

A Different Approach to Care in a Residential Setting



AGENDA

Program Design and Defined

Planning

Collaboration

Adjustments

Implementation and Outcomes

Challenges & Limitations

Recommendations



Who is Chileda?

A 50-year-old Residential and Education Center for children with severe and profound autism as well as others with cognitive challenges.



Wisconsin Crisis of Placements: Chileda Response

Wisconsin Challenge



Crisis:

Shortage of placements for youth with intellectual/cognitive delay with additional mental health or behavioral needs.

Request:

Find 12 beds to serve more severe population

Family First Act Direction

Family-Engagement

Short-Term Residential Stay

Robust **Aftercare** Program

Criteria for Proposed Plan

1. Any proposed plan would need to fit into the long-term strategy for Chileda.
2. Any proposed plan would need to include serving children and adolescents that we have historically served. For example, Chileda has not served adolescents with severe sexualized behaviors nor adolescents with criminal records.

Criteria for Proposed Plan

3. Any proposed plan would need to “not cause harm” to the long-term fabric/culture of Chileda.
4. Any proposed plan would need to be financially sustainable.



STEP

Short-Term Empowerment Program

STEP Defined

STEP would be a **short-term program** aimed at serving children, ages 9-15, with the primary diagnosis of I/DD and Autism. The program would serve young people for **6-12 months** with the aim of permanency in a less restrictive environment upon discharge. At this time, only children from Wisconsin will be served through this program.

STEP Defined

- This program would be an intensive treatment program involving a STEP team, families, and the child in the behavior and skill development plan.
- This would begin with an 8-student program (four boys and four girls). Staffing would aim for a 2 staff to 1 student ratio during the wake hours and a 1 staff to 1 student ratio during the sleeping hours.

STEP Defined

- There would be a hard deadline in the pre-enrollment agreement with counties to find placements and have them in-place following the 12-month program.

Planning

Gaining Buy-In from our staff, designing an intentional program that focuses on long-term success

Gaining Buy-In



Staff Forums
on Every Shift



Listening to
the Concerns



Hiring the Internal STEP Team

- Case Manager
- House Manager
- Assistant House Managers
- Lead Skills Trainers
- 2 Special Education Teachers
- Advanced Behavior Specialist
- Behavior Specialist
- Family Liaison
- Care Coordinator
- Rec Coordinator
- Skills Trainers
- Mental Health Specialist

Planning Teams

Facilities

Crisis
Response
& Safety

Training

Residential
Programming

Educational
Programming

Treatment

Aftercare

Technology

Scheduling

Facility Committee

- Fencing to create outdoor rooms for safety
- Delayed Egress Doors exiting the house to the courtyard
- Modified a bedroom in each duplex to relaxation rooms/seclusion room
- Enclosed Kitchens
- Door between the classrooms
- Vinyl Walls in the Classrooms and Living Units





Chileda La Crosse Campus

Gate Enclosures

- Locked Gates
- Fobbed Access for Staff
- Increases Safety



1860's House Modifications



- Delayed Egress Doors Exiting into Courtyard
- Vinyl Walls
- Relaxation Rooms
- Enclosed Kitchens

Relaxation & Seclusion Room

Provides an additional space in the house for students to go when upset.



Enclosed Kitchen Remodel

Before



After





Door Between Classrooms & Vinyl Walls

Provides an additional exit for students during behavioral crisis.

Crisis Response Committee

Crisis Response

Safety

Training

Crisis Response



Identified
Crisis Response
Specific to STEP



Area Specific
Safety Plans

Safety



Required
Personal Protective
Equipment



Crisis Response, Safety and Training



Advanced Training
in Crisis Prevention
Intervention (CPI)



Increased
Trainings for
Skills Trainers

Residential & Educational Programming Committees

- Programming that met individualized needs and group needs
- Teachers shared responsibilities between the two classrooms
- Determined when STEP students could integrate with Care kids (e.g. lunches)
- Identified roles of Primary & Secondary Staff
- Moved students, as two classrooms were cleared to devote to the students in STEP



Aftercare Committee

Identify Aftercare Placement prior to Acceptance into STEP

Pre-Placement Meeting and Service Agreement Signed

Training provided weekly to the Aftercare Placement while the child is in Treatment

STEP Team helps to identify resources in Aftercare location to support a successful discharge



Treatment Committee

- Assessments completed within 30 days
- Weekly Meeting with External Team
- Bi-Weekly Internal Team Meetings
- Intentional Focus on Goals for the Child and Goals for the Aftercare Placement
- Skill Acquisition Protocols Developed for each Child
- Fidelity Checks

Scheduling & Technology Committees



Creative scheduling to increase full-time applicants

Additional iPads to support student needs

Additional walkie talkies to support staffing needs

Explored technology that could provide increased communication

Collaboration

Collaboration with Wisconsin Department of
Children & Families, Counties, Police and Families

Department of Children and Families (DCF) Meetings

- ❖ Partnership
- ❖ Sustained and Transparent Communication
- ❖ Pre-Placement Meetings

Meeting with Counties

- ❖ County Directors (Decision Makers) involved in learning about STEP
- ❖ County Decision Makers at Pre-Placement Meetings
- ❖ Social Workers involved in weekly meetings
- ❖ Collaboratively problem solving to find solutions for the aftercare placements



Collaboration with Law Enforcement

Consultation: Why Our Team Makes a Difference in Aftercare



We've identified needs that the county was not able to identify

- Weekly connection
- Small caseload
- Seeing the behavior & responses
- In the homes



Interdisciplinary teams

- Talking about barriers
- Transparency



Collaboration

- Meeting with all stakeholders regularly
- Identifying what we need for success

Adjustments After Implementation

Adjustments to Meetings

- Monthly Reviews
 - Are we doing what we set out to do?
- Pre-Placement Meetings
- Weekly Meetings

How will we know the child is ready to move to the aftercare placement?

What will we see from the child that will tell us they can be successful?

How will we know the aftercare placement is ready for the child?

What skills will they have gained? What will they be able to do that they weren't able to previously?

Current Services

What are the current services the family and child are receiving. How can we ensure continuity of services?

Aftercare Supports

What supports will be needed after the child is discharged to the aftercare placement?

Weekly Meeting Student Goals

1. Reduction in severe physical aggression towards others and no longer causing injury to others.
2. Identify and demonstrate the use of at least 3 coping skills to prevent escalations that can lead to potentially physically harming others.
3. Learn and demonstrate the ability to focus more readily on current needs, schedules, and tasks to decrease perseveration on anxiety producing topics and situations.

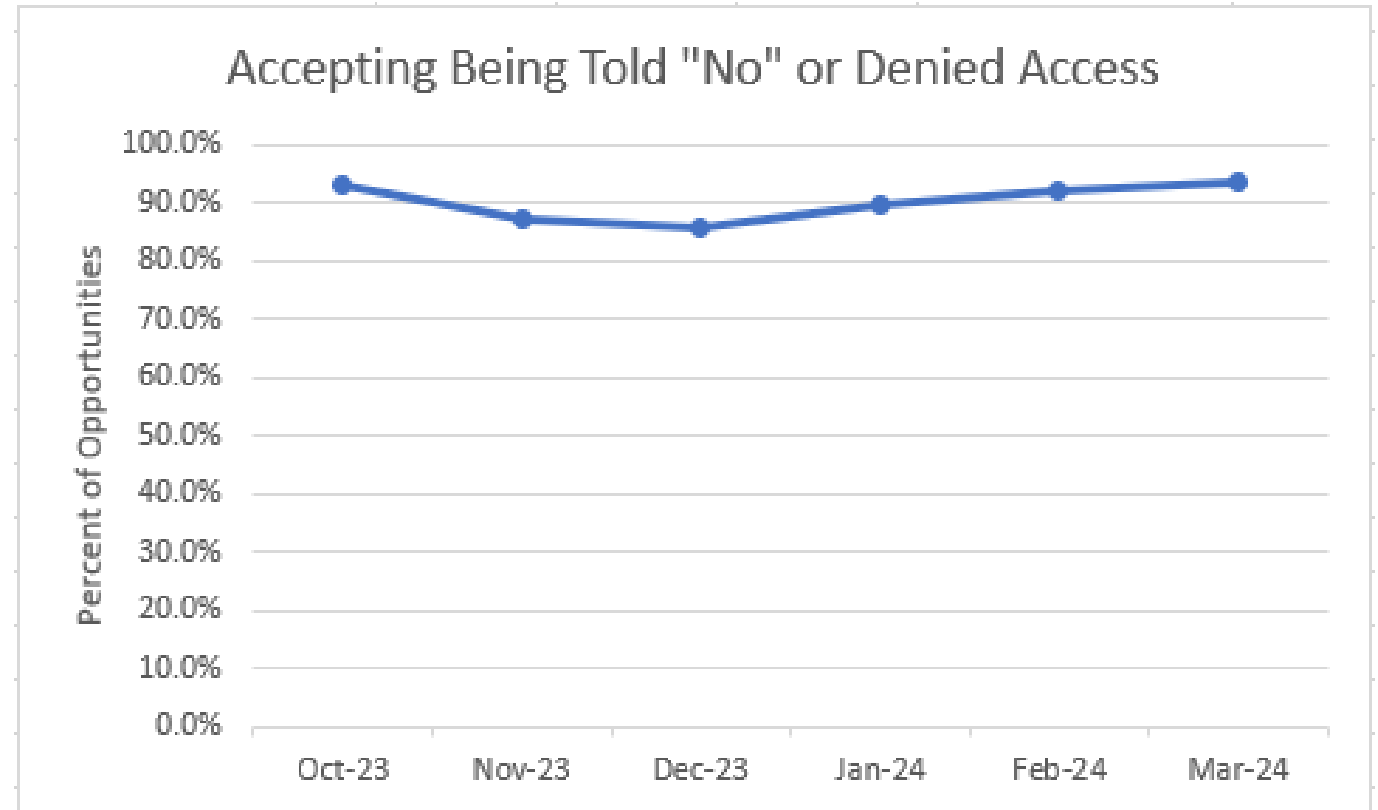
Student Weekly Self-Report



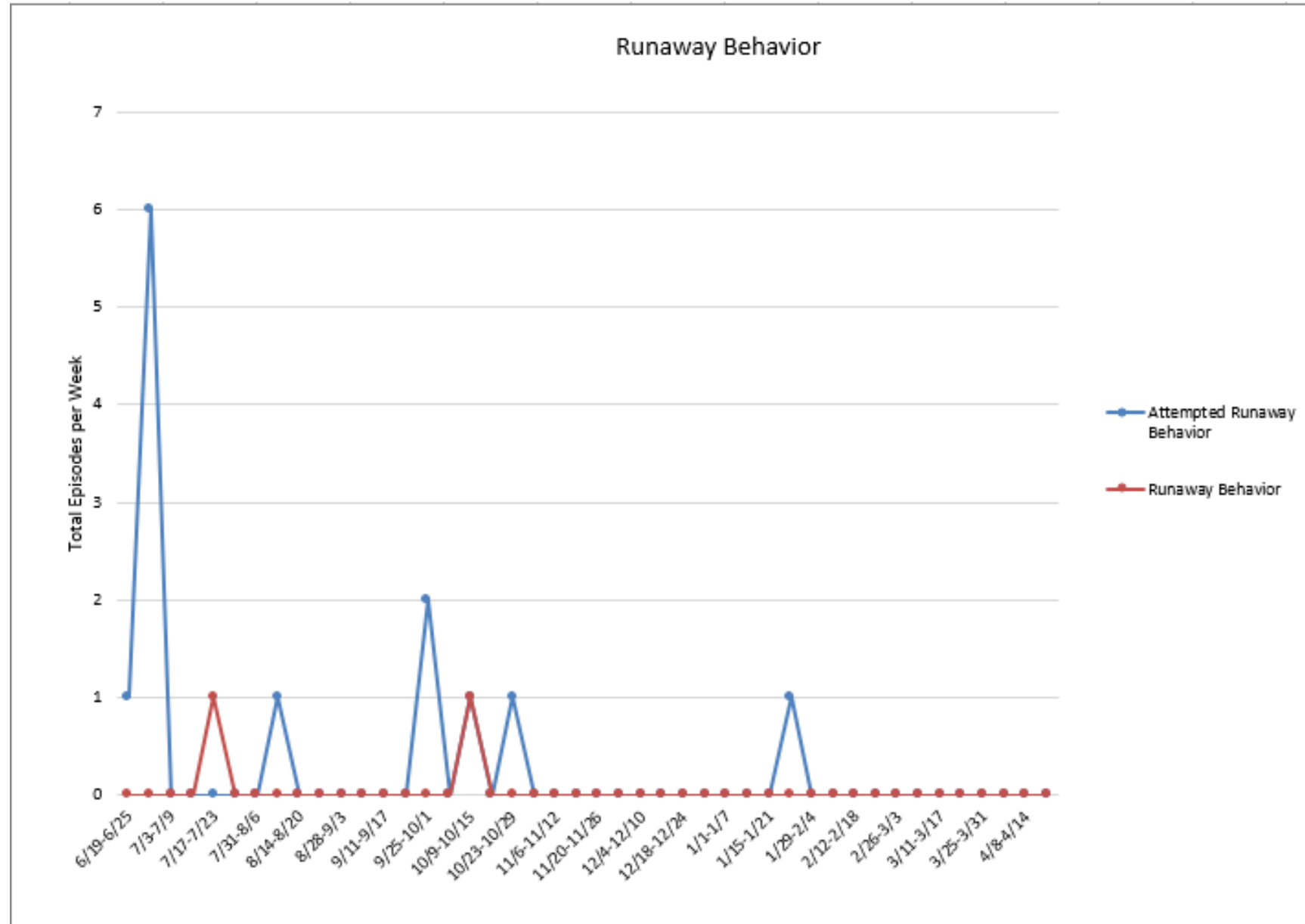
What I have been working on this week:	Interacting more with kids at the hotel and playing basketball with them.
A positive about my week:	Seeing my mom
What I am looking forward to in the next week:	Bowling on Sunday!
Anything else I would like my team to know:	No

Skill Acquisition

- 100% for accepting being told "no" or denied access last week
- Moving to target 7 of 8 in her skill acquisition protocol this week



Behavior



Aftercare Placement

- How do you feel about the progress that is being made? For yourself and for student.
- Are there additional things that you identify we should be working on?
- What do you need to reach the goals in the service agreement?

County



- How do you feel about the progress that is being made?
- Are there additional things that you identify we should be working on?
- Are there items/services that should be coordinated prior to discharge?
- Are there items/services that should be coordinated for school prior to discharge?
- Are there services or coordination that needs to take place for aftercare placement while student is enrolled at Chileda?

Adjustments in Staffing

- Family Liaison – Advanced Behavior Specialist
- Added a Training Specialist
- Staffing Levels
 - Helicopter (2:1)
 - Parasailing (1:1)
 - Parachuting (1:2)
 - Pilot (highest level of independence)

Adjustments in Programming and Training

- Programming – individualized to students interests and abilities
- Increased training on diagnoses and boundaries
- Met with the local police department



Implementation & Outcomes

Case Studies of Clients Served

Students Served in STEP

3 Boys

- 12-15 Years Old
- Autism Spectrum Disorder
- ADHD
- Anxiety
- Adjustment Disorder

3 Girls

- 14-16 Years
- Autism Spectrum Disorder
- Anxiety (GAD)
- ADHD
- Post Traumatic Stress Disorder (PTSD)
- Mood Disorder (Bipolar Disorder)
- Tourette's

Case Study A

- Engaged in severe property destruction at home and ran away when denied access to a request or was told "no"
- Was in Secure Detention and unable to live at home or any other less restrictive setting
 - In and out of Winnebago consistently
- Not able to attend school for long periods of time and engaged in severe physical aggression in this setting
- Struggled to emotionally handle any major life changes and engaged in severe behaviors leading to hospitalizations

Case Study A Interventions

- Rapport building
- Being Told "No" Skill Acquisition Protocol
 - Intentionally implemented protocols to teach accepting the word "no" from staff and from parents over the phone
- Replacement behavior reinforcement
- Social Skills Lessons to teach positive peer interactions
- Taught Limits and behavioral outcomes

Case Study A Progress

- Being Told "No" Skill Acquisition Protocol & Replacement Bx Reinforcement
 - Currently accepting the word "no" safely 98-100% of opportunities and has graduated from this protocol
 - This student has successfully gone 6 weeks without engaging in any severe physical aggression
- Participation in Treatment
 - This student is now successfully participating in all behavior programming and educational services.
- From Enrollment to now...
 - This student has decreased severe physical aggression (causing harm to others) by 71.1% while increasing the use of coping skills by 200.2%
 - Has decreased instances of aggression (not causing harm) towards others by 34.1%
 - Has decreased threats to harm themselves by 21.3% and decreased threats to harm others by 18.5%

Case Study B

- Engaged in severe physical aggression and self-injurious behaviors at home and would run away when overwhelmed
- Was living at home, but was awake throughout most nights
 - Lived with 1 parent so they had to be awake too
- Not able to attend school for long periods of time and socially isolated himself from peers and social groups
- Significantly struggled to handle chaotic or loud environments

Case Study B Interventions

- "Safely tolerating loud noises and chaotic environments" Skill Acquisition Protocol
- Replacement behavior reinforcement
- Trauma-Informed ABA interventions
- Social Skills Lessons to teach positive peer interactions and handle negative peer interactions safely

Case Study B Progress

- "Safely tolerating loud noises and chaotic environments" Protocol
 - Currently tolerating loud environments safely, 100% of opportunities
- Social Skills
 - This student is currently safely managing negative peer interactions 100% of the time
- From Enrollment to now...
 - Decreased attempted runaway behaviors by 90.3% and has maintained 0 instances of successful runaway behaviors
 - Decreased aggression towards others by 20.3% while increasing the use of coping skills by 67.4%
 - Decreased threats to harm others by 65.8% while also decreasing property destruction by 64.5%
 - Decreased severe self-injurious behaviors by 35.8%

Challenges & Limitations

Aftercare Challenges

- Fear
- Mental Health & AODA
- Appropriate Settings
- Lack of Resources
- Law Enforcement for Crisis Response

Treatment Challenges

- Environment doesn't mimic home
- High staffing levels transferring to the home environment
- Behaviors related to gaining attention from certain staff
- Ensuring fidelity across the large number of staff implementing the program
- We are not able to use PRN medication
- We only have 12 months to make significant changes for individuals that are older
- Increased need for law enforcement response

Residential Challenges

- Fear of the clients
- Staff left due to fear
- Staff not applying for STEP positions
- Started out with a lot of external hires for the program
- Skepticism
- Crisis calls
- Wage differentials caused challenges
- Having two programs on one campus
- Believe that STEP gets preferential treatment over Care

Recommended Improvements to STEP



Pre-Placement Assessments

- ✓ Going into the home to complete a functional behavior assessment and provide recommendations prior to placement.

Visits with Families Sooner and Regularly

Schedule visits within the first couple of months of placement and have consistent training during visits with the Advanced Behavior Specialist.



Cross Training Staff

- ✓ Training Staff in Care prior to moving to STEP

Having the Aftercare School Involved



- ✓ Having the school involved early in the process and onboard with the aftercare planning
- ✓ Training for aftercare school placement

Questions?

terrig@chileda.org