



Virtual Residential

Kairos and Jackson County Mental Health

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Background/Need

Increasing numbers of youth experience severe dysregulation and appear in emergency rooms across the state. There is limited psychiatric residential capacity, and many of these young people have been unable to gain the coping, relational, and thinking skills needed for success in community settings during stays in residential programs.

Virtual Residential is an innovative program developed by Kairos in partnership with Jackson County Mental Health (JCMH) to provide intensive psychiatric residential level services in home and community settings, including a Crisis Respite Treatment Foster Home.

Virtual Residential Objectives

- Divert youth from psychiatric residential treatment through the provision of a menu of intensive services in home, school, and community settings planned and coordinated by a Wraparound team.
- Shorten lengths of stay in psychiatric residential by linking intensive home, school, and community services with the residential intervention.
- Provide a safe and stable crisis respite alternative to the Emergency Room for children in mental health crisis.
- Achieve efficiencies through integrated documentation.
- Improve outcomes as measured by the CANS, access as measured by utilization data, and experience of care as measured by the YSS.

Design Process

Project management methodology was utilized to:

- Unpack psychiatric residential to key components.
- Approximate weekly therapy, skills training, peer and family support needed for intensive community services as an alternative to psych. res.
- Use data to identify an estimated cohort
- Establish staffing needs and incremental costs.
- Create an alternative budget financing methodology.

Program Services

Virtual Residential Program Services

- Skills training (3-15 hours per week)
- Individual and family therapy (2-4 hours per week)
- Family peer support (weekly contact)
- Youth peer partner (weekly contact)
- 24-hour crisis support along with planned and crisis respite
- Intentional interventions based on Collaborative Problem Solving and the Neurosequential Model of Therapeutics, focused on emotional regulation skills, thinking skills, and building positive relationships
- Services provided flexibly in the home, classroom, on nights and weekends
- Family and youth peer support specialists support the family in wraparound meetings, via phone, and in the home or community
- Skills training, therapy, and peer and family support provided by Kairos; Wraparound facilitation and psychiatry as needed provided by JCMH

Crisis Support

- 24/7 crisis support provided by team members working in rotation, in close coordination with JCMH Crisis Team
- Behavior support plans in place for all youth
- Team works collaboratively to respond in flexible and often creative ways to crisis
- Team maintains ongoing close collaboration

Interval – Crisis Respite Treatment Foster Home

- Trained foster parents provide planned and crisis respite
- Wraparound team anticipates patterns of dysregulation and plans respite as part of the behavior support plan
- Triage protocols enable emergency admissions into Interval

Outcomes

Virtual Residential Data

- First intake for Virtual 9/22/14
- Total youth referred: 48
- Total youth served: 44
- Total youth/families who refused services after intake: 4
- Total youth/families who participated in services: 44
- Of the 44 who engaged, 7 have been referred to a higher level of care
- 37 have maintained in the home or foster home
- Total youth who were not in school/only receiving tutoring: 10

Crisis Respite Data (September 2014 – September 2015)

- First intake: 9/5/14
- Total distinct youth: 35
- Total respite stays: 80
- Planned Respite: 54
- Crisis Respite: 26
- Admissions from the Emergency Room: 7
- Diverted from the Emergency Room: 19
- Total Bed Nights: 144
- Discharge to higher level of care: 1

Virtual Residential Successes

Secondary Gains

- Siblings and parents participating in skills training and family therapy
- Daily appointments create structure, especially after school
- Family prepares the home for visitors, helps establish co-regulation

Challenges

- Helping families feel comfortable with in-home services
- Establishing co-regulation in home and community settings
- Transportation and transportation time

CANS Data Summary/Functional Outcomes

Summary of Domains

Behavioral Health Needs:

- Data suggests good initial assessments
- Anxiety and oppositionality still present but less interference with functionality

Risk Behaviors:

- Almost all risk behaviors reduced
- Consistent with the primary main effect of residential shown by CANS data across thousands of young people

Functioning:

- Good progress
- Low school achievement at admission
- Improved sleep
- Family function a challenge

Skill Building:

- Life skills and family involvement improved
- Not many skills lost
- Need to target building talents and interests

Residential Utilization

* Data does not control for ACA Medicaid Expansion

