Filling the Gap: Securing State Funding for Adults Receiving HCBS

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Learning Objectives

Identify the Need
Assess the Gap
Develop the Solution
Evaluate the Impact
Who We Are

- **Dr. Frazier, BCBA** is the Washington Statewide Clinical Director and supervises clinicians/programming in all four Washington locations.

- **Emily Nalker, BCBA** is the Tacoma Clinical Services Manager and supervises the HSB and A-DBT Programs at the Dungarvin-Tacoma location.
Who Are You
Connection to the Association for Positive Behavior Support
Our Lens:
Home & Community Based Services

Medicaid-funded programs intended to provide long term supports for people in the community VS institutional setting
Continuum of Residential Supports in Washington State

- Adult Family Homes
- Companion Homes
- Alternative Living Services
- Assisted Living Facilities
- Group Training Homes
- Supported Living
- Community Protection
- Residential Habilitation Centers
Supported Living
Variety of Individuals Served
Case Study #1 - TW

• TW is a 34-year-old man diagnosed with cerebral palsy and autism

• TW is double staffed and has an extensive history of property destruction and physical aggression
Case Study #2 - JP

- JP is a 23-year-old woman diagnosed with Down Syndrome and ASD
- JP has been served by out-of-home placements since she was 14 years old due to her aggressive behavior toward others
Case Study #3 - ML

- ML is a 25-year-old man diagnosed with ASD
- ML has an extensive history of property destruction and binge eating
The Habilitative Skill Building (HSB) Program was Dungarvin's solution to the gap in appropriate behavioral health services for individuals with autism or related supported needs and challenging behavior.

Habilitative Skill Building (HSB) Program
The Developmental Disabilities Administration defines *habilitation* as “services delivered by community residential service providers to assist persons with developmental disabilities to acquire, retain, and improve upon the self-help, socialization and adaptive skills necessary to reside successfully in the community.”

Why "Habilitation"
The ask: How our new request for additional funding would exceed traditional supports already required within the waiver program.
1. Identify the Need
What is a Needs Assessment? Why Do It?

An unmet need is defined as:
• Recognition of a problem
• Satisfactory solutions are not accessible, adequate or do not exist
• Need to reallocate existing resources or appropriate new resources

A needs assessment should accomplish the following things:
• Provide data to determine the needs within the community
• Systematically evaluate existing resources
• Provide information for planners on new service programs
Research Who Needs Services: Nationally

National Core Indicators Reports:
- Data driven reports for both IDD and Aging and Disabilities.
- Generated by state, as well as national averages.
- Feedback from individuals and families on issues of support, access to services and needs of individuals.
Medicaid Managed Care Organizations (MCO) in your state may help you compile data on where services exist and who is accessing services.

May need to produce your own reports with anecdotal stories on what is working and not working for your population.

Contact service agencies independently and inquire about availability and waiting lists for people who need services.
Example from WA – Data Request

Dungarvin requested data from Health Care Authority of Washington (Medicaid) on how many individuals with Autism were eligible and accessing ABA.

2019 Data request included:

• Number of individuals accessing ABA that met the following criteria:
  • Medicaid recipients eligible for ABA
  • Residents of Pierce County (Population: 905,719)
  • Ages 10-20*

*At the time of the request 21+ data was not available as only EPSDT data was accessible
Out of 951 individuals eligible to access ABA, only 51 accessed ABA (5% of eligible participants in our County)
2022 Pierce County Referrals

- As shown by the graph, Dungarvin-Tacoma received 238 referrals during 2022 and was only able to accept 5 of them.

- This equates to a 2% acceptance rate.
Referral Declines

• The vast majority of referrals were declined due to behavioral needs (74%)

• 15% of referrals were declined due to medical needs (typically requiring G-tube feeding, catheterization, or other more complex care procedures)

• 9% of referrals were declined due to lack of available housing (typically lack of ADA housing)

• Only 2% of declines were individuals the agency pursued but they had found another provider
Referral Anecdotes

Behaviorally complex referrals often take 6 months or more to transition into services, despite intense pressure from stakeholders to move quicker – Case Study JH

Just one of these referrals often takes up significant amounts of clinical and operational resources, preventing other complex referrals from transitioning – Case Study RL
Step 1 – Identify the Need

Conduct needs assessment using data from internal sources, Managed Care Organizations, local behavioral health agencies, and/or your state Health Care Authority.

Analyze the type of referrals your agency is regularly turning down – what are the barriers to serving them and where are they going if not served by your agency.
2. Assess the Gap
Why assess the gap?

An extension of the needs assessment process

To effectively develop a solution, you should be able to:

1. Identify who needs services and why (Step 1)
2. Identify why the people who need services are not able to access them
Barriers to Service – State Law
Barriers to Service – Waiver Programs
Barriers to Service – Medicaid Rates
Barriers to Service – ABA Providers
Barriers to Service – Supported Living
Barriers to Service - Community Mental Health Crisis Supports
Step 2 – Assess the Gap

There are likely a variety of barriers to serving your desired population: these may include state law, waiver rules, Medicaid reimbursement rates, and amount of available/qualified existing community providers.

Assess these barriers and show your local funding agency how you can fill the gap between the services/providers currently available and the number of people that need those services (as determined in step 1, identify the need).
3. Develop the Solution
Identifying Shared Goals

01
Find shared goals with your state partners

02
Identify why a new program is needed and that this shared goal cannot be met with current available resources
Dungarvin put together a proposal for DDA leadership that included both a written document as well as a PowerPoint presentation.
Language Semantics

Avoid ABA jargon. Instead, use the language of what your state agency is allowed to fund.
Navigating the BACB Ethics Code
Identifying Pilot Participants

- Needs assessment scores
- Behavioral incident reports from recent years
- Rate of staff injuries
- Cost of property destruction
- DSP morale/retention
Key components of our program design included:

- Budget (start-up and ongoing)
- Clinician schedules
- Program infrastructure
- Collaboration with operations department
<table>
<thead>
<tr>
<th>Service</th>
<th>SL-Provided Supports</th>
<th>ABA-Provided Supports</th>
<th>HSB-Provided Supports</th>
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<tbody>
<tr>
<td>Individual Sessions</td>
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<tr>
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<td>on Restrictive Procedures</td>
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In 2019, the Tacoma-Dungarvin team submitted their proposal for the HSB Program to DDA Region 3 for discussion and approval.

Across 2019 and 2020, Dungarvin engaged in dialogue with DDA regarding program infrastructure, funding, and participant selection.

Beginning in January 2021, Tacoma-Dungarvin began running the HSB pilot program with 10 internal participants.

Across the rest of 2021, 4 priority participants from diversion programs and RHCs (two from each) were added.

3 more individuals entered services (1 priority and 2 non-priority).

1 more priority referral entered services and HSB expansion is planned for both the Thurston and Snohomish County Dungarvin locations.

2019-2020

2021

2022

2023
**Step 3 – Develop the Solution**

In order to secure funding from state sources, identify shared goals and use shared language, prepare a detailed presentation with timelines, and highlight the differences between what is already offered and what is being added.

Be prepared for a lengthy process that may involve compromise on both sides and involve other internal stakeholders to ensure promised timelines/results are realistic.
4. Evaluate the Impact
Needs Assessment vs Program Evaluation

**Needs Assessment:** Evaluates the relevance and appropriateness of a program. *What is the need for this, and why?*

**Program Evaluation:** Evaluates the effectiveness and efficiency of the program. *Is the need being met, and how?*
Program Evaluation: CDC Framework

Utilizing a framework can help provide structure and efficiency to program evaluation.

(Centers for Disease Control and Prevention, 1999).
Program Evaluation: What & Why

Key Performance Indicator

90 Days
6 Months
1 Year
Key Performance Indicator (KPI) Descriptions

- DSP Retention/Satisfaction
- Participant/Guardian/Support Circle Satisfaction
- Growth
- Participant Progress
- Medication Management
DSP Retention & Satisfaction

Retaining front line care staff is difficult in SL

Turnover rates average 50%

Higher turnover leads to behavioral issues due to lack of training and rapport

This relationship can also be cyclical
Example DSP Retention Analysis
How confident are you in your job duties?

January 2023

DSP Satisfaction
Participant Satisfaction

What Makes Me Happy?

- Clinician Visits, 9
- Going out to Eat, 5
- Games, 2
- Bowling, 3
- Shopping, 3
- Listening to Music, 4
- Walking, 3
- Calling Parents, 3
Guardian/Support Circle Satisfaction
Growth goals are typically set by DDA leadership

• An important part of achieving ongoing funding from state sources is to work with them on growth in areas they find important
• Measuring growth is important because we want to help achieve shared goals with our funding source while protecting the integrity of the program
Participant Progress

- Annual CHIRPS Assessment
- Six Month Progress Reports
- Habilitative Skill Building Goals
Medication Management

Finding a provider that is willing to meet frequently (at least monthly) and is familiar with dual-diagnosed populations

Having the clinical resources to take ongoing behavioral data that can be shared with the med provider on a frequent basis and attend each med review

Target behaviors are temporarily sustainable in a community setting

Getting the ongoing support of guardians/family members
Case of JS, a 41-year-old man diagnosed with autism and PTSD

Case of TF, a 30-year-old man diagnosed with autism, anxiety, and ADHD with a significant sexual abuse history
Participant Success Story - JP
Participant Success Story - ML
HSB Summer Picnic – September 2021
HSB at the Movies – April 2022
HSB at Defy Trampoline Park – October 2022
Step 4 – Evaluate the Impact

In order to achieve ongoing funding, plan to complete a program evaluation that includes quantitative data on program success. Example KPIs could include participant progress, staff satisfaction/retention, guardian/participant satisfaction, and growth.

Program evaluations should also include qualitative descriptions of success: anecdotes of individual progress and improved quality of life are powerful and humanizing examples of why ongoing funding should be provided.
• There are four steps to achieving sustainable program funding:
  • *Identify the Need* – show your state agencies who the underserved populations are
  • *Assess the Gap* – determine how many individuals would benefit from your novel service programming and why
  • *Develop the Solution* – find common ground with state funding agencies to achieve shared goals and provide a detailed proposal on how those goals will be achieved/on what timeline
  • *Evaluate the Impact* – create ongoing program evaluation infrastructure to show progress and ensure continued funding
Questions? Email vrozell@gmail.com or emilynalker92@gmail.com with further questions
References


