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**AB307 Data: Brief Report**

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

**Submitted: June 05, 2018**

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

**Participants Included in Present Account: 6**

**Duration of Participation: 11 to 23 months**

To date, ten children have participated in the AB307 Pilot Program; four in Sierra Regional Center and six at Desert Regional Center. 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: 1) three of the four participants in Northern Nevada; 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 six participants: one child successfully transitioned into a lower level of care supportive setting, two children transitioned into a higher level of care (residential treatment center); remaining three are in services with one of the three youth preparing to transition into a lower level of care setting. 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.

## **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.

Sierra Regional Center: To date, participants have not completed participation, thus discharge measures have not been taken; however, 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. Since both children remain in Washoe County custody and remain in the provider home, the Caregiver Strain Questionnaire was completed by the house manager 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 participant 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 there is one active participant in the AB307 Pilot Program in Northern Nevada who began the program in September 2017. This participant is also in Washoe County custody and does not currently have a reunification plan with his parents. Prior to participation in the AB307 Pilot Program, he was noted to have significant verbal aggression, property destruction, self-injurious behavior and elopement attempts. Since participating in the AB307 Pilot Program, Chrysalis has supported the participant in skill development in said areas of habilitation and behavior support plans. The participant is actively participating in therapy and completing therapeutic tasks with staff and working on emotional regulation and coping skills.

Desert Regional Center: To date, one participant has completed participation in which the Caregiver Strain Questionnaire and the Nisonger Child Behavior Rating Form was completed upon discharge. 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 the exited youth was completed by the house manager. The results shown indicate that there were appropriate positive social behaviors and significantly reduced to no exhibitions of problem behavior in the home or community setting. Prior to participation in the AB307 Pilot Program, three youth were noted to have required extensive support or completing activities of daily living (e.g., personal hygiene routine, completing toileting routines, going out into the community or attending school regularly). 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, two participants had a reduction in suspension from school and one participant had several incidences of law enforcement contact prior to transitioning into higher level of care programming.

One participant in the AB307 Pilot Program was admitted and discharged from the program within a one-month period, and is residing at home with their parent, as was requested by the parent.

One participant in the AB307 Pilot Program was admitted and discharged from the program within a four-month timeframe and returned to his family home, as requested by provider.

Currently there is three participants in the AB307 Pilot Program with Desert Regional Center. All participants parental rights are intact; however, one has juvenile court involvement. Since participating in the AB307 Pilot Program, Chrysalis continues to support the participants in skill development in said areas of habilitation and behavior support plans. The participants are actively participating in ABA programming and are completing therapeutic tasks with staff and working on emotional regulation and coping skills.

### **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.

Sierra 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.

Desert Regional Center participants' engagement in identification of desired outcomes varied. Across participants, desired outcomes included: establishment in a safe and supportive environment, increasing personal hygiene skills, building positive peer relationships, learning ways to cope and communicate when frustrated or upset, participating in social activities within community settings, decreasing self-stimulating noises, maintaining community providers supports, building family relationships, increasing physical exercise, gaining independent skills and wanting to improve mental and physical health and continued school attendance with education supports.

## **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, physicians) 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 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).

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, 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 (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), vacant room locked, removal of all globes from ceiling fans, fixtures and light covers, 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 receiving individual psychotherapy.

### **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 and playing in the park). Additionally, Chrysalis supports participants in expanding their preferences of leisure activities such as going to the park, movies, trampoline parks, restaurants or the mall. One prior participant was an active participant in Sports Social and while the three current participants plan to enroll summer 2018.

### **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 reside 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 resides alone in the provider home.

Desert Regional Center: Participants are students and are working towards developing skills which facilitate independence (e.g., cooking, cleaning, social skills, money management skills). Four participants received Medicaid Full Fee for Services, one participant had private insurance with one private insurance and Katie Beckett Medicaid. Five participants receive the full monthly social security allotment while one participants' monthly social security allotment is determined by his parent's income. 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). 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.