**Category 1 Project Narrative**

**Central Counties Services – 081771001.1.3**

**Project Area, Option and Title:** 1.12.2 Expand the number of community based settings where behavioral health services may be delivered in underserved areas

**RHP Project Identification Number:** 081771001.1.3

**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 implement group social skills training for persons diagnosed with High-Functioning Autism or Asperger’s Disorder in the Bell County area.
* **Project Status:** This is a new project. There is currently no model like this project in the local service area.
* **Project Need:** 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 and the Department of Assistive and Rehabilitative Services (DARS) who are diagnosed with High-functioning Autism or Asperger’s disorder number between 90 – 100 people with approximately 80% of them being Medicaid eligible. We expect to serve 28-54 people per year.
* **Category 1 or 2 Expected Project Benefit for Patients:** The project seeks to serve 14 of the 94 persons in DY 3 for a percentage of the target population of 14 %. The project will serve an additional 16 persons in the target population for DY 4 for a cumulative total by DY 4 year end of 30 or a percentage of 31 % of the target population. The project will serve an additional 24 persons in DY 5 for a cumulative total of 54 (57 % of the target population) in DY5. Group social skills training is expected to lead to enhanced social skills for the participant (Improvement Milestone I-11.1). Enhanced social skills would necessarily mean better attendance at training sites, medical clinics, schools and places of employment; less interaction issues with family and friends and the public at large; lower instances of involvement with law enforcement; and increases the person’s ability to cope with the community environment, making the person more independent.
* **Category 3 Outcomes:** IT-10.1.a.iv:In DY3, the baseline scores for the Assessment of Quality of Life (AQoL) will be obtained. In DY4, we anticipate 5% improvement over baseline. In DY5, we anticipate 10% improvement over baseline.
* **Collaboration:** Texas A&M Health Science Center (TAMHSC) had a Pass 1 allocation it could not use, since TAMHSC did not have providers in RHP 8. TAMHSC allowed its allocation to be used by local health departments and local mental health authorities (public entities) which had much smaller provider allocations in Pass 1, so these entities could have broader, transformative, regional projects. TAMHSC has not played a role in these projects, other than the role of anchor. There are no impermissible provider-related donations involved. This usage of the TAMHSC allocation ensured these providers, who could self-fund the required IGT, could participate in the waiver. The method of intervention is transformative in that there is no group social skills training in the local area that addresses the high need for services to those diagnosed with high-functioning autism or Asperger’s. Consumers have individual plans of intervention but the synergy associated with group social skills training does not exist. It is expected that the level of engagement will be enhanced via the social skills training provided in a group setting. Further, the framework for this training is expected to transform the way services are provided to this focused disabled population.

**Project Description:**

*“Coffeehouse” Model of Social Skills Training*

The social group setting or “coffeehouse” model for persons diagnosed with Asperger’s Disorder or High Functioning Autism will be a skills training program where people with these conditions can find a community of support and can learn and rehearse skills that promote their ability to find jobs, remain employed, go to college and manage satisfying relationships without exhibiting inappropriate behaviors including aggression.

There are an increasing number of consumers with a diagnosis of Autism or Asperger’s Disorder whose needs do not fit within the typical program areas of day habilitation or behavior management. Specifically, the goal is to create a “coffeehouse” model for intensive day service for adults with Asperger’s or High Functioning Autism with and without co-occurring mental illness. This represents a coordinated social skills training model that currently does not exist within the local provider network.

The Center would move to share space in a building to be purchased at a site in the Bell County area to house the model. The project will not involve mobile clinics. The program will be overseen by a Certified Behavioral Analyst. The “coffeehouse” will be staffed by professionals and paraprofessionals who are skilled in the specialty area of adult autism with its accompanying symptoms of poor social communications skills, failure to understand the subtleties of language, and obsessive or repetitive routines. Participants can attend daily or as their schedule permits. The “coffeehouse” will be a relaxed environment of interactive training and support, with peer support an integral part of the strategy.

The project will be scheduled approximately 240 days per year, five-days per week. 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 social skills training curricula. Each consumer will participate in a highly interactive group learning session while attending.

The curriculum, to be developed, will be based on benchmark social skills training curricula chosen and developed by the professional staff involved. Over DYs 3-5, from 14 to 52 consumers will be trained and/or supported via this model. The day will include several interactive and engaging sessions facilitated by the staff, using evidenced-based social skills training curricula. If the consumer stays the day, he/she is expected to participate in 5-6 hours of social skills training; a half-day would be 3-4 hours. Group recreational activities will also be conducted as a way to teach and support normalization. Regular schedule of attendance will hopefully be maintained with a schedule of activities published and marketed. Transportation will be provided to those who are in need of transportation.

Three-ring binders will be kept for each person showing the progress (or lack of) for the training sessions. Regular meetings will be held at which time staff will discuss each case and the barriers, if any, to training.

**Goals and Relationship to Regional Goals:**

The goal is to create a social group setting for persons diagnosed with High Functioning Autism or Asperger’s Disorder in which social skills training becomes the focal point for learning and enhancing the person’s ability to interact with persons in the community and to function more appropriately.

**Project Goals:**

* Increase the number of persons participating in social skills training for those with high-Functioning Autism or Asperger’s Disorder;
* Enhance the quality of life for persons participating in the “coffeehouse” model of social skills training; and
* Transform the service delivery system for persons with High-Functioning Autism or Asperger’s disorder.

**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 a group, even if the group is of like-minded individuals. They like their routine and the new routine of attending the “coffeehouse” must evolve. Program staff will need to exercise patience and a more involved approach to motivate people to take the first step and visit the group. Once in the group, people will find a community of others they did not know existed. 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.

Hiring the staff versed in these specialties will also be a challenge due to the dearth of specialists in the Central Texas rural area to address this type of disability. We expect to market the positions at the various graduate school programs around the State as well as consider contracting with key providers if a full time staff person cannot be attained.

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

The five-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; increased satisfaction on the part of the individual consumer, due to enhanced social skills; and the person’s increased ability to exhibit appropriate behavior in relationships, in family, community and employment settings. The person diagnosed with high-functioning autism or Asperger’s is expected to show improvement in social skills which leads to improved social and personal relationships, 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 activities.

**Starting Point/Baseline:**

Within, the local service area, there is currently not a formally structured social group setting in which persons with High-functioning Autism or Asperger’s Disorder participate in social skills training. Baseline for AQoL Satisfaction Survey and number of persons served will be established in DY3.

**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 August 23, 2010, State of Texas Study on the *Costs and Benefits of Initiating a Pilot Project to Provide Services to Adults with Autism Spectrum Disorders and Related Disabilities*, in 2009, 4,300 adults with autism spectrum disorders (ASD) received services from the Department of Aging and Disability Services (DADS), the Health and Human Services Commission (HHSC), and/ or the Department of Assistive and Rehabilitative Services (DARS)

(<http://www.dads.state.tx.us/autism/publications/HB1574Report.pdf>). An estimated 4,000 adults with ASDs have requested DADS services, but have been placed on an interest list due to a lack of funding. Nearly half of these 8,300 adults are between 18 and 25 years of age. The costs of providing supports to these individuals will only increase as they, and their caregivers, age. The Study states that the decisions that Texas makes in response to the unmet demand for services, the aging of the population, and increasing diagnoses of Autism will have significant human and financial consequences. The Study researched various pilots and initiatives in other states and determined that several benchmark outcomes needed to be present. Included were the need for services specifically designed to meet the needs of individuals with ASDs including training programs and outreach campaigns; and a team-based, person-centered planning process that focuses on the individuals’ strengths, interests, and goals to develop seamless service plans.

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 and persons discharged from State Supported Living Centers. 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 social group 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 Texas Autism Research and Resource Center and the Autism Treatment Network, studies have shown that various social skills strategies such as social stories, structured teaching, thoughts and feelings activities, the use of peer mentors, role playing or behavioral rehearsal have a positive effect on the interpersonal skill enhancement of the person diagnosed with Autism or Asperger’s Disorder. Again, these are skill-set modalities not present within the skill-sets of the typical case manager. A variety of these strategies will be part of the on-going curriculum utilized at the “coffeehouse”. The intervening variables of social group setting and a structured curriculum are expected to result in an enhanced quality of life as reported by the person. This enhanced Quality of Life Satisfaction is reflected as the Category 3 Outcome Measure. This would include enhancing the quality of the person’s relationships with caregivers, their parents and members of the community. Enhanced social skills would necessarily mean better attendance at training sites, medical clinics, schools and places of employment. Enhanced social skills would mean less interaction issues with family and friends and the public at large and lower instances of involvement with law enforcement.

An enhanced social skill also increases the person’s ability to cope with the community environment, making the person more independent. The model of social skills training is wholly consistent with the recommendations set forth in the 2010 State of Texas Study mentioned above. Finally, we expect this model to transform the service delivery system for persons with High-functioning Autism or Asperger’s using a model of group social skills training as the core for learning.

**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.

**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 AQoL Survey, an evidence based and validated assessment tool. This survey will be given to participants upon entry into the program and again at each 3 month interval post initial survey. For participants who attend school (ages 18-22), and participate in Breakthru Central during the summer, AQoL posttest will be given prior to returning to school. It is expected that the scores on the survey will improve over time revealing an increase in the participant’s quality of life. In DY3, the baseline scores for the satisfaction survey will be obtained and in DY4, achievement levels will be an improvement over the DY3 average pretest score equal to 5% of the full possible range of survey scores. In DY5, achievement levels will be an improvement over the DY3 average pretest score equal to 10% of the full possible range of survey scores.

Scenario 2 was chosen as the method for determining baseline and achievement levels to reflect improvement over baseline because all participants in DY 3 took an initial AQoL survey, however, not all participants attended Breakthru Central for 3 months in order to have also taken an AQoL at the 3 month increment at the end of DY 3. Because Breakthru Central does not have exit criteria, potentially the participants will remain in attendance throughout DY4 and DY5. Therefore, posttests from each DY should be compared to baseline to show improvement.

**Relationship to Other Projects:**

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 social skills training format. There is a current active census at the Center of 30-35 person 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. Finally, the A+ Support Group in Belton is a support group for persons diagnosed with Autism. Programs are schedule for the parents/guardians once per month on a Saturday. Although these individuals participate informally in these activities, there is not a formal strategy to provide social skills training. These individuals and others could readily benefit from the “coffeehouse” model with its focus on social 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

**Relationship to Other Performing Provider’s Projects and Plan for Learning Collaborative:**

Central Counties Services is committed to improvement of services and broad-level delivery system transformation. We are willing to participate in a learning collaborative with providers in RHP 8 to share successes, challenges, and lessons learned in order to better serve our target population and meet our community needs. Sharing this information at least on a yearly basis will allow providers to strengthen their partnerships and to continue providing services efficiently so there is maximum positive impact on the healthcare delivery system in RHP 8.

Within the Regional Healthcare Plan 8, there are two projects of a similar nature in which one provider is expanding the number of community based setting where behavioral health may be delivered (see Project #126844305.1.1 and #126844305.1.5). These two projects will occur in a different service area than the service area of this project.

Pertaining to the Project Milestones, an integral element of this project is the Learning Collaborative that will take place two times per year beginning in year three. It is expected that the project coordinator will hold a “summit” meeting of key stakeholders including ISD Special Education departments, the DARS, the A+ Support Group in Belton, Texas, and partners of the Aging and Disability Resource Center. Efforts to include the Texas A&M Medical School in Temple will also be made. What we have learned from this project will be shared with this stakeholder group to enhance a coordinated effort of services in the local community.

**Project Valuation:**

The project will be scheduled approximately 240 days per year, five-days per week. 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 social 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 social skills which leads to improved social and personal relationships 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 activities.

The benefit to the community of this “coffeehouse” model of social skills training lies in the consumer’s ability to cope with and function in a variety of community settings. 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 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.