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**PURPOSE**

To ensure that Michigan Department of Health and Human Services (MDHHS) hospitals, including community transition programs as directly contracted by MDHHS, adhere to laws, rules, standards, policies, and procedures in the planning, development, and implementation of behavior treatment plans (BTP) as part of the individualized plans of service (IPOS).

Behavior treatment plans which include restrictive, intrusive, or limiting interventions for challenging behaviors must be reviewed and approved by hospital-level Behavior Treatment Plan Review Committees (BTPRC). The BTPRC must ensure BTPs utilize least restrictive interventions, include restrictive, intrusive, or limiting techniques as a last resort, and do not include aversive techniques.

**DEFINITIONS****Aversive Techniques**

Techniques that employ the purposeful delivery of an unpleasant stimulus (such as generating physically painful responses in the average person) by staff to a patient. Examples of such techniques include the use of electric shock, foul odors, loud noises, mouthwash, water mist or other noxious substance to reduce the occurrence of challenging behavior.

**Behavior Treatment**

A set of objectives and interventions developed in accordance with person-centered practices as an integral part of the IPOS. The BTP interventions are based upon the results of the functional behavior assessment. Treatment plans may or may not utilize restrictive, intrusive, or limiting interventions, which if included, require approval from the hospital BTPRC prior to implementation.

**Behavior Treatment Plan (BTP)**

A specifically delineated and formatted part of the IPOS that stipulates the goal-oriented treatment, developed along with, and provided for a patient, to treat, manage, control, or extinguish predictable and continuing behaviors. Plans may or may not utilize restricting, intrusive or limiting interventions and are always part of the IPOS. If a BTP includes restrictive, intrusive or limiting interventions it will require approval prior to implementation.

**Behavior Treatment Plan Review Committee (BTPRC)**

A hospital-level body established to review and approve any limitations of a patient's rights, any intrusive behavior treatment techniques, or any use of psychiatric medications for behavioral control purposes. The BTPRC ensures that interventions meet professional standards of care, standards pertaining to patient rights, and ensures any planned interventions with limits are safe, humane, and person-centered.

**Community Transition Program (MCTP)**

A placement program delineated within section 962 of PA 67 (2019), wherein MDHHS directly places difficult to transition patients to specialized residential settings, owned, and operated by a contracted service provider which serves as an interim between a hospital and a less intensive community setting.

**Consent**

A written agreement executed by a patient, a minor patient's parent, a patient's legal representative with authority to execute a consent, or a full or limited guardian authorized under the estates and protected individuals code with the authority to consent, or a verbal agreement of a recipient that is witnessed and documented by an individual other than the individual providing treatment. Implementation of a behavior treatment intervention must have specific consent of the patient, guardian, or parent of a minor unless the patient has been adjudicated under section 469a, 472a, 473, 515, 518, or 519 of the act.

**Functional Behavioral Assessment (FBA)**

The foundation of a BTP, which may be informal and focus on a particular setting or situation, or it may be formal and comprehensive based the behavioral issues being. The FBA process includes a historical review of challenging behaviors and prior interventions, data collection on current challenges, and hypotheses of variables contributing to the occurrence of the challenging behavior.

**Individualized Plan of Service (IPOS)**

The fundamental document in a patient's record, developed in partnership with the patient using a person-centered planning process that establishes meaningful goals and measurable

objectives. The IPOS must identify services, supports and treatment as desired or required by the patient.

**Intervention**

An interaction between hospital staff and a patient, or group of patients that helps them achieve medical and/or behavioral goals and objectives.

**Intrusive Techniques**

Methods that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control, of a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm.

**Limitation**

Constraint of a right of a patient. Rights may be limited only for those reasons provided in Chapter 7 of the MMHC or Part 7 of the MDHHS Administrative Rules.

**Right**

Entitlements or freedoms as guaranteed by chapter 7 of the Michigan Mental Health Code (MMHC) unless otherwise restricted by law. In addition to the rights guaranteed in chapter 7, mental health recipients shall maintain benefits, and privileges guaranteed by other provisions of law, such as full access to treatment, care, and services in the least restrictive environment that is appropriate and available.

**POLICY**

Behavior Treatment Plans (BTP) must be developed by a qualified psychologist or a behavior analyst and are subject to a patient's informed consent. BTPs must be reviewed and approved by the hospital's Behavior Treatment Plan Review Committee (BTPRC) when restrictive, intrusive, or limiting interventions are included to treat challenging behaviors. BTPs developed for patients in hospital whose challenging behaviors are due to an active substantiated Axis I disorder listed in the most recent Diagnostic and Statistical Manual of Mental Disorders does not require review by the BTPRC.

The BTPRC is responsible for ensuring that BTPs are developed in partnership with the patient using the person-centered planning process. Treatment plans must not include aversive techniques and

may only include restrictive, intrusive, or limiting interventions as a last resort.

## STANDARDS

### ***BTPRC Composition***

Hospitals must establish a BTPRC with members designed by the hospital director. The BTPRC must include, at a minimum:

- A psychologist.
- A behavior analyst.
- A physician.
- A representative from the Office of Recipient Rights (ORR).

Other members of a hospital's BTPRC may be added at the discretion of the hospital director. The committee chairperson must be a psychologist or behavior analyst.

Decisions made by the BTPRC must be unanimous. If a unanimous decision is not possible, the chairperson has decision making authority in consultation with the BTPRC ORR representative.

In the case of conflict of interest, BTPRC members must recuse themselves or they must be recused by the chairperson. The chairperson will appoint a professionally equivalent individual to temporarily replace the recused committee member.

### ***BTP Development and Implementation***

Medical orders are entered upon consultation with the treatment team when it is determined more intensive behavioral interventions may be necessary.

Upon review of medical orders, an FBA will be completed and a BTP will be developed as needed by a psychologist, a behavior analyst, or their supervised designees. Treatment plans must include a training plan for staff implementation.

Once approved by the BTPRC, the BTP is incorporated into the IPOS and authorized by the patient's psychiatrist.

### ***Ongoing BTP Reviews***

As an integral part of the IPOS, BTPs are reviewed and, as necessary, updated not less than every 90 days, or more frequently as needed. Proposed substantive changes as ordered by a

psychiatrist require approval by the BTPRC before they are formally incorporated into the IPOS. A hospitals will be responsible for BTPs until patients are discharged from both hospitals or MCTP.

The BTPRCs must keep all meeting minutes including documentation of approval status of plans reviewed.

## **REFERENCES**

MCL 330.1700, Michigan Mental Health Code

MCL 330.1712, Michigan Mental Health Code

MCL 330.1740, Michigan Mental Health Code

MCL 330.1742, Michigan Mental Health Code

MCL 330.1744, Michigan Mental Health Code

MCL 333.18251, Michigan Public Health Code

MDHHS Administrative Rule 330.7199(2)(g)

APF 171 and APF 169

## **CONTACT**

For additional information concerning this policy contact the State Hospital Administration.