SUSTAINING COMMUNITY INTEGRATION

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NEW CONCEPTS
SUSTAINING COMMUNITY INTEGRATION

I. OVERVIEW OF CURRENT SYSTEM

II. IMPLEMENTING CHANGE

III. FUNCTIONAL ASSESSMENT

IV. QUALITY INDICATORS / PROGRAM EVALUATION

V. KEEPING OUR EYE ON THE PRIZE – THE IMPORTANCE OF MISSION AS A SUSTAINING FACTOR
* Technology
  - Scope of Community Services -
    Diversity of Services

* Federal Policy

* Service Demand

* Consumer Choice / Personal Value

* Civil Rights vs. Disabling Rights

* Services not Building

* More Individuals with Special Needs

Community Management Initiative
The "Community Service System" will be guided by:

- How well we manage our resources
- What management principles drive our system
- How committed we are to people we serve

These precepts will determine integration

System" Impact Areas:

- Program design
- Program location
- Program values (work options, living options, etc.)
- Management style
- People served
The human service system can be driven by . . .

Funding Sources
Regulatory Agreements
Commitment to Values, Philosophy or Ethics

**Funding Driven System:**
- ICF/MR
  * Community Care Waiver
  * "Special" HUD Projects
  * Title XX
- State Funded Projects
  * Third Party Reimbursements (Blues, etc.)
  * Family Living Amendments
- Self Sufficiency Trusts
Regulatory Driven Systems

- Licensing (physical plant)
- Certification (programatic issues)
- Local Code Restrictions, Restraints
- Community Opposition
- Laws
Facility Based Approach:

Build facilities, design programs based on funding sources or rules, then search for people to fit our "models'. Then we work with people on overcoming the problems inherent in these segregated settings.

Non-Facility Based Approach:

Getting out of the real estate business and concentrating on supporting people
Values Driven System Impacted By:

Philosophy, Beliefs, Ethics and Precepts of:

- Those Who Govern
- Those Who Administer
- Those Who Manage
- Those Who Implement
Potential Obstacles to integration

- System lacks clear set of values
  * System follow funding enticements versus peoples needs
- Attitudes of MH/DD professionals
- Lack of necessary community organizational skills
ASSESSMENT is a PROCESS

which provides a Picture

current and future

To be effective it should answer these questions:

1) What skills are needed to participate in community?

2) What skills are needed to replace inappropriate or interfering behavior?

3) What types of supports are needed how much, how often?

4) What would be the best supportive environment?

5) What types of teaching strategies would be effective?

6) What relationships exist or need to be developed?
GOALS

(How do we know where we're going when we get there?)

1) LR Setting - community with needed supports

2) Train in natural environment - community

3) Personal value - functional and meaningful training

4) Personal preference - choice in daily routine

5) Respect - develop relationships with non-handicapped persons

6) Individualized - unique design based on person's needs - no "getting ready
ENVIRONMENTS/DOMAINS

DOMESTIC

COMMUNITY

LEISURE/REC

VOCATIONAL

RELATED SKILLS

• New Concepts Foundation – 1988
QUESTIONS

... How can we enhance Quality of Life for an individual?

... How can we increase an individual’s presence and participation into the community?

... How can we maximize the individual’s growth?

... How do we ensure personal satisfaction and preference?

... How do we provide the LR Environment for an individual?

... How do we address an individual’s specific training needs?
A case for teaching functional skills

by Preston Lewis

It is not uncommon to find instances of curricular content for students with moderate to severe handicaps based primarily on information derived from the administration of norm-referenced evaluation instruments. A dilemma often results when an attempt is made to translate test items failed at particular levels or mental ages into actual tasks to be taught. Not only were these evaluation tools never intended to be used in this manner, but the result is that students end up spending a majority of their school day being taught skills that are totally artificial and/or extremely age-inappropriate. Given the time it takes students with moderate to severe mental handicaps to acquire and maintain even functional skills, there is no time or justification for devoting instruction to teaching items that are selected from a developmentally-based hierarchy of supposed "prerequisite" skills. A scenario of the outcome for one such student is portrayed below.

My other brother Daryl
18 years old, TMH (30-40 IQ). Been in school 12 years. Never been served in any setting other than elementary school. He has had a number of years of "individual instruction." He has learned to do a lot of things!

Daryl can now do lots of things he couldn't do before! He can put 100 pegs in a board in less than 10 minutes while in his

But, he can't put quarters in vending machines.
Upon command he can "touch" nose, shoulder, leg, foot, hair, ear. He's still working on wrist, ankle, hips.
But, he can't blow his nose when needed.
He can now do a 12 piece Big Bird puzzle with 100 percent accuracy and color an Easter Bunny and stay in the lines!
But, he prefers music, but was never taught how to use a radio or record player.
He can now fold primary paper in halves and even quarters.
But, he can't fold his clothes. He can sort blocks by color; up to 10 different colors!
But, he can't sort clothes; whites from colors for washing.
He can roll Play Dough and make wonderful clay snakes!
But, he can't roll bread dough and cut out biscuits.
He can string beads in alternating colors and match it to a pattern on anDLMcard!
But, he can't tie his shoes. He can sing his ABC's and tell me names of all the letters of the alphabet when presented on a card in upper case with 80 percent accuracy.
But, he can't tell the men's room from the ladies room when we go to McDonald's.
He can be told it's cloudy/rainy and take a black felt cloud and put it on the day of the week on an enlarged calendar (with assistance).

He can identify with 100 percent accuracy 100 different Peabody Picture Cards by pointing! But, he can't order a hamburger by pointing to a picture or gesturing.
He can walk a balance beam forwards, side-ways and backwards!
But, he can't walk up the steps or bleachers unassisted in the gym to go to a basketball game.
He can count to 100 by rote memory!
But, he doesn't know how many dollars to pay the waitress for a $2.59 McDonald's coupon special.

. He can put the cube in the box, under the box, beside the box and behind the box.
But, he can't find the trash bin in McDonalds and empty his trash into it.
He can sit in a circle with appropriate behavior and sing songs and play "Duck, Duck, Goose." But, nobody else in his neighborhood his age seems to want to do that.

I guess he's just not ready yet.
IMPLEMENTING A VALUE-DRIVEN SYSTEM

ACCEPT THE FOLLOWING PREMISES:

A. Environment affects behavior.

B. Non-functional environments create non-functional, negative behaviors.

C. The teacher/trainer, not the student/client, is responsible for outcomes.

D. If you think you can - you're right. If you think you can't - you're right. (Henry Ford)

E. People with disabilities don't generalize skills need to be taught where they will be used.

F. Staff need an IPP and reinforcement
ASK THE FOLLOWING QUESTIONS:

A. If I had it to do over, would I still build this school/workshop/group home?

B. Would I live/work/be educated here?

C. Would I refuse to live/work/be educated here?

D. How much do my own limitations cause me to limit people with disabilities?

E. How do I keep my own reservoir full?
A. DEVELOP IHP's for staff [build rewards] reinforcement system.

B. ELIMINATE pre-requisites/step approaches. REPLACE with functional teaching strategies.

C. PILOT changes with small sample of students/residents/workers - only choose staff who willingly implement functional approach.

D. DEVELOP 5 YEAR PLAN that assumes all current facilities will be closed/decide on programs based on needs assessment.
E. Eliminate punishment as a behavioral technique when teaching functional skills.

F. Build generic supports system in the community rather than enhancing segregated support systems.
PEOPLE NEEDED TO MANAGE CHANGE

• VISIONARY - BIG PICTURE PERSON

• INTEGRATOR - ENSURES CONTINUITY DURING TRANSITION CONSOLIDATES SUPPORT AMONGST STAFF

• EXPERT - PROVIDES TECHNICAL ASSISTANCE TO ENSURE ADHERENCE TO PLAN

ENSURE PLANS ARE CARRIED OUT

MARY B. ESTEves
QUALITY INDICATORS

Derrick Dufresne
Executive Director
NEW CONCEPTS

June 20, 1988
ALL INDIVIDUALS CAN PARTICIPATE.

SUPPORT IS NOT GIVING DIRECTIVES.
SUPPORT IS NOT TEACHING COMPLIANCE.
PROGRAM EVALUATION

Mission Statement: Individualized Support Choice/Opportunities Maximum Community Involvement

Goal: Monitor Quality of Support

Support: Assistance provided to individual(s)

Support is—
helping to develop relationships teaching new skills exposing to new activities teaching choice-making communicating (2-way)
**Purpose:** to establish basic standards to use in evaluating an individual's well-being and the quality of the environmental supports being provided,

The Guidelines follow three primary indicators:

A. Valued lifestyle and meaningful activities

B. Supportive environment

C. Safe and secure environment.
—Choice/control over one's environment
—Personal preference
—Valued activities
—Community participation
--Friendships (including persons without disabilities)
—Personal appearance
—Leisure/recreation time
— Respect from others —

Unconditional support

— Access to resources

— Source of income/personal $

— Assistance in learning skills

— Transportation means
C. Safe environment

— Adequate housing
— Health & wellness maintained
— Safe neighborhood
— Basic needs/stable income
New Concepts was established in 1971 by the advocacy group Association for Retarded Citizens in Wisconsin to provide residential and support services for persons with mental retardation and developmental disabilities. New Concepts welcomes the interest of families and guardians and meaningful participation in the Organization.

New Concepts believes that all individuals, regardless of their degree of disability, have a right to live with dignity in the community and to have choices and opportunities which maximize community involvement.

New Concepts believes it must provide residential and support services which are designed for individual needs and personal preferences, and which strengthen personal growth within the home and community.