



**PROJECT JANUS**  
Coordination • Education • Advocacy

**REPORT TO THE 80<sup>TH</sup> LEGISLATURE**

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Pursuant to Section 4.01(b) of the HHSC Contract between The Health & Human Services Commission and Project Janus for the Implementation of a Pilot Program to Enhance the Well Being and Care of Dual Diagnosed Individuals, the Board of Directors of Project Janus, Inc. presents the following progress report to the 80<sup>th</sup> Legislature.

### **BACKGROUND**

Project Janus, Inc. is a non-profit corporation created by community leaders in San Angelo, Texas who recognized the need to find a method to provide better services to persons with a dual diagnosis of mental illness and mental retardation. The purpose of Project Janus is to support the most appropriate level of preventative care, treatment, and crisis services for clients and their extended families that have a dual diagnosis. The goal is to achieve this objective by sponsoring programs and services designed to assist dually diagnosed individuals live more successful and rewarding lives.

This need is growing, not only in the Concho Valley area of San Angelo, but throughout the State of Texas and nationwide. It is estimated that 20-30% of persons with mental retardation have a co-existing psychiatric disorder. This population has been greatly under served due to inaccurate diagnoses and ineffective treatment by staff lacking specific expertise and experience in providing services to mentally retarded persons who are also mentally ill. In order to improve the behavioral health services provided to this population, Project Janus seeks through a community and cooperative approach to create an array of integrated services. These services must include prevention/early intervention services, treatment of specific psychiatric and behavioral disorders, and crisis intervention. Because these services are lacking, the result has been ineffective treatment which has led to revolving door hospitalizations and failed community placements. This negatively impacts the

clients and their families and is extremely costly to state and local governments. To address these needs Project Janus is working to implement the following multi-step strategy: 1) create a high quality program for caregiver/provider training and education, 2) start a behavioral day habilitation treatment, 3) open a specialty behavioral health clinic, 4) create short term acute residential treatment services, and 5) provide long term residential services. More information on Project Janus can also be found on our website at [www.projectjanus.com](http://www.projectjanus.com).

### **HISTORY OF PROJECT AND STATE FUNDING**

Project Janus was incorporated on March 22, 2004 and received recognition of its tax exempt status by the Internal Revenue Service on October 25, 2005. Although initially consisting of primarily local community leaders, the Board of Directors has begun transitioning into a board composed of representatives of different organizations in the San Angelo area who are involved in the providing of mental health, direct care or substance abuse services to the mentally retarded and/or mentally ill.

Last session the Legislature provided funding in the amount of \$150,000.00 for the 2005/2006 biennium. These funds were allocated for the purpose of implementing a pilot project to enhance the well being and care of citizens who are dually diagnosed with mental retardation and mental illness in furtherance of Rider 69, HB 1, 79<sup>th</sup> Legislature 2005 Regular Session. After numerous and in depth discussions with HHSC and other state officials, Project Janus received the initial contract for services from HHSC in March of 2006. Project Janus returned the signed contract on April 27, 2006. The contract was signed by HHSC in the early summer of 2006 and the Board immediately began the search for an Executive Director. After posting the position and interviewing several applicants, a candidate was selected and agreed to accept the position. However, shortly thereafter he declined the position to accept another opportunity out of town. Therefore, on August

17, Project Janus began again to search for an executive director. Su Sedgman was eventually interviewed and hired for the position and began work as Executive Director of Project Janus full time on September 24, 2006. The first quarterly payment of the allocated \$75,000.00 for the 2006-2007 fiscal year was received in October 2006. Because of the timing of the contract, Project Janus will actually only be utilizing \$75,000.00 of the original \$150,000.00 allocation.

### **LOCAL COMMUNITY PARTICIPATION**

Project Janus has sought to involve the entire mental health care community in the San Angelo area in implementing its vision for the treatment of the dually diagnosed. Currently serving on the Board of the Directors are representatives of the San Angelo ISD, the Concho Valley Council of Governments, the Concho Valley Alcohol and Drug Abuse Council, Angelo State University, the Tom Green County Mental Health Unit, Community Medical Center, a County Court at Law Judge and other community leaders. We currently anticipate adding a representative of La Esperanza Clinic, the local federally funded health clinic, and Bluebonnet Homes, Inc., a local group home private service provider, to our Board of Directors in 2007. In addition, Project Janus partners with the San Angelo State School, MHMR Services for the Concho Valley, La Esperanza Clinic and numerous local private service providers all of whom send representatives to Project Janus Board meetings to assist in an advisory capacity.

The current Board of Directors and officers are as follows: Mr Fred Key, President Foster Communications (President); Mr Jon Mark Hogg Attorney (Vice-President); Ms. Sharon Rainey Alexander, Accountant (Secretary Treasurer); Ms. Jana Anderson, SAISD; Dr. Kathryn Artnak, SAISD; Col. Charlie Powell, Retired; Mr. Joe Munoz, Asst. to the President Angelo State University; Ms. Sheryl Pfluger, Community Medical Center; Mr. Alvin New, President and CEO Town & Country Food Stores; Mr. Eric Sanchez, Executive Director Alcohol and Drug Abuse Council for the

Concho Valley; Constable James Smith, Tom Green County Mental Health Unit; Honorable Ben Nolen, Judge Tom Green County Court At Law; Jeffrey Sutton, Executive Director Concho Valley Council of Governments.

In addition the Board involves and seeks to partner with numerous other private and public organizations with an interest in addressing treatment of the dully diagnosed. Persons who attend board meetings in an advisory capacity and are assisting with the Janus Project are: Dr. Phillip Baugh, Mr. Charles Njemanze, Mr. Michael Dotson, Ms. Sherry Smith, Mr. Lynn Zaruba of the San Angelo State School; Mr. Lynn Rutland Executive Director of the MHMR of the Concho Valley; Mr. Steve Evans and Mr. Rick Premo private service providers, Ms. Frances Wheat of the Office of Senator Robert Duncan; and, Mr. Jeff Levins of the Office of State Representative Drew Darby.

### **ACTIVITIES OF EXECUTIVE DIRECTOR**

Since beginning on September 24, 2006, Su Sedgman the Executive Director has been very busy working on implementing Project Janus' five step plan. Among other task, she has undertaken and done the following:

1. Research the current Rider 66 status, grant specifics, and pilot programs in other states.
2. Research funding levels for Texas services for individuals with Mental Retardation and individuals with Mental Illness as well as funding alternatives, certification alternatives, waiver access and program regulations.
3. Established office through DADS at the San Angelo State School.
4. Researched available grants and alternative funding sources.
5. Meeting with following community stakeholders regarding important interventions, current cost in man-hours, resources, funding and equipment.

HCS private providers - D&S – DayBreak – Texas Choice Services  
ICF-MR provider - ICD  
La Esperanza (FQHC) – Mike Campbell  
Dr. Dan Stultz – re: grant direction and alternatives  
Concho Valley MHMR – Lynn Rutland – Greg Rowe

Senator Duncan's Office – Frances Wheat  
Tom Green County Mental Health Unit– James Smith, constable  
San Angelo State School Dual Diagnosed Program (including observation)  
San Angelo Health Foundation – Tom Early  
San Angelo State School Administrators – Dr. Philip Baugh, Charles Njmanze, Mike  
Dotson, Lynn Zaruba, Tim Welch  
Tom Green County Judge Mike Brown

6. Revised business plan to enhance the program plan.
7. Composed through research detailed description of needs for Step 2 of plan: Transitional Day Habilitation Program, Step 3 of plan: Behavioral Health Clinic and Step 4 of plan: Respite/Short Term Residential.
8. Composed list of physical plan items needed for start up.
9. Composed list of priorities for program success.
10. Composed list of issues facing program implementation.
11. Meeting in Austin with Texas Health and Human Services Agency Tom Valentine and Ardas Khalsa.
12. Meeting through TXHHS with Barry Waller, DADS.
13. Meeting through TXHHS with Tom Vasowate, TSHS.
14. Meeting through TXHHS with Camille Miller, THI.

#### **ADDITIONAL FUNDING SECURED**

Project Janus' only source of income at present is that obtained from its training and education program discussed below. In 2006 Janus net income from its training program was \$500.00. Because Janus' contract with the state was not signed until summer of 2006 and an Executive Director did not start until late September 2006, Project Janus has not yet secured any funding in addition to that received from its training program and the state funds. However, Janus is submitting an application to the San Angelo Health Foundation in January of 2007 for a grant to assist with office and administrative expenses. Additionally, on December 28, Project Janus representatives met with a community collaborative to discuss making application for a grant from

the Texas Mental Health Transformation Initiative through the Texas Health Institute. This collaborative, including Project Janus, will be submitting an application for this grant by the January 31, 2007 deadline. Project Janus will be a significant part of this collaborative effort as the collaborative is focusing its application on jail diversion which is one of the problem areas that motivated the creation of Project Janus three years ago. Project Janus continues to seek other sources of funding for start up and operational costs.

## **PROJECT STATUS AND OUTCOMES**

### **Step 1-Caregiver/Provider Training and Education**

Prior to the hiring of Ms. Sedgman, Project Janus had already implemented the first phase of its service plan, that of caregiver/provider training and education. Starting in 2005 Dr. Jason Dunham, Lynn Zaruba and Mike Dotson have been conducting training sessions for the **JANUS CERTIFIED PROVIDER PROGRAM**. This is a program in which a curriculum of education and training is taught to caregivers and providers to increase their knowledge and skills in dealing with the dually diagnosed. These sessions included *Understanding Dual Diagnosis* and have attracted attendees representing a broad spectrum of area agencies. Agencies represented in this effort have included Mental Health and Mental Retardation Services for the Concho Valley, Adult Protective Services, Day break HCS, State Choices Services HCS, San Angelo Development Center, Concho Resource Center and the Tom Green County Sheriff's Department. *Understanding Dual Diagnosis* is one of five training components offered as part of the Janus Certified Provider Program. Other courses in the curriculum are *Behavior Therapy and Social Skill Training*, *Effective Communication*, *Crisis Intervention and Stress Management*, and *Element of Best Practice*. This program has been well received based upon feedback from surveys following the sessions. The participants report that the information and training presented was well received, relevant and useful.

## **Steps 2-4-Behavioral Day Treatment, Behavioral Health Clinic and Respite Care**

Since the hiring of our Executive Director, the Project Janus Board has been focusing primarily on the second component of its plan, that of creating a state of the art behavioral day treatment program. During this time, the Executive Director and the Board have updated and revised their plan and begun the process of evaluating the financial and physical requirements of implementing the next phase of the plan.

The day habilitation program has been identified as the most needed program for the treatment of the dually diagnosed. This is because community providers are particularly challenged when patients present with behavioral or psychiatric problems that require intensive intervention. This type of program will provide an intensive environment that will reduce the need for hospitalizations and assist in maintaining consumers in a community based setting where they can be optimally served. The program will be organized along the lines of a typical day habilitation treatment program with increased support that meet the “at risk” behaviors of this population. Referrals will be received from local private service providers including HCS, ICF-MR, private psychiatrists and other health care providers. Admission criteria will be based on a formal diagnosis of mental illness and mental retardation. After submission of the formal diagnosis, the therapy team will review the behavioral needs of each individual seeking service to determine the appropriateness of placement and make necessary treatment recommendations.

As currently envisioned the treatment team will consist of the patient (consumer), family/LAR, or requested representative, residential support staff (if appropriate), community liaison, Janus service provider and other service providers as approved by the consumer/LAR. Behavioral needs that will be targeted must be specific to imminent risk of the individual returning to the institutional setting either through the state hospital system or the state school system. The team will

specifically look for behavioral concerns that will respond within a short duration to a more structured six hour day with a variable schedule including options from the following individual service plan:

- exceptional behavior program intervention
- increased access to psychiatrist/psychologist
- flexible daily schedule
- social skills training
- relaxation and awareness sessions
- leisure skill training and participation
- community inclusion/skills training
- other skill training as identified
- therapy intervention (group and/or individual)
- peer mentoring and supports
- other interventions as identified and able to be provided

The behavioral day treatment program will emphasize the specific psychiatric and behavioral symptoms that are causing problems for the individual in the least restrictive setting. Through a combination of individual and group therapy interventions along with skills training, a person can be successfully maintained in the community and the psychiatric symptoms and behavioral issues can be better controlled.

Persons admitted to the Transitional Day Habilitation Program will be served by an interdisciplinary team that is composed of experienced trained therapists, staff and administrators and trained direct service staff. This will ensure that the individual and their families/LAR's, private providers and other team members have access to staff who are skilled in assisting dually diagnosed

individuals with social skills programming, cognitive-behavior therapy interventions and other skill training. As information is mutually shared, necessary adjustments in programming and other services can be made to the therapeutic curriculum. Janus expects that the minimum required staffing for this program will be: one lead therapy technician, two therapy technicians, one psychologist, one psychological associate or professional counselor and psychiatric services provided on a consulting basis. This would be minimum staffing level for no more than 12 patients with the direct care therapy technician's staff having responsibility for no more than six patients. The lead therapy technician will provide on-site guidance and supervision of staff and to cover the facility in the event direct care service staff were absent. The therapy technicians will provide the direct care, support and training to the patients. The psychologist will be responsible for supervising behavioral and therapy interventions. The psychologist and psychiatrist will preferably bill Medicaid directly for their services. The direct care therapy technicians will provide service for six patients for not less than six hours of face to face intervention and training per day.

HCS providers will be billed for services at the approved rate of reimbursement for Day Habilitation Services. The rate of reimbursement through the HCS Waiver authorized through the Department of Aging and Disabilities Services for an individual with a Level of Need of 5 is \$18.97 per day. Attached to this report as Exhibit 1 is a financial projection for the habilitation program based on these needs and rates of funding. This rate of reimbursement will obviously be insufficient, as the estimated staffing costs alone are projected to be \$5,920.00 per month while the projected income through HCS reimbursement will be only \$2,276.00 per month.

The Transitional Day Habilitation Program will require a facility that accommodates the need for privacy, free movement outdoors, access to the community, parking, private facilities for bathing, laundry and kitchen for cooking and training. This type of location would assure that the staff and

individuals were managed with professional intervention and would not interfere with other consumer groups that could be disturbed or stigmatized by the behaviors of this population. It would also provide an aura of incorporation into the community in which the individual was currently placed. Attached to this report as Exhibit 2 is a listing of the facilities, supplies and equipment that would be needed to start the habilitation program.

The board has reviewed and approved the updated plan and come to the conclusion that before a successful day habilitation program, or any other subsequent steps to the plan, can be successfully implemented, there must first be an adjustment to the reimbursement rates that dually diagnosed individuals are currently eligible to receive. The Home and Community Services Waiver is the Medicaid program that is currently receiving the majority of these individuals into community programming as they are identified under the Promoting Independence Initiative. Typically, an individual returns to the community through a very supportive training and therapy program in a State School environment. Often they leave with few behaviors and their LON is a low number, which indicates they need less funding, due to functioning in a mild to moderate level of Mental Retardation and are exhibiting fair adaptive skills. These clients most often transition into a group home where they have a small group of peers and support staff available in afternoons, evenings, and on weekends. During the day, they are required to be in a Day Habilitation setting designed to assist with learning more independent skills. These facilities are large, have many individuals, and have less individual attention from staff due to the production activities that supplement the business income. The individual is expected to be seated in a large, often noisy work area, work steady except for scheduled breaks, lunch, and changing activities.

Although this setting often meets the needs of an individual with Mental Retardation, this environment is often the beginning of a downward spiral for a person with Mental Illness due to

uncontrollable stressors and expectations. The dually diagnosed individual would be better served in a program that meets the same requirements, but offers more supports that meet the needs of a person with Mental Illness. This would include increased access to staff, counselors, activity alternatives, exercise and less restricted movement.

As discussed briefly above, the current problem, and the reason that existing service agencies do not provide these kinds of supports for dually diagnosed individuals in the community, is that the daily reimbursement rate for Day Habilitation services for an individual who is funded at a Level of Need 5 is \$18.87. Without the recognition of the increased financial cost to care for an individual with both a mental retardation and mental illness diagnosis, a program that actually meets the needs of this population and maintains them in their communities, cannot succeed. Project Janus is and will be seeking a legislative change to the waiver funding levels to identify and fund this population at a higher level of need.

There is a Behavior Bump allowance that providers can request through the Waiver. However, this allowance is not sufficient to address the problem. The problem is that the client's behaviors tend to escalate quickly and immediate interventions are not available at the rate funded. The Individual Program Plan process, which includes data gathering and data analysis, behavior intervention plan and results, and detailed descriptions of all failed interventions are required to justify the funding increase. By the time that process is complete and if a funding increase is obtained, the behaviors have become dangerous enough that the individual has already been sent into the institutional system for care away from their community. The behavior bump is designed to change the individual's LON to a number which provides a higher level of funding availability. The LON of 8 funds Day Habilitation at \$25.30 per day, and an LON of 6 funds Day Habilitation at \$38.23 per day. The most intense funding is a LON of 9 which requires intense supervision.

Currently a person with an LON of 9 receives \$151.77 dollars per day for Day Habilitation. This LON, however, requires one-to-one supervision of staff to client. This is not always beneficial for an individual with increased needs, as such a level of supervision is too intense. Therefore a LON of 9 with its narrow scope is not the best requirement for all persons.

It has also been noted that the third component of the business plan, the behavioral health clinic, would be an excellent support to the Transitional Day Habilitation program. What classically happens when a dually diagnosed person begins to experience behavioral issues, is the psychologist is called in to manage the behavioral programming. Then, separate from this activity, the individual makes a trip to the psychiatrist who will begin to change the medication (that is what a psychiatrist is hired to managed). When these two activities are conducted separately, they are often not coordinated and neither approach is successful. If the psychologist and the psychiatrist could work together and provide ongoing monitoring along with providing direct training for staff providing guidance, the entire program could be more successful and the individual stands a better chance of avoiding a state hospital admission, losing his/her residential slot, and ending up in a state school, where the entire process begins again. Therefore, Janus anticipates moving Step 3 of the plan, creating a Behavioral Health Clinic, up and implementing this clinic at the same time as the creation of the day habilitation program.

Unfortunately, the problem with the reimbursement level also impacts this part of the plan. For each LON there is a cap, defining the maximum amount of money that can be allotted for the total services for that individual for one year through the Medicaid Waiver. To exceed that number requires special permission through the state office and to exceed it greatly means that that person would return to another funding source that better funds a high-need individual. Again, that

individual would be placed in a more restrictive environment and begin the process again of recovery and seeking another placement.

It is important that this issue be addressed. Currently, in San Angelo and many other communities, the only hospital treatment for a person who has a Mental Health diagnosis and also has Mental Retardation, is a state facility. Many private psychiatric hospitals have a policy of not admitting individuals who are also Mentally Retarded. The services in a pure psychiatric environment are not designed to serve someone who has Mental Retardation.

The fourth component of Project Janus is to create a Respite/Crisis Residential program that would not send the individual back into the state system, but be considered respite from his/her community residential treatment. With early intervention of short duration, possibly as little as 14 days, an individual could be stabilized, reintroduced to the community through the Transitional Day Habilitation program and support by the Behavioral Health clinic, never losing their community placement and allowing them to return to a known environment where they can continue to build supportive relationships that lead to better community integration and a higher level of independence. Creating such a program that can succeed also depends upon the level of funding. Currently, the highest level of funding for residential treatment is for a LON of 9 and that is at \$191.93. A provider can bill Medicaid for \$87.98 daily for an individual who has a LON of 5. This is grossly insufficient to create a quality program.

Clearly, the funding levels for supporting the dually diagnosed individual in a community setting are not adequate. We are seeking a funding adjustment that would enable transition services to exist in regions to support dually diagnosed individuals in their communities and avoid the excessive costs of interventions with police departments, sheriff's offices and mental health deputies, emergency rooms, judges, court proceedings, transportation and state funded institutionalization.

## CONCLUSION

In summary, to continue with its plan for providing treatment and services for the dually diagnosed, Project Janus needs to address the following:

1. Seek funding through HCS waiver by obtaining special consideration for the needs of dually diagnosed individuals.
2. Obtain grant for start up costs for Transitional Day Habilitation Program and Behavioral Clinic and ongoing HSC waiver exception for funding increased services for dually diagnosed individuals.
3. Seek a Memorandum of Understanding between DADS and DSHS to change the approach to individuals who have both diagnoses and to allow a greater level of interaction and cooperation.
4. Locate facility for Day Habilitation Program and Behavioral Clinic Services.
5. Locate a long term source of funding for Project Janus' programs.