MACOMB COUNTY COMMUNITY MENTAL HEALTH
BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE
BTPRC ACTION

CONSUMER NAME: _____ CASE NO: _____

PRESENTED BY: _____ DATE OF THIS REPORT: _____

1. TYPE OF REVIEW: [ ] Initial [ ] Review [ ] Consultation [ ] Discontinuation

2. REASON REVIEW REQUIRED:
(Check the intervention(s) used. Use two x's "[xx]*" for the one most prominent).*

[ ] Programmatic Restriction*)*
- [ ] Restrictive-Communication*(e.g., Telephone, Internet & Mai limitations, etc)*
- [ ] Restrictive-Food*(e.g., Locked food cabinets, Locked refrigerator, etc)*
- [ ] Restrictive-Freedom of movement *(e.g., Wander guard, Wheelchair seat belt guard for behavioral control, Bedrail, etc)*
- [ ] Restrictive-Other limits to rights *(e.g., Locked Cabinets/Doors, Loss of Privilege, Property Search, Protective Clothing, etc)*
- [ ] Intrusive- Encroach upon personal space *(e.g., unwelcome intense supervision, etc)*

[ ] Medication - Intrusive for behavioral control *(e.g., multiple psychotropic medications, especially antipsychotics)*
[ ] Protective Device - Intrusive-Encroach upon bodily integrity *(e.g., A device strapped directly to the body (elbow) to reduce mobility in order to control behaviors (severe SIB)—and the individual cannot independently remove it.)*
[ ] Emergency Physical Intervention*(e.g.,Standing Hugs or Brief Physical holds in response to severe SIB or Aggression)*
[ ] Emergency Law Enforcement*(e.g.,Assistance from police)*
[ ] EMERGENCY PHYSICAL MANAGEMENT
[ ] Other:

SPECIFY SPECIFIC REASON FOR REVIEW: _____

_____

3. BTPRC ACTION: [ ] APPROVED [ ] CONDITIONALLY APPROVED [ ] DISAPPROVED [ ] DISCONTINUED

*Conditions under which BTPRC approval given: _____

_____

4. Rationale for BTPRC decision: _____

_____

_____

_____

5. Actions needed based on BTPRC decision: _____

_____

_____

6. Date for next review by BTPRC: _____

7. Special Consent Form: [ ] Needs to be signed/updated Behavior Treatment Plan: [ ] Needs revisions and bring copy to next review

8. BTPRC Signatures: (*Signature / Credentials / Date)*

_____

_____

_____

_____

_____