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Egyptian Regional Human Rights Authority
Report of Findings
Specialized Training for Adult Rehabilitation (START)
Case #13-110-9001

The Egyptian Regional Human Rights Authority, a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning Specialized Training for Adult Rehabilitation (START):

1. Recipients are subjected to abuse, harassment and inadequate care/treatment when a peer's behaviors are not adequately addressed. Instead, recipients subjected to the behaviors are recommended for medication to curb their anxiety.

2. Recipients' guardians are not always notified of behavioral incidents.

3. The agency does not provide adequate and humane care and treatment when conflicts of interest arise involving board members' relatives who are also receiving services.

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code and regulations that govern Community Integrated Living Arrangements (CILAs).

START which is located in Murphysboro provides a range of residential, vocational and other services to persons with developmental disabilities. The allegations pertain to individuals participating in the agency's CILA residential program.

To investigate allegations, an HRA team met with two CILA residents, their guardian, and agency representatives, including two members of the agency's Board of Directors. The HRA also examined, with guardian consent, the records of two CILA residents and reviewed pertinent policies and other documents.

COMPLAINT STATEMENT

According to the complaint, two residents of a CILA have reported that a peer at the CILA repeatedly screams at and steals from other residents, is loud and intrusive in the CILA home environment and needs constant attention. The peer is reportedly related to an agency board member. As a result of the peer's behaviors, the residents have experienced increased anxiety and

self-injurious behaviors to the extent that medication had to be prescribed for one of them. The complaint states that in another home operated by the same agency, a resident, who is not related to a board member, is facing discharge for similar behaviors. The complaint also states that the residents' guardian unsuccessfully attempted to address the concerns with agency administration. Furthermore, the complaint indicates that the guardian is not always notified of behavioral incidents.

FINDINGS

CILA Resident Interviews

The HRA met with the two residents. One resident initially reported no problems with the peer. The other resident reported that the peer engaged in such behaviors as hitting, yelling, entering her private room uninvited and taking items. The resident stated that she can lock the room to her bedroom. The second resident also stated that she had observed the first resident being hit and yelled at by the peer; the first resident later confirmed this. The HRA attempted to talk with another resident at the home on two different occasions but she was not interested in talking with the HRA; one refusal came to the HRA through a START staff person but the other refusal was made directly to an HRA representative.

Agency Staff Interviews

The HRA team met with agency representatives to discuss the allegations. The agency reported that it is a not-for-profit organization which has a board of directors consisting of 18 members; a third of the members are either parents/guardians of agency consumers and there is one consumer on the board. The agency executive director meets with the board on a monthly basis. The board has a conflict of interest policy that each board member signs; board members cannot vote on issues in which they have a conflict of interest. The agency's accreditation body requires a board policy addressing conflict of interest. The agency executive director and board members stated that the board is more involved in agency issues versus individual or clinical issues. No board member serves on either the agency's internal human rights or behavior management committees.

Agency services include vocational services, developmental training, home based support services, and a residential program that consists of 24-hour and intermittent CILA services. A youth program was recently established to assist students with transition into adult services. In all, the agency serves approximately 185 non-duplicated clients with approximately 20 individuals participating in the agency's CILA program.

The residential program is staffed by the residential coordinator, two Qualified Intellectual Disabilities Professionals (QIDPs), house managers, a part-time registered nurse, a full-time licensed professional nurse, two behavioral analysts and five full-time direct care personnel (one of which is the house manager). According to the agency, all homes have two staff on duty during waking hours and one staff person at night. The executive director visits each home on a quarterly basis.

The agency's admission criteria for residential services follows the CILA regulations in which the diagnoses of prospective residents must meet the definition of developmental disability and

the individuals are not considered a danger to self or others. An admission referral is made to the residential director and if denied, results in a utilization review involving the executive director. An admission team, consisting of administrative staff, reviews and votes on applications for admission after assessments, including a roommate assessment, are completed and reviewed. Trial visits begin with a brief introductory visit after which a partial visit to the vocational program occurs followed by a full-day visit and at least one overnight visit. More recently, a trial visit lasted for a full week. Discharge criteria also follow CILA regulations and individuals can be discharged due to dangerous behavior if the behavior cannot be addressed after repeated efforts.

Roommate and home assignments take into account the gender, functioning level and activity levels of the new admittee as well as current residents. Staff observations and feedback are also considered.

Referrals come from multiple sources, but most are from the local area. Individuals with behavioral needs are considered for admission on a case-by-case basis and decisions to admit such individuals are based on the agency's ability to meet their needs.

When a resident with behavioral needs is admitted, the agency will continue to use the behavior plan already been in place, collect baseline data and then evaluate and revise the existing plan. Copies of the plan are provided to all individuals involved with the resident. The agency behavioral analysts provide training to direct support staff every quarter and more often if needed. Behavior tracking forms are used to document behavioral incidents. Behavioral evaluations consist of file reviews, psychiatric evaluations, social histories, past behavioral data, data patterns, staff interviews and a functional analysis. The agency's internal human rights committee, which meets quarterly and consists of community representatives, behavioral analysts and an agency nurse examines every behavior plan and conducts case reviews when needed. The committee's community representatives include students from an area university. Behavioral approaches used in behavior plans include the use of picture schedules and token economies, the reinforcement of appropriate behavior, training on coping and social skills, and 1:1 time with staff. Each plan includes a preventative section as well as a crisis plan that addresses both the least and most restrictive approaches to crisis intervention. Staff are trained on crisis prevention intervention training. The agency maintains an on-call system when crises occur after-hours. The agency indicated that it does not contact the police and does not have easy access to either a hospital behavioral health unit or private psychiatric services. Ongoing behavioral crises are referred to the Clinical and Administrative Review Team (CART) or the Support Service Team (SST). Addendums to behavioral programs are made when needed. Copies of plans are provided to the homes, the vocational program, the case coordination agency and to guardians.

With regard to resident complaints, the agency reported that residents can talk to preferred staff who assist with a resolution. The agency's grievance process begins with the house manager then moves up to the QIDP, the executive director and finally to the board of directors. House meetings are also held monthly at which residents can voice concerns.

With regard to the residents in this case, the agency reported that the residents have a history of triangulating relationships at the home. They have been easily targeted at times and there is some history of false accusations, attention-seeking and complaints of others. Complaints are always reviewed and follow-up is provided. The Illinois Department of Human Services' Office of Inspector General (OIG) is contacted if the complaints include allegations of abuse and include sufficient information. Each of the residents has her own room and the peer has a roommate. Others in the home have complaints about the peer but complaints have also been received about other residents in the home. One of the residents (Resident #1) seems to have experienced a change in her psychological condition possibly due to menopause; she has shown clinginess and may have engaged in self-injurious behaviors. The resident does have a behavior plan to address these changes although the guardian has been reluctant to add medication citing the concern over the peer. A psychiatrist report was provided to the guardian. The guardian has met with the executive director and team meetings are being held regularly to address the resident's needs; the guardian has participated in the meetings and a request has been made to involve the SST. The resident had no behavioral problems reported at her 6 month staffing but an increase in target behaviors occurred in August. According to the agency, the guardian contends that the resident's increased behaviors are the result of built-up stressors. A referral for counseling has been made for the resident.

The agency acknowledged that it is aware of the peer's behaviors, particularly her loudness, and stated that the peer has been at the home for 2 years. Staff stated that they have received complaints about the peer taking items of other residents and going into their rooms. The agency reported that staff turnover and the peer's history of mental health needs may be contributing factors. Staff indicated that the peer may be aggressive toward staff in the form of slapping and pushing but they reported that the peer is not overly aggressive toward other residents. The agency asserted that it is constantly examining ways to address the peer's behaviors and has seen some improvement.

The HRA team inquired about guardian notification of behavioral incidents. The agency reported that the guardian receives monthly progress reports. Behaviors are reported to the guardian within 24 hours of occurring and behavior progress reports are reviewed at meetings. Tracking sheets are used to document behaviors. The agency did express concern that the guardian may have lost trust in the team over the issues in this case.

Finally, the HRA inquired about the means by which the agency confirms that behavior plans are being followed. The behavioral analysts reported that they conduct in-home observations, ask follow-up questions of staff, review behavioral scenarios and conduct reviews of data sheets.

Record Review

The HRA team first reviewed the record of Resident #1 who had been experiencing more behavioral needs. The HRA began its review by examining treatment plans dating back to March 2012. The plan dated 03-08-12 documented diagnoses of Psychosis, not otherwise specified (NOS), Anxiety Disorder, NOS, and a moderate intellectual disability. Both the guardian and resident were present at the treatment plan meeting. According to the treatment plan, the resident takes Zyprexa for Psychosis, had met most of her objectives, and had a low incident of the targeted clingy and excessive worrying behaviors. There was some discussion of

reducing the Zyprexa and moving to an informal tracking of behaviors. However, on 06-29-12, a special staffing was called due to an increase in target behaviors and suspected self-injurious behaviors. The treatment team decided to refer the resident for counseling and also to her physician for possible menopausal symptoms, conduct observations in the home, provide staff 1:1 time with the resident, retrain staff on the behavior plan and have a follow-up meeting. In the follow-up meeting on 07-12-12, reports were given on observations, 1:1 interactions, a counseling meeting, and medical follow-up. The executive director did not observe any inappropriate interactions between residents during her visits to the home; the guardian shared comments from the resident that the source of her anxiety was a peer. It did not appear that the resident was at the meeting. Data related to the target behaviors was reviewed and during the approximate week of data collection (07-03-12 to 07-11-12), no clingy/worrying behaviors or psychotic symptoms were observed. The behavioral analyst also indicated that the resident engaged in positive behaviors at a higher rate when the peer was in the home; and the resident stayed in the common area when the peer was present. The meeting concluded with recommendations to track sleeping data and the resident's responses to other consumers' behaviors, conduct staff and substitute staff training by behavioral analysts, make some staffing changes, arrange for a weekly 1:1 activity for the resident, continue counseling and consider the use of cameras in the common area of the home pending human rights and guardian approval. In a 07-27-12 meeting, sleep tracking data was reviewed and it was noted that the resident gets up frequently in the night to use the restroom; one report indicated that the resident stated she was "hearing voices" although it was thought to possibly be attention-seeking. There were no observed target behaviors, one episode of psychotic symptoms and no avoidance behavior when the specific peer was present through 07-27-12. A recommendation to increase the dosage of Zyprexa was delayed. At a 08-23-12 meeting, data indicated an increase in target behaviors possibly due to increased attention from staff; medication side effects were also discussed. The area Individual Service and Support Advocacy (ISSA) Agency attached a statement indicating the impact of the peer's behavior on the home and the residents there, including Residents #1 and #2 by stating that "[The executive director] reviewed statements made by past and present employees who worked with the CILA resident….The statements all confirmed that the individual causes stress to her housemates, as well as staff. Statements reported that the individual is bossy and verbally aggressive, intimidating and controls the house. These reports…suggest that there is a real problem and that the well being of the housemates needs to be addressed and taken seriously." At the resident's annual staffing on 09-05-12, the resident's increase in targeted clingy/worrying behaviors is noted with a plan to continue pursuing counseling, encourage positive peer interactions, implement the behavior plan and train staff as needed. The guardian documented interest in a medication reduction and a goal for coping skills; the agency indicated that it would discuss the medication reduction with the physician and a coping skills program is documented in an addendum dated 10-11-12. Attached to the annual staffing document is a report by the ISSA agency stating that the behavioral assessment does not include the resident's reports of anxiety over a housemate that could be a contributing factor and requested that this be included in the behavioral information; however, there is no addendum to the annual staffing information other than the attached ISSA report.

The HRA examined behavioral plan documentation for resident #1. The plan effective September 2011 indicates a Zyprexa dosage of 5 mg and the target behaviors of clinginess and excessive worrying to be addressed using the approaches of engaging the resident in helpful

activities, acknowledging appropriate behaviors and refraining from topics/statements that might trigger behaviors. In addition, the plan calls for staff to introduce the resident to a variety of conversational topics and modeling the appropriate means to seek assistance. When the clingy behavior occurs, staff are to acknowledge the resident and then redirect her. For the worrying behavior, staff are to acknowledge her, discuss the topic of worry and then redirect her. If she becomes tearful, staff are to reassure her and redirect her.

Resident #1's behavior tracking forms from July 2012 to October 2012 were reviewed. According to a note attached to the documents, the guardian received faxed weekly copies of these reports. In July, the following incidents related to the HRA complaints were noted: 07-12 peer called resident a snitch; 07-22 resident followed staff around house; 07-23 - resident was crying and stated she was hearing voices; 07-25 peer "…was yelling bossing everybody plus staff this am. She also yelled at [Resident #1] to get out the kitchen while [Resident #1] was getting some coffee and [the peer] was doing the dishes. Staff had to tell [the peer] let [Resident #1] get some coffee please"; and on 07-28-12 the peer was angry and yelling at staff and Resident #1 followed staff outside and started crying. In August, data reports stated the following: 08-05 peer yelled at Resident #1 who followed staff around much of the day; 08-11 - Resident #1 followed staff around all day; 08-13 Resident reported worried about weather; 08-18 Resident reported worries and also pushed a peer; 08-18 Resident following staff around all day; 08-25 Resident crying and stated that a different peer was yelling at her. In September, documentation stated the following: 09-03 Resident reports hearing voices; 09-08 Resident was clingy all day; 09-10 Resident concerned about a scheduled doctor appointment; 09-17 Peer screaming about resident taking a shower when peer indicated it was her turn after which resident got out of the shower and asked staff if she was in trouble; 09-18 Resident reported that rings were missing when they were on her fingers; 09-25 and 09-30 Resident had issues with a different peer in the form of disagreements. In October the reports indicated as follows: 10-3 Resident removed a different peer's popcorn from the microwave to warm up her coffee; 10-1 Resident reported that a ring was missing but she was wearing it the next day; 10-7 Resident followed staff around all day; Resident yelled at different peer; 10-08 Resident reports peer pushed her off the couch; 10-13 Resident followed staff around and voiced concern about getting in trouble.

Incident reports were also reviewed for Resident #1. On 07-11-12 the resident had fallen and a QIDP note indicated the guardian was notified although the nursing evaluation form does not even though there is a place to document who was notified. An incident report on 07-21-12 indicated that the resident had a bleeding lip and the guardian was notified. Other accident/incident reports dated 07-13-12, 07-03-12, 06-30-12, 06-25-12 and 06-24-12 indicated that the guardian was notified for each of the incidents, none of which involved any peers. However, nursing forms dated 10-07-12, 08-11-12, 08-16-12, 08-14-12,07-16-12 and 06-16-12 document a variety of health related symptoms (e.g. coughing, sore throat) with the exception of the 06-16-12 form which indicated that the peer bruised the resident's inner arm; the form section indicating whether or not the guardian was notified was left blank on each of the forms.

Medication administration records dating back to May 2012 indicated that Resident #1 had been administered 5 mg of Zyprexa until 07-16-12 when the dosage was changed to 10 mg. It also appeared that Buspar, 10mg., had been ordered on 06-27-12 but then discontinued on 06-28-12.

A psychiatric medication review completed on 07-12-12 indicated that the recipient had been on Zyprexa 5mg for 7 years due to Psychosis; the review recommended an increase of Zyprexa to 10mg as well as a new order for Prozac due to increased anxiety and psychosis. Corresponding physician progress notes stated that the recipient was having psychotic episodes, increasing anxiety, signs of menopause and that the "behavior does not appear to be associated with peer on peer conflict"; collateral information from the behavioral analyst is noted and the guardian signature is blank.

Case notes were reviewed and indicate periodic incidents of crying and clingy behaviors. A note on 07-07-12 indicated a disagreement with a peer although the peer is not identified. On 07-11-12 the peer woke up in the night yelling and screaming with the cause unknown. According to a note dated 07-12-12, the peer called Resident #1 a snitch. The resident became upset over he peer's outburst on 07-13-12 as per case notes. Resident #1 indicated that the peer pushed her on 07-20-12 although staff noted that the peer was not in the area. On 07-23-12, the resident stated she was hearing voices although specifics could not be secured. A note dated 08-09-12 stated that the resident accused an unidentified peer of walking in on her while she was showering. And, the resident was upset about stormy weather after being "stirred up" by an unidentified peer.

Other record documentation was reviewed by the HRA. A staff person from the vocational program documented a discussion with Resident #1 on 07-03-12 in which Resident #1 voiced a concern about the peer entering Resident #2's room but not her own and that Resident #1 voiced no concerns about the peer. A quarterly behavior committee management review dated 06-22-11 indicated a review of Resident 1's behavior program. ISSA documentation from a visit dated 06-20-12 indicated the guardian's concern about a peer upsetting the resident at her home and that the resident locks her door to prevent stealing; the ISSA documented concern for the impact of the peer's behaviors on the resident. The ISSA also documented that the resident is not been doing work at the day training program and appears to be cycling emotionally and that there may be suspected incidents of self injurious behaviors. The resident was not as interactive with the ISSA as she had been in the past. ISSA documentation dated 08-22-12 again notes complaints by both residents about the peer and her behaviors.

The HRA next examined the record of Resident #2. The resident's treatment plan review from 04-05-12 indicated that the resident had diagnoses of Psychosis, Not Otherwise specified, Post Traumatic Stress Disorder, Depression and a Moderate Intellectual Disability. It was noted that she had been making progress on goals, that she is a reserved person who "prefers a quiet environment and likes to spend a lot of time alone in her room." According to the treatment plan, the resident was taking Citalopram 20 mg for Depression and Risperdal 3 mg for Psychosis. She had no incidents of verbal or physical aggression in the past 10 months and a few incidents of psychotic symptoms. The HRA found no reference to peer problems in the 04-05-12 treatment plan. Resident #2's 10-04-12 treatment plan was reviewed. Incidents of verbal and physical aggression remained low but there was documentation that the Resident had made a few reports about a peer that may not have been true. Therefore a new behavior plan was being considered along with observations by the SST. There was no specific guardian statement included in the treatment meeting notes.

Resident #2's behavior plan, dated November 2010, is to address physical aggression, verbal aggression and psychotic symptoms by acknowledging appropriate behaviors, ignoring inappropriate behaviors if not harmful, using calming techniques, removing peers from the immediate area, and redirection. A behavior plan review dated 10-04-12 recommends revising the behavior plan to address "untrue statements" if such statements continue, track current target behaviors and consider discontinuing physical aggression as a target behavior due to low incidence. The behavior committee reviewed her behavior plan on 03-23-11 and suggested the use of social stories as a preventative measure.

Behavior incidents were reviewed. She yelled at staff on 09-18-12, was yelling when she arrived at day training on 09-13-12, exhibited psychotic symptoms on 09-19-12, reported that the peer "jumped her" to which staff present denied on 08-6-12, accused the peer of yelling at her on 07-16-12 which staff denied, was bossing another peer on 07-24-12, and accused the peer of yelling at her on 06-11-12 which staff contend was not true. Three nursing forms indicated three minor physical issues but the form did not indicate whether or not the guardian was notified. Medication administration records indicated that medication dosages of Citalopram for Depression and Risperdal for Psychosis have remained the same from 04-01-12 through 09-01-12.

Case notes dating back to July 2012 were reviewed. A note on 07-12-12 documented that the peer was bossing her although staff noted that this was not observed; a similar incident occurred on 07-16-12. Summary case notes by the QIDP dated 07-23-12 indicated that the QIDP asked Resident #2 about the specific peer to which the resident stated the peer bossed her around regarding doing the dishes. She also stated that the peer hit her backend in a playful way but that she didn't like it and it happened frequently although the resident indicated she had not let the resident know she didn't like it. The QIDP indicated that Resident #2 voiced concern about Resident #1 in the tearful way she was acting. There were no documented incidents involving the peer in the August case notes. On September 23rd, case notes stated that the residents talked to staff about an unidentified peer coming into her room and asking her for personal items to which the resident refused; the resident also informed staff that she would be locking her door.

Policy Review

The HRA examined various agency policies and documents related to the allegations. A general description of the agency's CILA program begins with a mission statement that the program is "To promote independence in activities of daily living, to provide supports that allow individuals to reside in the least restrictive living environments, and to promote economic self sufficiency." The CILA program description lists the services that are to be provided, including behavioral services which are to be provided by certified/approved staff and in compliance with standards. Community services are also to be used for CILA residents, including mental health and behavioral services. The program is to assist residents in maintaining community living with individual goals designed to meet resident needs. Discharge may occur if there are changes in care needs, discharge criteria are met as per CILA rules, a recipient's needs can no longer be met or if a recipient's behaviors are a danger to self/others and attempts to address behaviors are unsuccessful.

The procedure for CILA pre-admission begins with a referral and then involves various screening assessments, including a psychological exam, standardized functional and behavioral assessments and medical exams. According to the policy, "START will adhere to a no-decline option for the provision of CILA services. START may decline services to an individual because it doesn't have the capacity to provide the necessary services or may produce an undue hardship to the agency, or cannot locate a service provider who has the capacity to accommodate the particular type or level of disability." The recipient and/or legal guardian will be invited to attend a meeting. If a recipient is found to be ineligible the recipient and/or guardian is notified in writing. If found eligible, the recipient is placed in a CILA slot if available, put on a waiting list or referred elsewhere.

The Client Eligibility Policy for residential services states that preference is given to residents of Jackson County and that candidates are to be age 18, have a developmental disability before age 18, have a current physical, be in need of supported living arrangements, give informed consent, and be eligible for public benefits. In addition, the agency must have the capacity to serve the candidate.

Admission procedures begin with a determination of eligibility, a home tour, a review of household rules, a review of rent, and the signing of a contract. "To an extent, a potential resident will be allowed, but not limited to: a. Bring in personal possessions B. Choose a roommate C. Select furnishings."

The "No-Decline Policy" states that "Licensed CILA agencies technically agree to a no-decline option; however, the agency may decline services to an individual because it does not have the capacity to accommodate the particular type or level of disability…and cannot, after documented efforts, locate a service provider which has the capacity to accommodate the particular type or level of disability…" The agency also maintains a roommate assignment policy that involves a roommate assessment and resident input before roommates are assigned.

A utilization review form was reviewed. The form includes exclusionary criteria of "currently displaying and/or history of extreme violence/maladaptive behaviors." The form also lists discharge criteria which include that the discharge is acknowledged by the Department of Human Services, that the recipient voluntarily withdrew from the program, that medical needs cannot be met, that the recipient is deceased or the recipient "Exhibits after intervention, repeated and varied, chronic and persistent patter of behavior which poses a clear danger to self and others." This discharge criteria is mirrored in the agency's "Termination of CILA Services" Policy.

START's Residential Crisis Intervention Policy guides staff on how "…to interact with consumers on a positive and professional level and to recognize and deal immediately with potential crises situations. Staff are also trained to know the individual characteristics of each consumer." When a recipient appears upset, staff are to attempt to resolve concerns in a calm manner referring to the recipient's treatment plan when applicable. If a recipient is not cooperative, staff are to ask other residents to go to their rooms and close their doors, remove potentially dangerous items, contact administrative staff, try to calm the recipient, call 911 if someone is in danger, assist the recipient away from a problem area of the facility, interrupt

behaviors if there is a threat of bodily harm, verbally notify administrative staff and the guardian of behavioral incidents as soon as possible, and document the incident in an incident report form. The Incident Reporting Policy directs staff on reporting accidents, behavior incidents, signs and symptoms, medication errors, seizures and staff injuries. Accident reports are reviewed by the nurse, program coordinator and safety committee. Behavioral reports to be reviewed by a residential supervisor, program coordinator and QIPD: the QIDP/Program Coordinator is to share behavior incidents "with appropriate parties." Symptoms reports are reviewed by the residential coordinator and nurse prior to "…being shared w/parent/guardian…." A sample Accident/Incident report is attached to the policy which includes a section to document guardian notification.

The agency policy that guides the behavior committee indicates that the committee is "…to oversee the planning and implementation of all behavior supports plans and behavior intervention policy and procedure. The BC is responsible to that [sic] the technical aspects of proposed behavior supports plans use positive approaches and follow least restrictive hierarchy." The membership is to consist of 5 to 10 individuals, appointed by the executive director, and include representation from a pharmacist or physician, nursing staff, a behavior analyst, a QIDP, the ISSA, house manager and behavior graduate students. The committee chair is appointed by the executive director. The committee is to ensure that certain behavioral plan aspects are addressed by a consumer's planning team including the completion of a functional behavior analysis, a hierarchy of interventions/reinforcers, measureable data, risk assessment, restriction reinstatements, approaches that are adaptive and appropriate to the target behaviors, an opportunity for due process and 3 month reviews for restrictive interventions. Meetings are to be held at least quarterly although monthly meetings are recommended and special meetings can be called by the Chair. Minutes of the behavior committee's July meeting were reviewed. A QIDP for START is the chair and there were 3 additional START employees participating along with an intern; a representative from SIU could not attend the meeting but provided recommendations. None of the behavior plans of the individuals involved in this HRA case were reviewed. A review of the October 4th meeting minutes indicated 4 START employees and 2 representatives from SIU were in attendance; again, none of the behavior plans of the individuals involved in this HRA case were reviewed. There was no ISSA representative at either meeting.

The agency human rights committee policy states that the committee is "…to provide direction, guidance and approval in the area of human individual rights, behavior support and general policy implementation of rights in all programs and services. It is the responsibility of the HRC to ensure that all rights of individuals served is affirmed and that any modification or limitation is specific, justified and in the best interest of the recipient of a specified time." Committee membership is to include an individual with behavior management experience, a community representative with no ownership or controlling interests in START, a START QIDP, Parents/ guardians or an advocate, and 1 to 3 START consumers. The executive director appoints the members with no term limit. Some of the committee's functions include reviewing each behavior plan by approving each restriction and ensuring the least restrictive approaches along with a means to restore a restricted right with 3 month follow-up, ensuring that informed consent is secured for behavior plans, reviewing all instances of abuse/neglect, reviewing behavior emergency procedures, reviewing all grievances, and reviewing allegations of rights violations. The HRA examined human rights committee minutes dating back to April 2012; reviews were

conducted of each recipient in this HRA case with no recommendations. There were no recommendations for the recipients as indicated in the July 2012 human rights committee minutes. The October minutes indicate that a human rights complaint involving two of the recipients was reviewed with no recommendations; there was no description of what was reviewed.

The agency client rights policy includes provisions that prohibit abuse by staff or another client, allow service termination with a 10 day notice if behavior is a danger to self or others, guarantee the right to present grievances as well as the right to report rights issues to the human rights committee and document external advocacy agencies. A more specific policy entitled "Prohibition of Corporal Punishment and Physical Mental Abuse" includes the following statement: "In responding to one client's abuse of or threats to other clients, the Program Coordinator and the Interdisciplinary Team will be sure that staff investigates the cause, observe and monitor clients to avoid further abuse, and develop as part of the client's ISP, a plan to decrease the inappropriate behavior." The agency also addresses rights in its risk management policy. And, the consumer orientation manual lists rights and assures that the agency will "…provide safeguards against any kind of harsh or abusive treatment."

A separate privacy policy for residential services states that residents will be given private locked space for personal items, and requires staff/visitors to know and seek permission before entering a resident's room.

The agency grievance policy, which is also included in the consumer orientation manual, uses the chain of command for presenting grievances and then appealing grievance decisions. Time frames for responding are included and the final step for appealing rests with the agency board of directors. The policy also lists external sources for filing complaints as well as a form that documents the reported grievance and resolution. The HRA found no such forms in the records reviewed of the individuals in this case.

The HRA also examined board member policies and materials. The board is made up of 18 representatives of the community and inclusive of a person with a developmental disability. The board by-laws include a conflict of interest statement that reads: "To guard against conflicts of interest, business relationships between START and an individual Board member shall require prior disclosure of such interest, exclusion of that member's participation in discussion of the related interest and exemption from voting on the issue." A conflict of interest statement to be signed by board members states that no board member should accept any gift or promise of benefits or services as a member. New board member orientation explains expectations of board members, including responding objectively to criticism, interpreting board programs to the community and other organizations, and participating in decisions by studying facts, considering alternatives and voicing an opinion. The orientation materials explains the roles of the board such as fulfilling the agency purpose, formulating policies, carrying out rules, fostering good public relations, providing leadership and evaluating the board's effectiveness. A document on board committees explains various committee roles; the human rights committee is described as "…a forum for the review of client grievances, complaints, treatment plans/methodologies and related client issues." The agency also maintains a residential committee that assesses and makes recommendations regarding residential needs.

The agency maintains a Code of Ethics applicable to employees and board members alike. Included in the Code of Ethics are statements that START associates are to protect the interests of the client, not allow personal interests to conflict with responsibilities and resolve any interpersonal conflicts along with many other documented ethical expectations.

The agency's staff training specifies hours of required training by position as well as required annual training, including annual training on client rights, policy and procedures, confidentiality, CPI, abuse and neglect, and conflict of interest. In addition, various types of program training are listed, such as training on behavioral management plans. The residential orientation checklist for new employees addresses such topics as behavior and treatment plans, client rights, confidentiality, abuse/neglect, and incident reports. The new employee orientation is to be signed by the new employee and house manager.

The Quality Assurance Policy indicates that a Quality Assurance Committee will ensure the highest quality of care and the best service methods. The committee conducts quarterly reviews examining policies/practices related to admission and discharges, client care, financial issues and safety issues. The client care and safety reviews are to examine client incidents and trends.

Finally, the HRA examined the residential house rules. The rule regarding conduct states the following:

"No rough housing of any form is allowed within the residence. Fighting is strictly prohibited. Residents are expected to use appropriate language when talking with other residents and staff. All verbal aggression or abuse demonstrated by residents toward staff or other residents shall be documented on a Behavior Incident Report."

Another rule states that residents are to respect the rights and property of others, that no stealing is to occur, and that residents are not to be in another resident's room without that resident being present. "Possible termination from the program may result if this becomes a persistent problem." Residents are required to sign off on the rules statement.

MANDATES

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) guarantees the right to:

> "…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…..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."

In Section 5/2-107, the Code assures that the recipient or guardian the right to refuse medication unless medication is needed "….. to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. The facility

director shall inform a recipient, guardian, or substitute decision maker, if any, who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services."

And, Section 5/2-112 of the Code guarantees the right of "Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect." The Code further states in Section 5/3-211 that "When an investigation of a report of suspected abuse of a recipient of services indicates, based upon credible evidence that another recipient of services in a mental health or developmental disability facility is the perpetrator of the abuse, the condition of the recipient suspected of being the perpetrator shall be immediately evaluated to determine the most suitable therapy and placement, considering the safety of that recipient as well as the safety of other recipient of services and employees of the facility." The Code definition of abuse includes "…any physical injury, sexual abuse, or mental injury inflicted on a recipient of services other than by accidental means." (405 ILCS 5/1-101.1)

Regulations that govern CILAs (59 Ill. Admin. Code 115.200) describes the CILA as a living arrangement in which the resident or guardian chooses services to meet the resident's needs with modifications to increase or decrease services based on resident need. Furthermore, CILAs are to agree to a "no-decline option" unless the CILA provider cannot meet a resident's needs.

In Section 115.215, CILA regulations identify the criteria for termination as follows:

> "The community support team shall consider recommending termination of services to an individual only if:
>
> 1) The medical needs of the individual cannot be met by the CILA program; or
>
> 2) The behavior of an individual places the individual or others in serious danger; or
>
> 3) The individual is to be transferred to a program offered by another agency and the transfer has been agreed upon by the individual, the individual's guardian, the transferring agency and the receiving agency; or
>
> 4) The individual no longer benefits from CILA services."

Services for CILA residents are to be guided by a community support team (59 Ill. Admin. Code 115.220) which is comprised of specific facility staff, the individual, the guardian and other providers of service. Among its many responsibilities, the team is to advocate for individuals, provide support and counseling, problem solve, ensure rights protections and assure service delivery. A designated agency professional is ultimately responsible for coordinating the team's activities, ensuring service delivery, working with the guardian, advocating for the resident and identifying service gaps.

Section 115.230 describes the interdisciplinary process to "comprehensively address the needs of individuals" with input from the resident and guardian.

Section 115.250 of the CILA regulations identifies rights, including the right of residents and their guardians to contact the Office of Inspector General and the Guardianship and Advocacy Commission, the right to be free from abuse and neglect and the right to present grievances.

According to section 115.320, each CILA agency is to have a governing body that has provisions for obtaining feedback from consumers/representatives, for reviewing human rights and behavioral issues, a mechanism for handling and reporting abuse and neglect, including guardian notification of such incidents within 24 hours, a utilization review process, staff training, quality assurance reviews, handling unusual incidents and monitoring services.

Regulations that govern the Illinois Department of Human Services, Office of Inspector General, (59 Ill. Admin. Code 50) which has responsibility for investigating abuse and neglect in CILAs defines neglect as follows:

> "'Neglect'. An employee's, agency's or facility's failure to provide adequate medical care, personal care or maintenance, and that, as a consequence, causes an individual pain, injury or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm or death." [59 Ill. Admin. Code 50.10]

The same regulations define abuse as follows:

> "'Physical abuse' An employee's non-accidental and inappropriate contact with an individual that causes bodily harm. "Physical abuse" includes actions that cause bodily harm as a result of an employee directing an individual or person to physically abuse another individual…..
>
> 'Mental abuse'. The use of demeaning, intimidating or threatening words, signs, gestures or other actions by an employee about an individual and in the presence of an individual or individuals that results in emotional distress or maladaptive behavior, or could have resulted in emotional distress or maladaptive behavior, for any individual present."

The Illinois Probate Act (755 ILCS 5/11a-23) states that " To the extent ordered by the court and under the direction of the court, the guardian of the person shall have custody of the ward…and shall procure for them and shall make provision for their support, care, comfort, health, education and maintenance, and professional services as are appropriate….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."

CONCLUSIONS

Complaint #1: Recipients are subjected to abuse, harassment and inadequate care/treatment when a peer's behaviors are not adequately addressed. Instead, recipients subjected to the behaviors are recommended for medication to curb their anxiety.

The HRA recognizes the complex needs of individuals served by the START and the challenges that come with bringing individuals with various needs together in a residential setting. It was clear that the staff and board members who met with the HRA have a strong commitment to serving individuals with disabilities.

Likewise, the HRA recognizes the role and commitment of the guardian who has court-appointed responsibility to ensure the procurement of adequate services. To ensure service adequacy, responding to and following up on ward concerns is paramount to fulfilling the guardianship court order.

There were differing positions with regard to the issues in the case and although the HRA takes into account information from all sources, written records point to the following undisputed facts:

- There were at least 3 incidents between Resident #1 and the peer in July (July 12, peer called resident a snitch; July 25, peer yelled at resident to get of kitchen; and July 28, peer yelled at staff and Resident #1); there was at least 1 incident in August (August 5, peer yelled at resident #1); there was another incident in September (September 17, per screaming at resident #1 over shower); and there was an incident in October (October 8, resident reports peer pushed her off the couch). Prior to July, a nursing report dated 06-16-12 indicated that the peer bruised the resident's inner arm. There were other documented statements that: Resident #1 was upset by the peer's behavior even if not directed toward her; Resident #1 made accusations that staff questioned as being valid; the guardian had heard concerns from Resident #1 about the peer; and the ISSA representative had heard concerns about the peer. Therefore, there were 7 actual documented incidents of yelling and bossing behaviors by the peer and directed toward Resident #1 from June through October. And, there were reports of other incidents.

- Resident #2 reported incidents involving the peer in which the validity was questioned. The HRA did not find any clear evidence of an incident between Resident #2 and the peer. The HRA did find in Resident #2's treatment plan that she prefers a quiet living environment.

Different professionals examined the scenario, including the psychiatrist who recommended a medication increase for Resident #1 due to increased anxiety and psychosis stating that the anxiety was not based on peer-to-peer aggression. The psychiatrist referenced collateral information from the behavioral analyst. The HRA acknowledges the data collected by the analysts which monitored the presence of target behaviors presented by Resident #1; tracking sheets and graphs which documented the frequency of the target behaviors (clingy, worry, other, sleep) and notes that provided documentation of a week's observations in the home by the

behavior analyst (there were no peer-to-resident incidents) during the specified week. However, the HRA questions if the actual, documented incidents of peer to resident behaviors (yelling, bossing) were captured and portrayed in the graphs and data reports. While the HRA acknowledges the direct observations represented in the graphs, it also questions the limitations of this approach of data collection given the potential impact that the presence of an observer in the home may have had along with the limited time frame of observation. Resident #1's target behaviors which are associated with anxiety increased in August after having had 3 incidents involving the peer towards the end of July and in spite of a medication increase. When incidents involving the peer decreased in August and September, the target behavior also decreased. Although it is beyond the HRA's scope to evaluate a psychiatric order and scientifically analyze behavioral causes, the HRA contends that underlying behavior data needs to be comprehensively portrayed especially when there is a reported and specified antecedent as was cited in this case. The potential for analyzing correlations and making hypotheses about potential behavioral causes is enhanced when all data is included. The HRA notes that other factors, such as possible hormonal changes were taken into account. And, graphs reference when the peer was or was not in the home although the documented incidents with the peer are not specifically listed. The ISSA representative noted that the behavior assessment did not include Resident #1's anxiety over the peer.

Also of note,

- There was no apparent review by the behavior management committee, as per meeting minutes, of Resident #1's situation during the time frame in question in spite of a recommendation to increase and add to her psychotropic medications and a guardian's concern over her need for medication changes and the cause of her behavioral issues. A review was last conducted in June 2011 as per information provided to the HRA. And, there appears to be no ISSA involvement in the behavior management committee as indicated in agency policy.

- There was a human rights committee review of the situation with no recommendations although what was presented and discussed was not documented. And, the guardian was not included in the review. Also, there appears to be no board representation on the human rights committee although the board information mentions this committee in its materials.

- Behavioral approaches for Resident #1 initially seemed to focus on redirection versus teaching replacement behaviors. A goal for coping skills was eventually added.

- A behavior committee review of Resident #2's behavior management plan recommended the use of social stories as a preventative measure; however, there was no follow-up on this recommendation and the plan has remained the same since 2010 according to the information provided to the HRA.

- There was no follow-up on a recommendation for placing a camera in the home and no documented review by the human rights committee.

The agency maintains policies regarding admission that appear consistent with CILA requirements. Admission policies take into account the assignment of residents to a particular home and roommate. The agency rights policy prohibits abuse and addresses mental abuse including abuse by another client; the agency is to provide safeguard "…against any kind of harsh or abusive treatment." A formal grievance process with written forms is in place. And house rules prohibit verbal and physical aggression as well as entering another resident's room without permission.

The Mental Health Code guarantees the right to humane treatment pursuant to a treatment plan with input from the resident and guardian. Residents are to be free from abuse and neglect. And, although abuse and neglect are technically defined as actions/inactions by employees versus peers as per the Office of Inspector General regulations, the Code's Section 5/3-211 requires that residents who are perpetrators of abuse, including mental abuse, be evaluated "…to determine the most suitable therapy and placement, considering the safety of that recipient as well as the safety of other recipients of services and employees of the facility." The Code also guarantees the right of a recipient/guardian to refuse medication.

CILA regulations require that agencies agree to a no-decline option unless an individual's needs cannot be met. Services are to meet resident needs and are to be guided by a team that advocates for and ensures appropriate and adequate services. Mechanisms are to be in place to review rights and behavior issues. And, a grievance process is to be in place.

The Probate Act requires guardians to procure necessary services and service providers are to rely on the guardian's decisions as if the decisions were made by the individual.

Because of the 7 documented incidents between the peer and resident #1, the HRA substantiates that resident #1 was subjected to harassment and potentially mental abuse by the peer given the Mental Health Code provisions for residents as perpetrators. With regard to neglect, the HRA found that the facility was evaluating, at length, the issues in this case and repeatedly met with the guardian. Some recommendations made at team meetings were pursued and others were not. In addition, it seems that most of the concerns and requests for further review came from the guardian versus facility staff. The HRA does acknowledge that many avenues were pursued and it was reported that the peer has been receiving much oversight as well. As such, the HRA does not find the facility neglectful but does contend that there were treatment gaps with regard to the analytical data collection, behavior management committee involvement, and follow-through on some treatment recommendations. **Due to the identified gaps, the HRA substantiates a rights violation with regard to care and treatment and offers the following recommendations specific to those gaps.**

1. **Ensure that Section 5/3-211 of the Mental Health and Developmental Disabilities Code is followed when there are complaints of resident on resident abuse. Ensure that any aggression is not causing mental abuse and that safety is maintained.**

2. **To ensure adequate care and treatment with guardian input, comprehensively evaluate and document all aspects of a resident's behaviors, including actual incidents that may have impacted the target behaviors, particularly when concerns**

about antecedents are presented by the guardian. If target behaviors persist for Resident #1, consider adding actual incident reports involving the peer (versus peer's presence in the home) to the existing graphs and include this information in the behavioral assessment. Provide this information to the attending physician/psychiatrist/psychologist.

3. **Continue efforts to train staff on addressing behavioral issues, including peer to peer interactions.**

4. **When conflicts over behavior plans and medication increases arise, present the conflict to the agency behavior management committee as per agency policy.**

5. **Involve an ISSA representative in the behavior management committee as per agency policy.**

6. **Follow through on the behavior management committee recommendation of developing a social story for Resident #2.**

The HRA also makes the following suggestions:

1. Include a board member on the human rights committee.

2. Consider inviting guardians/residents to human rights and behavior management committee meetings when they have issues of concern, including them only in the portion of the meeting that addresses their concerns to ensure confidentiality of other client reviews. Invite the guardian in this situation to an upcoming meeting to follow up on concerns.

3. Consider a human rights committee review of the camera recommendation taking into consideration the potential for confidentiality concerns.

4. Document human rights committee reviews of specific complaints in the minutes or in a form specific to the resident's situation reviewed.

5. Consider periodic reviews of house rules with residents and staff.

Complaint #2: Recipients' guardians are not always notified of behavioral incidents.

Of the documentation reviewed by the HRA, it appeared that the guardian was notified of behavioral incidents. However, the Specialized Training Sign and Symptoms Nursing Form, which included a space for guardian notification, was left blank on forms reviewed by the HRA with regard to Resident #1. The HRA notes that the form mostly documented complaints of physical concerns such as a sore throat or coughing; at least one form documented a fall that involved hitting her head and knee.

The Mental Health Code, CILA regulations and the Probate Act all assert the guardian's role in treatment planning.

The HRA does not substantiate the complaint that the guardian was not notified of behavioral incidents based on the evidence reviewed; it does find that the agency did not document any guardian notification with regard to nursing signs and symptoms and suggests the following:

1. Confirm with the guardian the types of incidents requiring guardian notification.

2. Document guardian notification requirements in a way that is easily accessed by staff (e.g. chart face sheet, treatment plan, etc.)

3. Fully complete the Signs and Symptoms Nursing Form.

Complaint #3: The agency does not provide adequate and humane care and treatment when conflicts of interest arise involving board members' relatives who are also receiving services.

The HRA found no evidence that a board member was directly involved in the circumstances in this case. While the agency confirmed that the peer was related to a board member, the HRA could not confirm or deny that the relationship impacted decisions made in the situations described in this case. The HRA notes a complaint statement that a resident of another home who had no relations with any board members was being considered for discharge for similar behaviors as the peer in this case but the HRA did not have a consent to evaluate the other situation and such comparisons may have been difficult anyway given the potential for variances between the situations.

The HRA found that the agency maintains a conflict of interest statement which is to be signed by each board member as well as a code of ethics that addresses conflicts of interest.

The HRA recognizes an underlying concern with this complaint that, even though board members may not be involved in care, admission and discharge decisions, there is a potential risk of preferential treatment or the perception of preferential treatment toward board member's family members who receive agency services.

At the same time, having the family member of a service recipient serve on the board provides added insight that could be of great benefit for ensuring adequate service delivery.

The Mental Health Code guarantees to the right to adequate and humane care and treatment.

Based on the available evidence, the HRA does not find this complaint substantiated but strongly suggests the following:

1. Consider various means to further objective reviews of incidents, grievances, etc. Examples may include enhanced use of committee involvement that might involve reviews in which service names are masked, increased committee representation from the

community or professional network that are external to the agency, automatic referrals to ISSA agency, SST or CART when such conflicts arise, etc.

2. Ensure that staff are also educated on board conflict of interest standards and code of ethics requirements. Staff should be clear that services are to be provided consistently.

3. Consider including specific board member directives in the conflict of interest statement that board members are not to vote or have any involvement in issues or actions that represent a potential conflict of interest.

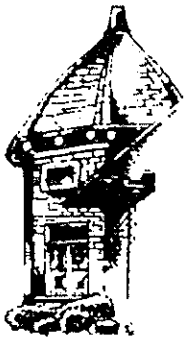
4. In board member orientation and training, consider providing specific examples of conflicts of interest.

5. When complaints are received, document the complaints and attempts to resolve them on grievance forms.

The HRA acknowledges the full cooperation of the agency and its staff during the course of the Authority's investigation.

RESPONSE

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



S·T·A·R·T

Specialized Training for Adult RehabiliTation

KATHY BAUMANN
Executive Director

February 25, 2013

Human Rights Authority
Egyptian Regional Office
7 Cottage Drive
Anna, IL 62906

Dear Ms. O'Connor

Specialized Training for Adult Rehabilitation, Inc. (START) is submitting the agency's plan of action with regard to the recommendations provided to us in HRA Case # 13-11-9001. START is committed to providing good quality services and appreciates the time and effort spent on this report. START has initiated the following changes:

1. A new policy to specifically address peer to peer issue was developed by the organization. This policy was written so that staff would have a clearer understanding and tracking system regarding peer to peer issues and ensure full compliance of the Mental Health and Developmental Disability Code Section 5/3-211. A tracking form was developed so that during these incidents' one could identify what happened, to whom, and what intervention was provided by staff to ensure safety of all involved and that the reports are shared timely with the appropriate parties.

2. In your report you did recognize that the START facility was not neglectful but did identify treatment gaps where we could be more helpful in providing additional information on persons served to a physician/psychiatrist/counselor/ or psychologist. In addition too now having the peer to peer incident reports, START staff will share actual data reports, and any other information that the team believes can be helpful to ensure adequate care and treatment is given. We plan to share with the guardian the information prior to appointments. We understand how important it is to share information so that appropriate care can be provided.

3. START has two full time Behavior Analysts who continue to work on training staff on behavioral issues. As part of the agency DSP training the Behavior Analyst provide two hours of training to all new staff as well as on the Job Training (OJT) to train of specific behavior management. All START staff are trained on Non Violent Physical Crisis Intervention by the

Crisis Prevention Institute. START trains all staff on behavior plans and offers support and training as needed. START will retrain staff on peer to peer interactions. START recognizes the need for on going support and training in the management of behavioral issues.

4. The agency reformatted its Behavior Management Committee (BMC) quarterly review tool and will ensure that all plans and concerns are reviewed as outlined in agency policy. The agency will ensure that minutes taken by the committee give a clear record of the concerns that are discussed during the meeting.

5. A letter was sent to Southern Illinois Case Coordination asking for a member of the ISSA staff to serve on the agency Behavior Management Committee. At this time we are waiting on a response to our request.

6. The agency Behavior Analyst developed a coping/emotions program for use by persons served and has implemented a social skills game/program for use in the residential home setting.

In addition, our team reviewed your suggestions provided in the report. The consumer representative that serves on the Human Rights Committee (HRC) is also a START Board member. This was not identified on the agency policy but has been the practice of this organization. The policy will be changed to reflect this practice. In all of START residential homes the clients have a meeting one time per quarter. During these meetings we will review the house rules with persons served and staff.

The camera issue was referred to our agency HRC and to the agency Board of Directors. The Board of Directors formulated a committee to review the request of the use of a camera in the residential homes, they sought out legal counsel to discuss any legal implications and after many meetings a decision was made not to place cameras in our residential homes. In retrospect, while the request was made to the agency we did not give the person who made the request an opportunity to present their concerns and issues to the BMC, HRC or Board. In the future, when issues of concern are presented to us we will provide an opportunity for the consumer or guardian to be able to address these concerns to the appropriate committees.

In review of this case, START recognizes that there are areas in which we could improve in the handling of issues of this nature. We believe that changes outlined in this letter will only enhance the delivery of services that are provided by this organization. Please contact me if you have any questions regarding our plan.

Sincerely

Kathy Baumann

Kathy Baumann
Executive Director

SPECIALIZE TRAINING FOR ADULT REHABILITATION

PEER TO PEER ISSUES

Policy: It is the policy of START to ensure the rights and safety of all persons served when a peer to peer issues or conflicts arise.

Procedure:

1. When START staff become aware of peer to peer incident(s) or conflicts they should take steps toward conflict resolution and ensure the safety of those involved. When appropriate, staff should use peer to peer conflict resolution / grievance policy to resolve minor issues

2. Staff should complete the Peer to Peer Incident Form (#221) if they believe the incident constitutes abuse (verbal, physical, sexual or financial) and immediately report the incident to a supervisor.

3. During the course of the investigation if START staff believes that another recipient of services is the perpetrator of the abuse the supervisor will evaluate and determine the most suitable therapy and placement for that individual.

4. Steps will be taken to ensure the safety of the perpetrator and other recipients of the agency as outlined in Illinois Mental Health and Developmental Disability Code 5/3-211.

5. START staff will notify appropriate parties (residential facility, guardians, etc.) of any issues of potential abuse.

Kathy Baumann
2/23/13

Specialized Training For Adult Rehabilitation
Peer to Peer Incident

Client Name:_____ Date of Incident:_____
Time of Incident:_____a.m./p.m. Specific Location of Incident:_____
Peer to Peer Report / Observation (What did person do?): _____
_____
_____
_____
_____

☐ Supporting documents attached.

Intervention (What did staff do?) _____
_____
_____
_____

Reported Issues to: _____ Time: _____

Method: ☐ Phone Call ☐ Person to Person ☐ Sent in report

_____ _____
Staff Name Date

Action taken by supervisor: _____
_____
_____
_____
_____
_____

_____ _____
Signature Date

Specialized Training For Adult Rehabilitation
Peer to Peer Incident

NOTIFICATIONS

1. Family/Guardian: □Yes □No If yes, Date:__________Time________a.m./p.m.
   Person contacted:________________________ Contacted by:__________________
   Copy of Report sent: □Yes □No If yes, Date:____________

2. HRC / BMC : □Yes □No If yes, Date:____________
   Contacted:________________________ HRC:__________________

3. Residential Facility: □Yes □No If yes, Date:__________ Time________a.m./p.m.
   Person contacted:________________________ Contacted by:__________________
   Copy of Report sent: □Yes □No If yes, Date:____________

4. Other: □Yes If so whom: ____

5. Original to Administrative Office: □ Yes □ No

Continue form 1st page of this report: ____
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xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Safety Committee Review:

Concerns or Issues / Suggestions____
____
____

____
Safety Chair Person

Follow Up: ____

____
Safety Chair Person

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 13-110-9001

SERVICE PROVIDER: S.T.A.R.T

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document may be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

___X___ We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

_____ We do not wish to include our response in the public record.

_____ No response is included.

Kathy Baumann
NAME

Executive Director
TITLE

02-25-2013
DATE