

REACH Annual Report Fiscal Year 2023

The annual report focuses on analyzing the data in respect to where the individual regional REACH programs are in meeting the goal of a statewide crisis system of care that serves children and adults diagnosed with a developmental disability. The data set forth in this document analyses trends for fiscal year comparison. The following must be noted to the reader prior to beginning to review the current fiscal year's data: 1) the Child REACH programs have been operational since July 2015; 2) data for the first quarter of FY16 were not available, and incomplete data was provided by some regions for other quarters in FY16; and 3) the two youth CTH's were not fully licensed and operational until FY21. In addition, the Region I program combined the child and adult REACH programs under the regional hub in the Region 10 project's office. This rebooting of the program and staffing has had a negative effect on the overall services offered over the past year and thus the overall service data.

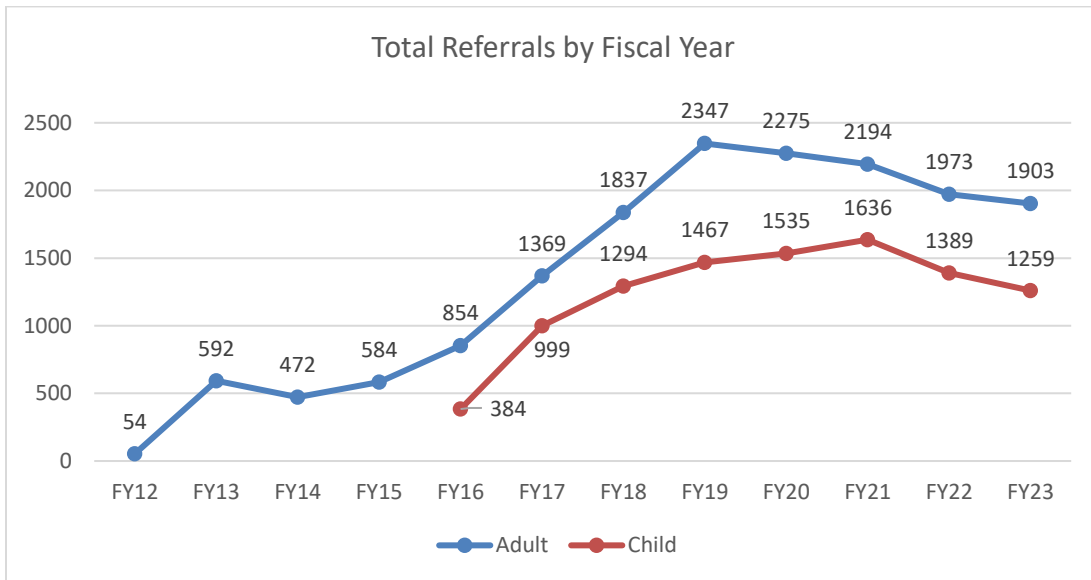
In FY 23 for the REACH adult programs the individuals referred had the following gender breakdown: 63% male, 36% female and 1% who identify as a gender variant. For the REACH children's programs, the individuals referred had the following gender breakdown: 72% male, 26% female and 2% who identify as a gender variant. This continues to be the approximate breakdown as in previous years for both the adult and children's programs.

Previous reports also provided information on how many adults referred have a diagnosis of another developmental disability without an accompanying diagnosis of intellectual disability (ID). Historically, the percentage of individuals in this group comprised 15 - 30% of all individuals referred; in FY23 they comprised 38% of all individuals referred. The FY23 REACH program data indicated that 42% of all individuals referred had an intellectual disability without additional diagnoses that would qualify as a developmental disability. This is a decrease as compared to previous years. Individuals diagnosed with another developmental disability in addition to an intellectual disability comprise 16% of the referrals received in FY23 which is approximately the same as in previous years. Another 4% of the adult referrals were individuals who had an unknown diagnosis at the time of referral.

Since its inception, the REACH Child programs have served primarily individuals without an ID diagnosis, and instead served those primarily with a DD diagnosis, which contrasts with the general trend of the individuals served by the REACH Adult programs. This continues in FY23 with 76% of children having a DD diagnosis other than an ID Diagnosis. Approximately 10% had a dual ID/DD diagnosis, and approximately 9% had a sole ID diagnosis; and 5% of referrals did not have a qualifying diagnosis, or the diagnosis was not established at the time of the referral.

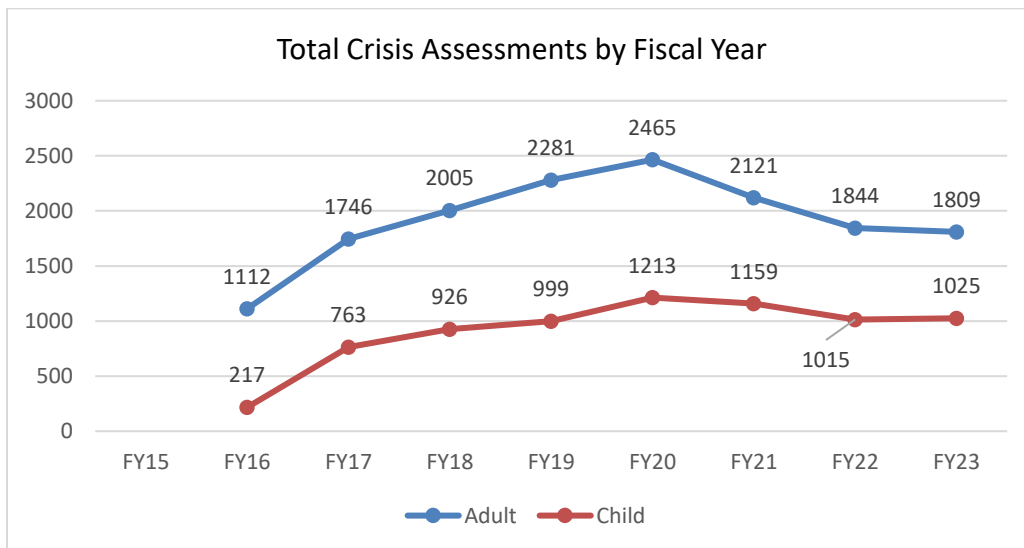
Referral Information

The trend in the number of referrals to the REACH program peaked in FY19 for the adults and in FY21 for the youth. In comparing FY23 to FY22, the adult referral decreased by 3.5% and the youth by 9%. The referral data trends for the fiscal year are displayed on the graph below.



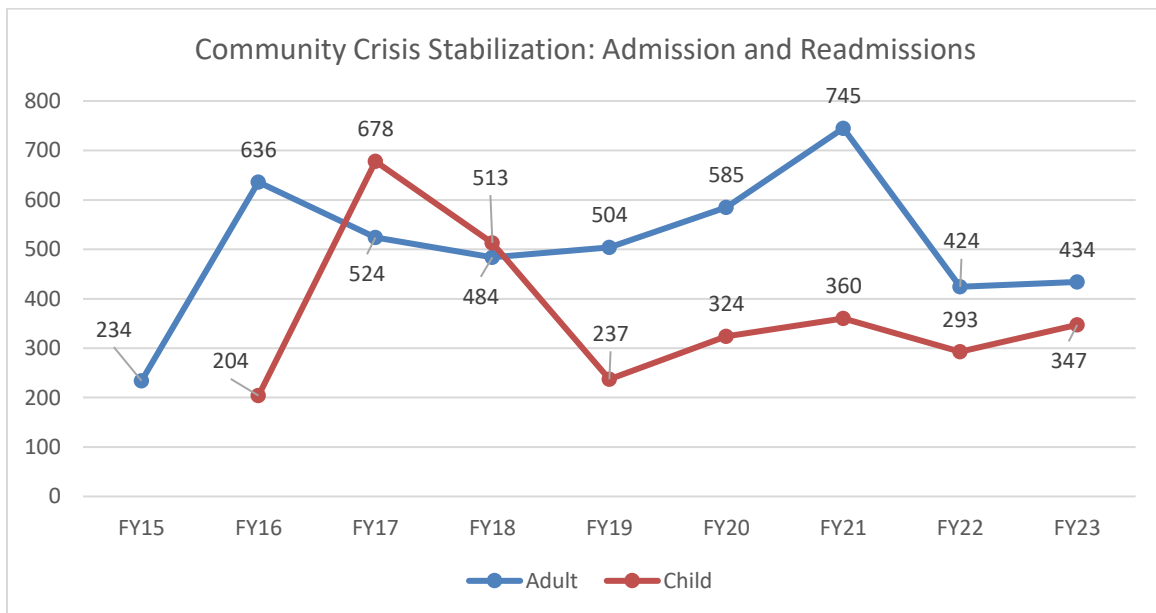
Crisis Assessments

The total number of crisis assessment completed per fiscal year by the REACH staff reached the highest amount to date in FY20. For FY23 there was a slight decrease in crisis assessments completed with adults and a slight increase in those completed with children as compared to FY22.



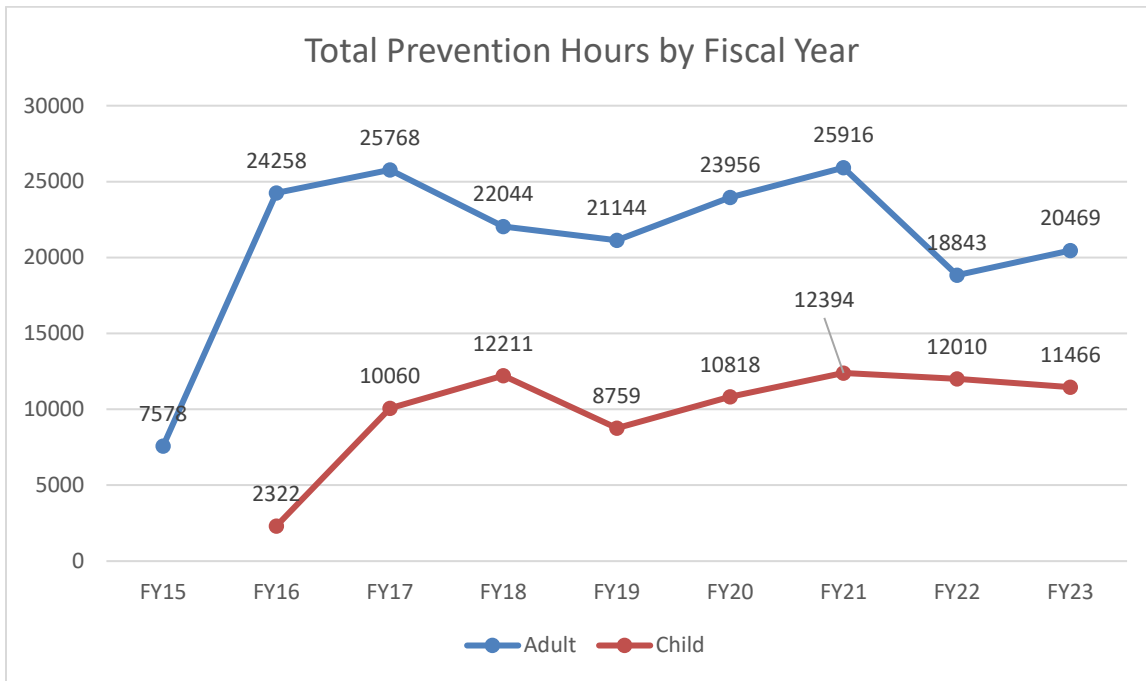
Mobile Supports: Crisis Stabilization and Prevention

Community crisis stabilization services (formerly referred to as mobile crisis stabilization) 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. There was an increase in both adults and children utilizing this service in FY23 as compared to FY22.



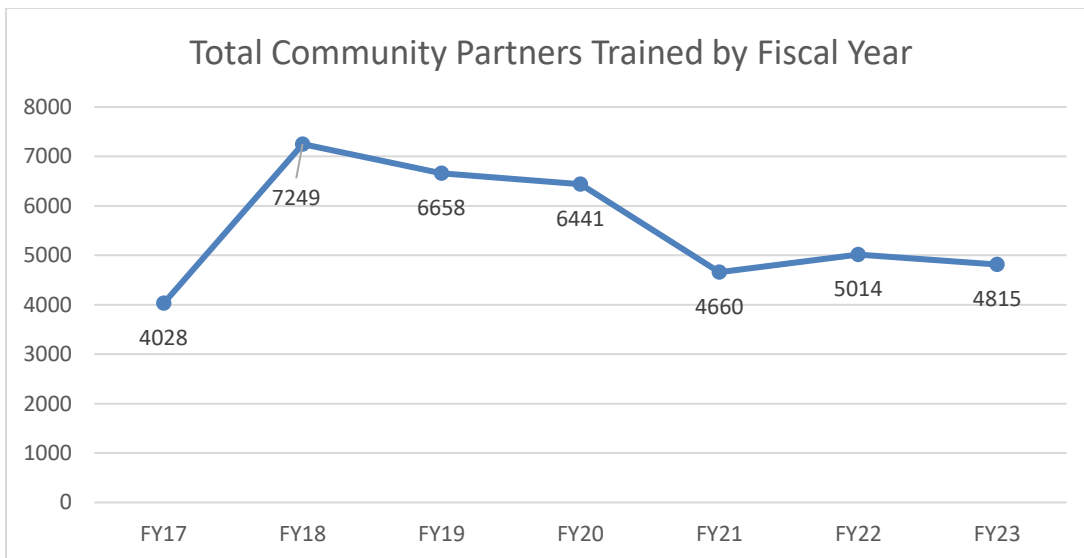
REACH also provides ongoing community-based services to the individuals and their support system that is more “preventative” in nature. Mobile prevention services consist of face to face, community-based services that target deterring future crisis situations via ongoing education and practice on emerging skills, training on individualized strategies with the support system, and continued linkages to other necessary services as needed. In comparison to crisis stabilization services, mobile prevention services are provided at a titrated frequency and do not occur as the immediate result of a crisis. More specifically, individuals included in mobile prevention services may be those who stepped down from crisis stabilization services or those that were referred to the program in a non-crisis situation.

The graph on the next page denotes an increase in the number of prevention hours provided by the REACH program for adults and a decrease in the overall prevention hours for children as compared to FY22.



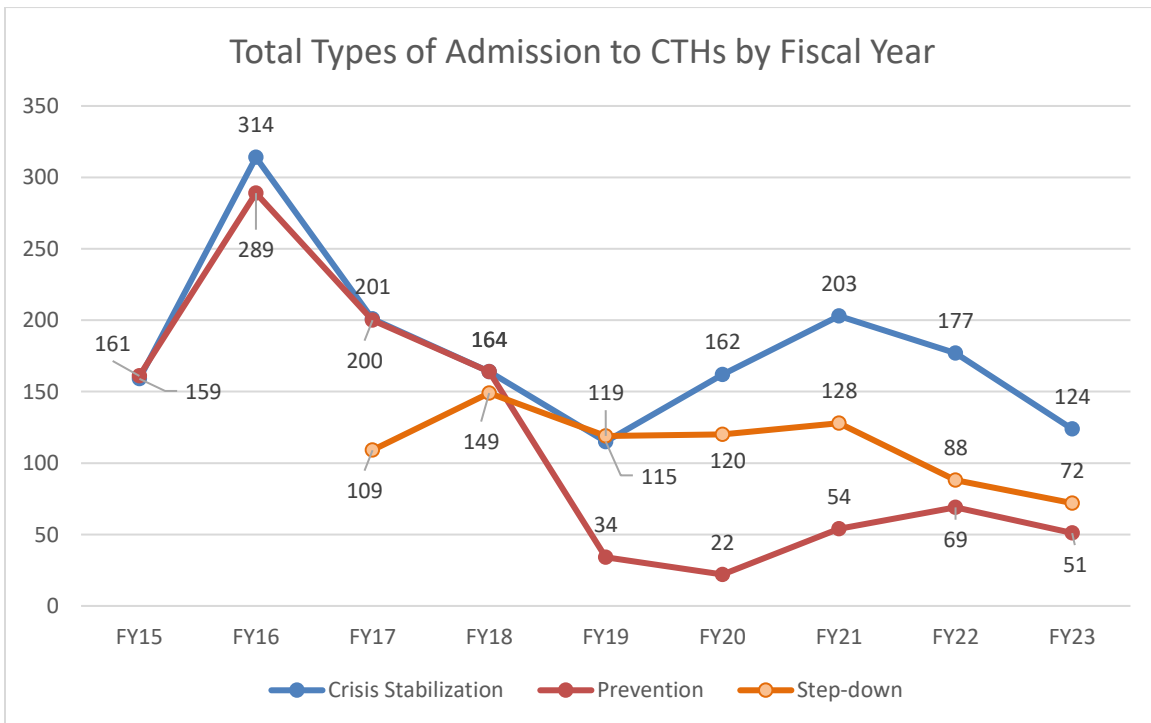
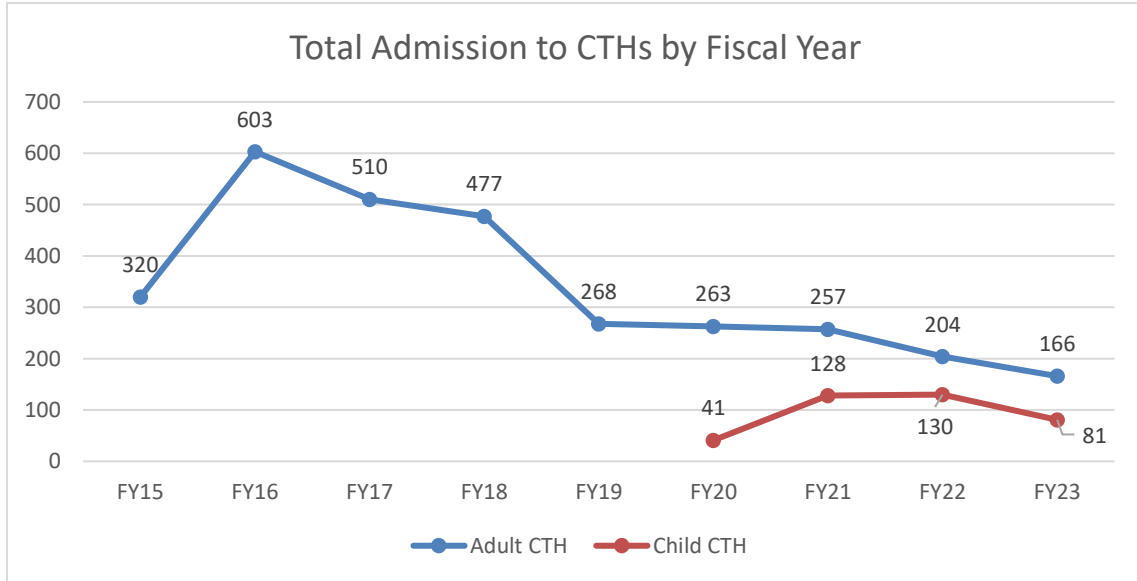
Training

Training for community partners and in the direct support systems of the individuals and their families is an integral part in prevention and in decreasing stressors that may lead to a crisis for the individual or family/provider. The REACH programs trained 4,815 community partners in FY23. This training is in addition to the individualized training provided to the individuals, care staff, families, and community partners who support the individual.



Crisis Therapeutic Home

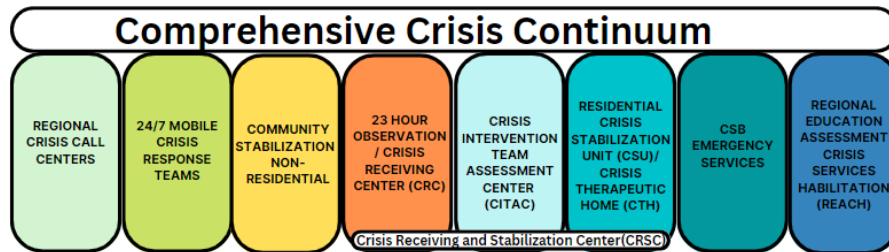
Admissions to both the youth CTHs and the adult CTHs declined as compared to FY22. Crisis stabilization admissions continue to be the main type of admission to both the youth and adult homes in FY23 comprising 50% of all admissions, followed by step-down admissions at 29%, and prevention admissions at 21%. Staffing shortages continue to affect the ability of the homes to operate at maximum capacity.



Conclusions:

Throughout the period of the pandemic, REACH remained operational in all facets of service offered. Since that time, the REACH program has been operationally challenged on various levels for each regional program over the course of the year. Staffing shortages continue to follow the national trends in the field of health care and affect all services offered by the REACH programs. Staff found themselves wearing “multiple hats” to offer the continuum of services in FY23, with crisis response being the focus.

Additionally, in FY23, the REACH program management has been working with DBHDS and all the regional partners as the program transitions to the newly formed DBHDS Crisis Office as a subsection of the Commonwealth’s Comprehensive Crisis Continuum. See graphic below:



The Crisis Continuum is inclusive, serving all Virginians, regardless of disability, age, or circumstance. This transformation will align the Commonwealth’s Crisis Continuum with national best practice standards. The Crisis Continuum will integrate key services, including Regional Crisis Call Centers, Mobile Crisis Response, Community Based Stabilization, Crisis Receiving and Stabilization Centers, Community Services Board (CSB) Emergency Services, and REACH. This integration allows care to be responsive, provide individualized supports based on the disability and presentation of the person, and meet the level of care needed at any time during a crisis.