

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 a medical or behavioral situation that challenges their ability to live and thrive in the community.

- Request for Proposal
- Illinois Crisis Prevention Network
- First referrals accepted in August 2010
- 1,480 referrals opened in 4 years



SST Team Map

Where are they located?

Office Locations

Rockford Team

Chicago Team

New Lenox Team

Peoria Team

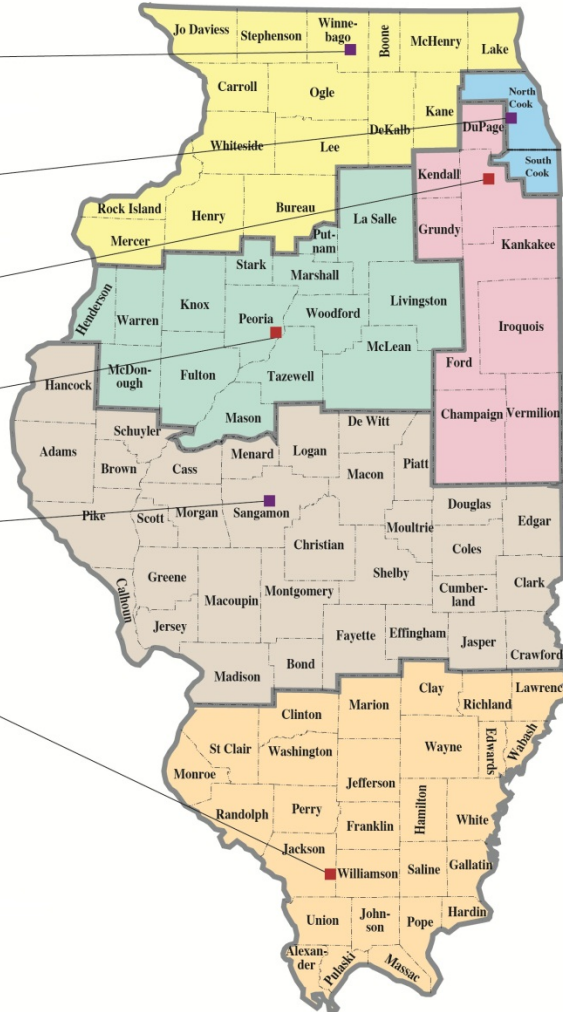
Springfield Team

Carbondale Team

ICPN Directors

Tim Baker
Office: 708-540-4485

Kim Shontz
Office: 815-717-1717



- 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.
- **Peoria-** Fulton, Henderson, Knox, LaSalle, Livingston, Marshall, Mason, McDonough, Mclean, Peoria, Putnam, Stark, Tazewell, Warren, & Woodford.
- **Springfield-** Adams, Bond, Brown, Calhoun, Cass, Christian, Clark, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Effingham, Fayette, Greene, Hancock, Jasper, Jersey, Logan, Macon, Macoupin, Madison, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Schuyler, Scott, & Shelby.
- **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 makes up an SST?

- Each team is comprised of staff from a variety of professional disciplines.
- 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.



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 if they receive funding as listed below:
 - Children's Home and Community Based Services waiver
 - Children's Residential Services waiver
 - Other DHS funded services considered
 - Very few exceptions made for no service provider



What are the Numbers?

FY14 Service Statistics

331 total referrals opened from July 2013 – June 2014

- **Gender**
 - Male 60%
 - Female 40%
- **Age**
 - 0 – 17 13%
 - 18 – 24 35%
 - 25 – 44 36%
 - 45 – 64 15%
 - 65 – over 1%
- **Residential Setting**
 - CILA 36%
 - ICF/DD 16 4%
 - Family Home 30%
 - Other 32%
- **Diagnosis**
 - Mild ID 30%
 - Moderate ID 22%
 - Severe ID 11%
 - Profound ID 4%
 - Other 32%
 - Axis I Diagnosis reported 100%



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?

Frequency

- 0- Not applicable
- 1- Less than once a month
- 2- One to three times a month
- 3- One to six times a week
- 4- One to ten times a day
- 5- One or more times per hour

Severity

- 0- Not serious, not a problem
- 1- Slightly serious, a mild problem
- 2- Moderately serious, a moderate problem
- 3- Very serious, a serious problem
- 4- extremely serious, a critical problem



How to make a referral?

- An SST referral can be initiated by family, guardian, provider agency, school, PAS/ISC/ISSA, or DDD.
- PAS/ISC/ISSA discusses the need for a referral with DDD.
- PAS/ISC/ISSA submits 2-page referral form and brief narrative to DDD.
- If an individual lives in an ICF/DD without a PAS/ISC/ISSA, facility staff should directly contact DDD.
- The triage meeting is held Monday morning. 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.



What do they do?

- SST staff will contact the family/agency staff within 24 hours of receiving the referral to begin the intake process.
- An on-site visit with the family/agency/individual will occur within 72 hours of receiving the referral.
- Request documentation from family and agency.
- Begin to develop relationships through discussion, observation and interaction.
- Make initial recommendations and/or seek outside consultation.
- Develop, modify, and or work within the current service plan.
- Provide referral, linkage and 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
- Delays in closure
 - Move to new residential 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?

Molly Chapman, SST Project Manager
Bureau of Clinical Services
Division of Developmental Disabilities
Illinois Department of Human Services

217/782-9403

molly.chapman@illinois.gov