

Virtual Residential Program[®]

**Evaluation of 2002-2003
Outcome Summary**

Executive Summary

Carol A. Bailey
Associate Professor of Sociology
Virginia Tech

November 2003

Introduction

Providence's Virtual Residential Program (VRP[®]) is a distinctive service designed to provide families, schools, and communities with a diversion alternative to unnecessary out-of-home placements and/or to expedite successful step-down of youth following residential or psychiatric placements. VRP[®] unites highly intensive, multi-systemic, in-home services with the structure of a residential approach to treatment. Providence has been developing and implementing VRP[®] services since 1998 and is committed to providing an effective service¹. To this end, Providence contracted with an evaluation researcher from Virginia Tech to conduct an outcome evaluation. The first step of this evaluation is an examination of discharge outcomes.

This report contains the results of analyzing data from the Outcome Summary for 42 clients served by VRP[®] from July 2002 to June 2003². The Outcome Summary contained 25 questions with forced-choice and open-ended responses and was completed by a VRP[®] professional at the time of the client's discharge from the program.

Highlights from the analysis of the qualitative³ and quantitative data obtained from the Outcome Summary are included in this report. The two major findings from the analysis of the Outcome Summary data are:

- The youth served by VRP[®] have serious mental health problems and lives that are often further complicated by substance abuse, encounters with the criminal justice system, and families in disarray.
- Seventy-one percent (N=30) of the 42 clients remained in the community at the termination of VRP[®] services.

The overall conclusion from this initial evaluation is that the Virtual Residential Program[®] provides a highly effective service to families and youth with severe mental health problems. Summaries of the analyses of the qualitative and quantitative data that support this conclusion are provided below.

The Clients

The clients' treatment history and diagnoses, when analyzed in conjunction with indications of problems with the criminal justice system, with substance abuse, and with their families, support the conclusion that VRP[®] serves clients with severe mental illnesses.

Treatment History

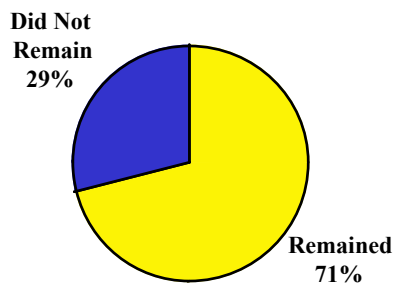
The severity of the clients' problems can be illustrated by reviewing the clients' treatment history. An analysis of the Outcome Summary data reveals that all but one of the 38 clients whose treatment history was noted on the Outcome Summary⁴ had a history of treatment. Eighty-nine percent⁵ (N=34/38⁶) of the clients had at least one residential placement and/or psychiatric hospitalization prior to their admission to VRP[®], often in conjunction with outpatient and/or in-home services. Twenty-six percent (N=10/38) of the clients had spent time in a detention/correctional facility, in addition to some other form of out-of-home placement.

Examples

The difficulty of the cases served by VRP[®] can be illustrated by the following examples. Two clients who were fifteen⁷ had a history of residential placement, psychiatric hospitalization, and confinement in a detention/correctional facility. Both had received other forms of treatment as well. They each had multiple diagnoses; one of these clients was diagnosed with anxiety (PTSD) and disruptive behavior (ODD and ADHD). The other had diagnoses of disruptive behavior (ODD) and bipolar disorder. However, the outcomes were different for the two. One client remained in the community with his mother "setting limits and follow(ing) through with her son⁸." The other continued to "have outbursts, particularly in school, and to exhibit other inappropriate behavior." This client was discharged into a more structured environment.

Discharge Status

The Outcome Summary included the primary evaluation question: "Upon termination did the client remain in the community?"⁹ The responses to this question indicate that seventy-one percent (N=30/42) of the 42 youths remained in the community at the termination of services.



The Outcome Summary asked for additional impressions at the time of discharge, allowing for a fuller picture of the clients who remained and those who did not.

Clients Who Remained in the Community

Analysis of the comments on the Outcome Summary indicated that positive changes had occurred for some of clients who remained in the community. For example, an 11-year-old girl, who had a diagnosis of disruptive behavior (ODD), had been treated in a psychiatric hospital three times. After the client's four-month involvement with VRP[®], the "Client has made significant progress and has stabilized in home. Client is performing at the top of her class in school. Client is actively participating in community activities." Also after four months with VRP[®], a client, who was 10 years old, had a "reduction in defiant behavior (stealing, leaving home without permission) and has been able to abide by 'house rules.'" In another case, two 13-year-old brothers were involved with VRP[®] at the same time, a situation that the VRP[®] professional described in the Outcome Summary as "a very high risk case which appears to have been successful." The professional continues "Client has shown significant

improvement in behavior, attitude, social, and communication skills." In describing the goals reached by a client who was 15 years old, the professional wrote: "Client's low self-esteem has been elevated to the level of dissolving phobias/shyness."

Parents: Although no data were specifically collected on the parents, the comments on the Outcome Summary often indicated positive changes in parental behavior. For example, a VRP[®] professional observed that after six months with VRP[®], the parent of an eight-year-old client, who had a mood disorder and exhibited aggressive behavior, had "...made progress in her ability to manage client." Prior to involvement with the VRP[®], the youth had been in a psychiatric hospital four times.

For another client, the mother "...began setting limits and followed through with her son." This client, who was 15 years old, had a history of residential placement, two weeks in a psychiatric hospital, time in a detention/correctional facility, and outpatient and home-based services prior to his seven-month involvement with VRP[®]. In one case, the family made progress although the client made little. A 17-year-old client, diagnosed as having a mood disorder, had been in psychiatric hospitals three times and had spent a year in residential placement. At termination of services, the client was still "resistant to services," but her "...family have made progress. Father is more empowered to set limits"

Clients Who Did Not Remain in the Community

Not all clients remained in the community. In some cases, hospitalization was needed. For example, a 17-year-old client spent only two months with VRP[®]. As stated on the Outcome Summary, the "goals of treatment were to reduce the incidence of self-injurious behavior, to stabilize home situation, and to attempt to avoid additional hospitalization." The client had spent the most of the last two years in either a residential placement or a psychiatric hospital. The case was terminated when the client overdosed on Tylenol and was placed in a psychiatric hospital. Another example of the need for hospitalization was an 11-year-old boy who had previously spent 54 days in a psychiatric hospital. He was discharged by VRP[®] so that he could be admitted to a "neuro-behavioral hospital...to complete comprehensive testing and medication evaluation." This client had been diagnosed as having Tourette's, intermittent explosive, and seizure disorder.

Aggressive behavior was a factor for some of the clients who did not remain in the community. For example, a client, who was 10 years old, was placed in a "residential treatment due to destructive behavior and inability of foster parent to control behavior. VRP[®] had worked with the youth for two months at which point the client's foster parent asked for his removal." Another client's mother was very involved, but still the nine-year-old client was removed from home because the client was "extremely physically aggressive and verbally aggressive and warranted a higher level of care."

Substance abuse and the criminal justice system: Substance abuse and criminal charges were a factor for some of the clients who did not remain in the community. For example, a client with a diagnosis of disruptive behavior and a drug addiction problem was "making progress" and "was more open and talkative in treatment" when he relapsed after two months and was sent back to detention. Detention also was the destination for a 15-year-old youth charged with assault and battery prior to the completion of VRP[®]. This youth, who had diagnoses of developmentally delayed and disruptive behavior, had been with VRP[®] for five months at the time of his arrest.

One client was terminated from the program when he "violated his probation and was placed in training school with a minimum of six months and a maximum of seven months duration." Prior to his discharge, this 15-year-old teenager, who was involved with a gang and had substance abuse issues, lived with his grandmother and refused to follow her rules. The Outcome Summary indicated that he did not come home at night and did not attend school. Further, the "Client is still using drugs and is operating a stolen vehicle without proper identification." Diagnosed with disruptive behavior (ODD), the youth had spent most of the last three years in residential placement or detention. However, he had never been treated in a psychiatric hospital.

Parents: Sometimes parents were part of the reason why clients did not remain in the community. For example, a 15-year-old teenager, whose treatment history was unknown, was removed from her home because of "her mother's unwillingness to participate in the program." Another client, who was 16, was discharged from the program, in part, because of her "parents inability to participate appropriately." This client had been in a psychiatric hospital three times and in residential placements for over two years. The importance of the family is clearly illustrated by this comment on the Outcome Summary for a 13-year-old client: "Case was terminated due to mother's inability to stop smoking marijuana and her emotional abuse of client. As client began to stabilize, mother's substance use increased."

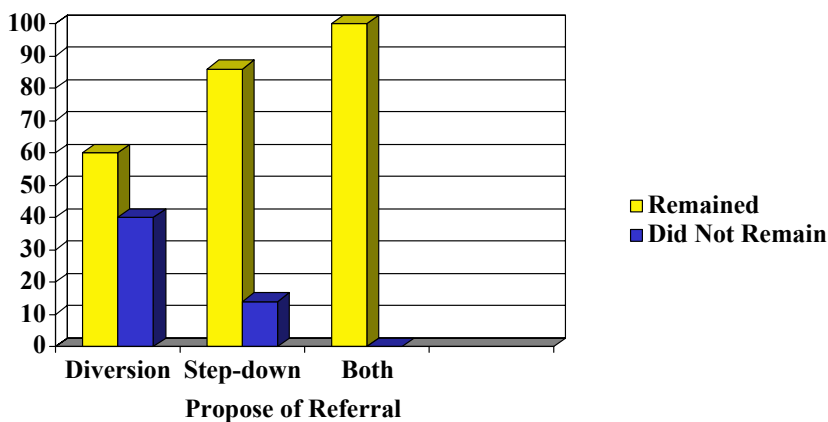
Analyses of other quantitative items on the Outcome Summary provide additional information for understanding the relationship between staying in the community and other factors. The items that were analyzed are the purpose of the referral, the length of VRP[®] services, school attendance/grades, age, and diagnosis.

Purpose of Referral

Sixty percent (N=25/42) of the clients were at imminent risk of out-of-home placement and were referred to VRP[®] as a diversion from more restrictive placement. Another 31% (N=13/42) were referred as step-down from a residential placement. The remaining 4 cases (9%) were both step-down from a residential program and diversion from an out-of-home placement.

A larger percentage of those who were referred for step-down remained in the community than those who were referred for diversion.

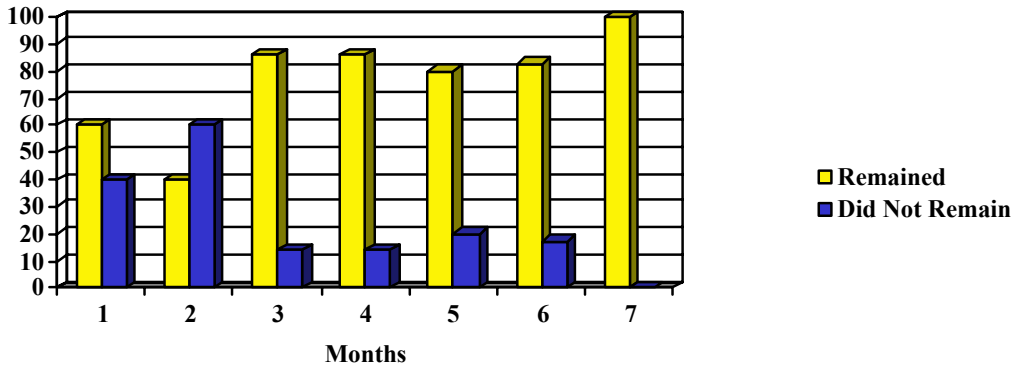
- Step-down---85% (N=11/13) remained
- Diversion----60% (N=15/25) remained
- Both-----100% (N= 4/4) remained



Length of VRP® Services

Data were available on length of stay with VRP® for 41 clients. The average length of stay for all clients was 3.5 months and 3.8 months for the clients remaining in the community. A larger percentage of youths receiving VRP® services for three months or more remained in the community than youths receiving services for two months or less. This difference is statistically significant¹⁰.

- Three or more months----85% (N=22/26) remained
- Two months or less-----47% (N= 7/15) remained

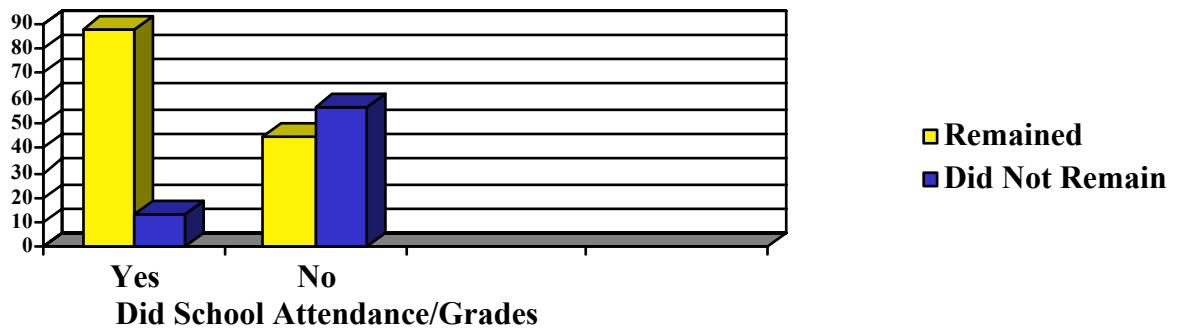


School Attendance/grades

The Outcome Summary contained the question "Did the clients' School attendance/grades improve?" Answers to this question were available for 39 clients.

A statistically significance relationship exists between improvement in school attendance/grades and staying in the community.

- Improved school attendance/grades-----87% (N=20/23) remained
- Did not improve school attendance/grades---44% (N= 7/16) remained

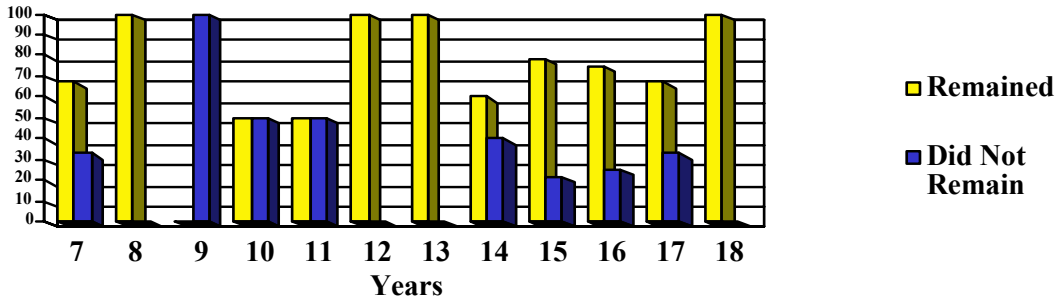


Age

Forty-one clients had their age included on the Outcome Summary.

Older clients remained in the community at higher rates than younger clients.

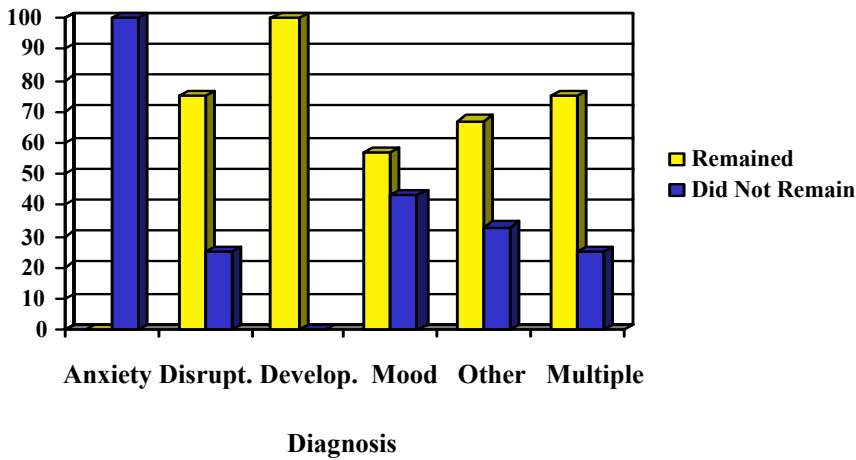
- 12 and older-----81% (N=25/31) remained
- 11 and younger---50% (N= 5/10) remained



Diagnosis

The diagnoses for all 42 clients were included on the Outcome Summary. Youths with a diagnosis of disruptive behavior, developmentally delayed, or multiple diagnoses remained in the community at higher rates than the overall average.

- Anxiety-----0% (N= 0/1) remained
- Disruptive behavior-----75% (N=12/16) remained
- Developmentally delayed-----100% (N= 3/3) remained
- Mood disorder-----57% (N= 4/7) remained
- Other-----67% (N= 2/3) remained
- Multiple diagnoses-----75% (N= 9/12) remained



Summary

Youth represented in this initial evaluation have serious mental health problems, often accompanied by substance abuse, encounters with the criminal justice systems, and families in disarray. The youth are at imminent risk of placement. Eighty-nine percent (N=34) of the 42 clients already had at least one residential placement or psychiatric hospitalization prior to admission to the VRP[®]. At discharge, 71% (N=30) of the 42 clients were still in the community, and 85% (N=11) of the 13 clients referred for the purpose of step-down remained. Eighty-five percent (N=22) of the 26 clients who were involved with VRP[®] for three months or more were still in the community at discharge. Twenty-three clients improved their grades/attendance resulting in 87% (N=20) of this group remaining in the community. Eighty-one percent (N=25) of the 31 clients over the age of 12 remained in the community.

Given the high risk of placement, achieving a 71% success rate in an average of 3.5 months of service delivery to these 42 clients attests to the effectiveness of the Virtual Residential Program[®].

¹ This paragraph was adapted from VRP[®] promotional materials (2003).

² The outcome data used in this report were collected prior to the contractual arrangement with the researcher from Virginia Tech. A detailed report is available that includes additional findings and discussions of methodology and limitations of these data.

³ Qualitative data are primarily drawn from a portion of the Outcome Summary that asks the VRP[®] professional to give "Additional impressions re: goals, prognosis, etc."

⁴ Information requested on the Outcome Summary was sometimes missing. Thus, the number of clients analyzed varies from item to item in this report. Percentages throughout this report are calculated based on the number of clients with complete information on the question(s) of interest.

⁵ Because so few cases are being analyzed, the number of clients is always included with any percentages reported.

⁶ N=34/38 indicates that 34 clients out of the 38 clients with information on treatment history "already had at least one residential and/or psychiatric hospital placement, including additional time in a detention or correctional facility for some clients." A similar presentation style is used throughout.

⁷ Age is the only demographic characteristic available on the Outcome Summary.

⁸ Text enclosed in quotation marks are direct quotes from the Outcome Summary.

⁹ Minor editorial changes have been made to the questions for readability.

¹⁰ Fisher's Exact Test was used for determining statistical significance between dichotomous indicators. Significance level set at $\leq .05$.