Mid-Ohio Psychological Services, Inc.
Behavioral Management with the Developmentally Disabled
9/10/2014

Program Background

The Behavioral Management with the Developmentally Disabled is a program focused on meeting the needs of Licking County developmentally disabled (DD) community. According to the Licking County Board of Developmental Disabilities website, in 2013, the board served 1,603 individuals including 248 individuals between the ages of 14-21 and 609 adults aged 22 and up. The county has also reported a growing waiting list of individuals seeking waivered services. According to the Licking County Board of Developmental Disabilities Service Coordinator Director, there is an ongoing need of services of all types, specifically mental health services, to address the needs of this growing population. The BMDD program has been developed to meet the mental health treatment needs of clients with a diagnosis of mild to moderate mental retardation, Borderline Intellectual Functioning or an alternative developmental disability such as Asperger's Disorder, Autism Disorder or Persuasive Developmental Disorder NOS. Initially the program has been focused on the needs of adults in the community. As the program has developed, conversations with the Licking County Board of Developmentally Disabled Youth Service coordinators have been on going. Developing a program for DD youth has proved challenging due to the cognitive nature of their disability, which can result in younger DD individuals not having adequate cognitive development/maturity to participate in individual or group therapy services.

Changing of Terms:

With the transition away from the DSM-IV-TR towards the adoption of the DSM-5, the diagnostic approaches to several of the selected developmental diagnoses are changing. These changes include the abandonment of diagnosis label of Mental Retardation (MR) for the new term, Intellectual Disability Disorder (ID). The diagnosis of Intellectual Disability Disorder addresses many of the same criteria of those which would have been previously been used to diagnose and individual with MR but with less reliance on the individuals IQ score to note the severity of the disability. Instead, more emphasis is given to adaptive functioning ability of the individual. In addition to the change from MR to ID, the diagnosis of Asperger's Disorder has been eliminated and incorporated into Autism Disorder to form the new spectrum approach to Autism Spectrum Disorder. This consolidation of disorders into a continuum based approach is thought to better account for the broad spectrum of symptoms related to social skills and repetitive and/or restrictive behaviors covered under both of the old diagnosis with the goal of providing for more comprehensive and focused treatment options.

While developing the BMDD program, Mid-Ohio Psychological Services, Inc. (MOPS) has continued to use the DSM-IV TR as their primary diagnostic manual. The terminology used throughout this annual report reflects the continued use of these diagnostic criteria. As MOPS transitions to the new DSM-5, the program will adjust to reflect these changes in terminology and diagnostic criteria.

Treatment Foundations:

The research into clinical treatments of mental health difficulties related to a diagnosis of MR/DD is limited. Much of the research in this area has been focused the use of behavioral treatments to manage the behaviors but ignore the emotional aspect of the problem. While these approaches have been effective in managing behaviors, many require an external control to be effective. When the control is no longer present, the ability of the individual to manage their emotions and associated behaviors diminishes greatly. The BMDD program approaches the problem from a treatment model that includes the emotional management, through the use of Cognitive Behavioral Therapy (CBT) based strategies, to assist the participant in developing the skills to regulate themselves without the need for constant external support. While it is acknowledged that there is limited support for use of CBT based treatments with the MR/DD population, the body of experimental research focused on anger and associated behavior supporting a modified CBT approach to treatment is growing.

Treatment Process:

Assessment and Referral Process:

Participants who are involved in the Behavioral Management with the Developmentally Disabled are asked to complete a diagnostic assessment that includes the gathering of a psychosocial history, completing the House-Tree- Person, Bender Gestalt, Draw-a-Family, and outcome measures. When appropriate, clinicians are also encouraged to complete an additional Activities of Daily Living assessment with their clients in order to gain a better understanding of their client's level of independent living skills and identify areas of concern that may be addressed through the BMDD program.

Eligible participants for the BMDD program include individuals with a measured IQ between 50 and 80 or have a diagnosis of a developmental disability. The primary diagnoses considered for the program include Mild Mental Retardation, Moderate Mental Retardation, Borderline Intellectual Functioning, Autism Spectrum Disorder, Asperger's, or Pervasive Developmental Disorder Not Otherwise Specified. For eligible clients who wish to be enrolled in the BMDD program, their clinician will set up a meeting with the program coordinator to review their history to ensure the meet the acceptance criteria. When appropriate, the program coordinator will also meet with the client to provide them with the opportunity to gain more education on the program and ask questions. As the program begins to grow, meeting with the program coordinator will not always be a possible in a timely manner. A more formal referral protocol is in the process of being created in order to ensure the program will be appropriate for the clients who are being referred.

Use of Collaterals

As part of the assessment procedure, clients who are their own guardians are asked to sign releases of information forms to enable their clinician to obtain information from medical, previous mental health and AOD treatment records, and school performance records. Additionally, many of the individuals enrolled in the BMDD program are involved with other services providers in the community which often have helpful information to encourage the effectiveness of treatment. These other services providers may include their service coordinator at the board of developmental disabilities, the independent living agency, probation officer, and behavior support coordinators through other agencies. In many cases, when the client has a legal guardian and they are not present during the initial intake assessment, a follow up contact is required. Ongoing communication with the participant's guardian and can provide helpful insight in the client's history and current circumstance that involved them in treatment that may not be available through the clients own report. Obtaining releases of information for other services providers also can benefit the participant by enabling on going communication and a stronger continuity of care between their clinician and other services.

Collateral information is utilized in several ways by the BMDD program. Previous medical and mental health treatment records as well as school recorders and independent reports for the local board of developmental disabilities are important tools to assist clinicians in confirming an MR/DD diagnosis for individuals who would like to be enrolled in the BMDD program. Additionally, previous medical and mental health treatment may enable the clinician to make referrals for additional services that could benefit the participant.

Intervention:

The BMDD program is focused on assisting participants in the development of a variety of skills to improve their quality of life and relationships with family, friends, staff, and employers. The program encourages the clients participation in both individual therapy and, when appropriate, group therapy as well. The primary areas of focus of treatment in the program include teaching emotional regulation skills, healthy coping skills, impulse control, conflict resolution skills, health and safe personal boundaries, and developing age appropriate social, communication, and independent living skills. The types of interventions used in the program include role playing activities, modeling, practicing and rehearsal of skills, peer support, providing education, redirection and positive reinforcement. Interventions used in the group setting will focus on:

Termination:

Termination criteria for the Behavioral Management with the Developmentally Disabled program for are currently based on the program participants improved ability to self-regulate their emotions, behaviors, and social skills outside of a treatment setting. Improvement will be measured initially through tracking outcome measures every three months with the update of each participant's service plan. Additional considerations for successful termination from the program include reports from collateral sources including the client's guardian, behavior support coordinators, supportive living home manager and program manager, day habilitation case

manager, or program managers. At this time a formal independent review protocol is being created. The independent review will be an additional opportunity for the participant in the BMDD program to demonstrate their understanding of the different topics focused on in the program.

Program Participants:

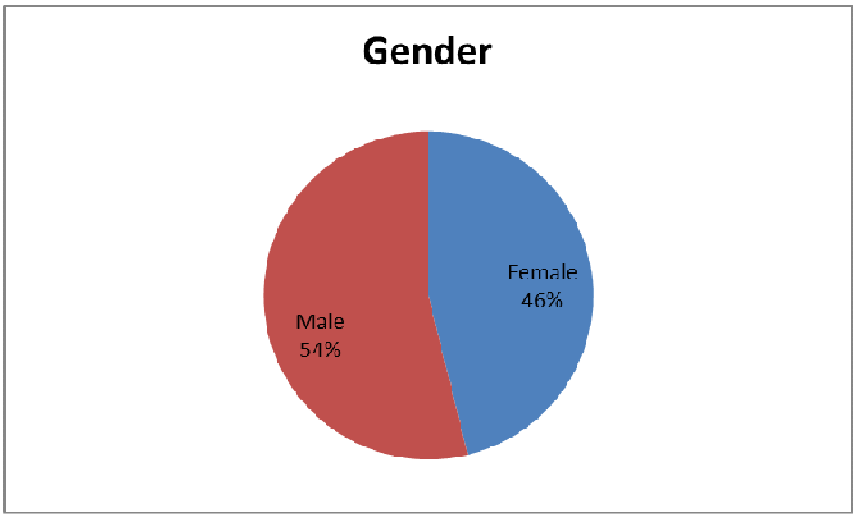
There were 13 individuals who met the criteria for the Behavioral Management with the Developmentally Disabled program from 7/1/2013 through 6/30/2014. All of these individuals were included in the review. The ages of participants ranged from 18 to 70, with a mean age of 37.76. The distribution of the ages of the participants can be seen in Figure 1.

Figure 1: Age Distribution

Age	# People
18	1
20	1
22	1
24	1
28	1
31	1
34	1
35	1
45	1
48	1
57	1
59	1
70	1
Total #	13

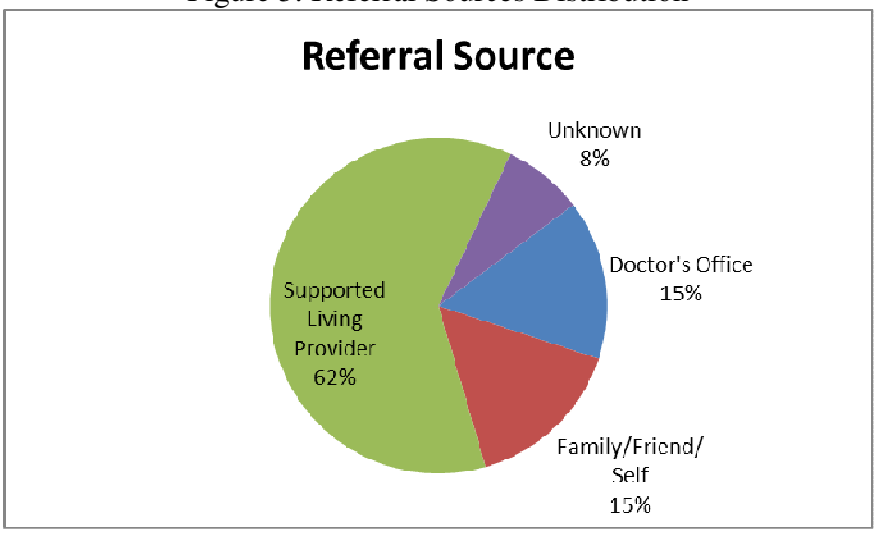
Of the 13 individuals enrolled in the BMDD program, six participants, or 46% of the program identified as female while seven, 54%, identified as male.

Figure 2: Gender of BMDD Program Distribution



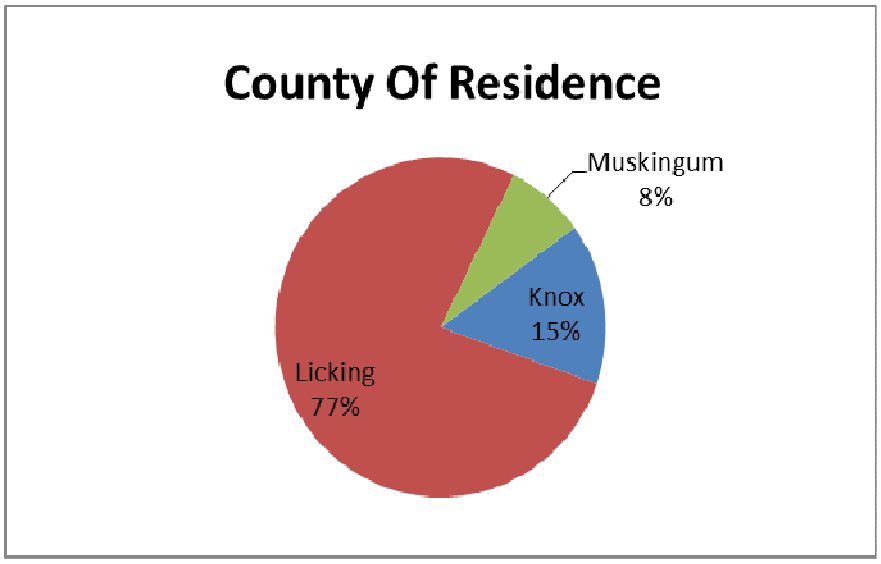
Clients were referred for services from a variety of different sources. As noted in Figure 3, the majority of participants were referred for services by their supported living provider. The service provider Midwest Health Services, Inc. referred the majority of these clients, totaling 31% of all the referred participants, approximately half of those referred by a supported living provider. Other referral sources included doctors' offices and personal referrals from friends, family members, or returning clients. One participant declined to identify a referral source.

Figure 3: Referral Sources Distribution



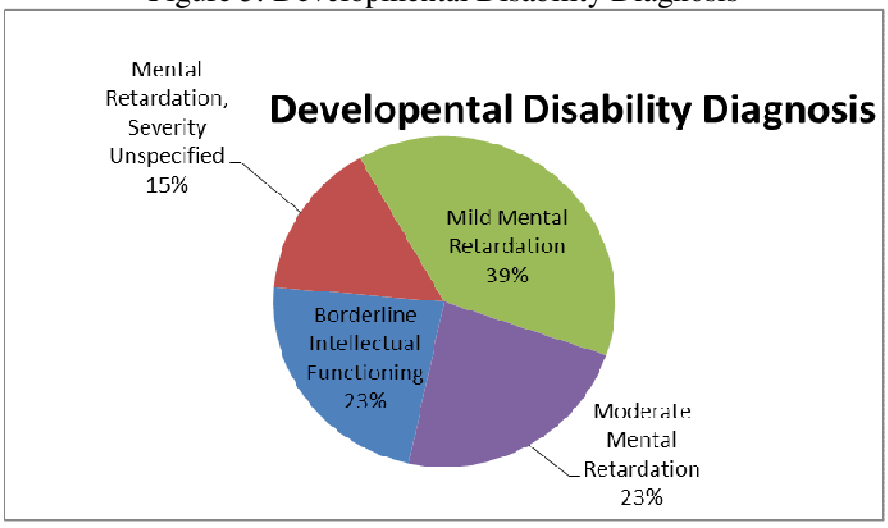
Ten participants, (77%), in the BMDD program identified Licking County as their county of residence. Two participants (15%) reported being from Knox County and one (8%), participant reported living in Muskingum County.

Figure 4: County of Residence Distribution



In order to be enrolled in the Behavioral Management with the Developmentally Disabled program, participants must have a diagnosis of a developmental disability. As seen in Figure 5, five (39 %) participants have been given a diagnosis of Mild Mental Retardation, three (23%) participants received a diagnosis of Moderate Mental Retardation, and two (15%) participants have a diagnosis of Mental Retardation, Severity Unspecified. Three (23%) additional program participants have received a diagnosis of Borderline Intellectual Functioning.

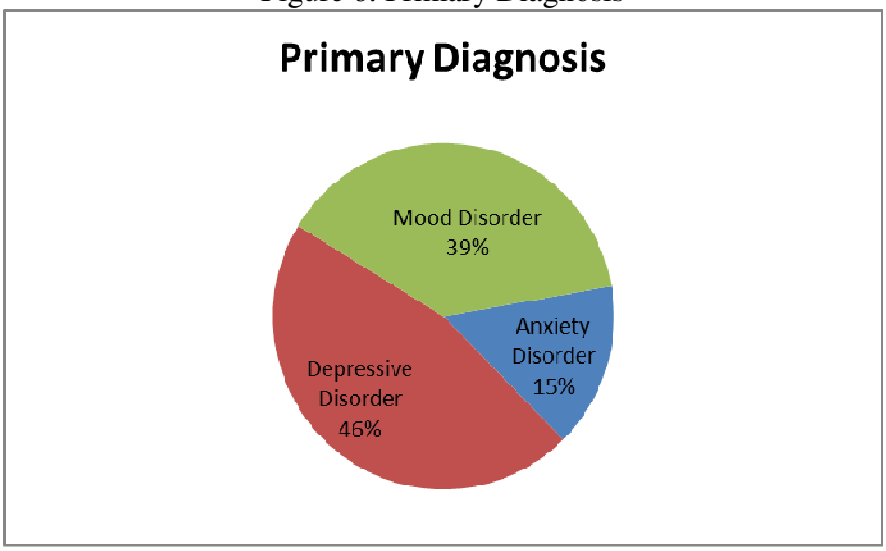
Figure 5: Developmental Disability Diagnosis



In addition to a diagnosis of a developmental disability participants in the BMDD program have been diagnosed with a mental health disorder which have been grouped into three primary categories; Mood Disorders, Depressive Disorders, and Anxiety Disorders. As can be seen in Figure 6, five (39%) participants have been given a Mood Disorder Diagnosis, six (46%)

participants have received a depressive disorder diagnosis, and two (15%) have been given an anxiety disorder diagnosis.

Figure 6: Primary Diagnosis

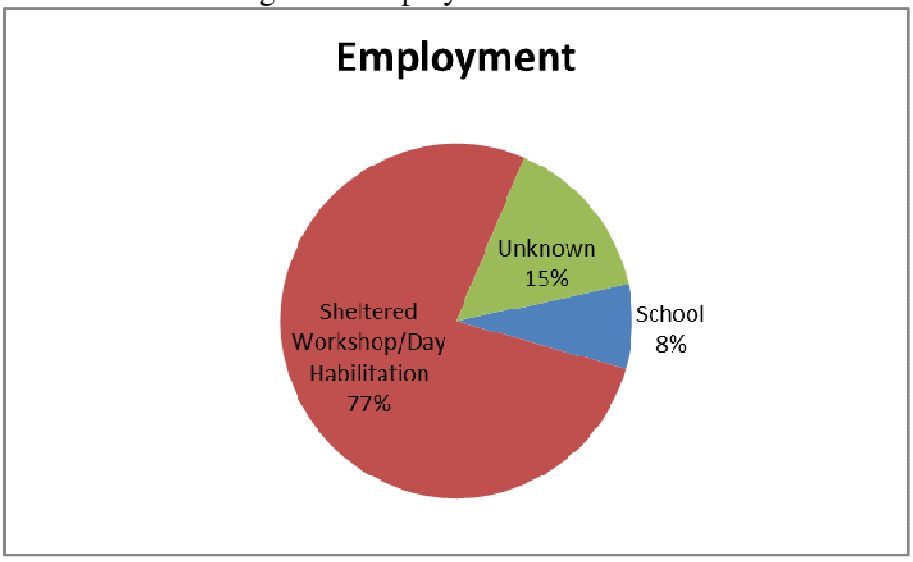


Of the 13 clients enrolled in the BMDD program, 11 identified a mental health diagnosis prior to initiating treatment at MOPS. Of those that reported a previous diagnosis, most identified having more than one. Two participants identified a past psychotic disorder diagnosis, three individuals identified having a previous diagnosis of ADHD, two reported being diagnosed with Oppositional Defiant Disorder, one reported a disruptive behavior diagnosis, three participants identified a previous anxiety disorder diagnosis, four individuals reported a depressive disorder diagnosis, three reported being given a mood disorder, and one participant reported a previous diagnosis of a personality disorder.

A majority of participants in the BMDD program reported having some form of employment. Ten (77%) participants reported being employed in either a sheltered workshop or day habilitation center. One (8%) participant was a student. Two (15%) participants did not

identify any type of employment or involvement in school and were as listed unknown as seen in Figure 7 below.

Figure 7: Employment distribution



Service Utilization

The following table identifies the services provided from, indicate new clients in the program, terminated in program, reason for termination, length of services completed, any linked services.

Client	Individual	Case Management	Group	Medication Services	Diagnostic Assessment
1	3.75	0	0	0	2
2	7	0.5	3.84	0	0
3	0.84	0	0	0	0
4	0	0	0	0	2
5	8.3	1.2	2.5	0	0
6	0	0	0	0	2
7	2	0	0	0	2
8	14.33	0.28	30	0	0
9	19	0	18	0	3
10	13.8	0.15	1	0	0
11	15.7	0	28	0	0
12	8.25	0.47	3.84	0	2.84
13	17.58	0	31.75	0	2

Budget

Listed below are the FY2014 service income and FY2015 anticipated budget. It is important to note that a significant factor in the lower numbers achieved in FY2014 is the program did not formally begin until almost the middle of the fiscal year and a formal budget was not created until the end of the year. Since the initial development of the program was slow and there was no projected budget to meet, the income created is significantly lower than the FY2014 budget projects. With the base line established in FY14, the budget for FY2015 can be better anticipated.

Going forward, it is anticipated the program will continue to add participants as it expands in to Knox County, adding more clients interested in individual and group therapy as well as therapeutic mentor services. Time will continue to be spent on marketing to increase the number of client referrals and name recognition of the program in both Licking and Knox counties. As referrals continue to be made and the demand for group therapy in Licking County grows, a second group will be added.

FY14 Service Income				
Services	Youth Units	Adult Units	Rate	Income
Case Mgt Group		110.71	39.24	$4,344.26
Case Mgt Ind		2.85	85.32	$243.16
DA		17.83	129.99	$2,317.72
Group		0	39.48	$0.00
Individual		138.15	90	$12,433.50
Psych Testing		1.5	129.99	$194.99
Total Income				$19,533.63

Program Budget FY 2015		
Income		
Diagnostic Assessment	$3,240.00	3.9%
Individual Psychotherapy	$47,250.00	57.5%
Group Therapy	$12,600.00	15.3%
CSP Services (Coordination)	$4,250.00	5.2%
Case Manager/Mentor	$14,875.00	18.1%
Formal Assessment	$0.00	0.0%
Total Income	$82,215.00	
Expenses		
Payroll	$67,662.95	82.3%
Occupancy	$8,057.07	9.8%
Travel	$904.37	1.1%
Professional Development	$493.29	0.6%
Office Supplies	$1,808.73	2.2%
Communication	$575.51	0.7%
Insurance	$575.51	0.7%
Advertising	$328.86	0.4%
Misc. Expenses	$411.08	0.5%
Bad Debt	$164.43	0.2%
Information Systems	$1,151.01	1.4%
Depreciation	$82.22	0.1%
Total Expenses	$82,215.00	
Net Income	$0.00	

Outcomes:

To collect outcome measures participants in the BMDD program were asked to complete a self-reported measurement tool once every three months. The outcome scale asked the respondent to identify their perceived level of functioning in a variety of different areas of life over the previous three months. Self-reported outcome measures completed during the 2013/14 fiscal year demonstrated that four participants in the BMDD program reported some improvement in their overall level of functioning during that time period. Four clients self-reported a reduction in their overall function during the same time period. Five clients enrolled in the program at the end of the fiscal year and were not included in the reporting of outcome measures. The reason they were not included in the outcome measures is due to their being enrolled for less than 90 days, thereby not having the opportunity to complete a second measurement. Since they only completed one measurement, it was not possible to measure any changes in their reported functioning.

Since the focus of the BMDD program is to improve the participant's ability to manage their affect, behaviors, and personal relationships the outcomes of special interest included; overall functioning, emotional health, relationships with friends, relationships with family, and vocational function. The eight participants who were able to complete multiple outcome measures during the fiscal year reported a slight decrease (an average of -2.6%) when asked to measure their level of "Overall Functioning." It is difficult to account for the -2.6 % change seen in overall functioning reported by clients. Several clients in the program experienced significant life changes during the FY14 that may have negatively impacted their self-report of overall functioning levels. Due to the small number of respondents who completed the outcome scales for the program, these few significant changes may have a disproportionate impact swinging the overall average into the negative.

When asked about their emotional health, respondents identified an improvement of by an average of 5.5%. The clients who responded also reported an improvement during the time frame measured in their relationship with family members (an average improvement of 17%) and vocational functioning (an average improvement of 9.4%). The clients who completed the outcome measures also identified a slight reduction in their relationships with friends (an average of -4.4%) over the time period measured.

It is difficult to draw many significant conclusions about the effectiveness from the self-reported outcome measures completed for the 2013/14 fiscal year due to a significantly low number of clients who are included in the measures. As the program progresses and more clients complete the outcome measures, a clearer picture will emerge.

Recommendations:

As the Behavioral Management with the Developmentally Disabled program continues to grow and develop, it is important to continually review and improve its structure to ensure quality services are being provided to its participants. While the program has done well at identifying different clients appropriate for the BMDD program to this point, going forward a formal referral process should be implemented. A referral form has been developed and is currently in the process of being reviewed and adjusted to make sure that it meets the needs of the clients and is an appropriate tool for the program.

As noted previously, there is a needed for mental health services focused on the local developmentally disabled population and Licking County. A similar need has been expressed by providers from the Knox county area. It is recommended that the BMDD continue with its efforts build a relationship with the Knox County Board of Developmental Disabilities, other service providers, and to expand services into the Knox county area.

Participants in the BMDD program are often involved with additional service providers in the community. Attendance at team meetings is essential in encouraging a continuity of care for the program participant with other support services. It is recommended that, when appropriate, clinicians and/or the program supervisor make an effort to attend these team meetings when possible.

Participants in the BMDD program often have an independent guardian who is not always able to attended the initial diagnostic assessment or attend regular session with the client. It is recommended that clinicians and supervisors make a significant effort in establishing a relationship with the guardian and keep releases of information up to date and accurate.

While it is intended to be part of the referral process for the BMDD program, few clients enrolled have completed an Activities of Daily Living assessment. It is recommended that Clinicians and supervisors review client files and complete these forms as necessary.

Many participants in the BMDD program could benefit from enrollment in additional services offered at Mid-Ohio Psychological Services, Inc. such as case management and therapeutic mentor services. Clinicians and supervisors are encouraged to review their case loads in order to identify individuals who would benefit from additional services and, when appropriate, complete the referral paperwork.

The BMDD program is still fairly new and has not had any participants successfully graduate the program at this time. Three individuals have voluntarily disengaged from services and have not returned. Currently there is no formal process in place to identify clients who have successfully completed the program. An independent review protocol is currently in the process of being developed. The independent review should focus on the new skills and knowledge that individuals developed during their participation in the BMDD program.

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