Support Service Teams

Bureau of Clinical Services
Division of Developmental Disabilities
Illinois Department of Human Services

Molly Chapman, Project Manager

What is SST?

The Support Service Teams (SSTs) provide an interdisciplinary technical assistance and training response to persons with a developmental disability in behavioral or medical situation that challenges their ability to live and thrive in the community.

- Illinois Crisis Prevention Network
  - Trinity Services, Inc
  - The Hope Institute
- First adult referrals accepted in August 2010
- 2,300 referrals opened
Who makes up an SST?

- Each team is comprised of staff from a variety of professional disciplines: psychologists, board certified behavior analysts, behavior specialists, licensed clinical therapists, qualified intellectual disability professionals, registered nurses and social workers.
- Consulting pharmacist and medical doctor with extensive experience in the field of developmental disabilities.
- Team size varies as well as the composition of the professionals working in each team.
- Not every professional discipline is needed for each referral.
- Teams are diverse, comprised of staff with various backgrounds and skills.

Where are they located?

- Rockford
- Chicago
- New Lenox
- Peoria
- Springfield
- Carbondale
What counties are covered by each team?

- **Rockford**: Boone, Bureau, Carroll, Dekalb, Henry, Jo Daviess, Kane, Lake, Lee, McHenry, Mercer, Ogle, Rock Island, Stephenson, Whiteside, & Winnebago
- **Chicago**: Cook (Loop, north of Kennedy, west of Rt. 43, Oak Park, Maywood, Hillside north)
- **New Lenox**: Champaign, Cook (south the Loop, south of the Kennedy, east of Rt. 43, Cicero, Forest park, Broadview and south), Dupage, Ford, Grundy, Iroquois, Kankakee, Kendall, Vermillion, & Will.
- **Carbondale**: Alexander, Clay, Clinton, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Lawrence, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White, & Williamson.

Who do they work with?

Individuals with developmental disabilities who are experiencing an unresponsive behavioral or medical concern which jeopardizes their community placement.

- All adults with a developmental disability qualify regardless of:
  - Medicaid or Waiver status
  - Community agency involvement
  - Residential setting
  - Hospitalization or incarceration
- Children and adolescents with a developmental disability qualify only if they receive DDD funding:
  - Children’s Home and Community Based Services waiver
  - Children’s Residential Services waiver
  - Other DHS funded services considered
# What are the Numbers?

**FY15 Service Statistics**

<table>
<thead>
<tr>
<th>Total referrals opened from July 2014 – June 2015</th>
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</thead>
<tbody>
<tr>
<td>484</td>
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</tbody>
</table>

- **Gender**
  - Male 67%
  - Female 33%

- **Age**
  - 0 - 17 14%
  - 18 - 24 26%
  - 25 - 44 40%
  - 45 - 64 16%
  - 65 – over 2%

- **Residential Setting**
  - CILA 52%
  - ICF/DD 16 8%
  - Family Home 36%
  - Children Group Home 2%
  - Other 2%

- **Diagnosis**
  - Mild ID 28%
  - Moderate ID 20%
  - Severe ID 13%
  - Profound ID 5%
  - Other 32%
  - Axis I Diagnosis reported 99%

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## How to make a referral?

- An SST referral can be initiated by family, guardian, provider agency, school, ISC, or DDD.
- ISC discusses the need for a referral with DDD and submits 2-page referral form.
- IL462-1299
  - [http://www.dhs.state.il.us/page.aspx?item=61585](http://www.dhs.state.il.us/page.aspx?item=61585)
- If an individual lives in an ICF/DD without an ISC, facility staff should directly contact DDD.
- The triage meeting is held Monday morning with DDD staff. Emergency referrals may be considered throughout the week.
- Chosen referrals will be submitted to SST by DDD.
- SST will respond to the referral within 24 hours by phone and 72 hours on-site.
Why make a referral?

- Self abuse
- Physical aggression
- Verbal aggression
- Elopement
- Inappropriate sexual behavior
- Property destruction
- Eating non-food items (pica)
- Overutilization of emergency services
- Recurrent psychiatric hospitalization
- Negative community contacts
- Other behavior concerns
- Medical non-compliance
- Unexplained physical deterioration
- Other medical concerns not listed

How do you rate behavior?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Severity</th>
</tr>
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<tbody>
<tr>
<td>0- Not applicable</td>
<td>0- Not serious, not a problem</td>
</tr>
<tr>
<td>1- Less than once a month</td>
<td>1- Slightly serious, a mild problem</td>
</tr>
<tr>
<td>2- One to three times a month</td>
<td>2- Moderately serious, a moderate problem</td>
</tr>
<tr>
<td>3- One to six times a week</td>
<td>3- Very serious, a serious problem</td>
</tr>
<tr>
<td>4- One to ten times a day</td>
<td>4- Extremely serious, a critical problem</td>
</tr>
<tr>
<td>5- One or more times per hour</td>
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What do they do?

- Meet with the individual and the important people in his/her life to begin building relationships and gain understanding of the situation.
- Request standard documentation such as psychological report, service plan, social history, behavioral data, etc.
- Initial recommendations in some situations.
- Complete observations in various settings; conduct formal/informal assessments; gather &/or verify information; work with friends, family, & staff; regularly meet with the individual; obtain outside consultation.
- Present formal recommendations.
- Provide training, coaching, counseling, service linkage and resources/information.

What don’t they do?

- Not crisis response teams
- Don’t provide direct care or support
- Don’t seek vocational or residential placement
- Not an investigatory authority
- Don’t replace PASS/ISC/ISSA or DDD
- Don’t evaluate compliance with rules, regulations, etc (with the exception of being mandated reporters)
How long do services last?

- Referral Length
  - Undetermined length of time
  - Individualized process
  - 63% closed in 9 months
  - 80% closed in 12 months
  - 93% closed in 18 months
  - Average referral 256 days

- Delays in closure
  - Transition to a new provider
  - Unresponsive staff or family
  - SODC admission

- Follow-up
  - One month
  - Individuals can have multiple referrals

Why close a referral?

- Medical/dental needs met
- Clinically appropriate medication adjustment
- Staff training needs met
- Behavior plan successfully implemented
- Frequency of behavior reduced
- Severity of behavior reduced
- Needed resource identified and linked
- Person acquired new skill
- Person goal(s) achieved
- Person moved

- Staff added
- Agency/family request
- Person deceased
- Person incarcerated
- Limited consultation
- Ready to close, not responsive
- Agency/family non-responsive to training
- Agency/family non-compliant
- Reasons for SODC admission resolved, placement not imminent
- Reasons for SODC not resolved & not expected to resolve in near future
Questions?

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