



Behavior Treatment Advisory Committee Summary of Data Analysis Fiscal Years 2018-2020

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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 Behavior Treatment Plan Review Committees' trends and patterns compared to performance indicators such as psychiatric hospitalization, behavior stabilization, 911 calls, Critical and Sentinel Events, and reductions or increase in the use of Behavior Treatment Plans.

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

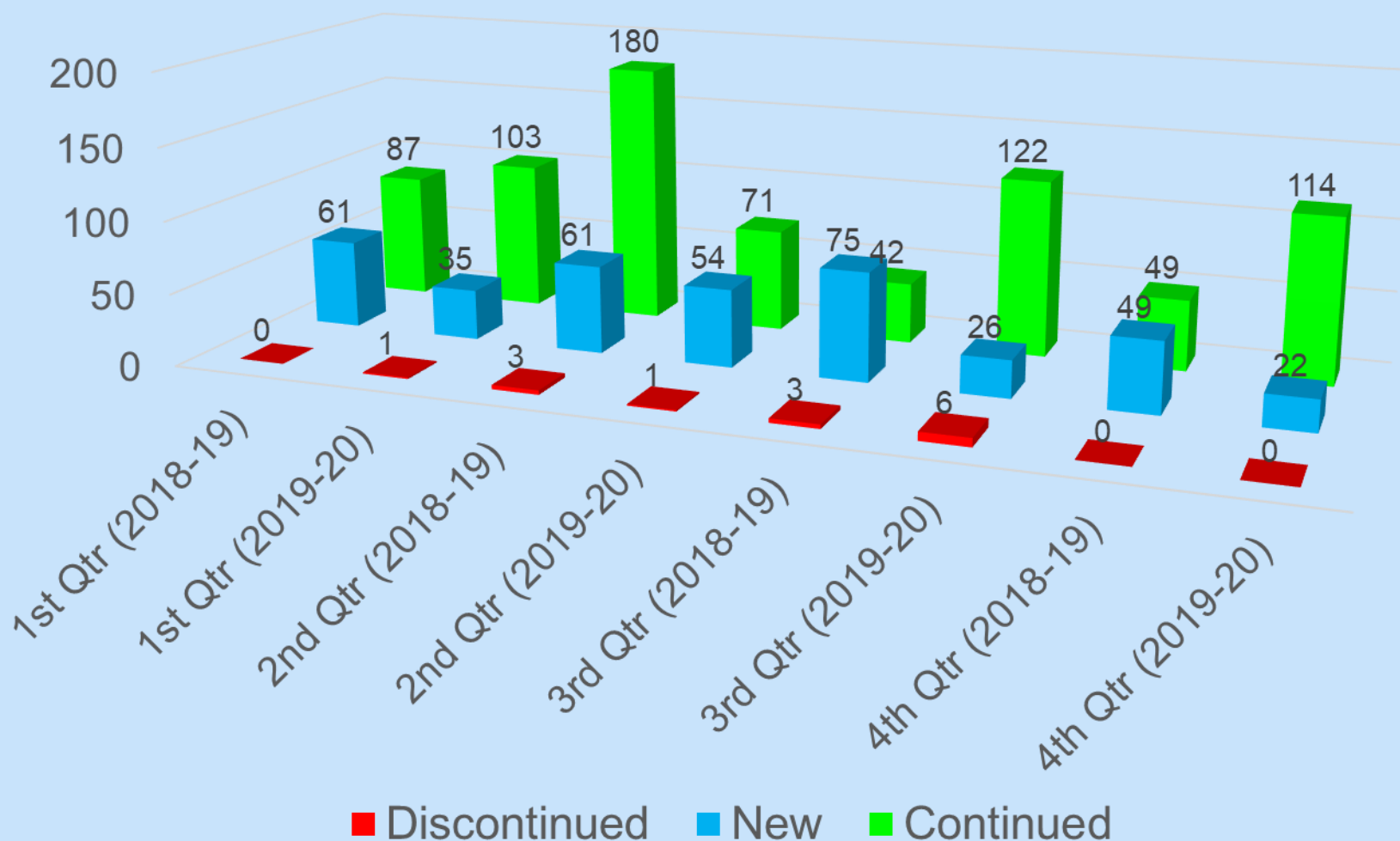
- ❖ DWIHN offered two full day trainings on Behavior Treatment Procedures with MDHHS;
- ❖ DWIHN started submitting quarterly data analysis reports on system-wide trends of Behavior Treatment Plans to MDHHS;
- ❖ During the COVID pandemic, DWIHN issued HIPPA compliant virtual review and approval guidelines;
- ❖ Behavior Treatment notification banner for each member on the Behavior Treatment Plan has been added to DWIHN's MH-WIN for effective monitoring;
- ❖ MDHHS Technical Requirements have been incorporated into DWIHN Policy and Case Record Review Tool (Periodic revisions are conducted);



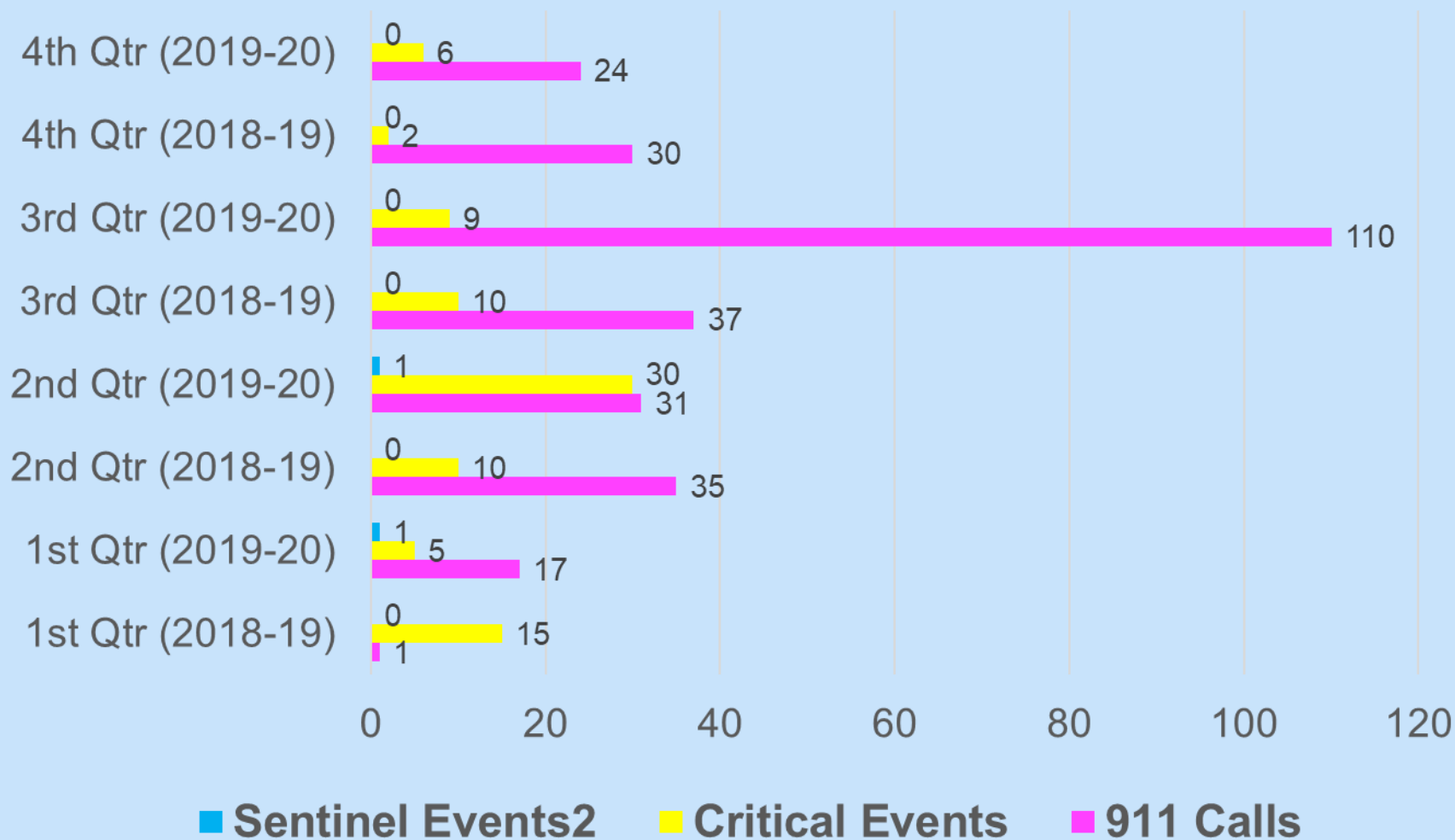
ACCOMPLISHMENTS Continued.....

- ❖ With effect from October 1, 2020, DWIHN has delegated the responsibility of Behavior Treatment reviews to DWIHN's Clinically Responsible Service Providers (CRSP);
- ❖ Twenty one Mental Health CRSP have established BTPRC and three have joint BTPRC;
- ❖ 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)*

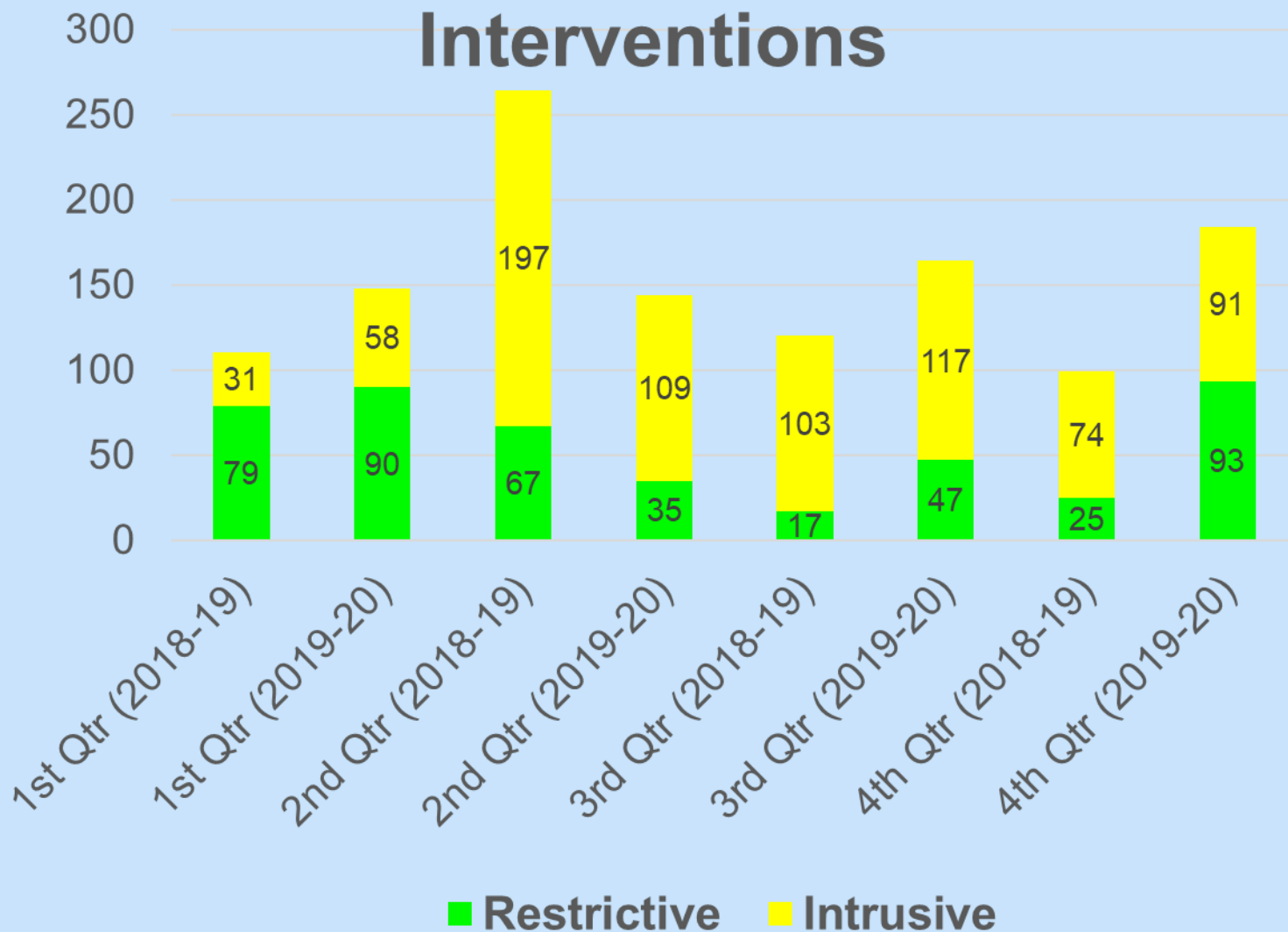
Total Behavior Treatment Plans Reviewed



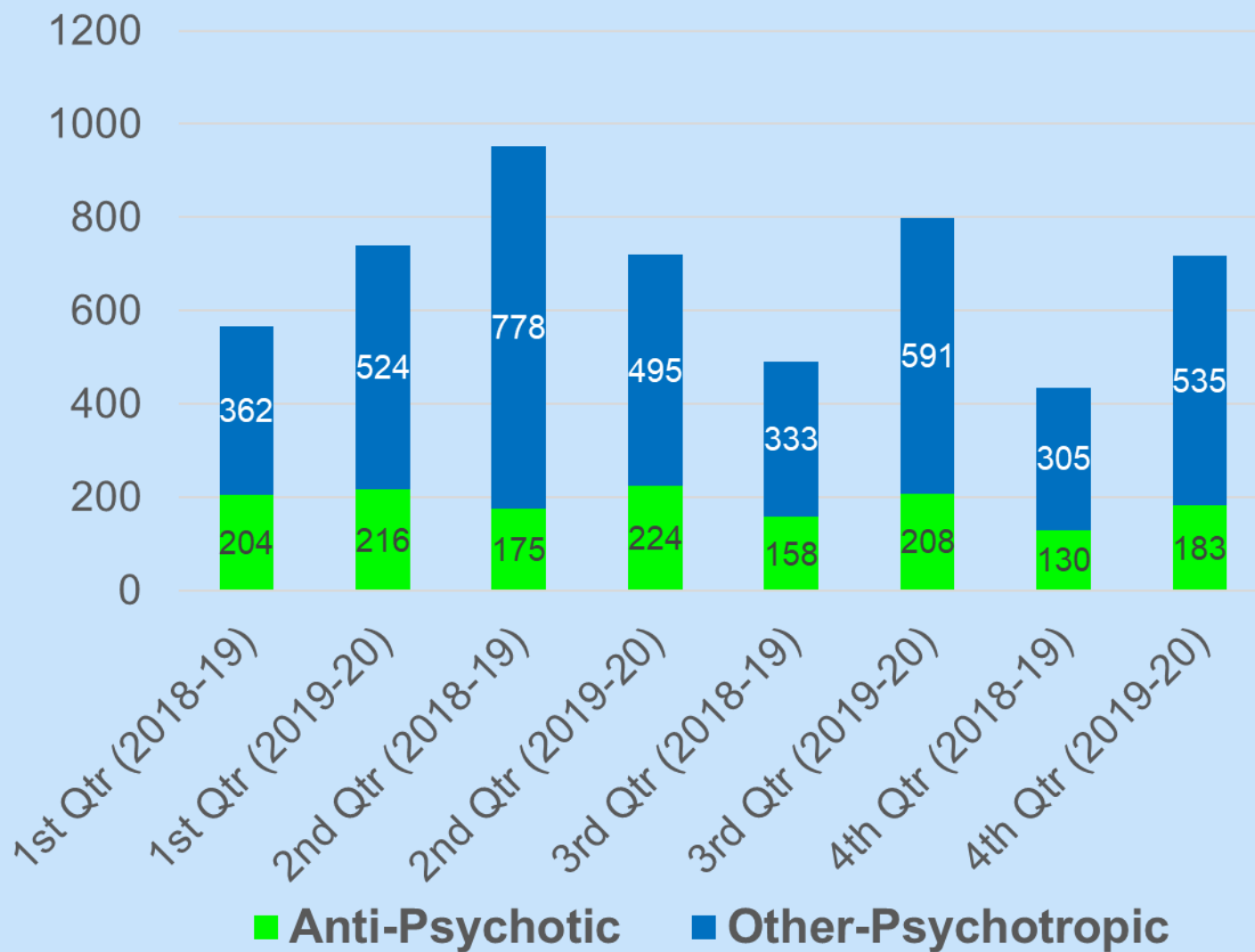
Reported 911 Calls and Critical/Sentinel Events



Restrictive and Intrusive Interventions



Use of Medication



RECOMMENDATIONS

- ❖ IPOS and Behavior Treatment Plans are specific, measurable, and are updated and revised per the policy/procedural guidelines;
- ❖ 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;

RECOMMENDATIONS

- ❖ Crisis Prevention Intervention (CPI) training is recommended to help reduce the high utilization of emergency department (ED) visits;
- ❖ In-service training is provided by the appropriately licensed and credentialed clinician;
- ❖ 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.)

