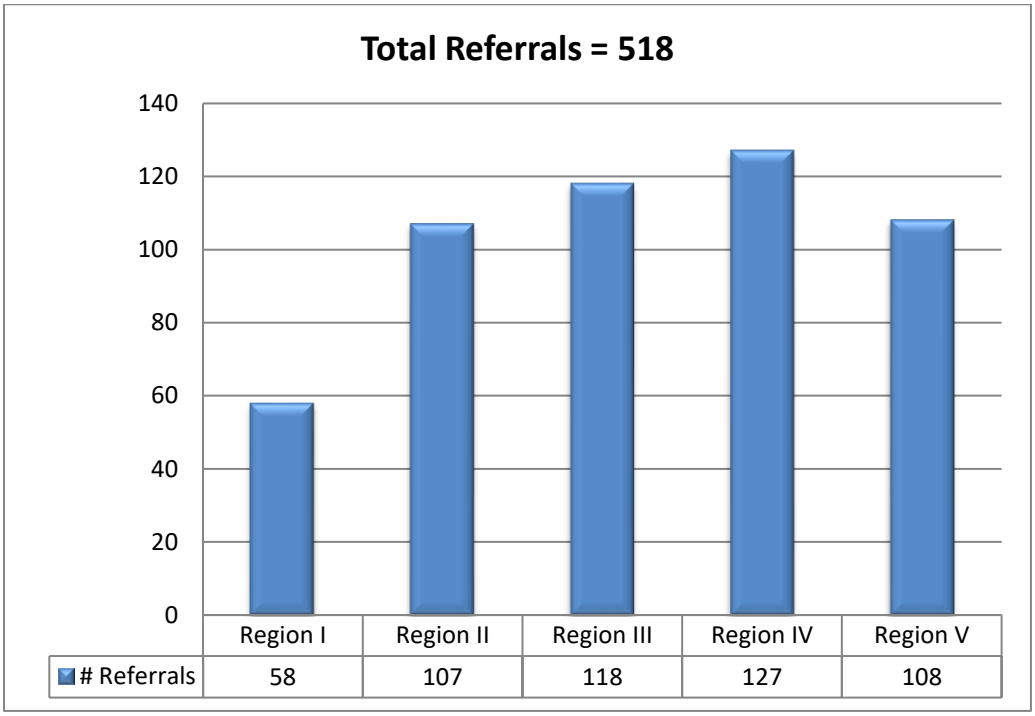
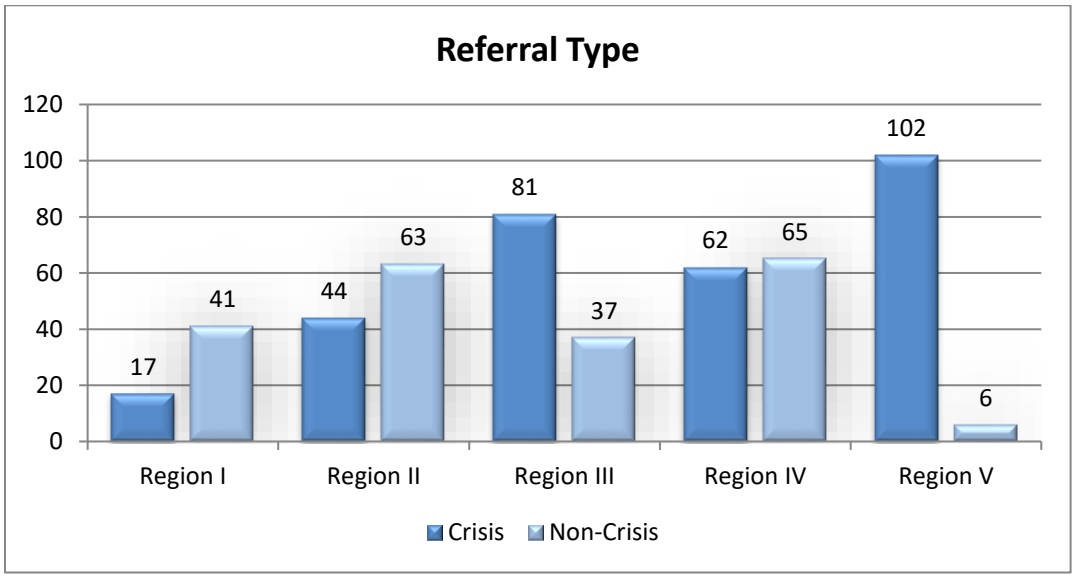
REACH Data Summary Report-Adult: FY25Q3

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 2025.

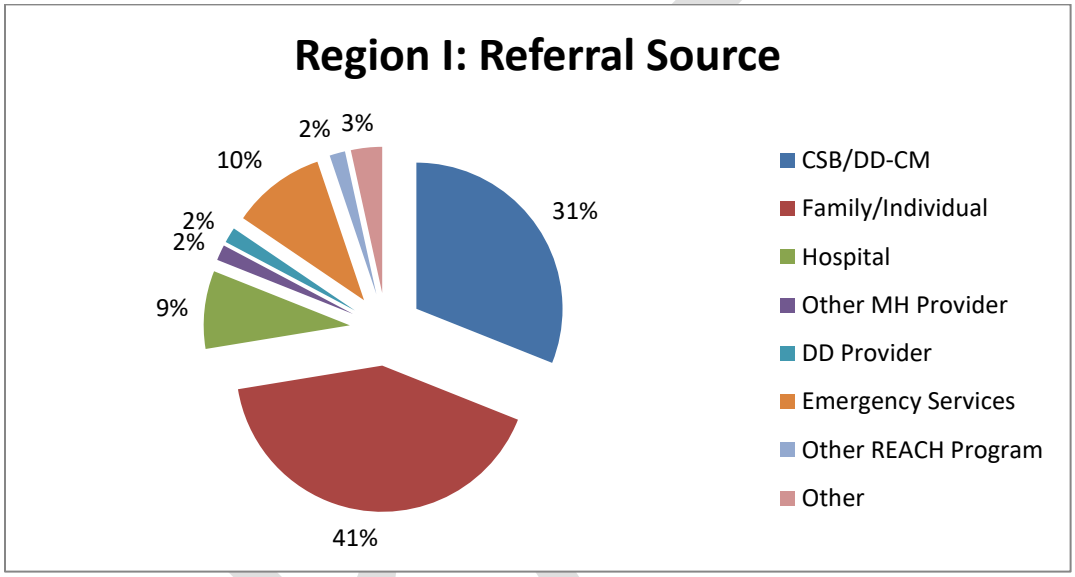
REACH Referral Activity

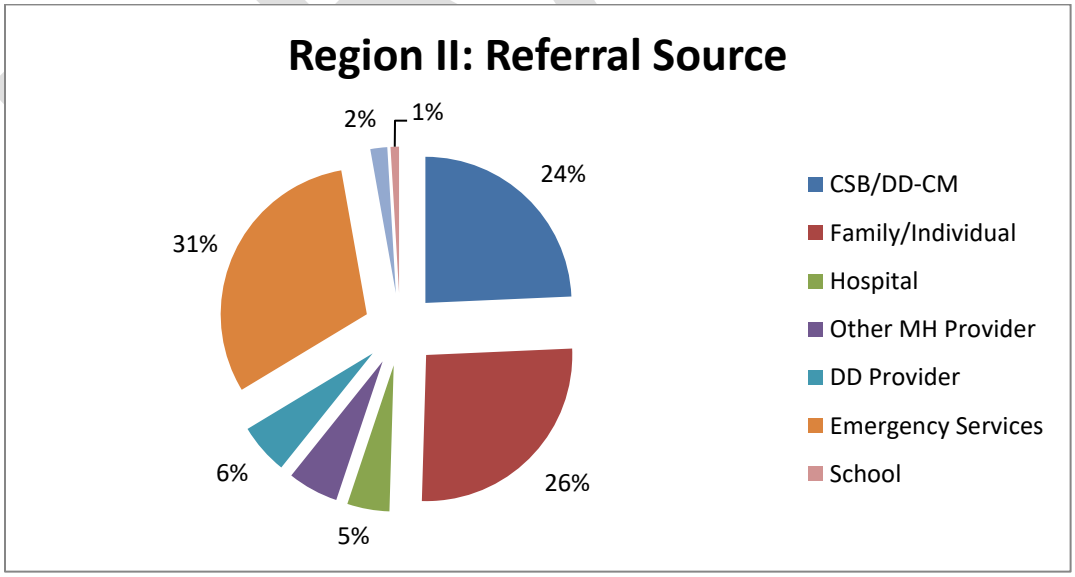


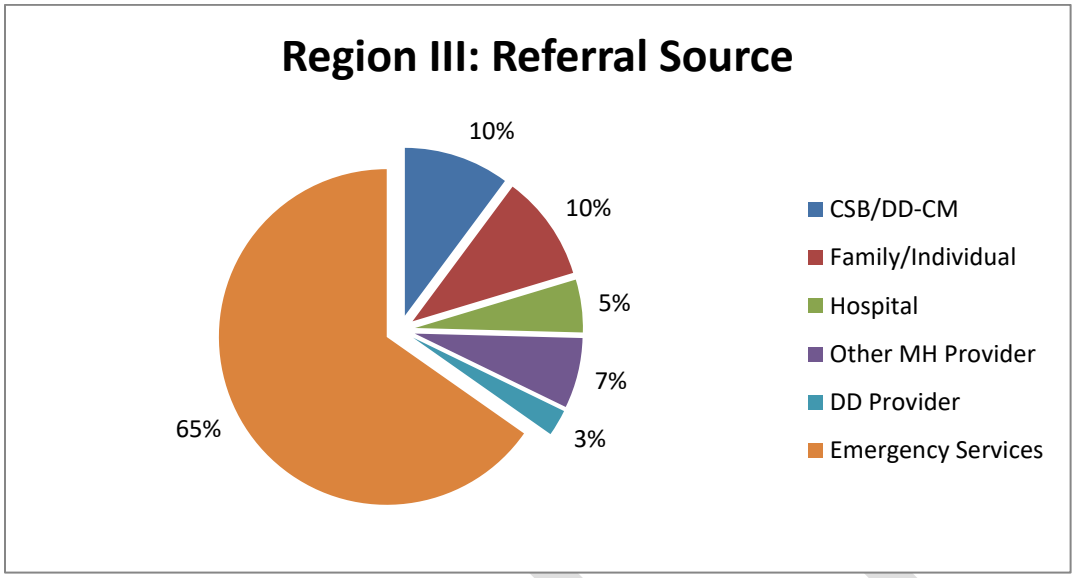


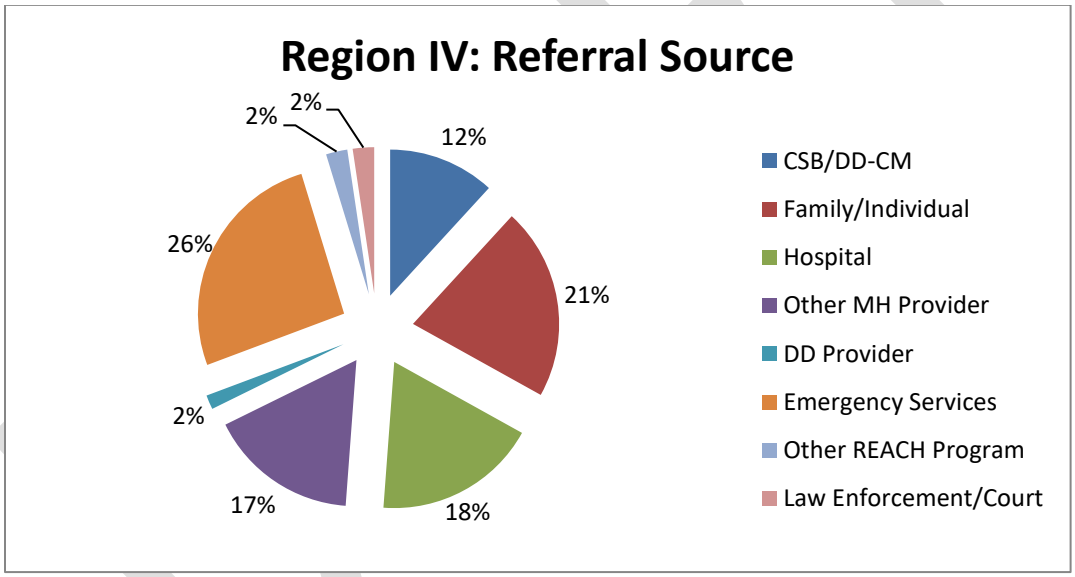
For FY25Q3, there was an increase in total referrals as compared to FY25Q2, 495 to 518. The data regarding the breakdown of types of referrals for Regions I, II, and IV denote more non-crisis referrals than crisis referrals, whereas Regions III and V received more crisis referrals.

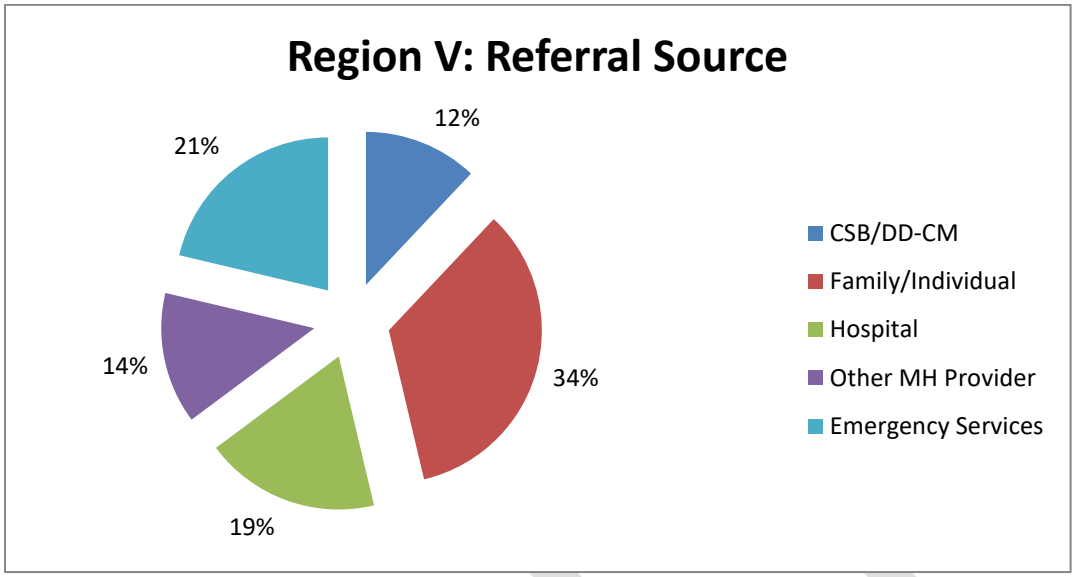
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by Region of referral source data. Referral sources cover a broad range of stakeholders when the state is considered as a whole, and primary referral sources vary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






Region III: Referral Source
10%
10%
5%
7%
3%
65%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services


Region IV: Referral Source
2%
2%
12%
26%
21%
2%
17%
18%
CSB/DD-CM
Family/Individual
Hospital
Other MH Provider
DD Provider
Emergency Services
Other REACH Program
Law Enforcement/Court



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	51	97	84	99	83	414
Weekends/Holidays	7	10	34	28	25	104
7am - 2:59pm	37	59	51	66	38	251
3pm - 10:59pm	19	44	55	43	52	213
11 pm - 6:59 am	2	4	12	18	18	54

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 third quarter, RI, RII, RIII and RV supported more individuals with “DD only”, RIV supported more individuals with “ID only”.

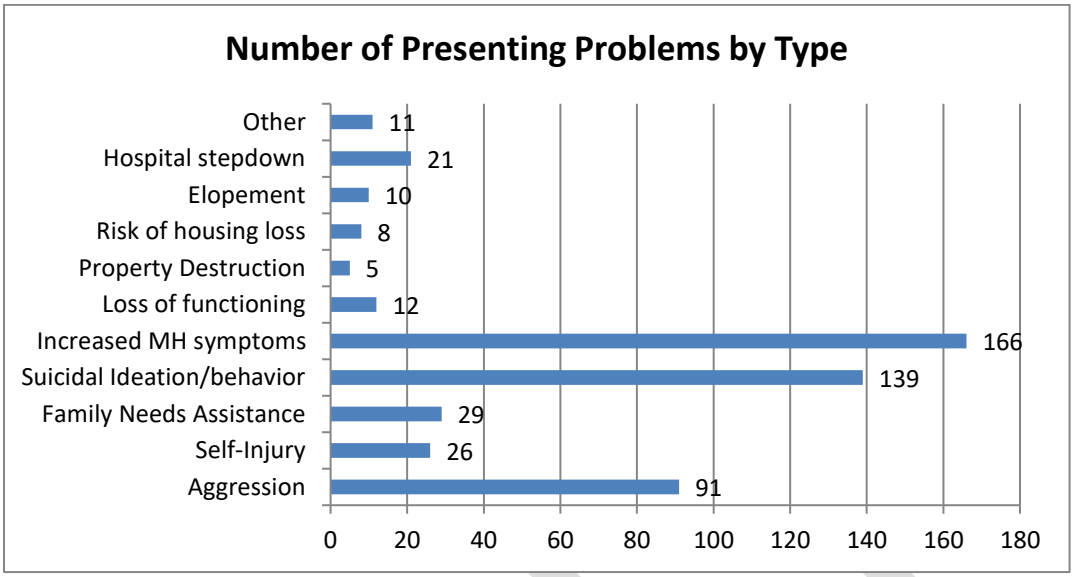
Diagnosis	Region I	Region II	Region III	Region IV	Region V	**Total**
ID only	16	19	43	59	36	173
DD only	25	67	54	50	43	239
ID/DD	15	18	17	14	23	87
Unknown/None	2	3	4	4	6	19
Total	58	107	118	127	108	**518**

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 FY25Q3. 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	23	17	17	21	91
Self-Injury	2	6	9	6	3	26
Family Needs Assistance	6	10	0	7	6	29
Suicidal Ideation/behavior	13	23	37	30	36	139
Increased MH symptoms	13	33	33	55	32	166
Loss of functioning	1	0	4	1	6	12
Property Destruction	0	3	2	0	0	5
Risk of housing loss	0	3	4	1	0	8
Elopement	0	2	2	3	3	10
Hospital stepdown	9	4	1	6	1	21
Other	1	0	9	1	0	11

Other: unsafe behavior, jail stepdown, HI, homelessness, housing transition

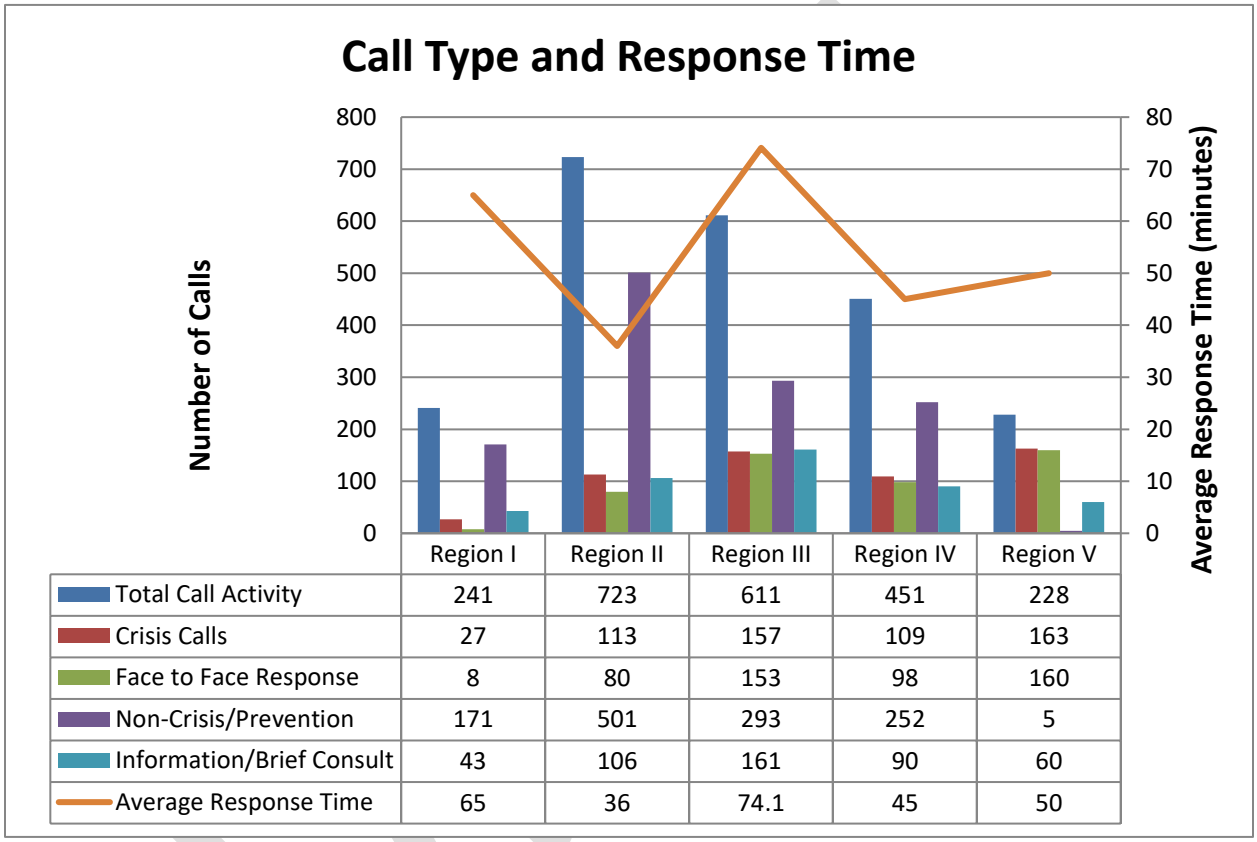


REACH Crisis Response

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	241	723	611	451	228
Crisis Calls	27	113	157	109	163
Face to Face Response	8	80	153	98	160
Non-Crisis/Prevention	171	501	293	252	5
Information/Brief Consult	43	106	161	90	60
Average Response Time	65	36	74.1	45	50

RII: Total call activity includes 3 calls for responses to adult CTH; Crisis call total includes 13 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 FY25Q2 of 2,109 to 2,254 in FY25Q3. 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 70% of their response via telehealth, Region II 18%. Region III 3%, Region IV 10%, and Region V 2%. The

table below 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	3	38	15	33	17	106
Response Interval: 31 - 60	2	35	50	55	39	181
Response Interval: 61 - 90	2	7	42	8	51	110
Response Interval: 91 -120	0	0	32	1	30	63
Response Interval: 120+	1	0	14	1	23	39
Total	8	80	153	98	160	499

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

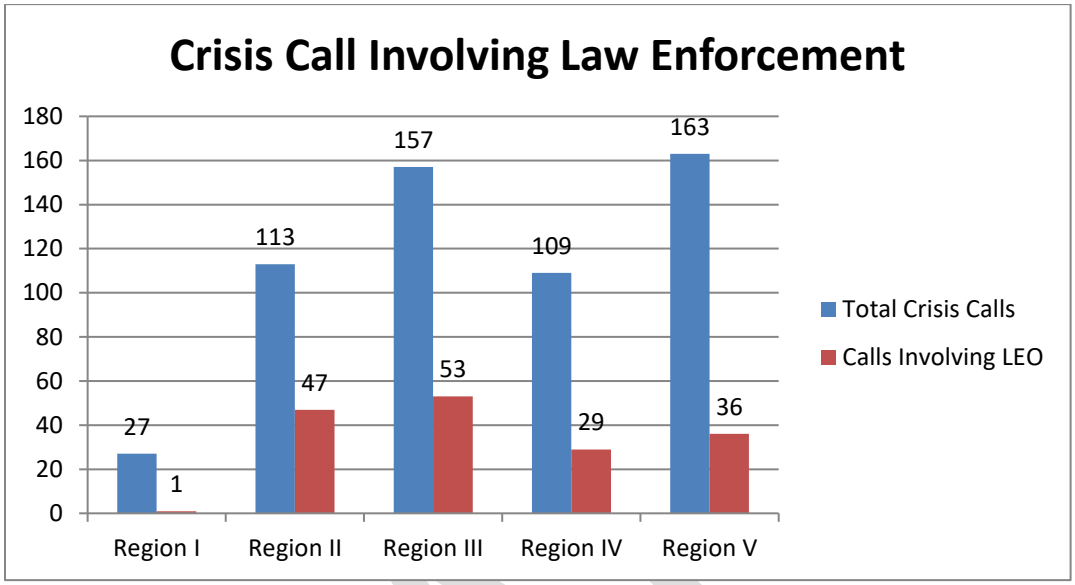
Location of Crisis Assessments

Assessment Location	Region I	Region II	Region III	Region IV	Region V	Total
Individual Home/Family Home	5	20	19	16	67	127
Hospital/Emergency Room	16	32	73	69	75	265
Emergency Services/CSB	4	21	26	2	2	55
Residential Provider	1	23	36	19	19	98
Police Station	0	0	0	0	0	0
Day Program	0	0	0	0	0	0
School	0	2	0	0	0	2
Other	1	2	3	3	0	9
Total	27	100	157	109	163	**556**

Other response settings include CSU, store/shopping plaza; restaurant; parking lot; crisis triage center; community

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 FY25Q3. 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 FY25Q3 the number of individuals assessed in family homes decreased slightly from 129 in FY25Q2 to 127, emergency room assessments remained the same at 265 in the second and third quarters. Assessment locations in an emergency services/CSB decreased from 59 to 55, and the residential provider location increased from 92 individuals in the second quarter to 98 in the third quarter. The data denotes that in the third quarter of FY25, 52.34% of all assessments occurred outside of a hospital emergency department. The data denotes a very

slight decrease in law enforcement presence for the third quarter as compared to the previous quarter, 29.6% to 29.17%.



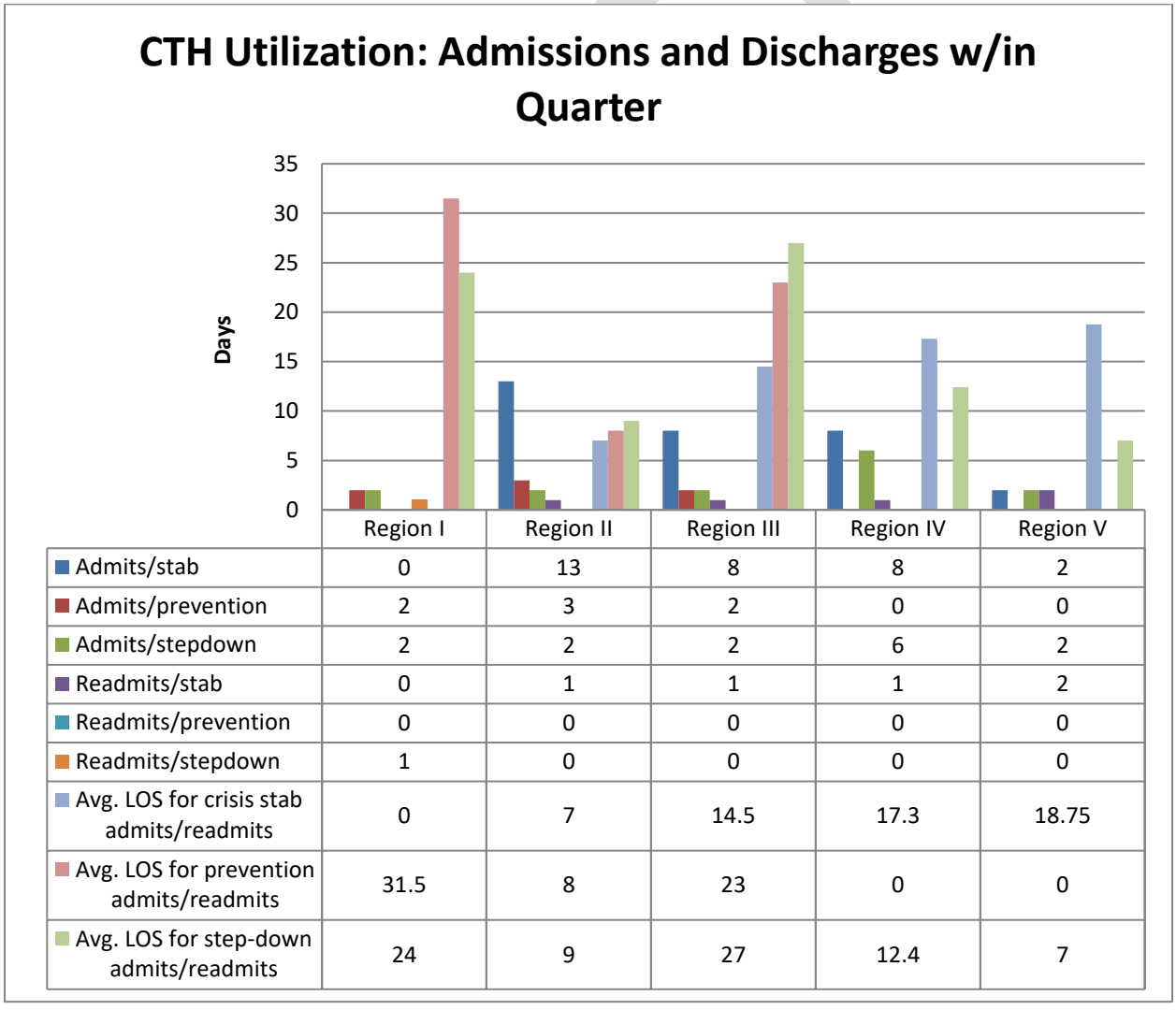
Crisis Therapeutic House

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 third quarter admissions/readmissions across all regional programs. During FY25Q3, there were 31 crisis

stabilization admissions, 7 prevention admissions, and 14 step-down admissions, reflecting a decrease of 1 in the number of crisis admissions, an increase of 1 in the number of prevention admissions, and an increase of 2 in step-down admissions in the third quarter of FY25. Additionally, there were 6 readmissions (5 stabilizations, 1 stepdown) in the third quarter.

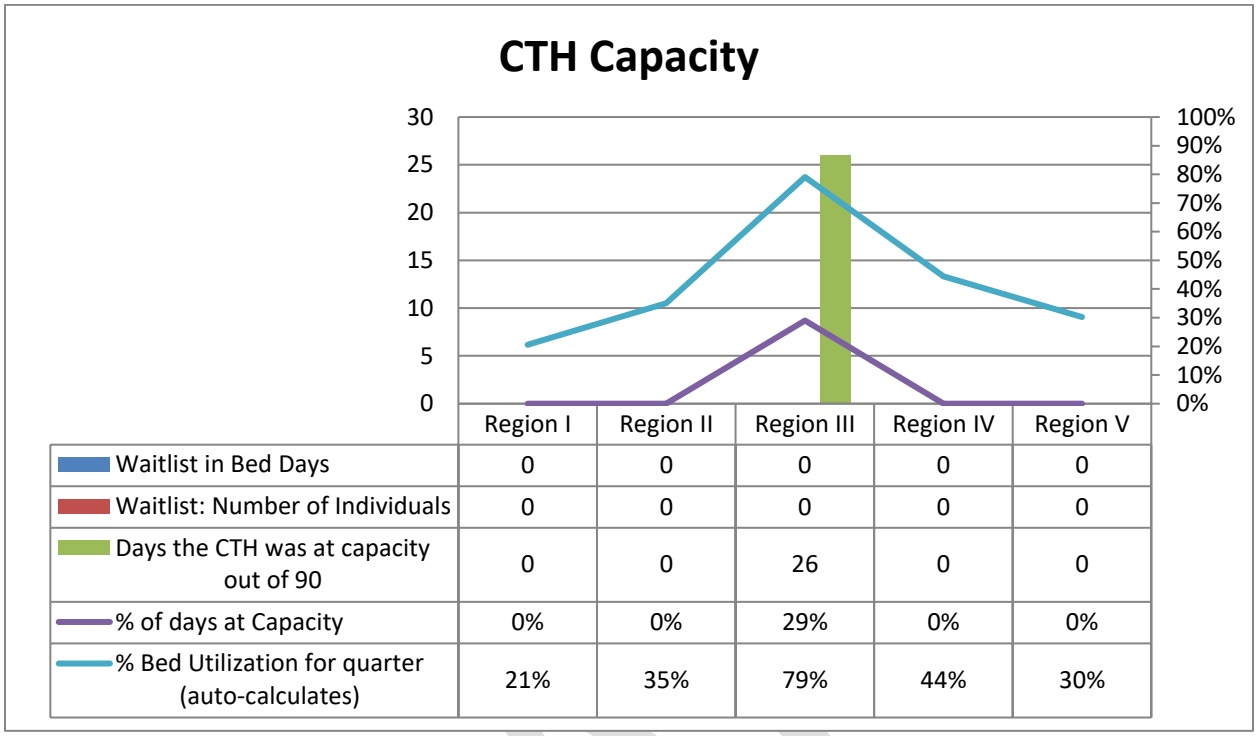
Across all regions for those individuals who were admitted in a previous quarter to the CTH and discharged in this quarter, the data is as follows: 7 crisis stabilization admissions with LOS ranging from 7 to 219 days, 3 step-down admissions with LOS ranging from 31 to 138 days and 0 prevention admissions. 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	0	13	8	8	2
Admits/prevention	2	3	2	0	0
Admits/stepdown	2	2	2	6	2
Readmits/stab	0	1	1	1	2
Readmits/prevention	0	0	0	0	0
Readmits/stepdown	1	0	0	0	0
Avg. LOS for crisis stab admits/readmits	0	7	14.5	17.3	18.75
Avg. LOS for prevention admits/readmits	31.5	8	23	0	0
Avg. LOS for step-down admits/readmits	24	9	27	12.4	7

LOS: Individuals Admitted Previously and Discharged w/in Quarter			
Region	*Individual*	*Type of Admission*	*Total LOS (days)*
Region I			
Region II	Person 1	Crisis Stab	18
	Person 2	Crisis Stab	7
Region III	Person 1	Crisis Stab	219
	Person 2	Crisis Stab	125
	Person 3	Stepdown	138
	Person 4	Crisis Stab	83
	Person 5	Stepdown	44
	Person 6	Stepdown	31
Region IV	Person 1	Crisis Stab	69
	Person 2	Crisis Stab	10
Region V			

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 21% to 79% during the quarter. Occupancy this quarter in Regions I through V for bed utilization was 21%, 35%, 79%, 44%, and 30% respectively.

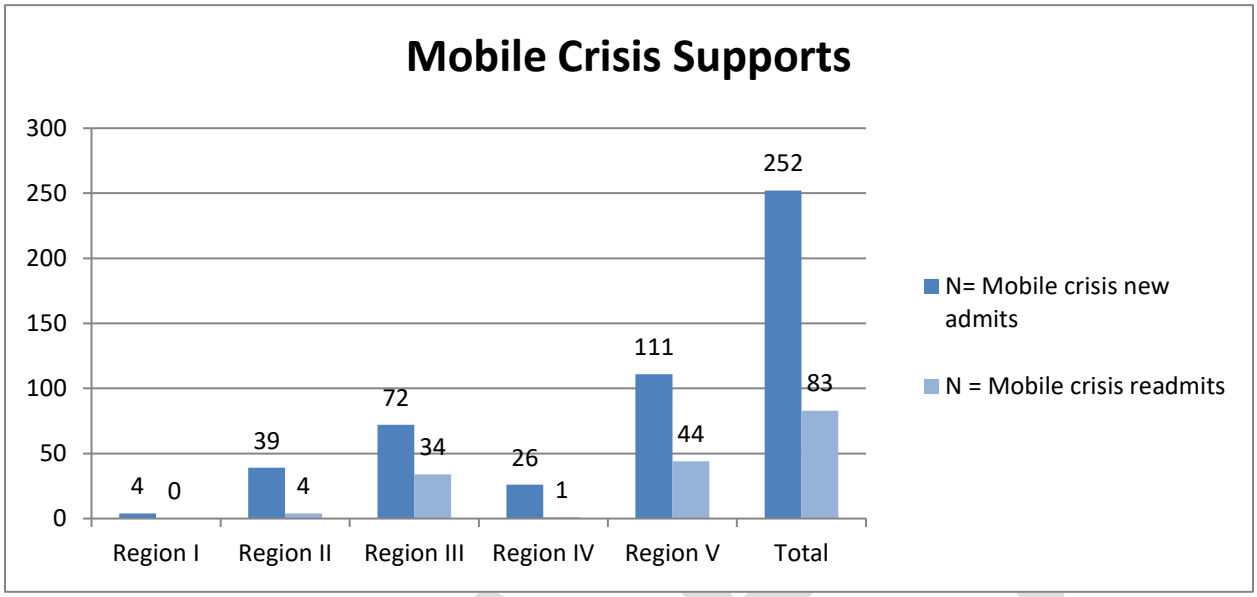


	Region I	Region II	Region III	Region IV	Region V
Waitlist in Bed Days	0	0	0	0	0
Waitlist: Number of Individuals	0	0	0	0	0
Days the CTH was at capacity out of 90	0	0	26	0	0
% of days at Capacity	0%	0%	29%	0%	0%
% Bed Utilization for quarter (auto-calculates)	21%	35%	79%	44%	30%

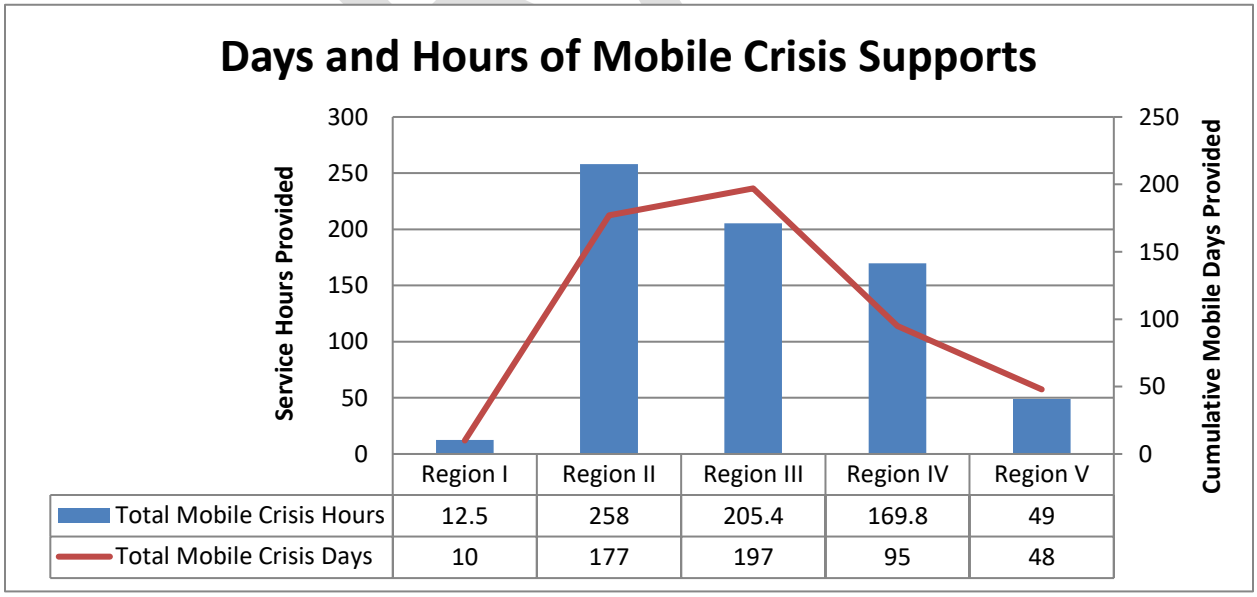
Beds Used Out of 540 Beds Available:	111	189	427	240	163

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 153 in FY25Q2 to 252 in FY25Q3. The total number of readmissions increased this quarter from 30 in FY25Q2 to 83 in FY25Q3.



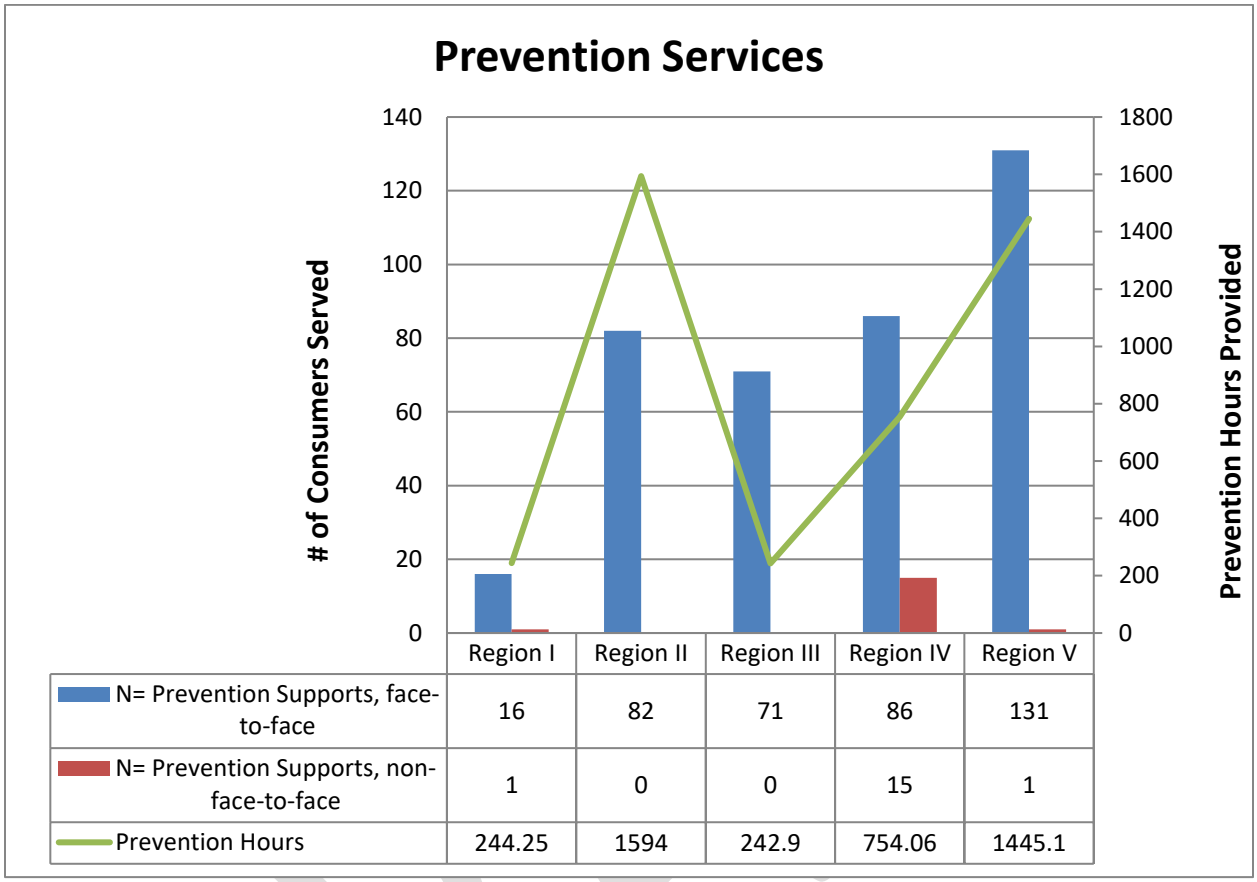
In addition to collecting information related to the number of admissions into the mobile crisis supports, data related to service provision is also collected for review. The chart below summarizes both the number of hours of crisis intervention and/or stabilization services offered by each region. On 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 694.7 hours of mobile crisis supports across 527 days in FY25Q3. Generally, individuals are provided with crisis service for about 1 to 5 days with a targeted average per day of 2 hours. The third quarter data shows a range of between 1-13 days of services provided with a range of 0.3 to 4.1 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	2-3	1-6	1-13	1-6	0-3
Average Days/Case	2.5	4.1	1.9	3.5	0.3
Average Hours/Day	1.3	1.5	1.0	1.8	1.0
Average Hours/Case	3.1	6.0	1.9	6.3	0.3

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. FY25Q3 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	16	82	71	86	131
N= Prevention Supports, non-face-to-face	1	0	0	15	1
Prevention Hours	244.25	1594	242.9	754.06	1445.1

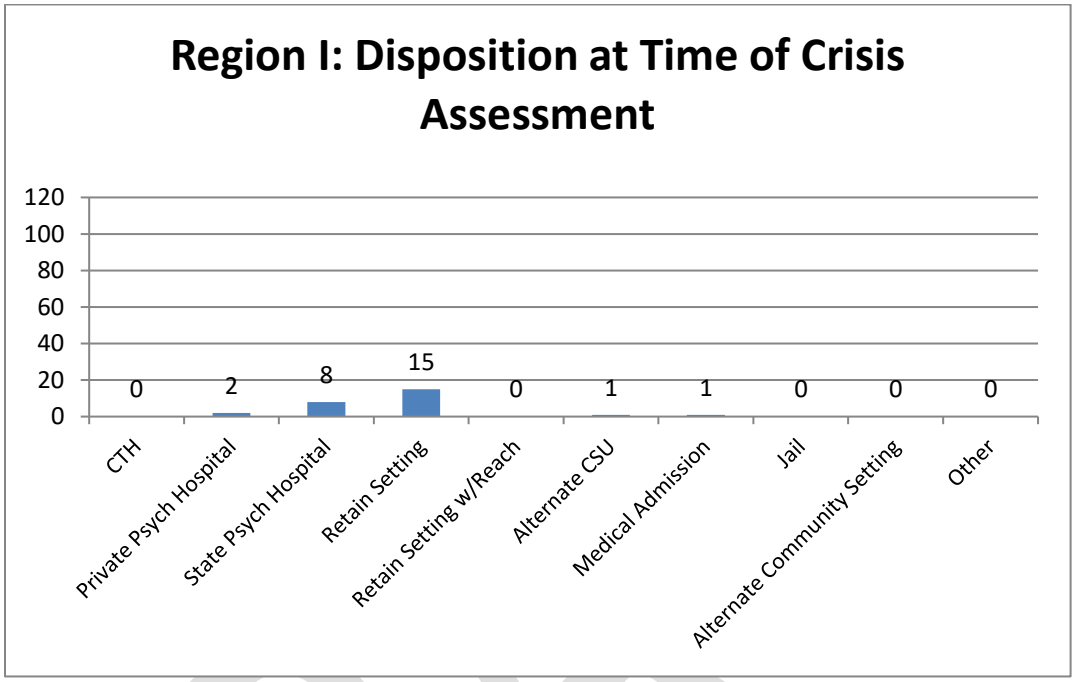
The total number of individuals receiving face-to-face prevention for FY25Q3 was 386. The total number of prevention hours provided by all programs in quarter three was 4,280.31; an increase from FY25Q2 at 4,105.88.

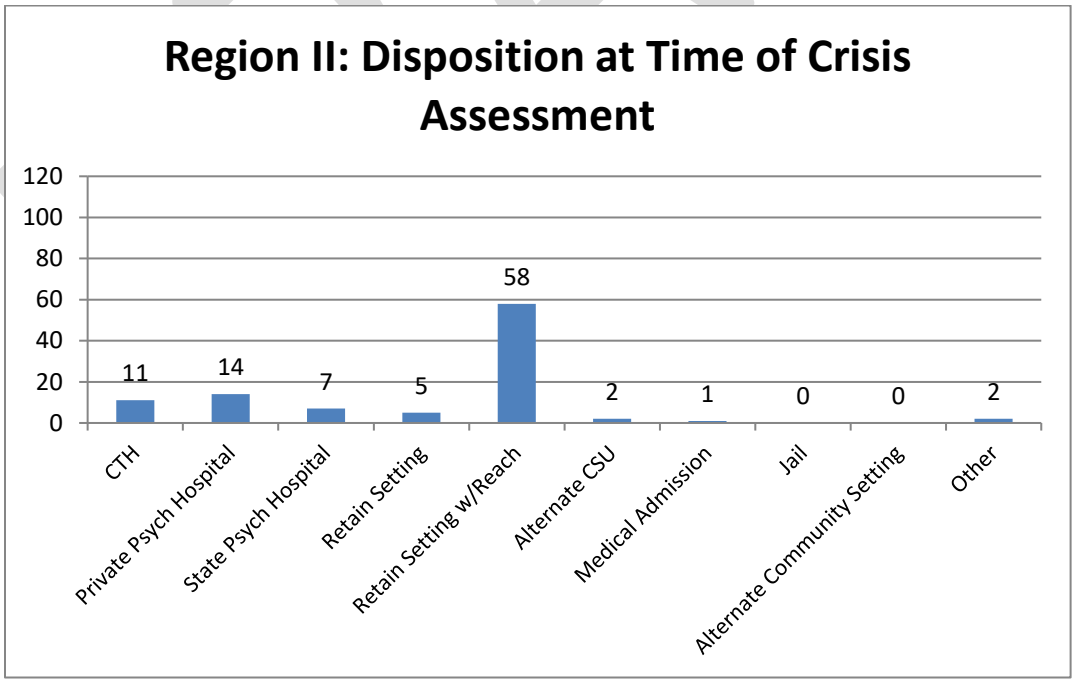
Crisis Service Outcomes/Dispositions

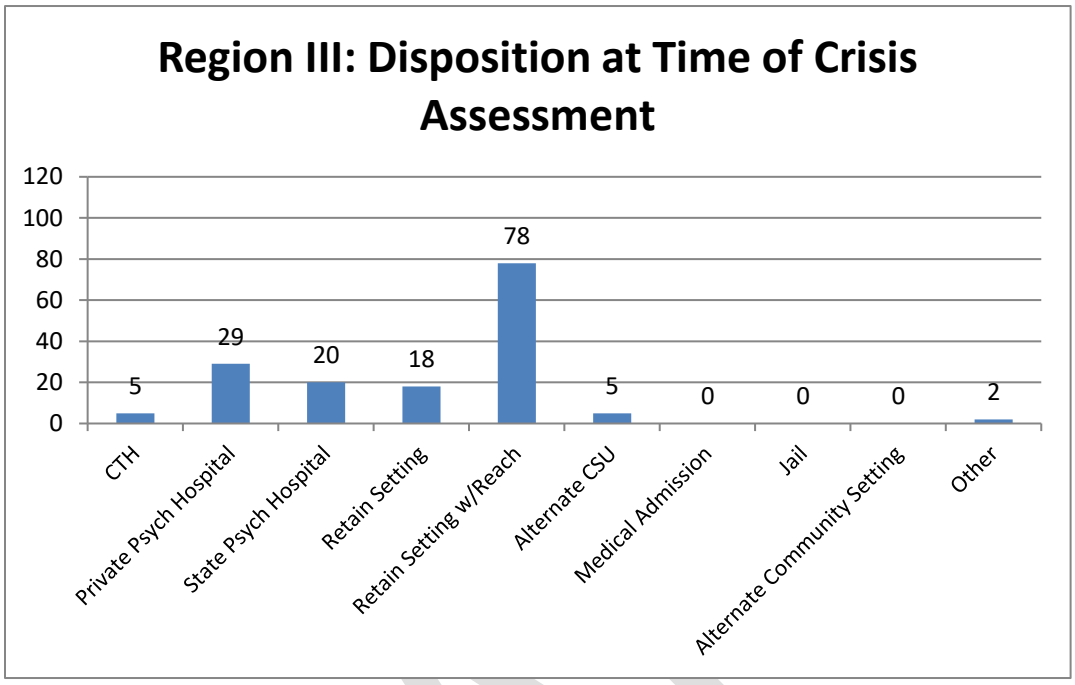
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted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

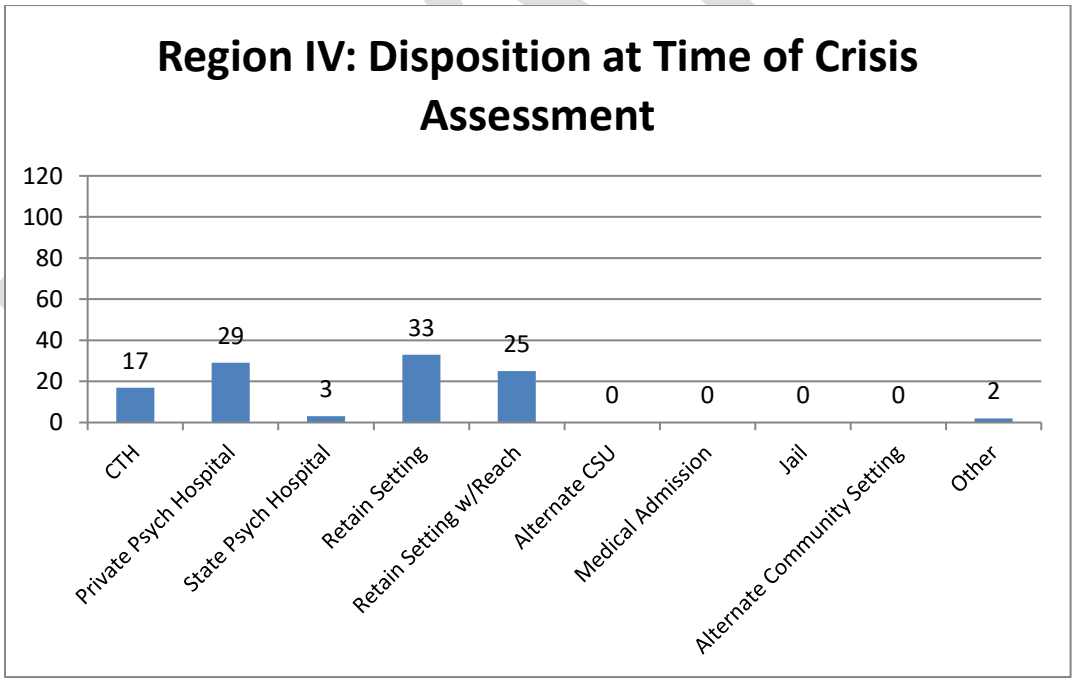
For this quarter, 31.47% of the individuals receiving a crisis assessment were able to retain their original residential setting, 32.19% of individuals were able to retain their setting with REACH support, 6.47% were diverted to a CTH, 1.98% of individuals diverted to an alternate CSU, and 17.63% were psychiatrically hospitalized in a private hospital, while 8.63% were hospitalized in a

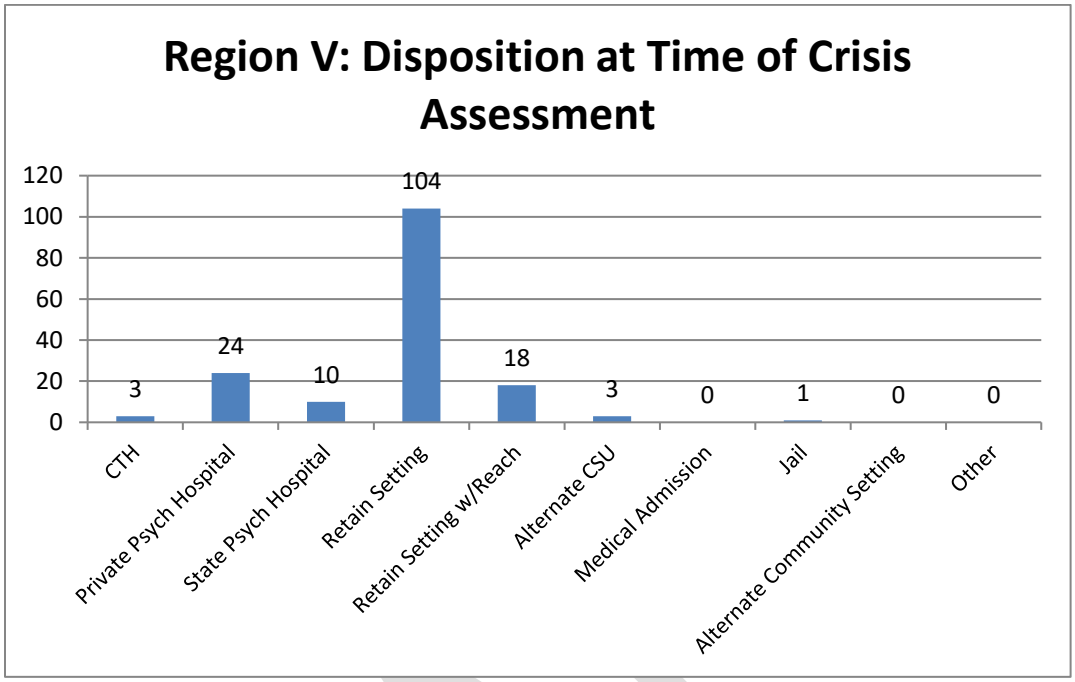
state psychiatric hospital, 0.36% were medically hospitalized, 0.18% went to jail, and 1.08% were listed as "other". The following graphs display the outcomes of the crisis assessments across each regional program.






Region III: Disposition at Time of Crisis Assessment
120
100
80
60
40
20
0
5
29
20
18
78
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


Region IV: Disposition at Time of Crisis Assessment
120
100
80
60
40
20
0
17
29
3
33
25
0
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



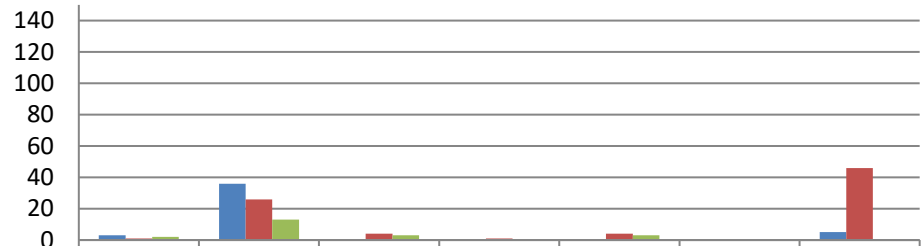
Outcomes that are also of interest are those for individuals that have accessed REACH mobile crisis and mobile prevention services during the quarter in addition to the CTH. Similar to the preceding set of graphs, the following graphs provide a summary of outcome status for adults that accessed ongoing REACH services during the FY25 third quarter. Outcomes for individuals admitted to the CTH and discharged this quarter, including those admitted previously and discharged, 80% were able to return to their original residence or went to a new residence post discharge, 6% 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, 85% remained in their residence or went to a new residence, 8% were psychiatrically hospitalized during mobile services, 3% 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, 70% retained their setting or went to an alternative residential community setting, 11% were hospitalized, 7% 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.

Region I: Discharge Disposition by Service Type

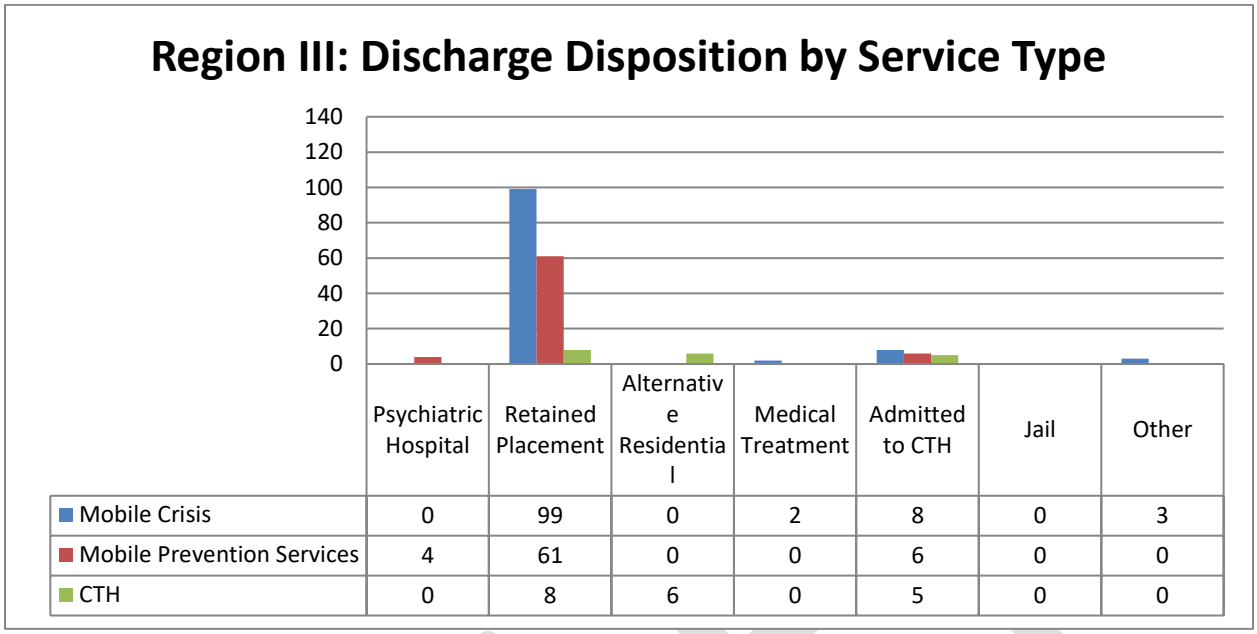
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	0	4	0	0	0	0	0
Mobile Prevention Services	0	13	2	0	2	0	0
CTH	0	2	2	0	1	0	0

Region II: Discharge Disposition by Service Type

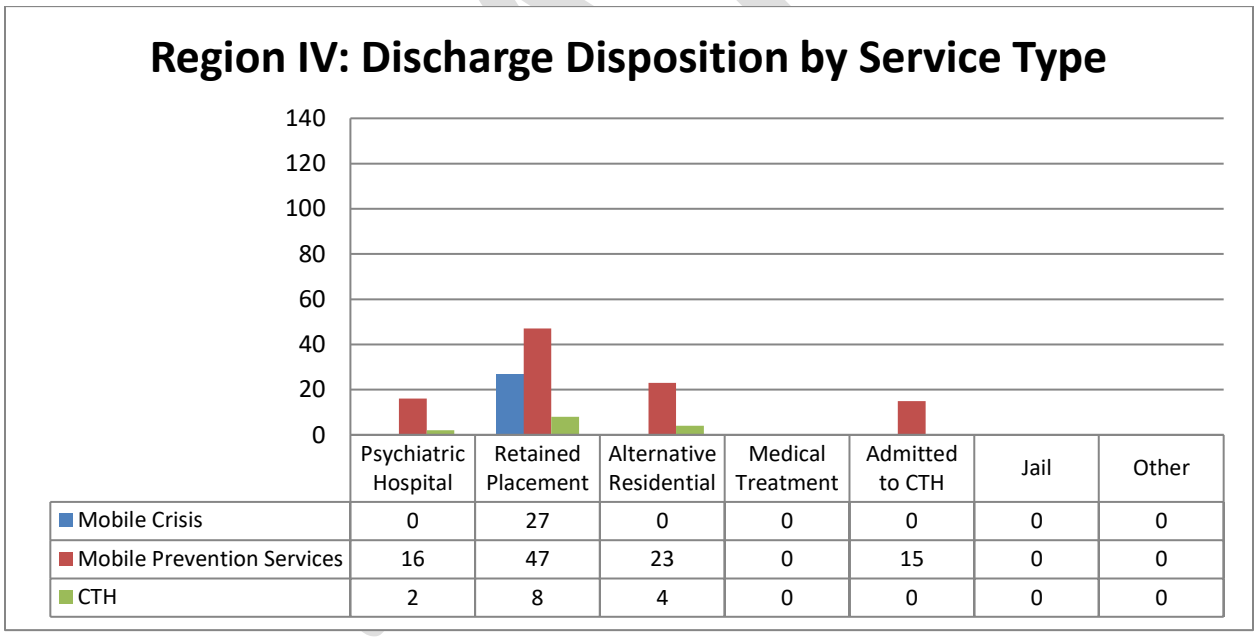


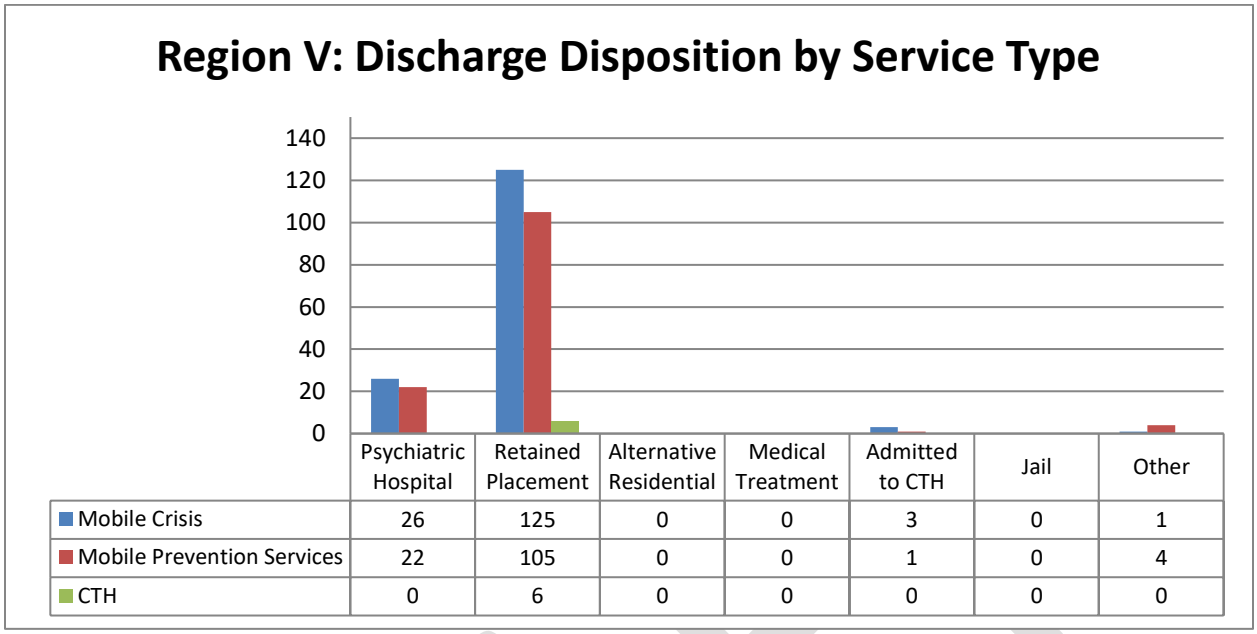
	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	3	36	0	0	0	0	5
Mobile Prevention Services	1	26	4	1	4	0	46
CTH	2	13	3	0	3	0	0

Other: still admitted



Other: admitted to CRC



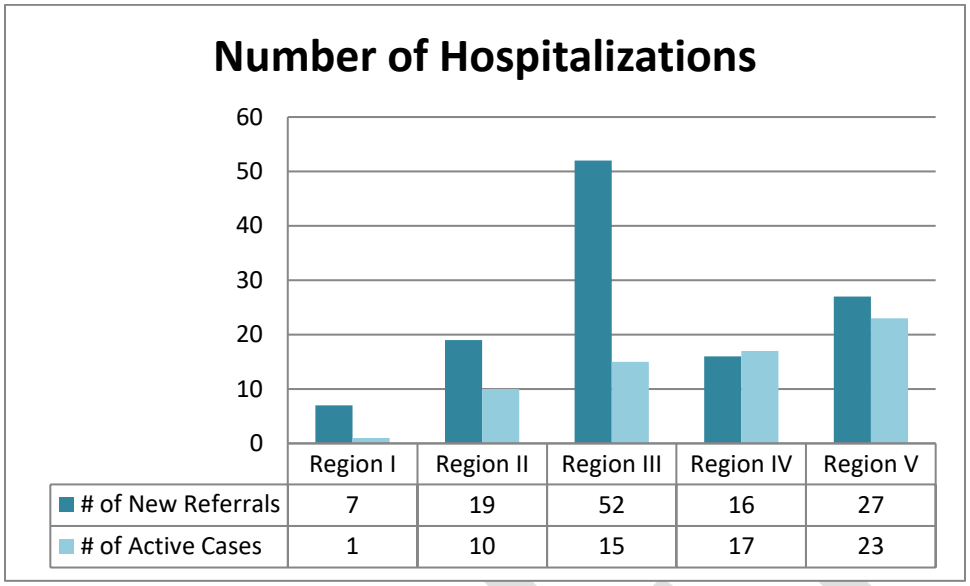


	Psychiatric Hospital	Retained Placement	Alternative Residential	Medical Treatment	Admitted to CTH	Jail	Other
Mobile Crisis	26	125	0	0	3	0	1
Mobile Prevention Services	22	105	0	0	1	0	4
CTH	0	6	0	0	0	0	0

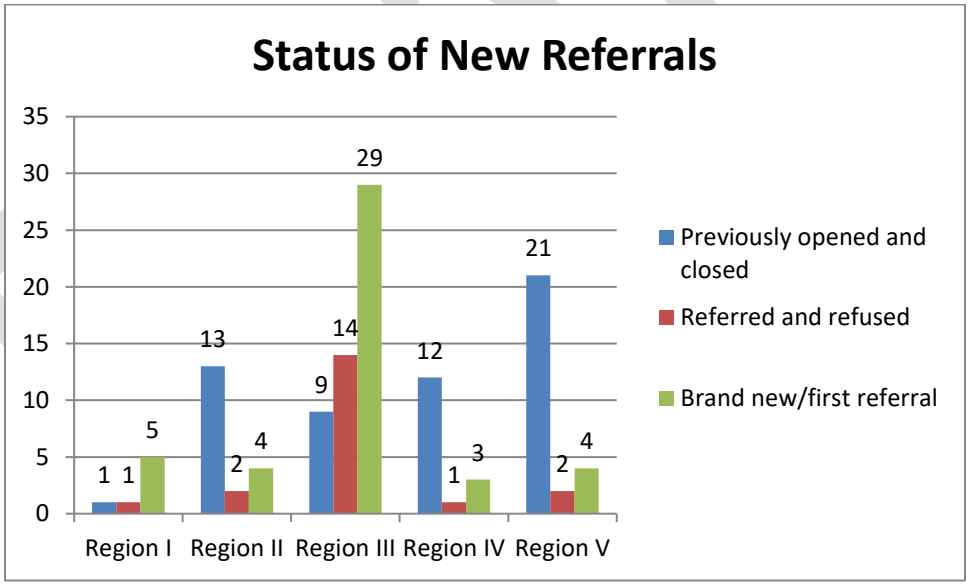
Other: incarceration; moved out of region; admitted to CRC; group home

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.

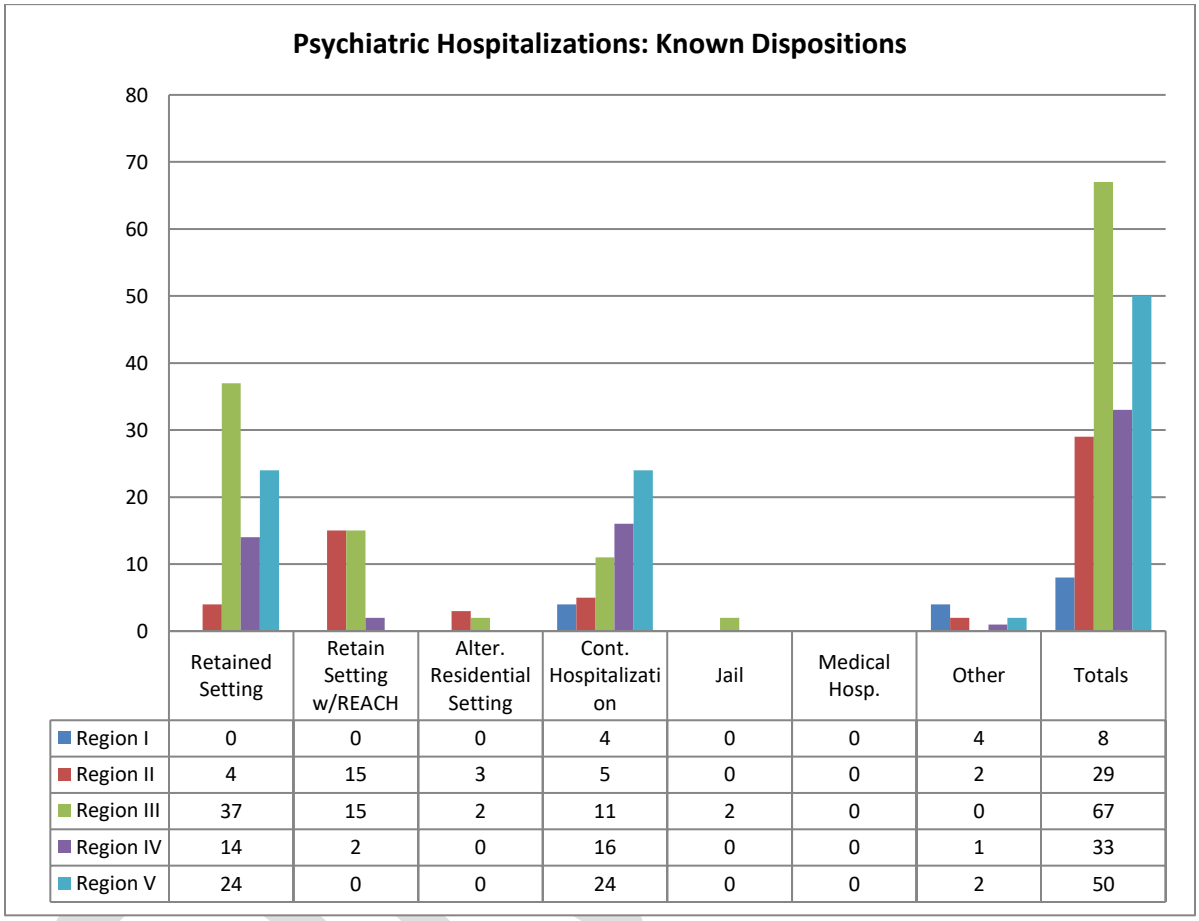


The programs are tracking new referrals according to whether individuals previously received supports through REACH and were closed, were referred but refused follow up services, or were first time referrals.



Of all hospitalizations, 64.71% were “new referrals” to the REACH program. Of the new referrals to REACH that were hospitalized, 37.19% of the individuals were new to the program, 16.53% were referred to REACH but refused services, and 46.28% had been previously discharged (inactive) from REACH services. Of the known dispositions of the people hospitalized and discharged, 42% retained their original community home, 17% retained setting

with REACH and 3% 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	0	0	0	4	0	0	4	8
Region II	4	15	3	5	0	0	2	29
Region III	37	15	2	11	2	0	0	67
Region IV	14	2	0	16	0	0	1	33
Region V	24	0	0	24	0	0	2	50

Other: CTH admissions; unable to obtain information at admission

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. 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: 50%, 97%, 100%, 88%, and 69%. The tables below summarize the services provided in each of the REACH program components.

Service Type: Crisis Stabilization (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	4	43	106	27	156
Consultation	4	43	106	24	156
Crisis Education Prevention Plan	4	36	105	22	71
Family/Provider Training	2	33	105	22	72

R1: REACH error; R2: hospitalizations, still active; R5: individual hospitalized, in active psychosis, individual spent time in ED and couldn't be contacted after discharge

Service Type Provided: Planned Prevention (CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	13	9	9	4
Consultation	0	13	9	7	4
Crisis Education Prevention Plan	0	8	8	7	4
Provider Training	0	8	3	7	4

R2: client discharged unexpectedly, still admitted; R3: placement not identified; R4: remained admitted

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

R2: Discharged prematurely; still admitted

Service Type Provided: Mobile Crisis Support					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	4	43	106	27	156
Consultation	4	43	106	24	156
Crisis Education Prevention Plan	4	36	105	22	71
Provider Training	2	33	105	22	72

REACH error; CEPPS not due either due to still in service or not due

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 710 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	34	59	25	0	23	141
Case Managers/Support Coordinators	25	33	0	0	46	104
Emergency Service Workers: #Trained	0	0	4	2	0	6
Family Members: #Trained	0	0	1	0	8	9
Hospital Staff: #Trained	0	1	0	0	6	7
DD Provider: #Trained	25	123	53	0	71	272
Other Community Partner: #Trained	18	0	70	1	82	171
Totals	102	216	153	3	236	**710**

*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 third 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 FY25Q3 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.