



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - NORTHWEST REGION

REPORT 12-080-9005
WILLOWGLEN ACADEMY

INTRODUCTION

The Human Rights Authority opened an investigation after receiving complaints of possible rights violations in the services provided to recipients within the day training center at Willowglen Academy. It was alleged that many of them are lying on the floor sleeping on bean bags that are flat and that there is a lot of sleeping going on during the day and very little else.

Substantiated findings would violate treatment requirements under the Mental Health and Developmental Disabilities Code (405 ILCS 5) and standards for Developmental Training Programs (59 Ill. Admin. Code 119).

This program serves children, adolescents and adults with developmental disabilities. Our review focuses on the adult side.

Located in Freeport, Willowglen provides the town with a school, Community Integrated Living Arrangements, or CILAs: four for children and six for adults, and a day training center for those eighteen years of age and older.

FINDINGS

We were told that clients in the day training, or D.T., center spend five hours per day there involved in a variety of treatment activities based on skill levels and assessments. Four rooms complete the center, and form the center's structure by client abilities. For example, the first room contains the lowest functioning clients who may work on tactile or sensory activities, hygiene and daily living skills. The next two rooms include higher functioning clients who work on similar tasks but perhaps with a step-up skill level; news time is offered in one room for community awareness. In room four the clients tend to enjoy being industrious and like helping the maintenance staff with vacuuming the area and doing other tasks. Each client has two or three self-targeted vocational goals that are typically completed daily at the d.t. site. There are usually two to three staff in each room depending upon need, and there is also a d.t. supervisor present. Clinicians pop in as well who ensure that programs are being run and followed

throughout the day. Clinicians have experience with the developmental disability population and have college degrees behind them; preferably a master's.

We visited in the morning just before lunch and after our interview we observed each room as most of the clients were heading to lunch. Some clients preferred to have lunch in their d.t. rooms rather than go to the cafeteria. We appreciated the staff for honoring their choices. In one room some active treatment was still going on with a few clients when we observed a young man sleeping on a bean bag. The bag was fully inflated and in good condition. We asked a teacher/instructor how long he had been sleeping and she said "since he got there", which would have been around 8:30. This was after 11:00. The program director was with us and explained that he was fairly new and was still having some transition problems and possibly some medication adjustment issues. The CILA and the d.t. were working on it.

We also toured the rest of the facility and observed a bustling lunch area. Most of the clients seemed quite independent or at least familiar with the routine and the staff were well engaged with them. We caught the attention of a few clients and had to leave the area as we were becoming disruptive, so unfortunately we were unable to ask some of the clients and staff questions about their treatment and work experiences.

The d.t. Policy and Procedure Manual states that "the primary mode of treatment is program participation with staff support to enable consumers to participate in activities they enjoy, to help develop activities they prefer, and to take pride in exercising their own choices and judgments in regard to their participation." "Areas of training are: vocational, pre-vocational, personal hygiene and grooming, completing job applications and interviewing, budgeting and money management, medication management, independent living skills and meal preparation, recreation and leisure, work experience, symptom and health monitoring..." A client's vocational goals are designed according to his abilities and are written into his services plan. Within the services plan, activity and leisure goals aim to help individuals improve the quality of their lives by participating in enjoyable group and leisure time activities, which may include: exercise groups, art groups, singing, dancing, attending sports and cultural events, parks and recreation and Special Olympics.

We reviewed one individual's masked record of d.t. goals and data sheets for a one month period. The client had four goals to work on: exercise daily for twenty minutes, write one letter per week to his mother and transfer it to a word document, read from a book, magazine or newspaper for ten minutes and tell staff one fact he remembers, and participate in a vocation skill such as wiping tables, collecting garbage, shredding, outdoors work, etc. These goals were completed in full during the first through the last week of the month except for, interestingly, the second day of each week.

According to the d.t.'s Structured Therapeutic Program Schedule:

8:30 - 9:00 Arrival, welcome clients and review schedule for the day.

9:00 - 9:30 Sensory Time

9:00 - 10:00 Cooking Skills (Monday) 9:00 - 10:00 Exercise Tuesday on

10:00 - 11:00 DT goals from each ISP

11:00 - 11:30 Lunch
11:30 - 12:30 Leisure Time
12:30 - 1:00 Hygiene Skills
1:00 - 1:45 Clean up DT room
Leisure Time
Dismissal

CONCLUSION

Under the MH/DD Code every recipient of services has the right to be provided with a services plan that is specific to his needs and be developed with his participation to the extent feasible. It is to be periodically reviewed and include the input of any guardian as well (405 ILCS 5/2-102).

Per the Administrative Code, an Interdisciplinary Team is established for each individual that shall be responsible for preparing, revising, documenting and implementing a plan. Clients are to spend five hours per day at the d.t. location, unless waived by a physician (59 Ill. Admin. Code 119.200). The final plan is to be developed within thirty days after admission to the program, stating the individual's goals and objectives for developmental training. These sections and the MH/DD Code imply that active treatment must be going on (59 Ill. Admin. Code 119.220).

The complaint states that an observer sees d.t. clients lying on sleeping bags or the floors sleeping and doing little else. We didn't find that exactly, except for the young man who had been sleeping for three hours on a sleeping bag in one of the rooms, but the structured therapeutic activity schedule calls in some questions about the afternoon hours, which we did not observe. We appreciate that the five-hour requirement to remain at the center can tax anyone with a disability, nonetheless we feel the leisure time allotted is excessive, at least without explanation as to whether there is exercise, outdoor activity, dancing, music, etc., involved as described in the program's policy. There is a full hour after lunch and then another forty-five minute option one half-hour later before dismissal. The whole afternoon is basically leisure time. The same observer said that on the contrary, there is only chaos and sleeping during leisure time.

In this case we cannot say that no active treatment is going on since we missed the afternoon hours and observed programs being run with clients in the morning. Perhaps we will consider a return visit. One recipient however, was allowed to sleep when his active treatment was supposed be going on, so we substantiate a rights violation.

RECOMMENDATIONS

1. Continue to work with the clinical/medical staff on solving the sleeping mystery.
2. The workroom seems an inappropriate environment to leave him while sleeping as the other classmates are running around him. If he has to remain at d.t., maybe he can be taken to a quiet room or someone's office if sleeping cannot be avoided.

3. Make an effort to avoid the sleeping altogether unless medically advised against.

SUGGESTIONS

1. Reduce the leisure times on the therapeutic activity schedule.
2. Add descriptors to the leisure times to entice staff and clients alike: exercise, outside fun, dancing, etc.
3. Take a random look at all of the appropriate clients' programs and be sure that connections are being made to the community: relationships, jobs, interviewing, completing job applications, etc., as listed in the policy manual.