KPACT: Adapting Proven Adult Service Models To Meet Children’s Needs

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Overview of Session

- Innovation and change in community mental health
- Identifying the “Performance Gap”
- KPACT
- Collaborative work
Innovation and Change

- Pressures on our services
- Fear of the unknown
- Who Moved My Cheese? How do I feel about it?
The Performance Gap

- To what extent do the improvements and changes we’ve made actually add up to what is needed?

- What is the breakthrough thinking that will help us “close the gap?”
KPACT – Kids Program for Assertive Community Treatment

- Modeled after the Adult PACT program
- Program inception
- Response from community
- Struggles
- Successes
- Current KPACT structure
Once upon a time…

There was an intensive case that needed more than our “usual” service interventions.

We cobbled together a service plan that included case management, in home services, psychiatric services, and school-based services. It was not enough. We needed to have someone available 7 days a week for the family, along with the other services – KPACT was born.
Initial Response

- FAPT – grateful that this case had a service that could be begun immediately, and that it was flexible enough to change with the treatment needs.
- Other FAPTs began making referrals, asking for more information and staffing options with us.
- Some resistance
KPACT Struggles

- Adequate reporting to FAPT
- Innate difficulties with KPACT cases
- Coordination of services with many providers
- Resistance from families
- Staffing plans
KPACT Successes

- To date – served 12 kids with KPACT since November of 2008
- Ten of the 12 have remained in the community.
- Clients served have been diagnosed with Autism, Borderline Personality traits, Substance Abuse, PTSD, Reactive Attachment Disorder, MR, Psychosis, Major Depression, and history of abuse.
Current KPACT Structure

- Addition of KPACT Supervisor
- Integrated into our In Home program
- Cross program coordination
- Monthly team meetings
- KPACT report cards
- Evaluation of new KPACT clients
- Behavior Specialists
- Weekend coverage
Services Offered

- daily contact (up to 5 hours a day as needed)
- case management services
- clinical in-home services
- psychiatric services
- medication administration
- mental health support services
- intensive administrative/clinical oversight
- Group therapy for clients and parents
- crisis response and behavioral tracking
Decision Process

Does the child need daily contact to be maintained in the community?

Yes

No

Consider In Home services, CM or MHSS

Does the child need multiple layers of treatment (clinical services, case management, psychiatric services)?

Yes

No

Consider less intensive service (In Home, CM, MHSS)

Have other, less restrictive alternatives been attempted or considered?

Yes

No

Consider less intensive service (In Home, CM, MHSS)

Refer to KPACT by contacting Erin Predmore at 961-8447
Case Study

- 17 year old male
- History of severe substance abuse, violent outbursts at home, depression and suicide attempts.
- Currently hospitalized after a suicide attempt while in detention
- Barriers to success – attachment issues with adoptive mother, rejection by peers, resistance from family for services, impulsive behavior by client.
- Services attempted – OP, CM, group, In Home, and MHSS
Collaborative Work

- Identify problem or performance gap in your area
- What is the ideal solution?
- How do you get there?
Questions?