Balancing Care and Constraints:

Residential Practices with Limited Resources

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CORNERSTONE

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DSP Podcast

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(NY Alliance, 2024)

Learning Objectives

- Identify strategies for addressing limited staffing while making decisions related to supervision reduction and risk management.
- Explain how to implement the ARMIDILO-S within community residential treatment programs to inform decisions regarding risk management, human rights and safety when faced with limited resources.
- Consider alternative housing options when faced with limited resources.

In 2023-2024, what was your biggest barrier when you tried to provide evidence-based practices?

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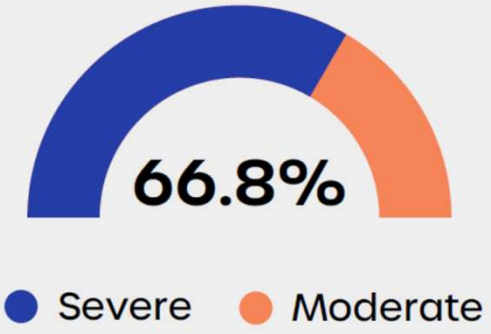
SHORT ON STAFFING:

95%

Reported experiencing "moderate" or "severe" staffing shortages in the past year.



NOWHERE TO GO:

77%

Of respondents reported turning away new referrals in the past year due to ongoing staffing shortages.

OUT OF OPTIONS:

75%

Of case management providers experienced difficulties connecting people with available services.

(American Network of Community Options and Resources, 2023)

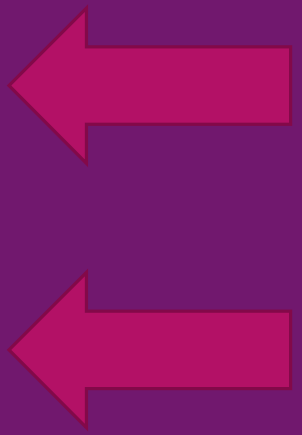
- National DSP turnover rate
  =about 40 %

- National vacancy rate
  =about 20 %

(American Network of Community Options and Resources, 2023)

Solutions:

- Increase funding for workforce initiatives
- Create a Standard Occupational Certification for DSPs
- Create career pipeline programs for DSPs



(American Network of Community Options and Resources, 2023)

Residential

What can we do?

- Stay **"Out of the weeds"!**

- Frequent brainstorming and proactive planning meetings

(Kupersmith, n.d.)

Experiment

- Staffing schedules
- Management schedules
- On-call schedules
- Less restrictive staffing patterns (collaborate with Clinical to determine minimums)

Staffing Patterns

(Decrease number of full-time staff)

- Sleepover pattern
- Clinical assessments to determine staffing needs and criteria for placement
- Apartment IRAs
  - Duplex
  - Dorm

Sleep-Over Model

Procedure: For an individual to be considered to live in a sleep-over model the following process should be completed:

I. The Clinician will review individual data and current risk reports.

II. The Clinician will work with the individual's residential team to review the individual's level of safety at life skills like cooking, fire safety, smoking, etc.

III. The individuals being considered for this model should have the ability to advocate for themselves and display compliance with the expectations of the program.

IV. Any individuals who are determined to have a high sexual drive with an interest in same sex relationships (based on their updated risk report), have a history of elopement, a history of sexual assaults against adults, an increase in antisocial tendencies or display a current increase in physical aggression should only be considered after thorough review with the program consultant and the program's administrative team.

V. The reduction in supervision for someone to transition to a sleep-over model should always be done gradually and with increased observations by staff, residential management, and the Clinician.

Apartment Settings

Duplex settings

Clinical Services

Clinical Assessments

- Risk Screenings /Actuarial tools
  - Cornerstone: ARMIDILO-S and STATIC99R
- Home Alone Assessment
- Acuities
- Reliability checklist
- Clinical observations
- FBA to inform BSP

ARMIDILO-S (Risk Screening)

Why is the ARMIDILO useful for Agencies like ours?

- Can be administered or supervised by Master's level clinicians with training on risk assessments

- The **ARMIDILO-S** was developed due to the unique nature of group home living and having intellectual/developmental disabilities. This specific group was not captured well in the current research. The tool is dynamic and captures potential needs created by the unique living environment.

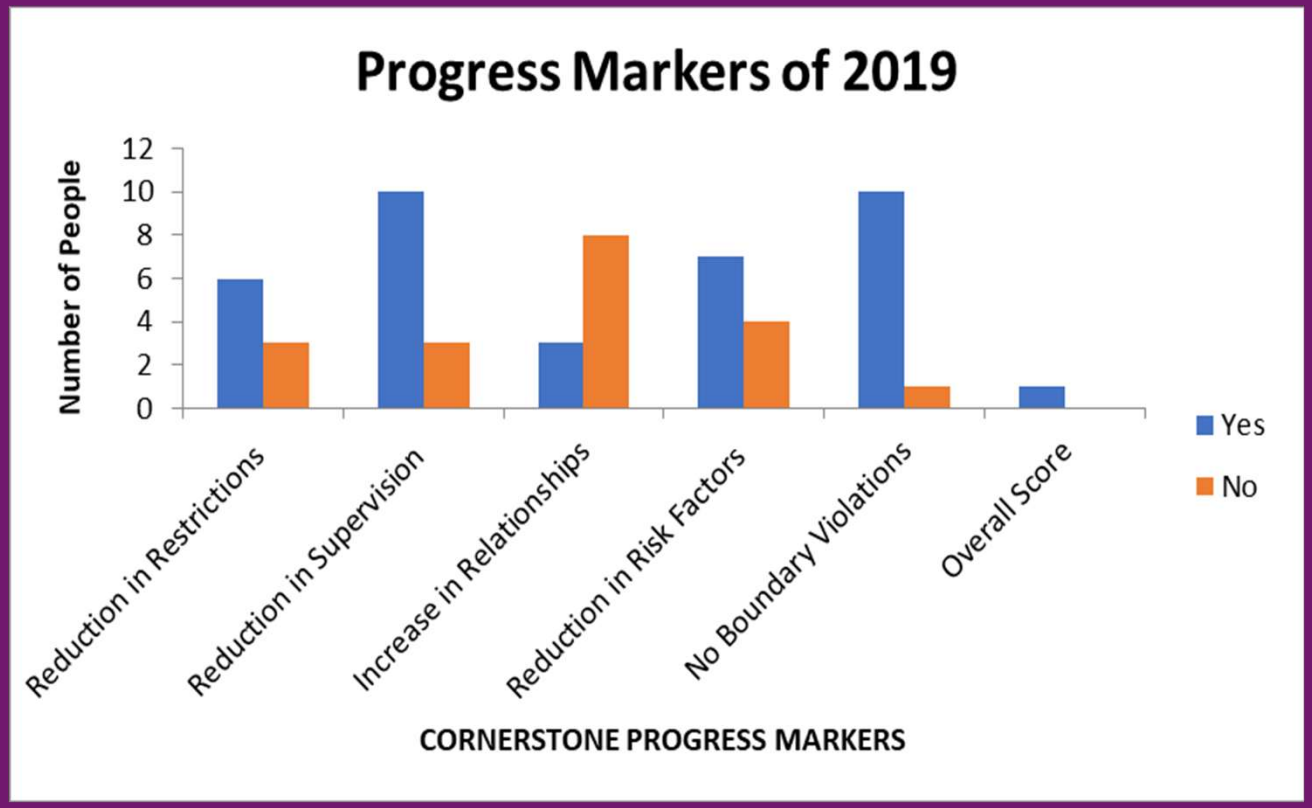
- Can be utilized in a variety of ways to meet the needs of the program

(Boer et al., 2013)

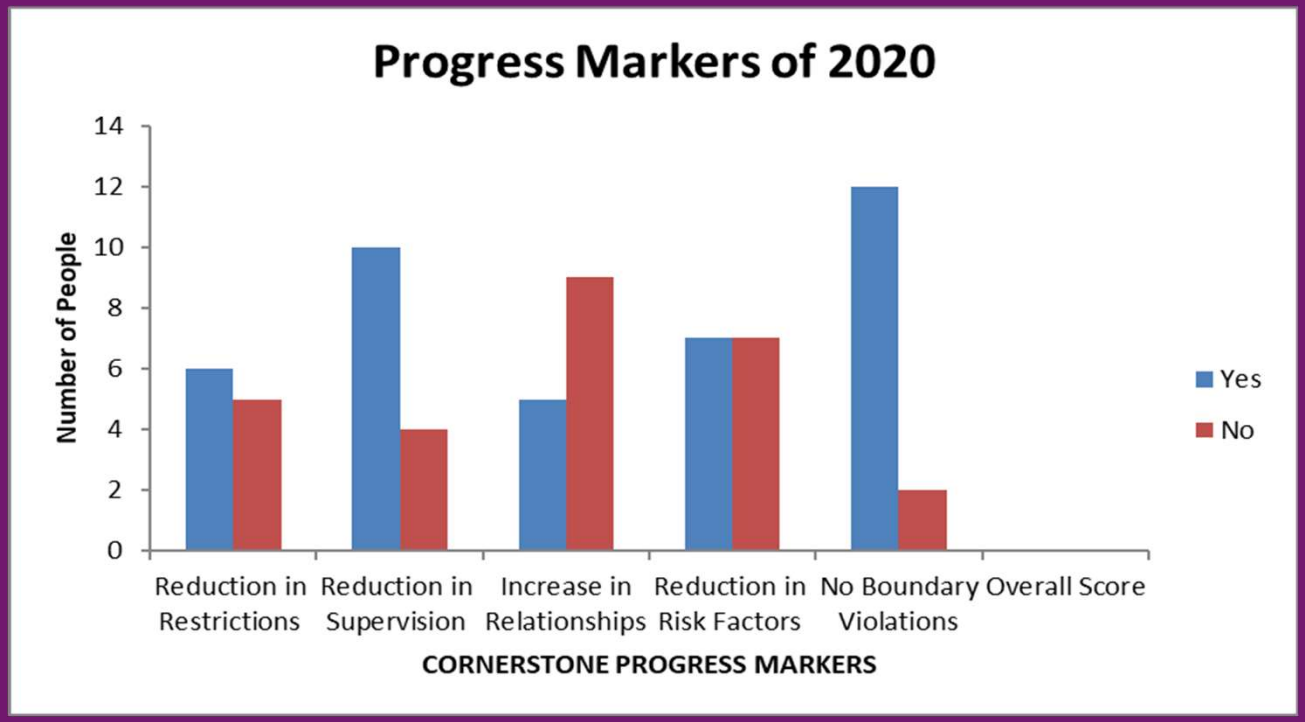
How do we measure progress?

- Using the ARMIDILO-S risk screening reports
  - Reduction in restrictions
  - Reduction in supervision
  - Increase in relationships
  - Progress in critical risk factors (Sexual Deviance, Sexual Preoccupation/Drive, Offense Management, Relationships, no presence of Acute Risk Factors)
  - ZERO boundary violations (hands-off and hands-on)
  - Decrease in overall risk score*

Program Data



Program Data (COVID-19 started)



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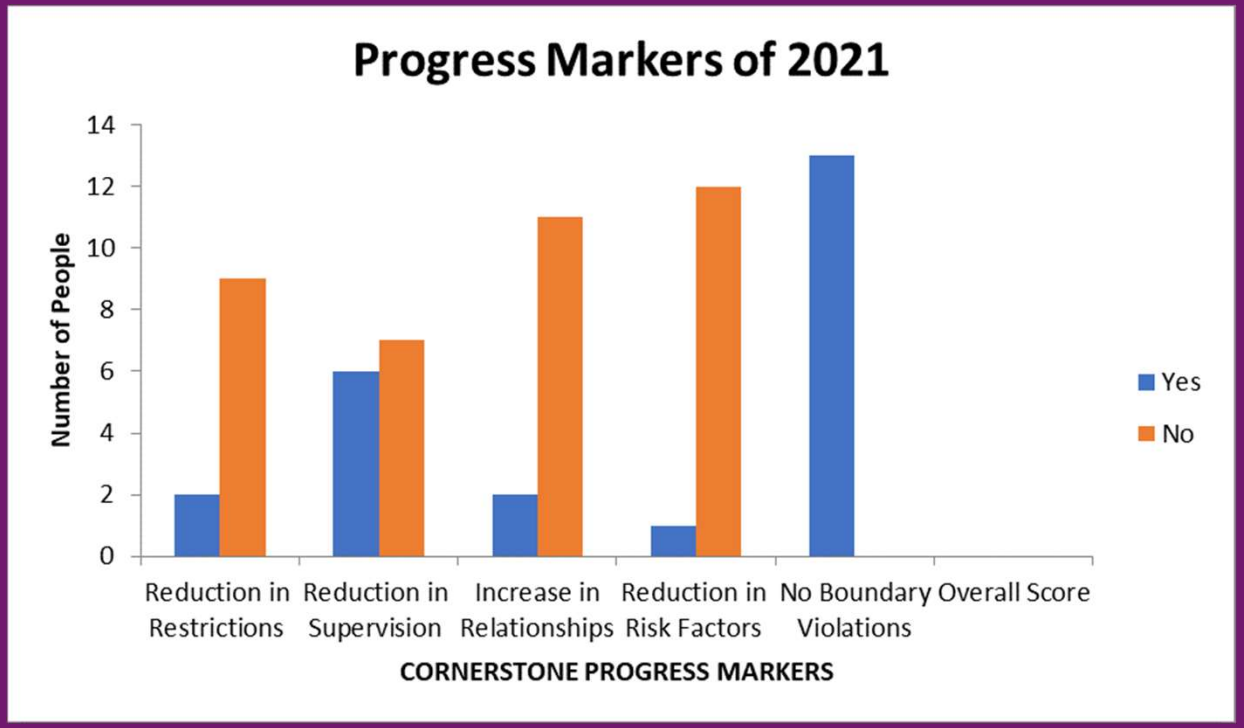

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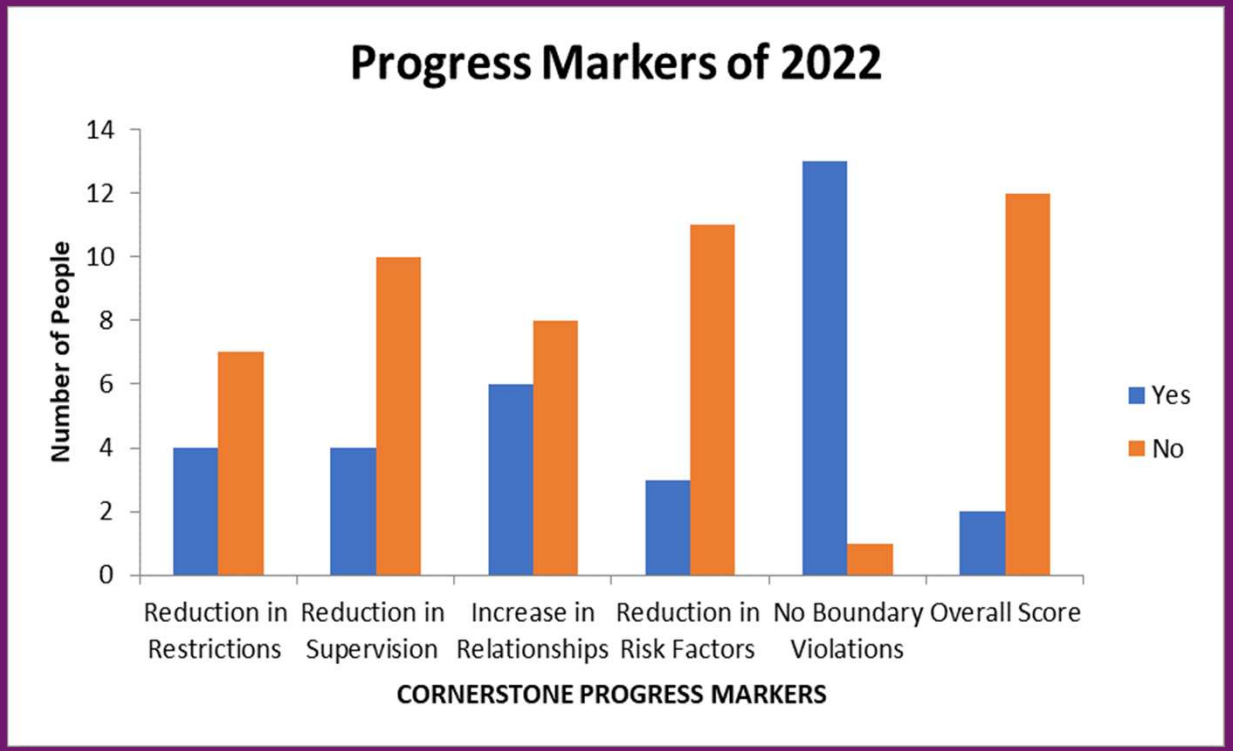

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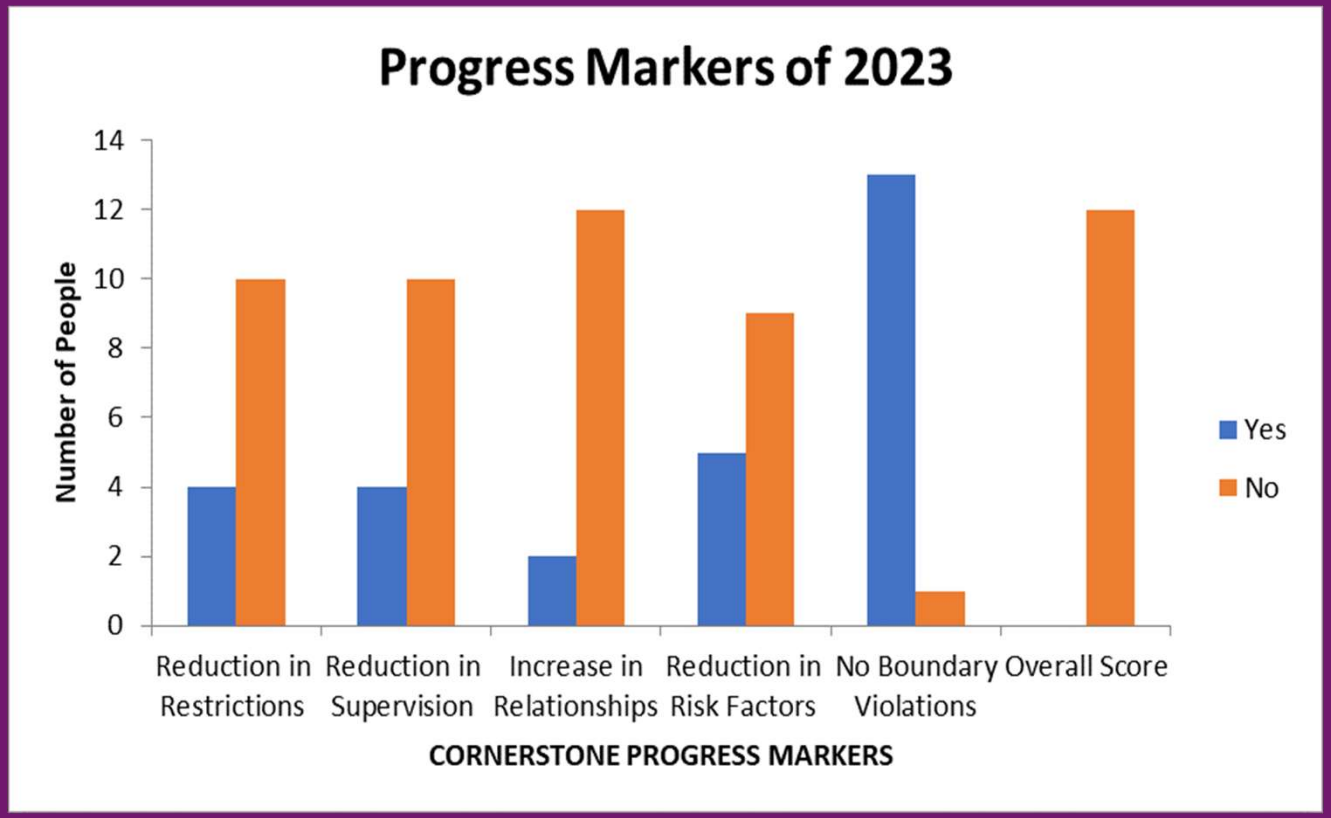

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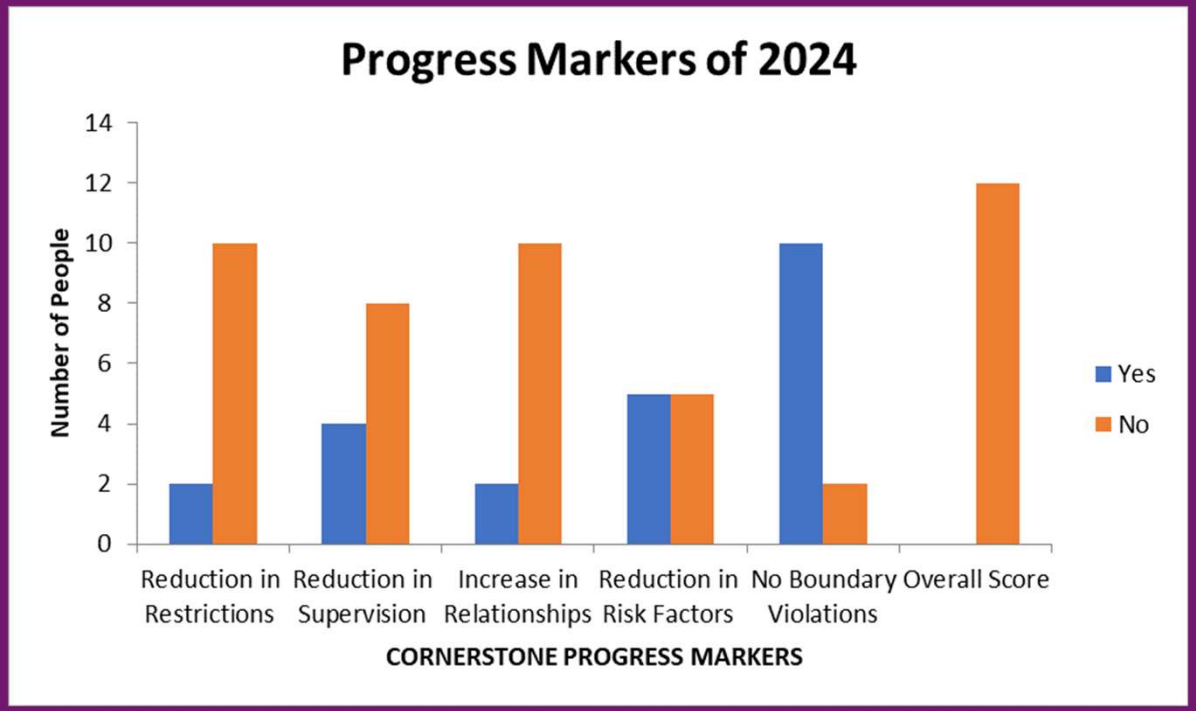


Summary

- Impact of COVID
- Parole/Probation impacts ability to decrease restrictions/supervision
- Relationships
- 3 hands-off offenses
- 2 hands-on offenses (victims were peers)
- 1 hand-on offense against a dog

2018-2024

- 9 individuals still receiving services:
  - 2 individuals started in 24/7 supervised IRA now live in an apartment setting with sleepover staff
  - 2 individuals started in 24/7 supervised IRA now live in step-down program
  - 2 individuals started in 24/7 supervised IRA now live in “Sleepover” model
  - 1 individual lives in a independent apartment with some supports with groceries, medical and finances
  - 1 individual has moved out of “high risk” house and to a “low risk”
  - 1 individual has maintained and continues to offend (offended twice at work), lives in “high risk” house

2018-2024

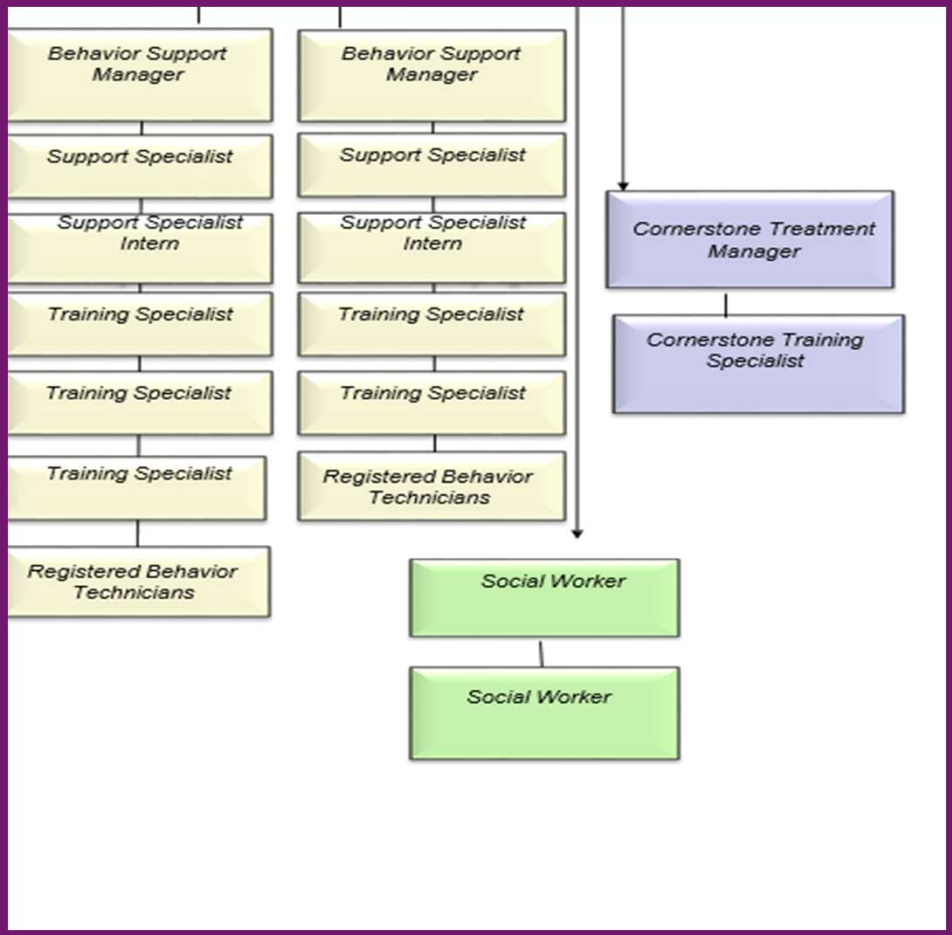
- 6 individuals left against clinical judgement
  - 1/6 returned on probation after reoffending in the community
  - 3/6 reoffended after leaving

Create Clinical Depth

Allows for increase in clinical workload with internal professional development

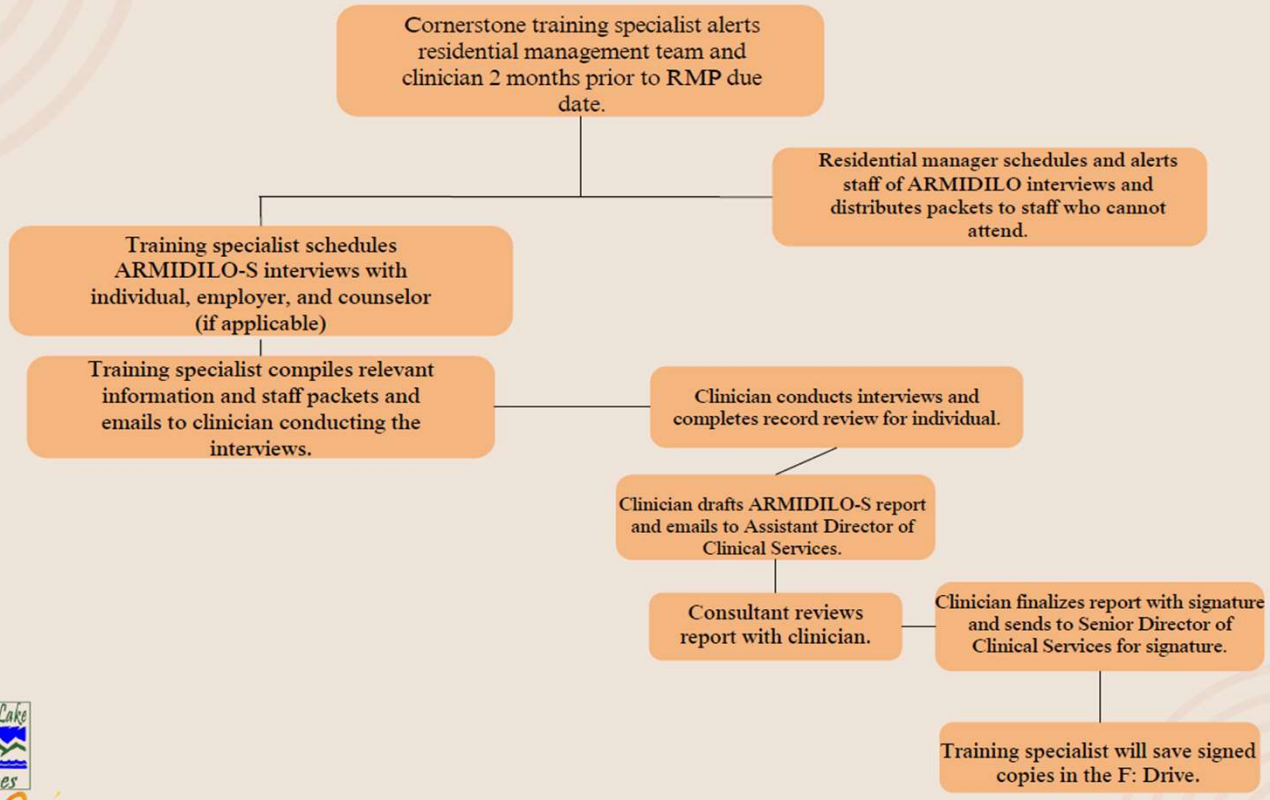
- Clinical Training Specialists
- Cornerstone Treatment Manager
- Cornerstone Training Specialist
- BIS Intern
- Behavior Support Manager
- RBT program
- Consultation
- Clinical Supervision

Organizational Chart



ARMIDILO-S REPORT

Organizational Chart



Crisis Support

- Site support
- Clinicians on call during weekdays and COD weekends
- Acute Risk Factors
- Act as additional staffing in crisis
- Triage with residential - focus areas

Case Study

- Male, 65
- Attempted murder, rape, stabbed female friend after she made fun of him for ED (25 years ago)
- Other assaultive behaviors: when incarcerated (physical aggression, not sexual)(20 years ago)
    - No other assaultive behavior in past 20 years
- Personality disorder
- IQ=70
- History of substance use (alcohol)-still consumes about once monthly
- Protective factors:
    - Girlfriend for several years, try to be intimate, not successful
    - Volunteer EMS and firefighter
    - Advocate (unpaid community member that spends time with him and invites him for holidays and family functions)

Would you consider for sleepover? Staffing pattern? Sleepover trips with staff?

What we learned:

- Weekend trips because no weekend staff vs. Supervision reduction worksheet (James Haaven)
- Combined houses vs. specific definitions of “vulnerable peers”
- Desperate staff hires

Questions?

Comments?

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