

REACH Annual Report Fiscal Year 2024

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, during FY22 the Region I program combined the child and adult REACH programs under the regional hub in the Region Ten Community Service Board's Region I Regional Initiatives Office.

In FY24 for the REACH adult programs the individuals referred had the following gender breakdown: 73% male, 26% female and 1% gender identity other than male or female. For the REACH children's programs, the individuals referred had the following gender breakdown: 62% male, 37% female and 1% gender identity other than male or female. As compared to FY23, REACH adult referrals increased for the males by 10% and for the youth, male referrals decreased by 10%.

For FY24, The REACH program admitted individuals ranging from age 4 to 77 years old. Of the adults admitted into REACH services, 82% were in the 18-to-40-year age range, while 62% of the youth were in the 13-to-17-year age range.

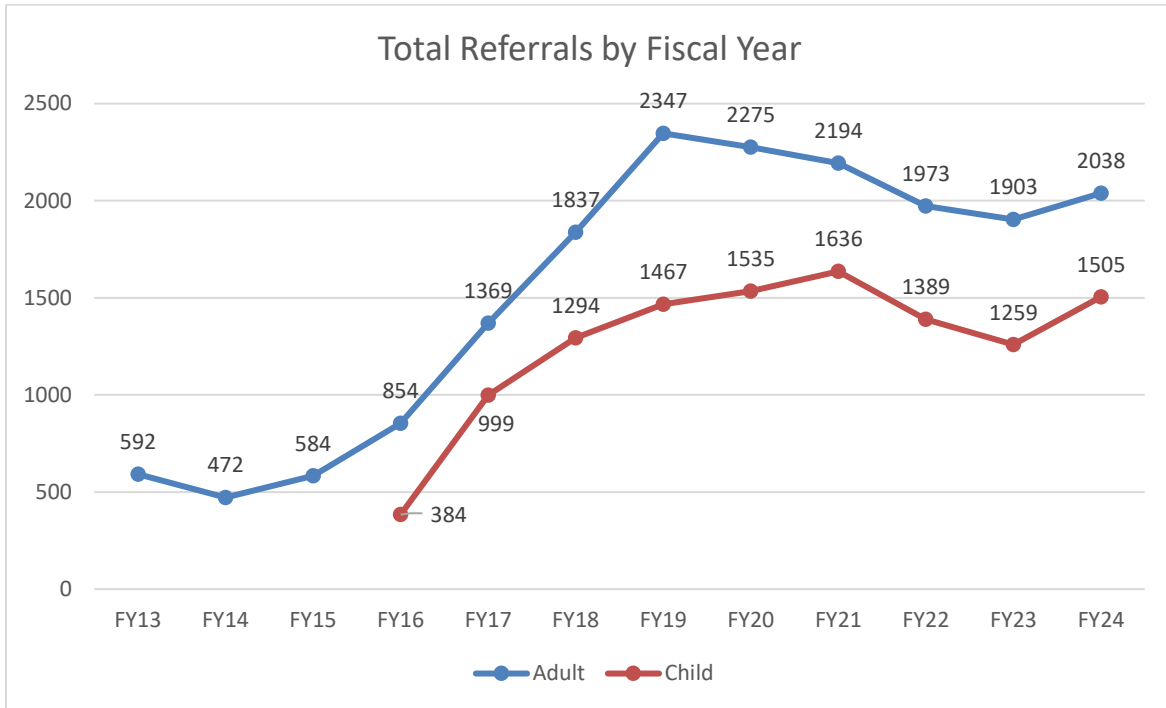
Previous reports also provided information on how many adults referred have a diagnosis of another developmental disability without an accompanying diagnosis of intellectual disability (ID). Historically, the percentage of individuals in this group comprised 15 - 38% of all individuals referred; in FY24 they comprised 42% of all individuals referred. The FY24 REACH program data indicated that 37% 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 18% of the referrals received in FY24 which is similar as in previous years. Another 3% 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 FY24 with 75% of children having a DD diagnosis other than an ID Diagnosis. Approximately 10% had a dual ID/DD diagnosis, and approximately 12% had a sole ID diagnosis; and 3% of

referrals did not have a qualifying diagnosis, or the diagnosis was not established at the time of the referral.

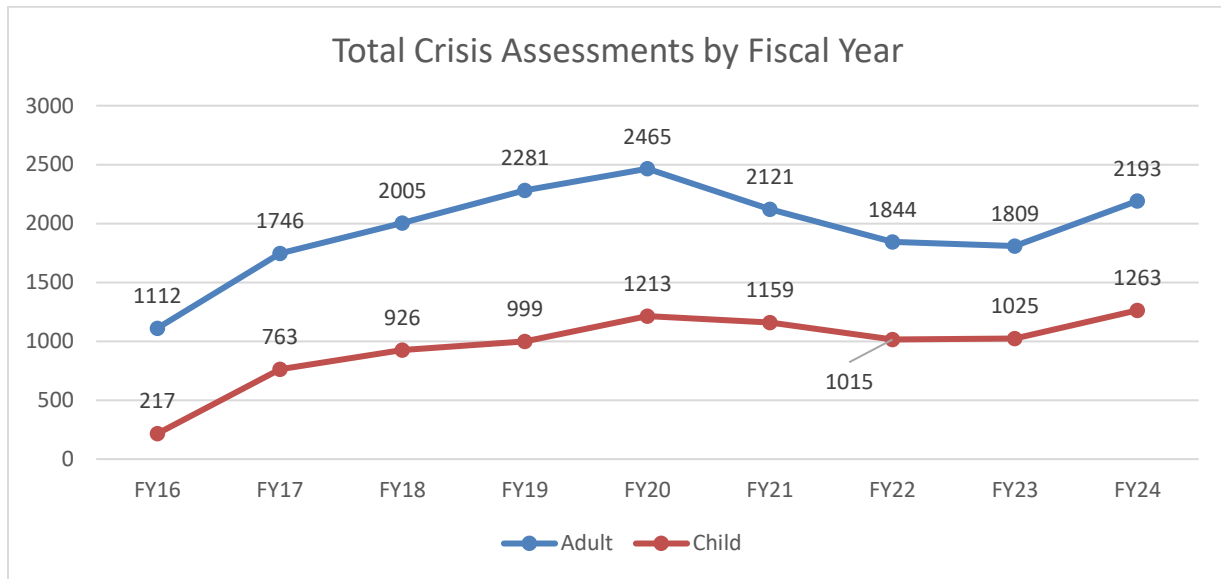
Referral Information

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 FY24 to FY23, the adult referrals increased by 7% and the youth by 20%. The referral data trends for the fiscal year are displayed on the graph below.



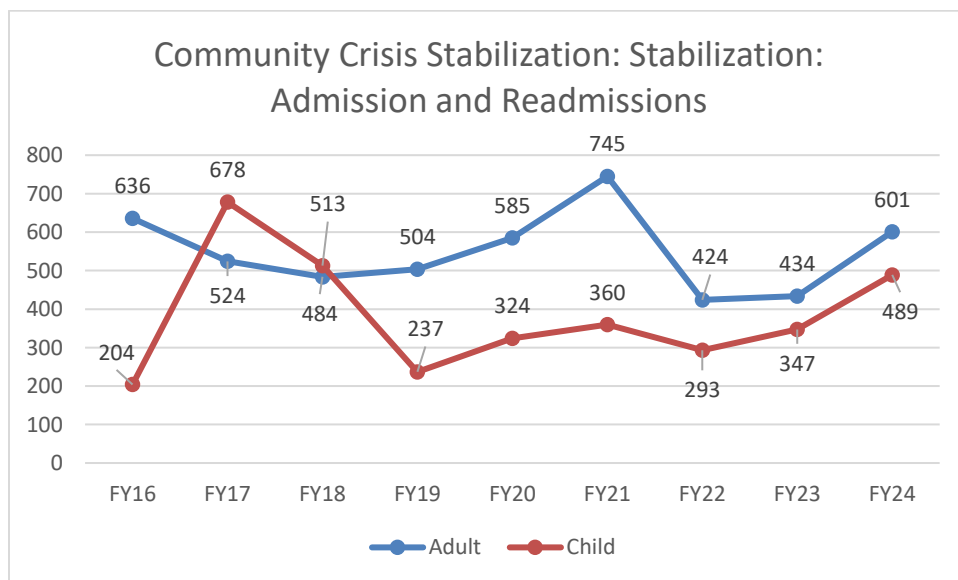
Crisis Assessments

The highest total number of crisis assessment completed with adults per fiscal year by the REACH staff was in FY20. FY24 saw the highest number of crisis assessments completed by the REACH staff with youth. For FY24 there was a 21% increase in crisis assessments completed with adults and a 23% increase in those completed with children as compared to FY23.



Mobile Supports: Crisis Stabilization and Prevention

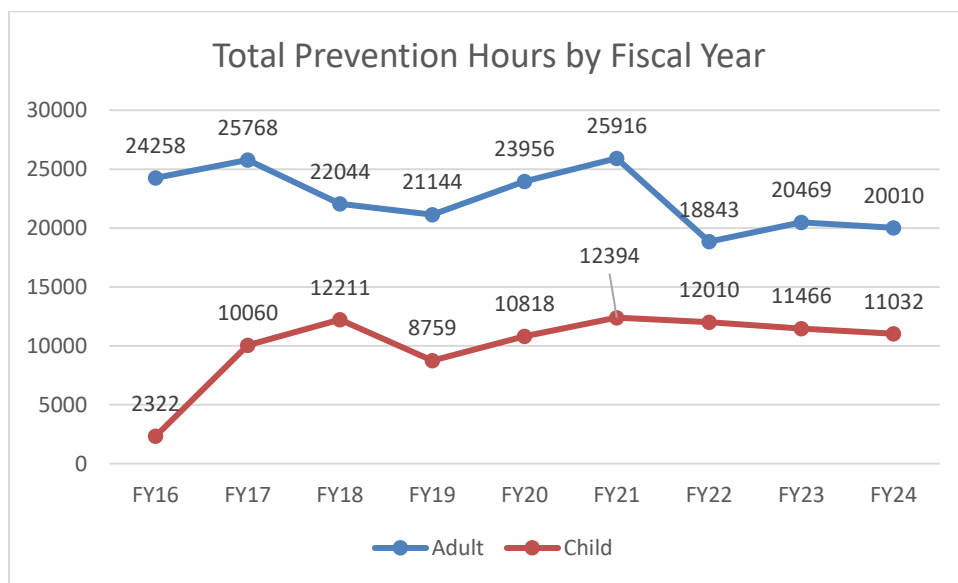
Community crisis stabilization services (formerly referred to as mobile crisis stabilization) are one of the key services that the REACH programs provide. These services are provided in the home or community setting as an immediate result of a crisis event. It is especially important to the REACH model 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 a 38% increase in adults and a 41% increase in children utilizing this service in FY24 as compared to FY23.



REACH also provides ongoing community-based services to the individuals and their support system that is more “preventative” in nature. Mobile prevention services may consist of face to

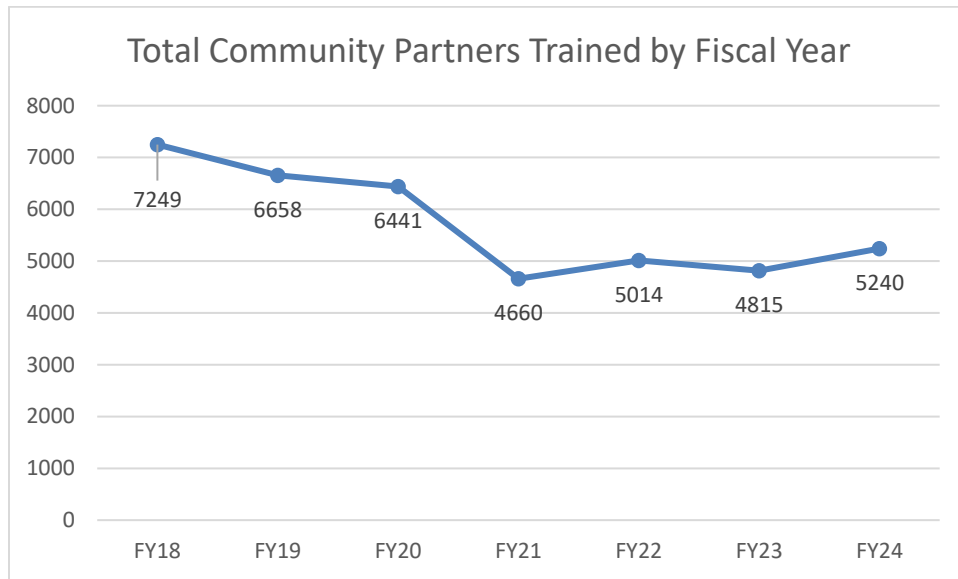
face, community-based services that target deterring future crisis situations via ongoing education and practice on emerging skills, training on individualized strategies with the support system, and continued linkages to other necessary services as needed. In comparison to crisis stabilization services, 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 below denotes a decrease by 2% in the number of prevention hours provided by the REACH program for adults and a 4% decrease in the number prevention hours for children as compared to FY23.



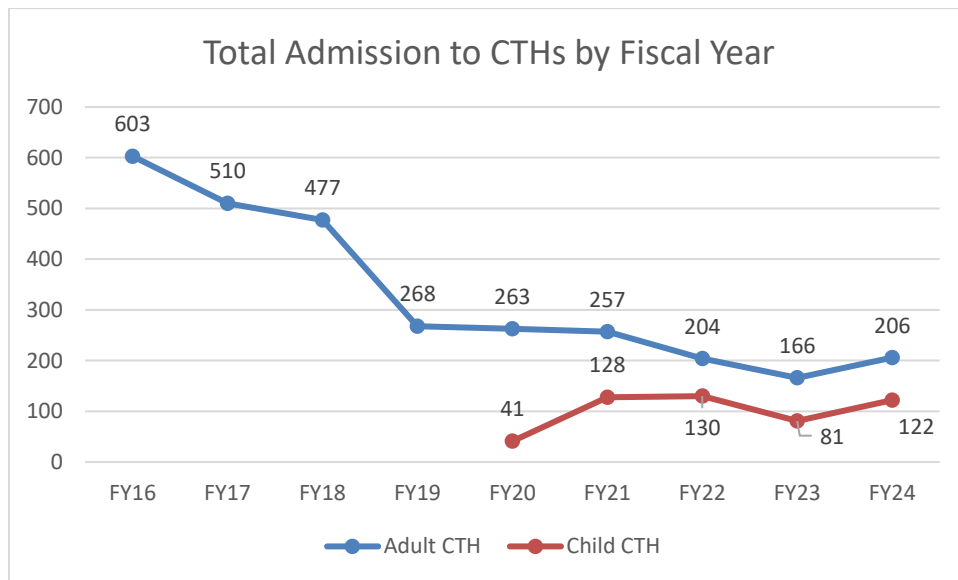
Training

Training for community partners and to 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 5,240 community partners in FY24. This training is in addition to the individualized training provided to the individuals, care staff, families, and community partners who support the individual.



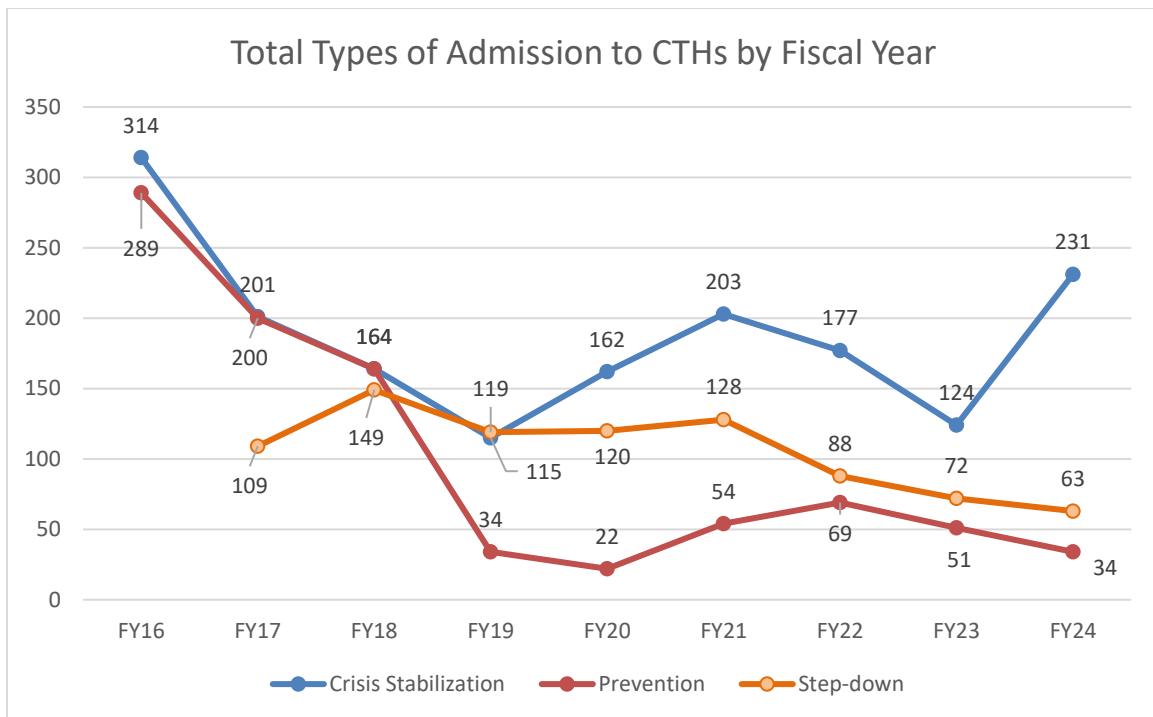
Crisis Therapeutic Home (CTH)

Admissions to the youth CTHs increased by 51% and the adult CTHs admissions increased by 24% as compared to FY23.



Crisis stabilization admissions continue to be the main type of admission to both the youth and adult homes in FY24 comprising 70.4% of all admissions, followed by step-down admissions at 19.2%, and prevention admissions at 10.4%. Although the overall breakdown of types of admissions is similar to FY23, the percentage breakdown for FY23 was 50% crisis stabilization, 29% step-down, and 21% prevention. It should be noted for FY24 the YCTH supported slightly more prevention admissions (13%) than step-down (12%) with the adult supporting more step

down admissions (24%) than prevention admissions (9%). The combined data for both homes is reflected by fiscal year on the following visualization.



Summary:

The REACH programs have successfully provided crisis services as part of the Commonwealth’s crisis system despite the continued national trends of staffing vacancies and retention noted in this and other similar fields. The REACH program has seen an overall increase in FY24 in provision of crisis assessments, with FY24 being the highest number of youth crisis assessments completed in a fiscal year. Service provision of community stabilization and CTH admissions have also increased as compared to FY23. The REACH program staff have continued to adapt to the new statewide crisis system and will continue to be integrated into this system and the related crisis platform. Ongoing recruitment and retention strategies have been implemented at the regional level and DBHDS will continue to support efforts in these areas.