Quality Improvement Steering Committee (QISC)
July 18, 2023
10:30am – 12:00pm
Via Zoom Link Platform
Agenda

I.	**Welcome**	**T. Greason**
II.	**Authority Updates**	**S. Faheem**
III.	**Approval of Agenda**	**S. Faheem/Committee**
IV.	**Approval of Minutes**	**Dr. S. Faheem/Committee**

     + March 28th, 2023
     + April 25th, 2023
     + May 30th, 2023

V. **Follow-up Items**
QAPIP Effectiveness
    + **Customer Service**

o ECHO Survey FY2022 Results and Analysis of Barriers/Interventions   **M. Keyes-Howard**
       ▪ Adults   **E. Reynolds/M. Lyons**
       ▪ Children   **C. Phipps**

    + **Quality Improvement**
o BTAC Q2 Analysis   **F. Nadeem**
VI. **Adjournment**

Quality Improvement Steering Committee (QISC)
July 18, 2023
10:30am – 12:00pm
Via Zoom Link Platform
Meeting Minutes
Note Taker: DeJa Jackson

Committee Chairs: Dr. Shama Faheem, DWIHN Chief Medical Officer and Tania Greason, DWIHN Provider Network QI Administrator

1) Item: Welcome: Tania asked the committee to put their names, email addresses, and organization into the chat for attendance.

2) Item: Authority Updates: Dr. Faheem shared the following updates: The start date for the opening of the Crisis Center continues as minor delays including the generator that is tied to the occupancy permit, allowing for all the permissions to be approved per the state. The tentative start date has been moved from October to November depending on the arrival of the generator. DWIHN is also working on having mobile crisis in the community based on a received grant. In terms of some State updates, the state hospitals have been going through a lot of transitions over the past several months. Dr. Faheem also discussed that during the CRSP Medical Director Meeting she has reviewed some of the quality meeting data that we talk about in this meeting and other areas as needed which includes the observation and data in terms of the compliance with Follow Up after hospitalization and the racial disparity that exist in that area.

3) Item: Approval of Agenda: Agenda for July 18, 2023 Meeting was approved by Dr. S. Faheem and the committee.

4) Item: Approval of Minutes: QISC Meeting Minutes for March 28th, April 25th, May 30th 2023 were approved by Dr. S. Faheem and the committee

5) Item: Follow-up Items

Goal: QAPIP Effectiveness: Customer Service

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems X Quality ☐ Workforce
NCQA Standard(s)/Element #: QI 4 CC# ___ ☐ UM #____   ☐CR # ___ ☐ RR # ___

Discussion		

Margaret Keyes-Howard and Cassandra Phipps discussed the findings from the 2022 ECHO Survey results which included a comparative analysis from the 2020 and 2021 data. Discussion with the QISC were to review the interventions, barriers and next step of activities implemented to improve member satisfaction. Margaret Keyes-Howard shared with the committee the following:
ECHO Survey FY2022 Results and Analysis of Barriers/Interventions
• Overview
   o Purpose
   o Adults
   o Children
   o Three (3) modes of how survey was administered
        o The Center mailed a paper survey
        o A link to the web version was included with the mailed invitation
        o One week after the paper survey was sent, staff from the Center's Computer Aided Telephone Interviewing (CATI) lab began calling parents/guardians and asking them to complete the survey over the phone.
• Composite Rating over the past 3 years for Adults
• Single Item Rating over the past 3 years for Adults
• Composite Rating over the past 3 years for Children
• Single Item Rating over the past 3 years for Children
• Goals and Objectives are to Improve satisfaction of services for adults, children, and families
   o **Objective 1: Improve overall treatment by at least 10%**
      o Adults: Year 2021 = 51%
      o Children: Year 2021 = 51%
   o **Interventions:**
      o A). Review and or update current Individual Plan of Services (IPOS) policy to include frequency to explore satisfaction of services feedback
      o B). Explore with Providers how currently discussing satisfaction of services (Ex: surveys, periodic reviews, progress notes, "Happy or Not" kiosk)
      o C). Research "Happy or Not" Kiosk to be added at Provider locations
      o D). Focus Groups
      o E). IPOS Trainings (April 2023, July 2023, October 2023)
      o F). Currently offer CLS Satisfaction Survey – Children Services
      o G). Mystery Shopper		

- o H). Identify and track provider no show/frequent cancel patterns and identify a plan for follow up
- o Dr. Faheem recommended that a timeline be developed for adhering and completing interventions. Cassandra informed the group that after the interventions are approved by this committee a timeline and policies/procedures will be developed, Margaret also suggested that timelines may vary based on the complexity. All interventions were approved as written for Objective 1 with the Kiosk intervention receiving a high approval from the group. Dr. Faheem also recommended that a Psychoeducation session are also included i.e. demonstration of evidence based treatments at an individual level.
- o **Objective 2: Improve office visit wait time by at least 10%**
  - o Adults: Year 2021 = 44%
  - o Children: Year 2021 = 63%
- o **Interventions:**
  - o A). Research and define reasonable office visit wait time expectations
  - o B). Develop and or amend policy to address Provider office visit wait time.
  - o C). Establish Customer Service / Provider Mystery Shopper Tool.
  - o D). Research "Happy or Not" Kiosk to be added at Provider locations as well as Smiley Digital app to connect virtually
  - o E). Compare sign in sheet time vs. session start time at the Providers
  - o It was discussed that the 15 minute wait time is a national standard measure; not a behavioral health standard. Dr. Faheem recommended that the time-frame for office wait include what is an expected norm for the providers documented in the policy. Also, an approved procedure for the "Mystery Shopper" tool will need to be added as an intervention. from office visits, be added to the Quality monitoring audit tools.
- o **Objective 3: Improve member and/or family perceived progress with treatment by at least 10%**
  - o Adults: Year 2021 = 57%
  - o Children: Year 2021 = 51%
- o **Interventions:**
  - o A). Review and or update current Individual Plan of Services (IPOS) policy to include frequency to explore satisfaction of services feedback
  - o B). Explore with Providers how currently discussing satisfaction of services (Ex: surveys, periodic reviews, progress notes, "Happy or Not" kiosk)
  - o C). Research "Happy or Not" Kiosk to be added at Provider locations as well as Smiley Digital app to connect virtually
  - o D). DWIHN / CRSP to host focus groups with members and or Parents / Guardians to obtain feedback of satisfaction of services.
  - o Interventions were approved; Dr. Faheem and Jessica Collins from the Guidance Center made strong recommendations that the interventions be reviewed to include "Improvement" not just collecting data. Interventions should include improvement of

perceived progress. Also, educating members about their progress; strategies to discuss objective improvements should be included as an intervention.
    o Peer mentors should also be included in as part of the intervention process in the development of the member's IPOS.
  o **Objective 4: Improve member informed of treatment options after benefits are depleted by at least 10%**
      o Adults: 2021 = 56%
      o Children: 2021 = 53%
  o **Interventions:**
      o A). Review procedures and provide additional training for providers regarding transition and discharge summaries.
      o B). Develop 14 day follow up protocol for discharged members.
      o C). When does discharge planning begin? At intake- review with providers explanation of services, benefits and discharge process.
      o D). Review a sample of Discharge Summaries to determine of additional benefits were offered to members upon discharge
      o Interventions were approved for Objective 4. Dr. Faheem recommended that a discharge summary template, capturing a discharge plan be developed as an intervention for Objective 4.
Margaret Keyes-Howard also informed the committee that the 2023 data will be available for review during the August 29th, 2023. The Adult survey results will be reviewed and shared with the committee.		

Provider Feedback	Assigned To	Deadline
Questions/Concerns: 1. Can you explain the numbers for the randomly selected list? Is there a formula to it? 2. Are the interventions reviewed annually? What's the cadence for that? Last year did you develop these interventions? Are they on going? Are they revisited? How are the interventions ascribed to the goal? 3. Jessica Collins from the Guidance Center stated that we will need to focus on "action" interventions as opposed to "assessing". Dr. Faheem also recommended that the interventions must also be focused on the improving education. Psychoeducation to members as to what treatment will look like to each member. 4. Peer comments included questions, concerns about overbooking that happens at the provider level with the same times/clinicians. **Answers:** 1. Yes, there is a formula for the number of randomly selected. With the random sampling, the sampling has very little to do with the outcome number, because the scientific number is what you want to achieve. And the sample number really is about for 600. DWIHN pulled a larger amount from the randomly required selected cases in order to receive the 600 responses. 2. This year we've taken a little bit of an active role in how the interventions been presented. They've been presented to QISC. We haven't had a whole lot of feedback so Dr. Faheem recommended a stronger position in terms of taking some of these interventions and so we looked at a unified team and we divided some of those interventions amongst departments, so that some of these interventions could be looked at critically, but also these are things that need to be continually reviewed until we start really seeing an increase.		

Action Items	Assigned To	Deadline
The 2022 ECHO Survey review of Results, Interventions and barriers were approved by Dr. Faheem and the Committee as noted with updated recommendations. The 2023 ECHO Survey Preliminary Results will be shared with the committee on August 29, 2023 (Adults). Review each objective for development of timelines and incorporate recommended interventions. DWIHN will meet internally to review development of new interventions and timelines prior to the August 29th, 2023 QISC meeting.	Margaret Keyes-Howard (CS); Cassandra Phipps (Children Initiatives); Marianne Lyons(Adult Initiatives)	August 29, 2023

5) Item: Follow-up Items

Goal: QAPIP Effectiveness: BTAC Q2 Analysis (Quality Improvement)

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems X Quality ☐ Workforce

NCQA Standard(s)/Element #: QI 1 CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		

Fareeha Nadeem shared with the QISC the QAPIP quarterly reviews analyses of data from the Behavior Treatment Review Committee where intrusive or restrictive techniques have been approved for use with members and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis to include the following:
 	
BTAC FY2022 Analysis:
  • Background
  • Methodology
     ○ Network BTPRCs review each of the Restrictive and Intrusive Interventions before approving them for 90 days. • PIHP Office of Recipient Rights representatives attend network BTPRC meetings to ensure that only the techniques permitted by the Technical Requirements for Behavior Treatment Plans (BTP), pre-approved during person-centered planning by the member or their guardian, may be used with members.
     ○ BTPRC data includes the number of interventions and time (Duration of approval is 90 days).
     ○ Most BTPs overlap in the use of Restrictive and Intrusive Interventions.
     ○ The report is based on the data spreadsheets submitted by the BTPRCs of the following providers: Community Living Services, Inc. Development Center. The Children's Center. The Guidance Center. Team Wellness Center. Neighborhood Service Organization Easter seals-MORC, Inc. PsyGenics, Inc. Wayne Center.
  • Reported number of medications for the second quarter
  • Total Behavior Treatment Plans Submitted
  • Use of Restrictive and Intrusive Techniques
  • 911 Calls/Sentinel Events
  • Quantitative Report of each BTPRC for the second quarter
  • Additional Reporting:
     ○ Date and Number of Interventions
     ○ Settings
     ○ Behavior Observations
     ○ Analysis Documentation
     ○ Description of Positive Behavior Support
     ○ Behaviors Leading to Intervention Termination		

- o   Length of Intervention
- o   Staff Training/Guidance to Reduce the Use of Intervention
- o   Review and Modification or Development
- o   Comments
- Trends and Patterns
- Recommendations

Provider Feedback	Assigned To	Deadline
Questions/Concerns: 1. Is it reviewed if restrictions or the use of the techniques that we use align with the member's IPOS? **Answers:** 1. Yes, the member's needs are part of IPOS as required with the Members behavior treatment plan needs.		

Action Items	Assigned To	Deadline
Dr. Faheem and the QISC approved the Quarter 2 BTAC Analysis with no noted recommendations.	Fareeha Nadeem (QI)	7.18.2023

New Business Next Meeting: August 29, 2023
Adjournment: July 18, 2023

DETROIT WAYNE INTEGRATED HEALTH NETWORK

ECHO Survey Presentation
QISC Meeting 7.18.23

800-241-4949
www.dwihn.org

Overview

Per the request of the Detroit Wayne Integrated Health Network (DWIHN), the Wayne State Center for Urban Studies (Center), conducted the ECHO (Experience of Care & Health Outcomes) Child Survey with parents/guardians of its minor-aged members.

Purpose: The purpose was to assess the experiences of adults and families whose children received mental health or substance use disorder services through DWIHN in the previous 12 months.

Adults: DWIHN provided the Center with a randomly selected list of 4,305 members, out of the approximately 77,000 adults receiving services.

Children: DWIHN provided the Center with a sample of 4,450 members, out of the approximately 17,000 children receiving services.

The survey was administered via three modes:

1. The Center mailed a paper survey.

2. 2. A link to the web version was included with the mailed invitation.

3. One week after the paper survey was sent, staff from the Center's Computer Aided Telephone Interviewing (CATI) lab began calling parents/guardians and asking them to complete the survey over the phone.

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2021 ECHO SURVEY - ADULTS

▶ **Composite Rating over the past 3 years**

Composite Measures and Global Rating	2021	2020	2017
Getting treatment quickly	46%	43%	37%
How well clinicians communicate	68%	68%	65%
Getting treatment and information from the plan or MBHO	51%	57%	53%
Perceived improvement	29%	31%	29%
Information about treatment options	68%	71%	70%
Global Rating: Treatment (Overall rating of counseling and treatment)	51%	51%	46%

2021 ECHO SURVEY - ADULTS

▶ **Single Item Rating over the past 3 years**

Single Item Measures	2021	2020	2017
Office wait*	44%	36%	33%
Told about medication side effects	79%	74%	75%
Including family and friends	60%	60%	59%
Information to manage condition*	75%	81%	78%
Patient rights information	88%	91%	91%
Patient feels he or she could refuse treatment	84%	81%	78%
Privacy	93%	91%	91%
Cultural competency	69%	69%	76%
Amount helped	57%	58%	52%
Treatment after benefits are used up	56%	55%	48%

2021 ECHO SURVEY - CHILDREN

▶ **Composite Rating over the past 3 years**

Composite Measures and Global Rating	2021	2020	
Getting treatment quickly	46%	42%	
How well clinicians communicate	73%	72%	
Getting treatment and information from the plan or MBHO	51%	55%	
Perceived improvement	28%	25%	
Perceived access to treatment	59%	58%	
Global Rating: Treatment (Overall rating of counseling and treatment)	54%	49%	+5% ⬆

2021 ECHO SURVEY - CHILDREN

▶ **Single Item Rating over the past 3 years**

Composite Measures and Global Rating	2021	2020	
Office wait	63%	55%	+8% ⬆
Told about treatment options	76%	75%	
Told about medication side effects	83%	79%	
Information to manage condition	79%	78%	
Patient rights information	92%	95%	-3% ⬇
Patient feels he or she could refuse treatment	85%	88%	
Privacy	95%	93%	
Cultural competency	74%	82%	
Amount helped	51%	49%	
Treatment after benefits are used up	53%	58%	
Discussed goals of child's treatment	94%	93%	

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Detroit Wayne Integrated Health Network

GOALS / OBJECTIVES

Goal: Improve satisfaction of services for adults, children, and families

Objective 1: Improve overall treatment by at least 10%

▶ Adults: Year 2021 = 51%

▶ Children: Year 2021 = 51%

Interventions:

A). Review and or update current Individual Plan of Services (IPOS) policy to include frequency to explore satisfaction of services feedback

B). Explore with Providers how currently discussing satisfaction of services (Ex: surveys, periodic reviews, progress notes, "Happy or Not" kiosk)

C). Research "Happy or Not" Kiosk to be added at Provider locations

D). Focus Groups

GOALS / OBJECTIVES

Interventions (Cont):

E). IPOS Trainings (April 2023, July 2023, October 2023)

F). Currently offer CLS Satisfaction Survey – Children Services

G). Mystery Shopper

H). Identify and track provider no show/frequent cancel patterns and identify a plan for follow up

GOALS / OBJECTIVES

Goal: Improve satisfaction of services for adults, children, and families

Objective 2: Improve office visit wait time by at least 10%

▶ Adults: Year 2021 = 44%

▶ Children: Year 2021 = 63%

Interventions:

A). Research and define reasonable office visit wait time expectations

B). Develop and or amend policy to address Provider office visit wait time.

C). Establish Customer Service / Provider Mystery Shopper Tool.

D). Research "Happy or Not" Kiosk to be added at Provider locations as well as Smiley Digital app to connect virtually

E). Compare sign in sheet time vs. session start time at the Providers

GOALS / OBJECTIVES

Goal: Improve satisfaction of services for adults, children, and families

Objective 3: Improve member and or family perceived progress with treatment by at least 10%

► Adults: Year 2021 = 57%

► Children: Year 2021 = 51%

Interventions:

A). Review and or update current Individual Plan of Services (IPOS) policy to include frequency to explore satisfaction of services feedback

B). Explore with Providers how currently discussing satisfaction of services (Ex: surveys, periodic reviews, progress notes, "Happy or Not" kiosk)

C). Research "Happy or Not" Kiosk to be added at Provider locations as well as Smiley Digital app to connect virtually

D). DWIHN / CRSP to host focus groups with members and or Parents / Guardians to obtain feedback of satisfaction of services.

GOALS / OBJECTIVES

Goal: Improve satisfaction of services for adults, children, and families

Objective 4: Improve member informed of treatment options after benefits are depleted by at least 10%

▶ Adults: 2021 = 56%

▶ Children: 2021 = 53%

Interventions:

A). Review procedures and provide additional training for providers regarding transition and discharge summaries.

B). Develop 14 day follow up protocol for discharged members.

C). When does discharge planning begin? At intake- review with providers explanation of services, benefits and discharge process.

D). Review a sample of Discharge Summaries to determine of additional benefits were offered to members upon discharge.

Questions

Detroit Wayne Integrated Health Network

Behavior Treatment Advisory Committee (BTAC)

Quarterly Data Analysis Report

2nd Quarter Fiscal Year 2022-2023

Background:

- Detroit Wayne Integrated Health Network (DWIHN) started Behavior Treatment Advisory Committee (BTAC) in 2017.
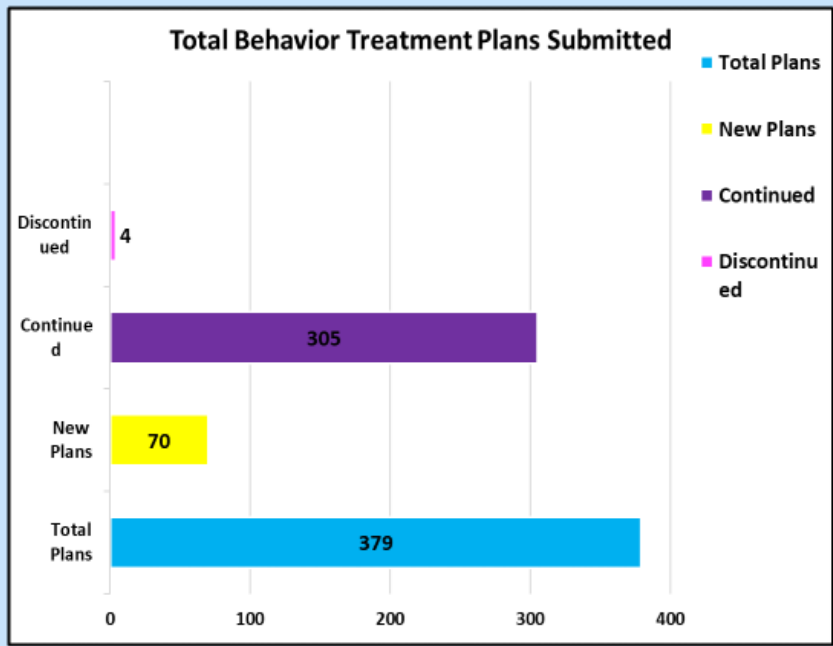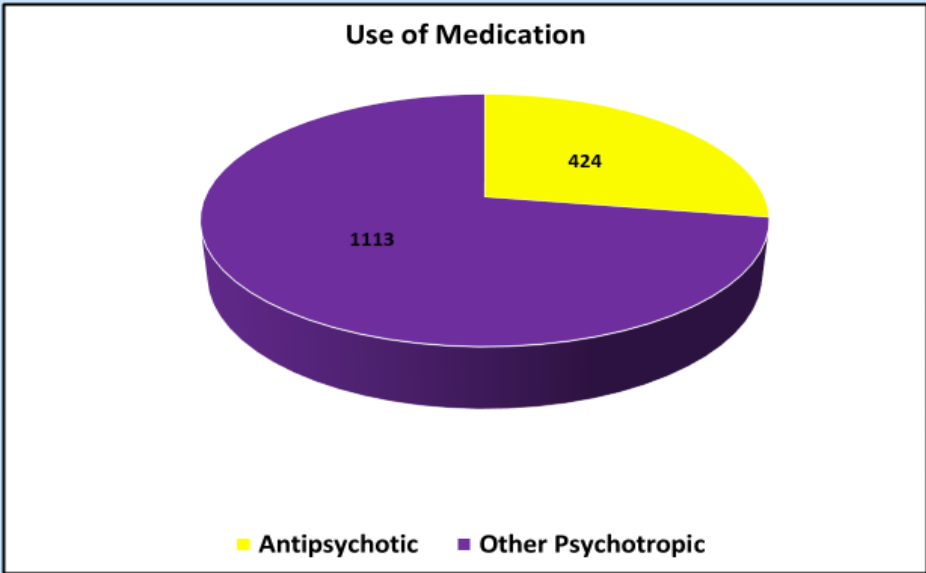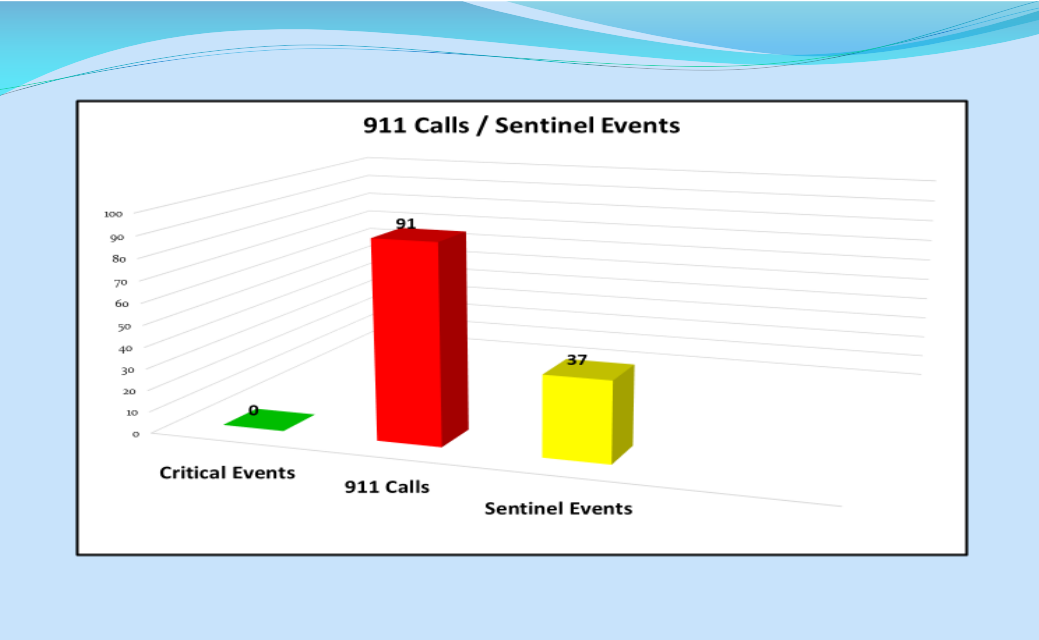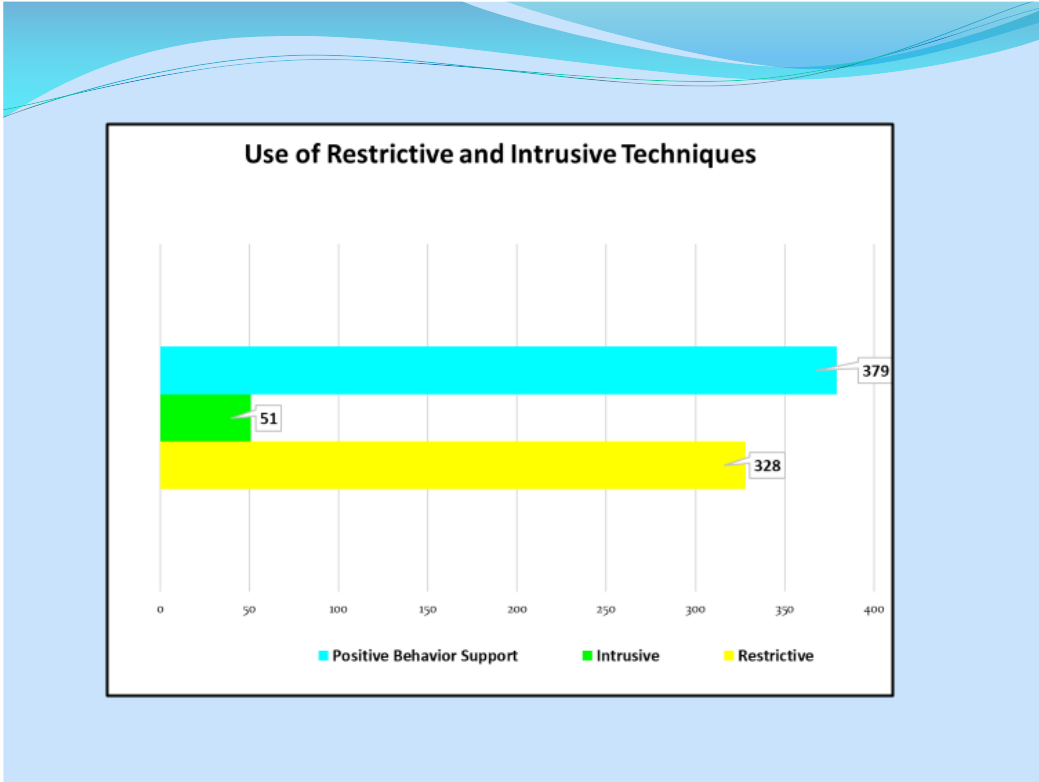- The Committee includes DWIHN network providers, members, and DWIHN staff, including Psychiatrists, Psychologist, and the Office of Recipient Rights.
- The Committee oversights the functioning of the Behavior Treatment Plan Review Committees (BTPRC) across the DWIHN network and evaluates each committee's overall effectiveness and corrective action as necessary.
- Network providers present their complex cases to the BTAC for a case review. During the second quarter, four cases were presented to the BTAC.

Methodology:

- Network BTPRCs review each of the Restrictive and Intrusive Interventions before approving them for 90 days.
- PIHP Office of Recipient Rights representatives attend network BTPRC meetings to ensure that only the techniques permitted by the Technical Requirements for Behavior Treatment Plans (BTP), pre-approved during person-centered planning by the member or their guardian, may be used with members.
- BTPRC data includes the number of interventions and time (Duration of approval is 90 days).
- Most BTPs overlap in the use of Restrictive and Intrusive Interventions.
- This report is based on the data spreadsheets submitted by the BTPRCs of the following providers:
  - Community Living Services, Inc.
  - Development Center.
  - The Children's Center.
  - The Guidance Center.
  - Team Wellness Center.
  - Neighborhood Service Organization
  - Easterseals-MORC, Inc.
  - PsyGenics, Inc.
  - Wayne Center.

The data included in this report is from Jan 1-March 31,2023.

Use of Medication

- Antipsychotic: 424
- Other Psychotropic: 1113

Total Behavior Treatment Plans Submitted

- Total Plans
- New Plans
- Continued
- Discontinued

Discontinued: 4
Continued: 305
New Plans: 70
Total Plans: 379

The data included in this report is from Jan 1-March 31,2023.

The data included in this report is from Jan 1-March 31,2023.

Quantitative Report of Each BTPRC for the Second Quarter:

Community Living Services, Inc. (CLS) BTPRC
Total: 232   New:0   Continued: 231   Dis: 1   Defered:0
Restrictive: 231   Intrusive:0
911 Calls: 63   SE/CE: 20

The Development Center, Inc. BTPRC
Total: 1   New: 0   Continued: 1   Dis: 0   Defered:0
Restrictive: 1   Intrusive:
911 Calls: 0   SE/CE: 0

The Children Center (TCC) BTPRC
Total: 2   New: 0   Continued: 2   Dis: 0   Defered:0
Restrictive: 2   Intrusive: 0
911 Calls: 0   SE/CE: 0

The Guidance Center (TGC) BTPRC
Total: 13   New: 2   Continued: 11   Dis: 0   Defered:0
Restrictive: 2   Intrusive: 11
911 Calls: 01   SE/CE: 0

Teams Wellness Center (TWC) BTPRC
Total: 11   New: 0   Continued:11   Dis: 0   Defered:0
Restrictive: 11   Intrusive: 0
911 Calls: 0   SE/CE: 0

Neighborhood Services Organization (NSO) BTPRC
Total: 9   New: 9   Continued: 0   Dis: 0   Defered:0
Restrictive: 9   Intrusive: 0
911 Calls: 0   SE/CE:0

MORC-Easterseals BTPRC
Total: 39   New: 2   Continued: 36   Dis: 1   Defered:0
Restrictive: 18   Intrusive: 8
911 Calls: 16   SE/CE: 16

PsyGenics BTPRC
Total: 8   New: 3   Continued: 5   Dis: 0   Defered:0
Restrictive: 3   Intrusive: 5
911 Calls: 1   SE/CE: 0

Wayne Center BTPRC
Total: 64   New: 54   Continued: 8   Dis: 1   Defered:1
Restrictive: 60   Intrusive: 2
911 Calls: 10   SE/CE: 1

Additional Reporting:

The network BTPRCs continue to collect the following additional data to ensure compliance with MDHHS Technical Requirements of BTPRC:

Date and Number of Interventions (Example: MHWIHN#, 3/8/2023, #2)
Settings (Example: Most of the behaviors occur at the residence of the member)
Behavior Observations (Example: Med Issue Recorded on ABC charts, Behavioral data collection forms, and Incident Reports; Food taking, verbal aggression, physical aggression, Elopement, agitation verbal aggression. HO; HS; Med Issue; PD Recorded on ABC charts, Behavioral data collection forms, and Incident Reports)
Analysis Documentation (Example: Monitor triggers, line of sights2:1 staffing during ABA therapy - interventions are EPM, blocking pads & gym mats)
Reporting Critical and Sentinel Events if meets the reporting criteria)
Description of Positive Behavior Support (Examples: Give praise, watch for overstimulation, give soft items, Increased Social interactions; Decreased excessive demands, Positive Reinforcement, Scheduled Preferred Activities, Frequent Affirmations, etc.)
Behaviors Leading to Intervention Termination (Example When member's behavior is no longer a "severe" danger to others, as evidenced by six consecutive months of 0-severe-physical aggression towards staff and 0-severe destruction of property, member's staff will decrease from 2:1 to 1:1)
Length of Intervention (Example: With 90-day daily implementation as recommended in BTP)
Staff Training/Guidance to Reduce the Use of Intervention (Example: In-Service in In-Service in MHWIN)
Review and Modification or Development (Example: Quarterly, as needed)

Comments (Example: Restriction for a protective device, not behavioral; This Individual has been referred to the WC BTPRC because of the number and quantity of their psychotropic medications. There are no other restrictions or limitations requiring approval from this committee.)

Trends and Patterns:

There is an improvement in the trend of under-reporting of 911 calls. The PIHP is **making progress on the systemic issue of under-reporting and tracking 911 calls. There were twenty-two 911 calls reported in Q1(FY 2023), whereas ninety-one 911 calls were reported in Q2** as part of the BTPRC required data. The PIHP continues to work with network BT providers to address this issue.

The network BTPRCs have an electronic health record system that is not patched with the PIHP PCE system (MHWIN), one of the barriers to reporting 911 calls and other reportable categories of the events.

The shortage of clinical staff with MDHHS-required credentials for BTPRC review continues to challenge PIHP and network BTPRC providers.

The PIHP QPI staff continues to work with the network BTPRCs at the Clinically Responsible Service Provider (CRSP) level to provide technical assistance on MDHHS Technical Requirements of BTPRC.

Recommendations:

➤ All recommendations from the first quarter remain in effect along with HSAG Corrective Action Plan, which is monitored through Behavior Treatment Plan Review Committees at the Clinically Responsible Service Provider (CRSP) level and through (1) Quality Monitoring Audits; and (2) PIHP oversight committee-- Behavior Treatment Advisory Committee.

➤ The Behavior Treatment category was made live in the Sentinel Events Reporting module to improve the systemic under-reporting of Behavior Treatment beneficiaries' required data, including 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management. Network BTPRCs electronic data should be patched into the PIHP PCE system (MHWIN) to improve the systemic under-reporting of Behavior Treatment beneficiaries' required data.

➤ As appropriate, there are recommendations to increase training for network providers on the Technical Requirements of Behavior Treatment Plans and supervision.

➤ Additional clinical staff with MDHHS-required credentials for BTPRC review continues to be a challenge for PIHP and network BTPRC providers. Additional staff with the required credentials will help ensure compliance with BTPRC Technical Requirements.

➤ Continuation of Case Validation Reviews of randomly selected cases is recommended as a step toward continuous quality improvement at the PIHP level.