

Autism Staffing Discussion Guide

June 20, 2016

Staffing:

There should be a tiered system:

Paraprofessionals:

- Registered Behavioral Technician (RBT)- recommended that they are all registered under the BACB's registry
- No bachelor required

Bachelor's level- BCaBA- can also be used to support RBT's and be supervised by a BCBA- will still act similar to TSS

Professionals: master's level

- BCBA (ABA therapist)- BSC equivalent, LBS
- Discussion about differences between LBS and BCBA: LBS doesn't have the same skill set and number of content areas as a BCBA does (multi year training and competencies, more than just meeting coursework, sitting for an exam); BCBA is able to speak to the function of the behavior or skill; if dealing with individuals with more complex needs then we need someone who has experience addressing those needs, beyond a credential or license.
- Responsibilities- conduct assessment, write treatment plans

LBS- can do everything except write a treatment plan for ABA treatment plans which needs to focus on skill deficits and not just reduce problematic behaviors

Jonathan Ivy- talked about the training a BCBA receives

David Gates- suggested a different provider type for BCBA's to receive a reimbursement rate that is more appropriate for the work that they do. This will help to have the state recognize those who do a high level of work.

Other staffing considerations discussed:

Instead of BSS and TSS, better to call people by their role or skill... e.g. ABA therapist, Behavior Technician (but close to BACB's Registered Behavior Technician which may be problematic),

Someone said it would not be a good thing to call roles close to what BACB does because it is confusing.

Across the country, ABA therapy is overseen and developed by a BCBA

Time concern and issue with the realities for why we can't just say- let's use BCBA's and that's it. We tried to build the license requirements and trainings as robust as we could be to raise expectations but not limit services for kids. There are not enough BCBA's to do this work. A BCBA should easily qualify to get LBS.

Alexis from Kidspeace- master's level have to stay on as TSS for a year to get the 1 year experience. FBA training is not always available/hard to find- maybe 2-3 trained a year are hired a year due to this delay

LBS process should be streamlined for BCBA's (several people expressed this)

David Gates- reiterated that he doesn't want to encourage BCBA's to get the license but to just create a separate provider type

We hear that the 1000 hours are the most problematic but nothing else

We want the bar set high, just like what the BACA outlines.

BCBA/LBS- responsible for writing the treatment plan and outlining intervention strategies.

 Meeting Layouts

Attendee List (23) 

  

▼ Hosts (2)

-  *BAS Clinical*
-  **Nina**

▶ Presenters (0)

▼ Participants (21)

| | |
|---|---|
|  Aimee Salas |  |
|  Amy Kabiru |  |
|  Ashley Weaver-BAS |  |
|  Cheryl Tierney |  |
|  David |  |
|  Diane Huber |  |
|  Emily Leayman |  |
|  jean |  |
|  Jim Laughman |  |
|  Jonathan W. Ivy |  |
|  Kathryn Poggi |  |
|  Maggie Caesar-Myers ... |  |
|  Mary Beth Greenhalgh |  |
|  Michael |  |
|  Michelle Ruppert |  |
|  Nick riehl |  |
|  Rich Allen |  |
|  Sallie Lynagh |  |
|  Sherry Shaffer |  |
|  Susan Hurd |  |
|  Tanya Jones |  |