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Welcome

BHPN Connections Meeting

January 2022

JANUARY 27 & 28

enhancing your IMPACT

theBHPN annual conference 2022

Conference Initiatives

- Reinforce the application and effectiveness of **caregiver-mediated treatment and caregiver engagement** in progress
- Expand our knowledge of the **diversity of the current treatment population** in Behavioral Health Treatment and unique needs of caregivers
- Emphasize the roles and benefits of a multi-disciplinary treatment team to **client outcomes and family quality of life**
- Increase knowledge and *application* of treatment planning to reflect clients' **meaningful progress and family social significance**
- Understand how Behavioral Health Treatment is **impacting the community** and individuals' role in that impact

Keynote Speakers

Temple Grandin – *The Impact of a Caregiver*

Trudy Grable – *Looking Through a Parents Eyes*

Topics			
	Picky Eaters	Parent Training Goals	The Use of Video Modeling & Parenting Strategies
Trauma-Informed Supports for Children with Autism & Other Developmental Disabilities & Application to BHT	Parent-Led Behavioral Health Treatment	Compassion Fatigue	Cultural Responsibility Family Involvement and Inclusion

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Advisory Committee Reminder

The BHPN Advisory Committee is a team of leaders among the BHPN's provider partners nominated and selected by the providers in the BHPN.

We encourage you to reach out to a committee member so they can bring your ideas, thoughts and feedback to the monthly Provider Advisory Committee meeting. They are here to represent you!

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Your Advisory Committee Members

Gregory Buch
Director
Pacific Autism Learning Services
gbuch@palsautism.com

Mitze Burnett
Chief Executive Officer
Burnett Therapeutic Services, LLC.
mitzeburnett@btsinc.services

Matt McAlear
Executive Director
California Association for Behavior Analysis

Anna Moznavsky
VP of Operations and Clinical Services
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amoznavsky@csd.me

Coleen Sparkman
Co-owner
Therapeutic Pathways
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Amber Valentino
Chief Clinical Officer
Trumpet Behavioral Health
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Tracie Vickers
Executive Director & Owner
Milestones
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Chat

A naturalistic developmental intervention for young children

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What is Chat?

- Chat is a naturalistic-developmental and language-based model of intervention. This routine-based, parent-mediated program is available for children 6 years of age and younger and their families.

- Chat is a fun, developmentally and routine-based approach to treatment for families looking for a more naturalistic model or an alternative to ABA.

Chat

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Chat

Implemented as a one- or two-tier parent-mediated program

- High level
- Mid-level

The recommended high-level clinicians

- LMFT, LCSW, Psychologist, OT, SLP, LPCC

If you are interested in learning more about Chat, please join us at one of our upcoming pop-up meetings to learn more!

1/20/22 12:30-1:30

1/26/22 11:00-12:00

Great opportunity to grow with new referrals!

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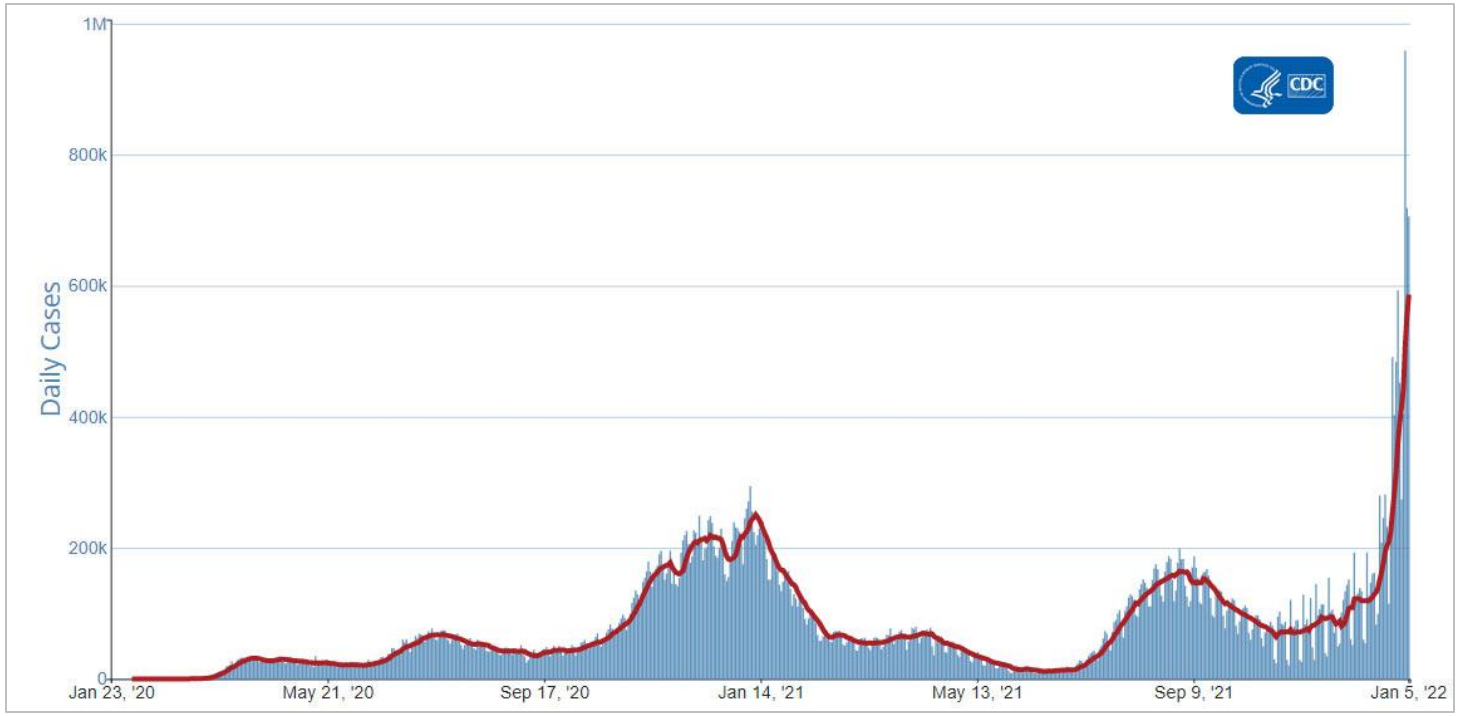
Increased COVID Exposures

Over the past two weeks, our providers have submitted a significant increase in covid exposure reports.



- Per CDC, “As of January 5, 2022, the current 7-day moving average of daily new cases (586,391) increased 85.7% compared with the previous 7-day moving average (315,851).”
- As a reminder, please submit the direct exposure form — Call Customer Service within 2 hours of known **direct exposure** and send in completed form within 24 hours.

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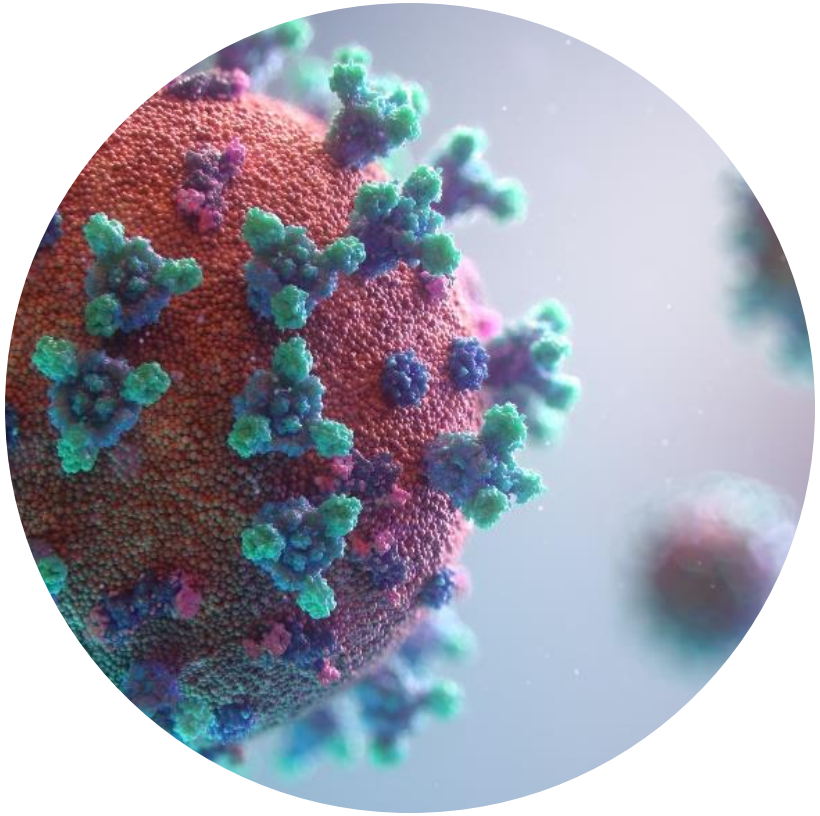
COVID Reminders

- Encourage families and clients to **follow CDC guidelines**, including mask toleration.
- You still **must use PPE** even if vaccinated.
- If a practitioner is experiencing any symptoms, regardless of vaccination status, in-person treatment should not be performed by that practitioner.
- Remember that telehealth is a great option if there are any concerns regarding exposure.
- Don’t forget about the **“COVID-19 & the BHPN Informational Guide”** for Caregivers. You can find a copy of the handout in the Provider Portal.



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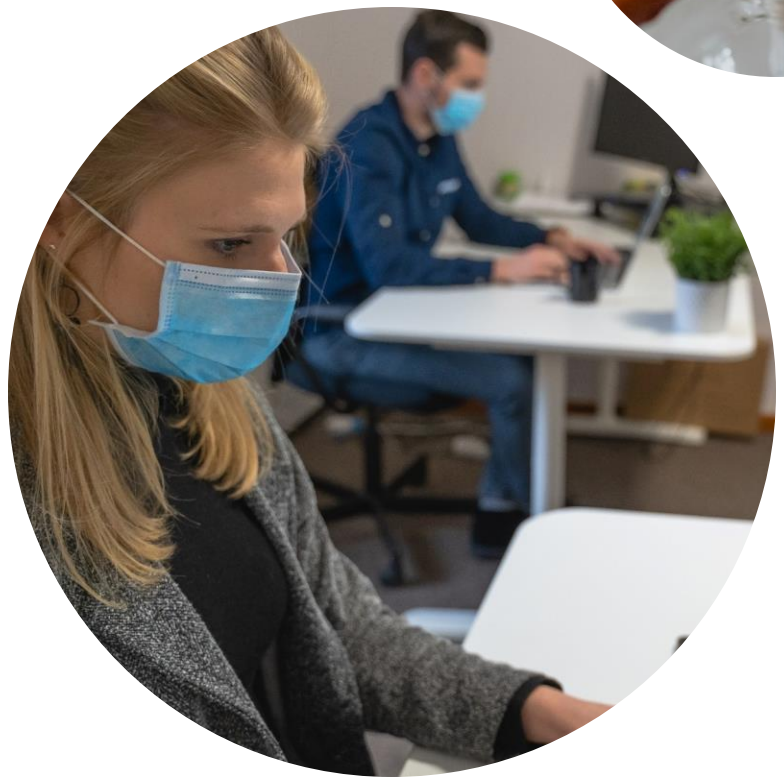
COVID Related Cost Relief – Update

- The BHPN is working closely with Kaiser to analyze all claim data
- Applies to all home visits from September of 2020 until the COVID state of emergency is completed
- The PPE credit that will be applied is $6.57 per session for any in-home visits starting in September 2020
- We are unsure of the timeframe for when this will be completed



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Caregiver Schedule Preference

In the portal, a provider will see the mandated schedule restriction

Often the mandated schedule restriction is different then the caregivers schedule preference which can result in a return of a referral

This is seen as a decline from the caregiver

Please ensure that you document what is offered within the mandated schedule

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Provider Portal: Client Placement Enhancements

- Assessment with Concurrent Treatment
- Sibling Placement

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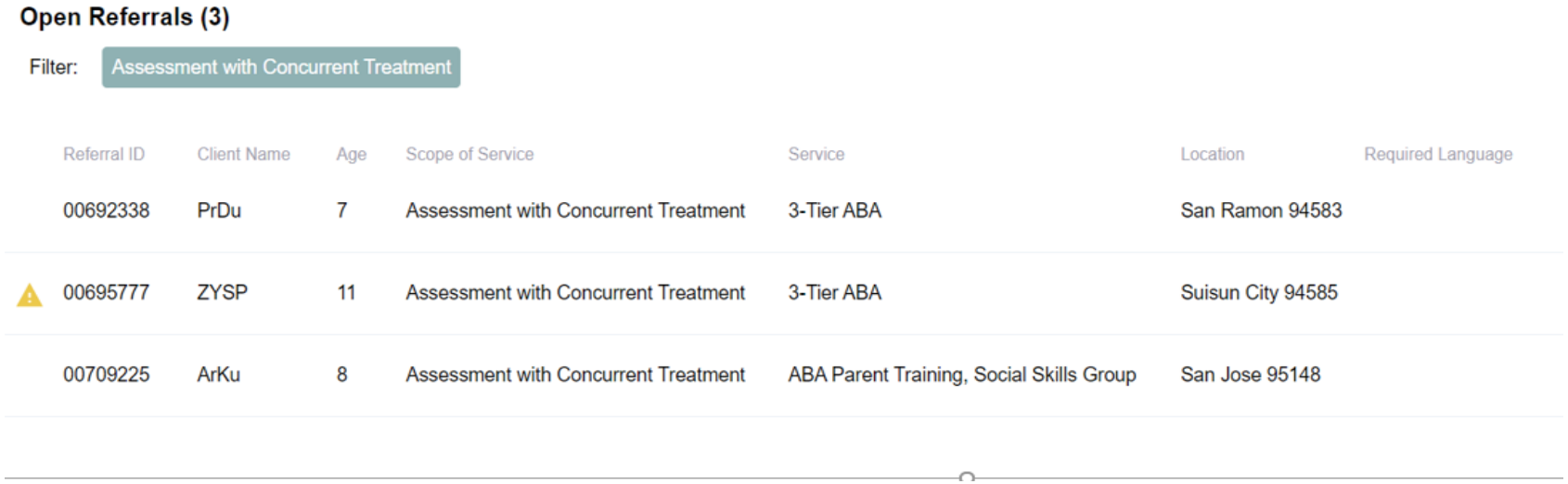
Assessment with Concurrent Treatment

An Enhanced View that Includes Hours for Treatment



Open Referrals (3)

Filter: Assessment with Concurrent Treatment

Referral ID	Client Name	Age	Scope of Service	Service	Location	Required Language
00692338	PrDu	7	Assessment with Concurrent Treatment	3-Tier ABA	San Ramon 94583	
00695777	ZYSP	11	Assessment with Concurrent Treatment	3-Tier ABA	Suisun City 94585	
00709225	ArKu	8	Assessment with Concurrent Treatment	ABA Parent Training, Social Skills Group	San Jose 95148	

- Assessments with concurrent treatment referrals now also display the *recommended hours* section in the provider portal.
- When submitting offers for dual service referrals, you will continue to submit your offer as you normally would for a treatment case.
- Provide your capacity to accept full or partial, along what the first offer start date.

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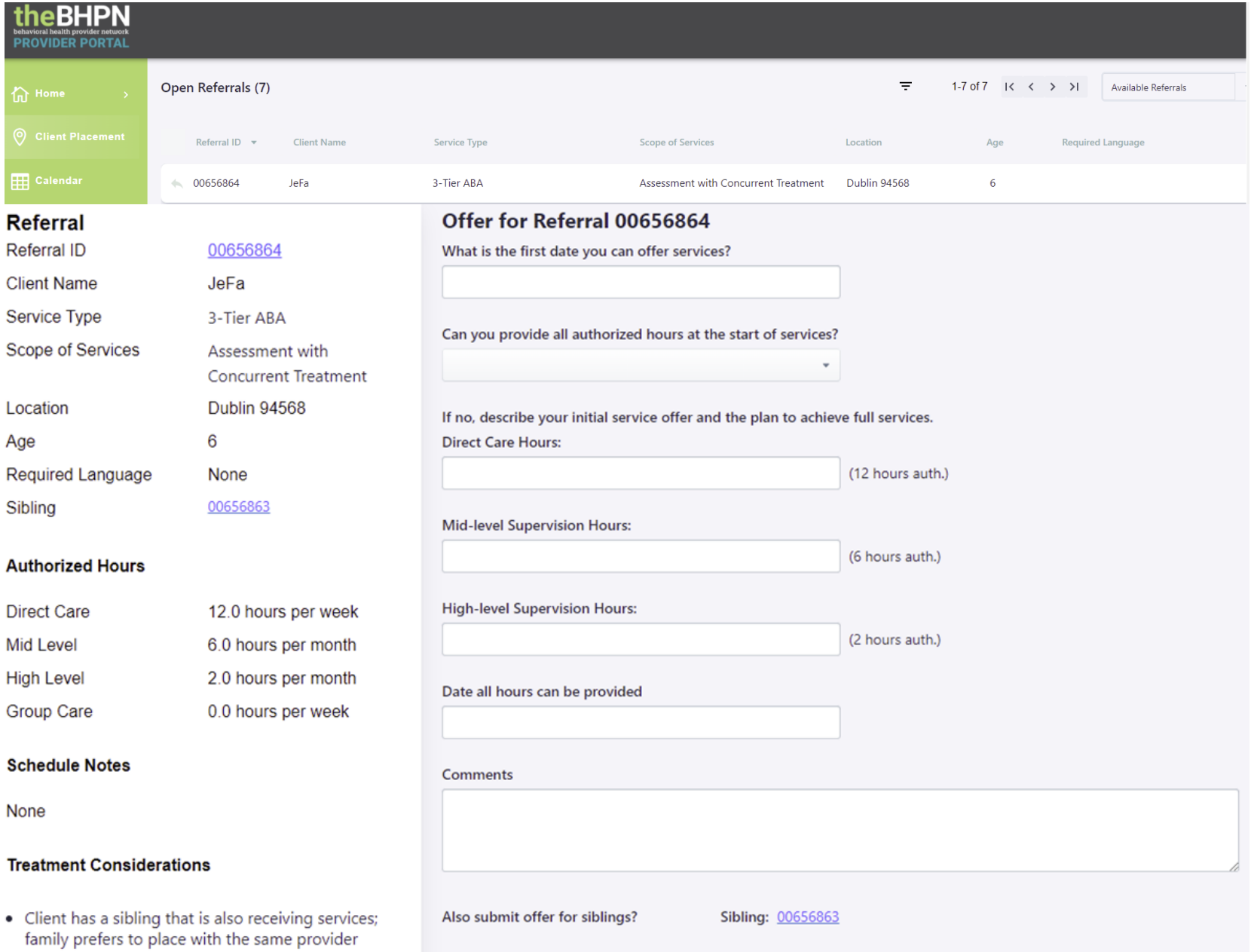
Assessment with Concurrent Treatment



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Sibling Placements

It is now much easier to identify and make offers for clients who are siblings in the provider portal client placement application.

We have a short clip to share, and this is also posted in the provider portal Video Link

BHPN Clinical Report Templates

When a Report Will Need to be Returned

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Reminders

Required to use the updated templates starting January 1, 2022

Updated templates, Authoring Guide and GAS training video and materials are available in the portal

Templates are updated in Central Reach as of 12/23/21

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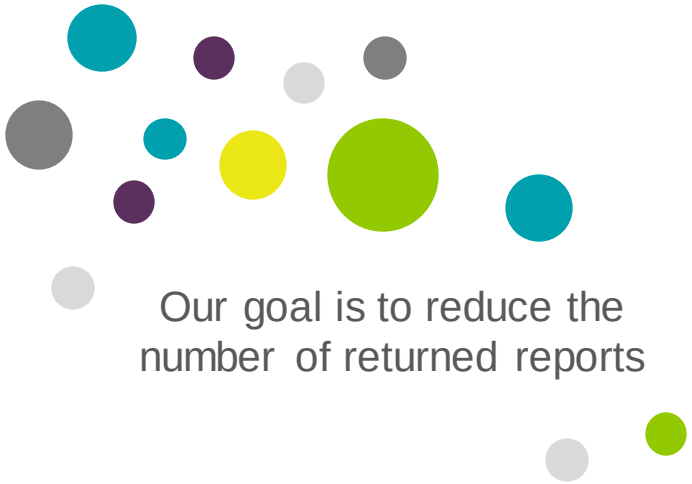
Report Template Updates



Our goal is to reduce the number of returned reports

Remember to follow the template – the templates have all the requirements

You can always add to the template, but do not take information off the template. This would likely result in a returned report as you may have required information missing from your report

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What is Required in a Report?

Client Demographics

Reason for Referral
Support Services
Care Coordination
Client Strengths

Vineland

Goal Writing

GAS
Summary of Progress

Dangerous Behaviors

Fade Plan

Discharge Guidelines

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Client Demographic Section

Updated demographic information including preferred name, race/ethnicity and educational setting.

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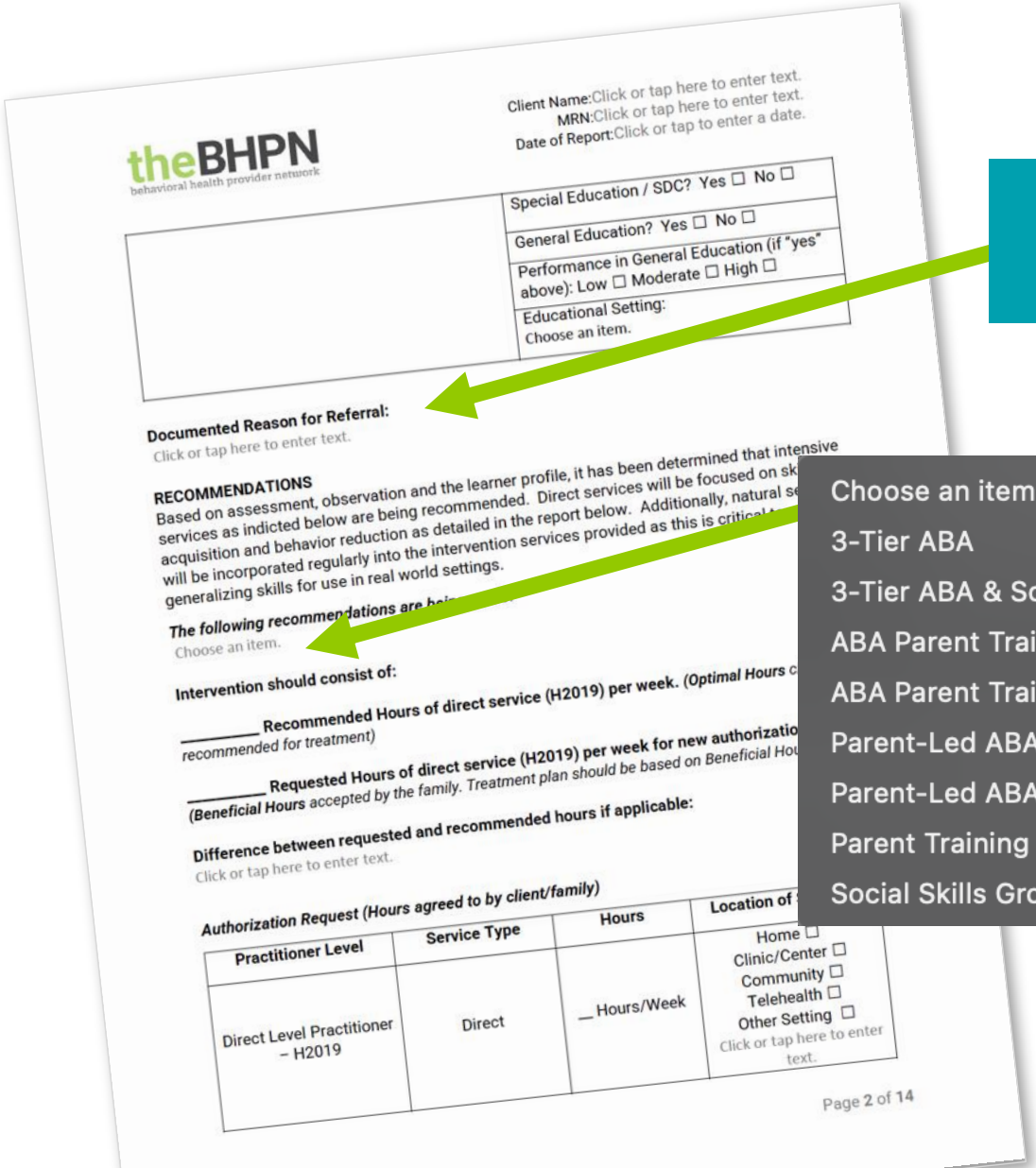
Reason for Referral & Recommendations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Client Name:Click or tap here to enter text.
MRN:Click or tap here to enter text.
Date of Report:Click or tap to enter a date.

Special Education / SDC? Yes ☐ No ☐
General Education? Yes ☐ No ☐
Performance in General Education (if "yes" above): Low ☐ Moderate ☐ High ☐
Educational Setting:
Choose an item.

Documented Reason for Referral:
Click or tap here to enter text.

RECOMMENDATIONS
Based on assessment, observation and the learner profile, it has been determined that intensive services as indicted below are being recommended. Direct services will be focused on sk acquisition and behavior reduction as detailed in the report below. Additionally, natural s will be incorporated regularly into the intervention services provided as this is critical generalizing skills for use in real world settings.

The following recommendations are bei
Choose an item.

Intervention should consist of:

_____ **Recommended Hours of direct service (H2019) per week.** ***(Optimal Hours c***
recommended for treatment)

_____ **Requested Hours of direct service (H2019) per week for new authorizatio**
***(Beneficial Hours** accepted by the family. Treatment plan should be based on Beneficial Hou*

Difference between requested and recommended hours if applicable:
Click or tap here to enter text.

Authorization Request (Hours agreed to by client/family)

Practitioner Level	Service Type	Hours	Location of
Direct Level Practitioner – H2019	Direct	__ Hours/Week	Home ☐ Clinic/Center ☐ Community ☐ Telehealth ☐ Other Setting ☐ Click or tap here to enter text.

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Reason for referral is needed on all reports.

- Choose an item.
- 3-Tier ABA
- 3-Tier ABA & Social Skills Group
- ABA Parent Training
- ABA Parent Training & Social Skills Group
- Parent-Led ABA
- Parent-Led ABA & Social Skills Group
- Parent Training & Social Skills Group
- Social Skills Group

Other Services to be Identified

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Client Name:Click or tap here to enter text.
MRN:Click or tap here to enter text.
Date of Report:Click or tap to enter a date.

Service	Intensity
Direct Service Practitioner – H2019 (weekly)	__ Hours/Week
Social Skills Group – H2014 (weekly)	__ Hours/Week
Mid-Level Supervisor– H0032 (monthly)	__ Hours/Month
High-Level Supervisor– H0004 (monthly)	__ Hours/Month

SERVICE DELIVERY

If client participates in Social Skills Group, please include description of group below.

Click or tap here to enter text.

EDUCATIONAL SERVICES:

Total number of hours of education services comprised of the following:

Service	Service Dates	Intensity (Hours Per Week/Month)
Click or tap here to enter text.		Click or tap here to enter text.
Click or tap here to enter text.		Click or tap here to enter text.

OTHER SERVICES

Total number of hours of other services comprised of the following (including extracurricular activities):

Service	Service Dates	Intensity (Hours Per Week/Month)
Click or tap here to enter text.		Click or tap here to enter text.
Click or tap here to enter text.		Click or tap here to enter text.

Did care coordination occur during this authorization period? Yes ☐ No ☐

If "No," Please provide reason: Choose an item.

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All reports need to identify the client's services. This should be considered when planning treatment and recommendations.

Coordination of Care

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Client Name:Click or tap here to enter text.
MRN:Click or tap here to enter text.
Date of Report:Click or tap to enter a date.

Service	Service Dates	Intensity (Hours Per Week/Month)
Click or tap here to enter text.		Click or tap here to enter text.
Click or tap here to enter text.		Click or tap here to enter text.

Did care coordination occur during this authorization period? Yes ☐ No ☐

If "No,", Please provide reason: Choose an item.

Coordination of Care:

(Other Behavioral Health Treatment, supplementary services, BHPN care teams, or educational entities with which collaboration for treatment recommendations occurred):

Type of Collaboration/Coordination & Description	Name and/or Role	Date(s) and/or frequency of Collaboration
Choose an item. Click or tap here to enter text.		Click or tap to enter a date.
Choose an item. Click or tap here to enter text.		Click or tap to enter a date.
Choose an item. Click or tap here to enter text.		Click or tap to enter a date.
Choose an item. Click or tap here to enter text.		Click or tap to enter a date.

ADAPTIVE BEHAVIOR ASSESSMENT

If Vineland-3 Update Not Completed, please provide rationale and timeline for completion:

Click or tap here to enter text.

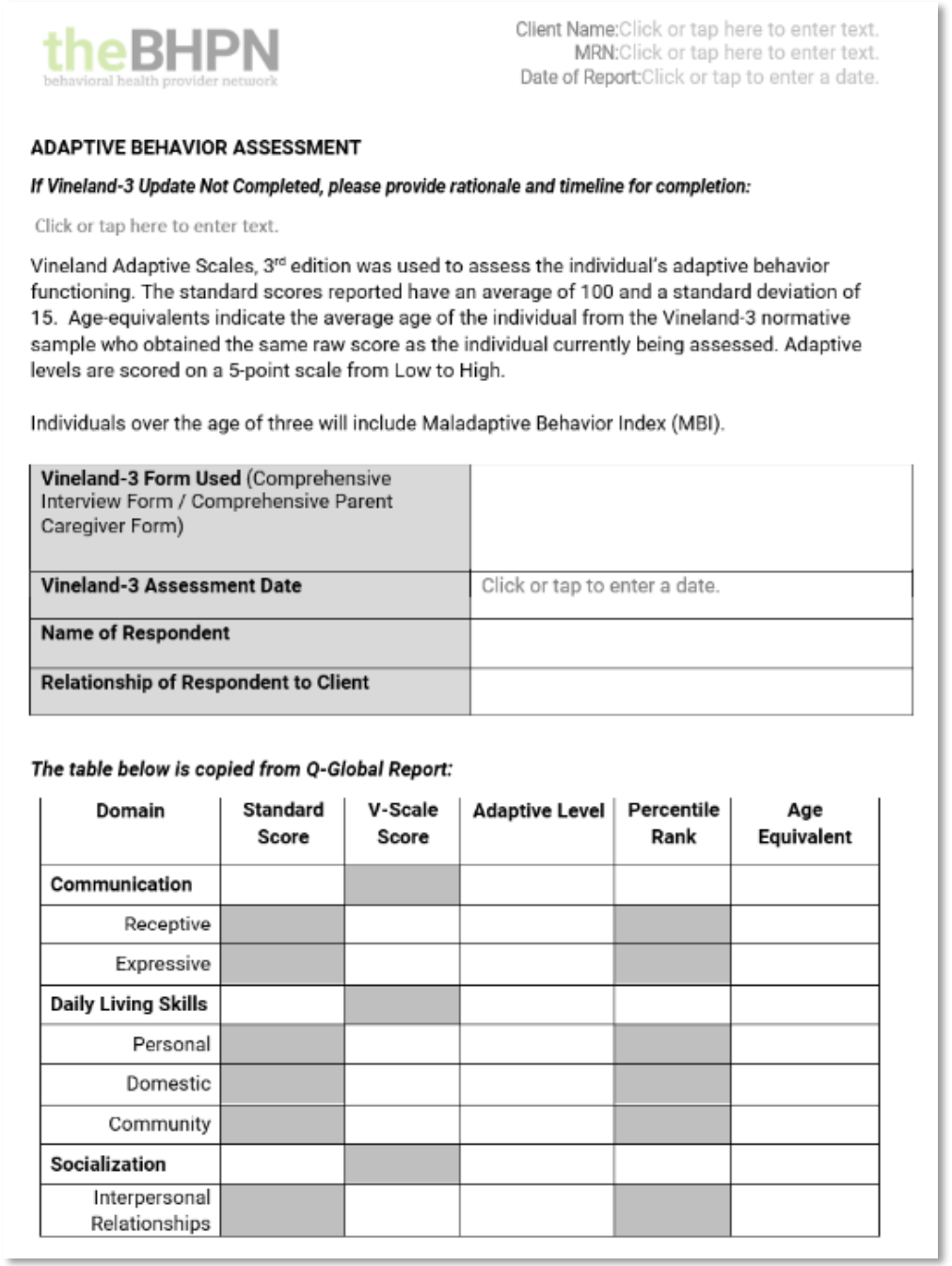
Vineland Adaptive Scales, 3rd edition was used to assess the individual's adaptive behavior functioning. The standard scores reported have an average of 100 and a standard deviation of 15. Age-equivalents indicate the average age of the individual from the Vineland-3 normative sample who obtained the same raw score as the individual currently being assessed. Adaptive levels are scored on a 5-point scale from Low to High.

Individuals over the age of three will include Maladaptive Behavior Index (MBI).

All coordination of care efforts should be outlined in this section.

Vineland Needed

As a reminder, please allow enough time to administer the Vineland with the caregiver/client. We will be returning reports if the Vineland is not completed.



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Client Name:Click or tap here to enter text.
MRN:Click or tap here to enter text.
Date of Report:Click or tap to enter a date.

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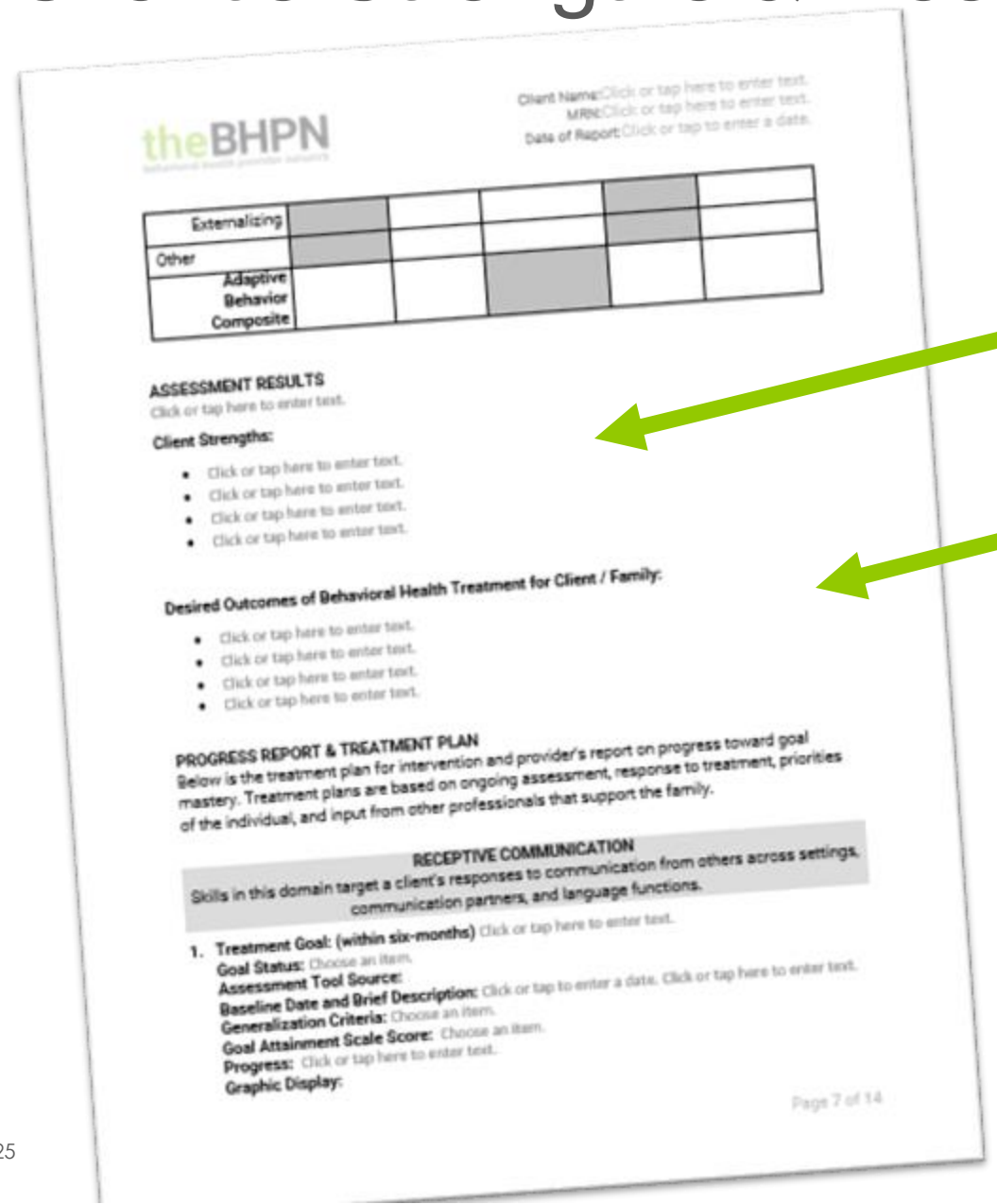
Vineland-3 Form Used (Comprehensive Interview Form / Comprehensive Parent Caregiver Form)	
Vineland-3 Assessment Date	Click or tap to enter a date.
Name of Respondent	
Relationship of Respondent to Client	

The table below is copied from Q-Global Report:

Domain	Standard Score	V-Scale Score	Adaptive Level	Percentile Rank	Age Equivalent
Communication					
Receptive					
Expressive					
Daily Living Skills					
Personal					
Domestic					
Community					
Socialization					
Interpersonal Relationships					

Client's Strengths & Desired Outcomes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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

Externalizing					
Other					
Adaptive Behavior Composite					

ASSESSMENT RESULTS
Click or tap here to enter text.

Client Strengths:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

Desired Outcomes of Behavioral Health Treatment for Client / Family:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

PROGRESS REPORT & TREATMENT PLAN
Below is the treatment plan for intervention and provider's report on progress toward goal mastery. Treatment plans are based on ongoing assessment, response to treatment, priorities of the individual, and input from other professionals that support the family.

RECEPTIVE COMMUNICATION
Skills in this domain target a client's responses to communication from others across settings, communication partners, and language functions.

1. **Treatment Goal: (within six-months)** Click or tap here to enter text.
   Goal Status: Choose an item.
   Assessment Tool Source:
   Baseline Date and Brief Description: Click or tap to enter a date. Click or tap here to enter text.
   Generalization Criteria: Choose an item.
   Goal Attainment Scale Score: Choose an item.
   Progress: Click or tap here to enter text.
   Graphic Display:

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All reports will need to highlight the client's strengths and desired outcomes for treatment. These sections are especially important to include in discussion and collaboration with the client and family.

Goal Writing


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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

Externalizing					
Other					
Adaptive Behavior Composite					

ASSESSMENT RESULTS
Click or tap here to enter text.

Client Strengths:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

Desired Outcomes of Behavioral Health Treatment for Client / Family:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

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   Assessment Tool Source:
   Baseline Date and Brief Description: Click or tap to enter a date. Click or tap here to
   Generalization Criteria: Choose an item.
   Goal Attainment Scale Score: Choose an item.
   Progress: Click or tap here to enter text.
   Graphic Display:

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GAS training video is available to watch on demand in the portal.

- Goals written to be completed within the authorization.
- Generalization criteria needed for each goals.
- GAS rating should be explained in the progress section.

Choose an item.
0 - No progress within reporting period - Goal not met
1 - Some progress within reporting period - Goal not met
2 - Expected outcome - Goal met
3- - Somewhat more than expected outcome - Goal met
4 - Much more than expected outcome - Goal met

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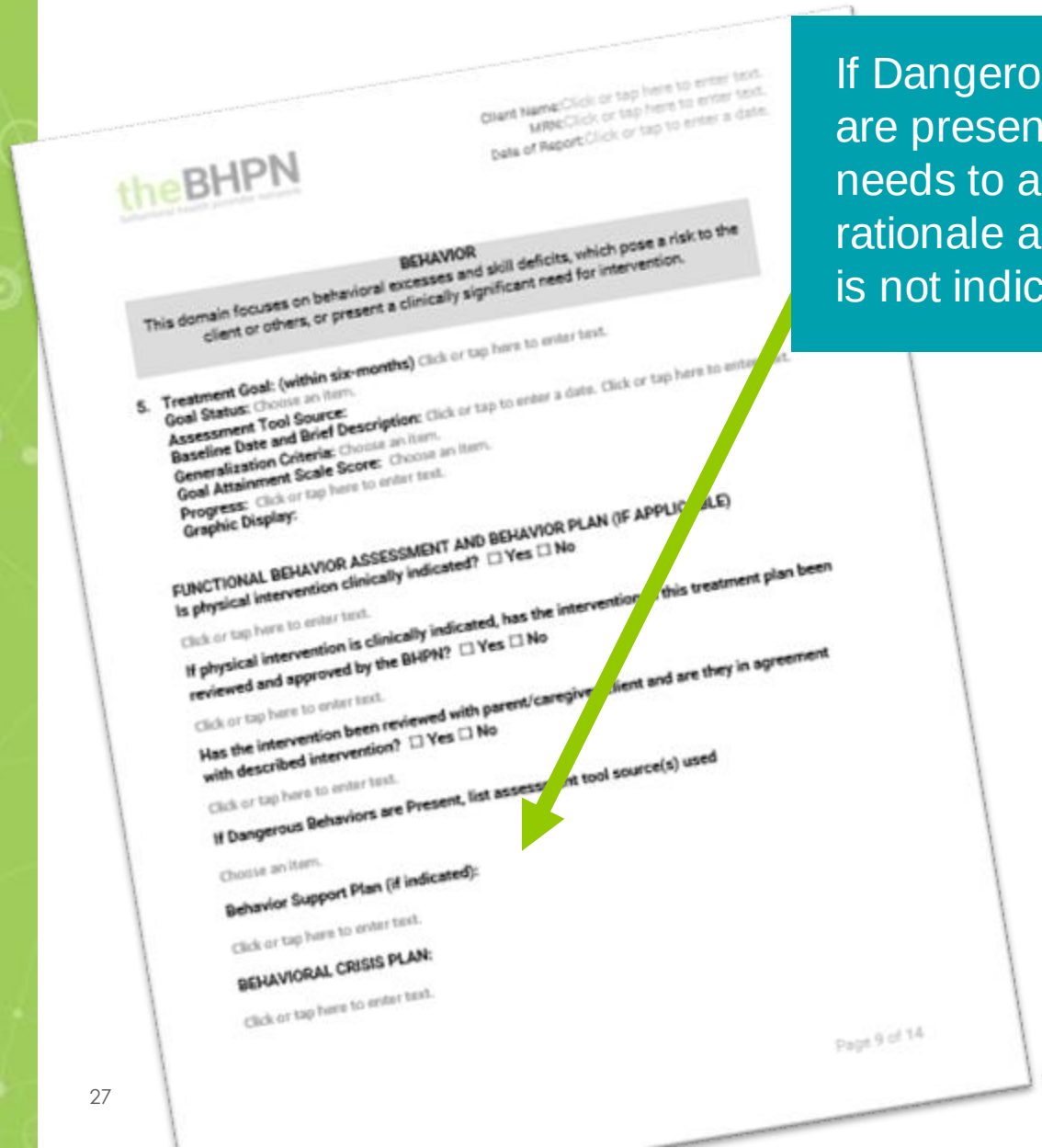
Dangerous Behavior

If Dangerous Behaviors are present, then there needs to a BSP or a rationale as to why one is not indicated.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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

BEHAVIOR

This domain focuses on behavioral excesses and skill deficits, which pose a risk to the client or others, or present a clinically significant need for intervention.

5. **Treatment Goal: (within six-months)** Click or tap here to enter text.
Goal Status: Choose an item.
Assessment Tool Source:
Baseline Date and Brief Description: Click or tap to enter a date. Click or tap here to enter text.
Generalization Criteria: Choose an item.
Goal Attainment Scale Score: Choose an item.
Progress: Click or tap here to enter text.
Graphic Display:

FUNCTIONAL BEHAVIOR ASSESSMENT AND BEHAVIOR PLAN (IF APPLICABLE)
Is physical intervention clinically indicated? ☐ Yes ☐ No
Click or tap here to enter text.
If physical intervention is clinically indicated, has the intervention in this treatment plan been reviewed and approved by the BHPN? ☐ Yes ☐ No
Click or tap here to enter text.
Has the intervention been reviewed with parent/caregiver/client and are they in agreement with described intervention? ☐ Yes ☐ No
Click or tap here to enter text.
If Dangerous Behaviors are Present, list assessment tool source(s) used
Choose an item.
Behavior Support Plan (if indicated):
Click or tap here to enter text.
BEHAVIORAL CRISIS PLAN:
Click or tap here to enter text.

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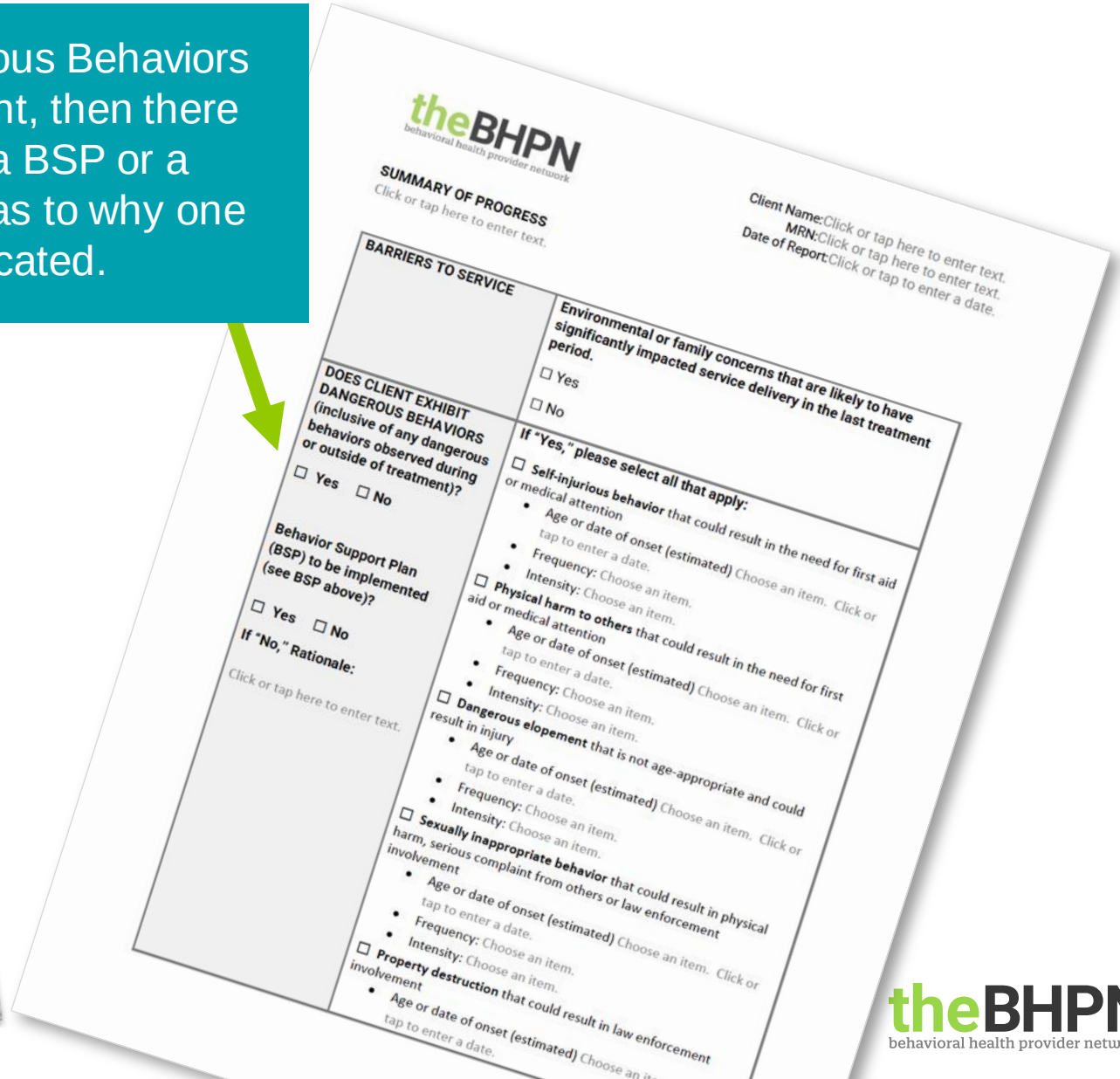
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SUMMARY OF PROGRESS
Click or tap here to enter text.

Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

BARRIERS TO SERVICE	**Environmental or family concerns that are likely to have significantly impacted service delivery in the last treatment period.** ☐ Yes ☐ No
DOES CLIENT EXHIBIT DANGEROUS BEHAVIORS (inclusive of any dangerous behaviors observed during or outside of treatment)? ☐ Yes ☐ No **Behavior Support Plan (BSP) to be implemented (see BSP above)?** ☐ Yes ☐ No **If "No," Rationale:** Click or tap here to enter text.	**If "Yes," please select all that apply:** ☐ **Self-injurious behavior** that could result in the need for first aid or medical attention • Age or date of onset (estimated) Choose an item. Click or tap to enter a date. • Frequency: Choose an item. • Intensity: Choose an item. ☐ **Physical harm to others** that could result in the need for first aid or medical attention • Age or date of onset (estimated) Choose an item. Click or tap to enter a date. • Frequency: Choose an item. • Intensity: Choose an item. ☐ **Dangerous elopement** that is not age-appropriate and could result in injury • Age or date of onset (estimated) Choose an item. Click or tap to enter a date. • Frequency: Choose an item. • Intensity: Choose an item. ☐ **Sexually inappropriate behavior** that could result in physical harm, serious complaint from others or law enforcement involvement • Age or date of onset (estimated) Choose an item. Click or tap to enter a date. • Frequency: Choose an item. • Intensity: Choose an item. ☐ **Property destruction** that could result in law enforcement involvement • Age or date of onset (estimated) Choose an item. Click or tap to enter a date.

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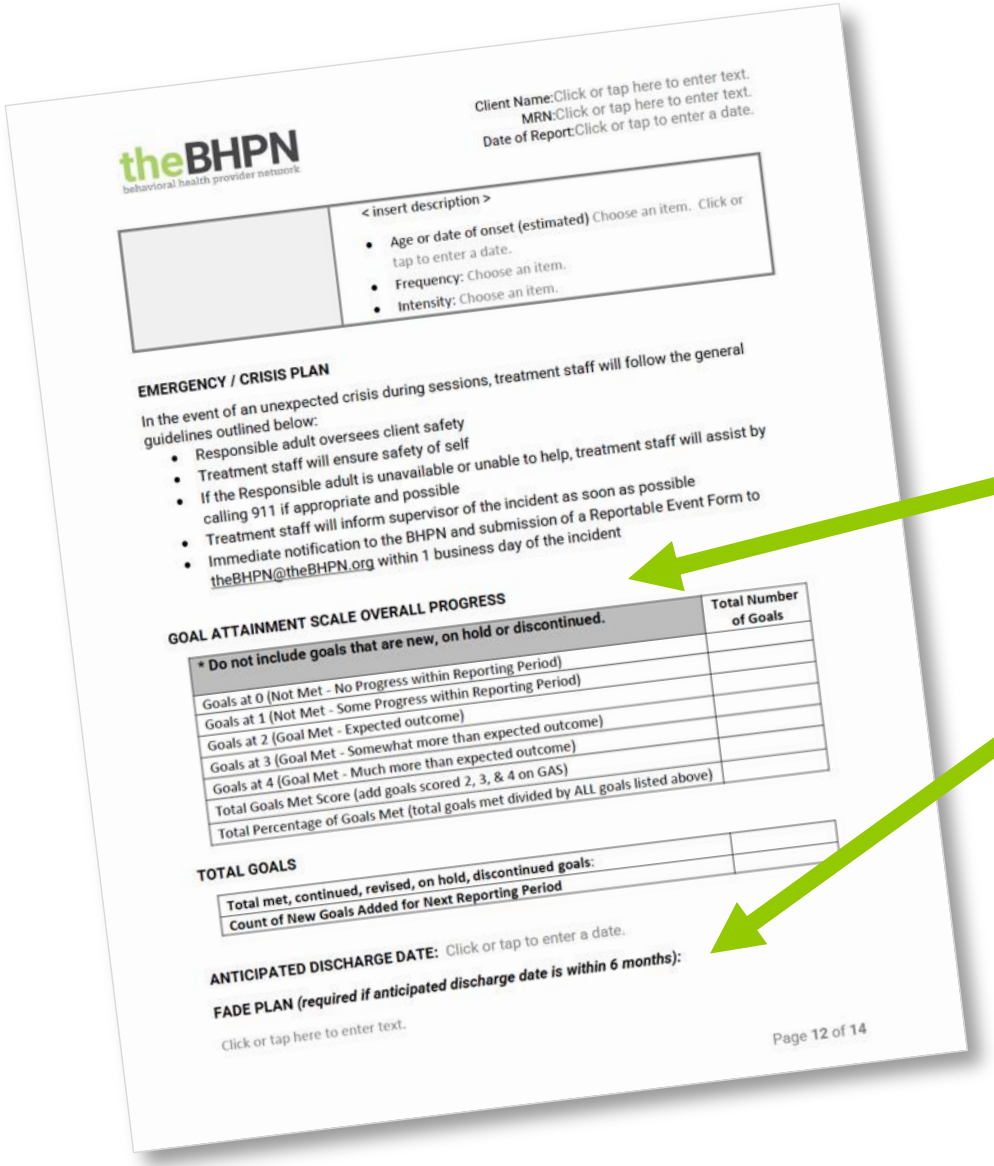
Summary of Progress & Fade Plan



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Client Name:Click or tap here to enter text.
MRN:Click or tap here to enter text.
Date of Report:Click or tap to enter a date.

	< insert description >
	• Age or date of onset (estimated) Choose an item. Click or tap to enter a date. • Frequency: Choose an item. • Intensity: Choose an item.

EMERGENCY / CRISIS PLAN

In the event of an unexpected crisis during sessions, treatment staff will follow the general guidelines outlined below:

- Responsible adult oversees client safety
- Treatment staff will ensure safety of self
- If the Responsible adult is unavailable or unable to help, treatment staff will assist by calling 911 if appropriate and possible
- Treatment staff will inform supervisor of the incident as soon as possible
- Immediate notification to the BHPN and submission of a Reportable Event Form to theBHPN@theBHPN.org within 1 business day of the incident

GOAL ATTAINMENT SCALE OVERALL PROGRESS

* Do not include goals that are new, on hold or discontinued.	Total Number of Goals
Goals at 0 (Not Met - No Progress within Reporting Period)	
Goals at 1 (Not Met - Some Progress within Reporting Period)	
Goals at 2 (Goal Met - Expected outcome)	
Goals at 3 (Goal Met - Somewhat more than expected outcome)	
Goals at 4 (Goal Met - Much more than expected outcome)	
Total Goals Met Score (add goals scored 2, 3, & 4 on GAS)	
Total Percentage of Goals Met (total goals met divided by ALL goals listed above)	

TOTAL GOALS

Total met, continued, revised, on hold, discontinued goals:	
Count of New Goals Added for Next Reporting Period	

ANTICIPATED DISCHARGE DATE: Click or tap to enter a date.

FADE PLAN *(required if anticipated discharge date is within 6 months):*

Click or tap here to enter text.

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Reminder: GAS is used to understand the overall progress a client is making in treatment. These scores will be reflected in your provider data.

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Questions & Comments

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