



FOR IMMEDIATE RELEASE

**East Central Human Rights Authority
Report of Findings
Case 12-060-9005
Crosspoint Human Services**

The East Central Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegation concerning residential health services at Crosspoint Human Services located in Danville, IL:

Complaint:

- 1. The individuals receiving services are not being provided services in the least restrictive environment.**

If found substantiated, the allegation represents a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/1 et seq.), regulations for Community Integrated Living Arrangements (59 Ill. Admin. Code 115.210), and Minimum Standards for Certification of Developmental Training Programs (59 Ill. Admin. Code 119.200.)

Per its website: "Crosspoint services include Case Coordination, Crisis Intervention, Counseling, Therapy, Social and Daily Living Skills Training, Psychotropic Medication/Prescription Administration, Medication Counseling Training, Representative Payee, Occupational, Physical and Speech Therapy, Housing, Transportation, Community Education and Consultation, Psycho Social Rehabilitation and Vocational Development and Placement.

Crosspoint is licensed by the Department of Public Health to operate a community living facility, is licensed by the Illinois Department of Human Services to provide Medicaid Mental Health Services, Community Integrated Living Arrangements (CILA), and Day Training. Crosspoint is accredited by the Council on Accreditation of Services for Families and Children, Inc." This review will focus on CILA and Day Training services.

COMPLAINT STATEMENT

Per the complaint, the consumers at a CILA were required to stay at their home 1 day a week and not attend the day training program to ensure that the residential staff obtain their billing hours by staying home with the consumers. Guardians for the consumers were uninformed that this was occurring and consent had not been obtained.

INVESTIGATIVE INFORMATION

The HRA proceeded with the investigation having received written authorization to review a consumer's record. To pursue the matter the HRA visited the facility and met with the Administrator, Residential Programmers, the Facility Representative Trainer, and direct care and social work staff. Relevant practices and policies were also reviewed.

Interviews

Per the staff, there are 105 individuals that participate in Crosspoint's day training center. The services provided are programming, maintaining and developing activities of daily living (ADLS) and independent living skills programming. There are approximately 170 staff employed by Crosspoint. The age range that is served is from birth to death for individuals with developmental disabilities. The geographical area that is served by Crosspoint is primarily Vermilion and Ford Counties. Crosspoint also provides screening assessment and support services for mental health (SASS) for 7 counties including Ford and Vermilion Counties.

When asked why consumers are being kept home 1 day a week from the day training center, we were told that approximately in June, the agency found that they could improve in programming and could implement increased programming by working individually with consumers to accomplish some of their goals. If a consumer says that he prefers not to miss any classes, he does not have to stay home to work individually on programming. Consumers have some choices on the activities that they participate in at the CILA, when staying home from day training. If they choose to go grocery shopping, they are able to choose a meal from the menu, help create a grocery list and participate in shopping for items for that meal. Then in the afternoon they are taken to the day program. Everybody is given the opportunity to choose a meal from the menu planned by the dietician. Staff stated that they don't want to tell the consumers what to eat, but allow them to work with the dietician. This happens a maximum of 1 time a week and it allows some hands-on individualized programming for the consumer with 1 staff person to themselves. They have seen progress in programming for the consumers. This procedure was based on the outcome, to look at where they could empower the individual.

The consumer and staff work together to implement treatment plans. The staff explained the types of activities for consumers who are participating with a 1 to 1 staff person including activities of daily living (ADL), learning that changes in the seasons will affect the consumer's choices in what to wear, and environmental housekeeping. The consumers do have choices regarding when they stay home with staff for the individualized time and this is documented on the treatment plan. Individuals have stated that they like engaging 1 to 1 with staff. Under normal circumstances consumers may not be able to have the attention of a staff member privately for any length of time. They do not like that everything that is being said to a staff person may be heard by another consumer. Most consumers consider the 1 to 1 programming as beneficial.

Staff explained that the Crosspoint CILA where the individual lived, whose record we reviewed, included a nonverbal man, and 3 women. One of the individuals in the home is high risk. It was explained to the HRA that a high risk consumer requires significant time from staff. Sometimes other consumers in the home would like more personal interaction with staff. The

staff stated that they have learned a lot more about each consumer because of the personal interaction. The consumers look forward to the individualized time with staff.

Staff explained to the HRA that the case-manager had started the program in August 2011 for the purpose of getting to know the consumers better. She had sent letters out to all the guardians asking them to contact her with their ideas. She did not get a substantial response from the guardian of this consumer. He had not visited the CILA when the case-manager was there. He had arranged for his ward to move to a different facility. The case-manager called him to see if he had any concerns. She was assured by him that there was nothing wrong in the home, but he wanted the consumer to have a choice regarding where she lives. The guardian had signed consent for the treatment agreement. The consumer now lives in a different CILA owned by a different organization, but still attends the day training program administered by Crosspoint.

The HRA asked what type of activities are these individuals doing when they are at the day program. It was explained by staff that many of the activities are provided in a classroom setting. There are various programs such as identifying letters and numbers and working on various ADLs. This consumer was on the janitorial crew and was being paid for her work.

When staff were asked if consumers were being kept home to increase billable hours, the response was that when something is heard by someone, they may not always hear complete information as in this case. Staff explained when serving people with developmental disabilities, the agency does not get paid for the individualized service hours. When they serve people with mental illness they are able to receive billable hours for full-time salaried employees. The consumers living in this home regarding this complaint, all have developmental disabilities.

Staff explained there is policy documenting this procedure. There is documentation of staff completing these activities with the consumers. Staff members write a case note of what they did, which goal is addressed and what should continue to assist the consumer in achieving the goal. There is a programming book for each of the individuals. This practice creates a higher standard of performance to meet the agency's obligation to the individual. It is one way staff can be an interventionist to each consumer.

When asked about the grievance process, staff responded if a person requests to complete a grievance, we offer assistance, if needed, to complete the form. They have a human rights person that writes the report. Any recommendations made are updated. Residents and families are informed of the grievance status during the process. The investigation includes an interview with the treatment team to gain knowledge and insight. If the individual has requested assistance or another person to assist, staff will assist them.

When asked does the home have an active, internal human rights committee, the response was there is a clinical review team representing all programs. Supervisors and direct line staff meet once a month. They can be addressed with consultation. There are no guardians, individuals, or community members on this committee.

There is not an active behavioral management committee. The clinical review committee does both. There is a safety committee that reviews behavior plans and medication errors.

There is a best practices committee that focuses on satisfaction surveys. A consumer does serve on this committee. The committees have not discussed the issues in this case because the reorganization is recent. Staff are able to provide suggestions during treatment meetings.

It was explained to the HRA that a laptop computer was purchased for all 5 homes operated by Crosspoint for the purpose of using Skype to help connect with the guardians and family members. They do not have it set up yet for the consumers, per the staff at the consumer's previous CILA home.

The HRA was provided a tour of the home; rights information and third party advocacy information were posted. The fire escape information was posted, but had another sheet of information posted on top of it. When pointed out to staff it was corrected. The home was in adequate condition for providing services. The phone was fully accessible to the consumers.

Per the DSP (Direct Service Personnel) staff queried at the CILA regarding what they do when consumers stay home, the response was they interact with individuals the day that individual stays home. They participate in planning the menu, purchasing the groceries for menu items, and working through programs.

At a later date the HRA observed the individualized programming activities and interviewed one of the consumers who was participating with staff. In this activity, the goal was to assist the consumer in writing her own name in cursive. The consumer enjoyed and embraced the program with the direct service personnel (DSP). The DSP was encouraging and explained that the consumer was given a choice of several programming activities and this was what she had chosen today. When the programming activity was done the HRA talked to both the consumer and the DSP. The consumer shared that some of the other activities that she did when she received individualized time with the DSP was counting money, going out for lunch, shopping and buying groceries. The consumer stated several times she loved her one on one time. She also stated her housemates did too. The programming activity took place at 9:00-9:30 am. The consumer was dressed appropriately for the day's activities.

The staff shared other examples of programming such as personal exercise programming, completing jigsaw puzzles, and personal hygiene programs. Examples of personal hygiene programs are deep cleaning, doing linens or teaching the consumer how to manicure and paint their nails. Another consumer was preparing to learn how to fish and will be taken fishing during his individualized time.

The consumer asked if the HRA would like to see her room. She provided a tour of the home including the consumer's own room. The consumer had made her bed and the room was neat. It reflected the consumer's personal taste.

The HRA had a second observation of a different consumer participating in a financial program at 1:00-1:30 pm. The consumer stated she enjoyed this individualized programming time. The consumer also stated that these were her goals and it was important to her that she achieves her goals.

The HRA also made several unannounced visits to observe the consumers participating in the individualized programming, but was unable to observe staff working with consumers on the impromptu visits.

The HRA interviewed the consumer who had previously lived at the CILA, but she was unable to provide the HRA with information about the programming at Crosspoint.

Policy Reviews

The HRA reviewed the following policies:

- *A.1 24 Hour Supervised Residential, CILA and CLF Group Living Arrangements, 11/2010.*
- *A. 4 Assessments, 11/2010*
- *A. 8 Protection of Resident Rights 11/2010*
- *A. 9 Normalization /Community Connections*
- *A. 11 House Rules 11/2010*
- *B. 1 Clients Rights, Rights of Persons Served, Grievance Policy, Informed Consent 1/2011*
- *B. 7 Residential Emergency Procedures 11/2010*
- *B. 12 Services to Persons Served 7/2009*
- *B. 13 Services Availability and Accessibility 7/2009*
- *B. 19 Assessment Process, 7/2009*
- *B. 25 Physician/Psychiatric Services 7/2009*
- *B. 28 Case Supervision 7/2009*
- *C. 5 Residential Treatment Agreement and Reviews 11/2010*

In the policy titled *A.1 24 Hour Supervised Residential, CILA and CLF Group Living Arrangements, 11/2010*, in the section under **Services** it states: "Services to residents of the supervised residential programs may be provided directly by the program other Crosspoint programs and or by the referral to other providers. Services will be delivered in a protective setting with 24-hour supervision in a community environment. Resident service needs will be discussed and addressed during the assessment and development of the treatment agreement and during the service plan reviews. The focus will be on treating symptoms, the acquisition of independent living skills, mastering developmental tasks and any other goal chosen by the person or guardian. Additionally, services are provided to prepare for leaving care and family reintegration, independent living, or another less restrictive setting...." Under site locations of this policy it lists the name and address of the CILA and the vocational rehabilitation center.

In the policy regarding activities completed with consumer in *C. 5 Residential Treatment Agreement and Reviews 11/2010*, in the first paragraph, it states: "The goal of residential treatment agreements is to provide treatment that enhances stability, self-determination, and permanence in independent living in the community. To that end, individuals residing in Residential Programs and their guardians or family member(s) will actively participate in and provide consent to the development and implementation of an initial treatment agreement and all other assessments and treatment agreements during the course of treatment. The initial treatment

agreement is developed within the first 30 days of admission to the program and annually thereafter or when significant changes occur with the person served...."

It further states in the policy that "The treatment agreement will be tailored to the needs of the individual determined during the assessment process. Each treatment agreement, while containing some common elements for many residents, will be individualized and specific to the needs of the person served. Services should be delivered in developmentally appropriate ways and integrated with the daily living experience to ensure the least restrictive or intrusive service delivery possible....."

"During the development of the treatment agreement, the case manager will help the person, and family members understand options and alternatives, benefits, risks and consequences of treatment and how the program will assist in goal attainment.

The agreement once completed based upon the biopsychosocial assessment should include the following:

1. Services to be carried out and indication of who will carry them out.
2. Goals, objectives, frequency, duration and desired outcome of treatment.
3. Consideration of unmet service and support needs.
4. The possibilities for maintaining and strengthening family relationships and the need for the support of the resident's informal social network.
5. The signature of the resident and the legal guardian
6. Written informed consent of the individual

The treatment agreement should be goal directed, strength-based and concerned with timely goal completion.

During the treatment agreement process, the resident and guardian are informed of available options, how the agency can support positive outcomes, and the benefits, alternatives, and risks of planned services...."

In the *B. 1 Clients Rights, Rights of Persons Served*, it states in section 3. "You have the right to be provided services in the least restrictive environment." In sections 10 and 11, it states: "You have the right to participate in the development of your own individualized treatment plan. You may invite anyone of your choice, to participate. You have the right to terminate treatment at any time and you shall not be denied, suspended or terminated from services or have services reduced for exercising any of your rights." At the end of the document it lists third party agencies and states: "That you have the right to require agency staff assistance in contacting the above agencies."

Records Reviews

The HRA reviewed the Clinical Review Committee Meeting Minutes Conducted 11/10/11. It listed 8 members of the committee and all of them appear to be employed by Crosspoint. The minutes included general discussion, services, barriers, opportunities, staffing strategies/development, trainings, supervision, crisis case study, investigative study or reach

project proposals, service modalities and behavior management, medication errors and incidents, grievances and human rights issues.

The HRA reviewed the Treatment Agreement completed on 5/4/11 with the individual, case-management, the ISSA (Individual Service and Support Advocacy) agency, and the day training supervisor. It was later signed by the individual's guardian on 5/16/12.

In section 2 of the Treatment Agreement it stated: "Based on assessments and interviews fill in each column according to persons served priority. Listed under the individuals strengths were in working on the trash crew, money, writing and helping. Listed under needs were learning how to use a cell phone, saving money, weight, exercise, and table manners."

In section 4, at the conclusion of treatment the individual stated she wanted to accomplish the following: "To work in the community."

Under needs based on client preference and team's observations, it listed under the section of ADLs, the individual had needs in regard to money and writing. Regarding her dental provider there is a notation the individual needs dentures. Per her day training assessment there was also a vocational goal. It was documented that the individual does a great job when working on the janitor crew.... It stated "that the individual would begin work on emptying garbage from assigned rooms. This increased the individual's responsibility and would provide a continued paycheck."

As a part of the individual goals included in the plan was a "self-medication" goal which stated the individual would exercise 30 minutes per day. Another individual goal included saving money to purchase a phone card. It was documented that the training environment for both of these goals were at the individual's CILA.

Other goals were listed under various Goals and Objectives Section included:

- "Achieve maximum health with the objective of keeping all appointments and follow physician orders;
- Increase community integration and socialization skills with the objective of attending and participating in groups and outings in the group;
- Ensure a safe, secure living environment with the objective of participating in house meetings and safety drills, assist in filling out forms for entitlements, follow house rules and keep bedroom clean and neat;
- Increase independent living skills with the objective that the individual would accept instruction and practice skills in the areas of shopping, laundry, money management, cooking, housekeeping, personal hygiene, manners, respecting others and body health;"

Under section 3, opportunity for choice of the treatment agreement addendum, it was initialed by the individual, but not the guardian, it stated:

- "a. I have had the opportunity to choose who participates in my treatment agreement Meeting;

- b. My family or guardian has had the opportunity to express their preferences. I/we understand that I/we may give input to this treatment agreement at any time by contacting the case manager;
- c. Positive and negative consequences of treatment choices have been shared with me by the treatment team;
- d. I have chosen which goals to work toward this year. I understand that if I wish to change my goals, I can do so at any time by notifying my case manager."

The signature section was the last section of the page. It stated "I have had an opportunity to provide input into this agreement and I agree with it. The process for the development, review and modification of the Treatment Agreement has been explained to me and/or my guardian and I have been provided/declined a copy of this agreement." Signatures collected were the individual on 5/4/11 and the case manager. The psychiatrist and licensed clinical social worker (LCSW) signed the treatment plan on 5/9/11. The guardian signed the plan on 5/16/11.

They were all included in the treatment plan which the guardian signed at a later date.

The HRA reviewed the ISSA visiting notes on 10/11/11. Under the section of review of desirable outcomes it states "This person's space, privacy, and confidentiality appear to be respected. The individual's client chart had been moved back to the CILA home; arrangements were made to review the chart at the CILA, but were unable to review the chart as no staff was present to allow access to the chart. The previously quarterly chart review indicated that the releases are not current as they haven't been signed by the guardian. ..."

"The person appears to have the opportunity to express opinions and desires and to feel that he/she has been listened to.... There are no concerns with the individual's ability to express her opinions or that she has not been listened to...."

"The person appears to be given the chance to make choices in daily activities. The individual is able to make choices throughout her daily activities...."

"The person appears to be provided with opportunities to learn and reinforce skills in natural settings....."

Under goals and objectives in the ISSA records, this individual's activities included learning to choose her last name from 5 distracters, to make a choice between two forms of exercise twice a week, to increase money skills by learning coin combos using quarters 2 x week, then dimes. There is documentation of these activities being completed with the consumer, in notes by staff through 6/11, 7/11, 9/11, and continued through 10/11 through 11/11. There is also documentation that the individual worked on the trash crew and was paid for approximately 6 months.

The individual's accomplished goals are progress in recognizing dime combinations, recognizing her name from five written distractions, and on the trash crew to earn a paycheck.

On the recreational outing log, the library, a local store, and visiting the Festival of Trees were listed as outings.

CONCLUSIONS

Pursuant to the standards for day training programs (59. Ill. Admin Code 119.245), it states that in regards to review committees, "not more than half of the members shall be program employees..." and "...at least one member shall be an individual or his or her representative...." When the HRA reviewed the meeting minutes of the clinical review committee conducted on 11/10/11, the minutes included discussion of behavior management and human rights issues. It listed 8 members of the committee and per the minutes all of them appear to be Crosspoint employees.

The Mental Health and Developmental Disabilities Code (405 ILCS 5) in section 2-102.(a) regarding care and services states: "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 Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided...." Per the record, the service plan was formed with the individual and consent of her guardian was obtained after the treatment agreement was completed. It was also documented on the treatment agreement that some of the service plan goals would be completed at the CILA with the individual. It was not very clear that the individual would actually be kept home one day a week from the day training center to complete the service plan activities. Per the statement of staff and the individuals queried who live in the home, it is their choice to stay home 1 day a week to work on programming or go to the day training program.

The Code further states in section 5/2-100 regarding deprivation of rights, benefits, privileges or services that "no recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services.

A person with a known or suspected mental illness or developmental disability shall not be denied mental health or developmental services because of age, sex, race, religious belief, ethnic origin, marital status, physical or mental disability...." It does not appear that the individuals who have received 1 to 1 services in the CILAs were denied the services they needed that were agreed to on the treatment plan.

Per the CILA Rules in 59 Ill. Admin. Code 115.210 (b) (c) regarding the criteria for participation of individuals, it states: "The individual or guardian shall give informed consent to participate in a CILA, which shall be documented in the individual's record. The individual or guardian shall agree to participate in the development and implementation of the individual

integrated services plan, which shall be indicated by the individual's or guardian's signature on the plan...." The guardian in this case gave his consent for treatment after the treatment agreement was completed. It was also documented on the treatment agreement that some of the service plan goals would be completed at the CILA. It may have been hard for the staff to connect with the guardian, but there was no evidence that the practice of having consumers stay home once a week to have individualized time to do programming was specifically conveyed to the guardian. This procedure could have been communicated in writing to the guardian.

Pursuant to standards for developmental training programs, 119.200 (a) states: "Programs shall be located to promote integration of individuals into their communities." It gives examples of integration that includes locations near public transportation, shopping, restaurants, and recreation. In section (b) it reiterates that "programs shall provide a minimum of 5 hours of programming per day, excluding transportation time to and from the program, and excluding mealtime unless training during meals is a documented part of the plan. Individuals may attend less than 5 hours if required and documented by a physician or the interdisciplinary team...." In section (e) of part 119.200 states that "programs shall not be located in buildings where individuals reside." When individuals are participating in programs for shopping, buying groceries or out in the community there is no issue with this section of the Ill. Admin Code. The error occurs when programming is completed in the individual's home during the 5 hours they would be in day training. The practice of residents staying home from the day training center to participate in programming at the CILA does not adhere to this part.

Section 2-106 states that "A recipient of services may perform labor to which he consents for a service provider, if the professional responsible for overseeing the implementation of the services plan for such recipient determines that such labor would be consistent with such plan. A recipient who performs labor which is of any consequential economic benefit to a service provider shall receive wages which are commensurate with the value of the work performed, in accordance with applicable federal and state laws and regulations. A recipient may be required to perform tasks of a personal housekeeping nature without compensation." Based on the record the individual was paid appropriately for work completed. She was still able to participate on the garbage crew and be paid even though she participated in individualized programming from home one day a week.

All individuals interviewed by the HRA stated they liked the individualized time with staff and enjoyed the activities completed during this time. In this case, per the consumers and the staff, it was the individual's right to choose to stay home and participate in 1 to 1 programming or attend the day training program. This consumer received an individualized treatment plan and a full program of group or individual instruction. Attending the day training program was available as an option to the consumer instead of staying at the CILA for individualized CILA programming with a staff person. In that regard, the home appears to promote a least restrictive environment. It did not appear to affect the consumer economically because she was still able to participate with the garbage crew and be paid for her work. The HRA could definitely appreciate the value of individualized 1 to 1 programming for individuals with staff, however the Ill. Admin Code states in section (b) that "day training programs shall provide a minimum of 5 hours of programming per day...." It further states that "Individuals may attend less than 5 hours if required and documented by a physician or the interdisciplinary

team...." In the cases observed by the HRA and from the record there may not have been 5 hours of day training programming; instead, the individual was provided individualized CILA programming where the individual lives. **Based on the evidence, the complaint, that individuals receiving services are not being provided services in the least restrictive environment is not substantiated.**

The HRA makes the following suggestions:

- 1. Follow the Ill Admin Code 119.245 as it applies to human rights and behavior management committees, not more than half of the members of these committees should be program employees and at least 1 member should be an individual and/or his or her representative. Only having Crosspoint employees on this committee without including members of the community or the participation of an individual and/or representative, may create a biased point of view in the committee, that acts on best interest of the provider instead of the individuals served.**
- 2. Follow the Illinois Administrative Code section (b) of part 119.200, which states: "Day training programs may be administered off site, but not at the individual's residence." If Crosspoint wants to continue to provide 1 to 1 programming activities for individuals and staff during day training time, it needs to be scheduled at another training location than the CILA for individuals to receive the 5 hours of day training. Activities that Crosspoint's staff were completing with consumers such as grocery shopping, eating out, or fishing away from the CILA are appropriate.**
- 3. When Crosspoint needs to contact the guardian to inform him/her of a procedural change, schedule the treatment agreement, and/or to request consent, and cannot reach the guardian by phone, the next step should be contacting the guardian in writing. Email may be an option. There should always be documentation in the record of phone contacts and/or written contacts that have been attempted or completed. In this case, the guardian did not know or fully understand the procedures that were implemented with his ward receiving services. The guardian should always be consulted regarding medication prescribed to the individual, even if it is not psychotropic medication.**

The HRA commends Crosspoint for attempting to provide more personal interaction with staff and individualized programming for consumers. It just needs to be completed within the parameters of the Ill. Admin Code. The HRA would like to thank Crosspoint Human Services for their cooperation with this investigation.