



# Phelps County Adult System of Care (SOC)

ADVOCATE FOR PREVENTION, EARLY INTERVENTION, TREATMENT AND RECOVERY

° COORDINATE RESOURCES

° RESOLVE ISSUES

Adults with Developmental Disabilities,  
Adults with mental health issues and  
other community members who meet  
the referral criteria

Individualized

Community Based

- Meets 4<sup>th</sup> Tuesday of each Month at Rolla Regional Office.
- Chair-Terri Werner & Brenda Rocoberto
- Recorder- Helen Richardson & Jodi Widger

## **Governing Board**

Kim Woodson-PCRMC

Brenda Rocoberto- PCSB-40 Board

Chad Lewis-Behavior Analyst-Provider

Todd Martensen-Pathways

Dr. Terri Rogers- DMH-DD

Terri Werner-DMH-DD

Jodi Widger-PCSB-40 Board

## **Purpose of the Adult SOC**

- To advocate for prevention, early intervention and treatment
- Identify community resources and tools to assist individual/family. (Community collaboration)
- Assist individuals who require behavioral supports an alternative other than visiting hospitals.
- Promote and encourage healthy behaviors and mental health services.
- Educate on community mental health services.

# **PURPOSE OF SOC CONTINUED:**

- Identify the issue/problem.
- Enhance the quality of life for the individual/family.
- Treat the individual by using the best outcome for them. Provide a framework to guide actions. Strengthening protective factors and reducing risk.

# **SOC GOALS:**

- Cut down on ER visits
- Free up Ambulances, hospital staff, and law enforcement: Less 9-1-1 calls
- Save the state and individual money
- Get the individual the services they truly need:  
Referral to Behavior Resource Team (RRO), a referral to a Behavioral Analyst, Counseling, visit to Psychiatrist, etc.
- Better/quicker access to community resources.

# Community: the Essential Partner

- Coordinating community resources
- Build Partnerships
- Collaborative planning, action, evaluation
- Share responsibilities
- Base policy and practice on evidence
- Develop advocacy

# **Community working together we can:**

- Link people to appropriate resources-referrals, program development, sustainability
- Assure competence and quality in the workforce-right people doing the right thing-evidence based practice
- Evaluate and Educate-are we doing it right?  
Does it make a difference?
- Research-use it and document your evaluation

# **SOC Success Stories:**

- Guardian/PA has written and signed a letter stating that she does not give permission for a person to be treated in ER as they are having behavioral outburst and not a medical issue. This has worked and cut down on use of the Emergency Room.
- A behavior analyst linked the hospital to a resource for a patient who could possibly have a brain injury.

## **Success Stories continued:**

- A provider works with a gentleman who has Autism and he rocks so hard that he has broken numerous furniture items. She was linked with a resource to purchase a type of furniture that is used in prisons because it is extremely durable and now he can rock as hard as he would like.
- Experienced fewer 9-1-1 calls



## **Success Stories continued:**

- Phelps County SB-40 Board has agreed to pilot a three year program with the Center for Head Injury Services. The program is called Telehealth where persons who live in rural settings will have access to needed therapies in their home through teleconferencing without having to travel to urban areas such as St. Louis, Kansas City, Springfield, etc. This is a hardship on families because of the cost of traveling and lost wages.

## **Success Stories continued:**

- The pilot project will supplement face-to-face meetings, replacing some in-person meetings (not all), with hardware so the therapist can observe consumers carrying out various therapies. As a result, therapist may offer adjustments to the plan, help consumers develop coping strategies, or take other corrective action.



# Referral Process

- Identify an individual/ family in need of SOC. Guardian/support team/provider must be willing to be present at SOC meeting, participate and follow-through with services offered.
- Fill out the referral form with the help of the Parents/Guardians/Providers if applicable. It is not imperative they fill out all fields on referral form, but the more information, the better.
- Explain the Process to the Parents/Guardians/Providers/Planning team.
- Fax Referral to the referral Committee: Chad Lewis will be the lead person identified out of the 4 Committee Members. Chad's fax number is: 888-858-8055. Looking at serving the population of 16 and older. No person under the age of 16 will qualify for the adult system of care but will be referred to the Children's SOC.
- Once the referral is accepted then it will be scanned and emailed to SOC members and placed on agenda for next month's meeting.

# Referral Committee

- Chad Lewis (Lead Committee Member)- Behavioral Analyst- Provider in Phelps County
- Emily Aul-Assistant Behavioral Analyst(BCaBA)
- Kim Woodson-Phelps County Regional Medical Center
- Shelley Biere- Family member



# Members

- Phelps County SB-40 Board
- Phelps County Public Administrator/guardian
- Local Provider agencies- MI Serenity, Laci's Haven, and Future Care
- Phelps County Regional Medical Center
- Phelps County Sheriff's office
- Rolla Police Department
- Rolla Public School
- Department of Mental Health
- Children's Division
- Highway Patrol
- Pathways Behavioral Health
- Behavior Analyst
- Vocational Rehabilitation
- Tri County Independent Living Center
- Family Support Coordinator
- Parent Representative

# **Available Resources**

- Pathways Behavioral Health
- Rolla Regional Office
- Phelps County SB-40 Board
- Tri County Independent Living Center
- MPACT
- Children's Division
- Health and Senior Services
- Various other groups and organizations
- Mental, Medical, & Behavioral Services



# Children's Division



- Hotline is made to 1-800-392-3738 Hotline Unit in Jefferson City
  - Based on information the caller gives, the Hotline Unit codes the maltreatment pathways. Some abuse/neglect meets the criteria for CA/N, some do not and are added in as additional concerns. The types of reports we receive are:
    - Investigations- possible criminal activity, requires LE assistance (Emergency response=3 hours, all others=24, educational neglect=72)
    - Assessments- concerns are addressed with the family and solutions are based on how the family feels they can alleviate those concerns(Emergency response=3 hours, all others=24, educational neglect=72)
    - Newborn Crisis Assessment (child born and parent had positive drug screen some time through-out pregnancy. 3 hours to respond)
    - Non-caretaker referrals- possible abuse by someone that did not have care, custody and control of child. Faxed directly to LE agency to be investigated
    - Preventative Services Referral- concerns on a family we already have an active case for to be addressed during next visit
  - HL Unit sends the report to the county of where the child is at the time (if known, based on information caller gives)
- County office receives notice of the HL.
  - Investigator responds by calling Reporter, making contact with the children within the appropriate time frame to ensure safety, may require removal/diversion/safety plan, concludes report w/in 30 days.
  - Investigator conclusions can include: taking children into custody (only LE or dr can do this, NOT CD!) which requires court intervention and placing the children in Alternative Care, placing children on a diversion (parent gets to choose who the children will go with) and opening a Family Centered Service case (or leaving children in home and still opening a FCS case), or concluding as no services needed.
- If a case is opened, it is assigned to the worker who covers the appropriate program line (IE FCS worker or A/C worker). It is their responsibility to ensure the safety of the child and show reasonable efforts to reunify the family.
- FCS case goal is to allow parents time and resources to alleviate any concerns of possible neglect and/or abuse, while keeping the family intact.
- Reunification is always the ultimate goal in any alternative care case; however, if this cannot be achieved, other alternatives such as guardianship, termination of parental rights and adoption or another planned permanent living arrangement can be the goal for the child. Goals are determined by the "team" which consists of the CD worker, parents, parental attorneys, child's guardian ad litem, juvenile officer and depending on age, sometimes the child.
- To make a referral to the Children's Division for suspected Child Abuse and Neglect or for children at risk of abuse or neglect, please call 1-800-392-3738.



# MPACT

MPACT is a statewide parent training and information center that serves parents of children with all disabilities. Our primary goal is to assist parents in their effort to effectively advocate for their children's educational rights and services. MPACT staff and volunteers are located throughout Missouri and work with public and private agencies, parent groups, professional organizations and advocacy groups to achieve that goal.

Shelley also represents our SOC as a parent.

**Parents and professionals can contact**

**Shelley Biere**

**Regional Coordinator for Phelps County**

**877-837-3536**

**[sbiere@ptimpact.org](mailto:sbiere@ptimpact.org)**

**For information and resources**







# Pathways Behavioral Healthcare Inc.

○ Pathways enhances wellness in the lives of individuals and communities by instilling hope, building partnerships and supporting recovery.

- Administrative Agent of DMH/Division of Behavioral Health
- Community Health Center
- Services Offered:

○ Mental Health & Substance Abuse, Adults and Youth

○ Prevention, Education, Evaluation, Outpatient/Inpatient Treatment and Rehabilitation

○ Treatment determined by triage specialist at initial appointment – internal referral to a then made

○ Anyone may refer to Pathways! Call  
1-888-403-1071



# PHELPS COUNTY SB-40 BOARD

**Brenda Rocoberto**, Ex. Director

Rhonda Davis, Admin Assistant

Jodi Widger, Support Coordinator  
Supervisor

1501 E 10<sup>th</sup> St Independence

Square., Suite C

Rolla, MO 65401

573.426.2822 phone

573-426.2857 fax

email

[brocoberto@pcbddd.com](mailto:brocoberto@pcbddd.com)

## Mission, Vision, Values

It is the mission of the Phelps County SB-40 Board to provide resources and supports that enable individuals in Phelps County with developmental disabilities to live full and enriched lives.

Mission Statement: “With agencies and families working together in Phelps County, we can change disabilities into abilities”.

It is our vision to improve the quality of life of the persons served.

Our values include: full community membership, access, individualized supports and services, cultural diversity, dignity, self-worth, individual rights, prevention and early intervention.

# Phelps County Board continued:

- Special Requests – The Executive Director will hear special funding requests. Some examples of would be emergency request or Family Friend services.
- Emergency funds – The Executive Director has access to emergency funds to use at her discretion. For example: emergency dental procedures without any other type of funding.
- Transportation – Funding is provided for transportation to Rolla Area Sheltered Workshop, day program and recreational activities.
- Support Coordination – The Support Coordinator assists individuals and their families with accessing comprehensive medical records, and provides social, educational, and other specialized services. The Support Coordinator's goal is to help participants in achieving and maintaining their highest level of independence through self-advocacy. They assist in securing services, funding, and/or supports, through both community and governmental sources, to help meet their needs. PCBDD started their TCM program in December 2010. We currently have 9 Support Coordinator serving 378 individuals. 7 Support Coordinators in Phelps County and 2 in Texas County.

## • Contracted and Related Services

- Rolla Area Sheltered Workshop in Rolla, Mo. They employ 50 people that perform a variety of jobs, including: hand packaging, subassembly, inspection, cardboard packing, work enclaves, etc.
- Additionally, PCBDD monitors a variety of service providers who are contracted with Department of Mental Health. Those services include: Support Coordination, Respite, Individualized Day Habilitation, On site and off site day habilitation, Residential Habilitation Group, Personal Assistance, Transportation, etc.



# **Phelps County Rolla High School ; Family School Liaison**

**Kadi Haslag**

- ❖ Assist the district in working with students who are developmentally disabled reach their full potential for success in the school setting and early intervention and provision of services to strengthen the individual/their families/ provider agencies, etc.
- Establishing intimate and trusting relationships with families or provider agencies.
- Providing parents/provider agencies with encouragement and education.
- Keep a good line of communication open between the school and the families/provider agencies.
- Promoting protective factors of parental resilience, building social connections for families, building child resilience through healthy social and emotional development.
- Providing concrete support in a family's time of need, including access to necessary services, such as mental health services with either Pathways or DMH/DD.
- Include the planning team when the student is no longer able to attend school on campus but has been asked to receive homebound services

# Rolla Regional Office

Terri Werner, BRT supervisor

- To support individuals with developmental disabilities and their family members, the Missouri Department of Mental Health's Division of Developmental Disabilities has established 11 Regional Offices located throughout the state. Regional Offices are designed to assist individuals with developmental disabilities in meeting needs related to their disability through a variety of ways, while maintaining people in their homes and communities whenever possible.
- Regional Office staff determine eligibility and link individuals to needed services. Early detection and intervention for any developmental disability could spell success later in school or in adult life.
- **Rolla Regional Office's Behavior Resource Team** can assist with the following:
  - ✓ Identify, educate and enhance person centered supports for persons with developmental disabilities in all aspects of their lives.
  - ✓ Assist provider staff, family members in becoming proactive rather than reactive (waiting for a crisis before an intervention occurs)
  - ✓ Conduct an environmental Assessment to determine if something in the person's environment is contributing to the challenging behaviors.

# Rolla Regional Office Behavior Resource Team's Intervention's con'td

- Successful intervention consists of the whole team (direct care staff, provider, support coordinator, family members, Behavior Resource Team, etc.) doing their part.
- Consulting w/caregivers regarding behavioral issues and suggesting ways that may improve the situation based on Tool of Choice
- Training (formal and informal) with caregivers on the use of the Tools of Choice training which focuses on:
  - ✓ Relationship Building
  - ✓ Strengthening Desirable, Healthy Behaviors
  - ✓ Interrupting Undesirable Behaviors and De-escalating Situations
  - ✓ Teaching New Skills (Pivoting, Stay-Close, etc.)
  - ✓ Creating settings to promote desirable behaviors
- Referral Process: Support Coordinators, family members, provider staff can make a referral to the Rolla Regional Office Behavior Resource Team Supervisor, Terri Werner, 573-368-2200

# What works best?

- Interventions that include multiple strategies are typically the most effective in producing desired and lasting change.

## Strategies:

- Individual and/or group education
- Supportive relationships
- Provider education
- Environmental assessment
- Assessing/changing policies and procedures

## Just remember:

- An intervention is a combination of program elements or strategies designed to produce behavior changes or improve health status among individuals or an entire population.
- Community agencies working together will promote and assure quality and accessibility of needed health care services as well as cut down on unnecessary cost for the state.