

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of SB2496 SD1
RELATING TO BEHAVIOR ANALYSIS**

JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: March 13, 2018

Room Number: 329

1 **Fiscal Implications:** NONE

2 **Department Testimony:**

3 The Department of Health (DOH) strongly supports SB2496 SD1 RELATING TO
4 BEHAVIOR ANALYSIS. The DOH-Developmental Disabilities Division (DDD) operates
5 Hawaii's §1915(c) Medicaid Intellectual and Developmental Disabilities (I/DD) Home and
6 Community-Based Services Waiver on behalf of the Department of Human Services,
7 MedQUEST Division. DOH-DDD is committed to raising the quality of behavioral
8 interventions. We are committed to using Licensed Behavior Analysts (LBAs) and Licensed
9 Psychologists working within their respective scopes of practice when an adult participant of the
10 I/DD waiver needs a formal Functional Behavioral Analysis and oversight for the
11 implementation of a Behavior Support Plan. However, elements of the current statute are
12 impacting provision and access to behavior analytic services for adults in the waiver.

13 Please note that for children in any §1915(c) waiver who have Autism Spectrum
14 Disorders (ASD), the Centers for Medicare and Medicaid Services (CMS) has clarified that
15 services for the treatment of ASD must be provided through the child's Medicaid health plan
16 through their Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, and
17 **cannot** be provided as a Medicaid Waiver service. Therefore, the provision of behavior analysis
18 in the I/DD waiver is only for adults, and most often for people with entrenched and challenging
19 behaviors that include self-harm and aggression toward others.

1 A primary issue in §465D-2, HRS, is the broad definition of the practice of behavior
2 analysis. While the intent of the Legislature was to establish standards for the licensing of
3 behavior analysts to address autism, the broad definition is being interpreted to mean that even
4 simple behavioral interventions, including for adults without autism, require a licensed behavior
5 analyst. There is a lack of workforce of LBAs in Hawaii, and a shortage of LBAs to supervise
6 Registered Behavior Technician (RBT) training hours. These factors, coupled with the fact that
7 most LBAs provide services to children with autism primarily in office-based settings, are
8 limiting access to behavioral analysis services for adults in the waiver who have high-end
9 behaviors that require staff-intensive approaches, and who access their services in homes and in
10 the community. They require implementation of services by teams of people that include a mix
11 of RBTs and trained direct support workers often for many hours during the day and night.

12 DOH also supports SB2496 SD1 because it will help ensure Hawaii's compliance with
13 the I/DD waiver, including its numerous requirements for quality assurance, participant
14 safeguards, and ensuring the rights of participants. DDD has developed the operational policies
15 and procedures necessary for oversight of behavioral practices, including positive behavioral
16 supports, restrictive interventions, adverse event reporting, and a behavior support review
17 committee. Provider agencies are required to maintain an active nationally-recognized behavior
18 support program. Further, the I/DD waiver requires the state to maintain an adequate provider
19 pool to address the needs of participants.

20 Specifically, DOH supports the amendments to chapter 465-D, HRS as stated in SB2496
21 SD1 for the following reasons:

- 22 1) Adds the term "applied" to "behavioral analysis" throughout the statute where it is
23 missing. This serves two purposes: consistency of terms, and distinguishing simple
24 analysis for understanding functions of behaviors and implementing routine interventions
25 with those functions that only a licensed person can perform;
- 26 2) Adds an exemption for individuals who design or implement behavior analytic
27 services for participants of Waiver provided there is oversight by a behavioral review

1 committee. DDD has access to LBAs through a service called Training and Consultation
2 and has strong quality oversight of behavioral practices as mentioned earlier. As such,
3 this amendment to Chapter 465D, HRS will mitigate for the broad definition of practice
4 of behavior analysis, and allow DOH-DDD to manage the utilization of behavioral
5 services for cases where the design and implementation requires a LBA. Without this
6 exemption, LBAs are far less likely to work with our population, and access to this
7 critically needed service will continue to be limited; and

8 3) Adds an exemption for Caregivers. Caregivers are not expressly included in the
9 exemptions listed in §465D-7, HRS. Currently, a “family member” is exempt from
10 licensing under §465D-7(a)(4), HRS. DOH seeks an amendment for caregivers as stated
11 in SB2496 SD1, the same as the family exemption in the current statute. Without this
12 exemption, by January 2019, any caregiver reinforcing behaviors in homes must first
13 become an RBT by obtaining the credential from the Behavior Analyst Certification
14 Board. This will likely disrupt placements for waiver participants as most caregivers will
15 not choose to go through the extensive process to become an RBT.

16
17 Thank you very much for the opportunity to testify.
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21
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March 13, 2018

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services

Re: SB 2496, SD1 – Relating to Behavior Analysis

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2496, SD1 which would exempt from licensure requirements certain individuals who implement applied behavior analysis (ABA) services or plans.

HMSA appreciates the intent of this measure to increase access to ABA services in our state. At the request of legislators last year, HMSA started working with the psychologist community to create a pilot program to recognize and reimburse psychologists providing ABA services to our members. We are moving forward with the pilot, and hope to have feedback to Legislators and other stakeholders on the outcome of the program.

We do appreciate the intent of this measure and are open to working with the stakeholders. Thank you for allowing us to provide our comments on SB 2496, SD1.

Sincerely,

Pono Chong
Vice President, Government Relations



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
Committee on Health and Human Services

Monday, March 12, 2018

Tuesday, March 13, 2018 at 8:30am
Conference Room 329

TESTIMONY
IN SUPPORT TO SB2496_SD1
RELATING TO BEHAVIOR ANALYSIS SERVICES

The Hawaii Psychological Association supports SB2496 and its intention to:

- (1) Allow children with autism spectrum disorders to receive appropriate applied behavior analysis treatment, while simultaneously providing safeguards for consumer protection;
- (2) Exempt from the licensure requirement for behavior analysis certain individuals who implement applied behavior analysis services or plans under the oversight of a behavioral review committee or psychologist

The Hawaii Psychological Association is very concerned that language in the previous legislation applying to treatment services for autism and the licensure of Board Certified Behavior Analysts (BCBAs) unintentionally restricted well-qualified professionals from providing services to children with autism and unintentionally provided a monopoly for one certifying agency, the Behavior Analyst Certification Board.

Our intention is to clarify the language so that properly trained psychologists can continue to provide services and continue to supervise paraprofessionals in the multi-tiered delivery model that is the standard of practice in autism. Psychologists' scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians. In a multi-tiered model, a psychologist may supervise post-doctoral fellows, students and

unlicensed master's level clinicians as these trainees then supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. Please see the attached document from the American Psychological Association Practice Organization: "Statement on

Behavior Analysis and Behavior Analysts" and the second attached document from the American Psychological Association on: "Applied Behavior Analysis."

We support SB2496 with the proposed amendment which would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Proposed amendment:

Section 3. (a) (1) An individual working within the scope of practice or duties of another licensed profession that overlaps with the practice of behavior analysis, including individuals directly supervised by a licensed professional, such as unlicensed master's level practitioners, students, and postdoctoral fellows, who may train and supervise a paraprofessional, direct support worker, or parent/guardian in implementing an ABA intervention, provided that the supervision is within that licensed professional's scope of practice; and provided further that the licensed professional and the supervised individual shall not use the title of "licensed behavior analyst".

Thank you for the opportunity to submit testimony.

Sincerely,

Tanya Gamby, Ph.D.

President

Hawaii Psychological Association



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Statement on Behavior Analysis and Behavior Analysts

The APAPO Board approved the following “Statement on Behavior Analysis and Behavior Analysts” at its February 2012 meeting:

Psychologists have a long history of developing and implementing effective services, including behavior analysis, for individuals with autism spectrum disorders and their families. Licensed psychologists with competence in behavior analysis are qualified to independently provide and to supervise the provision of behavior analytic services. Therefore, qualified licensed psychologists should be allowed to provide behavior analysis and to call the services they provide “behavior analysis” or “applied behavior analysis” without obtaining additional credentials or licensure. Other professionals who provide behavior analysis should be required by law or regulation to demonstrate education, training and supervision appropriate to a defined scope of practice and to the needs of the jurisdiction. The APAPO Board supports advocacy to ensure that any legislation or regulations regarding behavior analysts or the practice of behavior analysis contain provisions to protect consumers by ensuring that they receive services by appropriately qualified professionals. Further, the APAPO Board recommends that, to the extent that behavior analysts are regulated separately by state law, the benefits of regulation under the state board of psychology should be considered.

The APAPO Board position is supported by two APA policy documents, the [APA Model Act for State Licensure](#) (PDF, 111KB) and the [APA Ethical Principles of Psychologists and Code of Conduct](#). Specifically, section B.3 of the Model Act includes “behavior analysis and therapy” within the definition of the practice of psychology; and Ethics Code Standard 2 requires that “psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence.”

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Applied Behavior Analysis

Adopted as APA Policy by APA Council of Representatives in February 2017

The principles of applied behavior analysis (also known as behavior modification and learning theory), developed and researched by psychology and competently applied in the treatment of various disorders based on that research, is clearly within the scope of the discipline of psychology and is an integral part of the discipline of psychology. Across the United States, applied behavior analysis is taught as a core skill in applied and health psychology programs. As such, the American Psychological Association (APA) affirms that the practice and supervision of applied behavior analysis are well-grounded in psychological science and evidence-based practice. APA also affirms that applied behavior analysis represents the applied form of behavior analysis which is included in the definition of the “Practice of Psychology” section of the APA Model Act for State Licensure of Psychologists. Therefore, APA asserts that the practice and supervision of applied behavior analysis is appropriately established within the scope of the discipline of psychology.

Suggested Citation

American Psychological Association. (2017). *APA Policy: Applied Behavior Analysis*. Retrieved from: <http://www.apa.org/about/policy/applied-behavior-analysis.aspx>



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Testimony in Support of SB2496 SD1

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services
Hearing Date: March 13, 2018 Room Number: 329

Honorable Representatives:

The Arc in Hawaii strongly supports SB2496 SD1, which seeks to amend portions of HRS 465-D.

The Arc in Hawaii, a private non-profit agency, provides services to individuals with intellectual and developmental disabilities (ID/DD) and their families across Oahu. Together with its national and neighbor-island Arc affiliates, The Arc in Hawaii promotes and protects the rights of people with ID/DD and actively supports their right to be included and fully participate in the community throughout their lifetime.

We understand the very real concerns that underlie HRS 465-D. While we agree that the licensing of BCBA's is important and that they serve a very important role, it is our belief that the statute as written is too broad and needs clarification. We also believe requiring that every individual providing Direct Services to individuals with BSPs be a certified RBT is both unnecessary and unworkable in the real world environment in which we operate.

The Arc in Hawaii serves adults with ID/DD who may or may not be on the autism spectrum. Most of the participants we serve have minor behavioral issues that can be addressed with simple behavioral protocols. A Behavioral Support Plan (BSP), requiring the services of a Licensed Behavioral Analyst (LBA), is not necessary in these situations. Given the current shortage of LBAs in Hawaii it is also not realistically workable.

Roughly a third of our Direct Service staff members have been with The Arc in Hawaii for over 10 years. A vast majority of them do not possess a degree, nor do they have the time, resources, or in some cases the capacity necessary to obtain RBT certification. They do absolutely possess the compassion and dedication to our participants that are of paramount importance to providing quality services. In many cases their relationships with our participants are long-standing and very deep which is also crucial to our participants' well-being. Additionally, staff undergo rigorous training on a regular basis and are provided appropriate oversight to ensure proper care.

465-D's broad outlines would seem to require that the presence of one participant whose behavior requires a BSP in an ADH classroom or in an Arc-operated waiver home would mean that all staff in those environments would have to be certified RBTs. That would create a staffing and scheduling nightmare for us. The likely dramatic increase in staff turnover would disrupt relationships and even

long-standing placements that provide our participants with the consistency and emotional stability they need.

We humbly submit that our agency can more than adequately address the needs behind 465-D under the following regime:

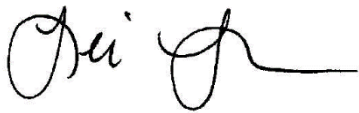
- 1) Training and consultation services from an LBA or Psychologist to provide an over-arching framework for needed behavioral support plans, along with
- 2) A mix of both RBTs and Direct Service workers providing ADH, PAB and CLS services to implement those plans.

We caution that:

- 1) Given the difficult employment market we currently face, a raise in reimbursement rates to cover additional salary costs will be imperative if we are to provide necessary behavioral support plans successfully under even an amended statute.
- 2) Sufficient time to develop appropriate implementation guidelines and to develop an adequate workforce will also be necessary to ensure success, again even under an amended statute.

Thank you very much for allowing us to submit testimony on behalf of SB2496 SD1.

Sincerely,

A handwritten signature in black ink, appearing to read "Lei Fountain", with a long horizontal flourish extending to the right.

Lei Fountain
Executive Director

SB-2496-SD-1

Submitted on: 3/11/2018 9:59:26 PM

Testimony for HHS on 3/13/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristen Koba-Burd	Aloha Behavioral Associates	Comments	No

Comments:

I support the intent of this bill; however this language is included in the more comprehensive bill SB2925 SD1 also relating to behavior analysis. I respectfully ask the legislature to advance SB2925 SD1.



COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Tuesday, March 13, 2018, 8:30 am

Conference Room 329, Hawaii State Capitol

SB 2496 Relating to Behavior Analysis -- Oppose as Written

Honorable Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee,

The Hawai'i Association for Behavior Analysis (HABA) appreciates the open dialogue and good-faith efforts that the Department of Health - Developmental Disabilities Division (DOH-DDD) has made in working to meet the requirements for licensure of behavior analysts. Specifically, HABA supports DOH-DDD's intention to raise rates above Medicaid, in an effort to meet capacity. HABA also supports the revision of DOH-DDD standards that would increase access to care.

In an effort to minimize the number of bills relating to the practice behavior analysis moving forward, HABA respectfully requests that the committee puts their support behind SB 2925 SD1 and do not advance SB 2496. In our communication with DOH-DDD, we understand that they are also in support of the language in SB 2925 SD1.

Mahalo for the opportunity to testify.

Sincerely,

Kathleen Penland

Kathleen Penland, M. Ed. BCBA, LBA
President, Hawai'i Association for Behavior Analysis

Date: March 11, 2018

To: Rep. John Mizuno, Chair, and Rep. Bertrand Kobayashi, Vice- Chair
Committee on Health and Human Services

Hearing: March 13, 2018, 8:30 a.m., Room 329

From: Richard J. Kravetz, Ph.D.
(808) 258-2598

Re: Testimony in Support of SB2496_SD1, Relating to the Practice of Behavior Analysis,
with HPA Amendments

As a behaviorally-trained psychologist who has worked in Hawaii for over 30 years, I strongly support SB 2496_SD1 with the amendment proposed by the Hawaii Psychological Association that clarifies the scope of Psychologists' practice of Behavior Analysis to Section 2. (a) (1):

An individual working within the scope of practice or duties of another licensed profession that overlaps with the practice of behavior analysis, including individuals directly supervised by a licensed professional, such as unlicensed master's level practitioners, consumers and postdoctoral fellows, who may train and supervise a paraprofessional, direct support worker, or parent or guardian in implementing an applied behavioral analysis intervention, provided that the supervision falls within the licensed professional's scope of practice; provided further that the licensed professional and supervised individual shall not use the title of "licensed behavior analyst:"

This amendment will help assure that in addition to Licensed Behavior Analysts (LBA's), competent, behaviorally-trained psychologists and other licensed professionals can continue to be utilized by the DD Division to assess, design, implement and supervise direct support workers in providing behavioral interventions for consumers needing this service.

This should be done without the loss of quality feared by families as a result of apparent pressure from the LBA's guild organization. As stated by Gina Green Ph.D., BCBA-D, and Chief Executive Officer of the Association of Professional Behavioral Analysts:

“(a) the behavior analyst licensure law clearly permits licensed psychologists and other appropriately credentialed professionals to practice ABA without being licensed as behavior analysts, provided that behavior analysis is in their profession's scope of practice and the scope of the individual psychologist's documented training and competence; and (b) licensed psychologists and other professionals already have the right to supervise trainees, paraprofessionals, and others in accordance with the licensure laws and regulations of their respective professions.”

Members of the LBA's local guild have promulgated the idea that ACT 199 means that only an LBA and the persons they supervise will be able to "legally" design and implement a behavioral intervention in the school setting. The amendment proposed for the current bill will help clarify to families, state agencies, insurance companies and even some licensed or credentialed professionals that it is "not illegal" for them to continue to design, implement and supervise ABA services when that is and has been within their recognized scope of practice, competence and training.

Being able to continue to use ABA-trained mental health professionals, such as psychologists, licensed mental health counselors, social workers, and marriage family therapists will continue to provide consumers, school staff and their families with access to professionals who have training in mental health. This is particularly important in properly addressing the needs of consumers with autism who frequently (30-40%) have co-occurring diagnoses of anxiety disorder, clinical depression, externalizing disorders, and are at high risk for post-traumatic stress disorder (PTSD) and suicide. Identification of a mental health disorder/co-occurring disorder is critical in planning effective behavioral interventions and habilitative programs for consumers as well as being cost-effective. Since many ABA-trained mental health professionals also have training in non-ABA approaches, it is more likely that they will be able to recommend supplemental evidence-based practices, tweak an ABA program to address a barrier that may be the result of a consumer's mental health disorder, and recommend a newer/different protocol or treatment approach, if a consumer is not making adequate progress.

Thank you for the opportunity to share my concerns.

SB-2496-SD-1

Submitted on: 3/12/2018 12:09:43 PM

Testimony for HHS on 3/13/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Lau	Individual	Support	Yes

Comments:

Date: March 11, 2018

To: Rep. John Mizuno, Chair, and Rep. Bertrand Kobayashi, Vice- Chair
Committee on Health and Human Services

Hearing: March 13, 2018, 8:30 a.m., Room 329

From: Linda Hufano, Ph.D.
(808) 258-2250

Re: Testimony in Support of SB2496-SD1, Relating to the Practice of Behavior
Analysis with Amendments from the Hawaii Psychological Association

I am a behaviorally-trained psychologist and since 1984 have worked as a Psychologist for the Hawaii Department of Education (HIDOE), Branch Chief/Psychologist for the Child Adolescent Mental Health Division (CAMHD), private practitioner in Honolulu and Leeward O'ahu, and have recruited, developed, trained and supervised providers of Applied Behavior Analysis (ABA) and other psychological services to work under contracts with the HIDOE and for the CAMHD, Developmental Disabilities Division, and Early Intervention Section of the Hawaii Department of Health.

Strong Support for SB2496 SD1

I strongly support of SB2496_SD1 with amendment to Section 2. (a) (1) proposed by the Hawaii Psychological Association (HPA):

An individual working within the scope of practice or duties of another licensed profession that overlaps with the practice of behavior analysis, including individuals directly supervised by a licensed professional, such as unlicensed master's level practitioners, consumers and postdoctoral fellows, who may train and supervise a paraprofessional, direct support worker, or parent or guardian in implementing an applied behavioral analysis intervention, provided that the supervision falls within the licensed professional's scope of practice; provided further that the licensed professional and supervised individual shall not use the title of "licensed behavior analyst:"

This amendment would clarify the exemption of licensed psychologists and other licensed or credentialed professionals (e.g., licensed clinical social workers, mental health counselors, marriage family therapists, APRN's, and special education teachers) whose recognized scope of practice overlaps with behavior analysis.

Chapter 465 of the Hawaii Revised Statutes expressly defines behavior analysis and therapy as within the scope of psychology, as well as our ability to supervise and direct assistants. The lack of clarification in ACT 199 has resulted in misinterpretations by state agencies and some insurance companies who mistakenly interpret ACT 199 as excluding ABA-trained psychologists from designing ABA programs for eligible individuals and/or supervising others to implement the programs.

Why Individuals, Community Settings and Families Should Have Access to ABA-trained Mental Health Providers

Psychologists and other mental health providers are trained to treat the “whole” person. As mental health providers they are able to diagnosis and treat autism as well as the anxiety disorders, clinical depression, externalizing disorders such as ADHD and oppositional defiant disorders, which are frequently co-morbid with autism (30 – 40% or more for each of the previously mentioned disorders). Within the knowledge and skill set of Post-Traumatic Stress Disorder (PTSD) and suicide are also significantly higher among individuals with ASD and other developmental disabilities than their non-disabled counterparts. Licensed psychologists and other mental health providers (e.g., licensed clinical social workers, registered nurse practitioners) are trained and “legally qualified” to diagnose autism as well as anxiety disorders, clinical depression, and externalizing disorders that have been found to co-occur with autism 30 – 40% of the time. Individuals with ASD and other developmental disorders are also at a significantly higher risk for post-traumatic stress disorder (PTSD) and suicide than their non-disabled counterparts. The skill sets of mental health providers can be critical to designing an effective intervention program for individuals with mental health problems. ABA-trained mental health providers can evaluate and modify programs that are not producing the desired outcomes because of a mental health diagnosis in addition to suggesting other types of treatment that may be beneficial to the individual, including newer or alternative, evidence-based, non-ABA protocols.

The Workforce Issue

Every qualified provider is needed. It is clear in speaking with representatives of state agencies that there will be a significant lack of trained professionals and paraprofessionals to deliver ABA services if Chapter 465D of the Hawaii Revised Statute continues to be misinterpreted as restricted to LBA's and the persons they supervise.

It is also my understanding that in no other state are DD Divisions mandated to certify their direct support workers as Registered Behavior Technicians, or to “exclusively” use Licensed Behavior Analysts/BCBA's to supervise such individuals. Such a mandate would impede access of competent care to consumers desperately needing services, be an additional and unnecessary burden on taxpayers, be an unfair restraint of trade for professionals who have been providing this care, and create an illegal monopoly for Licensed Behavior Analysts, Registered Behavior Technicians and their national certifying board.

Clarifying who can legally provide behavioral intervention services as well as the “overly broad definition” of ABA in ACT 199, should not make it “illegal” for appropriately trained staff to continue to design and direct their direct support workers in implementing behavioral interventions for consumers, provided they are trained and competent to work with the consumer needing the services or to provide the specific assessments or intervention(s) needed.

To my knowledge no other DD Division is required to have direct support workers who are RBT's. The 40 hour on-line training for RBT's (or alternately training by licensed or nationally certified professionals) is relatively new, and there is no proof that it leads to better outcomes.

Despite the numbers of LBA's and RBT's registered in Hawaii, contracted agencies, parents, and referring agencies are reporting a shortage of RBT's and frequent turnover in addition to long waitlists, with one agency no longer even keeping a waitlist because of a three year demand. LBA's are not restricted by their national board in only being able to supervise an RBT; they can also supervise direct support workers certified by the other national certifying agencies (such as the Behavioral Intervention Certification Council which has certified other Hawaii behavior technicians), as well as contracted direct support workers who are ABA-trained and meet the standards for credentialing by the DD Division, but are not certified by a nationally certifying agency.

A Proposed Alternative to Requiring National Certification for Direct Support Workers

It is certainly possible to include an observation/assessment component to the training of direct support workers, or similar oversight protection, which would assure that a direct support worker is competent to provide the behavioral tasks/strategies required by a particular consumer. The direct support worker would then be able to be supervised by any qualified ABA-trained professional, including an LBA, ***but not excluding*** an ABA-trained licensed psychologist or other licensed/credentialed professional from directing or supervising the direct support worker. Should a consumer no longer need a behavioral intervention designed by an LBA, the consumer could retain the direct support under the supervision of another qualified professional, with the LBA moving on to designing ABA programs for consumers who present challenges that are outside the knowledge/skill set of the professional/review board.

Thank you for the opportunity to submit testimony.



COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Tuesday, March 13, 2018, 8:30 am

Conference Room 329, Hawaii State Capitol

SB 2496 Relating to Behavior Analysis -- Oppose as Written

Honorable Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee,

I appreciate the open dialogue and good-faith efforts that the Department of Health - Developmental Disabilities Division (DOH-DDD) has made in working to meet the requirements for licensure of behavior analysts. Specifically, I stand in support of DOH-DDD's intention to raise rates above Medicaid and the revision in their standards, which will allow increased access to care.

In an effort to minimize the number of bills relating to the practice behavior analysis, I respectfully request the Committee on Health and Human Services support the language in SB 2925 SD1 and does not further advance SB2496. In communications with DOH-DDD and HABA, it is my understanding that both groups support this request.

Mahalo for your time,

Amanda N. Kelly, PhD, BCBA-D, LBA

Legislative Chair, Hawai'i Association for Behavior Analysis