

North Star Achievement Center's Program Model

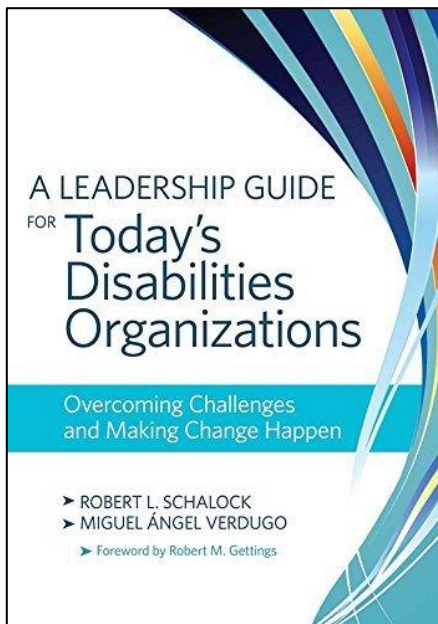


Research behind the Evidence Based Practices we use

Research shows that a person’s quality of life can be measured on three factors and across eight domains. North Star Achievement Center uses these domains as the basis for both assessing a person’s strengths and needs and for designing and implementing curriculum.

| Quality of Life Framework | | |
|----------------------------------|-----------------------------|---|
| Factor | Domain | Exemplary Indicators |
| Independence | Personal Development | <ul style="list-style-type: none"> Personal skills / adaptive behavior |
| | Self-Determination | <ul style="list-style-type: none"> Choices / decisions / autonomy / control |
| Social Participation | Interpersonal Relationships | <ul style="list-style-type: none"> Social networks Friendships Social activities |
| | Social Inclusion | <ul style="list-style-type: none"> Involvement in community Community roles |
| | Rights | <ul style="list-style-type: none"> Equal opportunities Respectful treatment Legal access and due process |
| Well-being | Emotional Well-being | <ul style="list-style-type: none"> Safety and security Positive experiences / success |
| | Physical Well-being | <ul style="list-style-type: none"> Health and nutritional status Recreation / physical exertion |
| | Material Well-being | <ul style="list-style-type: none"> Income Possessions |

Schalock R., Keith K., Verdugo M., Gómez L. *Enhancing the Quality of Life of People with Intellectual Disabilities: From Theory to Practice*. Springer Science & Business Media; Berlin/Heidelberg, Germany: 2011. Quality of Life Model Development and Use in the Field of Intellectual Disability; pp. 17–32.

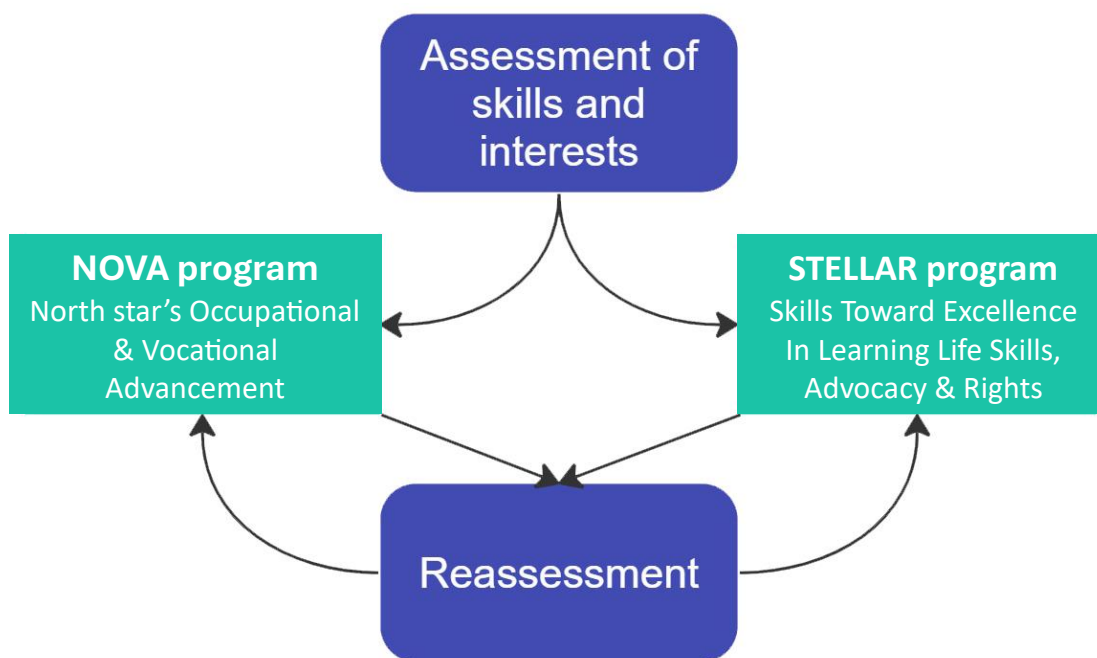


Robert L. Schalock, PhD, is professor emeritus at Hastings College (Nebraska), where he chaired the Psychology Department and directed the Cognitive Behavior Lab from 1967 to 2000. Since 1972, his work has focused on the development and evaluation of community-based programs for people with disabilities and the key role that the concept of quality of life plays in the planning and delivering of individualized services and supports.

Using Dr. Schalock’s model and decades of research, we used the guide he and others published to design the programming we use at North Star.

Designing our Curriculum

We start by getting to know the participant. Using information provided by participants and caregivers, we can identify outcomes that are designed to facilitate improved quality of life indicators. Then as we implement activities and classes, we use those outcomes to drive programming. At least monthly we monitor participants' goals to ensure we are making progress.



| |
|---|
| Section 1: General Demographics |
| Section 2: Medicaid information & long-term goals/wishes |
| Section 3: Thinking and Understanding |
| Executive Functioning |
| Academics |
| Section 4: Sensory/Motor |
| Section 5: Communication |
| Expressive |
| Receptive |
| Section 6: Activities of Daily Living: Self Care |
| Section 7: Activities of Daily Living: Independence |
| Activities |
| Who decides? |
| Section 8: Participation with Others and/or in the Community |
| Section 9: Getting Along with Others |

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Putting it All Together

North Star's Commitment to Excellence is a vision not only for our participants, but for our staff as well! By using ongoing professional development, our staff will keep developing not only skills that are necessary to work in this field, but also to spark excitement and inspiration so that the work we do at North Star can help us to grow as well. By continually trying and learning new things, our staff serve as role models for the mission of life-long learning. When we are excited and engaged with what we do, that becomes contagious to others and we all become excited and engaged with what we do every day!



Quality Improvement Plans

Finally, Medicaid requires annual assessments of all participants, caregivers, employees, partners (Case managers and other therapists), and the board to collect data used to create a Quality Improvement Plan. The topics targeted come from the National Core Indicators and are further refined by needs identified by the state.

National Core Indicators®-Intellectual and Developmental Disabilities (NCI®-IDD) was established in 1997. Formally known as just “NCI”, NCI-IDD supports [National Association of State Directors of Developmental Disabilities Services \(NASDDDS\)](#) member agencies to gather standard performance and outcome measures to track performance over time, compare results across states, and establish national benchmarks.

Each state that participates will make recommendations based on the areas of need indicated by that state. Providers should use those recommendations in addition to the information gathered about their own participants to craft an annual Quality Improvement Plan.

This year’s National Core Indicator Committee for Kentucky has made recommendations in the following domains:

Employment

1. Teams should be discussing community involvement and employment services and/or have a plan for assisting individuals to find employment, if they desire.
2. Ensure practices align with Kentucky Employment First policy: that is, “competitive integrated employment shall be considered the first and primary option for persons with disabilities of working age who desire to become employed, including those with the most significant disabilities.” In other words, everyone has the right to work if they choose to.

Health and Wellness

1. Determine and implement activities aimed at increasing the number of people who report their overall health as “good” or better.
2. Determine and implement activities aimed at increasing the number of people who report they are able to do healthy things (exercising, sports, gardening, eating healthy food, etc.).
3. Determine and implement activities to increase the number of people who follow the physical activity guidelines as recommended by the Office of Disease Prevention and Health Promotion.
4. Increase collaboration with organizations invested in improving community health (e.g., local health departments, cooperative extension service, recreational programs) in order to leverage existing local health and wellness programs to improve the overall health and well-being of people with I/DD and their direct support staff.

Relationships and Community Inclusion

1. Increase involvement in community groups by ensuring that individuals receiving waiver services get information and support to explore existing organizations (e.g., volunteer opportunities, faith communities), other groups, clubs that relate to their interests, registering to vote, as well as information about transportation options.

Psychotropic Medication Use

1. Ensure that medication information is kept up to date in HRST.
2. Ensure that the purpose of their medication is explained to each person.
3. Ensure that medication review is done during each person’s annual physical.
4. Ensure that each prescribing physician is provided a listing of all of a person’s medications at each appointment.

Rights and Respect

1. Increase the number of people who have a key to their home.
2. Increase the number of people who are able to stay at home when others in the home leave.
3. Decrease the number of people who have others enter their bedrooms without permission.
4. Increase the number of people who participate in or have access to self-advocacy events and activities.
5. Increase the number of people who vote in local, state, and/or national elections.