Behavioral Supports Report: Q3/FY21

This report provides data and associated information on behavioral services provided in home and community-based settings through the Commonwealth of Virginia's Developmental Disability (DD) waivers, specifically services billed under therapeutic consultation behavioral services. Data provided in this report will continue to expand, in particular once regulations governing this waiver service become effective. This report also includes information on behavioral resources, training, and technical assistance being shared with and provided to the provider community.

Therapeutic consultation behavioral services under DD waivers in Virginia (henceforth referred to as therapeutic consultation) can be considered "focused" behavior services. Focused behavioral interventions which are "problem focused" typically address specific behaviors for decrease such as aggression, self-injury, pica, property destruction, or other challenging behaviors. This type of behavioral intervention involves completion of a functional behavior assessment (FBA) and associated function-based behavior treatment planning. The behavior support plan, or BSP, incorporates the results of the FBA and will usually involve modifying specific aspects of the person's environment to reduce the likelihood that challenging behavior occurs, minimizing the provision of reinforcement for challenging behavior, and teaching new skills to replace the challenging behavior(s). Initial and ongoing training on BSP tactics for those implementing the BSP, as well as data collection and appropriate analysis and databased decision-making, are critical to the success of such behavioral services delivered through therapeutic consultation.

Therapeutic Consultation Behavioral Services Provider Growth

There are two primary provider types that provide therapeutic consultation in Virginia: Positive Behavior Support Facilitators (PBSF) and Board Certified Behavior Analysts®/Licensed Behavior Analysts (BCBA[®]/LBA). Included in the data on the display on the following page are assistant level behavior analysts (BCaBA[®]/Licensed Assistant Behavior Analysts) as they also may bill this service under the supervision of Master's or Doctoral level Licensed Behavior Analysts. It is of great interest to the Department of Behavioral Health and Developmental Services (Department or DBHDS) that persons who are seeking therapeutic consultation are able to secure a behaviorist in a timely manner so that their needs can be met. In addition, a compliance indicator agreed to by the Commonwealth and the United States Department of Justice for implementation of the Settlement Agreement between the Commonwealth and the United States (Settlement Agreement) calls for growth in the number of behaviorists. It provides: By June 2019, DBHDS will increase the number of Positive Behavior Support Facilitators and Licensed Behavior Analysts by 30% over the July 2015 baseline and reassess need by conducting a gap analysis and setting targets and dates to increase the number of consultants needed so that 86% of individuals whose Individualized Services Plan identify Therapeutic Consultation (behavioral support) service as a need are referred for the service (and a provider is identified) within 30 days that the need is identified. (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.14.)

The graphical display on the next page illustrates growth in the number of behaviorists in the Commonwealth of Virginia since Fiscal Year 2016, which speaks to the first component of this compliance indicator.



The blue line corresponds to the primary y-axis (# of behaviorists) while the orange line corresponds to the secondary y-axis (percent increase over FY16 baseline). A baseline of 821 behaviorists was established at the beginning of FY16 (July 2015); currently, the PBSF provider organization and the Virginia Department of Health Professions (which governs LBA and LABA licensure) report a combined total of 1,893 behaviorists, which represents a 130% increase over the July 2015 baseline. This is also an increase of 141 behaviorists since the time of the most recent report of this nature (FY21Q1). This exceeds the requirement of the compliance indicator for an increase in the number of PBSFs and LBAs by 30% over the July 2015 baseline. This exceeds the compliance indicator of behaviorists in Virginia; LBA/LABAs account for 96% of the current number of behaviorists in Virginia. Of note and as it relates to the specific language of "LBAs" in this indicator, there are currently 1,610 LBAs and 206 LABAs licensed in the Commonwealth. If only LBAs and PBSFs (of which there are 75) are included in behaviorist growth data, the percent increase calculates to an approximate 105% increase over the July 2015 baseline.

As of July 1, 2020, DBHDS has launched tracking to determine the number of individuals identified during the ISP planning process as being in need of therapeutic consultation. Additionally, data are being tracked to determine the percentage of those persons that have a therapeutic consultation provider identified within 30 days of that need being identified. The data displayed on the following page outline the following: 1) the number of individuals that have a provider identified within 30 days, 3) the number of individuals that have a provider identified within 30 days, 3) the number of individuals that have a provider identified but indicated need for the service during their ISP meeting, and 4) the percentage of individuals that have a provider identified within 30 days. The blue, orange, and gray bars correspond to the primary y-axis (numbers 1, 2, and 3 as listed above), while the purple line corresponds to a percentage

displayed on the secondary y-axis (number 4 as listed on the previous page). These data are based off of the result of responses surrounding the need for a referral for therapeutic consultation services at annual ISP meetings that occurred between 9/1/2020 and 2/28/2021 as entered into the Virginia Waiver Management System (WaMS). This information is regionalized and also totaled across the Commonwealth. Overall, 45% of individuals that indicated a need for a therapeutic consultation referral had a provider identified (with a service authorization in place for that provider) within 30 days of indicating the need for the service. An additional approximate 10% of individuals obtained a service authorization for therapeutic consultation behavioral services in more than 30 days from the date the need was indicated.



The DBHDS Office of Provider Development has provided technical assistance from Community Resource Consultants to help behaviorists enroll with the Department of Medical Assistance Services to become a therapeutic consultant. For the individuals that had not received a timely identification of a behaviorist, DBHDS will contact leadership in each CSB to provide information on how to locate behaviorists in each region. Upcoming goals include the dissemination of a training Practice Guidelines for Behavior Support Plans (henceforth referred to as Practice Guidelines) developed by DBHDS and what a support coordinator can observe to determine if key hallmarks of a behavior support plan and associated service provision are in place; the training will also include information on how support coordinators can connect with behaviorists in their region as well as across the Commonwealth. The regulations which govern therapeutic consultation behavioral services are expected to become effective in the spring of 2021 and will include ongoing provision of telehealth for most aspects of this service that were previously only allowable via face to face. DBHDS expects that the inclusion of telehealth in this service will increase access to behaviorists for more individuals that are in need of the service. Though regulations governing therapeutic consultation behavioral services has not yet been finalized at the time of this report, the above data are also tied into the following compliance indicator (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.18): Within one year of the effective date of the permanent DD

Waiver regulations, 86% of those identified as in need of the Therapeutic Consultation service (behavioral supports) are referred for the service (and a provider is identified) within 30 days.

Expectations for Behavioral Programming

DBHDS, in concert with the Partnership for People with Disabilities and the Virginia Positive Behavior Support Project, the Virginia Association for Behavior Analysis, and through multiple public comment periods, has drafted basic expectations for the content areas of behavior support plans and associated expectations for the service, which will be incorporated into waiver regulations once finalized (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.17: The permanent DD waiver regulations will include expectations for behavioral programming and the structure of behavioral plans). DBHDS has also shared the associated Practice Guidelines for behavior support plans with the Independent Reviewer's consultants. Currently, DBDHS is working with the Independent Reviewer and the consultants to finalize the *Practice Guidelines*, which relate directly to a compliance indicator for Section III.C.6.a.i-iii (filing reference 7.15) that provides as follows: The Commonwealth will provide practice guidelines for behavior consultants on the minimum elements that constitute an adequately designed behavioral program, the use of positive behavior support practices, trauma informed care, and personcentered practices. As previously noted, DBHDS will launch a training in the Commonwealth of Virginia's Learning Management System that will be available ongoing to support coordinators that will provide the Practice Guidelines and also will outline the components of behavior support planning tied into regulations such that support coordinators can observe if key hallmarks are being implemented for individuals that receive this service (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.16: The Commonwealth will provide the practice guidelines and a training program for case managers regarding the minimum elements that constitute an adequately designed behavioral program and what can be observed to determine whether the plan is appropriately implemented). The current draft iteration of this training has been provided for review to the Independent Reviewer and expert consultants for feedback and will be integrated in the Commonwealth of Virginia's Learning Management System following receipt of feedback and DBHDS finalization.

Behavioral Resources

A compliance indicator for Settlement Agreement Section V.H.1 (filing reference 49.5) provides as follows: *DBHDS makes available for nurses and behavioral interventionists training, online resources, educational newsletters, electronic updates, regional meetings, and technical support that increases their understanding of best practices for people with developmental disabilities, common DD-specific health and behavioral issues and methods to adapt support to address those issues, and the requirements of developmental disability services in Virginia, including development and implementation of individualized service plans.*

To address the indicator specific to behavioral services/interventionists, DBHDS has undertaken the following measures since from FY21Q1 through FY21Q3:

- Publication of five educational articles on behavioral services (included on the DBHDS website and in the Office of Integrated Health's monthly newsletter) on the topics listed below. Each article contains references to the professional literature and/or website resources.
 - What to expect from "problem focused" behavioral services
 - Data collection is pivotal for progress
 - Indications for the use of indirect FBA procedures
 - o Behavioral skills training improves behavior support plan implementation

• Scope of practice v. scope of competence

- DBDHS partnered with the Virginia Association for Behavior Analysis via a survey on • Therapeutic Consultation Behavioral Services and Telehealth in March 2021. Forty five respondents completed the survey, consisting of providers that were already delivering the service as well as those that were seeking to become credentialed to deliver the service (6 providers). Three of those providers sought technical assistance in provider enrollment which was offered by a DBHDS Community Resource Consultant. There were respondents from all health planning regions in the state. Respondents gave feedback on the use of telehealth during the emergency pandemic period and overall indicated a high level of satisfaction with telehealth as a service delivery option. A selection of notes in the open ended component of the survey indicated that telehealth had increased the ability to serve more individuals, had allowed more focus on intervention development, had allowed providers to reach clients in rural areas that they had not been able to previously serve, and had allowed for real-time coaching and consultation when challenging behavior was occurring. As previously mentioned, telehealth options will be included ongoing in regulatory language that will govern this service to take effect in spring 2021.
- Participation in the statewide Provider/Support Coordinator Roundtable meeting in February 2021. Informational resources on the abovementioned educational articles developed by DBHDS on behavioral services were provided to participants. Information was also provided on how to locate behaviorists and obtain assistance from DBHDS in locating a behaviorist when needed. There were 500 registrants for this meeting.
- Provision of technical support to 8 behaviorists related to behaviorally analytic topics, including appropriate graphical displays for the service, operational definitions of behavior and measurement systems/data collection, functional behavior assessment and function based treatment, and/or sharing resources from the professional literature.

Summary

DBHDS has established tracking on the need for therapeutic consultation services for individuals on the Family and Individual Supports and Community Living waivers. DBHDS has also continued information dissemination and technical assistance related to best practice in the delivery of behavioral services specific to "problem focused" behavioral services (e.g. assessment and treatment of challenging behavior, developmental of functionally equivalent replacement behaviors); the Department has and will continue to create brief informational articles on such topics and share with these with the provider community. DBHDS has partnered with the professional organization in Virginia for Licensed Behavior Analysts to inform more eligible LBAs/LABAs about this service and will continue to provide assistance to enroll more behaviorists to deliver therapeutic consultation services. DBHDS has provided a draft of Practice Guidelines for behavior support plans to the Independent Reviewer's expert consultants, along with a training for support coordinators which relates to therapeutic consultation behavioral services and intends to make both available in the spring of 2021. At the time of this report, regulations governing therapeutic consultation behavioral services is being finalized. DBHDS has delivered an internal training to service authorization staff surrounding anticipated changes to regulations that govern this service and will deliver training to inform the behavioral and larger communities about the regulations, Practice Guidelines, and quality reviews that DBHDS will complete on behavior support plans and associated service documentation. DBHDS plans to launch ongoing quality reviews of behavior support plans in spring of 2021 and will include data based on quality reviews in upcoming reports.

ADDENDUM

In the 16th report to the Court, the Independent Reviewer requested several pieces of data through recommendations specific to behavioral services. As indicated in response to these recommendations, DBHDS is able to provide a count of the number of individuals that have a behavior support plan as identified in WaMS. Of note, this is based only on individuals that had an ISP occurring between September 1, 2020 and February 28, 2021. Additionally, this number may be inclusive of individuals that have a behavior support plan through funding streams/services outside of therapeutic consultation. With the parameters noted above, the number identified during this time period was 1,058 persons with a behavior support plan.