

# Behavior Treatment Advisory Committee

## Summary of Data Analysis

### FY 2021-2022



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# BACKGROUND

- ❖ Detroit Wayne Integrated Health Network (DWIHN) started Behavior Treatment Advisory Committee (BTAC) in 2017;
- ❖ The Committee is comprised of DWIHN network providers, members, DWIHN staff, including Psychiatrist, Psychologist, and the Office of Recipient Rights;
- ❖ To review the implementation of network Behavior Treatment Plan Review Committees and evaluate each Committee's overall effectiveness;



# BACKGROUND Continued...

- ❖ To review system-wide Behavior Treatment Plan Review Committee processes issues, including trends, approvals, disapprovals, and terminations of Behavior Treatment Plans;
- ❖ To reviews system-wide performance indicators for the open Behavior Treatment Plans such as emergency psychiatric hospitalization, use of law enforcement, 911 calls, Critical and Sentinel Events;

# CHALLENGES

- ❖ Need for the structure of formal review process at the systemic level;
- ❖ Expediated Review Process for Emergent Reviews;
- ❖ Adherence to MDHHS requirements for Restrictive and Intrusive interventions;
- ❖ System-wide Technical assistance and training on Behavior Treatment Procedure ;
- ❖ H 2000 authorization/approval guidelines;
- ❖ Under reporting of the five reportable categories for the members on Behavior Treatment Plans; (*Suicide, Non-suicide death, Emergency Medical Treatment due to Injury, Medication Error; and Arrest of Consumer when law enforcement states person is being arrested*)



## CHALLENGES Continued...

- ❖ Adherence to MDHHS requirements to document Behavior Treatment Plan Review Committee meetings;
- ❖ Compliance with In-service training requirements for Restrictive and Intrusive interventions;
- ❖ Accuracy of required information on MDHHS data spreadsheets;
- ❖ Revisions in the Behavior Treatment section of the Case Record Review Tool/Policy.



# ACCOMPLISHMENTS

- ❖ DWIHN offered three trainings on Behavior Treatment Procedures with MDHHS;
- ❖ DWIHN started submitting quarterly data analysis reports on system-wide trends of Behavior Treatment Plans to MDHHS;
- ❖ During the COVID pandemic, DWIHN issued HIPPA compliant virtual review and approval guidelines;
- ❖ Behavior Treatment notification banner for each member on the Behavior Treatment Plan has been added to DWIHN's MH-WIN for effective monitoring;



# ACCOMPLISHMENTS Continued...

- ❖ MDHHS Technical Requirements have been incorporated into DWIHN Policy and Case Record Review Tool (Periodic revisions are conducted);
- ❖ With effect from October 1, 2020, DWIHN has delegated the responsibility of Behavior Treatment reviews to DWIHN's Clinically Responsible Service Providers (CRSP);
- ❖ Twenty Mental Health CRSP have established BTPRC and three have joint BTPRC;



# ACCOMPLISHMENTS Continued....

- ❖ Behavior Treatment Category is now live in MH-WIN Critical and Sentinel Reporting Module to improve under-reporting the five reportable categories. (*Suicide, Non-suicide death, Emergency Medical Treatment due to Injury, Medication Error; and Arrest of Consumer when law enforcement states person is being arrested*)





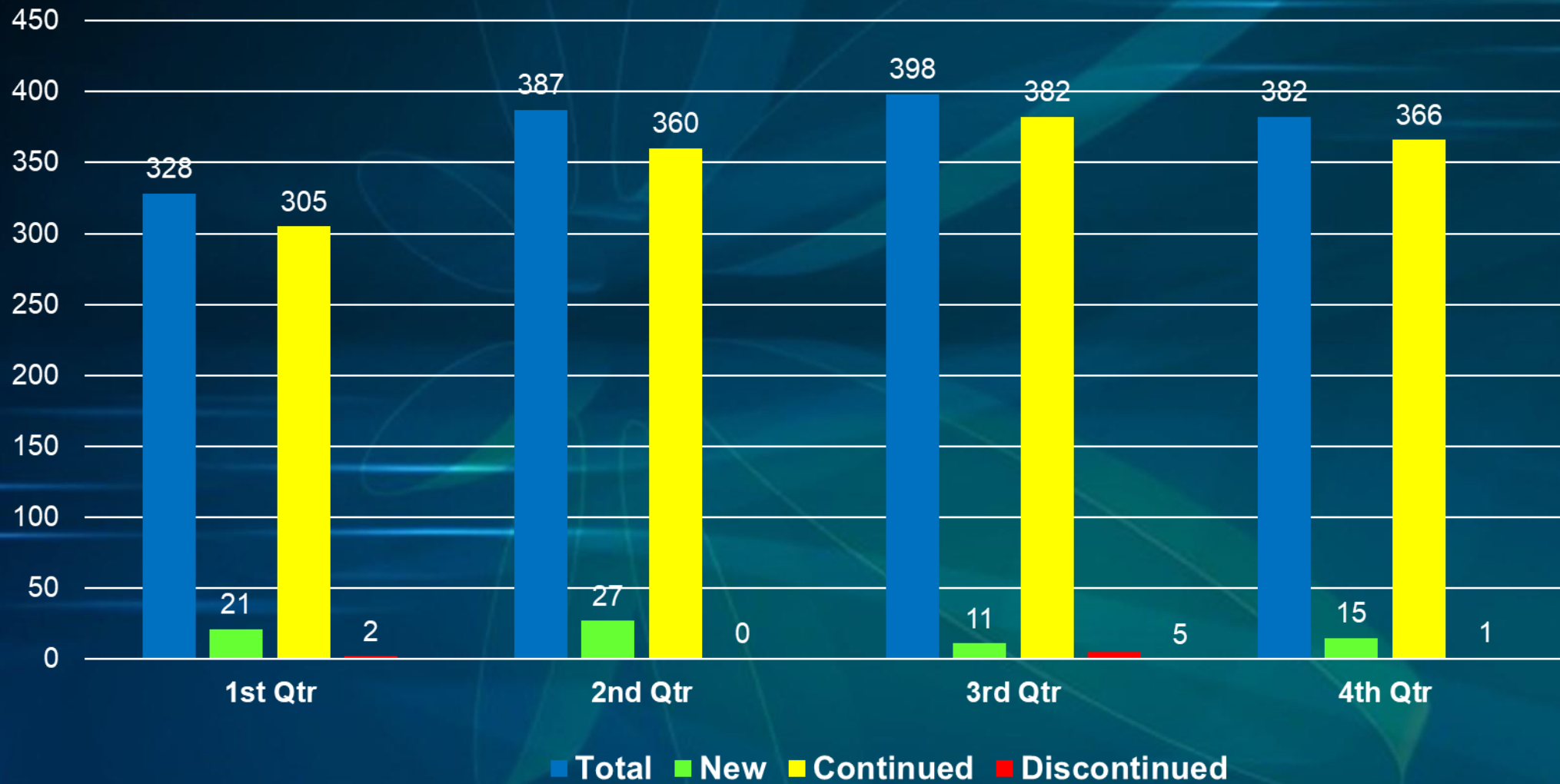
## FY2021-2022

- During FY 2021-2022, DWIHN BTAC staff provided three system-wide trainings on Technical Requirements of Behavior Treatment Plan Review Committee (BTPRC) Processes. A total of 1215 staff throughout the provider network participated in these trainings. All trainings were conducted via the Zoom platform. The first training was focused solely on MDHHS requirements for Behavior Treatment whereas the second and the third training focused on the Behavior Treatment requirements as part of IPOS writing.

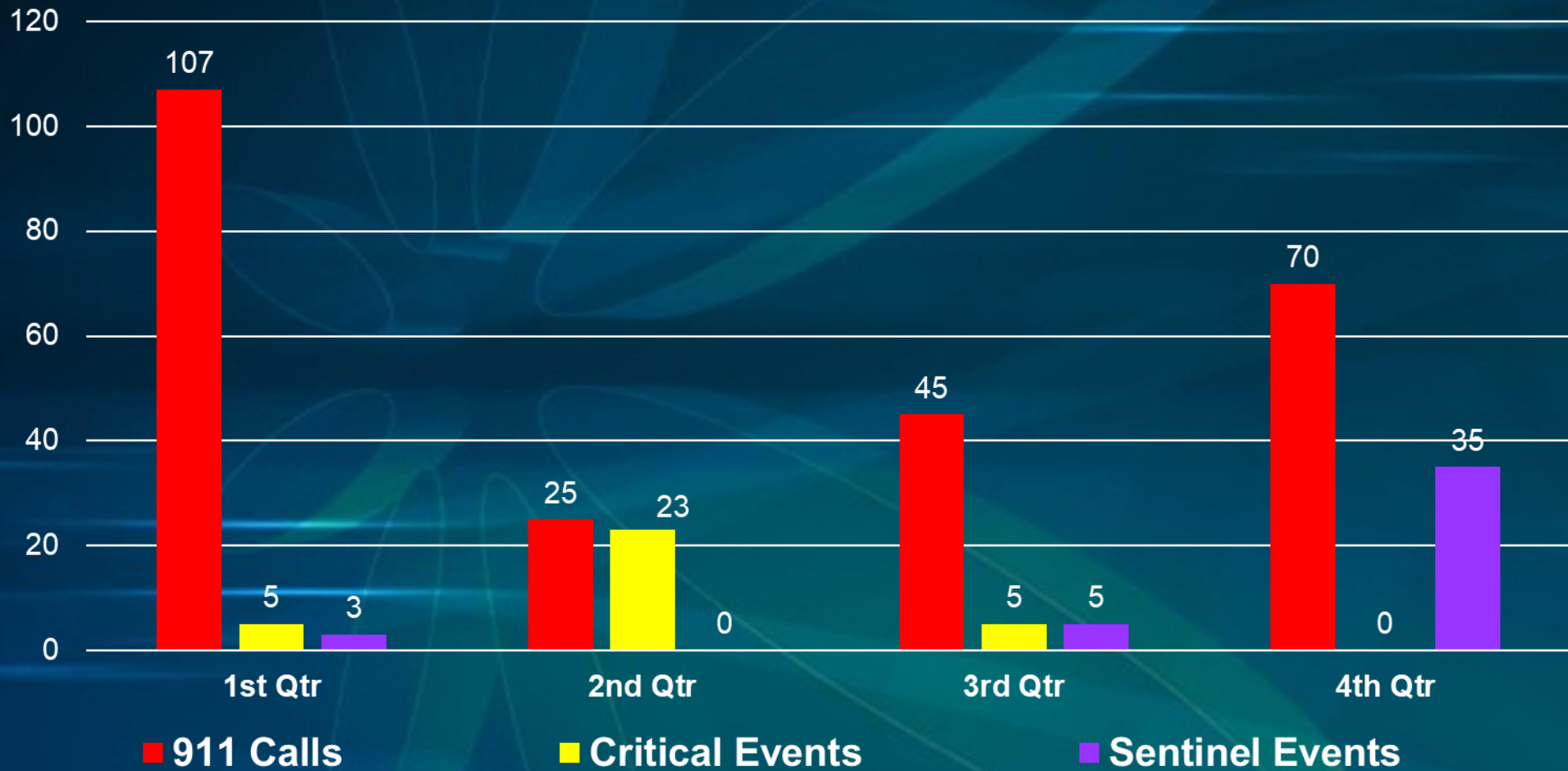
# FY2021-2022 Continued...

- DWIHN is in full compliance with PIHP Administrative Review Procedures of Behavior Treatment (B.1) for the fourth consecutive year based on the findings of MDHHS Habilitative Supports Waiver 1915(c) Review.
- DWIHN staff continues to serve on MDHHS Behavior Treatment Advisory Group.
- 1495 Open cases.
- During FY2022, the network providers presented fourteen (14) complex cases.

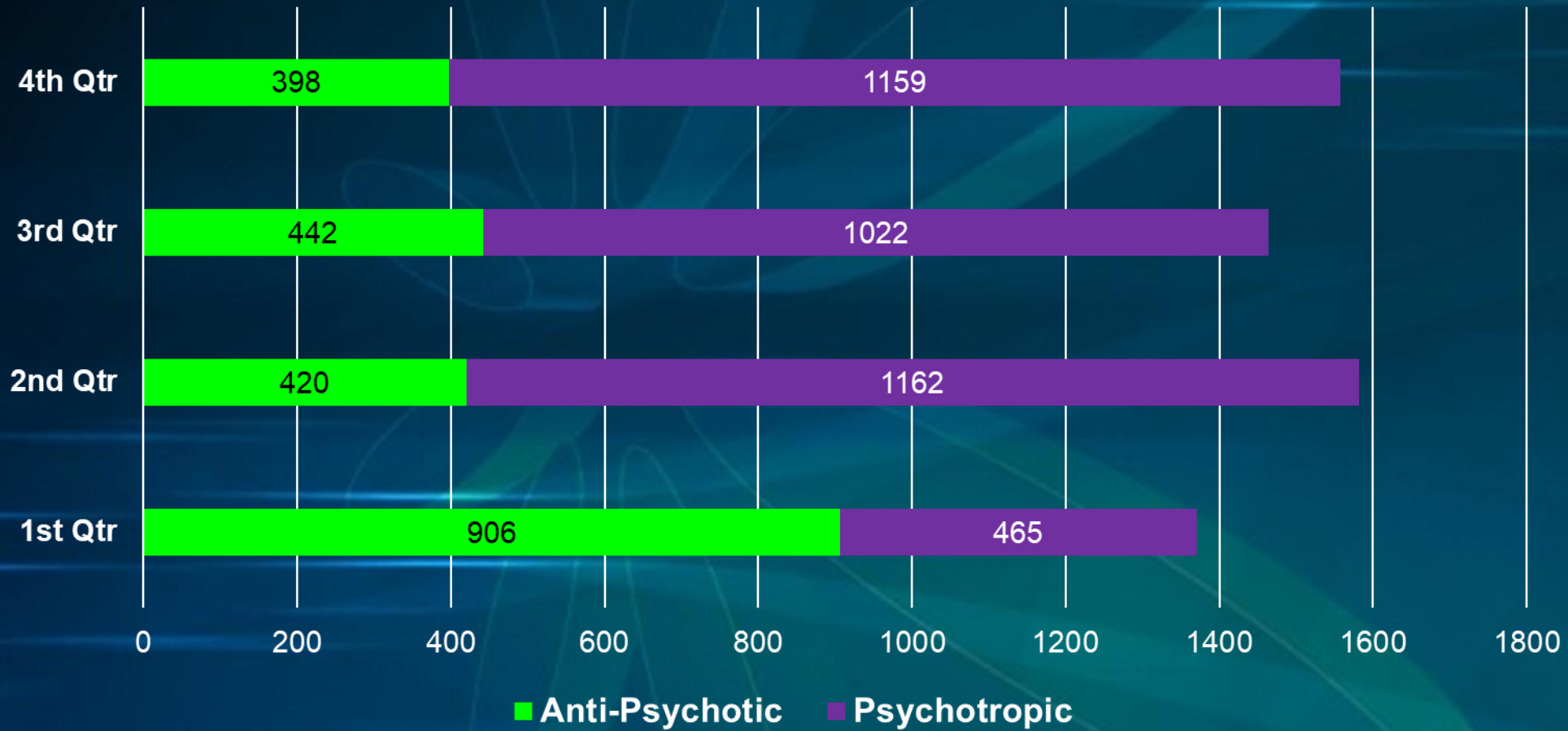
# Total Behavior Treatment Plans Reviewed



# Reported 911 Calls and Critical/Sentinel Events



# Reported Number of Medications



# Restrictive and Intrusive Interventions



# RECOMMENDATIONS

The following are the opportunities for systemic review and change:

- ❖ IPOS and Behavior Treatment Plans are specific, measurable, and are updated and revised per the policy/procedural guidelines;
- ❖ Improve the under-reporting of the required data of Behavior Treatment beneficiaries.  
*(Suicide, Non-suicide death, Emergency Medical Treatment due to Injury, Medication Error; and Arrest of Consumer when law enforcement states person is being arrested.)*
- ❖ In-service training is provided by the appropriately licensed and credentialed clinician;



# RECOMMENDATIONS Continued....

- ❖ Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at PIHP level;
- ❖ Regular consultations with network providers on the Technical Requirements of Behavior Treatment Plans;
- ❖ Each CRSP ensures the service site has member's IPOS and ancillary plans, before the delivery of services;
- ❖ Crisis Prevention Intervention (CPI) training is recommended to help reduce the high utilization of emergency department (ED) visits;







**THANK YOU**