

St. Clair County Community Mental Health

**Periodic Review Sheet for BTPRC Behavior Plans**

Individual Initials: \_\_\_\_\_ Case #: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Effectiveness of Current Behavior Plan								
<b>Has the Behavior Plan demonstrated a continued emphasis on Positive Behavior Supports, as evidenced by the following areas?</b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b><i>Decrease in Restrictive/Intrusive/Aversive interventions utilized (intervention frequency per month)</i></b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>	<b>Month 6</b>			
<b><i>Decrease in target behaviors (target behavior frequency per month)</i></b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>	<b>Month 6</b>			
<b><i>Decrease in utilization of medication to control (suppress) behavior (e.g. scripts, dosages frequency per month)</i></b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>	<b>Month 6</b>			
<b><i>Increase in the acquisition of Alternative / Incompatible / Other behaviors (i.e. skills and/or supports that promote e.g. community participation, independent activities, productive activities per behavior frequency per month)</i></b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>	<b>Month 6</b>			
<b><i>Decrease in utilization of Emergency Management Techniques (intervention frequency per month)</i></b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>	<b>Month 6</b>			
Total								

**Safety:** \_\_\_\_\_

**Interventions:** \_\_\_\_\_

**Therapeutic Benefits:** \_\_\_\_\_

**Disposition (check one below):** \_\_\_\_\_

Continue Current Plan

Revise Current Plan / Re-Present to BTPRC

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

cc: BTPRC Administrative File  
Routed Copy to Administrative Staff  
BTPRC Chairman

Case Holder: \_\_\_\_\_

Clinician: \_\_\_\_\_

Other: \_\_\_\_\_