



FOR IMMEDIATE RELEASE

**East Central Regional Human Rights Authority
CTF Illinois
Report of Findings
Case # 23-060-9015**

The East Central Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission voted to pursue an investigation of CTF Illinois after receiving the following complaints of possible rights violations:

Complaints:

1. Inadequate guardian notification and inclusion

If the allegations are substantiated, they would violate protections under The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) and The Illinois Probate Act (755 ILCS 5/11a-23).

Complaint Summary: The complaint alleges the individual is displaying inappropriate behaviors while at his community day service program for unknown reasons. Allegedly, the guardian was not notified of the behaviors. The complaint alleges the guardian tried to investigate what may be causing these behaviors however staff are not providing the guardian with requested information. Allegedly, the facility director has advised staff not to speak with the guardian and reprimanding any staff that does provide the guardian with information.

Investigation:

The HRA proceeded with the investigation after having received proper consent. To pursue the matter, the HRA visited the facility virtually and the program representatives were interviewed. Relevant practices, policies and sections of the consumer's record were reviewed.

Interviews:

The HRA met virtually with CTF administration including the Vice-President of Community Day Service on 6/28/23. Staff stated CTF is a statewide organization with 9 centers. Staff stated the individual has participated in the community day service art program since 1993. The individual relies on another facility for residential services. The community day services art program operates Monday-Friday from 9:00am to 3:00pm. There are approximately 10 individuals that attend the program. The program is staffed by 1 to 2 Direct Support Professionals (DSP). Additionally, the DSPs have a supervisor that oversees the art program in addition to the craft program. In addition to the supervisor there is a director and a vice president

that oversee the community day service programs. However, daily the recipients mainly work with the DSPs.

Staff stated the individual's treatment plan is created by the Independent Service Coordinator (ISC) with the assistance of the guardian and individual. Staff advised once they receive the treatment plan, CTF creates the implementation strategies. Staff stated the implementation strategies are based on the treatment plan outcome goals which have been approved by the guardian. The guardian approves the implementation strategies and is provided a copy.

Staff stated that all staff are allowed to contact guardians. Staff advised CTF does not have a policy which prevents DSPs from contacting guardians. Additionally, staff have not been advised that DSPs are strongly discouraged or not allowed to contact guardians. Staff stated guardians should be contacted if an incident occurs or if staff have any information to pass on to the guardian. Staff stated CTF does not have requirements on how often a guardian should be contacted. All contact with guardians should be documented in a jot note. Additionally, staff stated DSPs should notify their supervisor about any issues or concerns, so the team is aware. Staff stated they reviewed personnel files for three individuals that work with the individual and none of them had disciplinary actions for communicating with the guardian. However, staff were recently re-trained on documenting all communication with guardians in addition to notifying their supervisor of the contact. CTF administration wants to be notified anytime a guardian visits the facility so they can be present to answer any questions or concerns the guardian may have however staff are not required to notify administration. The individual's guardian visits the facility regularly. Staff stated when the guardian visits, she refuses to sign the visitor log.

Staff stated the individual started displaying maladaptive behaviors which quickly progressed over a few weeks. Staff stated the behaviors included the individual becoming anxious, screaming, and yelling. One of the DSPs working with the individual, contacted the guardian about the behaviors. However, the DSP did not document his contact with the guardian, and he failed to notify his supervisor about his concerns. Staff stated the guardian contacted the ISC worker who then emailed the director requesting an Interdisciplinary Team Meeting (IDT). Staff stated nobody was aware of the behaviors or the need for an IDT which caused confusion until the director spoke with the DSP. The IDT was held as requested and it was determined that the medication the individual was taking may have been causing the behaviors.

The HRA was provided a written statement from a staff member that states "While in my office located in muses, I heard [unit director] speaking with [DSP staff] about the proper protocol to take when contacting guardians. [Unit Director] told [DSP staff] that when contacting the guardian, he should also make his direct supervisor aware of what is going on with the individual as well and let his supervisor know that the individual's guardian was contacted. I did not hear [unit director] or anyone else punish or discipline [DSP staff] for the actions he took in contacting the guardian."

Another staff member provided a written statement which states "During the bi-monthly supervisor meeting that was held on May 2, 2023, [Unit Director] explained to all the supervisors that if a DSP contacts a guardian or communicates with them that they also should notify their supervisor and share what was discussed. This was discussed with the supervisors because of an

email that we received from [Individual Service Coordinator] regarding an individual and some behavioral concerns. It was discovered that [DSP staff] had reached out to the guardian and had not shared this information with his supervisor, [unit director] or myself so we were unaware of what [Individual Service Coordinator] was referring to in her email. It was also not documented in the Jot notes of the communication. At no time was any disciplinary actions mentioned towards any supervisors or DSP's."

The HRA spoke privately with an employee of CTF Illinois. The employee stated the Unit Director has told staff that DSPs are "strongly discouraged" from contacting guardians. The employee stated the Unit Director informed staff that anytime a guardian arrives at the facility, the Unit Director is to be notified immediately. The employee stated this was made as a general statement about all guardians, but it appeared to be more towards the individual's guardian. The employee stated they witnessed the Unit Director stand over an employee while he was on the phone with a guardian and immediately question this employee once he was off the phone about his conversation with the guardian. The employee stated the Unit Director did not want a particular DSP to attend the IDT meeting for the individual and made no attempt to make the DSP available for the meeting until the guardian refused to have the meeting without this DSP. The employee stated a supervisor voluntarily stepped down from a supervisory roll due to the Unit Director's actions. The employee stated their concerns have been reported to Human Resources and the Regional Network Director, but the concerns "were completely brushed off."

The HRA interviewed another employee privately. The employee stated Human Resources contacted the employee one month ago and informed the employee of a "blanket policy" that DSPs are not to contact guardians. However, the employee stated Human Resources was making an exception to the policy now to allow DSPs to contact guardians following the HRA's complaint. The employee stated the Unit Director informed employees that DSPs are not to contact guardians. The employee stated every time the employee contacted a guardian, administration gave the employee backlash over contacting the guardian. The employee was never disciplined for contacting guardians. The employee stated the old Unit Director never had an issue with staff contacting guardians, but the current Unit Director does. The employee stated once the Unit Director stood over an employee while the employee was on the phone with a guardian and immediately questioned the employee when the call was complete. The employee stated the Unit Director wants to be notified immediately anytime the individual's guardian is contacted. Additionally, if any patient's guardian comes to the facility the Unit Director wants to be notified immediately.

A third employee was interviewed privately, the employee stated the Unit Director has told employees that DSPs are not to call guardians. The employee stated employees that contact guardians are not directly disciplined but happen to receive discipline for something else after contacting a guardian. The employee stated staff have been informed to contact the Unit Director if the individual's guardian comes to the facility. The employee stated the individual's guardian has requested to be contacted by DSPs directly if something is going on with the individual.

Policy Review:

The HRA reviewed CTF Illinois “Natural Supports, Relationship and Visitor Policy” which states “It is the policy of CTF Illinois to provide an environment where people develop natural supports and are provided access to and are accessible to family members, guardians, friends, significant others, consumer interest groups, licensure, accreditation, monitoring groups or agencies, and other appropriate individuals in the community with each person’s approval... People served will self-direct whom they interact with, their visitors, their natural supports, and their relationships. CTF Illinois staff will encourage people served to build and maintain natural supports and friendships. CTF will assist people in accessing their friends, family, significant others, and natural supports in the manner and frequency they desire...CTF will support frequent and informal visits to families’ homes, as well as for the person served families, friends, significant others, and other natural supports to visit at their home or community day service program. CTF does not have visiting hours. People served are able to have visitors of their choosing at any time, without advance notice or special permission, in accordance with their residential agreement. CTF will support the person in having privacy during their visit. Contacts with families and friends will be documented and maintained in the person’s record...”.

A review of CTF Illinois “Interdisciplinary Team (IDT)/Service Implementation Policy” states “The person served, and their guardian/family will be directly involved in the planning, development, delivery, and evaluation of services. CTF will support people to advocate for themselves throughout the process. The IDT will consist of people from the person receiving services choice. The IDT can include the person served, people chosen by that person, the ISC (Independent Service Coordinator), the QIDP (Qualified Intellectual Disability Professional) or QMHP (Qualified Mental Health Professional), and any other professional staff who provide services for the person. CTF’s QIDP or QMHP shall be responsible for assisting and coordinating the following: Assessment, planning, coordination, and delivery of services. Providing direct service in the community or in other facilities, such as state-operated facilities, nursing home, hospitals, or rehab facilities. Helping people participate in an array of community support services tailored to their wants and needs. Being responsible for providing or helping people access services and outcomes specified in their service plans or implementation strategy. Being available to respond to a person’s needs. A record of the IDT meeting will be maintained in the person’s chart. The meeting notes or the plan developed at the IDT meeting will be written in plain language. CTF will provide a copy of the IDT notes or plan to the person, as well as let them [sic] where it will be located in the chart, and how they can access it.”

The HRA reviewed CTF’s “Unusual Incidents Policy” that states “When CTF becomes aware that an incident is considered ‘critical’, CTF will use the Critical Incident Reporting and Analysis System (CIRAS) to report the incident to the Division of Developmental Disabilities. Critical incidents are the alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or safety of a person may be adversely affected or that person may be placed at a reasonable risk for harm. Any unusual incident will be reported within applicable timeframes to the person’s guardian, person of individual’s choosing, CTF Illinois’ designee and other applicable parties as required and will be documented. For any unusual incident, CTF Illinois staff will take appropriate steps to ensure the ongoing safety and well being of the person(s) involved. CTF Illinois staff will investigate any unusual incident and/or assist other appropriate authorities in their investigation. The IDT will review and make recommendations to minimize future occurrences of unusual incident...”.

A review of CTF's "Incident/Injury/Medication Report" policy indicates staff are to document any incident, injury, or significant medical occurrence on an "Incident or Injury Report Form". Additionally, the staff member will notify their supervisor. The supervisor will "notify the person's guardian., if applicable, and any person of their choosing" of the incident or injury.

The HRA reviewed the communication training document provided to all new managers and supervisors of CTF Illinois. The document states "CTF believes in open communication as part of the interdisciplinary team process. All team members must communicate effectively for the person served to be successful... It is important to start your new position with proactive communication so immediately establish positive communication and relationships with guardians, family members and other stakeholder...Guardians want to be treated with respect and as equals. Create an opportunity for dialogue and empowering guardian. Remember to thank family member regularly for their involvement. We have too many individuals that don't have regular family involvement. Keep a phone log or communication log where you document family/friend visits, pictures sent, and phone calls with summary of communication. Request guardian/family assistance. Seek their participation with outings, funding, and advocacy. Encourage a role for the guardian other than just as a guardian. A guardian or family member can be useful for an entire house. They don't just have to be someone you give updates to. Communication with guardians should occur at least weekly if no concerns arise. This weekly communication should just be a short time to touch base on what's happening. Obviously if concerns do arise, these should be communicated to the guardian immediately. And remember to inform the entire team. Communication with guardians and stakeholder should involve one-way communication and two-way communication. One-way communication occurs when you are informing parents about events, activities, or progress...this might include sending pictures of individuals at events, postcards, or letters. Guardians should be encouraged to attend monthly council meetings. Two-way communication occurs when you and parent or stakeholder dialogue together. This may involve a phone call, email exchange, or face to face meeting. Do not share concerns with a guardian and then not share with the team. This is divisive. Remember, communication should be effective... Presenting concerns/Issues: Keep guardians informed. There should be no surprises and they should not hear about issues from outside of CTF before they hear it from you. Communication should be almost daily. And don't just bring problems. That's just complaining. Bring some suggestions or things you may have already tried...Prevent redundancy by communicating. Poor communication results in team members not knowing what other team members are doing. Then team members end up going in different directions or seeking different solutions or team members still working on a solution that may have already be resolved."

Record Review:

CTF Illinois provided the HRA with a list of the steps that were taken upon receiving the email from the Individual Support Professional (ISP). On 4/17/23 it states "[Unit Director] stopped by to speak with [DSP staff member] directly about the concerns he had with [Individual] and the specifics of the behaviors to try and learn more going into the meeting on Wednesday. During that discussion [unit director] mentioned in the future to please communicate things with his supervisor or even herself so that when emails are sent there is no confusion on what was going

on. [DSP staff Member] even stated ‘so I am not to speak to guardians?’ [Unit Director] corrected him on this and said, ‘I would never say that you are totally unable to speak to the guardian what I am saying is if a guardian is contacted, please also document that communication in the notes and inform your supervisor as well so we are not blindsided by emails.’ ‘At no point was anyone ever discouraged from sharing information with guardians or reprimanded for speaking to them they are just asked to share that information with everyone, so all are on the same page when questions are asked later on.’ This conversation was witness by [case manager].”

The HRA reviewed email communication between the Individual Service Coordinator (ISC) and CTF unit director. On 4/16/23 the ISC sent an email inquiring about the individual and behaviors that he had been experiencing. There was back and forth email communication between CTF staff trying to determine as to what behaviors the ISC was referring. It was discovered that a DSP staff member called the guardian and informed her of the behaviors. An IDT was set up for everyone to discuss the behaviors and develop a plan to address the behaviors. The meeting took place on 4/19/23.

The HRA reviewed the notes for a special IDT meeting held on 4/19/23. The notes state “This meeting was held to discuss the increased behaviors that [Individual] has been displaying while at CDS (community day service) and also at home... [Individual] has had an increase in his anxiety, self-abuse and is also having an increased number of incontinent BM (bowl movement) episodes. During the discussion the residential provider informed the team that [Individual] was put on MiraLAX daily in July 2022 while at the ER (emergency room) for blood pressure. This time correlates to the time the increase in behaviors began... Guardian has requested residential provider schedule an appointment for [Individual] to see his primary doctor to rule out medical issues and to discuss the potential of decreasing the MiraLAX to maybe 3x a week. It was agreed by the team that we will start [Individual] on a formal toileting program to also assist the number of incontinent episodes. The team agrees to follow up in one month to check status.”

The HRA reviewed the individual’s annual treatment plan dated 7/28/2022. The plan states “By signing, you are indicating that you have participated in the development of the Personal Plan and are aware of the identified outcomes, preferences, strengths, support needs, barriers, and risk and plan to minimize this risk.” The plan was signed by the ISC worker but there was not a signature for the individual or guardian. However, the plan indicates both the guardian and individual participated in the development of the plan. The plan states “When he becomes frustrated it is best to have him calm down and let him say a few words under his breath and then he is usually ok. Most recently [Individual] became upset at day service and this increased his BP (blood pressure). He was sent to ER- however, nothing was determined with his BP on [sic] a bit of constipation.... [Individual] is diagnosed with severe intellectual disability, agitation, hypothyroidism, and depression. [Individual] should receive supervision and supports while in his home and while at CTF. Staff should be accessible to [Individual]. [Individual] receives direct support from his staff home and day services that allow him to continue to work and succeed in the community... [Individual] has limited verbal skills. [Individual] has inability to express wants and needs that are very important. [Individual] can become frustrated if he cannot express himself. [Individual’s] staff should remain patient and assist [Individual] with what he is

wanting and helping him express himself... Staff and [guardian] assist [Individual] with important decisions and provides him with natural supports...”.

The HRA reviewed the individual’s “Behavior Support Plan” which states “Adaptive behavior to be supported: Positive social interactions defined as [Individual] interacting with others in a manner that is considered socially appropriate based on the nature of their relationship, current social norms, and the setting and activities taking place. Maladaptive behavior to be addressed: Invading the personal space of others occurs when [Individual] attempts to hug or kiss others inappropriately, or otherwise gets too close or touches a nonconsenting peer inappropriately ...Psychotropic medication: [Individual] is prescribed psychotropic medication. If this behavior support program is successful, then attempts may be made to reduce this medication based on recommendations of the prescribing psychiatrist and other members of the interdisciplinary team.” There was a section for informed consent that states “I hereby consent to the use of the behavioral procedures described above. I acknowledge that no guarantees have been made regarding the results of these procedures. I understand that within the scope of this treatment there is no intent to cause detrimental side effects to [Individual], and in the event of any side effects that might be injurious to [Individual], the behavioral procedures will be terminated immediately. I also understand that the behavioral procedures described above will be closely monitored, supervised, and revised when necessary. This behavior support program has been explained adequately to me, and I understand its contents.” This was signed by the individual.

A review of the individual’s “Implementation Strategies” states “...Behavior Support Plan- it is in place to help [Individual] with maladaptive behaviors. It is reviewed by BMC (Behavioral Management Committee) and guardian. All agree with the restriction...[Staff] reviewed rights with [Individual] on 7/6/2021 and [Individual] understands his rights to the best of his ability. Copy of rights were mailed to the guardian, guardian reviewed and signed the rights on 6/30/2021. Guardian did not request a copy...[Individual] monitored by his psychiatrist. [Individual] is monitored for maladaptive behaviors by his staff and information is given to the psychiatrist to adjust medications accordingly. Guardian must approve all psychotropic increases. All medications will be approved by the guardian yearly and psychotropic as they are prescribed...”.

The HRA asked for documentation regarding staff’s contact with the guardian. Administration advised they were not able to locate any documentation of contact with the guardian. Administration stated all staff were trained a few weeks ago about documenting all communication with guardians.

Notes Review:

The HRA reviewed notes regarding the individual from 1/4/23 to 6/5/23. The note dated 2/14/23 states “[Individual] arrived in a good mood and socialized up front until deciding to move to the back to color. [Individual] ate all his lunch for the day and cleaned his area. When [Individual] stood up staff noticed the back of his pants were wet. Staff asked [Individual] if he would like to go to the bathroom. [Individual] became anxious and said no so staff gave him space and asked 15 minutes later. When staff asked again [Individual] walked to the bathroom and began hitting the wall with his open palm and hitting his head with his palm twice. Staff told [Individual] it

was okay and instead lead him to a seat away from the bathroom to breath. [Individual's] house was called and [Individual] was taken home in a better mood.”

The note dated 2/15/23 states “[Individual] arrived and was pretty anxious slamming his hands to his legs and yelling. The more [Individual] talked to staff the better he began to feel. [Individual] decided to sit up front for the morning talking with [staff]. [Individual] ate all his lunch before deciding not to go on the outing to the coffee shop. [Individual] had tea and snack until time to go home.”

The note on 3/6/23 states “When [Individual] pulled up in the shuttle he was yelling and slapping his hands together. When I tried to talk to [Individual] about Batman or Superman, [Individual] would turn his head away from me. Anytime staff would ask if he would like to go [Individual] would yell no. I was told to wait and see if they could try a different shuttle. When [Individual] returned he was still upset but wanted to go home until his house supervisor arrived. They brought [Individual] in and he sat down to color. When they left [Individual] decided to go sit on the bench outside. [Individual] was happy to talk to staff and have company but didn’t want to go inside. When it was time to eat [Individual] came in and ate with everyone. After eating all his lunch [Individual] decided to rest and take a nap. When [Individual] woke up he was happy in good spirit and soon left after.”

On 3/28/23 the note states “...when cleaning his area staff noticed [Individual] had an accident. When asking [Individual] to go to the bathroom [Individual] would bring up coloring. Staff let [Individual] relax due to him becoming anxious and snapping his finger. When asking again [Individual] began yelling and slamming his fists on the table. Staff told [Individual] everything is okay and called the supervisor. When [supervisor] arrived and tried asking him to use the bathroom [Individual] began hitting his head. [Supervisor] called [Individual's] house and arranged a ride for him...”.

The note dated 4/13/23 states “...After [supervisor] left to hand flyers with [other individuals], I walked to the back to check on others when [Individual] began yelling up front. When I entered the gallery [Individual] stopped yelling and [another individual] told me [Individual] was hitting himself in the head. When I asked [Individual] if he was okay, he began yelling and slapping the top of his head. [Individual] began to calm down...”.

On 4/14/23 the note states “...When [peer] left at 1 [Individual] became agitated rocking back and forth and shaking his hands while tensing his face. Staff sat with [Individual] and told him it was going to be okay and when he asked about his shuttle staff would tell him it would be here later. As the day went on [Individual] became more anxious waiting on his shuttle. When his shuttle arrived [Individual] got on it but began yelling. Staff sat with [Individual] until he was ready to go.”

A review of the note dated 5/2/23 states “[Individual] arrived in a good mood and sat up front asking where everyone was at. [Individual] decided to sit up front for the day and rest until lunch. [Individual] ate all his food for the day and cleaned his area. When [Individual] got up to clean his area he took his jacket off and I noticed faint scratch marks on his arms. When staff [sic] if he had been scratching, he said yes. Staff told [Individual] not to itch his arms.”

Conclusions

Complaint 1. Inadequate guardian notification and inclusion

The Mental Health and Developmental Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-102) states “(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. \ the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient.”

The Illinois Probate Act (755 ILCS 5/11a-23) states “Reliance on authority of guardian, standby guardian, short-term guardian. (a) For the purpose of this Section, ‘guardian’, ‘standby guardian’, and ‘short-term guardian’ includes temporary, plenary, or limited guardians of all wards. (b) Every health care provider and other person (reliant) has the right to rely on any decision or direction made by the guardian, standby guardian, or short-term guardian that is not clearly contrary to the law, to the same extent and with the same effect as though the decision or direction had been made or given by the ward. Any person dealing with the guardian, standby guardian, or short-term guardian may presume in the absence of actual knowledge to the contrary that the acts of the guardian, standby guardian, or short-term guardian conform to the provisions of the law. A reliant shall not be protected if the reliant has actual knowledge that the guardian, standby guardian, or short-term guardian is not entitled to act or that any particular action or inaction is contrary to the provisions of the law.”

The complaint alleges the guardian was not notified by the facility when the individual started displaying inappropriate behaviors. Additionally, the complaint alleges the facility director informed staff not to speak to the guardian and reprimanded any staff that did. Administration stated that staff were never told not to speak with the guardian about the individual’s behaviors. Additionally, administration stated staff were not reprimanded for communicating with the guardian. Several employees informed the HRA that the Unit Director informed supervisors that DSPs are “strongly discouraged” from contacting guardians. Additionally, the Unit Director informed staff to notify her immediately if a guardian came to the facility. The HRA found no evidence staff were reprimanded for speaking with the guardian. However, staff were informed by administration to communicate with the team anytime a guardian is contacted so everyone knows what is going on. A DSP did contact the guardian about the individual’s behaviors in April 2023. However, the individual had been displaying behaviors for some time before the guardian was notified. Additionally, the contact with the guardian was not documented or communicated with the team as required in the “Natural Supports, Relationship and Visitor Policy”. Furthermore, the guardian should be contacted at least weekly and provided information and updates on the individual according to the communication training supervisors receive upon hire. The HRA did not find evidence that the individual’s guardian was contacted weekly. Additionally, staff stated there was no documentation in the record of any staff or supervisor contacting the guardian about the individual. Administration stated a few weeks ago all staff were retrained on documenting any contact with guardians. Lastly, the “Interdisciplinary Team (IDT)/Service Implementation Policy” states the individual should be provided a copy of the IDT and informed how to access a copy in their record. However, the guardian should also be

provided a copy of the IDT. The East Central Human Rights Authority concludes that the recipient's rights were violated, and the complaint is substantiated.

The Human Rights Authority makes the following **recommendations**:

1. CTF Illinois update their "Interdisciplinary Team (IDT)/Service Implementation Policy" to ensuring guardians are also provided a copy of the of IDT. Please provide the HRA with the updated policy.
2. CTF Illinois train staff on the updated "Interdisciplinary Team (IDT)/Service Implementation Policy" and provide the HRA with evidence of the training.
3. CTF Illinois follow the "Natural Supports, Relationship and Visitor Policy" by ensuring all communication with the guardian is documented.
4. CTF Illinois follow their communication training by ensuring guardian are contacted and provided updates weekly.
5. CTF Illinois follow The Code (405 ILCS 5/2-102) and CTF communication training by ensuring guardians are notified of any incidents or concerns involving recipients so that guardians can make informed decisions under the Illinois Probate Act.
6. The Individual's Behavior Support Plan was not signed by the guardian however, it was signed by the individual. CTF follow the Probate Act (755 ILCS 5/11a-23) by ensuring CTF reliance on the guardian as required in the Probate Act and ensure guardians involvement in the plan as required in The Code (405 ILCS 5/2-102).
7. CTF Illinois re-train staff on their communication training, "Natural Supports, Relationship and Visitor Policy", The Code (405 ILCS 5/2-102), and the Probate Act (755 ILCS 5/11a-23). Please provide evidence of the training to the HRA.

The HRA was informed by three staff members that Direct Service Professionals are "strongly discouraged" from contacting guardians however, administration denies this claim. The HRA is very concerned of the possibility that Direct Service Professionals are "strongly discouraged" from contacting guardians especially since Direct Service Professional have direct contact with recipients daily. The HRA strongly suggests CTF Illinois forgo this procedure and allow all staff to contact guardians when necessary. Furthermore, the HRA strongly suggests CTF develop a guardian communication policy which clearly states who can contact guardians and requirements for communication to avoid any confusion in the future.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

August 14, 2023

Illinois Guardianship and Advocacy
ATTN: Lara Davis, HRA Disability Rights Manager
2125 S First Avenue
Champaign, IL 61820

Dear Regional Human Rights Authority,

CTF ILLINOIS would like to thank the Illinois Guardianship and Advocacy Commission Human Rights Authority (HRA) for its partnership in support of people with intellectual/developmental disabilities. Our partnership is a vital component of assuring individual rights are secured.

CTF has received the HRA report for case #230609015. Upon review of the HRA findings, CTF would like to take this opportunity to comment and respond on the substantiated findings and recommendations.

In response to the allegation and the substantiation.

Per the complaint summary, it alleges a person was displaying inappropriate behaviors while at his community day service program for unknown reasons. It is alleged, the guardian was not notified of the behaviors. The complaint alleges the guardian tried to investigate what may be causing these behaviors; however, staff did not provide the guardian with requested information. Allegedly, the facility director has advised staff not to speak with the guardian and reprimanding any staff that does provide the guardian with information.

The report indicates that the guardian was not notified by the facility when the individual started displaying inappropriate behaviors. CTF is required by the Department of Human Services (DHS) to report any critical incident or injury into the DHS CIRAS reporting system. In addition, CTF has a policy on Unusual Incidents and a procedure for Incidents and Injuries that meet the DHS guidelines. CTF follows these policies/procedures and also notifies the guardian when an incident or injury occurs that meets the parameters from one of the above. The actions this person displayed did not meet the Critical Injury or Incident status as defined by DHS or an Unusual Incident per CTF policy, and thus did not require immediate guardian communication. However, the actions were documented in the person's file/jot notes by his Direct Support Professional (DSP). The DSP did not notify his supervisor or director of these occurrences. When the actions started to show signs of a pattern and trend, the CTF DSP did notify the person's guardian. We do agree the DSP should have documented their contact with the guardian, as well as notified their supervisor so actions could be followed up on and a plan

implemented. As noted within the report and via emails and statements provided, when the CTF Director was approached via email by the ISC about the concerns, she reached out to the supervisor and DSPs immediately to learn more about the concerns and helped to facilitate a timely IDT meeting for all team members, including the guardian, to develop a plan.

The allegation states that the guardian tried to investigate the cause of these behaviors; however, the staff did not speak with the guardian. As noted with the report and supporting documentation provided, CTF DSP reached out to the guardian on Friday 4/14 to let her know of the person's actions. CTF's director received an inquiry about the person's actions on Sunday 4/16 from his ISC, the Director reached out to the person's supervisor and DSP to learn more about the concerns on Monday 4/17. In addition, an IDT team meeting was requested by the guardian and scheduled on 4/17, and held with both the guardian and DSP attendance on 4/19. CTF will implement calling the Office of State Guardian weekly to provide opportunities for discussion of concerns and updates.

In regards to the allegation that CTF's Director advised staff not to speak to guardian, and reprimanded any staff that does provider the guardian with information. As stated in the report, no discipline was issued to any DSP at the Community Day Service (CDS) program regarding speaking to the guardian. The staff interviewed stated that the CTF Director wanted to know about conversations with the guardian. CTF concurs that as a CDS provider, we do ask that staff report their conversations and concerns reported to guardians to CTF managers as well so that action plans can be made and addressed timely.

Recommendation Response

1. CTF Update their IDT/Service Implementation Policy to ensure guardians are also provided a copy of the IDT.
 - a. CTF revised their IDT Policy to add providing a copy of the CTF IDT notes to the guardian. See attached updated policy.
2. CTF Train staff on the updated IDT / Service Implementation Policy
 - a. CTF staff were trained on the updated policy. See attached training with signatures.
3. CTF follow the Natural Supports, Relationship and Visitor Policy by ensuring all communication with the guardian is documented
 - a. CTF trained staff on the Natural Supports, Relationship and Visitor Policy. See attached training
4. CTF follow their communication training by ensuring guardians are contacted and provided updates weekly.
 - a. While we feel communication with all stakeholders is important, the communication training tool in reference is a training on best practices to encourage good communication across all CTF environments, CILA and CDS included, not a policy or procedure of CTF or a requirement of DHS.

- b. CTF revised their training to clarify the communication to a guardian should occur in manner and frequency as requested by the guardian.
- c. CTF Director will call the Office of State Guardian who has wards that attend our CDS program weekly to ensure frequent communication occurs.
- d. CTF staff were retrained on the Communication Training. See attached training.

5. CTF follow the Code and CTF communication training by ensuring guardians are notified of any incidents or concerns involving recipients so that guardians can make informed decisions under the Illinois Probate Act.

- a. CTF staff were retrained on the communication training and guardian notification of incidents or concerns. See attached training.

6. The Individuals Behavior Support Plan (BSP) was not signed by the guardian; however, it was signed by the individual. CTF follow the Probate Act by ensuring CTF reliance on the guardian as required in the Probate Act and ensure guardian's involvement in the plan as required in The Code.

- a. To ensure consistency across all programs, CTF CDS programs are not responsible for the Behavior Support Plan development, or its guardian review, approval and signature for people who reside and receive residential services from another provider. Rather, the residential provider at which the person lives is responsible for development and approval of the BSP, and CTF is responsible to train their staff on the BSP and implement it as written. CTF has reached out to the residential provider and requested an updated Behavior Support Plan that has been reviewed and approved by the person and their guardian. CTF will train their staff on the BSP once the plan is received from the residential provider. See attached emailed request.
- b. CTF did train staff on ensuring guardians are involved in plan development for the plans in which CTF is responsible. See attached training.

7. CTF retrain staff on their Communication Training, Natural Supports, Relationship and Visitor Policy, The Code, and The Probate Act.

- a. CTF trained staff on the above. See attached training.

CTF thanks the HRA for their time and actions in regards to this complaint. Please let us know if you have any further questions.

Sincerely,



Melissa McDaniel

Executive Vice President