**Sanilac County Community Mental Health Authority**

Behavior Management Committee Review

|  |  |  |  |
| --- | --- | --- | --- |
| Name:       | B/D:       | Case:       | CMH: Sanilac |
| Pri:       | Sec:       |
| Ter:       | Quat:       |
| Quin:       | Sen:       |
| Case Holder / Presenter:       |
| Review Date:       | Start Time:       | Stop Time:       |
| [ ]  Behavioral Technique/s Requiring BMC Approval – Re: Attachment 1 or Attachment 2 [ ]  Case Consultation on Plan of Service utilizing Positive Behavior Supports – Re: Attachment 3 |
| Review Activities Requiring BMC ApprovalPeriodic Review of BMC Behavior Plan (attached) ([ ]  yes / [ ]  no / [ ]  NA)Positive Behavior Supports Survey (attached) ([ ]  yes / [ ]  no / [ ]  NA)Quarterly Tracking / Analysis of Physical Management for Emergencies (attached) ([ ]  yes / [ ]  no / [ ]  NA)Review of Unexpected Deaths – Adverse Incident / Lethal Case Review (attached) ([ ]  yes / [ ]  no / [ ]  NA) |
| BMC Comments / Summary / Improvement Recommendations (e.g. practices / clinical training / PBS Team training / PBS Team Case Consultation / systemic compliance in terms of service environment – medical / psychiatric / other clinical):1.      2.      3.       |
| Next Review Due:       |
| BMC Members in Attendance:       |
| Signatures |
| CSM Click or tap here to enter text. |
| Recipient Rights Officer: Click here to enter text. |
| Clinical Supervisor/ Chair: Click here to enter text. |
| Medical Director: Click here to enter text. |
| Licensed / Behavioral Psychologist: Click here to enter text. |
| Peer Support Specialist: Click here to enter text. |

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 **Attachment 1 (Intrusive Techniques)**

|  |
| --- |
| *Intrusive Techniques* *(includes medication for behavior control)*  |
| Special Consent  | **[ ]  yes** **[ ]  no** | Notes:        |
| Functional / Behavioral Assessment  | **[ ]  yes** **[ ]  no** | **Notes:**  |
| Positive Behavior Supports (refer to PIHP PBS training resources) * Culture of Gentleness Approach
* Proactive and Reactive Strategies
* Documented Attempts Using PBS
 | **[ ]  yes** **[ ]  no**  | **Notes:**  |
| Medications 1.      2.      Et al  | **[ ]  yes** **[ ]  no**  | **Rationale (Diagnosis) and Notes / NA:**  |

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 **Attachment 2 (Restrictive Techniques)**

|  |
| --- |
| *Restrictive Techniques* |
| Special Consent | **[ ]  yes** **[ ]  no**  | **Notes:**  |
| Functional / Behavioral Assessment  | **[ ]  yes** **[ ]  no**  | **Notes:**  |
| Positive Behavior Supports (refer to PIHP PBS training resources) * Culture of Gentleness Approach
* Proactive and Reactive Strategies
* Documented Attempts Using PBS
 | **[ ]  yes** **[ ]  no**  | **Notes:**  |

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**Attachment 3 (Positive Behavior Supports)**

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| --- |
| *PBS Techniques* |
|  |  |  |
| Functional / Behavioral Assessment  | **[ ]  yes** **[ ]  no**  | **Findings:**  |
| Positive Behavior Supports (refer to PIHP PBS Team / training resources) * Culture of Gentleness Approach
* Proactive and Reactive Strategies
* Documented Attempts Using PBS
 | **[ ]  yes** **[ ]  no** | **Recommendations:** **[ ]  Link to Program Supervisor for follow-up PBS training or case consultation within CMH provider organization****[ ]  Link to PIHP UMC Chair for follow-up PBS training or case consultation within PIHP PBS Team (BMC Chair complete PBS Team Training Request form)**  |