



HEALTH LICENSING OFFICE

Kate Brown, Governor

Oregon
Health
Authority

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<http://www.oregon.gov/OHA/HLO>

WHO: Health Licensing Office
Behavior Analysis Regulatory Board

WHEN: 9 a.m. Aug. 19, 2016

WHERE: Health Licensing Office
Rhoades Conference Room
700 Summer St. NE, Suite 320
Salem, Oregon

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Go to <http://www.oregon.gov/OHA/HLO> for current meeting information.

May the public attend the meeting?

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

May the public attend a teleconference meeting?

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 700 Summer St. NE, Suite 320, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

What if the board/council enters into executive session?

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

Items for Board Action

Approval of Agenda



Health Licensing Office
Behavior Analysis Regulatory Board



9 a.m. Aug. 19, 2016
700 Summer St. NE, Suite 320
Salem, Oregon

Call to order

1. **Items for board action**
 - ◆ Approval of agenda
 - ◆ Approval of the May 20, 2016, minutes
2. **Public/interested parties' feedback**
3. **Reports**
 - ◆ Director's report
 - ◆ Licensing and fiscal
 - ◆ Policy
 - Rules advisory committee report
 - Rulemaking discussion
 - Form change discussion
4. **Public/interested parties' feedback II**
5. **Items for board action**
 - ◆ Vote on proposed rules
 - ◆ Interventionist task list
6. **Other board business**

Agenda is subject to change.

For the most up to date information, go to <http://www.oregon.gov/OHA/HLO>

Approval of Minutes



Health Licensing Office
Behavior Analysis Regulatory Board

◆ ◆ ◆
May 20, 2016

700 Summer St. NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Wendy Machalicek - chair
Maria Gilmour – vice chair
Brenna Legaard (joined at 9:43 a.m.)
Carol Markovics
Michele Raddish
Amy Loukus – via telephone
Keith Cheng – via telephone
Candice Pogge– via telephone (joined at 9:33 a.m.)

STAFF PRESENT

Sylvie Donaldson, interim director and fiscal services and licensing manager
Anne Thompson, policy analyst
Sarah Kelber, communications coordinator
Maria Gutierrez, board specialist

GUESTS PRESENT

Alice Austin – Oregon Association of Behavior Analysis (ORABA)

Call to order

Wendy Machalicek called the Behavior Analysis Regulatory Board to order at 9:07 a.m. on May 20, 2016. Roll was taken.

Items for board action

◆ **Approval of agenda**

Maria Gilmour made a motion, with a second by Michele Raddish, to approve the agenda. The motion passed unanimously.

◆ **Approval of minutes**

Wendy Machalicek wanted a slight word change for the minutes, changing “decided” to “discussed,” regarding rulemaking. Maria Gilmour made a motion, with a second by Carol Markovics, to approve the minutes from April 1, 2016, as amended. The motion passed unanimously.

Reports

◆ **Director’s report**

Sylvie Donaldson, interim director and fiscal services and licensing manager, told the Board that HLO has gotten approval to move to a new location in Salem off of the Salem Parkway and that it would happen within the next year. The new location will offer a bigger waiting room, more testing space, free parking and a bigger board room.

◆ Licensing and fiscal

Donaldson used graphics to show the Board the number of licenses and registrations, as well as how they break down by age and gender. She said that as of May 6, the Board had 75 behavior analysts and 3 assistant behavior analysts licensed, and 111 behavior analysis interventionists registered. The authorization holders are on the younger side and predominantly female.

Donaldson said that the Board is about \$13,500 in the red and is projected to finish the 2015-2017 biennium about \$23,300 in the red. She said that it's common for new Boards to start in the negative as there are costs associated with getting the board going before it starts bringing in licensing revenue. She said that over time things should improve.

◆ Policy – rulemaking and RAC stakeholder selection

The Board reviewed the new declarations of practice received by the Office. Of the group, three already hold national certification and do not need the grandfathering path to licensure. One might qualify as a licensed health care professional with applied behavior analysis (ABA) already in their scope of practice as outlined in ORS 676.802(2). Donaldson said she would call these declarants and make sure they understand the licensing options that may be available to them.

Machalicek broke down the declarants' education, training and clinical/supervised experience on the white board as she did with the others at the last meeting.

The Board discussed the stakeholders who would be on the rules advisory committee, which is slated for July 28 at HLO.

After extensive discussion with no agreement regarding the composition and how many representatives from each group would be invited, the list that Board members could live with was:

- Licensed behavior analysts with BCBA or BCBA-D certification – 3, with one being a member of ORABA
- Registered behavior analysis interventionist – 1
- Declarants – 2
- Parent receiving ABA from a licensed behavior analyst – 1
- Parent receiving care from a declarant – 1
- An applied behavior analysis instructor at a four-year university – 1
- A licensed physician with experience in autism spectrum disorder – 1
- A member of a parent-advocacy group – 2
- A director, administrator or leader in special education – 1
- A licensed health-care professional from the list in ORS 676.802(2) – 1
- A payer from insurance or a coordinated care organization – 1

The Board took a break at 11:07 a.m.

The Board resumed at 11:17 a.m.

Public/interested parties' feedback

Machalicek opened the public comment period and gave Board members time to read through the testimony and comments submitted Thursday that were not included in the materials forwarded to the members before the meeting.

Alice Austin spoke on behalf of ORABA, and submitted a chart she put together that shows other professions and the qualifications they have to meet to get licenses. She said the Behavior Analysis Certification Board (BACB) is the only accredited certification for behavior analysis and that it was formed because people were offering treatments that were maltreatment or abuse. She said that requiring declarants to have similar requirements to the national standard would not be too much of a hardship as the training is out there and that it would be another layer of protection for consumers.

Other board business

(Raddish left 12:13 but then called in on her phone shortly afterward.)

Machalicek had put the BACB standards on the white board:

- Minimum of a graduate degree (e.g., master's or doctoral) in an acceptable field of study from a qualifying accredited institution.
- Approved sequences of classes that meet the BACB's coursework requirements.
- 1,500 hours of supervised experience.
- Pass the BACB examination.

And the groups' criteria from the last meeting:

- At least a master's degree in a board-approved field.
- A certification program in ABA.
- 1,000 hours of supervised experience.

The Board could not agree on a compromise between the criteria and Machalicek took a roll call, asking members where they would lean when it came to the requirements for declarants to qualify for a license:

Machalicek – national certification.

Gilmour – national certification.

Raddish – the criteria from the last meeting was a “good starting point.”

Markovics – wants an alternative added that “comes closer to the Oregon definition of ABA.”

Loukus – national standards.

Cheng – national certification or equal to national standards.

Legaard – set a high bar for consumer safety, but give the RAC a range of criteria from which to choose.

Pogge – national certification.

Donaldson said staff would compile all the information the Board has provided in past meetings and incorporate it into draft rules that would go before the RAC. Staff also would reach out to stakeholder groups to communicate about meetings and opportunities to participate and offer feedback on rulemaking.

The meeting adjourned at 1:19 p.m.

Minutes prepared by Anne Thompson, policy analyst

Public/Interested Parties' Feedback

Director's Report

Licensing and Fiscal Statistical Reports

Health Licensing Office Behavior Analysis Regulatory Board

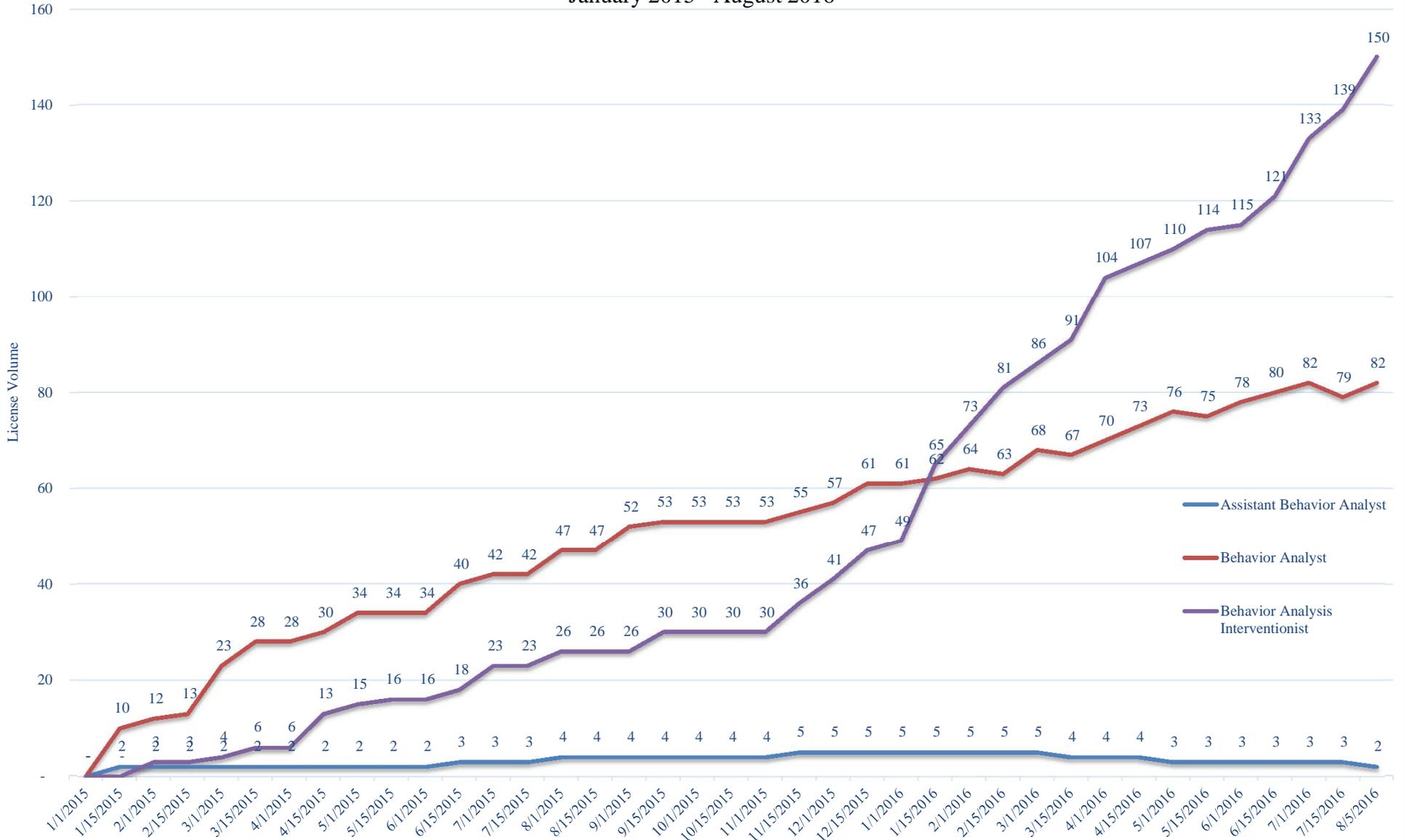
Licensing Division Statistics as of August 5, 2016

2015 - 2017 Biennium

Authorizations Issued				
Quarter	Behavior Analyst	Assistant Behavior Analyst	Behavior Analysis Interventionist	Total
1st	11	1	7	19
2nd	8	1	20	29
3rd	12	-	55	67
4th	13	-	34	47
5th	4	-	22	26
6th	-	-	-	-
7th	-	-	-	-
8th	-	-	-	-
Total:	48	2	138	188
Renewals Processed				
Quarter	Behavior Analyst	Assistant Behavior Analyst	Behavior Analysis Interventionist	Total
1st	-	-	-	-
2nd	-	-	-	-
3rd	22	2	4	28
4th	10	-	10	20
5th	5	1	2	8
6th	-	-	-	-
7th	-	-	-	-
8th	-	-	-	-
Total:	37	3	16	56

Behavior Analysis Regulatory Board

Active License Trends
January 2015 - August 2016



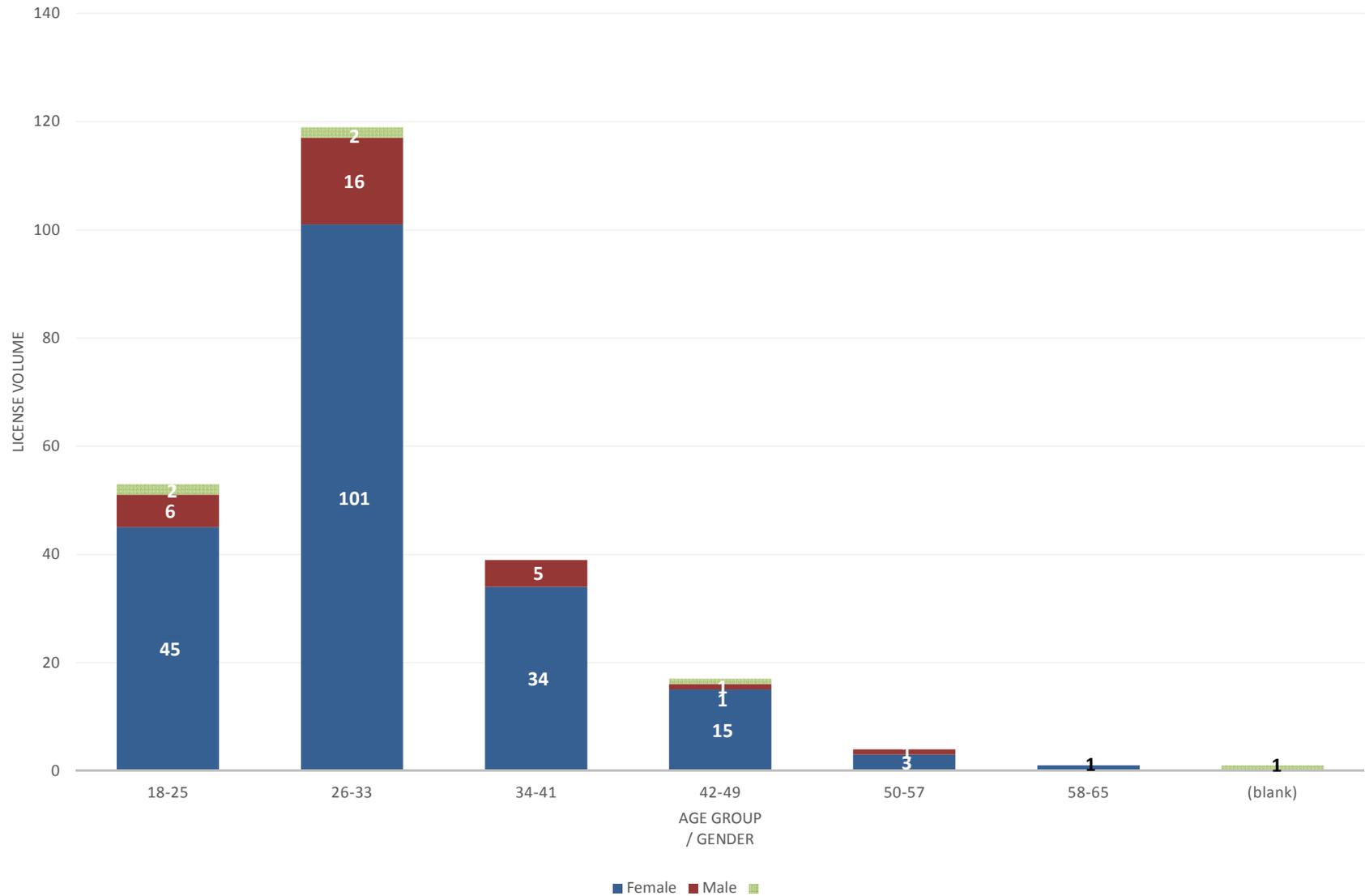
* Note that the bi-monthly updates in this report are temporary during the startup phase for the board, and will shift to the HLO-standard quarterly update in future reports.

Behavior Analysis Regulatory Board

Active Licensee Volume

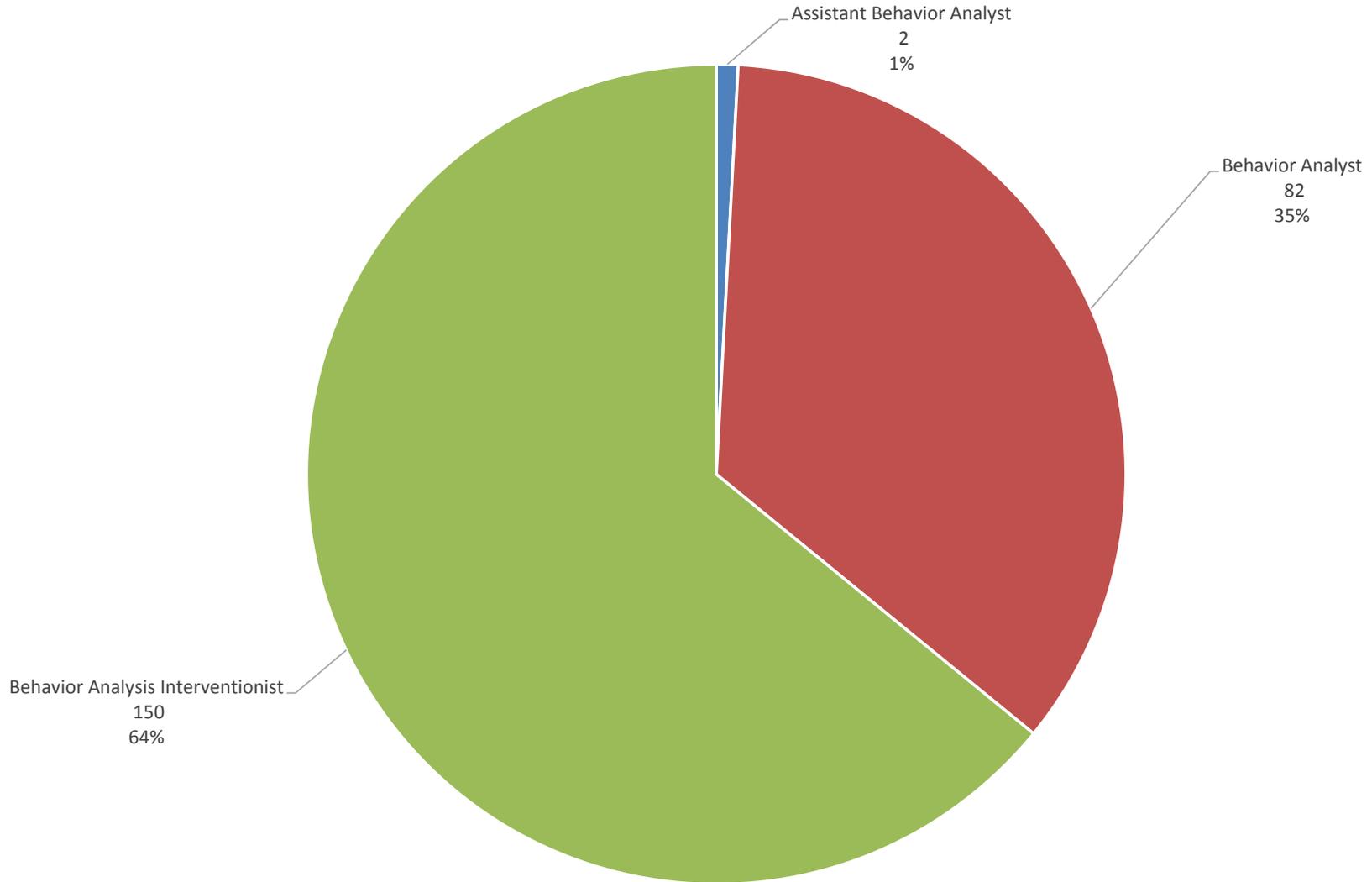
Statistics Grouped by Gender and Age Group as of August 5, 2016

2015-17 Biennium



Behavior Analysis Regulatory Board

License Volume by License Type as of August 5, 2016
2015 - 2017 Biennium



HEALTH LICENSING OFFICE Fund 3860 - BEHAVIOR ANALYSIS REGULATORY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/15 - 08/05/16	
CURRENT	
15-17' Beginning Cash Balance	\$ (20,635.00)
Revenues	\$ 52,390.00
Expenditures	\$ 22,744.48
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (22,744.48)
Subtotal: Resources Available	\$ 9,010.52
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Actual)	\$ 9,010.52
Indirect Charges are calculated using the following rates:	
* Based on average Licensee Volume	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.13%
Inspection %	0.00%

HEALTH LICENSING OFFICE Fund 7860 - BEHAVIOR ANALYSIS REGULATORY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/15 - 06/30/17	
PROJECTED	
15-17' Beginning Cash Balance	\$ (20,635.00)
Revenues	\$ 77,729.13
Expenditures	\$ 54,586.75
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (54,586.75)
Subtotal: Resources Available	\$ 2,507.38
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Projection)	\$ 2,507.38
Indirect Charges are calculated using the following rates:	
* Based on average Licensee Volume	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.13%
Inspection %	0.00%

Policy Report



DATE: Aug. 4, 2016

TO: Health Licensing Office (HLO), Behavior Analysis Regulatory Board (BARB)

FROM: Anne Thompson, hearing officer

SUBJECT: Report on BARB rules advisory committee (RAC) meeting

Background

When Senate Bill 696 was signed by the governor, it changed the makeup of the BARB, its licensees, added a “grandfathering” path to licensure, and put BARB under the authority of the HLO. Administrative rule changes were necessary to align with the statute. A RAC was held for the purpose of receiving comments regarding the set of administrative rules drafted by HLO staff with input from the BARB. The RAC included stakeholders who had filed interest forms with HLO and represented the groups the Board and HLO felt needed to have a voice at the table. When the first RAC did not get through the rules, HLO added a second RAC meeting, inviting all the members of the previous RAC to attend.

Summary of proposed rules

The rules align the licensure qualifications for behavior analysts and assistant behavior analysts and the registration qualifications for behavior analysis interventionists with the statute. They add language around license and registration renewal, continuing education and the “grandfathering” criteria for professionals practicing behavior analysis as of Aug. 14, 2013, and who submitted a declaration to HLO by the statutory deadline.

Comments

The Board chose the stakeholders they would like to have on the rules advisory committee, and here is who will be participating:

- Licensed behavior analysts with BCBA or BCBA-D certification – 3, with one being a member of the Oregon Association for Behavior Analysis (ORABA)
 - Alice Austin – ORABA
 - Jenny Fischer
 - Corey Stump
- Registered behavior analysis interventionist – 1
 - Taylor Keenen

- Declarants – 2
 - Barbara Avila
 - Katherine Calouri
- Parent receiving ABA from a licensed behavior analyst – 1
 - Paul Terdal
- Parent receiving care from a declarant – 1
 - Brandon Barnett
- An applied behavior analysis instructor at a four-year university – 1
 - Maria Lynn Kessler
- A member of a parent-advocacy group – 2
 - Laurie Stuebing
 - Tobi Rates
- A director, administrator or leader in special education – 1
 - Beth-Ann Cox
- A licensed health-care professional from the list in ORS 676.802(2) – 1
 - Andrew Riley

Paul Terdal phoned in late, but sent written comments.

Staff members present:

Sylvie Donaldson, interim director and fiscal services and licensing manager

Anne Thompson, policy analyst

Maria Gutierrez, board specialist

Guest present: Melissa Gard, ORABA

Jennifer Norris, Oregon Institute of Technology

Oral comments

824-036-0001 – Grandfathering

RAC members spent four hours on this section (the RAC went 30 minutes past scheduled time to allow for scheduled public comments and the fiscal-impact discussion.)

After much discussion and with no agreement, the language that adds 20 years of experience in applied behavior analysis was added to (4) and “any field accepted by the BCBA” was also added to (4).

A breakdown of classroom content and hours was added to (5).

An option to the 1,500 hours of supervised experience (6) was added – entering into a supervisory relationship with a professional licensed by the BARB or other professional listed in ORS 676.802 for 75 hours of direct supervision by July 1, 2018.

Some RAC members wanted (7) removed.

One RAC member wanted (8) added and wanted it to substitute for (5), (6) and (7). There was some uncertainty about whether the requirement would be in the years leading up to licensure or in the years to follow licensure.

The RAC ran out of time without getting to the other sections of rules for with HLO was seeking input.

A second RAC was scheduled for Aug. 3. It was an attempt to get feedback on the rest of the draft rule language. The participants from the first RAC were invited to return.

Written comments from July 28 RAC

From Paul Terdal – attached

From Brandon Barnett – attached

Aug. 3 RAC

Attending:

- Licensed behavior analysts with BCBA or BCBA-D certification – 3, with one being a member of the Oregon Association for Behavior Analysis (ORABA)
 - Alice Austin – ORABA – via teleconference
 - Jenny Fischer– via teleconference
 - Corey Stump
- Registered behavior analysis interventionist – 1
 - Taylor Keenen – via teleconference
- Declarant
 - Katherine Calouri
- Parent receiving ABA from a licensed behavior analyst – 1
 - Paul Terdal – via teleconference
- An applied behavior analysis instructor at a four-year university – 1
 - Maria Lynn Kessler
- A member of a parent-advocacy group
 - Laurie Stuebing– via teleconference

Comments

The group started where they left off at the last RAC meeting. They made some adjustments to the supervision of the registered behavior analysis interventionist training and supervision.

In Division 40, they removed (2)(a) and the group didn't feel that the rule achieved what it meant to earlier, lowered the percentage in (2)(b), bringing it into alignment with the national standard and building in flexibility for interventionists who are more experienced. Direct supervision was changed in (2)(c) to allow for more flexibility in the delivery of services. In the same section, evaluations were changed to annually to reduce the burden on supervisors, and interventionists were given 10 business days to notify the Office about a change in supervision. The language in record retention was slightly altered, which the group felt was a good compromise that allowed for the acquisition of records while reducing the burden on interventionists.

In Division 60, the group suggested that the Board adopt sections 1-9 of the 2014 Behavior Analysis Certification Board's Professional Ethical Compliance Code for Behavior Analysts. Terdal had concerns that 8.03(b) and (c) would violate the state constitution.

In Division 70, Continuing Education, the group thought 16 hours of annual continuing education for behavior analysts and 10 hours for assistant behavior analysts was good, and matched what they were doing at the national level, and that no more than half of the hours could be acquired through teaching.

A section regarding continuing education audits was added. This is standard language for boards under the Health Licensing Office.

July 28, 2016

To: Maria Gutierrez, Health Licensing Office, Oregon Health Authority
From: Paul Terdal
Re: Feedback to Rules Advisory Committee meeting for the Behavior Analysis Regulatory Board

Dear Ms. Gutierrez and members of the Behavior Analysis Regulatory Board's Rules Advisory Committee,

As a member of the Behavior Analysis Regulatory Board's Rules Advisory Committee, I'm submitting written feedback on the proposed rules.

I will also call in to the meeting by phone, but wanted to provide written comments for clarity.

Feedback for rules document

824-010-0005 Definitions

- Regarding OAR 824-010-0005(10):
 - Current text: (10) "Direct supervision" means the training or the observation of an interventionist providing client services and at a minimum requires the participation of the supervisor, the interventionist and client. Participation can include remote supervision through technology, as long as it is synchronous audio and visual, and in real time.
 - Comment: with respect to remote supervision through technology, we should add a reference to HIPAA compliance: "Participation can include remote supervision through technology, as long as it is synchronous audio and visual, in real time, **and HIPAA compliant.**"
- Regarding OAR 824-010-0005(11):
 - Current text: (11) "Indirect supervision" means supervisory functions including: training the interventionist without the client present, consulting with families or caregivers regarding interventionist service delivery, or completing evaluations or assessments of interventionists without the client present.
 - Comment: There are two components to indirect supervision. There is the indirect supervision of the client through the tasks described here, and there is the supervision of the treatment plan. This definition should include "analysis of treatment data, treatment planning and writing treatment plans."

824-030-0040 Registration of a Behavior Analysis Interventionist

- Regarding OAR 824-030-0040(4):

- Current text: (4) Submit documentation of a high school diploma or General Educational Development (GED) certificate;
- Comment: we should allow for documentation of a college degree in lieu of high school diploma or GED, for those interventionists who graduated from college without completing high school or a GED. This may require a change to the statute.

824-036-0001 Grandfathering – Requirements for Licensure

- General comments
 - Rules should be consistent with legislative intent. The Board should prepare and review a transcript of Chief Sponsor Sen. Alan Bates’ testimony to the Senate Health Care committee on this topic for guidance.
 - In general, the intent was to provide a one-time path to licensure for those unlicensed / uncertified individuals who have been practicing ABA therapy in Oregon for many years, that respects their experience while ensuring appropriate standards of professionalism
 - The six (6) declarants should be involved in the rulemaking process, and their views taken seriously
- Regarding OAR 824-036-001(4):
 - Current text: (4) Submit proof of having at least a master’s degree in a Board-approved field of study;
 - Comment: there should be some consideration for those without master’s degrees who have substantial experience in ABA. For instance, by waiving or deferring the master’s degree requirement for those with 20 years of experience.
- Regarding OAR 824-036-001(5):
 - Current text: (5) Submit proof of having completed a Board-approved course sequence or certification program in applied behavior analysis;
 - Comment: there should be more details about what course sequence is required. Individuals should have the ability to apply for case by case exemptions based on historic completion of similar coursework.
- Regarding OAR 824-036-001(6):
 - Current text: (6) Submit proof of having completed 1,500 hours of supervised experience in applied behavior analysis;
 - Comments:
 - Individuals with extensive experience shouldn’t be required to complete the same level of supervision as a new person seeking initial licensure – that defies legislative intent. May resolve this by waiving or reducing some or all supervision based on years of experience.
 - Need to accept historical supervision – e.g., if a declarant received supervision 15, 20, or 30 years ago, at the start of their career, then that should be accepted in lieu of new supervision.
 - Need to define what type of supervision is needed – how much of this is indirect versus direct?

- Rules should allow supervision by any licensed provider capable of providing ABA therapy in Oregon – including a licensed behavior analyst or other licensed health care professional as in SB696(2015) (e.g., psychologist).
- Regarding OAR 824-036-001(7):
 - Current text: (7) Pass a Board-approved examination;
 - Comments: Examination must reflect Oregon’s broad definition of ABA therapy. E.g., including UCLA / Lovaas, Early Start Denver Model, and other forms of ABA that may not be recognized by the BACB, Inc.

824-040-0010 Registered Behavior Analysis Interventionist Training and Supervision

- Regarding OAR 824-040-0010(2a):
 - Current text: (a) Direct supervision from the supervisor for a minimum of two hours prior to independent service delivery with any new client. This requirement can be met through training;
 - Comment: providing specific supervision to each interventionist before each new client can be very burdensome, particularly for very experienced interventionists or in cases where a temporary substitute is needed. I encourage revisions to this, based on feedback from existing Licensed Behavior Analysts and other licensed professionals supervising interventionists.
- Regarding OAR 824-040-0010(3):
 - Current text: (3) A Registered Behavior Analysis Interventionist must be evaluated by the supervisor at least every six months or every year after initial competency assessment on the form available on the Office’s website.
 - Comment: This is burdensome and doesn’t accomplish what it seeks to accomplish. It’s a case of the fox watching the henhouse. The supervisor is not going to say an RBAI is not competent because the supervisor needs that RBAI to be competent. Ideally, this sort of thing would be triggered if a client is making inadequate progress. Or, allow an RBAI who has passed the BCAT or RBT exam to be exempt from this. It’s just a paperwork hoop, not a safeguard.

824-060-0010 Standards of Practice, Professional Methods and Procedures

- Regarding OAR 824-060-0010(1):
 - Current text: (1) Licensees and registrants must rely on the principles of behavior analysis in their practice and use research-based behavior analytic services.
 - Comment: should be revised to match Oregon’s statutory definition of ABA: “Licensees and registrants must practice Applied Behavior Analysis as defined in Senate Bill 696 (2015) / OAR 824-010-0005(3).”
- Regarding OAR 824-060-0010(2b):
 - Current text: (b) Misuse assessment techniques, interventions, results and interpretations, including representing non-behavior analytic practices as behavior analysis.

- Comment: should be revised to link to Oregon’s statutory definition of Applied Behavior Analysis: “(b) Misuse assessment techniques, interventions, results and interpretations, including representing practices that don’t meet the definition of Applied Behavior Analysis, as defined in Senate Bill 696 (2015) / OAR 824-010-0005(3), as Applied Behavior Analysis.”
 - There are differences of opinion about the meaning and scope of the term “Applied Behavior Analysis” – in Oregon, the statutory definition approved by the legislature is the official standard
- Regarding professional competence:
 - I encourage the Board to adopt a new requirement limiting scope of practice to areas of professional competence, modeled after language in OAR 335-005-0020 for Speech-language Pathologists: “(1) Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.”
 - ABA is a very broad field – a Licensed Behavior Analyst with expertise in one area may not be qualified to practice in another. For instance, an LBA experienced in treating young children with autism may lack the expertise to treat an adult with severe self-injurious behavior. An LBA experienced in the Early Start Denver Model technique may not be qualified to practice the UCLA / Lovaas technique.

Statement of need/fiscal impact (SNFI)

For OAR 824-036-0001 Grandfathering – Requirements for Licensure, the rule will impact five (5) small businesses in Oregon.

The rules as written would have a very severe economic impact on these businesses. The cost of compliance would range from \$100,000 to \$250,000 per business, for the cost of education, supervision, and lost productivity. This would force some or all to discontinue business operations.

Moderating the requirements as outlined above would moderate the impact to small business while meeting legislative intent.

Sincerely,

Paul Terdal

July 28, 2016

Dear BARB RAC team,

Thank you for allowing me to participate in the BARB RAC on July 27 to discuss alternative paths for 6 declarants to secure the title of licensed behavioral therapist. I enjoyed meeting you all and appreciated hearing the various perspectives that strive to assure a quality licensing process that achieves minimum requirements and fulfills the promise of the organization.

As non-expert participant, I see my role as seeking to understand the issues and perspectives and find a framework for discussion that articulates the simplicity on the other side of the complex issue. This is my strength as a complexity physicist, business professional, and corporate strategist. As a parent with a vested interest in finding a path forward, my personal goal is to assure the team puts alternatives on the table that achieve the promise of the licensing process while meeting the spirit of 'grandfathering' the 6 declarants.

After four hours of listening and asking questions, I distilled 4 key promises to clients that the BARB is making through the licensing process, proposed here as the foundation for an alternative licensing processes:

- Safety
- Current of ABA methods
- Mastery of ABA theory
- Competent working with clients

A robust process has been established to assure the vast majority (all but 6) licensed behavior analysts meet these promises. Guidance from legislature is to establish an alternative process for the 6 ABA practitioners that have experience in providing ABA services and a track record of delivering on these promises. The RAC team explored alternative processes to validate that these 6 providers deliver the same promise to the licensing board's satisfaction, while honoring the significant experience of the declarants. The summary of the alternative, per my assessment, that was tentatively agreed upon by the majority of the RAC team is described in the table below.

Promise Paths	Safety	Current on ABA methods	Mastery of ABA theory	Competent in working with clients
Non-Grandfathered License	State and nationwide criminal records check	BACB pre-requisite curriculum + on-going education	BACB Exam	BACB approved supervision
Grandfathered License	State and nationwide criminal records check	MS in board approved field of study -or- 20 years experience with clients + on-going education	Waived – 'grandfather' acknowledges experience as evidence of mastery	Documented 1500 hours supervised ABA or up to 75 hours of 1x1 supervision adjusted* for supervised hours

* adjusted:
 supervised hours / week = (1500hrs – hrs documented)*5%/50 weeks rounded to half hour (see table)

August 3, 2016

To: Maria Gutierrez, Health Licensing Office, Oregon Health Authority
From: Paul Terdal
Re: Feedback to August 3rd Rules Advisory Committee meeting for the Behavior Analysis Regulatory Board on OARs in Divisions 40, 60 and 70

Dear Ms. Gutierrez and members of the Behavior Analysis Regulatory Board's Rules Advisory Committee,

As a member of the Behavior Analysis Regulatory Board's Rules Advisory Committee, I'm submitting written feedback on the proposed rules. *This is supplementary feedback covering only divisions 40, 60 and 70; please refer to my previous letter, submitted July 28, 2016, for feedback on the other divisions.*

I will also call in to the meeting by phone, but wanted to provide written comments for clarity.

Feedback for rules document

824-040-0010 Registered Behavior Analysis Interventionist Training and Supervision (NOTE: UNCHANGED FROM MY JULY 28 LETTER)

- Regarding OAR 824-040-0010(2a):
 - Current text: (a) Direct supervision from the supervisor for a minimum of two hours prior to independent service delivery with any new client. This requirement can be met through training;
 - Comment: providing specific supervision to each interventionist before each new client can be very burdensome, particularly for very experienced interventionists or in cases where a temporary substitute is needed. I encourage revisions to this, based on feedback from existing Licensed Behavior Analysts and other licensed professionals supervising interventionists.
- Regarding OAR 824-040-0010(3):
 - Current text: (3) A Registered Behavior Analysis Interventionist must be evaluated by the supervisor at least every six months or every year after initial competency assessment on the form available on the Office's website.
 - Comment: This is burdensome and doesn't accomplish what it seeks to accomplish. It's a case of the fox watching the henhouse. The supervisor is not going to say an RBAI is not competent because the supervisor needs that RBAI to be competent. Ideally, this sort of thing would be triggered if a client is making inadequate progress. Or, allow an RBAI who has passed the BCAT or RBT exam to be exempt from this. It's just a paperwork hoop, not a safeguard.

824-060-0010 Standards of Practice, Professional Methods and Procedures (NOTE: REVISED)

- Regarding OAR 824-060-0010(1):
 - Current text: (1) Licensees and registrants must rely on the principles of behavior analysis in their practice and use research-based behavior analytic services.
 - Comment: should be revised to match Oregon’s statutory definition of ABA: “Licensees and registrants must practice Applied Behavior Analysis as defined in Senate Bill 696 (2015) / OAR 824-010-0005(3).”
- Regarding OAR 824-060-0010(1):
 - Current text: (1) Licensees and registrants must rely on the principles of behavior analysis in their practice and use research-based behavior analytic services.
 - Comments:
 - Needs to reference “applied behavior analysis” as defined in Oregon law, not “principles of behavior analysis” or “behavior analytic services” which are not defined in Oregon law.
 - Should not prevent licensees from using non-ABA techniques, so long as the consumer and insurer are clear that these techniques aren’t ABA and are out of scope of license. If a licensee were to use a method regulated by another licensing board (e.g., psychology), enforcement would be up to that board.
 - Reference to “research-based” is should be avoided. Unlike other definitions of ABA, Oregon’s statutory definition makes no reference to “research based.” There are broad differences of opinion over what is and isn’t “researched based.” Oregon’s Health Evidence Review Commission, for instance, barely acknowledges the research in support of ABA even for patients with autism, particularly older patients. This could open licensees to ethics complaints if a licensee tries to use ABA on an older patient or a patient with a condition other than autism, like Down’s syndrome.
 - Recommend text: (1) Licensees and registrants must TBD
- Regarding OAR 824-060-0010(2b):
 - Current text: (b) Misuse assessment techniques, interventions, results and interpretations, including representing non-behavior analytic practices as behavior analysis.
 - Comments:
 - Prohibition on “representing non-behavior analytic practices as behavior analysis” is problematic for several reasons.
 - Oregon law has a definition of “applied behavior analysis” but it doesn’t include a definition of “behavior analytic practices”. There are broad differences of opinion about what is or is not ABA. The State of Oregon has correctly accepted some techniques as meeting the statutory definition of ABA (e.g., Early Start Denver Model) that some practitioners believe isn’t properly ABA. The deciding factor must be Oregon law, and this Board shouldn’t be used to settle academic disagreements.

- As written, this could prohibit a licensee from expressing their opinion to the legislature or a government agency about what is or isn't ABA. That would violate Oregon's constitution.
 - It is reasonable to prohibit a licensee from falsely telling a patient or insurer that a service was ABA when it wasn't. E.g., cognitive therapy is by statutory definition not ABA.
- Regarding OAR 824-060-0010(2c):
 - Current text: (c) Promote or delegate the use of behavioral assessment and intervention techniques by unqualified persons.
 - Comments:
 - This must reference ABA and not "behavioral assessment and intervention techniques". Many licensing boards have authority over "behavioral assessment and intervention" including psychology, psychiatry, medicine, LPCs, LCSW, and others.
 - What does "promote or delegate" mean? If this means, don't employ an unqualified behavioral interventionist, that makes sense. If this means don't encourage parents to apply ABA therapy, that doesn't make sense. What about schools? Can a licensee coordinate care with schools or paraeducators who aren't licensed or don't have BCBA's?
 - What about public statements "promoting" ABA – like public testimony, blogs, or newspaper op ed pieces advocating the use of ABA principles? Can the Board block free speech? That would violate Oregon's constitution. What about public statements in support of grandfathered declarants without BCBA's? Would the Board prosecute a licensed behavior analyst who testified on behalf of a declarant?
- Regarding professional competence:
 - I encourage the Board to adopt a new requirement limiting scope of practice to areas of professional competence, modeled after language in OAR 335-005-0020 for Speech-language Pathologists: "(1) Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience."
 - ABA is a very broad field – a Licensed Behavior Analyst with expertise in one area may not be qualified to practice in another. For instance, an LBA experienced in treating young children with autism may lack the expertise to treat an adult with severe self-injurious behavior. An LBA experienced in the Early Start Denver Model technique may not be qualified to practice the UCLA / Lovaas technique.

Sincerely,

Paul Terdal

DIVISION 10

GENERAL ADMINISTRATION

824-010-0005

Definitions

- (1) "Accredited college or university" means a college or university as listed in the Council on Higher Education database, or evaluated through the National Association of Credential Evaluations Services or World Education Services for equivalency.
- (2) "Affidavit of Licensure" has the meaning set forth in OAR 331-030-0040.
- (3) "Applied behavior analysis" has the definition set forth in ORS 676.802.
- (4) "Authorization" has the definition set forth in ORS 676.580.
- (5) "Autism spectrum disorder" has the definition set forth in ORS Chapter 771 Section 2(1)(B)(b).
- (6) "BACB" means the Behavior Analyst Certification Board.
- (7) "BCBA" means a Board Certified Behavior Analyst.
- (8) "BCaBA" means a Board Certified Assistant Behavior Analyst.
- (9) "Board" means the Behavior Analysis Regulatory Board.
- (10) "Direct supervision" means the training or the observation of an interventionist providing client services and at a minimum requires the participation of the supervisor, the interventionist and client. Participation can include remote supervision through technology, as long as it is synchronous audio and visual, and in real time.
- (11) "Indirect supervision" means supervisory functions including: training the interventionist without the client present, consulting with families or caregivers regarding interventionist service delivery, or completing evaluations or assessments of interventionists without the client present.
- (12) "Interventionist" means a Behavior Analysis Interventionist.
- (13) "Licensed health care professional" has the definition set forth in Senate Bill 696 Section 1 (2)(a-h).
- (14) "Office" means the Health Licensing Office.

(15) "Official transcript" means an original document certified by an accredited college or university indicating hours and types of course work, examinations and scores that the student has completed. The accredited college or university must submit the transcript by mail or courier directly to the Office in a sealed envelope.

(16) "Ongoing supervision and training" means a supervisor is monitoring the service delivery of an interventionist by direct and indirect means.

DIVISION 20

FEEES

824-020-0040

Authorization fees

(1) Fees established by the Board are:

(a) Applications:

(A) Behavior Analyst – \$150.

(B) Assistant Behavior Analyst – \$125.

(C) Behavior Analysis Interventionist – \$75.

(b) Original license or registration – valid for one year:

(A) Behavior Analyst – \$200.

(B) Assistant Behavior Analyst – \$175.

(C) Behavior Analysis Interventionist – \$100.

(c) Renewal of license or registration – valid for one year:

(A) Behavior Analyst – \$200.

(B) Assistant Behavior Analyst – \$175.

(C) Behavior Analysis Interventionist – \$100.

(d) Other administrative fees:

(A) Late renewal of license or registration – \$50.

(B) Replacement license or registration, including name change – \$25.

(C) Affidavit of Licensure – \$50.

(D) Administrative processing fee – \$25.

DIVISION 30
QUALIFICATIONS

824-030-0010

Licensing of Behavior Analyst

An individual applying for licensure as a Behavior Analyst must:

- (1) Submit a completed application form, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees.
- (2) Arrange for proof of current certification by the Behavior Analyst Certification Board, Incorporated, as a Board Certified Behavior Analyst to be sent from the BACB to the Office;
- (3) Pass a fingerprint-based nationwide criminal records check pursuant to OAR 331-030-0004.
- (4) If applicable, submit an affidavit of licensure from any state where the individual holds or has held a license as a behavior analyst whether the license is active or inactive.
- (5) Submit required license fees.
- (6) Authorizations issued prior to Nov. 1, 2015, for Behavior Analysts remain valid after Nov. 1, 2015, and are subject to the requirements and regulations in the current rules and statutes.

824-030-0020

Licensing of Assistant Behavior Analyst

An individual applying for licensure as an Assistant Behavior Analyst must:

- (1) Submit a completed application form, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees.
- (2) Arrange for proof of current certification by the Behavior Analyst Certification Board, Incorporated, as a Board Certified Assistant Behavior Analyst to be sent from the BACB to the Office;
- (3) Pass a fingerprint-based nationwide criminal records check pursuant to OAR 331-030-0004.

- (4) Be supervised by a behavior analyst who is licensed by the Board.
- (5) If applicable, submit an affidavit of licensure from any state where the individual holds or has held a license as an assistant behavior analyst whether the license is active or inactive.
- (6) Submit required license fees.
- (7) Authorizations issued prior to Nov. 1, 2015, for Assistant Behavior Analysts remain valid after Nov. 1, 2015, and are subject to the requirements and regulations in the current rules and statutes.

824-030-0040

Registration of a Behavior Analysis Interventionist

An individual applying for registration as a Behavior Analysis Interventionist must:

- (1) Submit a completed application form, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees;
- (2) Submit required registration fees.
- (3) Submit proof of being at least 18 years old;
- (4) Submit documentation of a high school diploma or General Educational Development (GED) certificate;
- (5) Pass a fingerprint-based nationwide criminal records check pursuant to OAR 331-030-0004; and
- (6) Submit documentation of 40 hours of professional training in applied behavior analysis on a form prescribed by the Office in the following knowledge and skill areas, as verified by an individual listed in ORS 676.802 2)(a-h) or licensed by the Board:
 - (a) Professional and ethical issues;
 - (b) Foundational knowledge of behavioral change principles;
 - (c) Assessment;
 - (d) Implementation of prescribed intervention plans;
 - (e) Data collection and documentation.

(7) Authorizations issued prior to Nov. 1, 2015, for Behavior Analyst Interventionists remain valid after Nov. 1, 2015, and are subject to the requirements and regulations in the current rules and statutes.

DIVISION 36

GRANDFATHERING

824-036-0001

Requirements for licensure

An individual applying for licensure as a Behavior Analyst through the grandfathering path must:

- (1) Have submitted a declaration of practice to the Office by April 30, 2016.
- (2) Submit a completed application form, which must contain the information listed in OAR 331-030-0000;
- (3) Submit required licensing fees.
- (4) Submit proof of having at least a master's degree or 20 years (3) of experience in applied behavior analysis in a Board-approved field of study (any field accepted by the BCBA); and
- (5) Submit proof of having completed a Board-approved course sequence that includes 270 classroom hours in behavior analysis, including 45 hours in ethics and professional conduct, 45 hours in principles of behavior analysis, 45 hours in research methods and analysis, 105 hours in applied behavior analysis and 30 discretionary hours; and
- (6) Submit proof of having completed 1,500 hours of supervised experience - direct or indirect - in applied behavior analysis, or enter a supervisory relationship with an professional licensed by the BARB or other licensed health care professional as defined in ORS 676.802 for 75 hours of direct supervision by July 1, 2018; at least 5 percent of the supervision needs to be the direct observation of the supervisee providing behavior analytic services to a client; or
- (7) Pass a Board-approved examination; or **some wanted exam removed**
- (8) Submit proof of having received 10 hours of annual continuing education in applied behavior analysis in years past; instead of 4, 5, and 6 **or maybe going forward some confusion here**

(9) Pass a fingerprint-based, nationwide criminal records check pursuant to OAR 331-030-0004.

DIVISION 40

REGISTERED BEHAVIOR ANALYSIS INTERVENTIONIST TRAINING AND SUPERVISION

824-040-0010

Training and Supervision

(1) Prior to independent service delivery, a Registered Behavior Analysis Interventionist must:

(a) Enter into an agreement with each supervisor using the form available on the Office's website. A copy of the agreement must be submitted to the Office and given to the client's parent or guardian.

(b) Complete the competency assessment with a supervisor on the form available on the Office's website, or on another competency form with the same information. A copy of the competency assessment must be retained in the interventionist's file.

(2) After beginning independent client service delivery, a Registered Behavior Analysis Interventionist must receive ongoing training and supervision by a licensed behavior analyst, licensed assistant behavior analyst or by a licensed health care professional as defined in ORS 676.802(2), consisting of:

(a) Direct and indirect supervision for at least 5 percent of the interventionist's service hours;

(b) Direct supervision at least once per calendar month in the months when services were provided; and

(c) Direct supervision with each client on the interventionist's caseload at least once every three months.

(3) A Registered Behavior Analysis Interventionist must be evaluated by the supervisor at least once a year, after the initial competency assessment, on the form available on the Office's website.

(4) A Registered Behavior Analysis Interventionist must maintain a log of ongoing training and supervision on the form available on the Office's website, or the supervisor's form that contains all the same information.

(5) A Registered Behavior Analysis Interventionist must notify the Office in writing within 10 business days if they are no longer being supervised, or have a change in supervision.

(6) All training and supervision records must be maintained for a minimum of five years after the last day of training and supervision and must be available for inspection by the Office.

DIVISION 50

RENEWAL

824-050-0010

Renewal of license and registration

(1) An authorization is subject to the provisions of OAR 331-030-0000 regarding the renewal of an authorization, and provisions regarding the use of the title, identification and requirements for issuance of a duplicate authorization.

(2) Authorization renewal under this rule is valid for one year.

(3) Authorization holders must pass a state criminal background check pursuant to OAR 331-030-0004;

(4) To avoid late fees, an authorization renewal must be made prior to the authorization entering inactive status. The authorization holder must submit the following:

(a) Renewal application form;

(b) Payment of renewal fee pursuant to OAR 824-020-0040;

(5) Inactive authorization renewal: An authorization holder in inactive status cannot use the title. An authorization may be inactive for up to three years. When renewing, the inactive authorization holder must submit:

(a) Renewal application form;

(b) Payment of late and renewal fees pursuant to OAR 824-020-0040;

(6) An authorization that has been inactive for more than three years is expired and the authorization holder must reapply for authorization and meet the requirements listed in OAR 824-030-0010, 824-030-0020 or 824-030-0040.

DIVISION 60

STANDARDS OF PRACTICE, PROFESSIONAL METHODS AND PROCEDURES

824-060-0010

(1) In Oregon, the statutory definition of applied behavior analysis is stated in 676.802 (1)(a)-(b).

(2) The Board adopts sections 1-9 of the 2014 BACB Professional and Ethical Compliance Code for Behavior Analysts. (Excluding 8.03 (b)-(c))

DIVISION 70

CONTINUING EDUCATION

824-070-0005

Continuing education requirements

(1) To maintain licensure, a behavior analyst must complete a minimum of 16 hours of continuing education every year. At least one hour of continuing education must relate to ethics in behavior analysis.

(2) To maintain licensure, an assistant behavior analyst must complete a minimum of 10 hours of continuing education every year. At least one hour of continuing education must relate to ethics in behavior analysis.

(3) A licensee must document compliance with the continuing education requirement through attestation on the license renewal application. A licensee is subject to provisions of OAR 331-415-0020 pertaining to periodic audit of continuing education.

(4) Continuing education must be obtained by participation in or attendance at a course provided by an institution of higher education accredited by the Northwest Association of Accredited Schools, the Northwest Commission on Colleges and Universities, or the State Board of Higher Education, a course or program approved by the Behavior Analysis Regulatory Board, or other professional organizations or associations that conduct educational meetings, workshops, symposiums, and seminars where CEU credit is offered and where subject matter meets the requirements under subsection (4) of this rule.

(5) Continuing education must address subject matter related specifically to behavior analysis as set forth in ORS 676.802(1)(a), the rules regulating licensed behavior analysts and assistant behavior analysts, related applied behavior analysis practices, ethics, and business practices.

(6) Continuing education may include teaching a course sponsored by a CE provider listed in subsection (3) of this rule and where the subject matter meets the requirements under subsection (4) of this rule (provided that no more than half the required hours be in teaching).

(7) Proof of participation in required continuing education is the responsibility of the authorization holder, to ensure that adequate proof of completion of required continuing education is available for audit or investigation by HLO.

(8) Documentation supporting compliance with continuing education requirements must be maintained for a period of two years following renewal, and must be available to HLO upon request.

(9) A licensee may carry up to 10 continuing education hours forward to the next renewal cycle.

(10) For the purpose of this rule, continuing education hours mean actual academic, classroom, or course work time, including but not limited to workshops, symposiums, or seminars. Continuing education hours do not include travel time to or from the training site, registration or check-in periods, breaks or lunch periods.

824-070-0010

Continuing education audit, required documentation and sanctions

(1) The Office will audit 10 percent of licensees, to verify compliance with continuing education requirements.

(2) Licensees who are selected for audit must submit satisfactory evidence of participation in required continuing education within 30 days of the audit notice.

(3) If selected for audit, the licensee must provide documentation from sources listed in 824-070-0005(3).

(4) If documentation of continuing education is incomplete, the licensee has 30 days from the date of notice to submit further documentation to substantiate having completed the required continuing education.

(5) Failure to meet continuing education requirements shall constitute grounds for disciplinary action, which may include, but is not limited to, assessment of a civil penalty and suspension or revocation of the license.

INTERVENTIONIST ABA KNOWLEDGE AND SKILLS LIST

I. Professional and Ethical Issues

Task	Description
I-1	Abide by employer, state & federal regulations regarding procedures for storing, transporting and sharing confidential electronic or paper documents or files with client identifying information
I-2	Abide by employer, state & federal reporting regulations (e.g., mandatory reporting laws)
I-3	Describe the role of the registered interventionist based on BARB requirements
I-4	Communicate with colleagues, caregivers, other stakeholders as indicated by supervisor
I-5	Demonstrate professional behavior in family homes, schools, community environments
I-6	Recognize and prevent perceived or actual conflicts of interest or dual relationships
I-7	Recognize situations requiring additional supervision and request in appropriate timeframe
I-8	Identify characteristics of populations served (e.g., autism, intellectual disability, etc.)
I-9	Understand and protect rights of consumers (e.g., using evidence-based practices, right to effective treatment, applicable state/federal laws)
I-10	Accept (and apply) performance feedback on maintenance or improvement of skills

II. Foundational Knowledge of Behavioral Change Principles

II-1	Define Applied Behavior Analysis (ABA) and its relation to experimental, theoretical, and radical behaviorism
II-2	Define behavior & provide operational definitions
II-3	Demonstrate stimulus control transfer procedures
II-4	Discuss functions of behavior (e.g., socially mediated, automatic)

III. Assessment

III-1	Contribute to standardized or curriculum-based language, play, academic, or adaptive behavior assessment as trained and indicated by supervisor
III-2	Contribute to functional behavior assessment (indirect vs. direct methods; collect ABC data, functional analysis etc.)
III-3	Implement systematic preference assessments to identify potential reinforcers

IV. Implementation of Prescribed Intervention Plans

IV-1	Continuous & intermittent schedules of reinforcement
IV-2	Antecedent-based interventions (motivating operations, choice etc.)
IV-3	Differential reinforcement procedures
IV-4	Extinction procedures
IV-5	Positive and negative punishment procedures
IV-6	Procedures that address generalization and maintenance
IV-7	Prompts and use prompting hierarchies
IV-8	Prompt fading
IV-9	Error correction procedures
IV-10	Discrete trial teaching procedures
IV-11	Task analyses (chaining)
IV-12	Shaping procedures
IV-13	Naturalistic teaching strategies (e.g., incidental teaching)
IV-14	Assisting with caregiver/stakeholder training as authorized by supervisor
IV-15	Prescribed crisis or emergency management procedures

V. Data Collection and Documentation

V-1	Prepare for session (data collection, materials)
V-2	Collect data using continuous recording methods (frequency, duration, latency, IRT)
V-3	Collect data using discontinuous recording methods (e.g., interval recording procedures)
V-4	Collect data using permanent products methods
V-5	Graph collected data
V-6	Write objective and specific session notes (e.g., mastery of skills, difficulties, illness, etc.)
V-7	Communicate with supervisor

Public/Interested Parties' Feedback

From: Eric Hamblen [<mailto:ehamblen@paceplace.org>]

Sent: Monday, May 23, 2016 2:33 PM

To: Paul Terdal <paul@terdal.org>; Kathi Calouri <kcalouri@paceplace.org>; Barbara Avila <bavilaconsulting@gmail.com>; Pamela Smith <pam.smith@mundopato.com>; Stephanie Gorman <socialkraft@me.com>; Gutierrez Maria S <Maria.S.Gutierrez@dhsosha.state.or.us>

Subject: Re: Update from for May 20, 2016 Behavior Analysis Regulatory Board meeting on grandfathering

Dear Maria,

As a stakeholders in "grandfathering" process and because Oregon law requires government agencies "to seek public input to the maximum extent possible before giving notice of intent to adopt a rule" and because the "Rules Advisory Committee" must consist of "persons likely to be affected by the rule." Kathi Calouri and I formally request to be invited to be a member of the rules advisory committee. As you are aware all 5 stakeholders were notified of last Friday's meeting via email 4 days prior to its commencement. None of the 5 stakeholders were to attend due such short notice and previous work commitments. We formally request that the board communicate with all advisory board members to find times to meet which will allow each member to attend.

As nearly 100% of our revenue over the years has come from private paying clients we HAD to provide services that were unparalleled anywhere else in the child's and families lives. If we did what other professionals were doing families could go there to get their services covered by insurance. If we provided what the schools were providing parents were not going to pay us to do the same thing. Thus, our natural desire to genuinely help and support children and their families achieve the highest quality of life possible was optimized by these unfavorable political and professional conditions. To this day we remain innovative and resolute in our quest to further our ability to help and support families. It is unfortunate that the political climate, this time from our own field of expertise, chooses to ostracize our work and contributions to children and families. However, we have become accustomed to such unfavorable conditions and have always done more than just persevere, we have forged new paths, innovative treatments and therapeutic tools. We cannot admonish the board for not knowing what they do not know. We can and will continue to fight on behalf of the children and family's that deserve the right to access our services through their insurances providers in the state of Oregon.

As you are well aware, we have letters of recommendation to be grandfathered in to with the status of "permanent licensure" from some of the highest ranking professionals in most every professional field serving these same children and families. We are in this together and hope to sway the board and/or the legislature to grandfather us into BCBA under the status of "permanent licensure" so can use their insurance companies to pay for the meaningful work we provide children and families in the great state of Oregon.

Respectfully,
Eric

Eric Hamblen
Program Director
PACE Place and Connector Rx
[2360 SW 170th Ave.](http://www.PACEplace.org)
[Beaverton, OR 97003](http://www.PACEplace.org)
Direct: [503-888-3939](tel:503-888-3939)
Office: [503-356-8334](tel:503-356-8334) ext 1#
Fax: [503-365-8726](tel:503-365-8726)
www.PACEplace.org
www.ConnectorRx.com

From: Paul Terdal <paul@terdal.org>

To: "kcalouri@paceplace.org" <kcalouri@paceplace.org>; "ehamblen@paceplace.org" <ehamblen@paceplace.org>; "bavilaconsulting@gmail.com" <bavilaconsulting@gmail.com>; "pam.smith@mundopato.com" <pam.smith@mundopato.com>; "socialkraft@me.com" <socialkraft@me.com>

Cc: "ASO - ED (oregonautismmed@gmail.com)" <oregonautismmed@gmail.com>

Sent: Monday, May 23, 2016 11:52 AM

Subject: Update from for May 20, 2016 Behavior Analysis Regulatory Board meeting on grandfathering

Dear all,

Although I wasn't at last Friday's Behavior Analysis Regulatory Board (BARB) meeting, I have heard a couple of accounts that I can pass along.

As expected, the Oregon Association for Behavior Analysis (ORABA) and some of the BCBAs on the Board are very adamantly opposed to grandfathering anyone without a BCBA certificate, even though the law expressly calls for this. They are even resisting having any discussion with you.

Oregon law requires government agencies "to seek public input to the maximum extent possible before giving notice of intent to adopt a rule." A "Rules Advisory Committee" must consist of "persons likely to be affected by the rule." ORABA proposed a Rules Advisory Committee consisting of 5 BCBAs and none of you, even though the BCBAs are not affected by a rule on grandfathering individuals without a BCBA.

After five hours of debate, the Board apparently agreed on a compromise that will include:

- Three BCBAs
- Two grandfathered providers (that's you)
- A parent of a patient receiving services from a BCBA
- A parent of a patient receiving services from a grandfathered provider
- An insurer
- Another health provider

(Note: this list may be incomplete or inaccurate – I haven't seen draft minutes – but should be relatively close).

Remember, this five hour debate was just to determine the composition of an advisory committee that will provide input but doesn't make any actual decisions. I do know that the Board did take the time to read through all of the emails that were submitted, so thank you to everyone who provided them.

Aside from the hostile reception to the law on grandfathering, I'm concerned about the Board's behavior – while they are the final deciders, they have a legal obligation to consider your input before making their decision. The hostile response to even receiving input is very disappointing.

In 2014, the Board exercised similar behavior over rules about "registering" non-BCBA, licensed providers of ABA therapy, like clinical psychologists – they established very strict rules preventing even licensed psychologists from practicing ABA within the scope of their existing licenses, and flatly refused to consult with the affected stakeholders. The legislature responded by firing most board members and rescinding the Board's authority to regulate these non-BCBA licensed providers of ABA therapy.

Here are my suggestions:

- Remain calm but firm in advocating for your right to grandfather under this law. The staff, governor, and legislature will likely not take kindly to ORABA's behavior, especially if they see that you are behaving more professionally than they are.

- Make a point of attending the next Board meeting, now scheduled for August 19, 2016. This will be in Salem at 700 Summer St NE, Salem, OR 97301 Third Floor, Rhoades Conference Room. I think the staff will send you an invitation, but you should also call to express your interest. The staff contact is:

Maria Gutierrez

Board Specialist – Health Licensing Office

Public Health

Maria.s.gutierrez@state.or.us

700 Summer St. St. NE, Suite 320

Salem, OR 97301-1974

503-373-1906

- Also contact the staff to let them know that you'd like to participate in the Rules Advisory Committee.
 - If the five of you can reach an agreement amongst yourselves on appropriate grandfathering criteria, you'll have a stronger case by working together
 - Contact your patients and medical colleagues and ask them for testimonials. Eric and Kathi have already rounded up several dozen (great work!) and stay in touch with them. You will need to have them submit comments on your behalf. If you know medical experts in particular who can vouch for you, that would be very helpful.
 - Call or meet with your legislators to express concern about the Board's behavior – in particular, its resistance to seeking stakeholder input on these rules and its attempt to undermine the legislature's decision to grandfather existing providers like yourselves. While the Board has the authority to make decisions about the rules, it must do so in a fair manner that involves impacted stakeholders, and it can't undermine the law. By establishing that the Board isn't operating fairly, isn't involving you, and is actively seeking to undermine the law, you make it more likely that the legislature or governor will intervene. I'm sorry that ORABA and some members of the Board are behaving this way – in the long run, it will really harm the BCBA's attempts to establish the credibility of their profession. For now, we just have to work through it. Again, I have no official role in this process, and can't take the lead on this, but I'm happy to help out. Please keep me informed and let me know what I can do to help.
- Sincerely,

Paul Terdal

(503)984-2950

From: Michelle Eyres [<mailto:michelle@prp.fm>]

Sent: Monday, May 23, 2016 7:10 AM

To: Gutierrez Maria S <Maria.S.Gutierrez@dhsola.state.or.us>

Subject: Testimonial for Calouri and Hamblen

From Michelle's iPhone

Begin forwarded message:

From: Michelle Eyres <michelle@prp.fm>
Date: May 18, 2016 at 8:09:37 AM PDT
To: Eric Hamblen <ehamblen@paceplace.org>
Cc: Kathi Calouri <kcalouri@paceplace.org>
Subject: Re: Testimonials

I would be THRILLED to reply!!!

My family has worked with Eric as often as our finances have allowed. I have referred him to as many friends as I can. I call him the “child whisperer.” We were and are having huge difficulties with our son and Eric was able to come in spend just a few minutes AT OUR HOUSE no less and made huge insights into our son’s behavior. Eric is well known in the autism community in Portland and beyond.

Due to medical expenses not covered by insurance, we are just emerging from bankruptcy. More options need to be covered by insurance, not less. Eric’s services, wilderness therapy—not covered by insurance but these are the therapies that have worked!! What will the insurance pay for? Talk therapy—which we have been involved in for over 7 years—the insurance company says we can keep doing. Yeah?! Residential inpatient therapy—twice as expensive as the wilderness program we paid for ourselves.

Michelle Eyres
mdeyres@icloud.com
503.521.6896

On May 17, 2016, at 7:03 PM, Eric Hamblen <ehamblen@paceplace.org> wrote:

Hello Friends,

The state of Oregon is considering grandfathering in a few professionals to with extensive experience in working with children and with families with children with social learning challenges. Kathi and I among the five professionals that are under special consideration. The benefit to families in Oregon is that we will be able to help families receive insurance coverage for our services. This is a very exciting prospect. For the past 26 years insurance companies have not covered the services we offer to families. That said, they are wanting us to provide support for our services from families we have supported throughout the years. Unfortunately they let us know of all of this this morning via email. They are giving each provider until Friday to state their case for special consideration of being grandfathered into the insurance game. We would appreciate any support any of you would be willing to provide. A brief to moderate testimony stating your experience working with Kathi and/or I would be incredibly helpful. An email in response to this would be greatly appreciated. Thank you in advance for any and all support you are willing to share.

Sincerely,
Eric

Eric Hamblen
Program Director
PACE Place and Connector Rx
[2360 SW 170th Ave.](http://2360_SW_170th_Ave_Beaverton_OR_97003)
[Beaverton, OR 97003](http://Beaverton_OR_97003)
Direct: 503-888-3939
Office: 503-356-8334 ext 1#
Fax: 503-365-8726

www.PACEplace.org
www.ConnectorRx.com

May 18, 2016

Dear Sir/Madam:

It is my pleasure to write this letter in support of the professional work done by Eric Hamblen as Program Director of Pace Place in Beaverton, Oregon. Allowing Mr. Hamblen to submit insurance claims for the work he does with families and children would be of great benefit to families and children in Oregon and I offer my strongest support to Eric in this effort. I have known Eric Hamblen for approximately 10 years.

I believe I am somewhat uniquely qualified to comment on this possibility for Eric Hamblen. First, I am a Director of Social Sciences and Associate Dean at Pacific University and in that capacity I oversee several of our academic programs that train and credential helping and therapeutic professionals. I am familiar with and very much in support of maintaining high academic standards of practice for therapeutic professionals as well as state licensing requirements. I have, however, been impressed with Eric's drive to stay current with the professional literature and standards of care. He is, very often, more well-read and more in tune with changes and developments in the field of care of autistic children than are many of his more highly credentialed cohorts. If an exception to general guidelines is to be made, I would argue that Eric Hamblen is exactly the sort of professional worthy of such an exception.

Second, I am the parent of a disabled child. My daughter, despite an IQ measured at 150 or above, is unable to attend school and, for a while, appeared likely headed to some state facility or the prison system. She was aggressive and out of control. I am a well-educated and resourceful person, but I had run out of any ideas or options to help manage her autism and aggression. We had tried every possible kind of therapy, but little help could be offered in brief 50 minute office visits. Sensing our desperation, her developmental pediatrician suggested that we try working with the only person he knew that could be successful with kids like my daughter. That person was Eric. Over the course of a year-long period, Eric did what no other therapist had been able to do: he took a child who was aggressive on a daily basis and reduced that aggression to once a month. Now that my daughter is 14 – and still sees Eric for support – she is no longer aggressive at all. I attribute this change entirely to the work that Eric does with children like my daughter. He has a unique, child-focused approach to his work. He is unconventional in the best possible sense – exactly what is needed for very unconventional children.

It is impossible for me to convey to you the shame, dysfunction, despair and hopelessness that autistic aggression brings to a family. What I can convey is that we need to do everything in our power to make the services of those few unique individuals able to reach these children available to as many of these children as possible. At the height of our therapy for our daughter, we paid over \$33,000 in one year in medical bills – this is on top of being fully insured. I have a PhD and am well educated and well paid – I cannot imagine how families with less fortunate circumstances survive.

Doing whatever we can to make Eric Hamblen available to families in Oregon is truly an “up-stream solution.” The help he gives children and their families will, ultimately, save families and the state untold dollars by keeping children at home and in the community.

Please do not hesitate to contact me if I can provide any additional information or support for Eric Hamblen. My email is Phillips@pacificu.edu and my phone number is 503-756-1188.

Sincerely,
Sarah Phillips, PhD

Therapy Northwest, P.C.

408 NE Hawthorne Avenue Bend, OR 97701 541-280-7851

May 20, 2016

To Whom It May Concern,

I have been a pediatric Occupational Therapist for over 25 years and have known Kathi Calouri & Eric Hamblen for most of that time. We shared an office suite in Beaverton for several years at which time I saw firsthand their amazing chemistry and knowledge working with children and families. PACE Place has evolved over the years to provide a unique and very valuable specialized type of therapy. I currently live and practice in Bend, OR and still refer many families to them. Of the families that have been able to afford this service all have been so pleased and said it was well worth the investment.

It would be so helpful for Kathi & Eric's services to be covered by insurance thus making it a more financially manageable for many more families who have children with social learning challenges. I would highly recommend them.

If I can be of further assistance please contact me at cindyhr33@gmail.com.

Thank you,

Cindy Hatch-Rasmussen MA, OTR/L

Begin forwarded message:

From: Anthony Franco <a_franco14618@yahoo.com>

Date: May 20, 2016 at 1:59:41 PM PDT

To: Eric Hamblen <ehamblen@paceplace.org>

Subject: Re: Testimonials

Eric

I hope this isn't too late, or too short. Best to you and Kathi.

Tony Franco

"our experience working with the professionals at PACE Place immensely helped my spouse and I understand and connect with our children, both of whom have special needs. The PACE professionals put us back on a path to being a family again, and we are forever grateful to them for that."

Sent from my iPhone

On May 17, 2016, at 10:15 PM, Eric Hamblen <ehamblen@paceplace.org> wrote:

Hello Friends,

The state of Oregon is considering grandfathering in a few professionals to with extensive experience in working with children and with families with children with social learning challenges. Kathi and I among the five professionals that are under special consideration. The benefit to families in Oregon is that we will be able to help families receive insurance coverage for our services. This is a very exciting prospect. For the past 26 years insurance companies have not covered the services we offer to families. That said, they are wanting us to provide support for our services from families we have supported throughout the years. Unfortunately they let us know of all of this this morning via email. They are giving each provider until Friday to state their case for special consideration of being grandfathered into the insurance game. We would appreciate any support any of you would be willing to provide. A brief to moderate testimony stating your experience working with Kathi and/or I would be incredibly helpful. An email in response to this would be greatly appreciated. Thank you in advance for any and all support you are willing to share.

Sincerely,
Eric

Eric Hamblen
Program Director
PACE Place and Connector Rx
[2360 SW 170th Ave.](http://2360%20SW%20170th%20Ave.%20Beaverton,%20OR%2097003)
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Office: 503-356-8334 ext 1#
Fax: 503-365-8726
www.PACEplace.org
www.ConnectorRx.com

From: Eric Hamblen [<mailto:ehamblen@paceplace.org>]
Sent: Friday, May 20, 2016 4:22 PM
To: Kathi Calouri <kcalouri@paceplace.org>; Paul Terdal <paul@terdal.org>; Gutierrez Maria S <Maria.S.Gutierrez@dhsosha.state.or.us>
Subject: Fwd: Testimony on behalf of Eric Hamblen

Begin forwarded message:

From: Joanna Panter <sjacj@me.com>
Date: May 20, 2016 at 2:01:48 PM PDT

To: Maria.s.gutierrez@state.or.us

Subject: Re: Testimony on behalf of Eric Hamblen

Dear Ms. Gutierrez,

I am writing you again because our son, who is now 19 years old, wanted a chance to tell you about his time with Eric Hamblen. This son was the reason we needed Eric, so his perspective looking back on the experience is very relevant. I told him I'd forward you what he wrote:

"P.A.C.E place has had a profound impact in my life. When I was at a point in my life where everyone treated me like a problem that needed to be fixed with an assortment of pills, Eric and His family helped me work through my problems instead of diagnosing and medicating. Working with Eric helped me gain a level of self-awareness and the communication skills needed to express what I'm feeling in a positive way. I am fortunate that my family was able to afford the time I spent with Eric, but I know not all families are. To not allow insurance to cover the expenses is to cut children off from getting the help they need." -Anton Panter

Thank you,

Joanna Panter
sjacj@me.com
503.341.3824

On May 19, 2016, at 5:23 PM, Joanna Panter <sjacj@me.com> wrote:

Dear Ms. Gutierrez,

We have recommended Eric to many, many people over the years, and it is our extreme pleasure to recommend that steps be taken to open his services up to even more families through insurance coverage. It was a struggle for us to pay out of pocket for help, but we were blessed to have the means to make it work. There are many other families who won't have that opportunity without the help of insurance.

We were desperate for help by the time we found Eric, having watched our son descend into depression and extreme anxiety as a result of the struggles he'd had at school because of his ADHD. We'd been through counselors, child psychiatrists, medications... Working with Eric was the very first time we had hope that our previously joyful son could return. And our hope was not misplaced. We went from a place of looking for in-patient treatment options for our son to now having our son living happily at home, working part time and attending college.

So many parents have children who are currently facing extreme difficulties due to Asperger's, ADHD, learning disabilities, attachment disorder... We've spoken to many and seen the desperation in their eyes, so hungry for help that is not coming from the schools, the peers, the coaches, the current medication. We tell them that there is hope, and we are living proof that with the right help they can come out on the other side with a child who can function in society and have a relationship with them. But we tell them that time won't heal wounds or change their trajectory. It takes the right kind of

help from the right professional, and we know who that professional is! We've handed out Eric's phone number so much that I had to contact him this week to make sure he was still accepting new families.

Parents we speak to want to know, what is it that Eric does? How does he help you? There is no simple explanation for that because there was so much. He worked with our entire family, he worked with our son on his own, he worked with us without the kids. The summary is, *he changed our life*.

Eric has a gift that I don't quite understand but appreciate more than I can describe. The therapy he provided was practical and direct, impactful, and we were able to see results from day one. He could have a conversation with us parents while simultaneously monitoring the kids playing in the background, then bring us to jump in with him when he saw an opportunity arise to practice some new skills. He explained how our son thought and how that impacted his daily life and relationships. He gave us hands on practice teaching our son new ways to handle relationships, with us first, then using those skills eventually to apply to other relationships. After each of our sessions, Eric gave us notes about what we'd focused on so we could practice at home as the opportunity arose. Which it did constantly.

Eric told us that the time would come when we wouldn't need him anymore. When he said that, we thought we'd be the one exception. Our son's problems seemed too severe to imagine that we would ever get to a point when we wouldn't need to see a professional on a regular basis. Well, Eric was right. We look around at our family today and marvel at how far we've come. Our son has grown and developed under Eric's care to the point that we can confidently say, as a family, we've been healed.

We would like this happy ending to be available to every family who needs the support of someone like Eric who can make a real difference for them. We have a list of acquaintances who are currently considering whether they can bear the cost of seeing a provider who is not covered by insurance. We want insurance companies to know that the cost of families *not* seeing Eric is far greater than the cost of covering his services.

Thank you for the opportunity to speak about this matter. We would welcome any further questions you might have.

Gratefully,

Colby and Joanna Panter
[503.341.3824](tel:503.341.3824)
sjacj@me.com



May 20, 2016

To Whom It May Concern:

I am writing to support Kathi Calouri and Eric Hamblen in their pursuit of obtaining permanent licensure status which would enable families to obtain the much needed services required to stabilize family functioning. As a clinical administrator in a nonprofit community mental health center in Minnesota, I can attest that both families and staff have benefited from the training provided by these two clinicians.

I met Kathi and Eric in 2006 while attending one of their training workshops. After my experience at their training, I was compelled to bring them to Fraser to provide space for families to receive their services as well as to enlist them for staff training. We have continued with a working relationship and when there are families looking for the structure and intensity they provide, I refer without hesitation. I know they have worked with some of the most challenging families who have tried an array of services, without change. It was Kathi and Eric's services, provided intensely to both caretakers and children, that helped move some of the barriers to promote change in families. In turn, children changed behaviors and family life was significantly improved. With licensure, more families would have access to these highly needed services.

Based on my experience, I urge you to consider Kathi and Eric for permanent licensure status in your state billing system. I would be happy to talk with you further about my experience with Kathi and Eric at 612-728-5343.

Respectfully,

Pat Pulice

Pat Pulice, M.A., L.P.
Vice President of Clinical Quality
Fraser
3333 University Av. S
Minneapolis, MN 55414
612-728-5343

From: Kevin Toon [<mailto:ktoon@orcities.org>]
Sent: Friday, May 20, 2016 7:52 AM

To: Gutierrez Maria S <Maria.S.Gutierrez@dhsaha.state.or.us>
Subject: Testimony on behalf of Kathi Calouri and Eric Hamblen.

More than any other practitioners we have worked with, Eric and Kathi have made the biggest difference with our son. We first started working with them when Lewis, who has autism, limited language and challenges with social behaviors, was seven years old. At that point, his behaviors were so difficult to manage, he was not able to go out into the community and was essentially confined to our home. Through Eric and Kathi's efforts over the last 8 years, Lewis has begun to learn relationship skills, social skills, communication and behavioral management. With assistance, he is now able to go out into the community and be a contributing member of our household. There is still a long way to go, as adolescence has brought a new set of challenges, making it even more critical that Lewis continue to receive the help that only Eric and Kathi have been able to provide. As our son transitions into adulthood, it is our hope and vision for him that he will achieve a reasonable level of independence and be a contributing member of his community. Eric and Kathi will play a critical role in helping to make this happen.

Please feel free to contact me if you are in need of additional information.

Respectfully,

Kevin Toon

(503) 421-1627

From: Eric Hamblen [<mailto:ehamblen@paceplace.org>]
Sent: Friday, May 20, 2016 4:15 PM
To: Kathi Calouri <kcalouri@paceplace.org>; Paul Terdal <paul@terdal.org>; Gutierrez Maria S <Maria.S.Gutierrez@dhsaha.state.or.us>
Subject: Fwd: Testimonial on behalf of Eric Hamblen and Kathi Calouri

From: myersaurus <myersaurus@comcast.net>
Date: May 20, 2016 at 3:25:40 PM PDT
To: ehamblen@paceplace.org
Cc: Jocelyn <lymi@me.com>
Subject: Testamomial

To whom it may concern:

INVALUABLE:

That is how I would describe the life changing services provided by Eric, Kathi, and PACE Place.

There are so few real life answers to the questions that autism raises in our society. There are so few real options for help. As the adult male mentor of my fiance's 16 year old son Max, autism touches my life every minute, of every day. I have been lucky enough to experience life with Max for 7 years now.

Many of the social nuances, the "givens", that you or I take for granted, perplex Max and people with autism and become hurdles that are difficult to clear. Eric and Kathi have worked with Max and our family to help both he and us clear those hurdles. The progress that Max has achieved with PACE has been life altering. Gone are the tears from his mother when she feels she can no longer help Max. They have been replaced with hope, replaced by a self confidence for Max, replaced by his sense of belonging, a sense of purpose, a sense of love and being loved.

We have had Max attend both private sessions, as well as PACE week long camps. The change in Max has really given all of us reason to celebrate autism and hope for new, continued levels of treatment, coping skills, and understanding. The hope for any family living with autism is that society will allow peace, that the future holds a sense of normalcy the neurotypical families experience. Eric and Kathi have help illuminated the path that our family follows. Our gratitude is unwavering, our support for them and their programs is unchallengeable.

We have paid for Max's treatment solely out of our own pockets. We would gladly do so, over and over again. This testimonial isnt for us. I write this today so that others affected by autism; the single mother that might give up; the family that has few financial resources, may seek the life changing services of Eric Hamblen, Kathi Calouri, and PACE place. Please consider this as you deliberate the facts. My life, my families life, Max's life, has been given hope for a much brighter future while living with with autism with the help of Eric, Kathi, and PACE.

Respectfully,
Michael K. Myers

From: Joanna Panter [<mailto:sjacj@me.com>]
Sent: Friday, May 20, 2016 2:02 PM
To: Gutierrez Maria S <Maria.S.Gutierrez@dhsola.state.or.us>
Subject: Re: Testimony on behalf of Eric Hamblen

Dear Ms. Gutierrez,

I am writing you again because our son, who is now 19 years old, wanted a chance to tell you about his time with Eric Hamblen. This son was the reason we needed Eric, so his perspective looking back on the experience is very relevant. I told him I'd forward you what he wrote:

"P.A.C.E place has had a profound impact in my life. When I was at a point in my life where everyone treated me like a problem that needed to be fixed with an assortment of pills, Eric and his family helped me work through my problems instead of diagnosing and medicating. Working with Eric helped me gain a level of self-awareness and the communication skills needed to express what I'm feeling in a positive way. I am fortunate that my family was able to afford the time I spent with Eric, but I know not all families are. To not allow insurance to cover the expenses is to cut children off from getting the help they need." -Anton Panter

Thank you,

Joanna Panter
sjacj@me.com
503.341.3824

Singer-Songwriter Judy Fjell
P.O. Box 1616 Helena, MT 59624
(406)930-1650
judyfjell@mac.com www.judyfjell.com

May 20, 2016
State of Oregon

To whom it may concern,

I have been privileged to work with Kathy Calouri and Eric Hamblen over several years at the Beat of a Different Drum weekend in Wyoming. That retreat for families sponsored by Scottish Rite Speech and Hearing Clinic was an amazing experience in which Kathy and Eric repeatedly demonstrated how successfully they work, not only with children with autism, but also their families. If it is possible to make their services more readily available to families in Oregon, I would recommend that it be done as soon as possible.

Thank you for open-minded consideration for what is best for the children of your wonderful state.

Sincerely,
Judy Fjell

From: Eric Hamblen [<mailto:ehamblen@paceplace.org>]
Sent: Friday, May 20, 2016 1:26 PM
To: Gutierrez Maria S <Maria.S.Gutierrez@dhsaha.state.or.us>
Subject: Fwd: testimonial on behalf of Kathi Calouri and Eric Hamblen

Begin forwarded message:

From: "Barnett, Brandon" <brandon.barnett@intel.com>
Date: May 20, 2016 at 1:20:05 PM PDT
To: "Eric Hamblen (ehamblen@paceplace.org)" <ehamblen@paceplace.org>
Subject: testimonial

To whom it may concern,

I am writing to share my enthusiasm for Eric Hamblen and Kathi Calouri at PACE Place.

Our son Skylar, now fourteen years old, has autism, DD, CP, dyspraxia, and ADHD (among other things).

We have been lucky enough to be able to work with Eric and Kathi on and off since Skylar was 2 years old.

Each time, they worked with Skylar and observed with such unique attention and skill that they provided insight we didn't get from any other provider (and we've seen them all!). For example, Eric took Skylar on an outing in the community to understand the challenges with getting him outside a comfortable

space. Eric observed behaviors and triggers and developed a model for Skylar's behavior that led him to invent the ConnectorRx as a means to provide positive proprioceptive feedback and without evoking a fight-or-flight response from exerting control through his limbs. On multiple occasions, we have asked Eric to come into Skylar's classroom to evaluate a situation (e.g. meltdowns during recess) or provide training.

Most impressive to me is how Eric and Kathi look at the entire family picture. We attended two multi-day camps (Camp Meadowood) to work with Eric, Kathi, and other families on the challenges and strategies of being in a special-needs family.

Both camps we're meaningful experiences for the entire family, including Skylar's two siblings.

If insurance would help cover the costs of compensating Eric and Kathi for their time and expertise, we would be thrilled to use them more often as Skylar transitions through various stages of maturity.

Regards,

Brandon and Cindy Barnett

From: Reggie Koth [<mailto:reggieko@yahoo.com>]

Sent: Friday, May 20, 2016 12:42 PM

To: Gutierrez Maria S <Maria.S.Gutierrez@dhsaha.state.or.us>

Subject: Eric Hamblen

Maria,

Here is my endorsement/support for Eric Hamblen:

At first glance, one would think that there are a lot of resources for families that have autistic children. As a matter of fact - there are a lot of resources. The key is getting the right resources. While all are good in nature and some fit others differently and for different reasons - I cannot say enough about the resources we have received for our son at Pace Place via Eric Hamblen. When our son first came to live with us - we tried to sift through all of the resources to determine what is a "good fit". We met with another close friend that has a child on the spectrum. She recommended Eric. At first - you don't know what you are going to get. The results were immediate and impactful. I have never gone to another person, resource, etc. that had an ability to assess my son, immerse themselves into their "world" and get immediate results. To get where Eric can get in an hour or two - typically takes at least 3 visits at other facilities. I can't say enough about the impact that Eric has had on our son and our lives. We use Eric's services every 4-6 weeks and will continue well into the future. I only wish we would have found him sooner.

Thanks

Reggie

-----Original Message-----

From: Shelley Winn [<mailto:winns@ohsu.edu>]

Sent: Friday, May 20, 2016 10:06 AM

To: Gutierrez Maria S <Maria.S.Gutierrez@dhsaha.state.or.us>

Subject: FW: Testimonials

Please see below....

From: Shelley Winn
Sent: Wednesday, May 18, 2016 7:38 PM
To: Eric Hamblen
Subject: RE: Testimonials

Eric,

We are currently in Disneyland. I am happy to provide a brief testimonial by texting; however, you and Kathi deserve so much more!!

To whom it may concern:

My wife Lori and myself have two young men Justin & Trevor who were diagnosed to be within the spectrum of autism at an early age. The only proven therapies available were applied behavioral interventions. We exhausted all of our resources to provide these and all of the other therapies available. Our families helped provide financial support that would have not been otherwise possible. For as long as we possibly could, the boys were in therapies with Eric, Kathi and other personnel affiliated with their team. Most of the progress the guys made at this critical stage in their development was due to the intense therapies provided by Eric, Kathi and their team. We encourage the state to recognize Eric and Kathi as key contributors to this Applied Behavior discipline and provide re-imburements for the quality services they provide to children, young adults and families that are deserving of their services. I am confident in saying that the wonderful young adults that our boys have developed into are in large part a result of the countless hours of work provided by Eric and Kathi. They are amazing people wth a skill set that would help many families that otherwise would not have this opportunity.

With kind regards,

Shelley R. Winn, PhD

From: Eric Hamblen [ehamblen@paceplace.org]
Sent: Tuesday, May 17, 2016 7:29 PM
To: Eric Hamblen
Subject: Testimonials

Hello Friends,

The sate of Oregon is considering grandfathering in a few professionals to with extensive experience in working with children and with families with children with social learning challenges. Kathi and I among the five professionals that are under special consideration. The benefit to families in Oregon is that we will be able to help families receive insurance coverage for our services. This is a very exciting prospect. For the past 26 years insurance companies have not covered the services we offer to families. That said, they are wanting us to provide support for our services from families we have supported throughout the years. Unfortunately they let us know of all of this this morning via email. They are giving each provider until Friday to state their case for special consideration of being grandfathered into the insurance game. We would appreciate any support any of you would be willing to provide. A brief to moderate testimony stating your experience working with Kathi and/or I would be incredibly helpful. An email in response to this would be greatly appreciated. Thank you in advance for any and all support you are willing to share.

Sincerely,
Eric

Eric Hamblen
Program Director
PACE Place and Connector Rx
2360 SW 170th Ave.
Beaverton, OR 97003
Direct: 503-888-3939
Office: 503-356-8334 ext 1#
Fax: 503-365-8726
www.PACEplace.org<<http://www.paceplace.org/>>
www.ConnectorRx.com<<http://www.connectorrx.com/>>

From: Eric Hamblen [<mailto:ehamblen@paceplace.org>]
Sent: Friday, May 20, 2016 9:46 AM
To: Gutierrez Maria S <Maria.S.Gutierrez@dhsaha.state.or.us>
Subject: Fwd: Testimonials

Eric Hamblen
Program Director
PACE Place and Connector Rx
[2360 SW 170th Ave.](http://www.PACEplace.org)
[Beaverton, OR 97003](http://www.PACEplace.org)
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www.ConnectorRx.com

Begin forwarded message:

From: Dasaratha Rama <rama.betr@gmail.com>
Date: May 20, 2016 at 2:07:34 AM PDT
To: Eric Hamblen <ehamblen@paceplace.org>
Subject: Re: Testimonials

Eric,

Here is a draft. Let me know your thoughts and I can revise and send. You said send an email so I assumed that I did not have to send this as a formal letter. Let me know if a write-up like this is enough or you need something else. Good luck.

We have had the opportunity to work with Eric and Kathi in PACE Place multiple times and have greatly benefited from their insights. The PACE Place family immersion program is an innovative program that focuses on the family system rather than on the individual in isolation. In addition to making parents aware of developmental opportunities for their child, Eric and Kathi also help parents enhance their own communication patterns. Since children with autism do not communicate in the ways that neuro-typical children do, parents of children with autism often do not get the kind of feedback that parents of neuro-typical children do. This results in maladaptive communication patterns in the family system. Helping parents evolve their communication patterns is a unique feature of the PACE Place immersion program that sets it apart from other programs. The immersion model is another distinctive feature of the program. Eric and Kathi show families how to practice emotional regulation and develop communication skills in varied settings (groceries, museums, malls etc.). By using settings that families encounter in their daily lives rather than by doing activities that are specifically designed for therapeutic purposes, the PACE Place immersion program makes it easier for families to transfer their learning to their daily lives. Their AT-EASE model complements the immersion model by providing an organized framework for professionals and families to explore concepts and issues related to child development addressed through immersion in a systematic way.

On Wed, May 18, 2016 at 7:08 PM, Eric Hamblen <ehamblen@paceplace.org> wrote:
Thank you sooo much Rama. They did not give us any guidelines at all. However, from your perspective as a professional it could be helpful if we're able to speak briefly to the innovation of our services. As a parent the positive impact our services had on Ananth and your family.

Wish I could be more concise and directive, but they gave me nothing to guide you with. Thank you for whatever you can do!

Sincerely,
Eric

Eric Hamblen
Program Director
PACE Place and Connector Rx
2360 SW 170th Ave.
Beaverton, OR [97003](tel:503-888-3939)
Direct: [503-888-3939](tel:503-888-3939)
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Fax: [503-365-8726](tel:503-365-8726)
www.PACEplace.org
www.ConnectorRx.com

On May 18, 2016, at 2:58 AM, Dasaratha Rama <rama.betr@gmail.com> wrote:

Eric,

Would be happy to write something for you. Can you send a few points to give me an idea about the kinds of things that they are looking for? It will be great if insurance will cover what you do!

Rama

On Wed, May 18, 2016 at 7:56 AM, Eric Hamblen <ehamblen@paceplace.org> wrote:

Hello Friends,

The state of Oregon is considering grandfathering in a few professionals to with extensive experience in working with children and with families with children with social learning challenges. Kathi and I among the five professionals that are under special consideration. The benefit to families in Oregon is that we will be able to help families receive insurance coverage for our services. This is a very exciting prospect. For the past 26 years insurance companies have not covered the services we offer to families. That said, they are wanting us to provide support for our services from families we have supported throughout the years. Unfortunately they let us know of all of this this morning via email. They are giving each provider until Friday to state their case for special consideration of being grandfathered into the insurance game. We would appreciate any support any of you would be willing to provide. A brief to moderate testimony stating your experience working with Kathi and/or I would be incredibly helpful. An email in response to this would be greatly appreciated. Thank you in advance for any and all support you are willing to share.

Sincerely,
Eric

Eric Hamblen
Program Director
PACE Place and Connector Rx
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Beaverton, OR 97003
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Fax: 503-365-8726
www.PACEplace.org
www.ConnectorRx.com

May 20, 2016

To Whom It May Concern,

We first worked with Eric Hamblen at PACE Place approximately 8 years ago. We have two daughters with special needs, with our oldest daughter having the greatest needs. Eric was the first person we ever met to understand her, how she functions, and what motivates her. He helped us to better understand her and showed us how to work more productively with her. He also helped the girls with their sibling relationship and to this day when we encounter family difficulties our youngest daughter will say “We need to go see Mr. Eric” because she knows he has the ability to help all of us.

More recently our oldest daughter was going through some very difficult things at her new high school. Eric worked with her, our family, and her school team to help resolve these issues.

We call Eric Hamblen “the child whisperer”. He has a wonderful ability to understand and relate to children with special needs. As parents, we are truly grateful for the difference Eric has made in our families lives.

Sincerely,

Linda & Jim Harrop

From: Eric Hamblen [<mailto:ehamblen@paceplace.org>]
Sent: Friday, May 20, 2016 9:36 AM
To: Gutierrez Maria S <Maria.S.Gutierrez@dhsosha.state.or.us>
Subject: Fwd: Testimonial on behalf of Eric Hamblen and Kathi Calouri, PhD

From: David Friedman <david@friedmedia.com>
Date: May 20, 2016 at 9:25:54 AM PDT
To: Eric Hamblen <ehamblen@paceplace.org>
Subject: Re: Testimonials

Eric Hamblen and the other professionals at Pace Place have significantly changed our lives for the better. Our daughter had been kicked out of several schools due to aggressive behavior and out of control tantrums. Our developmental pediatrician referred us to Pace Place and though we were skeptical decided to give them a try since we were feeling beyond hope. From the first session things began to change. Eric Hamblen has a wonderful and energetic report with kids. Our daughter went from being aggressive on a daily basis to being aggressive only once a month and after working with Eric on an ongoing basis she is now aggressive only extremely rarely, maybe once a year. He also had great ideas for working on many serious issues through games and fun. I can honestly say that our lives would probably be in complete disfunction if we hadn't had the great advice, help and therapy offered by pace place. Their AT EASE concepts of working with kids is brilliant, wise and effective.

David Friedman

On Tuesday, May 17, 2016, Eric Hamblen <ehamblen@paceplace.org> wrote:
Hello Friends,

The state of Oregon is considering grandfathering in a few professionals to with extensive experience in working with children and with families with children with social learning challenges. Kathi and I among the five professionals that are under special consideration. The benefit to families in Oregon is that we will be able to help families receive insurance coverage for our services. This is a very exciting prospect. For the past 26 years insurance companies have not covered the services we offer to families. That said, they are wanting us to provide support for our services from families we have supported throughout the years. Unfortunately they let us know of all of this this morning via email. They are giving each provider until Friday to state their case for special consideration of being grandfathered into the insurance game. We would appreciate any support any of you would be willing to provide. A brief to moderate testimony stating your experience working with Kathi and/or I would be incredibly helpful. An email in response to this would be greatly appreciated. Thank you in advance for any and all support you are willing to share.

Sincerely,
Eric

Eric Hamblen
Program Director
PACE Place and Connector Rx
2360 SW 170th Ave.
Beaverton, OR [97003](http://www.oregon.gov)
Direct: 503-888-3939

Office: 503-356-8334 ext 1#
Fax: 503-365-8726
www.PACEplace.org
www.ConnectorRx.com

From: "Kareena L Fields" <karifields@comcast.net>
Date: May 19, 2016 at 11:22:33 AM PDT
To: "Eric Hamblen" <ehamblen@paceplace.org>
Subject: RE: Testimonials

To Whom It May Concern,

I have taken my 16-year-old grandson, Aiden, to Eric Hamblen (PACE Place & Connector Rx) for a couple of years to assist Aiden with his many difficulties. Eric services are highly valuable to me, and I never hesitate to refer him to other parents struggling with their children's difficulties. Eric can cut to the heart of the matter with precision and can explain the dynamics going on in any given situation thereby enabling Aiden to respond in a positive manner. Please do not hesitate to contact me if I can be of any assistance in your consideration of PACE Program & Connector RX to the insurance pool.

Sincerely,
Kareena Fields

May 20, 2016
To: Behavior Analysis Regulatory Board
From: Paul Terdal
Re: Public Comment to the BARB – rules for grandfathering

Dear members of the Behavior Analysis Regulatory Board,
Thank you all for your service as volunteers in this important role.
One of your key tasks over the next few months will be to develop administrative rules on the permanent licensing of those "grandfathered" Applied Behavior Analysis providers who have submitted a declaration of practice confirming that they were practicing ABA before Governor Kitzhaber signed SB365, our original Autism Health Insurance Reform bill in 2013. I understand that about five (5) providers have applied, including Barbara Avila, Dr. Kathi Calouri, Eric Hamblen, Stephanie Gorman and Pam Smith. All of these individuals have been helping patients in Oregon with autism for many years – in several cases, since long before the incorporation of the BACB, Inc. or development of the BCBA credential. Two of them were trained directly by Dr. Ivar Lovaas, and assisted him with his groundbreaking research on the effectiveness of ABA therapy in the 1980s.
SB696 gives this Board considerable flexibility in determining requirements for permanent licensure for these grandfathered providers [Section 3(2)(b)(B), Chapter 674, Oregon Laws 2015] – but it is essential to remember that it is the policy of the State of Oregon that "the public be involved ... in the drafting of rules" and "to seek public input to the maximum extent possible *before* giving notice of intent to adopt a rule." [ORS 183.333(1)]. Specifically, while this Board is the final decision maker on the rules, it must proactively seek input from the stakeholders who will be affected, including small businesses, *before* writing the draft rule and *before* seeking formal public comment.

Because the number of grandfathered providers in scope is small, I encourage you to invite all five (5) of them to participate in a Rules Advisory Committee, along with consumer and insurer / CCO representatives, who are the key stakeholders. I would be happy to participate as a consumer advocate, and I understand that the Autism Society of Oregon has also asked to be included.

In particular, I encourage members of this Board to speak directly with the grandfathered providers to better address any individual concerns that you may have about their qualifications or practices, and to seriously consider their input as you make your decisions.

In developing these rules, I suggest you consider the following:

- ☐ The concept of “grandfathering” existing providers is not new. It has been done with other boards when they were first formed, such as the speech and occupational therapy boards, and is also specifically considered in the BACB, Inc.’s own “Model Act for Licensing/Regulating Behavior Analysts.”
- ☐ The Board’s implementing legislation, SB696, is currently structured as a “title act” giving the Board the authority to confer the title of “Licensed Behavior Analyst” and to regulate the “professional methods and procedures to be used by individuals licensed” – but not to regulate the unlicensed practice of ABA. By accepting a license from the BARB, these providers will be placing themselves under the Board’s authority and will be subject to the Board’s ethics rules. Without a license, it may be difficult for them to obtain insurance reimbursement, but they will be free to continue practicing ABA therapy with no oversight by this or any other Board.
- ☐ In developing SB696 last year, legislators expressed strong interest in ensuring that the grandfathering process was fair and balanced, and seriously considered the input of impacted stakeholders. This was driven by concerns that the previous Board may not have collaborated well with stakeholders in developing registration rules for other licensed professions, which the legislature was required to overturn. This interest in a fair grandfathering process was a major consideration both in determining the make-up of the Board and in screening individual applicants for appointment. “Fair” doesn’t mean giving stakeholders whatever they want – but it does mean listening to their ideas seriously and making a good-faith effort to incorporate their views where possible.

In the long run, I would expect the Board’s implementing legislation to be revised to give majority voting control to the board’s own licensees – as is standard for all other Oregon boards – and to convert it into a “practice act” with direct authority over the practice of ABA. However, I believe the legislature’s decision to do so will be guided in large part by the Board’s demonstration of its ability to collaborate with stakeholders in developing appropriate rules for grandfathering.

Sincerely,
Paul Terdal

From: Kevin Toon [<mailto:ktoon@orcities.org>]
Sent: Friday, May 20, 2016 7:52 AM
To: Gutierrez Maria S <Maria.S.Gutierrez@dhsosha.state.or.us>
Subject: Testimony on behalf of Kathi Calouri and Eric Hamblen.

More than any other practitioners we have worked with, Eric and Kathi have made the biggest difference with our son. We first started working with them when Lewis, who has autism, limited language and challenges with social behaviors, was seven years old. At that point, his behaviors were so difficult to manage, he was not able to go out into the community and was essentially confined to our home. Through Eric and Kathi’s efforts over the last 8 years, Lewis has begun to learn relationship skills, social skills, communication and behavioral management. With assistance, he is now able to go out into the community and be a contributing member of our household. There is still a long way to go, as adolescence has brought a new set of challenges, making it even more critical that Lewis continue to receive the help that only Eric and Kathi have been able to provide. As

our son transitions into adulthood, it is our hope and vision for him that he will achieve a reasonable level of independence and be a contributing member of his community. Eric and Kathi will play a critical role in helping to make this happen.

Please feel free to contact me if you are in need of additional information.

Respectfully,

Kevin Toon

(503) 421-1627

Pamela Jean Smith, M.Ed.
Behavior and Education Consultant
708~955~5711 ~ pam.smith@mundopato.com

August 15, 2016

Dear Members of the Behavior Analysis Regulatory Board,

Thank you for your commitment to excellence in behavior services in the state of Oregon. I appreciate your time and energy as a member of the Behavior Analysis Regulatory Board.

I am writing to share my relevant experience as well as the support of several clients to whom I have been providing services as a Behavior Analyst in an effort to help you determine my eligibility for licensure as a Grandfathering-In Declarant per Oregon Senate Bill 696. The Grandfathering-In provision was included in the law to provide families with equal access to high quality Licensed Behavior Analysts. The intent of the provision is to provide a path to licensure for professionals in Oregon who have commensurate training and supervision backgrounds to those already provided for in the law but without requiring that they participate in redundant schooling or supervision.

In the current law, the definition of Applied Behavior Analysis (ABA) describes qualities of the work I do every day with clients and their families. ABA is defined as “the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce significant improvement in human social behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.”

If not licensed by this Board, it will effectively close my business. While I do have private pay clients, it is currently less than 20% of my business income. The remainder of over 80% of my business income is influenced by the outcome of this licensure process. These families of all different income levels and presentation will be negatively impacted should I not become licensed and able to bill insurance for their ABA services.

My experience and education exceed that of newer professionals in the field. But aside from the impact on my personal income, I have grave concerns for those families with fewer means who will be affected by these rules. Families with extremely complex family systems and medical needs as well as those with limited English proficiency or other limited access are the families that I am most concerned about. I hope you keep them in mind as you deliberate my fate.

In the following pages, I have summarized my ABA experience side by side with the currently approved BCBA experience. I was fortunate enough to have excellent training and supervision early in my career. It is upon that foundation, that I built a broad based approach to behavior and education consultation for people with Autism. I also ask that you listen to families who will be directly affected should I not be grandfathered-in as a Licensed Behavior Analyst in the state of Oregon via letter and videos also attached/linked.

Thank you again for your time in reviewing these materials. Please contact me should you have any questions or concerns.

Sincerely,

Pamela Smith, M. Ed.

**Declarant to be GRANDFATHERED-IN
to the Licensure as Behavior Analyst in the field of Autism in Oregon**

Declarant:	Pamela J. Smith, M. Ed	Date:	8/14/16
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Areas of Current Clinical Expertise:			
Current Training and/or Coordination Providing	Ages Currently Serving	Direct Services Currently Provided	Current Contracts or Methods of Payment Receiving
<ul style="list-style-type: none"> • Coordination of Intervention Direct to Student by family members or Personal Support Workers • Parent Training and Consultation • Professional Training and Consultation • Direct Service to Student 	Preschool Age (3-5 yrs) Children (6-12 yrs) Adolescents (13-18 yrs) Adults (18 + yrs)	<ul style="list-style-type: none"> • Group Sessions • Home Visits • Parent Coaching Sessions • Direct to Individual Sessions 	<ul style="list-style-type: none"> • Public School Systems • County K Plan • Private Pay

Current BCBA Requirements and Applicant's Commiserate Training and Experience				
Requirements	Board Certified Behavior Analyst (BCBA)	Hours	Declarant's Commiserate Training and Experience	Hours
Pre-requisite degree	<i>All applicants must have a bachelor's degree from a regionally accredited university</i>		Bachelors degree from University of Minnesota, Twin Cities: Individualized Studies - Education, Spanish, History	

Course Work	<p><u>Graduate or Undergraduate level instruction in:</u> Ethical and Professional Conduct (45 hrs) Concepts and Principles of Behavior Analysis (45 hrs) Research Methods in Behavior Analysis</p> <ul style="list-style-type: none"> ● Measurement (25 hrs) ● Experimental Design (20 hrs) <p>Applied Behavior Analysis</p> <ul style="list-style-type: none"> ● Fundamental Elements of Behavior Change & Specific Behavior Change Procedures (45 hrs) ● Identification of the Problem & Assessment (30 hrs) ● Behavior Change Systems (10 hrs) ● Implementation, Management & Supervision (10 hrs) Discretionary (30 hrs)	270	<p>Masters Degree in Instructional Leadership</p> <p>Relevant Course Work</p> <ul style="list-style-type: none"> ● Philosophy of Education and Urban School Policy ● Advanced Developmental Psychology and Educational Processes ● Teaching and Learning Science in the Elementary School ● Teaching and Learning Mathematics in the Elementary School ● Foundations of Literacy Instruction, K-8 ● Dynamics of Learning Environments ● Literature, Social Studies, and the Arts in the Elementary School ● Exceptional Learners 	
Supervision	By BCBA	1500	<ul style="list-style-type: none"> ● Supervised by Dr. Eric Larsson (1994-96) while providing direct behavioral intervention to 3 students with ASD ages 3 - 7 years ● Supervised by Dr. Ann Maxwell and Dr. Patricia Morrissey-Ahn (1996-2004) while providing ABA intervention and supervising interventionists and programming to 5 students with ASD ages 3 - 13 years ● Supervised by Dr. Maureen Sweeney and Carmen Augustin, LCSW (1999-2008) while providing, coordinating, and training teachers, families, and support workers in ABA and other interventions ● Supervised by Dr. Stephen Gutstien and Dr. Rachelle Sheely (2008-2010) while providing, coordinating, and training learners and 	<p>700 hours</p> <p>6400 hours</p> <p>7200 hours</p> <p>4800 hours</p>

			support staff in specialized school for people with ASD	
Post-Masters Experience and Training not included elsewhere	Not required		Continuing education including but not limited to the following interventions: <ul style="list-style-type: none"> • Certification in TEACCH 2000 • Certification in Relationship Development Intervention (RDI): 2005-2011 • Certificatoin in Oregon Intervention System Level G and IF 	
Code of Ethics	BCBA Code of Ethics	N/A	Ethics standards of the RDI program continue to guide my current work	
Professional Liability Insurance	Required to maintain for BCBA certification	N/A	Current for my own work – state level mandates met	
Background Check	Federal Required	N/A	Applied for	
Application for Licensure as Behavior Analyst	Required	N/A	When I declared, the application was rejected pending the outcome of this board. Ready, willing, and interested in pursuing as expected by all Licensed Behavior Analysts in our state.	
National Provider Number	Required	N/A	Applied for	
Continuing Education Requirements	Required		I will require access to courses that may typically require BCBA licensure. Ready, willing, and interested in pursuing as expected by all Licensed Behavior Analysts in our state.	

- Videos from Supporters Linked:
 - <https://drive.google.com/open?id=0B9EcGODDjJegZVJQRFNNUGFIbnc>
 - <http://www.youtube.com/watch?v=l2KC5ct5OB8>
 - <https://youtu.be/zr7pmWgUsx8>
 - <http://www.youtube.com/watch?v=3KiC1PXPGvE>
 - <http://www.youtube.com/watch?v=LpsA3SoX0I8>
- Letters from Supporters Attached:
 - Cate Hickman
 - Stevyn Travillian

August 9, 2016

To Whom It May Concern:

Pam Smith has been my son's social skills group leader for the past 2-3 years. She is an excellent teacher and guide for Scott. When he first started in her group, he was unable to stay for long, sometimes disruptive, and would ask to leave after a few minutes. Over time, she has helped him build up to staying for an hour and a half, and helped him gain the confidence and ability to interact with the other kids in the group. His behavior in her groups is good now. He is comfortable and successful, and continuing to develop well, thanks to Pam.

Pam has the equivalent training and experience as a BCBA, and more knowledge, experience, and success than most BCBAs when it comes to running social skills groups. Marcia Hinds, author of *I Know You're In There: Winning Our War Against Autism*, mentions Pam in Chapter 6 of her book about her own now-recovered (from autism) adult son. Pam worked as her son's ABA therapist for years in the Midwest.

Please grandfather Pam in to have coverage under ABA as a provider. She has been doing BCBA work and supervision for 23 years, since she began her career treating individuals with autism.

Since then, she has added numerous other trainings, certifications, and both a Bachelor's and a Master's in Education. Please honor her ABA experience, so that she may continue to provide her much-needed services to Portland families who rely on her for their children's healing from the symptoms of autism. Disrupting her services would mean a loss of income, expense of a second, redundant Master's degree, and disruption of services to many families and students, including mine.

Pam's work is effective and broad-based, and includes behavioral principles, with very effective outcomes.

To have Pam's services covered would have a big positive financial impact on our family, allowing us to have our son work with Pam more than he currently does, thus speeding up his healing. It would also benefit Pam, as a professional and owner of a small business. We need to have Pam, and other seasoned behavior professionals, available as options to continue serving our child through insurance. She is a great asset to our community.

If you have any questions, please feel free to contact me at 503-297-4647 or cate_hickman@comcast.net. Thank you.

Sincerely,

Cate Read Hickman

August 11, 2016

Regarding: Grandfathering-in process for insurance companies to cover ABA (now BCBA) services.

It has been a long struggle for us as a family to obtain services for our disabled child, who is on the autism spectrum, but high-functioning. We have learned to our frustration that compared with the resources available in an east coast state, such as Pennsylvania, the quantity and diversity of autism service providers in Oregon is thin indeed. Oregon is a good decade behind in having an ecology of autism service providers. In our search we learned that if you had a lot of money you could probably buy services. If you were very poor, you might be able to get services through the government, although most of those are geared toward low-functioning autism. In between, it has taken us a good five years from saying, "there is something different about this kid" to having a team of service providers delivering services consistently.

We frequently have to make hard financial choices about what service or what therapy we can partake in. To have something, anything, actually covered by insurance makes a huge difference. We finally qualified for a modest amount of county funding and through that got connected with Pamela Smith. It is very unlikely that we would have taken the chance with yet another therapeutic provider without that funding support, as our family finances are too tight to take a lot of risks.

I encourage you to be generous with who you allow to grandfather-in to the system. These ABA providers have a lot of experience on the front lines. Pamela has been a huge asset to have on our team. Requiring her to get reaccredited under a new rubrick is a waste of much needed resources. Families such as ours need the services NOW. It is important to provide services sooner than later for a child with autism, as it just gets harder the older they become.

Stevyn Travillian

Elizabeth Wartluft

(Parents of Jamie King)

August 15, 2016

Dear Members of the Behavior Analysis Regulatory Board,

I very much appreciate your time both in reading my attached materials and also your time participating on the Behavior Analysis Regulatory Board.

I am writing to provide you with information that should help you determine the requirements for the Grandfathering-In provision to the current law. The Grandfathering-In provision was included in the law to provide families with equal access to high quality Licensed Behavior Analysts, such as myself. The intent of the provision is to provide a path to licensure for professionals in Oregon who have commensurate training and supervision backgrounds to those already provided for in the law.

I have summarized my Applied Behavior Analysis (ABA) experience side by side with the currently approved BCBA experience that demonstrates my training and expertise as a Behavior Analyst. I am also giving you an opportunity to hear from families who will be directly affected should I not be grandfathered-in as a Licensed Behavior Analyst in the state of Oregon via letter and videos also attached/linked.

If I am not considered a Licensed Behavior Analyst, my contracts with school systems, county, state, and insurance companies will be compromised. The significant financial impact on my clients, me personally and the 11 independent contractors who work with my business, including an adult with autism, will be great. If I am not grandfathered-in, this law will push these complex and fragile families into making the difficult choice of having to choose whether or not to pay out of pocket for my expertise. It will jeopardize the livelihood of the independent contractors who currently receive work through my business. The intent of the law was to support our current client-families to continue to receive insurance coverage for autism services. My inclusion as a Licensed Behavior Analyst under this law ensures the continuation of high quality ABA services for these families, as well as employment for 11 independent contractors.

As a Behavior Analyst and Family Autism Consultant, I feel it is my responsibility to continually seek to ensure best practice and optimal outcomes for my clients and families. My extensive background as an Behavior Analyst goes beyond traditional ABA. I have used ABA for over 30 years as a cornerstone of my work and I look forward to being a Licensed Behavior Analyst under this current grandfathering-in provision of Oregon's Senate Bill 696. Thank you again for your time in reviewing these materials. Please contact me should you have any questions or concerns.

Sincerely,

Barbara Avila

Barbara Avila, M.S. RDI®

**Declarant to be GRANDFATHERED-IN
to the Licensure as Behavior Analyst in Oregon**

Declarant: Barbara Avila, M.S. RDI® Date: 8/15/16

Declarant's Goals for Providing Services in Oregon over the next 5-10 years or more

- (1) I would like to continue to serve families with complex needs and autism through school systems, county & state funding, insurance coverage, and private payments.
- (2) In addition to continuing to own Synergy Autism Center, I intend to continue my volunteer work in the community as a board member and Vice President of the Autism Society of Oregon.

Current Geographic Region(s) Served:

Portland	Beaverton	Gresham
Canby	Eugene	Corvallis

Areas of Current Clinical Expertise:

Current Training and/or Coordination Providing	Agess Currently Serving	Direct Services Currently Provided	Current Contracts or Methods of Payment Receiving
Coordination of Intervention Direct to Student	X Early Intervention (Birth - 3 yrs)	X Home Visits	X Public School Systems
Parent Training and Consultation	X Preschool Age (3-5 yrs)	X Parent Training Sessions	X County K Plan
Professional Training and Consultation	X Children (6-12 yrs)	X Individual Sessions	X Insurance Companies
	Adolescents (13-18 yrs)	X Group Sessions	- Private Pay
	Adults (18-21 yrs)	X	

Declarant: Barbara Avila, M.S. RDI®

Current BCBA Requirements and Applicant's Commiserate Training and Experience			
Requirements	Board Certified Behavior Analyst (BCBA)	Hours	Declarant's Commiserate Training and Experience
Pre-requisite degree	<i>All applicants must have a bachelor's degree from a regionally accredited university</i>		Bachelor's degree from University of California, Santa Cruz
Course Work	<p><u>Graduate or Undergraduate level instruction in:</u> Ethical and Professional Conduct (45 hrs) Concepts and Principles of Behavior Analysis (45 hrs)</p> <p>Research Methods in Behavior Analysis</p> <ul style="list-style-type: none"> • Measurement (25 hrs) • Experimental Design (20 hrs) <p>Applied Behavior Analysis</p> <ul style="list-style-type: none"> • Fundamental Elements of Behavior Change & Specific Behavior Change Procedures (45 hrs) • Identification of the Problem & Assessment (30 hrs) • Behavior Change Systems (10 hrs) • Implementation, Management & Supervision (10 hrs) <p>Discretionary (30 hrs)</p>	270	<p>Undergraduate in Psychology specializing in Child Psychopathology</p> <ul style="list-style-type: none"> -Provided lectures to undergraduates on Autism and ABA due to lack of information text books -Assisted Child Psychopathology Course Instructor for Sophomore, Junior, and Senior years for providing lectures in autism and grading course papers <p>Masters Degree in Developmental Disabilities, specializing in early intervention and autism</p> <ul style="list-style-type: none"> -Early Language Assessment and Intervention -Seminar in Practical Applications in Early Intervention (2 terms) -Practical Applications in Early Intervention (2 terms) -Advanced Psychology of Disability -Seminar in Interdisciplinary Issues (2 terms) -Practical Applications with At-Risk Populations (2 terms) -Linking Assessment and Intervention -Assessment and Curriculum in Developmental Disabilities -Research methods in Developmental Disabilities -Interdisciplinary Issues in Developmental Disabilities -Family Involvement in Developmental Disabilities
Supervision	By BCBA	1500	<ul style="list-style-type: none"> -Supervised while providing and coordinating In Home ABA Programs for 3 students with supervision from UCLA ABA graduate students: 1988-1990 - Supervised while providing and coordinating ABA
			2 yrs PT 4 yrs

Declarant: Barbara Avila, M.S. RDI*

		<p>intensive intervention for state provided specialized school and group home placement. Each client had autism and severely aggressive behaviors placing him in the highly intensive program supervised by Fran Bussard, ABA program director (PhD level): 1988-1992</p> <p>-Supervised while providing, coordinating, and training others in ABA provision in the Portland Public School Early Intervention/Early Childhood Special Education settings: 1993-2005</p>	PT 12 yrs FT
<p>Post-Masters Experience and Training not included elsewhere</p>	Not required	<p>-Supervised Masters' level EI/ECSE students in their practicums at University of Oregon: 1992-1993</p> <p>Continuing education including but not limited to the following interventions:</p> <ul style="list-style-type: none"> • Structured TEACCH • FloorTime • Hanen Program • Pivotal Response Training (PRT) <p>Seattle University Graduate Level Courses in:</p> <ul style="list-style-type: none"> • Communication and Language in Autism (1993) • Enhanced Communication/Language in Autism (1998) • Key Intervention Strategies in Autism (1998) <p>Certification in Relationship Development Intervention (RDI): 1.5 year intensive training program and annual certification requirements / 2005-current</p>	N/A
Code of Ethics	BCBA Code of Ethics	N/A Currently held to RDI's Code of Ethics for professional and ethical conduct	N/A
Professional Liability Insurance	Required to maintain for BCBA certification	N/A Current for my own work and for my independent contractors – state level mandates met	N/A
Background Check	Federal Required	N/A FBI background check completed and clear	N/A

Declarant: Barbara Avila, M.S. RDI*

Application for Licensure as Behavior Analyst	Required	N/A	Submitted in November 2015 when I declared for being Grandfathered-In.	N/A
National Provider Number	Required	N/A	1528437142	N/A
Continuing Education Requirements	Required		Ready, willing, and interested in pursuing as expected by all Licensed Behavior Analysts in our state. I will require access to courses that may typically require BCBA licensure.	

Declarant: Barbara Avila, M.S., RDI[®]

**Family Testimonials on Behalf of
Barbara Avila, Synergy Autism Center
for Grandfathering-In as a Licensed Behavior Analyst in the state of Oregon**

Please accept the following letter and videos as support for my being licensed through the state of Oregon as a Behavior Analyst. This decision affects each of them and represents the approximately 50 families who currently receive Applied Behavior Analysis services through Synergy Autism Center and my work.

Letter from Jen Wentzien and Jerome Madden, parent of a teen with complex needs who I serve both through the state's Children's Intensive In Home Services (CIIS) program and through a contract with Portland Public Schools. I have served this family for 5 years.

Videos in support of my being Grandfathered-In to the Licensure from 4 parents receiving my families through different means

Joyce Bernheim, parent of a young adult with autism who I have served for 10+ years. Joyce is on the Autism Commission appointed by the governor and Advisor for the board of Autism Society of Oregon
<https://www.youtube.com/watch?v=F2YgECOfD4&feature=youtu.be>

Tammy Williams, parent of a teen boy with autism who I served both in the school system as his ABA provider in early intervention, supplementing with RDI when he left the ECSE program and entered school programs. I now serve this family through county behavior support funds. I have served this family for 12 years. <https://youtu.be/y4subRCVvRA>

Brad Miller, parent of a 10 year old girl with Down Syndrome and Autism. I serve their family through the county family training and behavior support funds. I have served this family for 3 years.
https://www.youtube.com/watch?v=6_hkuUuRFuw&feature=youtu.be

August 1, 2016

Dear Behavior Analysis Regulatory Board,

Our family has worked with Barb Avila as a Behavior and Education Consultant since 2010. In that time she has consistently provided exceptional behavior support service to our family and our daughter who experiences severe challenges due to medically diagnosed Static Encephalopathy, Seizure Disorder, Autism Spectrum-Like Disturbance, Sensory Integration Disturbance, Executive Function Disorder and Motor planning disorder. At times we have paid out of pocket for Barb's desperately needed services, and more recently her work has been funded through DD services and our school district.

Our daughter requires complete and longstanding highly individualized supports to stay safe and to meet her potential, and each day presents challenges in providing those supports. Outside of my husband and myself, Barb has been the constant in ensuring those supports are provided. We meet with her monthly and at times weekly to write behavior plans and problem solve. We quite frankly could not succeed in keeping our daughter in our home without the support of someone like Barb.

At the time Barb joined our team, our daughter had multiple daily 'fight or flight' episodes that had devolved our family life into continuous crisis. In the intervening 6 years and under Barb's leadership we have come to a place where our daughter rarely escalates to this level. Barb's extensive training in structured TEACCH, ABA, RDI other behavior supports have helped her to write countless behavior support plans and guide our parenting in ways that have helped our daughter go from crisis to a thriving young woman, albeit one who still needs continuous 1:1 support. In particular, her commitment to and extensive training in supporting dynamic social engagement has been crucial to our daughter's success.

Under new legislation, the types of supports that our daughter and family had to fall into crisis to receive, will now be more accessible through insurance. But as the details of that access are worked out, it has come to our attention that Barb's services may not be covered, even those that have previously been covered through DD services and our school district. This would be a tragic loss for our family due to our daughter's unique needs, all the more so since experienced autism providers who truly understand the complex sensory and behavioral needs of children like my daughter, are extremely scarce in our community. As an example, we recently waited over 10 months to see a Developmental Pediatrician, and we are not aware of anyone in the community who can provide Barb's level of in-home supports, as our daughter requires.

We respectfully request that a 'grandfathering' clause be included in the BCBA requirements so that providers with Barb's level of experience can be certified without an undue burden falling upon them, and perhaps more critically, the families they serve.

With Appreciation,

Jen Wentzien and Jerome Madden
3331 SE Schiller Street
Portland, OR 97202
971.340.7722



The Oregon Association for Behavior Analysis greatly appreciates the work of the Health Licensing Office and the Behavior Analysis Regulatory Board (BARB) in their efforts to regulate Licensed Behavior Analysts, Licensed Assistant Behavior Analysts, and Behavior Analysis Interventionists. We are writing to respectfully provide feedback regarding the draft rules (version dated 8/3/16) based on recommendations of the Rules Advisory Committee, specifically regarding a) Division 30-Qualifications for the Registration of Behavior Analysis Interventionists; b) Division 36-Grandfathering; c) Division 40-Registered Behavior Analysis Interventionist Training and Supervision d) Division 60-Standards of Practice, Professional Methods and Procedures; and e) Division 70-Continuing Education.

DIVISION 30 QUALIFICATIONS

824-030-0040

Registration of a Behavior Analysis Interventionist

(4): This was not discussed during the RAC but ORABA recommends allowing evidence of a college degree to be accepted in lieu of a high school diploma or GED.

RATIONALE: A degree from an accredited college requires more education than that of a high school diploma or GED. Requiring applicants with college degrees to submit evidence of a high school diploma or GED is redundant and may pose challenges when high school records are not readily available.

**DIVISION 36
GRANDFATHERING**

824-036-0001

In order to protect vulnerable consumers and the state, it is of utmost importance that all individuals who hold any title suggesting that they are credentialed to practice behavior analysis professionally meet the minimum national standards that have been established by the profession for more than 15 years, that is, the Behavior Analyst Certification Board (BACB®) certification standards. The BACB certification eligibility requirements (degrees, coursework, supervised experiential training) and examination content have been *derived from multiple published, peer-reviewed job analysis studies involving thousands of professional behavior analysts as well as case law in professional credentialing*. They parallel the requirements for licensure in most other legitimate professions. Indeed, as the attached table shows (Table 1), they parallel Oregon requirements for licensure in other behavioral health professions. Allowing a group of people, no matter how small, to be licensed without having met established professional standards would pose great risks to consumers, *who will not be able to readily differentiate those individuals from professionals with objectively verified training and demonstrated competence in behavior analysis*. It would also place a substantial regulatory burden on the BARB and the OHLA because individuals who are not certified by the BACB are not governed by the profession's code of ethics, the BACB's *Professional and Ethical Compliance Code for Behavior Analysts*. Additionally, it would violate well-established precedents for licensing professionals in Oregon. Although declarants will have to make an effort to become licensed, they will have until 2018 to meet the requirements, which are no more burdensome than those of any other legitimate profession.

We strongly urge you to apply criteria for the licensure of behavior analysts and assistant behavior analysts to all declarants. It is unacceptable to base professional licensing standards on subjective criteria such as testimonials, and without requiring objective measures of competence. There simply is no defensible alternative.

DIVISION 40
REGISTERED BEHAVIOR ANALYSIS INTERVENTIONIST TRAINING AND SUPERVISION

824-040-0010

Training and Supervision

(2a-eliminated): ORABA agrees that the two-hour minimum of direct supervision prior to independent service delivery with any new client should be eliminated.

RATIONALE: Two hours of initial supervision prior to independent work with new clients may not always be warranted, and may result in delays in treatment or resources being allocated away from where they are most needed. For example, an interventionist who has demonstrated advanced competency and who is working in a center-based setting may not require a full two hours of supervision before working with a new client. Given the scarcity of Licensed Behavior Analysts, new clients may experience delays in treatment while waiting for the supervisor to be available for a session with each interventionist on the client's team. Additionally, the initial supervision requirement may prevent highly trained interventionists from substituting when coworkers are ill, resulting in disruptions to service.

(2a-new): ORABA agrees that the minimum standard for direct and indirect supervision of interventionists should be revised to reflect the national minimum standard of 5%.

RATIONALE: For nationally credentialed behavior technicians, the minimum amount of supervision time is 5% of direct service hours. It is expected that more supervision be provided if interventionist competence or client needs warrant it, as determined by the supervising professional behavior analyst.

(2b & c-new): ORABA agrees that the minimum frequency of supervision contacts should be revised to once per calendar month in the months in which client services are provided and at least once every three months with each client on the interventionist's caseload.

RATIONALE: More detailed standards of practice can be adopted (i.e., 2014 BACB® Professional and Ethical Compliance Code) which elaborate on the requirements of supervision, so that this is truly a minimum standard with additional supervision provided when warranted as required by the profession's code of ethics.

(3): ORABA agrees that interventionists should be evaluated once per year, following the initial competency assessment, using a form from the Office or an alternative form that contains the same information.

RATIONALE: For nationally credentialed behavior technicians, an annual evaluation is required. Aligning with national standards reduces the time and cost associated with requiring more frequent evaluations. It is expected that more frequent evaluations be conducted if interventionist competence or client needs warrant it, as determined by the supervising professional behavior analyst.

(4): ORABA agrees that the supervision log may be tracked via the Office's form, or alternative form that contains the same information.

RATIONALE: By allowing alternative means to track supervision, this reduces the amount of paperwork required and allows for interventionists and supervisors to keep data within a single secure source.

(5): ORABA agrees that allowing 10 days to notify the Office if there is a change in supervision is more appropriate.

DIVISION 60
STANDARDS OF PRACTICE, PROFESSIONAL METHODS AND PROCEDURES

824-060-0010

(1): Consistent with other professional licensure laws, the statute defines the practice of behavior analysis *generally*, that is, without reference to any particular population of clients or service recipients. Determination of an individual's qualifications to practice behavior analysis and whether a particular "certification" is evidence of competency is best assessed using objective criteria. Criteria for determining the validity of a credential are outlined in Table 2. Table 2 provides a sample summary of certifications, both within and outside of ABA. The primary *objective* factors in determining whether a credential or certification is legitimate and qualifies an individual to practice under a profession include: Accreditation by an independent entity, the passing of a psychometrically valid exam, minimum eligibility requirements to take the exam (such as degree, coursework & experience), continuing education requirements to maintain the credential, ethical & disciplinary standards and enforcement procedures, due process protections, job analyses, and whether the credentialing body is an independent non profit organization (NPO) or board.

(2): ORABA agrees that the Board should adopt sections 1-9 of the 2014 BACB® Professional and Ethical Compliance Code. Sections 8.03 b-c should *not* be excluded.

RATIONALE: By adopting the most current BACB® Professional and Ethical Compliance Code, the Board can rely upon standards that have been specifically developed for the practice of behavior analysis. Sections 8.03 (b-c) should remain and do not imply that an individual's right to free speech is compromised. Any investigations by credentialing bodies or licensing entities must be initiated by a valid complaint, instead of an audit.

DIVISION 70
CONTINUING EDUCATION

824-070-0005

Continuing Education Requirements

ORABA agrees with the RAC-proposed standards

824-070-0010

Continuing education audit, required documentation, and sanctions

ORABA agrees with the RAC-proposed standards

The Oregon Association For Behavior Analysis Board

A handwritten signature in black ink, appearing to read 'Alice Austin', with a large, sweeping flourish extending to the right.

Alice Austin, President

TABLE 1: REPRESENTATIVE OREGON LICENSURE REQUIREMENTS

LICENSED PROFESSION	MINIMUM DEGREE	COURSEWORK	EXPERIENTIAL TRAINING	NATIONAL EXAM	SOURCE OF ELIGIBILITY STANDARDS	SOURCE OF EXAM CONTENT
Psychology http://www.oregon.gov/OBPE/pages/index.aspx	Doctoral degree in psychology from program accredited by American Psychological Association or Canadian Psychological Association or with accreditation pending	<p>Core Program Areas. Must include 3 semester or 4.5 quarter hours in each:</p> <ul style="list-style-type: none"> •Scientific and professional ethics and standards; •Research design and methodology; •Statistics; •Psychometric theory; •Biological bases of behavior; •Cognitive-affective bases of behavior; •Social bases of behavior; and •Individual differences in behavior. <p>Clinical Psychology Coursework. Must include 18 semester or 27 quarter hours in the following areas:</p> <ul style="list-style-type: none"> •Personality and intellectual assessment; •Diagnosis; •Therapeutic intervention; and •Evaluating the efficacy of intervention. <p>Practicum. Must include:</p> <ul style="list-style-type: none"> •A duration of at least two semesters; <p>AND</p> <ul style="list-style-type: none"> •At least 300 hours of supervised psychological services; <p>AND</p> <ul style="list-style-type: none"> •Meet other minimal program requirements* <p>Internship. Must include:</p> <ul style="list-style-type: none"> •At least 1,500 hours of supervised experience completed within 24months; <p>AND</p> <ul style="list-style-type: none"> •25% direct client contact; <p>AND</p> <ul style="list-style-type: none"> •Meet other minimal program requirements* 	12 months/at least 1500 hours of psychological services supervised by a licensed psychologist	Examination for the Professional Practice in Psychology managed by the Association of State and Provincial Psychology Boards	American Psychological Association	Job analysis studies commissioned by Association of State and Provincial Psychology Boards

LICENSED PROFESSION	MINIMUM DEGREE	COURSEWORK	EXPERIENTIAL TRAINING	NATIONAL EXAM	SOURCE OF ELIGIBILITY STANDARDS	SOURCE OF EXAM CONTENT
Speech & Language Pathology http://www.oregon.gov/bspa/Pages/licensing.aspx-Required_Items_For_Speech-Language_Pathology_License	Master's, doctoral, or other post-baccalaureate degree in speech-language pathology from program accredited by Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA)	Minimum of 75 semester hours pertinent to speech-language pathology; <ul style="list-style-type: none"> must include at least 36 graduate credits in speech-language pathology and clinical practicum of 400 hours supervised by an SLP who holds the Certificate of Clinical Competence (CCC) issued by ASHA. 	1,260 hours supervised by an SLP who holds the CCC."	Praxis II Examination in SLP managed by the Educational Testing Service	Council for Clinical Certification in Audiology & Speech-Language Pathology of ASHA	Practice analysis studies commissioned by ASHA, and subject matter experts nominated by that organization work with the Educational Testing Service to develop exam items
Occupational Therapy http://www.oregon.gov/otlb/pages/index.aspx	Master's or doctoral degree from program accredited by Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA)	The Board recognizes educational programs for occupational therapists currently accredited by the Accreditation Council for Occupational Therapy Education (ACOTE)	For Level II Fieldwork: a minimum of 24 weeks full-time for occupational therapy students	Occupational Therapist Registered (OTR) exam managed by the National Board for Certification in Occupational Therapy (NBCOT)	National Board For Certification in Occupational Therapy	Practice analysis studies conducted by NBCOT

LICENSED PROFESSION	MINIMUM DEGREE	COURSEWORK	EXPERIENTIAL TRAINING	NATIONAL EXAM	SOURCE OF ELIGIBILITY STANDARDS	SOURCE OF EXAM CONTENT
Counseling http://www.oregon.gov/obl/pct/pages/index.aspx	Graduate degree in counseling from a program approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), Council on Rehabilitation Education (CORE), or approved by licensing board	Minimum 2 yr program, 48 semester hours or 72 quarter credit hours: <ul style="list-style-type: none"> • Counseling Theory • Human Growth and Life Span Development • Social and Cultural Foundations • Helping Relationship • Group Dynamics • Lifestyle and Career Development • Appraisal and Diagnosis of Individuals • Research and Evaluation • Professional Orientation • Internship/Practicum • Supporting Coursework for Specialty Areas 	At least 2,400 direct client contact hours of counseling supervised by licensed mental health professional who was also a National Certified Counselor, Certified Clinical Mental Health Counselor, Certified Rehabilitation Counselor, or Certified Career Counselor, or approved by American Assoc. for Marriage and Family Therapy, Center for Credentialing and Education, or American Assoc. of Pastoral Counselors	National Counselor Examination, Certified Clinical Mental Health Counselor Examination, Certified Rehabilitation Counselor Examination, or other competency exam approved by licensing board. Must achieve passing score set by National Board for Certified Counselors (NBCC)	National Board for Certified Counselors	NBCC-regular review and development to ensure it represents the current reality of practice and research in the counseling profession

LICENSED PROFESSION	MINIMUM DEGREE	COURSEWORK	EXPERIENTIAL TRAINING	NATIONAL EXAM	SOURCE OF ELIGIBILITY STANDARDS	SOURCE OF EXAM CONTENT
Behavior Analysis	Licensed Behavior Analyst: Master's or doctoral degree in behavior analysis, psychology, education, or another area with a course sequence in behavior analysis approved by Behavior Analyst Certification Board (BACB)	Licensed Behavior Analyst: <ul style="list-style-type: none"> • 270 classroom hours of graduate-level instruction in behavior analysis as follows: <ul style="list-style-type: none"> - Ethics & Professional Conduct - 45 hours - Principles of Behavior Analysis - 45 hours - Research Methods in Behavior Analysis - 45 hours - Applied Behavior Analysis - 105 hours - Discretionary - 30 hours 	Licensed Behavior Analyst: <ul style="list-style-type: none"> • 1,500 hours supervised fieldwork, • 1000 hours BACB-approved university practicum, or • 750 hours BACB-approved intensive university practicum in behavior analysis, supervised by Board Certified Behavior Analyst or Board Certified Behavior Analyst - Doctoral who has passed competency-based trainings on effective supervision and BACB supervised experience standards 	Licensed Behavior Analyst: <ul style="list-style-type: none"> • Board Certified Behavior Analyst (BCBA) certification exam managed by BACB 	Behavior Analyst Certification Board	Job analysis studies conducted by BACB

TABLE 2: CERTIFICATION COMPARISONS

CERTIFICATION OR CERTIFYING ENTITY	ACCREDITING BODY	PSYCHOMETRICALLY VALID EXAM	ELIGIBILITY REQUIREMENTS TO TAKE EXAM	CONTINUING EDUCATION & REQUIREMENTS FOR MAINTAINING CREDENTIAL	ETHICAL & DISCIPLINARY STANDARDS & ENFORCEMENT PROCEDURES	DUE PROCESS PROTECTIONS	JOB ANALYSIS	INDEPENDENT NPO OR BOARD
Behavior Analyst Certification Board (BACB)	National Commission for Certifying Agencies (NCCA)	✓	✓	✓	✓	✓	✓	✓
National Board for Certification in Occupational Therapy (NCOT)	American National Standards Institute (ANSI) <i>and</i> NCCA	✓	✓	✓	✓	✓	✓	✓
National Board for Certified Counselors	NCCA	✓	✓	✓	✓	✓	✓	✓
Council for Clinical Certification in Audiology and Speech-Language Pathology (Overseen by ASHA)	?	✓	✓	✓	✓	✓	✓	✓
Early Start Denver Model (ESDM)	None		n/a					
Pivotal Response Training (PRT)®	None		n/a					

CERTIFICATION COMPARISONS

CERTIFICATION OR CERTIFYING ENTITY	ACCREDITING BODY	PSYCHOMETRICALLY VALID EXAM	ELIGIBILITY REQUIREMENTS TO TAKE EXAM	CONTINUING EDUCATION & REQUIREMENTS FOR MAINTAINING CREDENTIAL	ETHICAL & DISCIPLINARY STANDARDS & ENFORCEMENT PROCEDURES	DUE PROCESS PROTECTIONS	JOB ANALYSIS	INDEPENDENT NPO OR BOARD
SCERTS®	None		n/a					
Relationship Development Intervention (RDI)®	None		n/a	✓	✓ (no enforcement procedures)			
DIR Floortime®	None		n/a					
Son-Rise®	None		n/a					
Project TEAACH	None		n/a	✓				

Association of



***Professional
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MEMO

May 19, 2016

TO: Behavior Analysis Regulatory Board
c/o Anne Thompson
Health Licensing Office
700 Summer St. NE, Suite 320
Salem, OR 97301
Via email: Anne.P.Thompson@state.or.us

FROM: Gina Green, PhD, BCBA-D
Executive Director, Association of Professional Behavior Analysts
ggreen3@cox.net

RE: Potential licensure of “grandfathered” autism service providers

The Association of Professional Behavior Analysts is grateful for the work the Behavior Analysis Regulatory Board (BARB) and Health Licensing Office (HLO) are doing to ensure that Oregon consumers receive applied behavior analysis (ABA) services from qualified professionals and paraprofessionals. It is our understanding that you are currently deliberating possibilities for issuing a credential to unlicensed individuals who were authorized by SB 696 to continue seeking reimbursement from health benefit plans on the basis of their personal declarations that they had been “actively practicing ABA” prior to August 2013. We are writing to respectfully but strongly encourage you to hold those individuals to the requirements for licensure as a behavior analyst or assistant behavior analyst, that is, current certification by the Behavior Analyst Certification Board (BACB) as a Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA), respectively. The main reasons for that recommendation are outlined next.

1. The Oregon legislature has recognized that behavior analysis is a distinct profession with a defined scope of practice.

Behavior analysis is a long-established scientific discipline with theoretical, experimental, and applied branches and distinct research methods, journals, scholarly and professional organizations, university training programs, and professional credentials. The applied branch of the discipline (ABA) involves applying scientific principles and procedures discovered through basic research to improve socially significant behavior to a meaningful degree. The distinctive features of genuine ABA interventions have been defined since 1968. In contemporary practice, ABA (a) comprises a very large array of evidence-based techniques or procedures for building useful skills and reducing behaviors that impede healthy, successful functioning; (b) stresses positive reinforcement and scientific evaluations of effectiveness; (c) is highly individualized and person-centered; (d) is flexible and dynamic, with intervention adjusted continuously based on data representing repeated measurement of a client’s treatment targets over time; and (e) is often intricate and complex. Over the past 40+ years, ABA interventions have been applied effectively with *many* clinical and non-clinical populations. Among others, they include people with developmental disabilities, intellectual disabilities, learning and communication difficulties, brain injuries, substance abuse disorders, behavior disorders, physical disabilities, difficulties associated with aging, and typically developing individuals of all ages.

By adopting a law to regulate the practice of behavior analysis, the Oregon legislature recognized that this is a distinct profession. As with the large majority of other licensed professions, the statutorily defined scope of practice describes the activities in which professional behavior analysts engage. It’s important to note that, as with most professional licensure laws, the statute defines the practice of behavior analysis *generally*, that is, without reference to any particular population of clients or service recipients.

The foregoing should make it clear that, as with other professions, extensive and specialized training is required to practice behavior analysis professionally at even a rudimentary level. Additionally, abundant research shows that while competently designed and delivered ABA interventions are effective for reducing many behaviors that jeopardize health and safety (e.g., self-injury, elopement, pica, feeding problems, aggression, phobias, property destruction), interventionists who lack adequate training in ABA can actually exacerbate such behaviors. Similarly, multiple studies have demonstrated that intensive, comprehensive ABA intervention produces moderate to large improvements in many young children with autism only when it is designed and overseen by qualified professional behavior analysts. These facts should moot any contentions that ABA is merely a “therapy” or “methodology” or that declared experience implementing packaged interventions that may or may not incorporate a subset of ABA procedures with one client population (e.g., children with autism) constitutes qualification for practicing behavior analysis professionally as defined in Oregon law.

2. There have been well-established, widely recognized standards and credentials in the professional practice of behavior analysis for well over a decade.

When the demand for ABA services began to accelerate in the early 1990s, it underscored the need identified by consumers, governments, and funders for uniform, objective, verifiable standards to determine who is qualified to practice ABA professionally. The Behavior Analyst Certification Board (BACB) was established in 1998 to develop such standards and procedures. The BACB is an independent, nonprofit organization whose certification programs are accredited by the National Commission for Certifying Agencies (NCCA) of the Institute for Credentialing Excellence to certify professional practitioners of ABA. The NCCA’s rigorous standards are grounded in case law and best practices regarding professional credentialing and consumer protection. Over the past 15+ years, the BACB has developed competencies to practice ABA and

standards for certifying practitioners based on extensive job analysis studies involving thousands of professional behavior analysts. The standards include degrees, coursework, supervised experiential training, and passage of the only psychometrically and legally validated professional examination in the professional practice of behavior analysis that is currently available. The BACB has also developed a code of ethics that is specific to the practice of behavior analysis, the *Professional and Ethical Compliance Code for Behavior Analysts*.

The requirements for obtaining BACB certifications, which of course are incorporated in the Oregon behavior analyst licensure statute and rules, parallel the requirements for obtaining licenses to practice several healthcare professions in Oregon. That is, the degree, coursework, and supervised experiential training requirements have been established by *national professional organizations and/or credentialing bodies*, passage of a *national exam in the subject matter* is required, and the content of the exam has been derived from *job analysis studies* conducted or commissioned by those same or related national entities. Merely holding a degree, having some experience, studying or working with a well-known person, obtaining a “certification” in a single limited intervention model after attending a workshop or other brief training, or declaring oneself qualified suffices to practice behavior analysis professionally any more than it does to practice nursing, medicine, clinical psychology, speech-language pathology, counseling, occupational therapy, or any other legitimate profession.

3. Giving a license or other state-issued credential to “declarants” who do not meet the national standards of the profession – that is, the requirements for licensure as an LBA or LABA -- will put consumers, funders, and the state at substantial risk.

Many people for whom ABA services are recommended are vulnerable by virtue of their age, diagnosis, behavioral difficulties, and other factors. They and their significant others need and deserve the same protections afforded recipients of other types of services, i.e., assurance that service providers have met well-established professional training requirements and are held to well-established ethical standards. If “declarants” who are not BACB certified are granted licenses, it will mislead consumers who will have no means of differentiating such individuals from those who actually have had the education and supervised experiential training the profession has determined to be necessary to practice ABA and have demonstrated competence by examination. Consumers would not have the extra layer of protection that is afforded to those who receive services from LBAs and LABAs, who are regulated by both the BACB and the BARB. In a similar vein, the BACB Compliance Code would not apply to the “declarants,” so the considerable burden of developing and enforcing professional conduct standards with those individuals would fall entirely on the BARB and the HLO. Last but not least, allowing “declarants” to be licensed in behavior analysis without meeting the national standards of the profession would seem to contravene precedents set by multiple licensure laws in your state.

We appreciate your considering these comments, and will welcome the opportunity to answer any questions you may have or to provide further information.

cc: Oregon Association for Behavior Analysis

Wednesday, August 17, 2016

To Whom It May Concern:

The reason of this letter is to support, and if I may also appeal to consider Pam Smith an ABA practitioner. During the past three years, Pam has been working with me and my son as a behavioral and educational consultant. We met through Synergy, which is one of the most important support clinics specialized in autism and related disorders for families carrying Oregon Health Plans. Myself, as an OHP carrier, had navigated the system and found it frustrating when I had to find a behavioral provider for Leo's therapies.

It is well known that behavioral therapies have been shown steady benefits in kids with autism. Since Oregon law has approved ABA therapy I have been contacting several providers in the Portland area without succeeding, mainly because OHP took almost a year for negotiating the contract with ABA providers.

All these brought a bigger problem for OHP carriers because after all the waiting for contract approval ABA providers got saturated with patients. Meaning that we families of kids in need for these therapies have to wait for an available spot. Meaning that AUTISM is a lifelong disorder that needs ongoing therapies placing our waiting time farther away.

I as a mother would never understand why insurance companies have the main leverage when it comes to the health of individuals, outweighing doctors' advice.

The real problem is that we don't have enough providers covered by the OHP insurance and the need for these kids of ongoing treatment. I don't see why a behavioral specialist as Pam Smith is wouldn't be covered. Her years of experience plus her outstanding service to families with autistic's kids is something that OHP should not overlook.

Respectfully,

Marilia Calderin

Item for Board Action

Health Licensing Office
Behavior Analysis Regulatory Board

BACKGROUND AND DISCUSSION

When Senate Bill 696 was signed by the governor, it changed the makeup of the BARB, its licensees and put BARB under the authority of the HLO. Administrative rule changes are necessary to align with the statute. The rules align the licensure qualifications for behavior analysts and assistant behavior analysts and the registration qualifications for behavior analysis interventionists with the statute. They also add language around license and registration renewal and the declaration of professionals practicing behavior analysis as of Aug. 14, 2013 – the group that the statute grandfathers into licensure if individuals meet Board-established criteria.

ISSUE

The Board must decide whether to move the draft language forward into the rulemaking process.

BOARD ACTION

The Board votes to adopt draft rule language, making it proposed language, and move forward into the rulemaking process.

Other Board Business



Health Licensing Office
 Behavior Analysis Regulatory Board
 August 19, 2016

PLEASE PRINT

Name (First, Last)	Representing	Request to Comment (yes/no)
✓ Alle Anthe Calouri	DBA Declarant / Grandfather	Y
✓ Paul Ferdiol	Member of Public	Y
✓ Jimmy Fischer	Licensed Behavior Analyst	Y
✓ Melissa Baker	DBA / Licensed Behavior An	Y
✓ Pam Lawright	Licensed Behavior Interventionist	Y
✓ Monica Lynn Kessler	Public	Y