

CMH Behavior Management Committee Quarterly Report

CMH: _____

CMH BMC Contact Person: _____

Report Period () First Quarter () Second Quarter () Third Quarter () Fourth Quarter

- 1. Number of BMC Meetings _____
- 2. Number of Committee Minutes attached _____
- 3. Number of Total Case Charts reviewed _____
- 4. Number of Case Charts / Behavior Plans reviewed utilizing:
 - A. Aversive techniques, only _____
 - B. Restrictive techniques, only _____
 - C. Intrusive techniques, only _____
 - i. psychotropic medication for treatment of behavioral symptoms _____
 - ii. psychotropic medication for treatment of DSM-IV diagnoses for individuals with DD _____
 - iii. other _____
 - D. Token economies with response cost _____
 - E. Two or more of the above (A, B, C, D) _____
 - F. Utilization of Positive Behavior Supports _____
- 5. Number of Case Charts / Behavior Plans:
 - A. 4 A – D Approved _____
 - B. 4 A – D Approved per Contingencies (e.g. culture of gentleness, proactive/reactive strategies, PBS / PBS Training) _____
 - C. 4 A – D Denied _____
 - D. 4 F Approved _____
 - E. 4 F Approved with Contingencies _____
- 6.* Number of Reviews regarding:
 - A. Adverse Incidents _____
 - B. Lethal Cases _____

*These reviews may be completed by another Administrative Review process as determined by the CMH CEO

CMH BMC Chair _____

Date _____