

# **ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## **BOARD POLICY**

Date Issued **03/24**

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WRITTEN BY		REVIEWED BY		AUTHORIZED BY
Vic Amato		Telly Delor		SCCCMHA Board

### **I. APPLICATION:**

- ☒ SCCCMA Board
- ☒ SCCCMA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

### **II. POLICY STATEMENT:**

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) Board that seclusion and restraint shall only be utilized as indicated herein.

### **III. DEFINITIONS:**

- A. **Center**: Means a facility operated by the Michigan Department of Health and Human Services (MDHHS) to admit individuals with developmental disabilities and provide habilitation and treatment services.
- B. **Facility**: Means a residential facility for the care or treatment of individuals with serious mental illness, serious emotional disturbance, and/or intellectual/developmental disability that is either a state-operated facility or a facility licensed by the Michigan Department of Licensing and Regulatory Affairs. Facility includes a pre-admission screening unit that is operating a crisis stabilization unit.
- C. **Imminent Risk**: Means an event/action that is about to occur that will likely result in potential physical harm to a recipient or others.
- D. **Physical Management**: Means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from harming himself, herself, or others.
- E. **Recipient**: Means an individual who receives mental health services from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility, OR from a provider that is under contract with the MDHHS or a community mental health services program.

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- F. Restraint: Means the use of a physical device to restrict a recipient's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.
- G. Seclusion: Means the temporary placement of a recipient in a room, alone, where egress is prevented by any means.
- H. Time Out: Means a voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

#### IV. STANDARDS:

- A. Seclusion and restraint are not allowed in either SCCCMHA direct operated or contracted treatment settings, except in a hospital, center, or Child-Caring Institution and only in compliance with MCL 722.111 to 722.128. Recipients requiring seclusion will be referred to an appropriate center, facility, or Child-Caring Institution only after all other methods of behavior and medical intervention have been exhausted.
- B. Physical Management:  
Physical management may only be used as an emergency intervention when a situation places the recipient or others at imminent risk of serious physical harm, and only in accordance with the physical management techniques approved by SCCCMHA's Behavior Treatment Plan Review Committee. Emergency use of such interventions must be documented on an Incident Report Form.

##### Approved Emergency Interventions:

1. Request for Law Enforcement assistance.
2. Implementation of physical management. The SCCCMHA Board of Directors recognize that physical management may be used as an emergency intervention when a situation places a recipient or others at imminent risk of serious physical harm. Guidelines are as follows:
  - a. Physical Management shall only be employed when absolutely necessary to protect the recipient from serious injury to themselves or others, and only after positive behavior supports and interventions to prevent or address the problem behavior have proven unsuccessful.
  - b. If physical management is necessary, it must be non-mechanical and non-chemical, and must only be employed by staff trained in the use of physical management (certified as passing Non-Violent Crisis Intervention training).
  - c. Physical management involving prone (face down) immobilization, as well as any physical management that restricts a recipient's respiratory process for behavior control purposes, is prohibited.
  - d. The use of physical management shall only continue until the problem behavior has ceased. To ensure the health and safety of the recipient, the use of physical management shall be

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reviewed by supervisory staff/designee for continued need every fifteen minutes. The duration of the physical management is determined by the time it takes for the recipient to calm, or law enforcement/other emergency service providers to arrive (however, physical management is not to exceed 45 minutes). If present, the supervisory staff/designee shall provide ongoing observation of the recipient during the emergency intervention.

- e. If physical management is employed, the staff involved should notify their Supervisor immediately and complete a SCCCMHA Incident Report within 24 hours.
- f. Notification of additional parties (home provider, family, guardian, case manager, etc.) should occur as applicable. See Incident Reporting, [#05-001-0040](#).
- g. A debriefing, to include the individual receiving services and involved staff members, should occur to discuss the situation, precipitants, opportunities for new or additional positive behavior supports, and to address any trauma experienced by the recipient and/or staff. Documentation of the debriefing should be submitted with the Incident Report.
- h. Should a pattern of behavior develop which requires the use of physical management more than three times in a month, a Person-Centered Planning meeting should be convened to consider:
  - (1) A new Behavioral Plan.
  - (2) Alternative SCCCMHA interventions, programs, or services.

C. Physical Restraint:

The use of physical or mechanical devices used as restraint is prohibited except in a state-operated facility or a licensed hospital.

Restraint does not include:

1. Anatomical or physical supports ordered by a physician, physical therapist, or occupational therapist for the purpose of maintaining or improving a recipient's physical functioning.
2. Protective devices, i.e., helmets, that prevent serious self-injury associated with documented and frequent incidents of behavior that are incorporated in the Individual Plan of Services (IPOS) through a behavior treatment plan reviewed and approved by the Behavior Treatment Plan Review Committee with the special consent of the recipient/recipient's guardian.
3. Medical restraint, i.e., the use of mechanical or drug-induced restraint ordered by a physician or dentist for medical or dental procedures; must also be outlined in the recipient's IPOS.
4. Safety devices required by law, such as seat belts or child car seats used to transport individuals in a vehicle.

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- D. Seclusion:  
The use of seclusion is prohibited except in a state-operated facility, licensed hospital, a center, or a Child-Caring Institution.
- E. All hospitals/units, child caring institutions, and centers contracting with SCCCMHA will provide their restraint and seclusion policies to the SCCCMHA Office of Recipient Rights. The contractors' restraint and seclusion policies must comply with Sections 740 and 742 of the Michigan Mental Health Code and CMS (HCFA) Standards.

V. PROCEDURES:

**Program Supervisor**

1. Assures the above Standards are observed.

VI. REFERENCES:

- A. Michigan Mental Health Code, Sections 330.1100a, 330.1100b, 330.1700, 330.1740, and 330.1742
- B. Michigan Department of Health and Human Services, Administrative Rules, Part 7
- C. Technical Standard for Behavior Treatment Plan Review Committees, MDHHS/CMH Master Contract, Attachment C.6.8.3.1, revised for Fiscal Year 2023

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 09/97, 08/99, 09/01, 09/03, 8/05, 08/07, 08/09, 03/12, 01/13, 01/14, 01/15, 3/16, 03/17, 03/18, 03/19, 03/20, 03/21, 05/21, 03/22, 03/23.