

FUNDING APPLICATION

GENERAL INFORMATION

Organization Information

Legal Name: Autistic Treatment Center, Inc. (dba Autism Treatment Center)	Federal Tax ID#: 75-1518193	501(c)(3) Public Charity 509 (a)(1)
Address: 15911 Nacogdoches Rd., Building 2	City: San Antonio	State: TX
		Zip Code: 78247
Website: www.atcoftexas.org	Fax: (972) 644-2076	United Way Funded: No

Fiscal Year:
September 01 to August 31

Head Of Organization

Name: Anna P. Hundley	Title: Executive Director
E-Mail Address: ahundley@atcoftexas.org	Phone: (210) 538-0905

Application Contact

Name: Cynthia Hamilton	Title: Development Director	E-Mail Address: chamilton@atcoftexas.org	Phone: (210) 538-0905
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Previous Najim Funding

Year	Funding \$
2011	\$40,000
2015	\$250,000
2018	\$25,000
Total	\$315,000

Has the organization applied to the Najim Family Foundation in the past and been declined?
No

Grant Amount Requested \$:	Total Project Budget \$:	Organization's Annual budget \$:
\$29,808	\$40,456	\$17,721,847

Mission Statement:
To assist people with autism and related disorders throughout their lives as they learn, play, work and live in the community.

PROJECT INFORMATION

Program / Project Title:
To support increased access to ABA Therapy for children with autism through tele-health.

PROJECT TIMELINE

Start Date	End Date
09/01/2020	08/31/2021
Harvey E. Najim Family Foundation Priorities: Disabilities/Special Needs	
Program / Project Description: <p>The Autism Treatment Center (ATC) has a contract with the State of Texas through the Children's Autism Program (CAP) to provide low-cost Applied Behavior Analysis (ABA) therapy to low-income children with autism who would otherwise be unable to receive treatment. In Texas, Medicaid and CHIP do not yet pay for ABA and state funding from CAP is the only source of coverage for this therapy for children dependent on public healthcare. The eligibility criteria for CAP and long client waiting lists, however, still leave many children without therapy or with gaps in treatment that result in regression of skills or behaviors. We ask the Harvey E. Najim Family Foundation for a grant of \$29,808 to fund an innovative and cost-effective telehealth model to provide ABA to this underserved population of children.</p> <p>ABA is a research-based therapy for autism that is typically delivered one-on-one with a therapist in a clinic or home setting from 7-30 hours a week depending on the needs of the child. ABA uses positive reinforcements to:</p> <ol style="list-style-type: none"> 1) Increase language and communication skills 2) Improve attention, focus, memory, and social skills 3) Decrease problem behaviors <p>Research has shown that in-home telehealth is an effective and cost-efficient model for ABA therapy, especially for rural and underserved populations.¹ Until COVID-19, however, CAP and many health insurance companies did not cover behavior therapy provided via telehealth and there were few Board Certified Behavior Analysts (BCBAs), the therapists licensed to administer ABA, trained on this model.</p> <p>ATC has been at the forefront of telehealth ABA through our partnership with the UTSA Dept. of Educational Psychology. Since 2016, ATC's 2 outpatient clinics have served as training sites for UTSA graduate students completing their required hours of clinical supervision for the BCBA training program. In 2019, ATC participated in a UTSA research project that included funding to train 3 of our BCBAs to provide ABA using telehealth to over 100 children with no other access to treatment. When our outpatient clinic closed in March 2020 due to the pandemic, ATC applied for and received a grant from the COVID-19 Response Fund for Dr. Leslie Neely of UTSA to train those 3 BCBAs to become telehealth instructors so they could train and supervise an additional 25 ATC therapists and UTSA interns to become proficient in telehealth. Because of this funding, ATC began ABA services again in April using telehealth and was able to resume treatment for 50 children by the end of May with videoconferencing technology.</p> <p>The proposed project will provide in-home telehealth ABA to an additional 36 children with autism ages 2-18 who have severe deficits in communication, difficulty with social interactions or adaptive living skills, and/or exhibit challenging behaviors. The target population will be children of low-income families from Bexar and surrounding counties who are unable to receive ABA treatment because:</p> <ol style="list-style-type: none"> 1) They do not qualify for the state's CAP funding (under the age of 3 or over the age of 15) 2) They have reached the annual or lifetime limit for CAP funding (180 hours per year over 4 years) 3) They have been identified as at-risk for autism but are on a waiting list for a diagnosis (currently 12+ months) 4) They have been on ATC's waiting list for CAP funding for over 1 year <p>During the 12-month project period (September 1, 2020 - August 31, 2021), 36 children will receive ABA via telehealth over 15 weeks each (3 cohorts of 15 weeks, 12 children per cohort).</p>	

Treatment sessions will be conducted using a parent-led model for children whose functioning level requires the assistance of a parent or caregiver. Higher-functioning children will receive one-on-one therapy using a direct service model of telehealth. Therapy sessions will be free of charge to participating families.

ABA therapy will be provided via videoconferencing technology by 6 masters-level UTSA interns in their 2nd year of the BCBA training program who received training and experience in telehealth through ATC's COVID-19 Response Fund grant. Each intern will work an average of 8 hours a week (5 therapy, 3 documentation) and provide a minimum of 2 ABA telehealth sessions per child for 2 children each week.

In addition to providing critical treatment to an underserved population of children, a grant from the Najim Family Foundation will also increase the capacity of ATC and other ABA providers in our community to use telehealth to treat children with autism. During the project period, Dr. Leslie Neely will train the participating 2nd year BCBA interns to become telehealth instructors. This training ensures that, as these students graduate and take positions with ATC or other ABA clinics, they can successfully train additional BCBA's to treat children who live in rural areas or have other barriers that prevent them from participating in face-to-face therapy.

1. Lindgren S, Wacker D, Suess A, Schieltz K, Pelzel K, Kopelman T, Waldron D, et al. Telehealth and autism: Treating challenging behavior at lower cost. *Pediatrics*. 2016;137(Supplement 2):S167-S175. doi: 10.1542/peds.2015-2851O

Evaluation Plan:

1) 36 children with autism will receive a minimum of 2 ABA sessions per week (1 to 1 1/2 hours per session) over 15 weeks to decrease challenging behaviors or improve targeted skills (communication, self-help skills, etc.) as identified in their functional behavior plans. Therapists (2nd year UTSA interns) will collect data using ABLIS and Catalyst software and conduct pre and post assessments to determine progress toward targeted goals. 2) 6 therapists (2nd year UTSA interns) will complete classroom training and clinical supervision required to become qualified as telehealth instructors during the 2020-2021 Fall and Spring semesters. The project's Training & Program Evaluation Consultant, Dr. Leslie Neely, will monitor, track, and report progress toward academic and clinical competencies.

Plans to sustain project beyond the term of this request:

ATC will continue using telehealth to provide ABA to children in our state-funded CAP program as a supplement to clinic-based therapy or as a stand-alone model for children in rural communities or those who have other barriers that prevent them from receiving in-person services. The outcomes and information collected during this project will be used as preliminary data to inform the design of future research partnerships with UTSA that compare outcomes for children receiving direct care therapy using 1) a clinic only model, 2) a telehealth only model, or 3) a combined clinic and telehealth model.

Children Impacted:

How many unduplicated children will the TOTAL PROJECT INITIATIVE impact?

36

How many unduplicated children will NFF REQUESTED FUNDS impact?

36

Please provide the percentage of each group below that will be served by the project in which funds are being requested. Do not leave any area blank. If that specific group will not be served, include zero. The percentage should total 100%.

A. Population Served Age		B. Population Served Ethnicity	
Infants (0-5)	50%	African American	12%
Children (6-13)	44%	Asian American	2%
Young Adults (14-18)	6%	Caucasian	33%
TOTAL:	100%	Hispanic/Latino	53%
		Native American	0%

	Other and Define	0%
	TOTAL:	100%

City Council District for Which Children are Being Served:

District2, District3, District10

Line item Budget:

Line Item Description	Total Project Funds Allocation	Najim Funds Allocation
Personnel - Therapy Interns	\$25,920	\$25,920
Personnel - Benefits	\$3,888	\$3,888
Training & Program Evaluation Consultant	\$7,798	\$0
Postage	\$900	\$0
Laminator	\$250	\$0
Program Printing & Supplies	\$1,700	\$0
TOTAL:	\$40,456	\$29,808

OTHER FUNDING RESOURCES

For Project being Requested: Funding sources and amounts, pending and committed.

PROJECT - PENDING

Funder Name	Amount Requested
Cowden Charitable Foundation	\$10,648
TOTAL:	\$10,648

PROJECT - COMMITTED

Funder Name	Amount Requested
	\$0
TOTAL:	\$0

Other funding sources and amounts, pending and committed not specific to this request.

ALL OTHER ORGANIZATION REQUESTS - PENDING

Funder Name	Amount Requested
	\$0
TOTAL:	\$0

ALL OTHER ORGANIZATION REQUESTS - COMMITTED

Funder Name	Amount Requested
Valero Benefit for Children	\$25,000
H.E. Stumberg Trust	\$7,862
Alamo Kiwanis Club Charities	\$5,000
San Antonio Area Foundation	\$50,000
TOTAL:	\$87,862

BOARD OF DIRECTORS

What percentage of your board contributes financially to the organization?

100%

If Board giving is not at 100%, please explain why?**How are board members expected to participate in your organization?**

ATC board members provide governance for the organization and serve as ambassadors and advocates for ATC and the individuals and families we serve. In addition to making an annual gift, board members are asked to contribute to special projects and capital campaigns that expand ATC's capacity and increase our impact in the community. Board members are expected to attend bi-monthly board meetings in person or by phone, participate in the 2-day annual planning retreat, and serve on at least one board committee (Management/Finance, Clinical Services, Board Development, Fundraising, and Property) that meets 4-6 times a year outside regular board meetings.

LIST OF BOARD DIRECTORS

Name & Office Held	Corporate Affiliation
Steve Folsom, Board Chair	Folsom Properties
Dennis Ingram, Vice Chair	CFP Ingram Financial/New England Financial
Donald A. Key, Treasurer	Ernst & Young Retired Senior Partner
Steve Barnett, Secretary	Business Consultant
Ronald Botello, Member	Platinum Wealth Solutions
Dodge Carter, Member	Crow Holdings Capital Real Estate, Managing Partner
Gregg Chinn, Member	Frost Bank
Christina Coon	Pegasus Foods
Linda Doubrava	KPMG
Roger Festor	Retired CEO, Oil & Gas Industry
Dale Flowers	U.S. Anesthesia Partners
Rhoni Golden	Dave Perry Miller Real Estate
Tom Grimmer	Valero
Dr. Fernando Guerra	Retired, Pediatrician and San Antonio Metropolitan Health District Director
Glenn Jackson	Attorney
Len Leek	L.R. Leek Enterprises, Inc.
Robert A. Norris	Bobby Norris Farm & Ranch Realty
Christian Owens	VLK Architects, Principal
Kevin Pollari	Deloitte Consulting, Principal
Lynn Smith	Community Volunteer
Beth Ann Susens	Community Volunteer
Peter Townsend	Retired, Exxon Mobile
Major General Alfred Valenzuela	U.S. Army (Retired)
Dr. Jo Webber	Retired, Texas State University
Luther Winch, III	Winch Ranch
David E. Young	Healthcare Consultant
Monte Zajicek	Retired, Stantec Architects
Aaltje van Zweden	The Papageno Foundation

Signature

Cynthia Hamilton