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_____________________________

__________________________________________________________________________________________