**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 Approval  Periodic 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)**

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| --- | --- | --- |
| *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)** |