

BHRS Partner's in Quality Workgroup Minutes 8/9/10 Lehigh County Government Center

Participants: Pat Theodore – CASSP, Robin Urenko – ARCH/Parent, Gloria Hamm – LC Commissioner, Corinna Bealer – CMHU, Matthew Bauder – LC HealthChoices, Rebecca Procopio – MBH, Diane Sedgewick – CLIU #21, Catherine Gray – Recovery Partnership, Ellen Hunt – ARCH/Parent, Allison Frantz – HC Admin, Paige Keeter – KidsPeace, Natalie Bojko – VYH, Paulette Hunter – Parent, **via phone:** Dr. Todd Harris – Devereux CARES, Lisa Sportelli - Parent

Dr. Todd Harris – BHRS trainings offered through Devereux CARES

About 6 years ago Chester County had an RFP set up for BHRS staff trainings; a 2-day training for BHRS staff working with children who have a diagnosis of Autism. Devereux CARES applied and was awarded. Devereux CARES has been offering trainings for about 5 years. The county received some funding to offer the training and then the RFP was developed.

Devereux Cares offers a two day training and a supervision training. All staff are expected to go to the 2 day training. MT's, case managers, and BSC's are expected to go to the supervision training. The supervisory training is for a half day. The supervisory training focuses on how to use the feedback tool, and how to deliver effective feedback. During the supervisory trainings video vignettes are offered and the participants score the checklist to ensure reliable data collection.

New hires have 6 months upon hiring to go to the trainings. Trainings are offered on Saturdays and on a Tuesday or Wednesday. The second day of trainings are offered a week apart.

Topics – Day 1 includes Autism 101 – current issues in Autism and Autism Spectrum disorders, prevalence, and common myths. Applied Behavior Analysis and what it is (it is general to understand best practices), assessments and assessment strategies are included so that individuals understand data collection procedures. A lot of discussion is focused on reinforcement and how to use reinforcement systems, effective prompting procedures. Throughout the day there are a lot of hands on activities, demonstrations, and videos.

Day 2 – Arranging effective lessons – lesson formats including chaining, shaping, fading, discrete trial training and when it is appropriate to use discrete trial training compared to more incidental teaching procedures or natural environment teaching. Also included is progress monitoring with different types of data collection sheets that are used. Teaching communication skills are addressed for about an hour and a half to 2 hours. Then teaching social skills is addressed. The day is wrapped up with 2 activities. One is a functional behavioral assessment and the other is a brief overview of FBA and positive behavior support. The last part of the day includes a parent speaker for 40 to 50 minutes. They have 3 different parent speakers who take turns in presenting.

There is a pre-test and a post-test plus a satisfaction survey completed on the second day of training. In order for staff to be fully certified in the training, they have to pass the post-test. The post-test has about 20 questions, true false and fill in the blank. There needs to be an 80% pass rate. For test results of 65 to 84% the individual needs to take the test again. If the test results are below 65% the individual will have to re-take the 2 day training and test again.

Satisfaction surveys are for the trainees who rate their satisfaction with the training/workshops. Supervisors had been turning in a “performance feedback checklist”; none have been turned back in recently. The tool evaluated giving effective feedback to the workers. Staff needs ongoing coaching and to receive performance feedback from their supervisor. This was part of the original proposal however forms haven’t been turned in recently. The feedback was based on the supervisor observing the worker for 20 minutes in the field.

No trainings are offered in July and August. The grant was secured through an arm the Chester County Intermediate Unit called Crest.

During the next year, 6 two day and one supervisory trainings will be offered. Lunch and refreshments are provided and the registration is included. All providers in the county are trained; it is a mandate in Chester County for individuals to work in BHRS with individuals who have Autism.

Online trainings are not offered for the 2 day workshops or the supervisory trainings. Devereux offers other online trainings. Devereux is proposing an online parent education curriculum which will require coaching and feedback, and a visit one time per month. This will begin with a pilot program.

Training discussions pursued after Dr. Harris’s presentation.

It was suggested that Lehigh County include DIR, behavior interventions, and communication interventions if these trainings are offered in Lehigh County. Sensory issues and Occupational Therapy would also be important for training participants to understand. It was suggested that salaries would be performance based.

It was also suggested that a different test be utilized for those who score poorly on the first test taken.

One suggestion was to have a BSC from the BHRS providers go to one of the trainings Devereux offers.

It was suggested that Lehigh County look into how we can obtain the funding for this type of training.

Questions:

Is staff compensated for attending the trainings?

Can providers be paid based on performance? A provider can get paid based on performance. When it is determined what the criteria should be, a provider would receive monies accordingly. Performance based measurements will need to be identified.

How much would it cost to send a BSC to the Devereux trainings?

Who maintains the budget for the trainings?

What funding streams were used for these trainings? –

Task:Lynn/Allison will find out more information about how this program was implemented, what funding streams were used.

How might we monitor this in Lehigh County? One possibility would be to require submission of quarterly or monthly reports. The provider would receive a reward for quality.

Can we get the agenda for the trainings and the handouts? Can we take a look at the curriculum?

Can we look at the tests given to the TSS's and BSC's?

Updates:

Current Completion Report: 1/1/2010 to 3/31/2010

This report is not based on claims data. It is based on authorizations and claims based. The information is based on what is authorized in the system based on paid claims. There is a 60 day lag on claims based. It pools authorizations that end in the date range selected. There are 3 separate reports. The numbers will not match because not every child receives all 3 services. There are discrepancies in the data; if there has been issues with claims, if the provider was late in submitting the claims, ie if the provider did not submit discharge summaries the authorization will still be open when the child was actually discharged, or if there was a change in prescription and the provider did not let MBH know then the authorization is not adjusted.

A suggestion was given for parents to receive a fact sheet about BHRS services.

Provider Access Report: Lehigh County receives the access report for each of the providers. The reports look similar to ones received in the past. System issues need to be changed before an impact is seen. A flyer is in development.

What happens when a family calls a provider and they are unable to receive services? The provider gives a secondary provider to the family. If the family member is unable to get services, they can call Magellan and Magellan will assist them if they are a Magellan member. If they are a non-Magellan member, the family will call Lehigh County and Lehigh County will assist them. Some providers keep an "interest" list of calls they receive from families requesting services.

Task: Rebecca Procopio and Corinna Bealer will work on a flyer for parents. The draft will be shared with the group.

Comments to previous minutes: In regards to the raise for BHRS staff it was recommended that the raises are based on performance, incentives; paying more for individuals who work after 3:00 and for staff who work with children who have more challenges/behavioral needs. Giving a raise across the board will not meet our needs. The reason this group was formed was to address; access to services, receiving prescribed hours, lack of staff availability in the evenings and weekends, and lack of trained staff – these goals can be worked on simultaneously.

Next Meeting: (October 11, 2010 1:00-2:30, Room 123)