

## **Behavioral Supports Report: Q1/FY22**

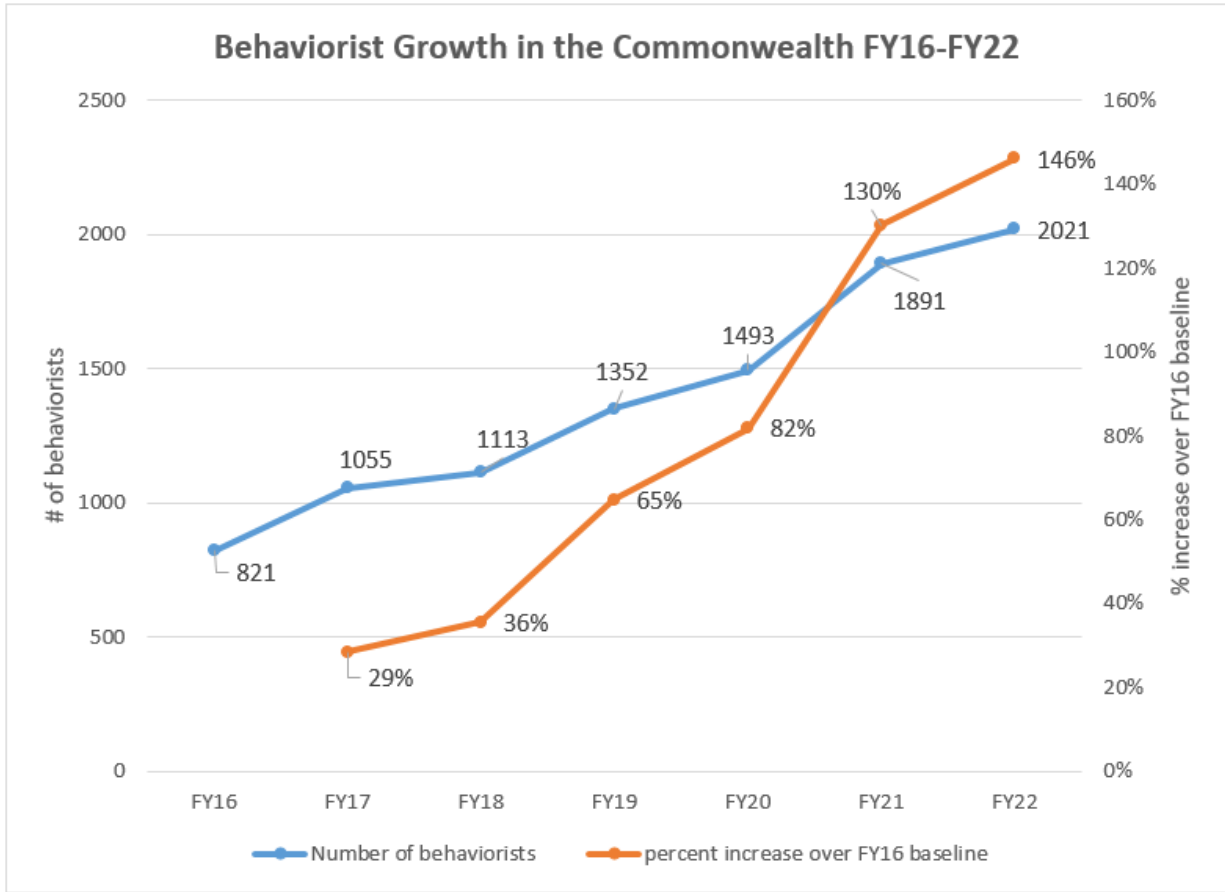
This report provides data and associated information on behavioral services provided in home and community-based settings through the Commonwealth of Virginia's Developmental Disability (DD) waivers, specifically services billed under therapeutic consultation behavioral services. This report also includes 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 data-based 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.)

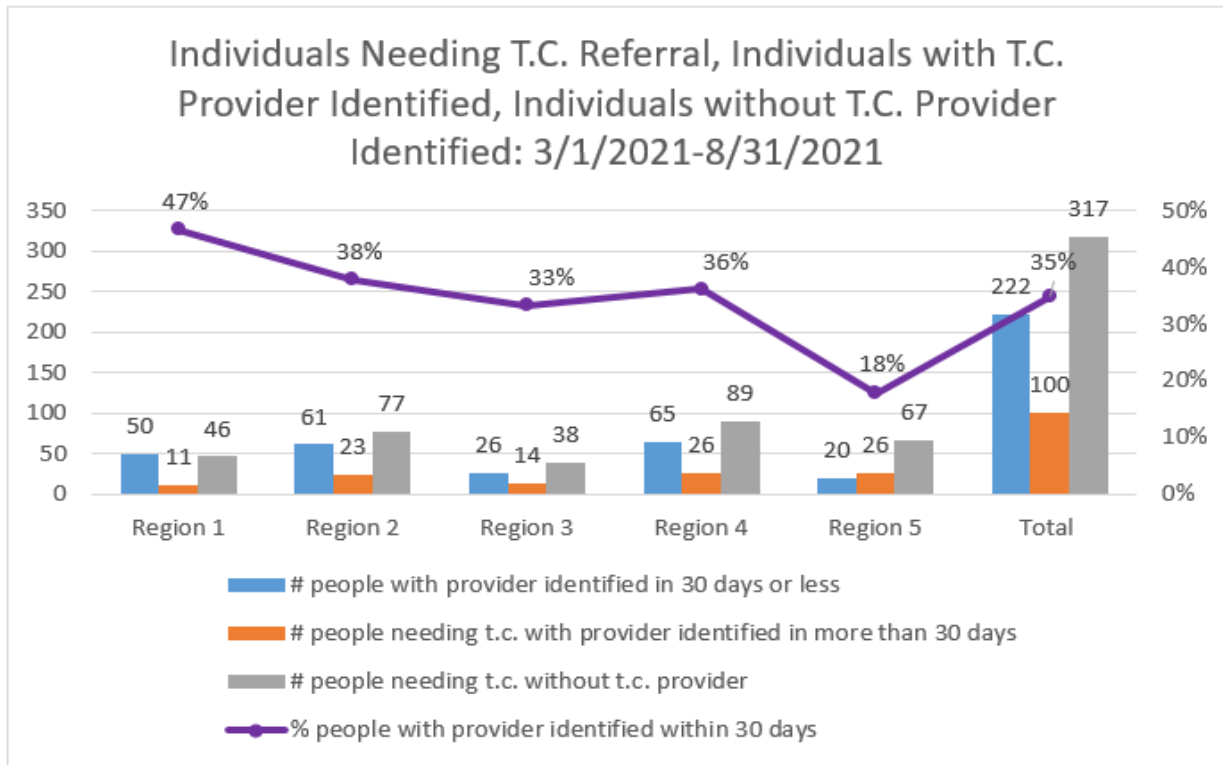
The graphical display on the next page illustrates growth in the number of behaviorists in the Commonwealth of Virginia since Fiscal Year 2016, which speaks to the first component of this compliance indicator.



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 2,021 behaviorists, which represents a 146% increase over the July 2015 baseline. This is also an increase of 128 behaviorists since the time of the most recent report of this nature (FY21Q3). 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. PBSFs account for 4% of the current number 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 1,741 LBAs and 200 LABAs licensed in the Commonwealth. If only LBAs and PBSFs (of which there are 80) are included in behaviorist growth data, the percent increase calculates to an approximate 122% 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, 2) the number of individuals with a provider identified outside of 30 days, 3) the number of individuals that do not 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 3/1/2021 and 8/31/2021 as entered into the Virginia Waiver Management System (WaMS). This information is regionalized and also totaled across the Commonwealth. Overall, 35% 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 15% of individuals obtained a service authorization for therapeutic consultation behavioral services in more than 30 days from the date the need was indicated. A total of 50% of people needing services received them within some timeframe of the review period. This reflects a 10% decrease in performance since the previous review period, when 45% of individuals that indicated a need for a therapeutic consultation referral had one within 30 days of indicating a need for the service, and is also a decrease of 5% of the overall total from the past review period (9/1/2020 - 2/28/2021, 55%).



*Gap analysis and action plan:*

In review of the data above in comparison to previous quarters, each region except Region 1, who maintained performance, had a decrease in the percentage of people connected to a behaviorist within the required timeframes (Region 2: 48% to 38%, Region 3: 49% to 33%, Region 4: 45% to 36%). Region 5 had the most significant decrease from 37% to 18% and remains the region with the lowest performance overall. To improve performance, DBHDS has employed or will commence numerous interventions. DBHDS will increase data reviews monthly to obtain leading performance indicators, which will improve real-time decision making as it relates to regional and CSB specific performance. As a corollary to increased data reviews, in FY22Q2 DBHDS will begin shifting the job responsibilities of one Regional

Crisis Manager to focus primarily on therapeutic consultation connectivity and quality oversight to improve performance in the above (in addition to quality reviews of behavior support plan adequacy). The data above suggest that all regions need improvement but that Region 5 in particular is an undesirable outlier, so DBHDS may begin with particular attention via pinpointed efforts to improve connectivity in this region. Designated DBHDS staff will work further to parcel out data in future reviews to highlight CSBs that require additional technical support, as well as provider development. DBHDS may provide month by month performance trend data on timely connectivity to behaviorists in future reporting, as that is likely how these data will be analyzed going forward.

There are several other actions underway that DBHDS believes will improve performance that will be observed in future reporting. In March 2021, DBHDS commenced significant changes to therapeutic consultation waiver regulations to include numerous changes in documentation requirements and the creation of new authorization types. Prior to and concurrent with changes, DBHDS provided training to the behaviorist community and internal service authorization consultants on the changes. In light of the increased documentation expectations for behaviorists, DBHDS provided a “grace period” to allow behaviorists with the opportunity to update their internal process and adjust to the new regulatory expectations, with full expectations of new regulations going into effect 7/1/2021. DBHDS believes that the significant changes in expectations has also temporarily impacted timely connection from a service authorization perspective and may be a contributor to the performance decrease as reported in the graphical display and analysis on page 3 above.

DBHDS has worked with DMAS and private providers to increase the number of behaviorists that are eligible to deliver therapeutic consultation by approximately 19% based upon service authorization data from November 2020 and May 2021. This reflects an increase of 10 behaviorists or behavioral provider groups during the times of those data reviews and is based upon service authorizations by providers at the time of the data pull. DBHDS believes that this may positively impact connectivity as new providers begin to receive more referrals.

DBHDS has begun requiring training for support coordinators in all Community Services Boards on updated changes and expectations for therapeutic consultation behavioral services effective 7/1/2021 relevant to the following compliance indicator: *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* (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.16). The training includes best practice information on problem-focused behavioral services, information on the waiver regulations and associated *Practice Guidelines for Behavior Support Plans*, and resources on how to connect to behaviorists in Virginia. DBHDS believes that increasing support coordinator knowledge on expectations for connectivity and where to connect to behaviorists will also positively impact performance.

### **Expectations for Behavioral Programming**

On 3/31/2021, the permanent regulations for therapeutic consultation behavioral services went into effect. These regulations outline basic expectations for the content areas of behavior support plans and associated expectations for the service (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 provided associated *Practice Guidelines for Behavior Support Plans* to the community, behaviorists, and CSBs, 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 person-centered practices. As previously noted, DBHDS has also launched a training in the Commonwealth of Virginia's Learning Management System for support coordinators that reviews the Practice Guidelines and also outlines the components of behavior support planning tied into regulations such that support coordinators can observe to determine 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).*

DBHDS has created a scoring tool that determines the adherence of behavior support plans to the *Practice Guidelines for Behavior Support Plans*. This Behavior Support Plan Adherence Review Instrument (BSPARI) utilizes a weighted scoring system that provides a score for each behavior support plan content area and its associated minimum elements as outlined in the *Practice Guidelines*. The BSPARI and its associated Scoring Instructions and Guidelines have been reviewed and approved by the DOJ expert reviewer for behavioral services, received input from members of Virginia's behavioral community with extensive experience in delivering therapeutic consultation behavioral services, and has been reviewed by a researcher with numerous peer reviewed publications in behavior analysis with experience creating behavior analysis assessment tools. DBHDS will be utilizing the BSPARI in review of behavior support programming, along with support coordinator assessment on the appropriate implementation of behavioral programming, corresponding to parts 4 and 5 of the following compliance indicator: *DBHDS will implement a quality review and improvement process that tracks authorization for therapeutic consultation services provided by behavior consultants and assesses: (1) the number of children and adults with an identified need for Therapeutic Consultation (behavioral supports) in the ISP assessments as compared to the number of children and adults receiving the service; (2) from among known hospitalized children and adults, the number who have not received services to determine whether more of these individuals could have been diverted if the appropriate community resources, including sufficient CTHs were available; (3) for those who received appropriate behavioral services and are also connected to REACH, determine the reason for hospitalization despite the services; (4) whether behavioral services are adhering to the practice guidelines issued by DBHDS; and (5) whether Case Managers are assessing whether behavioral programming is appropriately implemented* (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.16). The BSPARI will also be employed to provide performance feedback to behaviorists, such that areas that are in compliance can be reinforced to behaviorists, and areas that are lacking can contact technical assistance and resources from DBHDS. DBHDS will utilize a randomized sampling process to conduct quality reviews using the BSPARI and will report out data on initial reviews in April 2022.

### **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 from FY21Q4 through FY22Q1:

- 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.
  - *Updates to DD Waiver Regulations, re: Therapeutic Consultation Behavioral Services*
  - *Are BSPs Comprehensible to DSPs?*
  - *Acceptance and Commitment Therapy: A Brief Description and Resources*
  - *Practice Guidelines for Behavior Support Plans*
  - *Resources for behavior graphing*
- DBHDS partnered with the West Virginia University Applied Behavior Analysis program to deliver a five part training series, which was made available for free to behaviorists and community members. These trainings took place during FY21Q4 and were 3 hours in length each. All trainees that were present for the entirety of a training and provided their name and contact information were able to obtain a certificate of attendance; for the advanced training topics, continuing education units were provided for Board Certified Behavior Analysts and Board Certified Assistant Behavior Analysts. The following training topics, along with the number of participants, are listed below:
  - Introduction to Functional Behavior Assessment: 98 participants
  - Introduction to Behavior Support Plan Development: 105 participants
  - Behavior Skills Training: 112 participants
  - Advanced Functional Behavior Assessment: 106 participants
  - Advanced Behavior Support Plan Development: 100 participants
- DBHDS provided a three part training series on behavior graphing and visual analysis, with two of the trainings delivered in partnership with the University of Cincinnati. These trainings took place in FY21Q1 and were each 2 hours in length. Certificates of attendance or continuing education was provided to all attendees as described above. The following training topics, along with the number of participants, are listed below:
  - Introduction to Behavior Graphing with Microsoft Excel: 63 participants
  - Plotting without Deception: Graphing and Visual Analysis Part 1: 50 participants
  - Plotting without Deception: Graphing and Visual Analysis Part 2: 47 participants
- DBHDS delivered a training to community behaviorists in May 2021 on changes to regulations that govern therapeutic consultation behavioral services. During this training, participants were provided with specific information on the updated expectations for this service, along with information on the (at that time) forthcoming Practice Guidelines for Behavior Support Plans. Attendees including community behaviorists, as well as leadership from the Virginia Association for Behavior Analysis and the Partnership for People with Disabilities. DBHDS also delivered a training similar in content specific for Positive Behavior Support Facilitators in June 2021.
- DBHDS Licensed and Board Certified Behavior Analyst staff participated in the statewide Provider/Support Coordinator Roundtable meetings in July 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.

### **Summary**

DBHDS continues tracking on the need for therapeutic consultation services for individuals on the Family and Individual Supports and Community Living waivers and has plans to improve such tracking and

decision making with related data. DBHDS has continued information dissemination and technical assistance related to best practice in the delivery of behavioral services specific to “problem focused” behavioral services both via ongoing written communication and resources provided to the public, as well as offering both introductory and advanced training on behavior analysis topics from venerable experts in the field. DBHDS has partnered with the professional organization to inform more eligible LBAs/LABAs and PBSFs about this service and will continue to provide assistance to enroll more behaviorists to deliver therapeutic consultation services in the future. Permanent waiver regulations that outline expectations for behavior planning for this service have been established, along with an associated *Practice Guidelines for Behavior Support Plans* that expand upon the content of the regulations to provide specific guidance on expectations to behaviorists, along with helpful resources and literature. An associated training has commenced for Support Coordinators across the Commonwealth, such that key CSB staff are aware of these quality expectation changes and are provided with associated resources to help improve timely connectivity to behaviorists. DBHDS has begun quality review of a randomized sample of behavioral programming using the DBHDS designed *Behavior Support Plan Adherence Review Instrument* and will provide preliminary data on quality reviews in the next report. DBHDS believes that strong strides have been made in the recent semi-annual review period, while acknowledging that significant work remains toward achieving all of the provisions and compliance indicators specific to behavioral services.