Health and Human Services Commission and Department of Justice State Supported Living Center Settlement Agreement

As Required by

2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 139a)

Health and Human Services

August 2019

TEXAS
Health and Human Services

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Executive Summary

In 2009, the State of Texas and the Department of Justice (DOJ) entered into a settlement agreement regarding the services provided to people with intellectual disabilities living in state-operated centers, known as state supported living centers (SSLCs), as well as the transition of SSLC residents to the most integrated setting appropriate to meet their needs and preferences.

In 2013, the Legislature required a plan of action to achieve substantial compliance with the settlement agreement. The 2018-2019 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 139(a)) requires HHSC to provide an annual update on the SSLCs' compliance with the DOJ settlement agreement.

Under the terms of the settlement agreement, there are 20 substantive sections of improvement (see Appendix A), each of which must receive a rating of substantial compliance as determined by a team of independent monitors. As of July 2019, six centers have obtained substantial compliance in one or more sections and are no longer subject to monitoring in the section(s):

- Abilene SSLC: Compliance in section N, Pharmacy Services
- Austin SSLC: Compliance in section C, Protection from Harm – Restraints; section D, Protection from Harm – Abuse, Neglect and Incident Management; and section N, Pharmacy Services
- Brenham SSLC: Compliance in section N, Pharmacy Services
- Denton SSLC: Compliance in section N, Pharmacy Services
- El Paso SSLC: Compliance in section D, Protection from Harm – Abuse, Neglect and Incident Management; and section N, Pharmacy Services
- Rio Grande SSLC: Compliance in section D, Protection from Harm – Abuse, Neglect and Incident Management

HHSC is committed to improving the quality of life for people with intellectual disabilities who live at the SSLCs. This report highlights ongoing efforts to help the centers maintain compliance with the sections of the settlement agreement.

Section 2 provides an overview of the settlement agreement between the State of Texas and the Department of Justice and the 20 sections, or categories of review.

Section 3 describes the DOJ monitoring process outlined in the settlement agreement, and the state monitoring process to conduct compliance reviews.

Section 4 provides an update to programs and initiatives that the state believes will help centers maintain compliance with the settlement agreement.

Section 5 summarizes the sections on which each of the centers are currently focusing their efforts to maintain substantial compliance.

1. Introduction

The State of Texas entered into a settlement agreement with the Department of Justice (DOJ) in June 2009, agreeing to make substantive changes in operations at each of the state supported living centers (SSLCs) to achieve targeted improvements in services and supports for individuals living in these facilities. The 2014-15 General Appropriations Act, Senate Bill 1, 83rd Legislature, Regular Session, 2013 (Article II, Department of Aging and Disability Services [DADS], Rider 36a(1)) required DADS to outline a plan of action to achieve substantial compliance with the DOJ settlement agreement. Since the submission of this plan, DADS has been abolished and all functions, including the operation of the SSLCs, transferred to the Health and Human Services Commission (HHSC).

The 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 139(a)) requires HHSC to provide annual status reports on the SSLCs' compliance with the DOJ settlement agreement to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees with jurisdiction over health and human services in the House of Representatives and the Senate. The report shall identify completed actions contained in the initial plan and any changes in the timeline of projected completion for remaining actions.

2. Background

Department of Justice Settlement Agreement

In 2009, the State of Texas and the DOJ (collectively, the Parties) entered into a settlement agreement regarding the services provided to people with intellectual disabilities in state-operated centers, as well as the transition of such individuals to the most integrated setting appropriate to meet their needs and preferences. The agreement covers 13 SSLCs located in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, Rio Grande, San Angelo, and San Antonio. Under the terms of the agreement, independent monitors conduct reviews at each center to determine compliance within each of 20 substantive sections of improvement (see Appendix A for a complete list).

In 2014, the Parties and the independent monitors worked together to restructure and refine the criteria and tools used to determine compliance with the settlement agreement. Under this modified process, the independent monitors restructured their review of settlement agreement requirements to view them by functional categories. This structure divides 18 sections, or categories of review, into "domains" of care (see Appendix B). These domains encompass all center requirements and focus more on the outcomes for individuals, rather than the processes for achieving those outcomes.

Additionally, the Parties continue to work toward the goal of finalizing amendments to the agreement, with the goals of:

- Strengthening supports for residents transitioning to the community;
- Clearly delineating the state's obligations and compliance expectations under the settlement agreement;
- Establishing more concrete methods for evaluating compliance; and
- Providing a clear and achievable path toward the state's successful exit from the settlement agreement.

3. Independent Monitoring Reviews

Quality Service Reviews

In 2015, the Parties implemented a Quality Service Review (QSR) monitoring process. The lead independent monitors restructured monitoring team assignments based on subject matter to reduce inconsistencies in interpretation among team members. The independent monitoring teams finalized the QSR guidelines listed below:

1. Protection from Harm – Restraints;
2. Protection from Harm – Abuse, Neglect, and Incident Management;
3. Integrated Treatments and Supports;
4. Psychiatric Care and Services;
5. Psychological Care and Services;
6. Medical Care;
7. Nursing Care;
8. Pharmacy Services;
9. Minimum Common Elements of Physical and Nutritional Management;
10. Physical and Occupational Therapy;
11. Dental Services;
12. Communication;
13. Habilitation, Training, Education, and Skill Acquisition Programs;
14. Quality Improvement; and
15. Serving Persons in the Most Integrated Setting Appropriate to their Needs.

The QSR monitoring system involves record reviews, observations, and interviews with staff providing services to individuals. The QSR tools align with the settlement agreement and have clearly defined metrics with a focus on individuals' outcomes. This monitoring process recognizes the State for positive outcomes when they occur and reduces the resources centers expend preparing for an onsite visit.

State Office Compliance Reviews

When the monitors determine a center meets the criteria for specific indicators in the QSR tools, the monitors move the indicator into a category of "less oversight." The monitors continue to review indicators moved into "less oversight;" however, the monitors do not include those scores in their report in subsequent rounds. The lead monitors move an indicator to "less oversight" based upon the scores for that indicator during current and previous reviews, and the monitoring team's

knowledge of the center's plans for continued quality assurance and improvement. To maintain oversight of areas that move into the category of "less oversight," state subject matter experts review those indicators every year.

4. Statewide Initiatives

Quality Improvement

HHSC is continuing efforts to implement an outcomes-based Quality Improvement (QI) Program to assess and improve the quality of care and services HHS provides people in the SSLCs and those who transition from an SSLC into a community setting.

Quality Review Team Monitoring

HHSC implemented a new initiative in fiscal year 2019 to help centers increase compliance with the settlement agreement. Every year, members of the state office Quality Review Team (QRT) visit each center for three days to:

- Validate SSLC monitoring data.
- Identify best practices to share with other centers.
- Provide feedback and technical assistance.

QRT members spend most of the three days conducting observations, attending meetings when necessary, and coaching, modeling, and mentoring as needed.

Before each QRT on-site visit, team members review a sample of documentation in the electronic health record, and documents the center submits. The center may also ask the QRT to focus on specific areas during the visit.

At the conclusion of the QRT on-site visit, the team provides the center a summary of findings, to include commendations and recommendations. The team may ask the center to develop an improvement plan for up to three areas, if improvement plans do not already exist.

External Quality Review

HHSC contracts with the University of Florida College of Medicine, Department of Health Outcomes and Biomedical Informatics (UF HOBI), to review the services and supports for residents. UF HOBI tracks and trends physical and behavioral healthcare administrative and outcome measures and develops an annual quality of care report. HHSC is currently working on extending the contract through August 31, 2020. There are two additional one-year extensions available beyond 2020.

Each center must update its localized quality improvement plan (QIP) to address any deficiencies or concerns noted in the report. The QIP is reviewed regularly by

state office to ensure the center fully implemented the plan on time to remedy or reduce the issues identified.

To improve the reporting on SSLC quality of care outcome measures, UF HOBI developed an online dashboard for SSLC staff to track measures quarterly, starting with calendar year 2018, and identify trends. Staff can filter measures by year, domain, timeframe (i.e., annual or quarter) and center. Users can compare SSLC performance ratings and rankings for each of the 26 measures currently available. Users can also download the data from the dashboard for their own analysis and data validation efforts. The online dashboard went live in April 2019.

Clinical and Program Services

Individual Support Plans and Risk Management

The individual support planning (ISP) process is a major component that helps determine and provide person-centered clinical and program services for the people the SSLC serves. The risk assessment and management process identifies changes in conditions that occur between the annual ISP evaluations. Focused efforts include extensive employee training across disciplines (classroom as well as real-time mentoring) to ensure consistency across the system. An emphasis on individual support planning will have a positive impact on other critical areas such as medical, habilitation therapies, nursing, and behavioral health.

As a continuation of efforts to support SSLC staff in the ISP process, state office revised the ISP packet monitoring process and implemented in September 2018. Revisions included tailoring monitoring to the needs of each center, as well as changes to the statewide standardized ISP monitoring tools. The revisions to the statewide standardized ISP monitoring tools allow more detailed data tracking and identification of trends, as well as better identification of areas for improvement and training. Baseline data has been collected and center-specific plans for improvement have been developed for all centers.

In 2018 and 2019, state office modified several electronic forms in the integrated resident information system (IRIS) to improve the quality of interdisciplinary team discussion and plan development. These modifications were focused on the individual capacity assessment, the Qualified Intellectual Disability Professional monthly review, and the rights restriction determination forms. Continued review and revision of IRIS forms will be conducted, as needed, as a part of efforts to improve the quality of the ISP process and to move toward compliance with the settlement agreement.

In February 2019, state office developed a process for tracking individuals' personal goals using the ISP form in IRIS. This change provides a way for each SSLC to take a systematic approach to implementing residents' goals and action plans. Access to this information will enhance SSLC administrations' ability to evaluate program availability and resource allocation, to help residents achieve their personal goals.

An interactive training conference was held in June 2019 for SSLC staff. The training conference covered a variety of topics, including new training initiatives and creative strategies for active treatment and program implementation.

Behavioral Health Services

Ukeru® Program

Ukeru is a restraint-free crisis management technique developed by and for behavioral health caregivers, educators, and direct support professionals. Ukeru is a trauma-informed approach focusing on the importance of communication and de-escalation techniques. Through the use of Ukeru response blocking pads, staff can protect both residents and themselves against aggressive episodes. The benefits of implementing Ukeru include:

- Supporting residents with challenging behavioral and mental health issues.
- Increased numbers of strategies and skills to de-escalate emotional situations.
- Reduced aggression, self-injurious behavior, and property destruction.
- Reduced number of restraints, behavior treatment plans, and psychotropic medications.
- A greater sense of safety and comfort, rather than control for both staff and residents.
- Residents feel more comfortable participating in skills training and active treatment.
- Residents' self-image and identity became more positive.

San Angelo SSLC and Abilene SSLC first piloted the program in 2016. After a 22-month period, state office reviewed data to compare restraint data 12 months before Ukeru implementation, and 10 months of post-Ukeru implementation. Data showed the Abilene pilot homes had a 36% reduction in the rate of restraint, and San Angelo had a 65% reduction in the rate of restraint. As a result, HHSC implemented Ukeru at all 13 centers in fiscal year 2018. Master Ukeru trainers taught 20 staff at each center to become trainers and teach the Ukeru method to other staff. As each center developed certified Ukeru trainers, centers began to

implement training schedules for incumbent and new staff at the SSLCs. All centers now have every staff trained in Ukeru, and trainers have been recertified. All Ukeru response blocking incidents are documented in IRIS. Frequently Asked Questions (FAQs) have been developed, are accessible to all staff, and are regularly updated. Additionally, the state continues to have monthly support calls with Grafton, the Ukeru parent company. A Ukeru survey was completed by 816 direct support professionals across all 13 centers with the following results:

- More than 91% know how to help a person, experiencing a bad past memory, to relax.
- More than 80% are better able to calm residents when they are upset.
- More than 70% report the Ukeru pads have helped protect staff at times they might have gotten hurt.
- More than 73% believe that using Ukeru techniques and having Ukeru pads to block an attack have helped them use fewer restraints.

Skill Acquisition Plans

Skill acquisition plans (SAPs) describe the methods or approaches staff use to teach a resident to learn or retain a skill in clear and understandable language. SAPs promote the resident's growth, development, independence, and addresses identified barriers to living in the most integrated setting. These plans must be practical, functional, meaningful, and consistent with the resident's overall personal goals.

In 2016, state office formed a workgroup to develop a statewide SAP policy with a focus on treatment and data integrity, and data timeliness. Centers implemented the policy in April 2017, and included a revised functional skills assessment template and new templates for the SAP and progress notes.

In 2018, the state behavioral and psychological services coordinator developed and trained center staff on the 10 components of writing and monitoring a good SAP. Twice a month, center staff participate in conference calls with state office to review SAPs, including the composition and integrity measures. During these calls, staff also discuss the independent settlement agreement monitors' comments in the monitoring reports and address practical and technical questions from center staff.

In 2019, the behavioral and psychology services coordinator gave a presentation on positive psychology to the QIDPs and active treatment staff. The presentation emphasizes developing training and supports focusing on a resident's strengths rather than their deficits. The intent was to develop a more meaningful and exciting training for residents, with a goal of increasing their participation in training.

Recruiting BCBAs

With the licensure of behavior analysts in Texas, there has been an increased number of opportunities for Board Certified Behavior Analysts (BCBAs) to practice in settings outside the SSLCs. The Settlement Agreement has specific requirements related to BCBAs, and with a national shortage, there has been increased effort in recruiting BCBAs to the SSLCs in 2019. The state has been recruiting at the Texas Association for Behavior Analysis, a professional organization providing training to BCBAs, as well as St. Edward's University. Plans to expand this presentation and other recruiting efforts in more universities around Texas that train BCBAs are underway. The state has also formed a group, under the Texas Association for Behavior Analysis, to educate all BCBAs about clinical challenges as well as recruit them to the SSLCs.

TJJD-SSLC-SH Collaboration

This fiscal year, SSLC leadership entered into a collaborative partnership with the State Hospitals (SH) and the Texas Department of Juvenile Justice (TJJD), with a vision to strengthen behavioral health services for people HHSC serves in these settings. The goal of this collaboration is to expand the skill sets of behavioral health staff who serve people with intellectual disabilities (ID) and others in the juvenile justice and other institutional settings, by building expertise in trauma-informed care and interventions, functional behavior assessment and positive behavior support, treatment effectiveness, and other evidence-based interventions. The Learning Collaborative Leadership group held a statewide kickoff in April 2019 which was attended by more than 70 people from the three agencies. As a result of the kickoff, the state will:

- Conduct bimonthly clinical support and case review calls.
- Create a collaborative SharePoint site which will place all training material and other resources in one area and be accessible to staff from all three agencies.
- Plan for additional live trainings and workshop events.

UNT Clinical Supervision Program

This fiscal year HHSC expanded an agreement with the University of North Texas (UNT) to include clinical supervision for 10 SSLC employees, working towards their BCBA certifications. The UNT Behavior Analysis Resource Center (BARC) developed an efficient functional assessment process. UNT trained behavioral health staff to use their functional assessment process. Additionally, UNT provided supervision to staff in the practical application process. HHSC is expanding the program in the

next fiscal year to include up to 24 employees who will, in turn, apply the knowledge and practical skills they learn with residents. UNT will also provide additional supervision hours and continuing education units, as well as training for the entire behavioral health departments, at two SSLCs.

Behavioral Health "Think Tank"

In an effort to improve efficiencies and retention of SSLC behavioral health departments, state office created a behavioral health "think tank." Many ideas and action items came forth from round table discussions. Based on these discussions, HHSC will develop new initiatives to make improvements and efficiencies within SSLC departments and help retain behavioral health staff. Most notably, efforts to streamline and standardize are underway, and monthly "brown bags" that will focus on topics of interest are scheduled.

5. SSLC Initiatives

Under the terms of the settlement agreement, there are 20 substantive sections of improvement, each of which must receive a rating of substantial compliance from the independent monitoring team. When a center achieves substantial compliance with any substantive section of the agreement for three consecutive monitoring visits, no further monitoring or reporting is required for that section. The following summarizes efforts by the SSLCs to improve compliance in specific sections of the settlement agreement.

Abilene SSLC

Section C: Protection from Harm – Restraints

The center is working to ensure staff have a full understanding of how and when to implement restraints, including how to document them. SSLC staff retrain restraint monitors annually on the restraint policy, including timeliness requirements. The director of behavioral services reviews all restraint documentation and provides immediate retraining when staff do not report or respond to the restraint in a timely manner. Direct support professionals (DSPs) started participating in restraint notification training drills beginning May 1, 2019. Additionally, interdisciplinary teams (IDTs) continue to meet to review the individual's program, analyze each occurrence of restraint, and make any recommendations, as needed. The nursing department continues to audit documentation monthly to ensure physical assessments following restraint episodes are documented appropriately.

Section J: Psychiatric Care and Services

The center is writing psychiatric goals and documenting this information in the integrated resident information system (IRIS). Center staff train the psychiatry department staff on how to modify integrated health care plans (IHCPs) in IRIS to include an individual's psychiatric goals. Psychiatry staff add goals when the annual treatment plan is due. Additionally, staff document any goal progression or revision in the IHCP at least quarterly. The center is also ensuring the individual's active problem list includes the most current psychiatric diagnosis. Quality assurance (QA) nursing staff conduct a monthly audit of annual medical assessments (AMA) to ensure that the most current psychiatric diagnoses are included.

Section Q: Dental Services

The center is focused on oral hygiene practices and monitoring. Dental providers develop IHCP oral hygiene interventions that include the frequency of monitoring. The annual dental summary committee reviews the individual support plans (ISPs) and Qualified Intellectual Development Professional (QIDP) reviews of five individuals each month to ensure that dental data is discussed and documented appropriately. Quarterly, center staff report the percent of individuals with suction tooth brushing ordered with IDT-approved tooth brushing plans in the IHCP to the quality assurance/quality improvement (QA/QI) council. Oral hygiene levels and current oral care supply lists for residents are shared with QIDPs monthly.

Austin SSLC

Section Q: Dental Services

The center is working to ensure IDTs discuss and document dental sedation, refusals, and restraints. The dental department provides residents with timely routine care including exams, cleanings, treatment, and emergency care consistent with American Dental Association guidelines. Dental service staff use an IDT approach to review, assess, and develop intervention plans and desensitization programs to deliver optimal care. The dental department also uses a system to track sedation, treatment refusals, and restraints. Dental staff and the settlement agreement coordinator review all ISPs and the QIDP monthly reviews. They send any documents with missing information to the director of QIDP services for correction.

Section J: Psychiatric Care and Services

The psychiatry department ensures documentation on medication side effects monitoring is completed as required. Prescribers review, monitor and report on the side effects of psychotropic medication at least quarterly. Psychiatry staff use a tracker to help meet timelines. The psychiatry department works to ensure they document psychiatry participation throughout the ISP process. The department has been working closely with ISP facilitators on the ISP template, to ensure each field has the appropriate information.

Section L: Medical Care

The medical department monitors the ISPs and the IHCPs to ensure the documents include action steps and the frequency of monitoring to address chronic and at-risk conditions based on clinical guidelines. ISP facilitators notify the IDT when ISP

documents five days before ISP documents are finalized. This allows the IDT to review the documents and provide corrections to the ISP facilitator.

Brenham SSLC

Section P: Habilitation Therapies

To help improve compliance in this section, the habilitation therapy director reviews the occupational therapy and physical therapy assessments, including dysphagia assessments, before submission for an annual ISP. The assessor receives feedback to make corrections or expand content before the assessment due date. Center staff also review the ISP document before it is verified to ensure it has all pertinent information, relative to the assessment.

Section J: Psychiatric Care and Services

The psychiatry department focuses on the timeliness and quality of integrated progress notes, clinical notes, comprehensive psychiatric evaluations and psychiatric annual updates. The department has increased its focus on developing psychiatric goals that reliable data can represent. Center staff increased their attention on the coordination between psychiatry and behavioral health services, to ensure the psychiatrists help develop positive behavior support plans.

Section D: Protection from Harm – Abuse, Neglect and Incident Management

The incident management department focuses on completing thorough investigations on time. The incident management department communicates regularly with HHSC Provider Investigations about the deadlines and extensions of investigations and includes documentation in investigation files to provide a timeline of communication. The facility established a system for tracking and trending abuse, neglect and exploitation allegations and confirmations, as well as injuries. Quarterly, center staff review and analyze trends using a rolling 12-month period at the QA/QI council.

Corpus Christi SSLC

Section Q: Dental Services

Dental ensures goals and objectives are clinically relevant and achievable. The department modified the IHCP intervention templates to include deadlines. Training and supports specific to individual needs regarding suction toothbrushing ensure

proper delivery of services. The department is establishing baseline data on toothbrushing activities. IDTs use the baseline data to track progress in residents' monthly reports. Continuous focus in these areas will lead to improvement in dental services and supports compliance with the settlement agreement.

Section J: Psychiatric Care and Services

Psychiatry is focusing on goals, objectives and psychiatric diagnoses to increase compliance with the settlement agreement. Center staff implemented plans to ensure goals are measurable, linked with behavioral objectives, and include pro-social goals. Department staff monitor the inclusion of psychiatry goals in the ISP and IHCP related to psychiatric diagnoses and current level of functioning. Psychiatry and behavioral health services staff collaborated to ensure residents receive comprehensive and integrated clinical services.

Section N: Pharmacy Services

Pharmacy focuses on implementing recommendations agreed upon in quarterly drug regimen reviews. The clinical pharmacist tracks recommendations and ensures primary care providers (PCPs) document agreement or disagreement and implement the recommendations when necessary. Center staff send emails weekly to PCPs to aid timely responses.

Denton SSLC

Section J: Psychiatric Care and Services

Psychiatry is focusing on the eight indicators that the independent monitors continue to score. The department is working to maintain the other indicators that scored at 85 percent or higher. Center staff monitor these areas through the external auditor and discipline lead audits.

Section D: Protection from Harm – Abuse, Neglect and Incident Management

A few efforts are underway to improve compliance in this area. Center staff are focusing on the four indicators now in active oversight, in addition to those that scored at 85 percent or higher. Center staff changed the membership of a committee that reviews all incident reports, and all investigators received additional training. Staff are working with the incident management (IM) department to include the new minimum core IM requirements the state office developed into the quarterly quality assurance/ quality improvement (QA/QI) council trend reviews.

Finally, staff are conducting campus-wide training to reduce the number of confirmations of abuse by HHS Provider Investigations.

Section C: Protection from Harm – Restraints

Plans of improvement are in place for indicators in active oversight in this area, and monitoring continues for indicators that scored 85 percent or higher. To improve compliance, a designated co-lead and other staff are spending more time in targeted homes after hours and on weekends. Center staff have provided training on verifying and approving restraint documentation in integrated resident information system (IRIS).

El Paso SSLC

Section T: Serving Individuals in the Most Integrated Setting

The center is focused on pre-transition training and competency testing for provider staff in community settings. This includes added emphasis on demonstrations during in-services, overnight stays, and pre-site visits to confirm the provider staff's ability to implement supports. Center staff monitors and tests provider competence of these practices. Center staff conduct interviews and observations during the visits. Additionally, staff record observations of provider tours and visits for IDTs to review and formally address concerns prior to overnight visits, if any. Center staff intervene and model how to carry out supports, when necessary, and record observations for the IDT to review.

Section J: Psychiatric Care and Services

Center staff include clear explanations describing how each indicator relates to a psychiatric condition or diagnosis. Behavioral health staff provides specific observable descriptions as examples for DSPs to document resident observations in IRIS. The IDT monitors and analyzes this data to assess the efficacy of the resident's psychotropic medication regime and determine if the resident's medication needs to change.

Psychiatry is creating databases to track various elements through checklists and spreadsheets to ensure accuracy, consistency within integrated systems, timeliness, and process completion. The QA nurse is auditing this work along with the psychiatric assistant, and results are presented at the QA/QI council quarterly. Psychiatry and behavioral health staff continue to jointly review PBSPs and psychiatric support plans.

Section C: Protection from Harm – Restraints

The behavioral health assistant tracks all restraint information to ensure center staff documentation is initiated and completed within the required timeframes for physical and chemical restraints. The IDT reviews physical restraints occurring within camera view to ensure staff used the least restrictive measures during the behavioral crisis and implemented the restraint because of imminent danger. Additionally, center staff review videos to provide ongoing training to direct support staff. Further, behavioral health and residential staff participate in scenario-based trainings where they can role play less restrictive interventions before they use restraints on a resident. Behavioral health coaches conduct rounds in areas where restraints happen frequently. They also respond to behavioral crises to provide additional guidance to the staff, monitor the use of interventions, and ensure staff apply restraints in accordance with policy and individualized plans.

Lubbock SSLC

Section D: Protection from Harm – Abuse, Neglect and Incident Management

The director of incident management reviews each unusual incident and all documentation discrepancies. The director notes and addresses timeliness issues. Additionally, the state office developed a new trend report template and issues identified through this report are sent to interdisciplinary teams for action. Center staff develops action plans when investigations are completed, and action plans are tracked with evidence to support completion.

Section J: Psychiatric Care and Services

The center is focused on psychiatric indicators and goals with a documented psychiatric diagnosis. These include an explanation of how each indicator is related to the diagnosis, and a description in observable terms so staff can determine when indicators occur. The indicators and goals also include a description of the type of data to collect, the frequency of collection and instructions for staff. To ensure all required elements are documented, center staff enters psychiatric indicators and goals in the IHCP section of the ISP document when the annual psychiatric treatment plan is submitted. Psychiatrists will document any comprehensive psychiatric assessments, completed before 2016 that do not contain all required elements, in the new state-approved format.

Section N: Pharmacy Services

The pharmacy has taken steps to improve potential adverse drug reaction recognition and reporting through an in-service education program for primary care providers, psychiatry, dental, and nursing. Pharmacy recently adopted the state office standardized drug utilization evaluation template and will use it for all future evaluations. A quality assurance nurse completes pharmacy monitoring tools monthly by reviewing a random sample of Quarterly Drug Regimen Reviews (QDRRs) to evaluate compliance with the tools. The results are reported to the pharmacist monthly and to the QA/QI council quarterly.

Lufkin SSLC

Section D: Protection from Harm – Abuse, Neglect and Incident Management

The center is focused on reducing the number of unusual incidents. Staff are reviewing data trends, implementing action plans, and following up on the effectiveness of the action taken, as well as the plans. The incident management and QA departments use the internal monitoring tool to review investigations and ensure reports are accurate, complete and thorough.

Section K: Psychological Care and Services

The center is striving to ensure residents have goals and objectives for psychological and behavioral health services that are measurable and based upon assessments, to adequately support their behavioral health needs. Center staff review this information weekly, and staff are expected to make all necessary corrections prior to submitting a finalized report.

Section C: Protection from Harm – Restraints

The center is striving to decrease the use of restraints by implementing the Safe Use of Restraints techniques. The center has been teaching trauma-informed care, using supported escort, as well as the Ukeru blocking pads. When possible, center staff review video to determine whether staff need re-training and performance actions. The center also has a restraint reduction team which meets monthly, as part of the safety team, and reviews strategies to reduce restrictive practices.

Mexia SSLC

Section N: Pharmacy Services

The center is focusing on improving QDRRs and completing recommendations. The clinical pharmacist will ensure all recommendations in the QDRR carry over to the recommendations page. To ensure compliance, the pharmacy director audits five charts monthly. The clinical pharmacist will continue to include the nurse case managers, the QA nurse, and the pharmacy clerk on correspondence, notifying prescribers when QDRRs are ready for review. This helps ensure follow-up with recommendations. A pharmacy clerk contacts nurse case manager one month after the notification to check the prescribers' progress. Clinical pharmacists are polled near the end of each month for a compliance update on timely completion.

Section D: Protection from Harm – Abuse, Neglect and Incident Management

The center is focusing on various aspects of incident management, from staff reporting the incident to tracking and trending incidents. To ensure staff report incidents on time, the center created contact cards for all staff and residents, to help with the reporting process. The center tracks all late reports from the time of notification. This includes discussing the situation during incident management review team meetings and referring issues to departments through the unusual incident report recommendations. Incidents are reviewed during the incident management review team meeting, the review authority, and the incident management coordinator's review, to ensure investigations are thorough, complete, and accurate. Center staff review and discuss non-serious injury investigations reports from the point of initiation until completion, and track to determine if ANE should be reported.

Section C: Protection from Harm - Restraints

The center is focusing on reducing the number of restraints. The restraint reduction board watches video of restraints to ensure restraint monitoring is occurring. The board discusses antecedents, determines if additional supports should be considered by the IDT, and provides recommendations. Center staff tracks all assessments, meetings, and recommendations to completion.

Richmond SSLC

Section D: Abuse, Neglect and Incident Management

The center has restructured the IM department to allow increased communication between incident and risk management for incident response, investigation, and protective actions. The center implemented a review authority to review investigations, provide feedback, and create recommendations in a team environment. The center revised the internal trend review for unusual incidents, which includes action steps to affect systemic change in identified trends for injuries and incidents. The center also implemented a corrective action plan that reviews ANE investigations, and focuses on timely reporting, completion of emotional assessments, and timely reassignment of alleged perpetrators.

Section C: Protection from Harm – Restraints

Behavior health services staff implemented a checklist to use when reviewing each crisis intervention restraint to better maintain compliance with documentation. Nursing is monitoring all protective mechanical and crisis intervention restraints using audit tools, which allows for immediate intervention and training of nursing staff on required documentation.

Section K: Psychological Care and Services

Behavioral health services staff are working on timeliness of positive behavior support plans (PBSPs) for all new admissions. Center staff established time frames to complete PBSPs based on the structural and functional assessments. Behavioral health services also developed a system for progress note timeliness and quality assurance audits, to increase the likelihood that PBSP data are reliable.

Rio Grande SSLC

Section L: Medical Care

Medical services staff are focusing on annual medical assessments and the interval medical reviews (IMRs). Ensuring these assessments include the required components of the settlement agreement is essential. Additionally, the QA nurse audits Annual Medical Assessments (AMAs) and IMRs and addresses findings with the primary care provider, as needed. The center also plans to hire medical services staff to assist with on-call coverage, completion of medical assessments and to provide additional training.

Section Q: Dental Services

Dental services is focusing on improving documentation on the annual dental examination and the annual dental summary. The center will contact the community dentist to ensure treatment plans address required components of the settlement agreement. The hygienist is updating the template for the dental summary, and the QA nurse is reviewing a sample to ensure the quality of the documentation is improving. Suction toothbrushing is also a focus for dental services. The dental hygienist coordinates with nursing to ensure proper documentation is present and monitoring is completed. Dental services staff are working to ensure treatment plans include a robust discussion about risks and oral health issues.

Section K: Psychological Care and Services

The focus for behavioral services is the implementation of skill acquisition plans (SAP) and integrity checks. The BHS director has enhanced the SAP tracker to ensure timely development of, training on, and implementation of SAPs. The department also works to ensure residents have meaningful and realistic SAPs. The center is in contact with University of Texas Rio Grande Valley to assist in completing SAP integrity checks.

San Angelo SSLC

Section D: Protection from Harm – Abuse, Neglect and Incident Management

The center is working to reduce peer-to-peer physical aggression. We created a committee to review the peer-to-peer aggression debrief process, incidents, and trends, which are reported to the IMRT. Campus coordinators interview victims and aggressors face-to-face to obtain details of the incident for review. Behavior health staff help with peer-to-peer responses while on campus and conduct immediate support and retraining when forms are not completed correctly. To improve the timeliness and accuracy of information, staff from nursing, behavioral health, and residential services have access to the peer-to-peer log, so it can be updated daily. The center added instructions to the peer-to-peer aggression incident form, revised the home shift logs, and retrained staff on the process. The center also added new sections to the unit meeting to focus on off-campus activities and program attendance.

Section L: Medical Care

The center is focusing on preventative care and screenings to identify risks and treatments needed as early as possible. This includes:

- Developing and utilizing nursing and medical protocols when health concerns are identified.
- Training for improved physical assessments to quickly and accurately identify health concerns.
- Ensuring physical and nutritional management plans are developed to assist with maintaining optimal health.
- Tracking and trending specific health areas.
- Improving infection control, constipation and aspiration procedures.

Section S: Habilitation, Training, Education, and Skill Acquisition Programs

The center is focused on:

- Increasing participation in day programs outside of homes.
- Developing hybrid vocational/habilitation day programs.
- Programs for some specialty groups, such as people with autism, young adults with intense behavioral needs, and social skills for young adults.
- More recreational activities during evenings and weekends, to include a focus on community outings.
- More in-home active treatment activities.

The center organized an active treatment committee and is meeting twice a month to focus on programs for young adults, such as cooking, computer lab, technology, health decision making, and relationship education. The committee is developing a tracking form to more consistently track attendance and participation in programming. Additionally, center staff provides focused training with direct care professionals to become good role models, coaches, teachers and mentors.

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Section J: Psychiatric Care and Services

The center is focused on improving documentation and treatment plans. Psychiatry takes an active role in developing the Positive Behavior Support Plans (PBSPs), by reviewing and developing plans in the quarterly psychiatric clinic before the individual support plan. Psychiatry also addresses the completion of medication side effect documentation, by reviewing and signing all documents for those with

psychiatric services after assessments are completed. The IDT documents and discusses long-term side effects of antipsychotic medications during the quarterly psychiatric clinic. To maintain timeliness of psychiatric assessments, the psychiatry assistant tracks and notifies nurse case managers of upcoming psychiatric clinics and documents that are due soon. Psychiatrists provide justification for using polypharmacy and justification of plans for medication tapering or titration in quarterly clinic notes or annual psychiatric assessments.

Section D: Protection from Harm – Abuse, Neglect and Incident Management

The center ensures documents are complete and timely, and investigators review statements and video footage when ANE is suspected. The outcomes of internal and external investigations are reviewed by center staff to assess the adequacy of new protections. A review authority identifies any additional concerns and recommendations. The center tracks injuries, falls, peer-to-peer physical aggression, allegations and confirmations of abuse, neglect and exploitation, and unusual incidents to identify trends and ensure recommendations and corrective actions are appropriate. Based on monthly outcomes and action plans, a sample of identified individuals are reviewed quarterly to ensure recommendations were implemented.

Section C: Protection from Harm - Restraints

The center continues its efforts to decrease all types of restraints. Interventions are implemented by center staff to reduce restraint episodes, by revising PBSPs and changing work areas and tasks. The center emphasizes effective and consistent implementation of plans and positive reinforcement to avoid restraint.

Section N: Pharmacy Services

The center is focused on ensuring side effect monitoring is performed on time, that all pertinent lab values are included, and that metabolic syndrome labs are reviewed by center staff. Monthly random audits are performed on the clinical pharmacist's work by another pharmacist. The department also monitors Quarterly Drug Regimen Reviews (QDRR) signature dates, recommendations, and actions taken on recommendations by the primary care providers. Follow-up with primary care providers ensures prescribers are properly implementing the clinical pharmacist's recommendations.

6. Conclusion

Following legislative approval required by the Civil Practice and Remedies Code, Chapter 111, the Parties agreed on an additional method through which recognition of substantial compliance may be achieved and are in the process of reducing that agreement to writing in an amended settlement agreement.

The initiatives described in this report provide the following benefits:

- Achieve targeted improvements in services and supports for SSLC residents.
- Reduce the administrative burden on SSLC staff.
- Clearly define metrics developed by the independent monitoring team that HHSC can be used as a model for the SSLC systemwide QA process.
- Consistently define and track quality of care outcome measures across the state.
- Provide the state with a clear and achievable path to exiting the settlement agreement.

List of Acronyms

Acronym	Full Name
AMA	Annual Medical Assessment
ANE	Abuse, Neglect and Exploitation
DOJ	Department of Justice
DSP	Direct Support Professional
FY	Fiscal Year
HHSC	Health and Human Services Commission
IDT	Interdisciplinary Team
IHCP	Integrated Health Care Plan
IM	Incident Management
IMRT	Incident Management Review Team
IRIS	Integrated Resident Information System
ISP	Individual Service Plan
PBSP	Positive Behavior Support Plan
QA/QI	Quality Assurance/Quality Improvement
QDRR	Quarterly Drug Regimen Reviews
QIDP	Qualified Intellectual Disability Professional
QIP	Quality Improvement Plan
QRT	Quality Review Team
QSR	Quality Service Reviews
SAP	Skill Acquisition Plan
SSLC	State Supported Living Center

Appendix A. DOJ Settlement Agreement Sections

Section	Topic
C	Protection from Harm – Restraints
D	Protection from Harm – Abuse, Neglect, and Incident Management
E	Quality Assurance
F	Integrated Protections, Services, Treatments and Supports
G	Integrated Clinical Services
H	Minimum Common Elements of Clinical Care
I	At-Risk Individuals
J	Psychiatric Care and Services
K	Psychological Care and Services
L	Medical Care
M	Nursing Care
N	Pharmacy Services
O	Minimum Common Elements of Physical and Nutritional Management
P	Physical and Occupational Therapy
Q	Dental Services
R	Communication
S	Habilitation, Training, Education, and Skill Acquisition Programs
T	Serving Institutionalized Persons in the Most Integrated Setting
U	Consent
V	Recordkeeping and General Plan Implementation

Appendix B. Domains of Care

Domain 1: The state will make reasonable efforts to ensure that individuals in the target population are safe and free from harm through effective incident management (IM), risk management, restraint usage and oversight, and quality improvement systems.

Domain 2: Using its policies, training, and quality assurance systems to establish and maintain compliance, the State will provide each individual in the target population with a service plan it develops through an integrated individual support planning process. The plan will address the individual's strengths, preferences, choice of services, goals, and needs for protections, services, and supports.

Domain 3: Individuals in the target population will achieve optimal physical, mental, and behavioral health and well-being through access to timely and appropriate clinical services.

Domain 4: Individuals in the target population will engage in meaningful activities, through participation in active treatment, community activities, work and educational opportunities, and social relationships consistent with their individual support plan.

Domain 5: Individuals in the target population who are appropriate for and do not oppose transition to the community will receive transition planning, transition services, and will transition to the most integrated settings necessary to meet their appropriately identified needs, consistent with their informed choice.