System-Wide Improvement of Behavior Supports in a Medicaid-Funded State System

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APBS Conference, Atlanta, GA March 2012

Purpose

- To improve the quality of behavior support efforts in the South Carolina Department of Disabilities & Special Needs system

- To build a system that integrates policy, qualifications, services, and quality assurance for implementation of positive behavior supports (in a Medicaid funded state system)

Initial Reasons for Change

- This effort began more than a decade ago

- Assessment of Training and TA needs highlighted need for improvement in this area

- Frequent requests for assistance

- Frequent requests for alternative residential placement based on behavioral needs

At the beginning . . .

- The Medicaid Waiver service was "psychological services" and did not delineate aba/pbs sufficiently

- There was no rigorous qualification process

- The QA process had not been developed

- A "psychological services" provider could provide counseling, behavioral intervention, or similar services as they saw fit

Note

- Many of the issues we address are national in scope and not unique to South Carolina

- We are fortunate that the SC DDSN has been willing to address the issues (and on a long-term basis)

- Collaboration is a key!

DDSN – CDR (UCEDD) Collaboration

- <u>Broad Scale Systems Change</u> needed to change providers' approach to working with people with ID/DD who exhibit problem behaviors to promote alternatives that can replace problems with skill performance.

- Current system in place for 30 years!

- We had a vision but didn't have all the players at the table…. Then came CDR

Role of Policy

- Show me the evidence: empirically validated practices

- Involve people who can make decisions regarding policy, <u>then</u> funding….
  - Plan statewide, systemic initiative (versus pilot)

- Design system change – use literature as basis for your message – repeat frequently

Role of Policy, continued

- Develop basic educational, training and experience requirements for providers

- Develop training that reinforces message and gives staff, providers, families new tools that work and keep it going

- Design quality improvement system to ensure initiative is doing what you wanted it to do

Role of Medicaid Waiver

- Even with evidence-based practices, if you can't finance the change, it won't happen.

- Medicaid Home and Community Based Waivers: alternative to institutional care (e.g., ICF/ID)
  - Package of services to divert or move from
  - Medicaid agency must support it

- Each state has its own matching rate (FFP):
  - South Carolina = $2 federal to $1 state

Key Areas for Change

- Capacity
  - Availability of highly qualified providers

- Training
  - Multiple audiences & formats

- Qualifications
  - Re: Approved providers of behavior support services

- Quality
  - System to assess . . .

Capacity

- Recruitment efforts
  - Efforts within and across states

- Graduate Courses
  - Initial Series was three courses

- BACB Approved course sequence
  - Two versions were provided
    - BCBA course prep is <u>not</u> sufficient
- "Supply Status"
  - Still in progress . . . (BCBA 2008 = 19; 2012 = 100)
    - 12 on provider list

Training

- Supervisors

- Direct Support Professionals

- Behavior Support Plan "Developers"

Training – Supervisors

- Curriculum development

- Approximately 1500 supervisors trained

- Approximately 2500 DSP trained

- Successful completion rate is approximately 90%

- ** Dr. Reid will present detailed information

Training – Direct Support Professionals

- By local provider agency personnel

  - Approximately 2,300 trained

- Dr. Reid will provide more details

Training – Behavior Support Plan Developers

- "Early Years"
  - 3 – course sequence
    - ABA basics and instructional methods
    - More aba/pbs
    - Functional assessment & BSP development/ implementation

- BACB Approved Course Sequence
  - University of South Carolina
  - University of Nevada @ Reno (1 sequence)
  - Currently out for bid (award in few weeks)

PBS Training for Supervisors and Trainers of Direct Support Staff

The Carolina Curriculum on Positive Behavior Support
(for South Carolina)

Positive Behavior Support Training Curriculum (PBSTC)
(American Association on Intellectual and Developmental Disabilities)

Reid, Parsons, Rotholz, & Braswell

Positive Behavior Support Training Curriculum

- 1st Edition: Supervisory and Direct Support Editions

- 2nd Edition (published Spring, 2007): One edition with designated parts for supervisors and direct support staff

Positive Behavior Support Training Curriculum

Purpose: train direct support staff and their supervisors
Not for training clinicians who develop behavior support plans

Evidence base:

Individual training modules

Entire curriculum: research & application

Reid, Rotholz et al., (2003) *Journal of Positive Behavior Interventions, 5,* 35-46.

Module Contents: Direct Support Edition

1. Dignity and Behavior Support
2. Defining Behavior
3. Positive Reinforcement and Punishment
4. Negative Reinforcement
5. Antecedents, Behavior, & Consequences
6. Functional Skills
7. Role of the Environment
8. Role of Choice
9. Interactions
10. Prompting
11. Error Correction
12. Chaining and Shaping
13. Program Implementation
14. Problem Solving
15. Data
16. Data Recording

Train Principles with Practical Explanation

EXAMPLES

- Positive and negative reinforcement: what get or get out of

- Functional assessment – example: why interrupt/re-direct works sometimes but not always

Module Contents: Supervisory Edition

Direct Support Edition plus:

17. Functional Assessment
18. Feedback
19. Modeling
20. Data Analysis I
21. Data Analysis II
22. Problem Solving II
23. Evaluating a Written BSP
24. Staff Observation
25. Staff Performance Checklists
26. Staff Performance Analysis

Training Format

- Classroom-based
  - 2 and ½ days for staff
  - 3 and ½ days for supervisors

- On-the-Job

Classroom-Based Training

- Describe

- Demonstrate

- Practice with feedback

- Skills check
  - Role plays
  - Paper and pencil

On-The-Job Training

- Four *skills checks*
  - *Interacting*
  - *Teaching*
  - *Providing choices*
  - *Staff feedback (supervisors only)*

Training Trainers

- Format
  - Two days of classroom training
  - One day of on-the-job skills checks

Training Trainers: Classroom-Based Format (Day 1)

- Instructions on using curriculum modules

- Trainer tips
  - Preparation
  - Using principles of adult learning
  - Begin and end on a high note
  - Common obstacles

Training Trainers: Classroom-Based Format (Day 2)

- Trainee training using curriculum module with peer and instructor feedback

Training Trainers: On-The-Job Format and Skills Check

- Observe actual staff training at supervisor's agency and provide feedback

- Additional PBS Training
  - Changing non-meaningful activities to meaningful
  - Formal and naturalistic teaching
  - Writing teaching plans and objectives

Political Issues Along the Way

- Changes in Leadership (initiative threatened twice after implementation)
  - Traditional "psychological" service providers
  - Previous/existing relationships with those who authorize services (loyalty)

- $$ - 4 units per month forever versus 12 units for 12 months

- Turnover – lack of qualified providers or residential provider not willing to change

Legal Issues

- None related to PBS

- Provider qualification process

- Provider quality assurance process

Impact of Budget Cuts

- Behavior Supports has mostly been spared . . .
  - Small reduction in Medicaid waiver reimbursement rate for "behavior support services"

- Temporary reduction in amount of QA reviews (a few years ago)

- Small decrease in funds for PBS training

Practical Considerations

- Training is essential, but more is needed for system change

- Change is gradual (sports car vs. barge)

- Some people will not like the change

- Requires:
  - Key support from the beginning and for the long-term effort
  - Sustained effort

What Has Been Accomplished

- Created new Medicaid Waiver service

- Defined criteria that improved service

- Created qualification & application process

- Created quality assurance process to *assess performance*

- Implemented high quality training at multiple levels

- The effort continues . . .

What Still Needs To Be Done

- Increased emphasis on person-centered planning in waiver criteria

- Increased emphasis on PBS in waiver criteria (it is in policy at this point)

- Further increases in capacity

What We'd Do Differently

- Person-centered planning as integral component to training and QA (different history in SC)

- Require local agency management participation and evidence of "buy in" before training efforts

- Database on BSS/PBS providers that includes caseload size, agencies, etc.

- BCBA certification (helpful but not sufficient)

- Crisis Intervention and prevention system

- Screening process for applicants

Questions

Thank You!