



# PROJECT JANUS

Coordination • Education • Advocacy

**REPORT TO THE 80<sup>TH</sup> LEGISLATURE,  
REGULAR SESSION, 2007**

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## **EXECUTIVE SUMMARY**

This report is presented by Project Janus, Inc. as required by Rider 69, S.B. 1, 79<sup>th</sup> Legislature, Regular Session, 2005. Project Janus received grant funding by the Health and Human Services Commission, as specified in Rider 69, to develop a pilot project to enhance the well being and care of citizens who are dually diagnosed with mental retardation and mental illness. The pilot is to design a regional delivery system that ensures a dually diagnosed individual access to a full array of services and supports as needed. This report provides information on project status, outcomes, and additional funding secured, as specified in Rider 69.

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 retardation and mental illness. The purpose of Project Janus is to support the most appropriate level of preventative care, treatment, and crisis services for consumers who have dual diagnoses, and to assist their extended families. After one year of operation, Project Janus has developed a caregiver and provider training program that addresses the unique needs of dually diagnosed individuals served by providers and cared for by caregivers.

Project Janus is currently seeking, through a cooperative community approach, to create an array of integrated services that include ongoing training of service providers, prevention/early intervention services through a transitional day habilitation setting, treatment of specific psychiatric and behavioral disorders through a behavioral health clinic program, crisis intervention through respite care and meaningful solutions to long term institutional care. Financial barriers have been identified and will be addressed through dialogue with the Health and Human Services Commission, the Department of State Health Services and the Department of Aging and Disability Services. Alternative funding sources are being investigated and pursued through state, federal and local grant opportunities.

More information on Project Janus can also be found at the website [www.projectjanus.com](http://www.projectjanus.com).

## OPERATIONAL REPORT

The need for services for persons with dual diagnosis of mental retardation and mental illness is growing, not only in the San Angelo area and in the Concho Valley, but throughout the nation. It is estimated that 20-30 percent of persons with mental retardation have a co-existing psychiatric disorder. Services to dually diagnosed individuals have historically focused on only one of the treatment needs and as such, the specialized service needs of the dually diagnosed have often gone under-addressed. This pilot was developed to address the multi-service needs of the dually diagnosed.

The San Angelo area was chosen for the pilot because of its commitment to collaborative service delivery and because compared to other state schools, the San Angelo State School had the highest incidence of dual diagnosis of mental health and mental retardation in the state. In order to improve the behavioral health services provided to this population, Project Janus was created to develop an array of integrated services through collaboration of existing resources. These services include training of service providers, prevention/early intervention, targeted treatment for specific psychiatric and behavioral disorders, and crisis intervention. Because these specialized services are lacking in most service delivery systems that focus on a singular diagnosis, the result has often been treatment that has resulted in failed community placements and repeated costly hospitalizations.

Project Janus was incorporated on March 22, 2004, and 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. These include representatives of the San Angelo Independent School District, 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. Project Janus anticipates adding a representative of La Esperanza Clinic (the local federally qualified health care provider) and Bluebonnet Homes, Inc. (a local private residential service provider) to the Board of Directors in 2007. In addition, Project Janus partners with the San Angelo State School, Mental Health Mental Retardation Services for the Concho Valley, La Esperanza Clinic and numerous local private service providers. See Appendix A for a complete list of Board members. In addition, the Board involves and seeks to partner with numerous other private and public organizations with an interest in addressing treatment of the dually diagnosed. See Appendix B for a complete list of community partners.

The 79<sup>th</sup> Legislature provided \$75,000 per year for the 2006-07 biennium to assist Project Janus achieve its goals. 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. A contract was executed to implement the project in the early summer of 2006 and an Executive Director was hired in September 2006.

Funding provided through the grant from Rider 69 provided a foundation for Project Janus to be able to hire an Executive Director to lead the pilot program. Project Janus' only additional source of income at present is obtained from its training and education program. In 2006, the net income for Project Janus from its training program was limited to \$500.00 due to delays associated with the start up of a new program. Project Janus has not yet secured any funding in addition to that received from its training program and the state funds.

Project Janus submitted an application to the San Angelo Health Foundation in January of 2007 for a grant to assist with office and program expenses. Additionally, in December 2006, Project Janus representatives met with a community collaborative to discuss making application for a grant from the Texas Health Institute for a Mental Health Transformation grant. Project Janus has submitted an application for this grant, but was not a successful candidate. Project Janus will continue to seek other sources of funding for start up and operational costs.

Project Janus' best practices model is to implement a multi-step strategy. The focus of Project Janus was to pull together existing resources into a comprehensive service model. In some cases the services that are needed are not available. In that case Project Janus will seek to develop those resources with the collaboration of community partners. The identified services needs include: (1) creation of a high quality program for caregiver/provider training and education; (2) a behavioral day habilitation treatment facility; (3) a specialized behavioral health clinic; (4) creation of short term respite/ acute residential treatment services; and (5) long term residential services.

### **Caregiver/Provider Training**

This is a program in which a curriculum of education and training is taught to caregivers and community providers to increase their knowledge and skills in dealing with dually diagnosed individuals. These sessions have attracted attendees representing a broad spectrum of area service agencies. Agencies that have participated in this effort have included Mental Health and Mental Retardation Services for the Concho Valley, Adult Protective Services, Daybreak, Inc., Texas Choice Services, Inc., 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 include *Behavior Therapy and Social Skill Training*, *Effective Communication*, *Crisis Intervention and Stress Management*, and *Elements of Best Practice*. This program has been well received based on feedback from surveys following the sessions. The participants' report that the information and training presented was relevant and useful.

### **Behavioral Day Treatment**

The Behavioral Day Treatment program has been identified by area service providers, 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 community based settings where they can be optimally served. The program will be organized along the lines of a day habilitation treatment program with increased supports that meet the "at risk" behaviors of this population. Referrals will be received from local private service providers including Home and Community-Services Waiver (HCS), Intermediate Care Facilities for Mental Retardation (ICFs/MR), private psychiatrists and other health care providers. Admission criteria will be based on a formal diagnosis of both mental illness and mental retardation. After submission of the formal diagnosis, the therapy team will review the behavioral needs of the individual seeking services to determine the appropriateness of placement and make necessary treatment recommendations.

As currently envisioned, the treatment team will consist of the patient (consumer), family/Legally Authorized Representative (LAR), or requested representative, residential support staff (if

appropriate), community liaison, Janus service providers 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, the state school system, or court 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 creating an individual service plan. The array of options would include, but not be limited to the following:

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

The Behavioral Day Treatment program will emphasize, in the least restrictive setting, the treatment of specific psychiatric and behavioral symptoms that are causing problems for the individual and putting community placement at risk. 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 Behavioral Day Treatment program will be served by an interdisciplinary team that is composed of experienced and well trained therapists, experienced staff and administrators and specifically trained direct service staff. This will ensure that the individual and their families or LARs, private providers and other team members have access to staff that are skilled in assisting dually diagnosed individuals with social skills programming, cognitive-behavior therapy interventions and other skills training. As information is mutually shared, necessary adjustments in programming and other services can be made to the therapeutic curriculum.

Project 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 a minimum staffing level for no more than 12 consumers with the each therapy technician having responsibility for no more than six individuals. 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 is absent. The therapy technicians will provide the direct care, support and training to the consumers. 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 not less than six hours of face-to-face intervention and training per day for each individual. For this concept to become operational, funding barriers will have to be overcome. Project Janus will work with the Health and Human Services Commission (HHSC), the Department of State Health Services (DSHS) and the Department of Aging and Disability Services (DADS) to try to address the funding issues.

The dually diagnosed individual would be better served in a program that meets the same requirements as other day treatment facilities, but offers more supports that meet the unique needs of a person with mental illness. This would include increased access to staff, counselors, activity alternatives, exercise and less restricted movement and a less hectic environment.

### **Specialized Behavioral Health Clinic**

It has also been noted that the third component of the business plan, the Behavioral Health Clinic, would be an excellent support to the Behavioral Day Treatment program. What classically happens when a dually diagnosed person begins to experience behavioral issues is that 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. 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 would be offered a better chance of avoiding a state hospital admission, losing his/her residential placement, and ending up in a state school/state hospital, where the entire process begins again. Project Janus will work with community partners to see if existing resources can be accessed to make this clinic a reality.

### **Respite/Crisis Residential**

The fourth component of Project Janus is to create a Respite/Crisis Residential program that would prevent the individual from returning back into the state system, by providing 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 supported by the Behavioral Health clinic. This would result in the individual never losing their community placement and allowing a 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. The funding issues that have been addressed above also impact the successful operation of the respite and crisis services. Project Janus will work with HHSC, DSHS and DADS to study the funding issues and address the service needs identified in this report.

### **Long Term Residential Treatment**

Presently long term residential services are provided through the San Angelo State School, the Big Spring State Hospital, and local residential service providers. As previously discussed, the community residential services are often interrupted by repeat hospitalizations. Project Janus aims to reduce the need for institutional long term care by collaborating with community service providers to develop the supports necessary to maintain dually diagnosed individuals in our home community, and outside of state operated institutions.

**Appendix A**  
**Project Janus Board of Directors, 2007**

Mr. Fred Key, President, Foster Communications (Chairperson)  
Mr. Jon Mark Hogg, Attorney (Vice-Chairperson)  
Ms. Sharon Rainey Alexander, Accountant (Treasurer)  
Ms. Jana Anderson, Special Education Director, San Angelo ISD  
Dr. Kathryn Artnak, Assistant Professor, Angelo State University  
Col.Charlie Powell, Retired, Chairperson, Wells Fargo Bank  
Mr. Joe Munoz, Assistant to the President, Angelo State University  
Ms. Sheryl Pfluger, Marketing and Public Relations Officer, San Angelo Community Center  
Mr. Alvin New, President and CEO Town & Country Food Stores  
Mr. Erick 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



**Appendix B**  
**Community Partners with Project Janus**

San Angelo State School staff: Dr. Phillip Baugh, Superintendent; Mr. Charles Njemanze, Assistant Superintendent; Mr. Michael Dotson, Psychologist; Ms. Sherry Smith, Public Relations; Mr. Lynn Zaruba, Associate Psychologist.

Mr. Lynn Rutland, Executive Director of MHMR Services for the Concho Valley

Mr. Steve Evans, CEO of Texas Choice Services, Inc.

Mr. Rick Premo, Director, D&S, Inc.

Ms. Frances Wheat, Assistant to Senator Robert Duncan

Mr. Jeff Levins, Assistant to State Representative Drew Darby