



# How to Scale Clinical Excellence in a Multi-State ABA Organization

The complete guide to setting up & scaling clinical excellence in your ABA organization

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Together, we've seen dozens of derivations of how ABA agencies build & maintain a standard of clinical excellence and helped thousands of BCBAs and RBTs provide better care to their clients!

In this guide, we'll outline how to most efficiently set up your clinical quality process for your ABA center so it's prepared to scale as your organization grows, from our learnings across dozens of ABA provider groups. This guide is most helpful for Clinical Directors at small-to-mid size organizations who are looking to build & maintain clinical excellence. It'll also be helpful if you're a part of the founding team of a new ABA agency, or at a large agency striving for clinical excellence.

## Why striving for clinical excellence is important

(1) - to make sure that every client leaves your care in a better place than when they came in. (2) - to make sure both your office staff and clinical staff know how to maintain a high standard. (3) - if you're known for high quality care, you'll be able to attract more clients and better quality providers.

In short, clinical excellence means your clients, your providers, and your business are all better off. You know that your clinical excellence standards are high when you hear about issues upfront, rather than getting an upset phone call from a client's parent or after an unhappy provider has left after previously excelling.

## How to outline clear policies for your RBTs and BCBAs

Attaining clinical excellence requires a clear vision for the values of your organization, setting up proper policies and procedures, hiring staff whose values align with those of your organization, and training your staff to understand and implement the policies and procedures.

The key for your organization is to have:

1. A go-to clinical excellence expert within your organization that your providers can ask questions to while providing services.
2. Values-based hiring practices for both in-office staff and practitioners working in the field.
3. Clear, objective, and all-inclusive expectations on how your RBTs and BCBAs should handle day-to-day services as well as unexpected situations.
4. Goals clearly set, individualized, and monitored per client with ongoing changes as needed.

#### Recommendations for #1:

1. Your providers will need easy access to either your clinical leader or an experienced member of your clinical team. They should be able to respond quickly to questions or concerns and deeply understand the day-to-day of providing services and academic best-practices. The values and personal approach of your clinical leader will set the tone for your clinicians in the field, so it's essential to have a person who is friendly, positive, and strong with providing feedback and respectfully de-escalating challenging situations.
2. An additional support you should provide your RBTs and BCBAs is an Ethical Officer or Ethics Committee that providers can reach out to in order to safely report ethical concerns. Ethical practice is a core component of clinical excellence, and an easy and transparent system for reporting ethical concerns allows your organization to be proactive in maintaining ethical standards.

#### Recommendations for #2:

1. Taking the time to hire the right staff, whether it be office staff such as case managers or clinicians such as BCBAs and RBTs, is the most important thing you can do after setting clear values-based policies and procedures. If you have office staff or clinicians who are not committed to the core values and mission of your organization, your days can become bogged down with addressing low motivation, poorly completed tasks, or repeated absences/cancellations. Taking the time to find the right people will save you hundreds of hours in the long run and will help you maintain a focus on clinical excellence.

#### Recommendations for #3:

1. No matter how much experience an RBT or BCBA comes in with, you need to conduct training prior to placing them on cases. You might create a short self-assessment or introduce your own skills checklist to determine training needs. This will allow you to identify both basic principles that require additional training *and* implement training related to your specific organization's values, mission, and policies and procedures.

2. Provide guidelines with examples of how to handle unexpected situations. Make sure your RBTs in particular are aware of protocols outlined in any client's treatment plan, which should include information about who to contact in unpredictable situations and how to maintain safety for everyone involved.
3. Create opportunities for ongoing training and for growth within the organization. This will help with retention and allow you to maintain staff who are motivated to continue learning!

#### Recommendations for #4

1. Setting and monitoring clear goals for each client is built into the foundation of ABA. If you have taken the time to put in place a strong clinical leader, hire clinicians and office staff carefully and thoughtfully, and provided ongoing training, this should come naturally.
2. Be sure to have a clear system for quality assurance practices. This includes several components, such as having a clinical leader who is responsible for conducting case reviews and ensuring clinical excellence, an in-office clinician responsible for reviewing and ensuring integrity of assessments and goal-setting for each client, and staff focused on reviewing documentation to ensure it meets clinical expectations and services are being delivered as designed.

## How to select your clinical excellence leader

A critical part of scaling clinical excellence is ensuring you have the right clinical leader.

We usually see the most successful clinical leaders include very experienced BCBAs who understand the operations side of the business. They have context on therapy, working conditions, and can "speak the language" of the RBT and BCBA sessions they're overseeing. They've also lived and breathed the operations/managerial side of the business, so they understand how to delegate, lead, and interface with their operations counterparts.

So, if you have a few experienced BCBAs on your team who are natural leaders and drawn towards operations, they can be GREAT candidates to scale (and potentially lead) your clinical excellence program.

## How to set up your clinical excellence program

It may seem obvious that your clinical excellence is dependent upon hiring the right BCBAs and RBTs, and providing them with clear policies and procedures, as well as ongoing training. But you need to have this in conjunction with a strong team in the office as well. This includes the following:

1. Office staff who understand the mission and how their role relates to clinical excellence. Several people who work in your organization may never have seen an ABA session. However, their role connects in some way to the ultimate goal of clinical excellence. Ensure they know how their role connects to the larger mission so they can support clinical excellence within their daily tasks.
2. A motivated, personable, and knowledgeable clinical leader. Your clinical leader must be able to understand and communicate well about both clinical and operational needs. If your organization has one clinical leader and one operational leader, it is imperative that they work together and coordinate both long term and short term goals to meet the mission of your organization. Clinical needs and operational needs go hand-in-hand to ensure clinical excellence and ongoing success of your organization.
3. A strong quality assurance team. Depending on the size of your organization, you may have just one person reviewing documentation and goals, or several people. While your goal is that policies, procedures, and ongoing training set your clinicians up for success, a strong quality assurance team allows you to catch errors that have occurred, identify individual training needs, and identify larger patterns or gaps in the training needs of your clinicians as a whole.

## **How to scale your clinical excellence program**

OK, so we've covered how to select your clinical leader, how to set up your clinical excellence program, and what your RBTs and BCBAs need to know. Now, it's time to set our plan up to scale with our organization as it grows.

As your organization expands, processes begin to break. One Clinical Director may be able to oversee a few locations. But, once you've expanded to a certain point they'll be overwhelmed, stressed, and things will inevitably begin to fall through the cracks.

We recommend selecting one clinical leader per location to oversee the day-to-day. They should consistently monitor the clinical excellence metrics you've set, and funnel the information up to your clinical leader. As your organization grows even larger, you may look to promote your high-performing Site Leaders to Regional Leaders overseeing multiple locations.

[Brellium](#) helps monitoring clinical excellence scale quicker. Instead of needing to consistently aggregate & de-aggregate data to view trends, Brellium analyzes all of your clients' sessions on your clinical quality metrics and gives you custom insights into where your organization is excelling and what needs improvement.

If you're not using Brellium, we recommend tracking your clinical excellence metrics in a big Google Sheet with each provider's name in Column A, provider's email in Column B, quality metrics in Column C onward, and date in Row 1 in Tab #1. Tab #2 contains your clinical

excellence requirements & policies that we outlined above, so everything is transparent for your team. Finally, we recommend adding conditional formatting to auto-highlight missing or anomalous information, to make errors easier to track.

## **How to balance clinical excellence with the operations side of your business as you scale**

Providing ABA services is a business. And businesses need to remain profitable to continue serving their clients.

As your agency scales, it becomes more resource-intensive to maintain clinical excellence. When you're a single-site agency, maintaining clinical excellence requires the attention of your clinical director and a few attentive team members. When you're a multi-state agency, especially in hypergrowth, maintaining clinical excellence requires an intentional effort from dozens of team members.

We recommend maintaining regular meetings between clinical & operations leadership, with specific time allocated to discussing clinical excellence. Both sides should agree on clinical excellence Key Performance Indicators (KPIs) that remain static, so changes are observable. These KPI metrics should be reviewed on a regular cadence, with achievable goals pre-set.

When goals are not met, it's essential to understand why first, then build a plan of action towards righting the path toward achievement in the next clinical excellence goal period.

When goals are met/exceeded, both clinical & operations leadership should make a point to commend the *entire* organization on quality of service. It's a monumental task, which should be celebrated across your organization. Taking a moment to praise your team for achieving goals also promotes continued excellence by making your staff feel even more valued & together!

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