

<b>ISSUE DATE</b>	<b>EFFECTIVE DATE</b>	<b>NUMBER</b>  00-18-0X
<b>SUBJECT</b>  Guidance for the Development of Human Rights Teams and Human Rights Committees		<b>BY</b>  Kristin Ahrens, Acting Deputy Secretary for Developmental Programs

**SCOPE:**

Providers of Consolidated, Community Living, Person/Family Directed Support or Adult Autism Waiver services  
Providers of Base-Funded services  
Supports Coordinators (SCs)  
Targeted Support Managers  
Administrative Entities (AEs)  
Self-Advocates  
Family Members  
Other Interested Parties

**PURPOSE:**

The purpose of this bulletin is to provide guidance related to the development and implementation of Human Rights Teams and Human Rights Committees, and identify roles in management, approval, and oversight of restrictive procedures.

**BACKGROUND:**

The federal Home and Community Based Services (HCBS) Rule and the proposed 55 Pa. Code Chapter 6100 regulations have strengthened rights protections and expanded oversight of rights protections for individuals who receive HCBS.

In response to the renewal of the Consolidated and Person/Family Directed Support (P/FDS) Waivers and the creation of the Community Living Waiver, as well as the requirements written in the Administrative Entity (AE) Operating Agreement, and in anticipation of the release of the Chapter 6100 regulations, the Office of Developmental Programs (ODP) is sharing

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate Regional Office of Developmental Programs

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requirements and best practice recommendations related to human rights and restrictive procedures. The guidance outlined in this document reflects regulatory and contractual expectations for AEs and providers offering services to people in both licensed and unlicensed settings, and represents ODP's mission, vision and values around how we support people. Because regulatory and other requirements establish the minimum requirements for compliance, the details contained in this bulletin are intended to support stakeholders in taking a consistent approach to ensure people's health, safety, and rights.

Please note: All of the Human Rights Team guidelines contained in this bulletin apply to providers that render services through the Adult Autism Waiver (AAW). The functions of the Human Rights Committees for participants enrolled in the AAW, however, are fulfilled through ODP's Bureau of Autism Services (BAS) instead of AEs.

The utilization of any intervention that modifies an individual's rights requires approval by the Individual Support Plan (ISP) team and will need to be included as a restrictive component to the Behavioral Support plan. Prior to implementation of any restrictive procedures, the formalized plan will require review and approval by the Human Rights Team at the provider level. Any entity providing HCBS in any setting, both licensed and unlicensed, will require access to a Human Rights Team. This can be through their own development, an agreement with another provider agency or (with AE approval) through the AE Human Rights Committee.

In addition, the AE/BAS maintains a key role in overseeing the utilization of restrictive procedures within the service system. The implementation of the Human Rights Committee provides a consistent process for monitoring the use of restrictive procedures and a mechanism for systemic review of incidents involving restraint and rights violations. Through this systemic analysis, AEs/BAS will be able to recognize trends, and facilitate activities to reduce the use of unnecessary restrictive procedures, improve practices associated with restrictive procedures, and ultimately provide recommendations for improving the service system.

## **DISCUSSION:**

### Definitions:

Human Rights Team (HRT): A group tasked with reviewing proposed utilization of restrictive procedures and determining if suggested strategies reflect the least restrictive intervention to support a person's needs and maintain his or her safety.

Human Rights Committee (HRC): An AE led committee responsible for safeguarding the human rights of people receiving services. The committee conducts systemic reviews of restraints and restrictive procedures, develops systems to reduce or eliminate the need for restraint and restrictive procedures, conducts technical assistance to providers to assist them in developing positive intervention strategies, and analyzes systemic concerns that impact the individual rights of service recipients. At times, the HRC may fulfill the responsibilities of a HRT for a community provider.

Modification of Rights: A modification of rights is a type of restrictive procedure that limits or prevents an individual from freely exercising his or her rights and privileges. Modifications of rights require review and approval by an HRT prior to implementation.

Physical Restraint: A manual method that restricts, immobilizes, or reduces an individual's ability to move arms, legs, head or other body parts freely. Physical restraints may only be used in the case of an emergency to prevent an individual from immediate physical harm to self or others, and may not be used for more than 30 cumulative minutes within a 2-hour period.

Restrictive Procedure: A restrictive procedure is a practice that limits an individual's movement, activity or function, interferes with an individual's ability to acquire positive reinforcement, results in loss of objects or activities an individual values, or requires an individual to engage in behavior the individual would not engage in given freedom of choice.

### Human Rights Team (HRT):

#### Purpose

Best practice standards indicate that the HRT's mission is to ensure that the organization is respecting, protecting, and promoting the human, civil, and legal rights of individuals served. Thus, the HRT exists to support people with developmental disabilities by providing a comprehensive multi-disciplinary team review of human rights issues. The HRT is ultimately charged with protecting the rights of people receiving HCBS. This team is responsible for evaluating every situation in which there is a modification of rights for any reason. Members of this team are charged with ensuring restrictive procedures are developed and implemented through the philosophy of least restrictive intervention.

#### Scope of work

Given the unique nature of human lives, it is not possible to provide a comprehensive list of all situations an HRT will encounter. Most commonly the HRT will be working to examine modification of rights that are part of a behavior support plan. However, the scope of the HRT is not limited to behavior support plan reviews. The team should be prepared to encounter additional issues related to the human, civil, and legal rights of individuals served.

The following list represents some examples of situations that may require review by the HRT:

Any modifications to an individual's rights including, but not limited to:

1. Physical restraint
2. Environmental Modifications that limit a person's rights.
3. Privacy modifications at home or in the community
4. Limiting use or access to communication methods, including phone, internet, or mail.
5. Limitations to visiting family or friends
6. Diet restrictions, including limited access to food / water
7. Limiting access to specific areas of the home and/or community.
8. Limiting access to personal possessions
9. Limiting access to money, or choice on how it is spent
10. Implementing health related interventions, such as smoking cessation plans.
11. Developing a token economy or other reward and / or level system
12. Any limitations to an individual's rights that are a result of legal proceedings and ordered by the court.

***The HRT's authority to approve the implementation of allowable restrictive procedures is superseded by regulatory, ethical, and legal standards.***

The HRT is responsible for reviewing, and approving restrictive procedures prior to implementation.

The HRT's scope of work may also include any or all of the following responsibilities:

1. Reviewing issues and concerns brought by individuals, families, guardians, advocates, service system stakeholders, provider staff, and administrators that involve potential violations of individual rights; this should be coordinated with the agency's incident management activities.
2. Creating, reviewing, revising, or implementing policies and procedures related to human rights.
3. Reviewing incidents of physical restraint, ensuring implementation was necessary for the safety of the individual and others, and was consistent with the philosophy of least restrictive intervention. Further actions should involve the recommendation of individual strategies to reduce the likelihood for repeated occurrence of physical restraint. This activity can be coordinated with existing Incident Management and Quality Management requirements.
4. Reviewing all relevant incident management data related to rights violations and making recommendations to the organization for individual and systemic improvement.
5. Identifying trends and patterns and creating action plans based on review of data.
6. Making recommendations for changes to the agency's training policy related to Human Rights.
7. Making recommendations to improve the agency's efforts at promoting people's rights.

### Informed Consent

Thorough attempts must be made to obtain informed consent from the person who will experience the modification of rights. No coercion may be used to obtain consent.

In general, informed consent is the knowing consent voluntarily given by a person (or by the person's substitute decision-maker or guardian, if applicable) who can understand and weigh the risks and benefits involved in the particular decision or matter.

Prior to the implementation of any modification of rights via a restrictive procedure the following process must be followed:

1. The person(s) from the ISP Team securing the consent will:
  - explain the intended outcome and nature of, and the procedure involved in, the proposed treatment or activity;
  - explain the risks, including side effects, of the proposed treatment or activity, as well as the risks of not proceeding;
  - explain the alternatives to the proposed treatment or activity, particularly alternatives offering less risk or other adverse effects;
  - explain that consent may be withheld or withdrawn at any time;
  - present all information in a manner which can be understood by the person(s) making the decision using their preferred communication method; and
  - be available to answer questions that the person(s) may have regarding the matter for which consent is being sought.

2. Whenever informed consent is required, the following documentation is required:
  - the consent or the attempts to obtain consent must be in writing and filed in the person's record;
  - details about the procedure utilized to obtain the consent;
  - the name, position, and affiliation of the person(s) securing the consent; and
  - a summary of the information provided to the person from whom consent is secured.
3. The written consent or documentation of the attempts to obtain consent is dated and expires upon completion of the specific procedure for which it applies. The appropriateness of the consent shall be reviewed, at a minimum, as part of the annual review of the person's ISP (or as frequently as required by law, regulation or policy).
4. The written consent or documentation of the attempts to obtain consent is reviewed by the HRT when there is a change to the procedure.

An individual and his or her guardian (if any) must be involved in developing any plan related to their supports or services. When the individual has a guardian, the plan must be explained to the individual, even though the individual's consent is not required. Other key members of the person's team must be involved in developing the plan. Guardian/individual consent is helpful but is not required for the implementation of court ordered restrictions. Where restrictions are imposed by court order, a copy of the court order must be in the person's record. Every effort should be made to develop a plan to which all team members can agree. There may be times when consent is not obtained and, in order to ensure an individual's health and safety, a behavior support plan, modification of rights, or plan for restrictive procedures is necessary. These situations in particular highlight the critical role of the Human Rights Team in decision-making that addresses the need to balance human rights with the need to support individuals' health and safety.

### Membership

The HRT should be comprised of voting and non-voting members that are able to review and provide recommendations related to human rights issues up to and including approval of plans related to the modification of rights. Only voting members are eligible to vote on the appropriateness of proposed interventions, with a majority of votes required to approve a plan. An agency's HRT policy may include specific benchmarks for approving plans; however, it cannot be less than a majority vote.

At a minimum, HRT meeting participation requires at least one professional who meets provider qualification requirements for a position relating to behavioral support, e.g., behavior specialist or program specialist, and who did not develop the behavior support components of the individual plan. In addition, the majority of the HRT voting members must be comprised of persons who do not provide direct services to the individual. It is recommended that one member of the HRT should not be employed by the agency. Voting members may consist of representatives from the following groups with no one group constituting a majority (if possible):

- self-advocates;

- family members of individuals receiving supports or services;
- people with current direct care experience supporting individuals with developmental disabilities; or
- additional staff from the organization.

### Membership Considerations

1. Organizations should use all available resources and stakeholders when creating a Human Rights Team. Consideration should be given to the value in having “outside” stakeholder input into the Human Rights Team instead of solely relying on “in-house” resources.
2. HRTs should be comprised of no less than three (3) voting members, and should have no more than seven (7) voting members. There are no limits to the inclusion of non-voting members.
3. Voting members are responsible to identify any potential conflicts of interest present for any items that require a vote. The voting member must recuse themselves from voting on that decision. This most often will occur when a member of the HRT has direct influence upon the plan under review.

### Roles and Responsibilities

Chairperson - A lead role of the HRT is to provide consistency to the process and to be able to resolve disputes. Given the nature of the position and the anticipated scope of work involved, it is recommended the chairperson meet the requirements set forth in **§ 6100.344 (b)**, including having a recognized degree, certification, or license relating to behavioral support. The chairperson must not have responsibility for developing behavior support components of any plans reviewed by the HRT. The chairperson must also be able to fulfill the responsibilities of a voting member as outlined below. The chairperson has the ability to choose a designee to vote on any situation for which there may be a conflict of interest. A conflict of interest can be due to the nature of the relationship of the Chairperson to the development of a behavior support plan. A Chairperson may also need to utilize a designee related to an actual (or perceived) conflict of interest due to the nature of the relationship of the Chairperson to the parties (individual, family, guardian, advocate, staff, organization, etc.) involved in the development and/or implementation of a behavior support plan.

Voting Member - A member of an HRT that commits to regular meeting attendance has the ability to objectively review, give feedback and approve (if appropriate) behavior support plans with restrictive procedures, and participate in other rights related discussions. In addition, a voting member is willing to review educational materials/attend trainings about the most current trends and practices regarding human, civil and legal rights.

Non-Voting Member(s) - A member of an HRT that commits to regular meeting attendance, has the ability to objectively review, and give feedback about behavior support plans with restrictive procedures, and participate in other rights related discussions. In addition, a non-voting member is willing to review educational materials/attend trainings about the most current trends and practices regarding human, civil and legal rights. Non-voting members can provide insight and information; yet, they do not participate in the official voting process of approving plans.

### Confidentiality

The agency should have a policy in place detailing strategies to ensure the confidentiality of information reviewed by the HRT. All participating HRT members should have training on this protocol, with a copy of the policy distributed to all members, and kept on file.

### General Guidelines

1. Each HRT will establish operating procedures that define the membership, training, roles and responsibilities of the team, and its members.
  - a. To include a method for individuals, families, guardians, and advocates etc. to request that the HRT review intervention plans related to their care.
2. The HRT must meet as often as necessary to meet the needs of the individuals supported by the agency, and to ensure that all plans are reviewed and approved. At a minimum each plan must be reviewed every 6 months (as per [§ 6100.345](#)). It is recommended that the HRT meet quarterly in order address issues and streamline the review process.
3. The HRT needs to establish a process for emergency review of behavior support plans that include restrictive procedures of any type that because of safety concerns, cannot be delayed until the next scheduled meeting.
4. All members of the HRT should have opportunity to receive training on human rights and freedoms, applicable policies and interventions and other topics related to their responsibility to protect and promote rights.

### Meeting Structure

Organizations should have a policy identifying the structure of the HRT meeting, including the topics that will be covered. At a minimum, the HRT meeting will include the following components:

1. HRT members will be provided with an agenda and supporting documents to be reviewed prior to the meeting, such as Behavior Support plans, data, incident reports, ISPs, Policy/Procedures, etc...to ensure they are prepared to discuss.
2. The team will use the meeting to review the proposed restrictive procedures and determine if they are the least restrictive procedures necessary to achieve the identified outcomes.
3. The team will review whether less restrictive alternatives were attempted and not successful and that the proposed restrictions are in compliance with all applicable regulatory, legal, ethical, and best practice strategies.
4. The Behavioral Specialist who is responsible for the plan at the time of review will present the suggested interventions to the HRT. In the event that the Behavioral Specialist is not available, other staff who are identified in the plan as being responsible for implementation/monitoring (or that person's back-up staff, as noted in the ISP) may present the plan to the HRT.
5. The review will identify each suggested intervention resulting in a modification of an individual's rights, including the following components:
  - a. The specific behavior to be addressed
  - b. An assessment of the behavior including the suspected function of the behavior
  - c. The desired outcome
  - d. Positive behavior support strategies utilized prior to resorting to restrictive procedures; examples include: changes to environment or routine; improving communication; recognizing and treating physical and behavioral health

conditions; voluntary physical exercise; redirection; praise; modeling; conflict resolution; de-escalation, and teaching skills.

- d.i. Which PBS strategies were implemented?
    - d.ii. How long were they in place?
    - d.iii. Why does the team think they did not work?
  - e. The specific restrictive procedures and circumstances under which they may be implemented.
  - f. Target dates for achieving the outcome.
  - g. The amount of time the restrictive procedure may be applied, and frequency for review, not to exceed six months.
  - h. The name of the staff person responsible for monitoring and documenting progress with the individual plan.
6. Provided the plan supports the inclusion of a restrictive procedure and modification of the individual's rights, the HRT will discuss the suggested strategies to determine if the interventions are the least restrictive steps to achieve the identified outcomes.
  7. The team will determine if a modification of the individual's rights as described is the most appropriate approach for achieving the identified outcome. At a minimum, a modification of an individual's rights requires majority support by voting members of the HRT. The outcome of the vote must be documented in the minutes.
  8. If a restrictive procedure is approved by the committee, the HRT will sign the plan and set a date for reviewing progress, no later than six months. If the suggested restrictive procedures are rejected, the chairperson (or designee) will identify alternative recommendations for intervention, and share these recommendations with the author of the plan.
  9. In addition to the HRT's required function of reviewing restrictive procedures for each individual for whom they are used, the HRT can also choose to engage in reviews of agency-wide practices. Some examples include:
    - a. A review of each restrictive intervention used within the agency since the last meeting to determine appropriateness, and compliance with the approved behavior support plan.
    - b. A review of each incident, alleged incident, and suspected incident of a violation of individual rights identified within the agency since the last meeting. The HRC should determine what steps the agency should take to better safeguard the rights of individuals served.
    - c. A review of any issues, concerns, or grievances brought by individuals, families, guardians, advocates, service system stakeholders, provider staff and administrators, that involve potential violations of individual rights.
    - d. Any additional issues that may impact the provider's practices in promoting and protecting human, civil, and legal rights.
    - e. Any additional topics as identified in the agency's policy.
  10. A record of HRT meetings shall be kept and available for review. These minutes should contain the following:
    - a. Outline of the general scope of the work completed by the HRT
    - b. Trends identified by the HRT
    - c. The number of individual plans reviewed
    - d. Type, scope and results of plan reviews
    - e. Recommendations for organizational change(s)
    - f. A plan for the HRT for the upcoming year



## Human Rights Committee (HRC):

### Purpose

The AE shall develop and maintain a Human Rights Committee (HRC) in order to safeguard the human rights of people receiving services and supports. The comprehensive mission of the Human Rights Committee (HRC) is to implement a consistent system of AE level oversight in protecting and promoting the human, civil, and legal rights of individuals served. The HRC exists as an AE level multi-disciplinary team that oversee the activities of provider level HRTs.

The HRC is ultimately charged with ensuring the actions, activities, and decisions of the HRTs are done in a manner that above all else, protects the individual rights of people with developmental disabilities. This committee is responsible for monitoring the approval of behavior plans that restrict or modify the rights of individuals. The HRC also provides systemic oversight of incidents, in an effort to identify trends. This information can be used to influence the creation of policy and support the development of initiatives aimed at addressing these trends.

## AE Operating Agreement Requirements

### *4.1 Human Rights Committee*

*The AE shall develop and maintain a Human Rights Committee (HRC) in order to safeguard the human rights of people receiving services and supports. The AE shall develop a protocol that includes the following:*

- 1. The AE HRC shall serve as the entity responsible to conduct a systemic review of restraint and restrictive procedures.*
- 2. The HRC will conduct a systemic review to ensure the use of restraints and restrictive procedures are appropriate and necessary. This review will include verifying strategies exist and are being achieved to reduce or eliminate the need for the use of a restraint or restrictive procedure.*
- 3. The AE HRC will conduct technical assistance to provider agencies in developing positive intervention or strategy alternatives to eliminate or reduce the need for restraint and restrictive procedures.*
- 4. The AE HRC shall analyze systemic concerns including a review of policies, interventions, trends and patterns, individual situations and plans that authorize the use of interventions that have the potential to impact an individual's rights.*

### Scope of work

Given the unique nature of human lives, and the complexity of the multiple service systems involved in supporting individuals with developmental disabilities, it is not possible to give a complete list of all the situations that a HRC will encounter. The committee should strive to create a diverse scope of work based on the needs of the AE. Most commonly, the HRC will be monitoring the outcomes of provider HRT decisions, completing systemic review of restraints and restrictive procedures, and reviewing incident data related to both the frequency of activities deemed restrictive, and occurrence of events that allege abuse, neglect, exploitation and other data related to rights violations. Recommendations resulting from HRC activities will be based on consensus of HRC members. AEs will have policies in place to define the process of reaching consensus.

### The HRC is responsible for:

1. Systemic review of restraints and restrictive procedures. This can be accomplished by collecting, maintaining and analyzing data from all behavior support plans that contain

restrictive components. At a minimum, the data to be reviewed should be maintained in a spreadsheet which includes:

- a. Basic demographic information;
  - b. Date of implementation;
  - c. Type of restrictive intervention(s) approved;
  - d. Period for review;
  - e. Brief explanation for need.
2. Reviewing a sample of behavior support plans with restrictive procedures. Individual plan review and approval is the role of the Human Rights Team (HRT, see above); the HRC provides support and oversight to HRTs through tracking and monitoring the use of restrictive procedures and the process by which they are authorized. HRC review of individual plans is a quality assurance activity and involves reading plan content to ensure overall compliance with requirements and best practices regarding human rights and least restrictive interventions. Sample size should be 10% at minimum annually. If 10% of the AE's total number of restrictive plans is less than 10 plans, then all plans should be reviewed. If 10% is more than 20 plans, then a minimum of 20 should be reviewed annually. This recommendation is to ensure some AE oversight of individual plans, and specific numbers can be determined by individual HRCs. HRCs should also ensure that they are reviewing plans from a representative sample of providers, especially in areas where one provider is responsible for multiple restrictive plans.
  3. Reviewing complex or systemic issues and concerns brought by individuals, families, guardians, advocates, service system stakeholders, provider staff and administrators, that involve Human, civil and legal rights violations.
  4. Providing guidance (i.e., "technical assistance" as specified in the AE Operating Agreement, see above) to provider organizations related to human rights, restrictive procedures and related subjects.
  5. Monitoring the systemic utilization of physical restraint for individuals served by the AE, analyzing systemic concerns in an attempt to identify trends and reduce the utilization of restrictive intervention plans.
  6. Monitoring the systemic occurrence of incidents alleging abuse, neglect, exploitation and other data related to rights violations.

The HRC may also consider any or all of the following responsibilities:

1. If the AE agrees to it, acting as a Human Rights Team on behalf of a provider. Reviewing and approving complex restrictive procedures that are part of a Behavior Support Plan prior to implementation;
2. Developing policy recommendations to organizations to address any identified trends related to restrictive procedures or rights violations.
3. Evaluating individual incidents of restraint or restrictive procedures, ensuring implementation was necessary for the safety of the individual and others, and was consistent with the philosophy of least restrictive intervention.
  - a. Make recommendations for improvements in the quality of care related to individual incident review.
4. Reviewing complaints that reveal a provider's practices in promoting and protecting human, civil, and legal rights may be in violation of applicable law, regulation or policy;
5. Providing recommendations to improve the AE's efforts at promoting people's rights.
6. Coordinating activities between multiple service system stakeholders to support human rights;

The activities of the HRC can be coordinated with existing AE Incident Management and Quality Management requirements (e.g., restraint incident reviews and ISP reviews).

### Membership

The HRC must be comprised of members that are able to review and give recommendations related to human rights issues up to and including approval of plans related to the modification of rights. All members of the HRC should have opportunity to receive training on human rights and freedoms, applicable policies and interventions and other topics related to their responsibility to protect and promote rights.

It is recommended that at least one member of the HRC should not be employed by the AE. HRC members may consist of representatives from the following groups with no one group constituting a majority (if possible):

- Self-Advocates
- Family members of individuals receiving supports or services
- People with current direct care experience supporting individuals with developmental disabilities
- Allied health professionals such as HCQU or ASERT staff
- Law enforcement
- Allied professionals with knowledge of the service system
- Advocacy groups
- Supports Coordination Organizations

### Roles and Responsibilities

Chairperson - A lead role on the HRC to give consistency to the process and to be able to resolve any disputes. Given the nature of the position and the anticipated scope of work involved, the chairperson should meet the requirements set for in § 6100.344 (b). This will also allow the HRC to function as a HRT for provider agencies if desired. The chairperson must also be able to fulfill the responsibilities of a voting member as outlined below.

Member - A member of an HRC that commits to regular meeting attendance, has the ability to objectively review, give feedback and approve (if appropriate) behavior support plans (including those with restrictive procedures), and participate in other rights related discussions.

### Confidentiality

Each AE HRC must have a policy in place detailing the strategies implemented to ensure the confidentiality of information reviewed by the HRC. All participating HRC members must have training on this protocol, sign and date an acknowledgment of receipt and understanding of the training with a copy of the training kept on file.

### Informed Consent

The HRC is responsible to ensure that informed consent has been obtained prior to the implementation of any restrictive intervention plan. Guidance about informed consent is available in this document within the section titled "Informed Consent" within the discussion of the HRT.

### General Guidelines

1. Each HRC will establish operating interventions that define the membership, training, roles, and responsibilities of the committee.
2. The HRC must meet as often as necessary to meet the needs of the organization, a minimum of once every three months.
3. The HRC can fulfill the responsibilities of a HRT for a provider, but only if the AE agrees to do so, finding it in the best interest of the individual and the provider agency. However, AEs are only eligible to act in the scope of the HRT to review plans for individuals that are registered in that AE. AE HRCs cannot fulfill the role of the HRT for individuals registered with other AEs, regardless of their AE of residence.

Should the HRC choose to act in the capacity of an HRT for a provider(s), the HRC needs to establish a process for emergency review of behavior support plans or concerning systemic events that because of safety issues, cannot be delayed until the next scheduled meeting.

### Meeting Structure

Each AE must have a policy identifying the structure of the HRC meeting, including the topics that will be covered. At a minimum, the HRC meeting will include the following components:

1. HRC members should be provided with an agenda and supporting documents to be reviewed prior to the meeting, such as Behavior Support plans, data, incident reports, ISPs, Policy / Procedures, etc.....to ensure they are prepared to discuss.
2. At a minimum, a sample review of randomly selected behavior support plans, that contain restrictive procedures approved at the provider level HRT. The HRC policy must describe the sample size to be reviewed. This recommendation is to ensure AE oversight of individual plans, and specific numbers can be determined by individual HRCs.
3. A systemic review of physical restraint data for individuals served by the county, analyzing systemic concerns in an attempt to identify trends. HRC policy must establish guidelines for the data collection periods to be used.
4. Through the analysis of data, the HRC should provide policy recommendations to address trends related to restrictive procedures or rights violations.
5. Should the HRC identify trends related to specific individuals, the HRC may need to evaluate individual incidents of restraint or restrictive intervention, ensuring the provider agency acted in the best interest of the individual, and their personal rights. Further actions should involve the recommendation of strategies to reduce the likelihood for repeated occurrence of physical restraint.
6. Strategies for providing technical assistance and oversight to provider agencies in the development and implementation of policies and procedures that protect human rights.
7. In addition to the HRC's required functions, the HRT can also choose to engage in reviews of additional individualized, agency-wide, and county-wide practices. Some examples include:
  - a. A systemic review of incidents alleging abuse, neglect, exploitation and other data related to rights violations. HRC policy should establish guidelines for the data collection periods to be used.
  - b. A comprehensive review of complex or systemic issues and concerns brought by individuals, families, guardians, advocates, service system stakeholders, provider staff and administrators, that involve Human, civil and legal rights violations.
  - c. Any additional issues or recommendations to improve the county's practices at promoting and protecting human, civil, and legal rights.

8. A detailed record of the HRC meetings and activities shall be kept, and be available for review.