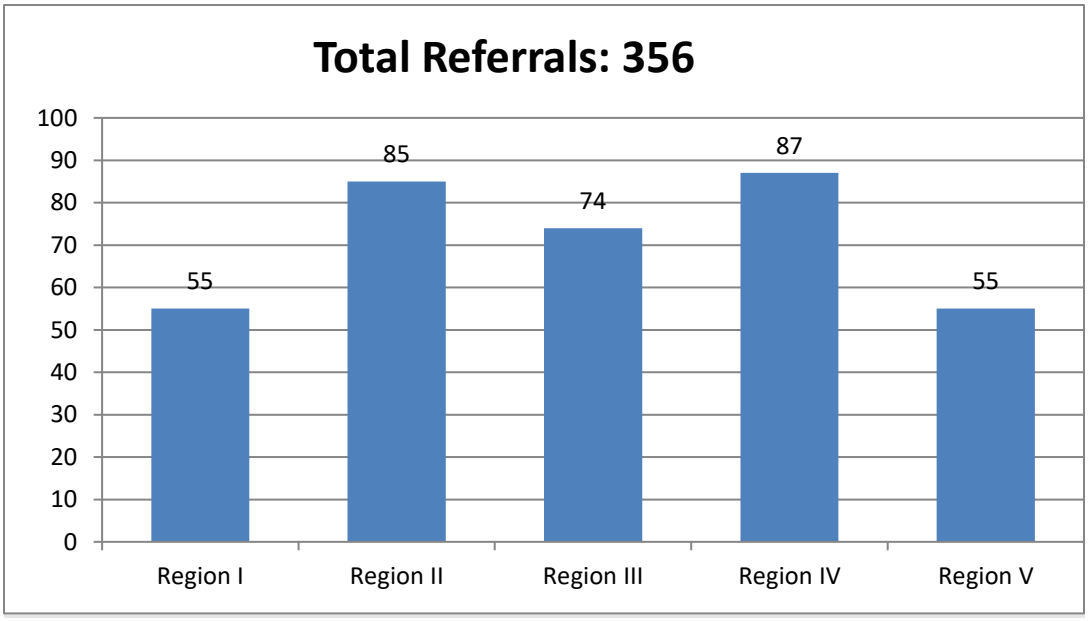
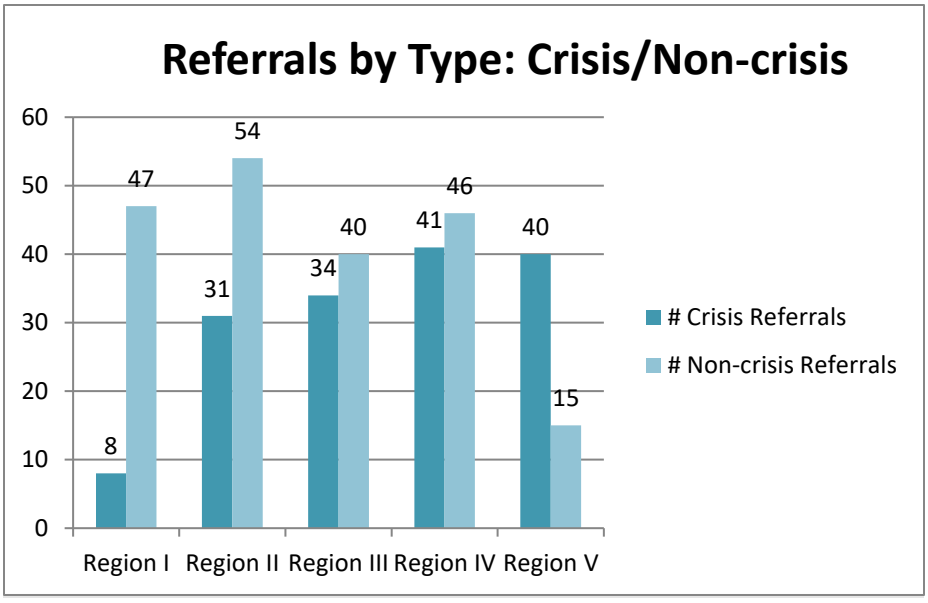
REACH Data Summary Report-Children: Q2-FY24

This report provides data summarizing the referral activity, service provision, and residential outcomes for children served by the children's REACH programs during the second quarter of fiscal year 2024 (October 1, 2023 – December 31, 2023).

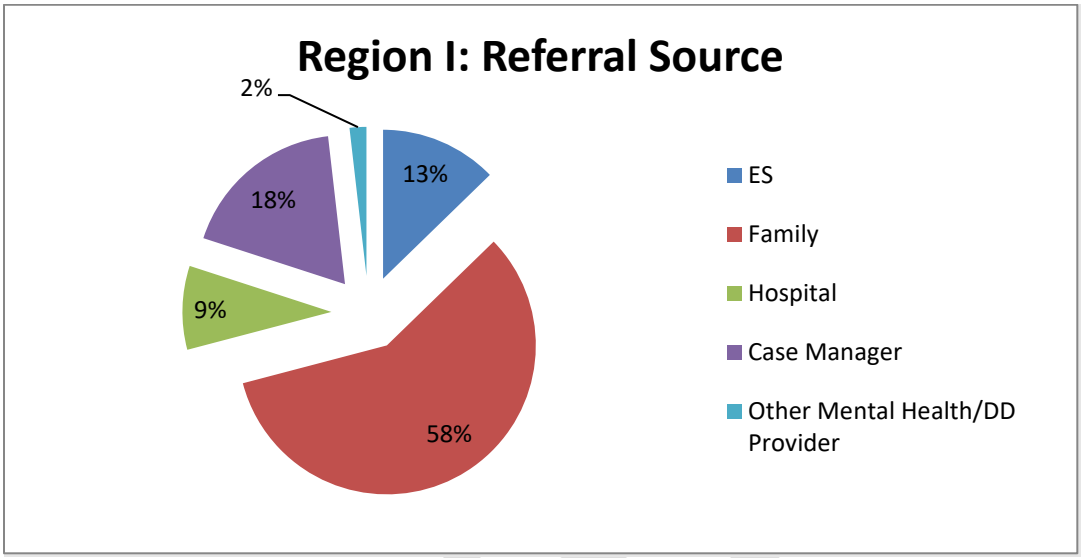
REACH Referral Process

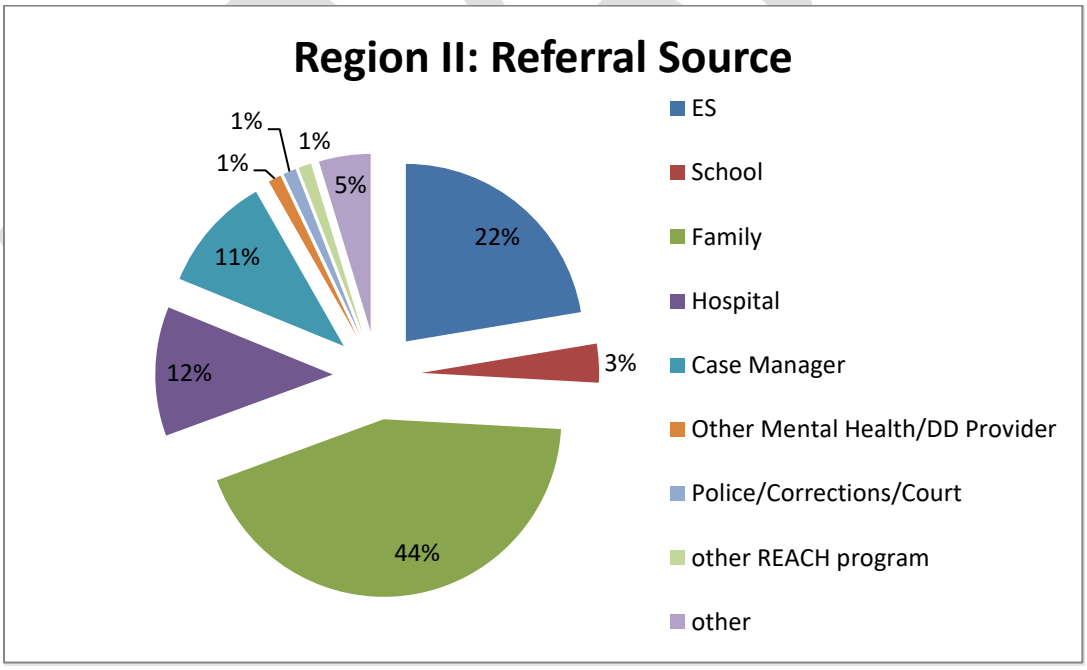


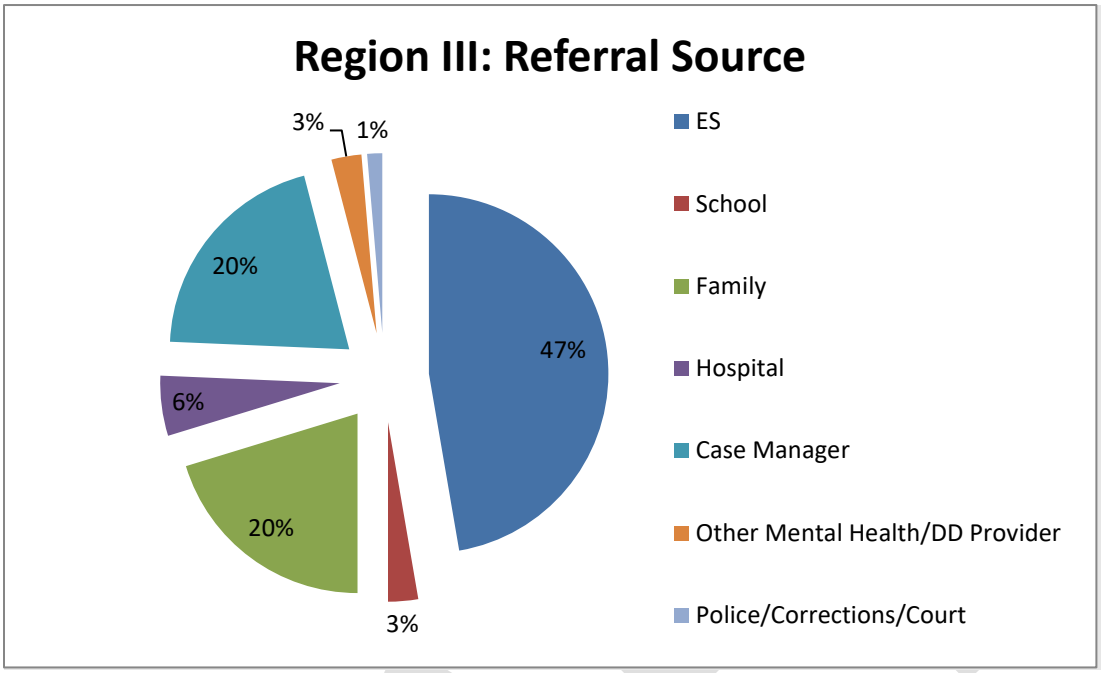
Statewide referrals totaled 356 children and youth for the second quarter of fiscal year 2024 (FY24) for the Children's REACH programs. This is increase of referrals from the previous quarter of 313 in FY24Q1. The table below segments referrals that were crisis in nature (i.e., need to be seen the same day) and those that were non-crisis or of lesser acuity.

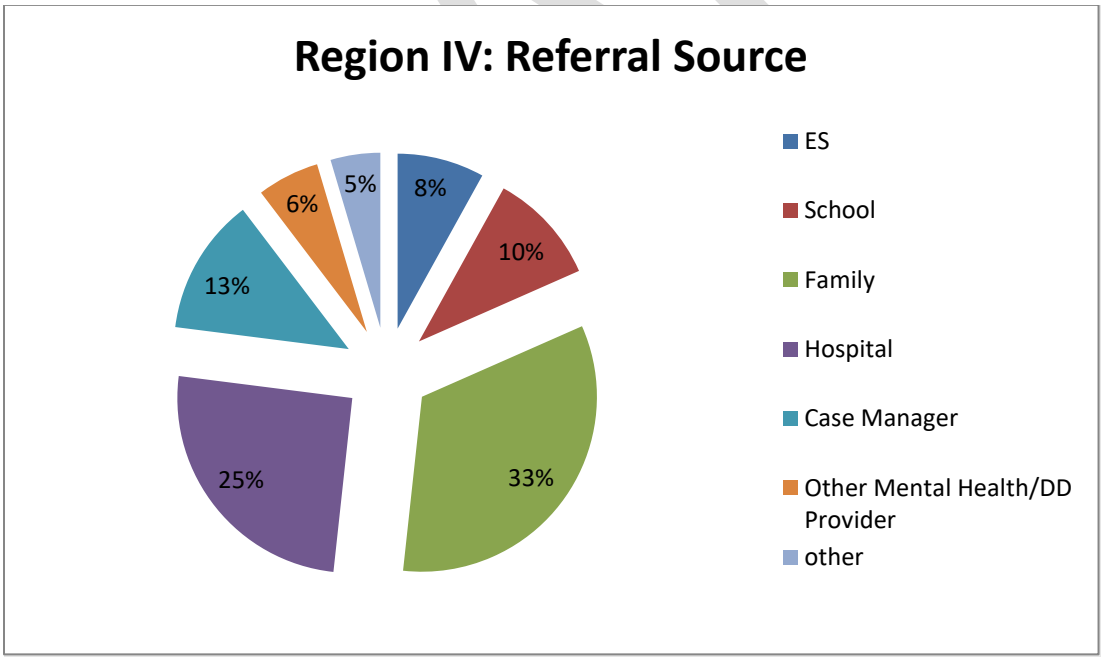


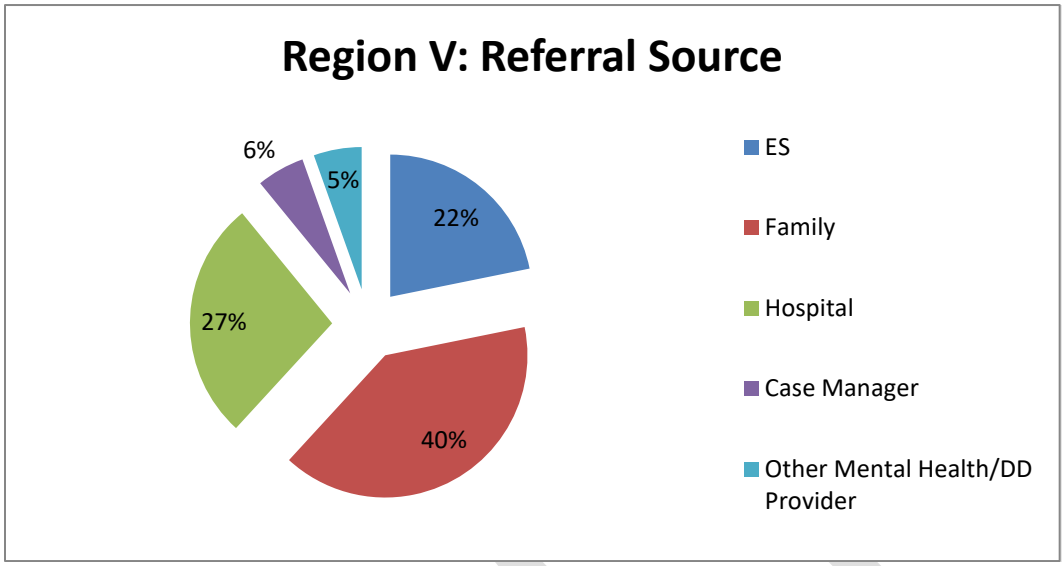
The referral sources provide a perspective on how the programs are establishing themselves within the communities they serve. The five charts below provide a regional breakdown of referral source data. The subsequent table provides data concerning the day of the week and time of day that referrals are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






Region III: Referral Source
3%
1%
20%
47%
6%
20%
3%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
Police/Corrections/Court


Region IV: Referral Source
5%
8%
6%
10%
13%
25%
33%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
other



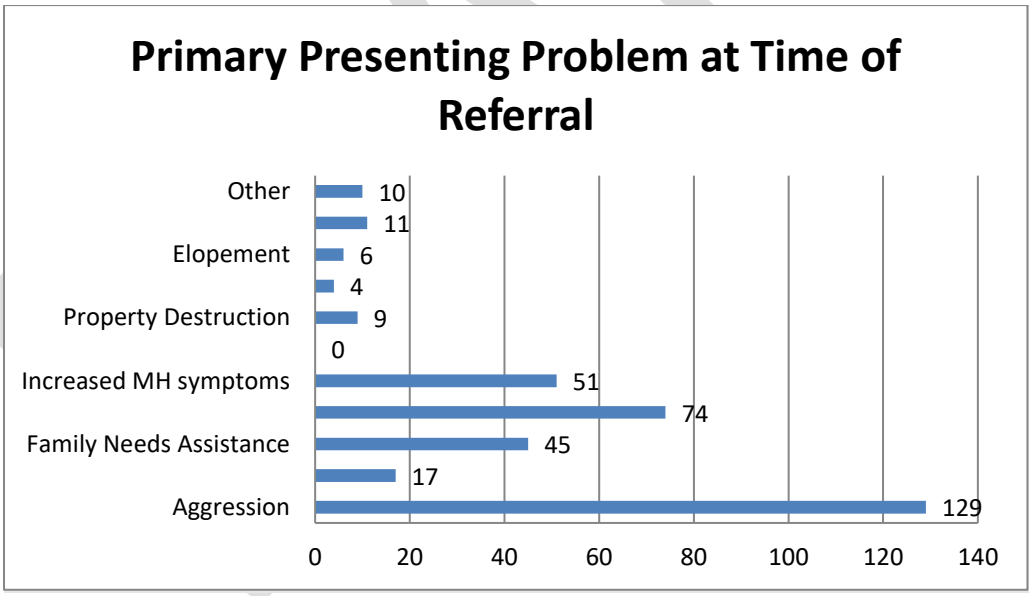
Referral Time	Region I	Region II	Region III	Region IV	Region V	Totals
Monday-Friday	50	75	68	69	50	312
Weekends/Holidays	5	10	6	18	5	44
7am -2:59 pm	27	45	40	51	20	183
3pm - 10:59 pm	27	36	30	32	30	155
11pm – 6:59 am	1	4	4	4	5	18

Also, of interest to the Commonwealth is ensuring that the REACH programs serve both the ID and the DD communities. The regions are all reporting that they serve more individuals with only a developmental disability as opposed to both a developmental and intellectual disability. "Unknown" refers to individuals who are still in the referral process at the end of the quarter and documentation of disability is being verified, and "None" references individuals for whom a referral was taken but diagnostic criteria were not substantiated.

Diagnosis	Region I	Region II	Region III	Region IV	Region V	Total
ID only	2	6	11	12	16	47
DD only	48	68	54	67	38	275
Both	1	8	4	8	1	22
Neither	4	3	5	0	0	12
Totals	55	85	74	87	55	356

Aggression continues to be the most common reason for a referral to the REACH program. Aggressive behavior includes physical aggression and verbal threats. The following table summarizes primary presenting problems by region. The presenting problems noted in the "Other" category indicate presenting problems such as "homicidal and suicidal ideations," "homicidal ideations," and "assistance with stepdown."

Presenting Problems	Region I	Region II	Region III	Region IV	Region V	Total
Aggression	16	43	20	24	26	129
Self-Injury	1	4	5	2	5	17
Family Needs Assistance	12	9	10	12	2	45
Suicidal Ideation/behavior	5	17	22	19	11	74
Increased MH symptoms	13	10	4	17	7	51
Loss of functioning	0	0	0	0	0	0
Property Destruction	3	1	2	1	2	9
Risk of Housing Loss	0	0	1	3	0	4
Elopement	0	0	2	2	2	6
Hospital Stepdown	4	1	0	6	0	11
Other	1	0	8	1	0	10
Total	55	85	74	87	55	**356**

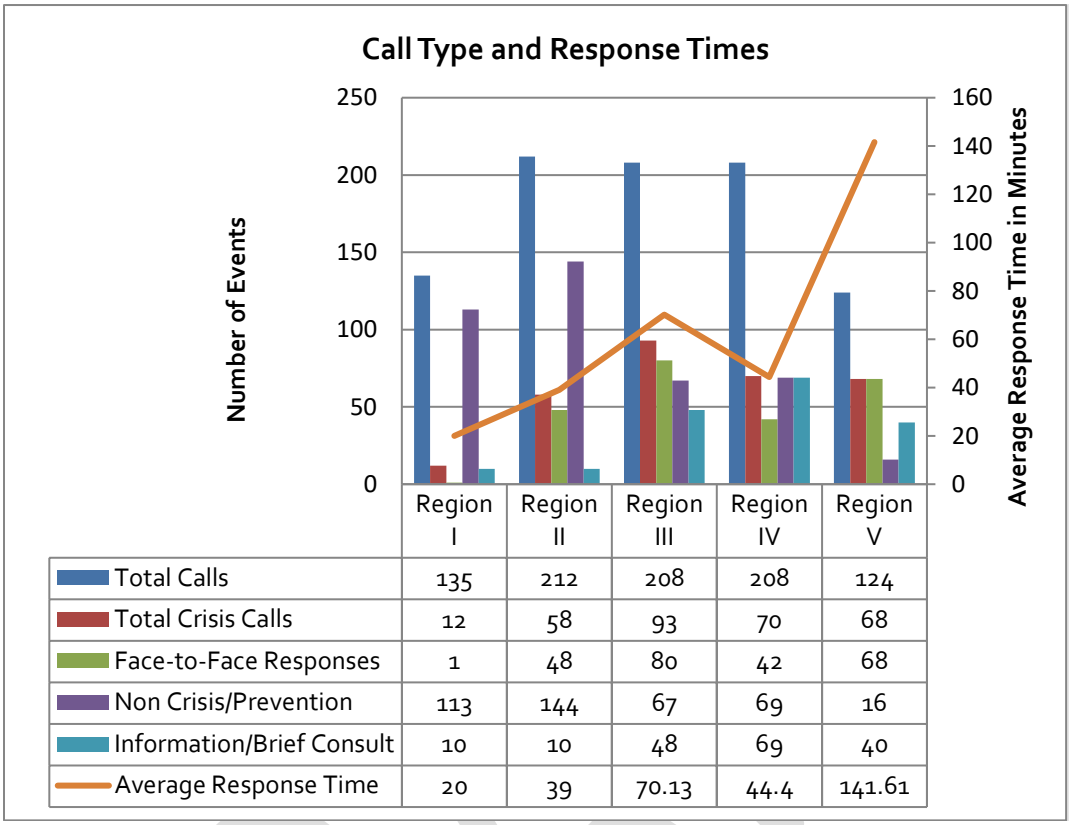


REACH Crisis Response

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

- Crisis calls
- In-person assessment/intervention
- Telephone intervention
- Prevention
- Total crisis line activity
- Average response time

A summary of information related to crisis calls and responses is depicted in the graph below. Please note that this graph encompasses all calls received on the crisis line during the review cycle. It includes on-site responses to existing REACH consumers, repeat calls from individuals, as well as new referrals who may be contacting REACH for the first time. Therefore, call totals when combined across categories will exceed the total number of referrals for the quarter. As has been noted in previous reports, crisis line activity and referral activity are best understood as separate elements.



	Region I	Region II	Region III	Region IV	Region V
Total Calls	135	212	208	208	124
Total Crisis Calls	12	58	93	70	68
Face-to-Face Responses	1	48	80	42	68
Non Crisis/Prevention	113	144	67	69	16
Information/Brief Consult	10	10	48	69	40
Average Response Time	20	39	70.13	44.4	141.61

The graph above details calls activity for the programs over the second quarter of FY24. Average response time is graphed on the secondary y-axis as an orange line, both to emphasize it and to allow any variability to be clearly seen. The number of responses via telehealth for each region varied across regions, as follows: Region I, 92%; Region II, 17%; Region III, 14%; Region IV, 40%; and Region V, 0% via telehealth. The table below offers the reader a more comprehensive view of response time data by breaking it into 30-minute increments. Regions 1 – 4 having responded on site to a crisis met expectations as denoted in the REACH Program Standards regarding average time to respond to the scene of the crisis event for those responded to face to face. Regions II and IV must have an average response time of within one hour as designated as urban setting and Regions I, III, and V within two hours as designated rural setting. Region I responded to 100%, Region III responded to 93%, and Region V responded to 85% of their face-to-face calls within the required 2-hour timeframe for a region designated as rural. Region II responded to 90% of their calls and Region IV responded to 83% of their calls within the 1-hour timeframe for a region designated as “urban.”

Region	Region I Rural	Region II Urban	Region III Rural	Region IV Urban	Region V Rural	**Totals**
0-30 Minutes	1	17	13	18	9	58
31-60 Minutes	0	26	25	17	15	83
61-90 Minutes	0	5	25	4	29	63
91-120 Minutes	0	0	11	2	5	18
121+ Minutes	0	0	6	1	10	17
Totals	1	48	80	42	68	239

RIII, RIV, RV: Simultaneous calls, distance/traffic

Location of Crisis Assessments

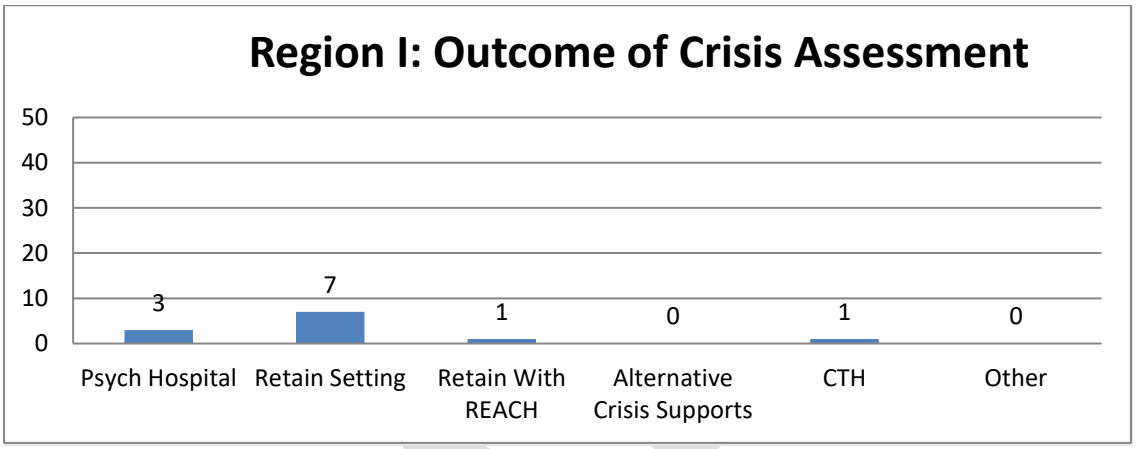
Assessment Location	Region I	Region II	Region III	Region IV	Region V	**Totals**
Family Home	4	26	40	32	45	147
Hospital/Emergency Room	5	11	24	23	23	86
Emergency Services/CSB	2	10	17	5	0	34
School	1	7	9	9	0	26
Residential Provider	0	0	0	0	0	0
Other	0	0	3	1	0	4
Totals	12	54	93	70	68	297

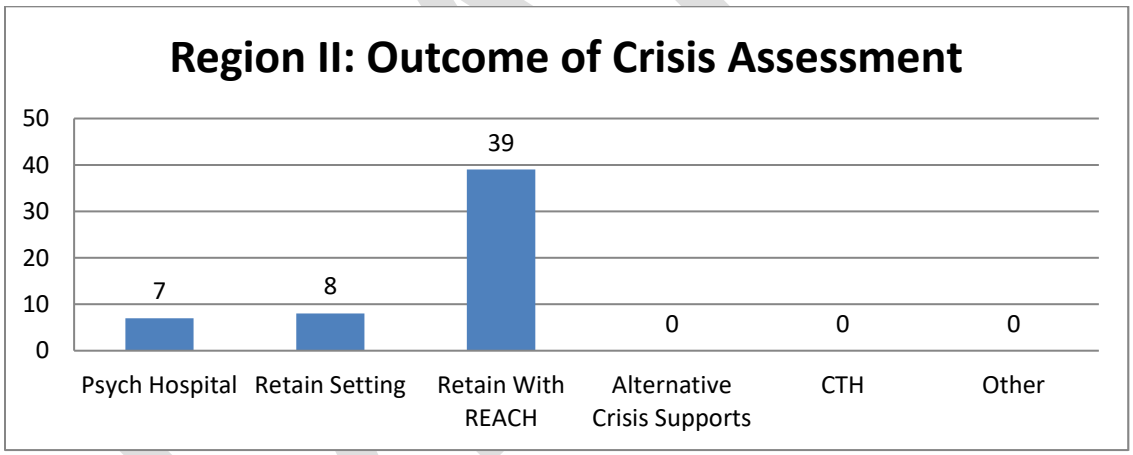
Other: RIII: Church, Juvenile DC, Police Station; RIV: Police Station

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 FY24. The location of assessments listed in the chart includes both those assessments completed by a REACH staff "in-person" and those completed via telehealth. The location still denotes where the individual was located when the assessment occurred.

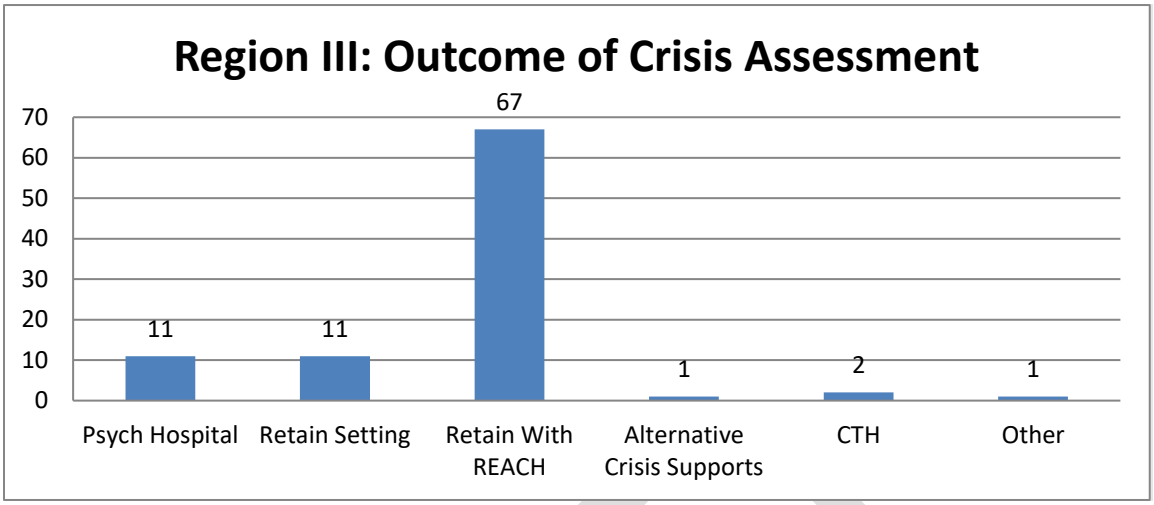
Ideally, when a crisis response occurs, it is hoped that the resulting outcome will be that the child will remain in his/her home with family. While this is not always possible, the REACH programs are very often able to intervene in the moment to prevent out-of-home placement. They can do this by providing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

stabilize the crisis until additional help can be accessed and following up with community-based crisis stabilization plans. The charts on the following pages offer a picture of the initial outcome after an in-person crisis response has been dispatched by region. In these charts, "Retain with REACH" means an individual retained their setting while receiving community-based REACH services.

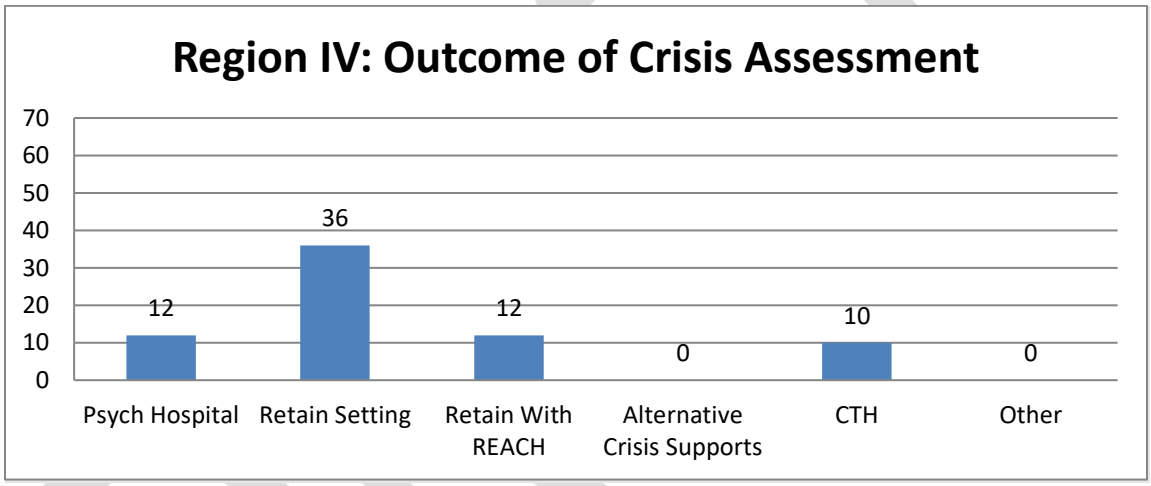


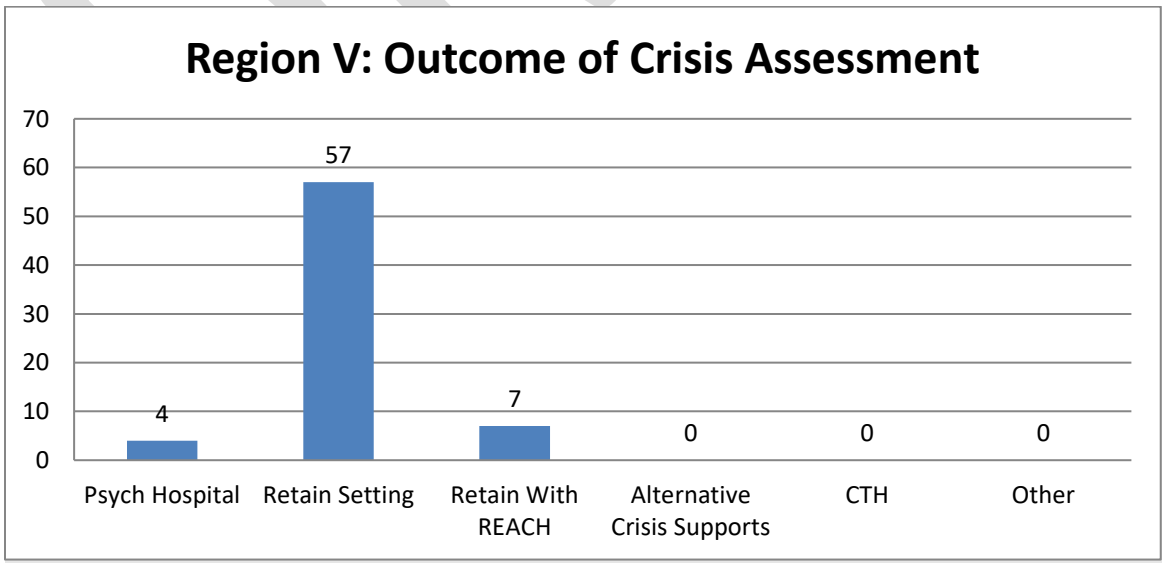


Note: R2 had 4 assessment that were not completed

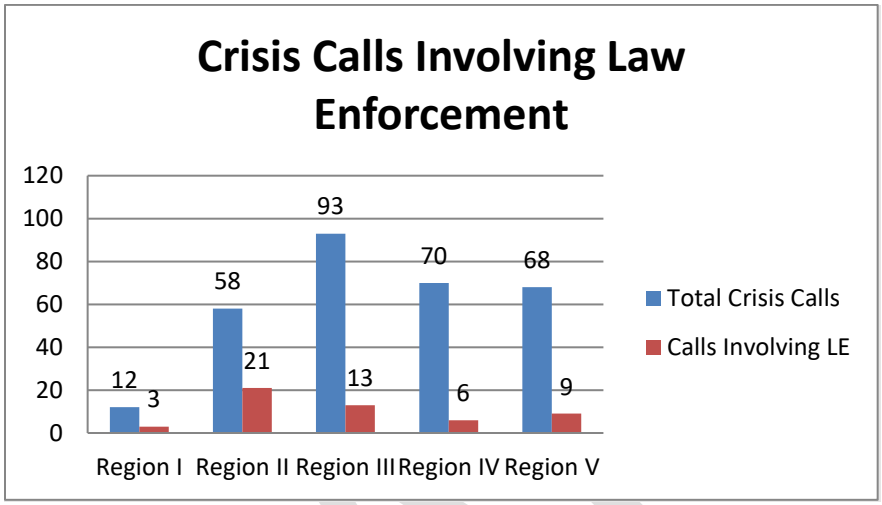


Other: TDO without bed placement, was reassessed in next quarter



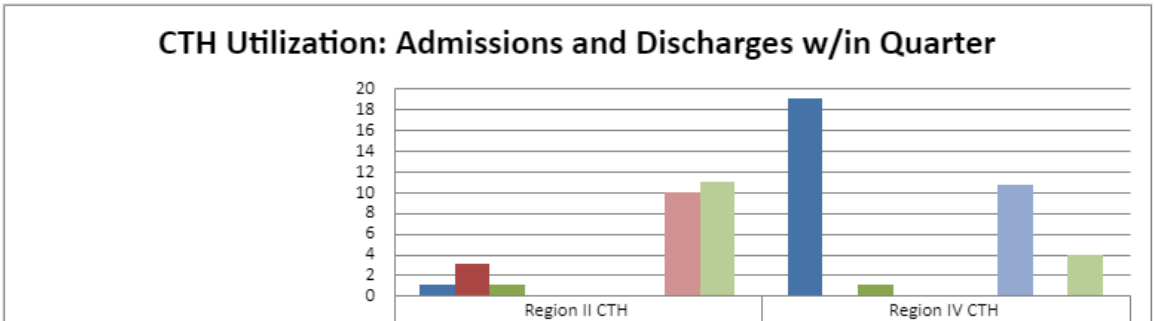


The table below provides a contrast of the total number of crisis calls to total number of crisis calls that involved law enforcement. Approximately 17.28% of overall crisis calls received involved law enforcement in FY24Q2, which is a decrease from the last quarter, 22.44% in FY24Q1.



Crisis Therapeutic Homes

Two of the five REACH programs operate a Crisis Therapeutic Home (CTH) for children. The homes are located in Culpeper and Chester, VA which are operated by the Region II and Region IV program operators, respectively. The home that is in Region II serves primarily Regions I and II, while the home in Region IV serves primarily children from Regions III, IV, and V; with that noted, admissions can be accepted into any home from any region of the state. Information such as type of stay, length of stay, readmissions, and waitlists is presented in the graph on the following page. The data presented are displayed by the crisis therapeutic home in which the individual received services, as opposed to by the region where the youth reside. The table that follows outlines the region from which the individual was admitted into one of the two child CTHs.



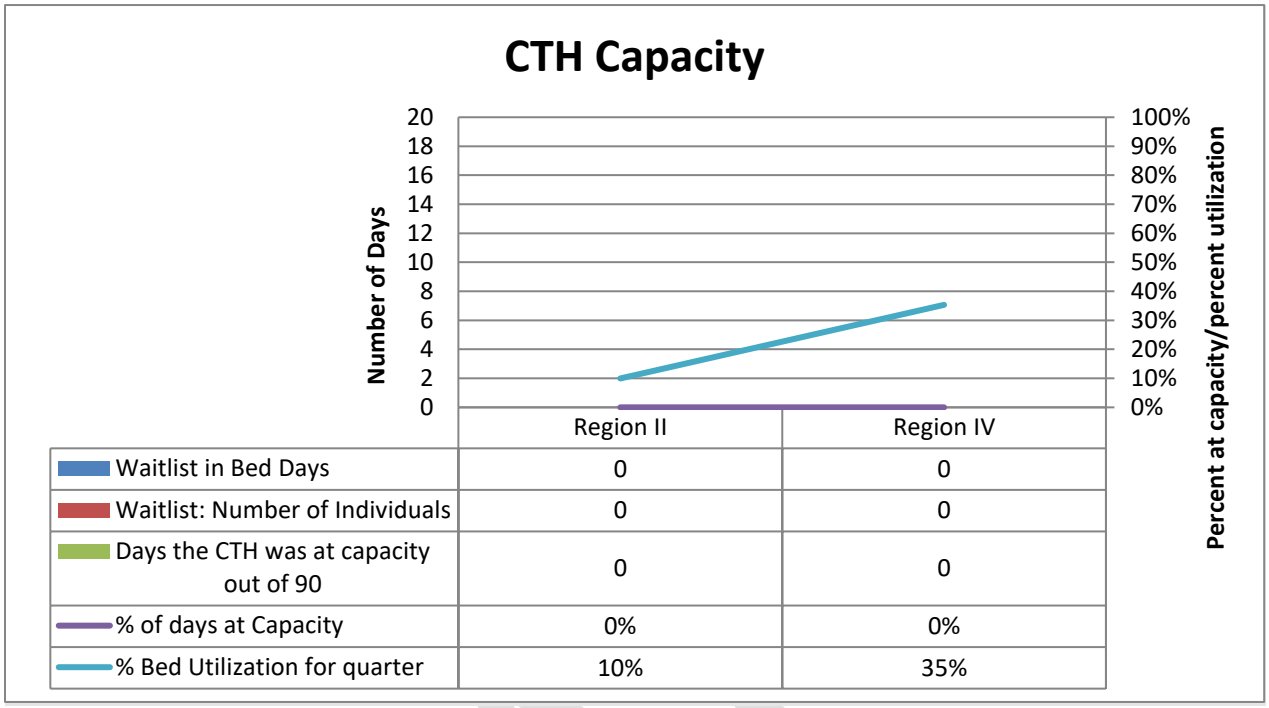
	Region II CTH	Region IV CTH
Admits/stab	1	19
Admits/prevention	3	0
Admits/stepdown	1	1
Readmits/stab	0	0
Readmits/prevention	0	0
Readmits/stepdown	0	0
Avg. LOS for crisis stab admits/readmits		10.61
Avg. LOS for prevention admits/readmits	10	0
Avg. LOS for step-down admits/readmits	11	4

Region	Admits & readmits per region
Region 1	2
Region 2	3
Region 3	5
Region 4	15
Region 5	0

The average length of stay reflected for each type of admission on the above chart (CTH Utilization) is within the expected average length of stay. Across each region operating a child CTH, there were two youth carried over from a previous quarter. The table below reflects more specific information for each person regarding length of stay, region, and type of admission.

LOS: Individuals Admitted Previously and Discharged w/in Quarter			
Region	*Individual*	*Type of Admission*	*Total LOS (days)*
Region IV	Person 1	Crisis Stabilization	9 days

The graph below provides information regarding CTH capacity. Please note that waitlist days are ***not*** consecutive. This number reflects the cumulative number of days across the quarter when a bed was not available when requested for an *appropriate* admission to the CTH. The information provided in the graph includes both the number of days when the two CTHs were at capacity in the quarter and how many of the beds were utilized. The bed utilization rate for the Crisis Therapeutic Homes was 10% for Region II and 35% for Region IV.

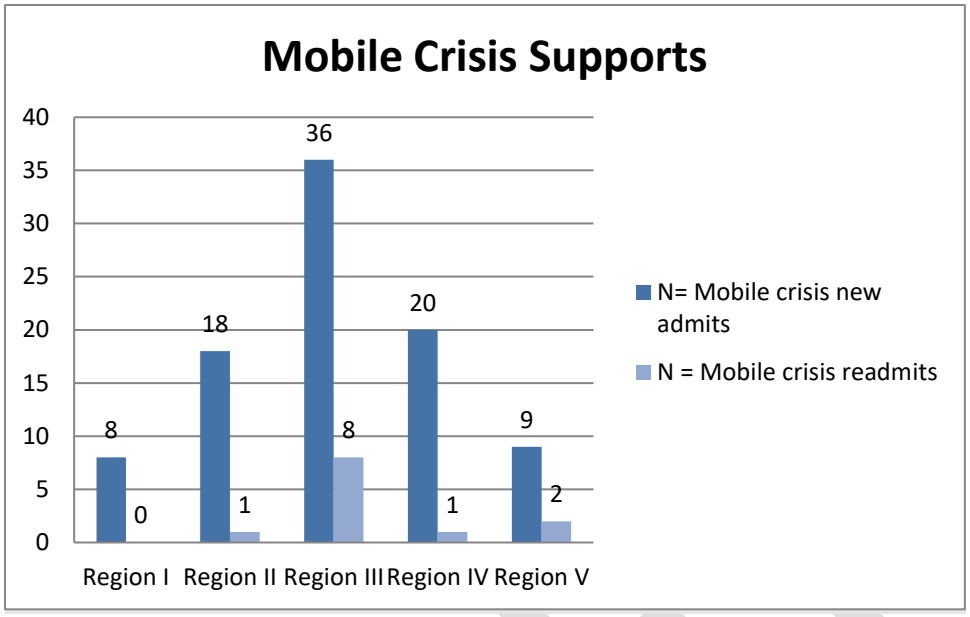


	Region II	Region IV
Waitlist in Bed Days	0	0
Waitlist: Number of Individuals	0	0
Days the CTH was at capacity out of 90	0	0
% of days at Capacity	0%	0%
% Bed Utilization for quarter	10%	35%

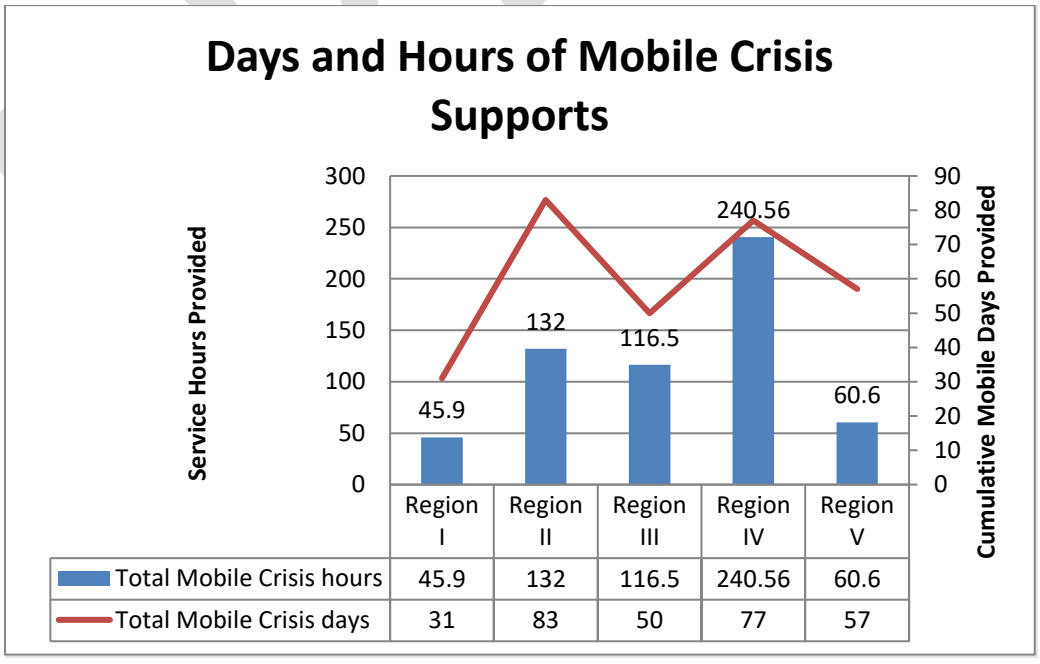
Number of beds used out of beds available	55 out of 552	195 out of 552

Community Based Mobile Crisis Services

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



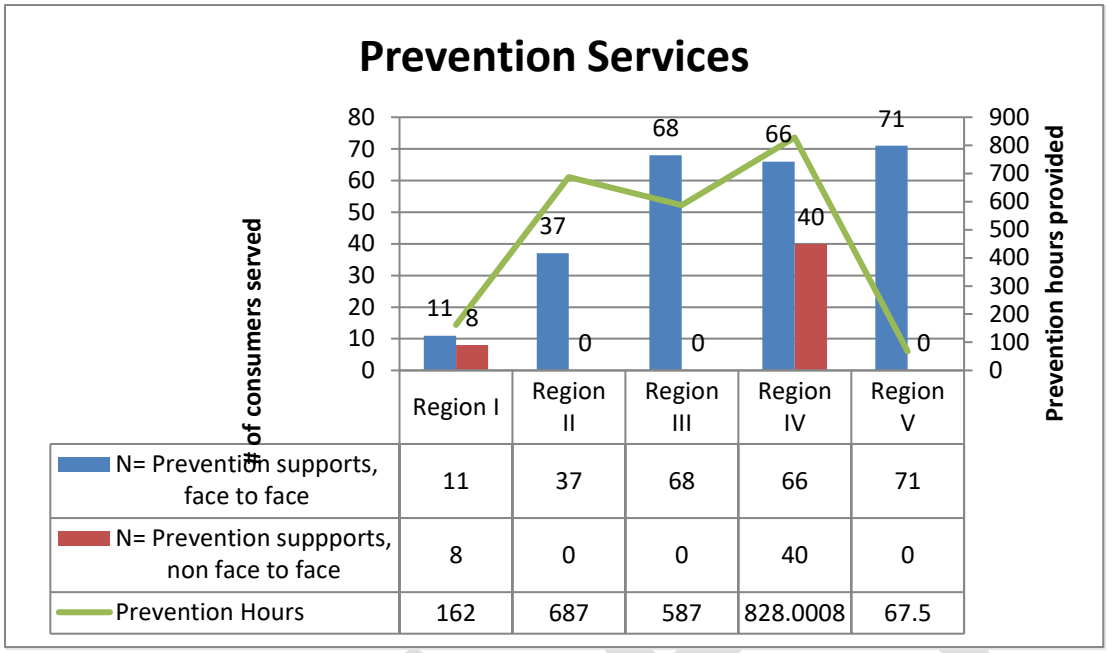
In addition to collecting information related to the number of admissions into the mobile crisis supports program, data related to service provision is also tabulated. The chart on the next page summarizes both the number of days and hours of crisis intervention and/or stabilization services offered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



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

Service Unit	Region I	Region II	Region III	Region IV	Region V
Range of Days	1-6	1-7	1-11	1-6	3-33
Average Days/ Case	3.9	4.4	1.1	3.7	5.2
Average Hours/Day	1.5	1.6	2.3	3.1	1.1
Average Hours/Case	5.7	6.9	2.6	11.5	5.5

REACH also provides ongoing community based services to children and their families that is more "preventative" in nature. Mobile prevention services consist of face-to-face, community based services that target deterring future crisis situations via ongoing education and practice on emerging skills, training on individualized strategies with the support system, and continued linkages and coordination with other necessary services as needed. In comparison to mobile crisis supports, mobile prevention services are provided at a titrated frequency and do not occur as the immediate result of a crisis situation. More specifically, individuals included in mobile prevention services may be those who stepped down from mobile crisis support or those that were referred to the program in a non-crisis situation. At times, prevention services may include individuals who are offered mobile crisis support immediately following a REACH crisis response but do not elect to access REACH services until sometime after the crisis was stabilized. All mobile crisis stabilization service has returned to on-site. The graph on the next page depicts the following: 1) the number of youth that accessed face to face mobile prevention services; 2) those that were matriculating out of the REACH program based on ongoing stability and may have received brief non face to face prevention services (e.g. telephonic communication); and 3) the total number of prevention hours provided, across each program. These metrics are displayed via the blue column, red column, and green line, respectively, with the green line corresponding to the secondary y-axis.



Short Term Out of Home Prevention Services

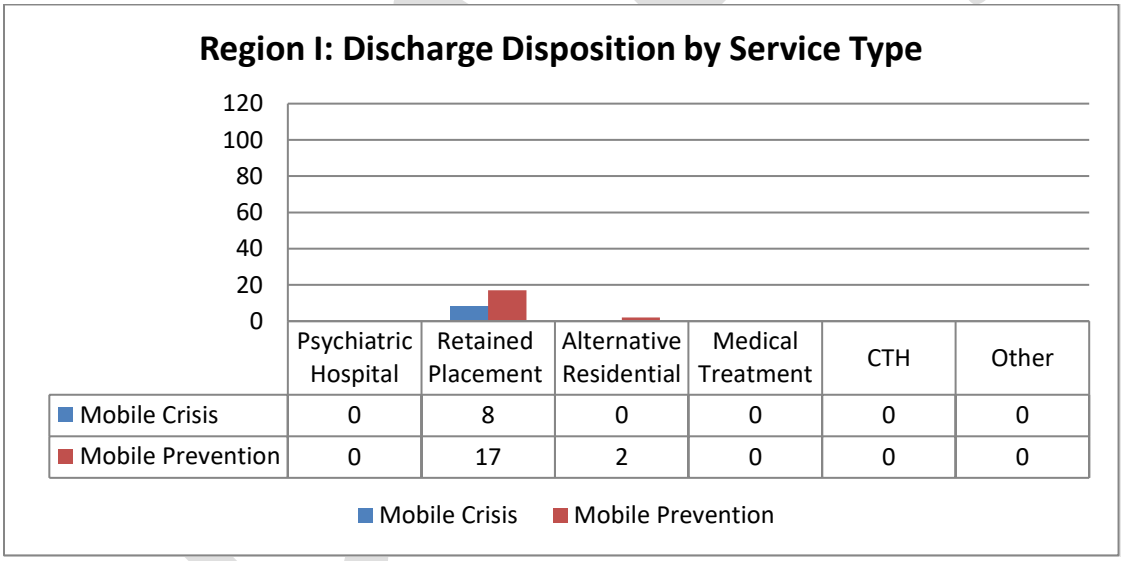
Previous quarterly reports have outlined the Commonwealth's goal and progress towards providing a short term out of home prevention service for children. The Commonwealth has gone through multiple requests for proposal (RFP) processes and has contracted with two different providers to deliver this service. At the time of this report, one provider has commenced serving the youth population. The other provider has not had success at this time in securing appropriate staffing to be able to accept referrals into service. This service is a short term (no more than 7-10 days targeted), out of home service that offers a break from the current family home environment to mitigate a larger crisis situation and avoid the need for longer-term out of home placement. Referrals for the service come directly from the REACH program, with families that enroll their child receiving therapeutic services towards the youth's individual support plan, along with collaboration and support from the REACH crisis program. Though only one service provider is currently operational, referrals can be accepted from across the Commonwealth, with services being delivered in Regions IV and V.

During FY24Q2, there were no referrals received during this quarter. The provider has reached out to the REACH liaison and is awaiting additional referrals. It is also noted that providers are also critically low. To mitigate this concern, the provider is actively marketing, participating in job fairs and placed ads in newspaper to recruit additional staff.

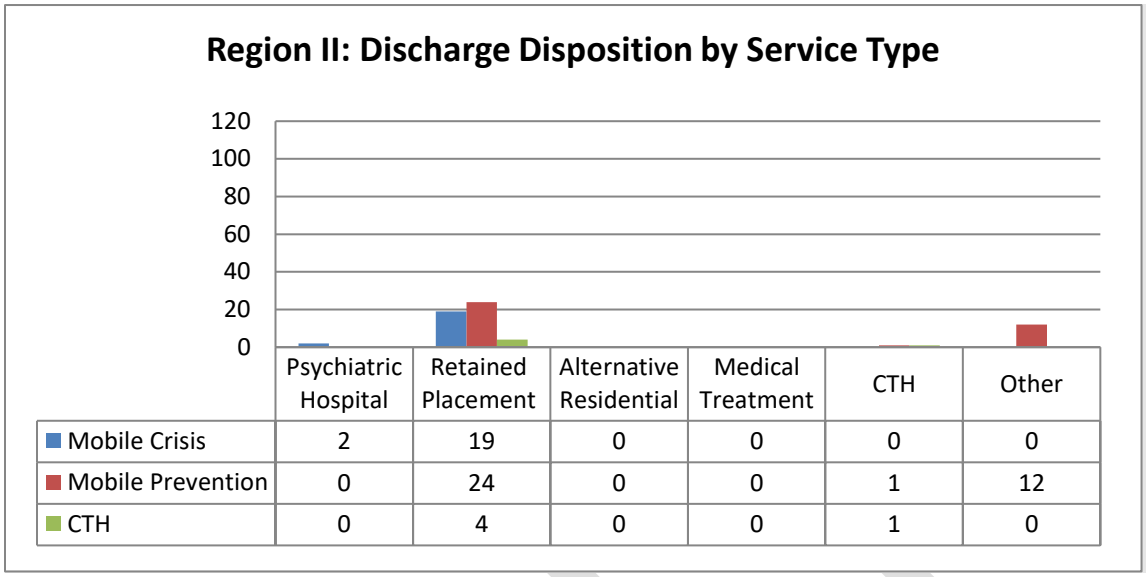
Crisis Service Outcomes/Dispositions

Maintaining residential stability and community integration is one of the primary goals of the REACH programs. The graphs on the following pages provide a summary of outcome data for community mobile crisis and prevention support services. Based upon mobile crisis support outcomes for children, approximately 92% of children were able to avoid psychiatric hospitalization with the provision of mobile crisis supports. Based upon reported data of mobile prevention supports, approximately 97% were also able to avoid psychiatric hospitalization. For CTH services, approximately 94% were able to avoid hospitalization. These data suggest that community-based REACH supports are overall effective in helping families and their children through times of crisis and in maintaining stabilization post-crisis such that placement in the community can be maintained.

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

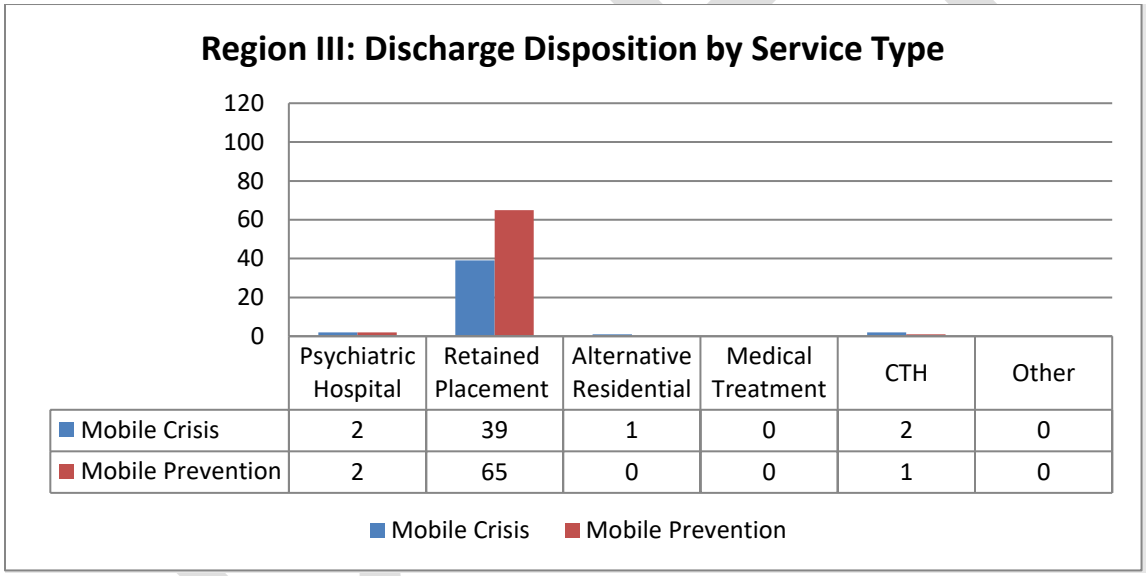


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	CTH	Other
Mobile Crisis	0	8	0	0	0	0
Mobile Prevention	0	17	2	0	0	0

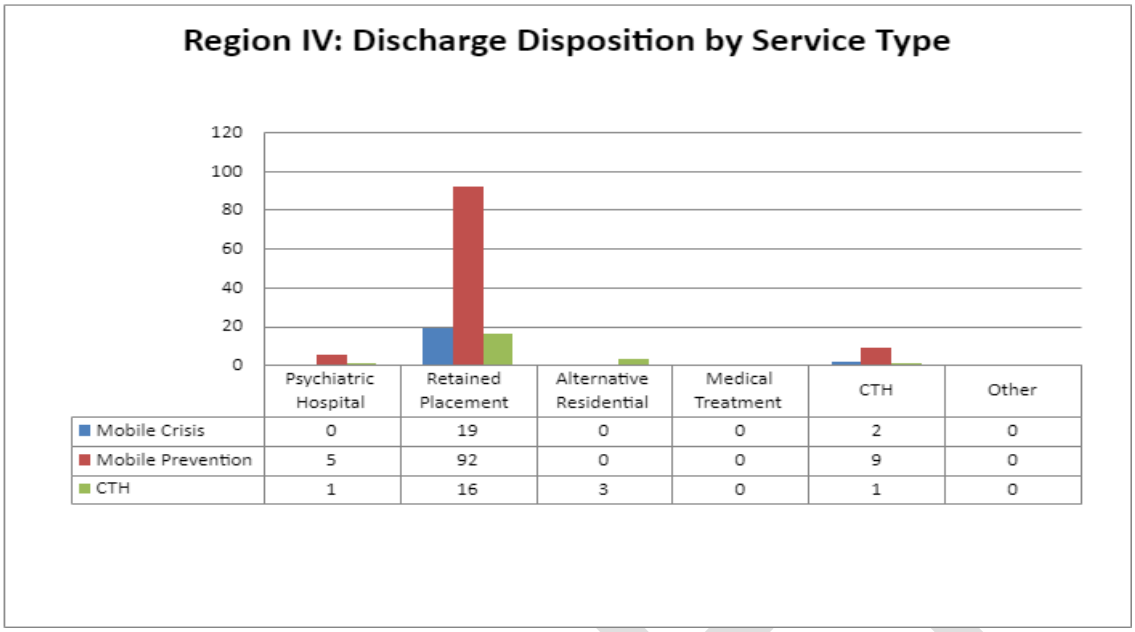


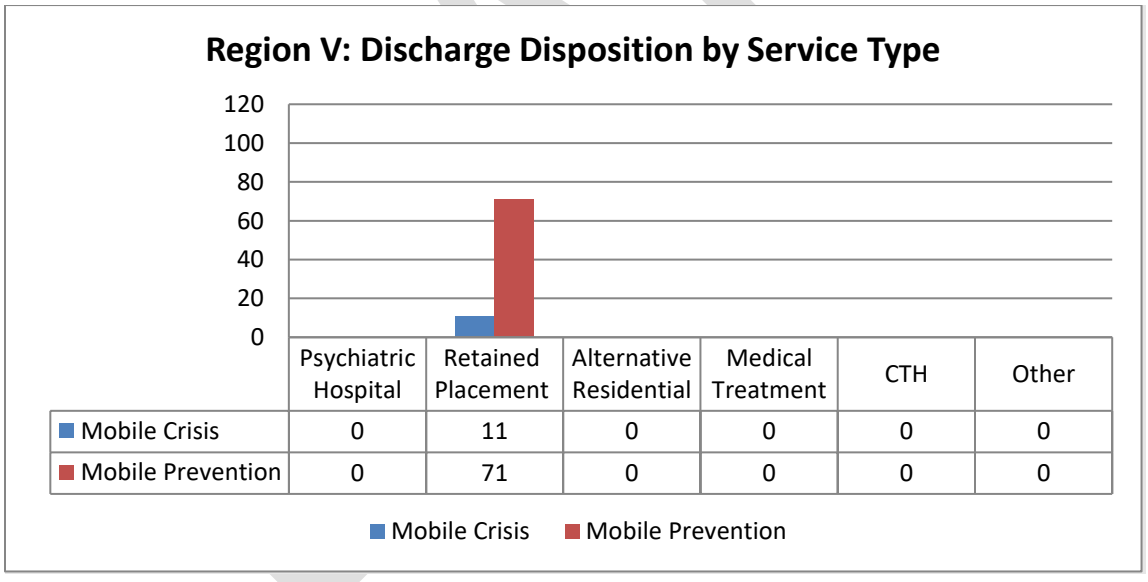
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	CTH	Other
Mobile Crisis	2	19	0	0	0	0
Mobile Prevention	0	24	0	0	1	12
CTH	0	4	0	0	1	0

Other: Still active on prevention

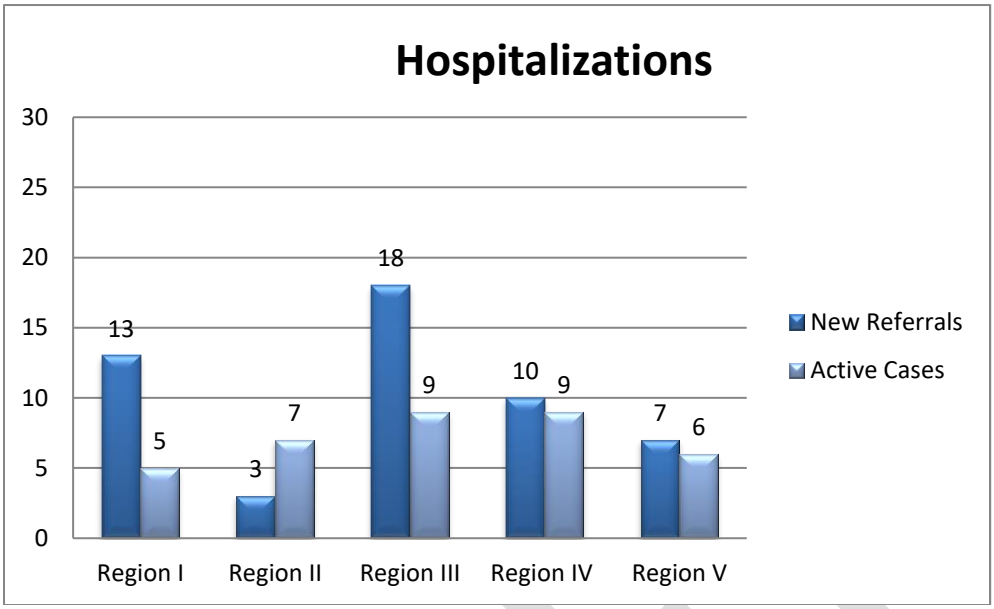


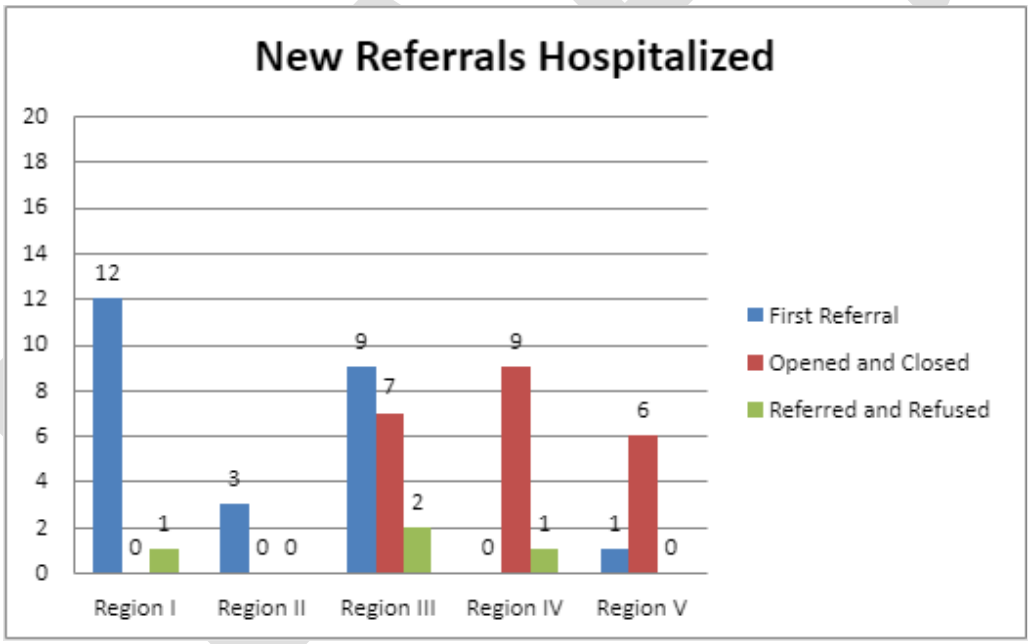
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	CTH	Other
Mobile Crisis	2	39	1	0	2	0
Mobile Prevention	2	65	0	0	1	0

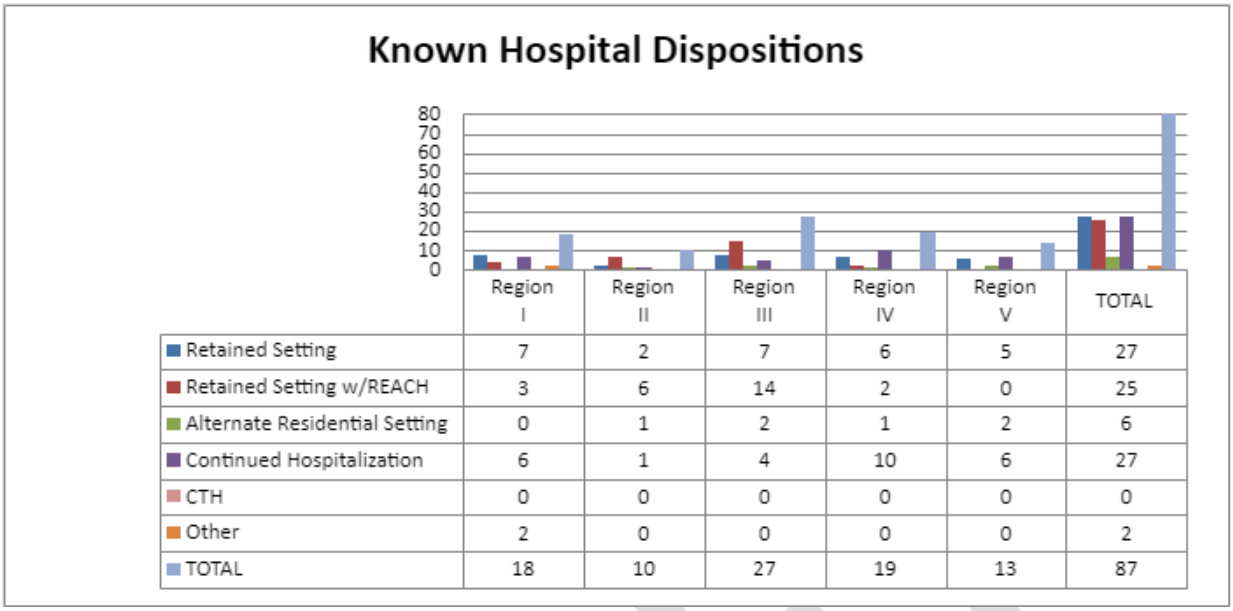




The three graphs that follow display hospitalizations for new referrals and active cases, hospitalizations for new referrals, and known hospitalization dispositions, respectively. While the REACH programs remain actively involved with all hospitalized cases *when they are aware of this disposition and have parental consent to provide service*, they may not always be apprised that a REACH client has been hospitalized or that an individual with DD has entered inpatient treatment. While the Commonwealth Center for Children and Adolescents educates families about the children's REACH programs, many families elect not to access this service.


Hospitalizations
30
25
20
15
10
5
0
13
5
3
7
18
9
10
9
7
6
Region I
Region II
Region III
Region IV
Region V
New Referrals
Active Cases


New Referrals Hospitalized
20
18
16
14
12
10
8
6
4
2
0
12
0
1
3
0
0
9
7
2
0
9
1
1
6
0
Region I
Region II
Region III
Region IV
Region V
First Referral
Opened and Closed
Referred and Refused



	Region I	Region II	Region III	Region IV	Region V	TOTAL
Retained Setting	7	2	7	6	5	27
Retained Setting w/REACH	3	6	14	2	0	25
Alternate Residential Setting	0	1	2	1	2	6
Continued Hospitalization	6	1	4	10	6	27
CTH	0	0	0	0	0	0
Other	2	0	0	0	0	2
TOTAL	18	10	27	19	13	87

SERVICE ELEMENTS

Each of the five regional REACH programs provides an array of services to children and families enrolled. These services include prevention and education services, assessment services, and consultation services. A compliance indicator target has been set for mobile crisis services that *86% of families and providers will receive training in implementing CEPPs*. Outside of trainings that are scheduled for the upcoming quarter, the combined REACH programs trained providers/families on 80% of mobile crisis CEPPs this quarter. The Regions are 38%, 78%, 75%, 100% and 100%, respectively (note: for any programs that had carryovers from the previous quarter, a CEPP and training was provided, though this is not included in the calculation or table below). The tables that follow summarize the services provided for mobile crisis and CTH services.

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	8	19	44	20	11
Consultation	8	19	44	20	11
Crisis Education Prevention Plan	3	14	30	20	11
Family/Provider Training	3	14	30	20	11

RI: 1 family/individual scheduling conflict; 3 individuals dropped out of services; 1 provider scheduling conflict.
RII: 3 discontinued services after 1st session; 1 hospitalized during session; 1 session discontinued during increased psychosis.
RIII: 5 REACH error; 5 family scheduling conflict; 2 individuals hospitalized; 2 individuals admitted to CTH after assessment.

Service Type Provided: Crisis Stabilization (CTH)		
Service Type	Region II	Region IV
Comprehensive Evaluation	1	19
Consultation	1	19
Crisis Education Prevention Plan	1	16
Family/Provider Training	0	16

RII: 1 still admitted at end of quarter.
RIV: 3 discharged within 24 hours, so no CEPP or training occurred during the admission.

Service Type Provided: Planned Prevention (CTH)	
Service Type	Region III
Comprehensive Evaluation	3
Consultation	3
Crisis Education Prevention Plan	3
Family/Provider Training	3

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

REACH Training Activities

The Children's REACH programs are working to expand their role as a training resource for the community of support for children and families impacted by developmental disability. The following table provides a summary of attendance numbers for various trainings completed by the Children's REACH programs. These trainings target the information needed by professionals in various work settings to work effectively with individuals with DD.

Training Activity	Region I	Region II	Region III	Region IV	Region V	**Totals**
CIT/Police: # Trained	10	136	13	85	27	271
Case Manager/Support Coordinator: # Trained	2	28	25	25	65	145
Emergency Service Workers: # Trained	15	0	2	4	82	103
Family: # Trained	20	0	0	0	36	56
Hospital Staff: # Trained	4	0	1	7	40	52
DD Provider: # Trained	5	80	178	89	97	449
Other Community Partners: # Trained	56	0	166	24	31	277
Totals	112	244	385	234	378	1353

Note: "Other" includes the following: Therapist, CSB Leadership, MH Providers/Counselors, Behavior Specialists, Foster Care, School System, Substance Abuse Provider, Region IV Hub, other mental health professionals.

Summary

This report provides a summary of data for the regional children's REACH programs for the second quarter of fiscal year 2024. The statewide Children's REACH programs are functioning well and are actively serving children and families in crisis. As has been the case previously, the regional programs have continued to face many challenges regarding staffing.

Overall, the program continues to move forward in support of the mission for a full spectrum of crisis, prevention, and habilitation services to be offered to children in Virginia with a developmental disability. Much has been accomplished within the area of children's crisis services, and the path ahead appears to be clear in terms of defining next steps. The Department remains committed to fulfilling its mission to have a continuum of qualified care for children with developmental disabilities and their families.