



FOR IMMEDIATE RELEASE:

August 6, 2013

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**AFTER FOUR YEARS, FACILITY IN BRENHAM STILL FAR FROM REACHING
CRITICAL GOVERNMENT COMPLIANCE REQUIREMENTS
RESIDENTS REMAIN AT HIGH RISK FOR ABUSE AND NEGLECT**

BRENHAM, TX—According to the latest U.S. Department of Justice (DOJ) monitoring report for the Brenham State Supported Living Center (BSSLC) operated by the Texas Department of Aging and Disability Services (DADS), the facility remains out of compliance in 131 out of 171 areas *after four years of efforts to improve*. The facility achieved nominal progress since its last review in July 2012, with current overall compliance moving from 19.5 to 25.98 percent. The deadline for 100 percent compliance for this facility and all SSLCs in Texas was June 26, 2012 – more than one year ago.

Current total compliance for all facilities in Texas is less than 29 percent.

“If a prospective doctor or attorney incorrectly answered more than half of the questions on their licensing exam, no one would think twice about not allowing them to practice. And yet the state allows these digressing facilities with less than 27 percent compliance to be responsible for the basic health and safety needs of a vulnerable population of people,” said Haley Turner, advocate supervisor for Disability Rights Texas (DRTx), the federally designated legal protection and advocacy agency for Texans with disabilities. “The deadline for 100 percent compliance was over 12 months ago, and it causes us grave concern that all SSLCs in Texas are *still* significantly behind where they should be in improving the protections, supports and services they provide to individuals under their care.”

According to the current DOJ report, the Brenham SSLC major areas of failure in Settlement Agreement Provisions include:

- Progress on completing comprehensive psychiatric evaluations has stalled.
- Two-thirds of interventions developed at the facility continued to lack effective integration of psychiatric and behavioral services.
- The facility had not demonstrated consistent reporting of allegations and serious incidents within the timeframes required by policy.
- Staff were observed not implementing Physical and Nutritional Management Plans and not displaying safe practices that minimize the risk of Physical and Nutritional Management decline. Individuals were observed poorly positioned and with safe dining strategies not implemented.
- Therapy plans were not implemented as written. Individuals were observed without supportive devices.
- Though the facility revised its restraint policy effective 12/31/12, the requirements associated with protective mechanical restraint for self injurious behavior had not as yet been implemented.
- Individual Support Plans (ISPs) reviewed lacked many of the criteria specified in the DOJ Settlement Agreement
- ISPs still did not consistently specify individualized, observable and/or measurable goals/objectives.
- ISPs did not consistently specify the treatments or strategies to be employed, and the necessary supports to attain identified outcomes related to each preference and meet identified needs nor did barriers to living in the most integrated setting always lead to goals, objectives, or service strategies.
- The facility must develop and implement a medical quality assurance process and further develop policies, procedures, and clinical guidelines deemed necessary for operational needs.
- The Nursing Discharge Summaries and plans of care need continued improvement.

- The facility had yet to develop and implement necessary policies, procedures, guidelines, and practices to gain substantial compliance for the Dental Services section of the Settlement Agreement.
- Apart from vocational settings, minimal functional engagement for individuals living at the facility was observed.
- Community-based employment had not expanded.
- The Most Integrated Setting section of the Settlement Agreement was found to be not in compliance overall:
 - Improvement is needed in assessing, planning for, and implementing a plan for each person's needs for education and awareness about community living options.
 - The IDT also often failed to identify in each individual's ISP the protections, services, and supports that needed to be provided to ensure safety and the provision of adequate habilitation in the most integrated appropriate setting based on the individual's needs, or the major obstacles to the individual's movement to the most integrated setting consistent with the individual's needs and preferences and the strategies intended to overcome such obstacles.
 - These deficits were apparent in Community Living Discharge Plans that did not adequately reflect the protections, services and supports an individual would need to make a successful transition to community living.
 - Improvement is needed in adequate assessment and timely action to prevent the failure of community transitions.
- The facility is still not in compliance in the provision for Consent. For instance, there was no statewide or local policy that addressed either a standardized tools or methodology IDTs should use to assess and prioritize the need for a Legally Authorized Representative, an advocate or other assistance an individual might need in decision-making, nor was there any evidence that IDTs were yet making any concerted effort to address capacity for decision-making or strategies to enhance these capacities.

Visit <http://www.dads.state.tx.us/monitors/reports/index.html> for view the latest DOJ monitoring reports for SSLCs in Texas. For additional information on how all the state supported living centers are performing, visit the Disability Rights Texas onsite Press Room at www.disabilityrightstx.org/who-we-are/press-room/.

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Disability Rights Texas (formerly named Advocacy Inc.) is a nonprofit organization that protects and advances the legal, human and service rights of Texans with a broad range of disabilities. Disability Rights Texas is federally funded and designated as the protection and advocacy agency (P&A) for the state of Texas.