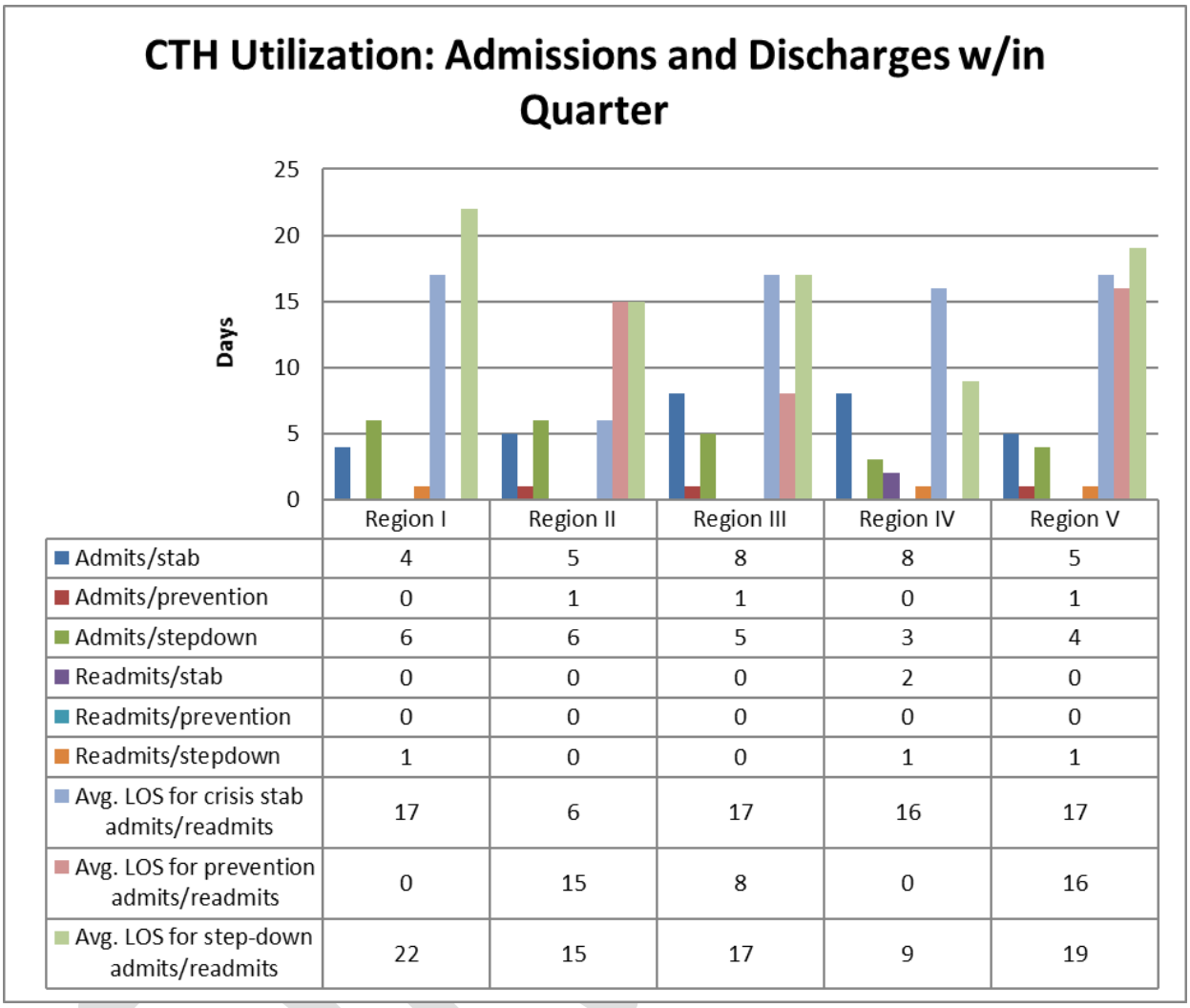
When indicated, the REACH programs are expected to arrive at the physical site of the crisis event, regardless of the nature of the setting. The table above provides a summary of the various locations where mobile crisis assessments took place over the course of the second quarter of FY21. The location 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. Thirty-one percent (31%) 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 an increase in law enforcement presence for this quarter as compared to the previous quarter, 34% to 41%.



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 11 and 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 30 crisis stabilization admissions, 3 prevention admissions, and 24 step-down admissions. Additionally, there were two crisis stabilization admissions as well as three step down admissions readmitted during the quarter. The number of crisis stabilization and step-down admissions remained stable with prevention admissions decreasing as compared to FY21Q1.

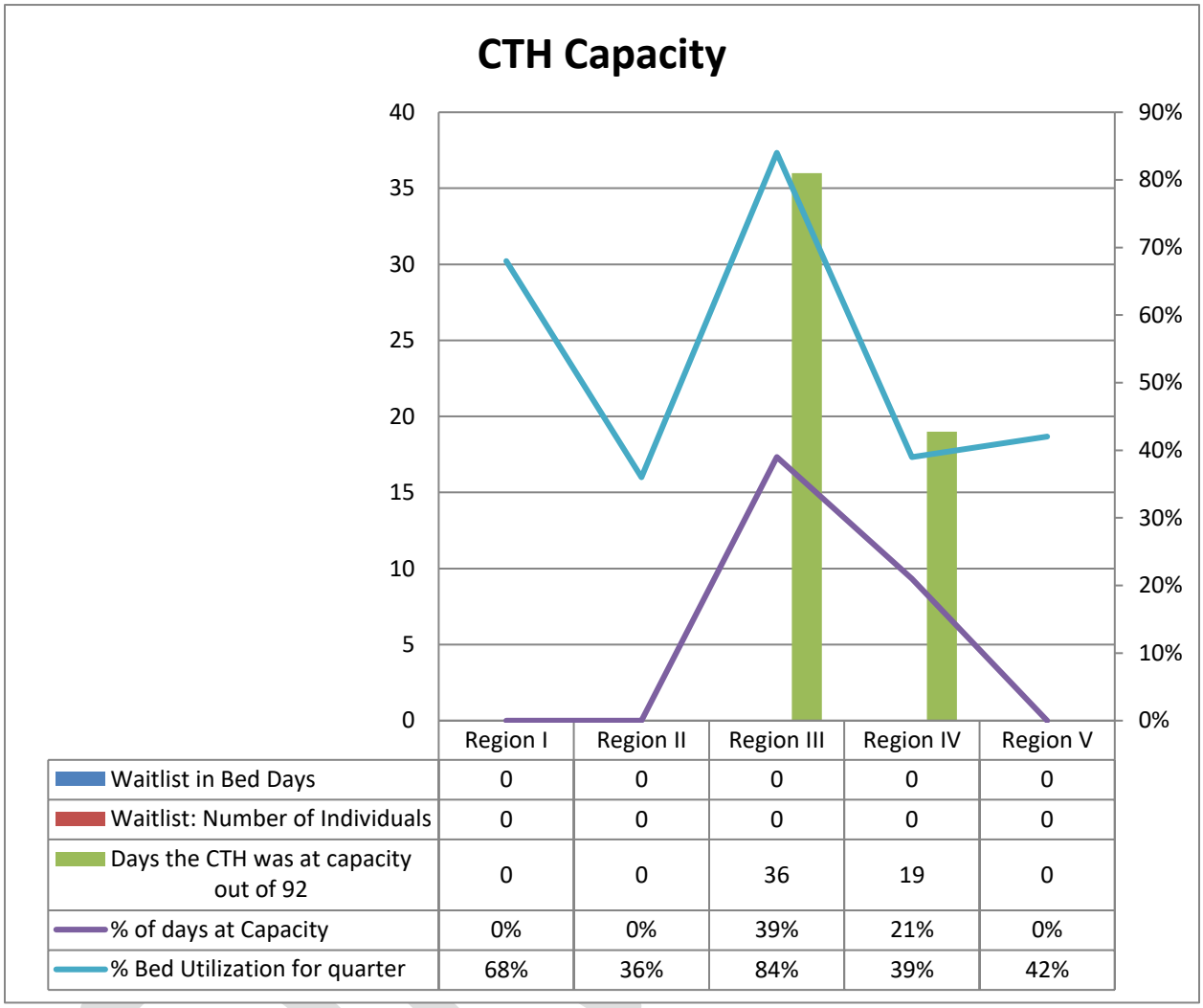


	Region I	Region II	Region III	Region IV	Region V
Admits/stab	4	5	8	8	5
Admits/prevention	0	1	1	0	1
Admits/stepdown	6	6	5	3	4
Readmits/stab	0	0	0	2	0
Readmits/prevention	0	0	0	0	0
Readmits/stepdown	1	0	0	1	1
Avg. LOS for crisis stab admits/readmits	17	6	17	16	17
Avg. LOS for prevention admits/readmits	0	15	8	0	16
Avg. LOS for step-down admits/readmits	22	15	17	9	19

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 14 - 58 days and 5 step-down admissions with LOS ranging from 23 - 406 days. These discharged individuals 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	54
	Person 2	Crisis Stab	42
Region II	Person 1	Step Down	59
	Person 2	Crisis Stab	14
Region III	Person 1	Crisis Stab	58
	Person 2	Step Down	406
	Person 3	Step Down	215
	Person 4	Step Down	29
Region IV	Person 1	Step Down	23
Region V	Person 1	Crisis Stab	56

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 36% to 84% this quarter. As a result of positive tests results for COVID-19, admissions were interrupted in all homes except RIII's CTH. If you count only the beds that were open this quarter in Regions I, II, IV, and V, the bed utilization was 81%, 46%, 70%, and 62%, respectively.



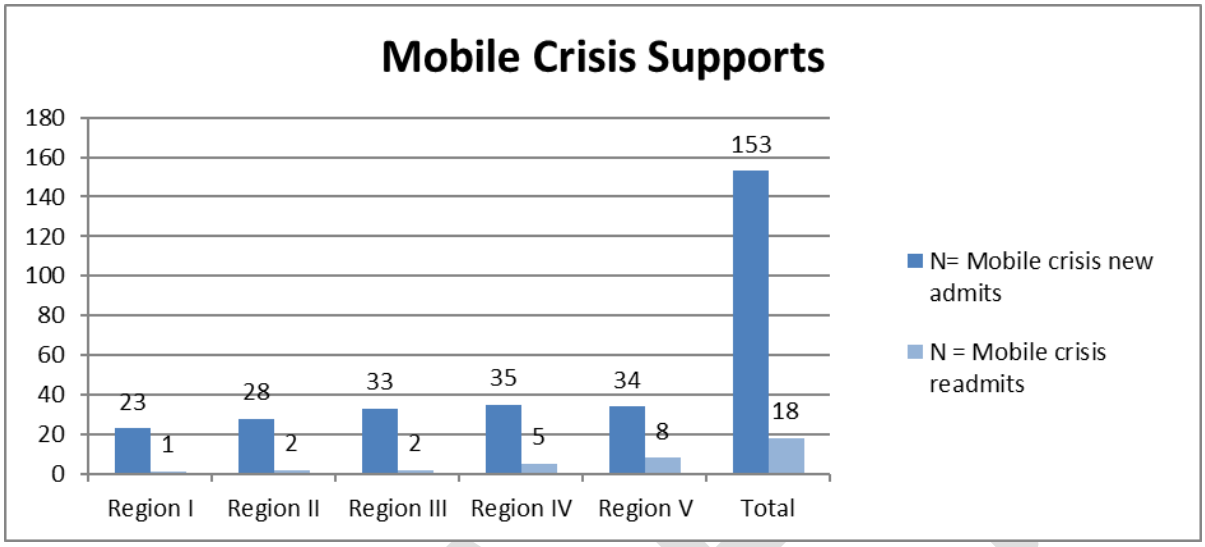
	Region I	Region II	Region III	Region IV	Region V
Waitlist in Bed Days	0	0	0	0	0
Waitlist: Number of Individuals	0	0	0	0	0
Days the CTH was at capacity out of 92	0	0	36	19	0
% of days at Capacity	0%	0%	39%	21%	0%
% Bed Utilization for quarter	68%	36%	84%	39%	42%

Beds Used Out of 552 Beds Available:	373	198	465	214	234

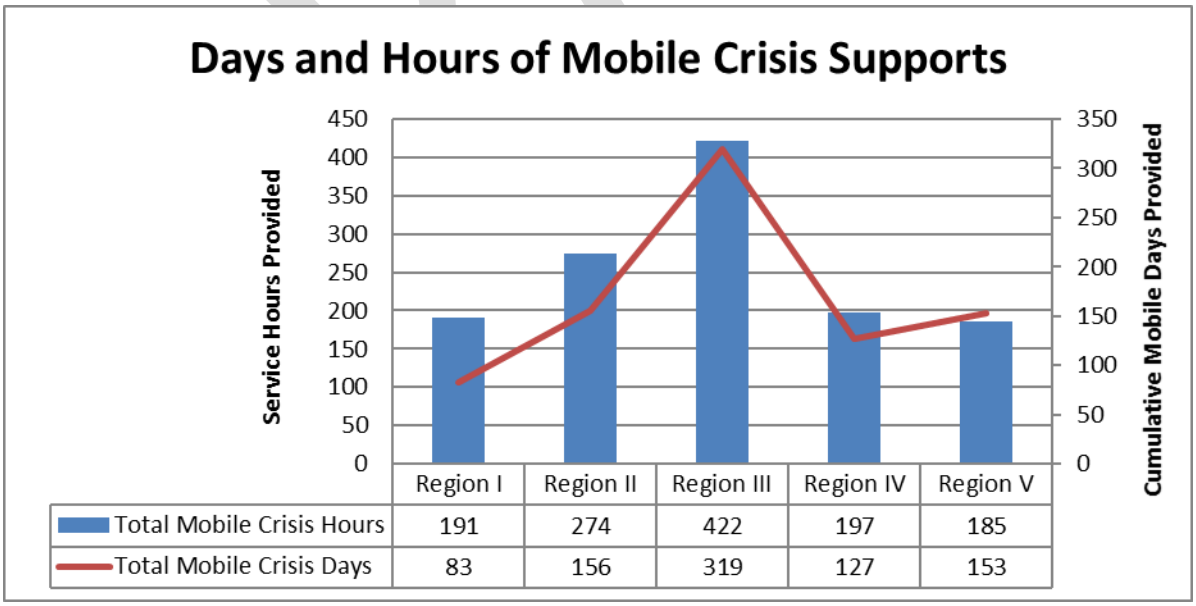
Community Mobile Crisis Stabilization

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 services increased from 114 to 162 from FY20Q4 to FY21Q1, with a

decrease noted to 153 in FY21Q2. The total number of readmissions remained stable as compared to last quarter.



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.

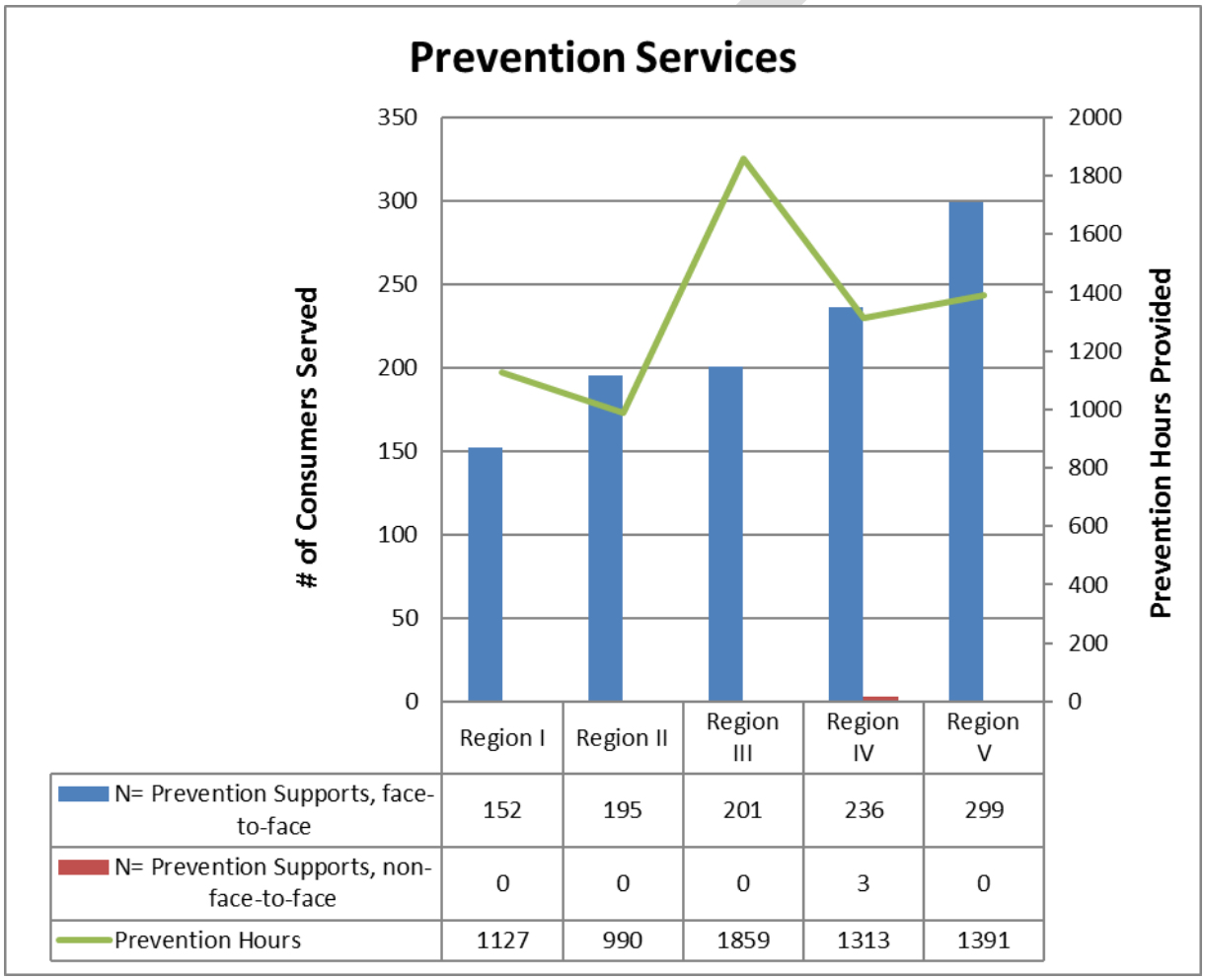


Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings where they spend 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 1269 hours of mobile crisis supports across 838 days. This is a decrease both in 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 due to the pandemic. 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	1-9	1-15	1-5	1-16
Average Days/ Case	3.5	5.2	9.1	3.2	3.6
Average Hours/Day	2.3	1.8	1.3	1.6	1.2
Average Hours/Case	8.0	9.1	12.1	4.9	4.4

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 services and some received 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.



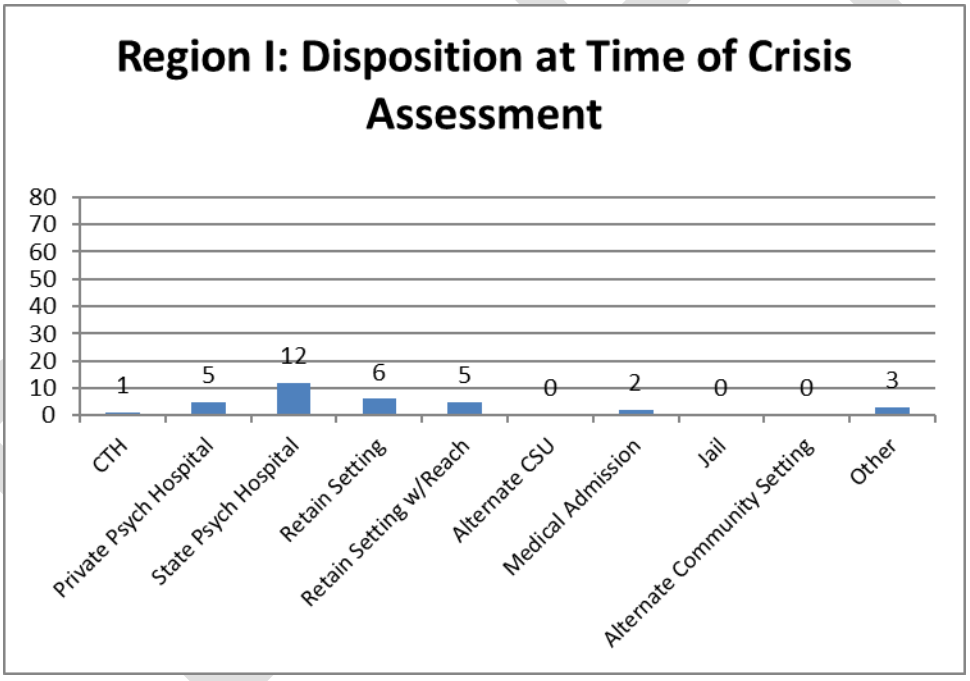
	Region I	Region II	Region III	Region IV	Region V
N= Prevention Supports, face-to-face	152	195	201	236	299
N= Prevention Supports, non-face-to-face	0	0	0	3	0
Prevention Hours	1127	990	1859	1313	1391

The total number of individuals receiving face-to-face prevention denotes an increasing trend for three consecutive quarters, 765, 916, and 1083 respectively. The total number of prevention hours provided by all programs also increased for three consecutive quarters; 6185 hours, 6370 hours, and 6680 hours.

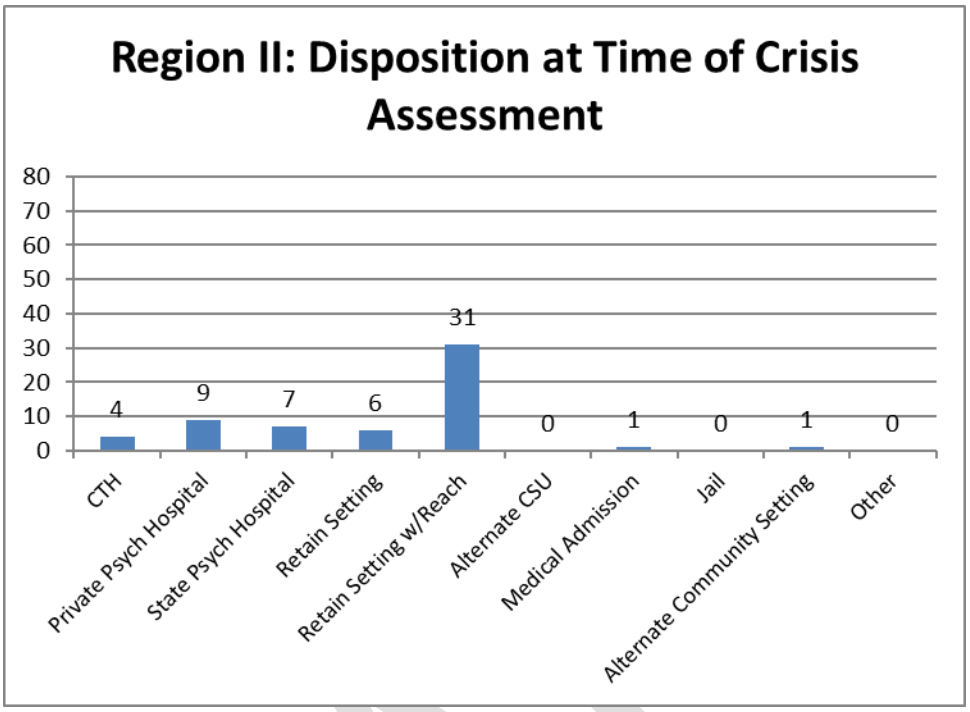
Crisis Service Outcomes/Dispositions

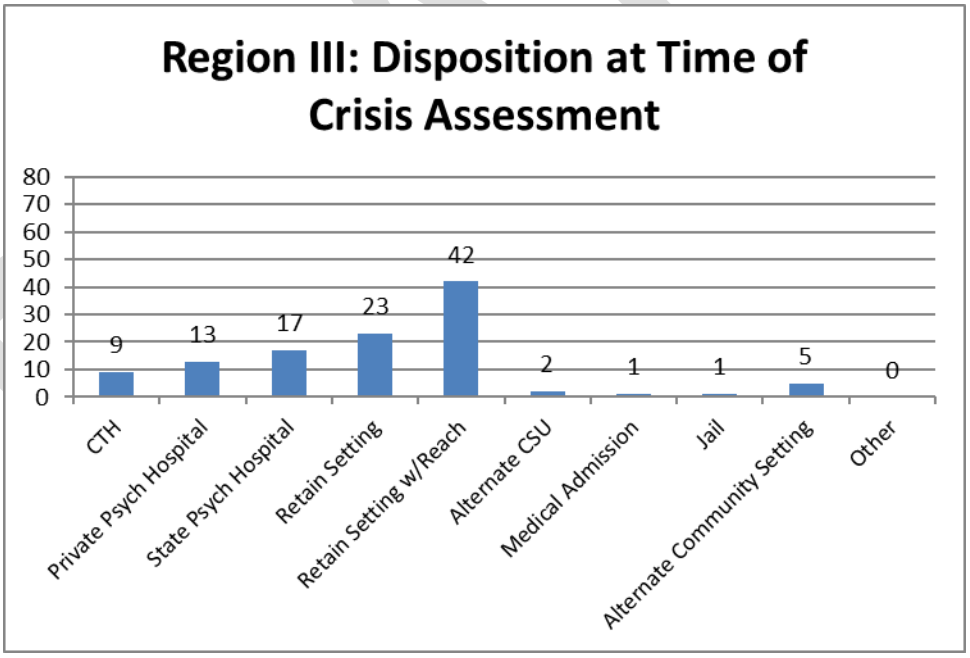
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted to the CTH? Third, what is the outcome when mobile crisis or prevention supports are put in place to stabilize the situation and avoid the need for CTH admission, hospitalization, or some other disposition that involves disrupting the person's residential setting?

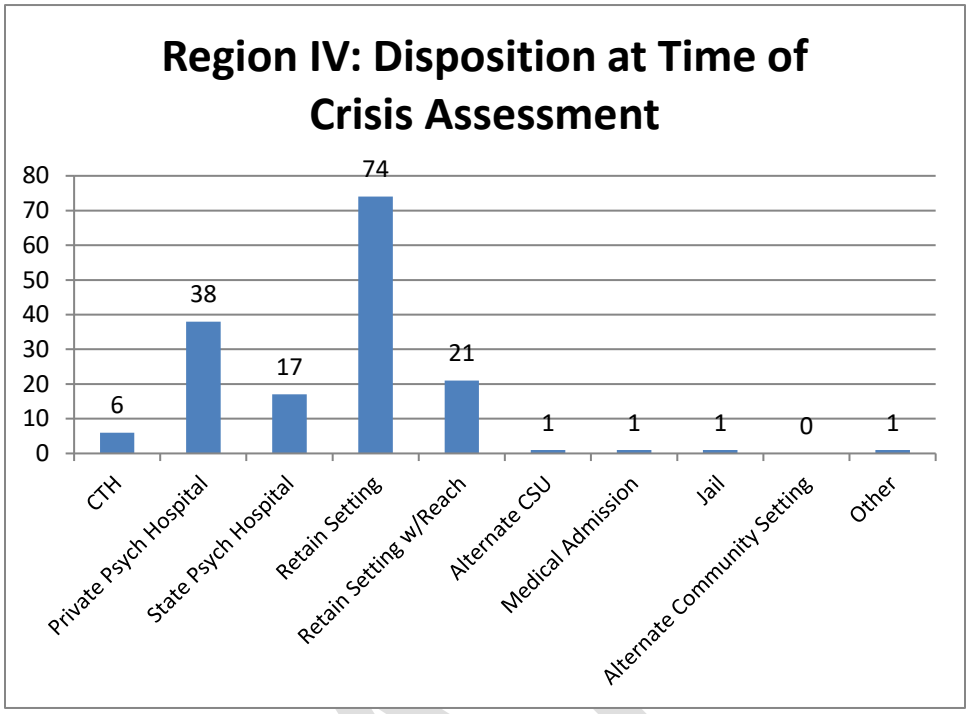
For this quarter, 61% of the individuals receiving a crisis assessment were able to retain their original residential setting, 4% were diverted to a CTH, with another 2 individuals diverted to an alternate CSU, 1% chose an alternate community setting, and 30% were psychiatrically hospitalized (16% in private and 14% in state hospitals). Two individuals went to jail and 5 other individuals has various outcomes. The following graphs display the outcomes of the crisis assessments across each regional program.



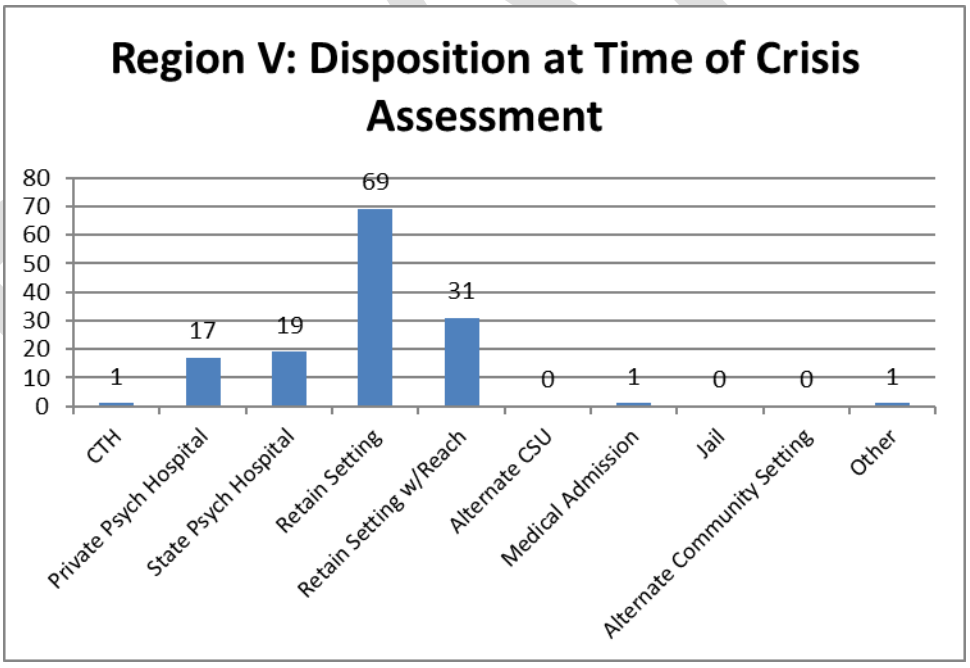
Other: unknown, transferred to another ED, or remained in ED


Region II: Disposition at Time of Crisis Assessment
80
70
60
50
40
30
20
10
0
4
9
7
6
31
0
1
0
1
0
CTH
Private Psych Hospital
State Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other


Region III: Disposition at Time of Crisis Assessment
80
70
60
50
40
30
20
10
0
9
13
17
23
42
2
1
1
5
0
CTH
Private Psych Hospital
State Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other



Other: CTH out of Region

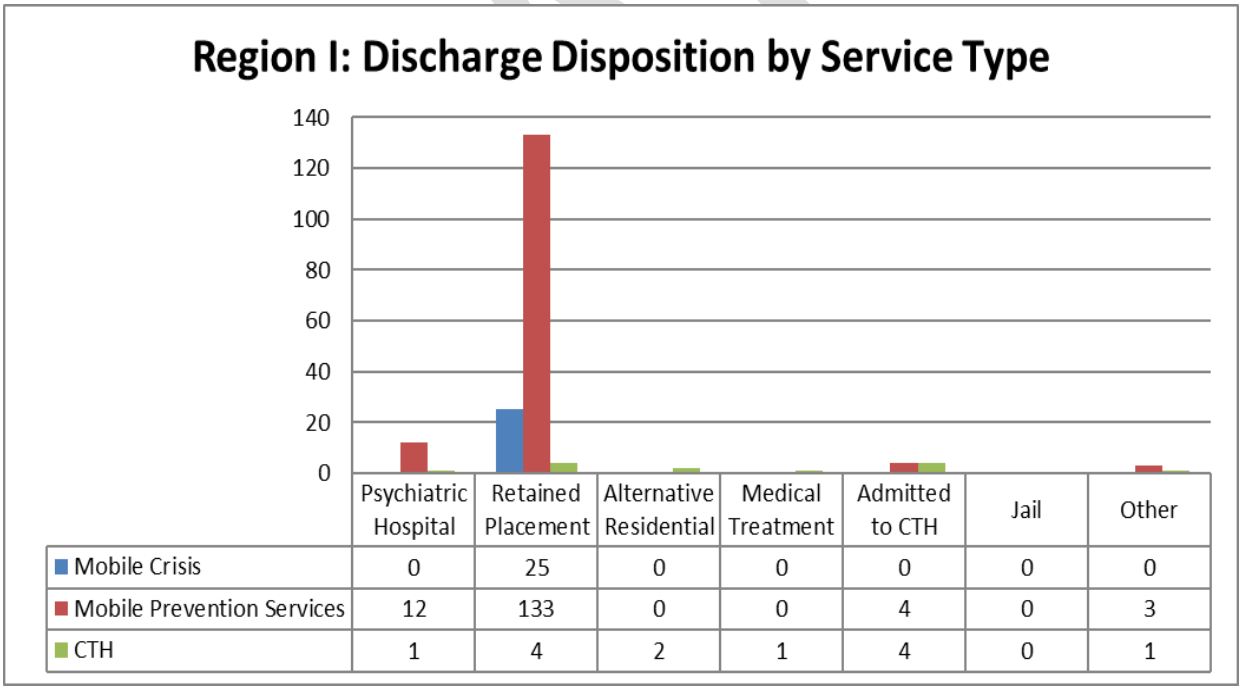


Other: unknown

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

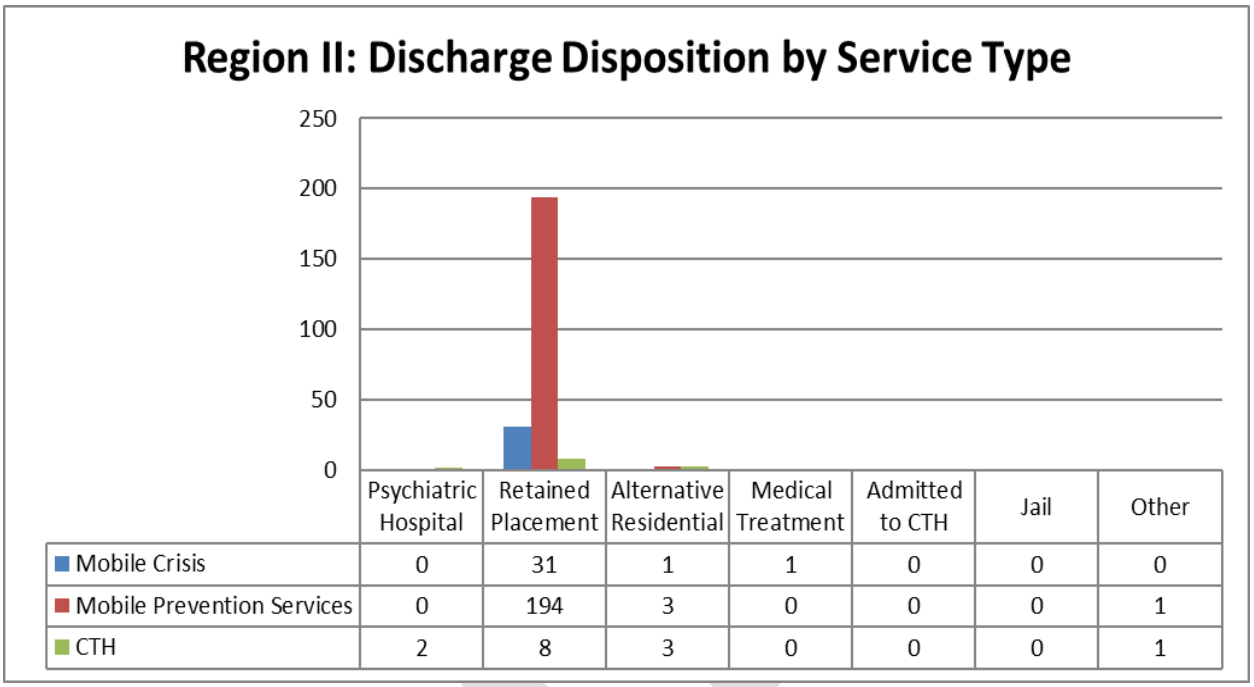
preceding set of graphs, the following graphs provide a summary of outcome status for adults that accessed ongoing REACH services during the quarter. Of the outcomes for those individuals admitted to the CTH and discharged this quarter and including those admitted previously and discharge, 65% were able to return to their original residence or went to a new residence post discharge. Eleven percent (11%) of outcomes for individuals at the CTH resulted in a psychiatric hospitalization, 17% continued as guests at all the CTHs at the end of the quarter, and the remaining 7% were individuals who had other outcomes (e.g. three people had a medical admission). For all admissions receiving mobile crisis supports, 87% remained in their residence, 3% were diverted to the CTH, 8% were hospitalized during the course of mobile services, and the remaining 2% had other outcomes. Based on reported data on the outcomes of adults in REACH mobile prevention services, 95% retained their setting or went to an alternative residential community setting, 3% were hospitalized, 1% 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.



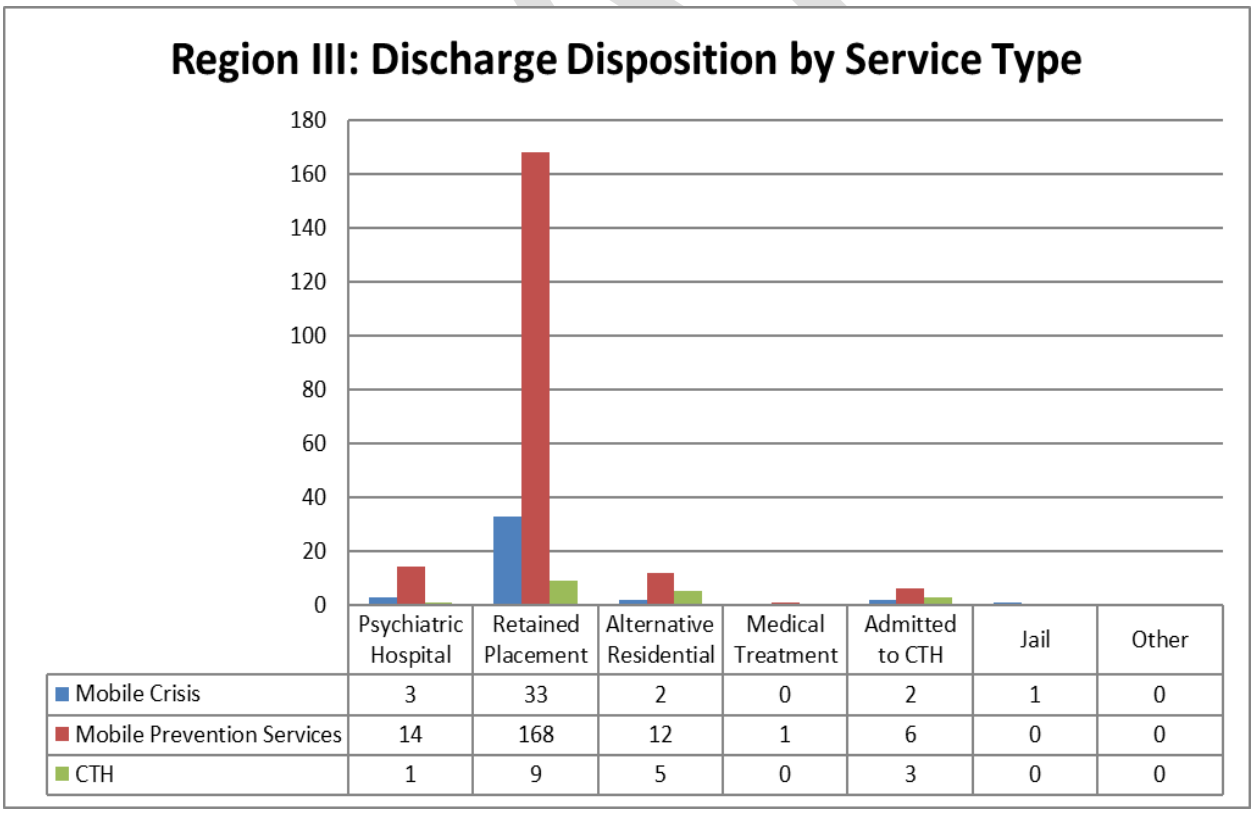
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	25	0	0	0	0	0
Mobile Prevention Services	12	133	0	0	4	0	3
CTH	1	4	2	1	4	0	1

Other: CTH – ATH Admission; Mobile Prevention – 3 went into crisis services

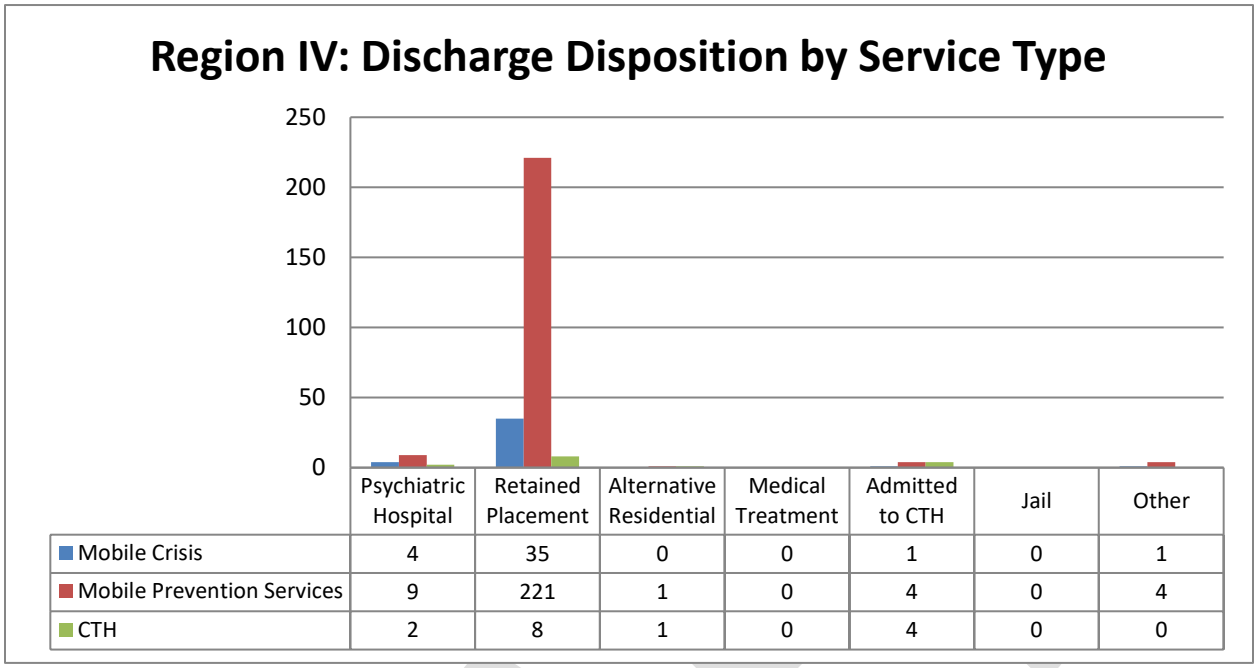


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	31	1	1	0	0	0
Mobile Prevention Services	0	194	3	0	0	0	1
CTH	2	8	3	0	0	0	1

Other: CTH – Respite; Mobile Prevention - transfer out of region

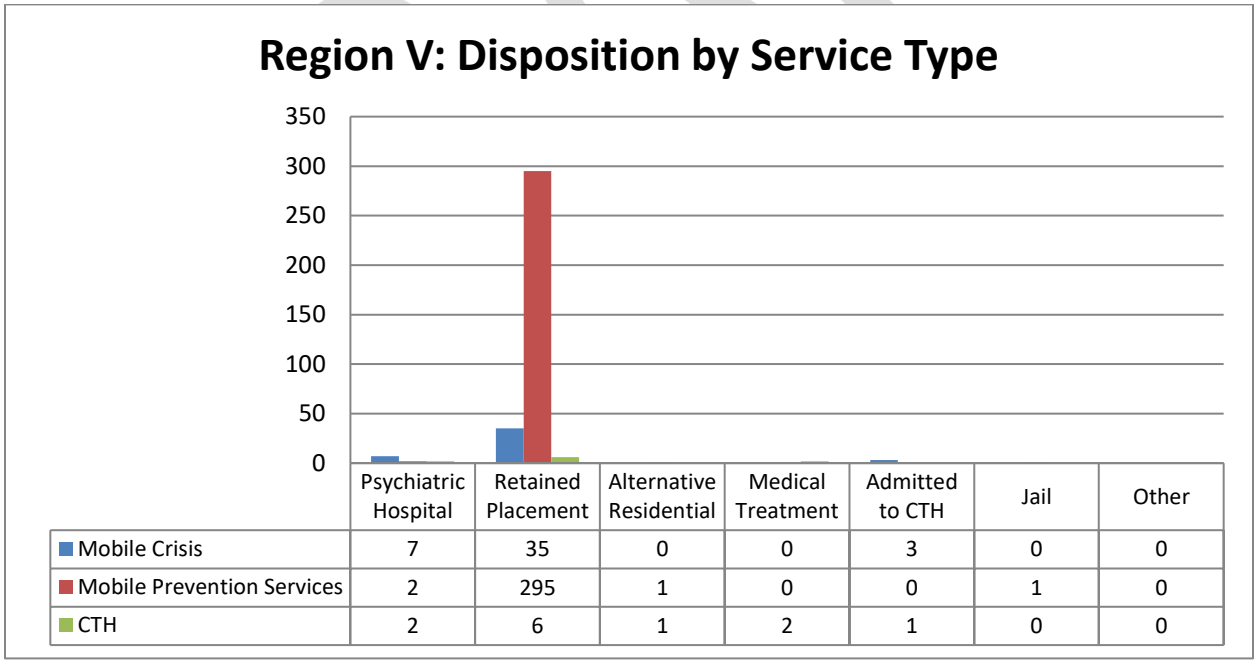


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	3	33	2	0	2	1	0
Mobile Prevention Services	14	168	12	1	6	0	0
CTH	1	9	5	0	3	0	0



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	4	35	0	0	1	0	1
Mobile Prevention Services	9	221	1	0	4	0	4
CTH	2	8	1	0	4	0	0

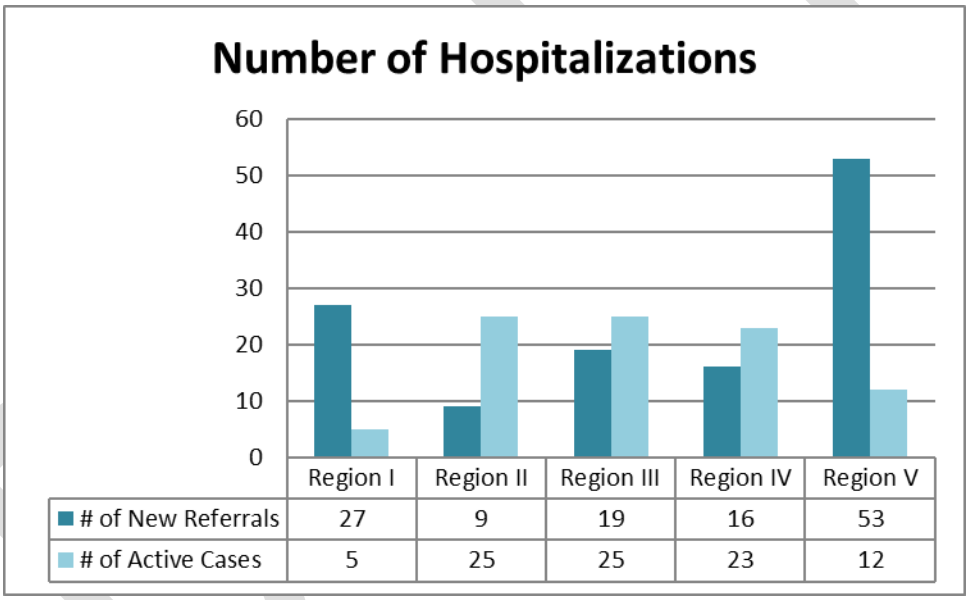
Other: Mobile Crisis – closed; Mobile Prevention – closed, admitted to CSU



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	7	35	0	0	3	0	0
Mobile Prevention Services	2	295	1	0	0	1	0
CTH	2	6	1	2	1	0	0

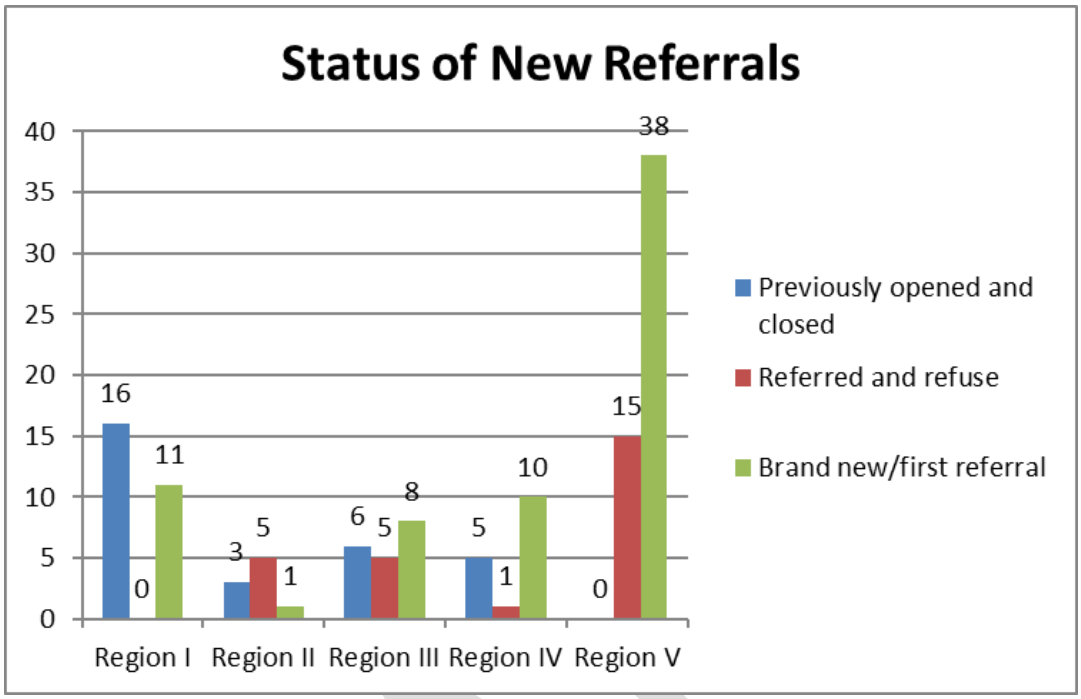
Hospitalizations

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 over the past few years, 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.

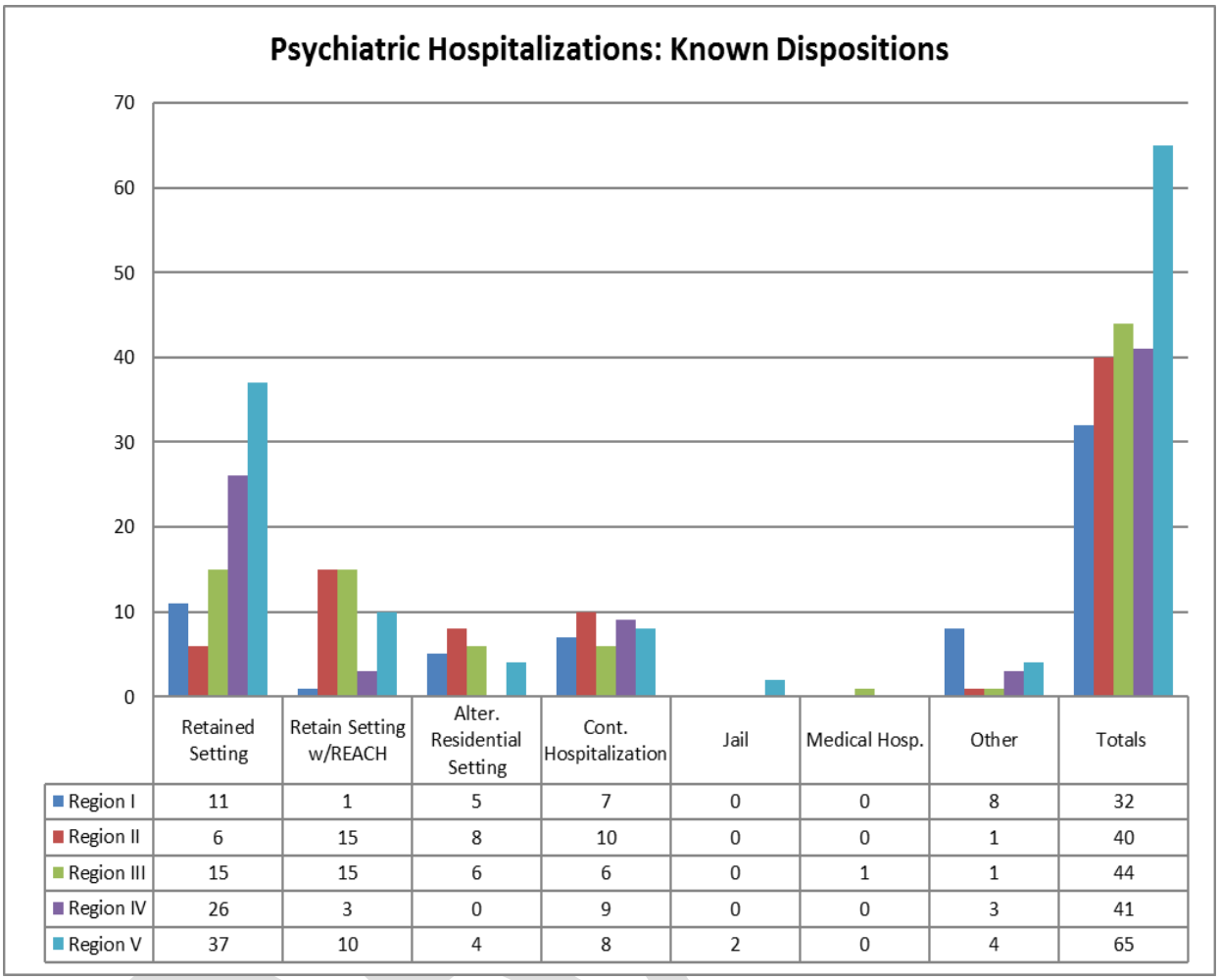


	Region I	Region II	Region III	Region IV	Region V
# of New Referrals	27	9	19	16	53
# of Active Cases	5	25	25	23	12

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 (58%) of all hospitalizations were "new referrals" to the REACH program. Of the **new** referrals to REACH that were hospitalized, 55% of the individuals were new to the program, 21% were referred to REACH but refused services, and 24% had been previously discharged (inactive) from REACH services. Of the known dispositions of the people hospitalized and discharged, 63% retained their original community home and 10% 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	11	1	5	7	0	0	8	32
Region II	6	15	8	10	0	0	1	40
Region III	15	15	6	6	0	1	1	44
Region IV	26	3	0	9	0	0	3	41
Region V	37	10	4	8	2	0	4	65

Includes readmit outcomes. Other: CTH admissions, ALF; friend, closed

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 related to mobile crisis services 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 88% of the mobile crisis CEPPs this quarter. Region 5 completed 8 additional trainings for people in mobile supports that

were not admitted this quarter. The reasons and related percentage for not completing the training is as follows: 5% of the families/providers would not respond to REACH staff communications, 4% of the individuals/families ended service, and 3% 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	4	5	8	10	5
Consultation	4	5	8	10	5
Crisis Education Prevention Plan	4	3	8	7	3
Provider Training	2	3	8	7	2

R1: Trainings – 1 family declined and 1 not due yet as still admitted; R2: CEPPs/Training– 1 hospitalized and returned to home region and 1 hospitalized day after admission; R4: CEPPs and Training – 2 out of region admits and 1 in service only 1 day; R5: CEPPs/training – 2 left program after 6 days (TDO and hospitalization and additional person's CEPP training is pending discharge.

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

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

R1: CEPP/Training - 1 still under development due to admission date at end of quarter and 1 CEPP developed but not trained as person was hospitalized and moved out of region. R2: Trainings – 2 waiting on GH for scheduling and 1 no response; R4: Trainings and CEPPs – 1 out of regional admit; R5: Training – 2 people left (AMA and TDO)

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	24	30	35	35	34
Consultation	24	30	35	35	34
Crisis Education Prevention Plan	24	28	30	31	24
Provider Training	16	20	30	31	32

R1: Training - 4 not due to admit late in quarter and 4 REACH staff error; R2 – CEPPs – 1 no show/cancelled after 1 session and 1 on hold due to medical; Training – 6 refused /no response, 1 medical, 1 COVID positive, 1 asked to be scheduled after holidays; 1 wait until after readmission; R3: CEPPs and Training – 3 continued into next quarter and 2 ended after 1 day. R4: CEPPS 3 ended with one day of service and another stopped engaging in service; R5: CEPPS – 8 completed in previous quarter, 1 person hospitalized; and 1 unable to contact; Training – 1 hospitalized and 1 unable to contact.

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 949 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	39	41	0	0	19	99
Case Managers/Support Coordinators	33	18	12	0	0	63
Emergency Service Workers: #Trained	12	39	1	0	12	64
Family Members: # Trained	20	50	0	1	2	73
Hospital Staff: # Trained	2	0	0	0	0	2
DD Provider: #Trained	39	106	156	16	24	341
Other Community Partners: #Trained	169	15	122	1	0	307
Total	314	269	291	18	57	949

*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 second 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; fluidly adjusting bed capacity depending on testing results. Staff have helped the guests move through the system with the help of creative IT solutions such as virtual tours of prospective living arrangements. Offering training to community partners continues in each regions, predominantly through virtual platforms. The Department remains committed to fulfilling its mission to have a continuum of qualified care for adults with developmental disabilities and their families.