State of Nevada
Division of Mental Health and Developmental Services

Developmental Services Program Evaluation:
Personal Outcomes & Satisfaction

July 1, 2004, through June 30, 2006
The Personal Outcomes and Satisfaction Project is a cooperative effort of Developmental Services of the Nevada Division of Mental Health and Developmental Services and the Nevada University Center for Excellence in Developmental Disabilities. The project began in July of 1995 with the goal of improving services by making them more responsive to the needs of participants—individuals with intellectual disabilities. The original project focused on evaluating services and supports by conducting Personal Outcomes interviews, which continued to be the focus of the contract through 2001. Beginning in 2002 a number of changes were put in the contract to expand the evaluation of services and supports and to address several needs, identified through the assessment interviews, by developing a number of additional statewide supports. The current objectives of the program are twofold:

- Evaluate outcomes and satisfaction with services and supports provided by Developmental Services through the use of assessments using interviews, focus groups and
- Encourage self-determination and independent life by providing a variety of supports through family, associates and affiliations.

The assessments and their uses; the supports and their intended outcomes are provided in Tables 1 and 2.
The purpose of this report is to evaluate progress toward a person-centered system in which each person defines his or her own expectations, to the best of his or her abilities, for services and supports and improved outcomes that result from the supports provided. This report describes the results of the Personal Outcomes interview tool, from 1995 to 2006, that includes assessment of both the outcomes and supports provided to people with developmental disabilities served by Nevada regional centers (Table 1). It also describes the results of measures, initiated in 2003, a consumer-conducted assessment interview and focus groups. This report will also describe new supports being provided to people with developmental disabilities that were initiated in 2003 and modified in 2005 as a result of identified participant needs, interests, and self-determination efforts (Table 2).

### Table 1: Project assessments and their uses

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Use of Information</th>
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<tbody>
<tr>
<td>Personal Outcome Measures (CQL)</td>
<td>Ensure that services and supports provided by Developmental Services are more responsive to individuals.</td>
</tr>
<tr>
<td>Consumer Conducted Interviews</td>
<td>Provide additional information to an on-going program of quality improvement for Developmental Services and service providers and encourage greater participation in self-advocacy and self-determination activities.</td>
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<tr>
<td>Focus Groups</td>
<td>Ensure that services and supports provided by Developmental Services are more responsive to the particular needs of various subgroups including families with young children with transition-age students, adults and service providers.</td>
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### Table 2: Project supports and improved outcomes

<table>
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<tr>
<th>Supports</th>
<th>Improved Outcomes</th>
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<tr>
<td>Statewide self-advocacy chapter organizations (People First)</td>
<td>People with disabilities attend meetings and gain information to help them make informed decisions about their lives and advocate for systems change.</td>
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<tr>
<td>Microboard Development</td>
<td>Family members and friends support a person to plan an independent life.</td>
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<tr>
<td>Employment Outcomes and support</td>
<td>Associates assist the person in finding and maintaining meaningful employment.</td>
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<tr>
<td>Inclusive community participation</td>
<td>Community based resources promote full inclusion in social and recreational activities.</td>
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In the ten years of the Personal Outcomes and Satisfaction project the focus has grown from evaluating services and supports through one type of assessment to using multiple types of assessments to reach a broader range of people served by Developmental Services.

The Nevada UCED recommends ongoing application of assessments:

- Continuation of the Personal Outcomes Measures as a formative evaluation of the outcomes and supports of people with developmental disabilities.
- DRC provide the results of their Council-conducted interviews either in a separate report or compiled statewide with SRC and RRC to continue to monitor and demonstrate the efforts and progress made to the Nevadans they serve.
- Continuation of the supplemental assessment, the Focus Groups. We believe information obtained from the Focus Groups is helpful in describing the needs and interests of people supported, their families and service providers. Regional centers have been able to target particular groups to help them identify actual community participation and future dreams; critical and compelling issues for parents of young children and transition age students, and service providers. Additionally, youth of transition ages participated in focus groups to determine the needs and dreams of this group in living, employment, education and recreation/leisure.

The Nevada UCED recommends a number of supports to people with developmental disabilities:

- Continuation of the People First chapters in the state. The self-advocacy and leadership skills, the friendships and the opportunity for membership provide numerous opportunities for improved lifetime outcomes.
- Continuation of the Microboard project. The processes needed for this project will continue to take considerable time, effort and education to be successful.
- Re-allocating resources from the concluded pilot projects to provide training to people served, family members and service providers in the problematic areas identified in the focus groups.
- Finally, concentrated supports for the two age groups, youth in transition from school to work and aging adults and the unique needs presented in both age groups.
  - For youth in transition, stronger relationships need to be established and nurtured between the regional centers, the Bureau of Vocational Rehabilitation and private employment services to ensure that any one who desires to work, can work.
  - For the aging adults group more individualized planning and supports are necessary to insure their later years continue to be productive.
The Nevada University Center for Excellence

The Nevada University Center for Excellence in Developmental Disabilities (Nevada UCED) is part of an international network of university programs in developmental disabilities that are federally funded by the Administration on Developmental Disabilities, U.S. Department of Health and Human Services. The Nevada UCED is housed in the Research and Educational Planning Center, in the College of Education, at the University of Nevada, Reno. The mission of the Nevada UCED is to work cooperatively with agencies and programs to assist Nevadans of all ages with developmental disabilities to be independent and productive citizens, fully integrated into their communities. This mission is accomplished by providing interdisciplinary instruction and services, disseminating information on developmental disabilities and service options, providing technical assistance, and conducting relevant research and evaluation studies.

The Nevada UCED conducts the Personal Outcomes and Satisfaction Project under a contract with Developmental Services of the Nevada Division of Mental Health and Developmental Services. As such, the Nevada UCED acts as a separate entity in this project. Dr. JoAnn Johnson, Director of the Nevada UCED, is the principal investigator and director of the project. Mary Bryant is co-director of the project, and George McKinlay directs data management and analysis.

Guide to the report

The first section of this report will describe the assessments used in the project (Personal Outcomes Measures interviews, the Consumer Conducted Interviews and the Family Focus Groups) the methodology, the findings and discussion. The next section will describe the new supports added and or modified to the project since 2003 (self-advocacy, microboard development, employment outcomes and inclusive community participation), and progress. The final section will provide a summary and recommendations for the future.
Assessment and Evaluation

Personal Outcomes Assessment

The project originated in 1995, using CQL on Quality and Leadership (CQL, formerly The Council) Outcome Based Performance Measures. CQL identified outcomes desired by the recipients of services, and from these outcomes developed the measure that has become a national standard for evaluating the quality of services for people with disabilities, including those with intellectual disabilities. CQL developed the measure based on individual and focus group meetings in which individuals with disabilities described what was important to them. In order to have a national reference Nevada Developmental Services, in cooperation with the Nevada UCED, selected the Outcome Based Performance Measures (i.e., Personal Outcomes Measures) to assess personal outcomes and satisfaction. Table 3 contains the list of categories and standards.

<table>
<thead>
<tr>
<th>Table 3: Personal Outcome Measures (CQL, 1997)</th>
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<tr>
<td><strong>Identity</strong></td>
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<tr>
<td>1. People choose personal goals.</td>
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<tr>
<td>2. People choose where and with whom to live.</td>
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<td>3. People choose where they work.</td>
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<td>4. People have intimate relationships.</td>
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<td>5. People are satisfied with services.</td>
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<td>6. People are satisfied with their personal life.</td>
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<td><strong>Autonomy</strong></td>
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<td>7. People choose their daily routine.</td>
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<td>8. People have time, space, and opportunity for privacy.</td>
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<td>9. People decide when to share personal information.</td>
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<td>10. People use their environments.</td>
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<tr>
<td><strong>Affiliation</strong></td>
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<tr>
<td>11. People live in integrated environments.</td>
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<tr>
<td>12. People participate in the life of the community.</td>
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<td>13. People interact with other members of the community.</td>
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<tr>
<td>14. People perform different social roles.</td>
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<td>15. People have friends.</td>
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<td>16. People are respected.</td>
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<tr>
<td><strong>Attainment</strong></td>
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<tr>
<td>17. People choose services.</td>
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<tr>
<td>18. People realize personal goals.</td>
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<tr>
<td><strong>Safeguards</strong></td>
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<tr>
<td>19. People remain connected to natural support networks.</td>
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<tr>
<td>20. People are safe.</td>
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<tr>
<td><strong>Rights</strong></td>
</tr>
<tr>
<td>22. People are treated fairly.</td>
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<tr>
<td><strong>Health</strong></td>
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<tr>
<td>23. People have the best possible health.</td>
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<tr>
<td>24. People are free from abuse and neglect.</td>
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<tr>
<td>25. People experience continuity and security.</td>
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</table>
For each of the 25 standards in the Personal Outcome Measures both outcomes and supports are assessed. Personal outcomes represent the person’s goals and desired future. Each person defines his or her specific meaning of a personal outcome. To provide support, an organization must discover how the person defines their personal outcomes. The personal outcomes are what the person wants and the support is the assistance provided to achieve it.

Outcomes and supports are independent in each standard: therefore an outcome may not be present, while a support may be in place to achieve the outcome in the future. Conversely, while an outcome may be present, the agency may not have supports in place to encourage or facilitate the person desired outcome.

**Consumer Conducted Interviews**

In 2003, a new assessment was developed and implemented to further identify outcomes and satisfaction of people receiving services. The consumer conducted interview tool was developed to obtain information similar to the Personal Outcomes Assessment and was developed for use by people with developmental disabilities. In 2005, regional centers chose to discontinue these interviews as a result of their high cost and indistinct results. New areas of evaluation were implemented in place of the consumer conducted interviews. Interview questions and results can be found on page 20 of this report.

**Focus Groups**

Focus groups were developed to collect information from small groups of people with similar characteristics who can identify with the ‘focus’ (e.g., young children, adult children, people with disabilities, small businesses who are interested in hiring people with disabilities, etc.). In family focus groups, up to four families with children of similar ages meet in groups with a facilitator who asks approximately eight general questions relating to the family’s outcomes and satisfaction with services and supports provided by the regional centers. During FY2006, the assessment tool was expanded to include adults served, transition-age young adults, family members of transition-age students, and service providers. Focus group questions were topical and addressed such issues as transition, early intervention, and community inclusion. Focus Group questions and summaries of responses are on page 21-25 of this report.

**Accreditation**

CQL’s Quality Enhancement and Review Process currently accredits each of Nevada’s three regional centers, Desert Regional Center (DRC) Rural Regional Center (RRC) and Sierra Regional Center (SRC).

**Findings & Interpretation of the assessments**

Findings from all assessments are used at all levels in the system to improve services. These include the individual support team, provider agencies, regional centers and Developmental Services. The evaluation portion of the project provides on-going quality assessment in a variety of formats for Developmental Services. The Personal Outcomes Measures, the consumer conducted interviews
and the focus groups help staff concentrate on more person-directed planning, identify topics for staff development and training, provide information for budget development related to specific outcomes for people, and provide Developmental Services with a continuous self-assessment.

While all of the measures are aggregated to assess the overall quality of a program, they are primarily an assessment of an individual’s or family’s current status and perception of services. In moving from the individual to agency level, caution should be exercised. For some areas and individual situations, the results may not be totally under the control of the agency. The area of abuse is an example of this (i.e., standard 24 of the Personal Outcome Measures). In order for a person to meet the standard for abuse, he or she must be free from abuse and from concerns about abuse affecting his or her behavior or decisions. If a person has nightmares, regularly discusses previous instances of abuse, or expresses fear of abuse, the person is not free from abuse and does not meet the outcome. The supports may be in place to assist the person in addressing the issue of the previous abuse through therapy and other activities. However, not meeting the outcome does not necessarily indicate that abuse is currently occurring.

Another interpretation issue exists due to Developmental Services’ dual responsibility to serve the person and support his or her choices, and to protect the person and the public. For a person who might be a danger to the community, the agency may not ever be able to meet the outcome for honoring the person’s choice on where to live (Standard 2). However, the support can be met if there are services being provided to help the person manage his or her behavior and discussions take place about individualized approaches that honor his or her choice and still protect the community. At the agency or program level, the larger the number of person-centered services that meet the standards, the better the agency is responding to individual needs.
Method

Personal Outcome Measures

Three kinds of assessments were used in this reporting period, the Personal Outcome Measures, consumer conducted interviews, and focus groups. Interviews based on the Personal Outcome Measures were conducted to determine the presence or absence of the outcomes and supports for each of the 25 standards. Interviews were structured around the standards, with emphasis on open-ended questions to the maximum extent possible. The majority of interviews were conducted with only the person and the Nevada UCED Project staff member present. For individuals with limited communication skills, service providers or family members participated in the interview to facilitate communication.

The interview/determination process may take several hours to complete. The assessment routinely includes an interview with the person receiving services; follow-up interviews with service providers, service coordinators, and others playing a significant role in the person’s life; the determination of outcomes and supports present; and the reporting of results. Based on the information obtained in the interview and follow-up, each of the standards for outcome and support is rated as present or absent. The perspective of the person is given the greatest weight in determining the presence of outcome and support. The final determination for each standard is solely the responsibility of UCED Project staff and based on their reliability in using CQL’s standards.

The target population is individuals receiving residential assistance supported by the Nevada Medicaid program. This includes persons receiving funding under the Home and Community Based Services (HCBS) Waiver and those residing in Intermediate Care Facilities for persons with intellectual disabilities (ICFs/MR).
These settings include primarily apartments and homes in the community, although 93 of the persons reside in state-operated ICF/MR facilities at the Regional Centers. Interviews are conducted only if the person agrees to participate; interviews are terminated if the person indicates that he or she does not wish to continue.

Interviewers use a standard set of values, domains, and questions developed by the national accreditation body. Nevada UCED Project staff members who conduct interviews are UNR and UNLV faculty/staff and graduate assistants trained by CQL. Before independently conducting interviews with persons and service staff, UCED Project staff receive between three and seven days of initial training, observe interviews conducted by certified personnel, and participate in a number of interviews as apprentices. Nevada UCED Project staff also undergo yearly review/training and reliability checks in order to maintain the standards set by CQL.

Consumer Conducted Interviews

In 2003 consumer conducted interviews began being completed as part of the project. This was the result of interest in supporting people with developmental disabilities to interview other people with developmental disabilities regarding quality of life and satisfaction with services. The regional centers and the UCED were also interested in supporting greater involvement of people with developmental disabilities and wanted to establish more contact between people with disabilities for a variety of purposes that included establishing rapport and inviting them to attend and become involved in self-advocacy and leadership activities.

The UCED Project staff drafted and developed a tool which could be administered and recorded fairly easily with adequate training and practice. The Nevada UCED applied for a VISTA (Volunteers In Service To America) grant to identify and train four individuals in the state with developmental disabilities who could become VISTA members. The VISTA members were trained to ask the interview questions and underwent a number of practice interviews and field-testing of the tool. Several revisions were made to the tool to make it more user-friendly to both interviewers and interviewees. The regional centers provided the Nevada UCED with the names of people from each region who they considered good candidates to participate in these interviews and who might be interested in forming/joining local People First chapters. At all times, during all interviews, a UCED Project staff person provided back-up assistance during and following the interview and guided the final determinations.

The UCED Project staff member assisted during all of the interviews. Once the interview was completed, the team met to make the determination. In 2005, 84 consumer interviews were conducted throughout the state. A trained UCED Project staff member assisted and took notes during all of the interviews. These detailed notes were used after the interview when the VISTA members, with guidance from the UCED Project staff person, examined the interview responses and comments to make final determinations. The UCED Project staff member hand printed everything that would be included in the final report and the VISTA member transferred it to the computer.
Focus Groups

In FY 2003-04 the Personal Outcomes and Satisfaction Project contacted families whose children were being served by the regional centers, to invite them to participate in small focus groups. The interest in family focus groups resulted after several discussions of family members’ participation in the Personal Outcome Measures interviews. Families who had participated in the interviews often reported they had little to contribute because the tool did not adequately address issues relevant to families and young children, and the services they received were often more episodic in nature and difficult to evaluate using the measure. Regional centers’ staff also reported that information from families using the Personal Outcomes Measures provided them with little feedback that would help them enhance the supports they could provide.

Family Focus groups consist of about four families, with both parents encouraged to participate. A time is scheduled that is convenient to family participants. Refreshments are provided and UCED Project staff make introductions and ask parents to talk briefly about their child. A set of eight questions is asked to the group and each family member responds with information regarding his or her family’s experiences.

Several approaches were used to establish contact with the families. In some cases regional centers made the contact, and in others the UCED Project staff planned the meetings. In all cases focus groups were planned to accommodate families’ schedules, with childcare and snacks provided.

In FY 2005, the focus groups were expanded beyond families of young children to include families of elementary school, high school and adult children living at home. The questions revolved around home life, the challenges encountered, the adequacy of the supports, community inclusion and thoughts on their family member’s future.

In FY2006, the focus groups were again expanded to include adults being served by regional centers, transition-age students, and providers of services. In the focus groups for family members and providers, participants were asked to determine the top five issues affecting their family or the top five issues affecting the providers’ ability to provide excellent services to people with disabilities. Each issue was then discussed with reference to what, if any, support the regional centers currently provide and what could be done to effect positive outcomes in each area. Focus groups conducted with adults and transition age students consisted of discussing life dreams in the areas of living, employment, education and recreation. Dreams were identified and information was gathered regarding if/to whom they had previously verbalized these dreams and whom, if anyone, was helping them plan to accomplish their dreams.
Assessment Findings

Personal Outcomes and Satisfaction Interviews

The Personal Outcomes and Supports interviews evaluation is an ongoing process allowing for point-in-time and trend measures. From July 1995 through July 2006, 4,371 interviews were conducted statewide utilizing the Personal Outcome Measures (CQL, 1998). Figure 1 provides a breakdown of the number of interviews done each year. Multiple analyses were conducted to evaluate the ongoing quality of support services. The percentage of standards with outcomes and supports present was computed and compared to a national sample and analyzed for years 1996-1998, 1999-2000, 2001-2002, 2003-2004, and 2005-2006. Achieved outcomes and support percentages were calculated for each of the ten years of the project and were examined and compared across years and number of interviews.

Longitudinal Trends: Number of Interviews

Beginning in 2002-2003 the total number of interviews began to decrease from previous years. In 2002-2003, the total number of interviews conducted decreased by approximately one-third from the previous year. In 2003-2004 smaller sample sizes were used again and allowed the Regional Centers to diversify the assessments and supports received from UCED evaluations. In 2004-2005 the number of interviews increased slightly, and in 2005-2006 Desert Regional Center ended their participation in the University conducted Personal Outcomes and Satisfaction interviews and currently contracts with CQL. As a result of this change, DRC’s 2006 data are not currently included in the data for the combined 2005-2006 or the separate 2006 analyses. Data from 2005-2006 provided in Table 4 include only includes 2005 data from Desert Regional Center.
First Time and Repeated Interviews

Not every person who receives services is interviewed each year; and many people are periodically re-interviewed to track changes over time. In the most recent two year time period a greater number of first time interviews were conducted. This increase resulted from requests of regional center service coordinators for interviews and determinations on a number of clients who had not previously participated in the project since its inception. During 2005, 26% of the interviews were with people who had not previously been interviewed. During 2006, 37% of the interviews were with people who had not previously been interviewed.

Percentage of Standards Met: A National Comparison

In order to compare the results of the Nevada Personal Outcomes Measures assessment interviews to an outside standard, results were obtained from the national sample of interviews (n=6,024) conducted by CQL from 1993 through 2006. While the majority of the national sample is comparable to those persons interviewed in Nevada, approximately 10% of the interviews in the national sample were with individuals with disabilities other than intellectual. These disabilities included cerebral palsy, epilepsy, mental illness, and physical disabilities (Personal Outcomes Chart Book, 1999). On average, this group should be more independent than people with intellectual disabilities. This difference could result in more standards being met in the national sample than in the Nevada interviews. National sample data are reported using the Personal Outcome Measures (2006) that contain 25 standards.

Table 4 shows the percentage of services meeting the standards for outcomes and supports for Nevada, 1996–1998, 1999–2000, 2001–2002, 2003–2004, 2005-2006 and the national sample comparison. The bottom three rows of the table provide overall outcome and support percentage averages, Nevada standards below the national sample, and Nevada standards at or above the national sample. The scores determined on the interview questions are based on accreditation levels set by CQL. With few exceptions percentages have maintained fairly stable patterns. Data from 2003–2004 show the percentages of standards met, with 11 outcomes and 12 supports at or above the national sample. By comparison, data from the last two years of the project, 2005-2006, show a total of 9 outcomes and 15 supports at or above the national sample. A closer examination of the results show that out of 25, all but seven supports are within ten percentage points of or higher than the results from 2003-2004.

These results indicate that Nevada is currently performing similarly to the previous two years. The Nevada data show that 61% of outcomes and 66% of support standards were met by those interviewed in years 2005 and 2006, compared to 65% of outcomes and 67% of supports in 2003-2004. This continues to be encouraging given the high standards of CQL and the comparison with their national sample data.
### Nevada Supports and the national sample data

Overall the 2005-2006 data continue to be relatively stable, with slight increases or decreases in most standards from the previous report. Improvements and declines in the standards and their implications are discussed in the next two sections.

### Areas of Improvement

In this section we provide information about standards of support that improved from the previous years’ analyses, and standards of support that were above the national sample data. In 2005-2006 there were a total of seven standards that improved over 2003-2004 results. These included:

- **Q5. People are satisfied with services.**
- **Q6. People are satisfied with their personal life.**
- **Q9. People decide when to share personal information.**
- **Q20. People are safe.**
- **Q21. People exercise rights.**
- **Q22. People are treated fairly.**
- **Q23. People have the best possible health.**

Standards five, six, twenty-one, twenty-two, and twenty-three all improved over ten percentage points from the last report. Factors associated with improvement in these standards are the increased and concentrated focus by the regional centers to support people to have more individual choices, more information and education...
about exercising rights, registering to vote, having greater control of their own money, and improved overall health care provisions. We believe the greater state-wide increase in community participation and involvement has increased peoples’ satisfaction with their services and their own personal lives.

In 2003-2004 there were twelve standards of support that were higher than the national sample. In 2005-2006 three new standards had higher percentages than the national sample. These were:

- Q5. People are satisfied with services.
- Q6. People are satisfied with their personal life.
- Q22. People are treated fairly.

It is important to understand that the national sample data continue to be collected each year and, as a whole, have continued to improve each year just as Nevada results have. Therefore our comparisons with the national sample data are dynamic and somewhat reflective of changes and improvements taking place on a national scale. Maintenance and higher percentages of achievement statewide are believed to result from the type and quality of feedback and individual satisfaction provided from each interview. The UCED Project staff provides qualifying information from each interview to explain the determination of whether a standard is present or absent. This information describes the supporting information from the interview in detail. For example, if the standard in individual outcome is not met and the standard for support is met in standard 11 (people live in integrated environments), a qualifying note would describe whether it was in living, work, and/or leisure that the person did not participate with people without disabilities that prevented achievement of that standard (e.g., “she has not been able to find a job outside the familiar sheltered workshop” and “service coordinator has tried, unsuccessfully, with three community employment opportunities in the last three months.”) This information also includes aggregated results of every previous interview associated with this person. Service coordinators are then able to use this information to continue to support the person to find acceptable community employment. As a result of this project, service coordinators now receive feedback that we believe has led to providing better follow-up and support to individuals and greater efforts to understand each person’s choices and levels of satisfaction. We believe these increases in percentages demonstrate the commitment of Regional Centers, service providers and UCED Project staff to help people identify their own priorities and how they define their own outcomes.

Areas Needing Improvement

In this section we provide information on Standards of Supports that decreased over previous years’ results, and information about standards that are below the national sample data. As described earlier, several of the support standards showed variability between 2003-2004 and 2005-2006. Variability between the two reporting periods ranged from 1-16 percentage points on sixteen of the standards, with seven of the standards declining by 10 or more percentage points.

These declines appear to be the result of a number of factors. DRC participated in only year one of the two years (2005-2006) and had 69% of the interviews for that year. Some variability most likely resulted from their single year of participation.
Other factors may have influenced these declines as well. There were a very high number of new interviewees (people who had not been interviewed previously) in both years 2005-2006 (26% and 37% respectively). The large number of new interviewees could contribute to the decline in some standards. There were also new changes made by CQL that required a number of added criteria in place for a standard to be considered present. The effect, if any, of DRC’s withdrawal from this part of the project cannot be determined until interview data are collected for at least one additional year of reporting period past 2005-2006. In the meantime, we believe these standards could be raised in the next report period if the newer criteria continue to be incorporated into the provided supports.

During 2005, 155, or 69% of the interviews were conducted with people supported by DRC. During 2006 there were no interviews conducted with people supported by DRC. Since it is important to discuss standards of support that can be improved in the next two years against the National Sample Data we chose to remove the DRC information from this analysis and provide results that more accurately represent the participating regional centers in the interviews. Thus results using only the data of SRC and RRC are provided in Table 5 and are compared to the National Sample Data. We believe that this provides clearer information to the two participating regional centers in areas that need improvement. Data from the 2005-2006 analysis, using only SRC/RRC results indicate that five standards are significantly below the national sample data (greater than 10 percentage points). These standards are:

- Q3. People choose where they work.
- Q11. People live in integrated environments.
- Q17. People choose services.
- Q18. People realize personal goals.
- Q25. People experience continuity and security.

In order to explain these five standards’ lowered percentages, the corresponding interview reports, with narrative information from 2005-2006 were examined. Both absence and presence of supports were examined and qualifying narrative information was analyzed to understand the rationale for the determination.

For Q3. People choose where they work, the overwhelming rationale provided when this support was absent was that people were not given different options for work or were not offered jobs in the community. Most of the narrative information provided indicated that these individuals worked in community workgroups or sheltered workshops. Simply asking the person, exploring and providing access to some options, or asking if they would like to know about
other possible employment in the community could influence significant change and improvement in support of this standard.

For Q11, People live in integrated environments, in order for the standard to be considered present the person has to live, work and recreate in inclusive environments. Achievement of this standard is generally quite difficult for some individuals because while many people are able to recreate in more integrated environments, their work and/or living arrangements are not considered integrated. Improvement of this support would require more living and working arrangements within the community.

For Q17, People choose services, the predominant reason for this standard’s low percentage was that the family, the administration or the provider make many choices for the person that they might be able to make themselves. Choices for services, such as banking, grocery and general shopping, haircuts, or medical care are not given to the person using these services. While Medicaid prevents people from having much choice of medical care, we believe there could be significant improvement if people were given choices of where they would like to shop, bank or have their hair cut.

For Q18, People realize personal goals, by far the overwhelming reason that many people did not have this support was that their personal goal achievements were not ‘celebrated’. We suggest that a number of ways to celebrate accomplishment of personal goals could be identified by the regional centers and providers. Based on the person, their interests and characteristics, and the particular goal accomplished, the selection of an appropriate way to celebrate the achievement could be provided to the person. Simply acknowledging these accomplishments could significantly improve percentages in this standard.

For Q25, People experience continuity and security, there were two rationales provided that prevented this percentage from being higher; lack of any futures planning, including a will and/or burial plan and turnovers/changes in staff, environments and supports. We believe that there are a number of steps that could be taken to provide ongoing support in this area. These steps include developing a list of future planning options and discussions to bring about awareness of the need for planning. Individual Support Plans (ISP) should include a checklist of future planning options. Periodic reviews and updates could then take place to insure plans are either in place or becoming more formalized.

We believe these five standards of support could continue to improve and exceed the national sample data if the organization provides more formalized supports to address these specific areas. The Regional Centers have made very significant improvements over the last ten years, and we believe the supports provided could equal those achieved in the National Sample.
Percentage of Standards Met: Results by Year

Figure 2 provides a visual representation of the average number of outcomes and supports present for the ten years of the project. Examination of these data indicates for the 2005 and 2006 year, overall a small, but significant increase (5.6%) in the number of supports present and a small decrease (.03%) in the number of outcomes present. These data are consistent with the number of new interviews done in these periods.

Figure 2 Average Number of Outcomes and Supports Present over the Eleven-Year Period (Fiscal Years 1996–2006)
Progress of Outcomes and Supports over Time

The results of the interviews for each year are presented in Table 6, with average percentages of individual outcome and support standards present each year, and with overall averages of outcomes and supports each year calculated at the bottom of each column. The data shows the slow, steady increase in support percentages, through 2004, and a small decrease between 2002 to 2004 in outcomes. The changes from year to year indicate continued gains in person-centered services and supports. Overall Nevada has made progress over the ten years of the project.

Table 6 Percentage of Interviews with Outcomes and Supports Present by Year (1996–2006)

<table>
<thead>
<tr>
<th>PERCENTAGE PERSONAL OUTCOME MEASURES</th>
<th>FY</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>96</td>
<td>97</td>
</tr>
<tr>
<td>2. People choose where and with whom they live.</td>
<td>44 39</td>
<td>40 38</td>
</tr>
<tr>
<td>3. People choose where they work.</td>
<td>22 28</td>
<td>22 30</td>
</tr>
<tr>
<td>4. People have intimate relationships.</td>
<td>40 37</td>
<td>57 55</td>
</tr>
<tr>
<td>5. People are satisfied with services.</td>
<td>67 61</td>
<td>76 66</td>
</tr>
<tr>
<td>6. People are satisfied with their personal life.</td>
<td>80 67</td>
<td>77 74</td>
</tr>
<tr>
<td>7. People choose their daily routine.</td>
<td>47 52</td>
<td>52 55</td>
</tr>
<tr>
<td>8. People have time, space and opportunity for privacy.</td>
<td>66 65</td>
<td>73 73</td>
</tr>
<tr>
<td>9. People decide when to share personal information.</td>
<td>38 38</td>
<td>45 47</td>
</tr>
<tr>
<td>10. People use their environments.</td>
<td>78 79</td>
<td>75 77</td>
</tr>
<tr>
<td>11. People live in integrated environments.</td>
<td>17 25</td>
<td>24 29</td>
</tr>
<tr>
<td>12. People participate in the life of the community.</td>
<td>71 72</td>
<td>78 80</td>
</tr>
<tr>
<td>13. People interact with other members of the community.</td>
<td>38 38</td>
<td>45 47</td>
</tr>
<tr>
<td>14. People perform different social roles.</td>
<td>53 53</td>
<td>51 55</td>
</tr>
<tr>
<td>15. People have friends.</td>
<td>69 59</td>
<td>69 67</td>
</tr>
<tr>
<td>16. People are respected.</td>
<td>70 72</td>
<td>71 74</td>
</tr>
<tr>
<td>17. People choose services.</td>
<td>9 10</td>
<td>9 10</td>
</tr>
<tr>
<td>18. People realize personal goals.</td>
<td>55 56</td>
<td>66 67</td>
</tr>
<tr>
<td>19. People remain connected to natural support networks.</td>
<td>64 71</td>
<td>58 70</td>
</tr>
<tr>
<td>20. People are safe.</td>
<td>79 80</td>
<td>89 90</td>
</tr>
<tr>
<td>21. People exercise rights.</td>
<td>28 31</td>
<td>24 36</td>
</tr>
<tr>
<td>22. People are treated fairly.</td>
<td>78 81</td>
<td>69 81</td>
</tr>
<tr>
<td>23. People have the best possible health.</td>
<td>78 81</td>
<td>69 81</td>
</tr>
<tr>
<td>24. People are free from abuse and neglect.</td>
<td>90 92</td>
<td>93 96</td>
</tr>
<tr>
<td>25. People experience continuity and security.</td>
<td>81 89</td>
<td>84 91</td>
</tr>
</tbody>
</table>

Overall Average Percentage 55 56 | 57 61 | 57 62 | 66 74 | 69 77 | 70 76 | 65 67 | 66 66 | 63 68 | 80 67 | 63 71
Consumer Conducted Interviews

A total of 84 consumer-conducted interviews were completed in FY 2005. Each of the interviews was conducted with a person currently receiving services from one of the regional centers. Lists of person’s names for possible interviews were provided by regional centers and many of these people were believed interested in joining local People First chapters and becoming self-advocates. Thus, this process resulted in interviewing people who were somewhat more independent and able to describe the things they would like in their life.

Table 7: FY 2005 Consumer conducted results (n=84)

<table>
<thead>
<tr>
<th>Questions</th>
<th>n</th>
<th>Yes %</th>
<th>Sort of %</th>
<th>No %</th>
<th>Comments (Changes needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are you happy where you live?</td>
<td>84</td>
<td>81</td>
<td>17</td>
<td>2</td>
<td>Would like own place, different place, roommate, no roommate, different roommate.</td>
</tr>
<tr>
<td>2 Are you happy where you work?</td>
<td>78</td>
<td>56</td>
<td>22</td>
<td>22</td>
<td>Would like job, different job, community job, job making more money, job closer to home.</td>
</tr>
<tr>
<td>3 Do you see your family/friends as much as you would like to?</td>
<td>84</td>
<td>47</td>
<td>42</td>
<td>11</td>
<td>Only spend time with staff; would like to see family/friends more; want to have more friends.</td>
</tr>
<tr>
<td>4 Do you currently have a happy relationship with a significant other?</td>
<td>84</td>
<td>39</td>
<td>10</td>
<td>51</td>
<td>Would like to have significant other but need support to meet people; Would like to spend more time and/or live with significant other; Parents against relationship.</td>
</tr>
<tr>
<td>5 Do you receive as much support (services) as you need?</td>
<td>84</td>
<td>73</td>
<td>18</td>
<td>9</td>
<td>Want more recreational hours; Cannot get phone calls returned; Want more help in finding community work; Hard time scheduling time with staff; staff keeps changing.</td>
</tr>
<tr>
<td>6 Are you happy with how you spend your day?</td>
<td>83</td>
<td>77</td>
<td>21</td>
<td>2</td>
<td>Hard to schedule time with trainer; would like more recreation; Would like to be able to go out on own &amp; make own choices; Out in community more; More activities including: bike riding, computers, garage sales, dog, horses, outdoors.</td>
</tr>
<tr>
<td>7 Do you have enough privacy?</td>
<td>84</td>
<td>88</td>
<td>6</td>
<td>6</td>
<td>Want own room; Want own place; Have own room but not allowed to be alone with significant other; staff comes into room without knocking; alone too much.</td>
</tr>
<tr>
<td>8 Do you get to do the things in your hometown that you would like to do?</td>
<td>83</td>
<td>58</td>
<td>34</td>
<td>8</td>
<td>Want to go out when and where I want; Go out with friends more; More activities including bowling, shooting pool, horses, hiking.</td>
</tr>
<tr>
<td>9 Have you been able to do things you think are important in your life?</td>
<td>81</td>
<td>35</td>
<td>49</td>
<td>16</td>
<td>Live in own apartment; own home; learn to drive; get married; get computer; travel; exercise &amp; lose weight; go back to school; set goals; Go to Disneyland/Superbowl.</td>
</tr>
<tr>
<td>10 Do you feel that you are treated with respect?</td>
<td>84</td>
<td>67</td>
<td>27</td>
<td>6</td>
<td>Not respected by staff, co-workers, roommates, community members.</td>
</tr>
<tr>
<td>11 Do you feel safe?</td>
<td>84</td>
<td>80</td>
<td>13</td>
<td>7</td>
<td>Not safe in community, at work, at home (roommate), at bus stop; Needs safety skills.</td>
</tr>
<tr>
<td>12 Are you happy with the healthcare you receive?</td>
<td>84</td>
<td>90</td>
<td>9</td>
<td>1</td>
<td>Needs good primary-care Physician; Not happy with dental care.</td>
</tr>
<tr>
<td>13 Are you happy with the things you do with other people?</td>
<td>82</td>
<td>64</td>
<td>28</td>
<td>8</td>
<td>45% indicated the last time they went out with someone who was not staff or family was “never” or longer than one year; Participants indicated they want to have more friends to do things with; See friends more often; want to join clubs, go to church.</td>
</tr>
<tr>
<td>14 Do you know your rights?</td>
<td>83</td>
<td>67</td>
<td>20</td>
<td>13</td>
<td>Does not have choices; TV limited by staff; Want more choice in where to live and work.</td>
</tr>
<tr>
<td>15 Do you decide how to spend your money?</td>
<td>84</td>
<td>42</td>
<td>42</td>
<td>16</td>
<td>Parent and/or provider in control of money; Want own bank account and to learn to pay bills.</td>
</tr>
<tr>
<td>16 Have you been able to attend all of the classes you’d like to take?</td>
<td>71</td>
<td>39</td>
<td>10</td>
<td>51</td>
<td>Interested in classes in: computers, art, music, writing, photography, history, childcare, first aid, massage, sign language, acting; Want GED; Want to learn to read.</td>
</tr>
</tbody>
</table>
The areas scoring below 50% positive (Yes) responses in the Consumer Conducted Interviews were:

- #3: Do you see family and friends as often as you’d like to?
- #4: Do you have a happy relationship with a significant other?
- #9: Have you been able to do the things you think are important in life?
- #15: Do you decide how to spend your money?
- #16: Have you been able to attend classes that you’d like to?

These five areas indicate the desire for people to have more relationships with family, friends and community, as well as having more choice and control over their life’s activities. People indicated that they want more and better relationships with friends, family, and significant others and may need support to enjoy such relationships. They also indicated a strong interest in participating in community activities, including inclusive post-secondary educational opportunities. Many of them had set personal goals for themselves and felt they needed support to achieve those goals. Most were very modest goals, similar to those of most community members, such as having an apartment, owning a home, learning to read, learning to drive, and traveling.

Although the following areas did not score below the 50% mark, the comments made by participants echoed the above results:

- #8 indicated that there are many community activities of interest to the participants that they have not been able to do.
- #13 indicated that 45% of the participants rarely went anywhere in the community without paid staff or a family member.

Focus Groups

A total of 73 focus groups were held during FYs 2005 and 2006 throughout the state. Each group met for approximately one hour. Results of the focus groups’ responses are compiled and summarized and provided below.

Community Life & Future Dreams Focus Groups

Some of the FY2005 and FY2006 focus groups concentrated on the areas of community participation and future dreams. These groups were held with parents of transition age or young adult children living at home. In the areas of community life and future dreams, the findings were:

Community Life:

- The vast majority of parents reported that their children had very little or no community participation.
- Some parents reported that all community life activities occurred for their child at school.
- The few other community activities that occurred usually happened with family members.
- Other activities in the community were limited to organized activities with other people with disabilities.
Future Dreams:
- The majority of parents had hopes and dreams that their children would live independent/self-determined lives. To do this, they would need:
  - Support to live safely in their own apartment or with a roommate.
  - Better employment options (job development and ongoing job coaching) so that their children could find and maintain fulfilling competitive employment.
  - Better transportation services.
  - More social/recreational opportunities.
  - Post-secondary educational opportunities and supports.
- Some parents thought that much of the responsibility for their child’s future would fall to family members.
- Some parents believed that their children would never live independently and/or would live in a congregate setting.

Compelling Issues Focus Groups
The majority of the FY 2006 focus groups were conducted with the following groups: families of young children, families of transition-age children, providers (administrators) and providers (direct care staff). Each group was asked to brainstorm and determine the five issues that are most integral in the life of their family or the business of providing services to people with disabilities. Findings are as follows:

Parents of young children:
- Financial issues: Families experience confusion about access to Medicaid, insurance, etc., which often leads to financial hardships for the family.
- Social Issues: Families often feel isolated and their children do not have access to inclusive social activities.
- Childcare/respite: Families cannot find quality affordable childcare that will welcome their children. Families also have a need for additional respite hours.
- Access to information: Parents did not feel that information about their child’s disability, community resources and connections to other families were available when their child was born.
- School: Families had difficulty finding inclusive early childhood education for their children.

Parents of transition age students:
- Independent Living: Parents looked forward to their children’s future independence but had major concerns regarding if there would be adequate supports for their children to live independently.
- Transportation: Parents had concerns about current and future transportation issues that would effect their child’s ability to maintain a job and a social life.
- Social: Families were very concerned because their children do not currently have access to many social activities in the community, and those available are specifically for people with disabilities.
Guardianship: Families were given conflicting information and opinions about guardianship from varying agencies and school districts.

Services: Parents felt strongly that the schools were not doing an adequate job of preparing their children for leaving high school and entering adult life as independent people. They also had concerns about whether employment services (job preparation, placement and job coaching) provided by the regional centers and Vocational Rehabilitation would be responsive to their child’s needs.

Service providers (large provider administrators):
- Funding: Administrators were very concerned about the lack of funding available to pay direct care staff. Low wages result in difficulty in hiring and maintaining qualified staff to serve people.
- Communication: Administrators noted that communication between their companies, the regional centers, and the other providers who serve a person are often less than ideal. Included in this were difficulties experienced because of the varying quality of service coordinators and direct care staff.
- Training: Administrators wanted more training made available to their direct care staff, especially in working with people with difficult behavioral issues. They also noted differences in how providers pay for training, with some being allowed paid “training days” and other providers not having the ability to pay their staff to attend training (NRS allows paid training days for Community Training Centers (CTC)).
- Transportation/housing: Administrators noted the difficulty in helping people become independent with limited transportation and affordable/accessible housing options.
- Staff to client ratios: Job/Day Training administrators noted that often there is pressure to put people into higher ratio groups because it is less expensive. This often conflicts with the person’s goals of becoming more independent and/or becoming employed because those goals require more individualized attention.

Service providers (large provider direct care staff):
- Staff pay: Staff felt that the low pay makes it difficult to stay in their jobs, even though they like the work and feel like they are doing important work. Many excellent co-workers have left to take better paying jobs and jobs with better fringe benefits.
- Training: Staff felt that their training was “trial by fire”; that they were just thrown into a situation with little or no training. Noted was the difficulty in working with people with significant behavioral issues without adequate training.
- Staff ratios: Staff noted that due to staff shortages, they often need to work with larger groups than planned, making it difficult to give people the individualized attention they need.
- Communication: Staff noted that there is often poor communication between providers who provide day services and providers who provide supported living services. Delays in communication can result in considerable inconvenience and health/safety issues for the person served.
• Transportation: Staff noted the difficulty in accessing reliable transportation for the people they serve.

Transition Focus Groups

There were also several focus groups conducted with transition age students receiving services from the regional centers. These groups focused on future dreams in the areas of living arrangements, employment, education, and recreation. The findings of these groups revealed:

Living arrangements:
• The great majority of the participants wanted to live independently in their own home or apartment and/or with a roommate.
• Several participants liked their current living situation of living with their families.
• Some expected to always live with a family member.
• Many indicated that they expected to live with a life partner in the future.

Employment:
• Few participants were currently working in competitive employment.
• The majority wanted to be competitively employed in the future.
• All those who wanted to be employed acknowledged that they would need help finding and learning a job.

Education:
• About one third of the participants indicated an interest in attending post-secondary education.
• None were currently attending any post-secondary education.
• Areas of interest for classes included:
  • Culinary
  • Child care
  • Massage therapy
  • Driving
  • Music

Recreation/Leisure
• The great majority indicted they wanted to participate in more community recreational activities.
• Many indicated that all of their recreational activities were done with family members or paid staff.
• Many indicated that they wanted to have more friends.
• Obstacles noted were:
  • Money
  • Transportation
  • No friends
• Many current recreational activities were done alone or exclusively in groups with other people with disabilities:
• Watching TV
• Special Olympics
• Bowling
• Dances
• Areas of interest for future recreation:
  • Country dancing
  • Ice skating
  • Bingo
  • Doll making
  • Biking

Support Activities

People First Self-Advocacy and Leadership

The Self-Advocacy Project, which began in 2003, continues to thrive and grow. Monthly meetings are held at each chapter, where local issues are discussed and action taken. Most meetings include a speaker on such subjects as safety, sexuality, entrepreneurship, work incentives and benefits. The work of the chapters is coordinated by six VISTA (Volunteers In Service To America) members, all of whom have developmental disabilities. With the support of the regional centers, Nevada UCED and the Governor’s Council of Developmental Disabilities the People First statewide self-advocacy organization accomplished the following in the FY 2005 & 2006:

• Formed its sixth chapter in Hawthorne. Additional chapters include: Reno/Sparks, Las Vegas, Fallon, Elko and Carson City.

• Formed a People First of Nevada state board, which meets three times per year with representatives from each chapter.

• Established a mission statement and issue priorities.

• Received its 501(c) 3 non-profit status.

• Held its first statewide conference in Reno, bringing in nationally known experts and self-advocates to speak to the 200+ attendees.

• Sent members to present and attend at regional and national conferences.

• Was awarded two grants from the Governor’s Council on Developmental Disabilities in the amounts of $32,212 and $41,676.

Microboard Project

A Microboard is a self-directed support corporation, which is a circle of support for an individual with a disability. A Microboard allows the person to practice ‘assisted competence’ as he/she plans an independent life. Microboards are often used in states where there are significant restrictions on Medicaid funds being used for self-directed services (like Nevada). A Microboard is usually comprised of up to nine family members and friends of a person with a disability, all of whom are interested in greater independence for him or her. The Microboard forms a nonprofit organization and becomes a provider for one person. With this structure
in place the Microboard can apply to become a Medicaid provider and can then help the person plan for the type of life he or she wants in the community and assist him or her in hiring traditional and/or non-traditional support staff needed to accomplish the plan. Microboards have been very successful and cost-effective in several states and throughout Canada.

The Personal Outcomes Project continues to develop and pilot a Microboard project component to provide support and information to individuals identified by the regional centers who were interested in forming a self-directed support corporation. UCED Project staff members took referrals and began meeting monthly with a number of interested regional center clients and their families and friends to determine individualized interests and needs for development. The process of obtaining Microboard formation information and legal and business aspects is in-depth, comprehensive and somewhat individualized for each Microboard. In addition, interpretation by Nevada Medicaid of the Microboard concept has necessitated considerable time. A Nevada UCED Project staff member serves as mentors for each family in the formation of a Microboard and to the state officials to ensure the process is honored. To date, approximately 10 Microboards are formed or are in the process of forming.

**Employment Outcomes**

Employment Outcomes is a model of support for a person with a developmental disability with committed family members/friends/neighbors who want to assist him or her in finding and maintaining employment. Several similar pilot projects in other states have met with success over time. The project provides opportunities to support targeted individuals with developmental disabilities who want competitive, stable employment and compensates family/friends/neighbors’ assistance for each consecutive year employment is held. In 2003 Sierra Regional Center set aside funds to begin a pilot program for up to four contracts of employment outcomes to be awarded to individuals (relatives, friends or neighbors close to a prospective employee with a developmental disability) who want to assist the person in exploring interests, and finding and maintaining desirable employment. Upon successful employment of the person with developmental disability, the contractor will be awarded an amount equal to a percentage of the new employee’s wages. The employment outcomes project was slow to take-off. Part of this long process was development of a three-way contract between the State, the contractor (family, neighbor, common friend) and the person seeking employment. Even with the contract process in place, the concept of this employment model seemed too unconventional to appeal to people and it ended in 2005.

**Inclusive Community Participation**

Inclusive Community Participation provides:

- on-site assistance or attendant supports to persons with developmental disabilities as they participate in community-based activities and/or,

- training to organizations in how to more fully include people with disabilities into meaningful roles.
This model is intended to support inclusionary participation of people with developmental disabilities in social and recreational activities used by the community without the accompaniment of personal attendants. Desert Regional Center was interested in facilitating this in social/recreational activities. During FY 2005, a curriculum was developed in collaboration with the City of Reno Recreation Department to train recreational providers in providing support services to persons with disabilities in community-based activities. Monthly training sessions were provided via videoconference at Desert Regional Center and Sierra Regional Center for recreation providers in Reno/Sparks and Las Vegas. In FY 2006, this project was expanded to include inclusion facilitation in two other areas identified by Desert Regional Center as important to the people they serve. Those areas are:

- Faith communities
- AmeriCorps/VISTA
Summary and Recommendations

Summary

Analysis of the 2005-2006 data indicate an increase from the previous reporting period in 3 support standards at or above the national sample. We believe these improved supports are the result of ongoing system improvements, monitoring, evaluation feedback, and new supports.

These improved standards are believed to be effected by the type and quality of feedback generated through the interviews, commitment of Regional Centers and Personal Outcomes and Satisfaction Project staff, and better follow-up and support to individuals as well as greater attempts to understand individual choices and levels of satisfaction. The information provided to service coordinators assists them in identifying specific standard areas that can be targeted for improvement in helping individuals achieve outcomes associated with self-determination. We believe the stability of the staff provides for greater continuity of supports and coordination of services to the individuals they support. The stability of the Personal Outcomes and Satisfaction Project continues to provide better follow-up and supports. Using the combined interview results (including DRC, SRC and RRC) a total of 15 standards of support, 2005-2006, had percentages that were below those in the 2003-2004 report. Eight of these lower standards were relatively small, between 10 or less percentage points difference and we believe are more a reflection of slight variability than actual changes. There were five standards of support however in which the declines were considered sharp, greater than 10 percentage points. These five declines are believed to be the result of three possible causes; DRC’s participation during 2005 only, an unprecedented high number of new interviews that took place in 2005-2006, and new criteria, added by
CQL, to several standards that may have resulted in changing a response that was previously considered ‘present’ to ‘absent’. These new criteria were required in order to consider a standard “present” in a person’s life. We believe that greater efforts made by the project collaborators to insure incorporation of that criteria will lead to higher percentages in these areas. If representatives from the regional centers are not in communication with CQL when these changes take place, then UCED Project staff will use orientation and in-service meetings to communicate these changes. We also believe that regardless of how changes are communicated, implementing these new criteria changes in the supports of over 3,850 persons’ lives takes considerable time and effort and higher percentage levels will not result immediately. Additionally, using only the interview results from SRC and RRC, five standards were identified as considerably lower than the national sample data. This is an improvement from the 2003-2004 report that found seven standards significantly below the National Sample Data. We examined the narratives of interview results to determine why these standards were lower so efforts could be made to improve the needed supports. Narrative data in each of these support standards indicated standard criteria necessary for a support to be considered present was often missing (i.e., lack of options for work, segregated working or living conditions, few service choices by the person, and lack of future planning in place). We believe these five standards of support could be improved by adopting more formalized and routine assessments and support provisions in these areas to determine how things are going for the person and helping them explore more options in work, living, choice making and future planning service options.

Two supplemental assessments were conducted in 2005-2006 as a way to obtain additional relevant information about personal outcomes and satisfaction. The first assessment was the consumer conducted interviews. These interviews were developed as a result of regional center and UCED interest in supporting greater involvement of people with developmental disabilities in the evaluation process and the desire to establish more contact between people with disabilities for new purposes that included establishing rapport and involvement in self-advocacy. Changes were made in the 2005 survey to make it more understandable to both the participant and the VISTA member conducting the survey. Results from this year were fairly positive. In 2005, five items with percentages of “yes” were lower than 50%. These five were examined and narrative information was compiled to determine why these percentages were lower. In these five areas interviewees indicated their interests in spending more time with their family and friends, having a good relationship with a significant other, identifying and pursuing goals that were important to them, handling their own money and pursuing post-secondary education. VISTA members worked diligently to be able to conduct the interviews and reported they enjoy talking with the people they interview and telling them about the People First meetings. This assessment concluded its two-year pilot in 2005 and was not continued in 2006.

The second supplemental assessment, the Focus Groups, was used to identify issues relevant to families with young children, families of transition age students, transition age students, adults, and providers of service. Results from these focus groups were compiled and presented as favorable /unfavorable responses to assist Developmental Services in better addressing the needs of people served and
families, as well as addressing issues identified by providers as obstacles to providing excellent service to people with developmental disabilities.

Many suggestions for improvements were offered by participants. The most prevalent life-span themes, which were voiced by individuals and families were the lack of community inclusion (including educational and recreational opportunities), the dream of independence, and the need for support to achieve meaningful work with livable pay. These areas were acknowledged by providers who identified obstacles to achieving positive outcome in these areas such as funding, training, and transportation.

Beginning in 2003, a number of new supports were developed and put into place as pilots in the project. These included the formation of five People First chapters around the state, microboard formations, employment outcomes, and inclusive community participation. Of the supports, the formation of People First chapters has made the greatest progress. Our collaboration with the Corporation for National and Community Service, which funds the VISTA positions on a cost-share basis (with the regional centers providing the cost share dollars) has continued and grown. VISTA members’ responsibilities include coordinating and facilitating People First chapter meetings and they take their responsibilities seriously. The remainder of the supports also continued through 2005. After 2005, it was decided to re-allocate Employment Outcomes funding to other areas. The formation of microboards, while a slower process, has continued to grow.

Significant efforts are needed to inform and educate people about this kind of support for a person with a disability, to recruit interested family members and friends to participate, and to form a non-profit organization that becomes ‘the provider’ for that person. Currently, statewide, the Microboard project is working with 20 families (11 from the North, 6 from the South, 3 from Rural). Six of these families have formed or are in the process of forming microboards.

The final support, inclusive community participation, which is a project specific to Desert Regional Center, has met many challenges from the recreational providers in Las Vegas. Monthly training sessions were held in collaboration with the City of Reno and work was done to increase awareness and inclusion of people with disabilities into faith communities and AmeriCorps*VISTA.

**Recommendations:**

The assessments conducted during 2005-2006 provided the outcomes evaluation project with rich information regarding the outcomes and satisfaction of people with intellectual disabilities receiving services from Nevada’s Regional Centers. Results from the Personal Outcomes Measures indicate the need for ongoing communication between the UCED and the Regional Centers regarding implementation of changes made by CQL and periodic, regular orientation and training sessions of service coordinators in the criteria and use of the standards. We recommend continuation of the Personal Outcomes Measures as a formative evaluation of the outcomes and supports people with developmental disabilities have. We also recommend that DRC provide the results of their Council – conducted interviews either in a separate report or compiled statewide with SRC and RRC to continue to monitor the efforts and progress made to the people they serve. We recommend yearly schedules of orientations and in-service training for
each Regional Center. We encourage Regional Center administration to require the attendance of new service coordinators to orientations and veteran service coordinators to attend in-service trainings that would outline changes in Council standards. We recommend more formalized and routine assessments by service coordinators and service providers to determine participants’ satisfaction with their services, and their lives. We further recommend more ongoing and informal conversations and discussions with participants regarding their preferences, activities, efforts or opportunities in more integrated community environments. Along with more efforts to discuss services and provider preferences with participants, Regional Centers must be able to honor and respond to their interests and choices.

We recommend continuation of the Focus Groups. We believe information obtained from the Focus Groups is extremely helpful in describing the needs and interests of people supported, their families and service providers. We also believe that this information can assist the Regional Centers in supporting and meeting the unique and individual needs of the people they serve. In the area of supports, we recommend continuation of each of the People First projects and the Microboard project. People First chapters are well established in the Reno, Las Vegas, Elko, Fallon and Carson City. Leaders are working hard to recruit and retain members, hold monthly meetings, plan their agendas and support the ongoing interests of the groups. Additional chapters are currently being formed in other rural communities, which will also require supports for their continued viability. Organizing and establishing six to eight People First chapters in the state as well as establishing affiliated Students First chapters for high school age students will most likely require ongoing and lasting supports from the Regional Centers. We believe the self-advocacy and leadership skills made possible by People First membership make these endeavors cost-effective and worthwhile. We also recommend continuation of the Microboard Project. This project was piloted in 2004 with knowledge that the processes needed in each project would take considerable time, effort and education to become successful. Significant progress has been made to educate families and to make systemic changes that will make microboards viable in Nevada. This project will require additional considerable efforts over the next few years, but will result in more independent and satisfied lives for people with developmental disabilities in Nevada.

We recommend re-allocating resources from the pilot projects that concluded to provide training to people served, family members and service providers in the areas identified as problematic in the focus groups. These could include topics such as:

- social capital/community connections
- self-determination
- futures planning
- financial planning
- alternatives to guardianship
- transportation
- behavioral issues
The Nevada UCED would like to again recommend more concentrated supports for two age groups served by the Regional Centers; youth in transition from school to work and aging adults, and the unique needs presented in both groups. In the transitioning youth group we would like to recommend the Regional Centers support transition services currently being implemented in Washoe and Clark counties. The Regional Centers can assist in the identification of youth attending high schools between the ages of 15 and 17 for community-based employment options. Transition services will provide mentors who get to know the youth and his or her family, discover their interests and characteristics, and then identify potential employment opportunities that would match the identified interests and characteristics of the youth, and lead to satisfying, sustainable, community-based employment. Transition services would also include any Assistive Technology devices (such as a cell phone or PDA) that would support their employment efforts, post-secondary education goals and independent living skills.

In addition, stronger relationships need to be established and nurtured between the Regional Centers, the Bureau of Vocational Rehabilitation (BVR) and private employment services providers in order to:

1. Ensure that only appropriate referrals are made to BVR;
2. Ensure that funds are available from the regional centers for post-BVR job follow-along; and
3. Offer non-BVR assessments, training, and community employment options to people for whom BVR Services are not appropriate.

In the aging adults group we recommend the Regional Centers provide more individualized planning and supports to adults who are reaching retirement ages and/or adults who have lived with and depended on their own aging parents for their lifetime. While these two aging sub-groups can range in ages from 30 upward, their health, happiness and resultant future depend on active planning and ongoing support. These supports include individualized planning and support for future years (Q25) when they can no longer depend on their parents, planned reduction of work and income (Q3), obtaining wills and burial plans for the individuals, inclusion of Assistive Technology devices that would support their continued independence and health (such as cell phone, television, Lifeline, etc.) (Q20), community-based housing (Q11) that would support their continued independence and access to the community and healthy living practices (Q23) that would sustain their independence (such as exercise programs in swimming, walking, etc.).

The Nevada Regional Centers have made important and substantial efforts to support the needs and interests of the people they serve and their families during the ten years of this cooperative effort. As the evaluating entity of this collaborative project we can identify numerous and significant changes that have taken place in this time, with each effort focused on improved outcomes and satisfaction with services and supports and increased self-determination and independent life through family, associates and affiliation supports for the participants. The Nevada Regional Centers, their employees and the providers have made lasting, life-changing contributions to the people they serve and their families.