Title of Measure: Behavior Review Data
Summary of Project: The study is required by the Michigan Department of Health and Human Services (MDHHS). The data collected is based on the definition and requirements that have been set forth within the Standards for Behavioral Treatment Review attached to the Pre-Paid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP) contract.

MSHN delegates the responsibility for the collection and evaluation of data to each local CMHSP Behavior Treatment Review Committee (BTRC), including the evaluation of effectiveness of the BTRC by stakeholders. Data will be collected and reviewed quarterly by the CMHSP where intrusive and restrictive techniques have been approved for use with individuals, and where physical management or 911 calls to law enforcement have been used in an emergency behavioral situation. This data is to be reviewed as part of the CMHSP Quality Improvement Program (QIP) and reported to the PIHP. MSHN monitors to ensure the local CMHSP BTRC follows the requirements outlined within the Standards for Behavior Treatment Review Committees. The following measures are trend data; therefore, no external standard exists. The trend is used to identify any areas requiring further analysis to improve the safety of the individuals we serve. This is done by reviewing quarterly data to identify causal factors contributing to an increase rate and an upward trend. The expectation is that each quarter will demonstrate improvement from the previous quarter. CMHSP and/or MSHN will implement interventions to improve safety, thereby changing the direction of the trend.

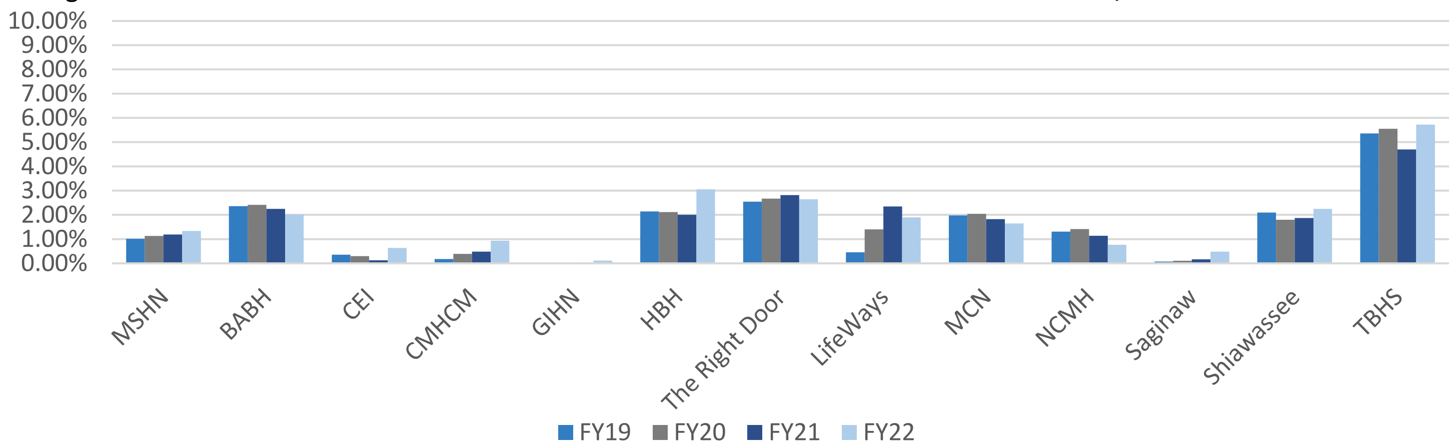
Data Analysis

Goal 1: The proportion of individuals with a restrictive and/ or intrusive behavior treatment plan will be monitored quarterly to address causal factors for positive or negative change**.**

Numerator: The total number of plans with restrictive and intrusive interventions reviewed during the reporting period.

Denominator: The total number of individuals who are actively receiving services during the reporting period.

Figure 1. Percent of Individuals served who have a Behavior Treatment Plan with Intrusive/Restrictive interventions.



The variance in the data relates to three main categories which are addressed in the recommendations and included in ongoing discussion with regional BTPRC.

Barriers/Causal Factors

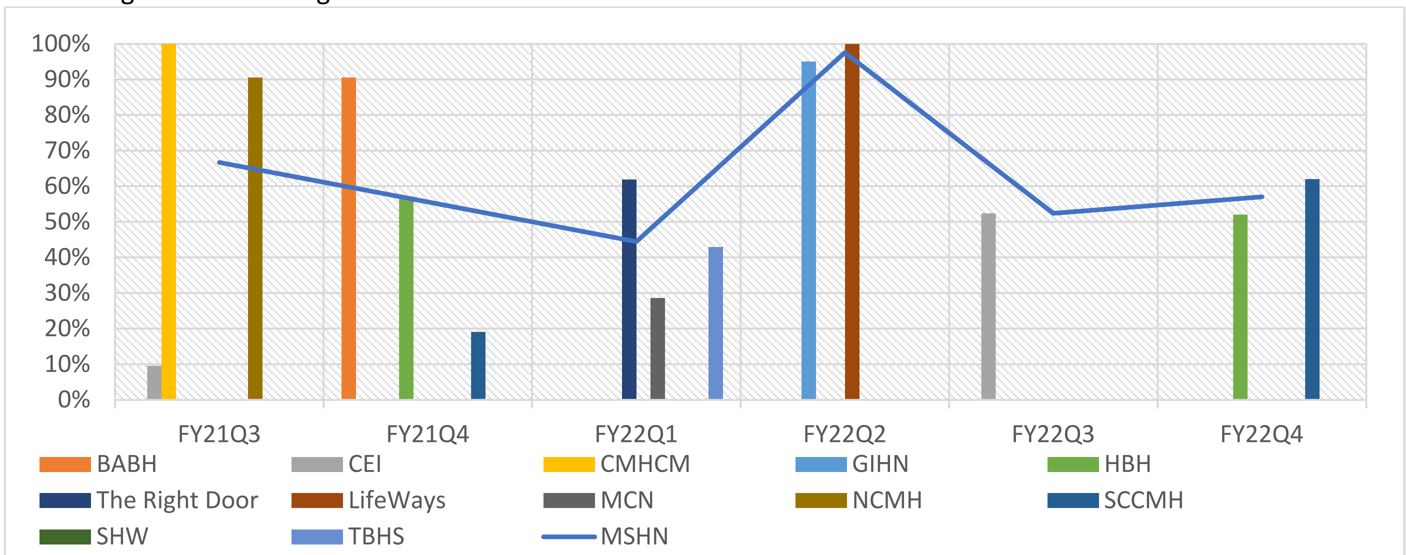
1. The number of plans may be attributed to the increased monitoring and oversight from MDHHS as it relates to the monthly review of HSW re-certification; and increased monitoring of the Individual plans of Service, Behavior Treatment Plans and home visits where unreported restrictions are identified; and more accurate identification and oversight of restrictions.
2. The incorporation of the individuals receiving the autism benefit into the CMHSP BTRC process. Most of the CMHSPs have begun to review plans that have restrictive or physical interventions for individuals receiving Applied Behavioral Analysis (ABA) services.
3. Medications that are prescribed outside of standard dosage or treatment for the individual's diagnosis or condition, must be addressed by the committee quarterly. This does not require a BTP, but these reviews are likely to lead to the creation of a BTP in order to adequately address the standards.

Goal 2: MSHN will ensure behavioral treatment plans are developed in accordance with the Standards for Behavior Treatment Plan Review Committees.

Study Question 2**:** Have the targeted interventions been effective in increasing the percentage of compliance with the Behavioral Treatment Standards.

Numerator: The number of Behavior Treatment standards meeting full compliance through the monthly delegated managed care reviews.
Denominator: The total number of Behavior Treatment Standards reviewed through the monthly delegated managed care reviews.

Figure 2. Percentage of Behavioral Treatment Plan Standards Met



Goal 3: The percentage of emergency interventions per person served during the reporting period will demonstrate a decrease from previous measurement period.

Study Question 3: Has the proportion of incidents in which the use of emergency intervention decreased over time (Figure 3)?

Numerator: The total number of emergency interventions reviewed during the reporting period. (Total # of physical management, and 911 call for behavioral assistance)

Denominator: The total number of individuals who are actively receiving services during the reporting period.

Figure 3. The percentage of emergency interventions used per person served for MSHN

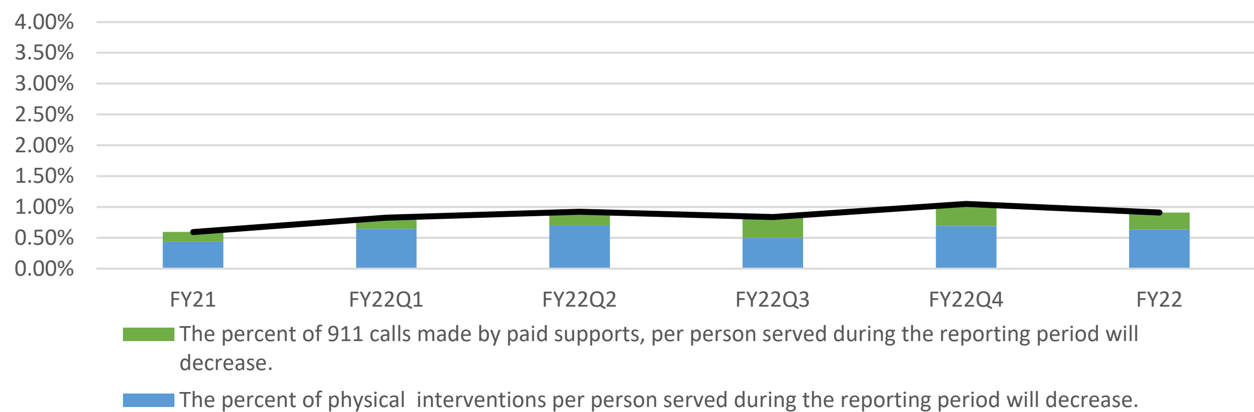


Figure 3a. The percentage of emergency intervention per person served for each CMHSP Participant

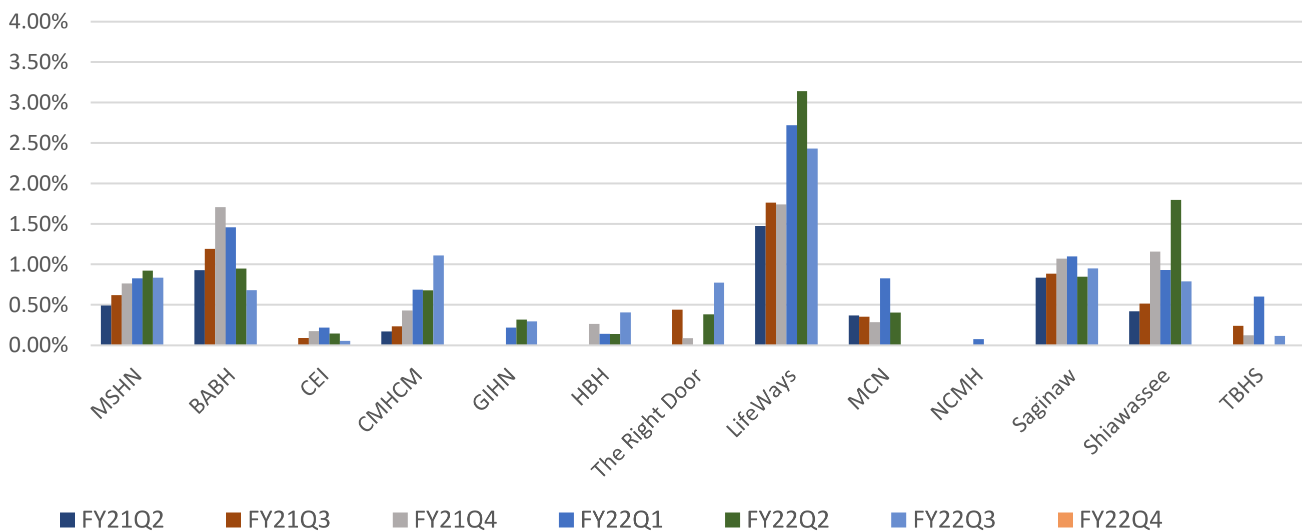


Figure 4. The number of interventions and average plans per fiscal year

	FY21			FY22		
	Average # of Approved BTPs with Intrusive Restrictive Interventions	# of Physical Interventions	# 911 Calls	Average # of Approved BTPs with Intrusive Restrictive Interventions	# of Physical Interventions	# 911 Calls
MSHN	362.5	531	193	423.75	811	346
BABH	70.75	131	6	67.25	129	7
CEI	7.25	0	18	35.5	3	21
CMHCM	28.75	39	11	56.25	150	46
GIHN	0.25	0	0	1	8	2
HBH	14.75	1	1	22.5	7	0
The Right Door	32.5	2	7	36.25	0	17
LifeWays	106	255	56	79.75	387	111
MCN	25	10	9	24.75	16	3
NCMH	14	0	0	10.75	1	1
SCCMH	7	71	85	19	75	105
SHW	17.5	19	0	22.25	28	30
TBHS	38.75	3	0	48.5	7	3

Conclusions:

Goal 1: The proportion of individuals with a restrictive and/ or intrusive behavior treatment plan will be monitored quarterly to address causal factors for positive or negative change.

The percent of individuals served who have a behavior plan that include intrusive or restrictive interventions for FY22 has demonstrated an increase from FY21. This is attributed to the increased education and training related to the standards for monitoring the restrictive and intrusive interventions.

Goal 2: MSHN will ensure behavioral treatment plans are developed in accordance with the Standards for Behavior Treatment Plan Review Committees. A compliance rate of 72.2% was demonstrated for 2022.

Six CMHSPs had a full review of the Behavior Treatment Standards in FY21 . Eight CMHSPs had an interim in FY22. An increase was demonstrated from FY21 to FY22, however, the most valuable comparison will be after a full review is completed for each CMHSP in FY23.

Goal 3: The percent of emergency interventions per person served during the reporting period will demonstrate a decrease from previous measurement period.

MSHN demonstrated an increase in emergency interventions in FY22 compared to FY21. The standard was not met. Sixty-three percent (63%, 132/208) of the physical interventions were attributed to twelve-percent (12%-5/43) of the individuals who had a physical intervention.

Recommendations:

- The regional BTP workgroup continue to address the following areas:
  - Discussion related to restrictions, and limitations that require an approved behavior treatment plan by the BTR committee. Utilization of the Frequently Asked Questions (FAQ) document to identify and provide guidance for scenarios that may be interpreted differently. *Status: FAQ updated and discussed every other month in coordination with MDHHS Behavior Work Group.*
  - Effective data collection to measure improvements and identify continued areas of risk. *Status: Complete.*
  - Develop minimal competencies based on scope of practice for individuals who write behavior treatment plans. *Status: Not addressed at this time.*
  - Review the established definition of reporting a physical intervention to ensure consistent application across the region. *Status: To be discussed next BTPR meeting.*
- QIC in collaboration with the BTPR work groups will explore development of data collection options and aggregation into the Provider Portal in REMI. *Status: Planning*
- The regional BTPR workgroup has requested development of a training to assist in the incorporation of the required elements of the Behavior Treatment Standards. It is recommended that a regional training occur with attendance strongly encouraged by clinical staff and members of each local BTPRC, to ensure all restrictive and intrusive interventions are reviewed, approved and written into a plan as required by MDHHS. *Status: Training has been developed and has been conducted in November of 2022. This has been completed*

Completed By: Sandy Gettel MSHN Quality Manager **Date:** 11/18/2022
Distributed To: Quality Improvement Council **Date:** 11/22/2022