**Category 1 DSRIP Project Summary**

**Central Counties Services – Project 081771001.1.100**

**Project Area, Option and Title:** 1.12.2 Expand the number of community based setting where behavioral health services may be delivered in underserved areas. Title: Model of Work Adjustment Training

**RHP Project Identification Number:** 081771001.1.100

**Performing Provider Name:** Central Counties Services

**Performing Provider TPI #:** 081771001

**Project Summary:**

* **Provider Description:** Central Counties Services (Center) is an agency of the state providing publicly-funded adult/ child mental health, intellectual and developmental disability (IDD), and early childhood intervention services for 3 RHP 8 Counties (Bell, Lampasas, Milam = 2,789 square miles/352,218 population) and 2 RHP 16 Counties (Coryell, Hamilton = 1,8878 square miles/91,250 population). The Center as the Single Portal Authority authorizes state psychiatric hospital and IDD state living Center admissions. In FY2012 we helped 8,000 people with 240,000+ units of service. The Texas Department of State Health Services (DSHS) deemed all Center clinics as serving Medically Underserved Populations.
* **Intervention:** The project will provide work adjustment training to those persons diagnosed with high-functioning Autism or Asperger’s in the target population. Community education will also be provided to employers in the local area related to employment services and the focused population.
* **Project Need:** Community Need (CN) Area addressed is CN.2 - Limited access to mental health/behavioral health services. The specific CN addressed is CN.2.9 - Lack of social support services for high intellectual functioning Autism & Asperger's population (18 years & older) in Bell County.
* **Target Population:** Those persons currently served by the Center, the Department of Assistive and Rehabilitative Services (DARS), and the private sector who have been diagnosed with High-functioning Autism or Asperger’s disorder. We expect the target population to be 94 people from the above sources with the total cumulative consumer impact DY 3 through DY 5 to be 41 persons. Approximately 80% of the population being Medicaid eligible and 20% uninsured.
* **Expected Category 1 Project Benefit for Patients and a Description of the QPI Metric(s):** The person diagnosed with high-functioning Autism or Asperger’s is expected to show improvement in vocational skills which leads to improved social and personal relationships, longer tenures in employment, and less acting out or exhibition of inappropriate behaviors. An increase in employable-ready skills would necessarily mean better attendance in the work environment, better interpersonal relations while at work, increased ability to perform job-related tasks and more stability in the community workforce. Their quality of life will be enhanced through peer-support and reinforcement of social and vocational activities.
* The project will impact approximately 41individuals diagnosed with high-functioning Autism or Asperger’s who are of employment age (DY3: 8 individuals, DY4: 16 individuals, and DY5:17individuals). In DY3, the quantifiable patient impact (QPI) will be measured by Milestone I-11, allowing us to establish a baseline number of additional individuals receiving community behavioral services after access expansion. Each year, we aim to increase the number of individuals receiving this service, as measured by Milestone I-11, Metric I-11.2: Number of individuals utilizing community behavioral healthcare services.
* **Description of Category 3 Measure(s):** OD-10: Quality of Life/Functional status-IT-10.1.a.iv: Quality of Life Quality of Life – demonstrate improvement in quality of life satisfaction scores, as measured by the Assessment of Quality of Life (AQoL), an evidenced-based and validated assessment tool. This tool will be given to participants upon entry into the program and again at the end of the instructional phase. . It is expected that scores will improve over time. In DY 3, the baseline scores will be obtained and in DY 4, we desire 50% of the participants who have graduated from the training to show increased satisfaction. In DY 5, we desire 50% of the participants to show increased satisfaction. While this is a desired outcome, true measurement for reporting purposes will show a 5% increase over baseline in DY4 and a 10% improvement over baseline in DY5. The total number of surveys completed during the measurement period will be utilized. Each participant will transition in and out of the program in a three to six month period, therefore, it would be difficult to measure the same participants in different reporting years.

**Project Description:**

Work Adjustment Training: As a natural extension of project number 081771001.1.3, Breakthru Finish Line will bridge the gap between social skills training in the current project and work adjustment training in the new project. The participant will be screened into the program via the use of the Inventory of Client and Agency Planning (ICAP) and a review of existing diagnoses. This will ensure that the diagnosis of Autism or Asperger’s is present. Upon entry into Breakthru Finish Line, each participant will complete a series of research based vocational assessments, including the Institute for Community Inclusion Questionnaire from the University of Massachusetts. The information obtained will compose the participants' Employment Portfolio. Once the data has been collected to create the portfolio, the participants will be placed into work adjustment training with an individualized plan created for each participant. Each person will participate in work adjustment training for a period of up to 6 months, after which, the person “graduates”.

The project will create an interactive work adjustment and vocational training model for those with high-functioning Autism and Asperger’s that will enhance each participant's vocational skills to enable them to reach his/her highest potential with the ultimate goal of integrated employment for each participant. The curriculum of work adjustment training, to be developed, will be based on benchmark work adjustment training including the areas of:

* Attendance and punctuality
* Accepting supervision and expressing needs to supervision in the right way
* Career exploration and guidance
* Working cooperatively with others
* Attending to the task at hand and to minimize distractions
* Learning to follow directions and to ask questions
* How to use accommodations
* Improving physical or emotional stamina

Community Adjustment Training: As part of the model, we would also develop an assertive community education outreach effort to “adjust” the community in terms of its perception of this population. This community education model would impact the way employers think about the population in terms of their ability to perform work skills and be employed and the capability of employers to hire and work with this population. Based on the landmark article, “*From Work Adjustment to Community Adjustment*,” by Dr. Bruce Menchetti, any model of work adjustment needs to be extended to a broad-based model of community adjustment, which involves the community integration of persons with disabilities. We would move to partner with the Institute on Person Centered Practices, collaboration between the Center for Disability Studies at the University of Texas and Texas A&M University to create a community awareness campaign which addresses the needs of this population. UT and A&M are well-versed in the Person Thinking Concept as it relates to staff working with those persons with developmental disability and we want this concept to evolve into one of Employee-Centered Thinking, an initiative that will change the way employers think about persons with High-functioning Autism or Asperger’s. We would utilize the existing space at the Temple Training Center, a building owned by the provider, Central Counties Services. The site will be staffed by professionals and paraprofessionals who are skilled in the specialty areas of Autism/Asperger’s and in the area of work adjustment training and employment-related services.

**Goals and Relationship to Regional Goals:**

The goal is to create a model of work adjustment training and employability-skills training to enable the person to achieve the highest potential possible for inclusion into the world of community employment. This potential includes work behaviors, work attitudes, interpersonal relationships and work skills. An assertive community education outreach effort will be implemented to educate community employers on the advantages of hiring persons with Autism or Asperger’s and to raise their awareness on this type of potential employee. The community education effort will include an emphasis on Person Centered Thinking.

The goal is to provide the supports necessary for the participants to reach their ultimate goal of being employed for competitive pay. Participants complete training on completing applications independently, the interview process, filling out applications for employment, and attending job interviews. Once the participant in hired for a paid position, project staff, if needed, support the participants while on the jobsite by giving additional training to ensure maximum productivity, maintain high success rates, and create job stability.

**Project Goals:**

* to increase the number of persons participating in work adjustment training for those people with high-functioning Autism or Asperger’s
* to increase the employability skills and employability behaviors for those persons participating in the model
* to increase the community awareness and to “adjust” the community perception for persons with high-functioning Autism or Asperger’s in areas related to employment
* to increase the number of consumers employed who have high-functioning Autism or Asperger’s

**This Project meets the following Regional Goals:**

* Increasing coordination of prevention and care for residents, including those with behavioral or mental health needs

**Challenges:**

The challenges facing this project are varied including the fact that people with Asperger’s Disorder and high-functioning Autism are reluctant to leave the perceived security of their homes to participate in training, even if the training involves like-minded individuals. They like their routine and the new routine of attending work adjustment training must evolve. Likewise, their participation in employment will be a new routine and patience is needed for this to occur. Program staff will need to exercise patience and a more involved approach to motivate people to take the first step and visit the group and to take the next step to secure employment. The challenge of achieving a high level of “engagement” exists and a strong teacher/mentor/facilitator is needed. It is also expected that persons will separate or “graduate” from the group but will need at times a booster of support from the staff and peers. There should be a direct tie-in to active participation with goal achievement. The linking of the individual participant with the appropriate job will be a challenge due to the person’s lack of social and work adjustment skills. Hiring the staff versed in these specialties with employment assistance background will also be a challenge due to the dearth of specialists in the Central Texas rural area to address this type of disability. The challenge with the community education outreach effort will be overcoming the perceptions of many employers to hiring the disabled and those with Autism or Asperger’s in particular.

**3-Year Expected Outcome for Provider and Patients:**

The three-year outcome includes the expansion and enhancement of behavioral health services to better meet the needs of the patient population with high-functioning Autism and Asperger's Disorder; a heightened awareness in the community of this model as a viable learning module; a heightened community awareness of the advantages of hiring those persons with high-functioning Autism or Asperger’s; increased proficiency in employability skills; increased satisfaction on the part of the individual consumer due to enhanced vocational skills; and the person’s increased ability to exhibit appropriate behavior in relationships, in employment settings. The community education intervention would mean more employers having a better understanding of Autism or Asperger’s; more employers being receptive to hiring persons with High-functioning autism or Asperger’s and more opportunities for employment.

**Starting Point/Baseline:**

Within, the local service area, there is currently not a structured social group setting in which persons with High-functioning Autism or Asperger’s Disorder participate in work adjustment skills training. Baseline for and number of persons served will be established in DY 3.

**Quantifiable Patient Impact (QPI):**

Central Counties Services will use HHSC’s recommended QPI (individuals impacted) for this project. Each year we will seek to increase the number of patients that are receiving this service through our innovative program. Over the course of the project, we expect the total patient impact to be approximately 41 individuals diagnosed with high-functioning Autism or Asperger’s who are of employment age (DY3: 8 individuals, DY4: 16 individuals, and DY5:17 individuals). In DY3, the quantifiable patient impact (QPI) will be measured by Milestone I-11, allowing us to establish a baseline number of additional individuals receiving community behavioral services after access expansion. Each year, we aim to increase the number of individuals receiving this service, as measured by Milestone I-11, Metric I-11.2: Number of individuals utilizing community behavioral healthcare services. We expect the target population from the above sources to be 94 people with approximately 80% of the population being Medicaid eligible and the other 20% uninsured. The total cumulative consumer impact from DY 3 through DY 5 is 41. The census for this population comes from agencies who are already working with the population.

**Rationale**

**Community Need Addressed:**

* Community Need Area: CN.2 - Limited access to mental health/behavioral health services
* Specific Community Need: CN.2.9 - Lack of social support services for high intellectual functioning Autism & Asperger's population (18 years & older) in Bell County.

According to the U.S. Department of Labor, only 20 percent of people with disabilities either are employed or are seeking employment, compared to 69 percent of the population without disabilities. Of those with disabilities seeking employment, 15 percent have not found employment — compared to 8 percent for everyone else.

The Texas Department of Aging and Disability Services (DADS), along with the other health and human services (HHS) agencies, make employment for people with disabilities a priority. The following are projects that HHS agencies are engaged in to help put people to work. The Texas legislature passed four bills during the 2013 session to improve employment outcomes for people with disabilities:

* [Senate Bill (SB) 1226](http://www.legis.state.tx.us/BillLookup/History.aspx?LegSess=83R&Bill=SB1226) directs HHSC, TEA and TWC to jointly adopt and implement an Employment First policy and establish an Employment First task force.
* [SB 45](http://www.legis.state.tx.us/BillLookup/History.aspx?LegSess=83R&Bill=SB45) directs HHSC to add employment services to the state's Medicaid waivers.
* [SB 617](http://www.legis.state.tx.us/BillLookup/History.aspx?LegSess=83R&Bill=SB617) directs TEA to require that each school district (or shared services arrangement) assign at least one employee as a transition and employment designee for students in special education programs.
* [SB 7](http://www.legis.state.tx.us/BillLookup/History.aspx?LegSess=83R&Bill=SB7) outlines a system redesign for long-term services and supports through managed care expansions. It also describes quality improvement strategies and goals, including requirements to measure and promote employment outcomes.

Within the local service area served by Central Counties Services, we have seen an increase in the number of individuals diagnosed with Autism or Asperger’s Disorder. These include referrals through intake, who have never received services from a social service agency, consumers served by the Children with Special Needs Network, individuals served in the public schools, persons discharged from State Supported Living Centers, persons served by DARS and persons served by the network of private providers. We now have enough consumers with this diagnosis to form a separate caseload at Central Counties and the nuances associated with high-functioning autism or Asperger’s warrants a separate caseload with a special emphasis on the challenges of this group. Like the network of private providers in our area, we are serving these persons based on their individual needs but there is a need to provide a specialty training experience in which persons with similar challenges can participate.

Although this group of individuals has normal or above-average intelligence and language development, traditional mental health programs struggle to meet their needs because the characteristics of the Autism are so dominant that they interfere with standard treatment modalities. Likewise, traditional behavior management techniques used for persons diagnosed with pure developmental disability (formerly mental retardation) do not meet their needs. Further, the skill-set of the typical case manager working with those persons diagnosed with developmental disability is lacking as the Autism or Asperger’s consumer presents a whole new set of challenges.

According to the research on persons with Autism and Asperger’s, members of this population need support in work skills, work behaviors and work attitudes to assist with employment securement and job stability.

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:**

In terms of funding, it should be noted that the U.S. Department of Health and Human Services does not fund services that address the needs of persons with High-functioning Autism or Asperger’s Disorder.

**Project Core Components:**

Project milestones P-10.1 in DY4 and DY5 reflect that the provider will participate in face-to-face meetings or seminars organized by the RHP twice each year to promote collaborative learning around projects.

**Customizable Process or Improvement Milestones:**

At HHSC’s suggestion, the provider added customizable milestones I-X.1 in DY4 and DY5 to increase the number of employers receiving training on Autism and Asperger’s by 10 in DY4 and 12 in DY5.

**Related Category 3 Outcome Measure(s):**

OD-10: Quality of Life/Functional status -IT-10.1.a.iv: Quality of Life. Quality of Life – demonstrate improvement in quality of life satisfaction scores, as measured by the Assessment of Quality of Life (AQoL), an evidenced-based and validated assessment tool. This tool will be given to participants upon entry into the program and again at one month intervals. It is expected that scores will improve over time. In DY 3, the baseline scores will be obtained and in DY 4, we desire 50% of the participants who have graduated from the training to show increased satisfaction. In DY 5, we desire 50% of the participants to show increased satisfaction.

**Relationship to Other Projects/Regional Goals:**

The need to address services to persons with autism is a high priority need in the region. This has been recognized by the Central Texas Aging and Disability Resource Center (CTADRC), the A+ Support Group and the public at large through a series of public forums facilitated by Central Counties’ staff. It is also recognized by the Center’s Planning and Network Advisory Committee (PNAC) and the Center’s Board of Trustees. Within the local service area of the Center, there are informal groups of persons with Autism or Asperger’s Disorder. There is an Asperger’s support group (about 20 persons) that meets once per month for social activities. This group does not have a formal work adjustment or vocational skills training format. There is a current active census at the Center of 30-35 persons diagnosed with High Functioning Autism or Asperger’s. These persons receive services according to individualized Plans. Also, within the local district of the Department of Assistive and Rehabilitative Services (DARS) there is a census count of 50-60 persons diagnosed with Autism or Asperger’s. Although these individuals participate informally in these activities, there is not a formal strategy to provide employment-related skills training. These individuals and others could readily benefit from the model with its focus on work adjustment and vocational skills training.

Other Center projects include:

* 081771001.1.1 - Establish more primary care clinics
* 081771001.1.2- Implement technology-assisted behavioral health services by psychologists, psychiatrists, and other qualified providers
* 081771001.1.4 - Develop and implement crisis stabilization services to address the identified gaps in the current community
* 081771001.1.5- Enhance improvement capacity through technology
* 081771001.2.1 - Apply evidenced-based care management model to patients identified as having high-risk care needs
* 081771001.2.2- Implement innovative, evidence-based strategies to increase appropriate use of technology and testing for targeted populations
* 081771001.2.3 - Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals in the target population
* 126844305.2.1 - In an innovative manner, implement other evidence‐based project to provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in an innovative manner not described in the project options above

**Plan for Learning Collaborative:**

Central Counties Services will participate in an RHP 8 learning collaborative that meets at least semi-annually to discuss local disparities in care and the ways they have successfully gathered relevant data and ultimately better served the populations in their projects. Participation in these learning collaborative meeting events, as well individual training opportunities, regional spotlights and routine collaborative communications in the region, will allow Central Counties Services to work with other Providers within this specific project area or with similar targeted outcomes in an effort to share what we are doing, what we are learning, and how we might all leverage this shared information to continually improve and benefit the projects. The results of each learning collaborative meeting will be compiled and disseminated electronically to the entire RHP within 30 days after the meeting and will be archived on the RHP website hosted by the anchor ([www.tamhsc.edu/1115-waiver](http://www.tamhsc.edu/1115-waiver)). In addition, opportunities may exist and will be explored for Central Counties Services to interact with providers in other RHPs who may have an expansion of the number of community based setting where behavioral health services may be delivered in underserved areas focus to expand learning and quality improvement initiatives. Additionally, Central Counties Services looks forward to participating in HHSC’s statewide learning collaborative activities as available.

**Project Valuation:**

The Center’s approach to valuing this project considered three primary factors: factors related to an improved patient experience, the benefit to our community, and cost reductions to the healthcare and criminal justice system. In considering the incentive portion of the valuation three principles and their subsequent impacts were considered. These principles included: investments required to initiate the projects, value associated with the services delivered for a period of time until outcomes/benefits could be demonstrated before receiving reimbursement, and incentives to the performing provider to accelerate transformation and expansion of the delivery system. The training will take place Monday, Wednesday and Friday with Tuesdays and Thursdays set aside for employment-related activities such as job searches and employer contacts. A full day will be about 6 hours, which allows for transportation, to and from the training site. Several types of engagement activities will be carried out based on evidenced-based work adjustment skills training curricula. Each consumer will participate in a highly interactive group learning session while attending. The person diagnosed with high-functioning autism or Asperger’s is expected to show improvement in work skills and work behaviors which leads to improved social and personal relationships and enhanced employment capability including longer tenures in employment, and less acting out or exhibition of inappropriate behaviors. Their quality of life will be enhanced through peer-support and reinforcement of social and vocational activities.

The benefit to the community of this training lies in the person’s ability to cope with and function in a variety of community settings including employment. The consumer should have an enhanced quality of life; feel more valued in inter-personal relations and is expected to interact positively in all phases of community life. There should be less crisis events, less hospitalizations, and less entanglement with law enforcement. Family members, friends, neighbors and the community-at-large should see a more positive stance from the individual participant in the group social skills training. The person should achieve an employment related activity of his/her highest potential and maintain this employment with a greater degree of stability. With the assertive community education outreach efforts, employers will gain a greater understanding of the person who is Autistic or who has Asperger’s and be more willing to hire this person as a result.

The valuation of this project also includes the following: staff time in marketing the positions required and interviewing and hiring the positions; staff time in researching appropriate sites for the social group setting; staff time in negotiating the lease arrangement; staff time in purchasing the van for transportation; staff time in developing the curriculum; staff time in researching the survey, both in terms of administering and scoring; staff time in selecting and purchasing the equipment involved. The valuation also includes direct costs of staff salaries and benefits, equipment, vehicle and lease, as well as program indirect costs, administrative costs and cost of inflation. It also includes a cost savings value reflected in savings on mental health/IDD benefits due to decreased incidents of behavioral crisis; less involvement with law enforcement and increased earnings in the workplace due to employment.