

# OMNI Behavioral Health

~ Specialists in Community Services ~

5115 F Street  
Omaha, NE 68117

Phone: 402/397-9866  
Fax: 402/397-1404

January 24, 2013

Tricia Mason  
Community Based Services  
Division of Developmental Disabilities  
Department of Health and Human Services  
P.O. Box 98947  
Lincoln, NE 68509

Dear Tricia,

Attached you will find the 2012 Annual Report for OMNI Behavioral Health's ITMS and Poppleton Assessment Center programs. Within the report you will find information on OMNI's programing, geographic areas served, Provider's served, and information of the Individuals who received consultation and/or assessment including presenting problems and demographics.

Key Findings Include:

- OMNI staff has a combined total of 172 years' experience with Developmental Disabilities.
- 59% of ITMS clients maintained their placement after the 6-month consultation period ended. 28% of cases were still open at the time of this report. 13% of ITMS clients did not maintain their placement.
  - The percentage of clients who did not maintain placement could be reduced into the single digits if referrals for ITMS services were made before there was a crisis and/or Providers would hold off on terminating services for the Individual until recommendations and training through ITMS had been attempted.
- 55% of the clients ITMS served have been diagnosed with a Serious and Persistent Mental Illness, while 70% of the clients evaluated at Poppleton were diagnosed with an SPMI.
- Survey Results from Providers and Service Coordination on "What is Working Well?" within the ITMS program indicate that ITMS has the following strengths: organization, knowledgeable about behavioral interventions, objective while looking at the case, thorough and timely, supportive and accessible, and instant access to a Licensed Mental Health Practitioner.
- OMNI has identified some challenges within the DD Service System. We have also identified some possible solutions within the annual report. Some of the identified challenges within the DD Service System include:
  - Limited time for staff training. Staff have limited knowledge of behavior modification techniques.



- Providers not allowing incentives for their staff in completing OMNI competencies and/or assessment instruments
- Lack of technology (video-recording, agency email, etc.) to help disseminate information and/or account for discrepancies in what is reported and what is actually occurring with the Individual.
- Improvements that ITMS can make in their service delivery. ITMS has begun using products like Qualtrics and PracticeWise.
  - Qualtrics allows OMNI to streamline trainings, survey Providers, Service Coordination, and Guardians, and provide web-based trainings to agency staff. Some of the training modules that OMNI has developed include: Planned Ignoring, Modeling, Teaching Social Skills, Token Economy, etc.
  - PracticeWise allows ITMS to present behavioral data to providers in real-time.

Please let me know if you have any questions on concerns related to the content.

Sincerely,

A handwritten signature in black ink, appearing to read 'Liz Wollmann', with a long, sweeping horizontal line extending to the right.

Liz Wollmann, LICSW

OMNI Behavioral Health

**OMNI Behavioral Health  
2012 Annual ITMS Report  
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**OMNI Behavioral Health  
Intensive Treatment Mobility Services (ITMS)  
Program Description, Data, and Analysis  
2012 Annual ITMS Report**

**Program Description**

ITMS stands for **Intensive Treatment Mobility Services** and is OMNI Behavioral Health's name for **Team Behavior Consultation (TBC)**. TBC is on-site consultation by highly specialized teams with behavioral and psychological expertise utilized when individuals with Developmental Disabilities experience psychological, behavioral, or emotional instability. Typically, the maladaptive behaviors the client is experiencing have been resistant to other standard habilitation interventions and strategies that have been attempted by the individual's IPP team. A clinical team conducts on site sessions within the individual's daily environment in order to consult/assist the team who is currently serving the individual.

OMNI utilizes **Evidence Based Treatments or Practices (EBP)** consistent with the presenting problems and assure the integration of physical health care treatment associated with any client referred. The team completes a **Bio Psycho-Social Assessment & Functional Behavioral Assessment** to assess the individual in their living and working environment and to determine the function of the maladaptive behavior(s). **Behavioral Intervention Strategies** will be presented and then piloted, data will be analyzed to determine the final **Intervention Plan**, and a **Summary of Behavioral Consultation** will be constructed and include a functional analysis, triggers, intervention techniques and plans, and informal and formal supports within their environment.

The ITMS team follows up with client/ family/ provider to evaluate the implementation of the intervention and the impact that the plan has had on the client's behaviors. Data will be collected by staff on positive and negative behaviors and also on the fidelity of the Intervention Plan. Adjustments and changes will be made to the intervention as deemed necessary by the data collected.

The OMNI approach is multi-disciplinary in nature---information may be collected from all individuals involved in the client's life including school, work, community, peers, family, mental health providers, medical professionals, and self.

**Flowchart (Logic Model):**

See attachment

**Staffing:**

*Staff Turnover*

During the period from November 2011-December 2012, Omaha had 16 employees within the TBC staff. Of those 16 staff, 3 no longer work for OMNI and new staff was hired in their place. During this same period, Greater Nebraska employed 14 staff within its TBC program. Of those 14 staff, 4 no longer work for OMNI and new staff was hired in their place.

Poppleton has employed 16 staff during this reporting period with 5 staff no longer working with OMNI. Their positions have been filled with new staff.

### *Staff Training Summary*

All ITMS and Poppleton staff is fully trained in MANDT, CPR/First Aid, and Med Aide (if they don't hold a Mental Health License). Additionally, staff is trained in Behavioral Modification modules using the Pro-Ed Series trainings. Staff also attends trainings related to Mental Health issues and diagnosis, Developmental Disabilities, Autism, and Behavior Analysis when they are available.

Most notably over the past year staff has attended:

- APBA conference
- Guardianship trainings
- BSDC tours
- Ethics
- Sexuality & Developmental Disabilities
- Therap

### *Staff Education & Years of Experience –*

Staff with ITMS and Poppleton has combined years of experience in the Human Services field of 257 years. Moreover, staff has a combined total of years' experience with Developmental Disabilities of 172. ITMS employed one person who is currently in the ABA program through UNO. ITMS and Poppleton currently employ:

- 3 Ph.D.
- 4 LIMHP's
- 2 LMHP's
- 5 PLMHP's

### **Provider Information & Recidivism Rates:**

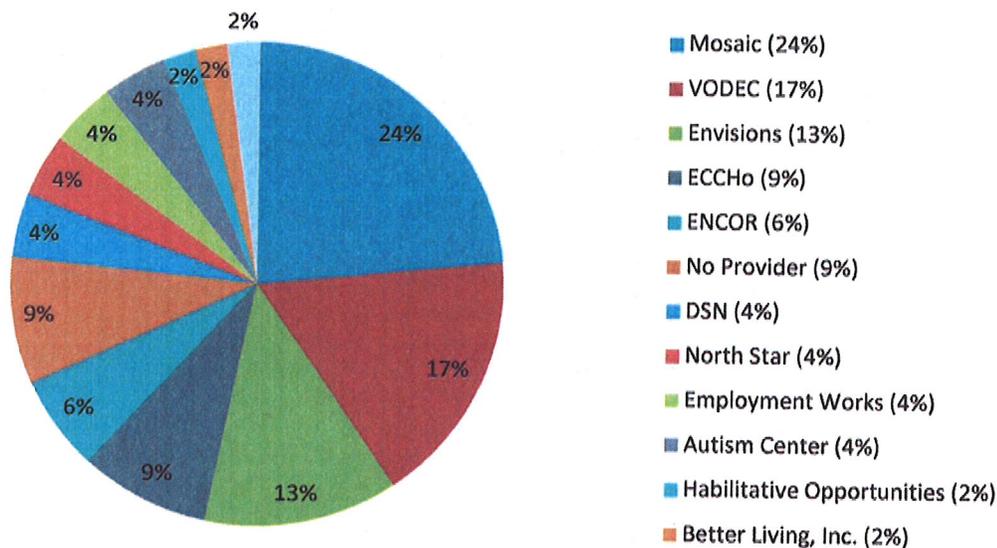
From November 2011 until December 2012, OMNI Behavioral Health has provided ITMS services to 87 Individuals and their IPP teams. Specifically, the Omaha office has provided ITMS services to 47 with 6 recidivism referrals after one year of the case being closed. The Lincoln office has provided ITMS services to 39 with 6 recidivism referrals after one year of the case being closed. Recidivism to the ITMS program is often due to staff turnover, lack of training for new staff, or new behaviors not previously addressed emerging in the client.

The average days to get a case opened during this year was 24 days. Often times, the lag time is due to team members being out of town, not having an involved guardian, etc. However, at times, this lag can be due to the capacity of the ITMS teams.

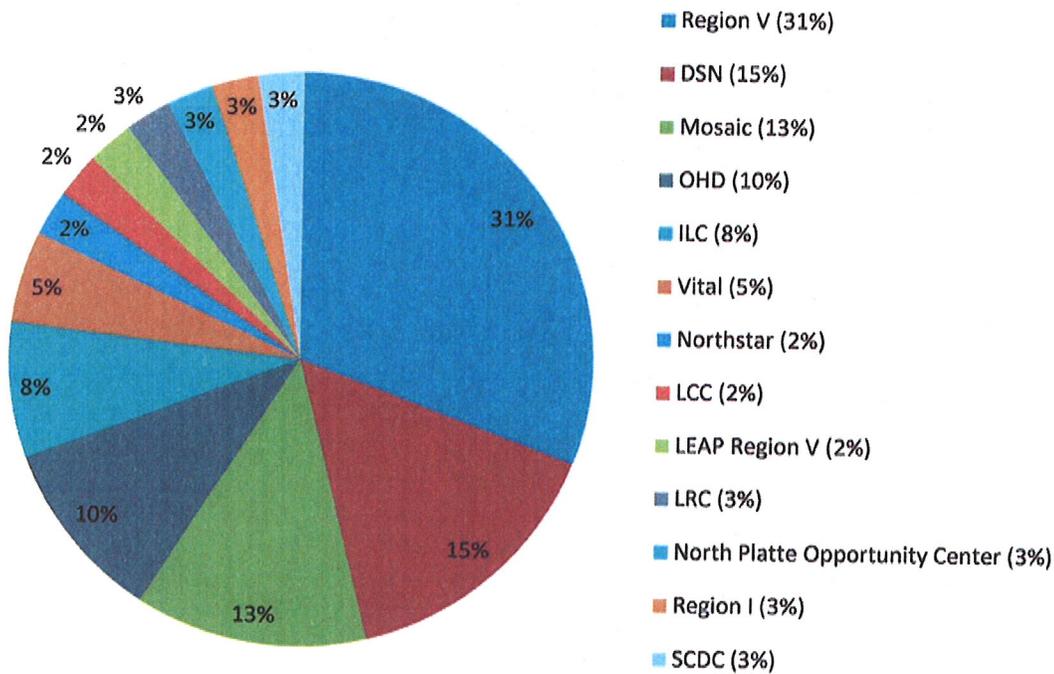
The average case was actively open (not in the follow-up phase) for 88 days over this past year.

OMNI has worked with most providers across the state of Nebraska. Below is a table demonstrating the percentage of cases held per agency:

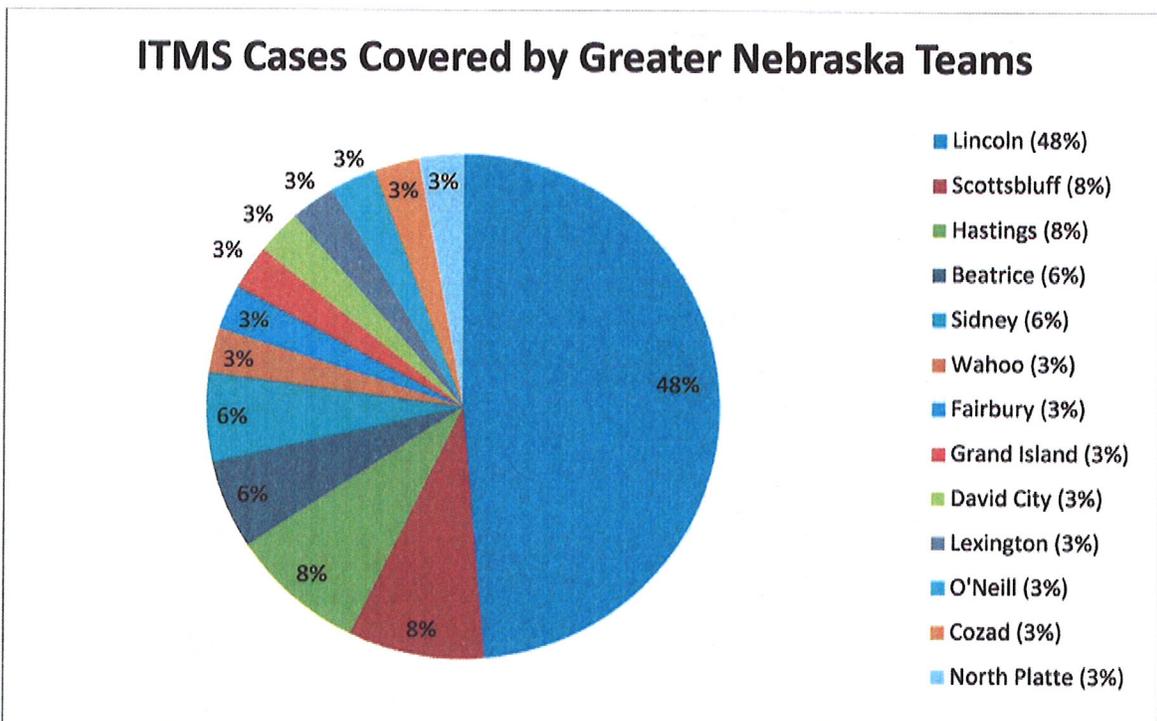
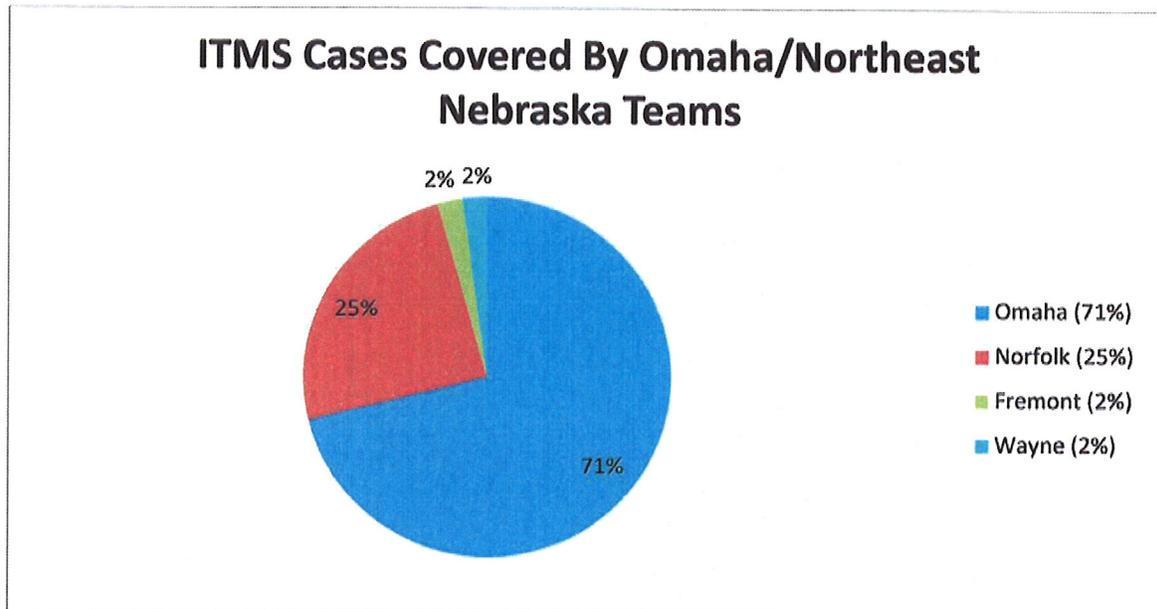
### ITMS Cases by Omaha/Northeast Nebraska Provider



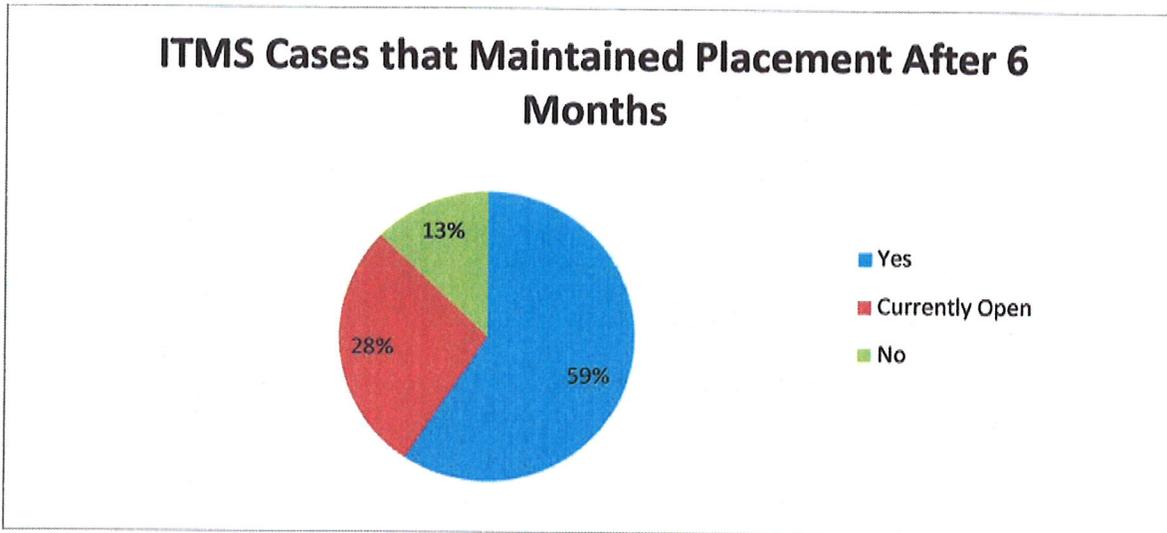
### ITMS By Greater Nebraska Providers



The graphs below demonstrate areas of the state that OMNI is and has worked in:



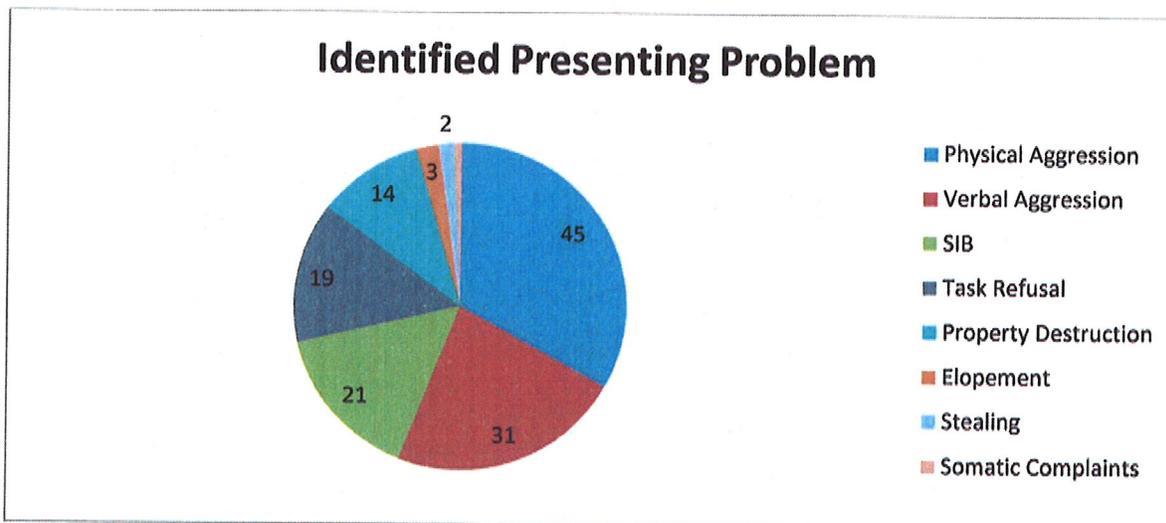
The graph below depicts the percentage of clients who remained in their placements during the 6-month consultation process:



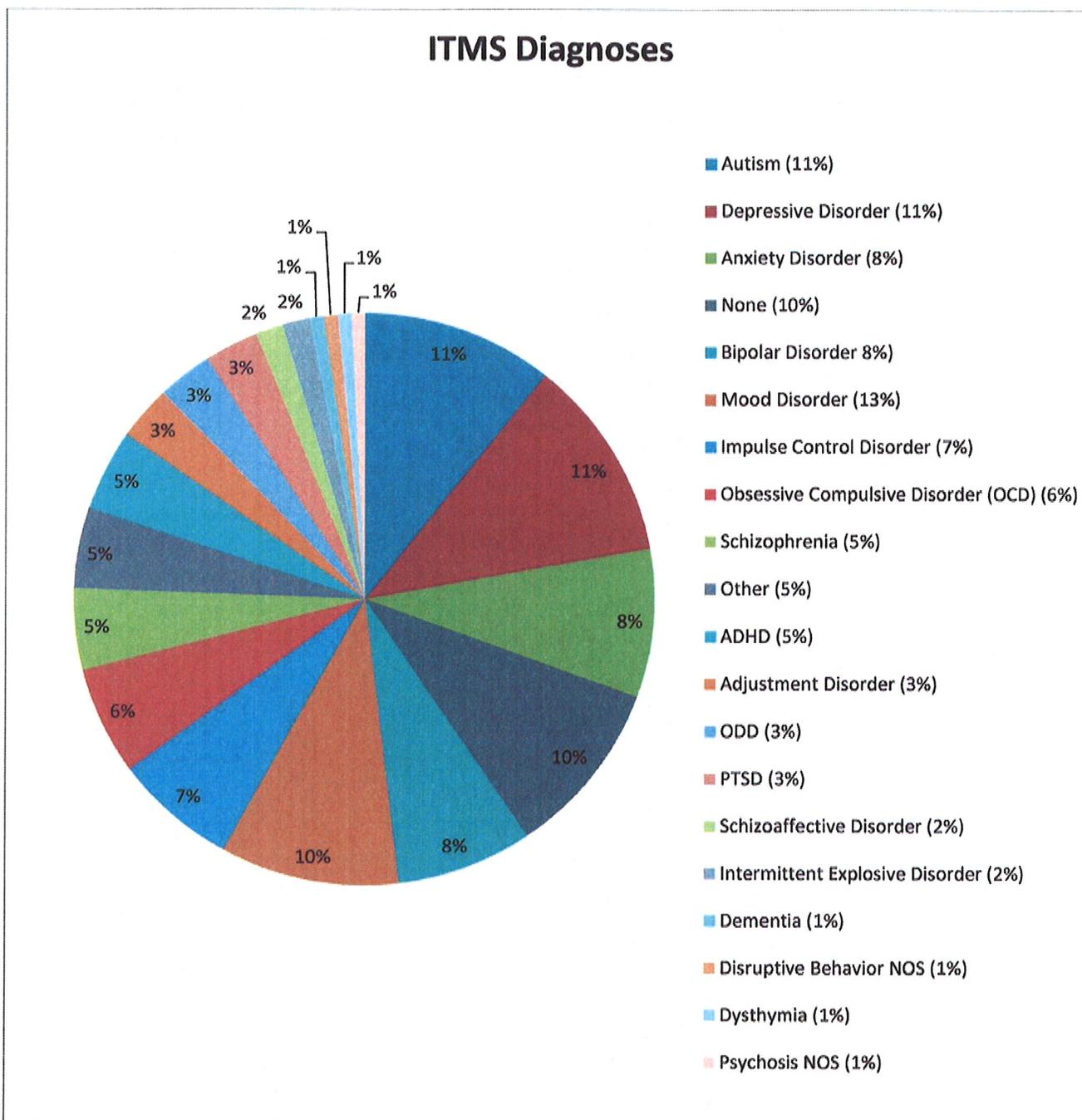
The percentage of clients who did not maintain placement after 6 months could likely be reduced into the single digits if providers would refer Individuals for behavioral consultation before they made the decision to terminate services. In many of the cases where placement was not maintained, the provider had already put in their 60-day termination notice or did so before ITMS recommendations were presented or trained to staff.

**Presenting Problems:**

ITMS works with clients and teams who present many different presenting behaviors. Somatic Complaints

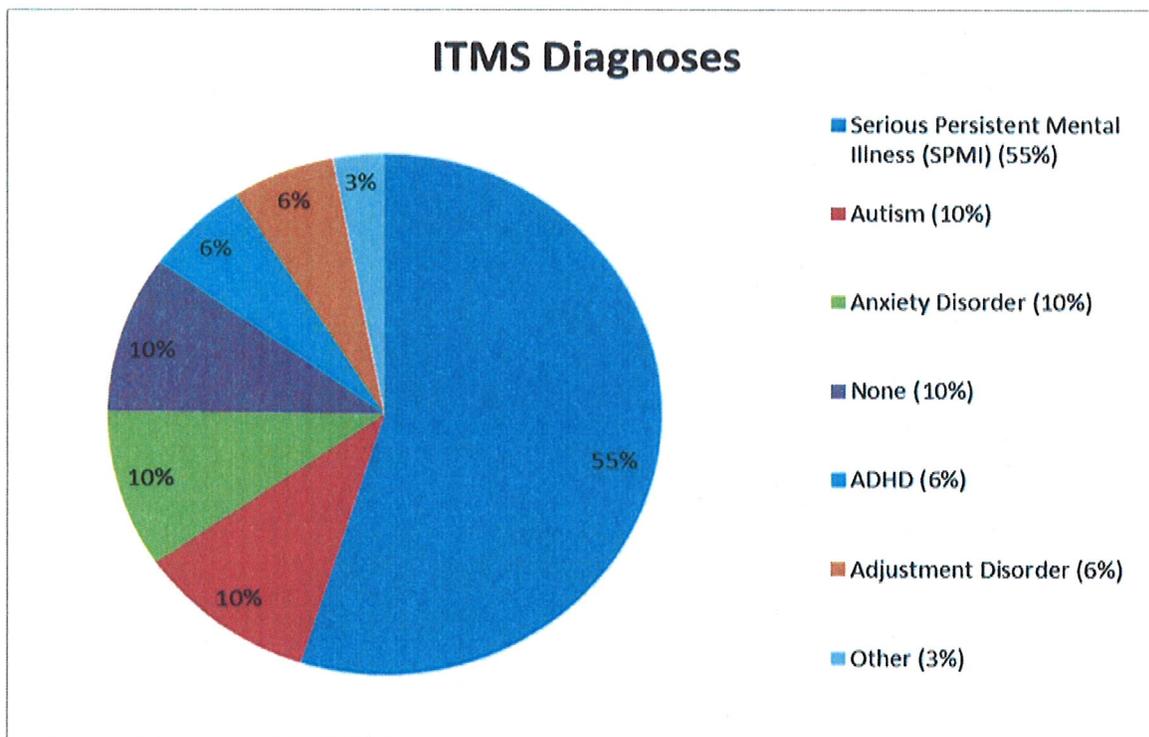


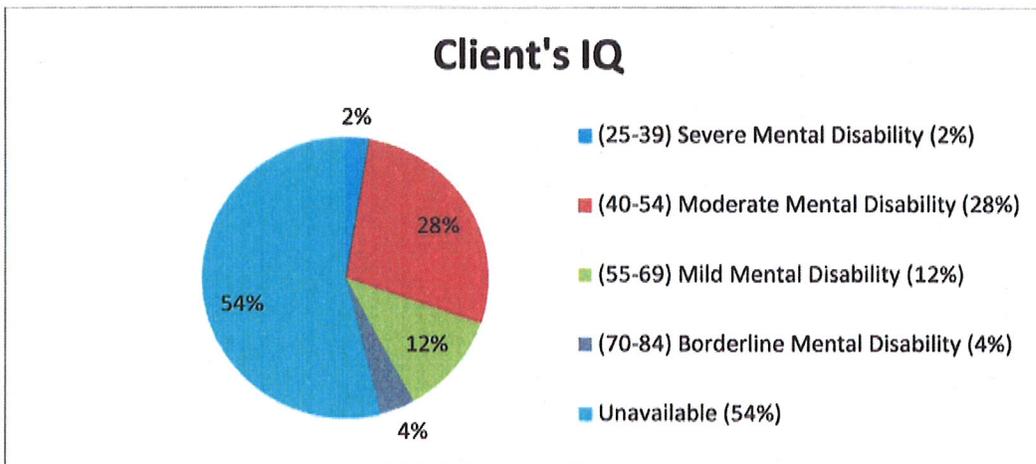
**Individual Demographics:**



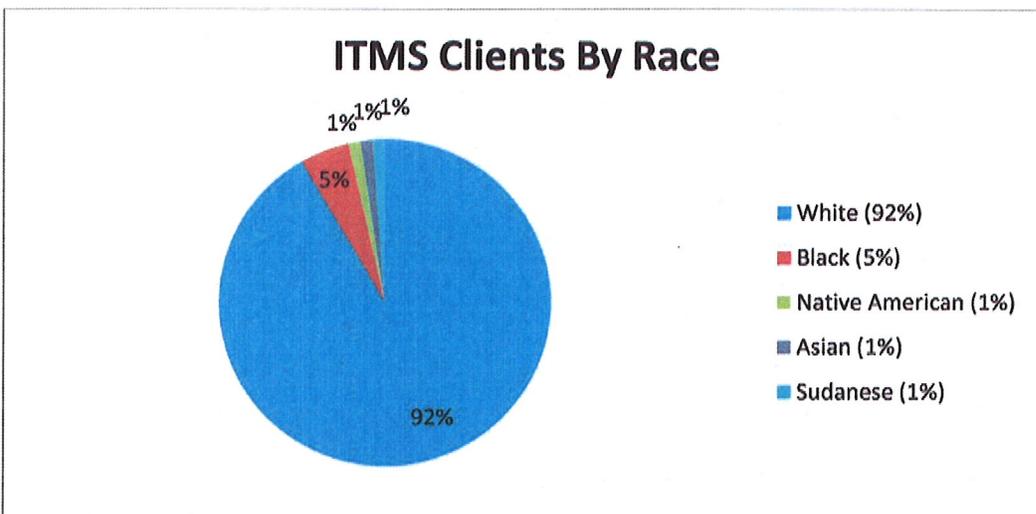
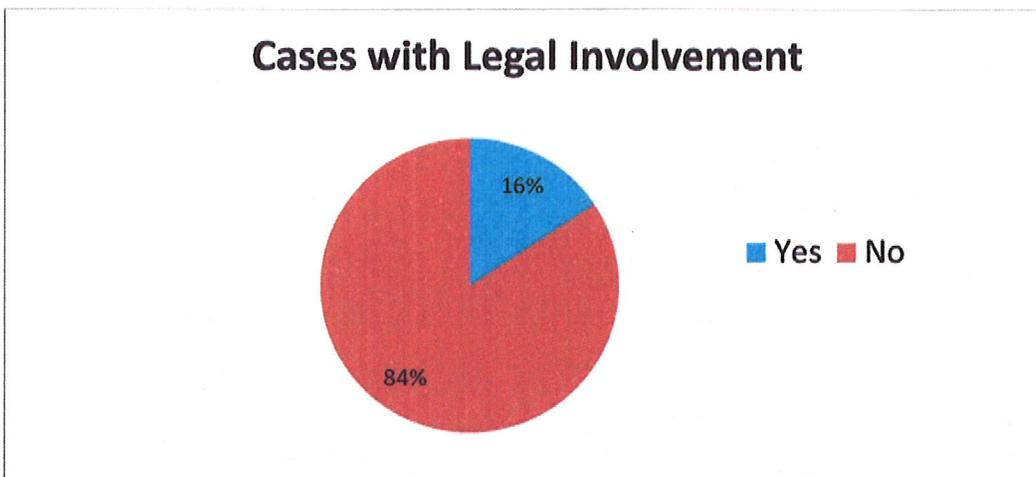
The "Other" diagnosis includes: Social Phobia, Stereotypy Movement, General Medical Condition, Organic Personality Disorder, Poly Substance Abuse, and 18Q Chromosomal Deletion.

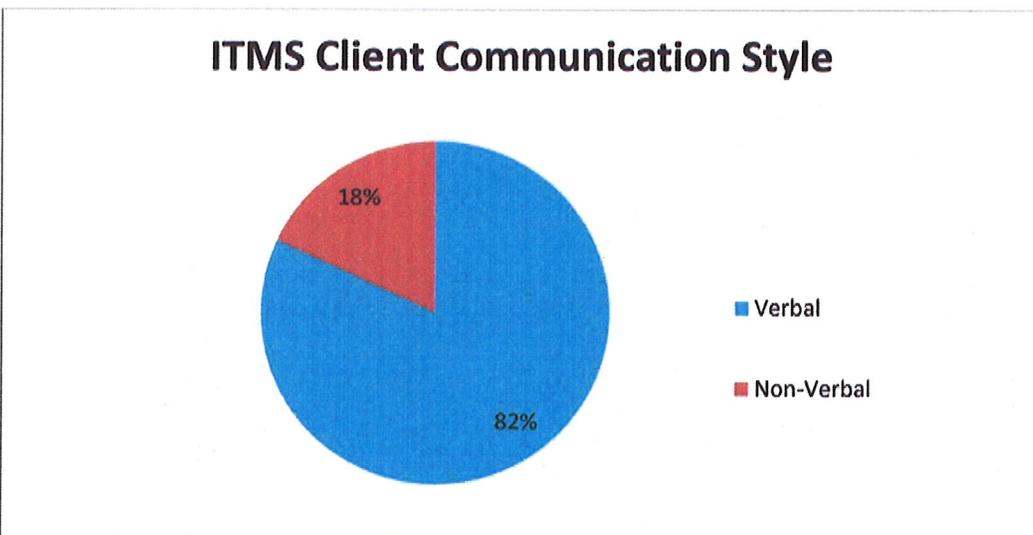
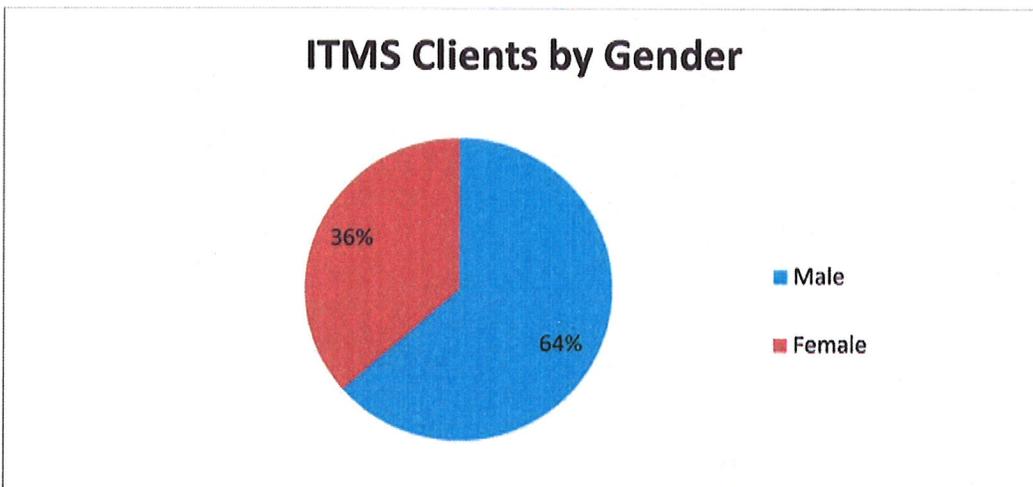
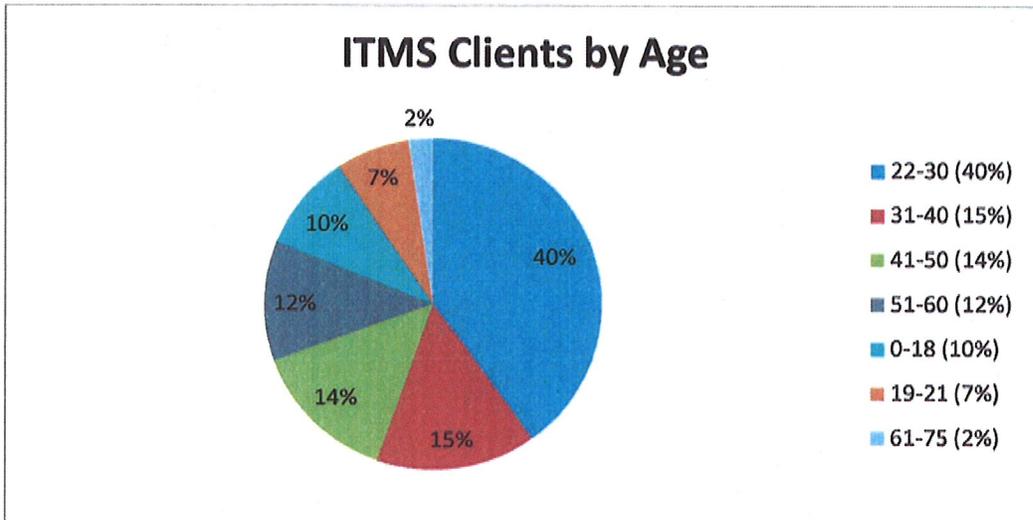
The graph below is a second graph on Diagnosis (based on the graph above), this time broken up and grouped to demonstrate the number of ITMS clients who are diagnosed with a Serious and Persistent Mental Illness (SPMI).





\*Unavailable IQ's were requested from Service Coordination at the time of intake. They were unavailable to the ITMS team at the time of discharge.





### **Instrument & Assessment Data:**

ITMS utilizes observational data, records reviews, data collection, interviewing, and the QABF (Questions about Behavioral Function) as a means of assessment. Additionally, OMNI has IPP team member's complete assessments from the Peabody Assessment Battery (see attached for a full list).

- Symptom Function & Severity Scale (SFSS) is given at intake and then concurrently throughout the ITMS process. The measure assesses emotional and behavior problems that are addressed through the consultation process. Both the ITMS clinician and staff show scores that decrease over the process, noting a decline in the behavioral function and severity.
- Satisfaction with Services (SSS) is given at discharge. The SSS provides a general indicator of how well adult caregivers and Service Coordinators perceive ITMS services. There were not significant differences within each item of six relationship groups (parents, family members, staff, service coordinators, guardians, and other/unknown). On a 4-scale scoring, each of the six items was rated over a 3.1 resulting in overall satisfaction with the ITMS services.

### **Fidelity Information:**

With the new TBC/Poppleton contract, OMNI became more involved with collecting fidelity information. That is to say that the teams began conducting adherence checks regarding the implementation of recommendations from the TBC teams. The fidelity findings are included in each individual report sent the IPP team and HHS personnel. Fidelity and adherence to the plan is individualized for each client.

Fidelity is determined by observations of the TBC team. After staff is trained on the recommendations and have shown competency, TBC develops a form to include what they believe to be the most important recommendations to follow in order to decrease maladaptive behaviors of the Individual. TBC teams then observe the Individual and their staff and take data on how many times the particular recommendation was used/followed and how many opportunities they had to use/follow it. This number turns into a percentage.

These findings are presented to the IPP teams at the time that TBC discharges. Additionally, the fidelity forms are given to the provider management in hopes that they will continue to monitor their staff's adherence to the TBC intervention plan.

The Psychology department with UNL is helping OMNI with independently verified data from the assessments conducted. Additional information on their findings will be presented to HHS-DDD once they are received.

### What's working well?

ITMS has been able to identify some things that are working well with the program both internal to ITMS and related to provider and Health and Human Services relations.

Assessment of 47 satisfaction surveys received from Service Coordinator's within Health and Human Services indicate scores between 4.9 and 5.5 on a scale from 1-6 related to timeliness, goals addressed, professionalism, communication, and timely receiving of final reports from the ITMS team.

Additional comments indicate the following strengths identified by Service Coordinators:

- Organization
- Approachable
- Knowledgeable about behaviors and behavioral interventions
- Takes the time to get to know clients and their needs/Rapport Building
- Objective look at the case
- Thorough & timely
- Make the client feel valued
- Flexible
- Respectful
- Communication often and quickly
- Good follow-through
- Supportive & accessible
- Creative
- Consistent
- Clear recommendations

In addition to Service Coordinator feedback, surveys were sent to Administrators and Management from provider agencies. Agencies were asked for their feedback on ITMS overall, not specific to one case. 17 surveys were returned and indicated scores between 4.4 and 4.9 on a scale from 1-6 related to timeliness, goals addressed, professionalism, communication, and timely receiving of final report from the ITMS teams.

Additional comments from providers reflected those strengths listed above from Service Coordinators with the addition of:

- Extended follow-up time (6 months)
- Extended observation periods
- Spend a great deal of time training staff and ensuring they understand.
- Listening to staff and their suggestions
- Instant access to a Licensed Mental Health Practitioner

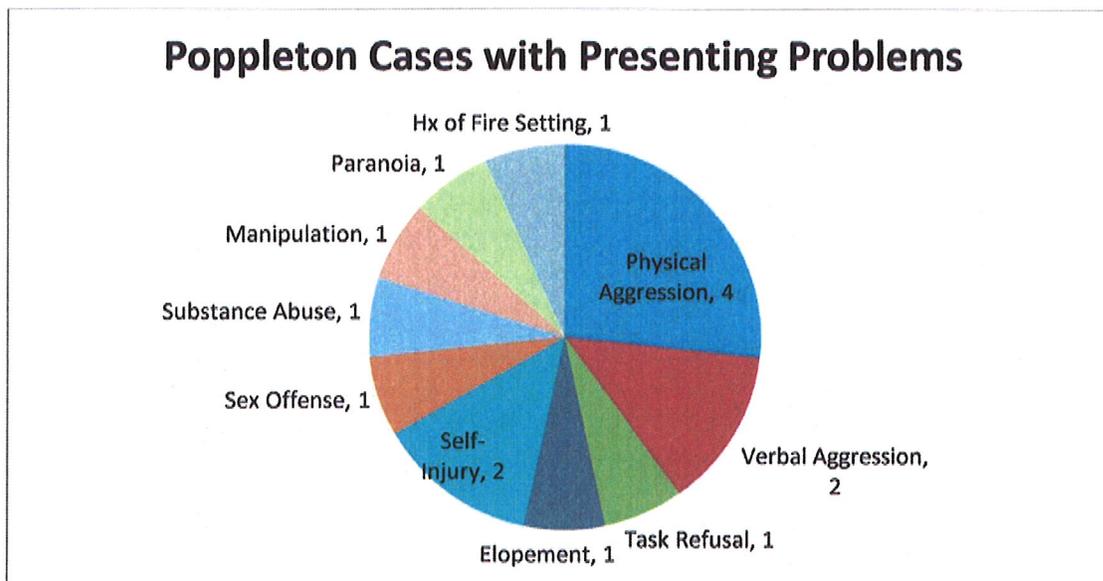
### Poppleton Assessment Center

Poppleton is a short-term group home embedded in a community. It is capable of serving no more than 3 individuals with 24/7 monitoring with wake overnight staff. It is designed for individuals determined to be eligible for services from Health and Human Services Division of Developmental Disabilities. OMNI utilizes evidence based treatments consistent with the presenting problems. The individuals referred must be able to demonstrate the capacity to engage and benefit in some minimal community-based activities and present symptoms consistent with disruptive behavior disorders often with co-morbid physical disorders, cognitive limitations, sexual behavioral impairments, specific and general learning disorders and developmental disabilities.

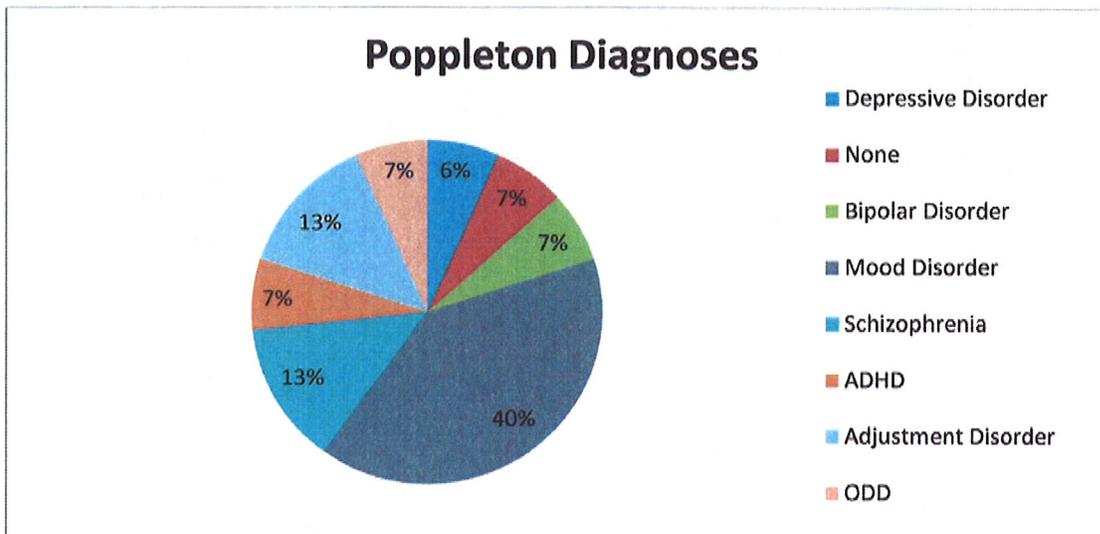
The purpose of Poppleton is to provide community based evaluation in an OMNI run home; when the evaluation cannot be conducted in their own group living setting. Emergency placements must be approved by HHS-DD Central Office and OMNI. Poppleton is not a "shelter" and the individual must have an identified long term placement. The staff in the individual's long term placement will be trained and supported as needed by OMNI staff. The home provides an array of interventions consistent with presenting problems and developmental disabilities. Comprehensive services including intensive behavior support, habilitation and pre-vocational training, social skills training, recreation activities and independent skills training will be provided.

Poppleton has served 10 individuals during this annual reporting period. Individual's stayed at the Assessment Center ranging from 12 days to 126 days. Currently, there is one client still at Poppleton waiting for placement.

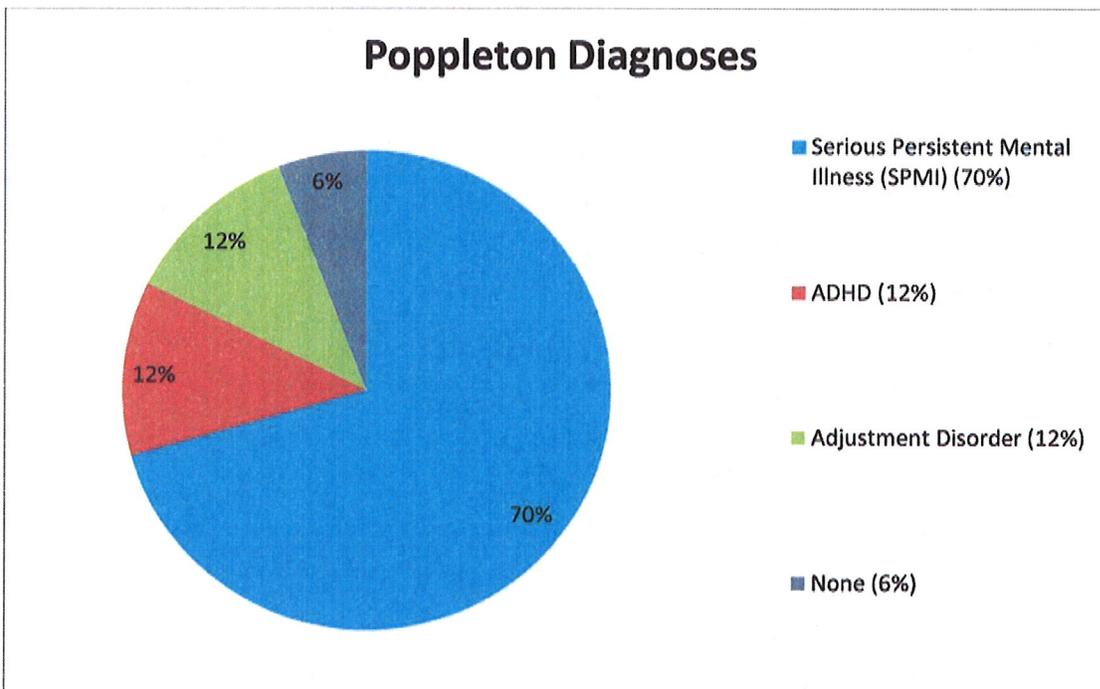
### Presenting Problems:

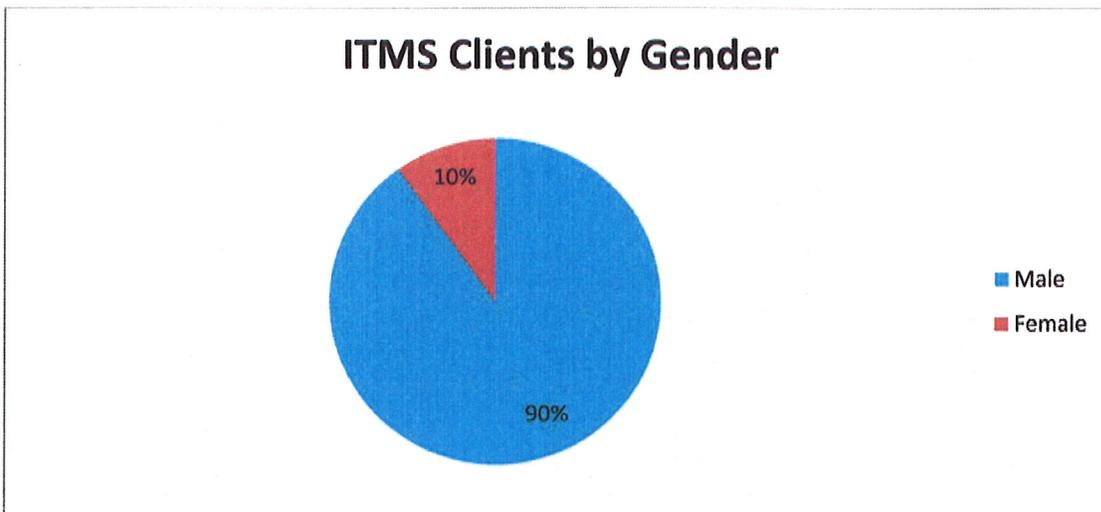
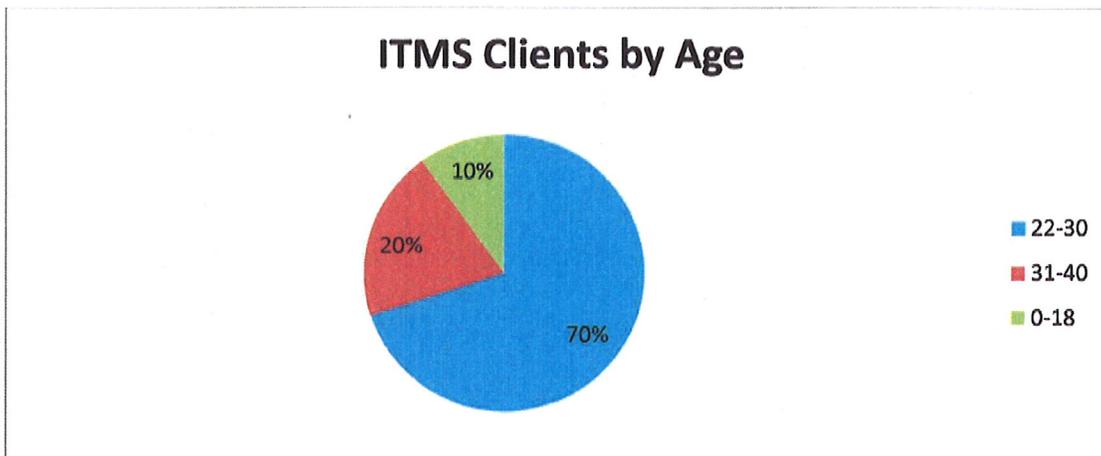
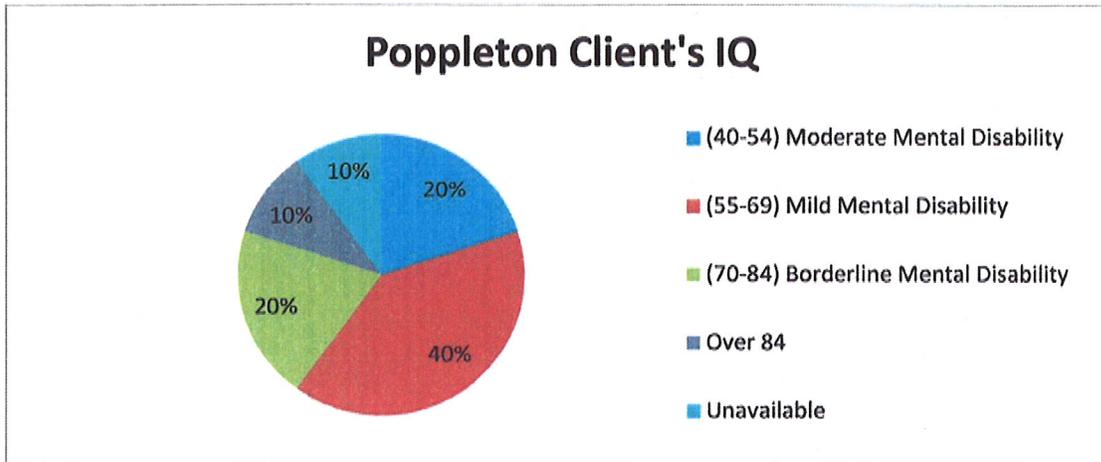


**Individual Demographics:**

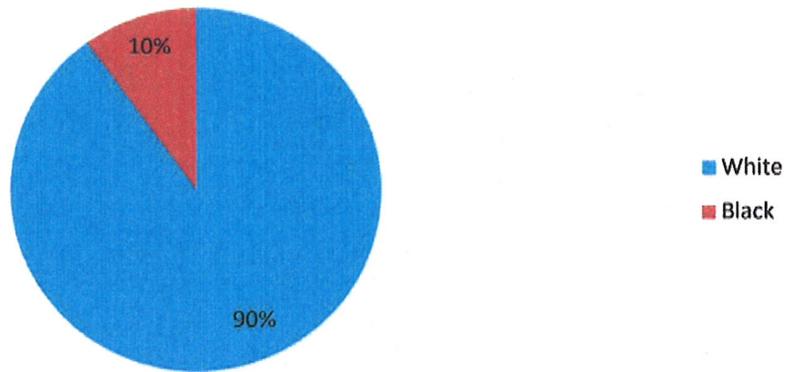


The graph below is a second graph on Diagnosis (based on the graph above), this time broken up and grouped to demonstrate the number of ITMS clients who are diagnosed with a Serious and Persistent Mental Illness (SPMI).

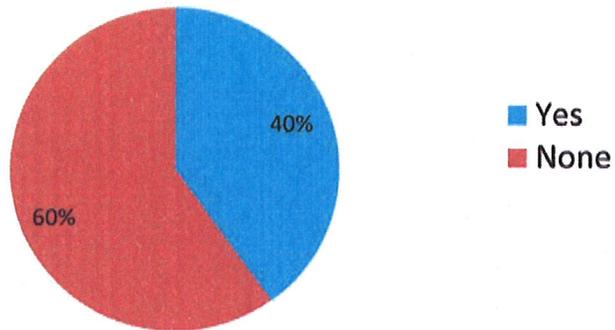




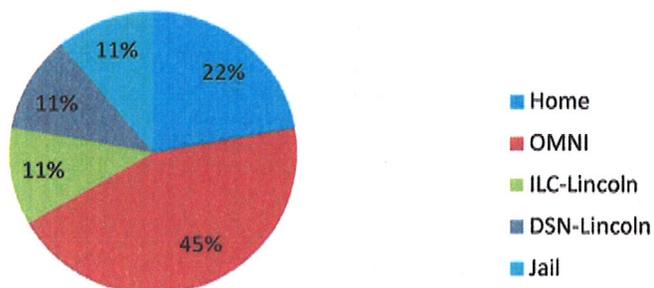
### Poppleton Clients By Race



### Cases with Legal Involvement



### Individuals Discharged from Poppleton to:



Those individuals discharged from Poppleton into OMNI care are a result of no other provider in Nebraska being willing to serve the Individual. As a result, OMNI agreed to provide long-term residential services to these individuals so that their needs could be met within the state of Nebraska.

## Challenges & Solutions

During OMNI's brief time in providing ITMS and Poppleton Assessment Center services, several barriers have been identified. OMNI Behavioral Health has identified several solutions or ways that we believe we can help. Here is a brief list of barriers that ITMS teams are encountering in their work with IPP teams.

### Barrier #1:

Providers allow a limited amount of time for staff trainings. Agencies claim to have limited funding which in turn limits their ability to pay staff to attend trainings when clients are not present at the residence or vocational sites. Agency providers feel that their budgets do not allow for flexibility in this area. This often leads to rushed and interrupted trainings and the need to train several staff in one-on-one sessions with clients present.

How OMNI Behavioral Health can help:

- Host 2 to 3 trainings per day in order to get all staff through the process while other staff is covering direct care duties.
- Employ the use of technology to provide trainings (Qualtrics)
- Video camera capability for client specific trainings, data collection, etc.

### Barrier #2:

Staff is not paid to complete competencies outside of work. Competency quizzes and additional training information is necessary for ITMS staff to ensure they are transferring knowledge effectively and that all staff has the capacity to carry out the recommendations and needed interventions in order to decrease client maladaptive behaviors. Without the information, OMNI can only assume that the education, modeling, and coaching provided was effective. However, this assumption can often be wrong.

How OMNI Behavioral Health can help:

- Provide staff incentives for completing the trainings on their own time (gift cards, payment, etc.)

### Barrier #3:

Agencies do not have adequate technology for timely and efficient communication with one another and/or the ITMS teams working with them. Some agencies don't have agency emails for their direct care staff. Some staff has no email at all. Most providers have limited capabilities for the use of video cameras.

How OMNI Behavioral Health can help:

- With the addition of Therap being instituted within OMNI and other agencies, this may help and actually require agencies to have email capabilities for staff. DHHS has mandated the use of Therap with agencies related to Incident Reporting. Many of the agencies have taken Therap

and begun to fully implement its many other capabilities, which include Secure Communications, much like email.

- ITMS is able to use video equipment in their assessments, which may help in a limited fashion. ITMS would be able to show the agency the benefits of video capabilities.

#### Barrier #4:

Agencies limit activities/items that can be used as reinforcements to clients on account that they are not "age-appropriate". Additionally, many agencies do not allow reinforcements in the form of edibles. While these may be legitimate concerns for some clients, it limits the team's ability to individualize client intervention plans, incentives, and motivating activities. People in general need to have the ability to choose what leisure activities they participate with others assigning value judgments. Moreover, the need to stimulate, engage, and motivate clients in order to change behaviors is imperative.

#### How OMNI Behavioral Health can help:

- Provide trainings related to the benefits to using motivating items to extinguish negative behaviors and promote desired behaviors.
- Provide plans for phasing out reinforcements once desirable behaviors have become commonplace
- Education on "age-appropriate" items and creating Individual-based plans – how they can and should be used.
  - Downfalls for not providing clients with motivating and desired activities and/or items.
  - Benefits to having clients participate in and with activities that they find satisfying.

#### Barrier #5:

There is often a lack of accountability observed in agencies related to the follow-through and participation of direct care staff. Whether this stems from a fear of losing staff in agencies that are already short-staffed, manager ambivalence, or burn-out on the side of management leading to a lack of supervision is unknown. If staff doesn't follow recommendations, complete assessments, take competency quizzes, attend trainings, etc. there are no repercussions. Additionally, middle management (Residential Supervisors, etc.) are often "missing in action" - hard to get a hold of, never at the residence to help guide direct care staff, etc.

#### How OMNI Behavioral Health can help:

- Incentivize Management and Direct Care staff with agencies for implementation and follow-through of the Intervention Plans.

#### Barrier #6:

Middle Management are often working "on the floor" due to being short-staffed. In turn, this leaves little room to hold direct care staff accountable (see Barrier #5 above), little time to analyze data and edit programming that is not working and little time to coach and train direct care staff.

#### How OMNI Behavioral Health can help:

- Through ITMS services, the hope is that even with being short-staffed, staff's capacity and threshold for managing client behaviors will improve, thus decreasing the need for additional staff. It's important to point out the having more staff is not always the answer, especially if the staff are not well-trained in the client's needs, individualized behavior plans, and behavior modification techniques overall.

#### Barrier # 7:

OMNI has the capability to incentivize staff to make up for the lack of accountability (see Barrier #5 above). However, agencies will not allow the TBC teams to incentivize staff with money, gas cards, etc.

How OMNI Behavioral Health can help:

- ITMS teams can continue to pursue this issue with agency administration framing as though we are not incentivizing for "doing their job" but for "being compliant and amenable with improving their job performance".
- OMNI could develop a presentation for agencies to outline the ITMS process, what to expect, additional staff duties/tasks that may be requested, and the need for incentivizing staff to change the way they work and think about client needs.

#### Barrier #8:

Direct care staff has little knowledge of basic behavior modification interventions such as token economy, planned ignoring, reinforcement schedules, etc.

How OMNI Behavioral Health can help:

- Provide comprehensive training modules (Behavior Mod, ITMS overview, Medications, etc.)
  - In-person
  - Via other technology (Qualtrics, Videos, Power Points)

#### Barrier #9:

ITMS often encounters discrepancies between what staff says and what is actually being done related to programming, frequency of behaviors, etc. There is a need for operationally defined behaviors to collect accurate data across staff on what works and what doesn't.

How OMNI Behavioral Health can help:

- ITMS observations help to provide agencies with feedback related to "what is actually happening". ITMS has the opportunity to observe and collect data without having to meet the client's needs at the same time which provides an outside view and objective information.

### **What providers need?**

In the short time that OMNI Behavioral Health has been providing ITMS services, we have been able to identify some things that providers are lacking and that could help in their everyday operations, implementing recommendations, tracking data, and having access to services outside of their immediate community.

- **Technology**
  - Providers need the capability to record activities of the home to get a better idea of triggers, antecedents, etc. This could help management observe the client-staff interaction, track if interventions are being followed, and provide training opportunities for staff.
  - Having video records could help those in rural areas seeking or needing behavioral consultation services like ITMS.
  - Agencies need email in order to effectively and efficiently disperse information to direct care staff. Additionally, behavioral consultation services would benefit from being able to communicate with direct care staff directly, receive feedback, and monitor competencies through electronic quizzes, etc.
  - Agencies could benefit from Skype and/or GoToMeeting capabilities, especially in rural areas or smaller communities.
- **Staff**
  - High turnover rates threaten client care and provide limited stability and consistency to clients.
- **Training related to Behavioral Modification**
  - Not only is training essential, but so is the necessary TIME for training.
- **Access to meaningful activities for each individual based on reinforcement inventories.**
  - Agencies often times do not have the funding to purchase reinforcing items for clients. Many of these items can be used as motivating tools for behavioral change and skill acquisition.
- **Involved Guardians/Advocates**
  - Many clients have guardians that are uninvolved and hard to get a hold of. This can lead to a lag in medical care, medication changes, etc.

### Improvements that ITMS can make

Though OMNI Behavioral Health has much strength and can be helpful in providing solutions to behavioral problems within agencies, we are currently working on ways to improve our service in the following ways:

- **Improved fidelity information**
  - OMNI has often concentrated on the data collected by the ITMS team without asking for data from the provider agencies. While the data may be collected and defined differently, ITMS should be evaluating the agency data in order to analyze the perception of behavioral change.
- **Improved carry-over training to Direct Care Management related to continued monitoring of their staff compliance to the ITMS intervention plan**
  - OMNI has begun to recommend and attempt to have at least one staff trained within the provider agency to continue taking fidelity data related to the Intervention Plan developed and implemented by ITMS staff.
- **Increased time building rapport and discussing ITMS program with direct care staff.**
  - Oftentimes, direct care staff is not present at the intake meetings. Rather management and administration attend the meeting but is not the staff working with the clients during observation, training, or fidelity periods. The process of describing ITMS is often not reviewed with the direct care staff, which is often a disadvantage for them.
  - Additionally, having others coming in and “observing” you while working can automatically create defensiveness. Remembering to talk about the ITMS process can help with this.
- **Qualitrics - Online mechanism for tests, surveys, feedback**
  - OMNI is currently in the process of rolling out trainings, quizzes for direct care staff, and satisfaction surveys for providers and Service Coordinators. This will help OMNI receive feedback on training effectiveness, client progress, program strengths & weaknesses, and agency staff competency.
  - OMNI has developed the following training modules and begun to use them with agency staff during consultations as a way to determine staff knowledge:
    - Systematic Attention & Approval
    - Planned Ignoring
    - Modeling
    - Teaching Social Skills
    - Prompting
    - Positive Practice & Overcorrection
    - Token Economy
    - Contracting
    - Motivating through Feedback
    - Generalization
    - Maintaining Behavior

- **Response Cost**
    - OMNI continues the hands-on training once it has been determined that the knowledge transfer has occurred (via passing scores from the modules above).
- **Practicewise – real-time feedback**
  - OMNI has implemented the use of Practicewise, an online dashboard for data graphing, library of journal articles, and tools for interventions. This tool will continue to be helpful with supervision and real-time data analysis.
- **Working to increase knowledge for upper level management and administration to improve “buy-in” related to ITMS services and recommendations.**

# OMNI Behavioral Health ITMS Logic Model

## Appendix A

### Client Characteristics

#### Client (Individual)

- Age
- Gender
- Living Arrangements
- Presentation of maladaptive behaviors (physical aggression, self-injurious behaviors, and verbal aggression)

#### Caregivers

- Caregiver competency
- Level of Education
- Gender
- Relationship to Individual
- Relationship with Individual

### System Conditions

- Individuals must be qualified and funded through the Department of Developmental Disabilities
- Individuals must be receiving services from the Department of Developmental Disabilities
- Individual must be currently receiving a service from a provider agency.

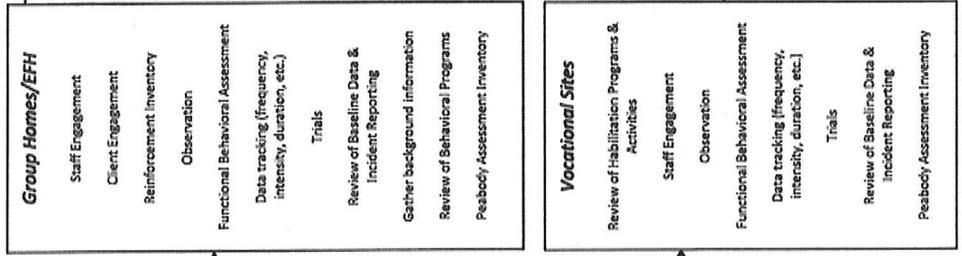
### Program Model

- Placement stability promoted
- Utilizes current staff and supports
- Decrease hospitalizations and police contacts
- Improve caregiver knowledge and performance

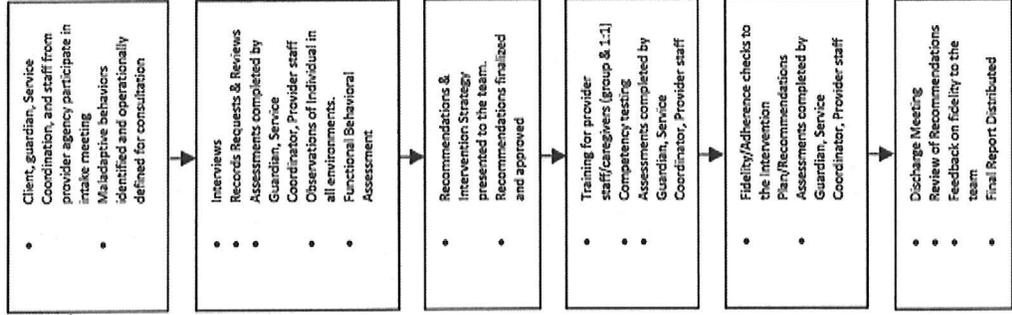
### Service Coordination

- Individual Team Meeting (ITM)
- Team identifies need for Behavioral Consultation
- Service Coordinator sends referral for ITMS Services to HHS Central Office
- Approved Referrals sent to OMNI Behavioral Health
- OMNI Behavioral Health Director and/or Supervisor assign ITMS team
- ITMS initiates intake date and time with Service Coordination

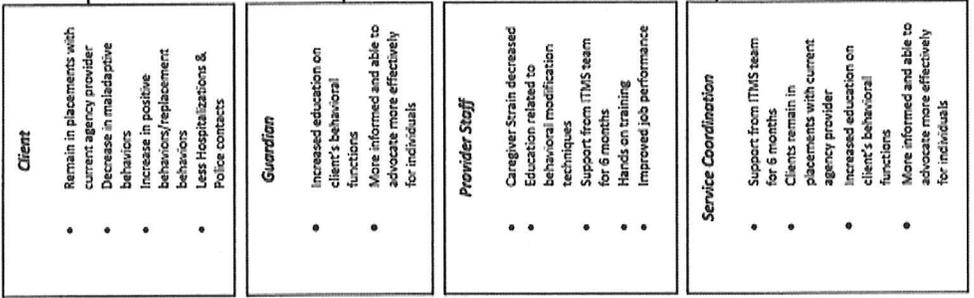
### ITMS Components



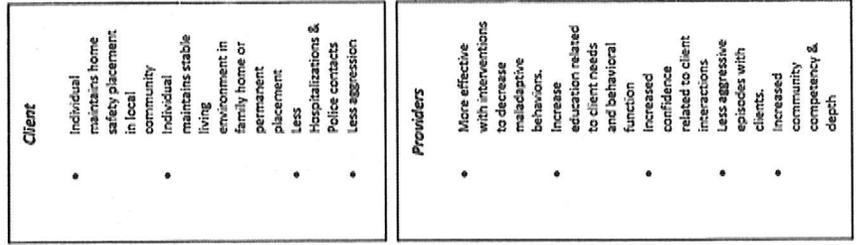
### ITMS Program Activities



### Immediate Safety and Change Outcome (At Discharge)



### Intermediate Outcomes (6 Months Post-Discharge)



## Appendix B

### Assessments to be completed by ITMS team during Team Behavioral Consultation (TBC)

#### **QABF (Questions about Behavioral Function)**

##### **Completed by: Adult Caregivers- Phase 1**

The QABF is a standardized measure designed to determine the function of behaviors in persons with developmental disabilities. The QABF consists of 25 questions that are rated on a four-point Likert scale. Raters familiar with the individual are asked to indicate how often each behavior occurs, scoring a 0 for “never” a 1 for “rarely” a 2 for “sometimes” and a 3 for “often”. The QABF consists of five scales, Attention, Escape, Non-Social, Physical and Tangible, which are each scored in the frequency and severity of behaviors.

#### **CGSQ (Caregiver Strain Questionnaire, Scale 1-5)**

##### **Completed by: Adult Caregivers, Service Coordinators, and Guardians- Phase 1, Phase 2, & Phase 3**

The CGSQ measures the demands, responsibilities, difficulties, and negative psychological consequences of caring for relatives/clients with special needs (10 items). Components of caregiver strain include objective --observable negative consequences of caring for someone with special needs-- and subjective strain -- caregivers' feelings associated with the objective strain.

#### **SFSS (Symptoms Functioning and Severity Scale, Scale 1-5)**

##### **Completed by: Adult Caregivers, Service Coordinators, and Guardians- Phase 1 & Phase 3**

##### **Completed by: ITMS Specialists- Phase 2 & Phase 3**

The SFSS is given at intake as an initial assessment and then concurrently throughout treatment. SFSS is a standardized assessment that is used to monitor treatment progress. The measure assesses emotional and behavior problems that are addressed through the consultation process. Additional items are related to peer and family relationship problems, and drug and alcohol use. Scores are reported as a total score.

#### **TPEI (Treatment Process Expectations Inventory, Scale 1-3)**

##### **TOES (Treatment Outcomes Expectations Scale, Scale 1-3)**

##### **Completed by: Adult Caregivers, Service Coordinators, and Guardians- Phase 1**

The TPEI (9 items) and TOES (10 items) assess adult caregivers' expectations about services and their outcomes. These forms deal with expectations concerning therapeutic roles, processes and outcomes and are administered at intake only.

#### **SWLS (Satisfaction with Life Scale, Scale 1-7)**

##### **Completed by: Adult Caregivers, Service Coordinators, and Guardians- Phase 1**

A short instrument of 5 items, the SWLS is completed by adult caregivers to measure their global judgments of satisfaction with their life.

#### **MYTS (Motivation for Client's Treatment Scale, Scale 1-5)**

##### **Completed by: Adult Caregivers, Service Coordinators, and Guardians- Phase 1**

The MYTS assesses a key predictor of seeking and staying in services, as well as treatment outcome.

#### **TAQS – (Therapeutic Alliance Quality Scale, Scale 1-5)**

##### **Completed by: Adult Caregivers, Service Coordinators, and Guardians- Phase 2**

The TAQS measures one of the most important components of effective therapy, relationships with the ITMS staff (10 items). Adult Caregivers and Service Coordinators complete version TAQS-SC and Parents/Guardians complete version TAQS-PG, both versions assess their respective perception of the ITMS staff.

#### **TAQR (Therapeutic Alliance Quality Rating, Scale 1-5)**

##### **Completed by: ITMS Specialists- Phase 2**

The TAQR measures ITMS staff's perception of the therapeutic alliance between adult caregivers, service coordinators, and guardians (3 items).

#### **SSS (Satisfaction with Services, Scale 1-4)**

##### **Completed by: Adult Caregivers, Service Coordination, Guardians- Phase 3**

The SSS provides a general indicator of how well adult caregivers and Service Coordinators perceive the mental health organization's services (5 items).

**\*\* Other assessments will be taken into account, utilized, and conducted by the ITMS team members as needed including but not limited to direct observations, Reinforcement Inventories, Functional Behavioral Assessments, Health & Nutrition Screens, Suicide/Self-Harm Assessment, etc.**