Behavioral Supports Report: Q3/FY22

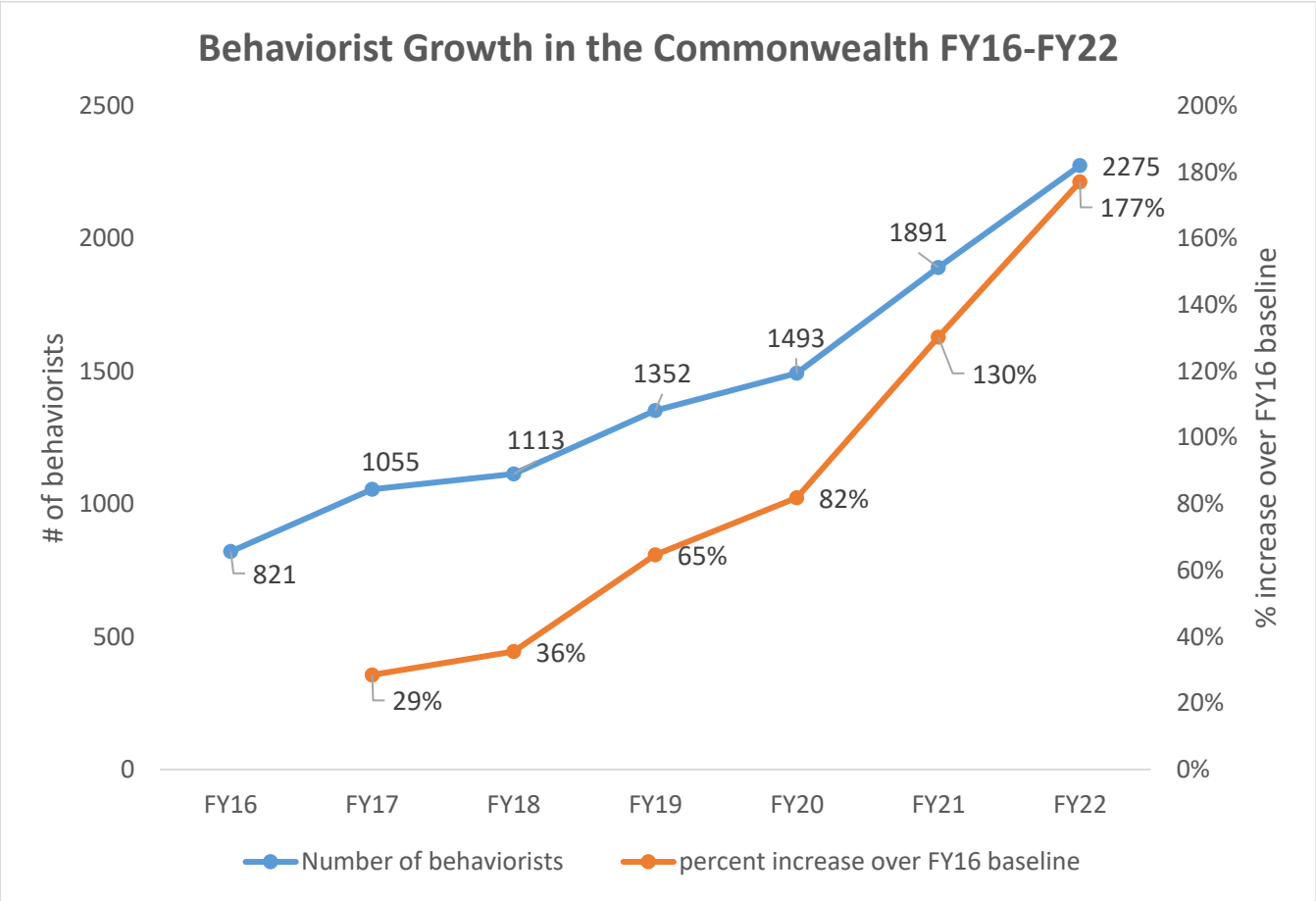
This report provides data and associated information on behavioral services provided in home and community-based settings through the Commonwealth of Virginia's Developmental Disability (DD) waivers, specifically services billed under therapeutic consultation behavioral services. This report also includes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

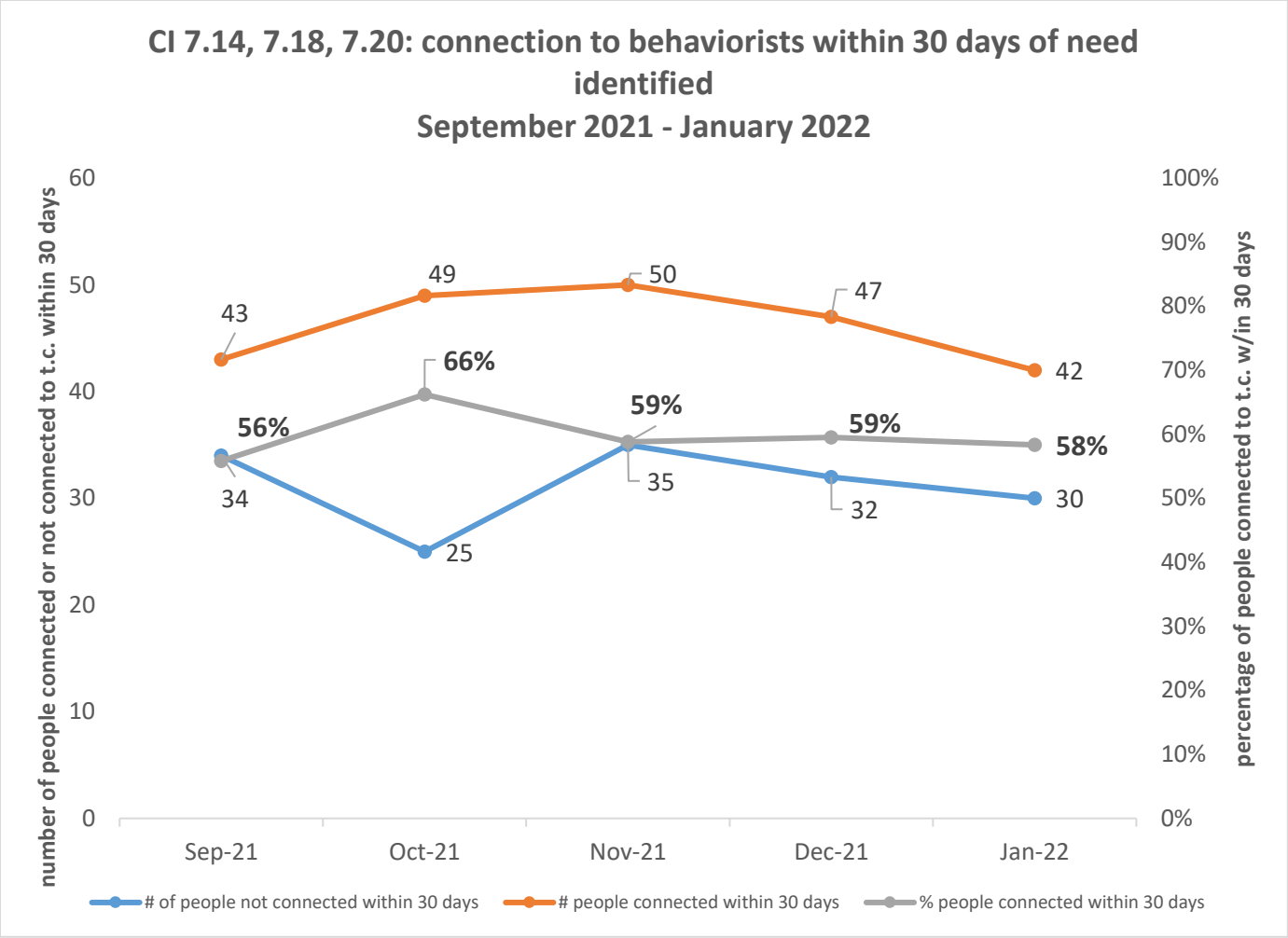
There are two primary provider types that provide therapeutic consultation in Virginia: Positive Behavior Support Facilitators (PBSF) and Board Certified Behavior Analysts®/Licensed Behavior Analysts (BCBA®/LBA). Also included in the data on the display on the following page are assistant level behavior 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 below 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.

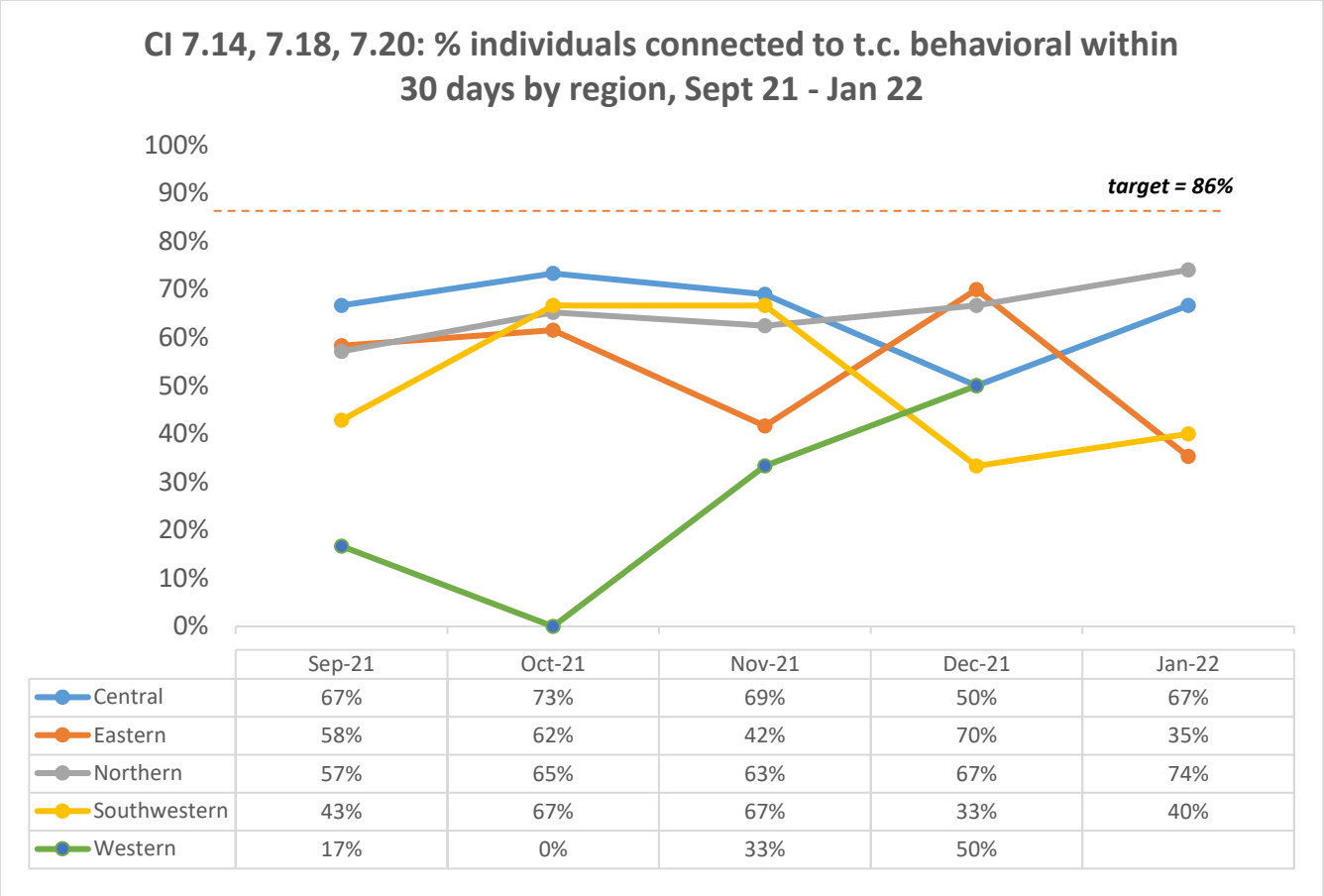


The blue line corresponds to the primary y-axis (# of behaviorists) while the orange line corresponds to the secondary y-axis (percent increase over FY16 baseline). A baseline of 821 behaviorists was established at the beginning of FY16 (July 2015); currently, the PBSF provider organization and the Virginia Department of Health Professions (which governs LBA and LABA licensure) report a combined total of 2,275 behaviorists, which represents a 177% increase over the July 2015 baseline. This is also an increase of 254 behaviorists since the time of the most recent report of this nature (FY22Q1). 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 licensed (or endorsed) in Virginia. Of note and as it relates to the specific language of "LBAs" in this indicator, there are currently 1,982 LBAs and 212 LABAs licensed in the Commonwealth. If only LBAs and PBSFs (of which there are 81) are included in behaviorist growth data, the percent increase calculates to an approximate 151% increase over the July 2015 baseline.

Beginning in July 1, 2020, DBHDS launched tracking to determine the number of individuals identified during the ISP planning process as being in need of therapeutic consultation. In past reports, DBHDS has provided a graphical display that represents regionalized and statewide totals across a 6 month period, with the data on the x-axis (horizontal) representing each region of the state (and the total statewide). As noted in the FY22Q1 report, DBHDS is now obtaining data on a monthly basis. The graphical displays have been updated to display month-by-month activity on connecting individuals in need of this service to this service within the required 30 days (based on the individual and their ISP team indicating that a referral was needed at the time of the ISP meeting). These data use the same logic as in previous reports, but are now displayed in a trended manner across months as opposed to aggregated across the entire review period. Two graphical displays are provided on the following page. The first display provides data from September 2021 through February 2022 on the number of individuals that needed this service and were connected to a behaviorist within 30 days (orange line), the number of individuals that needed the service and were not connected within 30 days (blue line), and the overall percentage of individuals connected to a behaviorist within 30 days (gray line). This first graph reflects performance across all regions of the state combined. The data are an improvement from the previous 6-month aggregate of data reported in the FY22Q1 report, when 35% were connected within 30 days of the need being identified, and is an improvement from the FY21Q3 6-month data aggregate when 45% were connected within 30 days of the need being identified. As noted below, all of the months from September 2021 through January 2022 had performance at 56% or above. DBHDS is pleased to see this performance improvement from past review periods but recognizes work remains to achieve the 86% benchmark outlined in the related compliance indicators. As of December 2021, DBHDS is sharing monthly, individualized data via graphical displays of performance, along with resources to connect to behaviorists, with key CSBs and their developmental services leadership. DBHDS believes that the use and acceptance of telehealth services may be beneficial in connecting people in need of services and has provided a large information blast on telehealth via the Provider Development ListServ in February 2022. This provides information specific to the acceptability of telehealth from the updated waiver regulations, as well as the efficacy of telehealth in behavioral services via a brief literature review. This information will also be published as an "ABA Snippet" in the upcoming Office of Integrated Health Newsletter. The graphs that follow are relevant to the second component of compliance indicator 7.14, as well as the following compliance indicator: *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.* (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.18.) Additionally, the data on the graphical display on the following page are relevant to the first component of one additional compliance indicator, which provides the following: *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;* (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.20.)



The second display on the following page provides regionalized performance on the percentage of individuals connected within 30 days across the same period as the graph above. The red dashed line represents the target performance of 86%. None of the regions have met the 86% benchmark; the northern region consistently has the most people needing services, followed by the central region, which is a logical correlate to the population densities in these areas of the state. The northern region has an overall increasing trend of people being connected to the service within 30 days. There is greater variability in the other regions month by month. DBHDS is additionally sharing such regionalized data at regional support coordinator roundtable meetings, along with information on how to locate behaviorists and access support from DBHDS.



	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Central	67%	73%	69%	50%	67%
Eastern	58%	62%	42%	70%	35%
Northern	57%	65%	63%	67%	74%
Southwestern	43%	67%	67%	33%	40%
Western	17%	0%	33%	50%	

The table below supplements the visual display above by providing raw data on the number of people connected and not connected to services within 30 days from September 2021 through January 2022.

Connectivity by Region 9/21-1/22	Sept # NO connect	Sept # YES connect	Oct # NO connect	Oct # YES connect	Nov # NO connect	Nov # YES connect	Dec # NO connect	Dec # YES connect	Jan # NO connect	Jan # YES connect
Central	8	16	8	22	9	20	11	11	6	12
Eastern	5	7	5	8	7	5	3	7	11	6
Northern	12	16	8	15	12	20	13	26	7	20
Southwestern	4	3	2	4	1	2	4	2	6	4
Western	5	1	2	0	6	3	1	1	n/a	n/a
TOTAL	**34**	**43**	**25**	**49**	**35**	**50**	**32**	**47**	**30**	**42**

Expectations for Behavioral Programming

On 3/31/2021, the permanent regulations for therapeutic consultation behavioral services went into effect (note: DBHDS provided until 7/1/2021 for providers to come into full accordance with the expectations of the regulations). 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 noted in past reports, DBHDS 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 believes that this compliance indicator has been met.

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 Guide and Feedback Process) has been reviewed and approved by the DOJ expert reviewer for behavioral services and received input from members of Virginia's behavioral community with extensive experience in delivering therapeutic consultation behavioral services. The BSPARI was also reviewed by a researcher with numerous peer-reviewed publications in behavior analysis with experience creating behavior analysis assessment tools. Since the initial approval of the BSPARI and related Scoring Instructions Guide and Feedback Process by the DOJ reviewer for behavioral services, DBHDS has made a few key updates to the tool, which are as follows:

1) The BSPARI now includes automated scoring using visual basic coding, which improves the reliability of the tool, as it is not possible for a reviewer to make an error in scoring transfer (e.g. the reviewer does not have to reference the Scoring Instructions Guide document as the BSPARI has automated scoring embedded). Required behavior plan element sections are automatically scored and color-coded in green if all minimum elements required for the highest point valuation are present, and coded in red if any elements are absent and the highest point valuation is not achieved.

2) The BSPARI has a resource tab with references to the regulations, *DBHDS/DMAS Practice Guidelines for Behavior Support Plans*, and most importantly for quality improvement, to the professional literature (e.g. peer reviewed publications, seminal books/chapters, and related web resources). The resource tab has embedded coding that tie into the minimum elements that are reviewed via the BSPARI, such that when a reviewer marks any area as absent, the resource tab will highlight that element in red and provide relevant resources, including hyperlinks to related literature available on the web.

DBHDS has begun using the BSPARI to review behavior support plans (and associated documentation) authored under the therapeutic consultation service, and is additionally reviewing support coordinator assessment on the appropriate implementation of behavioral programming. This corresponds 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 7.20). DBHDS believes this compliance indicator has been met.

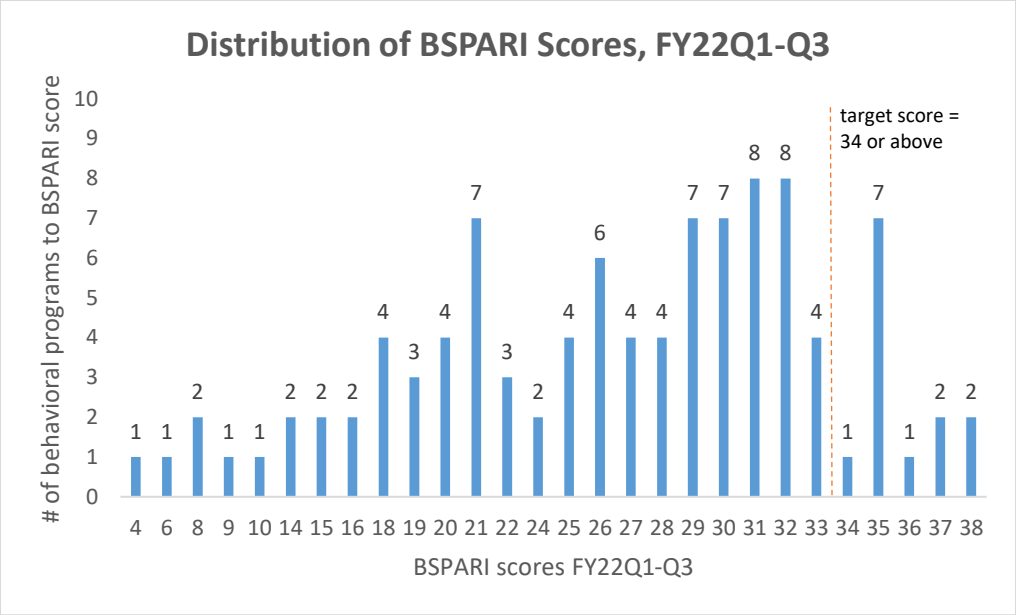
As noted above, the BSPARI uses a weighted scoring system, with 40 total weighted points possible. Behavioral programming is determined to be adhering to the *Practice Guidelines*, and overall adequate, if 34 points are obtained on the BSPARI (which equates to a score of 85%). Adequacy of behavioral programming also addresses a related compliance indicator (in addition to 7.20, noted above), which reads as follows: *At least 86% of people with identified behavioral support needs are provided adequate and appropriately delivered behavioral support services* (Settlement Agreement Section V.B, filing reference 29.21). Reviews are being conducted by DBHDS staff that are Licensed and Board Certified Behavior Analysts® with extensive experience in the assessment and treatment of challenging behavior and positive behavior supports across a variety of settings. At the time of this report, 100 behavior plans and related programming have been reviewed by DBHDS.

Feedback sessions are provided to behaviorists by DBHDS reviewers based on the results of the BSPARI. Prior to the reviews, the behaviorist is provided with copies of all BSPARIs that will be reviewed via an encrypted email. These sessions occur via a secure web conferencing system and include review of the BSPARI, review of resources, and an opportunity for the behaviorist to ask questions about the BSPARI results and resources. DBHDS also seeks out feedback that behaviorists have about the tool, the service authorization process, or connection to individuals in need of services during these meetings. At the time of this review, DBHDS is not requiring a

feedback session if performance for a behaviorist on all BSPARIs reviewed are at or above 34 out of 40 points; instead the BSPARIs are sent in secure email with trend analysis for any improvement areas. As reviews progress over time, it would be expected that minimum elements that are absent are addressed and improved upon by behaviorists, and that subsequent behavioral programming would have improved scores in future reviews using the BSPARI. The table that follows provides scores information on BSPARI reviews conducted beginning in late FY22Q1 through FY22Q3.

# of BSPARIs reviewed	Mean points score and mean % on BSPARIs	Median points score on BSPARI	Score ranges, mode	BSPARIs scoring at least 34 out of 40 points (85%)	BSPARIs scoring at least 30 out of 40 points (75%)	BSPARIs reviewed with feedback provided to behaviorist
100	25.9 points, ~65%	28 points, ~70%	Range of scores: 34 (4 to 38) Mode = 31, 32	13%	40%	53%

Though only 13 (13%) of behavioral programming reviewed at this time received an overall adequate adherence to the *Practice Guidelines* rating of 34 out of 40 points using the BSPARI (filing references 7.20 part 4 and 29.26), the initial results show promise. The bulk of BSPARIs reviewed scored at or higher than the mean of approximately 26 points. Thirty-four (34) plans reviewed were within 5 points of meeting minimum required 34 out of 40 weighted points. The graphical display that follows provides a display of the score distribution of the 100 BSPARIs reviewed at the time of this report. The vertical (y) axis displays the number of BSPARIs reviewed that had a particular score, while the x (horizontal) axis displays each of the scores yielded across the 100 reviews. Each blue bar has a number above it, which corresponds to the y-axis. For example, there was one BSPARI reviewed that had a score of 4, there were six BSPARIs reviewed that had a score of 26, and there was one BSPARI reviewed that had a score of 34. The dashed red line provides an indicator of the target score of 34 points or above; any data to the right of the dashed line is at or above that target.



The vast majority (89%) of BSPARIs reviewed were penned prior to DBHDS providing training to the community on the BSPARI in January 2022, though the *Practice Guidelines* were available to behaviorists in early July 2021 (64% of programming reviewed was penned on or after 7/1/2021). This information is noted as DBHDS behavior analysts leading these efforts have received feedback from behaviorists in the community that the BSPARI has provided a clear outline on what expectations are for this service and is assisting in improving their adherence to the *Practice Guidelines*. During feedback review sessions, several behaviorists have expressed that they are using the tool to "self-monitor" and improve their behavioral programming, as well as to complete peer reviews with other behaviorists in their agency. Additionally, DBHDS reviewers emphasize the resources tab to behaviorists during review to highlight areas to access the professional literature or other helpful information. DBHDS will continue to complete reviews of behavioral programming (paired with feedback sessions to behaviorists) using the BSPARI in the coming quarters (of note, review sessions have been scheduled with several behaviorists to occur in the weeks following the finalization of this report). DBHDS believes that salient properties of the BSPARI (clear indications on presence/absence of required elements, color coding, resources features), paired with the quality feedback sessions that have been and will continue to be provided to behaviorists, will continue to improve BSPARI scores over time and assist in achieving these related compliance indicators.

Quality improvement areas:

Based upon review of required behavior support plan content areas and their associated minimum elements completed thus far, several trend areas for improvement have been observed across numerous plans and related documentation. These areas are as follows:

- Operational definitions, measurement, and associated graphical display and analysis of replacement behaviors; ensuring that replacement behaviors have associated tactics to promote acquisition

- Obtaining appropriate signatures on documentation (or attestation of verbal consent provided if electronic signature is not available to the behaviorist)
- Using a behavioral skills training approach in training plans, ensuring that training record
- Inclusion of risk/benefit statement(s) in behavior support plan
- Measurable benchmarks related to behavior(s) being targeted in the plan (this is an overarching ISP requirement)
- Use of FBA methods beyond indirect assessment

As noted above, most plans were crafted prior to the dissemination of the BSPARI; however, DBHDS will target these areas in an upcoming training offered to the behaviorist community in the 4th quarter of FY22.

The BSPARI also has an "administrative" component that is used by DBHDS reviewers to evaluate support coordinator's assessment of behavioral programming (part 5 of compliance indicator 7.20) via the On-Site Visit Tool, as well as the presence or absence of required documents based on the authorization status of behavioral programming, which corresponds to the following: *86% of individuals authorized for Therapeutic Consultation Services (behavioral supports) receive, in accordance with the time frames set forth in the DD Waiver Regulations, A) a functional behavior assessment; B) a plan for supports; C) training of family members and providers providing care to the individual in implementing the plan for supports; and D) monitoring of the plan for supports that includes data review and plan revision as necessary until the Personal Support Team determines that the Therapeutic Consultation Service is no longer needed* (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.19). To address part 5 of CI 7.20, DBHDS reviewed the On-Site Visit Tool (OSVT) that corresponded to the timeframe of the available behavioral programming reviewed to make a determination as to if the OSVT was scored correctly or incorrectly by the support coordinator. The OSVT has a question that is particular to behavioral programming, which reads as follows: "Are behavioral services available and occurring as needed, and as authorized?". The possible responses that a support coordinator can choose from are "yes", "no", or "n/a". For anyone that is receiving behavioral services, "n/a" should never be selected as a response by the support coordinator; the only possible correct responses would be "yes" or "no" for someone receiving this service. If a response of "yes" is selected, the support coordinator is affirming that all of the following are in place (though based on the rules of the OSVT, the SC does not need to respond specifically to these 5 questions):

- An onsite assessment was completed (e.g. FBA)
- A behavior plan designed to decrease negative behaviors and increase functional replacement behaviors?
- Caregivers are trained to implement the behavior plan
- Presence of data collection/reviews to improve supports
- Changes made to the behavior plan as needed

When a "yes" response is selected, DBHDS reviewers are cross reviewing all documents from the time that the OSVT was completed to determine if a "yes" assessment is accurate. If any of

the above are not present and the OSVT was scored as a "yes", DBHDS will determine that the OSVT was not scored correctly, and that the support coordinator is not accurately assessing if behavioral programming is being implemented correctly (part 5 of CI 7.20). Conversely, if a support coordinator responds with "no" to the question of, "Are behavioral services available and occurring as needed, and as authorized?" the support coordinator is required to provide "yes" or "no" responses to the 5 questions. These responses are reviewed by DBHDS reviewers to determine if the support coordinator has accurately assessed if behavioral programming is being implemented incorrectly (e.g. absent any of the 5 components in the bulleted questions above). Thus, DBHDS reviewers are determining if the support coordinator is overall accurate in their assessment of behavioral programming using the OSVT via their response of "yes", "no", or "n/a" to this question on the OSVT. Out of the 100 behavioral programming reviews that occurred at the time of this report, 76% of OSVTs were scored correctly (i.e. based on documentation review, the support coordinator accurately assessed if behavioral programming is being implemented correctly or not), and 24% were scored incorrectly (i.e. the support coordinator erred in their assessment of behavioral programming being implemented correctly or incorrectly).

To assess compliance with CI 7.19, DBHDS is using the randomized sample of behavior support plans/programming that are conducted as part of quality review on adherence to the *Practice Guidelines* via the BSPARI. Specifically, DBHDS reviewers are analyzing the dates of behavior plans and associated documentation in comparison to the authorization type and expectations of associated timelines in the overarching regulations for this service to determine if required components are in place within the required timeframes. For this indicator, DBHDS is focusing on "annual" authorization types, as the four key overarching deliverables expected to occur correspond to this type of authorization only; in summary, those deliverables are: 1) functional behavior assessment, 2) plan for support (behavior support plan), 3) training for supporters and 4) monitoring of the plan via data collection and plan revision as necessary. The behavior support plan and FBA also need to be completed within 180 days of the initial authorization. During this review period, there were 80 behavior programs that were in an annual authorization status, and 20 behavior programs that were in a secondary authorization status. Of the 80 behavior programs in an annual status, each also had authorizations that were in existence prior to the significant regulatory changes described in this report. Ascertaining if a behavior support plan and functional behavior assessment were completed within 180 days of an initial authorization is not relevant, as the "initial", "secondary", and "annual" authorization types were not in effect prior to 7/1/2021. Going forward, annual authorizations reviewed for this indicator that had a corresponding initial authorization on or after 7/1/2021 can be assessed in relation to the timeframe component of this indicator. With that noted, all annual authorizations after 7/1/2021 should have had the required deliverables of FBA, behavior support plan, training for supporters, and monitoring of the plan via data collection. Of the 80 annual authorizations reviews, 60 were authorized on or after 7/1/2021. Of these 60 annual plans, 48 out of 60 (80%) had all four of the requirements of indicator 7.19 in place. It should be noted that the 20 secondary authorization type of behavior programs reviewed are not included as a part of the 7.19 data synopsis as this authorization type does not require evidence of training for approval. As a part of BSPARI reviews, DBHDS reviewers observed that several DBHDS service

authorization consultants had approved authorizations without the required evidence of training submitted into the Virginia Waiver Management System (WaMS). DBHDS reviewers provided follow up training to service authorization colleagues on this requirement in spring of 2022 to ensure that training evidence is being required by service authorization team members and provided by behaviorists for annual authorization type approvals.

To address compliance with parts 2 and 3 of CI 7.20, DBHDS is providing the following information:

- *(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*
    - In FY22Q2, there were 82 unduplicated individuals that accepted REACH (known) and did not have therapeutic consultation services at the time of the hospitalization. REACH data from the same time period indicated that 3 people could have been diverted if a CTH bed were available during the same time period.
- *(3) for those who received appropriate behavioral services and are also connected to REACH, determine the reason for hospitalization despite the services*
    - There were 20 people that had therapeutic consultation service (e.g. a service authorization present) at the time of their hospitalization that also had accepted REACH services at the time of their hospitalization. The indicator speaks to determining the reason for hospitalization; DBHDS has provided this information in a separate document to the DOJ consultants for review to ensure confidentiality for each individual.

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 FY22Q1 through FY22Q3:

- 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.
    - *Brief thoughts on frequency and rate*
    - *Trauma informed care in behavioral services*

    - *Quality review in behavior support plans*
    - *A plan for training in behavior plans*
    - *Resources on prioritization of behaviors in behavior support plans*
- DBHDS has made recordings available on the DBHDS YouTube channel of all trainings that were provided in partnership with West Virginia University and the University of Cincinnati in the summer and fall of 2021. The topics of these training were reported out in the FY22Q1 report, and include functional behavior assessment, behavior support planning, behavioral skills training, and graphical display and visual analysis.
- DBHDS provided training on "Quality Review in Behavior Support Plans" in January 2022. This included review of expectations on the *DBHDS/DMAS Practice Guidelines for Behavior Support Plans*, demonstration and review of the BSPARI, resources from the professional literature on quality reviews in behavioral programming, and information on how to access peer reviewed behavioral literature. There were over 180 trainees in attendance for this training presentation delivered by DBHDS.

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 data analysis and resource sharing with Community Services Boards. Improvement has been seen in the percentage of individuals with a need for this service being connected to a behaviorist within 30 days of the need being identified at the ISP meeting. 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. These resources are now available online for free access to the public. 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. DBHDS has created an instrument and scoring system (BSPARI) to determine adherence to these *Practice Guidelines* and has provided the results of the first 100 reviews using this tool. Quality review sessions using the BSPARI have occurred for over half of the behavioral programming reviewed thus far. A training on this service 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 believes that significant progress was made in the most recent semi-annual review period, while acknowledging that work remains toward achieving all aspects of the provisions and compliance indicators specific to behavioral services.