Human Rights Committee (HRC)
District East
Open Meeting Minutes

Department of Economic Security
Division of Developmental Disabilities
120 W. 1st Avenue Mesa, AZ 85210
March 14th, 2018
4:30 pm – 7:00 pm

Call to Order	Jennifer Huot
Start Time	4:57 pm
Facilitator	Jennifer Huot
Note taker	Taylor Pike
Attendees	**HRC Members Present:** Jennifer Huot, Sheri Reed, Sarah McGovern, Paul Sadler, Jill Wilson, Mindee Stevenson, Gina Johnson, Cathryn Whalen, Tonia Schultz **HRC Members Absent:** Suzanne Kensington, Cynthia Elliot, Tammy Leeper **Division of Developmental Disabilities (DDD) Staff:** Taylor Pike **On the phone:** None **Public:** None
Agenda Topics	Call to Order, Welcome, Article 9 Training, Voting - Membership, Approval of February 2018 Minutes, HRC Liaison Updates, Call to the Public, Adjournment

Call to Order/Welcome **Committee**

Discussion	The **Human Rights Committee (HRC) members** introduced themselves, gave their backgrounds and stated how long they've been members of the HRC. **Tonia Schultz** introduced herself as the Arizona Training Program (ATPC) Facility Representative.

Article 9 Training **Tim Payne**

Discussion	**Timothy Payne** is the Lead Training Officer for training certification and compliance for Article 9. He is the instructor for all qualified vendor agencies statewide. Any paid provider of DDD is an advocate of our member's rights. For caregivers or support providers it informs them of the procedures and techniques they are authorized to use, which of those need the PRC

approval, what are the prohibited techniques. Curriculum covers implicit and explicit rights. How can we keep them safe and teach them skills without violating their rights.

History
Dr. Michael Wilkinson tried to make federal funds available to improve lives of individuals living at Willowbrook State School, however, administration prevented him from doing so. Outraged, he left and turned to Geraldo Rivera, a friend and New York Reporter to expose the activity going on at Willowbrook. This brought attention nationwide and forced legislative action.

Rights
- Individual's Rights to Confidentiality
- Individual's Rights to Consent
- Explicit and Implicit Rights - Explicit rights are those written into law written into law. Implicit rights are those not specifically written but are implied, for instance, picking out what you want to wear.
- A.R.S. 36-551.01 enumerates additional rights of those with disabilities.

Positive Behavior Support is an approach to helping people improve difficult behavior that is based on four things:
A. An understanding that people do not controls others, but seek to support others in their own behavior change process.
B. A belief that there is a reason behind most behavior, that people with difficult behavior should be treated with compassion and respect and that they are entitled to lives of quality as well as effective services.
C. The application of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of difficult behavior; and
D. A Conviction to continually move away from the threat and/or use of unpleasant events to manage behavior.

Positive Teaching Techniques
Anyone can use positive teaching techniques and strategies. Paid caregivers will use the guidelines of the individual's ISP in applying these techniques. Such as: Active Listening, Cues and Prompts, Differential Reinforcement, Fading of Cues and Prompts, Generalization Training, Modeling, Redirection, Reinforcement, Relaxation Training, Token Economies, Voluntary Time Out.

Prohibited Techniques:
- The Use of Seclusion
- The Use of Overcorrection
- The application of Noxious Stimuli
- Physical and/or Mechanical Restraints, when used as a negative consequence to a behavior
- The Use of a Behavior Modifying Medication if: used as a "PRN" basis, dosages interfere with the person's daily living, used in the absence of a Behavior Plan (In licensed residential settings)
- A.R.S. 36-561.A – No psychosurgery, insulin shock treatment, electroshock treatment or experimental drugs

Techniques Requiring PRC Approval/HRC Review
Any technique that requires the use of force compliance needs a behavior plan. Technical procedures have to be written into a plan and approved before they can be used in a residential setting. ISP team is responsible for writing BP, PRC is responsible for making sure it's used appropriately.

Four techniques that require BP approval:

1. Techniques that require the Use of Force
2. Techniques that might Infringe upon the Rights of the Individual
3. Protective Devices to Prevent Self-Injurious Behavior
4. The Use of Behavior Modifying Medications (in Licensed Residential Settings)

- Pending the change/revision in Article 9 this will no longer be in effect. Members that take Behavior Modifying Medications will not require a Behavior Plan

Individual Support Plan Team
1. The planning team must submit to the PRC and HRC committees any behavior plan which includes:

a. Techniques that require the use of force
b. Programs involving the use of response cost
c. Programs which might infringe upon the rights of the individuals
d. The use of behavior modifying medications; and
e. Protective devices used to prevent an individual from being injured due to self- injurious behavior

2. Upon receipt of the response from the PRC, and as part of the plan development process the team must either:

a. Implement the approved behavior plan;
b. Accept the PRC recommendation, and incorporate the revised behavior plan into the plan (ISP or IFSP) or
c. Reject the PRC recommendation and develop a new behavior plan

3. All revised behavior plans must be re-submitted to the PRC for approval and the HRC for review and recommendation
No implementation shall occur prior to approval.

Emergency Measures
Emergency Measures: In the event that an individual engages in a sudden, intense, out of control behavior endangering the health or safety of the individual or another person, the use of emergency physical intervention techniques and/or behavior modifying medication with a physicians order for specific one time emergency use.

- The team must meet and consider writing a behavior plan when an emergency measure is used two or more times in a 30 day period with an identifiable pattern.

Emergency Physical Management Techniques: When the behavior plan techniques are ineffective, staff shall use the least amount of intervention necessary to safely physically manage out of control behavior. Techniques are included in Prevention and Support and shall be:

- Used only by individuals trained in the use of Emergency Physical Intervention techniques
- When less restrictive methods were unsuccessful or inappropriate
- Used to prevent the individual form harming themselves or others

	• Continued for the least amount of time necessary to bring the individuals behavior under control • Be used concurrently with the uncontrolled behavior • Be appropriate to the situation to ensure safety **Reporting Procedures:** When the physical management technique is employed to manage sudden, intense behavior, the person employing that measure shall: a. Immediately (At the first allowable opportunity that does not place the individual or staff at undue risk, as applicable to the situation, and does not exceed 24 hours) report the circumstances of the emergency measure to the following: 1. The person designated by the Division 2. The responsible person b. After calling the above individuals, a full/complete written report of the circumstances and emergency measures needs to be submitted within one working day to the support coordinator and the district central reporting site.

HRC Liaison Updates **Taylor Pike**

Discussion	**Taylor Pike** reminded everyone about the Article 9 WebEx on March 21st. Provided clarification that "the proposed Article 9 reflects current evidence based approaches and assures the Division's members' safety by offering the opportunity to develop the most appropriate, effective and safe behavioral interventions. It also allows members to receive psychiatric treatment when clinically appropriate." Established April 6th and April 14th and tentative ATPC committee ATPC tour dates. **Taylor** will email Bruce McMorran to schedule the tours and email the absent HRC members to see if they are available. **Taylor** informed the committee that due to a change in statute the amount of Incident Reports the committee will receive will increase significantly. There is no date confirmed for when this change will occur.

Approval of February Minutes **Jennifer Huot**

Discussion	**Jennifer Huot** made a motion to approve the February 2018 minutes as written, motion seconded by **Paul Sadler**. All in favor. Motion carried.

Voting - Membership **Jennifer Huot**

Discussion	**Gina Johnson** made a motion to accept **Tonia Schultz** as a non-voting member, **Paul Sadler** seconded the motion. All in favor. Motion carried.

Adjournment **Jennifer Huot**

Conclusion	The next meeting will be held on April 11th, 2018 at 5:00 pm at the 120 W. 1st Avenue, Mesa, AZ location. Meeting adjourned by **Jennifer Huot** at 7:00 pm.