

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>		
Department Clinical Services		# of Pages: 6		
Policy Name BEHAVIOR MANAGEMENT COMMITTEE		Type of Policy: [] WCHO [] Regional [] Network		
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Administrative/Board of Directors Sign Off				
Administrative Signature:			Date:	
Board of Directors Signature:			Date:	

I. PURPOSE

To establish a local CMH Behavior Management Committee (BMC) with responsibility for reviewing the behavioral treatment plans of recipients.

II. APPLICATION

All recipients while under the care of any Community Mental Health Partnership of Southeastern Michigan (CMHPSM) staff, students, volunteers and/or contractual agencies within the provider network. This policy does not apply to WCHO which, as a PIHP, will have its own specific policy on BMC.

III. DEFINITIONS

Applied Behavior Analysis - is the organized field of study which has, as its objective, the acquisition of knowledge about behavior using accepted principles of inquiry based on operant and respondent conditioning theory. It also refers to a set of techniques for modifying behavior toward socially meaningful ends based on these conceptions of behavior. Although this field of study is a recognized sub-specialty in the psychology discipline, not all practitioners are psychologists, and such training may be acquired in a variety of disciplines.

Behavior Management - is the exercise of general control of behavior to achieve therapeutic objectives through the use of a variety of recognized techniques including but not limited to shaping, positive reinforcement, and other techniques based on general behavior theory, verbal directions, physical guidance, physical management, medications, restraint and seclusion.

Behavior Modification - is the systematic application of principles of general behavior theory to the development of adaptive and/or the elimination of maladaptive behavior consistent with therapeutic objectives.

Special Consent – is obtaining the prior written approval of the recipient, legal guardian specific to the use of a particular treatment approach which would otherwise entail violating the recipient’s rights, even though general consent to treatment may have been obtained.

Time Out – A voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

III. POLICY

- A. The local CMH Behavior Management Committee shall be a standing committee with responsibility for:
1. Reviewing, revising, and approving or disapproving all treatment plans that utilize intrusive or restrictive techniques as defined in this policy, including the use of injections or medications when the target behavior is not due to a documented diagnosis of a psychotic, mood or anxiety disorder.
 2. Reviewing all treatment plans which have received Behavior Management Committee approval at the frequency specified by the Committee based on the level of intrusiveness or restrictiveness.
 3. Recommending policies and procedures in the area of behavior management practices.
- B. Membership of the Behavior Management Committee shall be comprised of at least three individuals, one of whom shall have both formal training and at least one year of experience in applied behavior analysis. Such training shall have been at the graduate level at an accredited college or university and shall have included course credits covering theory, application, and practicum experience. In addition, such persons shall attend professional development (continued education) programs in behavior management. At least one of the aforementioned individuals shall be a full or limited licensed psychologist with the specified training and experience in applied behavior analysis; and at least one member shall be a licensed physician/psychiatrist who is not specifically required to have the behavior management background. Other members shall be representatives of the local CMH programs, recipients, parents of recipients and other interested persons from the community. If the Director serves as a non-voting member, s/he shall sign plan review forms in the section for those abstaining from the vote. A majority of the Committee members shall constitute a quorum needed to conduct official business.

Committee members shall be appointed by the local CMH Director for a term of not more than two years and may be reappointed to consecutive terms.

- C. The Recipient Rights Officer shall attend all Committee meetings as a non-voting member to address any potential rights issues.
- D. All plans considered by the committee shall be prepared by a professional with training in applied behavior analysis or in consultation with such a person. Consultants, when utilized, shall co-sign plan submissions. If the plan under consideration by the Committee has been prepared by or under the direction of a Committee member, that member shall abstain from voting.

The professional submitting a new plan for review will determine and comment on whether a less restrictive or intrusive method has been attempted. For any individuals who are presented to the committee, a functional analysis will be completed related to the problematic behavior. The analysis will be completed with a new behavior treatment plan, as well as with significant changes in a behavior plan.

- E. Expedited plan reviews may be requested, when based on data presented by the professional staff (Behavioral Psychologist/RN/ Supports Coordinator/Client Services Manager), and the plan requires immediate implementation. Plans submitted for such review can be initiated upon the approval of the local BMC Chair or the local CMH Director. The Recipient Rights Officer shall be informed of the proposed plan to address any potential rights issues. All plans approved in this manner shall be subject to full review at the next regular meeting of the BMC.
- F. The committee shall meet at least once per month. The local BMC Facilitator shall develop an agenda for the meeting based on review dates and submissions of proposed plans. Minutes of all meetings shall be kept that document the Committee's actions.
- G. Appeal of a Committee decision may be made in writing to the local CMH Director.
- H. Discontinuation of any previously approved plan shall be documented on the Plan Review Form.

PROGRAM PLANS REQUIRING SPECIAL CONSENT

Intrusive Techniques - Those techniques which impinge upon the bodily integrity or the personal space of the recipient to achieve therapeutic aims. Examples of such techniques include the use of the "bell and pad" method of treating nocturnal enuresis, any direct observation procedures during times which would otherwise be considered private, or injections or medications when the target behavior is not due to a documented diagnosis of a psychotic, mood or anxiety disorder.

Restrictive Techniques - Those techniques which, when implemented, will result in the limitation of the recipient's rights as specified in the Mental Health Code.

Also requiring special consent are techniques which accomplish intrusion or restriction although called by another name, and techniques which are insufficiently documented in the established literature related to behavior management. ("Insufficient" means, in the best judgment of the program author, there are too few references in a commonly available literature. A rough standard entails whether the technique is familiar to appropriately trained colleagues.)

PROHIBITED PROGRAM PLANS

Aversive Techniques - Those techniques which require the deliberate infliction of painful stimulation (or stimuli which would be painful to the average person) to achieve their effectiveness. Examples of such techniques include electric shock, slapping, use of mouthwash or other noxious substance to consequate behavior or to accomplish a negative association with a target behavior or for directly consequating target behavior. Aversive techniques shall not be utilized by any CMHPSM staff or program providing services.

Restraint and/or seclusion techniques (including involuntary time out) shall not be utilized by any CMHPSM staff or program providing services.

1. Any procedure which is a psychological risk to the recipient shall not be utilized by any CMHPSM staff or program providing services.
2. Any procedure which denies any basic needs, such as nutritional diet, water, shelter, and essential, safe and appropriate clothing shall not be utilized by any CMHPSM staff or program providing services.
3. Any procedure which utilizes corporal punishment or fear-eliciting procedures shall not be utilized by any CMHPSM staff or program providing services.
4. Any procedure which utilizes behavior management interventions implemented by another recipient shall not be utilized by any CMHPSM staff or program providing services.
5. Any technique which would violate the dignity and respect of the recipient shall not be utilized by any CMHPSM staff or program providing services.

V. REFERENCES AND LEGAL AUTHORITY

- A. The Michigan Mental Health Code, Public Act 258 of 1996
- B. MDCH Master Contract Requirements
- C. Michigan Medicaid Provider Manual Chapter 3.3
- D. Standards for Intermediate Care Facilities for the Mentally Retarded
- E. Accreditation Council for Mental Retardation and Developmental Disabilities Standards.
- F. Standards of the Joint Commission on the Accreditation of Health Care Organization – PC 10.1-10.13

- G. Guidelines for the practice of behavior modification in community settings, by the institute for the study of Mental Retardation and Related Diseases

VI. PROCEDURES

A. BMC REVIEW OF PORPOSED PLANS

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| Professional/Psychologist
Preparing plan | 1. Consults with CSM/Person Centered Planning Team About recipient needs. Requests CSM obtain consent for proposed plan from recipient or guardian prior to submitting proposed plan to BMC. |
| BMC Committee | 1. Reviews proposed plan and documents approval, disapproval, or revision of plan on the local BMC Form and determines date for next review. |
| BMC Facilitator | 1. Maintains copies of approved plans and plan review forms in central BMC file. Returns original local BMC Form to assigned psychologist. |
| Assigned Professional
Psychologist | 1. Files original local BMC Form in the clinical record after the Person Centered Plan. |
| Assigned Members for Taking
Minutes | 1. Distributes minutes marked "confidential" to:
a. Committee members
b. Director's office
c. Program Administrators |

B. FOR SCHEDULED FOLLOW-UP REVIEWS OR PLAN REVISIONS

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|--|---|
| Assigned Professional/
Psychologist | 1. Submits copies of review or revision of the behavior treatment plan in the required format to BMC members. |
| BMC Committee | 1. Reviews information provided. Documents decision to continue, discontinue, ore revise plan on original local BMC Form brought to the BMC meeting by the assigned Psychologist. |
| BMC Facilitator | 1. Maintains copies of plan reviews or revisions and local BMC Forms. Schedules plan for subsequent review as determined by the Committee. Returns original local BMC Form to assigned. |
| Assigned Psychologist | 1. Files original local BMC Form in the clinical record. |

C. EXPEDITED BMC REVIEWS

<u>WHO</u>	<u>DOES WHAT</u>
Any treatment team member who becomes aware of a planned intervention that requires immediate BMC review.	1. Notifies the assigned CSM immediately.
Assigned Professional/Psychologist	1. Collects required information for transmittal as follows: a. Clear description of the planned intervention and a rationale for its use. b. A statement indicating that consent has been obtained from the recipient or guardian for this intervention. 2. Sends above materials to the Chair as soon as possible. 3. Informs Recipient Rights Officer or proposed plan.
BMC Chair/Director	1. Reviews and addresses rights issues if necessary. Gives Feedback to Chair or Director.
Recipient Rights Officer	1. Reviews materials, documents review date, reviews decision and a date for a full review by BMC.
BMC Chair/Director	1. Notifies professional/psychologist of the expedited Review decision. Forwards approval form for filing in The clinical record.
BMC Facilitator	1. Schedules plan for full BMC review at the next BMC Meeting. 2. Reviews plan following procedures for review of new plans.