

Chapter Title	Section #		Subject #
Recipient Rights	RR		116
Subject Title	Adopted	Last Revised	Reviewed
Behavior Treatment	03/29/99	9/27/21	12/27/04;040306; 02/28/08; 09/28/09; 07/26/10; 12/27/10; 01/23/12; 06/24/13; 09/22/14; 09/23/15; 06/15/16; 06/21/17; 06/20/18; 6/19/19; 6/24/20; 9/27/21; 9/26/22; 9/25/23; 9/23/24

POLICY

Application

This policy shall apply to The Right Door for Hope, Recovery and Wellness and all services operated by or under contract with it.

1. Assessment, Planning and Intervention

Persons served by The Right Door for Hope, Recovery and Wellness shall be assessed for behavior needs and, where needed, a behavior treatment plan will be developed through the person-centered planning process and will adhere to the related MDHHS policy and Behavior Treatment Technical Guidelines.

2. Behavior Treatment Committee

2.1. The function of the Behavior Treatment Committee shall be to:

- 2.1.1. Review, approve or disapprove behavior treatment plans that propose to use restrictive or intrusive interventions.
- 2.1.2. Determine whether causal analysis of the behavior has been performed.
- 2.1.3. Determine whether positive behavioral supports and interventions have been adequately pursued and, where these have not occurred, disapprove any proposed plan for utilizing intrusive or restrictive techniques.
- 2.1.4. For each approved plan, set and document a date to reexamine the continuing need for the approved procedures. Plans with intrusive or restrictive techniques require minimally a quarterly review.

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2.1.5. Assure that inquiry has been made about any known medical, psychological or other factors that the individual has, which might put them at high risk of death, injury or trauma if subjected to intrusive or restrictive techniques.

2.1.6. Arrange for an evaluation of the committee's effectiveness by stakeholders.

2.1.7. On a quarterly basis, track and analyze the use of all physical management and involvement of law enforcement for emergencies and the use of intrusive and restrictive techniques for each individual receiving the intervention.

2.1.8. Provide consultation and advice to clinicians for behavior treatment.

2.2. Behavior Treatment Committee Membership

The Behavior Treatment Committee shall be comprised of at least three individuals, one of whom 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. A representative of the Office of Recipient Rights shall participate on BTC as an ex-officio, non-voting member in order to provide consultation and technical assistance to BTC.

Nancy Patera, Board Chairperson	Date		