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## AB307 Data: Brief Report

### NRS 435.035 Establishment of pilot program; services provided program; duties of Department

**Submitted: October 18, 2018**

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

**Participants in Present Account: 6**

**Duration of Participation: 1 to 20 months**

To date, thirteen children have participated in the AB307 Pilot Program; five children in Northern Nevada and eight children in Southern Nevada. 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 five participants in Northern Nevada; two participants were excluded from the account secondary to the short duration of participation (i.e. one month or less). For the southern region; three participants are in services, two individuals are projected to transition into a lower level of care supportive living arrangement by next reporting period, one youth successfully transitioned into a lower level of care supportive arrangement, and two youth transitioned into a higher level of care setting (residential treatment center) and one youth exited the program within a month time upon his parent request. For the Northern Region, both quantitative and qualitative reports from Chrysalis, Helix and Service Coordination reports have informed the present account. While within the Southern Region, both quantitative and qualitative reports from Chrysalis and Service Coordination 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 Northern Nevada, it should be noted that the inclusion of another Behavioral Support Service has been used outside of Chrysalis. Helix became a registered state vendor that provides behavioral services and had expressed interested and exhibited the experience working with family and providers who work with children that require an enhanced support. Due to the lack of vacancy in the two Chrysalis 24-hour homes the children participating in the AB307 homes are currently residing, and the inability to expand their service due to difficulties in staffing, Helix has been contracted to provide Behavioral Support Services in the family homes of 2 children in the community. The purpose of this service is to assess the children in their home environment and assist the parents/caregivers in effective supports to manage complex behaviors with the projected outcome of maintaining the children within the home, instead of a residential treatment center. This option was originally intended for the purpose of providing training to the parents/caregivers in the family home when the children in the 24-hour home transitioned back to the family home; however, the children who reside in the current AB307 24-hour homes, have Washoe County Social Services involvement, and do not currently have family homes to return to. It should also be noted that this is the reason for the lack of vacancy within the existing AB307 24-hour homes.

The Southern Region has identified a provider who has expressed interest in providing behavioral support services within family homes. It is anticipated that those supports will begin during the month of November 2018 with the identified families.

## **Factor 1. Independence**

### **Personal Development**

The Caregiver Strain Questionnaire, Vineland III, and Nisonger Child Behavior Rating Form were administered upon intake and should be re-administered at discharge AB307 Pilot Program, at which point the scores will be comparatively analyzed.

To date, all three children in the AB307 24-hour homes in Northern Nevada have completed the AB307 program and within the Southern Nevada one youth has completed the program. Three children remain in Washoe County Custody and remain in the provider home while the other youth transitioned into a lower level of care supportive setting. The Caregiver Strain Questionnaire was completed by the participants mother. The Caregiver Strain Questionnaire results indicate very few disruptive behaviors causing stress in the household. The Nisonger Child Behavior Rating Form for three youth was completed by the Behavior Analyst Intern; while one by the house manager. The youth in the Northern Region exhibited problem behavior the month following the completion of the AB307 Pilot Program due to a change in the staffing environment, all three children showed appropriate positive social behaviors, and significantly reduced to minimal problem behaviors. Prior to the participation in the AB307 Pilot Program, five youth was noted to have required extensive support in 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 behavioral support plans successfully. During participation in the AB307 Pilot Program, two participants had a reduction in suspension from school

and one participant had several incidences of law enforcement prior to transitioning to transitioning into higher level of care programming.

Two youth participating in the AB307 Pilot Program in a 24-hour home was admitted and discharged from the program within a 4 to 5-week period, and is residing at home with their parent, as was requested by the parent. The youth within the Northern Region was offered to participate in the Behavioral Support Service in the home with Helix, however after considering this offer, the parent refused to the service and opted to consider other options instead. The youth within the Southern Region is currently receiving services psychosocial rehabilitation, basic skills training, medication management, psychotherapy and respite.

Of the two children and their family who are participating in the Behavioral Support Service with Helix within the family home, one has shown improvement, specifically in exhibiting behaviors in school, and the other is currently in the process of completing the assessments to enter in to the program.

Another child and their family are considering the AB307 Behavioral Support Service with Helix inside the family home but have not yet decided.

### **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, establishment in a safe and supportive environment, building family relationships, increasing physical exercise, building peer relationships, gaining independent skills and decreasing self-stimulating noises.

## **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 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 program, the AB307 Chrysalis 24-hour home residents have been connected to additional community supports (e.g., therapists, dentists) and increased community integration has been supported. The children are also reported to turn to each other for social support and have developed a friendship amongst each other.

## **Rights**

Prior to participation in the AB307 Pilot Program, the children residing in the Chrysalis 24-hour homes were either in their family home, a Ward of the State or in the detention center. Rights restrictions, oversight, and contact were the legal system varied across participants.

Since participation in the AB307 Pilot Program, restrictions have generally increased secondary to the requirements Division of Family Services, who requires licensed homes to have the following restrictions: 24-hour awake supervision, representative payee, legal guardian, locked sharps, locked medications, locked psychiatric medications, locked cleaning supplies and locked chemicals. Additional restrictions for the participants include media and telephone use contingent on behaviors; preferred items contingent on behaviors (incentive system utilized), sleep tracking/30 minute checks during the night, alarm on exit doors, flip locks on exit doors, no fire starters in the home, master bedroom is locked, limited light bulbs in home, nailing bathroom drawer that can block door from opening, no plug in heating appliances or devices (i.e. curling irons, irons), removal of globes from ceiling fans, fixtures on light covers, covers on sockets or no peanut products or sesame in the home (due to allergy of youth) 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.

## **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 increasing safe and secure in the residence as evident by observations and 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 they are working towards developing skills which facilitate independence and may be valued in the workplace later (e.g., cooking, cleaning, social skills). Participants are supported in engaging in preferred physical activities and expanding their preferences of leisure activities such as going to trampoline parks, to the movies or restaurants. Participants primarily reside in pairs throughout the course of AB307 Pilot Program, with their own personal belongings, however one of the AB307 Pilot Program participants in a Northern Nevada Home reside alone in a provider home as requested by Washoe County Social Services.

Seven participants within the Southern Region received Medicaid Full Fee for Service while, two was covered through private insurance and Katie Beckett. Seven participants received the full social security allotment and one received a Division of Family Services monthly benefit allotment.

### **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 AB307 participants who are involved with the in-home Behavioral Service have some behaviors targeted for decrease to include, but are not limited to, suicidal threats, elopement, property destruction, public and self-injurious behavior. The current AB307 participants in Southern Region participants in the present account, behaviors targeted for decrease include, but are not limited to: physical aggression, incidents of self-injurious behaviors, threats of self-harm behaviors, property destruction, fecal smearing, cursing and elopement.

Through Chrysalis and Helix, participants receive behavioral intervention and behavioral training, which is also provided to support staff and families. Additionally, participants have received individual therapy and psychiatric services from community providers as appropriate. Chrysalis and Helix have 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.