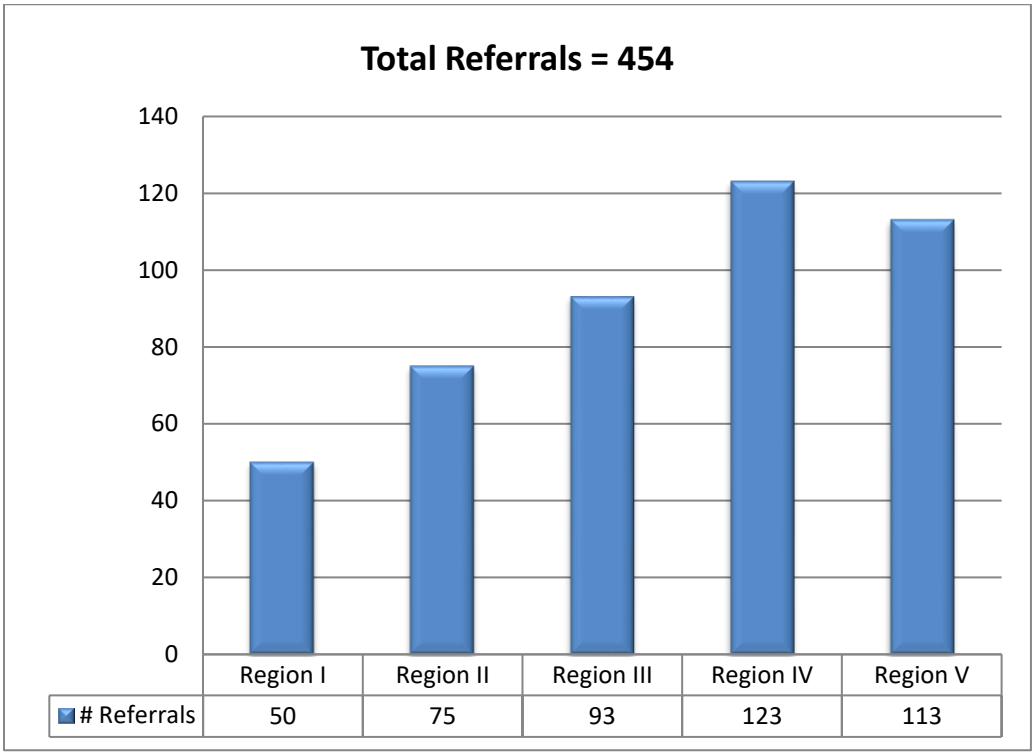
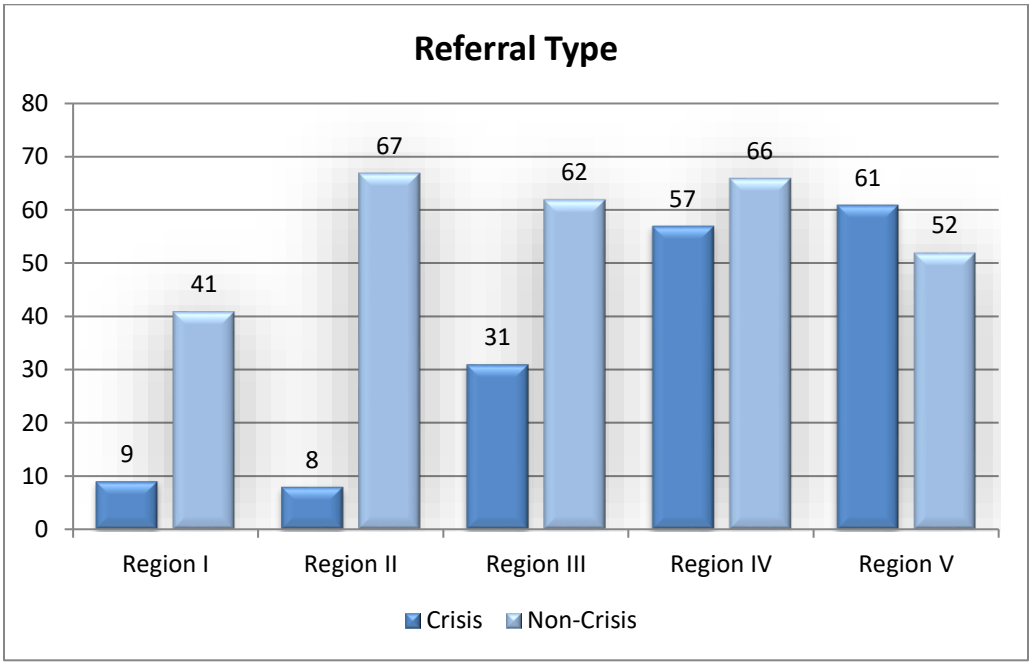
REACH Data Summary Report-Adult: Quarter 3/FY21

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

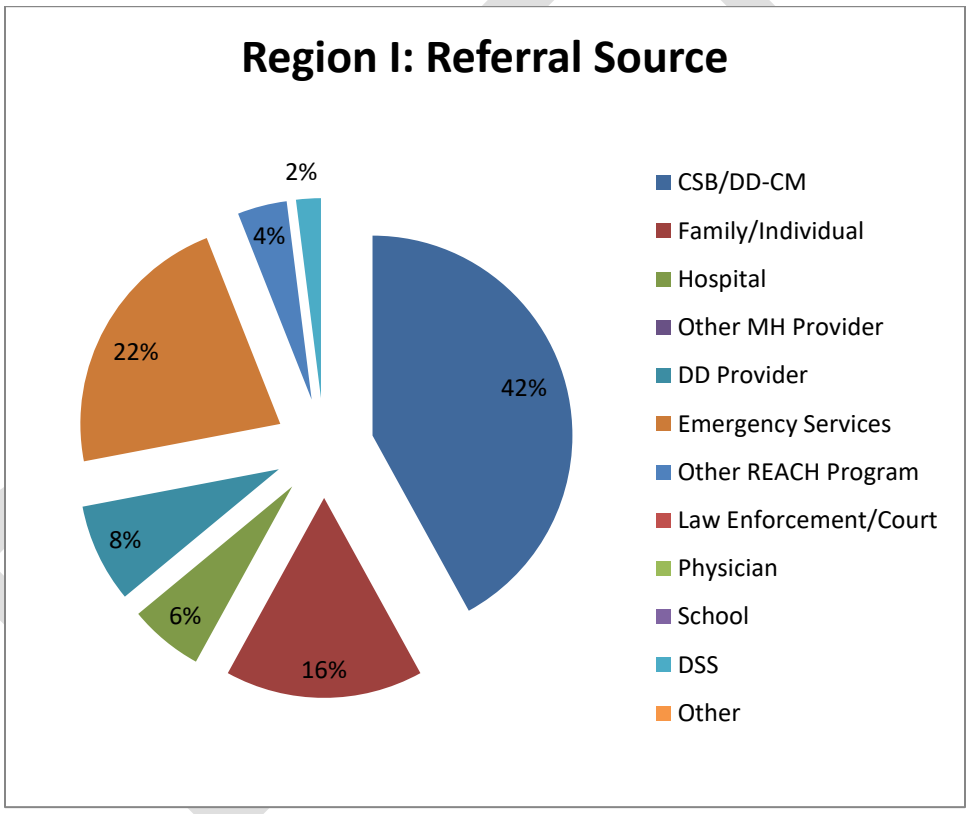
REACH Referral Activity

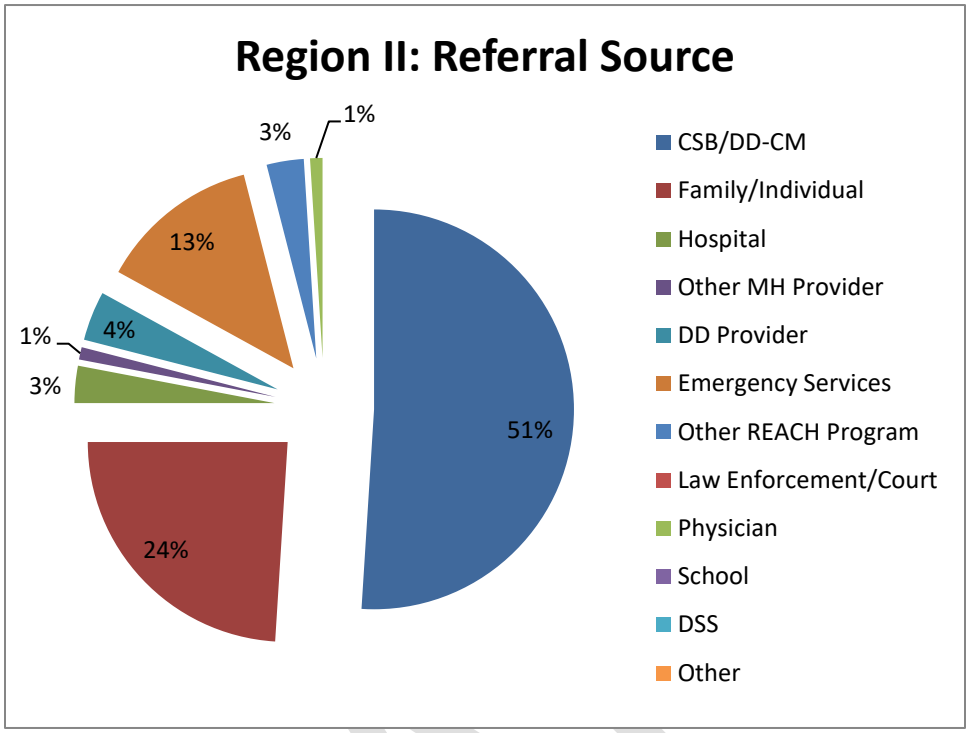


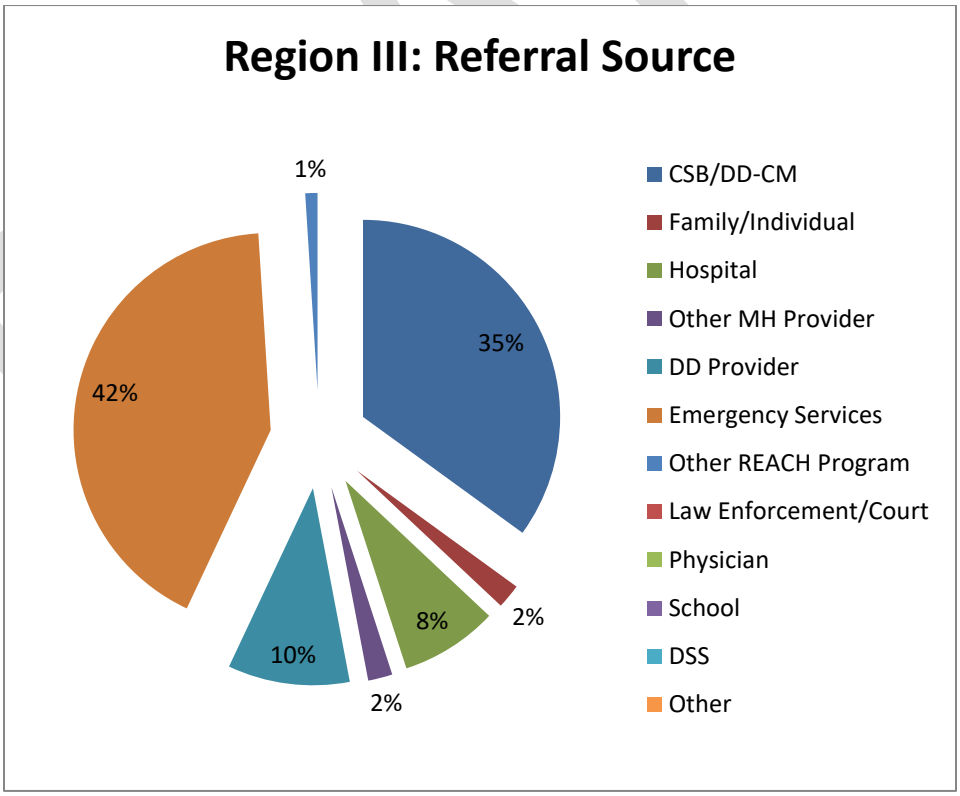


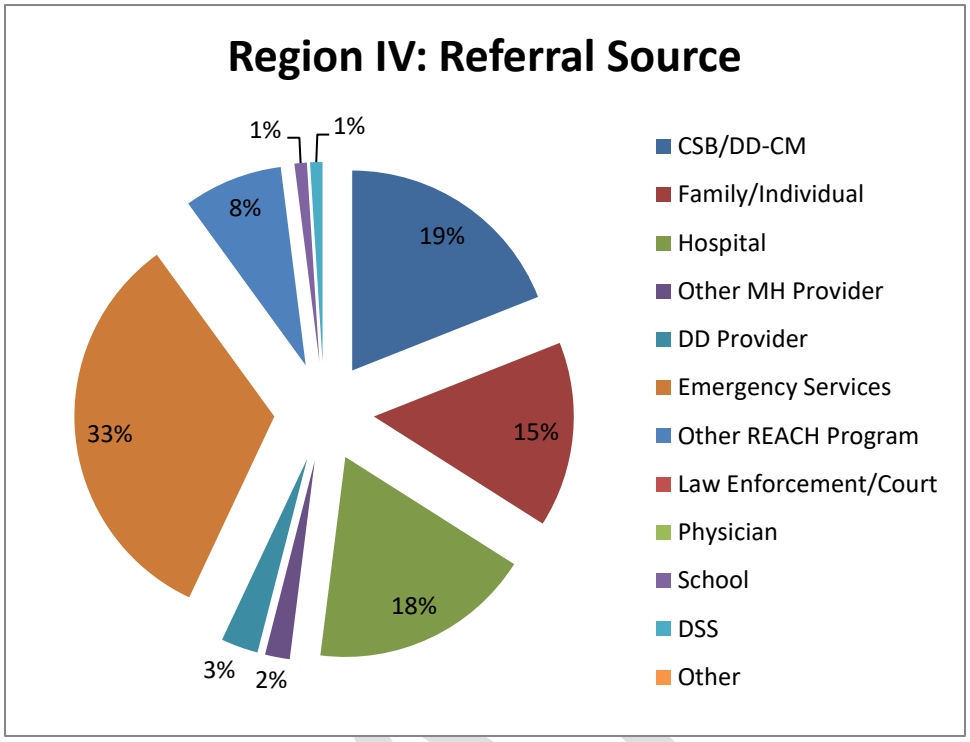
Referral activity for the third quarter of fiscal year 2021 is presented in the graphs on the previous page. For FY21 quarter three, a decrease was noted in total referrals as compared to FY21 quarter two, 562 to 454. The data regarding the breakdown of types of referrals for Regions I through IV denote 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.

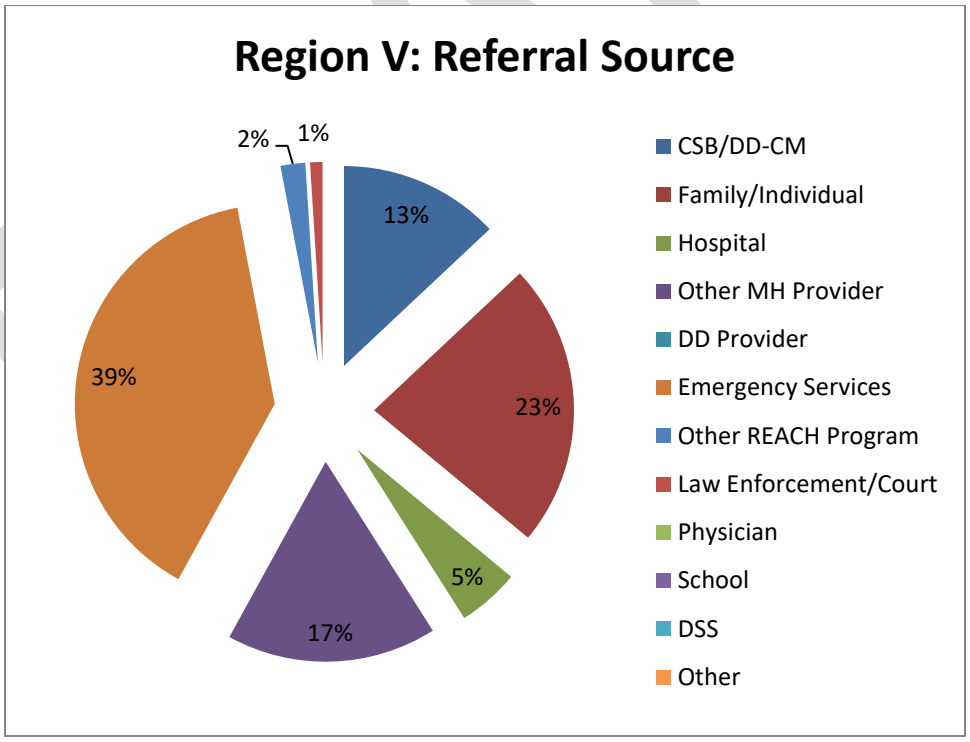
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by Region of referral source data. Referral sources cover a broad range of stakeholders when the state is considered as a whole and primary referral sources vary by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




Region II: Referral Source
3%
1%
13%
4%
1%
3%
51%
24%
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
1%
35%
42%
2%
8%
10%
2%
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%
8%
19%
33%
15%
18%
3%
2%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court
Physician
School
DSS
Other


Region V: Referral Source
2%
1%
13%
39%
23%
5%
17%
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	45	70	78	99	98	390
Weekends/Holidays	5	5	15	24	15	64
7am-2:59pm	28	50	49	55	53	235
3pm-10:59pm	19	24	36	58	52	189
11pm-6:59am	3	1	8	10	8	30

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.

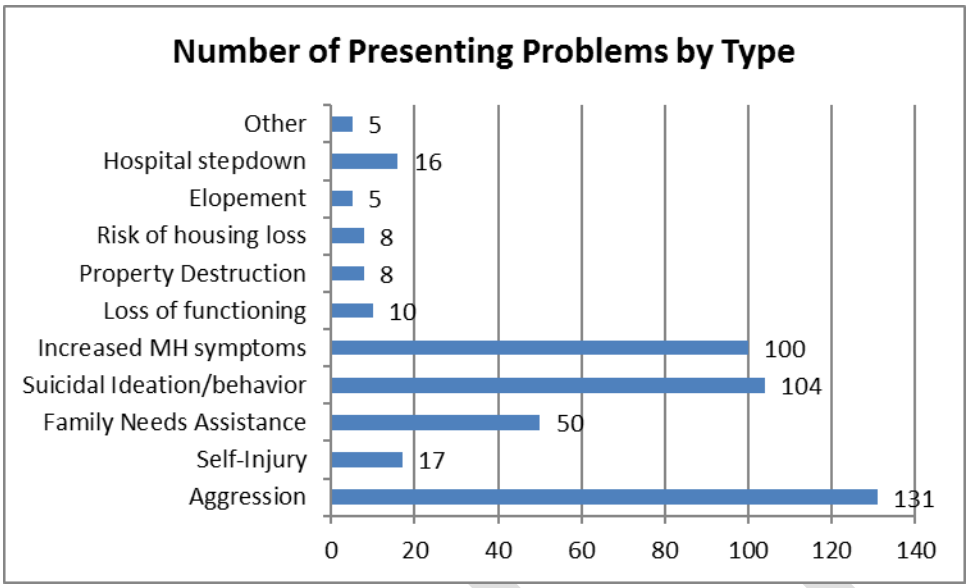
Diagnosis	Region I	Region II	Region III	Region IV	Region V	**Total**
ID only	24	25	57	67	51	224
DD only	11	32	19	39	33	134
ID/DD	15	17	16	11	29	88
Unknown/None	0	1	1	6	0	8
Total	50	75	93	123	113	454

In terms of what type of clinical issues bring individuals to the REACH programs for support; aggression and suicidal ideation/behavior followed by increased MH symptoms 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	20	16	16	37	42	131
Self-Injury	0	4	6	3	4	17
Family Needs Support	1	9	5	14	21	50
Suicidal Ideation/behavior	9	9	29	32	25	104
Increased MH symptoms	18	26	25	20	11	100
Loss of functioning	0	0	2	8	0	10
Property Destruction	0	4	1	1	2	8
Risk of housing loss	0	1	4	0	3	8
Elopement	0	0	1	2	2	5
Hospital Stepdown	1	3	3	6	3	16
Other	1	3	1	0	0	5

Other: homicidal ideation; discharging from jail; ATH admission; unsafe community behavior; transition from another program



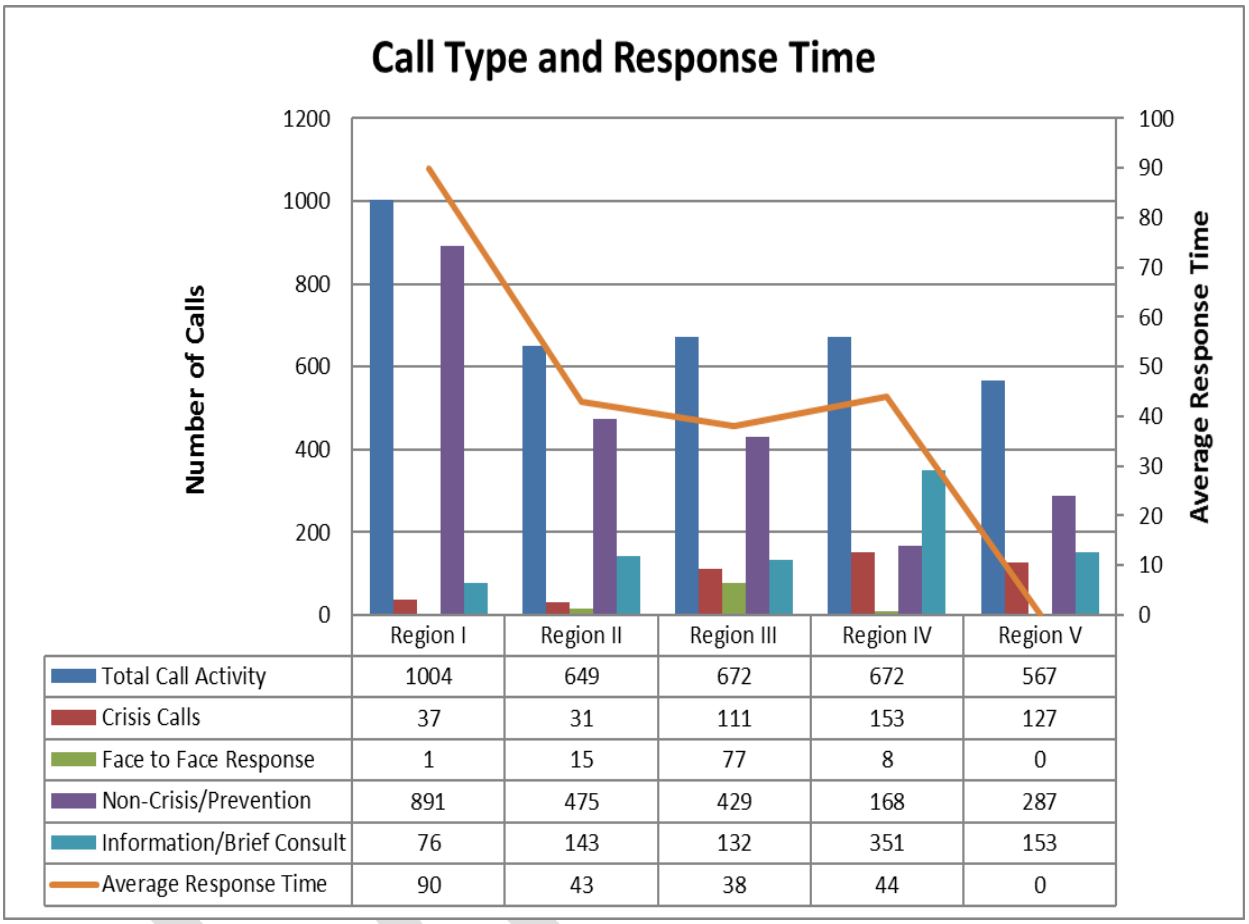
REACH Crisis Response

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	1004	649	672	672	567
Crisis Calls	37	31	111	153	127
Face to Face Response	1	15	77	8	0
Non-Crisis/Prevention	891	475	429	168	287
Information/Brief Consult	76	143	132	351	153
Average Response Time	90	43	38	44	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 31% for RIII with RI, RII, and RIV being at 97%, 52%, and 95% respectively. For those crisis call that were responded to in person (Regions 1- 4), all regions met expectations as denoted in the REACH Program Standards regarding average time to respond to the scene of the crisis event. 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 response while Regions II, III and IV met 73%,

99% and 88% of their calls, respectively. The table on the next page offers a more detailed picture of response time data by breaking it into 30-minute increments. Traffic congestions/distance, re-routing during response, crisis intervention on intake call with individual, 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	0	7	46	1	0	54
Response Interval: 31 - 60	0	4	21	6	0	31
Response Interval: 61 - 90	1	4	4	1	0	10
Response Interval: 91 -120	0	0	5	0	0	5
Response Interval: 120+	0	0	1	0	0	1
Total	1	15	77	8	0	101

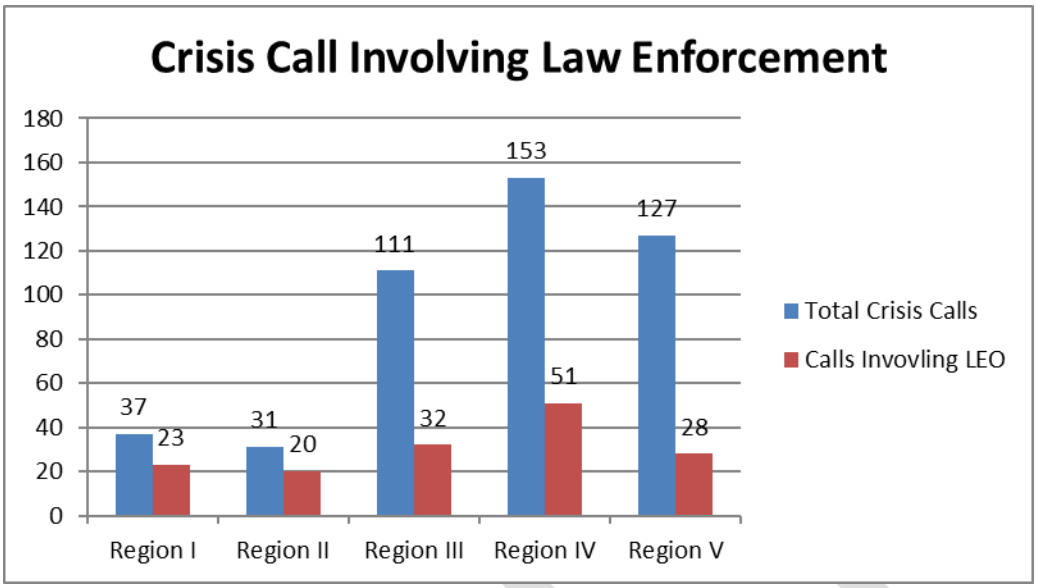
*No in-person responses

Location of Crisis Assessments

Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual Home/Family Home	3	5	9	12	69	98
Hospital/Emergency Room	30	10	68	100	14	222
Emergency Services/CSB	0	14	4	5	5	28
Residential Provider	2	1	28	17	3	51
Police Station	0	0	0	1	1	2
Day Program	1	0	1	0	0	2
School	0	0	0	0	0	0
Other	1	1	1	18	0	21
Total	37	31	111	153	92	424

Other settings include: ALF/Nursing home; 7/11; CSU; Crisis Triage Center

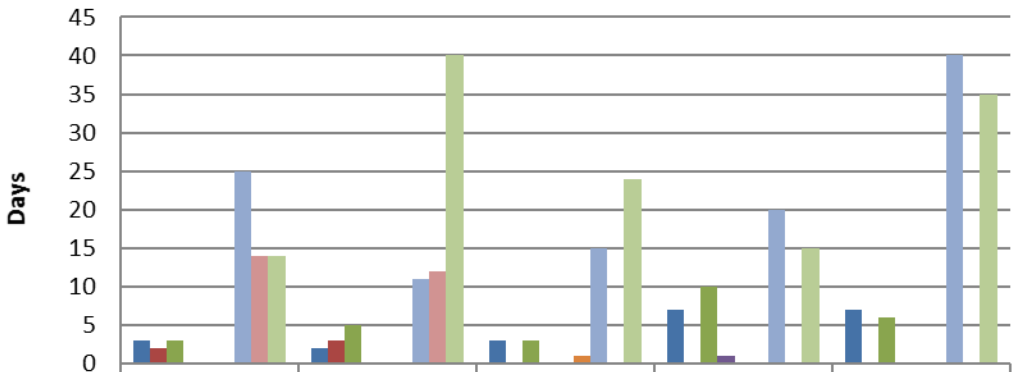
When indicated, the REACH programs are expected to arrive at the physical site of the crisis event, regardless of the nature of the setting. The table above provides a summary of the various locations where mobile crisis assessments took place over the course of the third quarter of FY21. The location 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. Region 5 had 35 crisis calls that did not receive an assessment as the individual/family refused or did not return contact with REACH. Forty-one percent (41%) of the assessments completed 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, 41% 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 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 22 crisis stabilization admissions, 5 prevention admissions, and 27 step-down admissions. Additionally, there was one crisis stabilization admission as well as one step down admission readmitted during the quarter. The number of crisis stabilization admissions decreased while the number of step-down and prevention admissions increased as compared to FY21Q2.

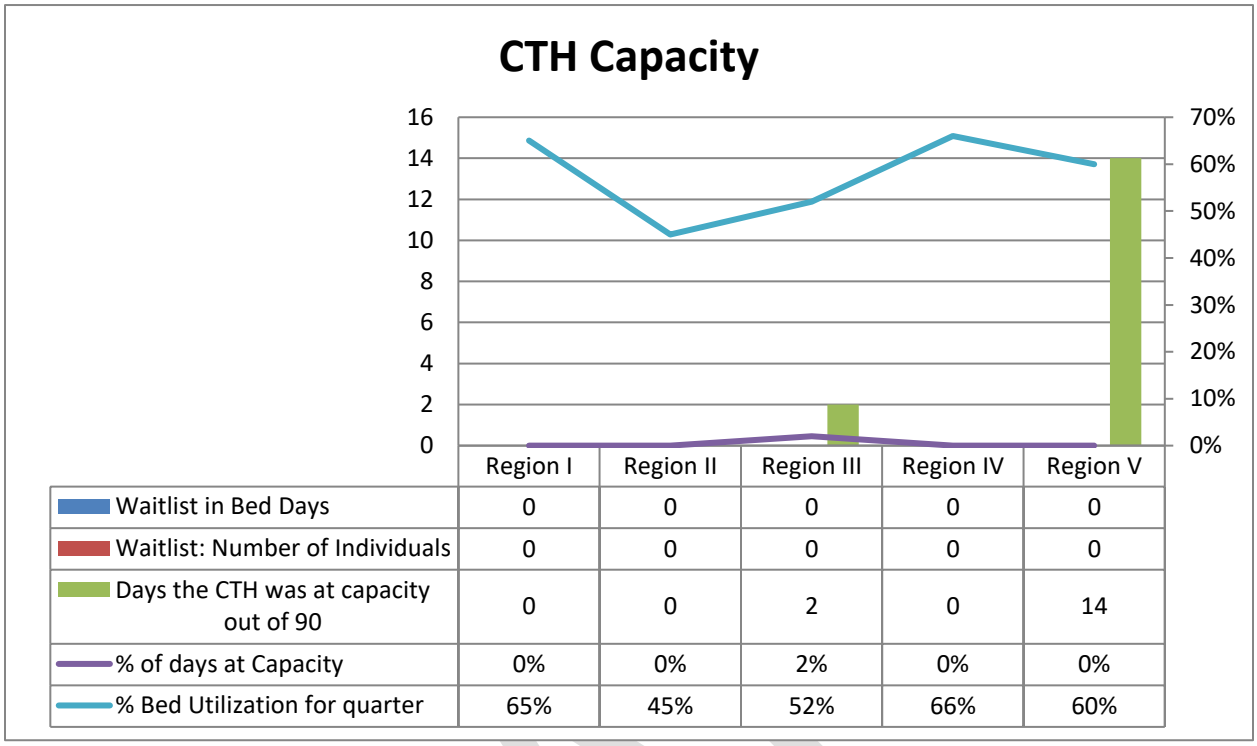


	Region I	Region II	Region III	Region IV	Region V
Admits/stab	3	2	3	7	7
Admits/prevention	2	3	0	0	0
Admits/stepdown	3	5	3	10	6
Readmits/stab	0	0	0	1	0
Readmits/prevention	0	0	0	0	0
Readmits/stepdown	0	0	1	0	0
Avg. LOS for crisis stab admits/readmits	25	11	15	20	40
Avg. LOS for prevention admits/readmits	14	12	0	0	0
Avg. LOS for step-down admits/readmits	14	40	24	15	35

The average length of stay reflected for each type of admission on the previous chart is within the expected average length of stay with R5 being slightly longer than 30-day target for crisis stabilization and step down admissions and R2 for step-down admissions. 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: 9 crisis stabilization admissions with LOS ranging from 5 - 116 days and 5 step-down admissions with LOS ranging from 15 - 731 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	90
	Person 2	Crisis Stab	116
	Person 3	Step Down	102
Region III	Person1	Step Down	731
	Person 2	Step Down	66
	Person 3	Step Down	76
	Person 4	Step Down	15
	Person 5	Crisis Stab	14
	Person 6	Crisis Stab	61
Region IV	Person 1	Crisis Stab	36
	Person 2	Crisis Stab	33
	Person 3	Crisis Stab	5
	Person 4	Crisis Stab	36
Region V	Person 1	Crisis Stab	51

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 45% to 66% this quarter. As a result of positive tests results for COVID-19, admissions were interrupted in all homes' CTH. If you count only the beds that were open this quarter in Regions I though V, the bed utilization was 90%, 56%, 77%, 80% and 67%, respectively.

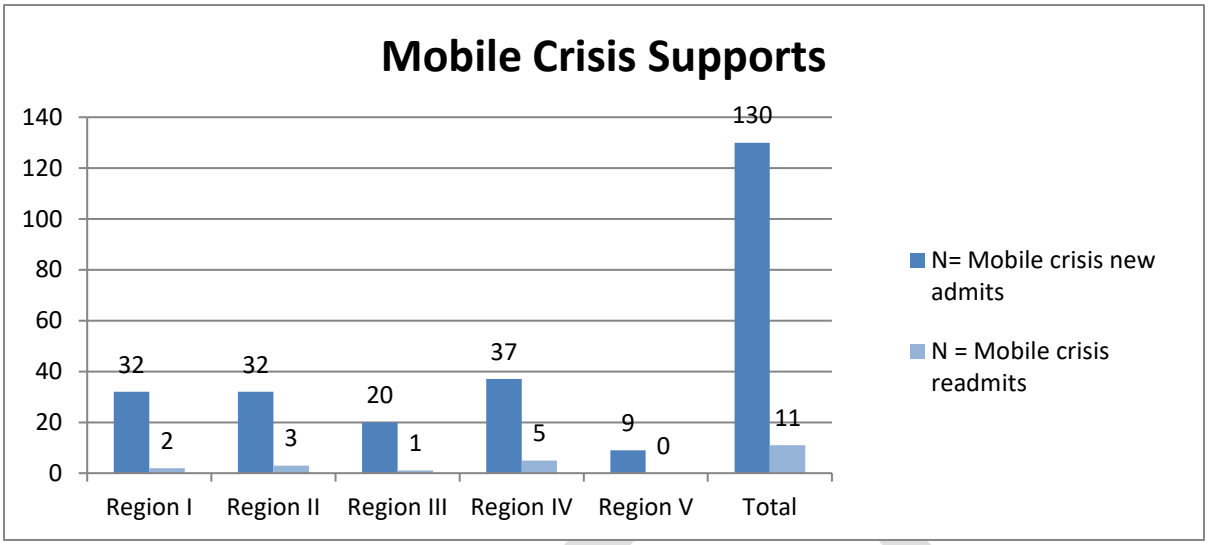


	Region I	Region II	Region III	Region IV	Region V
Waitlist in Bed Days	0	0	0	0	0
Waitlist: Number of Individuals	0	0	0	0	0
Days the CTH was at capacity out of 90	0	0	2	0	14
% of days at Capacity	0%	0%	2%	0%	0%
% Bed Utilization for quarter	65%	45%	52%	66%	60%

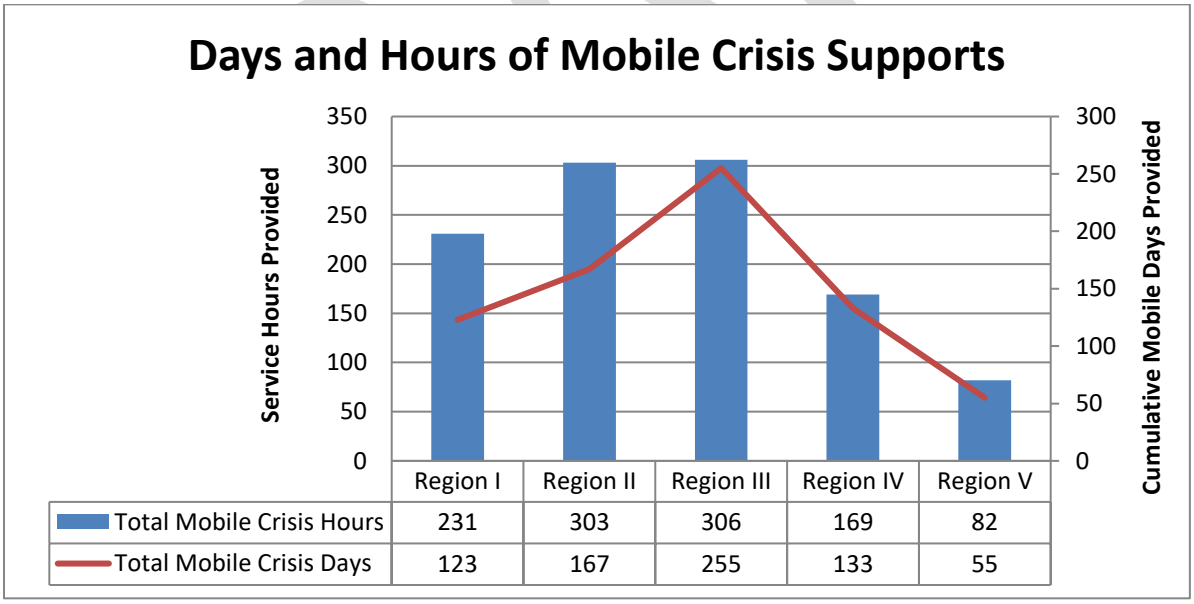
Beds Used Out of 540 Beds Available:	351	241	281	354	324

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 decreased from 153 in FY21Q2 to 130 in quarter 3. The total number of readmissions decreased from 18 in quarter two to 11 in quarter three.



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.



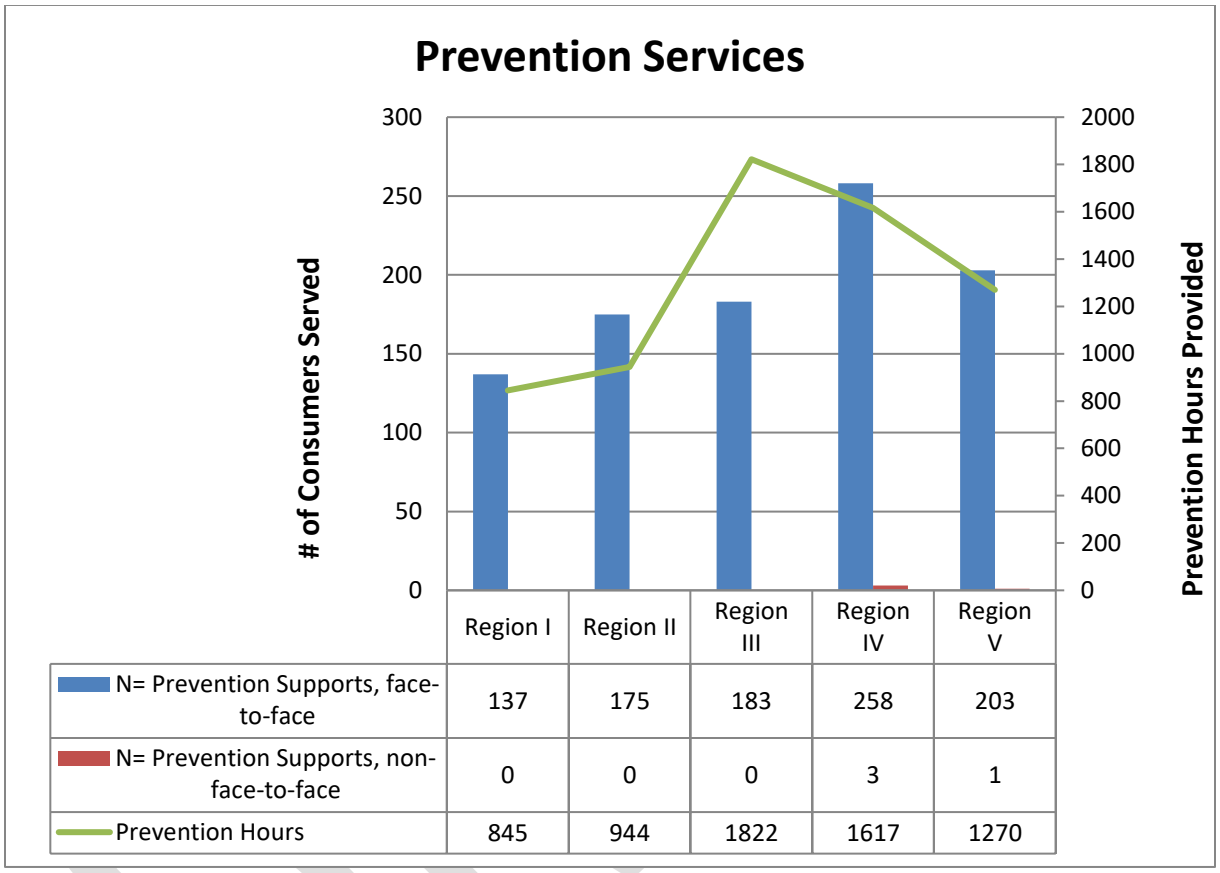
Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings

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 1091 hours of mobile crisis supports across 733 days. 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	1-5	1-6	1-15	1-10	2-11
Average Days/ Case	3.6	4.8	12.1	3.2	6.1
Average Hours/Day	1.9	1.8	1.2	1.3	1.5
Average Hours/Case	6.8	8.7	14.6	4.0	9.1

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.



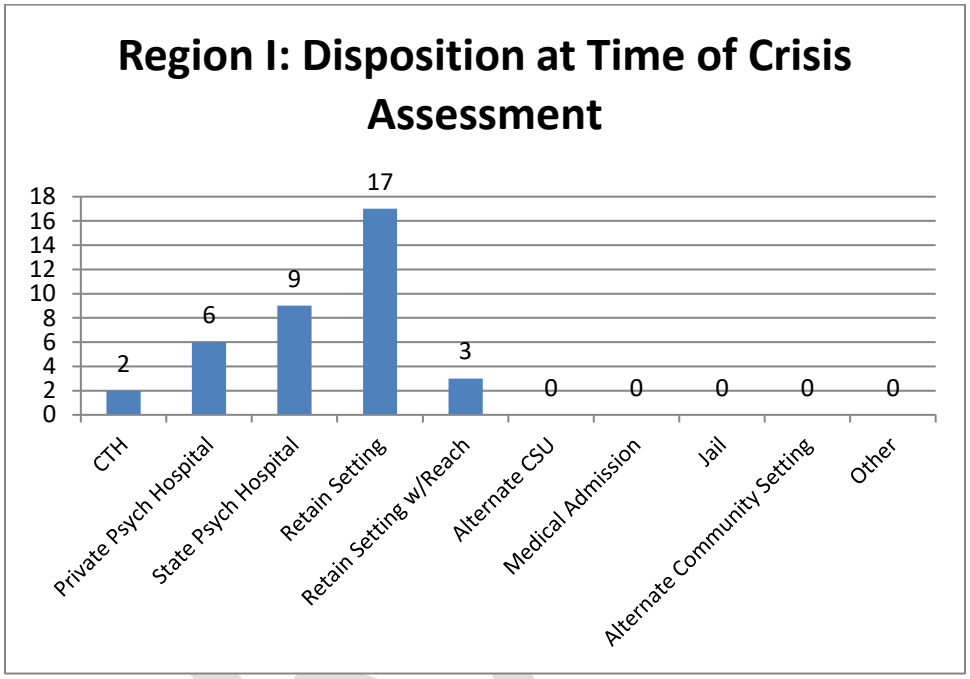
	Region I	Region II	Region III	Region IV	Region V
N= Prevention Supports, face-to-face	137	175	183	258	203
N= Prevention Supports, non-face-to-face	0	0	0	3	1
Prevention Hours	845	944	1822	1617	1270

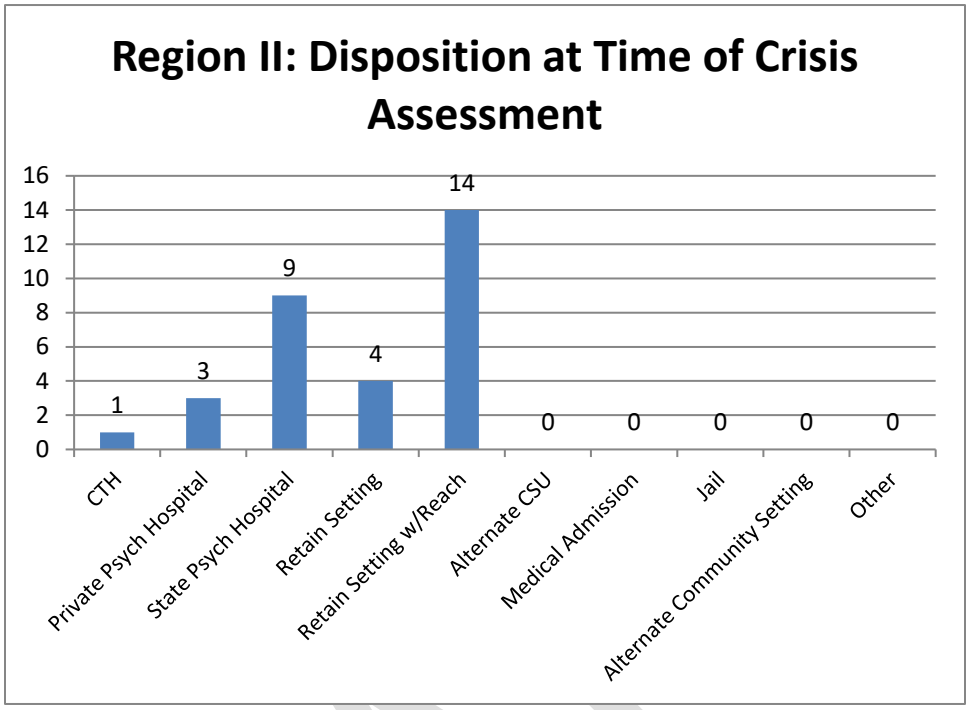
The total number of individuals receiving face-to-face prevention for quarter three was 960. The total number of prevention hours provided by all programs in quarter three was 6498.

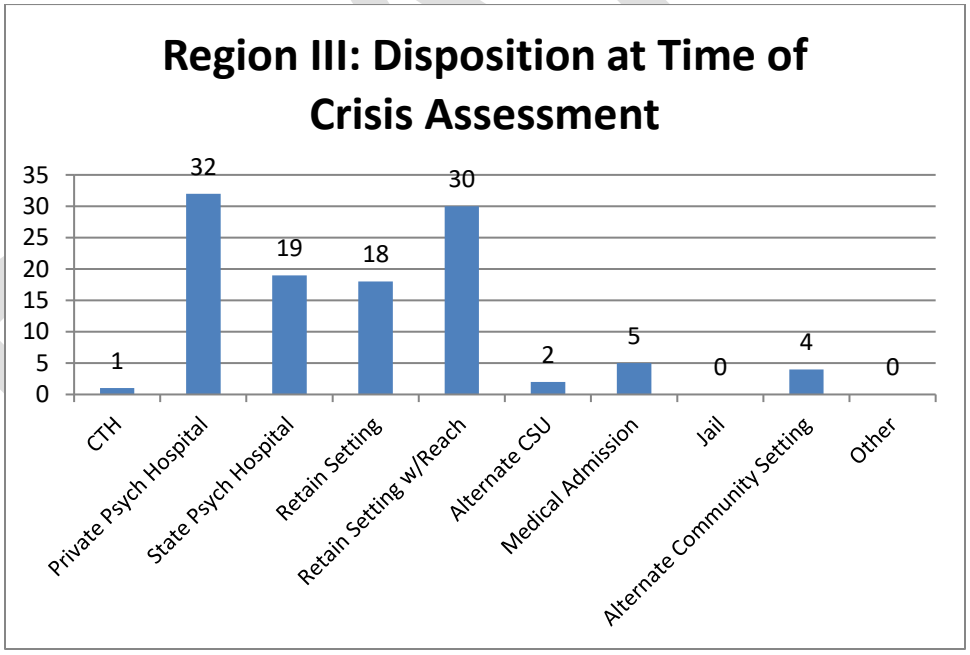
Crisis Service Outcomes/Dispositions

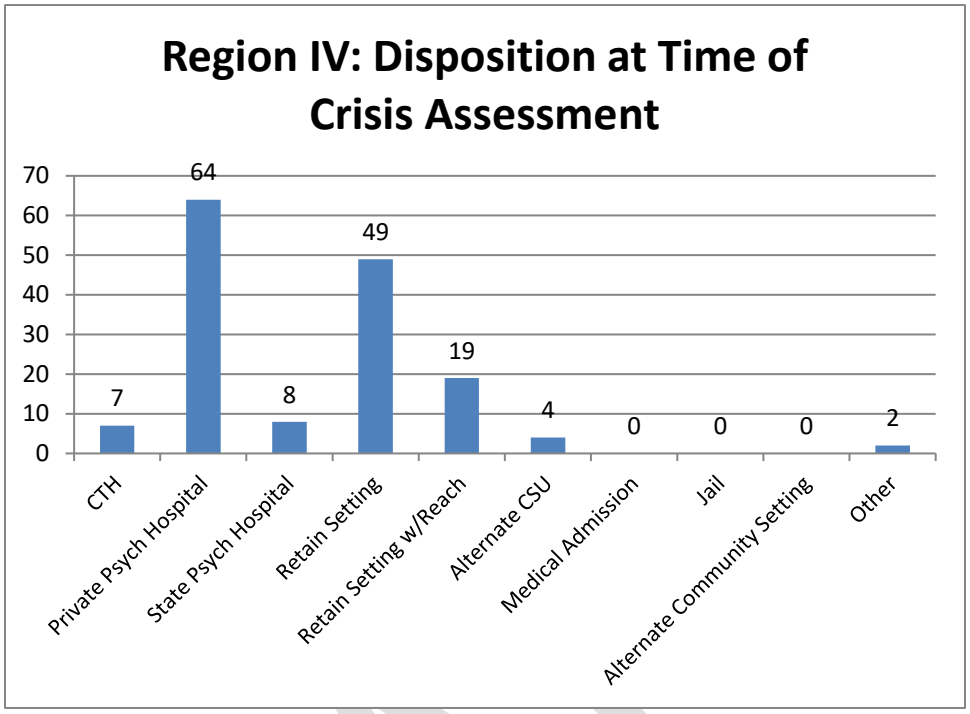
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted 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, 50% of the individuals receiving a crisis assessment were able to retain their original residential setting, 3% were diverted to a CTH, with another 1% of individuals diverted to an alternate CSU, 1% chose an alternate community setting, and 43% were psychiatrically hospitalized (29% in private and 14% in state hospitals). Two additional individuals transferred to a CTH within their own region. The following graphs display the outcomes of the crisis assessments across each regional program.

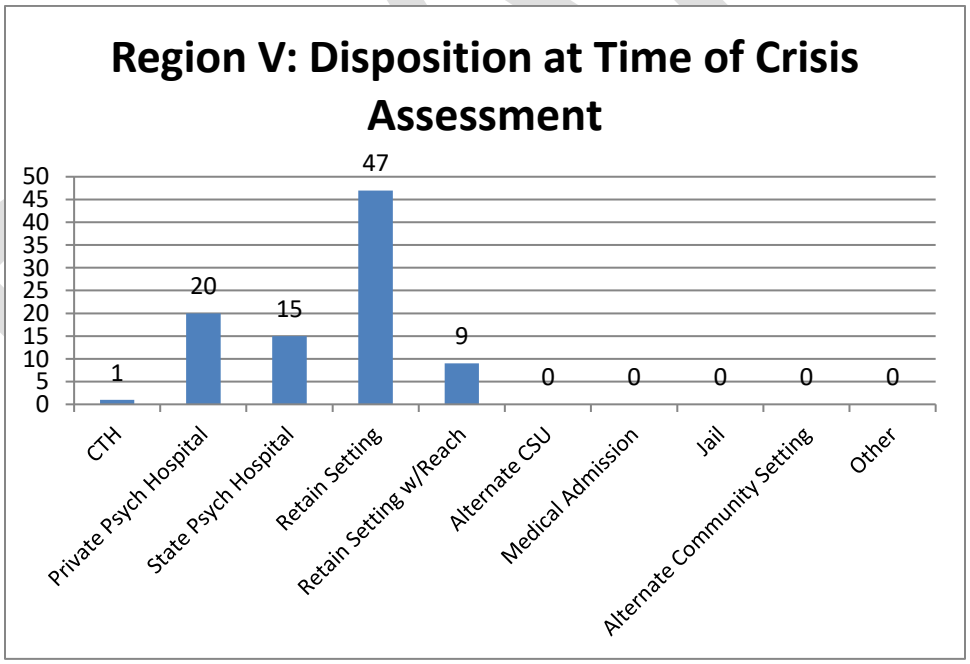



Region II: Disposition at Time of Crisis Assessment
16
14
12
10
8
6
4
2
0
1
3
9
4
14
0
0
0
0
0
CTH
Private Psych Hospital
State Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other


Region III: Disposition at Time of Crisis Assessment
35
30
25
20
15
10
5
0
1
32
19
18
30
2
5
0
4
0
CTH
Private Psych Hospital
State Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other



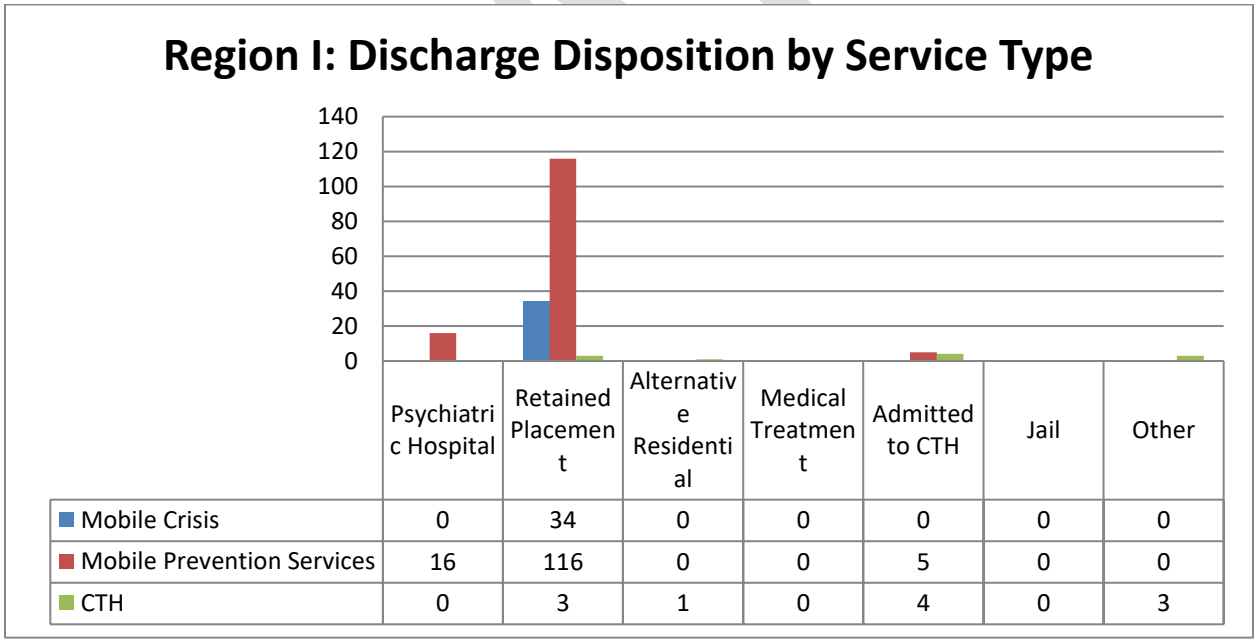
Other: CTH out of Region



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

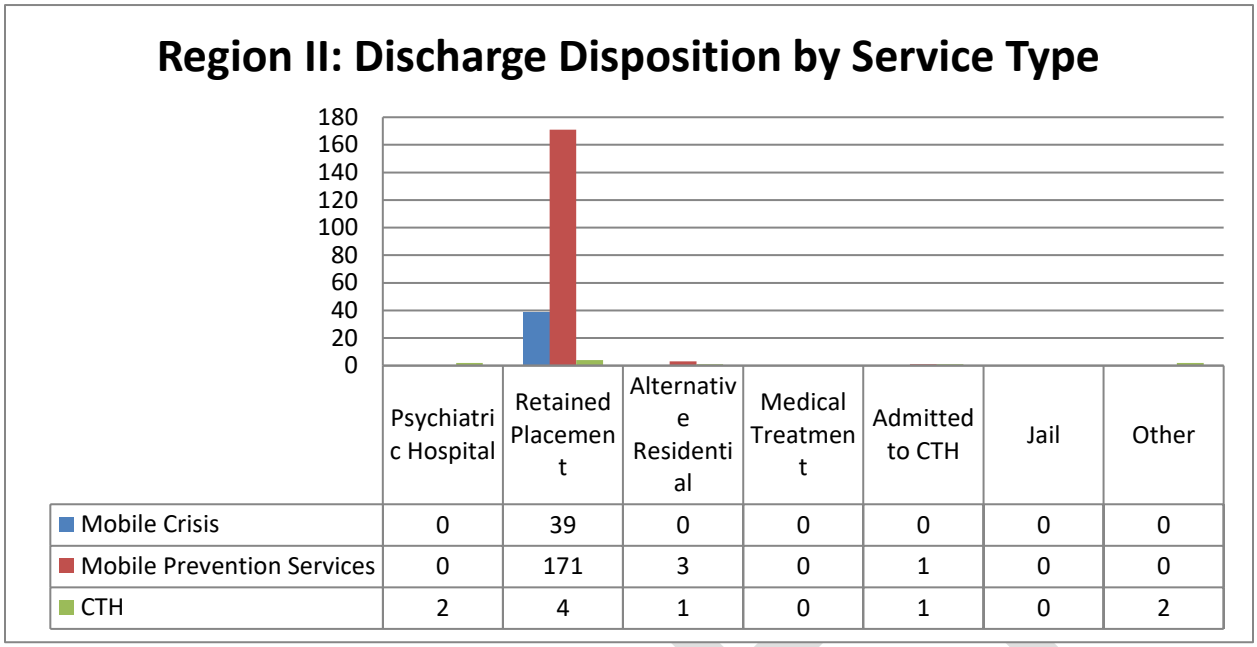
preceding set of graphs, the following graphs provide a summary of outcome status for adults that accessed ongoing REACH services during the quarter. Of the outcomes for those individuals admitted to the CTH and discharged this quarter and including those admitted previously and discharge, 75% were able 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 17% were individuals who had other outcomes (e.g. three people had a medical admission). Seventeen guest remained admitted to all the Regions' CTH at the end of the quarter. For all admissions receiving mobile crisis supports, 95% remained in their residence, 2% were diverted to the CTH, 2% were psychiatrically hospitalized during the course of mobile services, and the remaining 1% had other outcomes. Based on reported data on the outcomes of adults in REACH mobile prevention services, 94% retained their setting or went to an alternative residential community setting, 4% were hospitalized, and 2% were admitted to the CTH.

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.



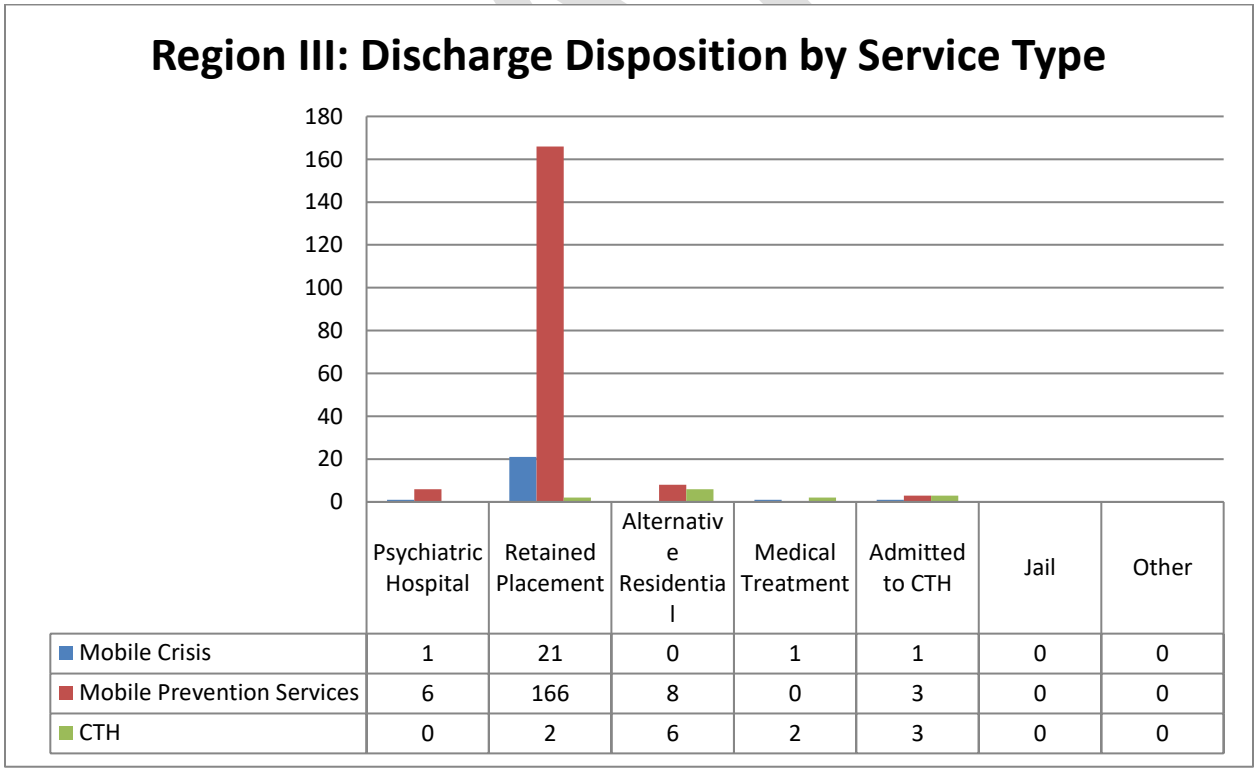
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	34	0	0	0	0	0
Mobile Prevention Services	16	116	0	0	5	0	0
CTH	0	3	1	0	4	0	3

Other: CTH – ATH Admissions

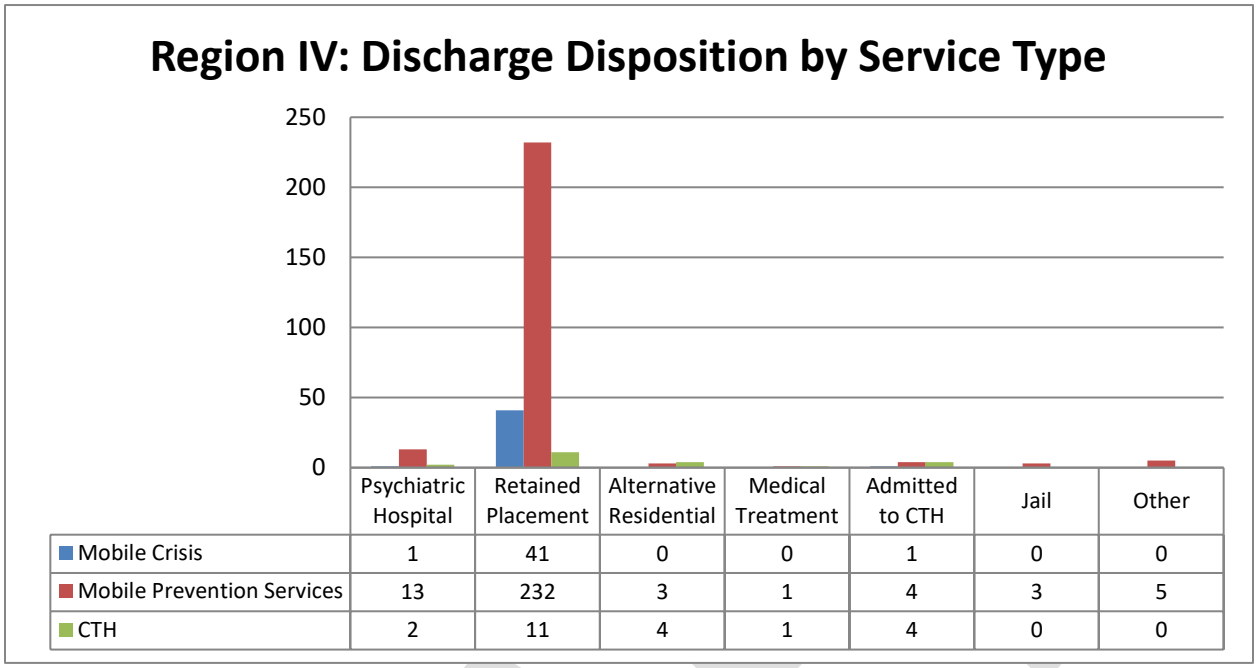


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	39	0	0	0	0	0
Mobile Prevention Services	0	171	3	0	1	0	0
CTH	2	4	1	0	1	0	2

Other: CTH – ATH admissions

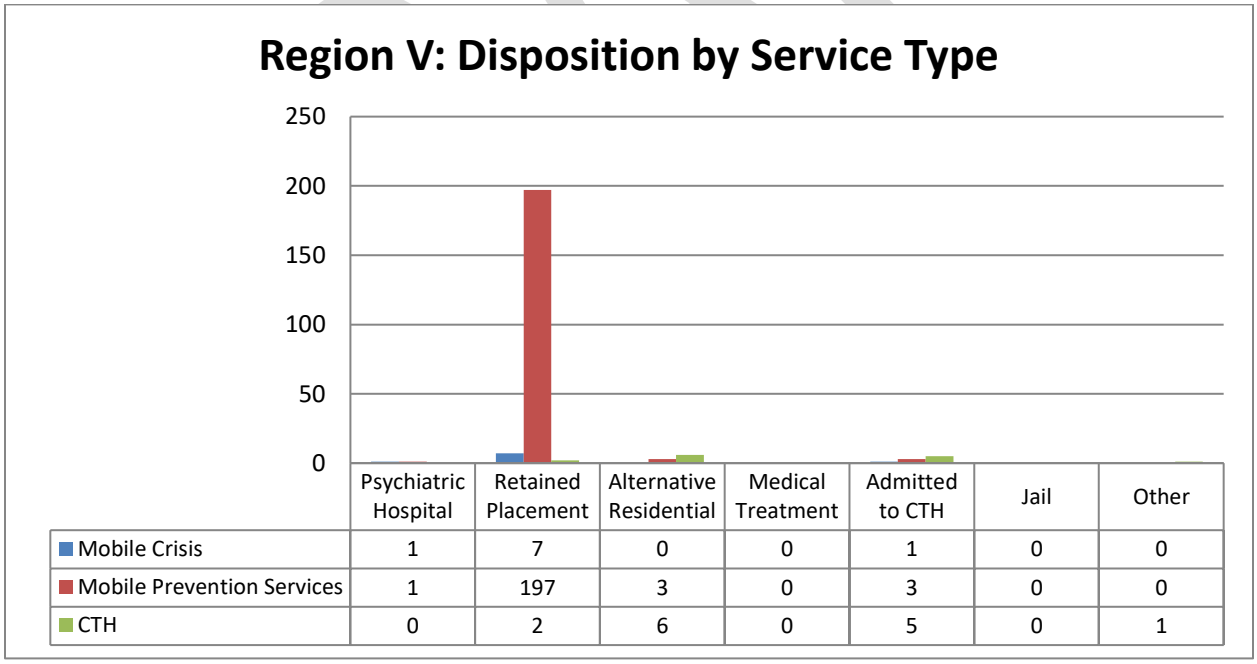


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	1	21	0	1	1	0	0
Mobile Prevention Services	6	166	8	0	3	0	0
CTH	0	2	6	2	3	0	0



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	1	41	0	0	1	0	0
Mobile Prevention Services	13	232	3	1	4	3	5
CTH	2	11	4	1	4	0	0

Other: Mobile Prevention – closed and CSU

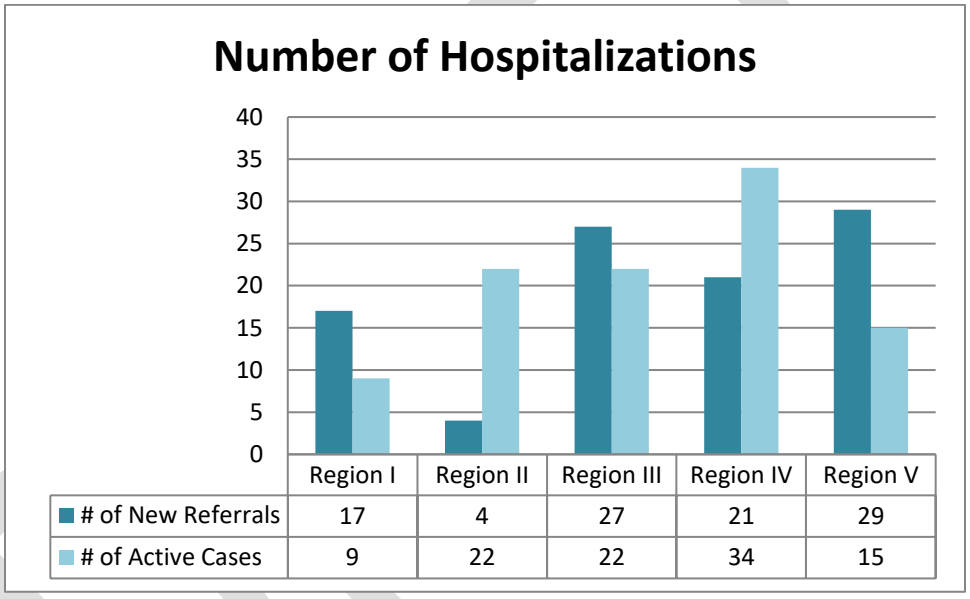


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	1	7	0	0	1	0	0
Mobile Prevention Services	1	197	3	0	3	0	0
CTH	0	2	6	0	5	0	1

Other: CTH – ATH Admission

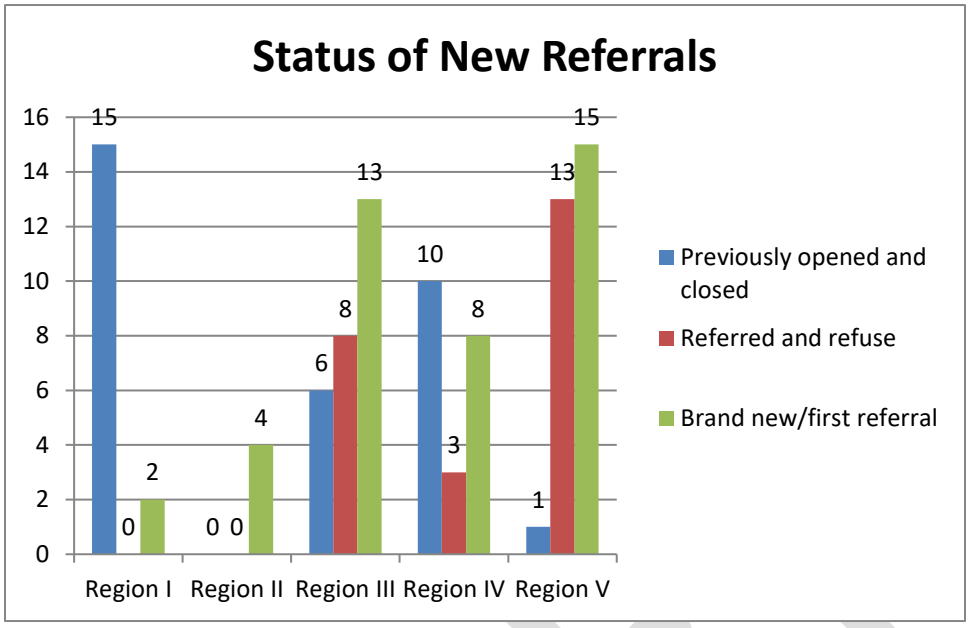
Hospitalizations

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.

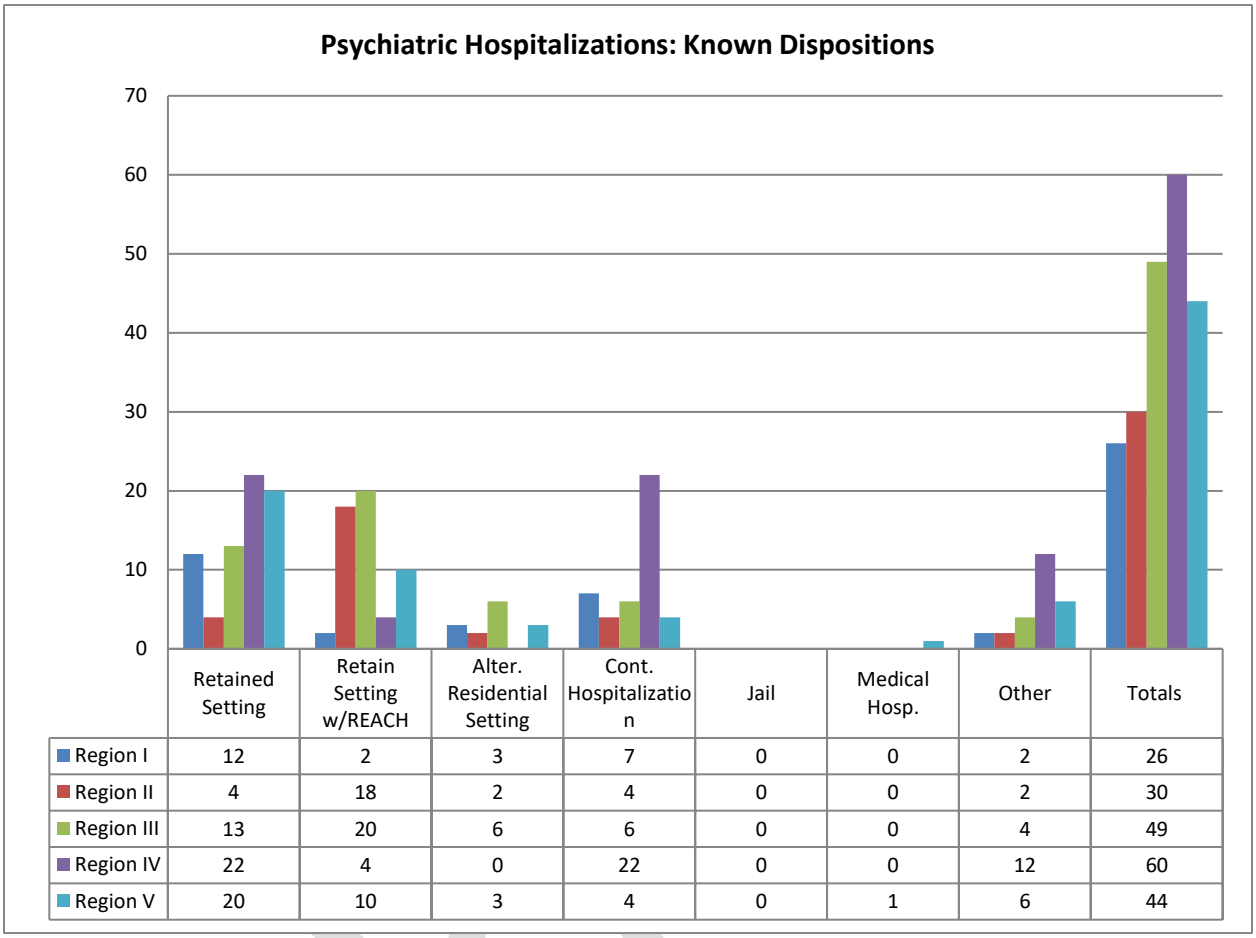


	Region I	Region II	Region III	Region IV	Region V
# of New Referrals	17	4	27	21	29
# of Active Cases	9	22	22	34	15

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



Forty-nine percent (49%) of all hospitalizations were "new referrals" to the REACH program. Of the **new** referrals to REACH that were hospitalized, 43% of the individuals were new to the program, 24% were referred to REACH but refused services, and 33% had been previously discharged (inactive) from REACH services. Of the known dispositions of the people hospitalized and discharged, 60% retained their original community home and 7% 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	12	2	3	7	0	0	2	26
Region II	4	18	2	4	0	0	2	30
Region III	13	20	6	6	0	0	4	49
Region IV	22	4	0	22	0	0	12	60
Region V	20	10	3	4	0	1	6	44

Includes readmit outcomes. Other: CTH admissions, Unknown. Closed, CSU

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 86% of the mobile crisis CEPPs this quarter. Regions 1, 2, and 3 completed 3, 3, and 3 (respectively) additional trainings for people in mobile supports that were carried over from last quarter. The reasons and related percentage for not completing the training is as follows: 9% of the families/providers would not

respond to REACH staff communications, 3% of the individuals/families ended service, 1% psychiatrically hospitalized, and 1% was due to a group home declining training. 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	3	2	3	7	7
Consultation	3	2	3	7	7
Crisis Education Prevention Plan	3	2	1	5	7
Provider Training	2	1	1	5	4

R1: Training – Not discharged from CTH; R2: CEPPs/Training– 1 hospitalized and returned to home region; R3 – 2 admissions on last day of quarter; R4: CEPPs and Training – 1 in service only 1 day and 1 left service and moved out of state; R5: CEPP/Training – 3 admitted have not discharged.

Service Type Provided: Planned Prevention (CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	2	3	0	0	0
Consultation	2	3	0	0	0
Crisis Education Prevention Plan	2	2	0	0	0
Provider Training	1	2	0	0	0

R1: Not discharged from CTH; R2 Not discharged at end of quarter

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

R1 training: one not completed due to admit late in quarter, R2: Trainings – 1 waiting on hospitalization discharge and transition to GH; R5 CEPP one pending not due by end of quarter, Training: 3 still admitted and not discharged

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	34	36	21	42	9
Consultation	34	36	21	42	9
Crisis Education Prevention Plan	31	33	19	37	9
Provider Training	26	28	19	37	9

R1: CEPP/Training - one family not responsive to CEEP development and training 2x and another declined CEPP and training, 5 families declined training, one group home declined training, 1 person hospitalized, 1 person due to give birth; R2 – CEPPs – 1 cancelled, 1 completed after readmit; and 1 admitted at end of quarter, Training: 4 refused initially and then completed after readmit, 3 cancelled/refused, 1admitted at end of quarter; R3: CEPPs and Training – 2 hospitalized. R4: CEPPS and Training: 4 left service and 1 transitioned to out of region CTH.

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 870 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	40	58	0	0	17	115
Case Managers/Support Coordinators	27	130	0	52	34	243
Emergency Service Workers: #Trained	10	37	0	0	19	66
Family Members: # Trained	4	1	0	1	0	6
Hospital Staff: # Trained	13	6	0	0	0	19
DD Provider: #Trained	69	130	9	8	7	223
Other Community Partners: #Trained	115	52	31	0	0	198
Total	278	414	40	61	77	870

*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 third quarter of fiscal year 2021. In keeping with the DBHDS' vision, all five of the programs continued 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. Telehealth continued to be utilized for crisis calls due to COVID-19 precautions and restrictions (e.g. no outside entry restrictions in place in hospitals, screenings for COVID-19 during the precipitating call, and preference of families/providers for face to face responses). The adult and child crisis therapeutic homes continue to support individuals during this pandemic; fluidly adjusting bed capacity depending on testing results. Staff continue to help the guests move through the system with the utilization 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.