

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
Sierra Regional Center

605 21st Street
Sparks, NV 89431
Telephone (775) 687-2600 • Fax (775) 688-1947
<http://adsd.nv.gov>

AB307 Data: Brief Report

NRS 435.035 Establishment of pilot program; services provided by program; duties of Department.

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Prepared by Program Managers from Sierra Regional Center and Desert Regional Center.

Participants Included in Present Account: 6

Duration of Participation: 1 to 29 months

To date, ten children in total have participated in the AB307 program at Sierra Regional Center and nine children have participated in the AB307 program at Desert Regional Center.

The amount of information available regarding the participants' experience during the three months prior to intake varied. As such, the lack of pre-participation measures limit comparisons to those during or post-participation; however, measures throughout participation afford an account of progress, or lack thereof, following intake. Moreover, due to the unique behaviors and experiences of interest targeted for each participant, efficacy of AB307 is accounted for only on an individual basis. That is, participant success, or lack thereof, following intake is only considered on an individual basis as opposed to comparing to that of other participants.

The present account of the efficacy of AB307 towards the stated objectives includes in-depth analysis of: 1) three of the four participants in Northern Nevada, who resided in an AB307 home; one participant was excluded from the account secondary to the short duration of participation (i.e., one month or less) and 2) three of the four participants successfully transitioned into a lower level of care supportive setting (specialized foster care with intermittent services). Six children who are either in their family home or a foster care setting, are receiving a Behavioral Services contract and respite funds that they may otherwise not be eligible to receive, to assist the parents/care provider, with the attempt to maintain the children in the community other than an out-of-state residential program.

The three children who transitioned from the AB307 home with Chrysalis, in to a Specialized Foster Care Home with Intermittent Supportive Living Arrangement contracts, are considered to have transitioned in to a lower level of care. One of the children is working with Washoe County Social Services to transition home with their natural family.

The present account of the efficacy of AB307 towards the stated objectives includes in-depth analysis of Southern region participants; two participants are projected to transition into an adult supportive living arrangement upon the age of majority and one participant will either transition to a lower level of care supportive living arrangement or to his family home in which his family will receive in-home supports and respite services by next reporting period. One youth successfully transitioned into a lower level of care supportive living arrangement, one youth. One participant exited the program within a month time upon his parent request One participant exited the program and transitioned to an adult supportive living arrangement due to age of majority being reached. Three participants transitioned to a higher level of care setting (residential treatment center).

Quantitative and qualitative reports from Chrysalis and the Service Coordinator have informed the present account. Quality of life is the over-arching domain of all data collection and is depicted in three categories (i.e., Independence, Social Participation, Well-being) with multiple sub-categories as indicated in the text below.

Quantitative and qualitative data suggests participants appear to be experiencing positive changes in their lives. The most notable include strengthening adaptive and social skills, facilitating a lessening of restrictions, greater independence, and more frequent community inclusion. Additionally, participants are reported to be expanding their social networks.

The six children who are residing in their family home or foster care home, who have Behavioral Services Contracts, have caregiver reports of improved functioning within the household with improved relationships with family within the home, less altercations with law enforcement and a decrease in negative behavioral incidents.

The one participant in the Southern Region who returned to his family home upon his family request received community-based services to include: psychosocial rehabilitative services, basic skills training, individual and family therapy and respite services. As of today's, review, the participant has transitioned out of community-based services and is attending the local recreation center, receives respite services and will attend a comprehensive school campus upon the upcoming school year.

The one participant whom will possibly transition to his family home within the Southern Region parent has expressed interest in home support service, ABA therapy, respite services, medication management and continued targeted case management services.

Factor 1. Independence

Personal Development

Sierra Regional Center: The Caregiver Strain Questionnaire, Vineland III, and Nisonger Child Behavior Rating Form were administered upon intake however one was not able to be re-administered at discharge from the AB307 Pilot Program, for the children that transitioned to the Specialized Foster Care Home due to the brief notice and move to the Specialized Foster Home from

the Chrysalis Home. This move took place on March 1, 2019, and shortly thereafter Intermittent Supportive Living Arrangement contracts were established once the provider completed the necessary certification.

The Caregiver Strain Questionnaire and the Nisonger Child Behavior Rating Form were completed on two of the children that have successfully completed the AB307 Pilot Program upon discharge. Prior to both children moving to the Specialized Foster Care Home the Caregiver Strain Questionnaire was completed by the house manager from Chrysalis who has extensively worked with both children. The Caregiver Strain Questionnaire results indicate very few disruptive behaviors causing stress in the household. The Nisonger Child Behavior Rating Form for both children, upon completion of the AB307 Pilot Program, was completed by the Behavior Analyst Intern. Although the children exhibited problem behavior the month following the completion of the AB307 Pilot Program due to a change in the environment when the house manager left the home, both children showed appropriate positive social behaviors, and significantly reduced to no exhibitions of problem behavior. Prior to participation in the AB307 Pilot Program, one child was noted to have required extensive support or completing activities of daily living (e.g., personal hygiene routine, appropriate use of utensils at meal times, completing toileting routines). Since participating in the AB307 Pilot Program, Chrysalis has supported the participants in skill development in said areas with habilitation and behavior support plans successfully. During participation in the AB307 Pilot Program, participants have not been suspended from school. Except for one participant, who received detention three times over ten months, detention was not required.

One participant in the AB307 Pilot Program was admitted and discharged from the program within a 5-week period, and is residing at home with their parent, as was requested by the parent. Currently that child is awaiting out-of-state placement.

Currently there are six active participants in the AB307 Pilot Program in Northern Nevada who have utilized Behavioral Services in the past 4 months, as mentioned above. One participant resides in a Foster Home and is in Washoe County custody and does not currently have a reunification plan with his parents. Prior to participation in the AB307 Pilot Program with Behavioral Supports, he was noted to have significant verbal aggression, property destruction and elopement attempts. There were significant altercations with the other individuals residing in the 24-hour home was living in as well. This child is currently awaiting out of state placement through Washoe County Social Services. While awaiting placement, he continues to participate in skill development in areas of habilitation and decrease in behaviors. He is supported by a Board-Certified Behavior Analyst through Sierra Regional Center and continues to work on emotional regulation and coping skills.

For Southern Region, to date all three children in the AB307 supportive living arrangement, two will complete the program upon age of majority and one will transition into a lower level of care setting or his family home. All youth continue to require support within the areas of completion of personal hygiene tasks, toileting assistance and identification of appropriate clothing to wear for the season or weather. All youth actively participate in completion of home management tasks with prompting.

The youth, parent(s) and caregivers receive behavioral consultation with a Board-Certified Behavior Analyst with Chrysalis. Through intervention and consultation, the participants behaviors of concerns were supported through the teaching of replacement behavior(s) and clearly defined reinforcement schedules.

Self-determination

As all participants are minors, participation in the AB307 Pilot Program was either mandated by court or facilitated primarily by planning and support teams, including foster families and natural families.

The Regional Center Participants' engagement in identification of goals varied. Across participants, stated goals included continued school attendance, improved mental and physical health, and establishment in a safe and supportive environment, increasing physical exercise, gaining independence skills, decreasing self-stimulating noises, building peer relationships and building family relationships.

Factor 2. Social Participation

Interpersonal Relations

Prior to participation in the AB307 Pilot Program, all participants were noted to have social skills deficits. The deficits varied from lack of interest in engaging with peers to severely inappropriate or unsafe behaviors with or towards other or self. Furthermore, healthy social networks and support systems, especially friendships, were reported to be non-existent or lacking.

Chrysalis has developed habilitation and behavior support plans for each participant to support alternative, more appropriate social interactions in efforts to expand skills and therefore social network.

Social Inclusion

Prior to participation in the AB307 Pilot Program, community supports for each participant was reported to be lacking. Additionally, community integration of each participant was reported to have been restricted for a variety of reasons (e.g., not amenable by natural schedule or supports, dangerous behaviors, vulnerability).

Following transition into the AB307 Chrysalis residents, participants have been connected with additional community supports (e.g., therapists (occupational, speech, individual, dentists, physicians, psychiatrists) and increased community integration has been supported.

Rights

Prior to participation in the AB307 Pilot Program, participants were either in 24-hour custody or in their family home. Rights restrictions, oversight, and contact with the legal system varied across participants.

Since participation in the AB307 Pilot Program, restrictions have generally increased secondary to the requirements of Division of Family Services, who requires licensed homes to have the following restrictions: 24-hour awake supervision, locked knives and sharps, locked medications, locked psychiatric medications, locked cleaning supplies and chemicals.

Additional restrictions for the participants in the Sierra Regional Center included media and telephone use contingent on behaviors; incentive system, sleep tracking/30-minute checks during the night, alarms on exit doors, flip locks on front door, allen wrench locks on windows, representative payee, no fire starters in the home, master bedroom is locked and has an alarm, preferred items contingent on behaviors, limited light bulbs in home and no knobs on stove. Precautionary restrictions minimize

opportunities to engage in dangerous behaviors relevant to the participants (e.g., elopement from the home, fire-starting).

Additional restrictions for the participants in Desert Regional Center include and is not limited to: media and telephone use contingent on behaviors, alarms on exit doors, flip locks on front door, representative payee, no fire starters in the home, master bedroom is locked and has an alarm, preferred items contingent on behaviors (incentive system utilized), limited light bulbs in home (light bulbs only use in fixtures out of reach), no knobs on stove, no bedroom door (does have curtain), frosted window, removal of furniture in bathroom, nailing or removing bathroom drawer that can block bathroom door from opening, no plug in heating appliances or devices (i.e. curling irons, irons), removal of all globes from ceiling fans, fixtures and light covers, heated devices or pots and pans must be cooled and put away promptly (items may not be left unattended to cool or no peanut products or sesame in the home. Precautionary restrictions minimize opportunities to engage in dangerous behaviors relevant to the participants (e.g., elopement from the home, fire-starting).

In both regions, support for additional independence and community inclusion correspond with increased rights restrictions.

Factor 3. Well-being

Emotional Well-being

Prior to participation in the AB307 Pilot Program, court proceedings and/or family consensus determined that continued residency in the home or social services program was unsafe in some or multiple regards (e.g., physically, emotionally). Following participation in the AB307 Pilot Program, participants have established therapeutic relationships with Chrysalis professionals and community providers. Reports suggest that participants with notable emotional regulation challenges feel increasingly safe and secure in the new residence as evident by observations of behavioral indicators. Chrysalis provides several anecdotal accounts of significant progress towards increased emotional regulation (e.g., safe discussion of emotions in instances which historically resulted in intense levels of dangerous behaviors).

Participants within Desert Regional Center receive medication management and one participant received individual and family psychotherapy. Participants parents have reported that previous behaviors of concern have decreased during family outings which allows them increased family outing time and enjoyment.

Physical Well-being

Sierra Regional Center: When appropriate, participants have undergone nutrition consults to ensure appropriate dietary intake. Chrysalis staff supports participants in engaging in preferred physical activities (e.g., running, archery). Additionally, Chrysalis supports participants in expanding their preferences of leisure activities (e.g., from exclusively television/video games to archery, musical instruments, volunteering).

Desert Regional Center: All participants receive monthly nutrition consultation to ensure appropriate dietary intake and has maintained all scheduled medical appointments. Chrysalis staff supports

participants in engaging in preferred physical activities (e.g., walking, playing at the park or special Olympic activity). Additionally, Chrysalis supports participants in expanding their preferences of leisure activities such as going to the movies, trampoline parks, restaurants or mall or school activity. Two prior participants were active participant in Sports Social or Special Olympics.

Material Well-being

Sierra Regional Center: Participants continue to be unemployed, though are working towards developing skills which facilitate independence and may be valued in the workforce at a later date (e.g., cooking, cleaning, social skills). Participants primarily resided in pairs throughout the course of the AB307 Pilot Program and with their own personal belongings, however the current Northern Nevada participant in the AB307 Pilot Program resided alone in the provider home. The three children who resided in the two AB307 Homes were moved in together, with other children, in to the same Specialized Foster Care Home upon completion of the program.

Desert Regional Center: Participants are students and are working towards developing skills which facilitate independence (e.g., cooking, cleaning and social skills). Seven participants received Medicaid Full Fee for Services, one participant had private insurance, with one private insurance and Katie Beckett Medicaid. Eight participants were eligible for monthly social security income, while one participant's monthly social security allotment was determined by his parent's income. Participants are currently residing within the same residence which is different from last reporting period where the resident primarily resided in pairs throughout the course of the AB307 Pilot Program. It should be noted that all participants had their own bedroom and their own personal belongings.

Behavioral Well-being

Behaviors of interest for each participant vary widely with respect to nature (e.g., aggressive, sexual), severity, and implications (e.g., frequently requiring physical restraint to maintain safety, close monitoring of social interactions and community inclusion). The current Northern Nevada participant in the present account, some behaviors targeted for decrease include, but are not limited to, suicidal threats, elopement, property destruction, public and self-injurious behavior. The current Desert Regional Center participants in the present account, some behaviors targeted for decrease include, but are not limited to: cursing, physical aggression, property destruction, incidents of self-injurious behaviors, threats of self-harm, fecal smearing, or elopement.

Through Chrysalis, participants receive behavioral intervention and behavioral training, which is also provided to support staff and families. Additionally, participants receive individual therapy and psychiatric services from community providers as appropriate. Chrysalis has identified behaviors to target for decrease and increase; both categories of target behaviors are accounted for in habilitative and behavior support plans. Behaviors targeted for increase have been identified to provide alternatives to dangerous and/or inappropriate behaviors (e.g., occurrences of replacement behaviors, cooperation, hygiene routine adherence), as well as to address skills deficits (e.g., social skills). Quantitative accounts from Chrysalis demonstrate an overall decrease or downward in many of the behaviors targeted for decrease and corresponding increases in the targeted behaviors identified as appropriate alternatives. Individual differences in the quantitative reports are demonstrated throughout participation in the AB307 Pilot Program (e.g., one or more target behaviors increasing or decreasing in undesirable directions), and Chrysalis has successfully or continues to address programming as appropriate.

