

Client Rights Handbook

Lakeside Community Committee Inc.

7418 South Cottage Grove Avenue

Chicago, IL 60619



LAKESIDE COMMUNITY COMMITTEE
SUMMARY OF CLIENT RIGHTS AND RESPONSIBILITIES

Your rights include but are not limited to:

1. The right to be treated with respect and dignity and to receive services that are free from harassment and coercion.
2. The right to receive all services regardless of your sex, race, ethnic background, culture, disability, religion, national origin, age, lifestyle or financial standing, unless specifically restricted by the funding regulations of the program, or specifications of the program plan.
3. The right to adequate and humane care and services.
4. The right to receive services in a non-discriminatory manner and the right to receive services that are respectful of and responsive to cultural and linguistic differences.
5. The right to communicate with other people in private, without obstruction or censorship by agency staff in the language of your choice. These rights include mail, telephone calls, and visitors.
6. The right to give accurate information about your mental health, substance use, military service, and/or domestic violence issues as well as other circumstances which might have impact upon the services received.
7. The right to be informed of any treatment or therapy, including physical and medical consequences and the right to refuse a component of treatment or therapy program, with the right to be informed of all alternatives.
8. The right to access and review your record, as governed by Lakeside Community Committee, Inc.
9. The right for you and your guardian to participate in the development of your own individualized service plan; treatment plan and services.
10. The right to client confidentiality, as governed by Lakeside's Disclosure of Information Policy and the Confidentiality Act. All information concerning you is held confidential and released only by your written consent or by court order. You will be advised on such rights by the staff and/or program in which you're involved.

11. The right to trauma informed services. This includes a physically and emotionally safe space; supportive adult relationships; assistance in identifying and building strengths and learning and using appropriate coping skills.
12. The right to services that are sensitive to past trauma exposure and committed to reducing risk factors for trauma exposure in the future.
13. The right to participate in any treatment team meeting regarding yourself.
14. The right to refuse any treatment including medication, unless said treatment or medication has been mandated by law or court order and be informed about the consequences of refusal which can include discharge.
15. The right to receive services provided your behavior does not disrupt, threaten, or harm other clients or staff. Non-compliance could result in discharge from services.
16. If terminated, the right to referral to another agency who can meet your needs.
17. The right for justification of any restriction of your individual rights documented in your individual record.
18. The right or the guardian's right to present grievances up to and including Lakeside's Chief Executive Officer. The client or guardian will be informed on how their grievances will be handled at the Agency level. A record of such grievances and the response to those grievances shall be maintained by the provider. The Chief Executive Officer's decision on grievance shall constitute a final administrative decision (except when such decisions are reviewable by the Agency's governing board, in which case the governing board's decision is the final authority at the provider level).
19. The right to have the opportunity to consult with independent specialists and counselors and to seek an outside psychiatric or psychological evaluation.
20. The right to be free from abuse, neglect, harm, and exploitation.
21. The right to be provided services in the most appropriate and least restrictive or intrusive setting/service.

22. The right to report any infringements of your rights to your Agency's human rights committees. The right to **request agency staff assistance** in contacting the above agencies.

Illinois Guardianship & Advocacy Commission

160 N. LaSalle St., Suite S500 Chicago, IL 60601

[800.232.3798](tel:800.232.3798) or [312.793.5900](tel:312.793.5900)

Equip for Equality, Inc.

20 N. Michigan Avenue, Suite 300

Chicago, IL 60602

[312.341.0022](tel:312.341.0022)

[800.610.2779](tel:800.610.2779) (TTY)

DCFS Service Appeal

Bureau of Quality Assurance

State of Illinois Center

100 West Randolph, Suite 6-200

Chicago, IL 60601

[312.814.6800](tel:312.814.6800)

23. The right not to be denied, suspended or terminated from services or have services reduced for exercising any rights.

Client Responsibilities

In addition to the rights that are afforded to you as a participant of Lakeside Community Committee services, there are certain responsibilities you have in order to ensure appropriate delivery of services. Your responsibilities include but are not limited to the following:

- Consistently abide by all rules and regulations of Lakeside Community Committee including our concealed carry weapon prohibition and our non-smoking policy.
- Provide relevant information, to the fullest extent possible, which is accurate and complete when it impacts the services you are receiving.
- Actively participate in the services and work on the goals outlined in your treatment and/or service plan.
- Consistently comply with program specific rules and expectations as outlined in your program's handbook or rules. Please ask questions if you are unsure of what is expected of you within a specific program.

- Be considerate of your peers, agency personnel and property.

I HAVE READ THIS STATEMENT OF RIGHTS AND RESPONSIBILITIES OR HAVE HAD IT READ AND EXPLAINED TO ME AND UNDERSTAND ITS CONTENT. A COPY OF THESE RIGHTS AND RESPONSIBILITIES HAS BEEN PROVIDED TO ME. I FURTHER UNDERSTAND THAT I WILL RECEIVE AN EXPLANATION OF THESE CLIENT RIGHTS ANNUALLY.

Client's Signature

Parent/Guardian Signature

Date

Date

*A copy of this summary or rights was provided to the recipient's guardian. This summary of rights shall be valid until _____, and a copy of this Rights and Responsibilities will be filed in the recipient's record.

*Client rights are protected in compliance with HIPPA.

*I have explained this Summary of Rights to the client and/or parent/guardian and believe that it was understood.

Case Manager

Date

Supervisor's Signature

Date

Agency Expectations

In-person services are available from 9:00am-5:00pm, Monday through Friday, depending upon the program in which a client is enrolled. Since COVID-19 professional staff have a hybrid work schedule, however agency staff is always available for in-person or telephonic contact during that timeframe. A 24-hour emergency number is specific to some programs as outlined in the program brochure.

1. All clients are expected to regularly attend and fully participate in, the program for which they are enrolled.
2. All clients are expected to promote a safe environment for themselves and others.
3. All clients are expected to refrain from the use of all drugs, including alcohol, immediately before or during visits to the Agency.
4. All clients are expected to behave politely and to refrain from rude or belligerent behavior, including fighting, spitting, arguing, and the use of foul language. Clients are expected to refrain from verbally and physically aggressive behaviors and property destruction. Such behaviors if exhibited on a consistent basis may result in discharge from the program.
5. All clients are expected to adhere to the Agency's communicable diseases guidelines which change periodically.

Behavior Management System

The purpose of the Behavior Management System is to provide complete guidelines for managing the individual behavior of clients. A fundamental tenet in this system is that each individual has different needs and that it requires a highly individualized approach to meet those needs. Services must be able to respond in a way that recognizes and understands the unique nature of a person's needs. A core principle of this approach to management of inappropriate behaviors is to minimize the likelihood of challenging behaviors occurring. The foundation for achieving this is person centered planning combined with appropriate risk assessment. Dignity and respect should always be given to all in our care, especially those with challenging needs.

Every youth we serve is unique. We need to acknowledge this. Each has a unique history that we also must acknowledge. Most of the youth referred to treatment have suffered terrible trauma in their lives. This trauma has often led them to develop adaptive behaviors that can threaten the safety of our environment. The guidance we offer should help us to avert those adaptive behaviors and offer specific recommendations on how staff should respond whenever those adaptive behaviors cannot be averted. We need to know each youth well enough to offer this guidance on which staff behaviors will facilitate healing and growth from their experiences, and which staff behaviors must be avoided because they aggravate and trigger the youth's adaptive behaviors. Once developed, everyone must follow this guidance.

There is a relatively small but significant portion of our clients who demonstrate behaviors which are seen as inappropriate and can be difficult for staff to manage. Very often staff are managing such behaviors effectively despite the problems they experience in doing so and the constraints sometimes afforded by the setting in which people are supported.

Guidance is a concept that was born with the provision of residential treatment services. But the concept of guidance has a potential applicability that is much broader than just residential treatment. We can find many ways to use the concept of guidance with all the family-focused and community-based services that we offer as well. Guidance is a way of deciding where we need to go and it is also a way of developing a road map we can all follow to get us where we need to go.

For many years we, as a field, focused our efforts on changing the behaviors of those we serve. These primarily behavioral change approaches were often effective when the behaviors we were addressing were mostly intentional in nature. These approaches proved to be far less effective when we were asked to work with the adaptive behaviors that had been born in the fires of trauma because the adaptive behaviors were often connected to patterns of thoughts and beliefs that supported those behaviors. We have learned that we must be able to first address those patterns of thoughts and beliefs before we can change the behaviors connected to them because those patterns were often developed to help ensure personal safety.

The concept of guidance asks us to make decisions about *our own* behaviors. It specifies *our own* behaviors that should be encouraged and *our own* behaviors that should be avoided. It asks us to select the critical success variables that we most need to teach to help us to lead the youth or family we are serving toward stability. And it offers specific recommendations on the best ways to effectively teach those critical success variables. This then becomes our integrated treatment agenda.

Such an integrated treatment agenda helps us to get everyone on the same page. It is an acknowledgment that we really can't force or coerce anyone to change *their* behaviors. But we can change *our own* behaviors. And by changing *our own* behaviors, we can find ways to help change the patterns of thoughts and beliefs that support *their* behaviors. This has been a common practice among many trauma therapists for years. It should, perhaps, become a common practice in all venues where trauma-related issues are present and where healing from trauma is our goal.

This behavior management system is to be implemented by all employees in each of the Agency's congregate care settings; and will be shared with foster parents as a resource. Employees, clients, and foster parents are given a copy of the Behavior Management System.

****A copy of the Agency's full behavior management system is available at each site.****

The use of Consultants/Subcontractors

Lakeside Community Committee is using appropriately qualified consultants/ subcontractors to provide the following services:

- Counseling/Therapy
- Mentoring
- Parent Coaching
- Tutoring
- Domestic Violence Assessments & Treatment

These subcontractors are not Lakeside Community Committee employees. It is your service provider's responsibility to:

- Work carefully to meet your service needs
- Inform you of when and to whom your information will be shared
- Provide services based on your jointly developed treatment plan
- Act in your best interest
- Follow the rules, standards, and guidelines that apply in his/her field, often called the "rule of art" or "good practices"

If the subcontract agreement with your service provider is terminated, either voluntarily or involuntarily, you will receive at least 30 days' notice while Lakeside is working to identify another service provider.

If you have a concern about your service provider, please notify your assigned Child Welfare Specialist or the Supervisor immediately. They are the best person to help you resolve any concern that you may have.

Grievance Procedures

It is the policy of Lakeside Community Committee, Inc. (LCC) to ensure that clients, families, foster parents, other stakeholders and funding source complaints concerning the quality of service provided by LCC are addressed and resolved. The Quality Improvement Department provides a formal communication mechanism for clients, families, foster parents, and funders to obtain solutions to unresolved problems and to receive timely, substantive responses to their inquiries and complaints.

The purpose of this policy is to provide clients, families, foster parents, stakeholders and funders with a mechanism whereby complaints regarding the quality of service provided by LCC are addressed and resolved, with corrective action taken when appropriate. It ensures that the client's future access to care is not compromised. This mechanism provides for institutional complaint analysis, problem trending and recommendations for resolution.

All complaints concerning the service, location, environment, or treatment of any client which has been unacceptable by a client, is grounds for submission of grievance. This shall include, but is not limited to the following:

1. Rude or harassing treatment of a client on the part of any Lakeside Community Committee staff member.
2. Failure of staff members to include client input in the development of a service plan.
3. Perceived racial, sexual or religious discrimination on the part of any Lakeside Community Committee staff member.
4. Any other perceived unprofessional behavior on the part of any Lakeside Community Committee staff member.
5. Failure of staff members to help identify and address your needs in regards to trauma exposure.

Complaints may be submitted by a client, family member, foster parent, legal guardian, or funder to the Quality Improvement Department by calling (773) 224-9217 during office hours (9:00 a.m. to 5:00 p.m.). Any Agency staff may refer a complaint to the Quality Improvement Department for further action. Complaints may be submitted orally or in writing. A request for anonymity will be respected. All complaints will be investigated with the employees or department(s) involved for immediate action. Final resolution or disposition of significant complaints will be completed within ten working days of submission to the Quality Improvement Department. Notification of the resolution and an explanation of any further appeal rights or recourse are provided with the grievance disposition.

Presentation of a complaint will not jeopardize current or future services at Lakeside Community Committee. Confidentiality and clients' rights to privacy will be honored and access to individual complaint information will be protected as appropriate.

Grievance Form

A. Rights

Which right has been violated, in your opinion?

B. Complaint Details

Describe the alleged violation, including names, dates, and other information that will be useful in coming to an agreeable resolution.

Describe any steps already taken to resolve the issue:

Please provide any suggestions for helping us work together to resolve this issue:

Signature : _____

For Office Use Only:

A. Intake Information

Date Completed Form Received: _____ 10-Day Deadline for Resolution _____

Client Acknowledged by:

Name _____ Position: _____ Date: _____

Which Right was allegedly violated? _____

B. Investigation

Steps in investigation and evaluation with dates/ names of people participating in each step:

C. Results

Decision to Resolve Locally: _____ Yes _____ No

If yes:

Describe steps you have taken to resolve the issue with the client. Include names/dates.

Did you determine there was a violation? If yes, please describe:

Please describe the way you monitored the solution, documenting the outcomes:

If this was not resolved internally, why not?

D. Feedback

Did you refer the complainant to the DCFS Advocacy Office? ____ Yes ____ No

Did you refer them to the DCFS Service Appeal Bureau? ____ Yes ____ No

What has your staff learned from this process? How will it impact service delivery?

E. Signatures of everyone involved in the grievance resolution:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Date: _____
Date: _____
Date: _____

CFS 496-1
Rev 7/2018
State of Illinois

Department of Children and Family Services
ILLINOIS FOSTER CHILD AND YOUTH BILL OF RIGHTS

Preamble

The Illinois Department of Children and Family Services recognizes the following rights of children and youth in foster care. These rights are intended to guide the Department and its providers in the delivery of care and services to foster youth with the commitment to safety, permanency and well-being.

As a child or youth in foster care, I have the right:

To be and to feel safe:

To be protected from physical, mental, sexual or emotional abuse;

To have my physical boundaries respected and honored within safe, appropriate standards (i.e.: no forcing of hugs, hand holding);

A safe and appropriate sleeping arrangement;

To never be locked in a room, building, or facility premises unless placed in a secure child care facility;

To tell my caseworker, therapist, attorney, judge or the Department Advocacy Office when contact with someone is hurtful to me or inappropriate so that I can be protected without fear of retaliation; and

To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.

To be placed in the least restrictive and most family-like setting available and in close proximity to my parent's home consistent with my health, safety, best interests, and special needs.

To achieve permanency and maintain lifelong connections:

- To stay connected with family and others with whom I have a close and nurturing relationship, including relationships developed during my time in care where there are no concerns of safety or risk to me in continuing such relationships;
- A permanent family where I feel a sense of belonging;
- A safe, healthy, and comfortable home where I am treated with respect;
- To visit and contact my brothers and sisters, to be included in special and celebratory milestones of siblings (i.e. birthdays, holidays, graduations) and to have my siblings included in my special and celebratory milestones (unless prohibited by court order);
- To review the brochure, CFS 1050-95, *How to connect with your brothers and sisters*, annually during caseworker contact

To be supported in connecting or reconnecting with family when there are no safety threats presented to me in having such contact;

- To be supported in locating and connecting with individuals who may be part of my past and could support my permanency success now or in my future; and
- To emancipate from care if no other permanency path is possible and to exit care not only prepared for adult life, but also connected to individuals including family and non-related people who will be there for me in times of need.

To be well and to have my well-being needs met:

- To receive medical, dental, vision and mental health services;
- To be free of the administration of medication or chemical substances unless authorized by a licensed prescriber;
- To receive adequate and healthy food that meets my dietary needs;
- To be provided appropriate clothing that fits and corresponds to a gender identity of my choice;
- To keep my belongings, including things I buy and gifts I receive no matter where I live;
- To have storage space for personal use and to have privacy in storing my belongings;
- To attend religious services and activities of my choice;
- To be provided with age-appropriate educational opportunities and schooling to prepare me for adult life;

- To attend school and participate in school functions and activities (sporting events, school dances, etc.);
- To be allowed the opportunity to participate in extracurricular activities that interest me, including sports, art, music, cultural, and personal enrichment activities, consistent with my age and developmental level;
- To receive extra help and tutoring if I am struggling in school or an educational placement;
- To work and develop job skills at an age-appropriate level, consistent with state law;
- To maintain a bank account and manage personal income consistent with my age unless prohibited by law;
- To receive, save or spend an appropriate percentage/amount of allowance;
- To receive a free annual credit report and help in resolving any inaccuracies;
- To receive and be supported in developing and keeping a Lifebook to help me explore and process my foster care journey, to help me hold onto cherished memories and stay connected with family and friends;
- To have social interactions with people outside of the foster care system, including teachers, church members, mentors, and friends;

To make and to receive confidential telephone calls and send and receive unopened mail and electronic mail (unless prohibited by court order);

To have access to a phone, and be afforded privacy if I want to make a hotline call;

- To be free from unreasonable searches of my personal belongings; and
- To be free from discrimination or harassment on the basis of actual or perceived race, ethnicity, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

To be involved and informed:

- To have fair and equal access to all available services, placement, treatment and benefits;

- To attend services and programs operated by the Department of Children and Family Services or any other appropriate agency that are intended to help current and former foster youth achieve self-sufficiency prior to and after leaving foster care;
- To be informed about where I can go for help;
- To be informed about how the child welfare system works;
- To contact my family members, (unless prohibited by court order) and to contact my social worker(s), attorney, foster youth advocates, mentors, and supporters, Court Appointed Special Advocates (CASA), and probation officer;
- To attend court hearings and speak with my attorney and the judge;
- To have all of my juvenile court records remain confidential consistent with state law;
- To be involved in the development of my Service Plan and to have input as to the services and interventions that best meet my safety, permanency and wellbeing needs;
- To have a voice in the plan for my permanency and to express my wishes and concerns pertaining to my future, including where I wish to live and whether or not I wish to be adopted;
- To review my Service Plan and plan for my permanency minimally every 3 months but more frequently as I see the need or have questions about my permanency path;
- To have rules that are clear and fair and to have them explained to me from the beginning in any living environment;
- To have caregivers and child welfare personnel who have received sensitivity training and instruction on matters concerning race, ethnicity, nation origin, color, ancestry, religion, mental and physical disability, and HIV status;
- To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to and best practices for serving lesbian, gay, bisexual and transgender youth in out-of-home-care;

At 16 years of age or older, to have access to existing information regarding the educational options available, including but not limited to the coursework necessary for vocational and postsecondary educational programs and information regarding financial aid for postsecondary education;

- To have access to age appropriate, medically accurate information about reproductive health care, and the prevention of unplanned pregnancy for myself and my partner;

- To have information on prevention and treatment of sexually transmitted infections/diseases at age 12 years or older;
- To receive information on eligibility for Medicaid health care services which is available until age 26;
- To contact the Department Advocacy Office or the Department Office of the Inspector General regarding violation of my rights and to speak with representatives of these offices confidentially without threat of retaliation for making a complaint; and
- To receive a copy of the Illinois Foster Child and Youth Bill of Rights form and have it fully explained by the Department of Children and Family Services or agency acting on behalf of the Department when the child or adult is placed in the care of the Department.

ACKNOWLEDGEMENTS

I _____ have received a copy of the Illinois Foster Child and Youth Bill of Rights. I have had an opportunity to discuss it with my caseworker, my parent(s) or guardian(s) and my foster parent(s), if applicable.

_____ Child/Youth (print)	_____ Child/Youth (Signature)	_____ Date
_____ Foster Parent (print)	_____ Foster Parent (Signature)	_____ Date
_____ Guardian Ad Litem (print)	_____ Guardian Ad Litem (Signature)	_____ Date
_____ Case Worker (print)	_____ Case Worker (Signature)	_____ Date
_____ Supervisor (print)	_____ Supervisor (Signature)	_____ Date

Acknowledgment of Receipt

Child/Youth Name: _____

Date of Birth: _____

ID#: _____

I have received a copy of the Lakeside Community Committee Client's Rights Handbook on the date listed below. I understand that I am expected to read the entire handbook. Additionally, I will sign the two copies of this Acknowledgment of Receipt, retain one copy for myself, and return one copy to my assigned Case Manager. I understand that this form will be retained in my case file.

Signature of Youth (aged 12 and over): _____

If applicable,

Congregate Care Setting: HOPE House or SANCTUARY HOUSE

Date of Admission: _____

Foster Parent Name: _____

Foster Parent Signature: _____

Parent/Guardian Name: David L. Fox, DCFS Guardianship Administrator

Parent/Guardian Signature: _____

Revised 9/1/2021; 2/1/2023; 9/20/2025