



Monthly Update
March – April 2011



Dr. George P. Bithos, D.D.S., Ph.D.

The Office of the Independent Ombudsman for State Supported Living Centers (SSLCs) was established by the 81st legislature. Our mission is to serve as an independent, impartial, and confidential resource, assisting our clients, their families, and the public with services and related complaints and issues, which deal with the state supported living centers. The purpose of this report is to highlight the activities of the Office for the months of March and April 2011.

The Office has been working to continue equipping the Assistant Independent Ombudsmen with the training needed to perform duties specified in Senate Bill 643. As part of the training and team building effort, the Peer Mentoring Project was completed in April. Assistant Independent Ombudsmen visited each other's assigned SSLC, met and interviewed staff, toured and observed the operations of the facilities.

During March and April the AIOs divided into three work groups to examine:

- The level and quality of training for SSLC staff
- The procedures in place to ensure that residents are exercising their human and civil rights
- The policies in place at the SSLCs to ensure and maintain an appropriate ratio of staff to residents

Over the next few months the Assistant Independent Ombudsmen will make site visits to other SSLCs to conduct impartial surveys in an effort to quantify the status of the three areas enumerated above.

I have met with the following State Senators, Representatives and staff members during March and April:

- Senator Wendy Davis, and Sonya Grogg, Health and Human Services Committee
- Representative Chuck Hopson
- Senator Royce West, and Legislative Director Graham Keever
- Representative Elliott Naishtat
- Senator Mike Jackson
- Senator Kirk Watson
- Representative Donna Howard
- Representative Susan King
- Representative Lois Kolkhurst
- Melissa Hamilton, Staff Counsel to Senator Glenn Hegar
- Tara Swayzee, Policy Analyst for Senator Jane Nelson

On March 21, 2011, I appeared before the Nominations Committee of the Texas Senate to address the senators and answer questions. My nomination was recommended unanimously by the committee, and subsequently confirmed unanimously by the Senate.

We continue to promote our office as directed by Senate Bill 643, Section 555.058. Our **Facebook** page has been on line since December 2010. Please visit our website at <http://www.dads.state.tx.us/sslcombudsman/> and click on the Facebook icon to visit our page. If you are already a member of Facebook, we invite you to become a fan. Thus far, we are pleased that the page is being visited regularly.



We have also established a **Sharepoint** site in an effort to promote and improve internal communications and provide a secure, cost-effective means of exchanging information among the Assistant Independent Ombudsmen at the respective State Supported Living Centers.

The screenshot displays the OIO Homepage website. The header includes the OIO logo and the text "OFFICE OF THE INDEPENDENT OMBUDSMAN for State Supported Living Centers". The main content area features a large heading: "Welcome to our new Team Collaboration Site! Keep checking back for new resources." Below this, there are sections for "Announcements" and "Calendar". The "Announcements" section includes two entries: "Living Center Rights Handbook" and "Survey Mailers". The "Calendar" section lists several events from May to June 2011. On the right side, there are sections for "Links" and "Shared Documents". The "Links" section lists various resources like "Agency Links", "Cognitive Disability", and "Facebook". The "Shared Documents" section lists "Helpful Information" and "Policy Manual". The bottom of the screenshot shows the Windows taskbar with open applications like Microsoft Outlook, Microsoft Excel, and the OIO Homepage browser window.

ACRONYMS

ADOP – Assistant Director of Programs
BSP – Behavior Support Plan
AIO – Assistant Independent Ombudsman
CMS – Center for Medicare/Medicaid Services
DADS – Department of Aging and Disability Services
DFPS – Department of Family Protective Services
DOJ – Department of Justice
ICF/ID – Intermediate Care Facility/Intellectual Disability
LAR – Legally Authorized Representative
OIO – Office of the Independent Ombudsman
POI – Plan Of Improvement
QMRP – Qualified Mental Retardation Professional
SSLC – State Supported Living Center

PRIMARY RESPONSIBILITIES OF THE OFFICE OF THE INDEPENDENT OMBUDSMAN

Investigations – Conduct investigations of complaints, other than complaints alleging criminal offenses or the abuse, neglect or exploitation of a resident or client, if the office determines that a resident or family member may be in need of assistance from the office or raises the possibility of a systemic issue in the center’s provision of service.

Referrals – Immediately refer complaints of abuse and neglect, criminal offense, or employee misconduct to the appropriate authorities.

Incident Review – review final reports and complaints referred back to the facility by DFPS, and monitor the actions taken by the facility to address DFPS recommendations. Evaluate the process by which a center investigates, reviews, and reports an injury to a resident or an unusual incident.

Program Review – Evaluate delivery of services and conduct audits of:

- Staff to client ratio
- Provision and adequacy of training
- The center’s policies, practices, and procedures to ensure that each resident is encouraged to exercise his or her rights.

Advocacy – Provide assistance to those the Assistant Ombudsmen determine to be in need of assistance, including mediating or advocating with an agency, provider, or other person in the best interest of the resident.

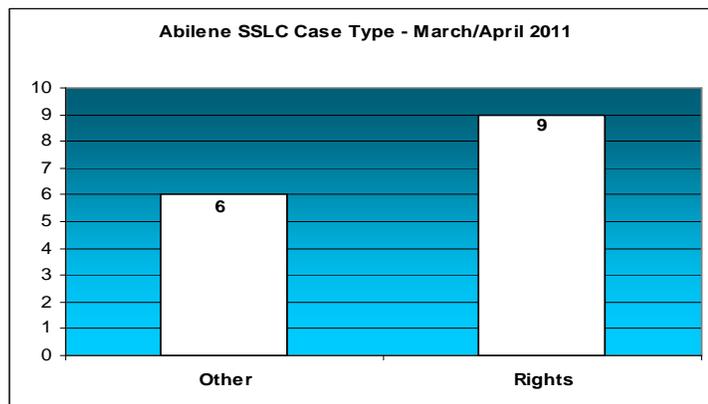
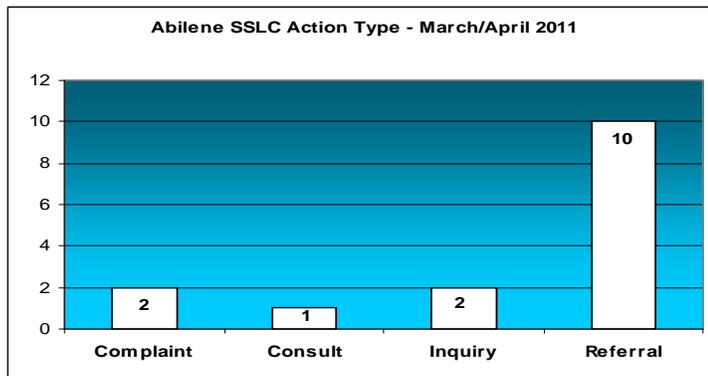
ACTIVITIES OF THE ASSISTANT INDEPENDENT OMBUDSMEN

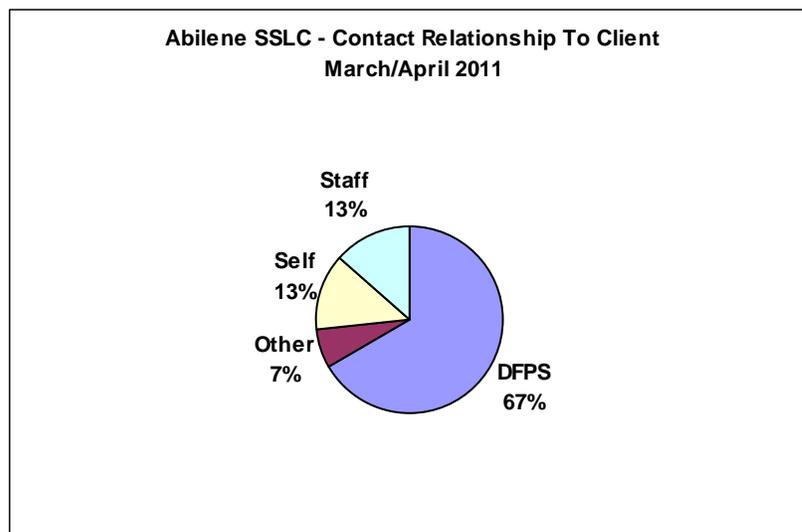
This section of the report focuses on the activities of the Ombudsman at each SSLC for March and April 2011. These snapshot views provide insight into the variety of tasks

and metrics at each center. The DADS leadership has asked that the Assistant Director of Programs (ADOP) at each state supported living center act as a liaison between the Assistant Independent Ombudsman and the facility. After the center-specific information, statewide aggregate metrics are provided.

ABILENE

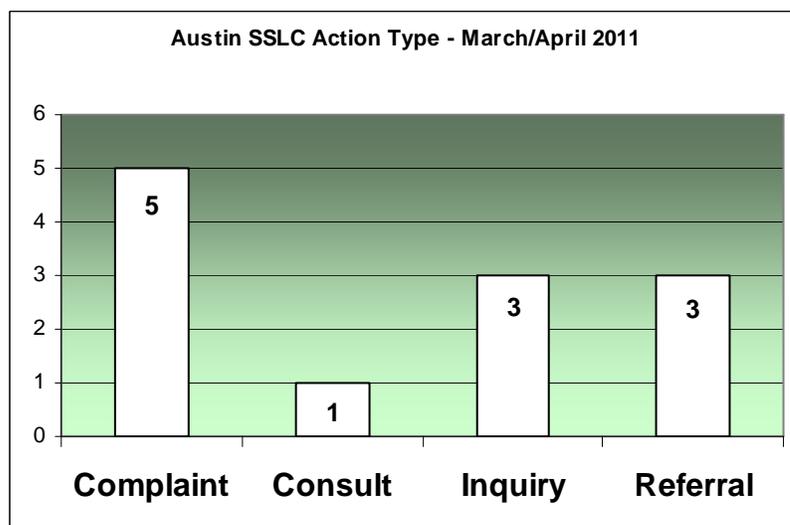
Ms. Jill Antilley, Abilene SSLC Ombudsman, attended the meeting of the Guardianship Assistance Committee, which reviews applications for guardianship assistance. The Center for Medicare/Medicaid Services (CMS) visited the campus, requesting information on aspiration pneumonia and related deaths. Disability Rights of Texas Inc. visited the campus and announced that a representative would be assigned to the Abilene SSLC and would be on campus 2-3 times a week. The AIO requested additional phone lines to be added to one of the units because of increased population within the unit and the high volume of calls by residents. The ADOP agreed to add 4 additional phone lines to the unit. The morale within this unit has improved significantly since these additions. The Abilene AIO expressed concern to the administration and staff because of an increase in medication errors. These concerns are being addressed through a requirement that all nursing staff review procedures for properly identifying patients, dosage and medication protocols. In April, the facility still has only one Occupational Therapist on staff, in spite of numerous attempts to hire additional professional staff. This issue remains unresolved and efforts to add to the staff continue.

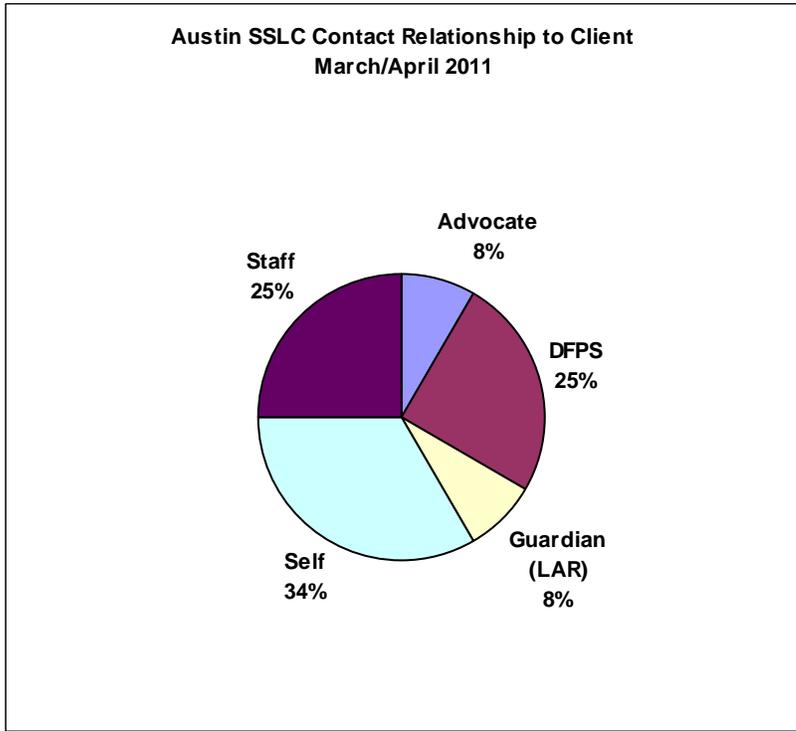
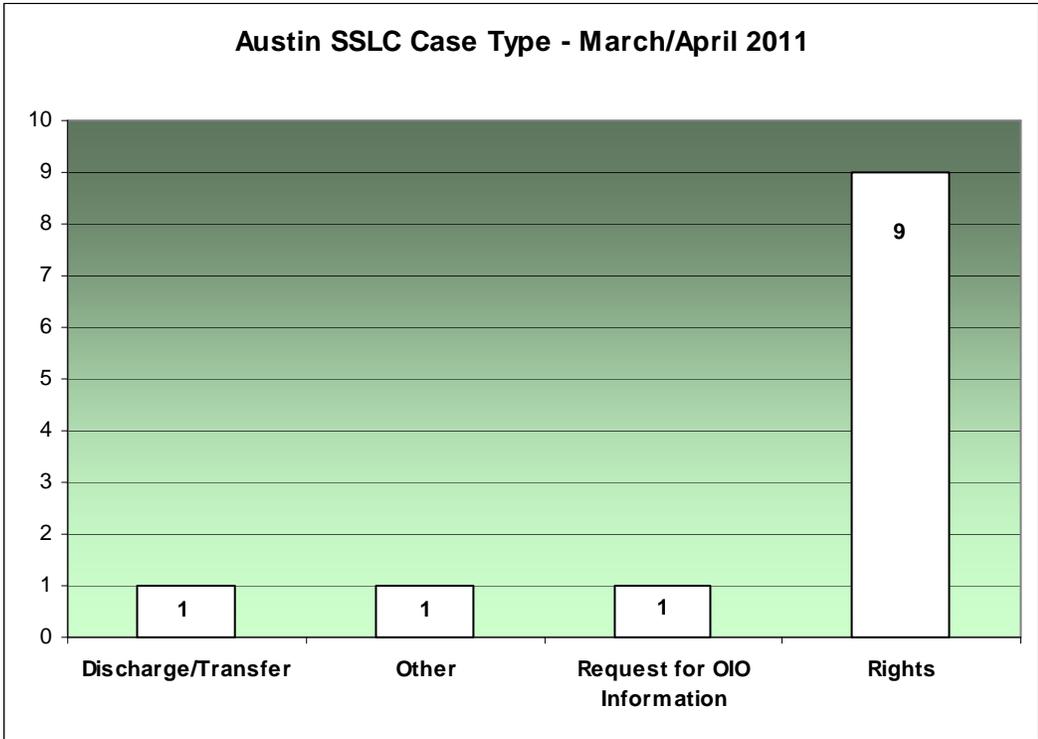




AUSTIN

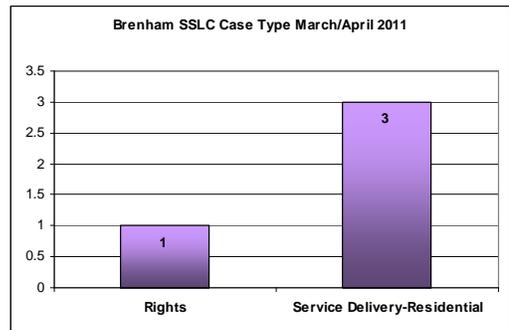
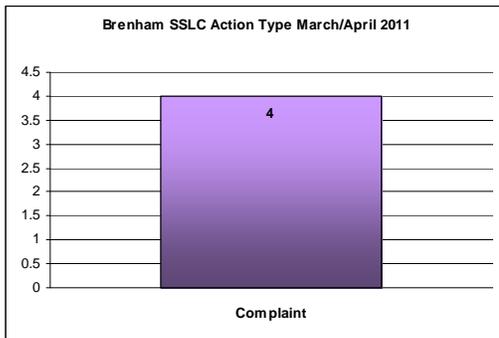
Ms. Jessica White, the Austin SSLC Ombudsman, began preparing for the May visit of the Department of Justice. Several emergency moves took place on the campus to ensure the safety of residents. These moves displaced other residents. As a result, some residents were placed in more restrictive settings. It was recommended by the AIO that the Office of the Independent Ombudsman be allowed to participate in the discussions and planning of these moves to insure and monitor resident’s rights. This was also recommended by the Department of Justice representatives, the Austin SSLC administration agreed and a forum for such a review process was established.





BRENHAM

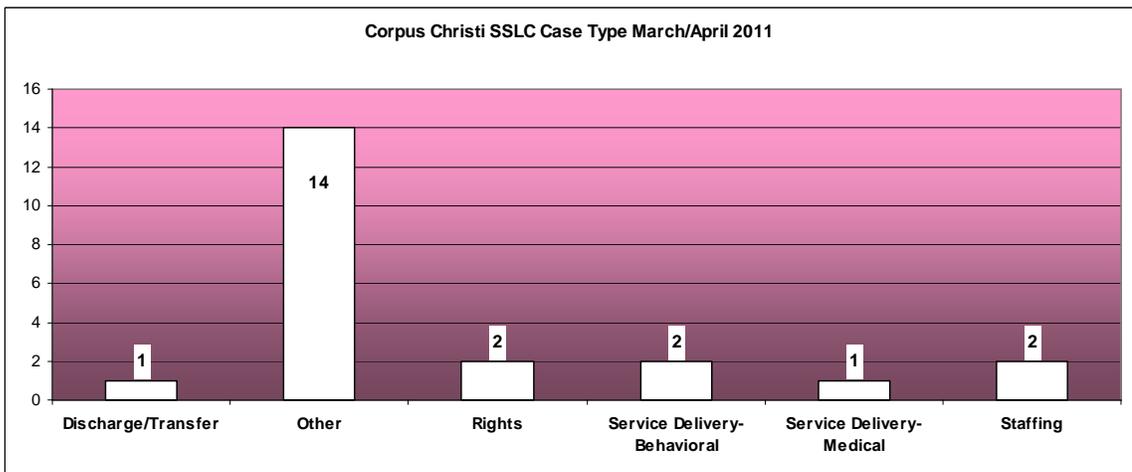
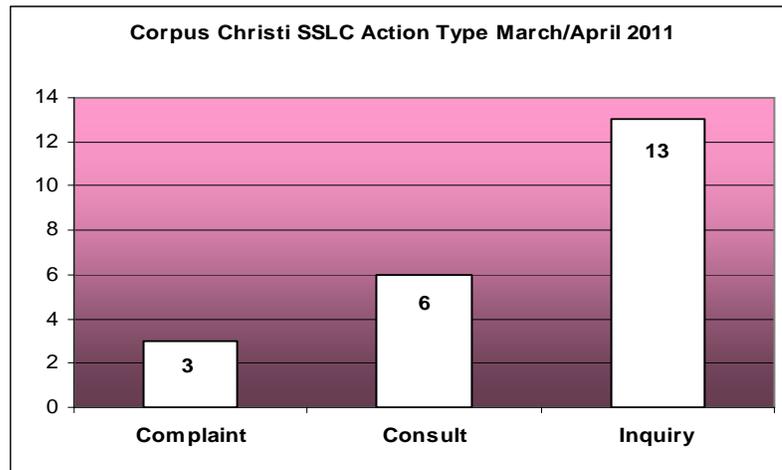
Ms. Susan Aguilar, Brenham SSLC Ombudsman, recommended that the facility evaluate the need for additional training of the Personal Support Team members. This will ensure that due process is provided to persons who receive sedation or total intravenous anesthesia during dental procedures. She also recommended that the SSLC address the need to complete annual updates or revisions to Positive Behavior Support Plans in a timely manner. This is imperative especially for those individuals who display behaviors that result in injury either to self or others. The Brenham AIO recommended that the facility educate residents, guardians and families when modified barium swallow studies are ordered by the physician. The purpose of these procedures is to reduce the risk of aspiration. Ms. Aguilar has provided Ombudsman services to the Richmond SSLC during the vacancy at Richmond. She is actively involved in mentoring the new AIO at Richmond, Ms. Stacey Burdue.

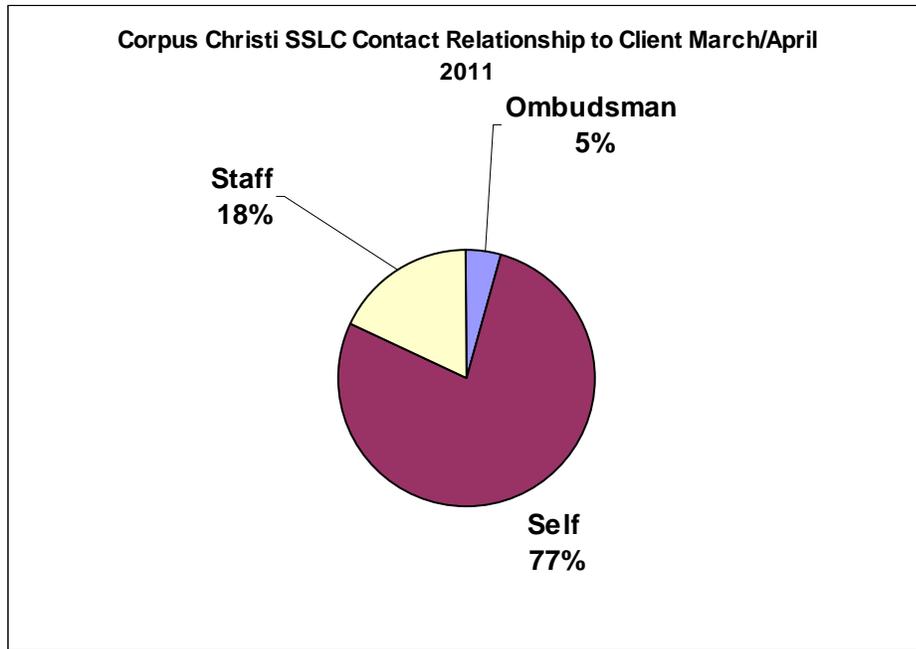


CORPUS CHRISTI

In March 2011, several homes at the Corpus Christi SSLC were repurposed. Ms. Dee Medina, the Ombudsman for the Corpus Christi SSLC, inquired about plans to have

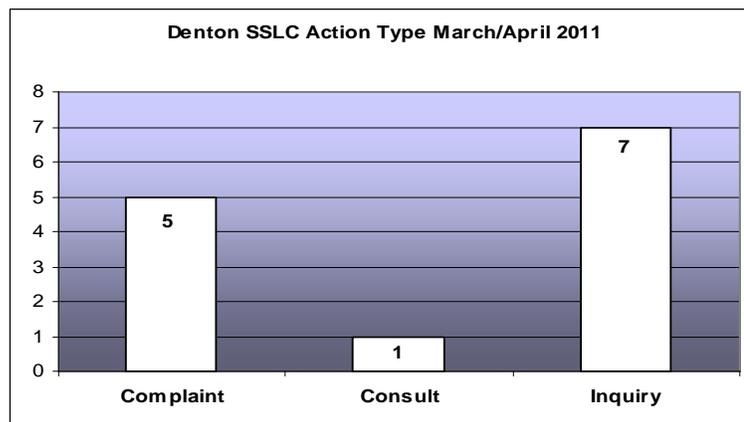
security cameras installed in the back sections of the repurposed units. This inquiry was made in accordance with provisions in SB643, which require that public areas be monitored by CCTV. These areas had previously been bedrooms, therefore being “private” areas were not subject to monitoring. With the repurposing, the monitoring must be reconfigured. No response to these recommendations has been received at the time of this report. Additionally, Ms. Medina has recommended that training on Aspiration Pneumonia be incorporated into the New Employee Orientation (NEO). The ADOP replied that this information will be added to the training. Ms. Medina participated in a workgroup with various other AIO’s to develop both a restriction sampling and HRC monitoring tool. The facility had its first admission in three years on April 27, 2011.

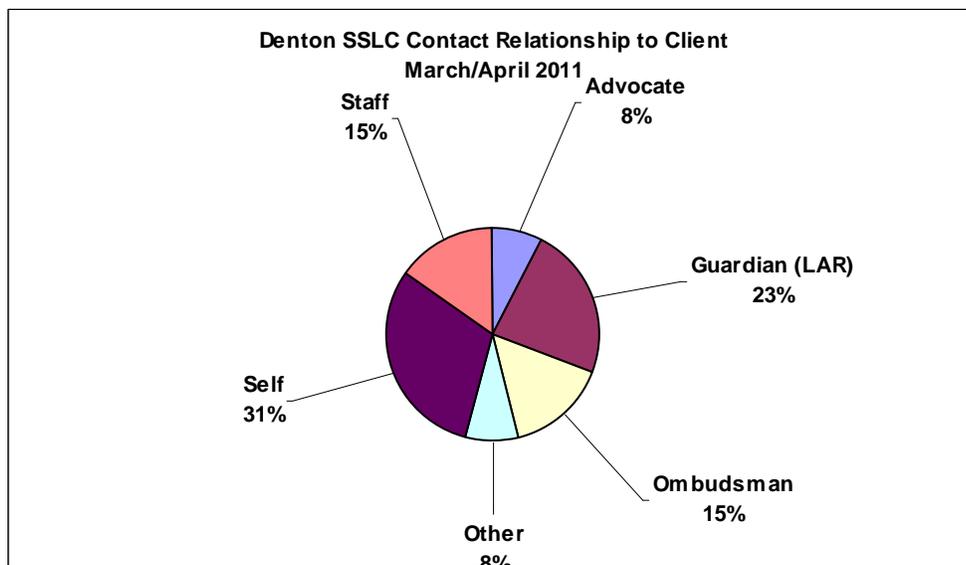
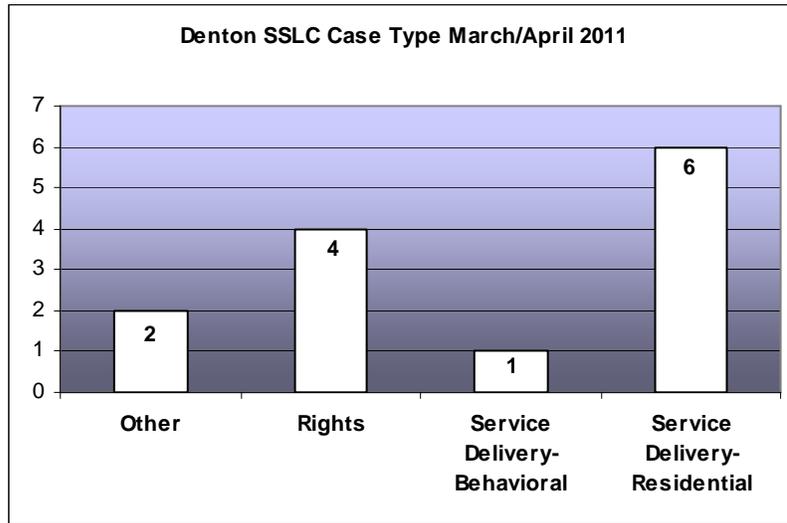




Denton

The Denton SSLC underwent Annual Recertification and received standard level deficiencies in the areas of Client Protections, Facility Staffing, Client Behavior and Facility Practices, Health Care Services, Physical Environment, Dietetic Services, and Governing Body. The facility also received a ninety day termination under Active Treatment. Corrective procedures were initiated immediately with positive results. From March 28, 2011 through April 1, 2011, the Denton SSLC underwent a review by the DOJ monitors. Ms. Erin Knight, the Denton SSLC Ombudsman, recommended that training be offered for all levels of staff at each facility and repeated annually. The areas of review include: Active Treatment and Active Treatment benefits. This training would also be a Condition of Participation of an ICF/ID. The Department of Justice concluded its visit to Denton in April. Federal CMS surveyors entered the facility to conduct an investigation of Healthcare Services at the SSLC.

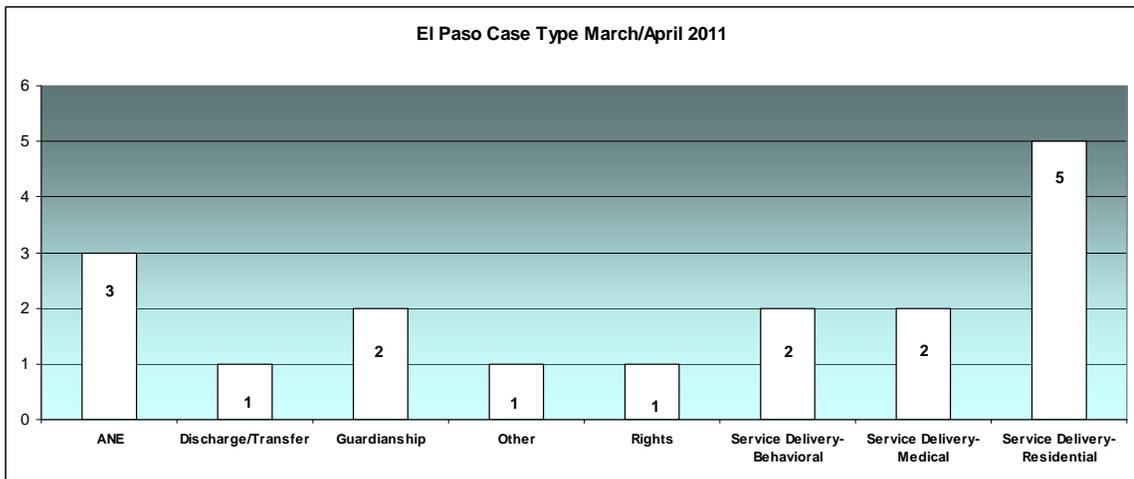
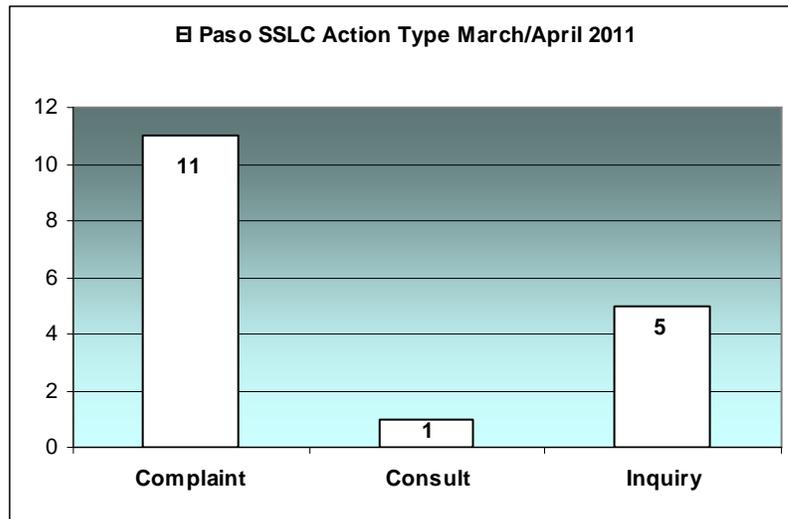


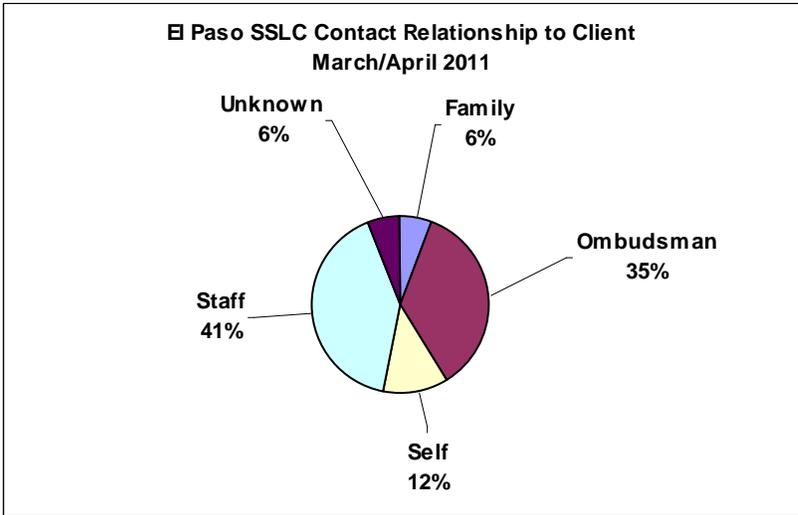


El Paso

Ms. Isabel Ponce, the Ombudsman for El Paso SSLC, attended the Poly-Pharmacy Committee Meeting to review the reports for the Plan Of Improvement (POI), Psychiatry, Psychology, Medical and Dental Services. Ms. Ponce and visiting AIO Erin Knight, the Denton SSLC, jointly presented an awareness information segment at the new employee orientation. They also attended a Restraint Policy Review meeting. Participants included the ADOP, Director of Psychology, HRO and QMRP Coordinator. The El Paso AIO attended a Restraint Debriefing meeting, offering her observations to

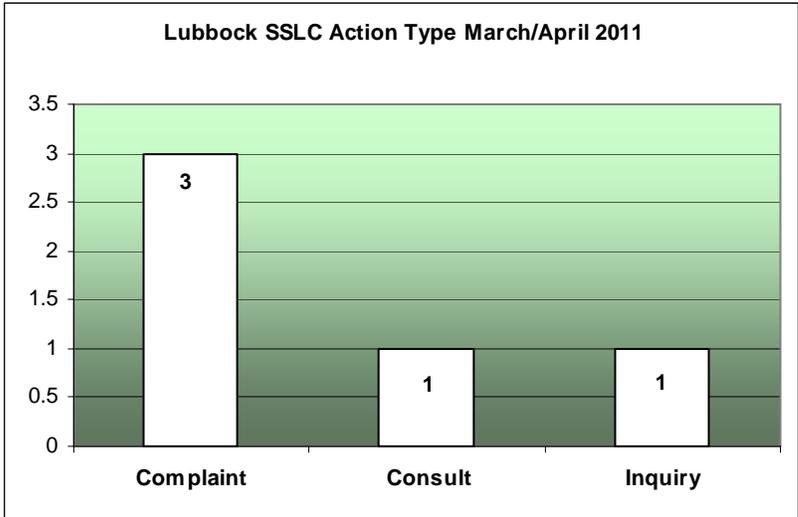
the team. Also, Ms. Ponce provided translation at a *Do Not Resuscitate (DNR) Status Review Meeting* for an individual and his Spanish speaking family. She suggested a restraint review meeting with the Director of Psychology to address concerns. The El Paso AIO met with the new Incident Management Coordinator to develop a shared file for Investigations, Incidents and Preliminary Investigation Reports (PIR). Two new Campus Coordinators, a new QMRP, and a new Risk Manager were hired at the EL Paso SSLC during this reporting interval. An interim Physician was also contracted. Ms. Ponce met with the Quality Assurance nurse to review the DNR's and Durable Power of Attorney Documentation process. The AIO recommended monitoring of the peer review process for Behavior Support Plans (BSPs) after a submission was found to have critical data errors.

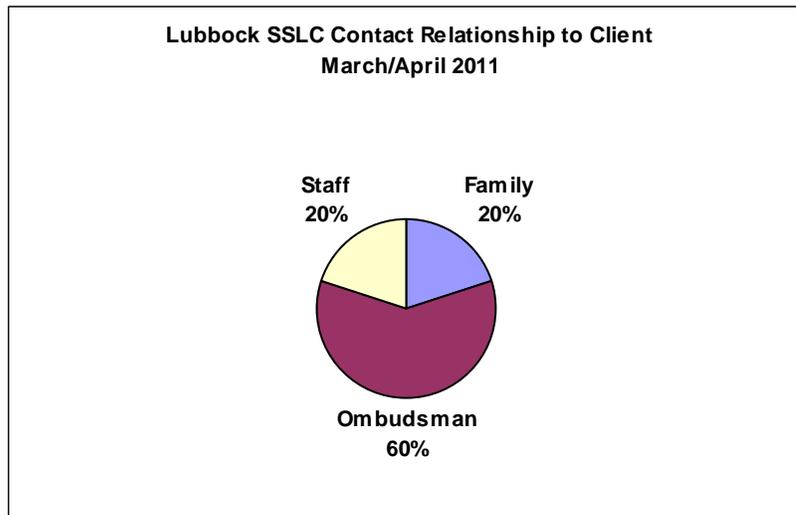
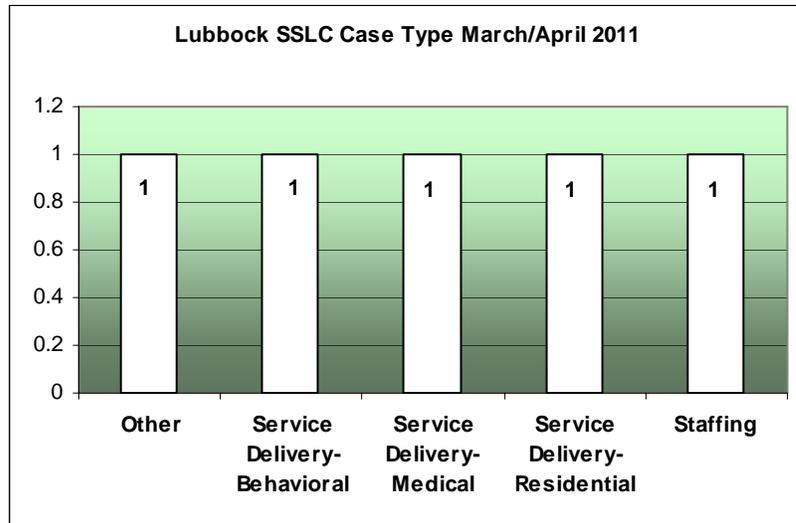




LUBBOCK

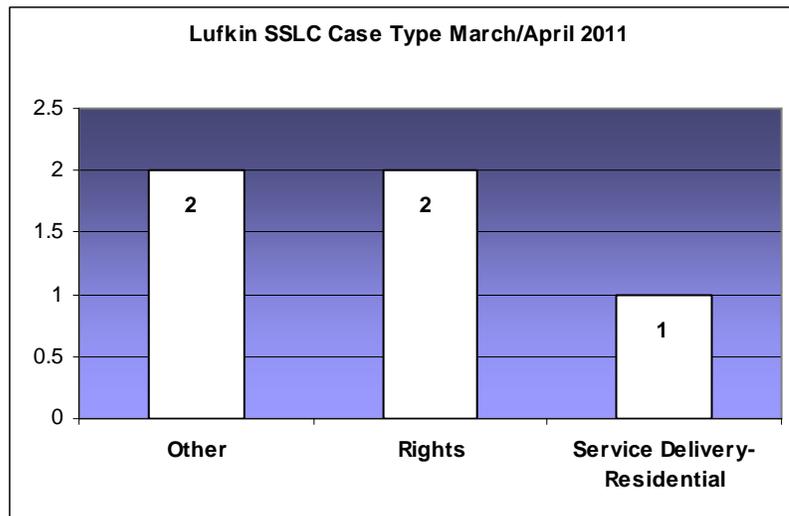
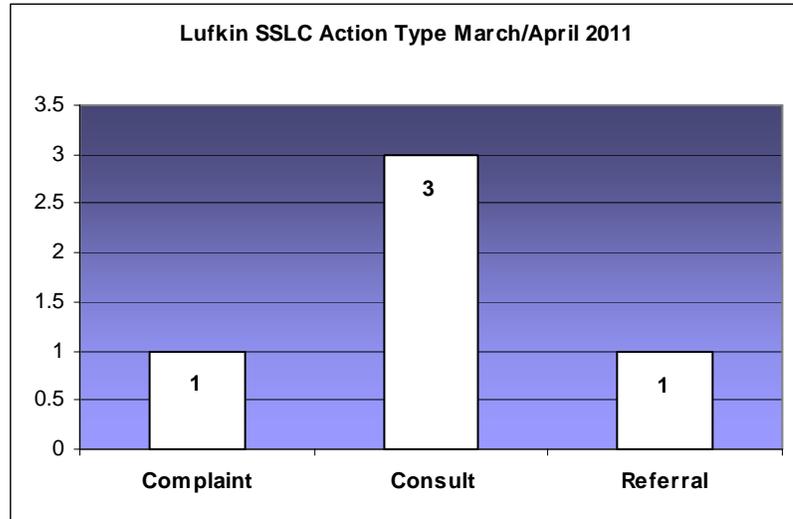
Ms. Ramona Rocha-Hughes, the Lubbock SSLC Ombudsman, recommended to the facility’s ADOP that non English speaking families should receive form letters in their own language. DOJ monitors entered on March 29, 2011 and exited on April 1, 2011. Preliminary findings were positive, improvements are being made, but there are areas that are in need of follow-up. Regulatory conducted an investigation on April 2, 2011. The report cited Failure to Report Abuse (W153) as well as Staff Training on Reporting Abuse (W189). The Lubbock SSLC is actively correcting the deficiencies noted in the findings. The AIO closely monitors these improvement efforts.





LUFKIN

Ms. Mary Stovall, the Lufkin SSLC Ombudsman, attended placement appeal review to ensure due process was being met on behalf of an individual and recommended the SSLC review and update of the placement appeal's process. Ms. Stovall also recommended the state develop a standardized capacity assessment protocol for all individuals served. This would give the respective Personal Support Teams (PSTs) an established framework for treatment and would provide team members a much improved ability to determine the need for a guardian or an advocate. Ms. Stovall also participated in the SSLC's Behavior Intervention Human Rights Committee offering insight in Rights and Procedures.



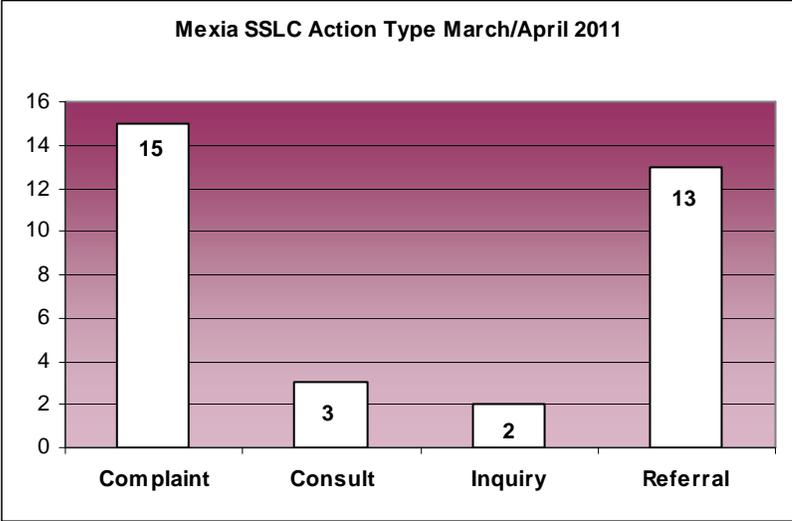
MEXIA

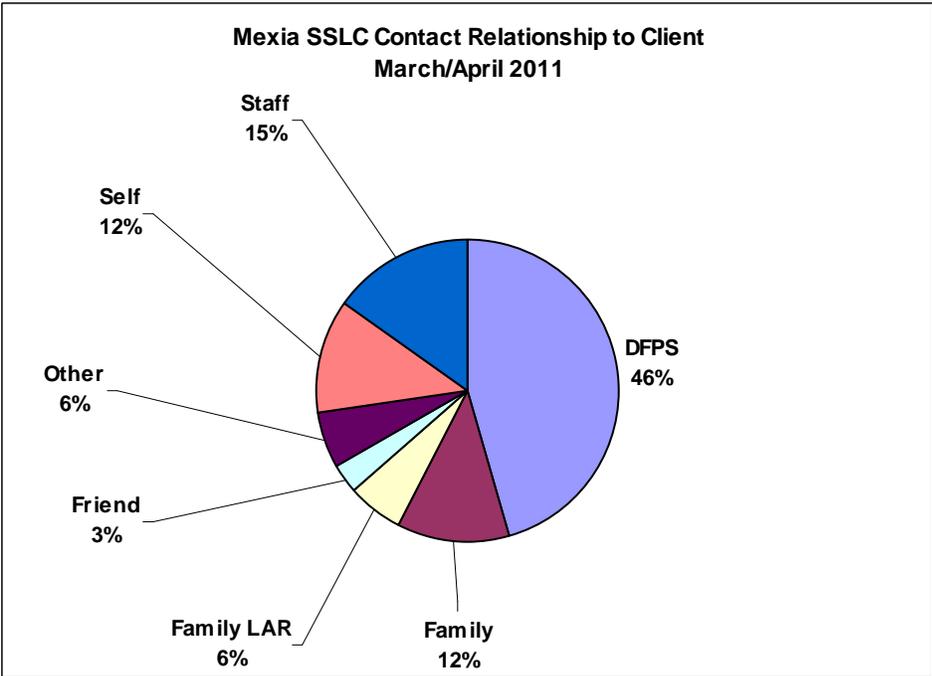
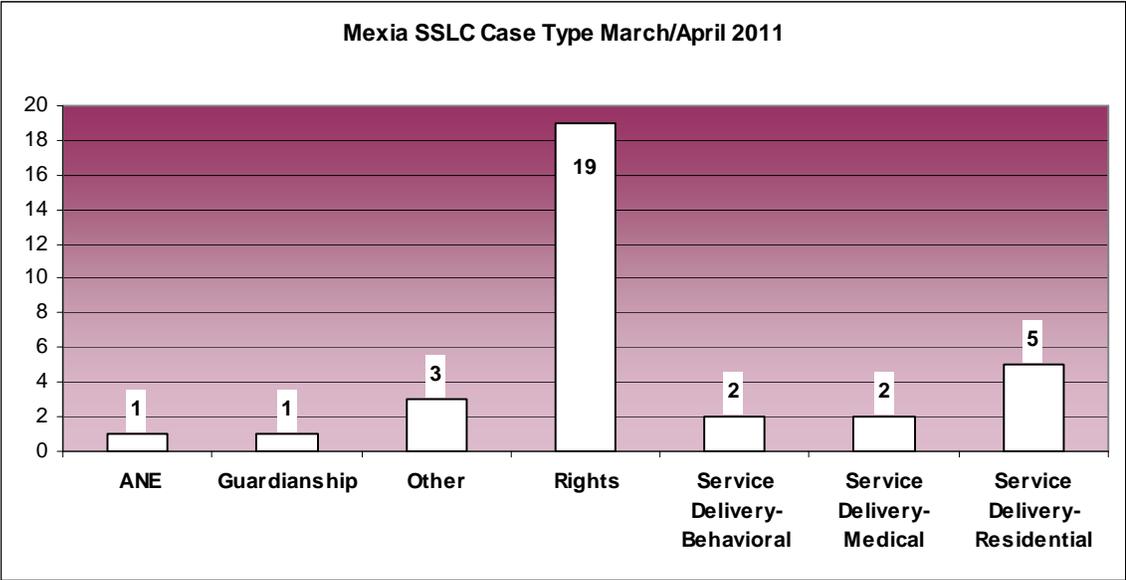
Ms. Lynda Mitchell, the Mexia SSLC Ombudsman, recommended that the Capacity Assessment tool be approved for use at all facilities. The determination of the process that an individual gives informed consent is still objective it needs to be evaluated and addressed in a systematic method. The State Office of the Independent Ombudsman is currently reviewing this issue and process.

A recommendation was made by Ms. Mitchell for a phone room to allow more privacy for residents. Because of this recommendation, a decorative and functional phone booth was constructed for use in that home. Three additional phone lines were also added. She also recommended specific resources be provided for the forensic population. The Mexia SSLC AIO recommends more competency based training as well as rights training for QMRPs. She reports that there continues to be cooperation between the facility and the AIO concerning complaints and investigations protocols.

With the approval of the State Office of the Independent Ombudsman, Ms. Mitchell arranged for a counselor from Deer Oaks Employee Assistance Program (EAP) to visit the Mexia SSLC. This visit provided information and details about services that are available to assist the staff with stress issues.

Forensic training for staff on “Maintaining Boundaries” will be offered as part of new employee orientation (NEO) as well as employee retraining at yearly intervals. Anger management training for staff will also begin in May. Ms. Mitchell recommends that there be better integration of these available services between departments.

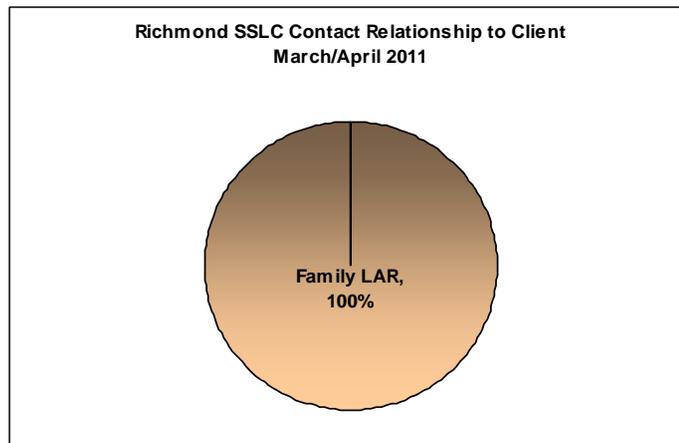
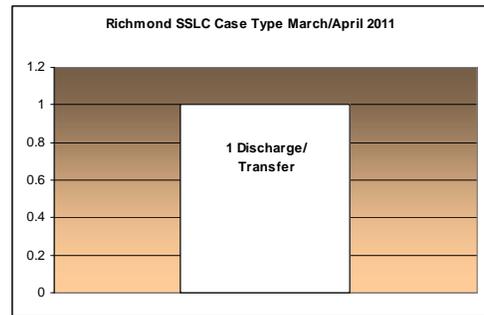
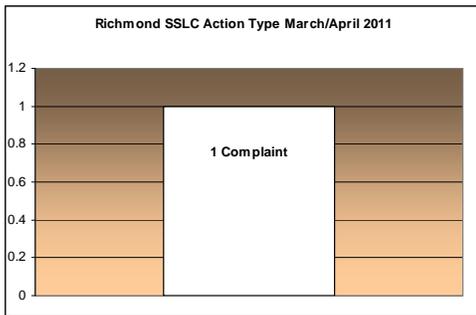




RICHMOND

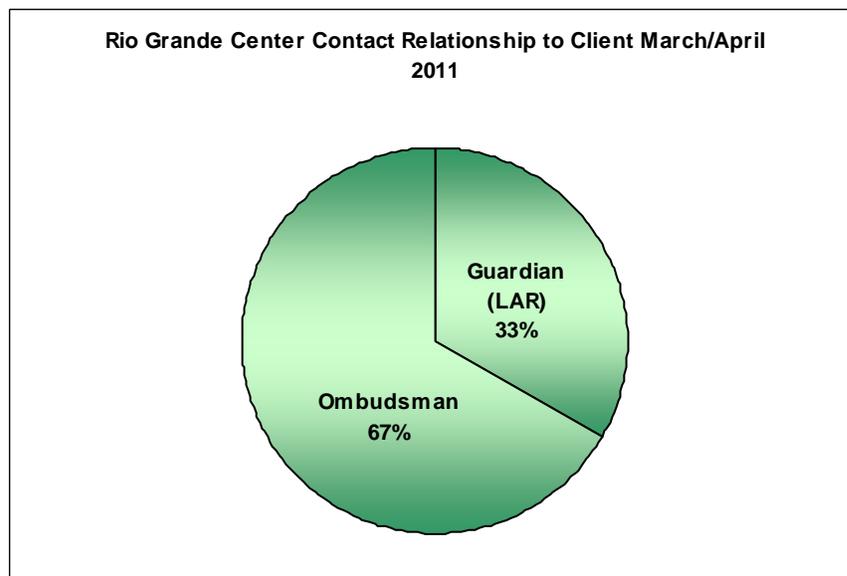
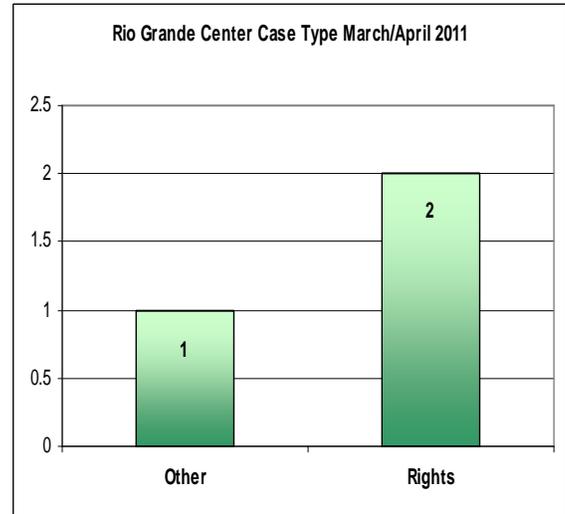
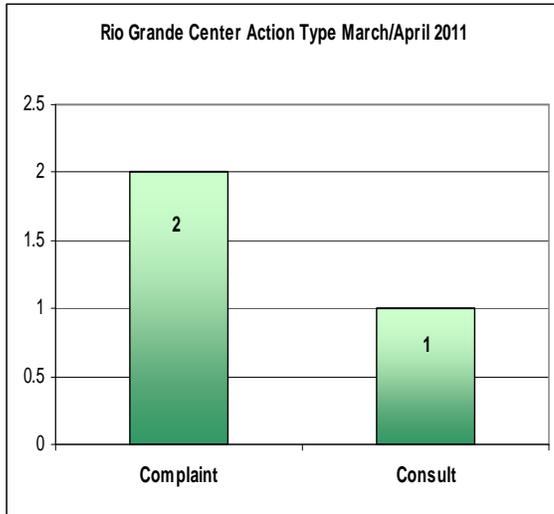
The Richmond SSLC has been without an Ombudsman since January 2011. Because of this vacancy, the data below is skewed. Starting April 1, 2011, Ms. Stacey Burdue was hired as the new Assistant Independent Ombudsman for the Richmond SSLC. During the interim, Ms. Susan Aguilar, Ombudsman for the Brenham SSLC, has been providing Ombudsman services to the Richmond facility. Additionally the Brenham Ombudsman has been mentoring Ms. Burdue as part of the Peer Mentoring Project.

Ms. Burdue has met with the Human Rights Officer (HRO) to discuss their respective roles and how they might work together cooperatively and efficiently. The following trend has been identified: the HRO has observed an increase in what appear to be significant rights restrictions without first trying to provide least restrictive practices to the individuals. The AIO and the HRO are jointly discussing and evaluating this issue to improve this process. Additionally, meetings have been held with the Incident Management Coordinator to discuss roles, expectations and streamlining the communication process between these two offices. Ms. Burdue has attended various training sessions including the Biannual All Staff meeting of the Independent Ombudsman and the Program Review Process. The Richmond Ombudsman is preparing for the upcoming DOJ monitoring visit in May 2011.



RIO GRANDE

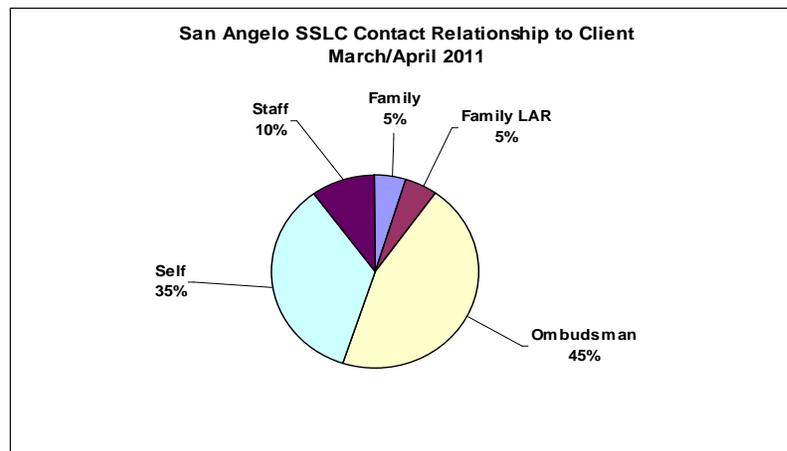
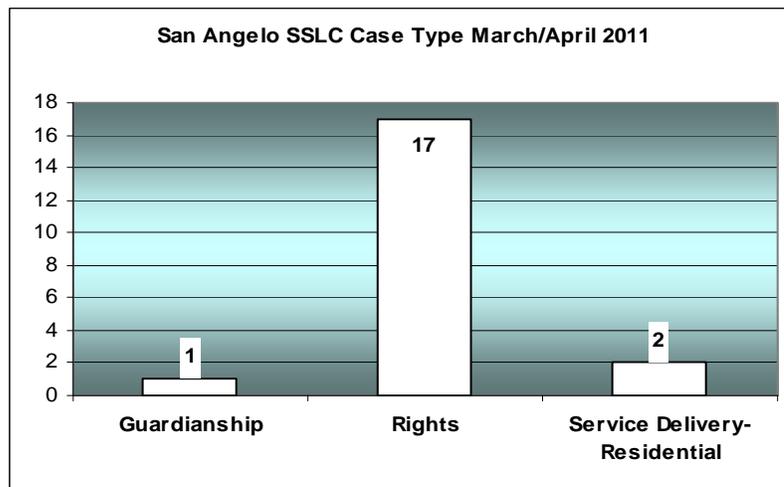
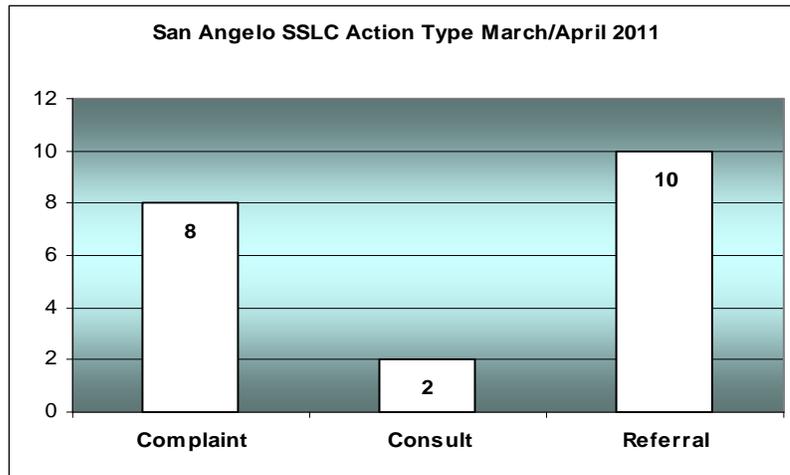
The Rio Grande AIO, Mr. James Arnold, provided information to a guardian on the process of becoming a provider. The AIO also participated in the quarterly Parents' Meeting attended by Representative Eddie Lucio III, parents, staff and others stakeholders of the Rio Grande Center. Mr. Arnold recommended the addition of relaxation techniques, such as guided imagery, to augment psychotropic medications used to stabilize patients. A recommendation was made that the facility continue to encourage active involvement of family members in treatment planning.



SAN ANGELO

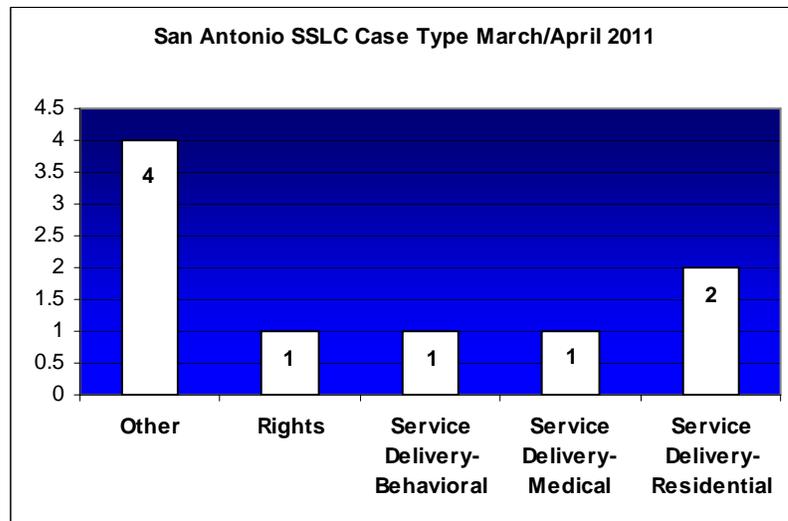
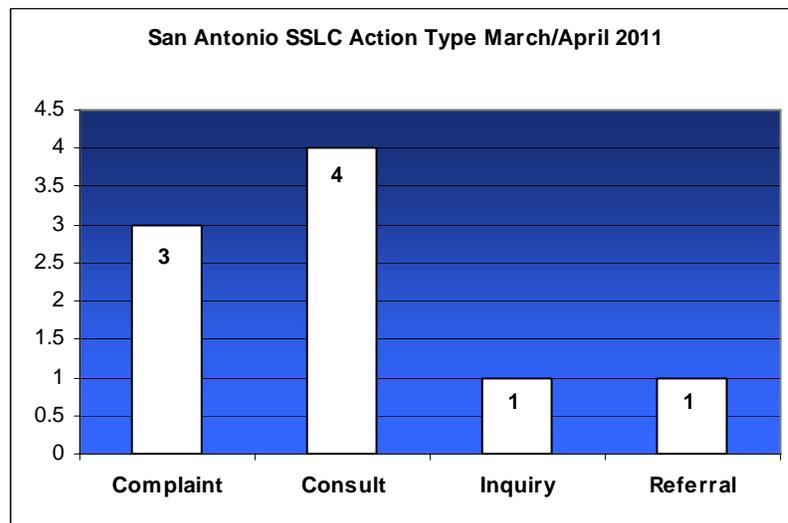
Ms. Melissa Deere, the San Angelo AIO, recommended that disciplines at the various facilities use each other as resources and mentors to improve services. DADS Regulatory Services entered the facility following several complaints. They exited citing no deficiencies. Ms. Deere attended a town hall meeting where the new Active Treatment Program was introduced. This program will be set up as a junior college model and will begin May 1, 2011. Vocational and educational programs have been

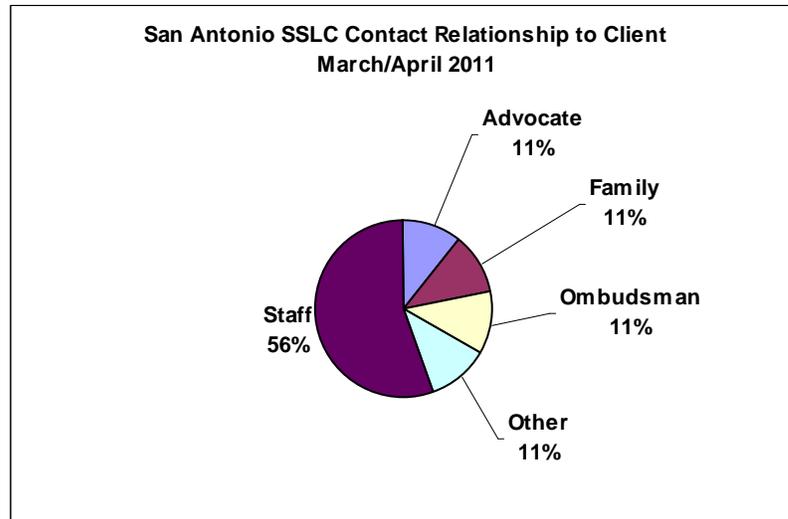
redesigned to fit this model and progress in that program is continuing. The AIO will monitor this process.



SAN ANTONIO

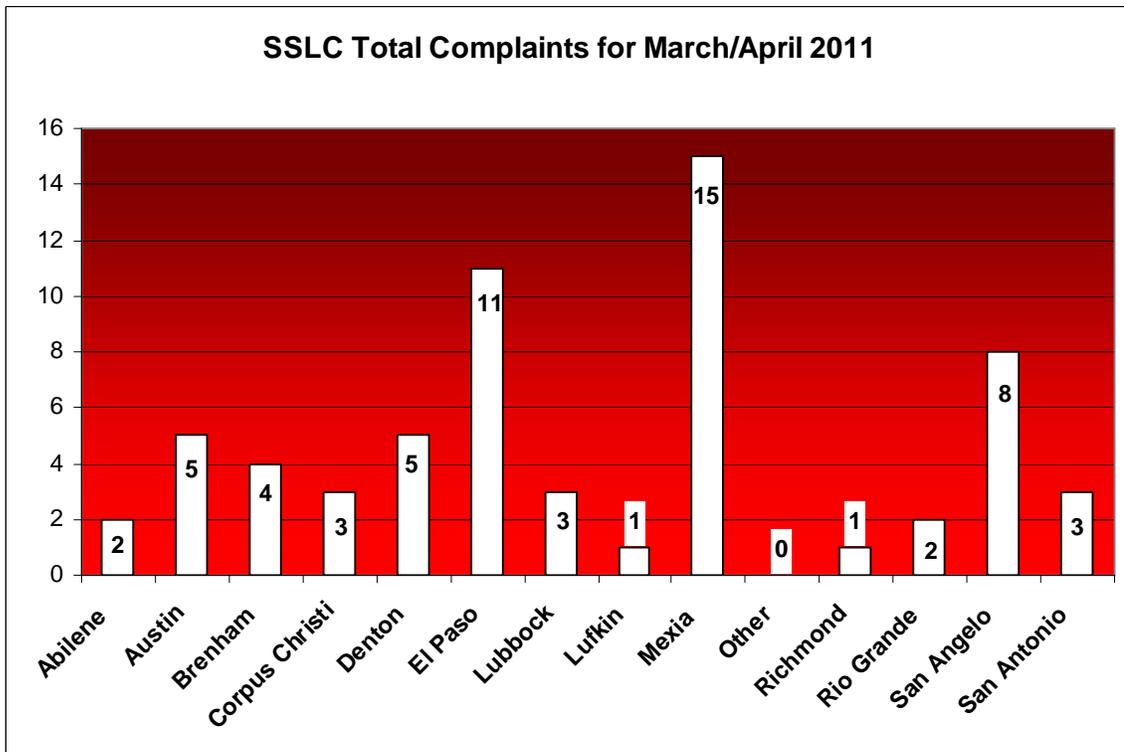
Ms. Jane Dahlke is the AIO at San Antonio SSLC. The DOJ draft from the last monitor visit has been submitted. The facility is reviewing and developing Action Plans to address the noted issues. The AIO has recommended to the SSLC that it ensures compliance with provision W277 and W278 regarding the “least restrictive behavioral intervention”. The implementation of the hierarchy of behavioral interventions was outlined. Additionally, the AIO recommended that the facility meet more frequently with DFPS in order to resolve the high volume of open cases resulting in a large percentage of re-assigned staff. The goal of these meetings is to streamline the clearance rate process, so that staff can be returned to duties, thus alleviating staff shortage issues.



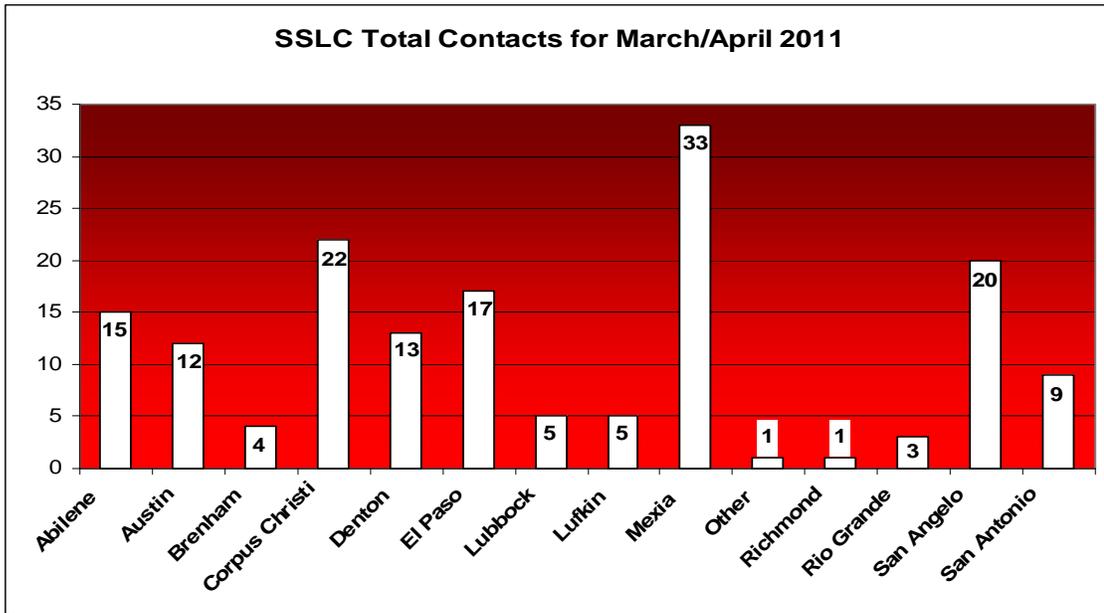


AGGREGATE DATA

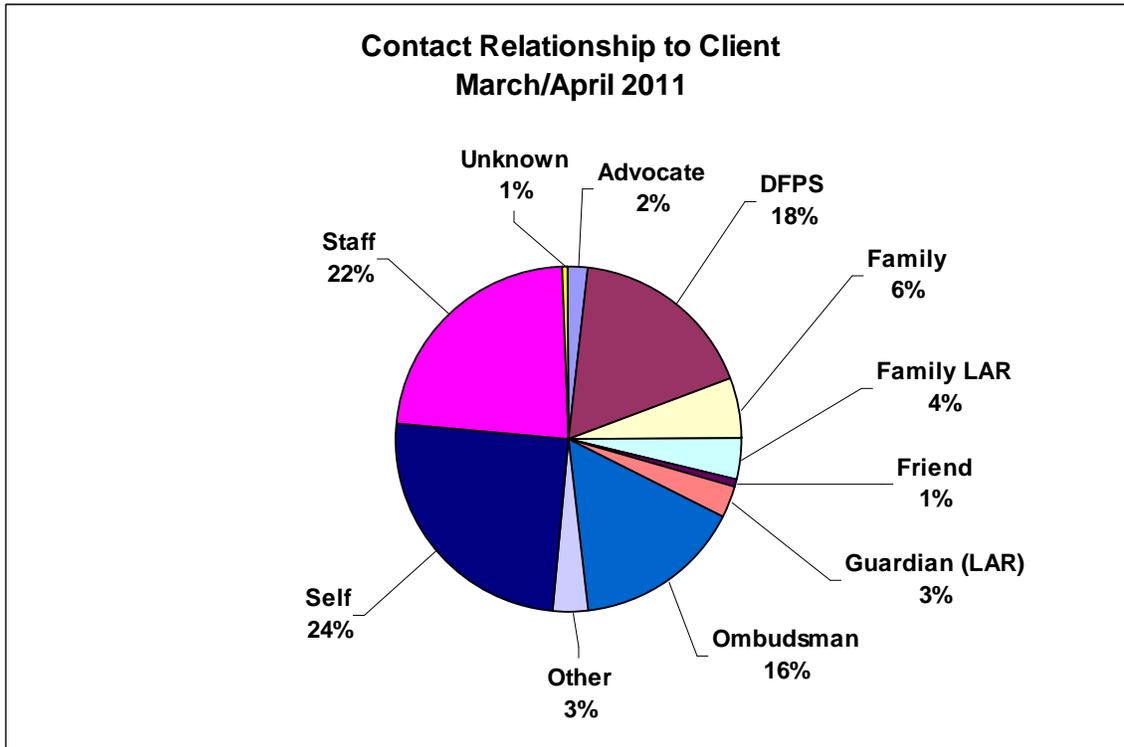
By our definition, a complaint is an expression of dissatisfaction, either written or verbal, that initiates an investigation, which is a primary responsibility of the OIO. The AIO at the facility where the individual resides is assigned to investigate and resolve the issue, as applicable. There were a total of 63 complaints in March and April 2011.



The OIO may also be contacted with cases that can be classified as appeals, consults, inquiries, or referrals. These types of contacts are combined with complaints to provide a total number of contacts. There were a total of 160 contacts in March and April 2011.



The following chart shows the relationship of the contacts to the client at all the facilities for March and April 2011.



CONCLUSION

Three aspects of the aggregate metrics deserve note:

- The two largest sources of contacts are *self* and *staff*. This is indicative of the comfort level these groups have with the role of the Ombudsman's office within the system.
- The high number of *DFPS* referrals reflects the maturity of the Ombudsman's Office relationship with the other departments serving the residents.
- The level of activity at the Mexia SSLC merits additional scrutiny and analysis by the Independent Ombudsman.