SUCCESS BEYOND SIX
MINIMUM STANDARDS FOR DESIGNATED AGENCIES BEHAVIORAL INTERVENTION PROGRAMS

Department of Mental Health

And

Agency of Education

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VERMONT

Attached are the Minimum Standards for Behavior Interventionists. These standards were developed in response to the Report to Vermont House Committees on Education and on Human Services and Vermont Senate Committees on Education and on Health and Welfare from The Agency of Human Services and the Department of Education Recommendations and Implementation Plan on Success Beyond Six and were updated to align with current recommended practices.

Summary of the Report

In May 2007, the Senate Appropriations Committee called for the creation of a study committee to examine Vermont's school-based mental health services with the following charge.

The Secretary of the Agency of Human Services and the Commissioner of Education shall convene a summer study group to ensure that expenditures in this area utilize best practices, yield positive outcomes, and are managed to a predictable rate of growth.

(1) This study will result in recommendations regarding:

(A) Mechanisms for managing Success Beyond Six services in a capped Medicaid environment to ensure the effective delivery of services to school-age children and controlled growth;

(B) Prioritizing Success Beyond Six populations and/or services for growth within the constraints of the waiver cap. This will include exploring whether prevention and mental health wellness programs can or should be funded within this model;

(C) Decreasing administrative burdens of service provision wherever possible.

The following recommendations are the focus of the report:

1. ***Capitalize on the Positive Behavioral Supports model for all students.***

2. ***Define quality standards for the behavior interventionist position used with students in special education who have an emotional disturbance.***

3. ***Promote Vermont's current evidence based practice (EBP) model to benefit students who have a diagnosis of autism spectrum disorder.***

4. ***Improve administrative processes.***

Minimum Standards for Behavior Interventionist

The development of these standards is in response to recommendation 2 – "Define quality standards for the behavior interventionist position used with students in special education who have an emotional disturbance."

Further recommendations from this report include:
"establish an *ad hoc* group to define standards for the use, training, practice, supervision, and outcomes of Behavior Interventionists. As a key component of the SBS work with students in Special Education who have an emotional disability, it is important to assure schools and students, wherever they live in Vermont, are receiving a clearly defined, quality service capable of achieving desired outcomes in accordance with the 2005 Part B of the IDEA Interagency Agreement between DOE and AHS."

Description of a Behavioral Intervention Program

The Behavioral Intervention Program (BI Program) is a collaboration between the local Designated Agency (DA) Children's Mental Health Program and local educational program to provide mental health services, consultation and behavioral intervention with targeted students in a school setting. The BI Program is composed of employees, and possibly contracted staff, of the DA. At the core is a Behavior Interventionist (BI) who provides the direct service to the student in the school setting. The BI is supported with a team of clinical professionals, including a clinical supervisor and Behavior Specialist (may be contracted by the DA). The Program services are individualized to the student's mental health and behavioral needs to help the student access his/her academics. The BI Program includes clinical training and supervision of the BI, initial and ongoing assessment of the student by clinical professionals, and behavior interventions that are grounded in the assessment and behavior support plan as described in the Minimum Standards.

Description of a Behavior Interventionist

The term *Behavior Interventionist (BI)* is used to describe mental health staff who provide 1:1 or small group assistance to students struggling with an emotional disability in a classroom or school setting within the context of an individualized behavior support planning process. This position of behavior interventionist has been endorsed in practice by many schools even in the face of tight school budgets.

Emotional disabilities can significantly impact a student's ability to access a free, appropriate, public education (FAPE) and as a result that student may need specialized education services. In many situations, mental health services can help support a student to learn in the classroom. Some of these students will also receive mental health services in the community. Therefore, Individualized Education Plans often call for mental health services.

BIs are employees of a Designated Agency (DA) often referred to as a community mental health center (CMHC). The BI works directly with a student in his/her education program and provides support and services to help the student develop skills, reduce behavior issues and increase the student's ability to access his/her education. The BI is trained, supported and supervised by the clinical supervisor and behavioral specialist(s) of the BI Program and in coordination with the school. The contract between the BI program and the school further defines the co-supervision structure.

Key Questions from 2008 Success Beyond Six Report Related to Behavior Interventionists

This document addresses the nine key questions from the report specifically related to minimum standards for Behavioral Interventionist.

1. For whom, and under what circumstances, should a behavior interventionist be used (versus a para-educator, classroom aide)
2. Define the linkage between behavior interventionists and those schools implementing PBIS and those schools which are not.
3. Define the core competencies for Behavior Interventionists.
4. Define standards for training and experience in supervisors of Behavior Interventionists.
5. Define standards for the amount and type of supervision given to Behavior Interventionists.
6. Establish guidelines for student - provider ratios and other key practice elements.

7. Recommend standardized assessment protocols to guide the activities of behavior interventionists working with students and to evaluate the effectiveness of the interventions.
8. Define standardized evaluation processes to help determine when a student no longer needs intensive behavioral support.
9. Define what data on outcomes should be tracked at the local and state levels.

The Development Process for the Minimum Standards

The use and development of BIs and minimum standards comes after two decades of experience of DAs working with schools to deliver high quality mental health support within the school setting. The initial 2009 minimum standards were developed based on current best practice in several community mental health centers. Through collaborative meetings, the state and providers reviewed processes for referral and assessment, training and core competencies of staff, and supervision structure. Common elements in the programs were composed and Positive Behavioral Interventions and Supports (PBIS) practice was reviewed and considered in the development of minimum standards.

The BI program continues to evolve and work in partnership with Multi-Tiered Systems of Supports (MTSS), including PBIS (http://www.pbis.org), a highly recognized evidence-based practice that Agency of Education (AOE) is implementing with support from DMH. The Behavioral Services available through Success Beyond Six support MTSS/PBIS through behavioral consultation to address students at risk of needing more intensive supports, and behavioral assessment, planning, and intervention for students with identified need for intensive supports.

In 2019 minimum standards were reviewed by DMH in partnership with the DAs, the providers of the Behavioral Intervention programs, and the revisions were made to the following areas:

- Key practices- to better capture the roles as the programs have evolved
- Training requirements- to expand on education requirements and clarify expected prerequisite trainings from annual skill development trainings
- Supervision standards- to clarify roles and allow for BCABA credentials
- Outcomes- expanded to include school satisfaction data collection and updated assessment tools

Minimum Standards for Behavioral Intervention Programs

Eligibility, Referral, Assessment (initial, ongoing, discharge), Behavior and Treatment Planning

Eligibility Criteria for Behavioral Interventionist Services

The BI Program, in collaboration with education, will determine if student is eligible for the BI Program services based on the following criteria:

1. Student has a mental health diagnosis; AND
2. The student is enrolled in Special Education and has an (IEP); or has a 504 plan; or an Educational Support Team plan or a Behavior Support Plan that identifies support needs that might be addressed using a Behavior Interventionist; AND
3. A documented history of any lower level interventions/services provided including private/public mental health and school-based services have been tried and have not been successful. These interventions/services have not had sufficient impact on student's mental health or behavioral issues in order to increase student's ability to access academics; AND
4. An individualized mental health and behavioral supports approach is indicated (by a standardized tool (e.g. CANS, ASEBA/TRF), clinical documentation, FBA or other evaluations); AND
5. Student is at risk of a more restrictive educational programming, which could include in-school alternative programming, alternative placement in an out-of-school program, or residential school program, OR
6. The student is transitioning back into public school from an alternative school or residential school placement.

The eligibility of a student for a Behavioral Interventionist Program should be determined at least annually at the appropriate school-based team meeting.

Referral and Assessment Process

Each Designated Agency may have a different referral process due to program structure. However, there will be common assessment protocols to guide the activities of behavioral interventionists working with students and to evaluate the effectiveness of the interventions**.**

A. Referral Assessment Protocol:

1) The IEP team, 504 team, Educational Support Team or Behavior Support team in consultation with the district administrator makes the initial determination to refer for this level of intervention
2) Collaborate with team including family/guardian, education and BI Program staff, prior to acceptance to discuss referral, goals and program.
3) Education team provides to BI Program (and in adherence to FERPA/HIPAA):
   - All relevant clinical information, clinical and educational assessment documentation, behavioral history/data, evaluations, functional behavioral assessment, etc.
   - IEP or 504 plan and related educational evaluations
4) Qualified individuals from the BI Program will (with adherence to FERPA/HIPPA):

- Provide a mental health evaluation, including developmental history, past treatment history, family history, medical history, substance use and trauma screening, strengths and resources, mental status, diagnosis or impression, clinical formulation and treatment recommendations.
- Conduct a Functional Behavioral Assessment and/or analysis as indicated.
- Conduct a direct observation of student in applied setting.
- Complete the Child, Adolescent Needs and Strengths (CANS)
- Develop and provide initial behavioral support plan

B. Behavior Support Plan

Behavior Support Plan is developed in conjunction with a student's Individual Treatment Plan. The Behavior Support Plan incorporates the assessment findings, identified target behaviors, measurable goals, and data elements. The Behavior Support Plan (BSP) should be shared with all team members and the student, to the extent appropriate. BSP identifies the initial goals for a transition plan and is updated based on data during the course of intervention to prepare for discharge from the intensive level of BI services.

C. Ongoing Assessment Protocol

1) Daily measurement and recording of data elements based on student's behavior and/or skills.
2) Regular supervision to review daily behavioral data in context of treatment plan. BI annual review with clinical supervisory team.
3) Monthly team meetings to incorporate information from data and direct observation by team
4) Members of the BI Program, in collaboration with the educational team, will monitor behavioral data points ongoing to determine adjustments to the plan as indicated (additional supports or less supports) and provide prompt attention to changes in behavior either positive or negative
5) CANS at 6-month intervals for progress monitoring

D. Discharge Assessment Protocol

1) Ongoing evaluation for continued need of this level of service. Treatment team reviews progress and makes data-based decisions for change in level of services either increasing, decreasing, or ending this level of supports.
2) If the team determines the student no longer requires a BI, a transition and discharge plan is finalized. If the student has an IEP, transition and planning must take place within the context of the IEP planning process.

Standard Program Elements: Behavior Interventionist-to-Student Ratio and Key Practices

Guideline for BI-to-Student Ratio

The BI to student Ratio can range from 1:1 to 1:5 based on assessment of student need. The decision to use a specific ratio will be determined through the initial and on-going assessment. When a student begins to make sufficient progress, as demonstrated through data, but still requires some level of support, the team may decide to increase the student ratio in order to continue to provide some level of support to the student. The intervention is still individualized

to the student but does not occur throughout the full school day or week; the BI time may be split across two or more students. Alternatively, it may be determined from the initial referral that a number of students may benefit from a Behavior Interventionist, but they do not require full-time support.

Key Practices of Behavior Interventionist Services Delivery

- BI Programs use the science of ABA, trauma-informed practices, family-system, crisis intervention, and other evidence-based practices to support youth and families.
- BI Program uses a family system lens to create and coordinate programming that addresses the needs of the family to support their child's mental health, including a focus on social determinants of health.
- Goal of BI Program services is to support student participation in learning in the least restrictive environment by providing emotional and behavioral support in coordination with school personnel. The BI may provide skill development and/or reinforcement of pre-academic skills such as attending, communication skills, flexible thinking skills, relationship skills. The BI does not provide curriculum content or direct instruction unless deemed appropriate by IEP team and specifically contracted for. This service may only be provided and implemented by a BCBA with experience in adaptation or creating and designing curriculum and is not eligible for Medicaid reimbursement.
- BI provides pro-social and coping skill development.
- Clinical decision-making including matching of BI to student, admission, discharge, changes in ratio, and treatment is led by BCBA or clinical supervisor of the BI Program in conjunction with the school team responsible for the education of the student.
- Team meetings occur regularly and are facilitated in collaboration with schools by BI program staff.
- Service coordination and resource referral. Support a continuum of care across settings by providing coordination with all mental health providers, school, family, medical homes, and other community partners as needed.
- Plan is established for BI absences as agreed upon by school, family and mental health agency (e.g. BI substitute available, school provides coverage, or alternative school plan).
- BI services are provided during school hours and as contracted by the school/district which may include school vacations and summer to ensure maintenance of social-emotional and classroom behavior skills.
- Ongoing collection and assessment of data to inform treatment and practice decisions and assure treatment fidelity.
- BI Program must comply with Rule 4500 regarding the use of physical intervention. Seclusion and restraint are minimized and only utilized after less intrusive crisis interventions are attempted and only in cases of imminent risk of harm. This is conducted only by staff trained in crisis intervention (see training requirements below). The values of the program focus on efforts to significantly reduce the use of seclusion and restraint, and prioritize early and alternative interventions. The BI Program will review use of seclusion and restraint in the context of the student's individual support plan and make adjustments as indicated. The BI Program will also review trends in the use of seclusion and restraint and, in

conjunction with education, develop strategies to reduce or eliminate such practices.
- BI Program informs the DA's crisis response to support continuity across settings to effectively support children and families in crisis.
- The long-term goal is for students to transition to lower levels of supports. Teams will discuss progress toward goals at regularly scheduled meetings to identify an individualized transition plan to the least restrictive level of support.

Core Competencies for Behavior Interventionist and Supervisors Supervision Structure

Core Competencies for Behavioral Interventionist

Core competencies may be further developed by training and/or supervision. This includes minimum training requirements.

Required education: Bachelor's Degree, or pursuing Bachelor's Degree*, preferably in human services field. May have relevant experience in exchange for human service degree. Must have good judgment, empathy skills, believe in inclusion, and some experience (may be less than a year) in working with children, youth and families.

*BIs who are pursuing but have not yet obtained a Bachelor's degree have an additional level of supervision and training requirements in order to achieve the skill set identified in the Registered Behavior Technician™ (RBT®) task list within six-months.

Minimum Training Requirements for Behavioral Interventionist (building blocks for core competencies)

Completed before working independently with student

Minimum of 40 hours of training on the following elements:

- Understanding of professional ethics including confidentiality (HIPAA/FERPA), boundaries and mandated reporting
- Crisis management
  - Skills to implement therapeutic de-escalation techniques and crisis management and intervention (must be a formal training program, e.g. Therapeutic Crisis Intervention [TCI], Crisis Prevention Institute's Nonviolent Crisis Intervention [CPI], Handle With Care [HWC]
- Intro to ABA
  - Understanding of behavioral treatment and ability to implement an individualized behavior support plan, antecedent manipulation, responding to challenging behavior
- Orientation and training individualized to a student's needs and strengths, history, behavior plan, and medication (as needed)
  - Period of on-site training overseen by supervisor to attain competencies and phasing towards independent intervention with student

Annually

- Maintain certification in a formal crisis management training program, e.g. Therapeutic Crisis Intervention [TCI], Crisis Prevention Institute's Nonviolent Crisis Intervention [CPI], Handle With Care [HWC]
- Maintain certification in First Aid/ CPR
- Teaching and reinforcement of pro-social and emotional regulation skills
- Understanding of child development
- Understanding of childhood mental health
- Understanding how to document and record behavioral data points and outcomes
- Knowledge of Special Education process and coordination with educational services
- Understanding Family Education Rights Partnership Act (FERPA) confidentiality and the intersection with HIPAA.
- Understanding family systems
- Knowledge of dynamics of trauma/adversity, domestic violence, and substance use and the effects on children, as well as resilience and strength development
- Knowledge of cultural diversity (i.e equity and implicit bias trainings, cultural and linguistic competency)
- Understanding transition and termination of services
- Understanding of general instructional practices and how they relate to supporting students in the learning environment.
- Understanding the role of the BI Program staff in educational meetings
- Knowledge of Vermont's system of care and Act 264
- Understanding Social determinants of health and impacts on students and families
- Understanding the value of coordination with primary care

Additional Competencies

- Ability to work on a team and maintain professionalism across settings.
- Ability to understand behavior and its function
- Ability to be flexible and work from a strengths-based perspective
- Ability to develop professionally and learn about new methods of intervention, emerging and evidence-based practice.

Standards for Training and Experience of Clinical Supervisors of BI

BI Program Clinical Oversight: Minimum of Master's degree in human services field, oversees assessment, IPC, larger picture view of clinical needs of student and family. Coordinate with BCBA on development of behavior plan, progress monitoring and needs of student. DA responsible for ensuring there is clinical oversight of Behavioral Intervention services. Administrative supervision and program structure may vary; however, at a minimum BI Program staffing must include supervision by a Master's level clinician.

Clinical Supervisor: Minimum of Master's degree with 1 year experience in behavior analysis and treatment provision or BCBA. Provides supervision of day-to-day behavioral work and clinical and administrative supervision.

BCABA (Board Certified Behavior Analyst/ Board Certified Assistant Behavior Analyst) under direction of BCBA may provide support to BIs.

Standards for the Amount and Type of Clinical Supervision Provided to BI

Clinical Supervisor will:

- Provide Individual supervision 1 x a week, at least 2 x a month on school site to directly observe with the student
- Provide Group indirect (without client present) supervision 1x month
- Review cases, documentation, client management issues
- Meet periodically with the school administration to review performance, collaboration issues, contract issues
- Collect annual satisfaction surveys by school staff and administration to inform continuous quality improvement efforts

It is recommended that the supervision protocol within the school program and the mental health system is clearly outlined.

Common Data on Outcomes
Tracked at the Local and State Levels.

Quarterly submission of FTE by type of SB6 staff for each school within identified school district reported to DMH in SB6 quarterly update template.

Annually, at the end of every school year, each BI Program will submit a report to the Department of Mental Health with the following information:

- Program description
- Staffing structure and roster with education or RBT training level
- Core competencies training schedule.
- Number of students served, MSR client number, school district, IEP or 504 eligibility, level of intervention (e.g. 1:1 versus 1:4 supports)
- Previous educational setting
  - Inpatient
  - Residential
  - Alternative school
  - Alternative program
  - Tutoring program
  - Regular classroom
  - Other (e.g. Home Schooling)
- Length of stay in program (admission date, if student continuing next school year or discharge date)
- If discharged, identify discharge status:
  - In school regular classroom with less supports or no additional supports
  - In school with similar level of supports
  - In an in-school alternative program
  - Referred to alternative school program off school grounds
  - Referred to residential program
  - Dropped out
  - Graduated
  - Summer services only
  - Moved

- Review the use of seclusion and restraint and report any unusual findings or practice challenges.
- Annual School satisfaction survey results (the % of responding schools who Strongly Agree/Agree. Include in narrative #surveys distributed and % respondents.)

Data elements submitted to DMH through secure transmission and Monthly Service Report (MSR) system

- CANS (0-5 or 5-22 based on clinical judgement) separated by each SB6 program type (BI, SBC, CERT), two data points in October and April, unless entered program mid-year; preferably 5-months apart.
- Student specific data (MSR)
    - Age
    - Gender
    - DA
    - Diagnosis