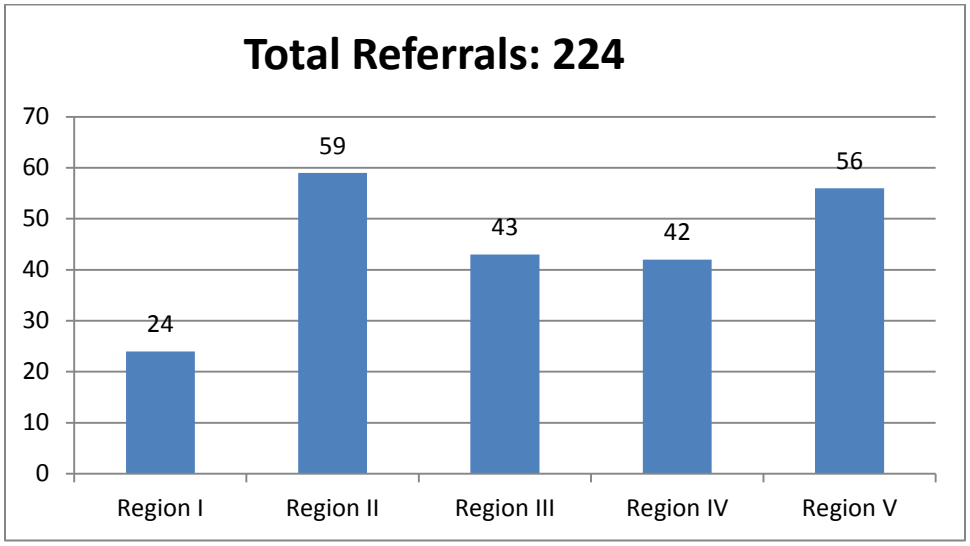
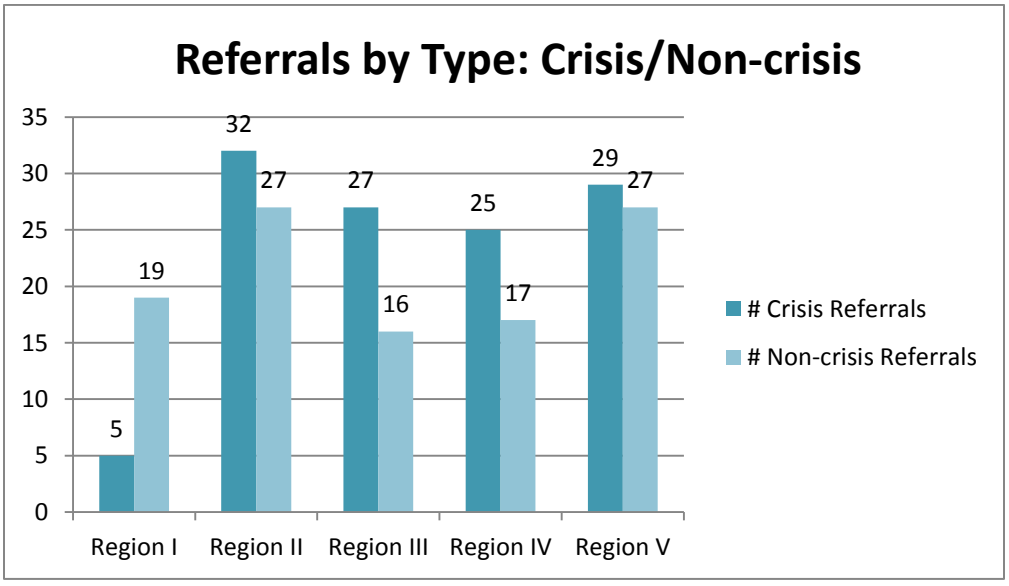
Children's REACH Quarterly Report: II/FY17

This report provides data related to the Children's REACH programs. All data contained in this report corresponds to activity from October 1, 2016 through December 30, 2016.

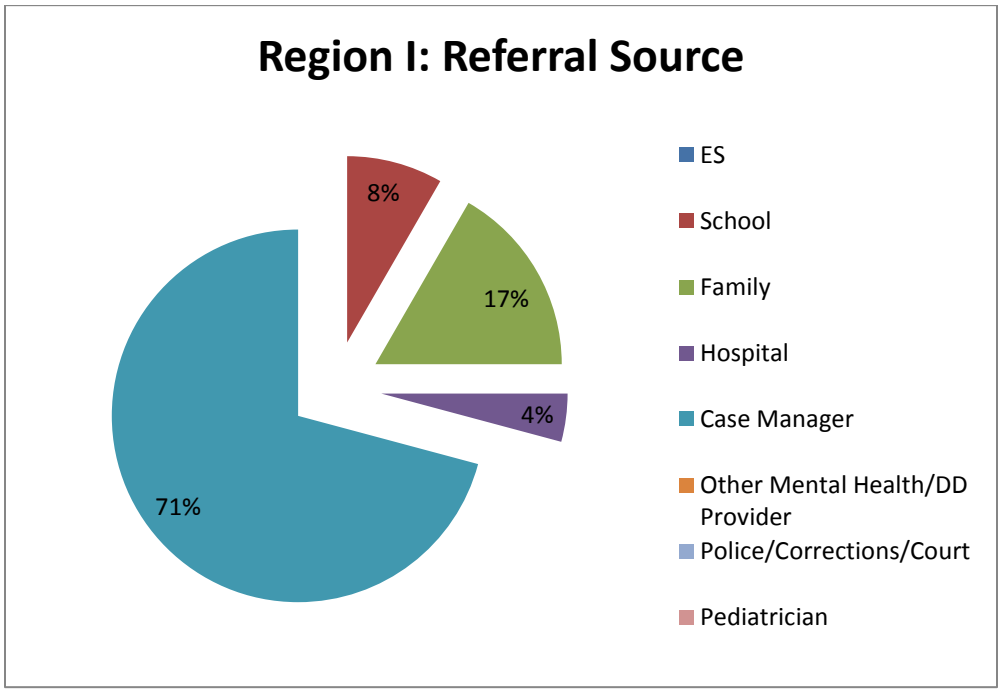
REACH Referral Process

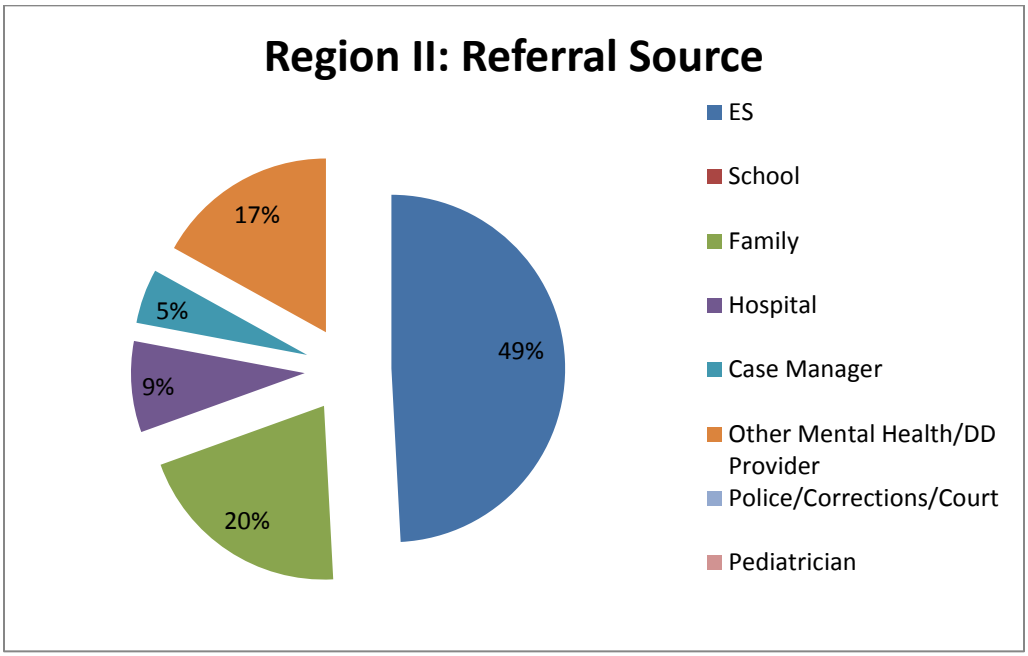


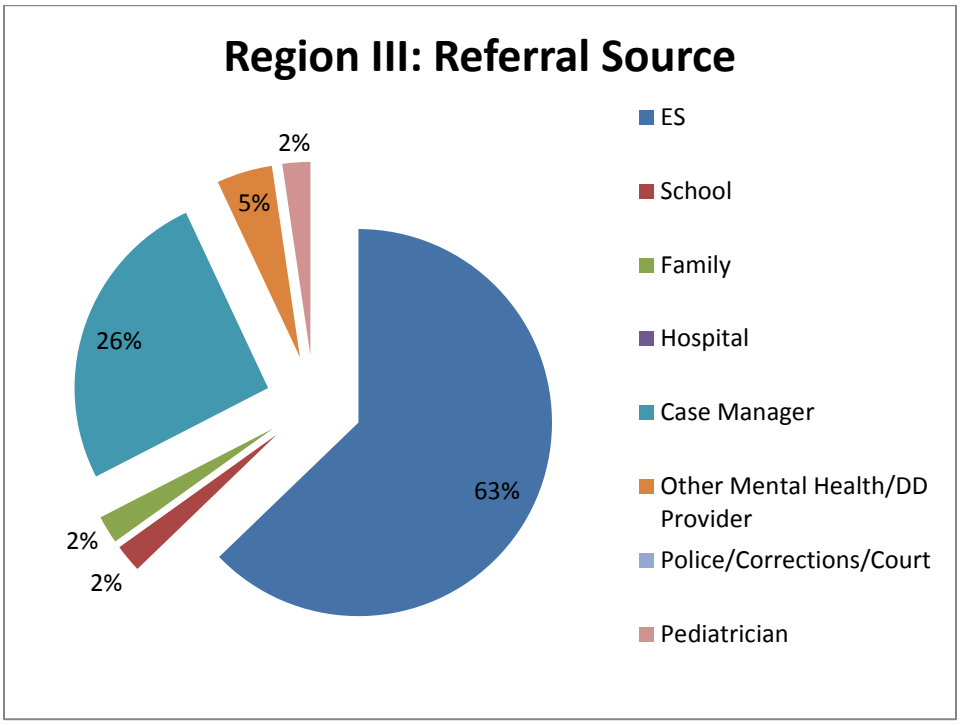
Statewide referrals totaled 224 children and youth for the second Quarter of fiscal year 2017 for the Children's REACH programs. This is an increase of 60 referrals from last quarter. Referral activity is less consistent between the Regions this quarter, with Region I receiving the least referrals. The 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.

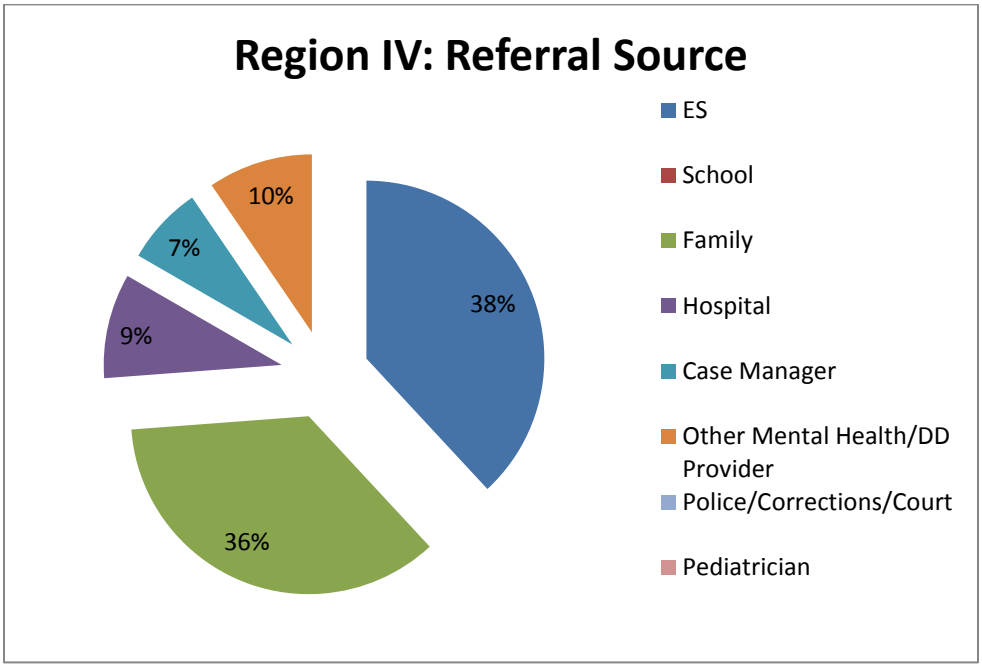


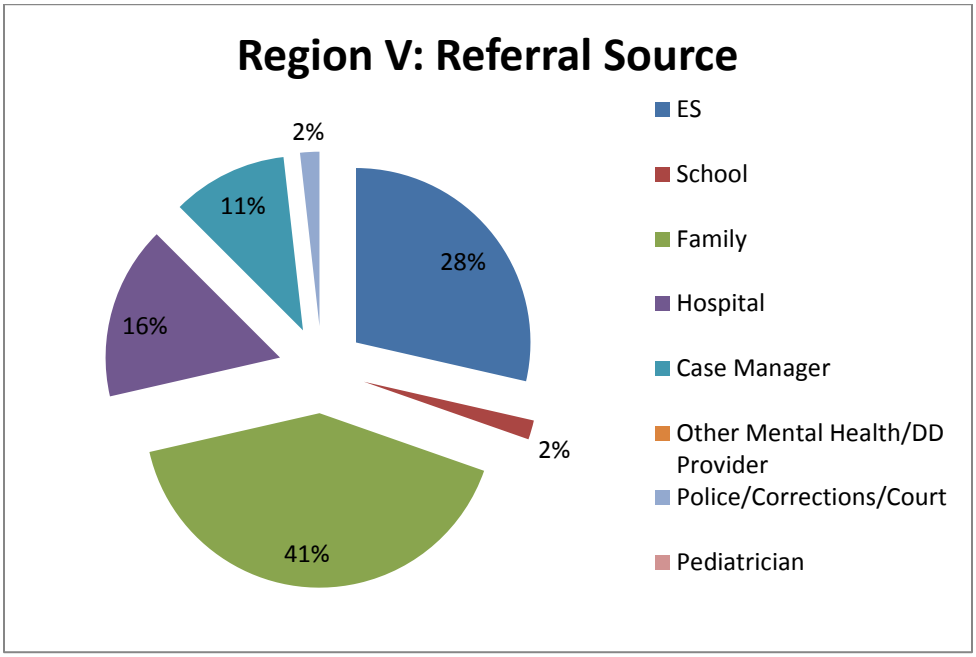
The referral sources provide a perspective on how well the programs are establishing themselves within the communities they serve. The five charts below provide a regional breakdown of referral source data. The subsequent tables provide data concerning the day of the week and time of day that referrals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






Region III: Referral Source
2%
5%
26%
63%
2%
2%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
Police/Corrections/Court
Pediatrician


Region IV: Referral Source
10%
7%
38%
9%
36%
ES
School
Family
Hospital
Case Manager
Other Mental Health/DD Provider
Police/Corrections/Court
Pediatrician



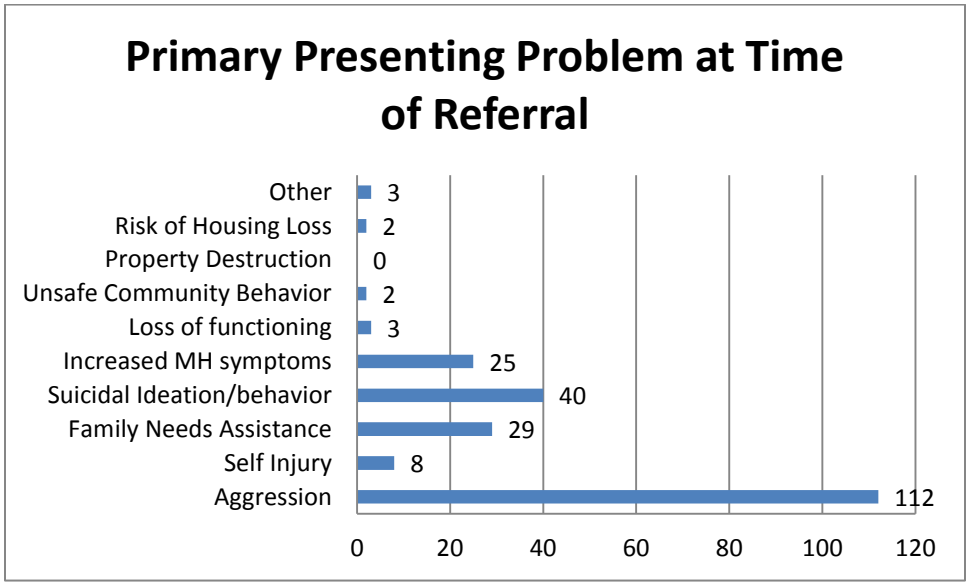
Referral Time	Region I	Region II	Region III	Region IV	Region V
Monday-Friday	24	53	38	37	45
Weekends/Holidays	0	6	5	5	11
7am -2:59pm	15	20	19	20	24
3pm - 10:59pm	9	37	23	19	25
11pm – 6:59am	0	2	1	4	7

Also of interest to the Commonwealth is ensuring that the REACH programs serve both the ID and the DD communities. Continuing a trend that was established last quarter, the Regions are all reporting that they serve more individuals with only a developmental disability as opposed to both a developmental and intellectual disability.

Diagnosis	Region I	Region II	Region III	Region IV	Region V
ID Only	4	9	11	9	9
DD Only	15	46	26	24	34
ID/DD	5	3	6	4	12
None/Unknown	0	1	0	5	1

Aggressive behavior by the child/youth continues to be the most common reason for a referral to the REACH programs. Aggressive behavior includes physical aggression, verbal threats, and property destruction. Suicidal ideation is the second most frequent presenting problem. The following table summarizes primary presenting problems by region.

Presenting Problems	Region I	Region II	Region III	Region IV*	Region V
Aggression	9	23	25	30	25
Self-Injury	4	1	0	1	2
Family Needs Assistance	0	11	1	2	15
Suicidal Ideation/behavior	6	10	13	2	9
Increased MH symptoms	3	14	2	4	2
Loss of functioning	0	0	0	1	2
Unsafe Community Behavior	2	0	0	0	0
Property Destruction	0	0	0	0	0
Risk of Housing Loss	0	0	0	2	0
Other	0	0	2	0	1



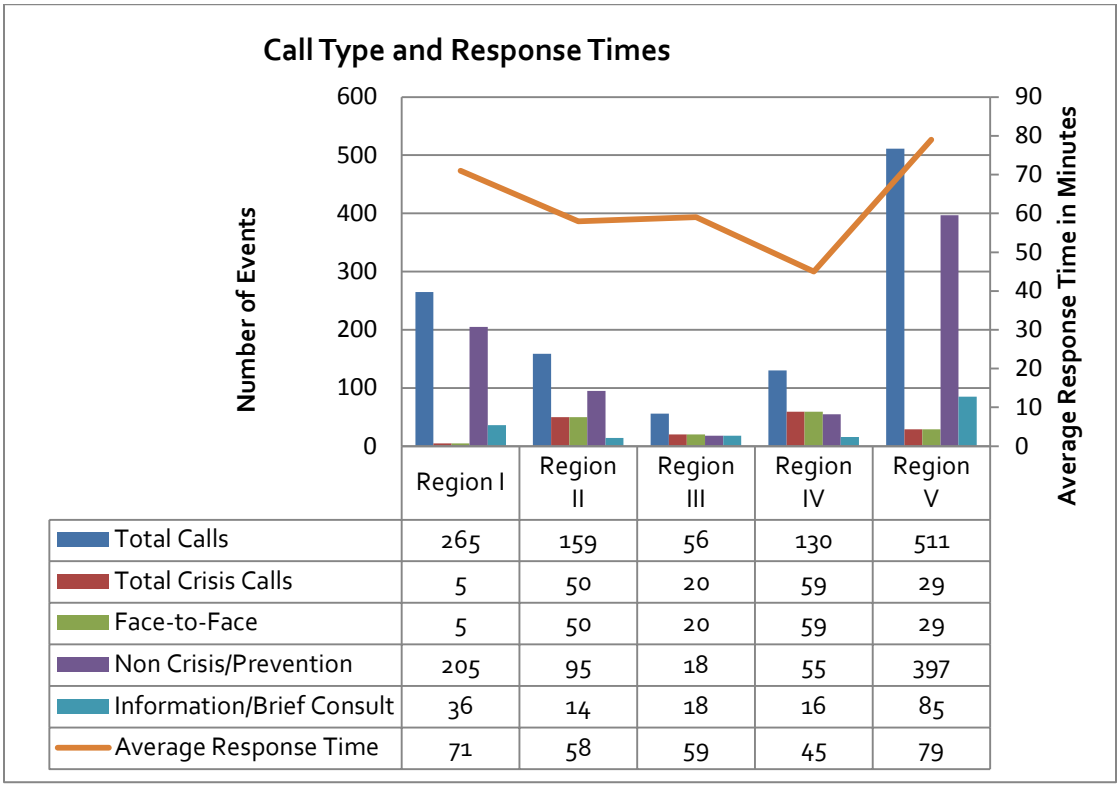
REACH Crisis Response

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. 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 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

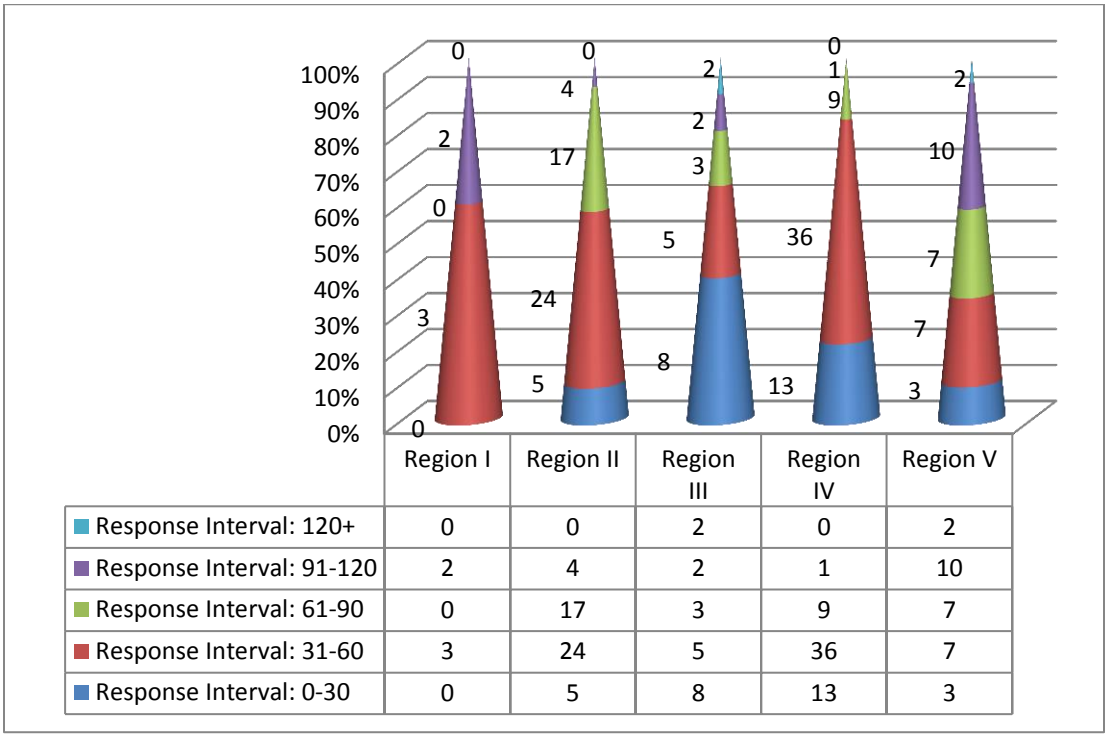
A summary of information related to crisis calls and responses is depicted in the graph below. Please note that this graph encompasses all calls received on the crisis line during the review cycle. It includes on-site responses to existing REACH clients, repeat calls from individuals, as well as new 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 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	265	159	56	130	511
Total Crisis Calls	5	50	20	59	29
Face-to-Face	5	50	20	59	29
Non Crisis/Prevention	205	95	18	55	397
Information/Brief Consult	36	14	18	16	85
Average Response Time	71	58	59	45	79

The graph above details calls activity for the programs over the Second Quarter of FY17. Average response time is graphed on a secondary axis as a line, both to emphasize it and to allow its variability to be clearly seen. All average response times are below expectations defined in the Settlement Agreement. The table below offers the reader a more comprehensive view of response time data by breaking it into 30-minute increments. The graph just below it shows this same data visually, showing response time intervals as percentage of total responses per region.

Region	Total On-site Responses	0-30 Minutes	31-60 Minutes	61-90 Minutes	91-120 Minutes	121+ Minutes
Combined						
I-rural	5	0	3	0	2	0
II-urban	50	5	24	17	4	0
III-rural	20	8	5	3	4	0
IV-urban	59	13	36	9	1	0
V-rural	29	3	7	7	10	2



	Region I	Region II	Region III	Region IV	Region V
Response Interval: 120+	0	0	2	0	2
Response Interval: 91-120	2	4	2	1	10
Response Interval: 61-90	0	17	3	9	7
Response Interval: 31-60	3	24	5	36	7
Response Interval: 0-30	0	5	8	13	3

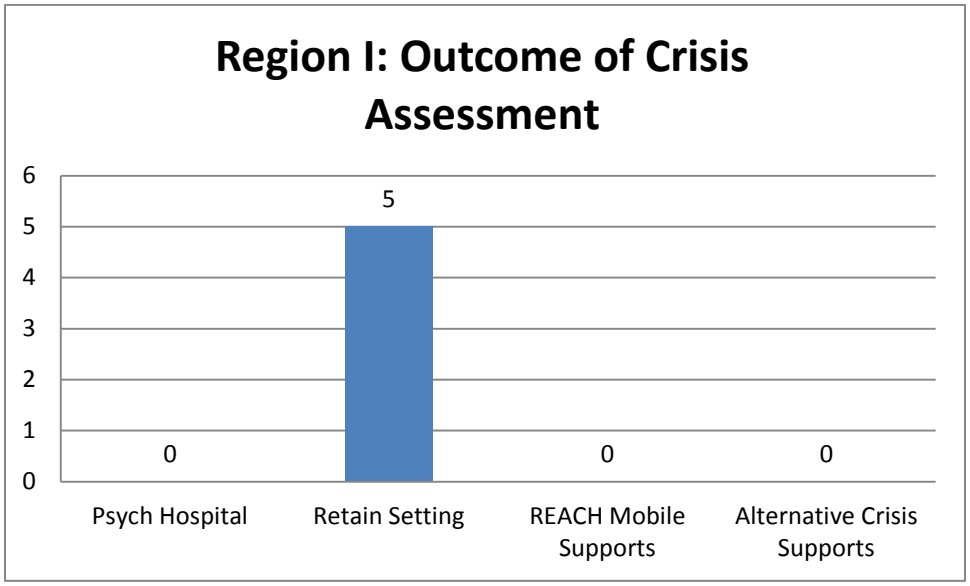
Location of Crisis Assessments

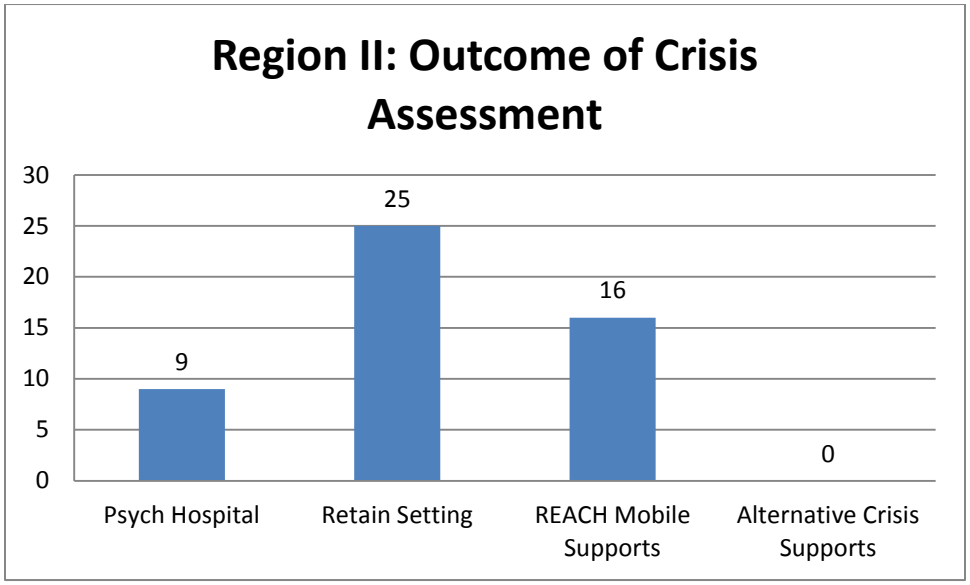
Assessment Location	Region I	Region II	Region III	Region IV	Region V
Family Home	1	14	2	26	5
Hospital/Emergency Room	0	11	16	28	22
Emergency Services/CSB	4	24	2	1	2
School	0	1	0	2	0
Residential Provider	0	0	0	2	0

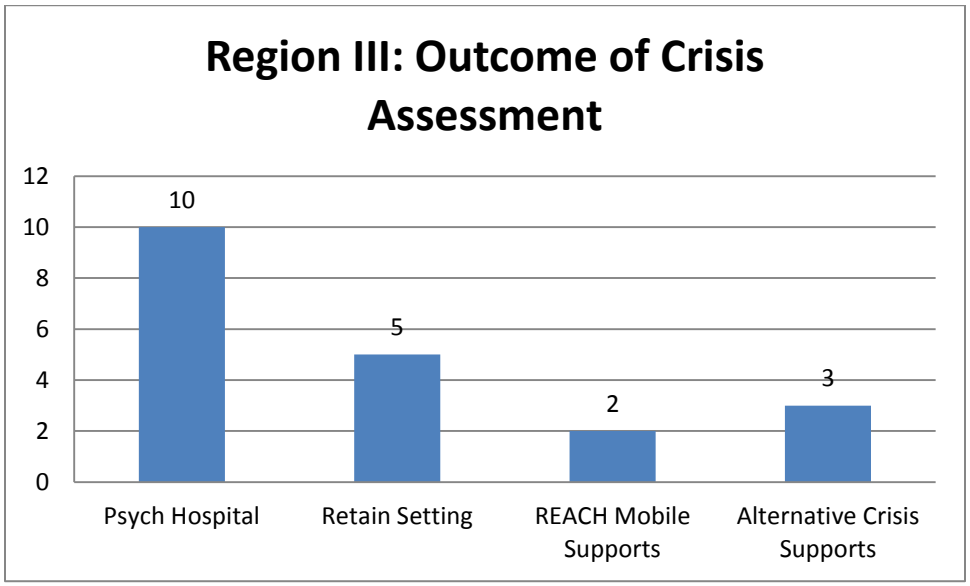
REACH program staff members are expected to travel to the physical site of the crisis event, when deemed clinically appropriate, regardless of the nature of the setting. If they are informed that inpatient care is being considered, they are expected to be present whenever a child is being prescreened for hospitalization. The table above is a summary of the various locations where mobile crisis assessments took place over the course of the second quarter of FY17. The data reflects that crisis responses take place in various locations.

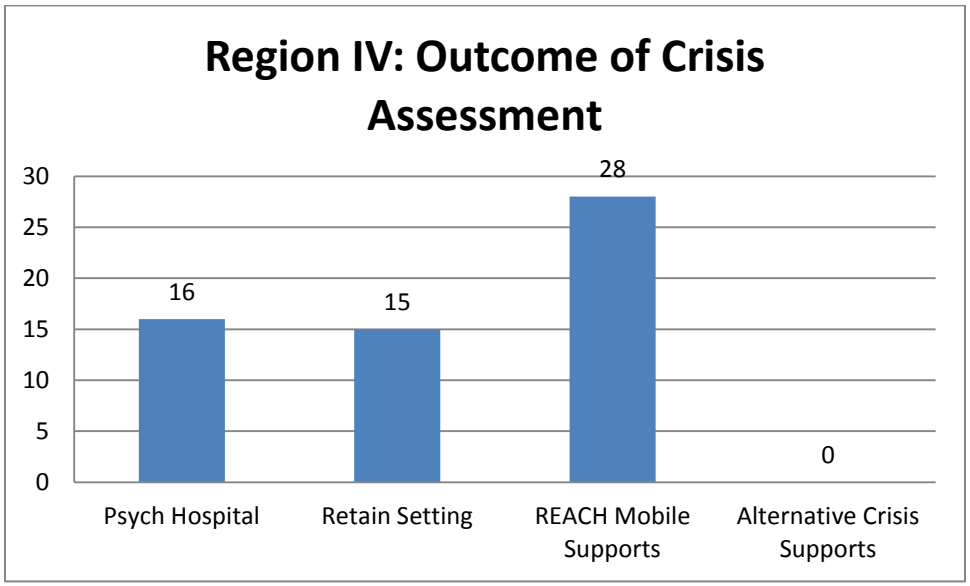
Ideally, when a crisis response occurs, it is hoped that the resulting outcome will be that the child will remain in his/her home with family. While this is not always possible, the REACH programs are very often able to intervene in the moment to prevent out of home placement. They can do this by providing immediate in-home support to the family, problem solving a safety plan to stabilize the crisis situation until additional help can be accessed, and by following up with community based crisis stabilization plans. The charts below offer a picture of the initial

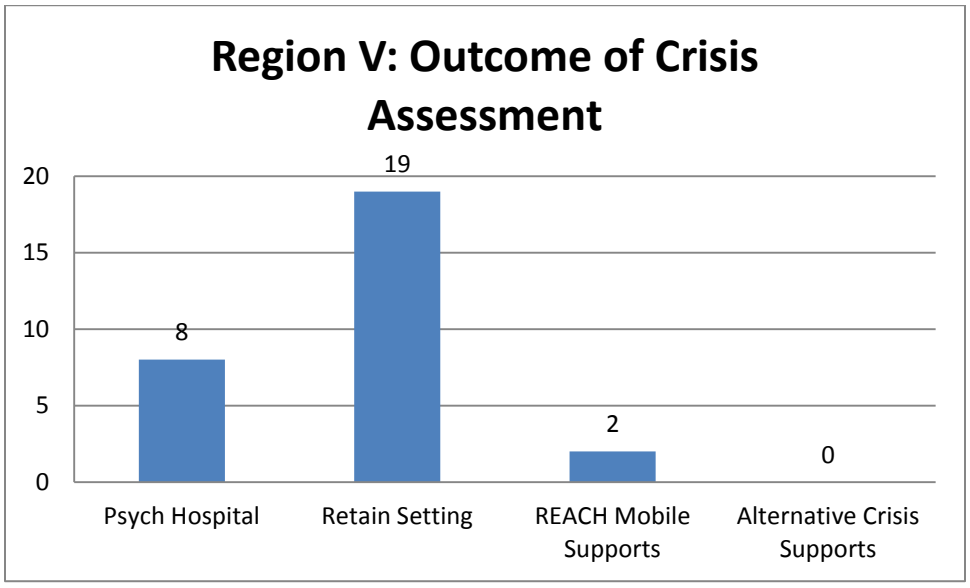
outcome after an in-person crisis response has been dispatched by region. In these charts, "REACH Mobile Supports" means an individual retained their setting while receiving REACH mobile supports.



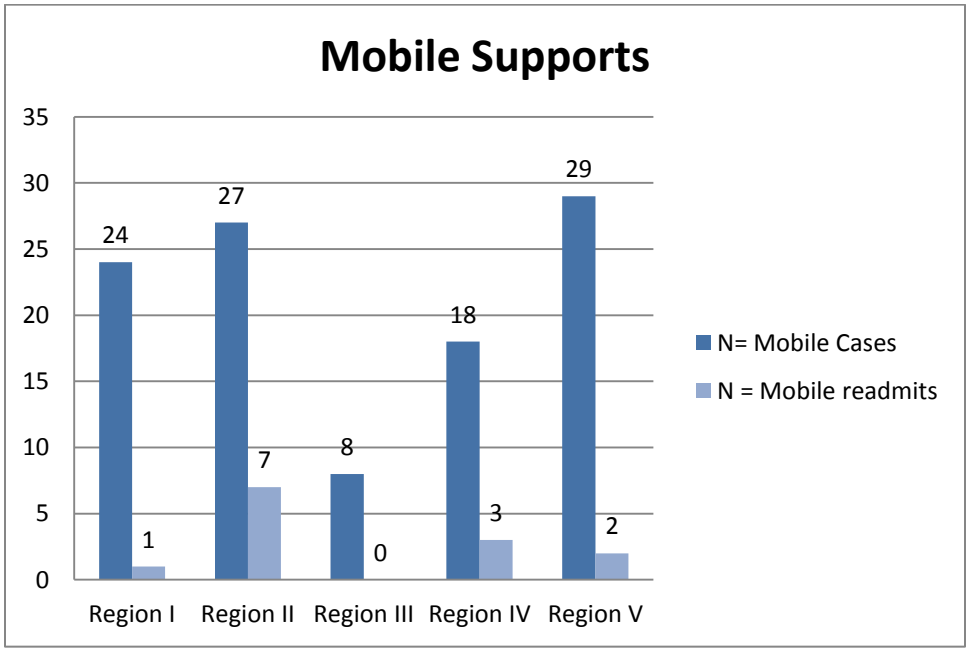



Region III: Outcome of Crisis Assessment
12
10
8
6
4
2
0
10
5
2
3
Psych Hospital
Retain Setting
REACH Mobile Supports
Alternative Crisis Supports


Region IV: Outcome of Crisis Assessment
30
25
20
15
10
5
0
16
15
28
0
Psych Hospital
Retain Setting
REACH Mobile Supports
Alternative Crisis Supports

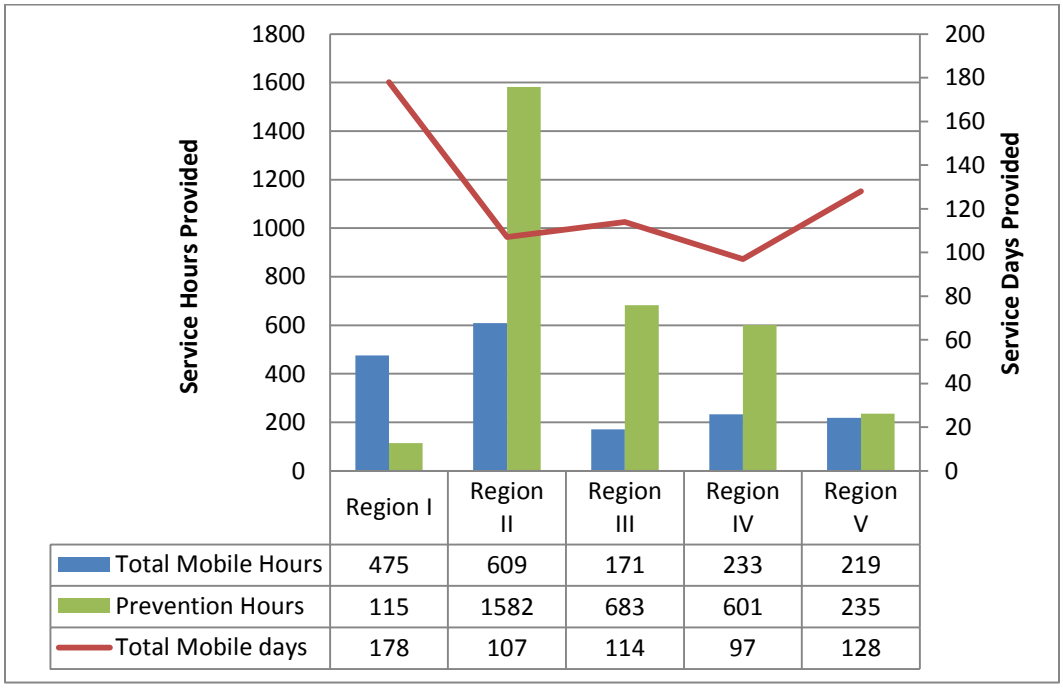


Community based, mobile supports are one of the key services that the children's programs provide. It is especially important to the REACH model because it impacts and benefits not only the child but their immediate support system as well. Generally, these plans are successful in stabilizing the situation and being part of the solution for obviating out of home placement. The chart below depicts admissions activity for the community mobile support program.



In addition to collecting information related to the number of admissions into the mobile community supports program, data related to service provision is also tabulated. The chart below summarizes both the number of hours of crisis stabilization and prevention services

offered by each region. On the secondary axis, the number of days that a mobile service was provided for an individual family is shown.



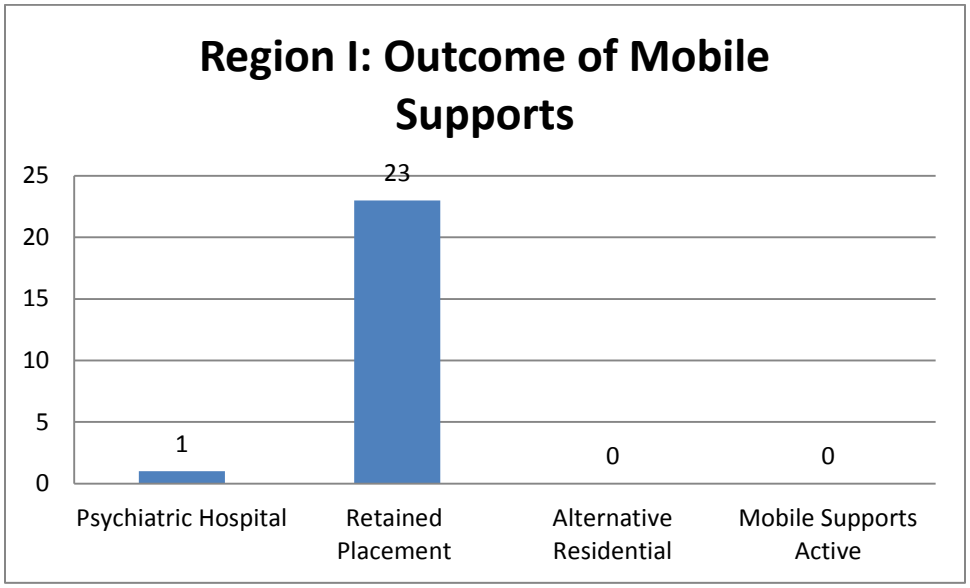
REACH sends clinicians to the homes and schools of individuals to work with them on developing and practicing coping skills. The table below provides information on the range of days across individuals served that mobile supports were in place, the average number of days an individual received mobile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

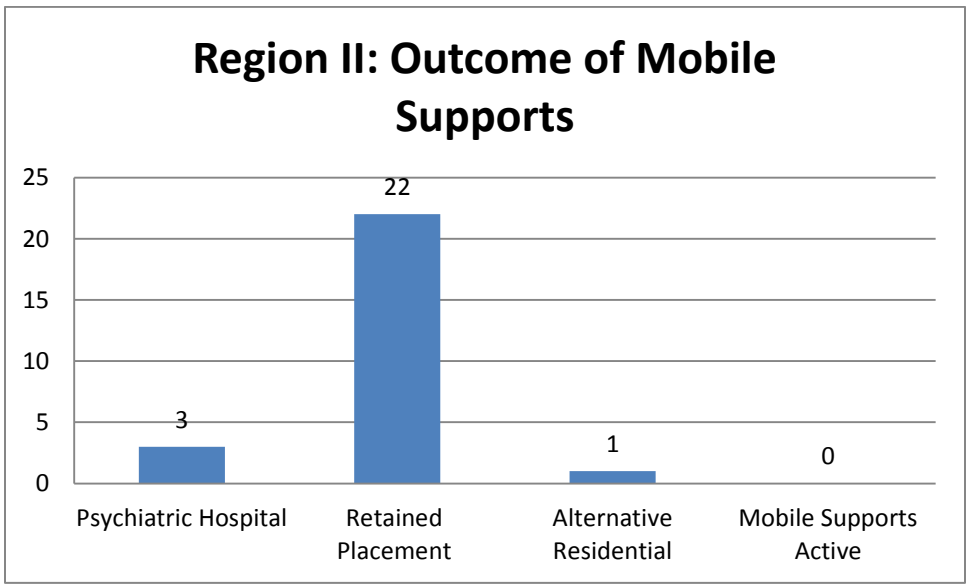
Service Unit	Region I	Region II	Region III	Region IV	Region V
Range of Days	1-19	1-7	10-15	1-8	1-9
Average Days/ Case	7	3	14	5	4
Average Hours/Day	2.7	5.7	1.5	2.4	1.7
Average Hours/Case	19.0	17.9	21.4	11.1	7.1

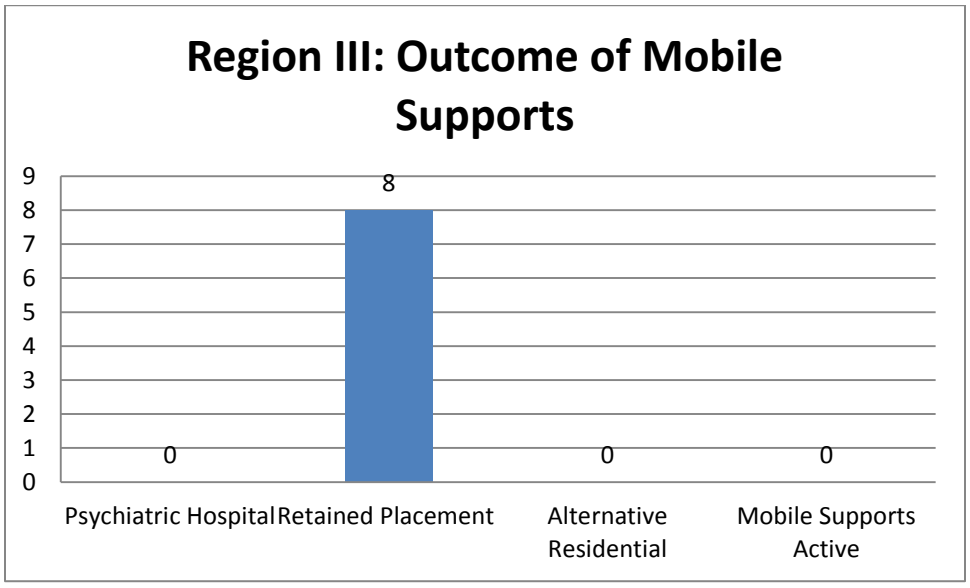
Crisis Service Outcomes/Dispositions

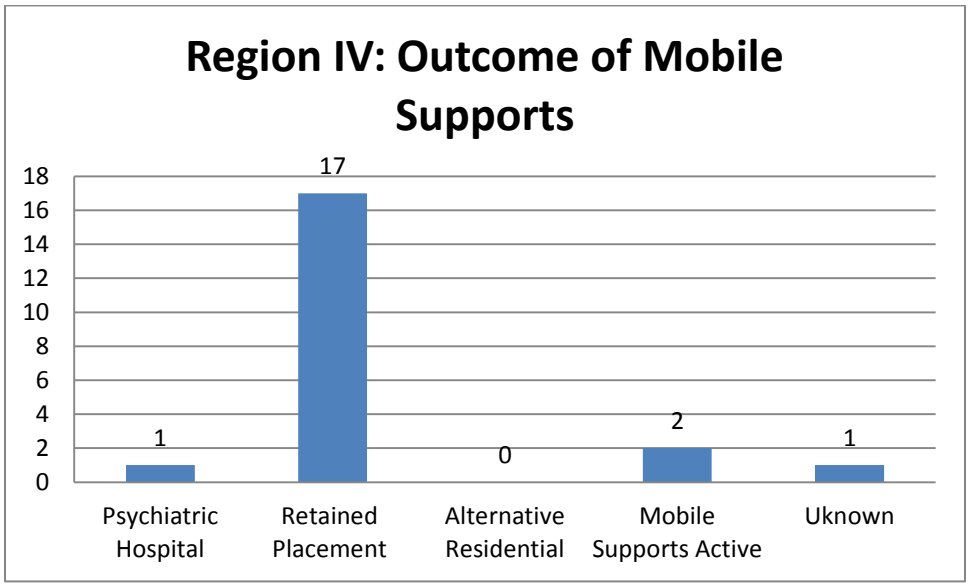
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. The graphs on the following pages provide a summary of outcome data for community mobile support services. In other words, when a child has a crisis stabilization plan implemented through the REACH program, what is the disposition of the child once that service

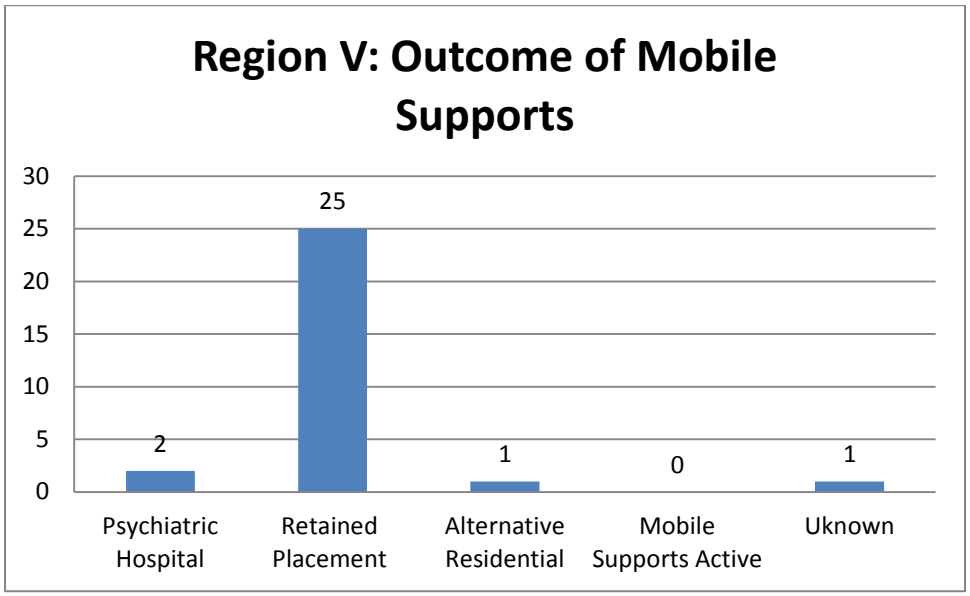
has ended? Based upon reported data of the outcomes for children, it is evident that they maintain their current residential setting with few exceptions. This suggests that REACH supports are effective in helping families through times of crisis.






Region III: Outcome of Mobile Supports
9
8
7
6
5
4
3
2
1
0
0
8
0
0
Psychiatric Hospital
Retained Placement
Alternative Residential
Mobile Supports Active


Region IV: Outcome of Mobile Supports
18
16
14
12
10
8
6
4
2
0
1
17
0
2
1
Psychiatric Hospital
Retained Placement
Alternative Residential
Mobile Supports Active
Uknown



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. The tables below summarize the services provided.

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	24	50	8	18	16
Consultation	24	0	8	18	25
Crisis Education Prevention Plan	24	33	8	11	13
Family/Provider Training	24	7	8	18	24

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 REACH programs, both child and adult, continue to train law enforcement officers about the REACH program, and program leadership has been working with DBHDS to finalize a standardized curriculum for educating law enforcement personnel about both the adult and child REACH programs across the Commonwealth.

The table below 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
CIT/Police: #Trained	0	0	8	45	2
Case Manager/Support Coordinator: # Trained	51	0	2	124	37
Emergency Service Workers: #Trained	6	5	6	15	2
Family: # Trained	2	0	10	0	35
Hospital Staff: # Trained	0	0	25	0	0
DD Provider: # Trained	3	1	19	56	42
Other Community Partners: #Trained	1	122	0	36	60

*Region IV Data is duplicative of adult data

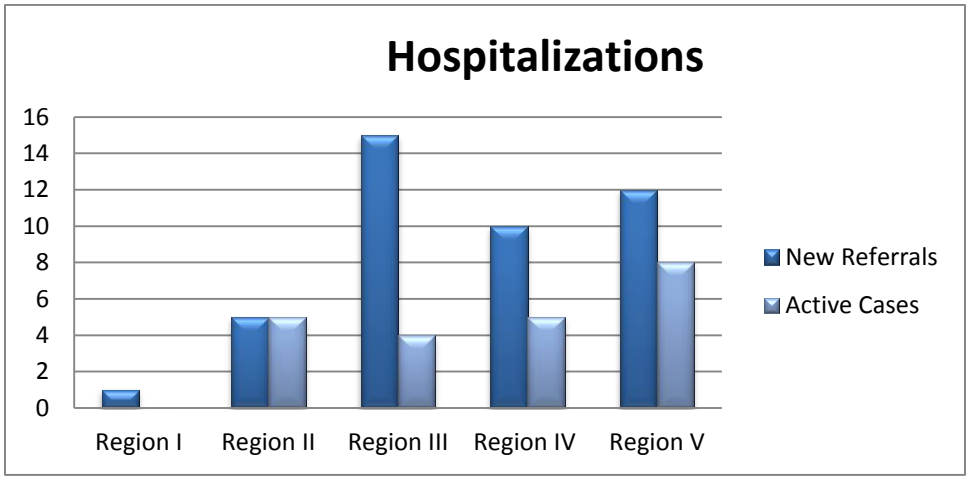
Summary

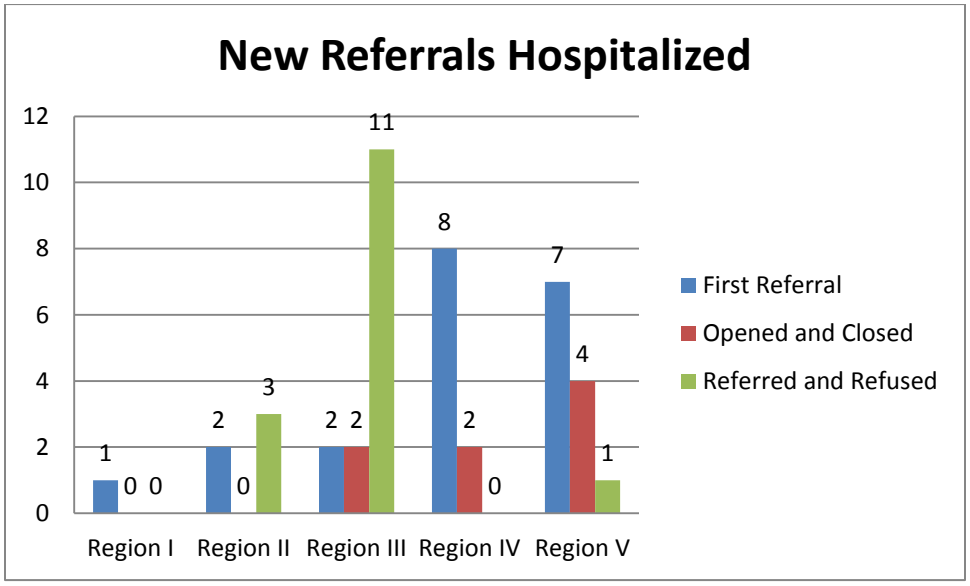
The statewide Children's REACH programs have all been operational for the past year. Overall, the programs are functioning well and are actively serving children and families in crisis. There are regional differences, however, and these appear inherent to the structure that some of the regions have adopted. DBHDS is working closely with Regions I and II to align their service models more closely with the REACH expectations. Both have made positive strides in this direction.

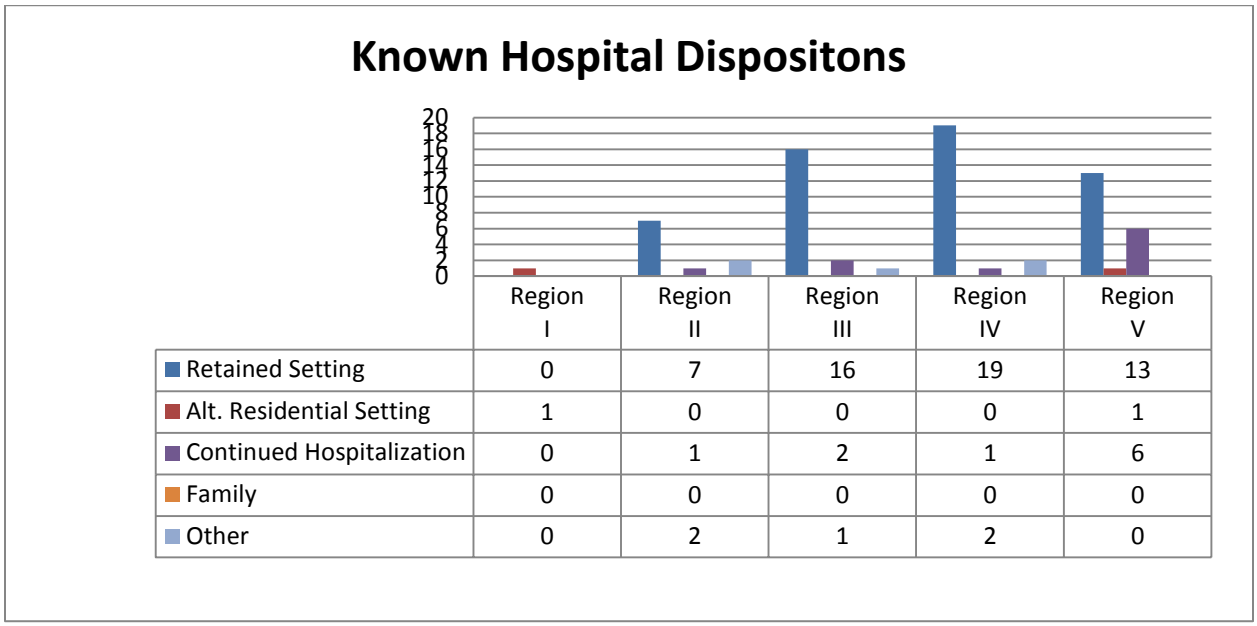
Overall, the programs continue to move forward in support of the mission for a full spectrum of crisis, prevention and habilitation services to be offered to Virginians with a developmental disability. A lot has been accomplished within the area of children's crisis services, and the path ahead appears 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.

ADDENDUM

The graphs in this addendum are provided 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 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 CCCA educates families about the children's REACH programs, many families elect not to access this service.







	Region I	Region II	Region III	Region IV	Region V
Retained Setting	0	7	16	19	13
Alt. Residential Setting	1	0	0	0	1
Continued Hospitalization	0	1	2	1	6
Family	0	0	0	0	0
Other	0	2	1	2	0

*Region IV: had 1 child hospitalized 4 times, 2 Children hospitalized twice

LAW ENFORCEMENT INVOLVEMENT