Performance Standards
Applied Behavior Analysis (ABA)

Performance Standards are intended to provide a foundation and serve as a tool to promote improvement and progression towards best practice performances, to increase the consistency of service delivery, and to improve outcomes for members.

Disclaimer: These Performance Standards should not be interpreted as regulations, but instead add to the foundation provided by current licensing guidelines and regulations. It is Community Care's expectation that providers apply these performance standards when developing internal quality monitoring activities. Community Care will use this document as a guide when conducting quality reviews. Entities providing services as part of the HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type. Providers must then apply for all applicable Pennsylvania laws, including Title 55, General Provisions 1101, licensing program requirements and any contractual agreements made with Community Care Behavioral Health Organization to be eligible for payment for services.

Introduction

Community Care Behavioral Health Organization (Community Care) is committed to developing performance standards for specific populations to clearly identify and communicate performance expectations and promote consistency across like programs. This document outlines standards for applied behavior analysis (ABA) service delivery. Community Care staff developed these standards with service providers and county staff. These standards are intended to clarify reasonable standards of practice for the provision of (ABA). These standards promote best practice service delivery across all ABA services to optimize outcomes for members and are therefore not designed to be level-of-care or diagnosis specific. These standards are not to be interpreted as regulations but instead are to add to the foundation provided by current licensing guidelines and regulations. There are additional Performance Standards that may be referenced that are specific for certain diagnoses, levels of care, or service delivery and may have additional guidance and standards to follow.

Background

ABA is a well-established, evidence-based practice used to develop skills and change behaviors through implementing behavioral principles and strategies focusing on mastery of small incremental steps to achieve targeted goals. ABA has been established as an evidence-based practice for individuals with autism spectrum disorder (ASD) due to the complex needs for both behavior change, and skill building associated with this diagnosis. Additionally, since ABA is the scientific application of behavioral and learning principles designed to change socially significant behaviors and skills, it can be applied across multiple diagnoses and stages of the lifespan. The Behavior Analyst Certification Board (BACB) is the governing board that certifies and renews certification for ABA practitioners. There are set standards and defined characteristics of ABA outlined in the 7 dimensions of ABA, which were created in 1968 and used by the Certification Board as the recommended resource for

establishing if a practice is in line with ABA standards and best practices. Community Care is committed to ensuring all members have access to high quality, medically necessary ABA services which are in line with these standards to assure positive outcomes for members. These best practice performance standards are intended to align with these ABA guiding principles to promote optimal outcomes for members and families.

Access Standards

All Community Care providers are expected to ensure timely access to care by working very closely with referral sources to ensure that identified members in need of treatment have access to care within the HealthChoices access standards. Access standards vary based on level of care and fall within 3 categories of care: emergent (within 1 hour), urgent (within 24 hours), and routine (within 7 calendar days). In some instances, it may be appropriate to explore alternative services with the members (and their families) for potential options for ABA to be delivered in a timely manner. If a provider receives a referral for routine care and is unable to offer an appointment within the seven-day time frame, the provider is expected to communicate with the referral source and/or the members (including family if appropriate) about the length of the access delay and for alternatives to be explored with the members (and their families) in a timely manner. Members (and their families) can always choose to wait for a specific provider of choice but must be given sufficient detail as to the anticipated availability date to make an informed decision. Providers are also expected to notify Community Care when unable to provide timely access.

Service Delivery Standards

ABA may be delivered in various programs and levels of care as well as for a range of behaviors. ABA Services are to be delivered in a way that aims to instill hope in members and families. Goals for skill development/behavior change are built within the context of a member and family's vision, values, goals, developmental stage, and enhance the member's quality of life. As a result, the member, family, and natural supports must be fully engaged in the treatment process to identify the new skills and behaviors they want to learn, so that these skills/behaviors can be generalized across environments to meet the member's individual needs and improve his/her quality of life. These standards of service delivery are addressed within the 7 dimensions of ABA.

Scope of ABA Services

Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing and revising behavior-analytic treatment plans, training others to implement components of treatment plans, and overseeing the implementation of treatment plans. ABA providers are qualified to provide services to clients with a variety of needs, including improvements in organizational functioning (e.g., staff performance, management and pay structure interventions), skill deficits (e.g., communication, adaptive behavior), and problem behavior (e.g., aggression, self-injurious behavior), among others. It is important that ABA providers practice

within the scope of training and expertise and receive supervision and oversight for ongoing quality of service delivery.

ABA has a rich scientific background beginning in the early 20th century, including the works of well recognized behavioral researchers including BF Skinner, Pavlov, and Watson, thus setting the stage for applied behavior analysis. ABA is used in many disciplines today, including mental health services. ABA rests on the premise that all behavior serves a purpose or "function," with the guiding hypothesis being that if an individual's needs are met, then quality of life will improve, and problem behavior will be reduced or eliminated altogether (Carr, 2002). The BACB defines behavior analysis as the scientific study of principles of learning and behavior. ABA is a systematic approach for influencing socially important behavior through the identification of reliably related environmental variables and the production of behavior change techniques that make use of those findings. Practitioners of behavior analysis provide services consistent with the 7 dimensions of ABA.

The 7 dimensions of ABA include:

1. *Applied*: In ABA, the dimension of "applied" means that skills and/or behaviors targeted for change must be important to the member, improve the member's quality of life and set the stage for success. Behavioral plans are aligned with the member's vision, values, and goals for success; therefore, providers must understand and consider the social significance, and the member's current and future values. An important first step prior to starting ABA service delivery is to gain assent and consent for treatment. This also includes the understanding of the function of the behavior and the scientific perspective that all behavior serves a purpose, otherwise it would not exist. Understanding the context and value of the behavior is a key component prior to attempting to make any changes. For example, a goal to increase communication and skills of daily living can be identified as needed skills for enhancing quality of life. Understanding the value of a behavior is key. Additionally, understanding that the value of a behavior will change and evolve in terms of relevance and social significance for the member as the individual develops skills and enters various stages of life. From this perspective, it is key to identify behaviors which will promote the best adaptive functioning possible within society, thereby enhancing one's quality of life. Several elements and indicators to consider when assessing quality of life include emotional, social, and physical safety and well-being; self-determination, self-advocacy, agency, control, and choice; how one spends free time; community and social interactions, inclusion, and relationships; personal rights and development.

2. *Behavioral:* In ABA, this dimension refers to measurement of events with reliability. Behavior must be able to be observed and measured to be able to indicate if it was changed. The use of objective assessments, and analysis of behavior begins in this dimension with observing how environment affects behavior, as evidenced through data collection. This requires that the behavior

be defined in a way that is observable and measurable. The behavior is then observed, and data is collected on the behavior occurring across environments taking specific note of the impact the environment has on the targeted behavior(s). Inter-rater reliability is then demonstrated by a high rate of agreement across individuals who are observing a given behavior and reporting data. Under this dimension of "Behavioral" some helpful questions to ask include:

- What is the operational definition of the target behavior?
- What is the function of the behavior, i.e., what is reinforcing/maintaining the behavior?
- What does the behavior change look like, i.e., the member and others in the member's environment?
- Was the behavior changed?
- Whose behavior changed, i.e., the member and others in the member's environment?

As a result, the Behavioral dimension includes direct observation, measurement, functional assessment and/or analysis, understanding of the relationships between environment and behavior, comprehensive assessment, description of baseline levels to inform subsequent treatment goals, direct observational data (with analysis) on behavioral targets during treatment, and follow-up to maximize & maintain progress.

3. *Analytic:* This dimension of ABA refers to the ability to demonstrate control over behavior with believability and reliability. This involves the analysis and understanding of the relationship between a stimulus, consequence, external and internal variables, and behavior, and what the data shows when these variables are changed. The use of changing environmental factors, i.e., setting events, antecedents, stimuli, and consequences, to produce practical and socially significant changes in behavior, highlights the importance of the use of data to inform actions. Every decision from the initial assessment and analysis of behavior, to documenting behavior change, to decisions about frequency and length of ABA service delivery, is based on and supported by the analysis of the data that is collected. Feedback from the individual and family/team members is an important part of the data collection process. Changes to ABA programming come from data driven decisions. Collection of meaningful data specific to the client's individualized treatment goals and including a visual representation of the data with a summary for the ease of analysis is crucial to making data-based decisions. Clinicians analyze the data to see if there is a relation between the changes made to the environment (strategies) and behavior. i.e., if procedure is added to decrease a behavior, data must be collected and analyzed to see if the behavior in fact decreased. If the behavior showed a decrease over time, then it is likely that the procedure/strategy can be attributed to the change in behavior. Ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan are based on client progress as determined by observations and

data analysis. Data summaries are presented in a manner that is intentionally free from jargon and easily understood by family and team members.

4. *Technological*: This dimension of ABA is concerned with the techniques and procedures identified and described. When developing treatment that is "technological," it means that the procedures for treatment are written in a way that all team members (clinician, family, natural supports) can implement them accurately and properly. This dimension supports the tenet that success is due to the consistent, effective application of strategies and not due to characteristics of a specific clinician. This includes the use of evidence-based principles and practices of learning and behavior to address one or more behavior challenges or skill deficits. Treatment strategies are implemented repeatedly, frequently, and consistently across environments until discharge criteria are met.

5. *Conceptually systematic:* This dimension of ABA speaks to the need to be consistent with the scientific principles of learning and behavior change, including the core principles of ABA. Specific procedures encompass these core principles which include social reinforcement, procedure fading, and errorless discrimination. Consistent, ongoing, objective assessment and data analysis inform clinical decision-making. Treatment integrity is ensured via the proper implementation of intervention and systematic data collection. It is understood that the learning process begins with the smallest unit of behavior change that the child can successfully master while building towards larger, more significant changes. The treatment approaches link the function of (reason for) the behavior to the intervention strategies. Behavioral principles and procedures are implemented to improve the client's health/independence/quality of life. ABA programming starts with understanding the antecedents (stimuli) and consequences, and the impact these both have on behavior. This dimension also includes the understanding that the basis of learning occurs in a cycle of stimulus, individual responses, and subsequent consequences. Based on these understandings, procedures are then put into place that are technologically defined to change the impact of these cycles, thereby changing the behavior. This includes carefully constructed, individualized, and detailed behavior-analytic treatment plans, using reinforcement and other behavioral principles, while excluding the use of methods/techniques that lack consensus about their effectiveness based on evidence in the literature.

6. *Effective*: This dimension refers to the degree and quality of change needed for the change to be meaningful. This dimension defines how the behavior needs to change to make a meaningful difference. Aspects of behavior change can include frequency, intensity, and duration. Behavior goals are to be designed with relevance and practicality to the client in mind. Behavior changes are to align with the culture and values of the client's family and community and are often guided by natural supports. This dimension also refers to determining the

optimal level, length, and type of services needed to create lasting, meaningful behavior change.

Effective strategies:

- Are provided in the least restrictive, most effective environments, using function-based strategies.
- Are designed to decrease challenging behavior and increase adaptive replacement skills.
- Improve behavior while demonstrating a reliable, functional relationship between strategies and behavior change.
- Result in behavior change and social impact communicated through visual displays and explanation of data.
- Generalize across environments where the desired behaviors are necessary. This is also addressed in dimension #7.

7. *Generality*: This final dimension refers to lasting change. Generality means that the behavior change proves durable over time, in a wide variety of environments, across relationships and various community members, social situations, stimuli, and or expands to a wide variety of behaviors. ABA involves active programming for generalization. Programming promotes generalization by training individual members, parents, and caregivers who learn to use the same strategies. Direct support to, and training of, individual members, family members, and other involved professionals are key components to promote optimal functioning, generalization, and maintenance of behavioral improvements. Generality also refers to the process of fading strategies and supports to a level that can be maintained by the individual member and or natural supports.

Functional Behavior Assessment (FBA)

A functional behavior assessment (FBA) is a process of determining the function(s) of a behavior and the specific conditions in which the behavior occurs. Behavior can be understood to serve 2 distinct functions: obtaining and avoiding. The categories of things we use behavior to obtain or avoid are demands, attention, tangibles, and sensory. An FBA collects a variety of data about an identified behavior to evaluate the conditions in which it is already occurring. Data is collected through both direct and indirect methods such as observation, interviews and data collected by collaterals. It is important to collect data in a variety of environments, including those in which the behavior does not occur. Collecting Data in environments where the behavior is not present can contribute to a more complete understanding of the hypothesized function. When a pattern emerges through the evaluation of these data, a hypothesis is made about the function(s) of the behavior. Professionals must express clearly that their conclusions are a hypothesis and should not be assumed as fact. It is important to understand that a specific behavior may be used for more than one function and several behaviors may be used for one specific function.

The guiding hypothesis behind an FBA is that if an individual's needs are met, then quality of life will improve, and problem behavior will be reduced or eliminated altogether (Carr, 2002). Additionally, it is important to understand the function(s) of a behavior prior to making attempts to change it. This is key when developing strategies for behavior change and identifying replacement behaviors.

A complete FBA will identify:

- History
- Prior strategies that have been used/tried and outcomes
- A clear definition of the problem behavior
- A baseline measurement procedure
- Direct and indirect assessment summaries
- Antecedent conditions
- Physical, environmental, and/or medical factors that contribute to an individual's needs, attempting to be met
- Consequences that maintain the behavior
- Social and other contributing factors
- A clear definition of the behavior that will replace the problem behavior(s)
- A statement of behavior function (hypothesis)
- Strategy recommendations/options based on the function of the problem behavior and limiting conditions

A completed FBA should answer:

- Is the challenging behavior a symptom of a primary underlying condition (emotional distress, physical pain, toothaches, headaches, hunger, medication side effects) that must be addressed prior to attempting strategies to change behavior or develop skills?
- Is the challenging behavior part of a cluster or chain of related behaviors?
- Is the challenging behavior the result of a lack of a skill or skills?
- What does the behavior get for the person?
- What does the behavior help the person escape/avoid/postpone?
- Is the behavior connected to an internal state or antecedent?

An FBA will result in identification of strategies that are implementable in a member's natural environment, and which guide all members of the treatment team.

Functional Analysis (FA)

A functional analysis (FA) is different from an FBA in two ways, and it is important to differentiate between them. While both aim to identify a function of a behavior, an FA involves manipulating environmental conditions to evoke challenging behavior and therefore is both more intrusive and more reliable in conclusion. This is done to demonstrate control over the behavior. When the professional can predictably create a condition that evokes the behavior, they can identify the function of the behavior within a reasonable degree of certainty beyond simply hypothesizing a function as in an FBA. An FA requires contriving conditions in specific ways, attempting to evoke behavior. Due to this and other considerations, an FA must be completed by an experienced board-certified professional (BCBA) and comply with other regulations as applicable. When conducting a functional analysis, the professional contrives conditions attempting to turn behavior on and off. The conditions align with the potential functions of behavior: escape, access, attention, and sensory. The professional measures the occurrence in each condition and demonstrates control when behavior repeatedly occurs more often in one condition over the others. Due to the potentially aversive and restrictive nature of an FA, this tool is to be used with team agreement, written consent, assent, and when a higher-level clinical tool is needed to determine the function of a Behavior.

Skill Assessment

Acknowledging that all behavior serves a purpose sets the foundation for assessing skills for getting needs met. When behavior is understood as one's best attempt at getting needs met, the focus then can become one of assessing current skill levels and determining what skills are needed to get needs met in an alternative way.

Skill based assessments are tools to be used to identify needs and relationship between what the needs are and what skills are present to meet these needs. Functionally equivalent replacement behaviors (FERBS) are key to identifying effective and efficient ways to meet needs that can become replacement/alternative behaviors. Once these skills and behaviors are identified, teaching skills to produce meaningful change becomes possible. At times the focus of needs may be more of a result of skill deficits and not due to the presence of problem behavior(s). Several options for commercial based assessments are available to assess foundational skills and prerequisite skills required for more complex skills and behaviors to be acquired. Commercial Skill-Based Assessment (CSBA) for which the ABA provider has adequate training and experience, may be useful tools to consider. For example, a Verbal Behavior Milestones Assessment and Placement Programming (VB-MAPP) will accurately identify strategies and intervention for ABA services when development of verbal and communication skills are a primary goal of ABA service delivery. The results of a CSBA inform service delivery by identifying clear objectives and interventions appropriate to build functional skills.

Intake and Assessment

To determine medical necessity, a comprehensive assessment of each member's

needs should be completed as discussed in the Performance Standards for the level of care in which ABA is being provided.

Each program is expected to have admission and exclusionary criteria in place consistent with the recognized medical necessity guidelines for the requested level of care. ABA providers are expected to work within their parameters of area of expertise, as ABA is effective with a wide range of individuals and behaviors.

Providers are expected to assess and consider Trauma as part of assessing needs. This performance standard includes a section below on Trauma Informed Care for further details and considerations on provider expectations related to being aware of Trauma as a factor involved with member's care.

Providers are also expected to inform members of treatment expectations, including information about admission, ABA, treatment plans, and discharge. In addition, providers are expected to review member rights and responsibilities for the program, and members/families should receive written materials regarding their rights and responsibilities while in treatment. The member/family should also receive information about the provider's process for a member to report dissatisfaction with services.

Providers should assess natural supports and ensure that collaboration is permitted by obtaining a release of information. Providers are expected to include family and natural supports, and to document the acceptance or non-acceptance of involvement of these supports during treatment.

Individualized Treatment Plans

An individualized treatment plan is based upon the recommendations from the assessment and FBA and is a "living document" outlining the strategies to address the needs of the member that realistically can be accomplished in the requested level of care. ABA treatment plan strategies are an extension of the assessment and FBA process in that they demonstrate an understanding of the function of the behavior(s), the need(s)/function(s) they serve, and what reinforces behavior(s) prior to making attempts at changing them. Individualized treatment plans define the roles for all treatment team members, including member, family, natural supports, and caregivers. The individualized treatment plan includes details of how goals will be accomplished, including mutually agreed upon, measurable treatment goals and objectives and specific, mutually agreed upon strategies for implementation by the various team members.

Non-treatment needs or clinical needs that exceed the scope of the treatment plan should be identified and addressed, as needed, through referrals and collaboration. Providers are encouraged to consult with Community Care to discuss referrals for concurrent treatment needs that are not able to be addressed with ABA treatment.

Documentation, Data, and Outcomes Measures

ABA is an evidenced based practice. The strategies and processes that are applied are to align with the 7 dimensions of ABA outlined previously in this document.

Documentation of the strategies and the collection of data are part of the ongoing process of ABA. Data collection, documentation and reporting are important to analyze the effectiveness of the strategies chosen and make changes to the strategies as needed based on the results reported. The FBA/FA process is the first step in documenting an understanding of the current levels of behaviors, identifying the function(s) of behavior(s) and leads to creating treatment plan strategies for behavior change to occur. Once strategies are implemented it is crucial to collect and summarize the results to assess effectiveness and adjust, as necessary, for progress to be maximized and maintained. Per Dimensions #6 and #7, ABA services are to be effective and able to generalize. This is best demonstrated through documenting the changes in behaviors based on data collected across environments, natural supports and caregivers. Treatment plan and data summaries are a great way to communicate progress and impact that services have made on behaviors to all team members.

Collaboration

As the Dimensions of ABA summarize, the goals of ABA services include making lasting changes in behaviors that are significant and meaningful to individuals in their daily lives. For lasting change to occur, consultation and collaboration is key. Under dimension # 1 (Applied) states that ABA services are to target goals and strategies that are meaningful for the member and family. Therefore, collaboration and consultation with member and ALL team members will help to assure creation of successful goals and strategies. Many aspects and reasons are present for consultation and collaboration to occur. This document will highlight some specific areas for best practices in terms of collaboration when delivering ABA services:

- Collaborate and consult with member and natural supports to elicit feedback on how strategies are working.
- Identifying current levels and goal levels of behaviors and skills.
- Collaboration with prior ABA service providers for information about what has been helpful and what has not been effective.
- Collaboration with physical health providers for overall health and wellness and underlying biological/physical needs.
- Developing, updating, or adapting strategies with team members including natural caregivers.
- Communicating progress and data summaries.
- Assessing transition plans ongoing, building towards independence or lesser restrictive strategies.
- When 2 or more ABA providers are providing ABA treatment.
- When ABA is one of many services being provided.

Transition Planning

Continuing engagement in treatment across a continuum of care is a key factor in achieving positive outcomes in treatment. Providers are expected to demonstrate comprehensive transition and ongoing care. Active transition and ongoing

care planning are initiated at the start of service delivery and are encompassed under effective and generality dimensions of ABA (#6 and #7). A fully developed transition plan is to be in place when a member is ready to leave the treatment program. In anticipation of transition and ongoing care, the provider will openly discuss with the member and family any potential barriers in successfully transitioning to the next level of care. Providers are expected to work with the members to develop plans that will overcome identified barriers. Successful transition and ongoing care management is a process that is driven by the member and family and takes into consideration a full array of professional services and community supports.

When a member is ready to transition to the next level of care, providers will ensure that referrals are both appropriate and culturally sensitive. Clinical staff are to be aware of local aftercare resources and coordinate with physical health providers for ongoing care and transition planning.

Staffing, Training, and Supervision

Staff supervision and training are required to oversee and ensure the 7 dimensions of ABA and to offer support and oversight for staff to practice within these ABA best practices. Providers are expected to provide onboarding training, annual trainings, and training and supervision of individual members receiving ABA services. The specifics of staff qualifications and supervision levels must meet qualifications as outlined within the regulations and performance standards of program(s) in which they are delivering ABA.

Trauma Informed Care

Trauma Informed Care is the acknowledgment that trauma is a common experience and has the power to impact behaviors and learning. As a result, it is important to incorporate a trauma-informed care approach in all types of service delivery, including ABA. SAMHSA's TIP 57: Trauma-Informed Care in Behavioral Health Services and the Quick Guide for Clinicians Based on TIP 57 provide guidance and are a reference for this approach. As per Tip 57, trauma informed care is a strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bassuk, & Olivet, 2010, p. 82). It also involves vigilance in anticipating and avoiding institutional processes and practices that are likely to retraumatize individuals who already have histories of trauma, and it upholds the importance of member participation in the development, delivery, and evaluation of services.

At minimum providers will ensure:

- All members are screened for trauma exposure during the initial and all subsequent assessment and service delivery. Trauma exposure screening tools include self-report or parent/guardian-report measures which examines experiences a member has had with potentially traumatic events such as witnessing or being a

victim of interpersonal/domestic violence, violent crime, general disaster, sexual assault, physical assault and or abuse.

- If a member has a positive exposure screen, a trauma symptom screen will be administered to determine if exposure to a potential traumatizing situation is resulting in symptoms.

- Results from the member's trauma exposure and symptom screen are included in the assessment and when a member has both trauma exposure AND trauma symptoms, trauma-specific strategies and interventions must be further integrated into the individualized treatment plan using evidence-based and/or promising practices that facilitate recovery from trauma.

- If a provider does not deliver evidenced based or promising practices which address trauma as part of the treatment protocol, the provider will refer the member to a provider who can appropriately meet the member's needs. When a member is receiving treatment with more than one provider to adequately meet their needs, the providers must regularly consult and collaborate to assure that treatment interventions support the member's treatment and avoids re-traumatization of the member. These efforts must be clearly documented in the member's clinical record.

- All treatment interventions used with a member/family with a trauma history will avoid inadvertent re-traumatization of the member and his or her family.

ABA providers often provide services to members with communication difficulties. This creates an added importance to think about how behavior may be communicating distress. Behavior can be a way of communicating one's experience of traumatic stress and it is important to consider this. The consideration of quality of life in Dimension #1 (Applied), guides the ABA provider to ensure that ABA service delivery does not traumatize/retraumatize. Also, when the FA/FBA process is approached from a space of learning and being curious it is a gentler approach. It is important to maintain an understanding of the function of the members behavior, honor choice, create rapport, and set up the process as one that is safe and reinforcing for the member without evoking triggers.

Cultural Competence

All providers are expected to act and conduct services in a socially just and culturally competent manner in accordance with TIP 59, specifically, the chapters, "Culturally Responsive Evaluation and Treatment" and "Behavioral Health Treatment for Major Racial and Ethnic Groups". Cultural competence is encompassed in applied, effective and generality dimensions of ABA (#1, #6 and #7).

Programs are expected to be aware of health disparities, social injustices, stigma, and systemic oppressions which impact the members they serve. These factors are to be

addressed openly with members, supported through individual and group supervisions, and enhanced through regular and consistent training and learning opportunities.

A program's competence and commitment to social equity is to be evident throughout their referral process, treatment planning, service delivery, treatment team meetings, crisis planning, and discharge process. Visits between Community Care and providers will be utilized to continue to assess a program's success in addressing cultural needs, providing support and feedback to continue each individual clinicians' and the overall programs' growth and development.

If a provider is unable to meet the cultural needs of the member, the provider must offer the member referrals to other culturally relevant providers. Evidence of culturally sensitive office settings and clinician demeanor will be monitored via the compliance process, personnel reviews of the credentialing/re-credentialing process, site visits during quality record reviews, and during Community Care visits to provider sites.

Programs are expected to support the ongoing development of culturally competent service delivery by offering training and support around cultural competence in mental health service delivery for staff, and by making a commitment to social equity.

Activities may include:

- Requiring frequent, ongoing, up to date, high quality staff training oportunities related to members who are receiving ABA services and supports. Trainings are to include all staff, regardless of position at the agency, and be included in new employee onboarding process. Training opportunities are to be extended to the Board of Directors.

- Requiring or referring to programming which recognizes and respects the cultural diversity among the members being served.

- Utilizing supervision, staff meetings and other agency communications to identify training opportunities and agency policies to address safety concerns or treatment concerns.

- Recognizing that cultural competence (CC) is not static, but rather is a set of skills requiring ongoing refinement and evolution. CC relies on the ability to treat each member as the member wants to be treated, supports learning from each member's unique perspective; ensures each member feels included in treatment, and assures needs are met adequately to promote success. It is expected that all people in treatment have a treatment experience that is safe and welcoming.

- Reviewing all needs and strengths of a person's life when developing a treatment plan.

- Using language that is developmentally and educationally

appropriate. It is recommended to avoid presenting members/families with medically-technical-terminology without clear explanation. When presenting information, providers are to be mindful of both the developmental age and physical age impacting understanding. Providers shall also keep the highest level of education in mind when presenting information. This may require use of slang, shortened synonyms of longer words, and short sentences at times. Providers shall assist members/families with any comprehension issues present when information is shared.

- Regular and consistent supervision shall be provided to address clinicians' personal and professional understandings, cultural competencies, biases, and stereotypes.

- Supplying literature and materials to staff, which support cultural responsiveness such as Community Care's Expectations for Ensuring a Safe and Welcoming Treatment Environment LGBTQIA+ Performance Standards.

- Ensuring that organizational policies support cultural competency, sensitive responsiveness of staff and programs, and ongoing opportunities for growth and further development.

Providers are expected to maintain documentation of all initiatives to support cultural competency and responsiveness of staff, as well as document interventions to improve the overall cultural competence/responsiveness of their programs. Results from member satisfaction surveys are one means of determining staff training needs to further develop cultural competency within programs.

All assessment and service delivery should be conducted through a lens that is culturally aware and responsive. Clinicians shall uphold the skill set to have conversations confidently and respectfully with families about cultural differences, social inequity, and experiences of discrimination and oppression. These discussions shall be used to inform all aspects of service delivery. It is the responsibility of the program's leaders and supervisors to continually assess staff and program for progress and needs to maintain cultural responsiveness.

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