

Behavioral Sciences Regulatory Board

Survey of Behavior Analysts

February 2025

DRAFT

Introduction

This report is part of a series of reports studying survey results in the spring of 2025 from individuals holding a permanent license under the Kansas Behavioral Sciences Regulatory Board (BSRB). In Kansas, the BSRB is the state agency charged to license and regulate most of the state's mental health professionals, including the behavior analysis. As of February 2025, Kansas offers two levels of permanent licensure for the behavior analysis profession: (1) a level of license for master's educated professionals called a Licensed Behavior Analyst (LBA) license and (2) a level of license for individuals below the master's level called a Licensed Assistant Behavior Analyst (LaBA) license. LaBAs must practice under supervision. To assist the work of the Board, the BSRB utilizes seven subcommittees, called "Advisory Committees," which are comprised of the Board member for the profession (serving as Chair), a public Board member, and between three and ten other individuals, usually licensees for that profession.

In 2024, members of the Behavior Analyst Advisory Committee for the BSRB requested the creation of a survey of licensees in their profession. The purpose of the survey was to collect information relevant to the public protection mission of the Board, seek feedback on topics relevant to the work of the Advisory Committee, and to better understand the behavior analysis workforce in Kansas. The members of the Advisory Committee worked with the Executive Director of the BSRB to draft potential questions for a survey, while BSRB Advisory Committees for other professions developed similar questions for surveys for licensees in their professions. While the final survey included a few unique questions per profession, efforts were made to create uniformity for most topics between the professions, so both a profession-specific report and an overall summary report comparing professions could be created.

As of January 13, 2025, the total number of licensees in the behavior analysis profession in Kansas totaled 506, including practitioners with a LaBA license (18) and practitioners with a LBA license (488). From January 24, 2025, to February 23, 2025, all LaBAs and LBAs under the BSRB received an e-mail from the agency informing them about the optional survey and notifying them to expect an invitation sent directly from SurveyMonkey with a link to complete an optional survey from the BSRB. While the survey was optional, licensees were encouraged to complete the survey. Adjustments were made to the SurveyMonkey system to ensure responses remained anonymous, however a series of targeted reminders (about one per week) were sent to licensees who had not yet completed the survey.

Over the 31 days that the survey was open for responses, 71 individuals completed the survey, for an overall response rate of 14.0 percent. For the LaBA level of license, 3 individuals completed the survey, for a response rate of 16.7 percent, and for the LBA level of license, 68 individuals completed the survey, for a response rate of 13.9 percent.

Note: While the results of the 2025 survey are included on the following pages, most specific language is found in the appendices. Identical responses were grouped, edits were made for spelling and grammar, references to specific individuals or companies was removed, but otherwise language in this report reflects responses as they were provided in the survey.

Question 1 (LaBA and LBA). In what Kansas county/counties do you practice the profession of behavior analysis?

3 LaBA's answered question 1.

Full responses are included in Appendix #1 on page 24.

Two licensees listed combinations of counties and one licensee referenced Sedgwick county.

67 LBAs answered question 1.

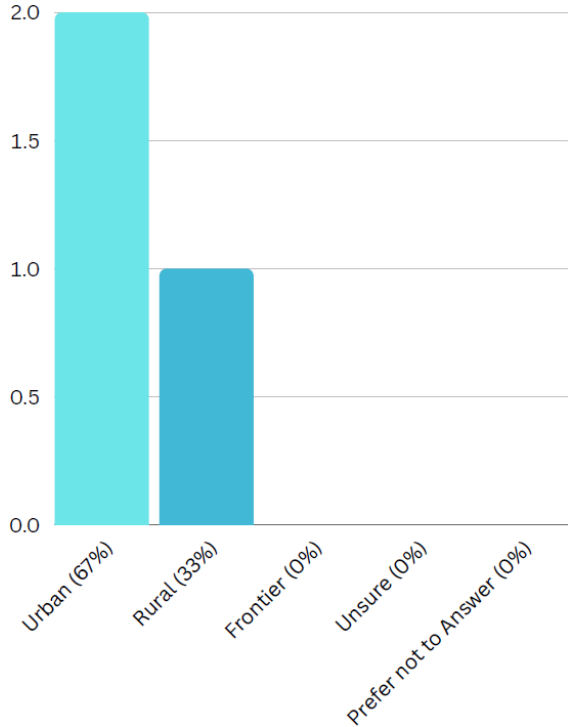
Full responses are included in Appendix #2 on page 25.

Several licenses referenced combinations of counties, but the most commonly referenced single counties included:

- Johnson (14 responses); and
- Sedgwick (7 responses).

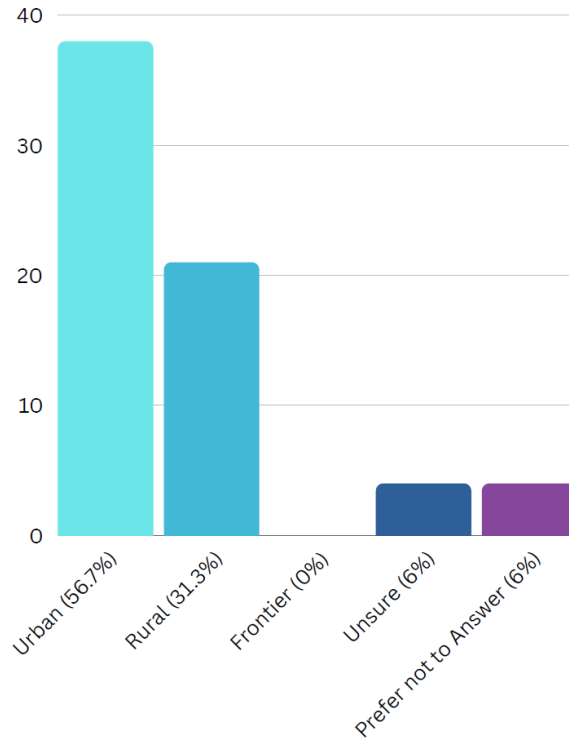
Question 2 (LaBA and LBA). Do you practice in a predominantly urban area, rural area, or frontier area?

LaBA Responses



Of the three LaBAs that answered question 2, two reported living in an urban area (67%) and one reported living in a rural area (33%).

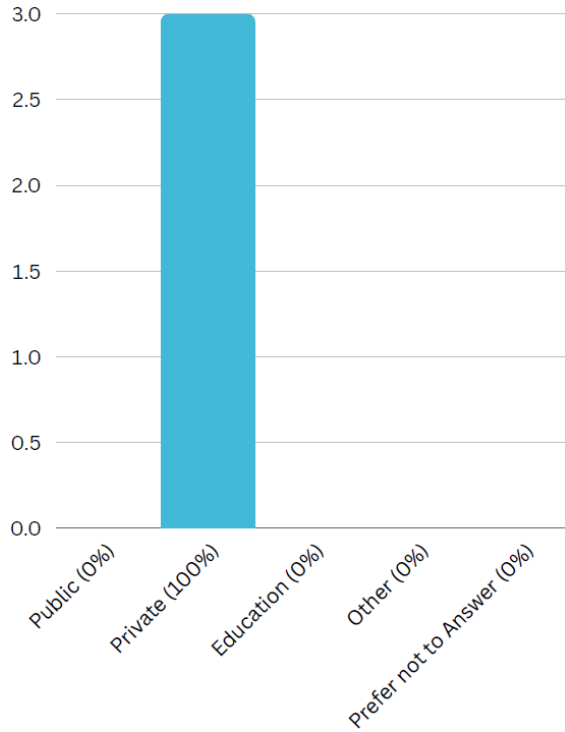
LBA Responses



Of the 67 LBAs that answered question 2, the largest amount (57%) reported living in an urban area followed by individuals living in a rural area (31%).

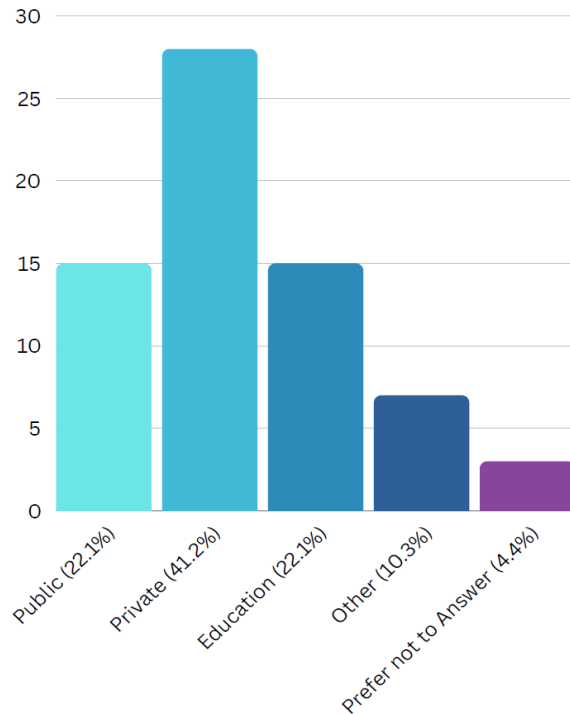
Question 3 (LaBA and LBA). Do you primarily work in a public practice, private practice, educational setting, or another setting?

LaBA Responses



Of the three LaBAs that answered question 3, all three work in private practice (100%).

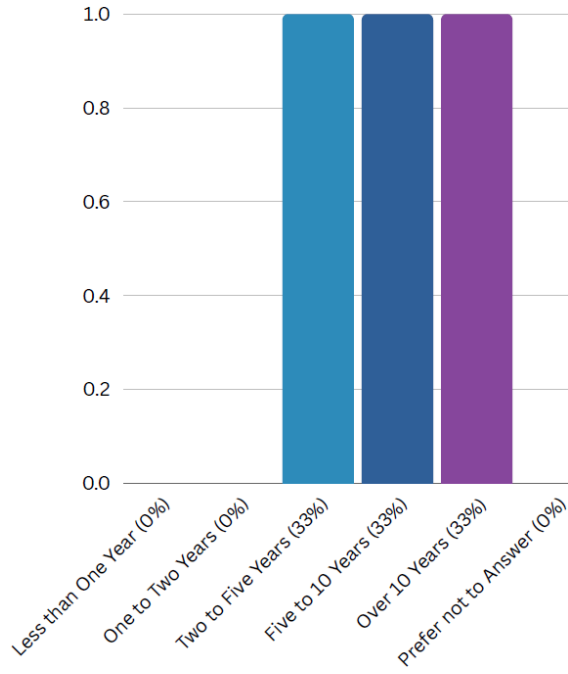
LBA Responses



Of the 68 LBAs that answered question 3, it is notable that the most popular response was private practice (41%), followed by individuals working in public practice (22%) and education (22%), then other (10%). All other responses were under 5%.

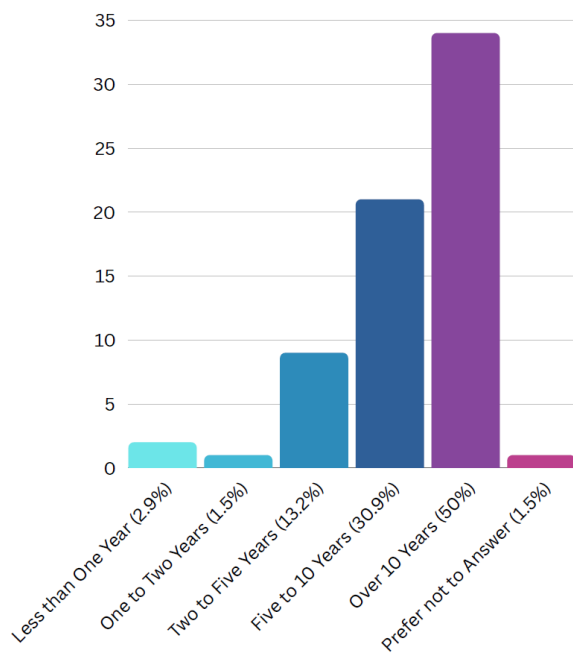
Question 4 (LaBAs and LBAs). How many years have you practiced the behavior analysis profession (if applicable, you may include years practicing behavior analysis in other states)?

LaBA Responses



Of the three LaBAs that answered question 4, one individual worked more than 10 years (33%), one individual worked between five and 10 years (33%), and one individual worked between two to five years (33%).

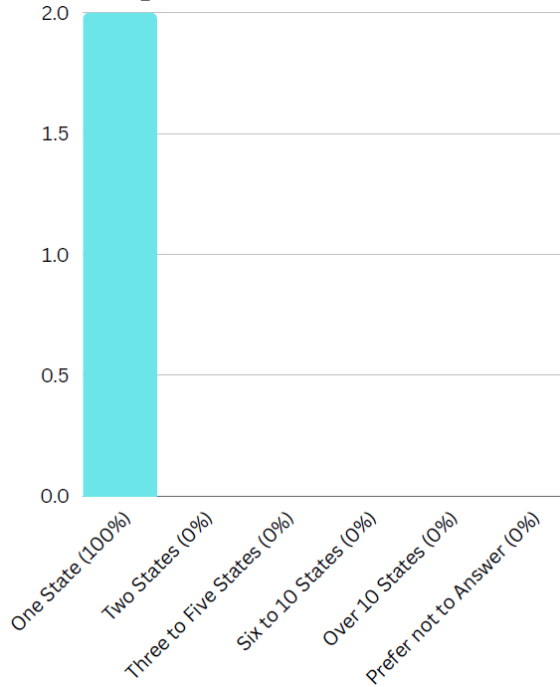
LBA Responses



Of the 68 LBAs who answered question 4, the biggest group of respondents (50%) reported practicing behavior analysis over 10 years, followed by individuals practicing five to 10 years (31%), then between two and five years (13%). All other responses were under 3%.

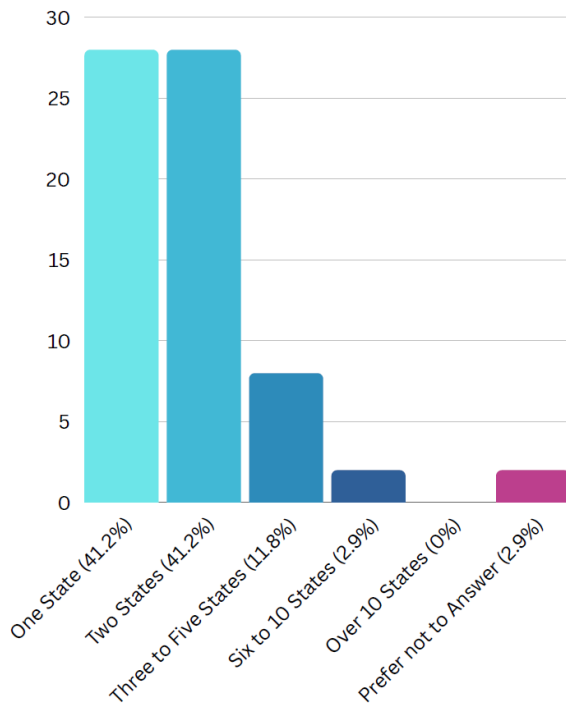
Question 5 (LaBA and LBA). Including Kansas, in how many states are you licensed/certified/registered to provide behavior analysis services between all states?

LaBA Responses



Of the two LaBAs who answered question 5, both individuals reported being authorized to practice in one state (100%).

LBA Responses



Of the 68 LBAs who answered question 5, the most popular responses were from individuals licensed to practice in one state (41%) or two states (41%), followed by practitioners authorized to practice behavior analysis in three to five states (12%). All other responses were less than 3%.

Question 6 (LaBA and LBA). Do you maintain an active license, but no longer work as a LaBA/LBA? If so, please explain why you are not providing services currently.

LaBA Responses

Three LaBAs answered this question. (Responses for all licensees can be found in Appendix # on page #).

All three respondents indicated that the question posed did not apply to them.

LBA Responses

Forty-six LBAs answered this question, identifying reasons why individuals might maintain an active license without providing services. (Responses for all licensees can be found in Appendix # on page #).

Forty-one respondents indicated that this did not apply to them. Of those who indicated that this did apply to them (five respondents), some of the reasons that were listed included that providing services is not part of their current job and low pay for the profession. There were also reports that individuals maintain their licenses to supervise others.

Question 7 (LaBA) Are you taking steps to pursue a Licensed Behavior Analyst (LBA) license in Kansas? If you are not taking steps to pursue a LBA license, could you please explain why you made that decision?

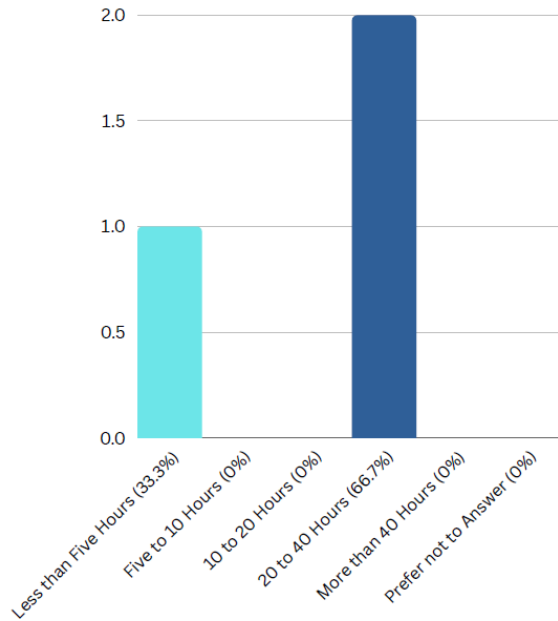
LaBA Responses

Three LaBAs answered this question. (Responses for all licensees can be found in Appendix # on page #.)

Respondents generally noted they are pursuing LBA licenses, though one individual noted they are not pursuing a LBA license, as they do not want to go back to college at their age.

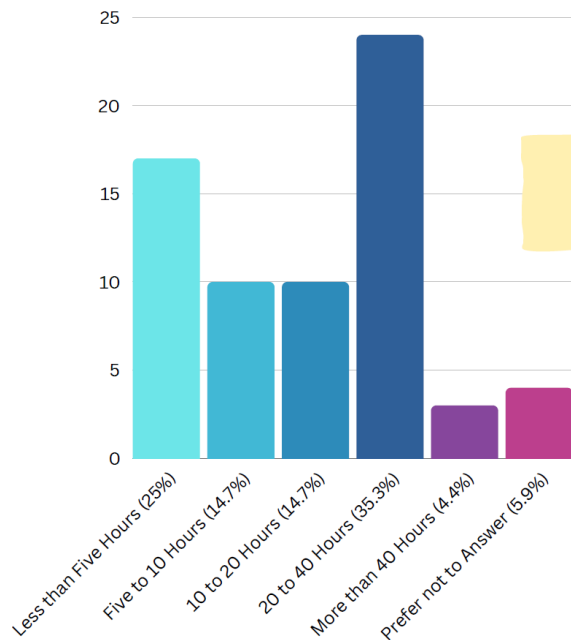
Question 8 (LaBA)/Question 7 (LBA). In a typical week, how many hours do you provide in-person services to clients?

LaBA Responses



Of the three LaBAs who answered question 8, two individuals reported working between 20 to 40 hours (67%) and one individual reported working less than five hours (33%)

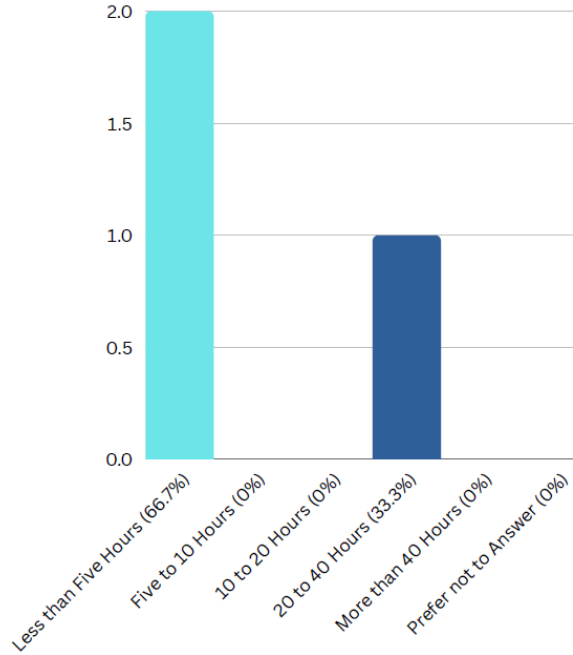
LBA Responses



Of the 68 LBAs who answered question 7, the most popular response was between 20 to 40 hours (35%), followed by less than five hours (25%), then five to 10 hours (15%) and 10 to 20 hours (15%). All other responses were lower than 6%.

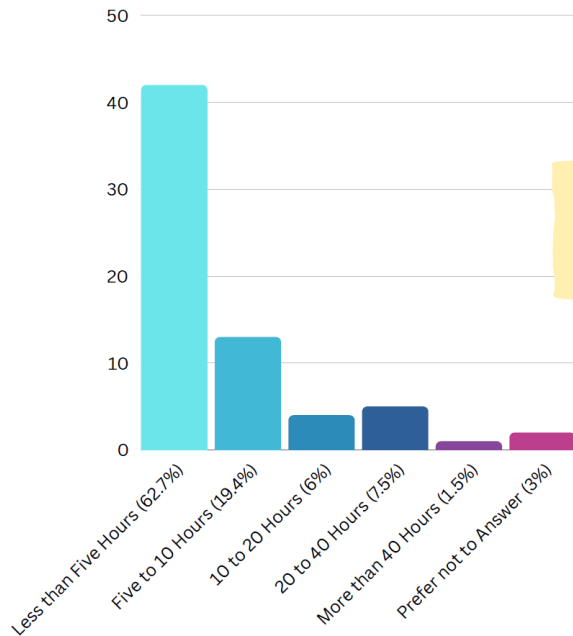
Question 9 (LaBA)/Question 8 (LBA). In a typical week, how many hours do you provide telehealth/ remote services to clients?

LaBA Responses



Of the three LaBAs who answered question 9, the most common response by far was less than five hours per week (66%), followed by 20 to 40 hours per week (33%). All other responses were less than 5%.

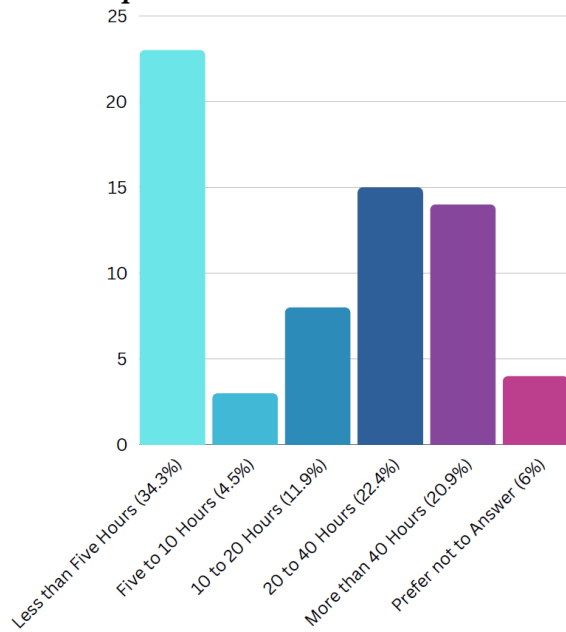
LBA Responses



Of the 67 LBAs who answered question 8, the most common response was less than five hours per week (63%), followed by five to 10 hours per week (19%). All other responses were less than 8%.

Question 9 (LBA). In a typical week, how many hours of services (implemented by BCaBAs or RBTs) are you responsible for overseeing or managing?

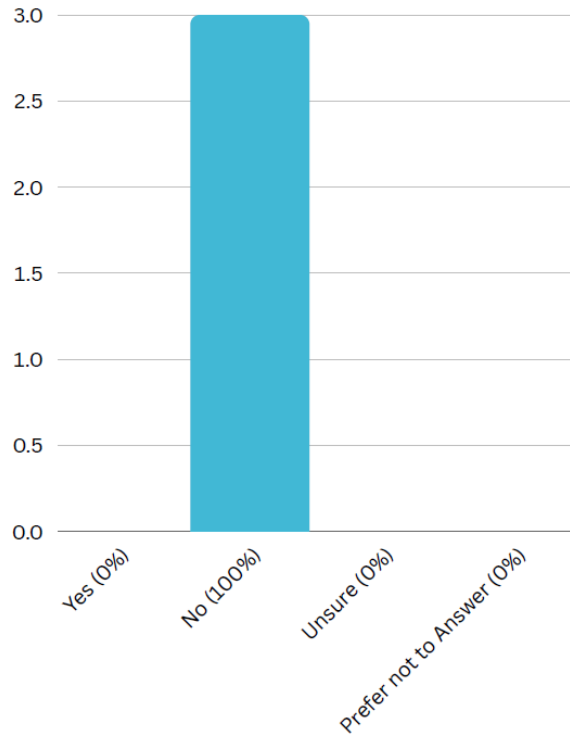
LBA Responses



Of the 67 LBAs who answered question 9, the vast majority of responses were less than five hours per week (34%), followed by between 20 to 40 hours (22%), then more than 40 hours (21%) and 10 to 20 hours (12%). All other responses were less than 7%.

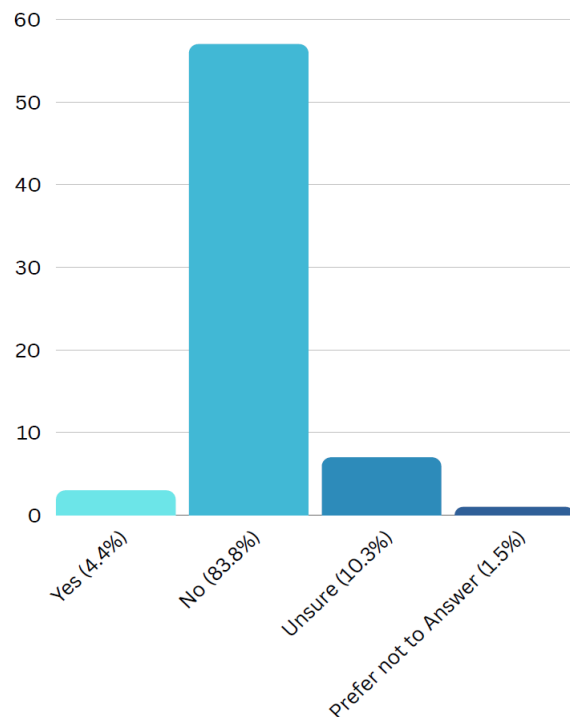
Question 10 (LaBA and LBA). Do you anticipate retiring from the behavior analysis profession in the next five years?

LaBA Responses



Of the three LaBAs who answered question 10, all three answered “no” (100%).

LBA Responses



Of the 69 LBAs who answered question 10, the most common answer was “no” (84%), followed by “unsure” (10%). All other answers were less than 5%

Question 11 (LaBA and LBA). Currently, no multi-state compact exists for the behavior analysis profession. If a multi-state compact was created under a model that would allow individuals to practice in other compact states by changing from a single-state license to a multi-state license for an additional cost, would you be interested in obtaining a multi-state license under such a compact? Please explain.

LaBA Responses

Three LaBAs answered this question. (Responses for all licensees can be found in Appendix #6 on page 30.)

All responses expressed positive remarks in support of a future multi-state compact. Reasons highlighted by respondents included mobility involved with having a military spouse and working for companies that have agencies in multiple states.

LBA Responses

Sixty-seven LBAs answered this question. (Responses for all licensees can be found in Appendix #7 on page 31.)

The vast majority (51 respondents) expressed support for a multi-state license. Some of the reasons listed by advocates for a multi-state license included:

- Ease of practicing across state lines;
- Interest in performing teletherapy in surrounding states;
- Ability to work in Kansas and bordering states;
- Decreased cost compared to purchasing licenses in multiple states;
- Easier than pursuing licensure in other states (it was noted that pursuing licensure in other states has been a very long process); and
- Additional employment opportunities.

About eight LBAs stated they were unsure whether they would be interested in a multi-state license, some stating they would need more information on the specific cost or that it was early in their career and were not sure they would need it.

Approximately eight LBAs were not interested in a multi-state compact. Reasons cited by LBAs included only working in Kansas, not needing it to fulfill current job responsibilities, and lack of time to work in multiple locations or pursue other employment opportunities.

Question 12 (LaBA and LBA). Kansas statute K.S.A. 74-7501 specifically identifies BSRB Board members from other professions, such as social work and psychology, but does not list a behavior analyst on the Board. This spring, the Board is requesting legislation to add a 13th Board member, naming a behavior analyst as a Board member. Given the public protection mission of the Board, please explain if you would support the Board's request to add a Board member for the behavior analyst profession and what impact adding a board member for the behavior analysis profession would mean.

LaBA Responses

Three LaBAs answered this question. (Responses for all licensees can be found in Appendix #8 on page 34.)

All respondents expressed support for adding a behavior analyst to the board of the BSRB, some individuals noting this would help with recognizing the behavior analysis profession as a separate profession and would add pertinent knowledge to the Board of the BSRB.

LBA Responses

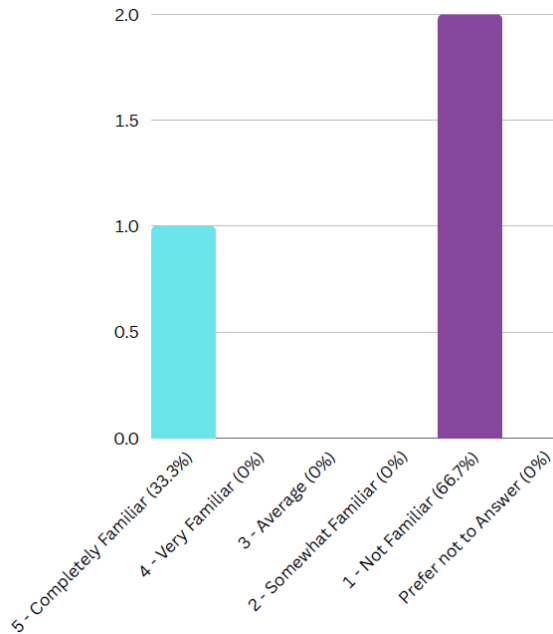
Sixty-two LBAs answered this question. (Responses for all licensees can be found in Appendix #9 on page 35.)

The vast majority of respondents expressed support for adding a behavior analyst to the Board of the BSRB. Some of the main reasons identified by survey respondents included:

- Advocacy for the behavior analysis profession;
- Fairness for a regulated profession to have a member on the licensing Board;
- Adding the voice of a behavior analyst to assist in deciding disciplinary issues involving behavior analysts;
- Adding a unique perspective from members of other mental health professions;
- More visibility for the profession.

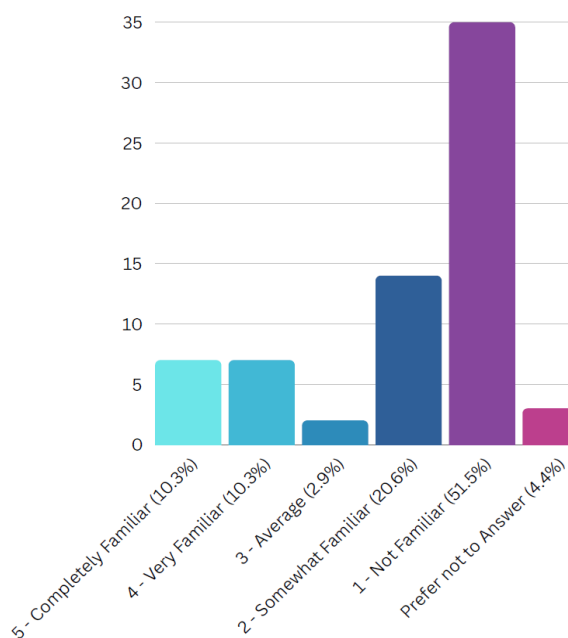
Question 13 (LaBA and LBA). *To assist the work of the Board, the BSRB has seven standing Advisory Committees (one for each of the seven professions regulated by the Board), which are primarily composed of licensees in each of the professions. Advisory Committees discuss topics relevant to the work of the Board and make recommendations back to the Board on potential changes to statutes and regulations for the profession. These meetings are broadcast of the BSRB YouTube channel every-other-month. On a scale of 1 to 5, how familiar are you with the work of the Behavior Analyst Advisory Committee?*

LaBA Responses



Out of the three LaBAs that answered question 13, two individuals answered “not familiar” (67%) and one person answered “completely familiar” (33%).

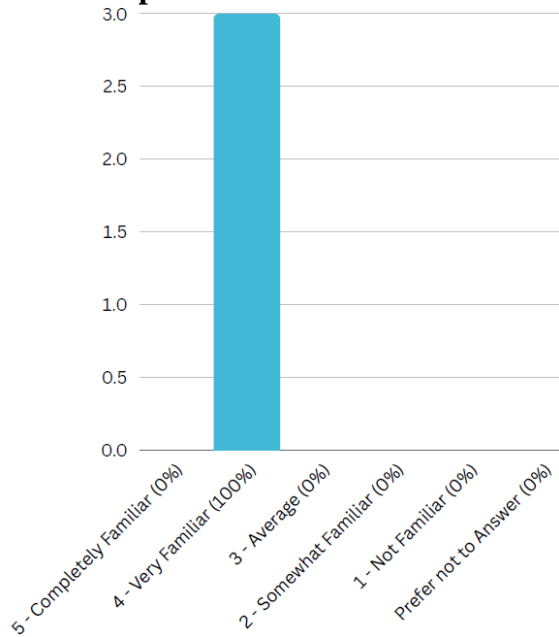
LBA Responses



Out of the 68 LBAs that answered question 11, the majority noted no familiarity with the Advisory Committee (52%), followed by individuals noting some familiarity (21%), then respondents who were completely familiar (10%) and very familiar (10%). All other answers were under 5%.

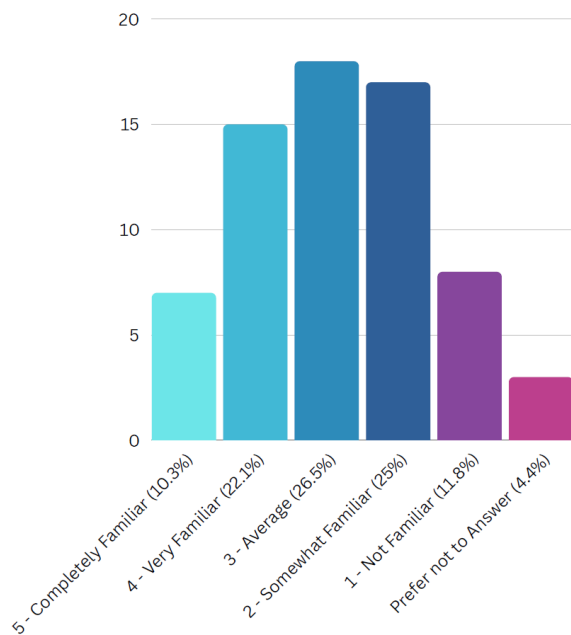
Question 14 (LaBA and LBA). The BSRB is governed by the state statutes and regulations, including unprofessional conduct regulations. The Kansas unprofessional conduct regulations for LBA licensees differs from the ethics codes of national associations for the profession (such as the ethics code for the Behavior Analyst Certification Board). How familiar are you with the Kansas unprofessional conduct regulations?

LaBA Responses



Of the three LaBAs that answered question 14, all 3 answered “very familiar” (100%).

LBA Responses



Out of the 68 LBAs that answered question 11, the majority noted average familiarity (27%), followed by individuals who were somewhat familiar (25%), then very familiar (22%), individuals not familiar (12%), and individuals reporting complete familiarity (10%). All other answers were under 5%.

Question 15 (LaBA and LBA). Over the past two years, based on your observations and experience practicing the behavior analysis profession, could you share information on any practice-related issues you have seen, such as areas where practitioners appeared to need more continuing education or training in a certain area? Please explain.

LaBA Responses

Three LaBAs answered this question, identifying practice-related negative issues. Responses for all licensees can be found in Appendix #10 on page #39).

One respondent indicated having experienced no practice-related negative issues.

Negative issues identified by respondents included experiencing a previous employer participating in unethical practices via billing for services that they did not provide. It was also reported that issues have been seen in trauma-informed care and socio-guided needs.

LBA Responses

Fifty-six LBAs answered this question, identifying a range of practice-related negative issues experienced by practitioners. (Responses for all licensees can be found in Appendix #11 on page 40).

Three respondents indicated having experienced no practice-related negative issues. Regarding negative issues identified, the most common responses included:

- Supervision issues;
- Agencies and/or individuals providing behavior analysis services without proper education and/or licensing;
- Insurance issues;
- Lack of staff support;
- Billing fraud;
- Burnout; and
- Lack of consulting opportunities.

Additionally, ethical issues, such as practicing outside of scope and conflicts of interest, were also reported practice-related negative issues. Additionally, a wide range of areas needing more education and/or training were identified. These areas included:

- Working with Schools
- Treatment

- Trauma-Informed Care
- Collaboration
- Autism
- Telehealth
- Managing RBTs
- Dual Relationships
- Neuro-Affirming Care
- Behavior Plan Writing
- Soft Skills
- Assessment

Question 16 (LaBA and LBA). Over the past two years, have you experienced any issues concerning tele-health, either through professional practice or observations of other practitioners? Please explain.

LaBA Responses

Three LaBAs answered this question, providing insight into issues concerning telehealth. (Responses for all licensees can be found in Appendix #12 on page #44).

Two respondents indicated having experienced no issues concerning telehealth.

One issue reported concerning telehealth involved providers billing for telehealth services when only doing phone calls.

LBA Responses

Fifty-two LBAs answered this question, identifying a range of issues concerning telehealth. (Responses for all licensees can be found in Appendix #13 on page #45).

Thirty-two respondents reported having experienced no issues with telehealth. Of those who reported issues, the most frequently reported one (five responses) was insurance barriers. Other issues included:

- Providers only doing telehealth, even when it is not in clients' best interests;
- Telehealth services are being conducted with cameras off;
- Access issues; and
- Issues with maintaining confidentiality and HIPPA compliance.

It was also reported that more guidance is needed on best practices for telehealth use. While some respondents expressed support for telehealth, others mentioned the importance of not doing 100 percent of services via telehealth.

Question 17 (LaBA and LBA). Over the past two years, have you experienced any negative issues involving supervision? If so, please explain.

LaBA Responses

Three LaBAs answered this question, providing insight into negative issues involving supervision. (Responses for all licensees can be found in Appendix #14 on page #47).

Two respondents indicated having experienced no negative supervision issues. One respondent reported having experienced negative issues involving supervision. Specifically, they had a supervisor who encouraged more reading/study hours than hours gaining real experience.

LBA Responses

Fifty-four LBAs answered this question, identifying a range of negative issues involving supervision. (Responses for all licensees can be found in Appendix #15 on page 48).

Thirty-eight respondents indicated having experienced no negative supervision issues. Of the issues reported, the most frequently reported issue was experiencing inadequate supervision. More specifically, licensees reported a lack of constructive feedback and support from supervisors, and supervisees being under-supervised. While these negative issues involve supervisors, there were comments regarding there being a lack of training and support for those in supervisor positions.

While less frequently identified, other licensees pointed out the following issues:

- Recruitment issues;
- Burnout;
- Poorly trained new licensees;
- General unprofessionalism and/or unethical behaviors and practices; and
- RBTs are poorly trained and practicing without supervision.

Question 18 (LaBA and LBA). Do you currently use artificial intelligence (AI) in your practice? If you do, in what areas do you use AI?

LaBA Responses

Three Licensed Assistant Behavior Analysts answered this question. (Responses for all licensees can be found in Appendix #16 on page 50).

Two respondents reported that they do not use AI in their practice, and one respondent reported using AI in practice. No elaborations were made for any of the three answers.

LBA Responses

Sixty-eight LBAs answered this question, identifying uses of AI in practice. (Responses for all licensees can be found in Appendix #17 on page 51).

Forty-nine LBAs indicated that they do not use AI in their practice. After providing this response, some respondents mentioned being open to learning more, while others reported needing more guidance and having privacy and security concerns.

Thirteen LBAs reported that they did use AI in their practices. The following lists reported areas of AI use:

- Emails;
- Scheduling;
- Brainstorming;
- Note-Taking;
- Social Media Purposes;
- Policy Guidance; and
- Documentation.

Question 19 (LaBA and LBA). Based on your experience as a licensee in Kansas, do you have any recommendations on additional ways the BSRB could protect and serve and consumers of services offered by BSRB licensees?

LaBA Responses

Three Licensed Assistant Behavior Analysts answered this question, providing recommendations on additional ways the BSRB could protect and serve consumers of services offered by BSRB licensees. (Responses for all licensees can be found in Appendix #18 on page 52).

Two respondents indicated having no recommendations to provide.

One recommendation was to have spontaneous check-ins at practices to ensure that practitioners are in compliance with regulations.

LBA Responses

Sixty-eight LBAs answered this question, providing recommendations on additional ways the BSRB could protect and serve consumers. (Responses for all licensees can be found in Appendix #19 on page 53).

Twenty-six LBAs indicated having no recommendations to provide.

The following lists the frequently reported recommendations provided by respondents:

- Give more severe consequences to licensees who commit ethical violations;
- Expand licensure;
- Add a behavior analyst to the Board;
- Align BSRB and BACB renewal cycles and continuing education requirements;
- Inform people on how and where to file a complaint;
- Restrict behavior analysis services to those provided by licensed individuals; and
- Offer continuing education, particularly in the areas of risk assessment and suicide screening.

Question 20 (LaBA and LBA). Do you have any other comments or feedback you think would be helpful for the members of the Behavior Analyst Advisory Committee of the BSRB to receive when evaluating possible changes to the statutes and regulations for the behavior analyst profession? Please explain.

LaBA Responses

Three LaBAs answered this question. (Responses for all licensees can be found in Appendix #20 on page 55).

All three respondents indicated having no comments or feedback to provide.

LBA Responses

Thirty-eight LBAs answered this question, providing comments and feedback that may be helpful for the Advisory Committee. (Responses for all licensees can be found in Appendix #21 on page 56).

Twenty-five respondents indicated that they did not have any other comments or feedback to provide.

Of the comments and feedback provided, it was frequently reported that adults with developmental disabilities do not get insurance coverage for services. It was also reported that insurance reimbursements need to be increased. Additionally, licensees recommended aligning BSRB and BACB license renewals and continuing education requirements.

LaBA Q1. In what Kansas county/counties do you practice the profession of behavior analysis? (3 responses)

Crawford, Ellsworth, Finley, Montgomery, Sedgwick, Seward, Shawnee, and Wyandotte

Geary County and Riley County

Sedgwick

LBA Q1. In what Kansas county/counties do you practice the profession of behavior analysis? (67 responses)
All
Atchison, Brown, Doniphan, Leavenworth, and Marshall
Cowley, Crawford, Ford, Pawnee, Shawnee, and Sedgwick
Cowley, Johnson, and Wyandotte
Crawford (2 responses)
Crawford, Cherokee, Douglas, Ellsworth, Finney, Ford, Labette, Montgomery, Saline, Sedgwick, Seward, Shawnee, and Wyandotte
Douglas (3 responses)
Douglas and Johnson
Douglas and Shawnee
Douglas, Franklin, and Shawnee
Douglas, Jefferson, and Leavenworth
Douglas, Jefferson, and Shawnee
Douglas, Johnson, and Leavenworth
Douglas, Johnson, and Wyandotte
Ellis, Johnson, Leavenworth, and Wyandotte
Ford
Geary, Leavenworth, Salina, Topeka, KCK
I reside in KS, but work for a national company. In the past 12 months I delivered care in Shawnee County
I train teachers across the state. Counties I'm assigned to are: Saline, Dickinson, Mitchell, Lincoln. Currently I'm assigned to work with Central Kansas Cooperative in Education (CKCIE), and the Beloit Special Education Cooperative.
Johnson (14 responses)
Johnson and Miami (2 responses)
Johnson and Wyandotte
Johnson and Wyandotte
Johnson, Leavenworth, and Shawnee (2 responses)
Johnson, Wyandotte, Douglas, Franklin, Jefferson primarily but have done consultation in many rural counties as well.
Leavenworth County
Lyon primarily, but virtually across the e state
Marion, Harvey, Sedgwick
No current clients located in KS at the moment.
None (2 responses)
None yet. I practice in Nebraska.
None. Currently working primarily in Missouri
Osage and Shawnee
Primarily Johnson and Wyandotte counties, but also reaching all counties through telehealth
Reno
Riley (2 responses)
Sedgwick (7 responses)
Statewide: telehealth and traveling

The company I work for covers: Butler, Cowley, Crawford, Ford, Grant, Jefferson, Johnson, Labette, Leavenworth, Lyon, Marion, Meade, Neosho, Riley, Sedgwick, Shawnee, Wabaunsee, Wyandotte

Wyandotte (2 responses)

LaBA Q6. Do you maintain an active license, but no longer work as assistant behavior analyst? If so, please explain why you are not providing services currently. (3 responses)

No

No, currently swapping it to an LBA

No. My license is active and I practice.

LBA Q6. Do you maintain an active license, but no longer work as behavior analyst? If so, please explain why you are not providing services currently. (46 responses)

I am still in behavior analysis

I largely work as a healthcare administrator

I supervised BCBA's in doctoral program

Kansas pay rate is significantly lower than other states. I maintain KS because I live here but work elsewhere.

Maintain active license and still work as a BCBA

N/A- I still practice and maintain licensure.

No (37 responses)

No, I practice

Yes

Yes, provide other services

LaBA Q7. Are you taking steps to pursue a Licensed Behavior Analyst (LBA) license in Kansas? If you are not taking steps to pursue a LBA license, could you please explain why you made that decision? (3 responses)

Currently have one

No. I would prefer not to go back to college at my age

Yes, I just passed my BCBA exam and will be applying for my LBA shortly

LaBA Q11. Currently, no multi-state compact exists for the behavior analysis profession. If a multi-state compact was created under a model that would allow individuals to practice in other compact states by changing from a single-state license to a multi-state license for an additional cost, would you be interested in obtaining a multi-state license under such a compact? Please explain. (3 responses)

Yes

Yes, my husband is military so it would make PCSing and finding a new job a lot easier

Yes. The company I work for has agencies in multiple states, and it would be beneficial for me to have a multi-state license.

LBA Q11. Currently, no multi-state compact exists for the behavior analysis profession. If a multi-state compact was created under a model that would allow individuals to practice in other compact states by changing from a single-state license to a multi-state license for an additional cost, would you be interested in obtaining a multi-state license under such a compact? Please explain. (67 responses)

Absolutely yes - it would allow us to once again practice across multiple states without having to be licensed in each one individually

Easier for funders

I would be interested. My organization primarily serves people with Down syndrome. As this population is somewhat niche, it would be great to serve clients via teletherapy in surrounding states.

I'm not sure. Being so early in my career I don't know

If the cost was less to license in multiple states than it was to pay for two separate states. Ex. 150+150 for two states =300, so yes, if the cost was less than 300.

Maybe. I am currently already certified in KS and MO which are the states I currently practice. If the new compact licensure would make my re-cert process easier (e.g. less CEUs or only one recert cycle) I may be interested.

No, don't use my license really now

No, I only work in Kansas

No, I would not have a need since I work in a school district.

No, my job only provides services in the state of Kansas.

No. I live in the middle of the state and work for a group that serves Kansas educators.

No. I do not have the time to work additional hours or locations

No. I don't need multiple licenses in my position

Not at this time. I only serve clients in Kansas.

Possibly if it was more cost efficient than just getting the individual states

Possibly, it would allow to provide wider service and help areas where they need BCBA services/supervision, etc, but currently don't have enough.

Sure

Sure. For the flexibility in the future, possibly.

Unsure

Unsure, need more information

Wouldn't matter - I have LBA in other states

Yes - expanding my reach as a provider

Yes - Would be great to offer telehealth services to folks in other states who prefer telehealth or cannot access in-person services

Yes (8 responses)

Yes because I live on the Border of KS and Missouri

Yes for convenience

Yes if costs and ease outweigh current processes

Yes- Missouri and Kansas would simplify my certification calendar

Yes the work doesn't change so you should be able to work in multiple states that have agreed on the standard of care.

Yes this would be beneficial since most BCBAs in KC have to also be licensed in Missouri for KC insurance companies.
Yes! Currently I am paying for licensure in two states. I imagine a multi-state compact could be cost effective.
Yes! Required to maintain multiple licenses currently, so would love to consolidate that
Yes, allows 1 licensing board across states allowing me to practice in multiple states
Yes, as I currently maintain four state credentials
Yes, because I work in Kansas City and a multi-state license with Missouri would potentially make things easier.
Yes, because it would allow BCBAs to more effectively help clients needing telehealth services where there is a shortage in other states.
Yes, because the process would be simpler, & I would only have to renew once per year instead of two.
Yes, ease of application
Yes, I live near state border and already have to apply & pay for two licenses
Yes, I live near the state border to MO
Yes, I work for a large organization that serves people in multiple states.
Yes, I would like to have more flexibility to practice through telehealth
Yes, it would ensure accessibility for individuals in multiple states
Yes, it would make the process much easier and only one body to go through for renewal.
Yes, it's easier to maintain the license and allow more flexibility in work locations.
Yes, save time applying, renewing licensure and save cost
Yes, to streamline professional expectations
Yes. Greater outreach and job perspectives.
Yes. Much easier to maintain credentials and allows for consultation in communities like KCK and KCMO.
yes. Consultation, telehealth
Yes. Cost
Yes. Cost effective (time and money)
Yes. Ease of practicing across states, especially with the growth of telehealth would be worth an increased cost.
Yes. Going through licensure in MO right now and it has been a very long process. I served youth with profound autism and severe challenging behavior. I have been practicing for 10+ years and there seem to be barriers to getting the credentials to serve families.
Yes. I think this makes a lot of sense. It would open up more remote possibilities and access to clients that may not be able to obtain services otherwise. I also think this would make moving a lot easier if that is something someone was considering.
Yes. I work in a Psychiatric Residential Treatment Facility and we occasionally serve clients who reside out-of-state.
Yes. I would choose this for possible employment opportunities.
yes. it would be easier to find and apply for more jobs.
Yes. This would help ease the process.

Yes; because I am located near the border of Kansas, I often find that it would be difficult to maintain licensure in all relevant states, especially if I supervise interns across state lines. Additionally, students in my program might practice in multiple states when they graduate and it would be easier for them to also have multi-state licensure.

LaBA Q12. Kansas statute K.S.A. 74-7501 specifically identifies BSRB Board members from other professions, such as social work and psychology, but does not list a behavior analyst on the Board. This spring, the Board is requesting legislation to add a 13th Board member, naming a behavior analyst as a Board member. Given the public protection mission of the Board, please explain if you would support the Board's request to add a Board member for the behavior analyst profession and what impact adding a board member for the behavior analysis profession would mean. (3 responses)

Absolutely. Adding a board member that is a behavior analyst would add pertinent knowledge to the BSRB.

I would support a behavior analyst being brought onto the board.

Yes, we need a behavior analyst on the board. There is some overlap with other mental and behavioral health professions but we work in our own field and deserve to be represented as such.

LBA Q12. Kansas statute K.S.A. 74-7501 specifically identifies BSRB Board members from other professions, such as social work and psychology, but does not list a behavior analyst on the Board. This spring, the Board is requesting legislation to add a 13th Board member, naming a behavior analyst as a Board member. Given the public protection mission of the Board, please explain if you would support the Board's request to add a Board member for the behavior analyst profession and what impact adding a board member for the behavior analysis profession would mean. (62 responses)

Absolutely yes. It is a disgrace to be governed by a board whose members do not even know what Behavior Analysis is. When reviewing cases of misconduct, it is imperative a behavior analyst is part of the board.

Absolutely. There is licensure and insurance mandates for behavior analysis services in the majority of states, and demand significantly outweighs demand. This makes the need for regulations to ensure high integrity practice...which requires participation on regulatory board by at least 1 person from the profession!

Advocacy

Advocacy for the field. Its hard to advocate for clients in all other settings when there is not someone of our profession on the actual licensure board.

Allows for our field to advocate for the importance of our services

I believe that a behavior analyst should be added to the board because as a profession being licensed by a board that includes your discipline is essential to increasing quality and ensuring representation.

I believe this is a good idea. Many disciplines engage in activities that are specialties of behavior analysis. They do this without proper training or orientation because they are allowed to do so. Having a behavior analyst on the board would aid Kansans in accessing the best care possible.

I do not know enough about that to comment.

I do support adding a BCBA to the board. I feel a board should represent all professions it supports.

I fully support this request and believe that requiring a behavior analyst to sit on the regulatory board is absolutely critical for consumer protection. Without the insight of a behavior analyst, the board's policy decisions cannot effectively protect residents receiving ABA services.

I highly support this initiative. This will provide a more specialized and experienced point of view and input from someone that represents the field. Also have insight on the barriers in place for ABA services to be provided to the community.

I support adding a behavior analyst to the board for equal representation of our field

I support adding a behavior analyst, because I feel this would represent the needs of a behavior analyst more through specific knowledge of the profession.

I support it because it would mean the behavior analysis would now be seen to be on the same level as other disciplines. It also means that things the board does would be influenced in part by the science of behavior. This would also go a long way in disseminating what behavior analysis is and how it can help others.

I think it is necessary to have representation on the board to ensure high standards of practice and protect the clients we serve.

I would like a behavioral analyst to be a board member so someone who has first hand knowledge of what we do is present to help make decisions.
I would support that
I would support the Board's request to add a Board member for behavior analysis because he/she would have a perspective on BA that other Board members might not.
I would support the Board's request to add a Board member for the behavior analyst profession. I believe that this would help other fields better recognize the practice of behavior analysts as well. Also, a board member would be able to advocate for the needs of BCBAs.
I would support this initiative.
I would support this initiative. I work in a residential facility that serves children of all diagnoses. I would love to see behavior analysis represented at the state level and perhaps be recognized as a treatment beyond just autism.
I would support this request. I believe the board should have a representative from all professions it oversees. This would help aid in the oversight of behavior analysts from a person who actually works in behavior analysis.
I would support this.
I would support this. It would provide a subject matter expert to the Board
If this means that the BSRB doesn't include a BCBA or BCBA-D currently, that's absurd. Yes, it should. They understand the field and code of ethics of those whom they govern.
N/a
Support. It is important to have input from all professions served.
This would be incredibly beneficial in giving behavior analysts a voice among other providers.
Yes - we deserve representation on the board that governs licensure
Yes (4 responses)
Yes I would support this
Yes I would support. It would mean for me equal opportunity to speak about what we do.
Yes— knowing the growing need for Behavior Analytics, having a voice at the table is important. Others have knowledge, but I don't know if it would be considered expertise.
Yes please add one
Yes! Adding a behavior analyst would allow for the profession to be represented when the board is making decisions, as well as bring behavior analytic skills to a group.
Yes! It would be mutually beneficial for governing bodies to collaborate and work together on policy
YES!! I definitely support to add a BA board member.
Yes, a behavior analyst should be on the board. Their decisions effect our profession, so we should be represented.
Yes, absolutely! And I would be interested in being considered to serve.

Yes, I strongly support adding a licensed behavior analyst to the BSRB. An LBA can help the board to understand the nature of our work, in a variety of settings. I'd also like to see the board address people practicing behavior analysis in Kansas without a license, for example people providing targeted case management services. Thank you.
Yes, I strongly support this initiative so that behavior analysts can be represented on the BSRB Board.
Yes, I think having a BA on the board would be wonderful for them to be able to collaborate and provide insight into our field as it vastly differs from the other professions.
Yes, I would support it. I feel the area could be better represented by someone with experience in the field as opposed to decisions being made on our behalf by people who are truly unfamiliar with the science.
Yes, I would support this. A behavior analyst on the BSRB board may increase advocacy opportunities to getting our services into additional spaces and perhaps better recognized for coverage by insurances as well.
Yes, it would help bring our background and profession to the table.
Yes, it would recognize our field as its own science and help us to become more accepted within society
Yes, just representation that understands the unique portions of this profession and the ethical codes we must adhere by.
Yes, more advocacy
Yes, providing a voice to this group
Yes, representing and advocating for issues, concerns and needs relevant to our profession is needed.
Yes, we are a significant part of the BH community. We should be adequately represented.
Yes. The addition of a behavior analyst would be monumental in advocacy for licensing opportunities for those credentialed under boards other than the bacb (eg: QBA). This would increase access to care for our rural communities. We have been asked time and time again to provide services to rural communities but are unable to because of the restrictive nature of licensure for Kansas behavior analysts.
Yes. A board member should be identified from ABA. Someone who can advocate for appropriate service delivery and supervision. Adding a board member familiar with the requirements of the national certification body would allow for easier feedback from the field, which may also help to provide more structure and oversight of practitioners.
Yes. Because this person would have real life experience in the field.
Yes. I believe having a Board member who is a BCBA is important. We need to be always disseminating the science of behavior analysis
Yes. I would support this measure.
Yes. it would give more visibility to the field.
Yes. Someone on the board needs to be aware of the specific requirements for the credential and field, which is constantly changing.

Yes. There should be more push for behavior analytic within policy and legislation to protect and scrutiny against the field especially with possible changes to legislation and policy that effects the populations we serve (new 504 lawsuit is what comes to mind). Also always good to have fresh ideas and representation in places the field may or may not be discussed

LaBA Q15. Over the past two years, based on your observations and experience practicing in the behavior analysis profession, could you share information on any practice-related negative issues you have seen, such as areas where practitioners appeared to need more continuing education or training in a certain area? (3 responses)

My previous company was very unethical by BACB and BSRB standards, often billing for services that weren't being provided or having a QASP bill under a BCBA's login information. It's been reported by multiple employees but nothing has been done.

No

Trauma informed care. Socio guided needs of complex clientele.

LBA Q15. Over the past two years, based on your observations and experience practicing in the behavior analysis profession, could you share information on any practice-related negative issues you have seen, such as areas where practitioners appeared to need more continuing education or training in a certain area? (56 responses)

Agencies saying they are providing behavior analysis with no BCBA in the agency.

Any lapse in education had been when it comes to RBTs. Many BCBAs get so busy that training of staff is a struggle. It is also up to in part the RBT themselves to ask for help and that is not readily what people do in my experience. Because I have seen this. In my own practice I try to stay informed by my data do I can catch areas my staff may need help.

assessment and treatment of behavior disorders, behavior plan writing and training, staff support and supervision

Assessment and treatment of severe behavior disorders (including feeding).

Behavior analysts need more continuing education regarding AAC and emotional regulation.

Being in the school, I see the need in the area of implementation science. We have the tools, teachers could probably tell you what tools/strategies they should use, but schools are not implementing the strategies.

Billing and fraud. I've seen multiple behavior analysts commit billing fraud with no repercussions.

Burn out and self care, feeding challenges, trauma informed care related to bcba, managing RBTs using OBM

Child/adolescent Development

Compassion & trauma-based teaching

Conflicts of interest and dual relationships are always difficult.

DEI, neurodiversity affirming care, recruiting into the field, supporting needs of trainees - recent cohorts have had higher level of burnout and mental health needs. Its a lot for supervisors to navigate.

Ethics

Ethics and neuro-affirming care

How to effectively treat severe problem behavior

How to work within the school systems. A lot of the schools will hire behavior specialists and I've seen some of the with little experience or they were a para and now have filled that position. CEs to help in this area for collaboration and school laws would be great.

I feel that Autism Specialists should be required to have more continuing education requirements. This is because of the limited amount of training required to practice behavior analysis.

I have observed individuals in the school setting providing ABA strategies when not educated or certified in the field. We are also observing more and more Residential Treatment Facilities accepting individuals with diagnosis of IDD/ASD and attempt to implement ABA procedures and interventions where they have no education, experience, or certification to provide these services.

I have seen professionals needing more training or practice in providing feedback, and teaching within the profession.

I support Kansas public school and observe school-based BCBAs needing more training on creating and supporting programming based on VB-MAPP results and supervising RBTs.
I work in isolation for a school district and do not observe other BCBAs who are practicing. But, that, itself is an issue. Not having other BCBA's to consult with is sometimes problematic.
I worked in USD 500 for the last 2.5 years and I saw a lot of not only unethical but illegal actions from the SPED dept. I would like to see more oversight and training for those in SPED to be able to understand behavior, ABA, and how being a BCBA/LBA is not currently a viable career with how they are currently making decisions. I would like to see more accountability when reports are made as well.
It seems there is an increase in independent practitioners as well as an increase in telehealth services. Additional education and training in these areas could be warranted.
Masters-level clinicians appear inexperienced in many facets of clinical practice, especially outside of autism. This is a BACB issue more than State currently.
More training in working with clients that are teenagers and adults. This includes topics on rights restrictions, implementing services when client lives in a waiver-funded residential setting, and navigating a client wanting romantic relationships.
More training on Kansas specific legislation or guidelines
more training on soft skills/therapeutic relationships
My previous company has committed multiple fraudulent billings, unethical treatment of employees and clients etc they are also hiring rbts as 10-99s to avoid paying taxes, I'm not sure how they are even still able to be an active practice. I left as well as many other employees (bcbas, rbts, etc) quickly after being hired and seeing the horrible things they do. They have been reported for billing fraud also to the dept of aging; the BBB and many other places yet nothing had been done regarding their behavior. I am currently working for another company now and am much happier- if the company is legit and ethical and professional there is no reason or need for more training as we already get it
Navigating insurance and insurance denials
Need more experience with insurance law and how to advocate for their clients with payers.
No (3 times)
On aggressive behavior
One area that I have seen that needs to be addressed is the practical application. I have seen people get their masters degree and have less than a year of practical hands on experience and not know where to begin.
Only related to contracting and billing insurance companies.
Patient bill of rights. Writing behavior plans without first performing a functional assessment.
Practicing out of scope
Practitioners need support with HIPAA-compliant communications and practicing within their scope of competence. They also need support differentiating the BACB certification requirements and BSRB licensure requirements, especially related to conduct guidelines and certification/licensure renewals.
Provided training

RBT turnover, ethics with RBTs bouncing from company to company

Response Part 1 - There are a variety of areas where more regulation/oversight needs to occur. Certification Requirements - It is great that (non-BCBA) master's level clinicians are able to help oversee treatment services. It also provides a good avenue for master's level supervisees to work at the professional level. However, the non-BCBA master's level clinicians are unregulated. Not all non-BCBA MS practitioners are in supervision and therefore do not contact individuals with advanced education and experience, yet they are running services independently. For example, there is a MS level individual in my area who is in a position to help start services at an agency that does not have ABA currently. She is unqualified in both education and experience to do so (and was dismissed from a supervision experience due to conduct). Who regulates this person? Where is the oversight to ensure ABA services remain high quality? I work with plenty of stellar MS level clinicians without their BCBA, but they all seem to understand their scope of competence and they also work closely with a seasoned BCBA. Again, great we can keep access to ABA services high in rural areas or for kids with Medicaid, but better regulation needs to occur (e.g., having a MS level clinicians be tied to a BCBA in order to provide services, even if the MS level clinician is not in supervision to obtain their BCBA). I have a lot of concerns for the state of ABA services and the perception of the field being impacted by poor providers who are going unregulated. Supervision - This is a nation-wide problem.

Response Part 2 - Practitioners are taking on interns to supervise and are doing so incorrectly. They do not understand the supervision standards and are providing incorrect information. For example, I have encountered students who have to throw out months worth of supervision because their supervisor did not adequately provide supervision. Or the supervisor placed all of the responsibility for documentation on new interns, who are unfamiliar with the standards in their first 1-2 months of supervision and are not adequately trained on how to ensure they meet supervision requirements. Practice - Providers need more training in Zoom-based delivery. There seems to be an increase in practitioners using Zoom to deliver services in rural areas, which increases access, but is not necessarily done appropriately (e.g., practitioners who are on Zoom and do not conform to the requirements of the billing code). Some practitioners are also given entire caseloads (or made clinical directors) when they do not have the requisite skills and experience, and they are not provided with oversight from their agencies. I do not know if this is something that could even fall under any type of regulation, but it is something that BCBAs need more training/support in (e.g., maintaining a caseload, following CASP guidelines). Other practice issues are covered under the non-BCBA MS level clinician information from above. For multi-state licensure, MO has much different regulations for licensing and I wonder how that would work to have multiple states providing a license. Kansas currently allows master's level clinicians without their BCBA to practice ABA but Missouri does not have the same setup. Would individuals be able to practice in Kansas without their license still?

School districts seem to be growing their interest in employing behavior interventionists. These professionals are sometimes behavior analysts, graduate students completing behavioral courses, or other young professionals. Although I am happy to see a growth of behavior analysis in this setting, I worry of quality control. Professionals in these roles often seem to lack training or support in behavioral principles and the consultation model.

Schools are becoming harder to collaborate with, among other providers. We need more support for ABA in schools.

Soft skills in general for staff. How to talk to parents and not being afraid of what you can and cannot say. RBT initial training is not teaching as much as hands on teaches.

Supervision of candidates. Collaboration with other agencies. Collaboration with other professions. Leadership and mentorship.

Telehealth and insurance services

Telehealth services

The application of behavior analysis in the school.

The collaboration across disciplines. Specifically the coordination with local education agencies.

Those operating under "Autism Specialist" are typically less knowledgeable and less experienced in the field. I feel this title is misleading in the representation of the knowledge required to perform its functions.

Those that practice ABA but are not licensed as LBA's or BCBA's need extensive support but companies are not requiring it.

Trauma-informed care

We have seen the need for more training in supporting people with a history of sexual offending behavior, so we have arranged to obtain it.

We've had a lot of discussions around behavior analysts from outside agencies that work within schools. It would be nice for school districts to create an MOU with these agencies so guidelines can be created for what can and can't be done in an educational setting. It would also be helpful for all parties involved with the BCBA to be familiar with the MOU.

Yes. New behavior analysts are often thrown into caseload management and supervision with minimal support or mentorship which yields less than optimal outcomes to consumers and technicians.

LaBA Q16. Over the past two years, have you experienced any issues concerning telehealth, either through professional practice or observations of other practitioners? (3 responses)

I've seen providers bill for telehealth services when the consultations were conducted via phone call with no video services.

No (2 times)

LBA Q16. Over the past two years, have you experienced any issues concerning telehealth, either through professional practice or observations of other practitioners? (52 responses)

Administrative support for telehealth implementation; insurance barriers related to telehealth reimbursement

General access issues for families, particularly rural and frontier. Changing regs are certainly hard to keep up with!

Hard to run assessments

I have minimal experience engaging in tele-health.

I think Telehealth is great - I would suggest there is strong guidance for having the session be "visual", meaning camera's stay on during the oversight/interactive session

I think there is an overall shift towards telehealth services despite what clients may need.

I've seen some insurance companies not preferring it or making more restrictions. In our area (rural) it is very important. A client might be 1.5 hours away from me and their insurance has a 2-hour max cap for oversight and protocol modification. It doesn't make sense to drive 1.5 hours for a 2 hour session. Telehealth allows me to support my staff, the client, and get the items done without having to be present for every session in person.

Mostly to do with maintaining confidentiality across technology platforms and settings.

No (27 times)

No but people doing telehealth need more specific training on this modality---best practices.

No, educators do not typically provide tele-health services.

No, I am very glad that KS residents can receive services via telehealth, especially those who could not access appropriate services otherwise.

No, I have found telehealth to be very effective.

Not covered by insurance providers or unclear expectations

Not directly observed

Only that insurance companies do not authorize

Some insurance companies seem to be unaware of KS Telehealth laws and need additional information/education.

Some practitioners abuse Telehealth and only use it.

Telehealth can be an affective tool and a great resource for remote families but should not fully substitute in person treatment

The major issues I encounter in telehealth services is practitioners providing services to a client who is not a good fit for telehealth services. The argument I often hear is some services are better than none. I'm not sure that is always true as families may not seek out other opportunities, hoping the services they are receiving will be enough.

The need for more telehealth in remote areas

Way too much telehealth bring provided by BCBA's where these services need to be in person. The field is observing a high turnover rate of RBT's due to the frustration of the RBT working with a client in person while also trying to guidance and feedback by the BCBA via telehealth when it should be in person.

Yes, some info in previous box. Specific to BCBA/consultant overlaps, I have seen practitioners get on Zoom with clients and provide no feedback to staff (including not speaking to the staff), have their cameras off during overlaps, allowing the service provider to leave them in a room because it is "easier" than transitioning the device from room to room. Zoom is also being used on community visits (with the camera and sound on but no actual visual on the client) and in schools (despite the client being in both special education and general education locations). I have also seen individuals zooming with one client while working on materials for another (which could also happen with in-person/face-to-face)

Yes. I have received reports of telehealth services in which supervisees have stated "I didn't know if she was even still on the call"

Yes. Difficulty with identifying platforms that are HiPAA compliant and Quality platforms.

Yes. Inadequate training and practicing outside of scope.

LaBA Q17. Over the past two years, have you experienced any negative issues involving supervision? If so, please explain. (3 responses)

I've had issues with a supervisor telling me that just reading the textbook was sufficient in gaining unrestricted hours and that any time I spent studying for the exam would be unrestricted hours.

No (2 times)

LBA Q17. Over the past two years, have you experienced any negative issues involving supervision? If so, please explain. (54 responses)

I feel my supervision has not been adequate enough in the past 2 years. I have not received constructive feedback on my performance as a behavior analyst.

I have hired RBTs who report having no supervision. I have hired BCBA's who do not know how to conduct an FBA.

I have not had any negative experiences regarding supervision worth noting.

I recently became a BCBA but as an RBT it was difficult to get support from my BCBA's on the case sometimes because of the amount of work they do.

Just from supervisees coming from other agencies who act unethically or unprofessionally

No (35 times)

No, however, I believe staff are frequently under-supervised based on their level of competence to complete assigned tasks.

No, I have had great experiences with supervision.

Not directly observed

Not necessarily negative issues, just lack of knowledge and experience with supervising RBTs.

Recruiting into the field, supporting needs of trainees - recent cohorts have had higher level of burnout and mental health needs. Its a lot for supervisors to navigate. I am a training director and this has also been challenging in mentorship of supervisors and navigating a political landscape that produces significant barriers in addressing training gaps and that impact educational and service excellence.

Remote supervision is a joke and should not be allowed. It creates burnout with staff that don't have effective training and is creating a bad name in our field especially in rural settings. We see supervisors on a screen watch and are unable to aid because you can't jump through a screen. But the RBT has not been properly trained on implementation because their supervising BCBA is on a screen and it's literally the only way they see them! Bad services that give ABA a really bad name!

Supervision is getting better, especially now that the BACB requires continued supervision for newly certified BCBA's for their first year of practice.

There are barriers when onboarding new behavior interventionists due to limited supervision hours

Yes - poor RBT training or not enough support

Yes while working at certain facilities and supervising technicians, some owners would come in and change all our recommendations or continue to bring on more and more clients with out considering client dignity and ethical practices

Yes, USD 500 instructed me to support directly in a classroom and would not allow me to provide supervision and support to RBTs that were under me. I quit for this and many other reasons after trying to work with them to fix it and was met with a brick wall.

Yes. Poorly trained newly certified behavior analysts.

Yes. Similar to previous information I have provided, I have had many issues with supervision of BCBAs. Interns having to throw out their hours because of improper supervision, interns who are in placements that require them to do many of their supervision hours (which benefit the company directly) unpaid, interns who are given tasks and responsibilities without appropriate oversight, contracts that require 1-2 years of employment post-certification, etc. This includes non-BCBA, MS level practitioners who have caseloads and no supervision or oversight of their behavioral services.

LaBA Q18. Do you currently use artificial intelligence (AI) in your practice? If you do, in what areas do you use AI? (3 responses)

No we dont

No, I do not use AI in my practice.

Yes

LBA Q18. Do you currently use artificial intelligence (AI) in your practice? If you do, in what areas do you use AI? (68 responses)

At times to generate potential targets for clients (e.g., I type in a generic prompt of "list 20 essential adjectives for children in kindergarten"), without providing client information.

Composing emails, creating schedule, setting reminders

Every once in awhile, I will recommend the use of specific AI websites (such as MagicSchool AI) to teachers to help give them ideas for behavior strategies/behavior intervention plans.

I have used AI a couple of times to gain ideas for professional development training.

I use AI to assist with editing emails and presentations.

No - open to learning more

No (45 times)

No not really, but I just started using AI to help take notes during meetings. So far, it's a helpful resource.

No, I do utilize AI.

No, we do not use AI in our practice.

No. I have concerns about privacy and security and need guidance on using AI for practice.

Sometimes to brainstorm ideas and social stories

Sometimes, scheduling and social media management

Yes! use AI in too many ways to mention

Yes, in generating teaching stimuli.

Yes, note writing (with PHI removed) and email responses as well as social media.

Yes, to help create emails, get ideas for reports, programs and guidance on policy and procedures

Yes. It is incorporated into our documentation system.

LaBA Q19. Based on your experience as a licensee in Kansas, do you have any recommendations on additional ways the BSRB could protect and serve consumers of services offered by BSRB licensees? (3 responses)

I think we need more spontaneous check ins that companies are being compliant with the regulations

No (2 times)

LBA Q19. Based on your experience as a licensee in Kansas, do you have any recommendations on additional ways the BSRB could protect and serve consumers of services offered by BSRB licensees? (68 responses)
Better regulation of billing fraud and employee treatment
Expand licensure to QBA certificants
Expecting owners to outline what their treatment procedures looks like in their intake documents and/or websites
Further restricting behavior analytic services to those licensed and credentialed rather than those with "similar credentials and training."
Having a behavior analyst on the board will help solve a lot of issues.
Help support us if we work for companies that are going against our ethical code and when reports are made about BCBA's not following those ethical codes, have real consequences.
I am a newer KS LP. I am also getting licensed in MO. I am not suggesting a process like in Missouri; however, I did appreciate the focus on CEs related to suicide screening and risk assessment. If there were gaps areas identified through this survey, requiring training or CE in those areas would be appropriate.
I feel the best step moving forward is adding a BCBA to the board as you are planning on doing.
I think BCBA's, BCaBA's and other professions need to know where and how to file a complaint
I want to become more familiar with the BSRB.
I'm not sure if it's true since it's heresy but the company I worked for said they submitted ethics concerns to the BSRB about an unethical BCBA who was let go from our company, and that individual is still practicing. I'm not sure what could be improved her but this seems very consuming for consumers.
Looking at the wording of statute 65-7503, it leaves it up to interpretation on whether or not school-based BCBA's need licensure.
Make sure CCTS's have supervision
Modify the exceptions to the regulations so that there are fewer people practicing behavior analysis without a license. Currently people serving those with IDD in a Medicaid waiver program do not get funding for a LBA to develop their behavioral supports. The State expects people who provide targeted case management services to write functional behavioral assessments and develop behavior support plans, which is ridiculous! The State should pay for licensed professionals to provide behavioral services.
More oversight of non-certified MS level practitioners as well as better oversight of those providing supervision to potential BCBA's (though I recognize that oversight would be difficult at the state level, but having a place for interns/students/supervisees to obtain assistance would be beneficial).
More oversight of practices, faster follow through on broken rules/regulations
No (26 times)

Perhaps links on the website to resources for providing (or receiving) appropriate services. For example, referring practitioners and consumers to CASP could be helpful.

Regarding behavior analysis, I would like to see advocacy at the state level to increase access to ABA services beyond Autism/IDD populations. I have the fortune of working with many children with various diagnoses in our treatment facility, but it is often challenging to identify community-based resources when they discharge.

Serve- have BACB CEU cycle and KS CEU cycle align

Support telehealth, offer CEs, work on school collaboration with allowing BCBAs in the schools. Have Behavior Specialists governed by required education coursework, CEs, Training, etc. Some schools allow it others state no outside resources. I have a client who was doing amazing in a daycare with preschool curriculum and now that she's in a school that won't allow outside services (BCBA/RBT). Yesterday she was suspended. They are not trained to support her and unfortunately have advertently reinforced problem behaviors to the point she is no longer even in the regular classroom.

We need a behavior analyst on BSRB. We need clearer unprofessional conduct guidelines that can be understood and interpreted by licensees. We need a better understanding of how conduct violations are investigated and decisions made. We need renewals to align with BACB certification years.

LaBA Q20. Do you have any other comments or feedback you think would be helpful for the members of the Advisory Committee to receive when evaluating possible recommendations for changes to the statutes and regulations for the behavior analysis profession? (3 responses)

No (3 times)

LBA Q20. Do you have any other comments or feedback you think would be helpful for the members of the Advisory Committee to receive when evaluating possible recommendations for changes to the statutes and regulations for the behavior analysis profession? (38 responses)

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Adults with developmental disabilities deserve to have professional behavioral services developed by a licensed behavior analyst. Kansas should provide for this through Medicaid waiver.

All my interactions with BSRB have been timely and professional. They are knowledgeable and helpful! Great experiences getting licensed!

behavior analysis services by trained professionals (BCBAs) is lacking. Often people who are not well trained and not BCBAs are implementing behavioral assessment and interventions and staff training (or not) with little knowledge of how to do so. There is little funding for behavior analytic services for adults with IDD/autism who are receiving suboptimal care and habilitation.

I appreciate everything the BSRB does, especially David Frye, to serve KS residents receiving ABA services and the providers. I look forward to seeing a BCBA required on the BSRB.

I do not have any additional feedback at this time. I appreciate the board for their efforts to protect clients and professionals.

I think that BCaBAs should *not* be required to complete more CEUs for the state of Kansas than they are for the BACB.

Increase reimbursement rates and more KS BCBAs will stay within the state to work

It is probably not possible but it would be nice if the recertification cycle could line up with the BACB cycle. As is, I have to get 30 BSRB CEUS within the first 5 months of my BACB certification.

Just what I stated above.

License renewals should align with BACB renewals.

No (23 times)

No, but thank you for asking for our input.

Our state has many children in crisis and Behavior Analysts have many tools to help combat these issues. I am particularly interested in gaining more support in the areas of foster care. Our state would benefit from more professionals willing to work in the homes and schools.

Really look behind the scenes of companies ..they aren't all sunshine and rainbows

See other responses.