BSPs and HRCs

Turning policy into practice to protect rights and promote growth.

Welcome and Introductions

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- Behavior Support Specialist and Human Rights Committee Facilitator
- 30 years in behavior support services
- 4 years facilitating OPG's HRC (6 years prior to that with another HRC)

Opportunities for Positive Growth

- Accredited by CQL with Person Centered Excellence w/ Distinction
- Offices in Fishers, Kokomo, and Lafayette, IN.
- Services throughout the state of Indiana.

Asking for a friend...

How many of you have received feedback from an HRC that seemed outside of the scope of an HRC's responsibilities?

BY THE END OF THIS SESSION, YOU WILL BE ABLE TO…

Define what Indiana DRS and HCBS require for Rights Modifications.

Develop strategies to ensure that restrictive interventions are temporary.

Refine how your data demonstrates the person specific need for a restrictive intervention.

Integrate restriction information into plans to aid the HRC in evaluating the risk vs the benefit of the intervention.

Address guardian and team concerns with clear, evidence-based explanations.

Share practical examples and tools that promote rights and quality of life.

Modification = restrictive intervention

What does Indiana say about HRCs and restrictive measures?

Relevant Indiana Requirements
- 460 IAC 6-18-7 Human Rights Committee
- 460 IAC 6-18-2 Behavioral Support Plan Standards
-DDRS Policy: BDS 4600221012 Human Rights Committee
-DDRS Waiver Manual , Section 10.4: Behavior Support Services

-Defines HRC committee members
- Identifies a minimum number of participants required to make decisions
-References “risk vs benefit analysis”
-Requires confirmation of danger to the individual or others
-Confirms that restrictive interventions should be temporary and eliminated as soon as possible
-Allows for emergency use of restrictive interventions
-No aversive techniques may be used.

The HRC's functions include the review of:

The use of restrictive interventions with an individual;

And

Other human rights issues for individuals

This is after the Level 1 provider has reviewed the BSP.

HRCs often have well-meaning people without clinical experience or full understanding of how restrictions can be harmful. BCs will sometimes be tasked with restricting individual rights at the request of families and other caregivers (with or without supporting data).

That’s not very specific!

We can look at the HCBS guidelines for more information

HCBS requirements for modifications

*Identify a specific and individualized assessed need

*document interventions and supports used prior to any modifications

*document less intrusive methods that have been tried but did not work

*provide a clear description of the condition that is directly proportionate to the specific assessed need

*include a regular collection and review of data

*include established time limits for periodic review to determine if the modification is still necessary

*include informed consent of the individual

*include an assurance that the interventions and supports will cause no harm to the individual

IN SHORT

What is the person specific risk that does not respond to less intensive interventions and how do you demonstrate that the modification is needed / still needed (and eliminated as quickly as possible).

How can we make it easier for HRCs to connect the dots to understand the risks and the benefits of a modification?

Disclaimer

We'll be using examples and scenarios today, but we can't give advice about specific people you work with.

If something we discuss feels similar to a real situation, take the ideas back to your team to review together.

Modifications: Purpose, Presumptions, & Principles

Purpose

- Temporary changes to a person's rights that **protect safety** while supporting learning and growth.
- Allow time, support, and opportunities **to build skills** needed for greater independence and safety.
- Only used when other lesser intensive options are not effective **while working** towards removing them.

Presumptions

- We **presume competence**—every person can learn, grow, and make choices.
- Learning happens **over time** with the right supports.
- Everyone has the right to **dignity of risk**—to take safe, meaningful risks as part of growth.

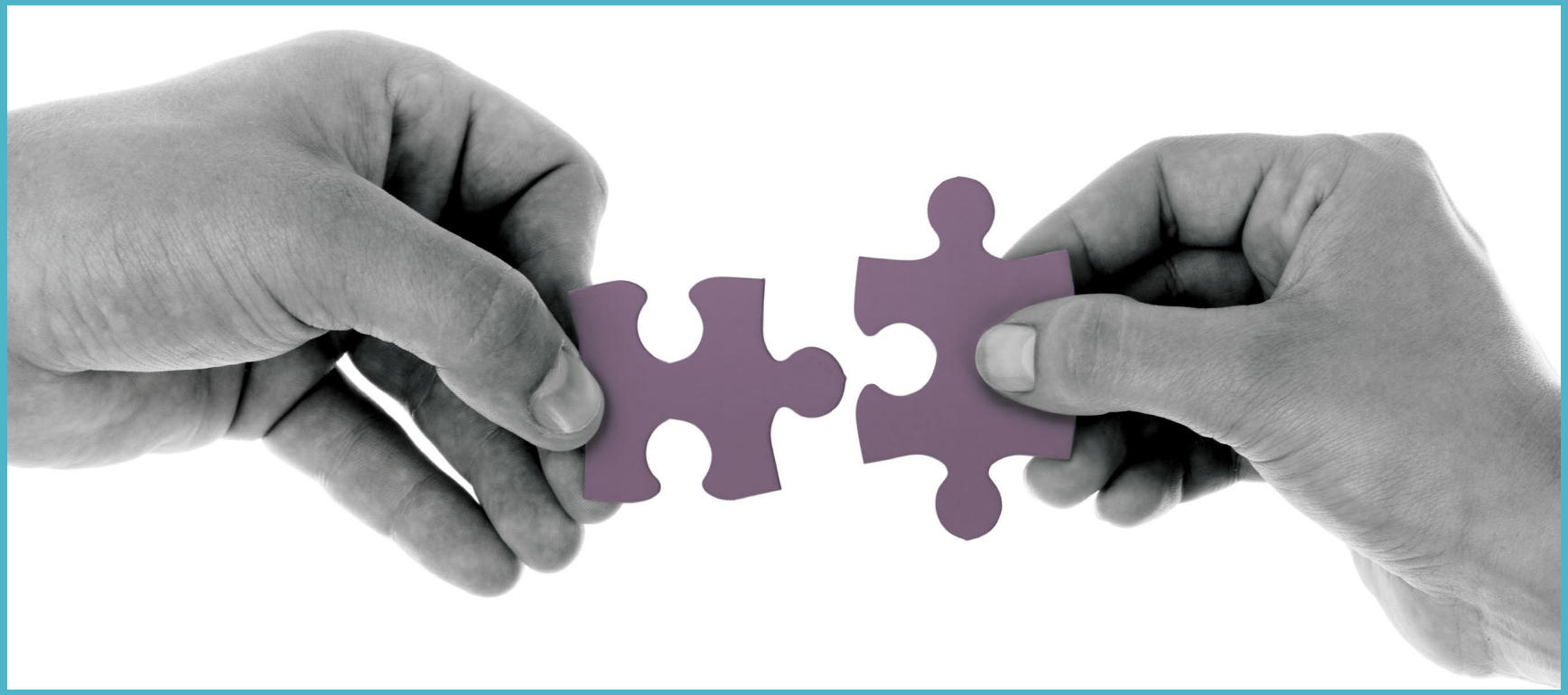
Principles

- Based on a specific, assessed need and the **least restrictive** option possible.
- Requires informed consent and a **clear review plan**.
- Supported by ongoing data, with steps to **restore rights as soon as safely possible**.
- Promotes self-determination, skill-building, and inclusion while balancing safety with independence.

Challenges to Ending Modifications

Common Barriers to Making Modifications Truly Time-Limited

Risk not clearly defined or measured.	Data collection is inconsistent or too complex.	No clear, agreed goal for ending the modification.	Data misunderstood or taken out of context.
Patterns in risk are overlooked.	Resistance to change from the team.	No plan to gradually fade the modification.	Condition unlikely to change.



Strategies to Address Challenges

Strategy 1: *Be Clear*

Be specific about the risk and how you'll measure it. If we can't define the risk clearly, we can't measure it—or know when to end it.

- What is the exceptional risk?
- Is this person-specific or based on assumption?
- What data best shows changes in risk?
- Consider topography , timing, patterns that need to be reflected in data collection / data reporting

Strategy 2: *Look for Patterns*

Pay attention to when and why the risk happens. Patterns may reveal opportunities to safely fade restrictions.

- Identify whether the risk is seasonal, related to health status, triggered by changes, or new and not yet understood.
- Patterns can helps identify the right time to reduce or remove the modification.
- Can we predict and plan for these times?

Strategy 3: *Read Between the Numbers*

Look at data in the context of real opportunities and situations. Numbers alone don't tell us everything—we need the story behind them.

- Ask if "no incidents" really means the risk is gone.
- Could the restriction itself be preventing risk? What if there has been no opportunity to measure the risk?
- Check whether the person had chances to show safe behavior.
- Use both numbers and real-world observations.

Strategy 4: *Small Steps, Big Wins*

Fade restrictions gradually instead of all at once. Fading restrictions doesn't have to be all or nothing—it may make more sense to reduce or change a modification over time.

- Actively fade restrictions—don't just wait.
- Identify the change that needs to be seen to reduce the modification.
- Create opportunities to practice the new skills without the modifications in place.
- Use smaller changes or "safety net" steps before full removal.
- Consider modifying restrictions into "if–then" rules as skills grow.

Strategy 5: *Rally the Team*

Get team members invested in fading restrictions. Without buy-in, fading stalls — even when data shows it's safe.

To win buy-in, we can…

- Establish a Shared Foundation
  We all want safety and growth. Refer to purpose, principles, and presumptions.
- Acknowledge the Past, Look to the Future
  Validate fears and past incidents. Highlight new skills, supports, and safeguards.
- Reframe the Conversation
  "What could go wrong?" → "What could be gained?"
  "We've always done it this way." → "What skills or supports make change possible?"
  From the object restricted → To the right being restricted.
- Invite Dialogue & Reflection
  "What's one safe step we can try first?"
  "How do we know this restriction is still needed today?"
  "What are the benefits and risks of fading?"

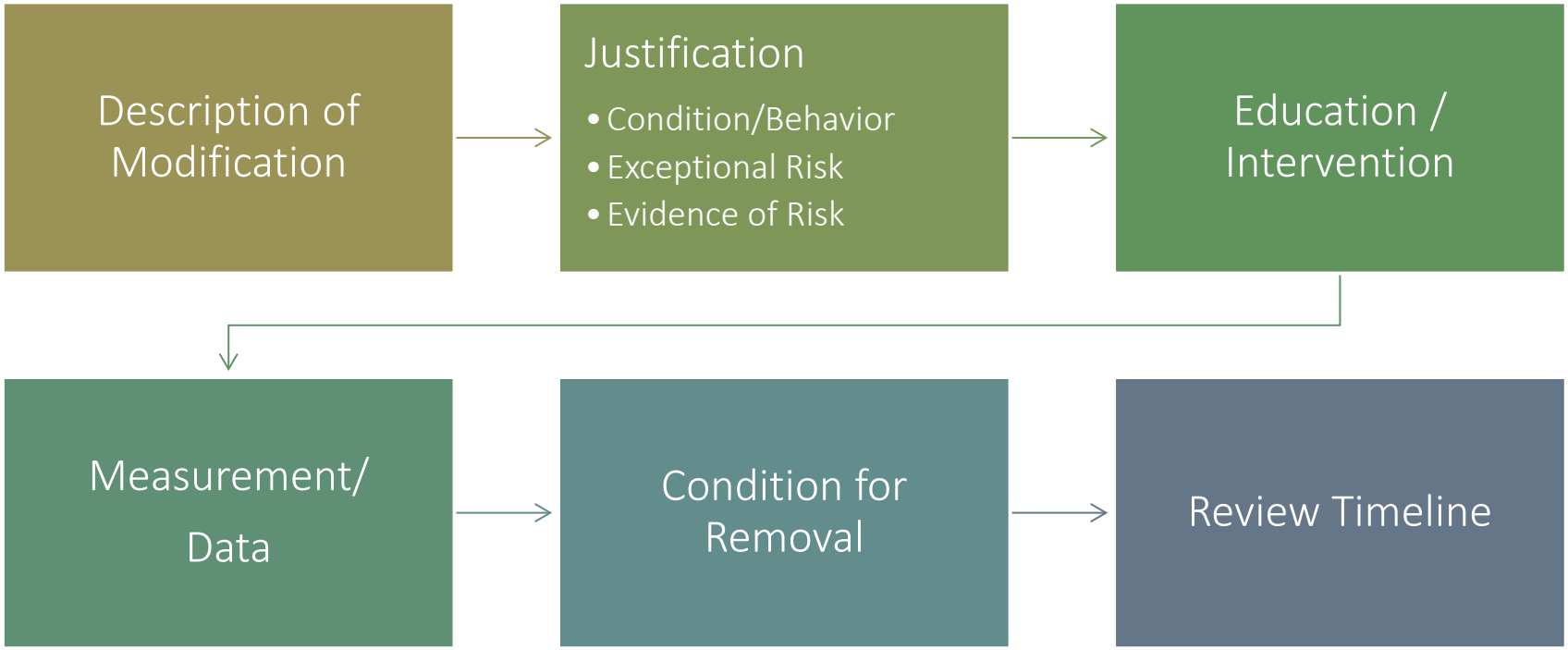
When Risks are Long-Term or Unlikely to Change

Some modifications address needs or risks unlikely to change—such as certain diagnoses, sex offender status, or legal requirements. These must still follow HCBS and Indiana guidance and be as person-centered and least restrictive as possible.

- Diagnosis may be for a lifetime, but people and situations change.
- Use current data to confirm the restriction addresses a present, specific risk.
- Provide skill-building opportunities to reduce the restriction's impact.
- Document how safety is balanced with opportunities for independence.
- Look for small steps to increase access or decrease the modification.
- Review on schedule, even if it is assumed the risk will remain.

Question	Action / Information Needed	Notes / Example
What are we doing?	Provide a detailed description of the modification.	*Example: Locking cabinet doors in the kitchen.*
Why is it needed?	• Link to a specific behavior or condition documented in the person-centered service plan (HCBS). • Describe the exceptional risk it addresses. • Provide evidence from past incidents, assessments, or observations that show the risk is real and specific.	*Example: Person has history of ingesting unsafe cleaning products (3 incidents in past year).*
How will we help?	Describe what will be done to build skills, change behavior, or address the condition so the restriction can be reduced or removed.	*Example: Provide safety education and supervised practice on using cleaning supplies.*
How will we know if change is happening?	Identify the data that will be recorded moving forward and explain how it will be tracked.	*Example: Weekly safety skills checklist and staff observation notes.*
When can we fade or remove the modification?	Define the condition or goal that shows the risk has been reduced enough to safely fade or remove the restriction.	*Example: Person can independently identify and store cleaning products safely for 3 months with no incidents.*
How often will we check?	State how often the plan will be reviewed to check progress and decide whether to reduce or remove the restriction.	*Example: Review every 60 days at team meeting.*

Connect the Dots



Scenario: Good Aim and the Artificial Zero

Scenario: Amy's Bike Lock

Key Takeaways

- Modifications are based on **Person Specific Needs** that are currently present.
- **Data-driven decisions** ensure modifications remain relevant and are removed when no longer needed.
- **Clear goals and regular reviews** keep teams focused on fading restrictions safely.
- **Gradually reducing modifications can be a strategy to meet Indiana's policy on eliminating restrictive interventions as soon as possible.**
- **Strategies shared in this training** provide step-by-step approaches for making it easier for HRCs to review restrictive interventions.

It’s not just about meeting the rules… it’s about supporting and protecting individual rights.

Restrictions must be **time-limited, least restrictive, and actively fading**.

Every person deserves the **dignity of risk, learning, and growth**.

Every team has the power to **shift the conversation and restore rights**.

Call to Action:
“What’s one restriction your team can take a safe step to fade — starting now?”

Thank You!

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