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In This Issue:

Cover Story: Dental Care Pilot Program
Creative Kids
PBS & PCP What Does It All Mean?
A Sampling of Division Successes
Assistance for Limited English Proficiency
Diabetes—Pneumonia—Lead Screening
Plus: How Are We Doing?
The 2007 Division Annual Report Card
Send Us Your Opinion!

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Dental Services Pilot Program

by **Louette Coulson** RN BSHS Health Care Services Administrator

The Division of Developmental Disabilities has contracted with the *A.T. Sill University Arizona School of Dentistry and Oral Health, Special Care Clinic* to operate a dental services pilot program for individuals with developmental disabilities. The program began accepting referrals on October 4, 2006. Support Coordinators, the Governor's Council on Developmental Disabilities, and other community groups share information about the dental services pilot program with individuals, guardians and families.

A Support Coordinator completes an application form as the first step in the program and makes sure that all statutory requirements are met. The application is then faxed to the School. The individual must be 21 years of age or older and eligible to receive services from Arizona Long Term Care System (ALTCS). Individuals who are eligible for Title XIX but who are not ALTCS eligible may also meet the dental program requirements. The dental school groups applications by counties or districts allowing the Division to serve individuals throughout the state.

Next, the dental school sends a packet to the individual, guardians and/or caregivers. The packet includes medical information and consent forms to be completed before a date is given for dental services. Currently, individuals receive dental services at the Special Care Clinic in Mesa.

The clinic has a total of four dental chairs, one is for persons who use wheelchairs. Sedation is also available for individuals who need it before receiving dental treatment.

As of December 30, 2006, 52 people received dental treatment and four were able to receive transportation. Most of the 52 individuals had several visits between October and December of 2006. Due to the large number referred to the program, students are treating additional individuals in other clinics.

Preventive Education: Focus on a Healthy Lifestyle

The Arizona Health Care Cost Containment System (AHCCCS) does not cover routine dental care after Early Periodic Screening, Diagnosis and Treatment coverage ends at age 21. Good dental hygiene is very important. Brush at least twice a day and to floss regularly. Avoid carbonated beverages. Medications which contribute to a dry mouth can also increase the risk of cavities.

Positive Behavior Support, Person Centered Planning - What Does it all Mean?

by Daniel Davidson and Gwyneveyre Pasquale, Institute of Human Development, Northern Arizona University

This article is the first part of a series. Subsequent parts will be published in DDD Update electronic periodicals. If you are not a recipient of DDD Update electronic periodicals and would like a copy of the articles, please contact the editor.

Most of us who support others try to do our best. Supporting people with developmental disabilities sometimes adds obstacles that we don't face when supporting those who have no such disabilities. For example, explaining why it's important to shower, take medication or go to sleep at a reasonable hour is difficult when people we are speaking to may not understand our words. Supporting people with challenging behavior adds another level of difficulty, especially if they hurt us, or themselves. We can't help but react emotionally sometimes. Throughout history, there have been countless approaches to support, manage, control or overpower people, who exhibit challenging behavior. Over the years we have learned so much that allows us to be more effective and more humane in our treatment.

Today, we have some approaches that are considered "Best Practice." We have learned more about how to make decisions on behalf of people supported. Many of us as caregivers have moved from the practice of a single expert deciding what the person needs, to a team of experts, to a team of experts AND loved-ones. And now, many of us are learning new ways of supporting people to make informed decisions on their own behalves. At the same time, a number of us have also shifted in how we use behavioral technology from punishing difficult behavior, to rewarding more desirable behavior with praise, privileges or things, to rewarding desirable behavior based on what is uniquely reinforcing to a particular individual. In doing so, we have seen over and over again that there are effective alternatives to restrictive and harsh treatment of challenging behavior.

While all of this is good news, there are a few cautions. First, not all of us who claim to serve people with disabilities and challenging behavior have embraced the latest and greatest approaches. There are still plenty of caregivers who act each day in a manner that restricts the freedoms of those they support, and/or use coercion to teach others that if they misbehave something bad will happen. Second, even those of us who continually strive to do better still have more to learn.

This is the first in a series of articles on positive behavior support (PBS) and person-centered planning (PCP) that is written with the goal of tying these two terms together for caregivers so that we may: a) Better understand how our current practices could be integrated; b) Make improvements in our practices where possible; and c) Help to shape future practices. It is our goal to encourage readers to take this information and advance the field of supporting others towards even more humane, dignified, and effective supports.

A New Perspective

Common arguments over the use of restrictive, aversive, or punishing consequences for challenging behavior have so far been based on the degree of aversion. For example, taking someone's stereo away briefly (for throwing it across the room) is considered less aversive than physically restraining or hitting that person. Yet many parents across the globe believe it's OK to spank their children for some behaviors or under some conditions. Most of us want to believe that a stern scolding is aversive enough to cause people we support to behave well in order to avoid it. And yet there are many people who find those scoldings reinforcing. They misbehave **in order to get** another scolding. What we as caregivers believe as aversive may actually be what a person finds desirable. Similarly, most of us want to believe that our praise is desirable, and that the people we support will behave well in order to get more praise. And yet there are some people with challenging behavior who misbehave **in order to avoid** or end the attention from us (including praise).

Positive Behavior Support, Person Centered Planning - What Does it all Mean?

So when we take individual differences into account, we notice that what one person experiences as aversive another may experience as desirable. This complicates any argument about what is, or is not, considered aversive.

For this reason, we may want to think of another way to evaluate the quality of our interventions. Instead of judging one approach as harsh, negative, aversive or restrictive, and another as positive, perhaps we should also judge them based on the degree to which they are individualized. Consider that three children who run away may do so for three very different reasons. One may run to go to something outside. Another may run to get away from chores. And the third may run in order to be chased. The behaviors all look the same, but their functions or purposes are very different. Therefore, our interventions must be different. We can try for a while to reinforce staying in the house with treats, videos, or extra privileges, or we can try to punish running by taking privileges away or using time out, but unless we address the motivation of the first child who wants to go outside, the second who wants to get away from chores, and the third who wants to be chased, the running will reappear.

PBS is an approach to improving human behavior by making challenging behavior unnecessary and ineffective. We can avoid the use of punishing consequences when we take away the reason for the behavior in the first place. However, this implies that we must first understand enough about the people we support and why their behaviors persist, in order to help them find other ways to get their needs met. This is where we as caregivers differ considerably, and this is where the quality of caregiving can improve the most. To what extent do we take the time and effort to understand the people we support?

For more information about PBS visit <http://www.nau.edu/ihd/positive/> <http://www.pbis.org>

Creative Kids

During the month of January, eight children served by the Division and their artworks were highlighted at the Phoenix Art Collective (PACO) gallery. The PACO gallery, the Division, the Caring Hearts agency and Char Marby worked together for the art show. The children are all students from Hopi Elementary School in Scottsdale and participate in the Caring Hearts after school program. An artist's reception was held on January 5th as part on the First Friday art tours associated with the City of Phoenix.

The Division would like to congratulate all the creative children who participated. The children and their work can be seen at the PACO website: <http://www.inetplanet.net/phxartscollective>, select *Gallery*, and then *January 2007* under *Current and Past Exhibits*.

The Division hopes to see them in a similar show next January.

by Jamie Cunningham, Office of Consumer and Family Support

A Sampling of Division Successes and Accomplishments

by **Barbara Brent**, Assistant Director, Division of Developmental Disabilities

These individual success stories are the heart of our work. We encourage you to share your many successes. I want to congratulate and thank you for giving your energy, hearts and talents to our collective and compelling vision.

- The Division of Developmental Disabilities continues to be a leader in the country for providing services to individuals and families in their homes and communities. Eighty-six percent of its 27,500 individuals live in their own homes and communities.
- The Division implements one of the largest fiscal intermediary programs in the country for people with disabilities. The program provides an avenue for individuals to hire their choice of independent providers for home and community based services. The fiscal intermediary program supports nearly 3000 individuals and over 3000 independent providers.
- The Division is at the forefront of family involvement and inclusion. It supports Human Rights Committees, family groups throughout the state, a self determination council and always looks for ways to include families, people with disabilities and other volunteers as integral members and contributors in improving services and supports.
- Through the Arizona Long Term Care Program, the Division provides specialized support and oversight to 108 individuals that are on ventilators living at home or in community settings. Recently an individual supported through the ventilator program was able to go home with a parent who has visual impairments. This was made possible through the combined efforts of physicians, nurses, social workers, support coordinators, families, home health agencies and medical equipment providers. The Division and its partners go to great lengths to provide the training and adaptation required to move and keep these individuals out of institutional settings and to provide support in their homes. In another example, the Division worked with the Navajo Nation to provide running water and electricity to a hogan so an individual could move out of a skilled nursing facility and go home! Due to the success of the Division's ventilator program, medical professionals now know that people who rely on ventilators can survive and thrive away from hospitals and institutions.
- Self advocates with disabilities made Arizona one of the first states in the nation to discontinue use of the term "mental retardation" by promoting legislation that replaced the term with "cognitive disability" in Division statutes.
- Last fiscal year, the Division's Volunteer Services Programs in Districts 1 and 2 sponsored over 17,000 hours of volunteer time and more than \$215,000 in donations was collected. The combined monetary value of volunteer hours and donations totaled over \$438,500. These services and donations assisted over 1000 individuals and families.

A Sampling of Division Successes and Accomplishments

- Maricopa County, District I, formed the “Premier Unit” – support coordinators that specialize in supporting individuals who are over 50 and live independently or with family. The unit’s focus is to assist with back up planning for an alternate caregiver if there is an emergency involving the primary caregiver; educational and resource linkages, long term planning/decision making with individual/family to consider guardianship options and alternate living options when required in the future.
- In November, five support coordinators from the Division of Developmental Disabilities finalized fifteen (15) special needs adoptions on National Adoption Day. That number is added to the twenty-two (22) finalized adoptions since June of 2006, and the five (5) that finalized in December. The total for those six months was fifty (50), which surpasses the forty-four (44) adoptions that were completed during the entire last fiscal year.
- The Division improved its monitoring of contracted group home settings by retooling its process and systems to provide a more comprehensive review of a contracted agency’s quality, programmatic and contract compliance.
- Success stories often come one at a time: Three years ago the Division assumed custody of a young person in foster care who experienced significant abuse, several placement disruptions, and was expelled from school. The Division, the school, and a few contracted providers focused their considerable efforts on helping the young person to turn his life around. A few weeks ago, the young man exceeded everyone’s expectations by leading his Individual Education Plan meeting complete with agenda, power point presentation outlining his goals, and a MOVIE that featured him rebuilding a bicycle and riding it - with great ease and skill. He was featured ordering and paying for his pizza and taking Polaroid photographs for his communication board. The movie offered a visual platform for considering all the new things possible for the young person now and in the future. The presentation made it possible for the agencies (the Division, the school, and the providers) to realistically discuss with him how to provide the support he may need to reach his goals for the next year and in the future.

Division Assistance for Limited English Proficiency

In compliance with the directive from the Department of Health and Human Services /Office of Civil Rights and AHCCCS, the Division of Developmental Disabilities has provisions to assist Limited English Proficient (LEP) individuals. A LEP individual is a person who is unable to speak, read, write or understand the English language at a level that permits him or her to interact effectively with health and social services agencies and providers.

The Division offers language assistance in the form of bilingual staff and interpreters. The language assistance ensures meaningful access and results in accurate and effective communication at no cost to the individual or families. It is the Division’s goal to ensure that families and clients have the opportunity to have planning meeting conducted and plans written in a language in which the family or client is proficient.

Pneumonia

The Division of Developmental Disabilities (Division) is concerned with how often the people we serve become ill with pneumonia. The Division is asking for your help. There are many factors which may cause pneumonia and/or aspiration pneumonia. These factors include chronic respiratory difficulties, poor cough reflex, swallowing or gag reflex abnormalities, eating too fast and without chewing adequately, tracheostomies, seizures, living in group home settings, attending community day program activities, limited ability to report symptoms early in the course of illness, compromised immune systems, etc. There is also the reality of the following situation: an individual, who has a G-tube for nutrition, continues to occasionally take food/fluids orally, as the taste of food provides pleasure and he/she enjoys activity of eating.

All of these situations can cause aspiration pneumonia or community acquired pneumonia. The Division encourages individuals to be seen by their primary care providers as soon as possible when they think they may have pneumonia, especially if there is a history of pneumonia or aspiration.

Primary care providers are encouraged to consider chest x-rays and blood work sooner if their patients are likely to have any of these problems. A pneumonia vaccine should be offered to the individual. For individuals with tube feedings who insist on eating/drinking by mouth, there are actions to be taken for safety. For example, a speech therapist can be asked to assist with oral stimulation to strengthen swallowing ability and safer foods can be suggested. In these situations, the primary care provider and therapist should record that they do not agree with feeding by mouth, but will work with the individual patient/family to help with safety. The individual patient/family should also be asked to document their understanding as well.

Lead Screening

submitted by Jane Lange RN, Division of Developmental Disabilities EPSDT Coordinator

Lead poisoning is still a threat to the health of children in Arizona. High levels of lead can cause serious brain damage, convulsions, coma, and even death. Low levels can cause problems with learning, hearing, growth, and behavior. Although blood lead levels in the United States have declined, lead exposure continues to be of great concern. Exposure to lead-based paint, used on houses built before 1978, is the most common cause of poisoning. Dust from peeling paint can get on a child's hands, toys, or other objects that the child then puts into his/her mouth. Pottery from other countries may contain lead. For more than 20 years there have been rules against the use of both leaded gasoline and lead-based paint, but these rules have not stopped high blood lead levels from happening.

Federal law requires that all children eligible for Arizona Long Term Care Services (ALTCS) receive a test to see if lead is present in their blood at age 12 months and again at age 24 months. Those children who have not had a test done at these ages should have one done, up to the age of six.

Diabetes

Adequate screening for diabetes, treatment of diabetes, and monitoring of the treatment is vital. The risk for developing Type II diabetes increases with obesity and the use of certain medications (e.g. atypical antipsychotics). Risk factors such as these are quite prevalent in individuals with developmental disabilities. Skin breakdown and ulcers may develop due to contractures or the use of a wheelchair, thus increasing the risk for severe infection and poor healing. The concept of Disease Management is gaining increased attention, and efforts should be in place to assist individuals in managing their diabetes, to prevent disease progression and additional complications.

HOW ARE WE DOING?

2007 Report Card

Last year, 716 people responded to the Division's customer satisfaction survey. Our 2006 "Report Card" indicates that the Division's support coordinators are better assisting families and consumers to get their needs met. Respondents gave an overall grade of "B" to the support coordinators and an overall grade of "B+" to services providers. While the Division is pleased with the grade, we recognize that there is always room for improvement.

Quality is important to the Division. Your views and comments concerning Division staff responsiveness and service provider performance are important to us. The input gathered from consumers and families assists the Division to improve the quality of its services and better respond to the needs of consumers and families. YOUR opinions definitely matter.

Please take a few minutes to complete the survey. Cut or tear off this back page of the Update Newsletter. Fold the report card page into three with the mailing address showing. Tape the bottom and right sides closed. Place a postage stamp on the upper right corner and mail.

If you have any questions about the report card, please call 602-542-6835 or if you are outside of Maricopa County call toll-free at 1-866-229-5553.

Thank you very much for sharing your thoughts with the Division of Developmental Disabilities.

Submitted by the Office of Consumer and Family Support

Optional Information:

City of Residence _____ Phone Number _____

Name of Individual _____

Name of Person completing Report Card if other than Individual: _____

SUPPORT COORDINATOR REPORT

Grade your support coordinator by placing an A, B, C, D, or F in the column to the right. 'A' is the highest grade for "excels" and 'F' is the lowest grade for "fails"	
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As the individual or family member, your support coordinator:

Establishes a good working relationship by returning phone calls within a 24-hour period, having a real interest in your experiences and needs and following through with tasks.	
Involves you in the development planning and implementation of the Individual Support Plan, Person Centered Plan or Individualized Family Service Plan.	
Advocates for you with providers, Division staff, school or other community supports and services, if you desire.	
Helps you understand other state agencies and their services.	
Assists you with being involved in your community, if you desire.	
Respects your culture, beliefs and values and maintains your privacy.	
Overall, meets your expectations.	

2007 Report Card INDIVIDUAL AND AGENCY PROVIDER REPORT

Please list the name(s) of the provider(s) being graded.

Column 1 provider's name and if employed by an agency, the agency's name

Column 2 provider's name and if employed by an agency, the agency's name

Column 3 provider's name and if employed by an agency, the agency's name

Grade your provider(s) by placing an A, B, C, D, or F in the columns to the right. "A" is the highest grade and F" is the lowest grade.	1	2	3
Service type provided. Please abbreviate service in the appropriate column, such as using NR for Nursing Respite, RSP for Respite, DP for Day Program, AC for Attendant Care, etc. Type:			
Establishes a good working relationship. Grade:			
Communicates well. Grade:			
Works to assist you on following through with the Individual Support Plan, Person Centered Plan or Individualized Family Service Plan goals and services. Grade:			
Has knowledge and skills relating to your needs. Grade:			
Respects your culture, rules and values and maintains your privacy. Grade:			
Demonstrates a professional attitude toward you by being on time and following through with all tasks. Grade:			
Overall, meets your expectations. Grade:			

Your Comments:

Please complete survey, tear out page from Newsletter, fold into three, seal with tape, place a stamp below and mail to:

Place Stamp
Here

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