

Department of Health and Human Services – Aging and Disability Services Division Data report on AB 307 from 2015 legislative session



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AB 307 is a bill sponsored by Assemblymen Spiegel, Ohrenschall, Benitez-Thompson, Bustamante Adams, Carlton, Diaz, Joiner, Oscarson and Swank which relates to the establishment of a pilot program in urban regions to provide intensive care coordination services to children with intellectual disabilities (ID) or a related condition and a co-occurring behavioral health concern. This bill requires that Department of Health Care Finance and Policy (DHCFP), Aging and Disability Services Division (ADSD) and Clark and Washoe county agencies develop, obtain funding and monitor the effectiveness of the pilot program. The bill was passed in the 2015 legislative session and will expire on July 1, 2019 unless extended before that date. In addition, the bill requires the board of county commissioners of each county whose population is less than 100,000 to report to the Legislature describing the manner in which the board makes provisions for the required support, education and care of the children with ID and children with related conditions who reside in the county.



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AB 307 Data: Brief Report

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

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Evaluation support provided by Division of Child and Family Services (DCFS) Planning and Evaluation Unit, Mark Oleson, CPP I.

Plan for Consumer Satisfaction Surveys to be completed when youth completes the pilot program. Surveys will be administered by NCI interviewers as neutral third-party participants. DS does not yet have survey data.

Participants Included in Present Account: 3

Duration of Participation: 3 to 10 months

To date, six children have participated in the AB307 Pilot Program State-wide. The amount of information available regarding the participants' experiences 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 three of the six participants; three participants were excluded from the

account secondary to the short duration of participation (i.e., one month or less). Both quantitative and qualitative reports from Chrysalis and Service Coordinator reports 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.

In addition to the measures reported below, consumer satisfaction surveys will be administered to children and caretakers regarding their respective experiences during participation in the AB307 Pilot Program. These surveys will be administered by DCFS Planning and Evaluation Unit.

Factor 1. Independence

Personal Development

The Caregiver Strain Questionnaire, Vineland III, and Nisonger Child Behavior Rating Form were administered upon intake and will be re-administered at discharge from the AB307 Pilot Program, at which point the scores will be comparatively analyzed. To date, participants have not completed participation, thus discharge measures have not been taken.

Prior to participation in the AB307 Pilot Program, one participant was noted to have required extensive support for 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 participant in skill development in said areas with habilitation and behavior support plans.

During participation in the AB307 Pilot Program, participants have not been suspended from school. With the exception of one participant, who received detention three times over ten months in the AB307 Pilot Program, detention was not required.

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.

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.

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, dentists) 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 sharps, locked medications. Additional restrictions for the participants include 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).

Support for additional independence and community inclusion correspond with increased rights restrictions.

Two of the three participants in the present account contacted law enforcement during participation in the AB307 Pilot Program (i.e., a single phone call to law enforcement). No participants have required PRNs. Participants who have required physical restraints or physical redirection (i.e., two of the three) since intake to the AB307 Pilot Program,

have required relatively few (i.e., zero to six per month) and have required zero or near-zero levels in recent months.

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).

Physical Well-being

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).

Material Well-being

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 reside in pairs throughout the course of the AB307 Pilot Program and with 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). Of the four participants in the present account, some behaviors targeted for decrease include, but are not limited to, suicidal threats, elopement, property destruction, public masturbation, exposing genitals, and self-injurious behavior.

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., 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.