

Attachment 6: Delivery of Service Timeline – CBC Services

1. Initial Steps Upon Case Assignment

1a. Consultant Referral Letter

- Before initiating any service, the consulting agency must receive a written referral letter from DBH or the CBC Program Manager, officially assigning a case to the agency.
- All documentation will be uploaded to AK AIMS.

1b. MOA Signature

- Upon case assignment, before any work is performed, the consulting agency must sign the Memorandum of Agreement (MOA) (Attachment 3) and upload the signed document into the individual's file in AK AIMS.
 - The MOA is a required part of the process, and a copy must be provided to the Service Provider.
 - If the Service Provider changes, the Consultant must ensure that the new Service Provider signs a new MOA and uploads it to the participant's file in AK AIMS.
 - If the Service Provider changes, the Consultant must contact the Care Coordinator to get a new ROI signed by the guardian and uploaded to the individual's file in AK AIMS.

2. Initial Review and Action Plan (Within 7 Business Days)

- Within 7 business days of receiving the referral (unless otherwise approved by the Program Manager), the Consultant will:
 - Review all submitted documents (Historical data, medical records, and reports) to identify services and verify any gaps in services.
 - Based on the information provided, the Consultant will formulate a basic plan of action.

3. Stakeholder Engagement and Initial Assessment (Within 10 Business Days)

- Within 10 business days, the Consultant will:
 - Identify and contact all stakeholders to arrange an initial meeting.
 - **Work directly with the provider**, gather information about the behavioral needs and barriers of the individual with complex needs.
 - **Use structured interviews**, observations, and data collection tools to understand the function(s) of behavior
 - **Collaborate with the provider to find out exactly what behaviors they would like to see changed.**

4. Functional Behavior Assessment (Within 30-45 Business Days)

- Within 30-45 business days of meeting with the Service Provider (unless otherwise approved by the Program Manager), the Consultant will:
 - Conduct a Functional Behavior Assessment (FBA), with the provider's input, and upload the completed FBA into the individual's file in AK AIMs.
- Assessments support CBC Consultants in determining each participant's medical needs. They are vital in determining, prescribing, and implementing treatment approaches. Direct and indirect assessments must be completed prior to the start of services. Analysis/assessments will be completed in person and can be conducted across various settings, including home, school, or community environments, depending on the participant's needs. Per the CBC's Standard of Care, Analysis/Assessment must include but is not limited to,
 - Direct observation of the identified participant
 - Interviews with the identified participant, family, Service Providers, and stakeholders
 - Evaluation of the identified participant's home and/or other settings where the identified maladaptive behaviors are exhibited and conditions in which they occur and do not occur
 - Functioning level of the identified participant
 - Assessment of the family and Service Provider's skill set and community readiness
 - Review of previous interventions used
- The Functional Behavioral Analysis/Assessment will include, at minimum,
 - Reason for referral
 - Summary of observations (strengths, abilities, what works/ doesn't work, likes, dislikes)
 - Identified behaviors/triggers (description of behaviors, intensity, frequency, durations, function)
 - Additional identified problems (if any)
 - Planned interventions/implementation
 - Any other relevant observations regarding the patient

5. Behavior Intervention Plan Completion (Within 3 Months)

- Within 3 months of case assignment, the Consultant must complete the following:
 - Develop and upload the Behavior Intervention Plan (BIP) into the individual's file in AK AIMs. This plan serves as the primary tool for training and assisting the Service Provider.
 - Schedule and provide training to the service provider, family and/or school staff working with the individual with complex needs.
 - Align strategies with team input, environmental support, and learning histories.
 - Utilize training techniques such as demonstrating, modeling, mentoring, and shadowing. Consultants will also provide training for staff on data collection methods.
 - Incorporate *safety planning*, especially for behaviors that pose a risk of harm.

6. Ongoing Training and Monitoring (Within 4 to 8 Months)

- Within 4 to 8 months, the Consultant will:
 - Provide ongoing training and technical assistance to all stakeholders.
 - Monitor the progress of the plan and update/modify the Behavior Intervention Plan (BIP) as necessary.
 - Train the identified participant's family, Service Provider staff or other stakeholders about implementing the behavioral intervention/implementation plan through modeling, mentoring and shadowing
 - Share observations and offer suggestions about how to better interact with the patient/stakeholders, implement the behavior plan/recommendations, and make modifications
 - Based upon identified need, and upon prior approval by the Program Manager (Eric Talbert), offer generalized behavior modification training for all agency staff as needed.

Note: Training may include staff from multiple agencies since more than one agency may be working with Individuals.

7. Technical Assistance; continued and Maintenance/Monitoring

- The CBC Consultant will determine ongoing Technical Assistance needs, which are mutually agreed upon by the CBC Consultant and the Service Provider (technical assistance needs may change over time).
- Technical Assistance is provided in addition to the on-site Staff Training and the CBC Consultant will provide continued Technical Assistance to answer questions and problem solve through teleconferencing, video conferencing, and or other means that have been deemed appropriate throughout the participant's enrollment in the CBC.

8. Final Summary Report (Within 9-12 Months)

- Within 9-12 months, the Consultant will:
 - Provide a final summary report to DBH and stakeholders detailing the challenges encountered, infrastructure improvements made, any necessary referrals, final recommendations, and observations.
 - Focus on long-term sustainability by building caregiver and provider confidence during periods of escalation.
 - Gradually, fade out services when the team is stable and implements strategies effectively. If the individual fails in their placement and is ultimately placed in another setting, additional time will be granted to help transition the individual to their new surroundings and train the new staff.

- **Service Completion (Discharge Report)** Plans are due five business days prior to ceasing services. The written plan will include a summary of findings and recommendations for the patient's continued success. The CBC Consultant will provide a copy of the written Discharge Summary to the Service Provider and DBH. The report will include, at a minimum,
 - Date of Discharge from services
 - Reason for referral
 - Identified behaviors/issues
 - Summary of interventions/Strategies
 - Summary of Training Provided
 - Participant's/Stakeholder's response to Behavioral/Implementation plan
 - Agency/Stakeholder response to behavioral plan and training
 - Recommendations
 - Identified problems/issues (system, agency, CBC, etc.)
 - Conclusions/Summary Statement
- **Documentation and Reporting** Each consultant will maintain clear and detailed records of interventions, trainings and outcomes. They will also write monthly summaries and possibly write letters of support.

****Note: Consultant Boundaries***

- Consultants will provide their professional expertise, training and guidance to providers but will not be directly involved in day-to-day services.
- Consultants will maintain a professional distance and typically engage in 4 to 8 scheduled meetings per month to train, discuss problem behaviors or collect data.
- Consultants are not considered first responders in case of emergencies involving the participant. Consultants will direct the service provider to their regularly scheduled meeting to discuss any issues.
- Consultants will not visit the individual while they are in the hospital, detention center, or psychiatric institution. However, they may assist with the individual's transition back to the community when the individual is preparing for discharge. A limit of 3 hours is permitted for this transition. Any additional hours must be pre-authorized by DBH or the Program Manager.
- Consultants will serve in a strictly advisory capacity and will not assume the role of a direct service provider for the participant. Consultants will not treat the participant as their client but will instead offer expert recommendations to the Service Provider and contribute to the development or refinement of the participant's Behavior Intervention Plan (BIP). Their primary role is to support and train providers in effectively managing complex behaviors, without becoming overly involved in the day-to-day operations of the program.
- The Consultant will not apply for services, coordinate placements or coordinate care on behalf of the participant. Instead, the Consultant will provide guidance and make recommendations, leaving it to the guardian, care coordinator, or appropriate team member to take any necessary follow-up actions.