DETROIT WAYNE INTEGRATED HEALTH NETWORK

BEHAVIOR TREATMENT PLANS

August 9, 2022

Network Providers Training

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DWIHN

Your Link to Holistic Healthcare

DISCLAIMER

Please note, examples used in this PPT should not be considered an exhaustive list of situations requiring or not requiring BTPRC monitoring and any decision must be based on the Administrative Rules (AR) 330.7199(2)(g)

OVERVIEW

- Welcome
- Objective of the Training-MDHHS HSW Review Findings 2022 (B.2.)
- Functional Behavior Assessment
- Behavior Treatment Plans Required Procedures
- Myths and Facts
- Q&A
- Closing Remarks

MDHHS HSW 1915 (c) WAIVER SITE REVIEW FINDINGS 2022

- DWIHN in in full compliance with Administrative Procedures B.1 for the four consecutive years.
- Based on MDHHS Feedback, today we will be focusing on **Behavior Treatment Plans And Review Committees B.2.**the areas that were cited by MDHHS and are in need of improvement.
- Lack of behavioral supports/BTPRC involvement to address medication, 1:1, equipment that limits freedom of movement, and for the use of restrictive / intrusive interventions.
- Lack of Functional Behavior Assessment

APPLICATION

- Prepaid Inpatient Health Plans (PIHPs)
- Community Mental Health Services Programs (CMHSPs)
- Public mental health service providers
- Exception: State operated or licensed psychiatric hospitals or units when the individual's challenging behavior is due to an active substantiated Axis I diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition or successor edition published by the American Psychiatric Association Questions

INFORMED CONSENT

- **The general consent to the written IPOS and/or supports is NOT sufficient to authorize implementation of a behavior treatment intervention.**
- Obtaining the **Special Informed Consent** of the individual, the legal guardian, the parent with legal custody of a minor child, or a designated patient advocate prior to the implementation of any behavior treatment intervention that includes the use of intrusive or restrictive interventions or those which would otherwise entail violating the individual's rights.
- Behavior Treatment Services will be withheld immediately if during the treatment the consent is withdrawn.

IPOS AND BEHAVIOR TREATMENT PLAN

- The PCP process used in the development of an IPOS will **ALWAYS** be the **FIRST STEP** to identify when a behavior treatment plan needs to be developed.
- The Behavior Treatment Plan should be included as an intervention within the IPOS associated with a goal or identified area of need.

FUNCTIONAL BEHAVIOR ASSESSMENT

- Functional behavior assessments (FBAs) are based on the science of Applied Behavior Analysis.
- An FBA is a process to collect and study data to better understand what may be prompting the behavior which occurs and to understand the *function* of the behavior. The results of the FBA may aid providers in using strategies to reduce or replace the behavior with more appropriate behavior.

MEDICAL CAUSES

- A physical examination must be done by a MD or DO to identify biological or medical factors related to the target behavior. Could the behavior be the result of a medical or psychiatric condition?
- Could the behavior be caused by physical pain or discomfort?
- Could the behavior be the side effect of a medication?
- Could the behavior be the result of a physical deprivation such as hunger, thirst, lack of rest etc. Identify **positive behaviors supports** tried but unsuccessful.

ABC of FBA

Antecedent: What happens right before the behavior occurs (e.g., asked to do something, something is taken away)?

Behavior of Concern: What is the specific behavior causing concern?

Consequence: What happens right after the behavior occurs (e.g., gets attention, doesn't complete homework, doesn't put toys away)?

FUNCTIONS OF BEHAVIOR

- **Attention:** *Get* attention (e.g., from a staff, parent, peer, teacher or someone in the environment).
- **Tangibles:** *Get* an item or activity (e.g., an activity, a toy, a gadget, a video, food, or something else).
- **Escape:** *Get away* from something unpleasant (*won't do*) or something they do not know how to do (*can't do* with current skills or knowledge).
- **Sensory:** *Gets* a good feeling from certain movements or actions (e.g., rocking, toe walking, twirling hair)

STEPS of FBA

- Operationally (specifically) define behavior (who, what, where, when).
- Observe and collect A-B-C data.
- Determine possible purpose (function) of behavior.
- Create Behavior Intervention Plan (BIP) to reduce or replace behavior.

ANTECEDENTS (Examples)

- Are there circumstances where the behavior **always** occurs? Are there circumstances where the behavior **never** occurs?
- Does the behavior occur only (or more often) during particular activities?
- Does the behavior occur only with (or more likely with) certain people?
- Does the behavior occur in response to certain stimuli (demands, termination of preferred activities, tone of voice, noise level, ignoring, change in routine, transitions, number of people in the room, etc.)?

ANTECEDENTS CONTD….

- Does the behavior occur only (or more likely) at certain times of the day (morning, afternoon, end of day, night)?
- Skill deficits related to the behavior of concern
- Cognitive skills (requirements presented are not at the individual's level of ability)
- Participation skills (difficulty in small or large groups)
- Social skills (difficulty acquiring or maintaining friendships/relationships)

CONSEQUENCE FACTORS

- Does the behavior allow the individual to gain something?
- Preferred activities or items?
- Attention?
- Escape from tasks or demands?

DATA COLLECTION

- **Frequency/event & rate recording** refers tracking the number of times a behavior response occurs. When recording rate, the number of times is recorded per a specific time frame.
- **Duration recording** refers to the length of time the behavior occurred.
- **Latency recording** refers to the length of time from the instruction/request to the start of the behavior (i.e., how long did it take for the individual to respond to a request).
- **Time sampling recording** refers to taking data in periodic moments rather than consistently.

DATA COLLECTION CONTD….

- Behavior data is collected 24 hours a day on their individual target behaviors. The data is entered into a computer/data sheets program and analyzed daily with documentation.
- The data is made readily available to the clinical team and visually displayed during team meetings to inform treatment decisions. The target behavior data is made available to clinical team, caregivers, and guardians.

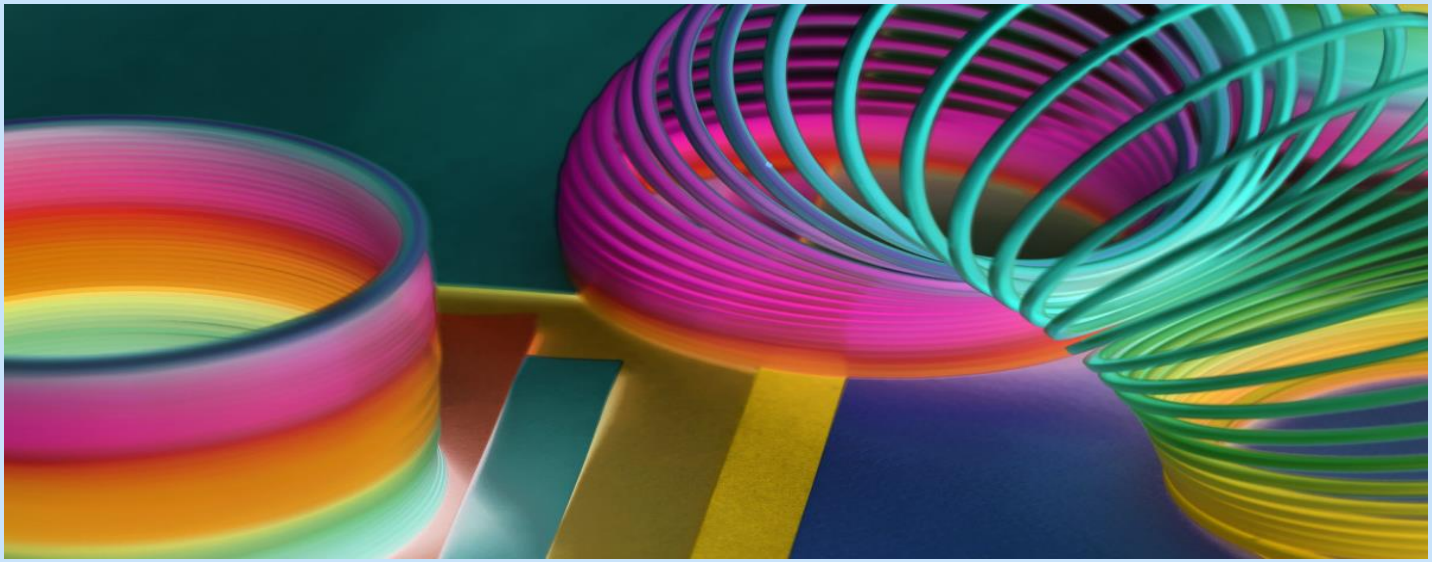
ABC (Antecedent, Behavior, Consequence) Chart Form

Date/Time	Activity	Antecedent	Behavior	Consequence
Date/Time when the behavior occurred	What activity was going on when the behavior occurred	What happened right before the behavior that <u>may</u> have triggered the behavior	What the behavior looked like	What happened after the behavior, or as a result of the behavior

REINFORCEMENT

Reinforcement is an important consideration for FBAs and is part of the consequence in the ABCs of FBAs. When a behavior increases or is continued, the behavior is being reinforced by something. Reinforcement is different for everyone, and things reinforcing to one person may not be reinforcing to another. It is important to understand the behavior being reinforced in order to set up strategies to reduce or replace the behavior with another behavior which can serve the same function.

5 MINUTE QUICK BREAK



BEHAVIOR TREATMENT PLAN

Behavior Treatment Plan (BTP) is a detailed plan tailored to the individual and is an important tool for engaging the beneficiaries in their treatment. Treatment plans usually follow a simple format and include high priority goals, measurable objectives, timeline for treatment progress, and data collection for tracking progress. **“Begin with an end in the mind”**

Writing a BTP is an active process that is not limited to writing. It will include substantial data collection, planning, and modifying for individual patient needs.

BEHAVIOR TREATMENT PLAN STEPS

1. Acquire informed consent from the patient and/or guardian
2. Collect baseline data (only current problem/challenging behaviors)
3. Collect FBA data
4. Analyze the data to identify a hypothesized function of the target behavior(s)
5. Assemble the components of the plan including fade plan
6. Review the plan with the Behavior Treatment Plan Review Committee for approval.
7. Review the plan with the member and/or guardian and obtain signature
8. Train staff to implement the plan.

BTP/GOALS

- Identifying information.
- Clearly identify the goals for the BTP. Anyone reading the plan should understand the purpose behind the plan. Why is the behavior intervention plan necessary?
- What benefits will a BTP do for the beneficiary?
- Writing a goal that is observable and measurable ensures that everyone involved is on the same page

EXAMPLES OF GOALS

- *Good goal: To achieve independence required for ADLs.*
- *Better goal: To increase beneficiary's ability to participate in self-care with a decrease in target behavior and increase in adaptive alternative behavior.*
- *Best goal: To increase beneficiary's ability to engage in appropriate social communication 95% of waking hours and actively participate in self-care with a decrease in noncompliance to less than 10 minutes per day.*

TARGET BEHAVIORS

- Target behavior definition
- Target behaviors should be defined operationally, meaning that anyone reading the definition can identify whether the behavior is occurring.
- For each target behavior define what is an example of the behavior and what is a non-example of the behavior.

TARGET BEHAVIORS

EXAMPLES

- *Shouting “no” and slamming the door when asked to sit.*
- *Spitting on the floor when told to line up for medication.*
- *Running out of the room when asked to participate in group activity.*

NON-EXAMPLES

- *Quietly saying “no” while sitting when asked to sit.*
- *Saying “I don’t want to” while walking in line when told to line up for medication.*
- *Standing still for 15 seconds before walking to the group area when asked to participate in an activity.*

RESPONSE TO TARGET BEHAVIOR

Response to target behavior include specifics regarding how staff should respond when the target behavior(s) occur. This should include criteria for crisis response as well as when and how staff should call for help.

EXAMPLE RESPONSES COTND…

- *Withhold attention to the extent possible (no eye contact, do not verbally respond, etc.)*
- *Monitor for safety*
- *Use body positioning to minimize opportunities to elope from the area/room*
- *Present demands with visuals if possible*
- *Wait for compliance with initial demand*
- *Resume reinforcement schedule once compliance has been re-established*

FADE PLAN

Fade plan is part of the BTP. Fading, an applied behavior analysis strategy (ABA), is most often paired with prompts, another ABA strategy. Fading refers to decreasing the level of assistance needed to complete a task or activity. When teaching a skill/behavior, the overall goal is for the individual to eventually engage in the skill independently.

BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE (BTPRC)

Each CMHSP shall have a Committee to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions. The Committee shall be comprised of at least three individuals, one of whom shall be a board certified behavior analyst or licensed behavior analyst, and/or licensed psychologist as defined in Section 2.4, Staff Provider Qualifications, in the Medicaid Provider Manual (MPM), Behavioral Health and Intellectual and Developmental Disabilities Chapter, with the specified training; and at least one member shall be a licensed physician/psychiatrist as defined in A representative of the Office of Recipient Rights (ORR) shall participate on the Committee as an ex-officio, non-voting member in order to provide consultation and technical assistance to the Committee. Other non-voting members may be added at the Committee's discretion and with the consent of the individual whose behavior treatment plan is being reviewed, such as an advocate or Certified Peer Support Specialist.

Know Your Rights

Recipient Rights

A representative of the PIHP Office of Recipient Rights shall ALWAYS participate on the Committee as an ex-officio, non-voting beneficiaries in order to provide consultation and technical assistance to the Committee. Other non-voting beneficiaries may be added at the Committee's discretion and with the consent of the individual whose behavior treatment plan is being reviewed, such as an advocate or Certified Peer Support Specialist.

EXPEDITED REVIEW

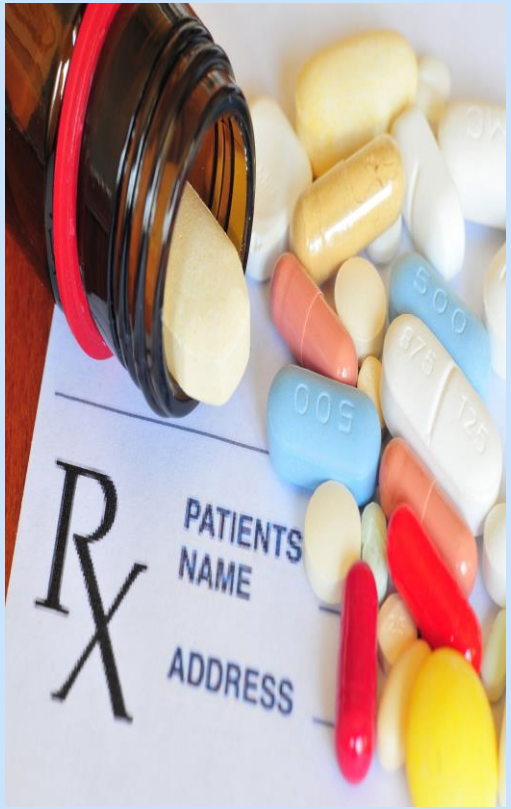
Expedited plan reviews may be requested when, based on data presented by the professional staff (Psychologist, RN, Supports Coordinator, Case Manager), the plan requires immediate implementation. The Committee Chair may receive, review, and approve such plans on behalf of the Committee. PIHP ORR must be informed of the proposed plan to assure that any potential rights issues are addressed prior to implementation of the plan. Upon approval, the plan may be implemented. All plans approved in this manner must be presented for a full review.

INTRUSIVE INTERVENTIONS

Those techniques that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control of a seriously aggressive, self-injurious, or other behavior that places the individual or others at risk of physical harm. Examples of such techniques include the use of a medication or drug when it is used to manage or control an individual's behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition. Use of intrusive techniques as defined here requires the review and approval by the committee.

MONITORING PRESCRIPTIONS FOR BEHAVIORAL CONTROL

- Behavioral use of medications is considered to be restrictive and/or intrusive and requires a behavior treatment plan and should be reviewed by BTPRC.
- If the medication in this circumstance is prescribed by a “community provider” efforts should be made to include the prescribing professional in the plan to reduce and/or end the intrusive/restrictive intervention.
- Look into use of prn prescription; some may require BTPRC review.



RESTRICTIVE INTERVENTIONS

Those techniques which, when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code and the federal BBA. Examples of such techniques as limiting or prohibiting communication with others when that communication would be harmful to the individual are prohibiting unlimited access to food when that access would be harmful to the individual (excluding dietary restrictions for weight control or medical purposes), using the Craig (or veiled) bed, or any other limitation of the freedom of movement of an individual. Use of restrictive techniques requires the review and approval of the Committee.

DEDICATED STAFFING

- Dedicated staffing may be defined by a very low ratio of caregivers to consumers (e.g., 1:1 or 2:1) or by a proximity of caregivers to consumers (e.g., “within arm’s reach” or “within line of sight”) for a designated period of time.
- The use of dedicated staffing may or may not require BTPRC review.

DEDICATED STAFFING BTPRC REVIEW

REVIEW IS REQUIRED

- Dedicated staff is necessary because the individual is currently exhibiting seriously aggressive, self-injurious, or other challenging behaviors and the individual is at risk of physical harm, then yes, a behavior treatment plan must be written and reviewed by BTPRC

MAY NOT REQUIRE A REVIEW

- If the additional staff is to support a medical need or provide general support, then a plan is not needed and BTPRC review is not required.

REVISIONS IN BEHAVIOR TREATMENT PLAN

Should the use of approved physical management and/or assistance from law enforcement occur more than three times in a 30-day period, the individual's written BTP must be revisited using the person-centered planning process and modified accordingly, if indicated. The DWIHN, MDHHS Behavior Treatment Guidelines and MDHHS Administrative Rules prohibit emergency interventions from inclusion as a component or step in any BTP. However, the BTP may be developed and approved on an emergency basis.

IN-SERVICE TRAINING

- All staff involved in the care of the beneficiary of BTP must be trained by the clinician with required credentials on the interventions in the BTP prior to the implementation of the BTP.
- This includes the monitoring of the behavior treatment plan by the committee or a designee of the committee which shall occur as indicated in the individual plan of service.

BTPRC MONITORING

- Staff implementing the individual's behavior treatment plan must be trained in how to implement the plan.
- Restrictive/Intrusive Interventions require quarterly monitoring.
- This includes the monitoring of the behavior treatment plan by the committee or a designee of the committee which shall occur as indicated in the individual plan of service.

HOUSEMATES of BENEFICIRIES of BTPs

If the limitation is not necessary for another individual receiving services in the same setting, it should be documented that the individual who does not need limitation has been given an accommodation/ opportunity to ensure full access, other housing options, and chooses to continue receiving services in that setting with the limitation in place.

ALWAYS DOCUMENT

BTPRC APPEAL PROCESS

MDHHS Standards for BTPRC does not have a formal appeal process. The local BTPRC can be requested to reconsider a plan that uses the intrusive or restriction intervention if additional information is presented that may modify their original decision.

The executive director can request outside consult if the BTPRC does not appear to understand the standards or is leaving individuals at imminent risk.

MYTHS AND FACTS

- BTP Writer is always a psychologist (MDHHS is in process of making this a requirement)
- To Review, Approve and Sign off of BTP Required Credentials: M.D., and LP/LLP. (Fact)
- Time Frame of FBA (Develop BTP as soon as possible after FBA)
- Beneficiaries of BTP have I/DD designation and HSW (Myth)

MYTHS AND FACTS(CONTD)

- The NGRI status of an individual **does not** affect the need for BTPs or BTPRC review of limitations on rights and the same rules apply.(Fact)

QUESTIONS

REFERENCES

https://www.michigan.gov/documents/mdhhs/Technical_Requirement_for_Behavior_Treatment_Plans_P-1-4-1_638408_7.pdf

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html

https://www.michigan.gov/documents/mdhhs/BTPRC_FAQ_719972_7.docx

REFERENCES

https://www.mphi.org/wp-content/uploads/2021/08/MICC-ABA-TREATMENT-GUIDE.pdf

https://www.michigan.gov/documents/mde/PBIS_School_FactSheet_666146_7.pdf

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