



## Behavior Treatment Planning

# Why we are here

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- SWMBH had citations in our recent Michigan Department of Health and Human Services Audit
- Many upcoming changes with the implementation of the Home and Community Based Final Rule
- Upcoming availability of the Michigan Fidelity Assessment Screening Team (MiFast) for evaluation/consultation



# Culture of Gentleness

- Behavior Treatment Plan Review Committees (BTPRCs) ensure that behavior plans are written within the framework of a culture of gentleness:
  - Provision of a sense of safety
  - Teaching the individual that engagement with others is good
  - Teaching the individual to value others
  - Providing opportunities to establish meaningful relationships
  - Enhancement of the individual's sense of self-value
  - Assurance of consistency through structure
  - Provision of opportunities to express autonomy while receiving supports
  - Optimal learning environment
  - Skills to promote companionship, esteem, problem solving, coping
  - Community Inclusion

# Review Committee Responsibilities

The Behavior Treatment Plan Review Committee (BTPRC) has the following responsibilities, as required by the MDHHS Technical Requirement for BTPRCs:

1. Review and approve or disapprove any plans that propose to use restrictive or intrusive interventions;
  2. For each approved plan, set and document a date to re-examine the continuing need for the approved procedures. Plans with intrusive or restrictive techniques require minimally a quarterly review.
  3. Ensure that the composition of the Committee meets the Technical Requirement specifications;
  4. Document the Committee's activities through meeting minutes that clearly delineate the actions of the Committee;
  5. Implement a process for evaluation of Committee's effectiveness;
  6. On a quarterly basis, analyze the use of all physical management and involvement of law enforcement for emergencies, and the use of intrusive and restrictive techniques by each individual receiving the intervention;
  7. Provide a mechanism for expedited review of proposed behavior treatment plans in emergent situations.
- For complete detail, see: Medicaid Managed Specialty Services and Supports Contract Attachment P.1.4.1. "Standards for Behavior Treatment Plan Review Committees"

# Team Composition



- BTPRC Composition and documentation:
  - The Committee shall be comprised of at least three individuals:
    - One board certified behavior analyst or licensed behavior analyst, and/or licensed psychologist with specified training
    - One member shall be a licensed physician/psychiatrist
    - A representative of the Office of Recipient Rights (non-voting)
    - 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.
  - The Committee shall keep all of its meeting minutes, and clearly delineate the actions of the Committee.
  - All members shall be appointed for a term of not more than two years (members may be reappointed).

# Behavior Treatment Plan Elements

Behavior treatment plans are developed in accordance with the Technical Requirement for BTPRCs.

1. Plans that use restrictive or intrusive techniques shall be approved by the committee prior to implementation.
2. A functional assessment of behavior, with evidence that relevant physical, medical and environmental causes of challenging behavior have been ruled out, is documented prior to plan implementation.
3. There is documentation that positive behavioral supports and interventions have been adequately pursued prior to implementation of restrictive or intrusive techniques.
4. Plans are developed through the person-centered planning process.
5. Written special consent must be given by the individual, his/her guardian, or the parent of a minor prior to the implementation of a plan that includes intrusive or restrictive interventions.
6. Plans that propose to use physical management and/or involvement of law enforcement in a non-emergent situation; aversive techniques; or seclusion or restraint in a setting where it is prohibited by law shall be disapproved.
7. There is a plan for monitoring and staff training to assure consistent implementation and documentation of the intervention.
8. The committee reviews the continuing need for any approved procedures involving intrusive or restrictive techniques at least quarterly.

# When does it go to the BTPRC?

- A behavior treatment plan is required to have BTPRC approval when:
  - **Restrictive or intrusive** techniques are used.
  - Definitions for Restrictive and Intrusive Techniques from the MDHHS Contract Attachment P.1.4.1. “Standards for Behavior Treatment Plan Review Committees” follow:
- **Restrictive Techniques**: 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 Balanced Budget Act. Examples of such techniques as limiting or prohibiting communication with others when that communication would be harmful to the individual; 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.

# When does it go to the BTPRC? - cont.

- **Intrusive Techniques**: 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.
- *Use of medication for behavior control is a frequent reason for BTPRC review, as it is an intrusive technique.*



# When does it go to the BTPRC? - cont.

- A BTPRC may choose to review other formally developed behavior treatment plans (that don't include restrictive or intrusive techniques)
- Before approving a plan, the Committee must determine that:
  - The plan does not propose to use aversive techniques, physical management, seclusion or restraint
  - The plan is supported by current, peer-reviewed literature
  - A functional behavioral analysis has been performed
  - Positive behavioral supports and interventions have been adequately pursued
  - Dates are set to review the plan at least quarterly
  - An inquiry has been made to determine that the restrictive or intrusive techniques do not put the specific individual in harm's way due to medical, psychological or other risk factors.

# Opportunities to improve (MDHHS citations)

- There was lack of evidence that there were quarterly reviews by the Behavior Treatment Committee for an individual prescribed Depakote, Seroquel, and Clonazepam with a diagnosis of Autism/Moderate IDD.
  - In the event that an individual is being prescribed a psychotropic medication and they don't have a correlating MI diagnosis, it must be reviewed by the BTC (at minimum quarterly).
- There was lack of instruction in the IPOS to address verbal and physical aggression, tearing clothes, inappropriate undressing; purposeful incontinence and SIB.
  - Plans need to be specific to the individual and their behaviors using positive behavioral supports

The IPOS did not address falls in the IPOS. (There were eight since 2016 in the Day Program.)

- The IPOS needs to address health and safety issues (these do not always have to go to the BTC)

# Health and Safety



- Health and Safety issues identified in the assessment must be addressed through the person centered planning process
- Health and Safety issues that require modification to the individual's Home and Community Based (HCBS) rights will need to go to a BTPRC in the event that the issue is tied to a challenging behavior; if it is only a health and safety issue it can be addressed in the IPOS
- Due to the HCBS Final Rule there are new elements that will have to be reviewed in the IPOS when addressing a health and safety issue that includes any sort of modification:
  - Identify a specific and individualized assessed safety or health related need.
  - Positive interventions and supports used prior to modification
  - Less intrusive methods tried
  - Describe the conditions that is directly proportionate to the specified need
  - Regular collection and review of data to review effectiveness
  - Established time limits for periodic review to determine if modification is still needed
  - Informed consent of the individual
  - Assure interventions and supports will cause no harm

# Health and Safety, cont.

- When individuals are exhibiting behavior that put themselves or others at risk, it is the CMH's responsibility to ensure the development and implementation of appropriate plans to ensure customers' health and safety.
- Repeated use of crisis intervention (e.g., physical management / law enforcement involvement), for example, requires that the CMH initiate a review process to evaluate positive alternatives or the need for a specialized intervention plan.
- Repeated health and safety-related incident reports (aggression toward others, self-harm, etc.) is another indication that a plan review is needed.
- The MDHHS Standards for Behavior Treatment Plan Review Committees "Expedited Review" process is to be used to address situations where there is the potential for health and safety risk, and the current plan is not working.
- Any staff working with individuals should be promptly trained in any new plan development.

# SWMBH Clinical Review Tool

H	<b>Section H: Behavior Treatment Planning</b>
1	In the event that a Behavior Treatment Plan is in place, there is evidence in the file to show that the plan has been presented and approved by the Behavior Treatment Committee (BTC).
2	For each approved plan, there is a set and documented date to re-examine the continuing need for the approved procedures. This review shall occur at a frequency that is clinically necessary or as requested by the individual in the person centered planning process. (at minimum quarterly for plans that include intrusive or restrictive interventions)
3	The plan demonstrates that less restrictive interventions have been attempted and were unsuccessful.
4	There is evidence in the file to show that the customer / guardian signed off on the plan?



# Coming soon: MIFast

- The State of Michigan has trained a small group to assist CMHSPs in evaluating and improving their BTC process and ensure fidelity to the technical requirements
- The rubric has been developed and will be piloted soon.
- The tool will be available in the future for CMHSPs
- CMHSPs can request an evaluation (not required at this time)
- Contact Mark Lowis for more information:
  - [LowisM@michigan.gov](mailto:LowisM@michigan.gov)



# Additional Resources

- MDHHS (power point presentation): Behavioral Treatment Plan Review Committee Standards, Recipient Rights, and Behavioral Health Treatments from the 2017 Annual Waiver Conference
  - <https://www.macmhb.org/2017-annual-home-and-community-based-waiver-conference>
- Mark Lewis (power point presentation): deeper dive into the process of developing a quality behavior treatment plan. (available upon request).

# Questions?

