The beginning of full community inclusion: TIES supports individuals with disabilities inclusion in community since 1986

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Around 1986, there was a paradigm shift across the country to bring individuals with intellectual and developmental disabilities (IDD) out of institutions and inclusively integrate them into the community. At the Waisman Center, University of Wisconsin-Madison, Paul White, MA, helped lead this effort in Dane County through the development of a program called Community TIES, part of the University Center for Excellence in Developmental Disabilities.

Community TIES (Training, Intervention, and Evaluation Services) is a behavioral support program that serves children, adolescents, and adults with intellectual and developmental disabilities and their families living in Dane County. Their mission is to address behavioral, psychological, and emotional needs through therapeutic approaches that help them to participate in supported community life.

“While the movement [from institutionalization to community membership] was going well, a sticking point was how to provide community membership to persons who also present challenging behaviors,” White says. Don Anderson, MSW, Sr. Lecturer Emeritus, recruited White in 1986 to develop TIES and tackle this issue. White was an outreach behavioral specialist and licensed professional counselor with extensive experience working with individuals with IDD in institutions. It was a perfect fit.

The origin of TIES was a collaboration between Anderson, White, and key staff at Dane County Human Services, including its then-director, Dan Rossiter. Monica Bear, currently the contract manager for TIES, and Chris Heimerl were a few of the first behavioral consultants and influential in the development of TIES. Dane County provided most of the financial support.

White developed TIES from the ground up, starting to fill the gaps in care and behavioral support for individuals with IDD as they transitioned into community living. “My job was to follow people to the community and figure out how to provide supports that were previously provided in a sheltered setting,” White says.
White was tasked with ensuring that people with an IDD who had challenging behaviors, such as aggression, destruction, or self-injury, had a support plan in place for them in the community. These challenging behaviors are often rooted in unmet emotional, behavioral, or psychological needs. “Those were the people who were kind of languishing back in these more restrictive programs,” White says. TIES started as an attempt to help meet those needs.

White became TIES’s behavioral consultant, developing written, individualized behavioral support plans for each client with an IDD (full story on behavioral support here). Each plan included input from parents, caregivers, healthcare providers, and professionals that supported the individuals, covering all areas of their life. Although it was just him at first, White’s work laid the foundation for what TIES later became.

Over time, White realized the importance of psychiatric care and medication for some individuals. So, they hired a part-time psychiatrist and a nurse, which started the Waisman Center TIES Clinic (full story on TIES Psychiatry Clinic here). The program took root with Meg Little, MD, as psychiatrist, and Nancy Shook, APNP as nurse, and kept evolving as they learned more about the growing needs of the individuals with IDD as they lived in the community.

While behavioral support remains at the heart of its work, Community TIES now extends beyond that. In addition to the psychiatry clinic, they also have a Crisis Response Program that includes multiple safe houses for individuals with an IDD who experience an acute behavioral health crisis. “And then rather than an individual being put in an institution or being incarcerated, they go to an appropriate monitoring program to help them with their behaviors,” White says (full story on Crisis Response Program here).

There was no cookie-cutter approach to developing TIES, White points out. Every person with an IDD is unique and requires a personalized support plan. White and his team focused on understanding how a disability or mental health issue affects behavior, implementing proactive planning, building positive relationships, adjusting the individual’s environment, judicious use of behavior modification, and careful limits-setting techniques.

As TIES grew, White knew they had something good going on that could benefit the community more broadly. He developed trainings such as Managing Threatening Confrontations for the community (read full story on community training here) on how to best support individuals with IDD. He also shared TIES’ strategies with the Madison Metropolitan School District, Milwaukee County, and even beyond state and country limits, in Pennsylvania, Australia, and England. “We developed a real-world model that could be replicated outside of Dane County,” White says. Michael Truman now directs Community Training, and was preceded by Rachel Weingarten, who led the program for 16 years.

TIES has grown significantly since its beginning, which White takes to mean that they have judged correctly how to best meet the needs of individuals with IDD. TIES now has more than 10 behavioral support specialists, two psychiatrists, one nurse, and collaborates with other programs within Community Outreach Wisconsin (COW) to provide community training. They currently serve approximately 420 individuals with IDD.

The relationships between TIES staff and their clients in integral to the success of the program. White always made sure to hire staff who appreciated people with IDD and cared deeply about their lives. “Clients would brighten up when the TIES consultant entered their presence,” White says. He retired in 2015 and handed the baton to Josh Lapin, MSSW, as director of Community TIES. Lapin trained under White and has been with TIES for 25 years. Axel Junker, MS, is the outreach program director of COW, and alongside Lapin, has been a key player in the growth of the program.

“TIES staff stay in their positions for a long time,” White says. This provides individuals with IDD with steady, long-term support from people who care about them, and also get to know them in depth and help them thrive in their community.