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2009 Autism Competency Results for Providers

In an attempt to monitor and improve provider’s ability to provide effective treatment to individuals affected by autism spectrum disorders, CBHNP requests all BHRS network providers to complete an Autism Competency Assessment annually to determine their ability to serve Members affected by autism.

This year the tool was refined and changed in the following ways. The answer “Not Applicable” was eliminated and the lowest response was changed from 1 to 0. Therefore, the raw scores between the two years cannot be compared. However, the percentages and rankings are comparable. All of the BHRS providers and sites in the network responded the survey.

There was great improvement in the use of best practices in treating Members affected by autism; however, CBHNP will continue to encourage development in this area through the creation of our own Best Practice Guidelines in the area of BHRS Role Clarification and Conducting FBA’s. In general, most other areas of competency improved. However, CBHNP would expect further developments in all areas. 100% of the provider network trained staff on the basic about Autism Spectrum Disorders, but there was a limited progress on providing additional training outside of best practices. The results of the 2009 competencies are as follows.

Number of large volume programs that responded (more than 70 Members in treatment during the reference month): 51 Provider sites

Large sites	%	Rank
MVC/NHS-Franklin/Fulton-Mountain Valley	98%	1
PCS-Lebanon	96%	2
PCS-Dauphin	96%	2
PCS CU/PE/FF	96%	2
Milestones-Dauphin	96%	2
Milestones-Cumberland	96%	2
Chester county IU Lancaster	95%	3
PCS-Lancaster	93%	4
Milestones-Lancaster	93%	4
Milestones-Perry	93%	4
Milestones-Lebanon	93%	4
TW Ponessa- Lebanon	90%	5
TW Ponessa-Lancaster	90%	5
Youth Advocate Programs-Lancaster	89%	6
TW Ponessa-Dauphin, Perry, Cumberland	89%	6
NHS-Blair	88%	7
NHS-Bedford	88%	7
Youth Advocate Programs-Somerset	87%	8
Youth Advocate Programs-Bedford	87%	8
Youth Advocate Programs-Franklin	87%	8
Youth Advocate Programs- Dauphin/Perry/Cumberland	87%	8

NHS-Somerset	87%	8
Community Services Group-Dauphin	85%	9
Community Services Group-Lancaster	82%	10
Home Nursing Agency-Blair	80%	11
Blair Family Solutions-Robert S. Lambert Blair	80%	11
Edgewater NHS-Dauphin, Lebanon	78%	12
Children's Behavioral Health-Somerset	78%	12
Children's Behavioral Health-Blair	78%	12
Children's Behavioral Health-Bedford	78%	12
Philhaven-Lancaster	76%	13
Lycoming Therapeutic	75%	14
Adams-Hanover Counseling Services-Cumb., Dauphin, Lanc., Perry	74%	15
Philhaven-Lebanon	73%	16
Philhaven-Dauphin, Cumberland	73%	16
CSG/ ETC Lycoming Clinton	73%	16
Keystone Dauphin, Cumberland, Perry	70%	17
Youth Advocate Program-Lebanon	68%	18
NHS-Lycoming Clinton	68%	18
NHS-Cumberland, Perry	68%	18
Community Behavioral Health-FF	67%	19
Momentum-FF	65%	20
UCBH-Lycoming Clinton	64%	21
ACRP-Somerset	60%	22
UCBH- Blair	59%	23
ACRP-Bedford	58%	24
UCBH-FF	55%	25
Franklin Family Services-FF	55%	25
TeamCare Behavioral Health-Lancaster	53%	26
Manito-FF	52%	27
Concern-Lycoming Clinton	29%	28

Number of small volume programs (below 70 members during the reference month):
17 Provider sites

Small Sites	%	Rank
Family Behavioral Resources-Somerset/Bedford	98%	1
PCBH-Lancaster	88%	2
Assist-Somerset	88%	2
Holcomb Behavioral Health-FF	77%	3
Spectrum Health & Wellness-FF	76%	4
Behavioral Specialists, Inc-Lycoming	76%	4
Footsteps-Somerset	73%	5
ACRP-Blair	67%	6
Altoona Regional –Blair	61%	7
Cen-Clear- Blair	60%	8
Hempfield Behavioral Health-Dauphin	59%	9

Manito, Inc.-Cumberland/Perry	57%	10
Alliance Health-Somerset	57%	10
Franklin Family Services-Perry/Cumberland	55%	11
UCBH-Cumberland	55%	11
UCBH-Bedford	48%	12
Concern –Lancaster	29%	13

Program Competencies:

Large sites

Age and development

- 41 of 51 sites (80%) of the large BHRS sites have specific ASD programming by age group.

Safety

- 50 of 51 sites (98%) report that they discuss risk, burden, and potential outcomes of treatment.
- 49 of 51 sites (96%) report that they have safe management techniques to manage times of behavior and psychiatric crisis.
- 51 of 51 sites (100%) report that their clinical staff is trained in de-escalation techniques.

Outcomes

- 39 of 51 sites (76%) report they use valid measurement techniques to measure change pre and post treatment.
- 38 of 51 sites (75%) report that they review their program description annually.

Community Outreach

- 36 of 51 sites (71%) report that they offer community education.
- 34 of 51 sites (67%) report that they have letters of agreement with other community providers.

Small sites

Age and development

- 13 of 17 sites (76%) of the BHRS sites have specific ASD programming by age group.

Safety

- 15 of 17 sites (88%) that discuss risk, burden and potential outcomes of treatment.
- 15 of 17 sites (88%) report that they have safe management techniques to manage times of behavior and psychiatric crisis.
- 15 of 17 sites (88%) report that their clinical staff is trained in de-escalation techniques.

Outcomes

- 10 of 17 programs (59%) report they use valid measurement techniques to measure change pre and post treatment.
- 13 of 17 programs (76%) report that they review their program description annually.

Community Outreach

- 15 of 17 programs (88%) report that they offer community education.
- 12 of 17 programs (71%) report that they have letters of agreement with other community providers.

Analysis:

Both large and small sites in general provide a variety of programs that address the needs and functioning areas of the Member, there is slight variance in this area.

The least variance was found on the items that measured safety in the large sites. This significant finding shows most sites are paying close attention to ensuring the safety of the Members. Last year a total of four of the sixty-one (6%) sites surveyed indicated room for improvement in implanting an agency safety plan. This year a total of four of sixty-eight (5%) sites surveyed indicated room for improvement. Last year a total of eleven of sixty-one (18 %) sites surveyed indicated room for improvement in training their clinical staff on de-escalation techniques. This year a total of four of sixty-eight (6%) sites surveyed indicated room for improvement in this area. Both of these initiatives showed improvement that may be, in part, a result of CBHNP having discussed tools for providers to use to ensure all staff are trained in safe crisis management.

Sites have improved how they measure and change programming. Last year, this area revealed that less than half of the sites use valid measurement techniques and even fewer sites paid close attention to adjusting programming from year to year based on individual member data, aggregate data, or from a programming perspective. This year the data indicates that over 75% of the sites now review data to adjust programming, and the majority of the sites report they use multiple data points to measure program outcomes. The improvement may in part be a result of discussions on this topic at BHRS level of care meetings.

The community outreach score improved greatly for the small site and slightly for the large sites. This year the small sites showed significant improvement in community outreach. However, it appears community education and letters of agreement with other community providers are not completed routinely by all sites and therefore needs to continue to be an area of focus for improvement during 2010.

Treatment Competencies:

Applied Behavior Analysis

Large sites

- 47 of 51 sites (92%) conduct Functional Behavioral Analysis (FBA).
- 42 of 51 sites (82%) are able to use the FBA to drive the treatment plan.
- 41 of 51 sites (80%) report they implement Applied Behavioral Analysis.
- 34 of 51 sites (67%) report they use verbal behavior approaches.

Small sites

- 16 of 17 sites (94%) conduct Functional Behavior Analysis (FBA).
- 14 of 17 sites (82%) are able to use the FBA to drive the treatment plan.
- 10 of 17 sites (59%) report they implement Applied Behavioral Analysis (ABA).
- 11 of 17 sites (65%) report they use verbal behavior approaches.

Analysis:

This data indicates that the system has improved their treatment competencies. The majority of the sites report they are using best practices to treat Members affected by Autism. This is a significant improvement over last year when less than half of the providers were able to conduct an FBA or use ABA as part of treatment. This progress meets the objectives of last year's action plan. The use of verbal behavior approaches, which use ABA to teach functional language skills, continues to be underused and should remain an area of focus for improvement during 2010.

Alternative Treatment Approaches:

Large sites

Behavioral health alternative approaches

- 35 out of 51 sites (69%) report they could implement social stories.
- 25 out of 51 sites (49%) report that they could implement a Development Individual Relationship model.
- 49 out of 51 sites (96%) report they could implement floor time as needed.

Recreational/creative arts therapy approaches

- 35 out of 51 programs (69%) report they are able to refer or implement hippotherapy.
- 38 out of 51 programs (75%) report they are able to refer or implement music therapy.
- 39 out of 51 programs (76%) report they are able to refer or implement art therapy.

Small sites

Behavior health alternative approaches

- 8 out of 17 sites (47%) report they could implement social stories.
- 8 out of 17 sites (47%) report that they could implement Development Individual Relationship model.
- 13 out of 17 sites (77%) report they could implement floor time as needed.

Recreational/creative arts therapy approaches

- 9 out of 17 programs (53%) report they are able to refer or implement hippotherapy.
- 11 out of 17 programs (65%) report they are able to refer or implement music therapy.
- 13 out of 17 programs (77%) report they are able to refer or implement art therapy.

Analysis:

The alternative treatment approaches were broken into two categories: 1) implementing a behavior health treatment approach, or 2) implementing/referring to an alternative recreational approach. For large sites, there has been an increase of the use of floor time, the main intervention of the Development Individual Relationship (DIR) model, whereas the average number of sites implementing DIR in full remains the same.

For small sites, more sites indicate they that they could implement floor time, the main intervention of DIR; and the same percentage (40%) indicated they could implement DIR.

As for the recreational/creative arts, the results were disappointing in that not all sites were able to refer Members to needed alternative services. In speaking with providers, they report that these services are not available to many of the sites across the network. CBHNP will work to ensure that all providers are aware of the many alternative services available in each county as this will remain an area of focus for the upcoming year.

Integration with other non-behavioral therapies:

Large sites

Educational Interventions:

- 15 out of 51 sites (29%) report they are able to support a SCERTS approach.
- 20 out of 51 sites (39%) report they are able to support a TEACCH classroom design.

Speech Therapy:

- 34 out of 51 sites (67%) report they can use PECS.

Sensory Motor Therapies:

- 6 out of 51 sites (12%) report they provided integrated sensory motor therapy.

Small sites

Educational Interventions:

- 4 out of 17 sites (24%) report they are able to support a SCERTS approach.
- 4 out of 17 sites (24%) report they are able to support a TEACCH classroom design.

Speech Therapy:

- 6 out of 17 sites (35%) report they could use PECS.

Sensory Motor Therapies:

- 0 out of 17 sites (0%) report they provided integrated sensory motor therapy.

Analysis:

The findings support that providers who offer services under the BHRS level of care do not routinely provide integrated services. There has been improvement in providing integrated services with typical

school based programs and the use of PECS. However, there is limited integration with occupational therapies.

Coordination of care

The large sites coordinate with multi-disciplinary systems of care providing services to the Member such as:

- 46 out of 51 sites (90%) coordinate with Occupational Therapy
- 46 out of 51 sites (90%) coordinate with Speech Therapy
- 49 out of 51 sites (90%) coordinate with Education
- 47 out of 51 sites (92%) coordinate with Physical Health
- 46 out of 51 sites (90%) coordinate with Physical Therapy

The small sites coordinate with multi-disciplinary systems of care providing services to the Member such as:

- 15 out of 17 sites (88%) coordinate with Occupational Therapy
- 15 out of 17 sites (88%) coordinate with Speech Therapy
- 16 out of 17 sites (94%) coordinate with Education
- 14 out of 17 sites (82%) coordinate with Physical Health
- 14 out of 17 sites (82%) coordinate with Physical Therapy

The data indicates that most sites coordinate with external systems. This is a new data point this year and the outcome shows that most sites coordinate with all systems working with the Members they service.

Training Competencies:

Large sites

- 51 out of 51 sites (100%) report that staff receives basic ASD training.
- 39 out of 51 sites (76%) report that staff receives best practice training on the treatment of ASD.
- 36 out of 51 sites (71%) report that they provide extra internal training to para-professional staff.
- 42 out of 51 sites (82%) report that they offer in-vitro evaluation of skills.
- 37 out of 51 sites (73%) report that they have standard methods to evaluate staff's ASD competencies in their treatment role.

Small sites

- 17 out of 17 sites (100%) report that staff receives basic ASD training.
- 17 out of 17 sites (100%) report that staff receives best practice training on the treatment of ASD.
- 8 out of 17 sites (47%) report that they provide extra internal training to para-professional staff.
- 12 out of 17 sites (71%) report that they offer in-vitro evaluation of skills.
- 6 out of 17 sites (35%) report that they have standard methods to evaluate staff's ASD competencies in their treatment role.

Analysis

In summary, all sites offer basic ASD training and best practices training to staff. This is an improvement from last year's findings and meets one of the objectives of the action plan. As well as, the majority of large sites and small sites focus on methods to increase staff expertise through in-vivo evaluation of skill. However, only 71% of the large sites and 47% of the small sites offer extra training to para-professional staff. This is an improvement of the small sites from last year. However, the analysis shows that only 73% of the large provider sites and 35% of the small provider sites have standard methods to evaluate staff competencies.

Staff Competencies:

Large sites

Staff to Member ratios

- The range of experience is 1 to 15 years with 3 years being the mode point.
- 23 out of 51 sites (45%) report that the program has licensed staff.
- 19 out of 51 sites (37%) report that the program has ABA certified staff.
- 47 out of 51 sites (92%) report that they have FBA certified staff. The four outliers report that they have staff that are waiting for results from the certification process.

Small sites

Staff to Member ratios

- The range of experience is 1 to 10 years with 3 years being the mode point.
- 7 out of 17 sites (41%) report that the agency has licensed staff.
- 3 out of 17 sites (18%) report that the agency has ABA certified staff.
- 16 out of 17 sites (94%) report that they have FBA certified staff.

Analysis

In summary, most large and small sites appear to have certified ABA staff, a licensed staff, or a FBA certified staff. Therefore, sites have maintained the availability of certified and licensed staff at their agencies. Staff composition is a dynamic process, and CBHNP expects that as staff are identified who need FBA training; the agency will seek the training needed.

Training Appendix:

Larger sites

- 20 out of 51 sites (39%) did not list internal or external trainings that are available for staff. CBHNP assumes that these sites do not provide staff training.

Small sites

- 6 out of 17 sites (35%) did not list internal or external trainings that are available for staff. CBHNP assumes that these sites do not provide staff training.

Analysis:

Most large and small sites are providing additional training to staff serving Members with ASD. A brief list of the trainings offered include the following: Applied Behavior Analysis, Functional Behavioral Assessment/Analysis, CRP/First Aid, Diversity/Ethics, Autism Training, Asperger Training, Social Training, CANS, CAFAS, CPI, Verbal Behavior Training, Applied Behavior Analysis, Positive Behavior supports, Clinical Information, Ethics, Autism Training, Asperger Training, and Language Skills.

There has been no significant change in this indicator. This will be a focus for next year's goals

Recommendations:

1. Provider Relations will conduct an outreach to specific Providers who do not have safe management tools. This area was addressed last year and has improved, but still has room for improvement.
2. Provider Relations will conduct an outreach to specific Providers who do not have letters of agreement between systems to outline coordination of care and ensure continuity of care. This area was addressed last year and has not greatly improved.
3. Provider Relations will conduct an outreach to specific Providers to ensure that they are able to implement integrated services with education systems when serving Members in the school system. This area was addressed last year and has not greatly improved.
4. Provider Relations will conduct an outreach to specific providers to ensure they have adequate training mechanisms available for staff. This area was addressed last year and the area has not greatly improved
5. CBHNP will consider developing alternative supports guides for each region to ensure that providers know how and where to utilize alternative resources in their communities. This area was addressed last year and the area has not greatly improved

6. CBHNP will also recommend that providers conduct outreach to community systems to educate other systems about the needs of individuals affected by ASD. This area was addressed last year and the area has not greatly improved
7. CBHNP will continue to present current tools to assist providers in selecting standard outcome measures to monitor the functional gains of Members receiving care. This area was addressed last year and the area has not greatly improved
8. CBHNP will continue to support the use of best practices in treating Members affected by autism by composing both an FBA best practice document and a BHRS best practice document. This area was addressed last year and has had great improvement,
9. Providers with scores below 70% will be required to complete a CAP to improve competencies.

Provider: _____

County _____ Site _____



Appendix I – BHRAS Autism Competency Tool

BHRAS Program Autism Competency Tool

Complete the tool to identify your agency's ability to provide effective treatment to individuals affected by autism spectrum disorders (ASD). Items are to be scored as written in your agency's policies and procedures. Using the following scale: 1 = not in place; 2 = under development; 3 = implemented

Program Competencies:

1. The program provides various programs to address different ages and developmental needs of individuals diagnosed with Autism Spectrum Disorder (ASD).
 - a. Pre School 1 2 3
 - b. Transitional Age 1 2 3
 - c. Other 1 2 3
2. The program has a consistent method to triage needs and determine appropriate services and intervention strategies. 1 2 3
3. The program requires the discussion of the risks, benefits, family burden and potential outcomes of the treatment recommended with the family and member in treatment. 1 2 3
4. The program uses valid pre- and post-instruments to measure effectiveness of treatment. 1 2 3
5. The program annually assesses their ASD program description to ensure its efficacy. 1 2 3
6. The program uses multiple techniques to gauge program outcomes (discharge disposition, goal attainment, successful use of de-escalation techniques, use of physical restraints, number of critical incident reports and community integration). 1 2 3
7. The program has clear practices to initiate safe management techniques during times of behavior and psychiatric crisis. 1 2 3
8. The program has different or special supervision requirements with staff that treat Members with ASD. 1 2 3
9. The program reimburses ASD staff for attendance at supervision. 1 2 3
10. The program has a clear expectation for the ASD qualifications for individuals who perform clinical duties at various levels including par-professional, professional and clinical supervisors. 1 2 3
11. The program has written letters of agreement between systems of care which work with Members who experience ASD. 1 2 3
12. The program provides linkages to support groups and community resources. 1 2 3
13. The agency provides community education on the impact of ASD and how to incorporate individuals affected by ASD. 1 2 3

Treatment Competencies:

Applied Behavior Analysis and Behavior Modification

14. The program conducts Functional Behavioral Analysis on each Member. 1 2 3
15. The program is able to implement Applied Behavior Analysis and appropriately uses the FBA to develop interventions. 1 2 3
16. The program uses Pivotal Response Training. 1 2 3
17. The program uses Verbal Behavior approaches. 1 2 3

Alternative Treatment Approaches

18. The program is able to implement floor time as an intervention strategy as needed. N/A 1 2 3
19. The program is able to implement Developmental Individual Relationship models as needed. N/A 1 2 3
20. The program is able to implement social stories as an intervention strategy as needed. N/A 1 2 3
21. The agency is able to implement/refer to Hippo therapy as an intervention as needed. N/A 1 2 3
22. The agency is able to implement/refer to Music therapy as an intervention as needed. N/A 1 2 3
23. The agency is able to implement/refer to Art therapy as an intervention as needed. N/A 1 2 3

Educational Intervention

24. *If school based*, the program is able to support a SCERTS approach. N/A 1 2 3
25. *If school based*, the program is able to support a TEACCH classroom design. N/A 1 2 3

Speech Therapy

26. *If integrated*, the program is trained to use the PECS communication system as needed by the Member. N/A 1 2 3

- 27. If integrated, the program is trained to use sign language as needed by the Member.
- 28. *If integrated*, the program is trained to use voice output communication aids if needed by the Member. N/A 1 2 3
- 29. *If integrated*, the program is trained to use facilitated communications needed by the Member.

Sensory Motor Therapies

- 30. *If integrated*, the agency is offering physical therapy and occupational therapy as needed by the Member. 1 2 3
- 31. *If integrated*, the program coordinates with multi-disciplinary systems of care providing services to the Member such as:
 - a. Occupational Therapy 1 2 3
 - b. Speech Therapy 1 2 3
 - c. Education 1 2 3
 - d. Physical Health 1 2 3
 - e. Physical Therapy 1 2 3

Training Competencies:

- 32. The program requires all clinical staff who work with individuals diagnosed with ASD to receive training on ASD and current best practice standards annually. 1 2 3
- 33. The program requires all staff to receive at least basic training on ASD. 1 2 3
- 34. The program requires all clinical staff to be trained in de-escalation techniques. 1 2 3
- 35. The program offers annual funding for staff to attend external ASD trainings annually. 1 2 3
- 36. The agency offers annual funding for staff to pursue advanced degrees to treat ASD. 1 2 3
- 37. The program provides extra internal training to para-professionals working with Member affected by ASD. 1 2 3
- 38. The program's personnel are trained and use the following nationally evidence based education models and intervention strategies to treat Members with ASD. 1 2 3

Staff Competencies:

- 39. The program objectively evaluates para-professional and professional skill levels during in-vitro situations. 1 2 3
- 40. The program has standard method to evaluate staff's ASD competencies in their role. 1 2 3
- 41. List the current number and percentage of Members diagnosed with ASD in treatment with your program. _____ / _____ %
- 42. List the current number and percentage of staff working with Members diagnosed with ASD in your program. _____ / _____ %
- 43. Indicate the staff's average experience, in years, working with Members diagnosed with ASD in your program. _____
- 44. List the number and percentage of licensed staff working with Members diagnosed with ASD in your program. _____ / _____ %
- 45. List the number and percentage of Applied Behavior Analysis certified staff working with Members diagnosed with ASD in your program. _____ / _____ %
- 46. List the number and percentage of clinical staff who have completed the FBA training offered by the DPW, Autism Bureau. _____ / _____ %

N/A 1 2 3

N/A 1 2 3

N/A 1 2 3

CBHNP

Provider: _____

County _____ Site _____

*Attach training curriculum whenever possible