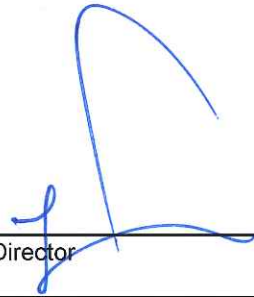

Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**
Title: **URGENT BEHAVIORAL HEALTH CENTER - PHYSICAL MANAGEMENT**

Prior Approval Date: N/A
Current Approval Date: 7/14/15

Approved by: _____
Executive Director



07/14/15
Date

I. Abstract

It is the practice of Macomb County Community Mental Health (MCCMH) to establish standards and procedures regarding the use of physical management for individuals utilizing the Urgent Behavioral Health Center.

II. Application

This policy shall apply to the Urgent Behavioral Health Center staff operated by MCCMH.

III. Policy

It is the policy of the MCCMH Board that physical management shall only be used as an emergency intervention for an individual who exhibits aggressive, self-injurious, or other behaviors that place the individual or others at imminent risk of serious or non-serious physical harm.

IV. Definitions

A. Emergency Interventions

Interventions that are to be utilized in a crisis situation when all other supports and interventions fail to reduce the imminent risk of serious or non-serious physical harm. The only approved emergency interventions are physical management and the request for law enforcement intervention.

- B. **Imminent Risk**
An event/action that is about to occur that will likely result in the potential harm to self or others.
- C. **Individual**
A person that utilizes the Urgent Behavioral Health Center, and may or may not be a recipient as defined in IV.G.
- D. **Law Enforcement Intervention**
An approved emergency intervention; law enforcement should be called for assistance **only when**:
- a. Caregivers are unable to remove other individuals from the hazardous situation to assure their safety and protection,
 - b. Safe implementation of physical management is impractical, and/or
 - c. Approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm to the individual or others.
- E. **Non-Serious Physical Harm**
Physical damage or what could reasonably be construed as pain suffered by a recipient or individual that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient or individual, the permanent disfigurement of a recipient or individual, or an impairment of his or her bodily functions.
- F. **Physical Management**
A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming himself, herself, or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious or non-serious physical harm. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. Physical contact with an individual that continues after the point when the individual begins to resist the physical contact is considered physical management, and is not permitted except as an emergency intervention technique.

Physical management does not include the prone immobilization (face down) of an individual, nor any physical management that restricts a person's respiratory process. These interventions are **prohibited under any circumstances**.

G. **Recipient**

Recipient means an individual who receives mental health services from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program. For the purposes of this act, recipient does not include an individual receiving substance use disorder services under chapter 2A of the Mental Health Code unless that individual is also receiving mental health services under this act in conjunction with substance use disorder services.

H. **Serious Physical Harm**

Physical damage suffered by a recipient or individual that a physician or registered nurse determines caused or could have caused the death of a recipient or individual, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient or individual.

I. **Unreasonable Force**

Physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient or individual in one or more of the following circumstances:

- a. There is no imminent risk of serious or non-serious physical harm to the recipient or individual, staff or others.
- b. The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
- c. The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
- d. The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

J. **Urgent Behavioral Health Center**

The Urgent Behavioral Health Center (UBHC) is community-based crisis resolution facility for adults and children. The UBHC provides triage and screening for crisis needs, information and referral services and de-escalation of immediate crisis situations. The UBHC and services are available to the entire community, regardless of whether the individual currently receives services from MCCMH.

V. **Standards**

A. **Emergency Intervention**

Physical management shall only be used as an emergency intervention when the individual or others are placed at imminent risk of serious or non-serious physical harm.

- B. **Least Restrictive Physical Management Techniques**
When possible, lesser restrictive measures must be attempted prior the use of physical management or force. Staff must utilize the least restrictive physical management technique appropriate to de-escalate the situation.
- C. **Approved Physical Management Techniques**
All UBHC staff may only utilize the techniques approved by MCCMH.
- a. All staff must be trained in the proper implementation and use of all techniques prior to their use and annually thereafter.
 - b. The training shall incorporate a theoretical component and include the identification and implementation of de-escalation skills as well as the management of potential and actual violent situations and promote the safety of individual and staff.
- D. **Not Included in Treatment Plan**
Physical management shall not be included as a component of a treatment plan or behavior treatment plan.
- E. **Debriefing**
If physical management is utilized, debriefing must occur as soon as possible following the de-escalation of the individual. Separate debriefings shall be utilized for the individual and staff involved.
- a. Debriefing of the individual shall include the individual, available staff involved in the incident and identified others, as appropriate and follow established debriefing procedure designed for the UBHC.
 - b. The results of the debriefing must be documented.
- F. **Incident Report**
The use of physical management or law enforcement intervention involving an individual in an emergency situation is an incident that must be documented and reported according to the provisions of MCCMH MCO Policy 9-321, "Consumer Incident, Accident, Illness, Death, or Arrest Report Monitoring." A separate Macomb County incident report for a staff member employed by the county shall be completed.

VI. Procedures

Procedures for Debriefing are contained in Exhibit A.

VII. References / Legal Authority

- A. MDCH/MCCMH Medicaid Managed Specialty Supports and Services Concurrent contract FY13 and MDCH/MCCMH Managed Mental Health Supports and Services Contract FY13 (Technical Requirement C.6.8.3.1)

MCCMH MCO POLICY 10-600
Urgent Behavioral Health Center –
Physical Management
Date: 7/14/15

- B. 2009 MDCH Administrative Rules R330.7001
- C. MCCMH MCO Policy 9-321, "Consumer Incident, Accident, Illness, Death, or Arrest Report Monitoring"
- D. MCCMH MCO Policy 8-008, "Behavior Treatment Plan Review Committee"

VIII. Exhibits

- A. Procedures for Debriefing

UBHC Physical Management Debriefing Procedure

- I. The assigned clinician and nurse:
 - a. Will identify staff, the individual, and other individuals that may have been involved or witnessed the physical management
 - b. Will ensure that the debriefing occurs as soon as possible following the de-escalation of the individual
 - c. Will ensure that the debriefing procedure is followed

- II. The debriefing must address:
 - a. What happened during the incident
 - b. What lesser restrictive measures were attempted prior to the initiation of physical management
 - c. Any trigger factors
 - d. Each person's (including other individuals that may have been involved or witnessed) role in the incident
 - e. Their feelings at the time of the incident, at the review, and how they may feel in the near future
 - f. What can be done to address their concerns
 - g. Will ensure that the results of debriefing are documented.