



FOR IMMEDIATE RELEASE

**East Central Regional Human Rights Authority
Individual Advocacy Group
Report of Findings
Case #20-060-9003**

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

Complaints:

- 1. Inadequate guardian communication, including failing to notify the guardian of incidents involving the consumer.**
- 2. Inadequate treatment. Provider not meeting the consumer's basic needs.**

If the allegations are substantiated, they would violate protections under the Mental Health and Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-102), the Illinois Administrative Code (59 Ill. Admin. Code 115.240 and 115.220), and the Probate Act of 1975 (755 ILCS 5/11a-23).

Complaint Summary: [REDACTED] The consumer's guardian was informed that there was an Order of Protection against the guardian. The consumer had left the Community Integrated Living Arrangement (CILA) home, entered a neighboring home, removed all of their clothing and caused property damage. The neighbor filed for the Order of Protection because this was the 3rd time that the consumer had demonstrated this behavior and the neighbor was fearful for the children in the home. The guardian was unaware why his/her name was on the Order of Protection instead of the consumer's name. The guardian was unaware that the previous incidents had occurred because IAG failed to communicate with the guardian. The guardian received the Order of Protection Information and discovered that the consumer has been publicly nude and displaying aggression since November 2018 and no one had been notifying the guardian. When the guardian confronted IAG, the guardian was told that the consumer is frequently kept at home because when the consumer goes into public, the consumer removes his clothing and the staff must cover the consumer with a blanket for the consumer's safety. There is additional concern that the behaviors have been going on for several months without adequate treatment and behavioral planning.

Investigation

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

Interviews:

On October 16, 2019 at 10:30 am, the HRA met with IAG staff members, including: The Director of Quality Assurance, Corporate Liaison, Regional Director, Behavior Analyst, and the Qualified Intellectual Disabilities Professional (QIDP). The meeting occurred at 701 Devonshire Dr in Champaign. The meeting began with introductions, a review of HRA procedures, and a review of the allegations being addressed in this investigation.

The staff provided some general information about IAG. The provider offers 24-hour CILA homes, host family services, and community day services. In the Champaign area, the provider serves 9 individuals with disabilities and employs 19 staff. All staff receive Direct Support Professional training, at a minimum, and some get additional training to be Qualified Intellectual Disability Professionals (QIDP). Staff receive annual training on Human Rights and Abuse and Neglect. All staff are trained on the Safety Care Model for Behavior Intervention. Staff members have daily supervision with the QIDP in the home, but any disciplinary action is overseen by the Regional Director. IAG staff stated that they have a grievance policy that is provided to all consumers and guardians at intake and upon request. Starting this year, all the consumers in the home are trained yearly on how to file a grievance. Staff reported that the grievance policy states that the consumer can make the grievance with whomever they want, and the information will be passed on to the appropriate person. All staff have a timeframe in which they must respond to the complaint and consumers are aware that the grievance can be anonymous.

Staff reported that IAG has a Human Rights Committee and Behavioral Management Committee that meet monthly. Each case is reviewed by the committees quarterly. Staff stated that the committee members in this region are the Regional Director, Behavior Analyst, and QIDP. This case has been reviewed because there is a behavior plan in place, but no additional reviews have been conducted. The HRA asked if the incident reports had been reviewed by either committee and the staff confirmed that the reports had not.

IAG staff reported that they did not know if IAG has a policy about guardian communication. Staff send a document to each guardian requesting the guardian to specify their preferred method of communication and when they want to be contacted. Staff communicate with the guardian weekly through the facility newsletter but all emergencies are communicated to the guardian immediately. The provider also started completing a form titled "Guardian Contact Log" in 2019 but explained that it is a fairly new form and only some staff are using it. In this case, the staff communicated with the guardian via email but reported that they also communicated with the guardian via text message to have a record of conversations that can be produced if needed. The HRA confirmed that IAG provided the HRA with all the email communications with the guardian from January 2019 to July 2019. IAG stated they will also provide the HRA with all the text documentation they have preserved. IAG also expressed concern that the guardian had not returned an IAG form that indicates what the guardian's "preferred form of communication" is and that the guardian does not visit with the consumer.

Staff confirmed that [REDACTED] the consumer had multiple behavior incidents [REDACTED]. The consumer was leaving the CILA home, entering the neighbor's home, removing clothing and causing damage to the property. Staff reported that they did complete an incident report but did not contact the guardian about these incidents because the situations did not "warrant DHS reporting". The staff stated that they did not call the Independent Service Coordinator to notify them of the concerns either. The HRA asked why the IAG staff told the police [REDACTED] that IAG was exploring moving the consumer to another home. Staff stated that they did not know and would have to review the documentation. The HRA then asked why staff told the neighbor [REDACTED] that the consumer would be relocated, and the staff did not know why the neighbor stated that. The HRA then asked why IAG staff told the neighbor [REDACTED] that the guardian refused to have the consumer moved to a new location after the previous behavior incidents. Staff stated that they have no record of that.

Staff stated that the consumer has a Treatment Plan. Plans were completed in July 2018 and July 2019. The Behavior Analyst indicated that the consumer also has a Behavior Intervention Plan in place that was created in 2018. Staff stated that they have not made any changes to the 2018 plan but there have been modifications that staff have made. For example, the plan was modified to specify that staff are to cover the consumer with blankets when the consumer disrobes in public. Staff indicated that these modifications were not created with the guardian and did not require the guardian's signature. The more recent plan created in July 2019 was created with guardian participation and signature.

Records Reviews:

IAG provided the HRA with the following documentation:

IAG Weekly Newsletters provide photos of the residents at the CILA homes and during outings. These newsletters do not provide individual information about the residents of the CILA homes.

IAG provided printouts of email correspondence dating from November 2018 to July 2019. These emails indicate that the IAG staff had contacted the guardian by email for medical issues, medical approvals, and requests for signatures on the 2018 service plan. There are no emails discussing the behavioral incidents, police reports, or hospital evaluations prior to July 2019.

A 1/7/19 IAG incident report indicates that the consumer showed physical aggression, property destruction, elopement, refusing behaviors, and continued defiance. There is a section of the Incident report for "Person(s) notified" but the guardian is not listed. At the bottom, the report states that the QIDP followed up with the guardian and the doctor regarding the need for medication but there is no indication that the guardian was notified about the incident or ongoing behaviors.

A 1/21/19 IAG incident report states that the consumer showed physical aggression and threatened with a knife. There is a section of the Incident report for "Person(s) notified" but the guardian is not listed.

A Monthly Summary of Behavior Notes written by the Board Certified Behavioral Analyst (BCBA) documented that in December 2018 the consumer had 25 incidents of physical aggression, 103 incidents of disrespectful behavior, 6 incidents of false statements, and 107 incidents of non-compliance. In January 2019 the consumer had 15 incidents of physical aggression, 66 incidents of disrespectful behavior, 16 incidents of false statements, and 76 incidents of non-compliance. The notes indicate that on 1/7/19 the consumer was agitated and ran from the CILA to the neighbor's home, disrobed, and refused to come back. The Regional Director went to the neighbor's home and the consumer "punched the regional director in the face, knocking her off the porch" [REDACTED]

Behavior Management Committee Meeting sign in sheets were provided for 1/4/19, 4/25/19, and 7/29/19. These sheets state that the meeting was for the Champaign region and that the Regional Director, QIDP, and BCBA were present. There is no mention of the consumer's name or what was reviewed.

QIDP Monthly notes for January 2019 are 3 pages long. The only mention of a behavioral incident of any kind is under the section titled "Medical and Health" when it states, the consumer "was seen at the emergency room for behavioral issues [REDACTED]" There is no documentation indicating that these notes are provided to the guardian at any time or that the guardian was contacted.

QIDP Monthly notes for February 2019 are 3 pages long. Under the section titled "Psychological Behavior," it states the consumer is "on a behavior program where staff monitors (the consumer's) physical aggression, property destruction, inappropriate sexual boundaries, making false statements, disrespectful behavior, and wandering." Under the section titled "Outcome-Exercising My Rights", it states that due to behavior issues the sharp objects in the home are locked and there is a restriction in place that all doors in the home are locked and all paper towels, hand towels, washcloths, kitchen towels, and tissues are locked (it should be noted that the locked doors and paper/linen products are documented noted to be-restricted due to concerns with a housemate). There is no documentation that a restriction of rights form was signed by the guardian for any of the restrictions put in place. There is no documentation indicating that these QIDP notes are provided to the guardian at any time.

The IAG Implementation Strategies Program (ISP) dated 8/16/18 states on page 13 that "in the event that [the consumer] would make an illegal or unsafe decision, [the consumer's] QIDP should notify my guardian as soon as possible." Page 16 states that the consumer "does not engage in crisis type behaviors". Page 26 addresses a service planning task that states that the consumer will improve the consumer's ability to interact appropriately and safely in the community. The consumer's goal for this task was to greet people appropriately in the community and the goal was achieved in August 2018 by scoring a 100%. There is no indication in this plan that the consumer was having any behavioral difficulties in the year prior to the plan development.

The Behavior Support Program for the consumer dated 8/16/18 stated that the consumer has a history of aggression, elopement, and inappropriate sexual boundaries (grabbing genitals and buttocks for a reaction). The Assessment of Risk indicates that the consumer is at risk for threatening neighbors or peers, has a history of elopement, history of physical aggressing, destruction of property, and risky sexual behaviors (including full or partial nudity or genital exposure in public). Page 2 states that the consumer has not displayed any elopement behavior in the last year and all restrictions for elopement that were previously in place have been removed. The behavior plan includes directions on how staff should respond during specific behavioral situations, however, there is no documentation in the plan that indicates that any of the specific behavioral situations occurred in the 12 months prior to the plan development. It should be noted that in the Behavior Support Program there are specific guidelines on when to write an Incident Report, including physical aggression that requires medical attention, property destruction, engaging in full or partial nudity, and leaving property for 15 minutes or longer. This plan was updated on 7/24/19.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Policy Reviews:

IAG Policy and Procedure on Incident Reporting states that a reportable incident includes behavioral, medical, employee-related, miscellaneous, and medication-related occurrences which involve an IAG client or employee. Many examples are provided in the policy including, noncompliance, running away, physical aggression, destruction of property, criminal conduct, emergency medical care, and the involvement of law enforcement. The policy also states that the IAG personnel involved in the incident are required to immediately notify the house manager or director and that person will notify the consumer's emergency contact, guardian, representative, or public agency financially responsible for the consumer's care. The incident reporting form denotes a specific place for persons contacted.

IAG Policy and Procedure on Special Procedures for Maladaptive Behavior states that special procedures may only be used if approved by the guardian, recommended by the IDT, and approved by the Human Rights Committee and Behavior Management Committee. The policy further states that minutes, including attendance and decisions made, should be maintained.

IAG Policy and Procedure on Informed Consent states that "In order to ensure that individuals or their legal guardians are afforded the opportunity to make informed choices regarding services offered by IAG and to ensure confidentiality, signed informed consent is required for a number of situations including the release of information, referrals, communication with other providers, implementation of Implementation Strategies Programs, implementation of Behavior Programs, and medical services.

Conclusions

Complaint 1: Inadequate guardian communication, including failing to notify the guardian of incidents involving the consumer.

Illinois Administrative Code (Ill. Admin. Code tit. 59, § 115.320) regarding Unusual Incidents states “1) The agency shall have written policies and procedures for handling, investigating, reporting, tracking and analyzing unusual incidents through the agency's management structure, up to and including the authorized agency representative. The agency shall ensure that employees demonstrate their knowledge of, and follow, such policies and procedures. Unusual incidents shall include, but are not limited to, the following: A) Sexual assault; B) Abuse or neglect; C) Death; D) Physical injury; E) Assault; F) Missing persons; G) Theft; and H) Criminal conduct.” The Mental Health and Disabilities Code (405 ILCS 5/2-102) states “A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided.” The Probate Act (755 ILCS 5/11a-23) states “(b) Every health care provider and other person (reliant) has the right to rely on any decision or direction made by the guardian, standby guardian, or short-term guardian that is not clearly contrary to the law, to the same extent and with the same effect as though the decision or direction had been made or given by the ward. Any person dealing with the guardian, standby guardian, or short-term guardian may presume in the absence of actual knowledge to the contrary that the acts of the guardian, standby guardian, or short-term guardian conform to the provisions of the law. A reliant shall not be protected if the reliant has actual knowledge that the guardian, standby guardian, or short-term guardian is not entitled to act or that any particular action or inaction is contrary to the provisions of the law.” IAG Policy and Procedure on Incident Reporting states that the IAG personnel involved in the incident are required to immediately notify the house manager or director and that person will notify the consumer's emergency contact, guardian, representative, or public agency financially responsible for the consumer's care.

IAG repeatedly stated that they had communicated with the guardian regularly. Staff believed that the weekly newsletter was adequate communication despite the fact that the newsletters are generalized and offer no consumer specific information. In addition, there was a great deal of focus on the staff's frustration that the guardian had not completed the IAG form that indicates the guardian's preferred communication. These practices, however well meaning, do not absolve IAG's responsibility to communicate with the guardian regarding serious issues such as elopement, aggression, harming staff, property destruction, police involvement, and emergency medical evaluation and treatment. Furthermore, an ISP dated 08-16-18 indicates the need for guardian notification by the QIDP when the consumer makes unsafe decisions.

There is documentation to support that the consumer was involved in several incidents from November 2018 to February 2019 that meet the criteria of the Illinois Administrative Code (Ill.

Admin. Code tit. 59, § 115.320) for Incident Reporting (assault and criminal conduct). IAG Incident reports were completed for January 7 and 21, 2019

There was no documentation provided to the HRA to support that the guardian was notified of any incidents from November 2018 to June 2019. Staff confirmed during the interview on October 16, 2019 that the guardian was not notified of any of these incidents as required in IAG's Incident Reporting Policy. The Mental Health and Disabilities Code (405 ILCS 5/2-102), and the Probate Act (755 ILCS 5/11a-23) state that the facility has to involve the guardian in the patient's treatment and has the right to rely on the guardian for decision making; without contacting the guardian about incidents, the facility is not in compliance with the regulations. Based on the findings above the East Central Human Rights Authority concludes that the consumer's rights were violated and, therefore, the complaint is **substantiated**. The Human Rights Authority makes the following recommendations:

1. IAG ensure that all future incidents are properly documented and reported to all guardians to assure compliance with IAG's policy titled Incident Reporting, the Mental Health and Disabilities Code (405 ILCS 5/2-102), and the Probate Act (755 ILCS 5/11a-23). The HRA respectfully requests that IAG provide the HRA with evidence that all staff have been properly trained.
2. IAG shall review and revise the current practices regarding guardian communication and documentation to ensure compliance with the Mental Health Code, the Illinois Probate Act and its own policy. The HRA was provided with several types of documents (emails, typed up summaries, and IAG forms) but there does not appear to be any consistency in use of the documents and guardian notification practices. Provide the HRA a copy of the revised policy.

Per the Department of Human Services Rule 50 (Ill. Admin. Code tit. 59, § 50.20) providers are responsible for contacting the Office of Inspector General any time an allegation of abuse or neglect occurs. The HRA saw no evidence that IAG contacted OIG when the consumer alleged to ED staff that the he/she had been hit with a baseball bat by CILA staff. The HRA **strongly suggests** that IAG assure that all allegations of abuse are reported to OIG immediately.

Complaint 2: Inadequate treatment. Provider not meeting the consumer's basic needs.

The Mental Health and Developmental Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-102) states "(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient." The Illinois Administrative Code (59 Il Admin Code 115.230) states "(m) At least monthly, the QMRP and QMHP shall review the services plan and shall document in the individual's record that: 1) Services are being implemented; 2) Services identified in the services plan continue to meet the individual's needs or require modification or change to better meet the individual's needs; and 3) Actions are recommended when needed." Section 115.220 states that the CST (Community Support Team) "shall be

directly responsible for: 1) Modifying the services plan based on on-going assessment and recommendations; 2) Linking individuals to resources and services; 3) Advocating on behalf of individuals; 4) Providing informational, educational and advocacy services to family members; 5) Assisting individuals to select, obtain, and maintain CILAs which afford safety and basic comforts; 6) Participating with other providers of direct service during stays in other environments such as State-operated facilities, convalescent care facilities, community hospitals or rehabilitation facilities; continuing in-facility contact, participating in the services plan development, and the on-going interdisciplinary process; providing on-going services to ensure the maintenance of the individual's living arrangement during these times such as paying the rent and utilities;" IAG Policy and Procedure on Special Procedures for Maladaptive Behavior states that special procedures may only be used if approved by the guardian, recommended by the IDT, and approved by the Human Rights Committee and Behavior Management Committee. The policy further states that minutes, including attendance and decisions made, should be maintained. IAG Policy and Procedure on Informed Consent states that "In order to ensure that individuals or their legal guardians are afforded the opportunity to make informed choices regarding services offered by IAG and to ensure confidentiality, signed informed consent is required for a number of situations including release of information, referrals, communication with other providers, implementation of Implementation Strategies Programs, implementation of Behavior Programs, and medical services."

A service plan was created for the consumer on 8/16/18. This plan included the IAG Implementation Strategies Program and Behavior Support Program documentation. The plans indicated that all parties were aware that the consumer had a history of behavioral issues but there is no documentation that supports that the consumer was having any behavioral concerns at the time the plan was written.

Despite the increase in the number and seriousness of behavioral incidents, and the staff statements that changes had to be made regarding how the staff interacted with the consumer, there were no reviews or adjustments made to the plan until July 2019 when another incident occurred. (The HRA acknowledges that IAG states that their Behavior Management Committee met to review the issues in this case. Unfortunately, there is no documentation of what occurred at those meetings per IAG Policy and Procedure on Special Procedures for Maladaptive Behavior.)

Based on the findings above the East Central Human Rights Authority concludes that the consumer's rights were violated because the facility failed to update treatment planning (per 405 Ill. Comp. Stat. Ann. 5/2-102) for an individual to try and eliminate behaviors that put the consumer at risk and, therefore, the complaint is substantiated. The Human Rights Authority makes the following recommendations:

1. IAG ensure that the service and behavioral plans for each consumer accurately reflects the current needs of the consumer. The Plan should be periodically reviewed and updated with the guardian when service and behavior needs change per 405 Ill. Comp. Stat. Ann. 5/2-102. The QIDP will review the services of each individual at least monthly to record that 1) Services are being implemented; 2) Services identified in the services plan continue to meet the individual's needs or require modification or change to better meet

- the individual's needs; and 3) Actions are recommended when needed per 59 Il Admin Code 115.230. The HRA respectfully requests that IAG provide the HRA with evidence that all staff have been properly trained.
2. IAG ensure that all staff follow IAG's policy titled Special Procedures for Maladaptive Behavior to ensure that any new behavioral approaches are approved by the guardian and behavior management and perhaps the human rights committees prior to implementation. The HRA respectfully requests that IAG provide the HRA with evidence that all staff have been properly trained.
 3. IAG ensure that all staff follow IAG's policy titled Informed Consent and 405 Ill. Comp. Stat. Ann. 5/2-102 to ensure that all individuals and/or guardians are afforded the opportunity to make informed choices about all services and the changes being made to treatment. The HRA respectfully requests that IAG provide the HRA with evidence that all staff have been properly trained.

The HRA also **strongly suggests** the following:

1. When behavioral issues continue, escalate, require police intervention and/or threaten placement, contact the Independent Service Coordination Agency and the Support Services Team.
2. Consider the need to educate consumers regarding interactions in the community.
3. Consider the need to rectify and educate community members impacted as well as in general to facilitate consumer integration into the community.

Lastly, The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-104) states "Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section. (a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission." And, the Code (405 ILCS 5/2-201) states that "(a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian ..." QIDP Monthly notes for February 2019 indicate that IAG began restricting the consumer's access to sharp objects (likely due to the consumer threatening the staff with a butter knife on January 10 and 21, 2019). The HRA received no documentation regarding the restriction of rights and/or guardian notification required per 405 ILCS 5/2-201.

The HRA **strongly suggests** that IAG ensure that all Restriction of Rights notices are properly completed, approved, and provided to all required parties as per 405 ILCS 5/2-201.

RESPONSE

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

Individual Advocacy Group
1289 Windham Parkway
Romeoville, IL 60446

02/07/2020

Attn: Ms. Kelli Martin & the East Central Regional Human Rights Authority
Re: Report of Findings, Case #20-060-9003 (Individual Advocacy Group, Champaign Region)

To Whom It May Concern,

This letter is being written in response to a report of “findings” concluded by the East Central HRA, communicated via written correspondence by the HRA to IAG, dated January 22, 2020. The report informed IAG of issues the Authority felt it had identified beyond contestation during its review of a complaint conveyed to IAG on July 23, 2019. Per these communications, the following allegations were received, investigated by the HRA, and resulted in the Authority concluding that it had identified findings associated with the IGAC complaint. These allegations, as they are labeled in the original complaint letter, include “Inadequate guardian communication, including failing to notify the guardian of incidents involving the consumer,” and “inadequate treatment.”

Unfortunately, when an external body, however well-meaning, performs audits of work with which that body is unfamiliar (which seems to be the situation in this case, based on multiple erroneous statements throughout the report dated 1/22/20), it is difficult to convey the impact investigations like this have on social service providers. Moreover, the nuances of interpersonal relationships vastly affect the tenor of operations in any business setting. If someone is upset with you and chooses to complain, that relationship, as well as the entirety of the agency, hinges on a third party. When that third party is affiliated with the Illinois Guardianship and Advocacy Commission, and the complainant is, in fact, a state-appointed guardian, agencies may feel deep frustration, a sense of inequity of proceedings from the very beginning, and have difficulty explaining the reality of operations versus what has been scrambled for by unfamiliar investigators over the course of months. The case of an angry guardian seeking retaliation through third-parties is not alien to anyone working in this field. It happens. It is most unfortunate when it happens and is not recognized by the third-party agency asked to investigate.

This situation arose from a conflict between IAG and a state guardian. The guardian in this case, who had not returned any type of contact to IAG for months (nor had she visited her individual in over a year) became angry that her name appeared on an Order of Protection against the individual in her guardianship, rather than the individual’s name appearing in the “responsible person” field of the document, as the individual named is not his own guardian. That is what prompted this entire case, and unfortunately, led to the outcome that was decided upon by an agency comprised of people who are strangers to IAG, but relied upon as allies by guardians. Had the guardian’s name not shown up on that Order, IAG would likely still be sending unanswered emails and texts, as well as making unanswered/unreturned phone calls to the guardian. Instead, IAG is defending itself because the guardian retaliated. Regardless of how well individuals are supported within IAG, this report was, from the beginning, going to find evidence to support these allegations, while ignoring questions begged by the inaccurate statements made in describing the “evidence.” Those errors will be itemized below, with narrative explanations of their inaccuracies. This situation is a solid example of why audits and reviews by specific, state-designated, experienced, trained professionals (as opposed to volunteer-based entities and their interns) bear actual legal weight on IAG’s operations and policies.

As noted in the original response to the HRA letter written to IAG on 7/23/19, IAG is known in this field as a leader in the area of advocacy and human rights. IAG appreciates feedback, collaboration, and action, especially when it fosters the safety, well-being, and self-efficacy of individuals supported by IAG. IAG does not, however, appreciate feedback that is transparently intended to damage the agency's reputation or create any type of adversarial relationship between IAG and the community, related agencies, other individuals and their families, or guardians. As a large nonprofit serving 21 Illinois Counties, as well as the District of Columbia, IAG enjoys accreditation by the international Commission on Accreditation of Rehabilitation Facilities (CARF), with 3-year accreditations (the highest possible achievements) awarded in both 2015 and 2018, as well as top-notch scores on virtually all state audits conducted of the agency.. During CARF review and accreditation, IAG was repeatedly lauded by CARF as one of the highest-rated agencies of its type in the world. Even more recently, IAG received scores of 98% and 99% for its CILA and DT programs when audited by the Bureau of Accreditation, Licensure, & Certification (BALC), in January 2020. These independent, external reviews consistently reflect positive feedback and negligible oversights across all of IAG's regions. IAG maintains high standards across all areas of service provision; this is verifiable by both CARF and BALC. While the HRA's job is to investigate allegations, the HRA's findings are inconsistent with any other audits IAG has experienced in the past. CARF and BALC do not make mistakes; there were simply none to find. This is not to say that IAG is incapable of making mistakes, but when outcomes like those determined by the HRA grossly misalign with all other experiences by actual accrediting and review agencies tasked with overseeing IAG's service provision, there is a question of procedure, understanding/perception, familiarity, confirmation bias, politics, and other issues that potentially negate the magnitude of the HRA's reported findings.

The following are some of the HRA's statements with which IAG takes issue:

- 1) On page 1 of the report, the last sentence of the "Complaint Summary" section states that, "...behaviors had been going on for several months without adequate treatment and behavioral planning." However, it is unclear to IAG how this was ascertained, as the behavior analyst who composed that report was never interviewed. How is the currently-assigned BCBA supposed to answer questions about someone else's rationale for her wording of professional report? Moreover, the BCBA present at the interview took the entire Champaign region onto his caseload in December 2018. A significant portion of the complaints about the Behavior Support Program (BSP) reference data prior to December 2018. The present BCBA did not author the 2018 BSP, nor did he collect the data for that BSP. He cannot speak to another clinician's judgment or writing. The HRA had the presence of mind to interview personnel involved in this case, but chose not to interview the author of a BSP that is referenced throughout the report of findings. The author of the 2018 BSP was and remains an IAG employee. She was not contacted or questioned, but her BSP is repeatedly referenced in the context of "findings." This is incomplete and irresponsible investigation.
- 2) Page 2 of the report states "Starting this year, all the consumers in the home are trained yearly on how to file a grievance." This is incorrect. Per policy and law, all of IAG's individuals have access to posted phone numbers for OIG, their entire IDT, and personnel working in the home. They have the right to contact their ISC to file a grievance at any time. This is not a new practice, and again, it is irresponsible of the HRA to report its own misinterpretation as fact.
- 3) Page 2 also states, "...there is a behavior plan in place, but no additional reviews have been conducted." What is this referencing? What "other reviews?" Does the HRA even know what rules, regulations, policies procedures, and documentation review processes are required by the state of Illinois for residential facilities?

- 4) Page 2: "The HRA asked if the incident reports had been reviewed by either committee and the staff confirmed that the reports had not." This was in reference to IAG's Behavior Management Committee, which reviews Behavior Support Programs (the word "plan" is also invalid) on a quarterly basis, and IAG's Human Rights Committee, which reviews BSPs on a monthly basis. Incident reports are not BSPs and are not reviewed by the BMC or HRC. Again, it is imperative that the HRA understand what it is asking and looking for prior to throwing "findings" around like they are meaningless, when they can actually have quite a significant impact.
- 5) Page 2: "IAG staff reported that they did not know if IAG has a policy about guardian communication." What does "staff" mean? At IAG, "staff" means Direct Support Professionals. The Guardian Contact Policy and its associated document are not in the possession of any "staff" at any time. They are professional documents that are part of IAG's annual consents packet, and they are available from professional personnel. They are not in the CILAs, and "staff" would not know about IAG's QIDP paperwork anyway. Again, language matters, and if it's going to be presented unclearly and inaccurately, it presents a false report.
- 6) Page 2: "The provider also started completing a form titled 'Guardian Contact Log' in 2019..." This is inaccurate, once again. The Guardian Contact Log has been part of IAG's consents packet since 2010. It says "Revised 2019" because it was revised in 2019; that is what the word "revised" means: this form existed before and still exists, but this is the newest version." Stating that it began being used in 2019 is completely incorrect, but for some reason, has been included as fact in this report, with the possible intention of publishing it as public knowledge. Knowing this is false and choosing to publicize it anyway is defamatory.
- 7) Page 2: "...in November 2018, December 2018, and January 2019, the consumer had multiple behavioral incidents..." As noted on the prior page, the current behavior analyst did not receive this individual on his caseload until December of 2018. It would have been wise of the HRA to ask to speak with the transferring clinician. The present BCBA cannot speak to another clinician's professional judgment or clinical work if he was not involved in creating that work.
- 8) Page 2: "Staff reported that they did not contact the guardian about these incidents because the situations did not 'warrant DHS reporting.'" First, who are "staff," again, and more importantly, this is a misinterpretation. DHS utilizes a critical incident database called CIRAS, which stands for Critical Incident Reporting & Analysis System. It requires specific types of IRs to be entered into the database. These are all accessible on the DHS website. Prior to June 2019, these did not even include police contact or elopement. After June 2019, "911 Call" became a category. ISCs are automatically notified by the CIRAS database when someone on their caseload has a critical incident input about them. Guardians are contacted following CIRAS reports. The individual in question had no CIRAS reports prior to July 2019, because the incidents for which he had Incident Reports written did not meet criteria for CIRAS. This is likely what was trying to be communicated. Again, "staff" are not familiar with CIRAS; professional personnel report CIRAS IRs so they can be entered into the CIRAS database. If "staff" were asked, that is why there was a misunderstanding.
- 9) Page 3: "There is a section of the Incident report [sic] for 'Person(s) notified,' but the guardian is not listed." Incident report forms are internal forms ensuring follow-through among personnel. Internal forms denote which members of the IDT and supervisory teams have been contacted; they have nothing to do with the guardian. Once again, the HRA should have asked about this if it felt this was a problem.
- 10) Page 3: What is the HRA's concern with the individual's behavior data totals? On what is the HRA basing its assertion that any of these behavioral frequencies are abnormal, excessive, or unusual for this individual? The HRA did not even choose to talk to the behavior analyst who wrote one of the BSPs that is referenced throughout the document, and focused all questions

on the present BCBA. Without the prior BCBA to consult, how does the HRA have any clinical ammunition to draw conclusions about an individual with whom the HRA has never worked clinically? What are the credentials of the investigators? Are they BCBA's, PhDs, PsyDs, or 56U-2 behavior therapists? If not, a number is a number. The HRA has no basis for deciding any specific data set is meaningful or meaningless, especially without even attempting to contact the 2018 BSP's author to collect any information about the individual's psychiatric history or behavioral presentation throughout her time working with the individual. That clinician would have been able to offer more information about the prior BSP, what typical rates of certain types of behaviors look like, and a great deal more information, as it sounds like the HRA was confused by this process, drew conclusions based on opinion about the size of numbers, and neglected to consult with an IAG clinician who authored a document that is referenced throughout the HRA's own report.

- 11) Page 4: "Behavior Management Committee Meeting sign in [sic] sheets were provided for 1/4/19, 4/25/19, and 7/29/19. These sheets state that the meeting was for the Champaign region and that the Regional Director, QIDP, and BCBA were present. There is no mention of the consumer's name or what was reviewed." Did the HRA ask to see the BMC notes and not just the sign-in sheet? The HRA has a burden of proof to fulfill here, and is choosing not to meet this burden, expecting that its error-filled "findings" will be accepted as not only fact, but public knowledge.
- 12) Page 4: "There is no indication that the individual was having any behavioral difficulties prior to the plan [sic] development." Again, did the HRA contact or ask to contact the author of those documents? The author of the 2018 BSP was not present, according to the summary provided by the HRA to IAG. Additionally, the HRA uses the individual's achieved community integration goal of "greeting people appropriately in the community" as evidence that the individual had no behavioral problems for a year. This is a logical fallacy that does not warrant further analysis, and is the result of the HRA neglecting to seek or obtain historical psychiatric/behavioral information to which it repeatedly makes reference *in its own report*.
- 13) Page 4: "There is no documentation that a restriction of rights form was signed by the guardian for any restrictions put in place." There is no such thing as this form. Please refer to the "verbal approval given" box at the end of the BSP, in addition to the signed ISP and consents packet.
- 14) Page 4: "There is no documentation indicating that these QIDP notes are provided to the guardian at any time." QIDP notes are internal documents, as anyone qualified to perform a Provider audit would know. They are not distributed as correspondence.
- 15) Page 5: This page discusses several incidents that allegedly occurred throughout 2018. Were the IAG personnel assigned to this individual's case present during interview? The behavior analyst was not; was the QIDP? Staff? Anyone whose name appears on documentation but was not present at the interview? Again, seeking partial facts only offers the HRA an incomplete and invalid report of findings. Any report the HRA publishes using incomplete findings will be refutable by the public, especially anyone with familiar with the IL DHS IDD system.

The above are only 15 of the many factual errors and questions raised by the HRA's report of findings for Case #20-060-9003. While IAG is not pleased with the findings or the many questions raised by the incompleteness of information and piecemeal truths among the many errors, IAG thanks the Authority for its time and services. It is critical that organizations fueled by social justice continue to operate and protect the rights of those most vulnerable. It is also imperative that these bodies recognize their influence and continually adjust their attitudes, procedures, and other subconscious blinders that sometimes prevent clarity, even for the most genuinely-earnest people. IAG appreciates the intent of

the HRA's query, while strongly disagreeing with its outcome, and thanks the Authority for its time. IAG hopes that future interactions with the Authority will be of a collaborative or otherwise-positive nature.

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Champaign, IL 61820
217-778-5577

Re: Human Rights Authority Case # 20-060-9003

August 18, 2020

Dear Human Rights Authority:

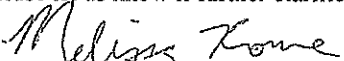
The Human Rights Authority requested clarification of Individual Advocacy Group's (IAG) policies regarding contact with guardians. The Guardian Communication policy created February 20, 2020 and previously submitted to the HRA states the following:

- Annually guardians will sign a "Guardian Contact Preference" form indicating the frequency (weekly, monthly, or as needed) and method (email, phone call, or text) by which they want to be contacted.
- Guardians will be contacted according to the frequency and method specified.
- Unusual incidents (as defined by our Policy and Procedure), illnesses, or other atypical occurrences, will be reported to the guardian as soon as practical, but no longer than 24 hours after the incident, by the appropriate IAG representative. This communication will be documented in the record. (*Underlined wording revised in policy; revised version attached.*)
- Other methods of communication such as emails and text messages will be printed and included in the record as necessary or upon request.

This policy was intended to consolidate and clarify the procedures for contacting guardians as stated in already-existing documents such as the Personnel Policy and Procedure Manual, Special Procedures for Maladaptive Behaviors policy, and Incident Reporting policy (*attached as it was not initially provided*). Point C in the Guardian Communication policy regarding the reporting of unusual incidents, illnesses, and atypical occurrences is not a new procedure but is stated in these other policies. Staff who are found to be in non-compliance with these reporting standards have been subject to disciplinary action. The Guardian Contact Preference form is a way of ascertaining the guardian's preferences for routine communication, but does not negate the already-existing policies and procedures for communicating items of an urgent nature as soon as possible.

Additionally, to ensure guardian contact has been made for incidents that are reportable to CIRAS, the internal form for reporting these incidents has been updated to include documentation of guardian contact. This is in no way negates responsibility for communication of other issues (e.g. less severe incidents, illnesses, etc.) but provides a timely way to monitor compliance with guardian contact for major incidents.

Please let us know if further clarification is required.


Melissa Rowe
Director of Operations
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