CONNECTICUT
Developmental Services

DDS Human Rights Committee (HRC)

Agenda

Human rights

HRC committee make-up

DDS HRC procedure + definitions

Requesting a review

Components of a complete packet

Submission Guide

Outcomes

Provider responsibilities

HRC/PRC

DDS Use of Video and Audio Technology

Best practices

Questions & Answers

Human Rights

fundamental rights, especially those believed to belong to an individual and in whose exercise, the government should not interfere.

Equality – live, work, accessible transportation, education, leisure, respect

Liberty – choices, risk, movement, safety

Freedom of Expression – speech, choice, voting, communication

Freedom of Association – relationships, safety, informed consent, organizations

Privacy – dignity, control, confidentiality, sharing of information


rights
Education
Home & Family
Work
Safety
Health
Independence
"New" Attitudes
Political Life
Access

Individuals with intellectual disabilities are entitled to their human rights!

Unfortunately, the world has not always valued people with disabilities, which is why the HRC was created, to review potential violations of human rights.

The Human Rights Committees make recommendations to the Regional Directors on requests. The Regional Directors make the final decisions.

Committee make-up

Human Rights Committees are made up of volunteers and an HRC Liaison.

Members may include:

- a health care professional,
- a DDS employee,
- a lawyer,
- a parent or legal guardian,
- an individual with disabilities

as well as

- a qualified person who has experience/training in contemporary practices to change inappropriate behavior, and
- a person with no ownership or controlling interest in the facility/agency where the individual lives.

meetings

Minimum of 6 meetings per year.

Most regions meet monthly, on whatever day is most convenient for the committee members.

HRC procedure

I.F. PR. 006

Can be found in the DDS manual

Important definitions

Restrictive

Intrusive

Aversive

Restrictive intervention:

Intervention that prevents the individual from having access to specific categories of objects that are likely to be dangerous for the individual or others.

Restrictions may apply to knives, weapons, sharp objects, cleaning fluids, matches, lighters, etc.

Restrictions may also apply to behaviors, which are considered unsafe, or harmful, for example smoking and/or dietary restrictions.

Restrictions may be accomplished through the use of locks on doors, cabinets or closets.

Intrusive program/device:

Program or device that provides information about an individual's physical status, well-being, whereabouts, or activity that is used to ensure the individual's safety or the safety of the community, and not merely for convenience.

Intrusive devices may include monitors, door alarms, bed alarms, etc.

This would also include a body or room search.

Aversive procedure:

Procedure that contains the contingent use of an event or device that may be unpleasant, noxious, or otherwise cause discomfort to (1) alter the occurrence of a specific behavior or to (2) protect an individual from harming him or herself or others

may include the use of physical isolation and mechanical and physical restraint.

This also includes the use of chemical restraints and the use of restrictive procedures such as escorts, physical isolation, over-correction, and other similar techniques.

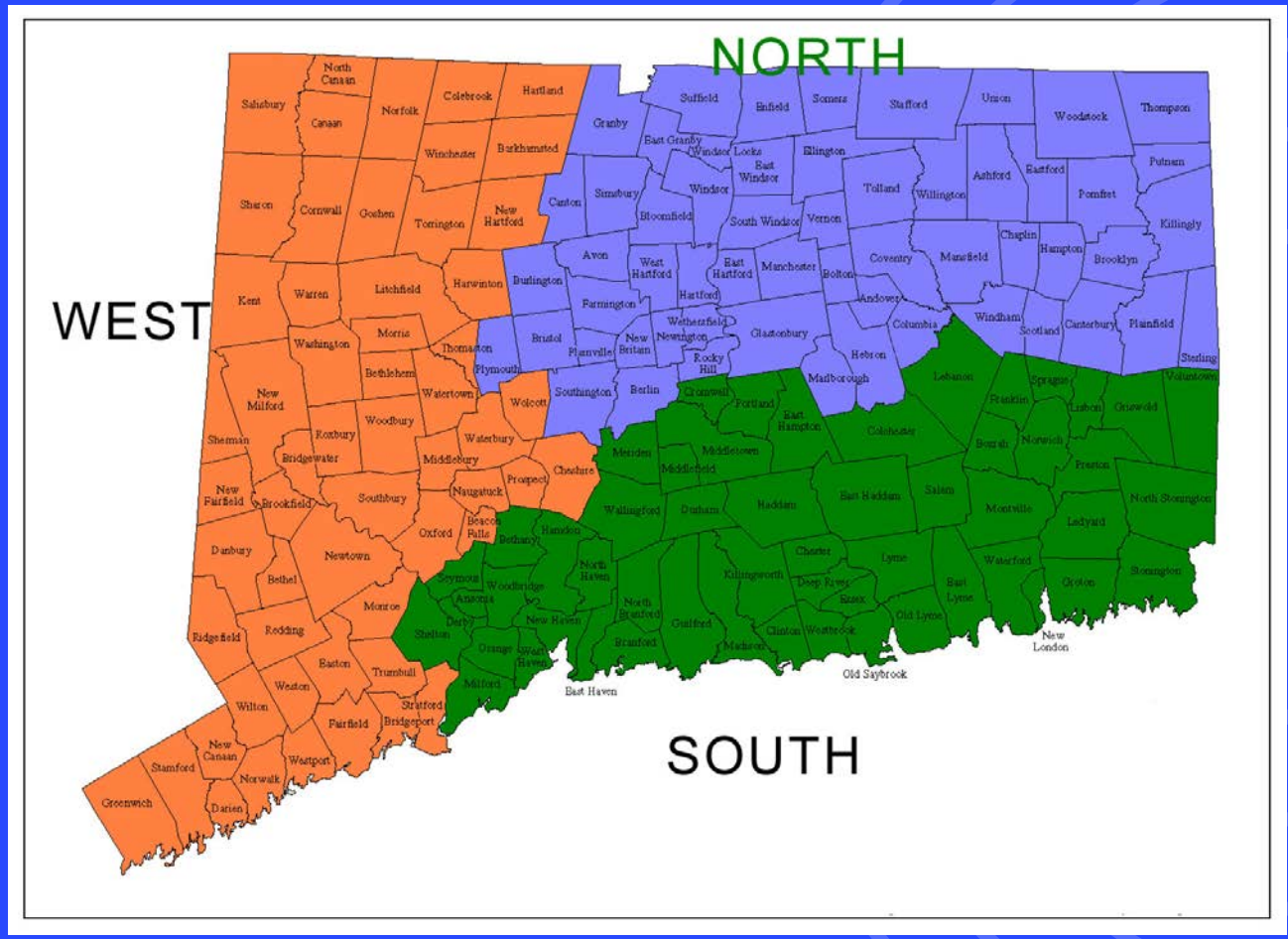
How to request an HRC review

Reviews are submitted for the individuals who require the restrictions.
There is an exception if the facility is a respite center.

Complete and submit an HRC packet to the appropriate regional HRC mailbox:

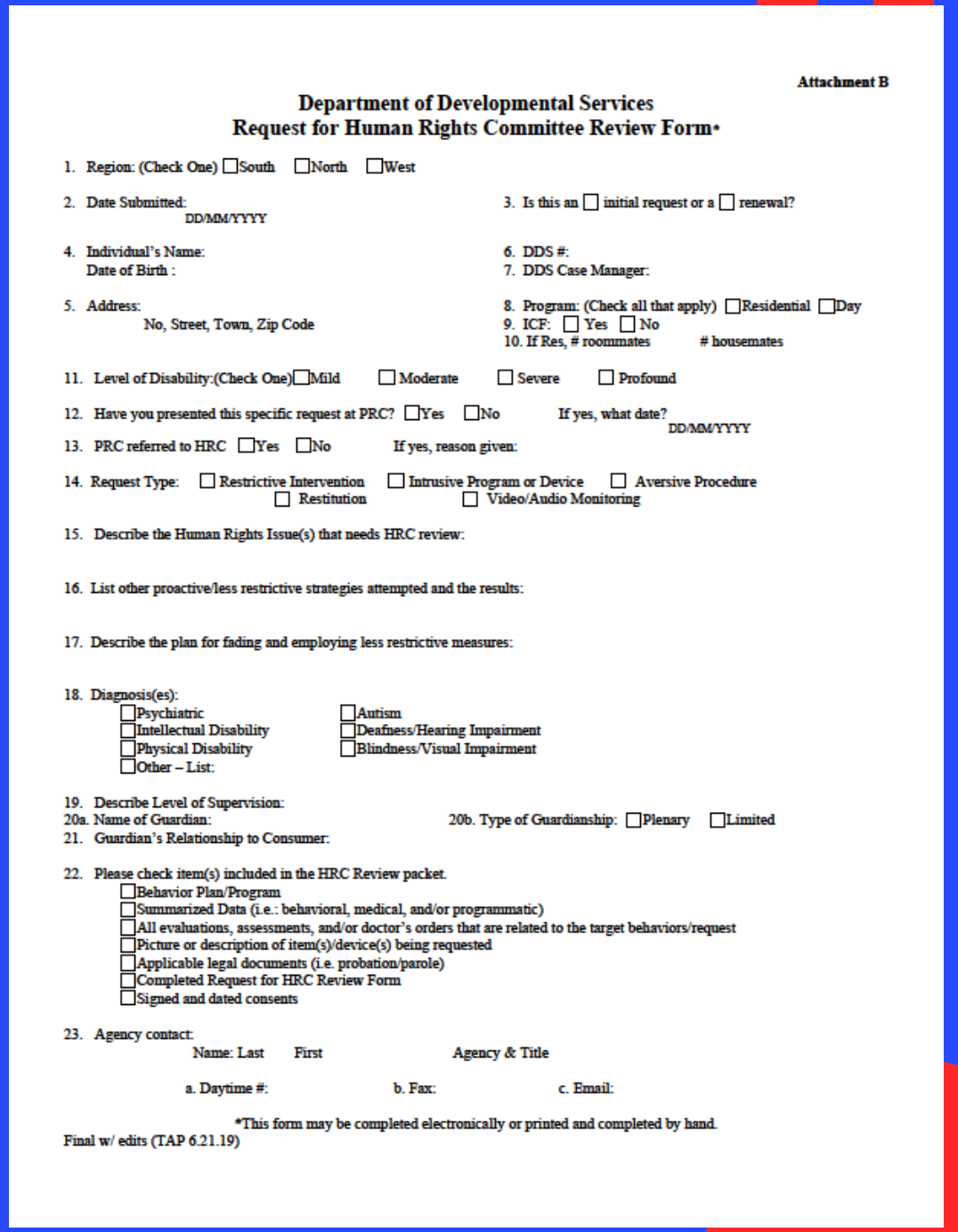
DDS.NR.HRC@ct.gov
DDS.SR.HRC@ct.gov
DDS.WR.HRC@ct.gov

HRC Liaison will contact you to confirm if the packet is complete and schedule the review.



What is needed for a complete HRC packet?

1. Request for HRC Review Form (Attachment B)



Attachment B

Department of Developmental Services
Request for Human Rights Committee Review Form*

1. Region: (Check One) ☐South ☐North ☐West

2. Date Submitted: DD/MM/YYYY

3. Is this an ☐ initial request or a ☐ renewal?

4. Individual's Name:
   Date of Birth :

6. DDS #:

7. DDS Case Manager:

5. Address:
   No, Street, Town, Zip Code

8. Program: (Check all that apply) ☐Residential ☐Day

9. ICF: ☐ Yes ☐ No

10. If Res, # roommates # housemates

11. Level of Disability:(Check One)☐Mild ☐ Moderate ☐ Severe ☐ Profound

12. Have you presented this specific request at PRC? ☐Yes ☐No If yes, what date? DD/MM/YYYY

13. PRC referred to HRC ☐Yes ☐No If yes, reason given:

14. Request Type: ☐ Restrictive Intervention ☐ Intrusive Program or Device ☐ Aversive Procedure ☐ Restitution ☐ Video/Audio Monitoring

15. Describe the Human Rights Issue(s) that needs HRC review:

16. List other proactive/less restrictive strategies attempted and the results:

17. Describe the plan for fading and employing less restrictive measures:

18. Diagnosis(es):
- ☐Psychiatric
- ☐Intellectual Disability
- ☐Physical Disability
- ☐Other – List:
- ☐Autism
- ☐Deafness/Hearing Impairment
- ☐Blindness/Visual Impairment

19. Describe Level of Supervision:

20a. Name of Guardian: 20b. Type of Guardianship: ☐Plenary ☐Limited

21. Guardian's Relationship to Consumer:

22. Please check item(s) included in the HRC Review packet.
- ☐Behavior Plan/Program
- ☐Summarized Data (i.e.: behavioral, medical, and/or programmatic)
- ☐All evaluations, assessments, and/or doctor's orders that are related to the target behaviors/request
- ☐Picture or description of item(s)/device(s) being requested
- ☐Applicable legal documents (i.e. probation/parole)
- ☐Completed Request for HRC Review Form
- ☐Signed and dated consents

23. Agency contact:
Name: Last First Agency & Title

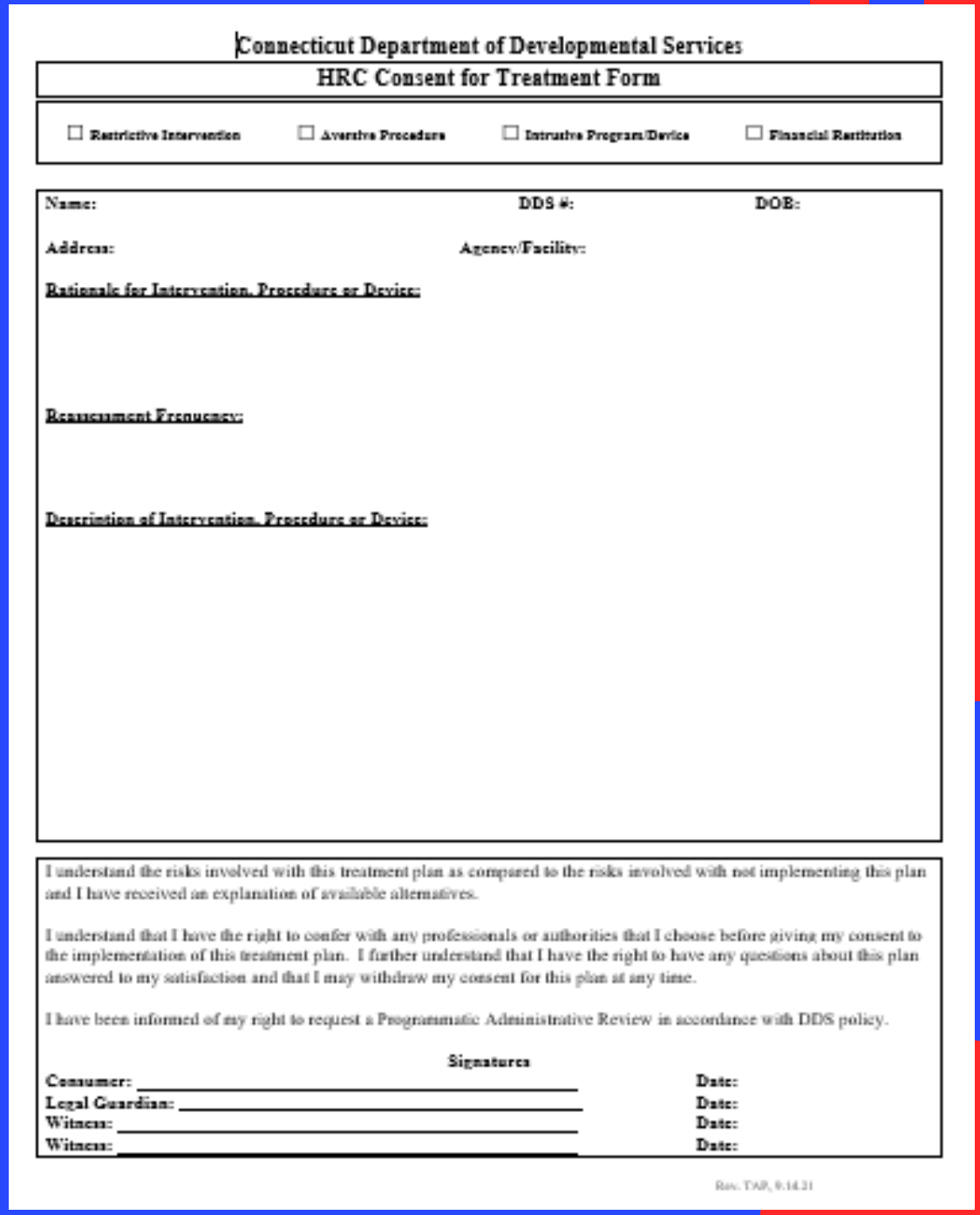
a. Daytime #: b. Fax: c. Email:

*This form may be completed electronically or printed and completed by hand.

Final w/ edits (TAP 6.21.19)

2. Consent for Treatment Form (Attachment C)

Other consent forms may be acceptable but must have a description of the restriction(s), rationale, reassessment frequency and PAR language.



Connecticut Department of Developmental Services

HRC Consent for Treatment Form

☐ Restrictive Intervention ☐ Aversive Procedure ☐ Intrusive Program/Device ☐ Financial Restitution

Name: DDS #: DOB:

Address: Agency/Facility:

Rationale for Intervention, Procedure or Device:

Reassessment Frequency:

Description of Intervention, Procedure or Device:

I understand the risks involved with this treatment plan as compared to the risks involved with not implementing this plan and I have received an explanation of available alternatives.

I understand that I have the right to confer with any professionals or authorities that I choose before giving my consent to the implementation of this treatment plan. I further understand that I have the right to have any questions about this plan answered to my satisfaction and that I may withdraw my consent for this plan at any time.

I have been informed of my right to request a Programmatic Administrative Review in accordance with DDS policy.

Signatures

Consumer: _____ Date:

Legal Guardian: _____ Date:

Witness: _____ Date:

Witness: _____ Date:

Rev. TAB, 9.14.21

3. Behavior Support Plan - BSP (or behavioral guidelines if has no behaviors of concern)

4. Recent data* (behavioral, medical, and/or programmatic) – summarized, graphed and numerically represented

5. All evaluations, assessments, and/or doctor's orders that are related to the target behaviors/request

6. Picture or description of item/device being requested

7. Applicable legal documents (ie: probation/parole)

** amount of data should match fade plans*

HRC Submission Guide

HRC REQUEST FOR REVIEW

1. Use current HRC Attachment B Request for Review form.
2. Complete all sections in full.
3. Ensure restrictions and fade plans match across all documents:
   ☐ request form, ☐ Behavior Support Plan (BSP), ☐ consents
4. Include a picture or description of the device being requested (if applicable).
5. Include the last HRC outcome sheet or, if referred for full HRC review from PRC, please submit PRC outcome form.
6. If feedback from previous review was not incorporated, include an explanation.
7. If audio/video monitors are requested, follow guidelines as specified in Use of Video and Audio Technology procedure.
8. When submitting the paperwork, list all presenters and their email contact information for who should be invited for the presentation.
9. Submit completed packets to the appropriate regional specific HRC mailbox listed below:

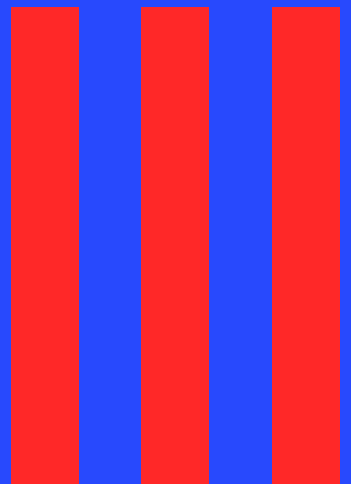
West - DDS.WR.HRC@ct.gov South - DDS.SR.HRC@ct.gov North - DDS.NR.HRC@ct.gov

CONSENTS

10. Consent(s) are present and include:
    - ☐ restrictive requested,
    - ☐ reassessment frequency,
    - ☐ PAR language
11. If restrictive is for housemate, consent should clearly indicate such.
12. If restrictive affects housemates, consents for affected housemates must be obtained.
13. Consents are current (valid for one year from date signed).

14. Please include phase change lines or an interpretation/summary of data since the last HRC (such as changes in staff, housemates, medications, behavior plan, etc.).
15. BSP should address function(s) for each target behavior (TB) to include precipitants, stressors, situations, patterns, etc.
16. Include any separate BSP-referenced guidelines/protocols. Attach level of supervision document to BSP submission (if not included in BSP).

BSP AND DATA



17. Include skill-development and teaching strategies as they relate to the need for the restriction and how it would relate to a fade plan.
18. Include replacement behaviors.
19. Include summarized data (both numerical and graphed) on all target behaviors (maladaptive and adaptive) to include data that matches the time frame of the fade plan (e.g., if the fade is zero for two years, two years of data is necessary). If the restrictive is new, include all data from the start of the restrictive to the present and ensure to present a summary of behavior prior to the implementation of the restriction.
20. Provide measurable goal for each TB.
21. Need fading plans for each restriction that are obtainable, based on specific data, and begin as soon as the predetermined criteria is obtained.
22. False allegations should not be part of BSP unless individual has a formal Frequent Reporter Protocol through DDS/AID. Any references to fabrication or telling untruths needs to include a disclaimer that it does not include allegations of abuse or neglect, which must be reported per DDS and Agency policy.
23. Contingent reinforcements that an individual has to earn need to be funded by the provider agency, not the individual.

Examples that would require HRC review (not a comprehensive list):

- Levels programs
- Safety harnesses
- Door alarms/chimes
- Financial restitution*
- Seatbelt buckle guards
- Audio/video* monitors
- Food/cigarette restrictions
- Use of specialty clothing/bedding
- Fences/gates (for the purpose of containment)
- Assigned seating for transport (due to behaviors)
- Monitored communications (phone, letters, e-mail, etc.)
- Body checks/searches (invasive, produce documentation)
- Use of mitts, splints or helmets (as behavioral intervention)
- Frequent scheduled overnight checks (more than 1-2 per night)
- Locked areas within a home/day program (refrigerators, drawers, cabinets, rooms)
- Searches of rooms/belongings/clothing (with the intent of discovering/removing items)
- Phone/TV/Internet/Media/Community access restrictions (including limited or supervised use)

Examples that would **NOT** require HRC review (not an comprehensive list):

- Apparatus used for positioning
- Room cleaning with staff assistance
- Bed rails that are in place due to medical necessity
- Incidental body checks done unobtrusively during naturally occurring times of undress
- Use of mitts, splints, seatbelts or helmets (for purely medical reasons, not as a behavior intervention)
- Use of mitts or blankets that an individual can use at will and can remove independently (and not be prompted to put back on)
- Voluntary attempts to change a behavior (e.g., smoking, spending) as long as staff do not prevent access to item when individual demands

* These restrictions CANNOT be implemented prior to HRC/Regional Director approval.

Starting prior to HRC review:

An intervention can begin prior to HRC review IF:

1. There is **full team*** agreement that it is necessary for the individual's health and safety

2. It is not for video monitoring or financial restitution

3. The HRC packet will be submitted quickly

*** full team = Case Manager, agency, guardian, other professional staff, etc.**

What to expect during a review

1. The type of review (presentation or paper) is determined/relayed during scheduling.

2. If it is a presentation, be prepared to share information about the individual (who they are as a person, how they are currently, and why they need the restriction(s) being requested.

3. Be ready to answer questions about the information that was submitted. If you anticipate medical questions, invite a medical team member to attend.

4. Be knowledgeable on the history and efficacy of less restrictive interventions.
5. At the end of the review, the Committee will determine the recommended outcome and the length of the proposed decision.
6. Feel free to take notes, but the outcome sheet will be forwarded once the Regional Director has made the final decision on the request.

Outcomes

A: Approval – no significant issues/concerns

rationale and justification provided for restriction(s) and documentation is clear

AQ: Approval with Qualification(s) – some issues/concerns

rationale and/or justification for restriction(s) might not be strong and/or documentation may be unclear or need revision(s)

D: Disapproval – significant objections

rationale and/or justification for restriction(s) may be inadequate and/or documentation is insufficient

Tabled – not enough information

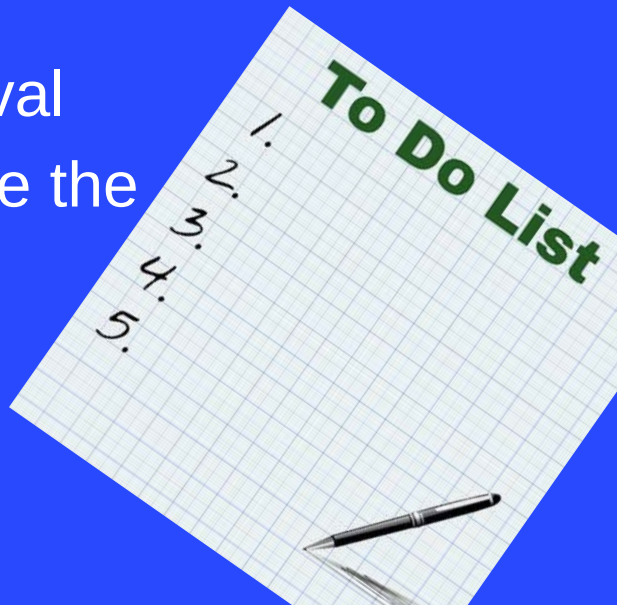
No decision made or action taken but provided guidance on what is needed for an effective review.

Timelines – range from a month to 3 years

traditionally, the shorter the duration, the greater the issues or need for follow-up.

Provider Responsibilities

- Submit complete packet to appropriate regional HRC mailbox to initiate a review or submit for renewal
- Ensure your agency submits a packet for renewal with enough time before the existing approval expires (recommend 3 months prior to expiration to be safe)
- Include the previous HRC outcome sheet in the new HRC packet.
- All feedback (recommendation/comments) from previous review should be addressed in packet
- List all restrictions even if some have current HRC/PRC approval to ensure the restrictions are reviewed in their entirety and have the same approval timeframe
- Be prepared to present the request and speak about the individual and their need(s)



HRC/PRC

HRC

If there is an intrusive device or restriction, used as a safety measure, and there is no related BSP

If there is an intrusive device or restriction, used as a safety measure, and there is a related BSP proposed or currently in use

If there is an intrusive device or restriction used as a consequence in a BSP

If there is a complaint of a human rights violation or a concern regarding an individual's human rights

PRC

If there is a behavior modifying medication

and/or a BSP with an aversive component.*

- video monitoring and financial restitution

cannot be reviewed during PRC

PRC membership includes an HRC Representative.

Due to this, some HRC restrictions can be reviewed during a PRC review if:

(1) a PRC review is appropriate and is scheduled within a couple months (if implementation has begun prior to review), and
(2) the HRC Representative is present.

The HRC representative will refer any requests for a full HRC review if they are not comfortable with the number or type of restrictions, or the information provided.

If HRC has provided an approval with no pending issues, then renewals can roll into existing PRC reviews. It there are outstanding issues with HRC, however, follow-up must remain with HRC.

Use of Video & Audio Technology

I.D. PR. 011

To expand the use of various technologies to support individuals and to increase their independence and integration into their communities, the Department developed a policy on the Use of Video and Audio Technology.

Human Rights level of severity: Most intrusive

Requires a great deal of additional developed systems to implement.

HRC approval **must** be obtained **prior** to implementation.

Subsection 7

Exterior cameras are viewed as security features and do not require HRC review.

Video cameras in vehicles used for transport and Non-recording video or audio devices used to enhance the independence of an individual who lives alone* do not require HRC review but need:

(1) written consent for each individual affected; and
(2) prior written notification of use to DDS Regional Director/designee

** when the device's use has been agreed to by the individual's planning and support team*

Packets submitted for review should provide all of the required information PLUS address each requirement listed under subsection 8 of the Use of Video and Audio Technology procedure.

Subsection 8

The use of video or audio technology other than in the manner listed in subsection 7 shall require review by and approval of the DDS Human Rights Committee.

Subsection 8

… A request for department approval for the installation and use of video or audio technology from the Agency Administrator that includes, but is not limited to, the following information:

- The reason for the use of video or audio devices and how its use is expected to improve the quality of life of the individual;
- A floor plan or diagram of the proposed placement of the video cameras and audio devices;
- Who or what each video or audio device will be monitoring;
- The type of video camera being installed and the features of the camera intended to be used (i.e., can it record, does it have audio, can it zoom in, is it motion activated, is it stationary or portable?);

- Frequency of any video or audio recording (i.e., all the time, at specific times, at random times, on activation by a sensor?);
- Frequency of the use of video or audio technology and any related intervention plans to address suspected instances of abuse or neglect or inappropriate behavior;
- List of other less intrusive measures that have been taken to protect the health and safety of an individual prior to requesting the use of video or audio technology. (Not applicable for video or audio technology requested for enhancing an individual's independence);

- Plan to educate each individual and his or her legal representative, if applicable, on the use of video and audio technology;
- Plan to provide a copy of all legally required notifications describing the use of the video and audio technology and an individual's rights concerning the use of this technology that is to be installed to the individual or his or her legal representative, if applicable;
- Plan to protect each individual's privacy;
- Description of the type of data that is anticipated to be collected and how the data will be collected by the video and audio devices;

- List of any additional technology supports that have been explored to assist the individual to enhance or increase his or her ability to be more independent; and

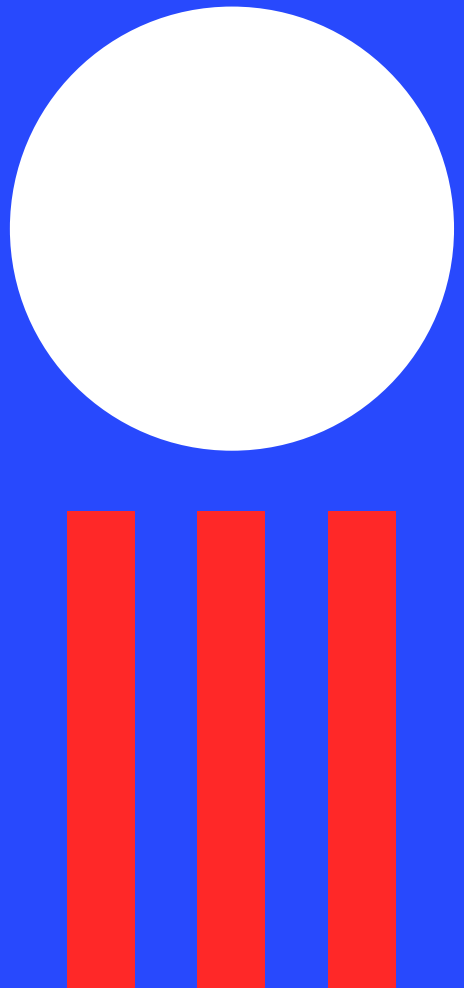
- Backup plan for the ongoing use of video or audio technology in case of power loss or other emergency situation.

Best practices

- Ensure that value is relayed in the work you do and the programs you create because we cannot assume that everyone values the individuals we support. Staff should be aware of this fact and empowered to act as advocates, when necessary.

- In word and print, highlight the individual as a person first, before getting into their maladaptive behaviors or diagnoses. By leading with this information, it shows that the person is important, valued and deserves respect.

- Write your plans as a guide for how staff can help an individual succeed. The plans should identify how staff are to support the person and build competencies as they try to overcome the challenges they experience due to their diagnoses/trauma/history.



- List the proactive interventions before the reactive ones because you want the staff to focus on the positive things.
- Aim to have a balance of adaptive behaviors that are promoted and not an overload of maladaptive ones, as that can alter the supportive framework of the plan.
- Ensure BSP is based upon a comprehensive Functional Behavior Assessment (FBA) that identifies the function of each maladaptive behavior. Make sure the interventions match the functions of each behavior. If the intervention is not effective, consider if the function might be different.
- Identify and include replacement behaviors which will provide the individual acceptable ways to obtain what they are seeking.

- Avoid the use of pejorative words (like manipulate, tantrum, lie or control) as individuals have often lived a long time having to find ways to fulfill their needs.
- Do not strive for or expect perfection. Goals and objectives should be attainable and realistic.
- Compliance should not be a goal. Everyone needs to have the right to refuse. What someone sees as non-compliance could also be seen as choice.
- Use age-appropriate and person first language.
- Avoid acronyms like SIB and AWOL where more specific language can better identify the specific behavior.

- Strive to have the BSP be a document that accurately represents an individual in the present. Historical information is valuable but it all does not need to reside in the BSP, especially if it is not relevant to who the person is now.

- Don’t be afraid to start a BSP from scratch. Extensive revisions and multiple authors can make an existing BSP confusing and disjointed.

- While data is important, it is more important to provide the individual with the support and care they need, so be selective about what needs to be tracked. Sometimes less data yields more quality data – try to eliminate what isn’t important.

Interested in joining HRC?

Contact the HRC Liaison in the region you are interested in serving to initiate the discussion.

Thank you

Tawnia & Kenerick

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Kenerick Brown – WR HRC Liaison

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Questions & Answers