

Rolla Behavior Resource Team & Future Care Working Together

Focusing on Universal Strategies



FUTURE CARE INC.

About the Agency

- ▶ Began providing services 17 years ago
- ▶ Provide Residential and Personal Assistance Services to Individuals with Developmental Disabilities
 - 1 Group Home
 - 7 Individual Supported Living Homes
 - 3 Natural Homes





Agency Tiered Supports

- ▶ February 2012, The Rolla Behavior Resource Team and Future Care Inc. began working together on Agency Tiered Supports
- ▶ April 2012 Agency ASSET's (Environmental Assessments) were completed
- ▶ Agency Identified 3 Areas of Focus
 - Teaching and Encouraging New Skills
 - Systems of Reinforcement
 - Data-based Decision Making



Agency Tiered Supports

- ▶ Teaching and Encouraging New Skills
 - Developed Agency Matrix using Life Expectations to teach and encourage skills for agency staff and individuals being supported
- ▶ Systems of Reinforcement
 - Developed and updated agency policies to include systems to support the Matrix being use to teach and reinforce Life Values
- ▶ Data-based Decision Making
 - Developed a Data Collection Process which is consistently utilized to assist the agency determining what supports and level of supports are needed to encourage desirable behavior

How we are Improving Quality of Life Through Tired Supports



C Care

A Appreciate

R Respect

E Encourage

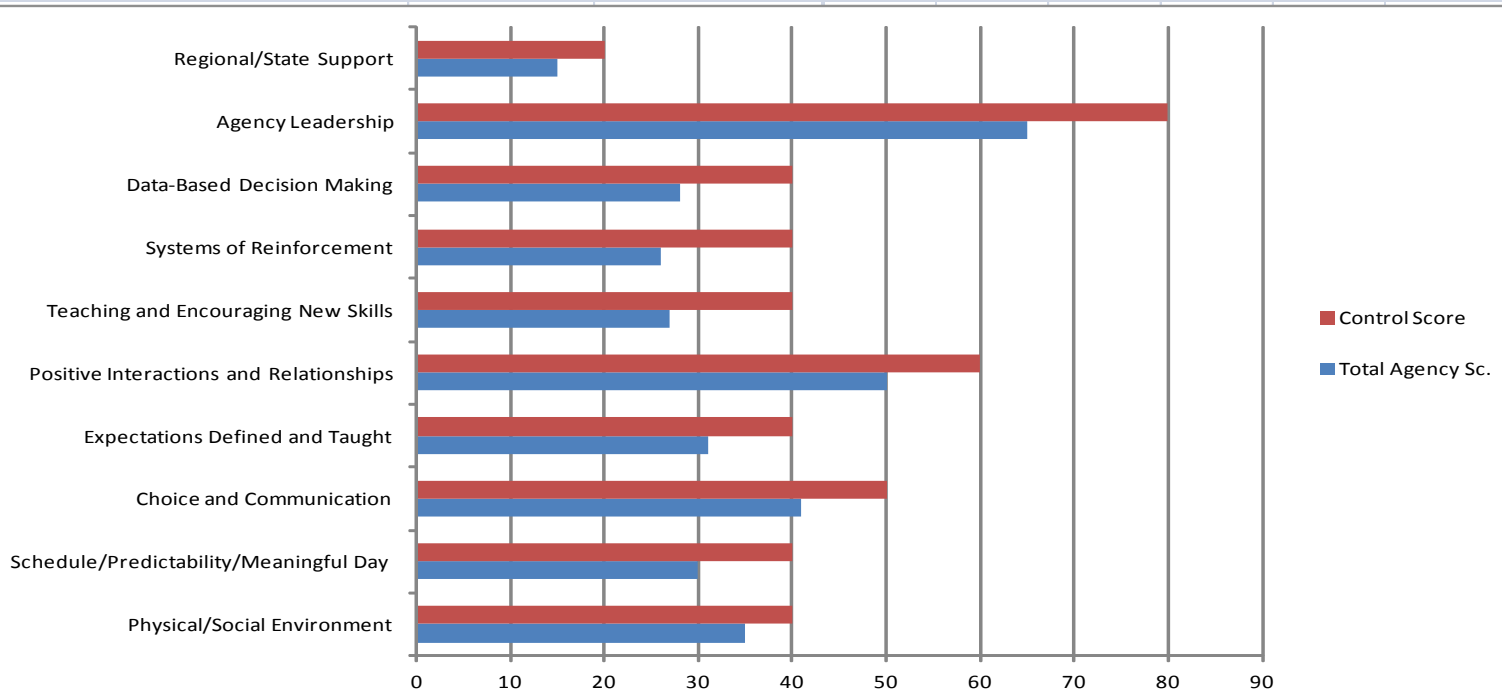


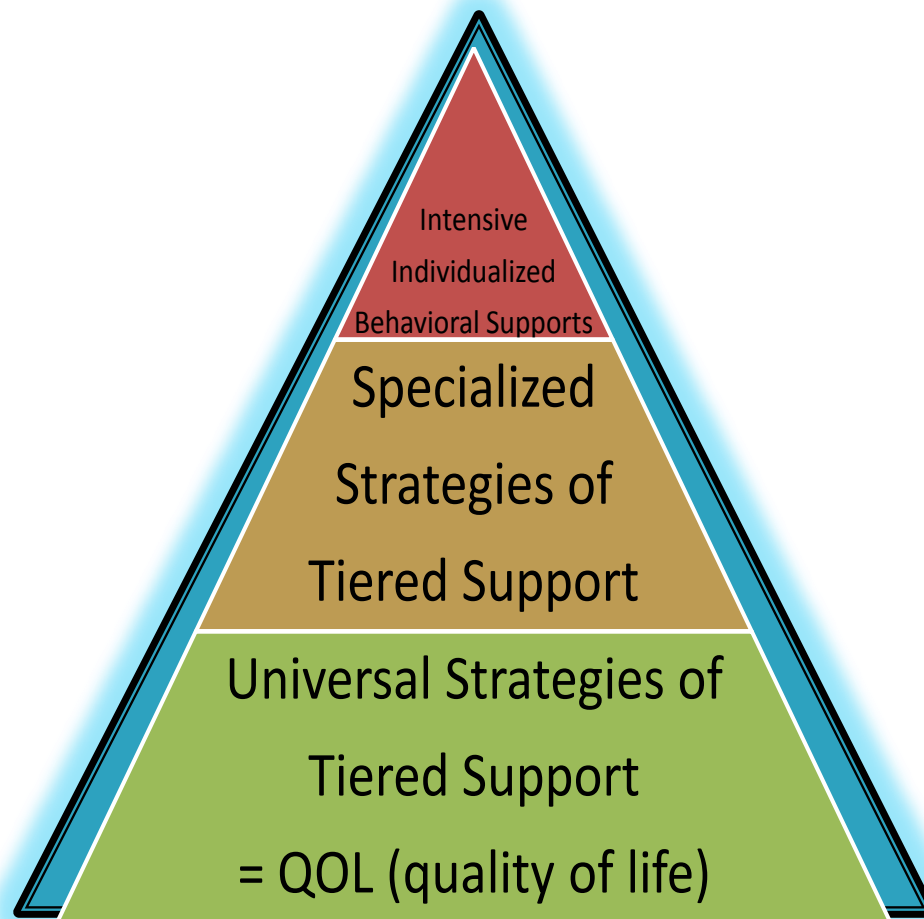
for
the
birds

- ▶ **Future Care, Inc. provides Individualized supported living (ISL) services to 23 Individuals in Rolla and Camdenton. The provider also provides intensive medical personal assistance. The services are characterized by creativity and flexibility to enable and empower people with disabilities to be fully a part of their community.**

Agency Environmental Assessment

	Total Agency Sc.	Control Score
Physical/Social Environment	35	40
Schedule/Predictability/Meaningful D	30	40
Choice and Communication	41	50
Expectations Defined and Taught	31	40
Positive Interactions and Relationship	50	60
Teaching and Encouraging New Skills	27	40
Systems of Reinforcement	26	40
Data-Based Decision Making	28	40
Agency Leadership	65	80
Regional/State Support	15	20





MISSOURI QUALITY OUTCOMES

TOOLS OF CHOICE

DATA COLLECTION

Quality Outcomes

Name: _____

Gender of participant: Male Female

Does the participant exhibit challenging behavior? Yes No

1 = Never 2 = Rarely 3 = Occasionally 4 = Frequently 5 = Often

Outcome # 1: People Belong to their Community

Do you visit and shop at local retail and/or grocery stores of your choice? 1 2 3 4 5 NA

Outcome # 2: People have a variety of Personal Relationships

Do you have friends who do not live with you and are not paid support staff? YES NO

Outcome # 3: People have valued roles in their family and community

Do you participate in family activities? 1 2 3 4 5 NA
If not at all, or not as often as you would like,
what are the barriers that keep this from happening?

Outcome # 4: People are connected with their past

Do you have contact with friends from your past (childhood, high school, college, past work etc)? 1 2 3 4 5 NA

Outcome # 5: People's communication is understood and receives a response

Do people understand you when you try to tell them what you want? 1 2 3 4 5 NA

Outcome # 6: People are Provided Behavioral Supports in positive ways

Do you have things taken away from you because of your behavior? 1 2 3 4 5 NA

Do you feel you have control over your own life? 1 2 3 4 5 NA

Outcome # 7: People are provided Supports in a manner that creates a positive image

Do the people who provide you with support treat you with dignity and respect? 1 2 3 4 5 NA

Outcome # 8: People express their own Personal Identity

Is your home decorated with items you have chosen? 1 2 3 4 5 NA

WEEKLY TARGET BEHAVIOR DATA SHEET

Week of ____/____/____ To ____/____/____

Client Name: _____

Instructions:

- Record the Letter for the Target Behavior in the left hand box (BEH) for the hour if the behavior occurred at any time during that hour. Only record for that behavior 1 time per hour, no matter how often it happens.
- Record Severity Code in the S box for each hour that physical aggression or self-injury happens.
- Recording should be done when the behavior occurs or at the end of each hour, not at the end of the shift.

T = Threats of Harm PD = Prop. Destruction- PA = Physical BM = haning a Bowel Movement
 hitting wall with fist, Aggression in her room, in her pants, or
 A= Allegations throwing things smearing

SIB = hitting head on wall

Severity Codes (use to rate the severity of physical aggression)

Attempt 3 = Causes moderate trauma to body tissue (lacerations, swelling, etc.) or
 Occurs, but no injury/damage results from behavior. causes moderate damage to property.
 4 = Causes severe trauma to body tissue (fractures, mild concussion) or
 Causes minor trauma to body tissue (scratches, abrasions, minor causes severe damage to property.
 ises, etc.) or causes minor damage to property 5 = Life threatening

	SUN		MON		TUES		WED		THU		FRI		SAT	
	BEH	S	BEH	S	BEH	S	BEH	S	BEH	S	BEH	S	BEH	S
6-7am														
7-8am														
8-9am														
9-10am														
10-11am														
11-12noon														
12-1pm														
1-2pm														
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11-12 pm														
12-1 am														
1-2 am														
2-3 am														
3-4 am														
4-5 am														
5-6 am														

Weekly Totals: _____ staff initials _____

Assessment Card

Individual: _____	Reporter: _____	Date/Time: _____
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What was going on just before the behavior occurred?

What did you &/or others do when the behavior occurred?

How did the individual respond to you &/or the others (what happened next)?

How did this episode end?

Circle why you think this episode occurred (&provide the little bit of extra information when you can).

Escape/Avoid (from what?): _____

Attention (from whom?) : _____

Wants something (what?): _____

Because she/he likes doing it

SOMETHING TO REMEMBER?

Using Care Bird to develop Individual Outcomes in Individual Support Plans

Individual A

Teach Life Value: Respect in the Home and Community

<p>Outcome:</p> <p>Individual Learns Social Manners in the Home & Community</p>	<p><u>Action Steps:</u></p> <ol style="list-style-type: none">1. Identify each respectful behavior that is of concern to assist in development of the teaching plan. <p>Who Responsible: Agency Program Manager Timeline: June 1, 2013</p> <ol style="list-style-type: none">2. Develop Teaching plan which includes; <u>How</u> (the Strategies to be used), <u>Where</u> (location training will occur), <u>When</u> (the times and frequencies training will occur) What (what types of reinforcement will be used) and <u>Who</u> (who is responsible for teaching) <p>Who is Responsible: Agency Program Manager, staff and individual A Timeline: June 30, 2013</p>
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Life Values Defined & Taught



Matrix: Life Values

	HOME	AUTO	COMMUNITY	WORK
CARE	Assist with needs and life skills Being Patient Confidentially	Help with seat belts Take emergency kit	Dress, hair and appearance (Budgeting) Money and purchases	Have good hygiene On time and ready for work Follow work guidelines
APPRECIATE	Everyone's individuality Everyone's Efforts	Opportunities for recreation Music and Laughter	Wal-Mart/McDonalds Parks/neighbors/Families	Friendships Paycheck
RESPECT	Other's space and property House guidelines Believe in yourself and others	Keep hands to self Believe in yourself and others	Privacy of people and babies property When to call 911 Believe in yourself and others	No drama or gossip Believe in yourself and others
ENCOURAGE	Dreams/goals/hobbies Personal responsibility Healthy choices/exercise Independence	Happy attitudes and smiles Sharing music/seating and talking	To be yourself Kindness and helping others Sharing joys and sadness of others	Volunteering To be your Best

Using Positive Reinforcements



Staff

- ❖ Visits often
- ❖ Bag of Goodies
- ❖ What does CARE stand for?

- ❖ Tickets



ONE WAY TICKET REDEMPTION FORM ROLLA AND CAMDENTON

NAME: _____
 PHONE # : _____
 DATE ORDERED: _____

ITEMS	# OF TICKETS	QTY OF ITEMS	TOTAL # OF TICKETS
Subway \$5.00 Gift Certificate	10 Tickets		
Panera Bread \$5.00 Gift Certificate	10 Tickets		
Sonic \$5.00 Gift Certificate	10 Tickets		
McDonalds \$5.00 Gift Certificate	10 Tickets		
Mexican Restaurant \$5.00 Gift Certificate	10 Tickets		
Chinese Restaurant \$5.00 Gift Certificate	10 Tickets		
Car Wash	15 Tickets		
Book Store \$10.00 Gift Certificate	20 Tickets		
Movie Tickets (2 Tickets) Price of Ticket	30 Tickets		
Pizza Hut \$20.00 Gift Certificate	40 Tickets		
Applebee's \$20.00 Gift Certificate	40 Tickets		
Big Surf Ticket (1 Adult)	50 Tickets		
Visa or Mastercard Gift Card \$25.00	50 Tickets		
Manicure/Pedicure Gift Certificate \$25.00	50 Tickets		
Bass Pro Gift Certificate \$25.00	50 Tickets		
Outlet Mall Gift Certificate \$25.00	50 Tickets		
Marshalls Gift Certificate \$25.00	50 Tickets		
Silver Dollar City 2-Day (1 Child)	70 Tickets		
Silver Dollar City 2-Day (1 Adult)	90 Tickets		
Tanning Salon \$40.00 Gift Certificate	90 Tickets		
Walmart Gift Certificate \$50.00	100 Tickets		
Outlet Mall Gift Certificate \$50.00	100 Tickets		
Casey's Gas Card \$50.00	100 Tickets		
Silver Dollar City Season Pass (1 Child)	125 Tickets		
Silver Dollar City Season Pass (1 Adult)	150 Tickets		

Individual

- ❖ Catch using care

- ❖ Give feather to put on home bird



- ❖ Dime for each feather



- ❖ Monthly Recognition

Success Story



DEPARTMENT OF MENTAL HEALTH 1706 East Elm St.
SHARING SUCCESS Jefferson City, MO 65101

RETURN FORM TO: DMH, OFFICE OF PUBLIC
 AND LEGISLATIVE AFFAIRS
 1706 E. Elm St., Jefferson City, MO 65101
 Fax: 573-526-7926
 E-mail: OPAmail@dnh.mo.gov

NOMINEE INFORMATION

NAME

DIVISION (check the box that applies)

- ADA – Alcohol and Drug Abuse
 CPS – Comprehensive Psychiatric Services
 DD – Developmental Disabilities

ADDRESS, CITY, STATE, ZIP
 415 East 11th Street, Rolla MO 65401

ORGANIZATION (if any)
 Future Care Inc.

INSTRUCTIONS: Please share complete success story information about the nominee in the space provided below. All information must be contained on this form. Please **DO NOT** include additional sheets. All nominations must be submitted to the DMH Office of Public and Legislative Affairs.

Any DMH state employee may nominate a consumer from his/her department or facility.
YOU MUST HAVE PERMISSION FROM THE NOMINEE BEFORE SUBMITTING THIS FORM.
THIS FORM IS NOT COMPLETE WITHOUT THE REQUIRED SIGNATURE(S).

Impossible! That's what the opportunities for success in Olivia's life looked like at a time not so long ago. In and out of foster homes and residential homes throughout her young life (12 placements in seven years), the prospects of ever having a happy life looked slim to her. That is, until she landed in and Individual Supported Living (ISL) home in Rolla, Missouri supported by Future Care, Inc. whose mission statement is: Supporting people with developmental and physical disabilities to live normally as an active part of their community taking on valued roles, forming relationships, empowering choice and becoming contributing self-advocating citizens." Suddenly, Olivia was supported by people who could see the potential in her and what's more, who could help Olivia recognize the potential in herself! Here, she was taught how to make choices for herself about how she wanted to spend her days and what she wanted to achieve in her life. She states that "It was frightening at first" but with each new responsibility and each new choice came the skills to meet them with success. Olivia states that when she first came to the ISL she had issues with being honest, feeling like she had to use certain undesirable behaviors to get attention like pushing the limits, and reacting negatively to situations. However, with the help of the caring staff at the ISL who believed in her, she was taught to make stepping stones out of obstacles and to advocate for herself. Now what once seemed like 'Impossible things' are happening everyday for Olivia.

Life Accomplishments:

As of June 1, 2013 she will have lived successfully in her home for 6 years. Volunteered at the Recreational Center in Rolla for 2 years and in that time she learned Socialization, acceptance and values.

She has worked at the Rolla Sheltered workshop for almost 4 years

Spent a week at a church camp where she states she learned Confidence, how to forgive the past and move on.

Participates in instructing the Project Stir classes in the Rolla Regional Area.

Has learned how to control her Type II Diabetes through diet, as she was on the verge of having to take insulin.

Learned how to be responsible in saving her money, for caring for her dog, her cell phone, her personal needs and paying for her medicine refills and her rent.

Future Goals:

Complete her GED

Go to college for law enforcement

Live on her own

Get married and have a family

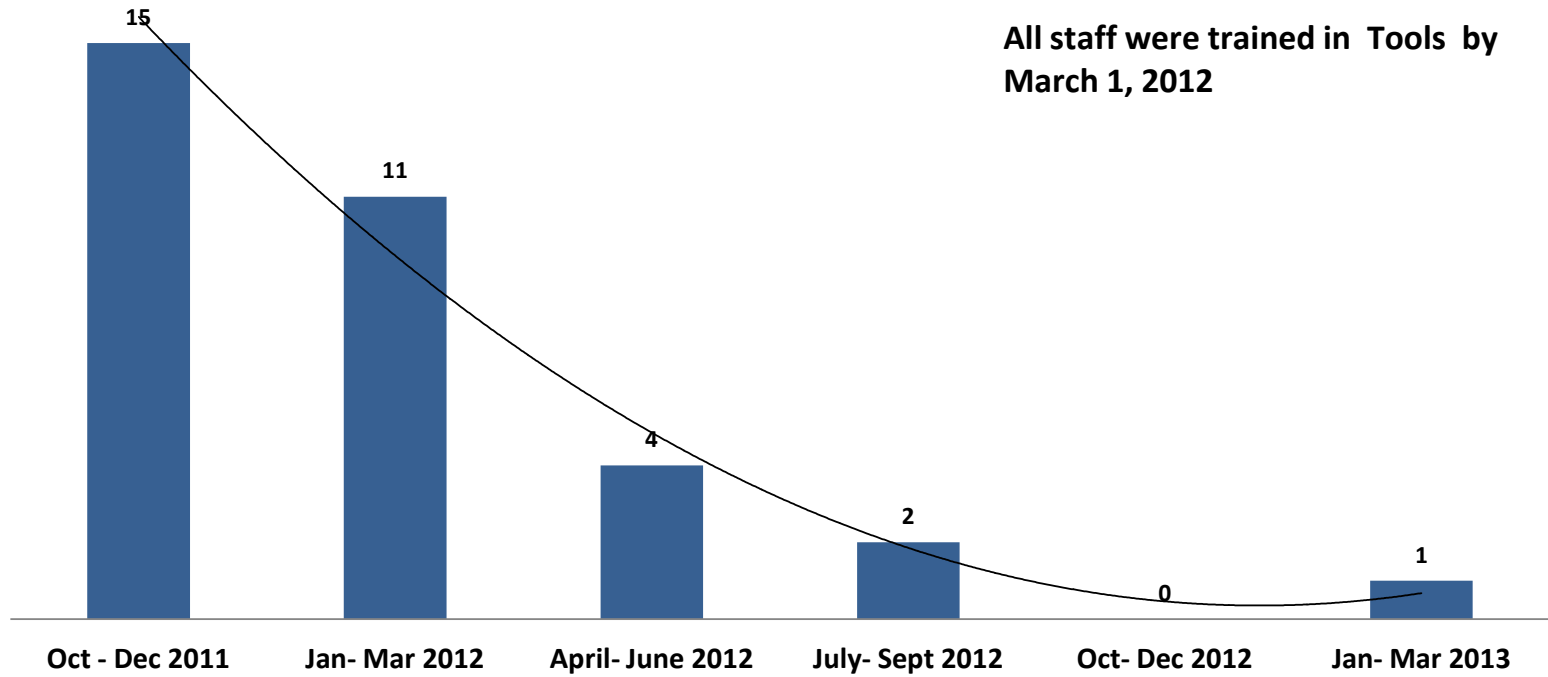
Long term goals: open up two separate foundations. One foundation would be for a home for homeless veterans established in her dad's name because her dad was a veteran, and another would be Olivia Smith's home for women and children who have been sexually abused.

Impossible! I doubt it. Impossible things are happening everyday!


*Olivia attributes her success to her cheerleaders, Vickie VanNess, Valerie Crocker, Carol Snow, her uncle Bill, Linda at the Recreation Center, and Phyllis at Children's Division.


Her Moto: "Just because you may have bumps and bruises in the road doesn't mean you give up". Her Inspiration: "God".

Behavioral Incidents Reported



WHERE WE ARE GOING IN THE FUTURE

- 
- Teaching Life Values in the Home and to Individuals

- 
- Using forms of Reinforcement as developed by the individuals and staff

- 
- Using Teaching Plans on Life Values to Improve Quality of Life

Teaching Life Value's In the Individuals Homes

Independent Practice: Respect

Name _____

Respond to each statement by writing an explanation as to why you agree or disagree.

1. It is important to respect people who are older than you are.
I agree/disagree because:

2. When you do not respect your family heritage, you do not respect yourself.
I agree/disagree because:

3. It is important to respect your community.
I agree/disagree because:

4. Respecting yourself is more important than respecting others.
I agree/disagree because:

Viewing Guide: Respect

Name _____

As the testimony clips for *Respect* are viewed, complete the three columns below:

Interviewee	Demonstration of respect OR disrespect	Viewpoint of respectful OR disrespectful behavior	Agree OR disagree with interviewee's viewpoint
Felix Sparks			
Michael Abend			
Sarah Friedman			



**Thanks For Allowing Us to
Share Our Vision With You.**