

WHEN RESIDENTIAL IS THE ONLY CHOICE

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SUSY WOODS

WHO WE ARE WHY WE ARE HERE

LINDA

SUSY

AUDIENCE



WHO ASKS FOR THIS PLACEMENT IN THE PROCESS?

THIS MAY BE THE PARENT OR IT MAY BE THE TEACHER WHO SEES THE CHILD CONTINUING TO STRUGGLE AND DECLINE.

WHEN THIS IS HAPPENING AN IEP SHOULD BE HELD BECAUSE:

ONLY THE IEP TEAM HAS THE LEGAL AUTHORITY TO MAKE PLACEMENT DECISIONS. PARENTS ARE IMPORTANT IN THIS DECISION BUT ALL TEAM MEMBERS HAVE EQUAL DECISION MAKING AUTHORITY.

SCHOOLS ARE RESPONSIBLE TO EDUCATE EACH CHILD IN LEAST RESTRICTIVE ENVIRONMENT AND SO IT MUST BE DETERMINED THAT A CHILD HAS TO HAVE THIS LEVEL OF CARE TO BENEFIT EDUCATIONALLY.



PLACEMENT:

- IEP TEAMS CAN ONLY PLACE A CHILD IN A RESIDENCE THAT IS ON THE ILLINOIS STATE BOARD OF EDUCATION'S APPROVED PLACEMENT LIST.
- IF APPROPRIATE PROGRAMS DO NOT EXIST WITHIN A LOCAL DISTRICT THE DISTRICT MUST LOCATE AND PROVIDE THESE PROGRAMS REGARDLESS OF COST.
- IF A CHILD IS PLACED IN EITHER RESIDENTIAL OR THERAPEUTIC DAY PROGRAMS, THE PUBLIC SCHOOL THEY WOULD ATTEND REMAINS THE HOME SCHOOL AND RESPONSIBLE FOR THEIR EDUCATION.



WHAT IS CONSIDERED RESIDENTIAL?

RESIDENTIAL IS A TREATMENT PROGRAM
DESIGNED TO PROVIDE INTENSIVE HELP FOR
YOUTH WITH SERIOUS EMOTIONAL AND/OR
BEHAVIOR PROGRAMS.

BECAUSE OF THE TREATMENT THE CHILD
NEEDS THEY TEMPORARILY LIVE OUTSIDE
THEIR HOMES WHERE THEY CAN HAVE
ONGOING THERAPY AND BE SUPERVISED
AND MONITORED BY TRAINED STAFF.



EFFECTIVE PROGRAMS INCLUDE:

1. A COMPREHENSIVE EVALUATION WHICH ASSESSES A YOUTH'S EMOTIONAL, BEHAVIORAL, MEDICAL, SOCIAL, LEISURE AND SAFETY SUPPORTS THIS STUDENT NEEDS.
2. AN INDIVIDUALIZED TREATMENT PLAN THAT CONSIDERS THE NEEDS
3. INDIVIDUAL AND GROUP THERAPY.
4. PSYCHIATRIC CARE COORDINATED BY A CHILD/ADOLESCENT PSYCHIATRIST.



EFFECTIVE PROGRAMS:

5. WAYS FOR A CHILDS FAMILY AND COMMUNITY TO BE INVOLVED INCLUDING OPPORTUNITIES FOR FAMILY THERAPY AND CONTACT THROUGH ON-SITE VISITS, HOME PASSES, TELEPHONE CALLS AND OTHER MODES OF COMMUNICATION.
6. NONVIOLENT AND PREDICTABLE WAYS TO HELP YOUTH. PHYSICAL PUNISHMENT, MANIPULATION, AND INTIMIDATION WHOULD NEVER OCCUR.



DIFFERENCES BETWEEN RESIDENTIAL AND DAY PROGRAMS:

RESIDENTIAL IS A PROGRAM WHERE STUDENTS LIVE. MANY PROGRAMS HAVE SCHOOLS ON CAMPUS AND AS STUDENTS MAKE PROGRESS THEY OFTEN TRANSITION INTO THE PUBLIC SCHOOL IN THAT AREA.

SOME HOWEVER DO NOT HAVE AN ON-SITE AND THE STUDENTS ATTENDS THE PUBLIC SCHOOL FROM THE BEGINNING.

DAY PROGRAMS ARE PROGRAMS STUDENTS ATTEND AS THEY WOULD ANY PUBLIC SCHOOL PROGRAM.

SOME STUDENTS CHOSE TO ATTEND SCHOOL IN THE RESIDENTIAL SETTING BUT RETURN HOME AT NIGHT.



WHEN DOES RESIDENTIAL PLACEMENT BECOME AN IEP ISSUE?

- IN THE CONTINUUM OF SERVICES, THE ONLY THING MORE RESTRICTIVE THAN THIS PLACEMENT IS HOME HOSPITAL.
- THIS PLACEMENT BECOMES AN OPTION TO BE DISCUSSED WHEN ALL OTHER OPTIONS WITHIN A TRADITIONAL SCHOOL SETTING HAVE BEEN TRIED AND NOT BEEN SUCCESSFUL.
- SOMETIMES THIS MAY TAKE SOME TIME; OTHER TIMES THINGS ESCALATE MUCH FASTER.



STEPS TO CHOOSING RESIDENTIAL:

- ❖ IDENTIFY AND RESEARCH THE PROGRAMS LICENSED TO PROVIDE CARE. IN ILLINOIS THAT IS PROGRAMS ON THE ISBE APPROVED LIST.
- ❖ CHECK ONLINE AND WITH THE PROGRAM TO HEAR ABOUT OTHER FAMILIES' EXPERIENCES. IF IT IS POSSIBLE ASK TO SPEAK TO ANOTHER FAMILY.
- ❖ IF THE PROGRAM HAS BEEN INVESTIGATED OR REPORTED TO STATE AUTHORITIES SUCH AS D.C.F.S. FIND OUT HOW MANY TIMES AND WHY AND THE OUTCOMES OF INVESTIGATIONS.



STEPS (CONTINUED):

- ❖ SEEK OUT PROGRAMS THAT ARE CLOSE TO HOME WHEN POSSIBLE.
- ❖ IF THE PROGRAM IS FAR FROM HOME BE SURE THERE IS A PLAN FOR INTENSIVE FAMILY AND COMMUNITY INVOLVEMENT.
- ❖ BE VERY CAREFUL OF PROGRAMS THAT WITHHOLD FAMILY CONTACT.
- ❖ BE SURE THE RESIDENTIAL PROGRAM HAS A PLAN FOR MAINTAINING SAFE BEHAVIORS, PROMOTING POSITIVE BEHAVIORS AND PREVENTING AGGRESSION.



STEPS (CONTINUES):

- ❖ MAKE SURE PUNISHMENTS (NOT CONSEQUENCES) AND VERBAL INTIMIDATIONS ARE PROHIBITED.
- ❖ LOOK FOR PROGRAMS EXPERIENCED IN HELPING YOUTH WITH SIMILAR ISSUES. SOME PROGRAMS ARE SPECIFIC FOR KIDS WITH AUTISM OR KIDS WITH INTELLECTUAL DISABILITIES SO THESE ARE THINGS TO LOOK AT.
- ❖ MAKE SURE THE THERAPIES ARE BASED ON THERAPIES THAT HAVE BEEN HELPFUL TO OTHER STUDENTS WITH NEEDS SIMILAR TO YOUR CHILD'S.
- ❖ ASK YOUR THERAPIST WHAT THEY KNOW ABOUT THIS PROGRAM



QUESTIONS TO ASK:

IS THERE A WAITING LIST? IF YES, HOW LONG IS IT?

HOW OFTEN CAN I CONTACT MY CHILD?

WILL YOUR CHILD BE TREATED BY A PSYCHIATRIST, THERAPIST AND/OR PHYSICIAN?

HOW DO THEY ASSESS THE EFFECTIVENESS OF PSYCHIATRIC MEDS?

HOW ARE MEDICATION CHANGES COMMUNICATED TO PARENTS?

IS PARENT INPUT REQUESTED BEFORE MAKING CHANGES?



QUESTIONS:

WHAT TYPES OF THERAPY DOES THE FACILITY UTILIZE AND ARE THEY EVIDENCE BASED?

HOW DO THEY DETERMINE IF TREATMENT IS WORKING? HOW OFTEN IS IT REVIEWED OR ADJUSTED? WHO MAKES THIS DECISION?

ARE PARENTS INVOLVED IN TREATMENT PLANNING?

DO STAFF MEMBERS WORK WITH THE SAME CHILDREN OR DO THEY ROTATE? WHAT IS THE TURNOVER FOR STAFF?

WHAT SOCIAL AND RECREATIONAL OPPORTUNITIES ARE PROVIDED? HOW OFTEN?



QUESTIONS:

HOW WILL THE PROGRAM WORK TO IDENTIFY YOUR CHILD'S STRENGTHS? HOW WILL THESE BE USED IN TREATMENT?

WILL THE PROGRAM TEACH THE FAMILY STRATEGIES TO HELP WHEN THE CHILD RETURNS HOME?

CAN THE FAMILY MAKE UNANNOUNCED VISITS IF TREATMENT PLAN ALLOWS?

IS THERE A PARENT ASSOCIATION AT THE FACILITY?

IF THE CHILD IS RESTRAINED WILL THE PARENT BE NOTIFIED IMMEDIATELY?



QUESTIONS:

IS YOUR LOCAL SCHOOL DISTRICT INVOLVED
IN A MEANINGFUL WAY?

WHO IN YOUR LOCAL SCHOOL DISTRICT
REMAINS RESPONSIBLE FOR TALKING TO THE
PARENT?

HOW OFTEN WILL THIS PROGRAM AND HIS
PUBLIC SCHOOL PROGRAM COMMUNICATE?

IF YOUR CHILD IS 14 OR OLDER WHAT DOES
THE TRANSITION PLAN LOOK LIKE?

WHAT SUPPORTS ARE AVAILABLE WHEN THE
CHILD COMES HOME?

DO THEY HAVE A WORK PROGRAM IF YOUR
CHILD IS OLD ENOUGH?



QUESTIONS:

IS THE STAFF TRAINED IN DIVERSITY ISSUES?

WILL YOUR CHILD BE A MINORITY IN THE PROGRAM AND IF SO HOW WILL THE SCHOOL DEAL WITH THAT?

DO YOU AGREE WITH THE PROGRAM'S PHILOSOPHY AND KNOW WHAT IT IS?

HOW SOON IS THE PARENT INFORMED WHEN THERE IS AN UNUSUAL INCIDENT REPORT?

HOW DOES THE FAMILY HANDLE MEDICAL OR PSYCHIATRIC EMERGENCIES? HOW SOON ARE PARENTS NOTIFIED?

HOW LONG BEFORE DISCHARGE DOES PLANNING BEGIN?



OVERVIEW OF PUBLICLY FUNDED TREATMENT ALTERNATIVES

SOME AVENUES INCLUDE:

- 1.DCFS
- 2.COUNTY COURTS (PROBATION)
- 3.DHS/DMH
- 4.DHS/DDD
- 5.PUBLIC SCHOOL DISTRICTS
- 6.DEPARTMENT OF JUVENILE JUSTICE
- 7.COMMUNITY AND RESIDENTIAL
AUTHORITY



TIMELINE:

THIS DEPENDS ON WHICH SYSTEM IS BEING USED.

THE SHORTEST IS ISBE AND THIS IS WHEN EVERYONE AGREES THIS IS NECESSARY. EVEN THOUGH THIS IS SHORT COMPARED TO SOME OTHERS IT STILL TAKES SEVERAL MONTHS.

WHEN THERE IS DISAGREEMENT TIMEFRAMES MAY VARY.

THE BIGGEST ISSUE IS FINDING THE RIGHT FACILITY WITH A BED.



HOW TO PREPARE FOR TRANSITION: GOING

THIS IS VERY DEPENDENT ON THE CHILD AND SEVERITY OF THEIR NEEDS.

SOME ARE BETTER ABLE TO PROCESS THIS TRANSITION THAN OTHERS.,

SOME ARE EAGER TO GO BECAUSE THEY SEE IT AS A SECOND CHANCE AND A NEW START.

WHEN IT IS POSSIBLE THE CHILD/ADOLESCENT SHOULD PARTICIPATE IN A VISIT TO THE NEW SCHOOL.

SOMETIMES IT IS NECESSARY FOR THE STAFF TO COME VISIT IN THEIR HOME BEFORE ADMISSION/ACCEPTANCE. THIS SHOULD BE DONE IF THE CHILD HAS DIFFICULTY WITH THE CONCEPT OF RESIDENTIAL AND LEAVING HOME OR IF THEY HAVE AN INTELLECTUAL DISABILITY WHICH MAKES IT HARD FOR THEM TO UNDERSTAND.



TRANSITION (GOING):

ADDITIONALLY THIS MAY BE NECESSARY IF A CHILD/ADOLESCENT WOULD REACT NEGATIVELY TO A VISIT AND THEN RETURN HOME.

THE BOTTOM LINE SHOULD BE WHATEVER MEETS THE NEEDS OF THE FAMILY AND FACILITY.

THE VISIT CAN BE THE FIRST TEST RUN OF HOW WELL THEY WILL WORK WITH THE FAMILY.

SOMETIMES SECURE TRANSPORT MAY BE NECESSARY.

SUFFICIENT TIME NEEDS TO BE GIVEN FOR THE TIME TO ADJUST.



TRANSITION HOME:

ITS IMPORTANT TO ASK THE FACILITY IF THEY
OFFER OUTREACH AND SUPPORT POST
DISCHARGE AND WHAT THAT LOOKS LIKE IN
DETAIL AND FOR HOW LONG.

WILL THE FACILITY WORK WITH LOCAL
PROVIDERS PRIOR TO DISCHARGE?

**WORK IN
PROGRESS**

WHEN THE GOAL IS INDEPENDENCE, NOT RETURN HOME

IF IT IS DETERMINED TO BE MORE
APPROPRIATE FOR AN ADOLESCENT TO NOT
RETURN HOME WILL THE OPTION BE:

INDEPENDENT LIVING

SUPPORTED LIVING

FOR BOTH WHAT SUPPORTS, SERVICES AND
LINKAGES ARE NEEDED?

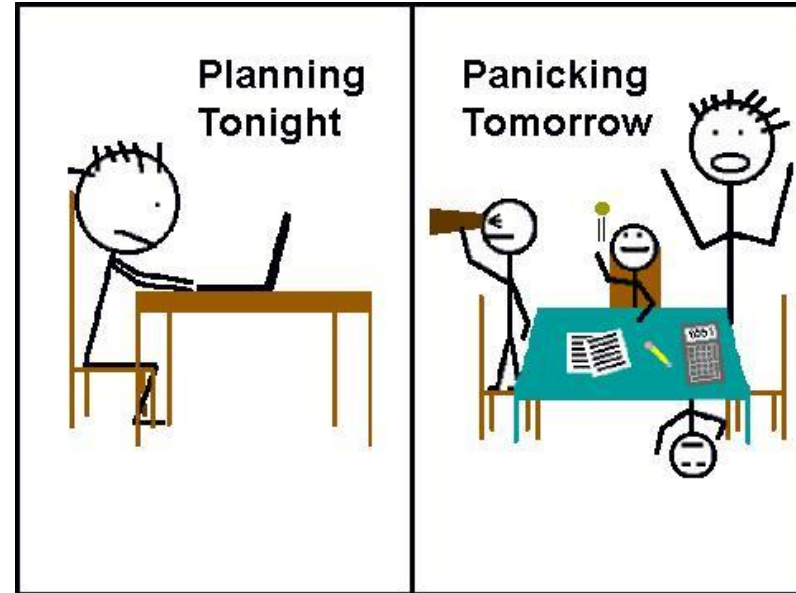
ADULT CONGREGATE/GROUP HOME LIVING



IN SUMMARY

IN A NUTSHELL:

1.KNOWLEDGE IS THE KEY. PLANNING MUST TAKE INTO CONSIDERATION EACH STUDENT AND FAMILY'S INDIVIDUAL NEEDS BOTH WITH REGARDS TO DISABILITY, ETHNICITY, GEOGRAPHIC AND SOCIO-ECONOMIC.



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