

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

Vendor name	PALS, Inc.
Vendor number(s)	<p>PALS DOWNEY DAY PROGRAM  HX0797 515 (PROGRAM)  HX0798 880 (TRANSPORTATION)  882 (TRANSPORTATION AIDE)  PX0871 110 (1:1)  PALS, INC  HP4246 515 (PROGRAM)  HP4250 880 (TRANSPORTATION)  PP4430 880 (TRANSPORTATION AIDE)  PP4467 110 (1:1)  PALS ENDEAVOURS  HW0468 515 (PROGRAM)  HW0518 880 (TRANSPORTATION)  PW5865 110 (1:1)</p>
Primary regional center	Tri-Counties Regional Center
Service type(s)	117 (Specialized Therapy) 110 (1:1) 055 (Community Integration Training Program)
Service code(s)	055, 110, 117
Number of consumers currently serving and current staff to consumer ratio.	<p>PALS serves approximately 230 individuals across all programs.</p> <p>General Program ratio 1:3;  or 1:1 or 2:1 for people with severe behavioral issues, as related to behaviors associated with dual dx and history of trauma</p>
Have you or the organization you work with been a past recipient of HCBS Funding?	No.
Please provide a brief description of the service/ setting that includes what a typical day consists of and how services are currently provided; include barriers to compliance with the HCBS	<p>The service is a community based day supports program that provides services to individuals that frequently present with an intellectual/developmental disability and a mental health diagnosis (dual diagnosis). Activities are individualized and driven by participant preferences as captured in a dynamic person centered plan. Participants</p>

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rules.	<p>learn work and life skills of their choosing based on a daily/weekly schedule that they develop. They also agree to participate in therapy groups, or individual counseling, to help them address the emotional and behavioral barriers that may be currently preventing them from fully participating in work or community recreational activities. The goal is that the therapy component is seamlessly worked into the daily learning and educational activities. The barriers to full HCBS compliance are 1) transportation to community activities that can accommodate individuals that currently cannot safely utilize public transportation and 2) staff needs for very advanced training in skills such as adapted Dialectical Behavior Therapy (DBT) if they are to be successful in seamlessly embedding a therapeutic approach into their daily teaching and support activities with participants. The Skills System (Julie F. Brown) is one such promising adapted DBT system that can address the mental health needs of this population. Staff need advanced training to assist individuals to manage their own emotional/behavioral responses that currently interfere with them getting and keeping a paid job, making and keeping friends, and fully participating in community activities. They need transportation to community activities when they cannot access or safely use public transportation.</p>
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	<p><b><u>Federal Requirement #1:</u></b> <i>The setting is integrated in, and supports full access of, individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>
Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.	<p>Current approaches to supporting individuals with dual diagnosis frequently consist of applied behavioral analysis in the form of a Functional Behavioral Analysis (FBA) developed by a Board Certified Behavior Analyst (BCBA) and a positive behavior support plan. While a positive behavioral support plan can provide many benefits to an individual with a dual diagnosis, it cannot, and does not, address those mental processes that are the domain of psychotherapy. These are clearly outside of the scope of practice for a BCBA. Recent developments in the field of psychotherapy suggest that persons with an intellectual disability can learn better emotional self-regulation through some of the evidence-based cognitive behavioral</p>

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	<p>therapies. DBT, adapted for a person with an intellectual disability, is one such promising approach for teaching an individual to better self-regulate their emotions and related behavior excesses. This grant would provide advanced training to DSP staff, provide a series of monthly teleconference workgroups with the author of Skills System, and allow DSP, lead staff, program managers and clinician consultants the opportunity to learn in a group, case presentation and feedback format. A wheelchair accessible van would provide transportation to these work and community activities when the individual is unable, due to behaviors or emotional distress, to safely use public transportation.</p>
<p>Please describe your person-centered approach<sup>1</sup> in the concept development process; how did you involve the individuals for whom you provide services?</p>	<p>Our team regularly meets with the individuals we serve to review their identified goals, ways to meet those goals, and ways that staff can provide supports people think are useful. Research (J.F. Brown, 2018) suggests that negative staff/participant interactions are often rooted in perceived power differentials. Frequently, participants tell us that when staff treat them not as “clients” but as equals, they feel much better motivated to participate in working toward their goals. We asked “if we could find a way to better help staff understand how to support people as equals, do you think it would be helpful?” The idea was universally supported by the people we serve. DBT approaches strive to eliminate power differentials that serve to escalate behaviors and create unnecessary barriers to full community participation.</p>
<p>Does the concept address unmet service needs or service disparities? If so, how?</p>	<p>Unmet service needs. Currently, staff are required to meet various requirements such as DSP I and II, in order to provide services in our day programs. Unfortunately, this training does not meet the service needs of the people we serve that have a dual diagnosis. We believe the Skills System will provide the training our staff need to better assist these difficult to serve individuals to more fully participate in work and community activities. A wheelchair accessible vehicle will help provide greater community access when public transportation is not available or cannot be safely accessed.</p>
<p>Estimated budget and</p>	<p>JFBrown Speaker Fee for Two Day Training \$12,500</p>

<sup>1</sup> A person-centered approach emphasizes what is important to the individual who receives services and focuses on personal preferences, satisfaction, and choice of supports in accessing the full benefits of community living. For more information regarding person-centered practices, please visit [www.nasdds.org/resource-library/person-centered-practices](http://www.nasdds.org/resource-library/person-centered-practices).

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<p>timeline; identify all major costs and benchmarks — attachments are acceptable.</p>	<p>Timeline: Within first two months of grant notification  JFB Speaker Fee (12 mo. teleconferences)      \$9,000  Timeline: Ongoing for 12 months from grant notification  JFB Travel &amp; Expenses      \$2,150  Supplies/Printing      \$350  Wheelchair accessible vehicle      \$58,000  Timeline: Purchase within 1 month of grant notification  Project Coordinator      \$28,800  Timeline: Hired within 1 month of grant notification, ongoing for 12 months from grant notification</p>
<p>Total requested amount.</p>	<p>\$ 110,800</p>
<p>What is your plan for sustaining the benefits, value, and success of your project at the conclusion of 2018-19 HCBS Funding?</p>	<p>We will identify a “mentor” within the agency who will be responsible for training new staff. Our policies and procedures manual will be modified to insure that the methods and procedures learned via Skills System is incorporated into the daily activities throughout <u>all</u> of the programs we currently operate. Our service designs will reflect the use of Skills System and training requirements for new staff. We will redesign our Quality Assurance system to assess how well staff are using the techniques learned. We will redesign our staff retention and promotion procedures to reflect how well staff are able to master and implement Skills System methods and procedures.</p>