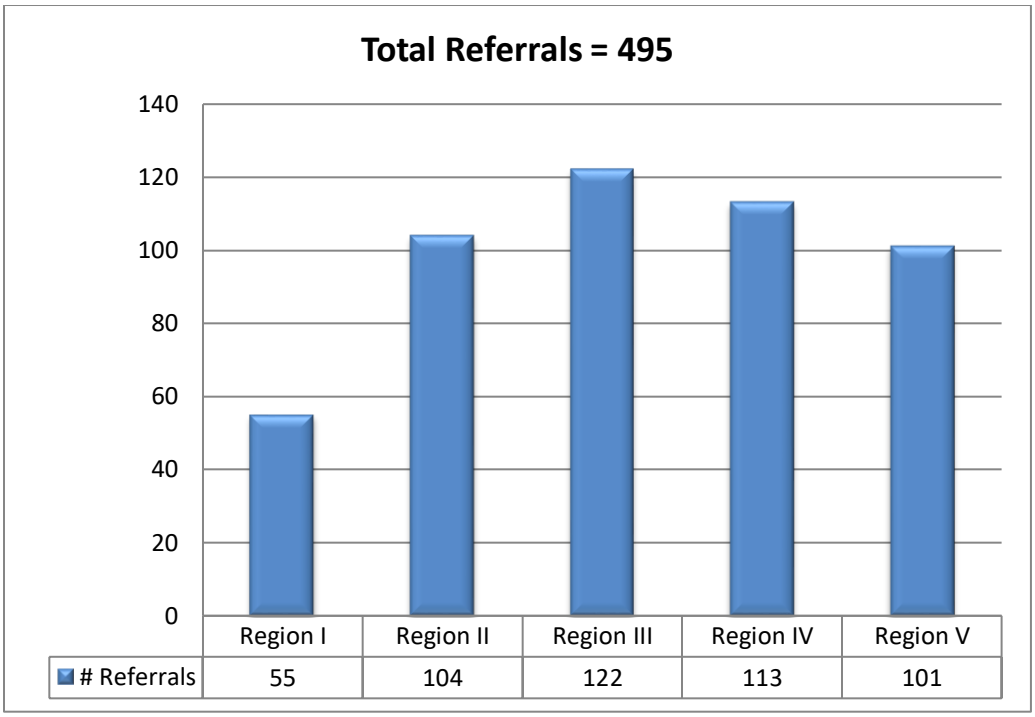
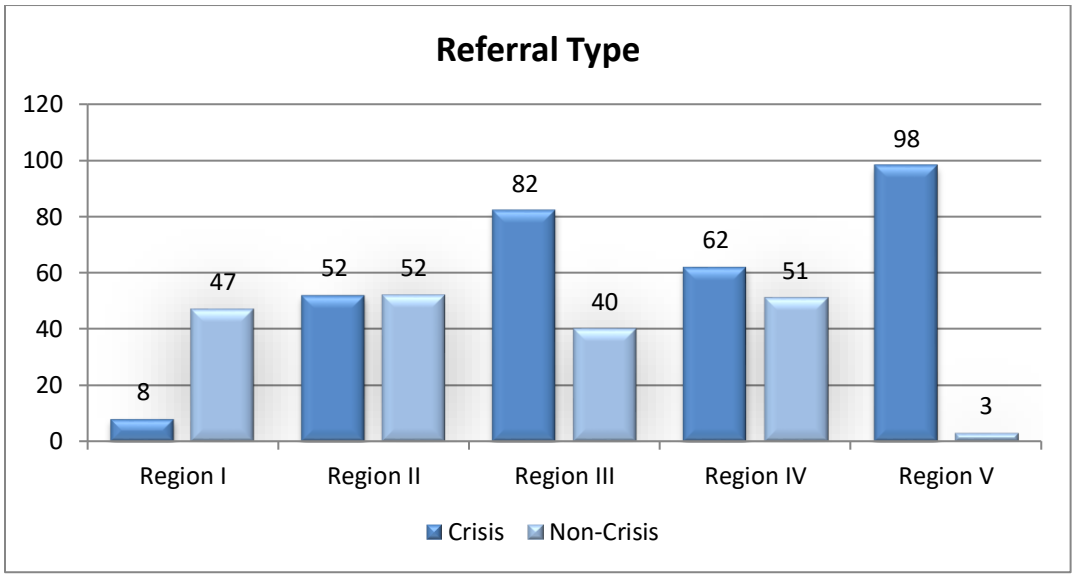
REACH Data Summary Report-Adult: FY25Q2

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 2025.

REACH Referral Activity

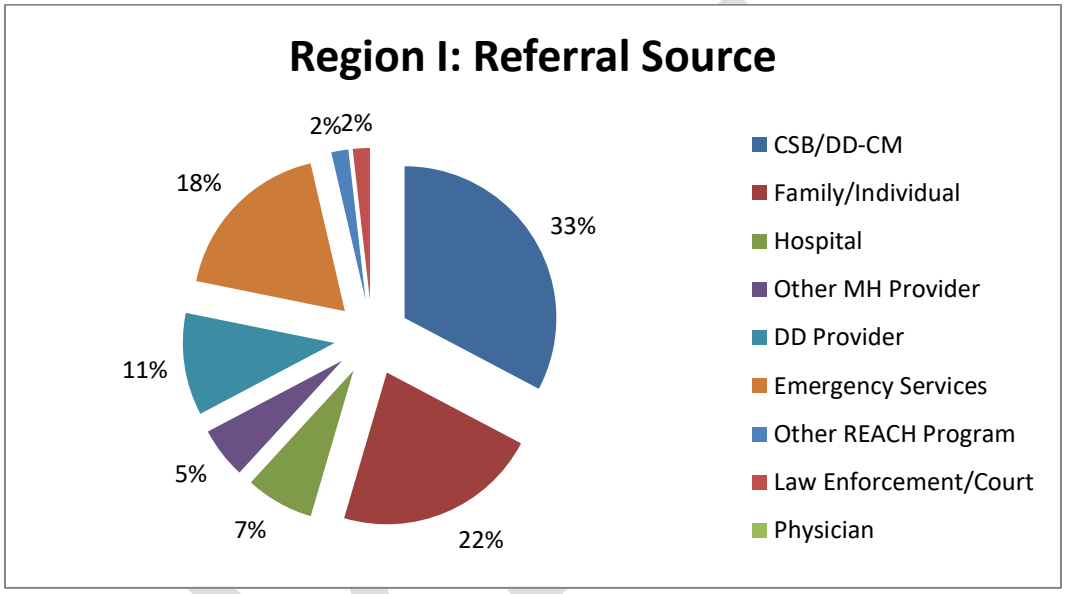


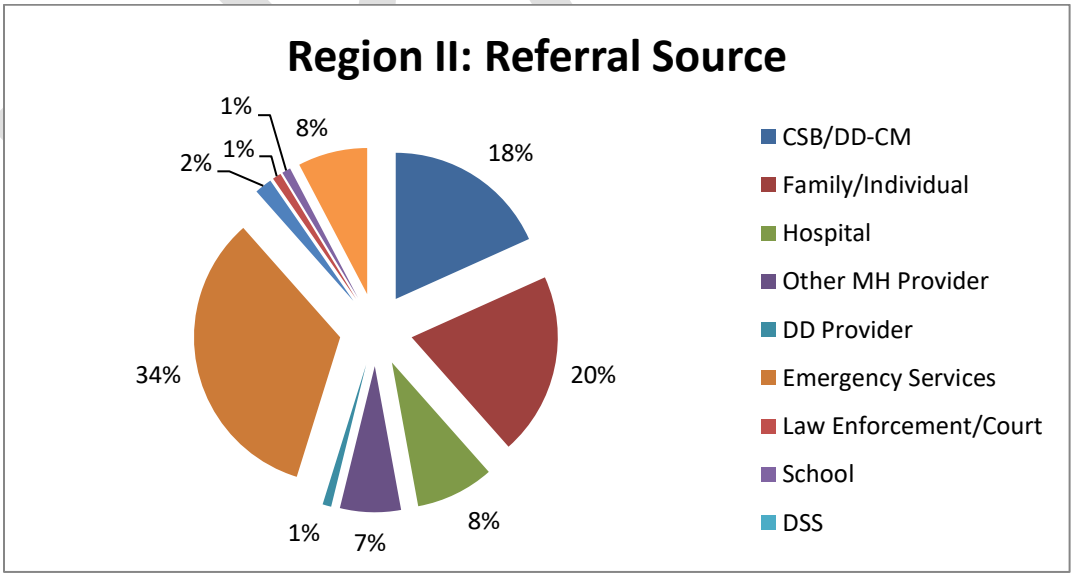


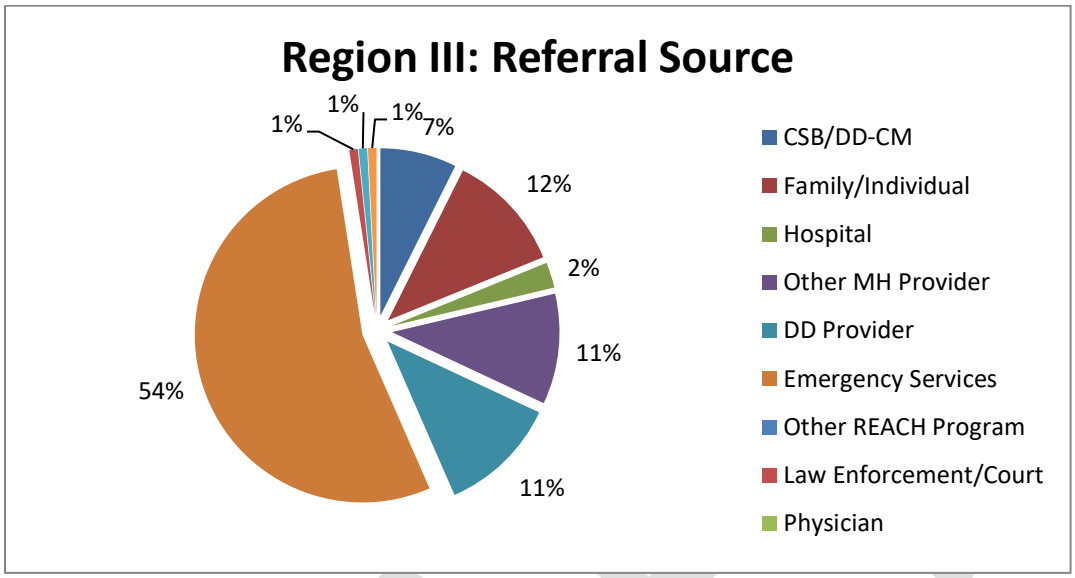
For FY25Q2, there was a decrease in total referrals as compared to FY25Q1, 568 to 495. The data regarding the breakdown of types of referrals for Regions I denote more non-crisis referrals than

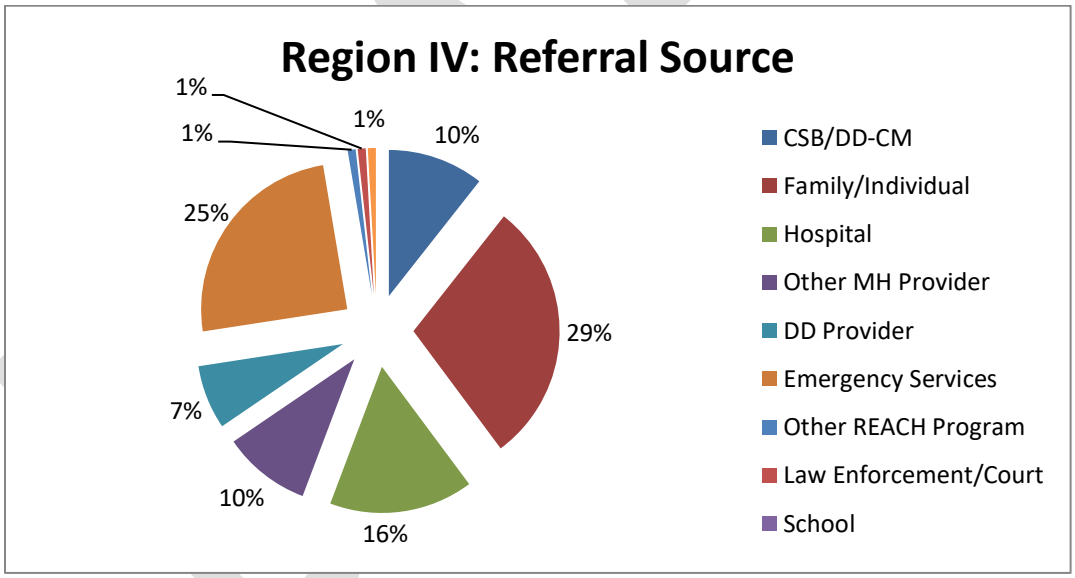
crisis referrals, whereas Regions III, IV and V received more crisis referrals. Region II referrals were equally split between crisis and non-crisis referrals.

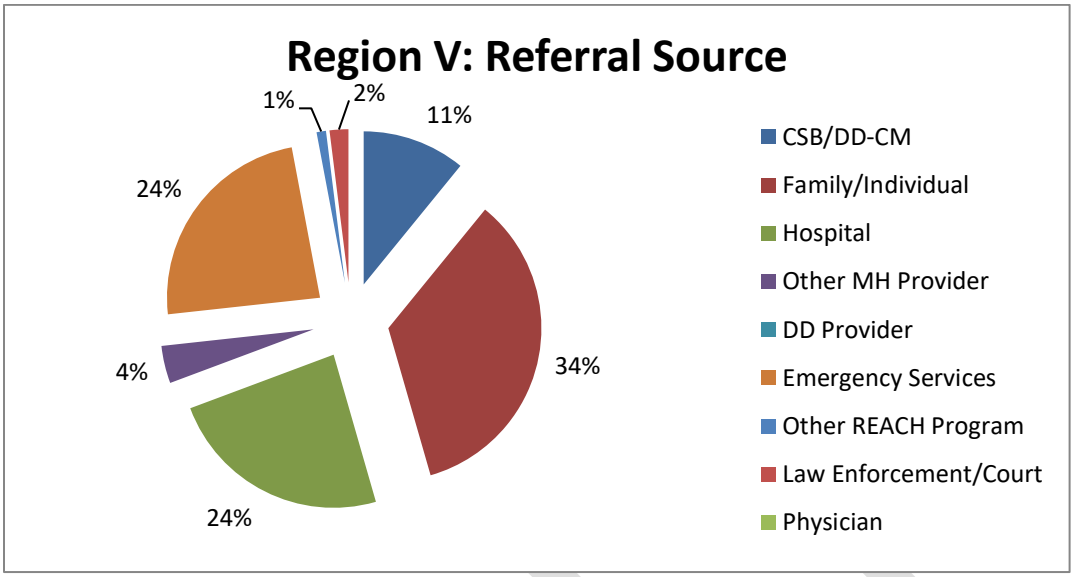
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by Region of referral source data. Referral sources cover a broad range of stakeholders when the state is considered as a whole, and primary referral sources vary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






Region III: Referral Source
1%
1%
1%
7%
12%
2%
11%
11%
54%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court
Physician


Region IV: Referral Source
1%
1%
1%
10%
25%
29%
7%
10%
16%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court
School



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. First shift time frame received the most referrals.

Referral Time	Region I	Region II	Region III	Region IV	Region V	Total
Monday - Friday	50	88	86	81	79	384
Weekends/Holidays	5	16	36	32	22	111
7am - 2:59pm	43	52	59	50	29	233
3pm - 10:59pm	11	36	53	55	55	210
11 pm - 6:59 am	1	16	10	8	17	52

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. During the second quarter, RII, RIII and RIV supported more individuals with "DD only", RI and RV supported more individuals with "ID only".

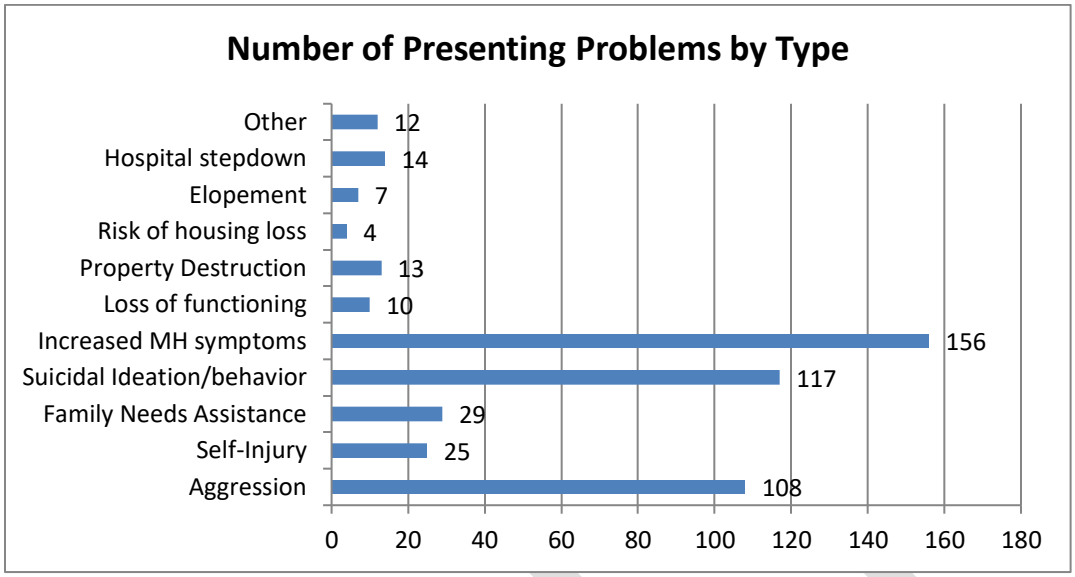
Diagnosis	Region I	Region II	Region III	Region IV	Region V	**Total**
ID only	19	26	40	43	48	176
DD only	16	56	55	48	20	195
ID/DD	20	15	20	14	24	93
Unknown/None	0	7	7	8	9	31
Total	55	104	122	113	101	**495**

In terms of what type of clinical issues bring individuals to the REACH programs for support; aggression, increase MH symptoms, and Suicidal Ideation/behavior are noted to be the main reasons for referral during FY25Q2. Previous quarters also note increased MH symptoms, aggressive behavior, and suicidal ideations as the three 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.

Presenting Problems

	Region I	Region II	Region III	Region IV	Region V	**Total**
Aggression	13	18	26	25	26	108
Self-Injury	1	4	9	5	6	25
Family Needs Assistance	6	5	0	12	6	29
Suicidal Ideation/behavior	11	26	35	15	30	117
Increased MH symptoms	13	41	38	38	26	156
Loss of functioning	0	1	2	4	3	10
Property Destruction	3	2	3	4	1	13
Risk of housing loss	4	0	0	0	0	4
Elopement	0	1	3	3	0	7
Hospital stepdown	3	4	0	4	3	14
Other	1	2	6	3	0	12

Other: unsafe behavior, ATH, jail stepdown, HI, Inappropriate behavior



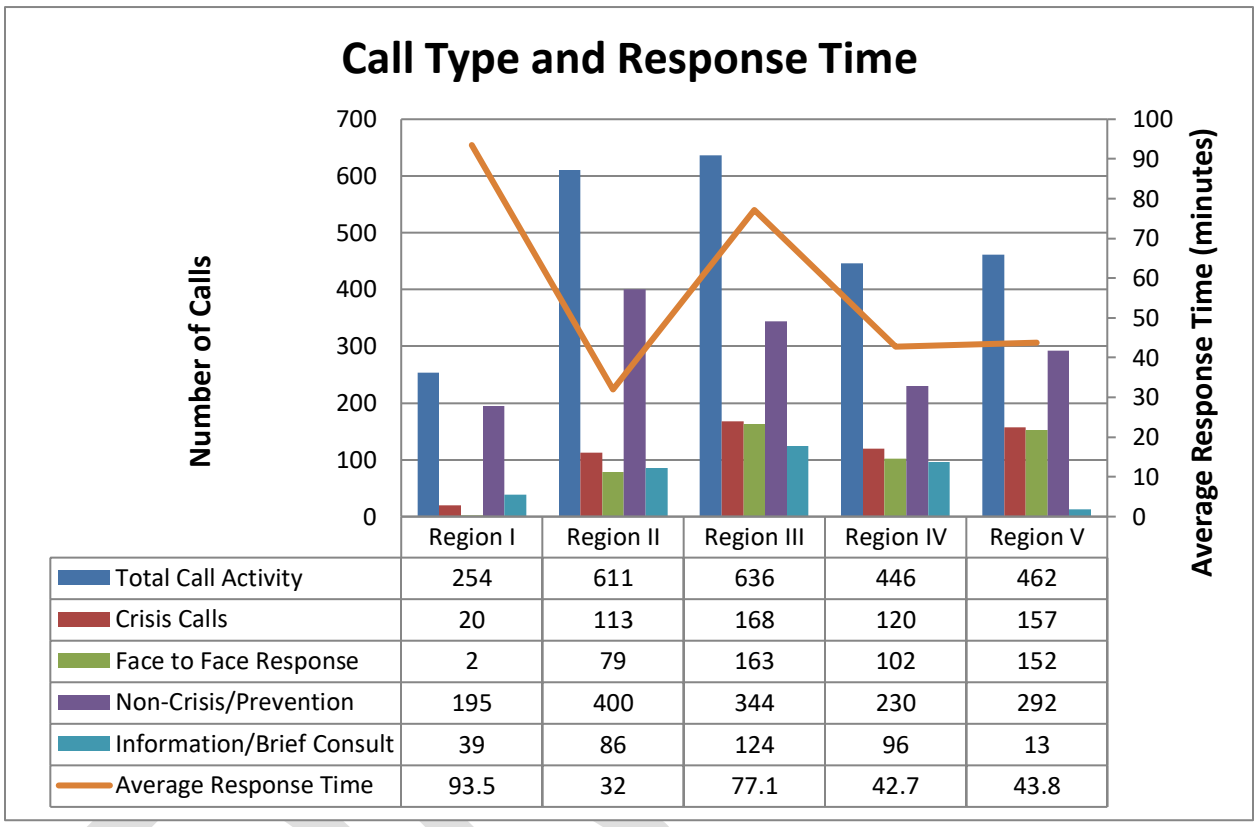
REACH Crisis Response

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 amid 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 on 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	254	611	636	446	462
Crisis Calls	20	113	168	120	157
Face to Face Response	2	79	163	102	152
Non-Crisis/Prevention	195	400	344	230	292
Information/Brief Consult	39	86	124	96	13
Average Response Time	93.5	32	77.1	42.7	43.8

RII: Total call activity includes 12 calls to CTH; Crisis call total includes 14 calls cancelled enroute

The average response time in minutes is graphed on a secondary axis represented by the orange line. The number of responses via telehealth varied and face-to-face response for each region also varied, with some reporting fewer numbers of face-to-face response this quarter. Overall call activity increased slightly from FY25Q1 of 2,130 to 2,409 in FY25Q2. All five regions met expectations as denoted in the REACH Program Standards regarding average time to respond to the scene of the crisis event for those responses that were (on-site) 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 provided 90% of their response via telehealth, Region II 30%. Region III 3%, Region IV 15%, and Region V 3%. 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, weather, and multiple calls were the reasons given for delays in response. This is consistent with the previous quarter.

Response Time

	Region I	Region II	Region III	Region IV	Region V	Total Calls
Response Interval: 0 - 30	0	43	10	33	17	103
Response Interval: 31 - 60	0	29	47	61	40	177
Response Interval: 61 - 90	1	6	58	4	47	116
Response Interval: 91 -120	1	0	32	4	34	71
Response Interval: 120+	0	1	16	0	14	32
Total	2	79	163	102	152	498

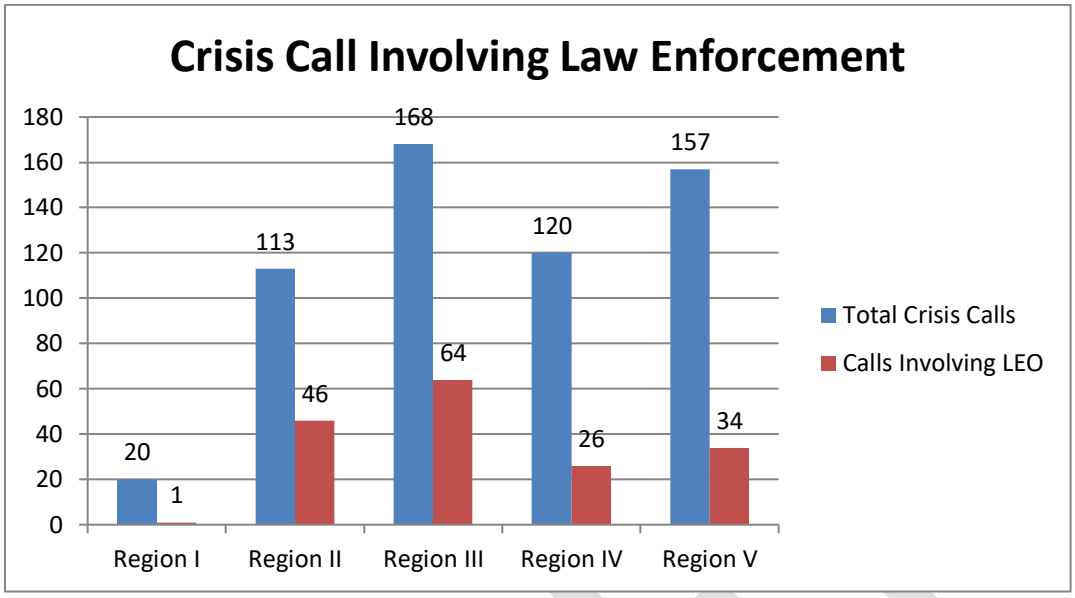
Reasons for late response: traffic/distance; weather; multiple calls

Location of Crisis Assessments

Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual Home/Family Home	2	25	22	17	63	129
Hospital/Emergency Room	13	38	56	73	85	265
Emergency Services/CSB	4	15	34	5	1	59
Residential Provider	0	18	49	18	7	92
Police Station	0	0	0	0	1	1
Day Program	0	0	2	2	0	4
School	0	1	1	1	0	3
Other	1	2	4	4	0	11
Total	20	99	168	120	157	**564**

Other response settings include Case Manager Office, Dept Store, Parking Lot, Nursing home, Hotel, CTC

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 FY25Q2. 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 denotes where the individual was located when the assessment occurred. During FY25Q2 the number of individuals assessed in family homes decreased from 214 in FY25Q1 to 129, emergency room assessments decreased from 313 in the first quarter to 265 in the second quarter. Assessment locations in an emergency services/CSB increased from 42 to 59, and the residential provider location increased from 60 individuals in the first quarter to 92 in the second quarter. The data denotes that in the second quarter of FY25, 53.0% of all assessments occurred outside of a hospital emergency department. The data denotes an increase in law enforcement presence for the second quarter as compared to the previous quarter, 26.0% to 29.6%.

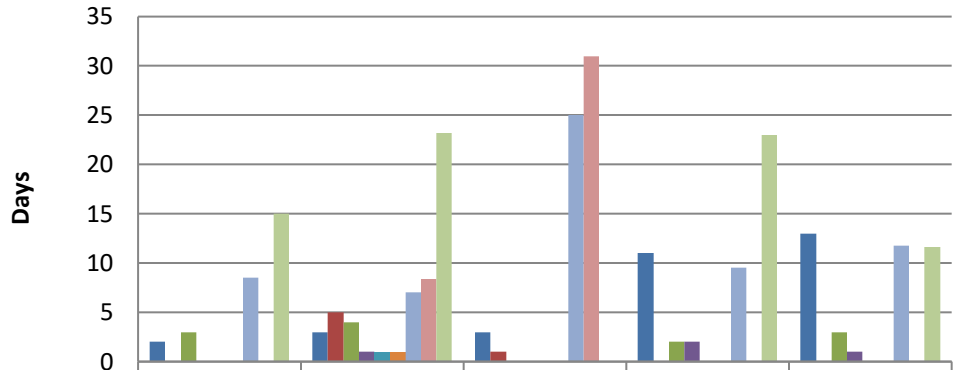


Crisis Therapeutic House

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) because 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 page 11. These individuals will also 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 the second quarter admissions/readmissions across all regional programs. During FY25Q2, there were 32 crisis stabilization admissions, 6 prevention admissions, and 12 step-down admissions reflecting an increase of 3 in the number of crisis admissions, no change in prevention admissions, and a decrease of 1 in step down admissions in the second quarter of FY25. Additionally, there were 6 readmissions (4 Stabilizations, 1 prevention, 1 stepdown) in the second quarter.

Across all regions for those individuals who were admitted in a previous quarter to the CTH and discharged in this quarter, the data is as follows: 7 crisis stabilization admissions with LOS ranging from 11 to 107 days, 2 step-down admissions with LOS ranging from 8 to 113 days and 2 prevention admission with LOS ranging from 7 to 46 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.

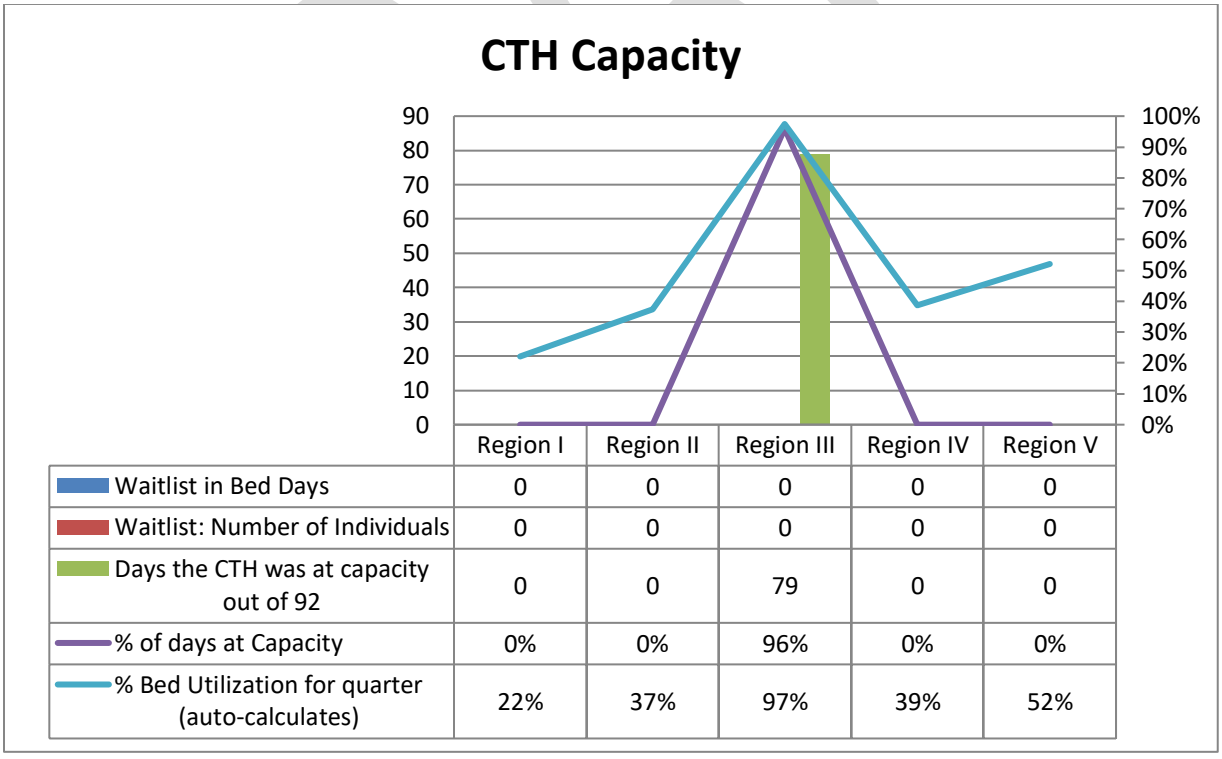


	Region I	Region II	Region III	Region IV	Region V
Admits/stab	2	3	3	11	13
Admits/prevention	0	5	1	0	0
Admits/stepdown	3	4	0	2	3
Readmits/stab	0	1	0	2	1
Readmits/prevention	0	1	0	0	0
Readmits/stepdown	0	1	0	0	0
Avg. LOS for crisis stab admits/readmits	8.5	7	25	9.5	11.76
Avg. LOS for prevention admits/readmits	0	8.4	31	0	0
Avg. LOS for step-down admits/readmits	15	23.2	0	23	11.6

LOS: Individuals Admitted Previously and Discharged w/in Quarter			
Region	*Individual*	*Type of Admission*	*Total LOS (days)*
Region I	Person 1	Prevention	46

	Person 2	Crisis Stab	82
Region II	Person 1	Crisis Stab	77
	Person 2	Prevention	7
Region III	Person 1	Crisis Stab	107
	Person 2	Crisis Stab	62
	Person 3	Stepdown	113
Region IV	Person 1	Crisis Stab	12
	Person 2	Crisis Stab	11
Region V	Person 1	Stepdown	8
	Person 2	Crisis Stab	26

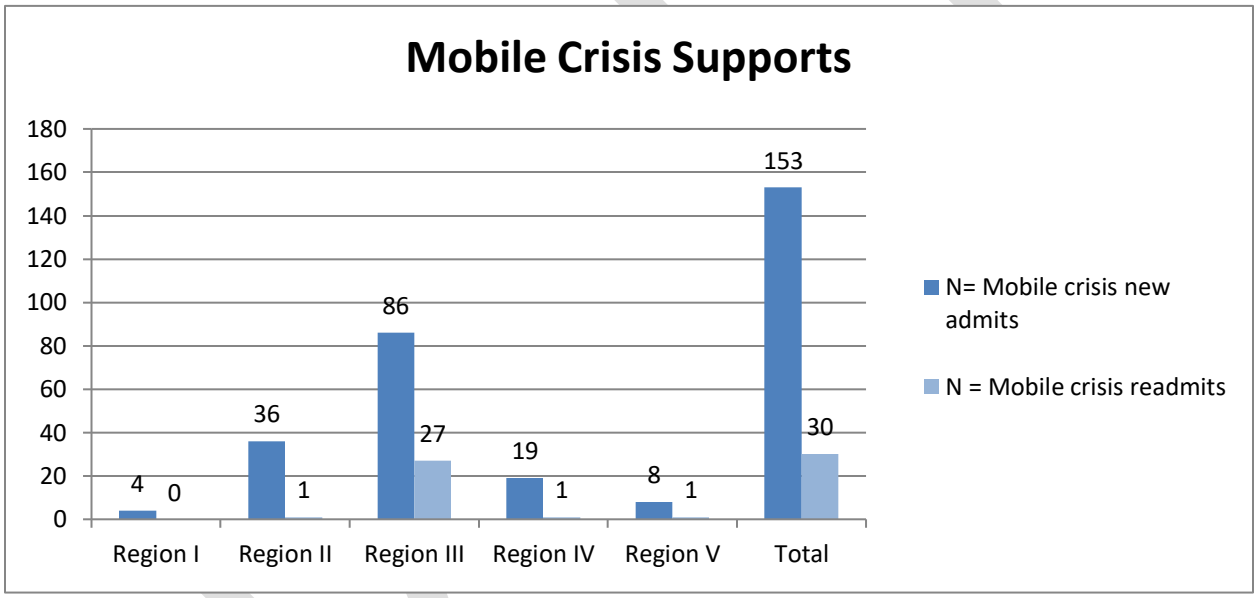
The graph on the next page provides information regarding CTH capacity. Please note that waitlist days are ***not*** consecutive. This number reflects the cumulative number of days across the quarter when a bed was not available when requested for an *appropriate* admission to the CTH. The information 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 22% to 97% during the quarter. Occupancy this quarter in Regions I through V for bed utilization was 22%, 37%, 97%, 39%, and 52%, respectively.



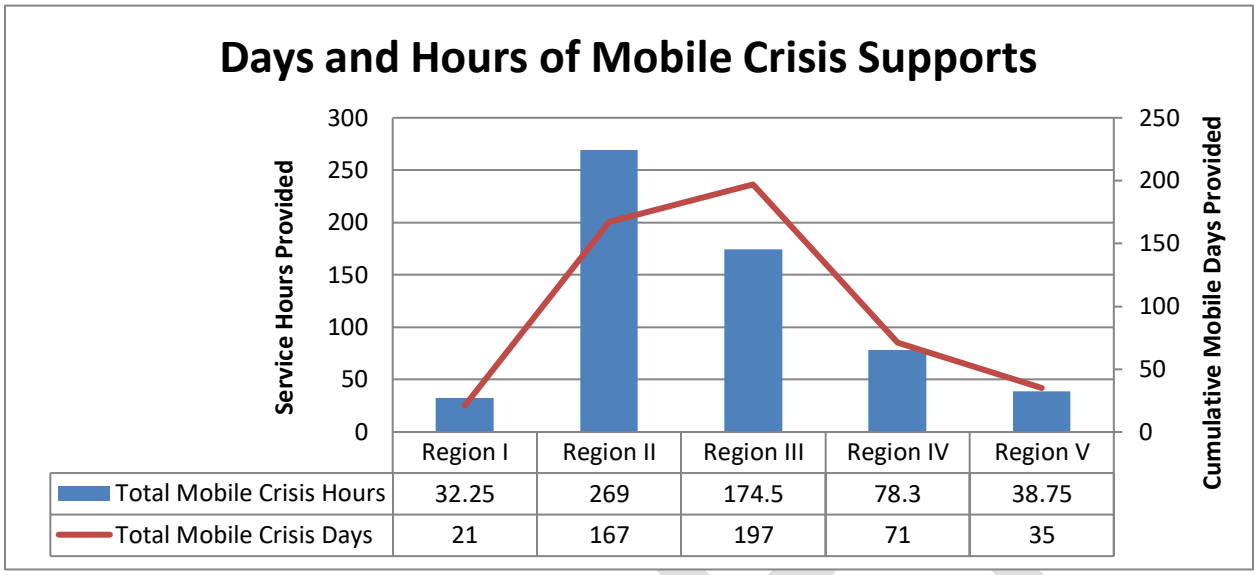
	Region I	Region II	Region III	Region IV	Region V
Waitlist in Bed Days	0	0	0	0	0
Waitlist: Number of Individuals	0	0	0	0	0
Days the CTH was at capacity out of 92	0	0	79	0	0
% of days at Capacity	0%	0%	96%	0%	0%
% Bed Utilization for quarter (auto-calculates)	22%	37%	97%	39%	52%
Beds Used Out of 552 Beds Available:	122	206	538	213	288

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 this quarter from 142 in FY25Q1 to 153 in FY25Q2. The total number of readmissions increased this quarter from 27 in FY25Q1 to 30 in FY25Q2.



In addition to collecting information related to the number of admissions into the mobile crisis supports, data related to service provision is also collected for review. 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.

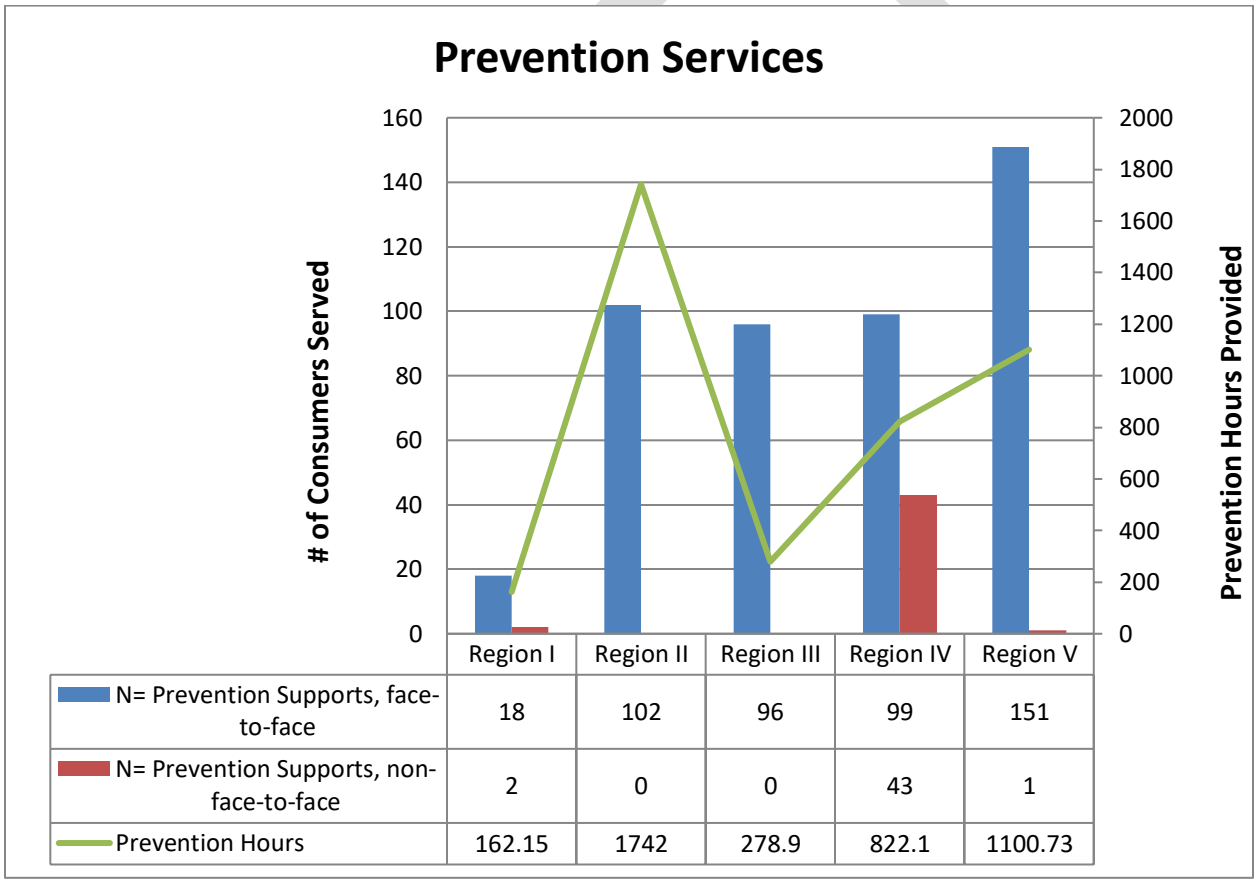


Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem-solving situations that arise in the settings where they spend 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 using 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 592.8 hours of mobile crisis supports across 491 days in FY25Q2. Generally, individuals are provided with crisis service for about 1 to 5 days with a targeted average per day of 2 hours. The second quarter data shows a range of between 1-15 days of services provided with a range of 1.7 to 5.3 average days/case. All regions have returned to providing this service on site. 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	1-9	2-5	1-15	1-5	3-6
Average Days/Case	5.3	4.5	1.7	3.6	3.9
Average Hours/Day	1.5	1.6	0.9	1.1	1.1
Average Hours/Case	8.1	7.3	1.5	3.9	4.3

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. FY25Q2 prevention services are provided via face to face and telephonic communication. These are included in 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.



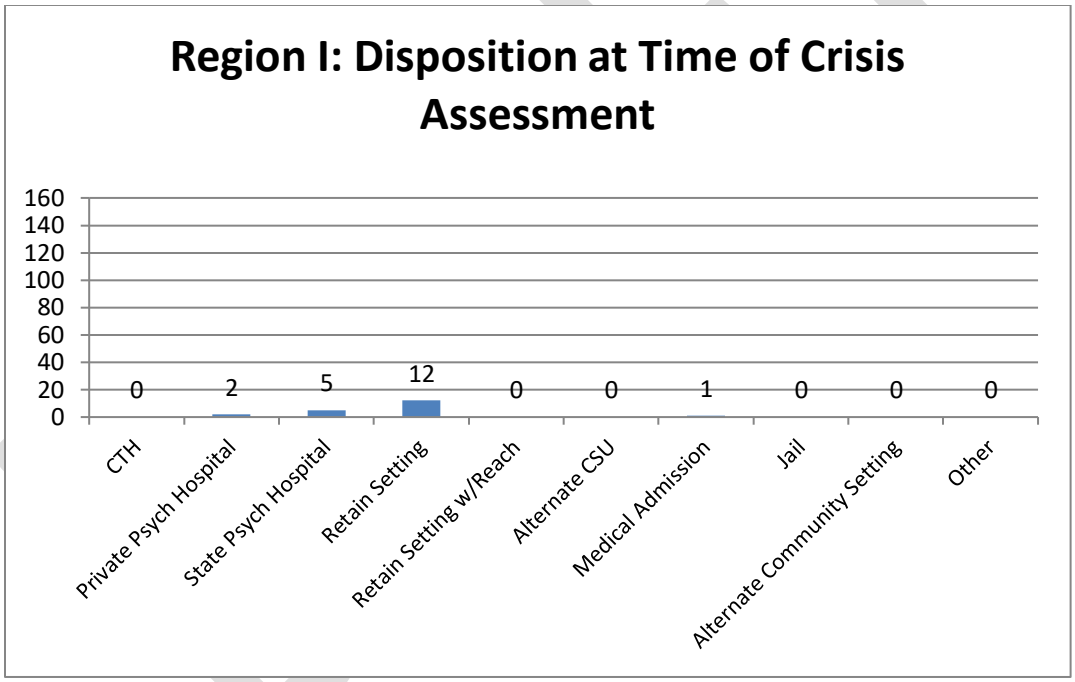
	Region I	Region II	Region III	Region IV	Region V
N= Prevention Supports, face-to-face	18	102	96	99	151
N= Prevention Supports, non-face-to-face	2	0	0	43	1
Prevention Hours	162.15	1742	278.9	822.1	1100.73

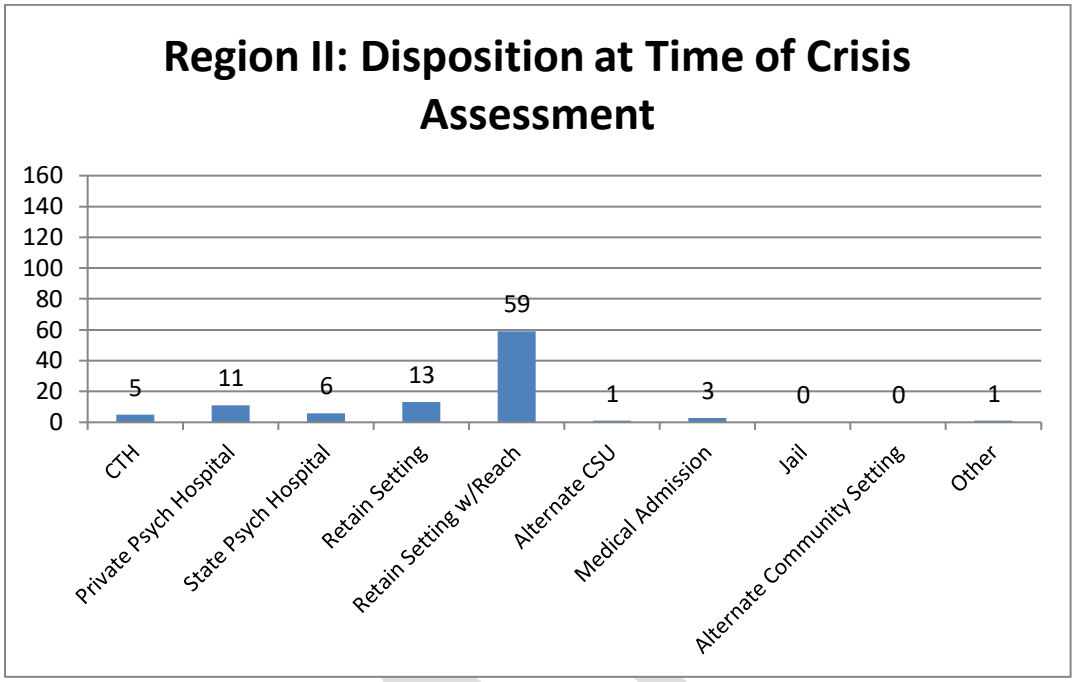
The total number of individuals receiving face-to-face prevention for FY25Q2 was 466. The total number of prevention hours provided by all programs in quarter two was 4,105.88; a decrease from FY25Q1 at 4420.78.

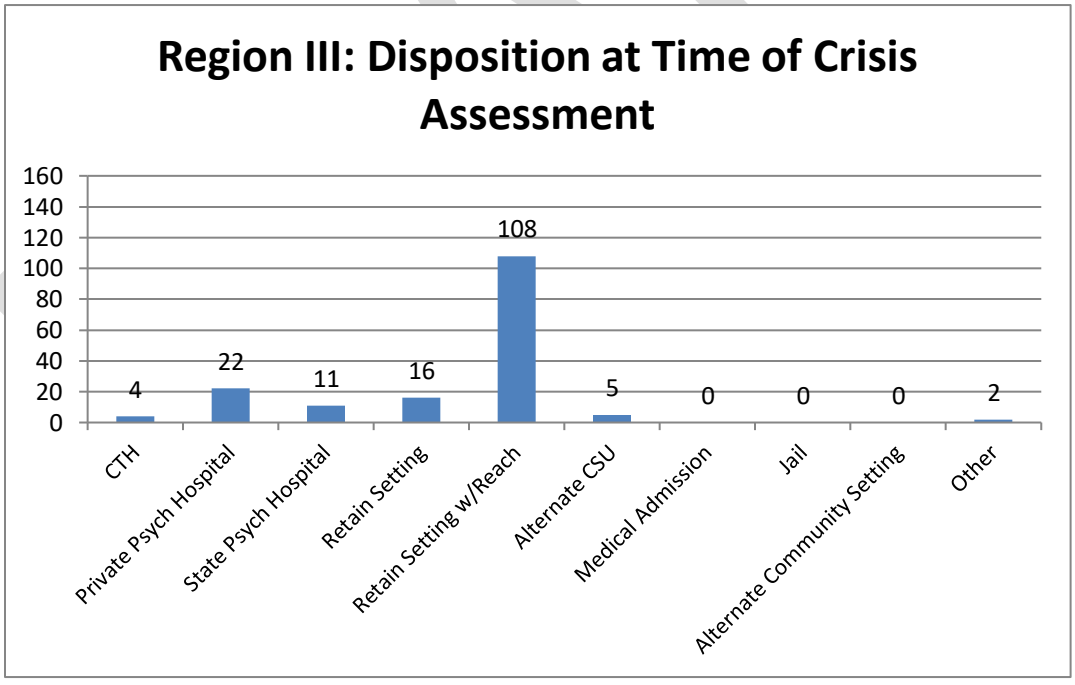
Crisis Service Outcomes/Dispositions

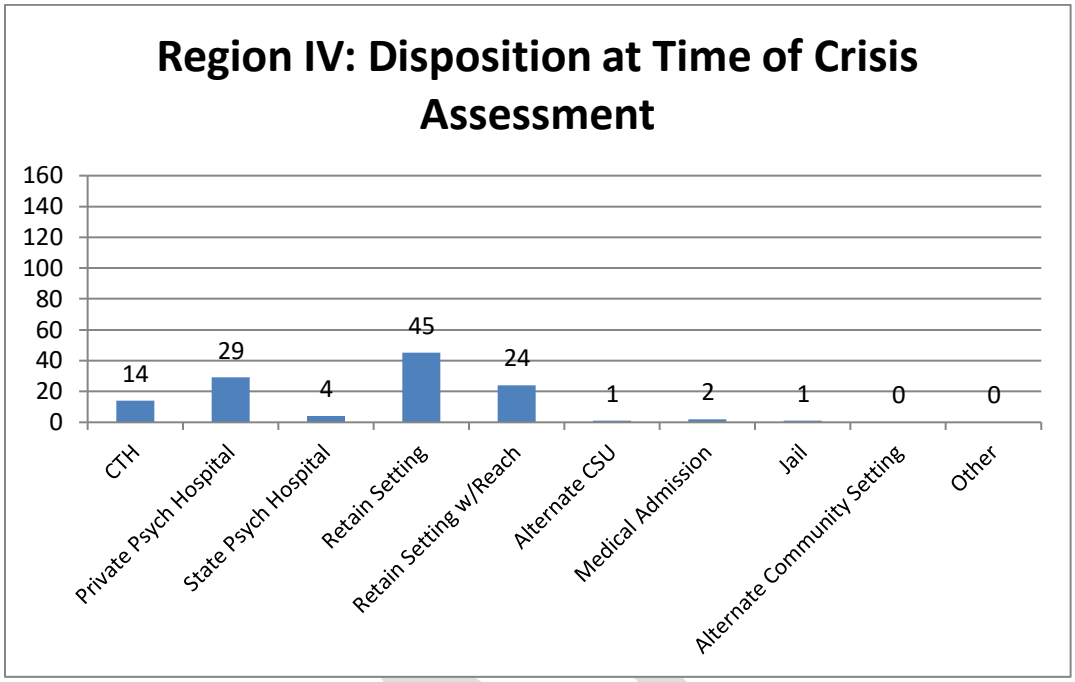
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted 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?

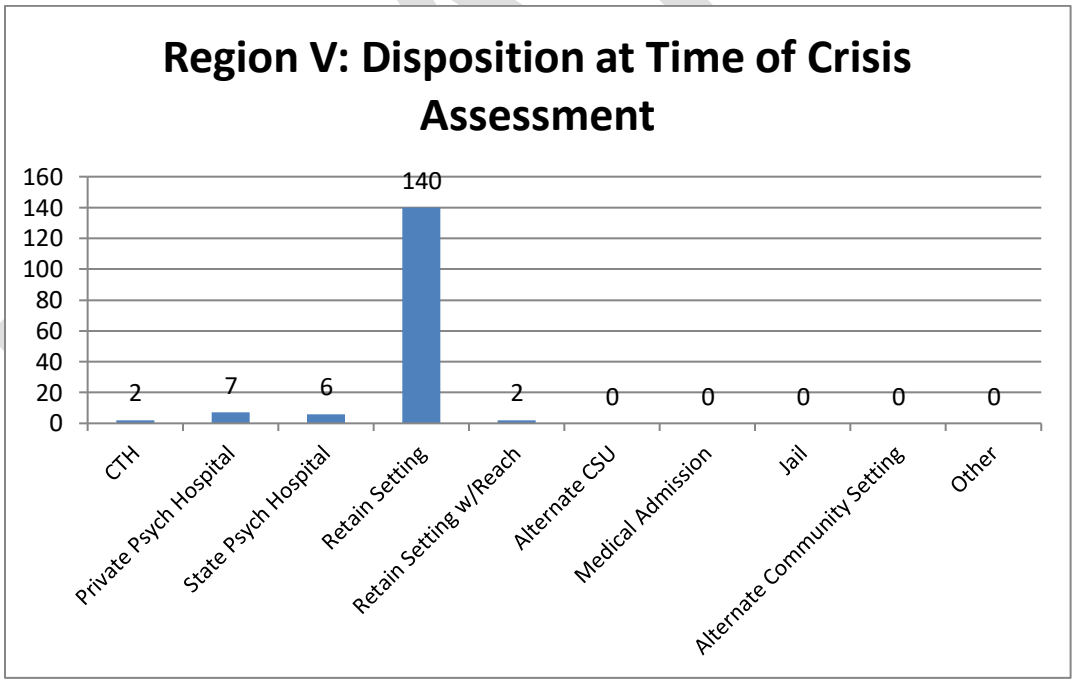
For this quarter, 40% of the individuals receiving a crisis assessment were able to retain their original residential setting, 34.2% of individuals were able to retain their setting with REACH support, 4.4% were diverted to a CTH, 1.2% of individuals diverted to an alternate CSU, and 12.6% were psychiatrically hospitalized in a private hospital, while 5.7% were hospitalized in a state psychiatric hospital, 1.1% were medically hospitalized, 0.2% went to jail, and 0.5% were listed as "other". The following graphs display the outcomes of the crisis assessments across each regional program.




Region II: Disposition at Time of Crisis Assessment
160
140
120
100
80
60
40
20
0
5
11
6
13
59
1
3
0
0
1
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
160
140
120
100
80
60
40
20
0
4
22
11
16
108
5
0
0
0
2
CTH
Private Psych Hospital
State Psych Hospital
Retain Setting
Retain Setting w/Reach
Alternate CSU
Medical Admission
Jail
Alternate Community Setting
Other

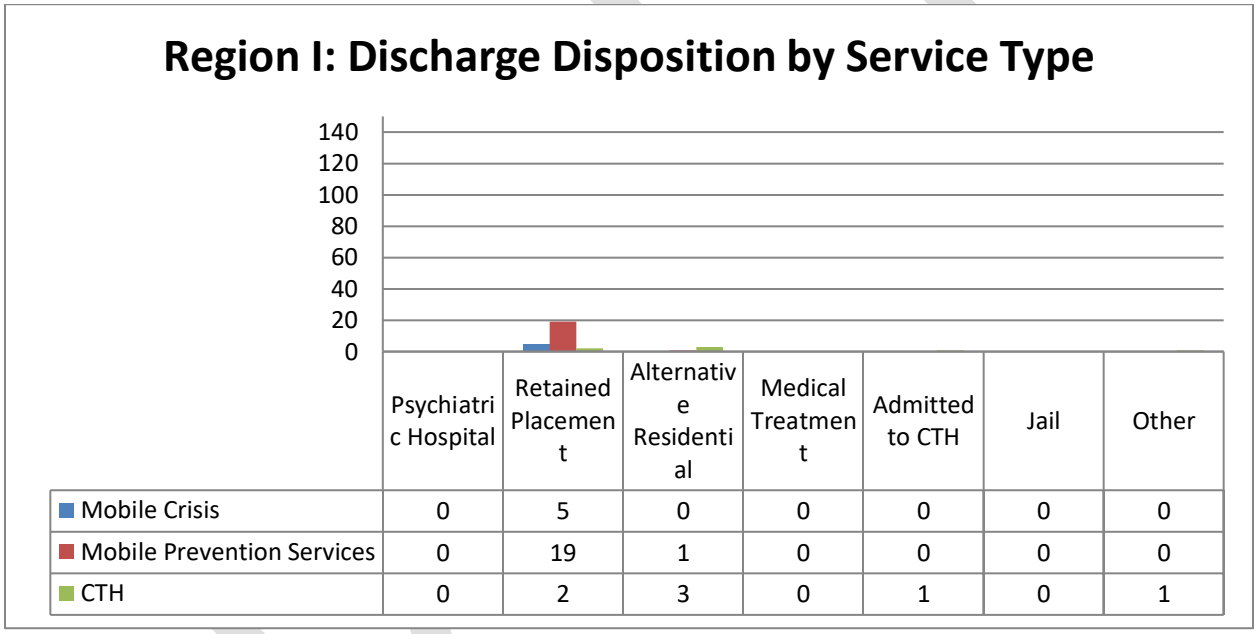




Outcomes that are also of interest are those for individuals that have accessed REACH mobile crisis and mobile prevention services during the quarter in addition to the CTH. Similar to the preceding set of graphs, the following graphs provide a summary of outcome status for adults that accessed ongoing REACH services during the FY25 second quarter. Outcomes for individuals admitted to the CTH and discharged this quarter, including those admitted previously

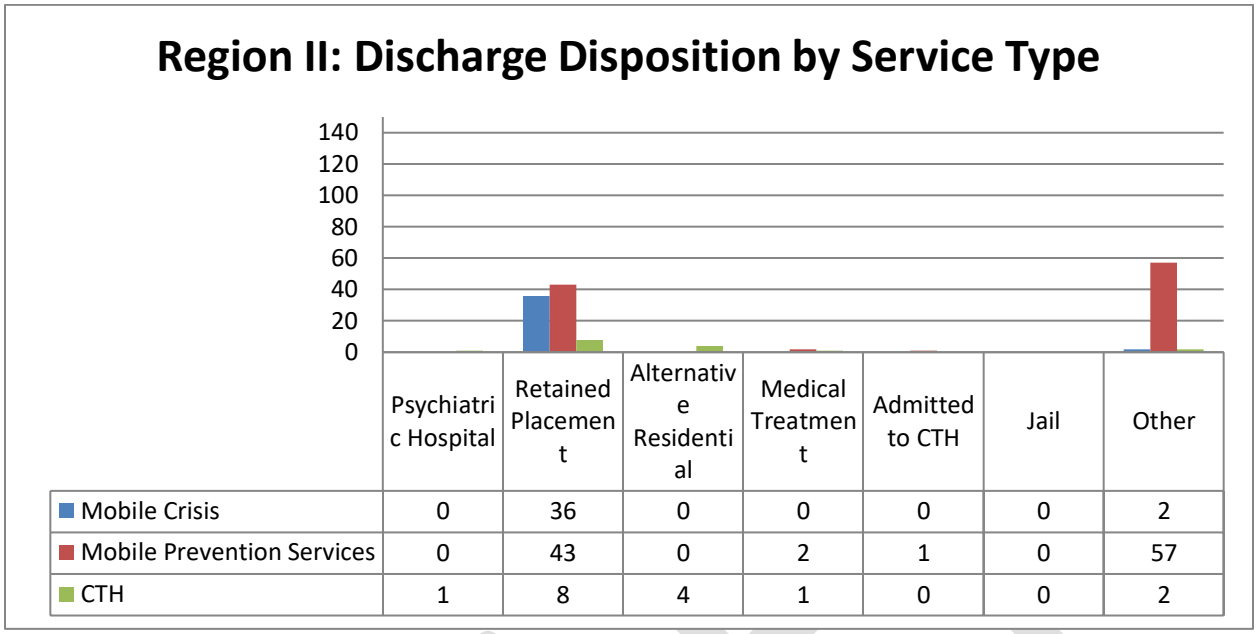
and discharged, 69% were able to return to their original residence or went to a new residence post discharge, 9% of outcomes for individuals at the CTH resulted in a psychiatric hospitalization, and the remaining individuals had other outcomes. For all admissions receiving mobile crisis supports, 88% remained in their residence or went to a new residence, 3% were psychiatrically hospitalized during mobile services, 4% were admitted to the CTH, and the remaining remained in service or had other outcomes. Based on reported data on the outcomes of adults in REACH mobile prevention services, 76% retained their setting or went to an alternative residential community setting, 8% were hospitalized, 5% were admitted to the CTH, and the other remaining individuals were still in service or had other outcomes.

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.

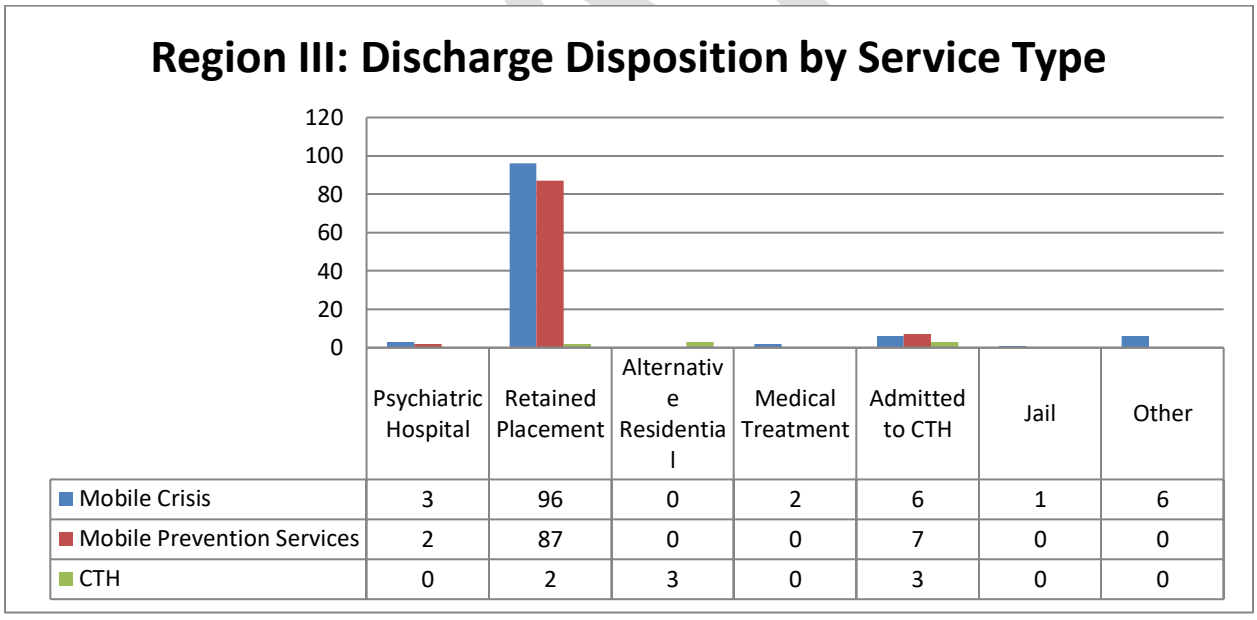


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	5	0	0	0	0	0
Mobile Prevention Services	0	19	1	0	0	0	0
CTH	0	2	3	0	1	0	1

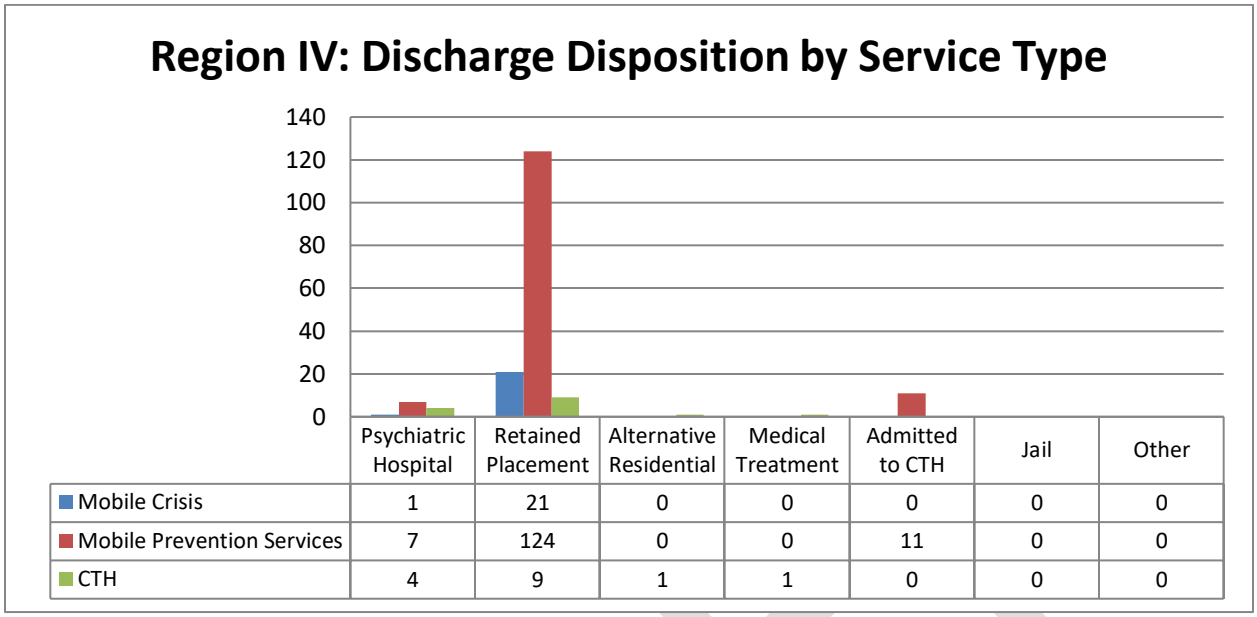
Other: Referred to Region 4



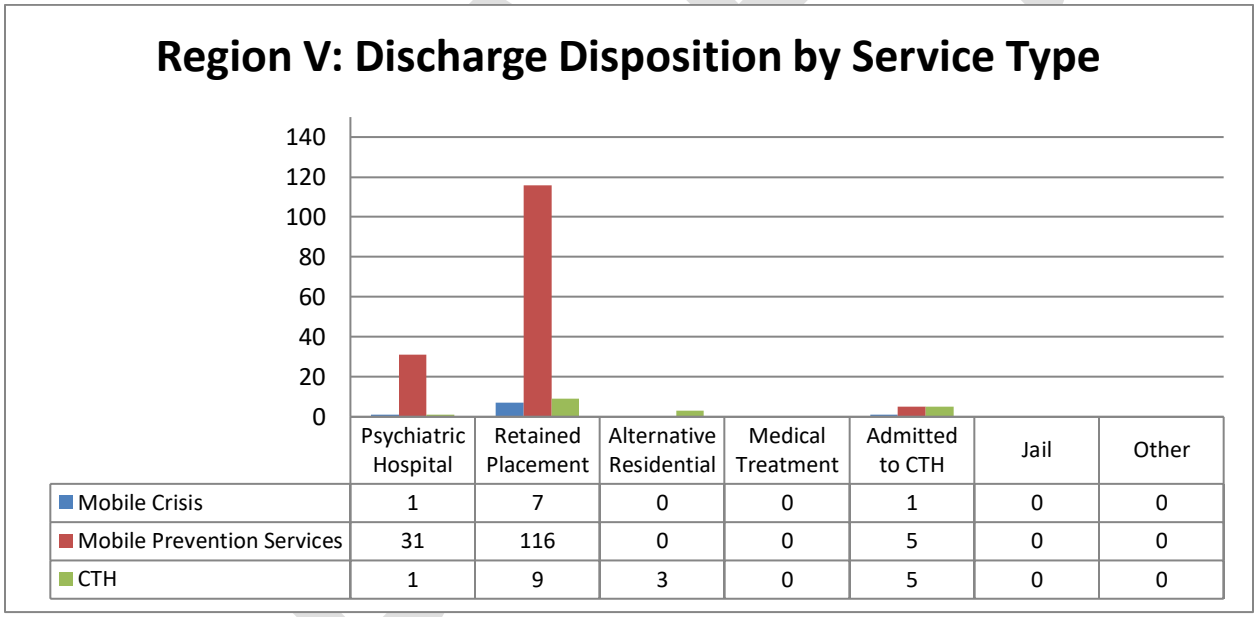
Other: Still admitted



Other: 23 hour crisis, SUD treatment



	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	1	21	0	0	0	0	0
Mobile Prevention Services	7	124	0	0	11	0	0
CTH	4	9	1	1	0	0	0

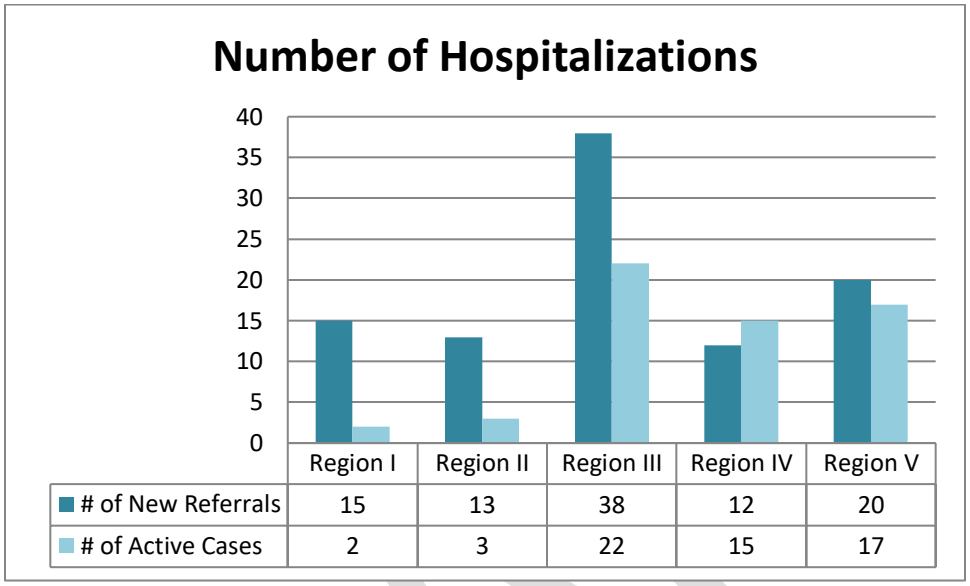


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	1	7	0	0	1	0	0
Mobile Prevention Services	31	116	0	0	5	0	0
CTH	1	9	3	0	5	0	0

Hospitalizations

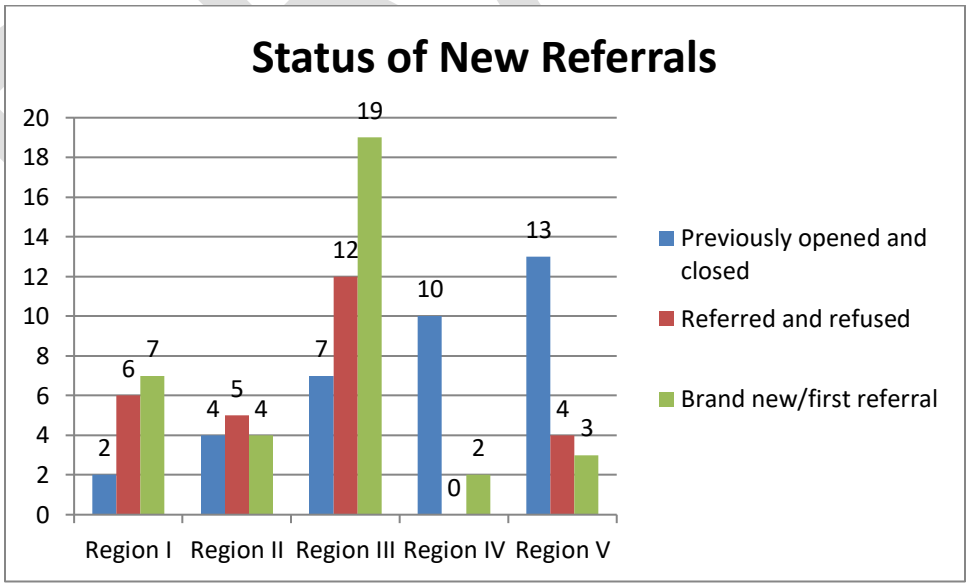
The next graphs provided are intended to supplement the information contained in the larger quarterly report. While the REACH programs remain actively involved with all hospitalized cases *when they are aware of this disposition*, they may not always be apprised that a REACH consumer has been hospitalized 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.

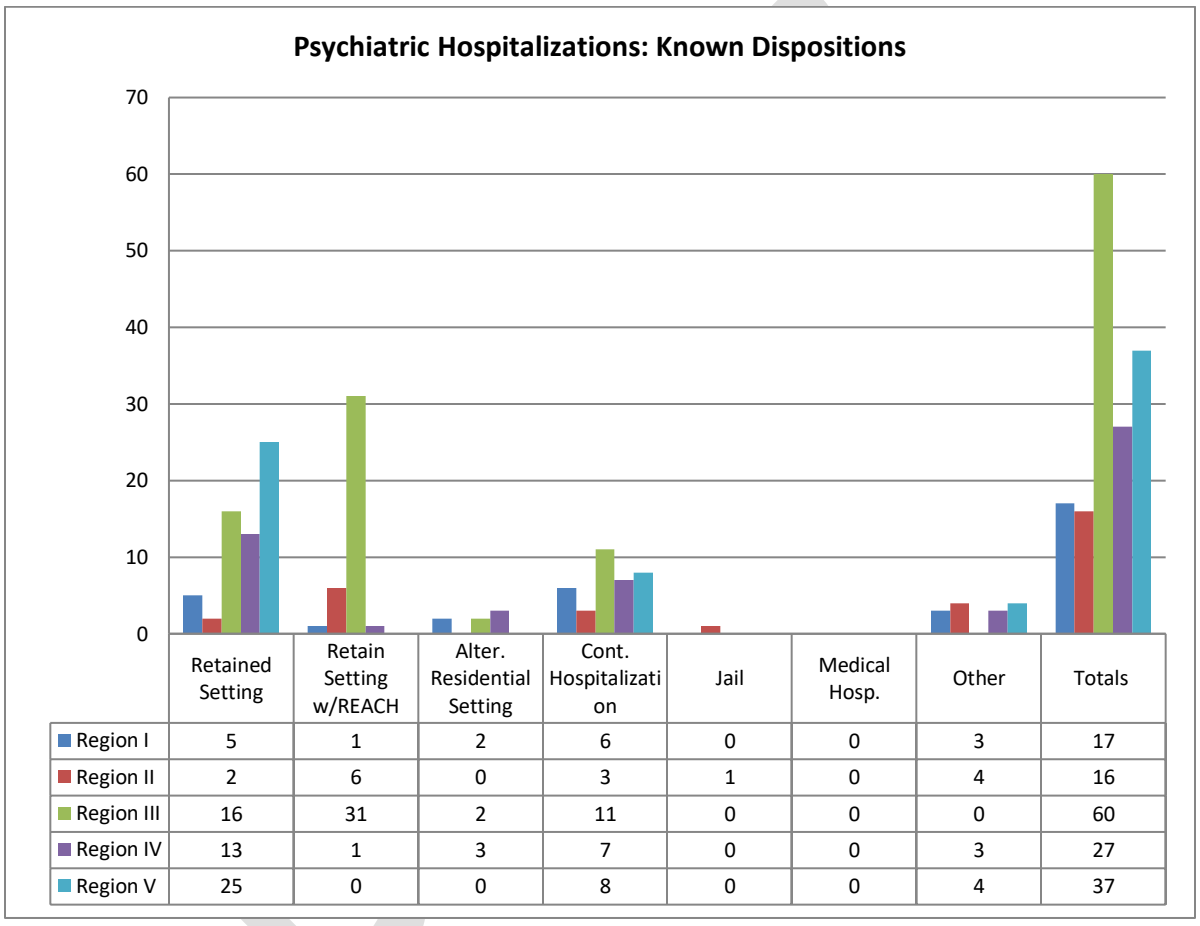


	Region I	Region II	Region III	Region IV	Region V
# of New Referrals	15	13	38	12	20
# of Active Cases	2	3	22	15	17

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.



Of all hospitalizations, 62.42% were "new referrals" to the REACH program. Of the new referrals to REACH that were hospitalized, 35.71% of the individuals were new to the program, 27.55% were referred to REACH but refused services, and 36.73% had been previously discharged (inactive) from REACH services. Of the known dispositions of the people hospitalized and discharged, 50% retained their original community home, 32% retained setting with REACH and 6% went to an alternative community setting, and the remaining had other outcomes. Refer to the chart below 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	5	1	2	6	0	0	3	17
Region II	2	6	0	3	1	0	4	16
Region III	16	31	2	11	0	0	0	60
Region IV	13	1	3	7	0	0	3	27
Region V	25	0	0	8	0	0	4	37

Other: CTH admissions, Refused

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 94% of the mobile crisis CEPPs this quarter. The data for Mobile crisis supports is as follows: Each region makes continuous attempts to schedule training and follow up into the next quarter for those who carry over due to continued admission or admitting late in the quarter. Respectively, Regions I through V completed the following percentages of the required training for mobile supports: 100%, 91%, 96%, 82%, and 89%. 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	2	5	3	13	13
Consultation	2	5	3	11	13
Crisis Education Prevention Plan	2	5	3	6	26
Family/Provider Training	2	3	2	6	26

R2: Still admitted; 3:Placement not identified; R4:Individual Hospitalized, Scheduling, Refused

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

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

R2: Discharged Prematurely

Service Type Provided: Mobile Crisis Support					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	4	36	113	19	8

Consultation	4	36	113	19	9
Crisis Education Prevention Plan	4	33	108	14	9
Provider Training	4	31	108	14	9

R2:Still active, illness, refused; R3 REACH error, hospitalized, refused, still enrolled; R4 Schedule Conflict, Hospitalized, referred out, Non-community based placement; R5 readmit

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 775 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	Totals
CIT/Police: #Trained	91	99	14	25	17	246
Case Managers/Support Coordinators	6	22	24	0	0	52
Emergency Service Workers: #Trained	1	5	0	5	55	66
Family Members: #Trained	0	0	0	0	0	0
Hospital Staff: #Trained	0	0	0	0	0	0
DD Provider: #Trained	0	108	56	8	107	279
Other Community Partner: #Trained	0	0	80	20	32	132
Totals	98	234	174	58	211	**775**

*Duplicate counts with Children for training in all regions.

Summary

This report provides a summary of data for the regional adult REACH programs for the second quarter of fiscal year 2025. 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. The Department continues to review the consistency of clinical practice, training requirements, and documentation across all the REACH Programs. During FY25Q2 the REACH regional programs continued to experience the impact of the national staffing shortage

inclusive of both recruiting and retention of qualified staff. Most programs are actively recruiting for qualified DSP, QMHP, LMHP types and nurses. The programs continue to work to retain those qualified and veteran staff within the programs. The Department remains committed to fulfilling its mission to have a continuum of qualified care for adults with developmental disabilities and their families across the Commonwealth.