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**FOR IMMEDIATE RELEASE**

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**REPORT OF FINDINGS  
TRINITY SERVICES INCORPORATED—15-040-9007  
HUMAN RIGHTS AUTHORITY—South Suburban Region**

[Case Summary— The Authority did not substantiate the complaint below. The public record on this case is recorded below; the provider did not request that its response be included as part of the public record.]

**INTRODUCTION**

The South Suburban Regional Human Rights Authority (HRA) has completed its investigation into an allegation concerning Trinity Services Incorporated. The complaint stated that a resident is not provided with a sign language interpreter during meetings, appointments and to communicate with others. If substantiated, this allegation would violate the Illinois Administrative Code (CILA Rules) (59 Ill. Admin. Code 115.100 et seq.) and the Mental Health and Developmental Disabilities Code (the Code) (405 ILCS 5/100 et seq.).

Located in New Lenox, Trinity Services, Inc., provides services to children and adults with developmental disabilities and behavioral health needs in Peoria, the south and northwest suburban regions of Chicago, Illinois, South Central Illinois near Mascoutah, as well as northern Nevada. This agency provides employment, counseling and respite services. It also manages about 100 Community Integrated Living Arrangements with a total population of more than 600 residents.

**METHODOLOGY**

The complaint was discussed with the agency's representatives during closed session at the South Suburban Regional Authority public meeting. A site visit was conducted at which time the agency's Network Director, the Team Leader, a Qualified Developmental Disability Professional and the resident were interviewed. The allegation was discussed with the complainant and the resident's family member. Relevant policies were reviewed as were sections of the resident's record with consent. The recipient is an adult who maintains his legal rights.

**COMPLAINT STATEMENT**

The complaint stated that a resident, who is hearing-impaired, is not provided with a sign language interpreter for meetings, appointments and to communicate with others. It was reported that a friend had to interpret for the resident because the agency did not make reasonable accommodations for his communication needs at a care planning meeting.

**FINDINGS**

**Information from the record, interviews and program policies**

After reviewing the resident's record, the Authority determined that he was placed in the agency's Community Integrated Living Arrangement (CILA) program in 2001. He was

diagnosed with Mild Mental Retardation, Depressive Disorder and Bilateral Deafness. His services plan, dated September 2014, documented that he understands English and communicates with his hands and uses “dynamic facial expressions” to convey his emotions. He wears an identification necklace and has a goal to learn community safety signs by using pictures as a guide. He attends a work program and has a second job in the community. According to the resident’s services plan, “he will tell you [that] he loves to get a paycheck and always have ideas on [how] to spend his money.”

For 2015, the resident record contained a report indicating that an audio assessment was completed on May 19<sup>th</sup> after his ears were cleaned out by a physician on that previous month. The report documented that the resident’s primary method of communication is sign language and that hearing aids were no longer effective due to his profound sensorineural hearing loss. Per the report, an augmentative communication device such as a computer tablet with special software to help the resident to communicate effectively in the community was recommended. Also, the report stated that a cochlear implant assessment was recommended. The investigation team found no indications in his record of follow up concerning the recommendations above. We later observed the resident using a tablet to communicate with the staff at the site visit, and he seemed very excited about the device. He nodded his head yes that he understood what the staff were saying to him. Also, he confirmed by nodding that he was happy and reportedly talked about what his day is like.

When the complaint was discussed with the agency’s staff, the HRA was informed that the resident lives in a CILA and has three housemates. There is a television with close captioned in his bedroom and the family room. He has four hours of unsupervised time in the home or community. He attends a work program and has a second job in the community. He is able to communicate with others by using sign language, reading lips and a tablet. He can read and write. Also, the agency’s Qualified Developmental Disability Professional reported that she knows some sign language and that she had made a book with signs for herself and the home staff to help communicate with the resident. She explained that the resident had recently purchased a tablet because a certain advocacy agency was taking too long to provide him with a communication device as requested on or around May 2015. She said that the resident takes the tablet to his day training program. On questioning, the HRA was informed that the agency has not followed up on the recommendation for a cochlear implant assessment mentioned in the audiological report above. However, the staff reported that the assessment would be done soon.

The HRA was informed that the agency has a full-time staff member who knows sign language. We were told that the resident has never requested an interpreter for meetings or other occasions when the complaint was discussed during closed session with the provider’s representative at the regional HRA’s public meeting. However, we noticed that during the site visit that the Team Leader, who reportedly is not certified in sign language, interpreted for the resident using his preferred method of communication. The investigation team prompted the Team Leader to ask the resident whether or not he wanted an interpreter for meetings and special occasions. We noticed that the resident initially did not seem to understand the question and eventually shrugged his shoulders suggesting that he did not care one way or the other. But, he did confirm by nodding his head that he understood what was said to him prior to the question above. On questioning about interpreting services for non-English speaking clients, the agency’s Network Director said that the program has never had a client that spoke a foreign language.

Trinity's "Admission" policy states that a request for services form should be completed by the individual seeking services, in conjunction with his or her guardian or other person of choice prior to being accepted into the agency's CILA program. If the individual is accepted, he or she and guardian if appropriate will be asked to participate in the development of an Individual Integrated Services Plan. The plan will adhere to the following principles: 1) The individual will exercise choices in all aspect of his or her life, 2) Services must be person-based and not program based, 3) Individuals will be encouraged to develop social relationships in the community, and, 4) Individuals should follow the practices of good health and social enhancement. There was no specific mention in the policy that clients' preferences for communication accommodations will be considered although it appropriately states that services must be person-based. And, the agency reportedly does not have a policy on interpretations services for clients.

The agency's "Rights Assurance" policy states that program participants shall not be deprived of any right, benefits or privileges granted by law, the Constitution of the State of Illinois, or the Constitution of the United States solely because he or she is a recipient of services of the agency. It states that the recipient and/or guardian will be provided with a copy of the agency's rights statement and the Illinois Department of Human Services Rights of Individuals, as well as an explanation of those rights. The policy includes procedures for whenever rights are restricted.

According to the 59 Illinois Administrative Code 115.200,

(c) Services shall be oriented to the individual and shall be designed to meet the needs of the individual with input and participation of his or her family as appropriate.

(d) Based on their needs, individuals shall receive supervision and supportive services which may range from continuous to intermittent. CILAs shall be designed to promote optimal independence in daily living, economic self-sufficiency and integration into the community through the interdisciplinary process.

Section 115.250 of the Administrative Code states that individual entering a CILA program shall be informed of the following:

(a-1) The rights of individuals shall be protected in accordance with Chapter II of the Code....

According to Section 5/2-102 of the Mental Health Code,

(a) All recipients of services shall be provided with adequate and humane care and services, 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 recipients' substitute decision maker, if any, or any other individual designated in writing by the recipient.

(a-5) .... A qualified professional shall be responsible for overseeing the implementation of such plan. Such care and treatment shall make reasonable accommodation of any physical

disability of the recipient, including but not limited to the regular use of sign language for any hearing impaired individual for whom sign language is a primary mode of communication. If the recipient is unable to communicate effectively in English, the facility shall make reasonable efforts to provide services to the recipient in a language that the recipient understands.

## CONCLUSION

The Authority does not substantiate the complaint stating that a resident is not provided with a sign language interpreter during meetings, appointments and to communicate with others. Based on interviews with the staff and the resident, the individual appears capable of communicating with others by using sign language, reading lips and a newly purchased computer tablet. Also, the resident can read and write and the staff reported that he has never requested an interpreter. We find that the agency has made a reasonable accommodation in accordance to the Mental Health Code Section 5/2-102 (a-5). No clear violations of the CILA Rules and the Code Sections above were found. However, the HRA is very concerned because how the agency determines its clients' or guardians' preferences for interpreting services is unclear.

## SUGGESTIONS

1. The agency should document whether or not the resident wants to have a sign language interpreter to be present at meetings, medical visits, and other important occasions. Include preferences in resident's services plans and update this information at annual staffings or whenever changes dictate. A personal inventory list should be developed to help clients make requests and identify needs and wants prior to the care planning meeting.
2. To ensure communication access, the agency should consider developing a list of certified sign language interpreters in the community for clients who are hearing impaired and prefer this mode of communication.
3. Although the staff reported that the agency presently does not have any clients who speak foreign languages, best practice dictates that the agency should develop a list of interpreters for possible future clients who speak little or no English.
4. Develop a tracking system for logging all efforts for communication accommodations including grievances and follow up efforts.
5. Consider revising the agency's policy on admissions to include that clients preferences for communication accommodations will be considered.
6. Follow up with the recommendation for a cochlear implant assessment mentioned in the audiological report.