

**BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL**

Policy: Least Restrictive Treatment Environment 7-A		Application: BCCMHA Staff & Providers
Reviewed 9/6/2023	Revised 9/7/2022	First Effective 5/14/1996

I PURPOSE

To provide recipients of Barry County Community Mental Health Authority (BCCMHA) services that are least restrictive in treatment and environment in accordance with the Michigan Mental Health Code, home and community-based services waiver.

II POLICY

It is the policy of the BCCMHA that recipients will receive mental health services in the least restrictive setting that is appropriate and available to ensure the safety of people and property. [MHC 1708(3)]

BCCMHA and its contracted providers shall not restrict a recipient's constitutionally protected right to freedom of movement except in the circumstances and under the conditions allowed by the Michigan Mental Health Code (P.A. 258 of 1974, MCL Section 330.1744).

Freedom of movement includes the right of a recipient to move his or her body in a location or position of his or her own volition, to not be restricted from areas within a service site that are accessible to any other person, or to leave or return from a service site when desired.

III STANDARDS

It is the policy of BCCMHA that every client is served in a setting which imposes the least restriction possible on their liberty and freedom of movement consistent with the individual's treatment or habilitation needs. This policy has two main areas of applicability:

1. Behavioral health services should be provided in the physical setting which places the least restraint on freedom of movement and provides opportunity for independence. This is the philosophy known as "Least Restrictive Environment or Setting". [MHC 1708(3)]
2. Behavioral health services should be provided in a way which intrudes as little as possible on their person or individual autonomy. This philosophy is known as "Least Restrictive (or Least Intrusive) Treatment."

Freedom of movement for a recipient shall not be restricted more than necessary to provide mental health services, to prevent injury to self or others, or to prevent substantial property damage, except that security precautions appropriate to the condition and circumstances of an individual admitted by order of a criminal court or transferred as a sentence-serving convict from a penal institution may be taken. [MHC 174(1)]

Any individual limitation of recipients' freedom of movement shall be:

- a. Justified in the clinical record.
- b. Time-limited. [MHC 1744(2)]
- c. Removed when the circumstance that justified its implementation ceases to exist. [MHC

1744(3]

d. Implemented in compliance with CMHPS policies Behavior Treatment Committee and Limitation of Rights.

In all treatment planning and review, BCCMHA staff shall assess the feasibility and strive for treatment or habilitation of the recipient in a less restrictive setting and/or using less intrusive forms or levels of treatment.

It is the policy of the BCCMHA that recipients will receive mental health services in the least restrictive setting that is appropriate and available to ensure the safety of people and property. [MHC 1708(3)]

Where progress to a less restrictive setting or less intrusive form or level of treatment is seen as feasible, it shall be included as an objective in the treatment plan. Methodologies necessary to achieving this objective shall be identified in the plan.

The BCCMHA psychiatrist's use of psychotropic medications will also be governed by the principle of Least Intrusive Treatment. Medication will be adjusted to the smallest dose found effective for treatment of the recipient's illness or disability.

A facility shall provide for a rational and fair way in which a resident may request leaves and information regarding appealing to the Recipient Rights Office.

IV PROCEDURES

A recipient shall have access to all areas within and outside of the program that are for recreational, vocational, and normal social activities.

A recipient's Freedom of movement shall not be restricted more than necessary to provide mental health services, to prevent injury to self or others, or to prevent substantial property damage, except that security precautions appropriate to the condition and circumstances of an individual admitted by order of a criminal court or transferred as a sentence-serving convict from a penal institution may be taken.

A recipient's Individualized Plan of Service (IPOS) will be monitored and reviewed as outlined in the IPOS, per the appropriate service best practices standards and in accordance with insurance requirements. A recipient's level of care will be assessed at least once per year through the use of tools such as the SIS, LOCUS, DLA, CAFAS, PECFAS, etc. The biopsychosocial assessment and IPOS will reflect current treatment recommendations, to include the level of care guidelines and will be amended to reflect the service as well as the amount, scope and duration of the service remains the least restrictive treatment appropriate.

Behavioral health services shall be offered in the least restrictive setting that is appropriate and available to meet health and safety needs addressed in the IPOS.

A privilege can be limited, only as allowed in the Individual Plan of Service (IPOS) following review and approval by the Behavior Treatment Plan Review Committee (BTPRC) and with consent of the recipient, guardian, or parent of a minor.

A program may have rules which restrict the freedom of movement for all clients for reasons of health, safety, privacy, etc. These rules shall be in writing and posted.

Individual limitation or modification on freedom of movement shall be documented in the client's treatment plan. This documentation will include:

- a. Clinical and/or legal justification for the limitation, including a brief description of less restrictive methods, which have been tried.
- b. Authorization of the limitation.
- c. Type, scope and duration of the limitation or when not foreseeable, a description of what actions will be taken as part of the plan to ameliorate or eliminate the need for the restriction or limitation in the future.
- d. How the restriction is being used in connection with the recipient's goals and objectives.
- e. Review date for the limitation.
- f. When and by whom the limitation was explained to the client, and when applicable, to the parent of a minor or empowered guardian.
- g. Instructions to the implementing provider(s) that each instance of the restriction or limitation will be documented in the recipient's record with a plan for data collection and review of progress.

The client, and when applicable, parent of a minor, or empowered guardian, shall be informed of:

- a. General restrictions on program rules.
- b. Individual limitations in the treatment plan.

Except when providing services pursuant to an Alternative Treatment Order, if the recipient has refused an offer to consent, any restriction shall be consented to by the recipient or his/her legally empowered representative.

Restrictions/modifications will be reviewed by the BTPRC at least every three months and will be reduced or eliminated when no longer required to maintain health and safety. (See Restraint and Seclusion Policy and BTPRC policy for additional information.)

A restriction/limitation will be removed when the circumstance that justified the restriction ceases to exist.

If it is believed that a client should be receiving services in a more or less restricted setting, the case manager will convene an Interdisciplinary Team meeting to determine the least restrictive treatment setting appropriate to meet the needs of the client and to develop a plan to meet these needs.

A facility shall assure that residents are not transferred to settings which increase restraints on personal liberty unless the resident has committed or is expected to commit an act or acts which

if committed by a person criminally responsible for his conduct, would constitute homicide or felonious assault or is so dangerous to a mentally disabled or intellectually developmentally disabled person that his presence in a facility is dangerous to the safety of other residents, employees, the community, or himself. Procedures for this determination shall be consistent with the applicable statutes, rules, policies, and procedures relating to transfers and appeals of transfer or shall provide substantially similar procedures, which permit a client to challenge such a move.

Seclusion and restraint are prohibited except in a MDHHS operated or licensed hospital. Prone immobilization is prohibited by BCCMHA. (See Restraint and Seclusion Policy for additional information.)

REFERENCES

BCCMHA
CARF
CMS
Department of Health and Human Services
Michigan Behavioral Health Code
Olmstead Act
Office of Recipient Rights
Civil Rights
MCL 330

APPROVED BY:

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Date