

**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 & Mail 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     PARTIAL APPROVAL     CONDITIONALLY APPROVED     DISAPPROVED     DISCONTINUED

Conditions under which BTPRC approval given: \_\_\_\_\_

4. Rationale for BTPRC decision: \_\_\_\_\_

5. Actions needed based on BTPRC decision: \_\_\_\_\_

6. Items NOT Approved: \_\_\_\_\_

7. Date for next review by BTPRC: \_\_\_\_\_

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

9. BTPRC Signatures: (Signature /Credentials/Date)