



John Keel, CPA
State Auditor

An Audit Report on

**The Department of State Health
Services' Human Resources
Management at State Mental
Health Hospitals**

July 2011

Report No. 11-044



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Overall Conclusion

The Department of State Health Services' (Department) human resources practices are generally adequate to help ensure compliance with applicable laws, policies, and procedures regarding criminal history background checks, abuse and neglect searches, and training requirements for employees of state mental health hospitals (state hospitals). Specifically, the Department:

- Has a process to help ensure that it does not hire employees with (1) a criminal conviction that would bar them from employment at state hospitals or (2) a confirmed allegation of abuse or neglect. The Department conducted pre-employment criminal history background checks and searches of the Nurse Aide Registry, the Employee Misconduct Registry, and the Client Abuse and Neglect Reporting System (CANRS) as required. The Department also conducted an annual search of the Nurse Aide Registry and the Employee Misconduct Registry for all hospital employees as required.
- Has a training program to help ensure that state hospital staff and managers are trained in accordance with applicable laws, policies, and procedures. The Department also established procedures to monitor whether state hospital employees are complying with the Department's internal training goals.
- Established a process that helps ensure that state hospitals completely and accurately entered allegations of abuse and neglect into CANRS. In addition, the Department's process also helps to ensure that employees with confirmed allegations in Class I (serious physical or sexual abuse) were separated from employment as required by the Texas Administrative Code.

Background Information

The Department of State Health Services operates 10 state mental health hospitals (state hospitals) that provide inpatient clinical behavioral health services. The state hospitals include:

- Austin State Hospital.
- Big Spring State Hospital.
- El Paso Psychiatric Center.
- Kerrville State Hospital.
- North Texas State Hospital.
- Rio Grande State Center.
- Rusk State Hospital.
- San Antonio State Hospital.
- Terrell State Hospital.
- Waco Center for Youth.

As of November 30, 2010, the state hospitals' employee population consisted of approximately 7,717 employees. See Appendix 2 for additional information on state hospitals.

Auditors identified several weaknesses that the Department should address to improve its processes related to criminal history background checks, allegations of abuse and neglect, and the management of its information technology systems. Specifically, the Department should ensure that:

- State hospitals clearly identify positions that, if they become vacant, must be filled immediately on a temporary or interim basis pending a criminal history clearance and communicate that information to Health and Human Services-Human Resources.
- It completely and consistently documents volunteer information so that it can determine whether state hospitals comply with pre-assignment clearance requirements for volunteers.
- It provides documented guidance to state hospitals that clearly outlines the Texas Administrative Code requirement for entering confirmed allegations of abuse and neglect into CANRS within 30 calendar days.
- It implements the guidelines requiring state hospitals to report confirmed allegations of abuse and neglect to the appropriate state licensing authorities and that all state hospital employees are aware of the reporting requirements.

Furthermore, the Health and Human Services Commission should improve user access controls over the two information technology systems that the Department uses to track employee information to reduce the risk of unauthorized access and modification of data in those systems.

Auditors communicated less significant issues to Department management separately in writing.

Summary of Management's Response

The Department and the Health and Human Services Commission agree with the recommendations in this report. The agencies' detailed management responses are presented immediately following each set of recommendations in the Detailed Results section of this report.

Summary of Information Technology Review

Auditors performed a limited review of general controls over the two information technology systems that the Department uses to track employee information—the AccessHR-Vurv system and CANRS. Auditors also performed a limited review of controls over the AccessHR-Training system. This included reviewing user access. Auditors also reviewed selected application controls for AccessHR-Training and CANRS, which included selected edit checks controls. Auditors identified user access control weaknesses (see Chapter 1 and Chapter 3 of this report for additional information).

Auditors also reviewed selected controls to assess the reliability of selected systems' data. Based on that review, auditors determined that the system data in AccessHR-Vurv, AccessHR-Training, and CANRS was reliable for the purpose of this audit. Auditors were not able to determine the reliability of the Volgistics and Paradigm databases that the state hospitals use to track volunteers' information.

Auditors did not review the completeness and accuracy of the following systems: Department of Aging and Disability Services' Nurse Aide Registry and Employee Misconduct Registry and the Department of Public Safety's Computerized Criminal History System within the Criminal Justice Information System.

Summary of Objectives, Scope, and Methodology

The objectives of this audit were to determine whether (1) the Department's human resources practices at state hospitals regarding criminal history background checks and allegations of abuse and neglect comply with applicable laws, policies, and procedures and (2) the Department trains state hospital staff and managers in accordance with applicable laws, policies, and procedures.

The scope of this audit covered September 1, 2008, through November 30, 2010.

The audit methodology included reviewing policies and procedures, statutes, and rules related to human resources practices and training requirements for state hospitals; conducting name-based criminal history background checks on employees of and volunteers for the Department's 10 state hospitals; searching the Nurse Aide Registry, Employee Misconduct Registry, and CANRS; reviewing training records; reviewing investigation cases related to confirmed allegations of abuse and neglect; reviewing human resources actions taken in response to confirmed allegations and confirmations of abuse and neglect; reviewing information to determine whether state hospitals informed the state licensing authority of reportable incidents of abuse and neglect; and conducting interviews primarily with management and staff at the Health and Human Services Commission, the Department, and NorthgateArinso, the Health and Human Services Commission's contractor.

Acknowledgement

We appreciate the assistance of the Department of Public Safety's Crime Records Service in performing the criminal history background checks necessary to conduct this audit.

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Detailed Results

Chapter 1

The Department Has Adequate Processes to Help Ensure That It Does Not Hire Employees with Prohibited Criminal Convictions or Confirmed Allegations of Abuse and Neglect

The Department of State Health Services (Department) generally complied with applicable laws, policies, and procedures regarding abuse and neglect for employees of state mental health hospitals (state hospitals). The Department has adequate processes in place to help ensure that it does not hire employees who have a criminal conviction that would bar them from employment at the Department's state hospitals. The Department also has processes to help ensure that it does not hire anyone who has a confirmed allegation of abuse or neglect listed in the Nurse Aide Registry, the Employee Misconduct Registry, or the Client Abuse and Neglect Reporting System (CANRS).

The Department complied with applicable laws, policies, and procedures requirements by conducting pre-employment criminal history background checks and searches of the Nurse Aide Registry, the Employee Misconduct Registry, and CANRS. In addition, as of September 2010, the Department began conducting annual searches of the Nurse Aide Registry and the Employee Misconduct Registry for all hospital employees.

State Health and Human Services Agencies

The Health and Human Services Commission (Commission) provides oversight for all state health and human services agencies. Those agencies include the Department of Aging and Disability Services, the Department of State Health Services, the Department of Assistive and Rehabilitative Services, and the Department of Family and Protective Services.

As part of this oversight, the Commission's HHS-HR serves as the agencies' human resources function. The Commission has outsourced some of the human resources functions to NorthgateArinso, a contractor that performs some hiring activities, including tracking employee applications, initiating criminal history background checks, and conducting registry searches.

However, the Department has not established a process that requires hospitals to communicate to Health and Human Services-Human Resources (HHS-HR) which positions that, if they become vacant, should be considered "emergency positions" (see text box for additional information regarding the function of HHS-HR). According to Title 25, Texas Administrative Code, Chapter 414, an emergency exists if there is a risk to the health and safety of consumers as a result of unfilled positions or the operations of the organization would be severely impaired as determined by the hospital's chief executive officer. The Department may hire applicants on a temporary or interim basis for emergency positions before receiving the results of a criminal history background check if (1) the applicant is not listed as revoked in the Nurse Aide Registry or as unemployable in the Employee Misconduct Registry, (2) a criminal history background check is initiated within 72 hours of the employee's hiring date, and (3) the applicant signs an affidavit stating that he or she does not have any convictions that would bar the employee from working at a state hospital.

In addition, the Department did not consistently document the dates and results of searches of the Nurse Aide Registry, the Employee Misconduct

Registry, and CANRS in the AccessHR-Vurv system. The Department also did not consistently document volunteers' information.

Chapter 1-A

The Department Ensured That Criminal History Background Checks Were Conducted as Required; However, It Should Improve Its Processes for Identifying Emergency Positions at State Hospitals

Pre-employment criminal history background checks. The Department conducts or initiates criminal history background checks for applicants and new state hospital employees as required by Title 25, Texas Administrative Code, Section 414.504. Auditors conducted name-based criminal history background checks for a sample of 50 state hospital employees that the Department hired between September 1, 2008, and November 30, 2010, and did not identify any convictions that would bar any of the 50 employees from working at a state hospital.

The Department coordinates the screening and hiring of new employees with HHS-HR. The Texas Administrative Code and the *HHS-HR Manual* require an applicant to clear a criminal history background check before he or she can be hired for a state hospital position, unless an emergency exists as defined by Title 25, Texas Administrative Code, Chapter 414 (see discussion above). "Emergency" positions can be filled on a temporary or interim basis if (1) the individual is not listed as revoked in the Nurse Aide Registry or unemployable in the Employee Misconduct Registry, (2) a criminal history background check is initiated within 72 hours of the employee's hiring date, and (3) the employee signs an affidavit stating that he/she does not have any convictions that would bar the employee from employment at a state hospital.

For 48 of the 50 employees that auditors tested, the Department either (1) received criminal history background check results prior to the employee's hiring date or (2) initiated a criminal history background check within 72 hours of the employee's hiring date, as required by the Texas Administrative Code. The Department lacked documentation showing that a criminal history background check had been performed for two employees tested.

Of those 48 employees, the Department hired 13 prior to receiving the criminal history background check results; however, it did not receive the required signed affidavit or equivalent document for 9 of those 13 employees.

The Department has not established a process that requires each state hospital to communicate to HHS-HR which positions the hospital's chief executive officer has determined are "emergency" positions and, therefore, can be filled on a temporary or interim basis before the results of a criminal history background check are received. The classification of emergency positions varies among the 10 state hospitals. For example, one hospital considers all positions to qualify as emergency positions, while another hospital evaluates each position on a case-by-case basis. Without clearly identifying which

positions qualify as emergency positions in compliance with the Texas Administrative Code, there is an increased risk that (1) positions that do not meet the criteria for an emergency position will be filled by new employees who have not cleared criminal history background checks or (2) unfilled positions that qualify as emergency positions will not be filled quickly, which could impair the hospitals' operations. Increased communication from the state hospitals to HHS-HR would allow HHS-HR to take responsibility for ensuring that (1) only positions that qualify as emergency positions are filled on a temporary or interim basis prior to receiving the results of a criminal history background check and (2) all employees assigned to emergency positions sign the required affidavit or equivalent document before starting work.

Active employee criminal history background checks. The Department adequately ensures that state hospital employees do not have criminal convictions that would bar them from working in a state hospital. Auditors conducted name-based criminal history background checks for 50 state hospital employees the Department hired prior to September 2008 and did not identify any criminal convictions that would bar any of the 50 employees from working at a state hospital.

As recommended in a July 2006 State Auditor's Office report, the Department reported that it conducted annual criminal history background checks for all employees who were active as of May 2010 at all state hospitals.¹ Auditors could not determine whether the Department conducted criminal history background checks at 1 of the 10 state hospitals because the records were not available in the Department of Public Safety's archives. While the Department established a process to conduct annual criminal history background checks on all active employees to ensure continued employment eligibility, it had not documented and formally adopted that process as Department policy.

Volunteer criminal history background checks. Based on information provided by the state hospitals, auditors conducted name-based criminal history background checks for 50 volunteers and did not identify any criminal convictions that would bar the volunteers from providing services at a state hospital. Title 25, Texas Administrative Code, Section 414.504 (a), requires that a pre-assignment criminal history background check be performed for volunteers at state hospitals. Title 25, Texas Administrative Code, Section 448.601, requires state hospitals to maintain a file for each volunteer to demonstrate compliance. However, the Department did not consistently document volunteers' service start dates, the date on which it conducted the criminal history background checks, and whether volunteers passed this check

¹ In *An Audit Report on State Agencies' Use of Criminal History Records* (State Auditor's Office Report No. 06-049, July 2006), auditors recommended that the Department perform annual criminal history background checks on state hospital employees.

and were eligible to provide volunteer services. As a result, auditors could not determine whether the Department's state hospitals were consistently complying with Texas Administrative Code requirements related to volunteers.

Recommendations

The Department should:

- Clearly identify positions at state hospitals that, if they become vacant, must be filled immediately on a temporary or interim basis pending a criminal history clearance and communicate this information to HHS-HR.
- Ensure that an employee filling an emergency position for which a criminal history background check has not been conducted prior to employment signs the required affidavit or equivalent document stating that the employee has not been convicted of any criminal offenses that would prevent employment in a state hospital, and that the signed affidavit or equivalent document is retained in the employee's files.
- Formally adopt a written policy for its current practice of conducting annual criminal history background checks on all active employees to help ensure continued employment eligibility.
- Ensure that state hospitals document volunteers' basic information in the databases the Department uses to track volunteers. That information should, at a minimum, include the volunteer's first, middle, and last name; the volunteer's date of birth, gender, and service start date; the dates on which a criminal history background check was requested and results were received; and the results of criminal history background checks and registry searches.

HHS-HR should ensure that:

- Only positions that qualify as an emergency position are filled on a temporary or interim basis prior to a criminal history background check.
- All employees filling an emergency position for which a criminal history background check has not been conducted prior to employment sign the required affidavit or equivalent document stating that the employee has not been convicted of any criminal offenses that would prevent employment in a state hospital, and that the signed affidavits or equivalent documents are retained in the employees' files.

Department of State Health Services Management's Response

Hospitals have identified the positions that are exempt from the HHSC Hiring Freeze as emergency positions. These positions are identified in a memo to the DSHS Commissioner. We will ensure that this is reflected in AccessHR. Additionally, we will periodically review the determination of emergency positions.

For employees filling an emergency position for which a criminal history background check has not been conducted prior to employment, State Hospital staff will be trained to work with AccessHR to ensure that the appropriate forms are signed timely and retained in the appropriate files.

We believe that current policy language provides agency management with the flexibility and authorization to conduct CBCs at any time, which includes annual checks and any more frequent checks that may become necessary. However, we will work with the Health and Human Service – Human Resources to more clearly convey the responsibility to conduct criminal history background checks on all active employees to help ensure continued employment eligibility.

For volunteers, we will add the fields to the application in order to collect the recommended information. New instructions will be prepared for data entry to insure that the required information is entered into the data base, including the dates on which the criminal history background check was requested and received as well as the results of these checks and registry searches.

Estimated Completion Date: September 2011

Title of Responsible Person: DSHS MHSA State Hospital Section Director

Health and Human Services Commission Management's Responses

All employees hired at the DSHS state hospitals must satisfy a criminal background check. Individuals hired into direct care positions may not have contact with facility clients until the background checks have been completed and reviewed. HHS Human Resources policy requires that an employee who is hired with the agency must complete an initial six month probation period.

HHS Human Resources policy also requires that Form HR0201, "Emergency Appointment Pending Criminal Background Check" (or a comparable DSHS form), is to be completed and endorsed by an applicant filling an emergency position. To further improve compliance with this requirement, HHS HR will:

- *Develop a process to ensure that, for classifications eligible for emergency hire and for candidates identified by DSHS as emergency hires, the HR contractor will obtain either the results of a criminal background check or a completed Form HR0201 before processing the applicant for hire.*
- *Review the content of Form HR0201 to ensure it meets the needs of DSHS, updating the form if necessary.*
- *Determine where a copy of Form HR0201 should be maintained (for example, in the (a) official HR file or (b) applicable unit employee file), and issue a policy to provide appropriate guidance.*

Estimated Completion Date: December 2011

Title of Responsible Person: Employee Relations Manager, HHSC

The Department Has Adequate Processes to Help Ensure That Employees and Volunteers Do Not Have a Confirmed History of Abuse and Neglect; However, It Should Work to Ensure That Registries' Search Results Are Consistently Documented

Auditors searched the Nurse Aide Registry, the Employee Misconduct Registry, and CANRS for 50 state hospital employees and did not find any confirmed allegations of abuse and neglect (see text box for additional information about the state registries). Auditors also searched the Nurse Aide Registry and the Employee Misconduct Registry for 50 state hospital volunteers and did not find any confirmed allegations of abuse and neglect listed for the records tested.

State Registries

- The Nurse Aide Registry is a federally mandated registry that Texas implemented in 1989. All certified nurse aides are required to register with the Nurse Aide Registry. The Nurse Aide Registry is maintained by the Department of Aging and Disability Services. If a certified nurse aide has been found to have committed an act of abuse, neglect, or exploitation, that information would be listed in the Nurse Aide Registry.
- The Employee Misconduct Registry was established by the 76th Legislature. This registry includes only unlicensed employees who have committed reportable conduct as defined by the Texas Human Resources Code, Section 48.401(5). State hospital employees who have committed reportable conduct were not required to be listed in this registry prior to September 2010.

A person listed in either registry is deemed to be not employable with the State. Both of these registries are available to the public.

Title 25, Texas Administrative Code, Section 414.504 (a), requires that the Nurse Aide Registry and the Employee Misconduct Registry be searched before an applicant for a state hospital position is hired or a person is assigned volunteer status at a state hospital to ensure that applicants and volunteers do not have a confirmed allegation of abuse or neglect in the registries. The *HHS-HR Manual* also requires that the Department search CANRS prior to employment.

To comply with this requirement for new hires, job requisition coordinators at the Department's state hospitals, in conjunction with staff at HHS-HR and NorthgateArinso, a contractor that performs some hiring activities for HHS-HR, are responsible for documenting the date and results of the registries and CANRS searches in the AccessHR-Vurv system (see text box for more information about this system).

While HHS-HR and NorthgateArinso staff perform many of the tasks related to the required registries searches, this does not relieve the Department of its responsibility for ensuring that the required searches are conducted and fully documented.

AccessHR-Vurv System

AccessHR-Vurv is a third-party application owned by NorthgateArinso. This application is used by all staff involved in the hiring process, including employees at NorthgateArinso, HHS-HR, and state hospitals.

AccessHR-Vurv is used to track employees' application information throughout the hiring process. This includes tracking the status and results of criminal history background checks, as well as the results of searches of the Nurse Aide Registry, the Employee Misconduct Registry, and CANRS.

The Department and NorthgateArinso did not consistently document registries search dates and results in the AccessHR-Vurv system. As a result, the Department could not provide support showing that the required registries searches were conducted for all state hospital employees prior to employment. Of the 50 state hospital employee records tested:

- The Nurse Aide Registry search dates and results were documented for 38 (76 percent) of 50 applicants. Thirty-five (92 percent) of those 38 searches were conducted prior to the employee's hire date.

- The Employee Misconduct Registry search results were documented for 40 (80 percent) of 50 applicants. Thirty (75 percent) of those 40 searches were conducted prior to the employee's hiring date. Two searches were conducted after the employee's hiring date, and the Department did not document the date of the searches for eight records.
- The CANRS search results were documented for 31 (62 percent) of 50 applicants.

Texas Health and Safety Code, Section 253.008 (c), requires that, as of September 1, 2010, the Department conduct an annual search of the Nurse Aide Registry and Employee Misconduct Registry on all state hospital employees to determine continued employability. Auditors verified that the Department complied with this requirement. In addition, the Department conducted an annual search of CANRS for all state hospital employees even though it is not required to search CANRS by policy or statute.

Recommendation

The Department and HHS-HR should ensure that the dates and results of all searches of the Nurse Aide Registry, the Employee Misconduct Registry, and CANRS are completely documented in the AccessHR-Vurv system.

Department of State Health Services Management's Response

HHS HR has assured DSHS that the HR contractor processes have been improved to ensure that the AccessHR-Vurv system will include the results of each search, the date the search was conducted, and the initials of the individuals who performed the search. DSHS staff will continue to search the CANRS system and include the results of this system in both the AccessHR-Vurv system and maintain a copy of such searches at the State Hospital. Each hospital will periodically review these files to ensure that the information is maintained.

Estimated Completion Date: August 2011

Title of Responsible Person: DSHS MHSA State Hospital Section Director

Health and Human Services Commission Management's Responses

HHS HR provided guidance to the HR contractor about the contractor's responsibility to conduct and document searches of the Nurse Aide Registry and the Employee Misconduct Registry for applicable employees. HR contractor processes have been improved to ensure that the AccessHR-Vurv system will include the results of each search, the date the search was conducted, and the initials of the individuals who performed the search. In

addition, HHS HR directed the HR contractor to provide additional training to its recruiting staff to re-emphasize the importance of these requirements.

Estimated Completion Date: August 2011

Title of Responsible Person: HR Contract Manager, HHSC

Chapter 1-C

There are Adequate Controls Over the AccessHR-Vurv System to Help Ensure Data Reliability; However, User Access Controls Should Be Strengthened

The Health and Human Services Commission oversees user access to the AccessHR-Vurv system, which is used to track the Department's employee application information. Auditors compared the information in the AccessHR-Vurv system to the Health and Human Services Commission's Human Resources system and did not identify any significant differences. Auditors also determined that controls were in place to help ensure that data in the AccessHR-Vurv system was reliable.

However, the Health and Human Services Commission should improve controls over user access to reduce the risk of unauthorized access and modification of data in the AccessHR-Vurv system. NorthgateArinso granted direct access to the AccessHR-Vurv system to 57 of its employees without notifying the Health and Human Services Commission. The user access levels varied among those accounts and included one generic account. NorthgateArinso reported that three employees shared the generic account and that it did not maintain formal management or accountability for this account.

The Health and Human Services Commission is responsible for ensuring the security of the AccessHR-Vurv system, including the assignment of user access. However, the contract between the Health and Human Services Commission and NorthgateArinso does not require the contractor to submit a security request form to the Health and Human Services Commission to grant direct user access to the AccessHR-Vurv system. If the Health and Human Services Commission does not approve all user access accounts, its ability to ensure the security of the system's data is limited. Of 81 user accounts that auditors tested, 77 (95 percent) were assigned to active employees. User access should be limited to only current employees to reduce the risk of unauthorized access and changes to the system's data.

Recommendations

HHS-HR should ensure that:

- It is aware of all users who have access to the AccessHR-Vurv system.
- Periodic reviews of AccessHR-Vurv user accounts are regularly performed to ensure all user accounts have been approved.
- Active accounts to AccessHR-Vurv are unique and not shared among employees.
- User access to AccessHR-Vurv is promptly removed upon a user's separation from employment.

Health and Human Services Commission Management's Responses

HHS HR has developed a process under which the HR contractor will:

- *Notify HHS HR of each contractor employee granted access or removed (terminated) from the AccessHR-Vurv system at the time of the status change.*
- *Provide HHS HR a quarterly listing of all active users in the AccessHR-Vurv system.*
- *Remove user access in accordance with the HR contractor's new termination process.*

In addition, HHS HR will review the HR contractor's new termination process to ensure it facilitates the removal of user access for terminated employees, and coordinate with HHS Enterprise Security Management to validate each quarter that user access for all terminated employees has been removed.

HHS HR required the HR contractor to reset the identified non-unique account so only one individual has access to the password, and instructed the HR contractor to ensure all AccessHR-Vurv accounts are unique. HHS HR will coordinate with HHS Enterprise Security Management to develop a process to periodically validate that AccessHR-Vurv accounts are unique and not shared among employees or, in the event a non-unique account is needed for a specific reason authorized by HHS HR, that account is timely removed when no longer needed.

Estimated Completion Date: August 2011

Title of Responsible Person: HR Contract Manager, HHSC

The Department Has Adequate Processes to Help Ensure That Its State Hospital Training Program Meets Texas Administrative Code Requirements and That Its Employees Complete the Required Training on Time

The Department trains state hospital employees in accordance with applicable laws, policies, and procedures. The Department has a training curriculum that meets Texas Administrative Code requirements. In addition, state hospital employees completed required training courses within the required time frames. State hospitals also accurately entered training course records into the Department's training database.

The Department tracks and monitors employee training using a PeopleSoft-Training module. It also regularly reviews training information to determine whether state hospitals are complying with the Department's internal training goals.

The Department ensured that state hospitals have a training program that meets Texas Administrative Code requirements and that employees complete training courses within required time frames.

The Department's training program adequately helps ensure that employees meet the training requirements established in the Texas Administrative Code.² The Department's training curriculum consists of 73 courses addressing core and specialty training topic requirements. According to the Department, core training requirements develop basic job competencies that apply to different job types or positions at state hospitals. This includes mandated initial and refresher training courses. Specialty topics consist of specific job competencies related to individual positions. The Department reported that it offers at least one course that meets one or more of the 64 training requirements in the Texas Administrative Code.

This audit focused primarily on training requirements related to identifying and reporting abuse and neglect. Auditors reviewed the course outlines for 19 core and specialty courses that contained an element related to abuse and neglect prevention and reporting and compared the course outlines with the Texas Administrative Code requirement(s) that the Department reported the courses met. All 19 courses met the applicable Texas Administrative Code requirement(s) as reported by the Department.

² Training requirements for state hospital employees are listed in Title 25, Texas Administrative Code, Sections 404.165, 415.257, and 417.515.

State hospital employees completed abuse and neglect training courses within the required time frames.

The Department ensured that state hospital employees completed required abuse and neglect training courses within the required time frames. The Health and Human Services Commission has established minimum training requirements for state hospital employees, including the courses each position type must complete and how often.

Auditors tested the records for 70 employees who, in total, were required to complete 295 abuse and neglect core training courses. The employees completed 282 (96 percent) of the 295 courses within the prescribed time frames.

Auditors also tested the records for 10 employees who, in total, were required to complete 50 abuse and neglect specialty training courses. The employees completed 48 (96 percent) of the 50 courses within the prescribed time frames.

Employees can complete online courses through the iLearn application. According to the Department, the iLearn application provides employees, upon login, a reminder of when the employees are due to take a required training course or if they are late in taking a required course. Auditors verified that data in the iLearn system is completely and accurately updated in the PeopleSoft-Training module.

The Department has a process for documenting, tracking, and monitoring employee training and determining compliance with training goals.

The Department uses a PeopleSoft-Training module to track and monitor training among state hospital employees. The information in the PeopleSoft-Training module is valid and reliable for the purposes of tracking employee training and determining compliance with the Department's timeliness goals for training.

The training office staff at each state hospital enters training information into the PeopleSoft-Training module. The Department has an adequate process for ensuring that the training information that the state hospitals enter manually in the PeopleSoft-Training module is complete and accurate. Auditors tested five training course sign-in sheets, which contained a total of 91 employee names, and determined that 89 (98 percent) of the 91 employees names tested were complete and accurate in the PeopleSoft-Training module.

The Health and Human Services Commission has established an internal minimum training requirement that at least 95 percent of employees at each state hospital complete their core and specialty training requirements. To monitor the compliance with this internal requirement, the Department receives an email notification each month from the Health and Human Services Commission's Competency, Training, and Development Office. The

email notification contains the results from a PeopleSoft-Training module-generated report that shows the percent completion for each state hospital. In addition, the training office staff at the state hospitals may run due delinquency reports at any time to determine which employees are due to take required core or specialty training courses and may become delinquent if they do not take the upcoming courses.

Auditors recalculated the April 2011 compliance rate for Austin State Hospital and determined that the software used to produce the monthly reports is calculating the compliance rate accurately. Auditors also tested the calculations in a testing environment within the PeopleSoft-Training module and determined that the module is accurately performing the percent compliant calculation.

The Department reported that for April 2011:

- Eight of the 10 state hospitals complied with the requirement that 95 percent of their employees complete all core training requirements. The other two hospitals each had compliance rates of 94 percent.
- All 10 state hospitals complied with the requirement that 95 percent of their employees complete all specialty training requirements.

The Department Has an Adequate Process to Help Ensure That State Hospitals Accurately Document Abuse and Neglect Allegations; However, It Should Improve Its Processes to Comply with Required Time Lines and Statutory Reporting Requirements

Client Abuse and Neglect Reporting System (CANRS)

CANRS is a subsystem of the Client Assignment and Registration System, which is managed by the Health and Human Services Commission and the Department of Aging and Disabilities Services. CANRS includes:

- Information regarding confirmed cases of abuse and neglect for licensed and unlicensed employees who work in state schools, state hospitals, and community mental health/mental retardation centers.
- Case details including injury, treatment, diagnosis, physician's determination of seriousness of the abuse, family contact, law enforcement contacted, name of the abuser, and disciplinary action.

Access to CANRS information is limited to only state health and human services agencies, which can use CANRS to determine whether a job applicant has a history of confirmed abuse and/or neglect cases.

The Department's processes helped ensure that information related to abuse and neglect allegations was complete and accurately entered into CANRS (see text box for details about CANRS) and that employees with confirmed allegations in Class I (serious physical abuse or sexual abuse) were separated from employment as required by Title 25, Texas Administrative Code, Section 417.512. In addition, based upon limited testing, auditors determined that for the purposes of this audit CANRS had adequate general controls to ensure data reliability; auditors did not identify any instances in which data had been inappropriately modified or deleted.

The Department should improve its processes to help ensure that:

- State hospitals enter allegations of abuse and neglect information into CANRS within 30 calendar days as required by Title 25, Texas Administrative Code, Section 417.510(i).
- Licensed professionals for whom an allegation of abuse and neglect has been confirmed are reported to the state licensing authority.

In addition, the Health and Human Services Commission should strengthen user access controls over CANRS to reduce the risk of unauthorized access to and modification of data in that system.

The Department had adequate controls in place to help ensure that information about confirmed abuse and neglect allegations was completely and accurately entered into CANRS.

The Department's process is adequate to help ensure that state hospitals entered complete and accurate case information into CANRS. Auditors identified only minor discrepancies between the Department of Family and Protective Services' investigation files and the information that the state hospitals entered into selected key data fields in CANRS for the 100 cases tested.

Classifications of Confirmed Allegations

Title 25, Texas Administrative Code, Section 417.512, requires the Department of Family and Protective Services to classify each confirmed allegation and the head of the state hospital to take disciplinary action based on the following classifications:

- **Class I Abuse** - Involves physical abuse that caused or may have caused serious physical injury; or sexual abuse. The employee is dismissed.
- **Class II Abuse** - Involves physical abuse that caused or may have caused non-serious physical injury; or exploitation. The employee is placed on suspension for up to 10 days, demoted, or dismissed.
- **Class III Abuse** - Involves verbal/emotional abuse. The employee receives a written reprimand or the employee is placed on suspension for up to 10 days, demoted, or dismissed.
- **Neglect** - Involves neglect. The employee receives a written reprimand, or the employee is placed on suspension for up to 10 days, demoted, or dismissed.

Of the 400 cases that the Department entered into CANRS from September 1, 2008, through November 30, 2010, 24 (6 percent) were classified as Class I (serious physical or sexual abuse) (see text box for additional information on the classifications of confirmed allegations). Auditors confirmed that the Department ensured that the confirmed perpetrators for all 24 cases were separated from employment as required by Title 25, Texas Administrative Code, Section 417.512.

Table 1 lists the classifications and disciplinary actions taken for the 400 confirmed cases of abuse and neglect entered into CANRS from September 1, 2008, through November 30, 2010.

Table 1

Confirmed Cases of Abuse and Neglect Entered into CANRS September 1, 2008, through November 30, 2010						
Classification Type	Disciplinary Action					Total
	Written Reprimand	Suspension	Demotion	Dismissal	Resignation ^a	
Class I	0	0	0	14	10	24
Class II	1	74	0	64	27	166
Class III	17	22	2	28	19	88
Neglect	42	26	0	40	14	122
Totals^b	60	122	2	146	70	400

^a The employee either resigned or abandoned employment prior to dismissal.

^b This includes only confirmed allegations during the audit period with a known perpetrator.

Source: Client Abuse and Neglect Reporting System.

The Department did not consistently document confirmed cases of abuse and neglect in CANRS within 30 calendar days as required by the Texas Administrative Code.

Title 25, Texas Administrative Code, Section 417.510(i), requires information about confirmed cases of abuse and neglect to be entered into CANRS within 30 calendar days of the receipt of the investigative report or the final finding. However, of the 100 cases of confirmed abuse and neglect that auditors tested:

- 57 (57 percent) were entered into CANRS after the 30-day required time frame.
- On the average, it took state hospitals 69 calendar days to enter the information into CANRS. Data entry for these cases ranged from 7 to 231 calendar days after the allegation of abuse and neglect final confirmation date.
- Rusk State Hospital was the only facility that complied with the 30-day requirement for all records tested.

In addition, auditors identified seven cases of confirmed abuse and neglect that should have been entered into CANRS. These cases were identified by tracing all cases entered into the Department of Family Protective Services' Information Management Protecting Adults and Children in Texas (IMPACT) System from September 1, 2008, through November 30, 2010, to cases entered into CANRS (see Appendix 3 for more information about the cases in IMPACT). As of April 2011, those 7 cases had been pending data entry into CANRS for 309 calendar days on average, with individual cases ranging between 213 to 472 calendar days.

The process for entering confirmed allegations of abuse and neglect into CANRS is not consistent among the Department's 10 state hospitals. For example, some state hospitals did not enter cases that were still in the grievance process, even though the Texas Administrative Code does not make this exception. The Department should provide guidance to the state hospitals that clearly outlines the Texas Administrative Code requirements and time lines.

If state hospitals do not enter information for confirmed cases of abuse and neglect into CANRS in a timely manner, there is an increased risk that a person with a confirmed allegation of abuse and neglect at one state facility could be hired at another state facility because the information about the employee's history of abuse and neglect was not available during the hiring process.

Table 2 on the next page shows the number of investigation cases tested from each state hospital and the range and average number of calendar days each state hospital took to enter the data into CANRS.

Table 2

Range and Average Number of Calendar Days State Hospitals Took to Enter Data into CANRS			
State Hospital Name	Number of Investigation Cases Auditors Tested	Range of Calendar Days to Enter Data into CANRS	Average Number of Calendar Days to Enter Data Into CANRS
Austin State Hospital	7	42-216	116
Big Spring State Hospital	8	9-36	20
El Paso Psychiatric Center	2	38-43	41
Kerrville State Hospital	4	7-94 ^a	72
North Texas State Hospital ^b	29	12-195	96
Rio Grande State Center	9	15-90	50
Rusk State Hospital	24	11-24	17
San Antonio State Hospital	8	26-231 ^c	139
Terrell State Hospital	7	15-151	75
Waco Center for Youth	2	36-201	119
Totals	100		69
<p>^a Kerrville state hospital took 94 calendar days to enter into CANRS three of the four cases that auditors tested at that state hospital.</p> <p>^b Includes the Vernon and Wichita Falls campuses.</p> <p>^c San Antonio State Hospital took 231 calendar days to enter into CANRS three of the eight cases that auditors tested at that state hospital.</p>			

The Department did not have policies and procedures to ensure that state hospitals report licensed professionals with confirmed allegations of abuse or neglect to the appropriate state licensing authority as required.

Auditors determined that 30 of 35 professionals who had a confirmed allegation of abuse or neglect from September 1, 2008, through November 30, 2010, were licensed nurses. Based on information provided by the Texas Board of Nursing, the Department's state hospitals had reported only 4 (13 percent) of the 30 licensed nurses to the Texas Board of Nursing. Title 25, Texas Administrative Code, Section 417.509(d), requires the Department to report to the appropriate state licensing authority all licensed employees who have a confirmed allegation of abuse or neglect.³

³ In addition, Texas Occupations Code, Section 301.405, specifically requires the Department to report to the Texas Board of Nursing all disciplinary actions against a licensed nurse, and the Texas Civil Practice and Remedies Code, Section 81.006, requires the Department to report to the applicable state licensing board selected licensed mental health service providers against whom there is a confirmed allegation of sexual abuse.

Department management took steps to address this weakness and, as of April 2011, the Department's State Hospital Section's Executive Committee of the Governing Body had adopted guidelines for reporting allegations and investigation outcomes of abuse, neglect, and exploitation, which include reporting licensed professionals with confirmed allegations to the appropriate state licensing authority.

There are adequate general controls to help ensure CANRS data reliability; however, user access controls should be strengthened.

As discussed above, the Department relies on CANRS to track confirmed cases of abuse and neglect involving employees. The Health and Human Services Commission oversees user access to CANRS; therefore, the Department must coordinate with the Health and Human Services Commission to help ensure that user access controls are adequate to protect the data in CANRS.

General controls were in place to help ensure that the data in CANRS was reliable for the purposes of this audit. However, auditors identified some weaknesses in user access controls that the Health and Human Services Commission and the Department should address to reduce the risk of unauthorized access to and modification of CANRS data. Specifically:

- 14 (18 percent) of 79 accounts tested were assigned to former employees (including 7 accounts discussed below).
- Auditors identified 18 user accounts, including 6 active state hospitals employees, that could modify and delete records in CANRS; 7 of the 18 accounts were assigned to former Department of Aging and Disabilities Services employees.

Integrity of CANRS data is of vital importance because it helps state hospitals identify prospective and current employees with a history of confirmed abuse or neglect. Based upon limited testing, auditors did not identify any instances in which data had been inappropriately modified or deleted.

Recommendations

The Department should:

- Provide documented guidance to state hospitals that clearly outlines the Texas Administrative Code requirements and time lines for entering confirmed allegations of abuse and neglect into CANRS, and follow up with the state hospitals on a regular basis to ensure that confirmed cases are entered into CANRS within the required 30-day time frame.
- Implement the guidelines requiring state hospitals to report confirmed allegations of abuse and neglect to the appropriate state licensing

authorities and ensure that all state hospital employees are aware of the reporting requirements.

- Notify the Health and Human Services Commission of any user access changes to CANRS.

The Health and Human Services Commission should ensure that:

- CANRS user access records are reviewed on a periodic basis to determine whether the level of access is appropriate based on an employee's job functions.
- User access to CANRS is promptly removed upon a user's separation from employment.

Department of State Health Services Management's Response

Guidelines to ensure that the entry is made into CANRS 30 days after the final report is received will be developed and implemented at the state hospitals.

Guidelines to describe the process for reporting confirmed allegations to the appropriate professional boards have been developed and approved. DSHS State Hospital Discipline Chiefs will conduct an annual audit to ensure that all confirmations of professional staff have been reported.

DSHS Hospital Management Data Services (HMDS) will review the list of DSHS employees with access to CANRS provided periodically by HHSC to verify that all terminated employees have been removed from CANRS access and ensure the appropriate level of access within the time frame requested by HHSC.

Estimated Completion Date: September 2011

Title of Responsible Person: DSHS MHSA State Hospital Section Director

Health and Human Services Commission Management's Responses

HHS Enterprise Information Security Standards and Guidelines provides for periodic review of applications and database user access. In accordance with these standards and guidelines, HHS Enterprise Security Management sends out user lists, at least annually, to DSHS for review of (a) user access and (b) whether the level of access is appropriate for an employee's job functions.

To facilitate a current review, in July 2011 HHS Enterprise Security Management provided DSHS with a list of CANRS user access records and will process any changes provided by DSHS.

In addition, HHS Enterprise Security Management processes user access request forms (including adding, changing, or removing user access) when it receives request forms from DSHS.

HHS Enterprise Security Management has evaluated whether information from daily AccessHR reports of terminated employees can become an automated process to remove user access for terminated employees. Automation of this process is possible, but is dependent on development resources.

Estimated Completion Date: September 2011

Title of Responsible Person: Director, Architecture and Security Management, HHSC

Appendices

Appendix 1

Objectives, Scope, and Methodology

Objectives

The objectives of this audit were to:

- Determine whether the Department of State Health Services' (Department) human resources practices at state mental health hospitals (state hospitals) regarding criminal history background checks and allegations of abuse and neglect comply with applicable laws, policies, and procedures.
- Determine whether the Department trains mental health hospital staff and managers in accordance with applicable laws, policies, and procedures.

Scope

The scope of this audit covered September 1, 2008, through November 30, 2010.

Methodology

The audit methodology included conducting name-based criminal history background checks on employees and volunteers of the Department's 10 state hospitals; searching the Nurse Aide Registry, the Employee Misconduct Registry and the Client Abuse and Neglect Reporting System (CANRS); reviewing training records; reviewing investigation cases related to allegations of abuse and neglect; reviewing human resources actions taken in response to allegations and confirmations of abuse and neglect; reviewing information to determine whether state hospitals informed the state licensing authority of reportable incidents of abuse and neglect; and conducting interviews primarily with management and staff at the Health and Human Services Commission, the Department, and NorthgateArinso, the Health and Human Services Commission's contractor. Auditors also reviewed application user access and processing controls over key information systems for human resources, training, and abuse and neglect information systems.

Information collected and reviewed included the following:

- Information from interviews with Department management and state hospital staff.
- Information from interviews with staff from the Health and Human Services Commission, the Department of Family and Protective Services, and the Department of Aging and Disabilities.

- Information from interviews with the Health and Human Services Commission's contractor, NorthgateArinso.
- Information from investigation case files.
- Human Resources Management System training records.

Data and information was obtained from the following systems:

- The Client Abuse and Neglect Registry.
- The Health and Human Services Commission's AccessHR-Human Resources Management System.
- The AccessHR-Vurv system.

Auditors did not perform audit procedures to determine whether the data in the following systems was complete and accurate because the Department does not own or maintain these systems and that work was not within the scope of this audit. Therefore, auditors provide no conclusions about the completeness or the accuracy of the data from the following systems:

- The Employee Misconduct Registry.
- The Nurse Aide Registry.
- The Computerized Criminal History System within the Criminal Justice Information System, which the Department of Public Safety used to provide criminal history background check results to auditors.

Procedures and tests conducted included the following:

- Conducted interviews with employees at the Department and individual state hospitals
- Issued questionnaires to all 10 state hospitals to gain an understanding of training and background check procedures at each state hospital.
- Conducted criminal history background checks on selected state hospital employees and volunteers to determine whether they had a criminal conviction that would bar them from employment or providing volunteer services.
- Searched the Nurse Aide Registry, the Employee Misconduct Registry, and CANRS to determine whether selected Department employees and volunteers had a confirmed history of abuse and neglect that would prevent them from providing services at state hospitals.

- Reviewed abuse and neglect investigation cases to determine whether state hospitals documented complete and accurate information in CANRS and whether that information was entered in a timely manner.
- Performed an assessment of controls over key information systems related to human resources, training, and abuse and neglect investigations.
- Tested Department training records to determine whether the Department established a training curriculum that met Texas Administrative Code requirements and determine whether state hospital employees completed that training in a timely manner.

Criteria used included the following:

- Title 25, Texas Administrative Code, Sections 404.165, 414.504, 415.257, 417.509, 417.510, 417.512, and 417.515.
- Texas Government Code, Sections 411.110 and 414.504
- Texas Occupation Code, Section 301.405.
- Texas Health and Safety Code, Sections 250.003 and 253.008.
- Texas Civil Practice and Remedies Code, Section 81.006.
- Department policies and procedures related to training and the entry of abuse and neglect allegations into CANRS.
- Health and Human Services Human Resources Manual.

Project Information

Audit fieldwork was conducted from April 2011 through May 2011. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The following members of the State Auditor's staff performed the audit:

- Ileana Barboza, MBA, CGAP (Project Manager)
- Kristyn Scoggins, CGAP (Assistant Project Manager)
- Shelby Cherian, MBA, CISA
- Brian Jones, CGAP

- Katherine Koinis
- Jeremy Schoech, CIA, CGAP
- J. Scott Killingsworth, CIA, CGAP, CGFM (Quality Control Reviewer)
- Verma Elliott, CPA, CGAP, CIA, MBA (Audit Manager)

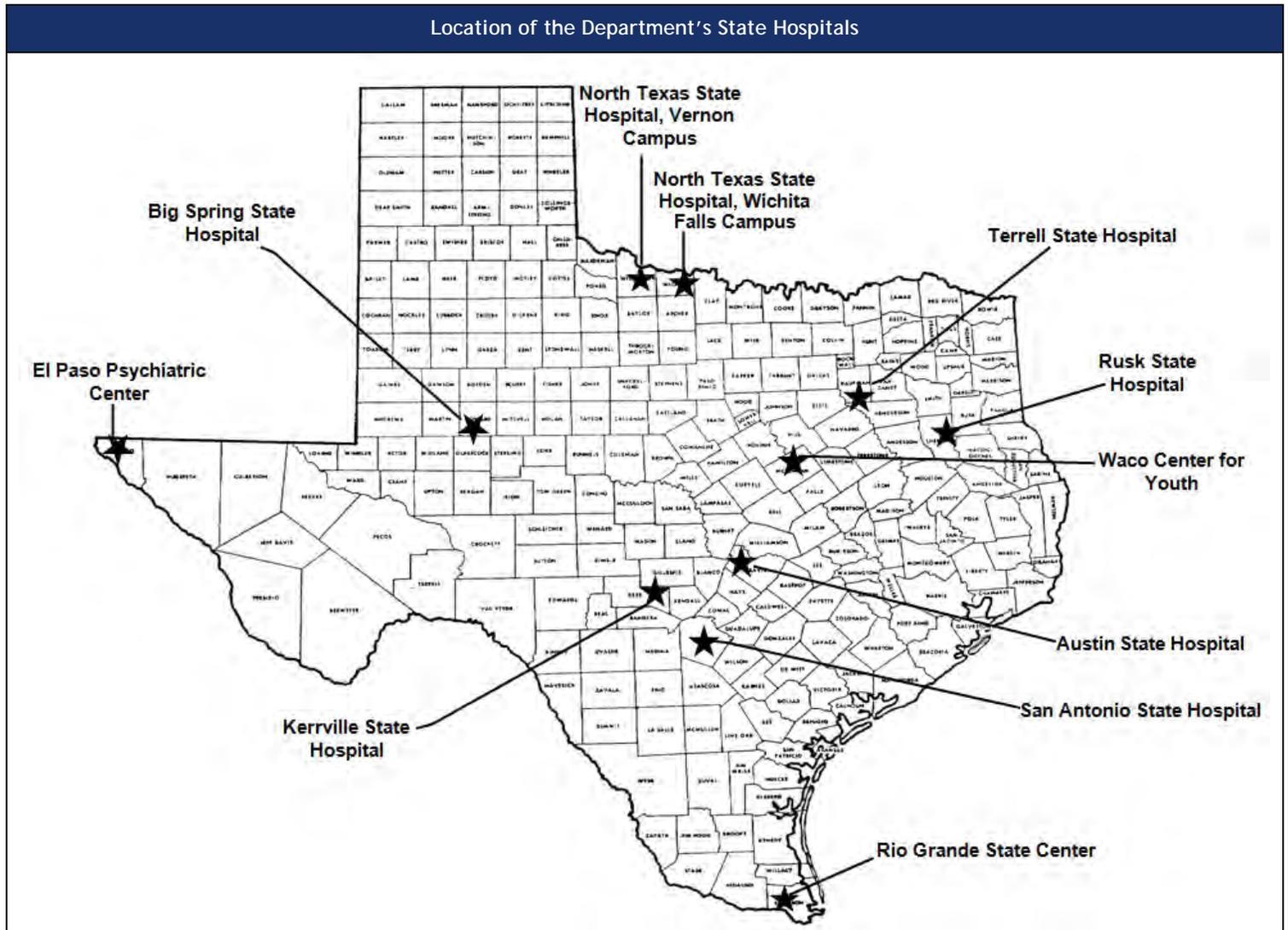
State Hospitals' Geographical Location

The Department of State Health Services (Department) operates 10 state mental health hospitals (state hospitals) in Texas that provide a variety of mental health services, including adult, child, and adolescent psychiatric care.

The North Texas State Hospital consists of two campuses: one in Vernon and the other in Wichita Falls. The Vernon campus provides maximum security adult forensic psychiatric services to adults and secured forensic services to adolescents. Adults receiving services at the Vernon campus were specifically ordered to receive secured, in-patient services there by court order and through Department rules related to manifest dangerousness.

Selected state hospitals provide children and adolescent services through the counties they served. These include state hospitals located in Austin, El Paso, San Antonio, Terrell, and Wichita Falls. The child and adolescent programs offer services to children ages 5 through 12 and to adolescents ages 13 through 17. The Waco Center for Youth serves the entire state. The geographical locations of the state hospitals are shown in the map in Figure 1 on the next page.

Figure 1



Source: The Department's State Hospital Section.

Allegations of Abuse and Neglect Related to State Hospitals Investigated from September 1, 2008, through November 30, 2010

Definitions

Title 25, Texas Administrative Code, Section 417.503, provides the following definitions for allegations of abuse and neglect:

- **Confirmed** - An allegation that is determined to be supported by the preponderance of evidence.
- **Inconclusive** - An allegation leading to no conclusion or definite result due to a lack of witnesses or other relevant evidence.
- **Unconfirmed** - An allegation in which a preponderance of evidence exists to prove that abuse, neglect, or exploitation did not occur.
- **Unfounded** - An allegation that is spurious or patently without factual basis.

The Department of Family and Protective Services investigates allegations of abuse and neglect that are reported by clients, clients' family members, and employees of the Department of State Health Services' state mental health hospitals (state hospitals). The Department of Family and Protective Services documents the outcome of its investigations in the Information Management Protecting Adults and Children in Texas (IMPACT) system.

From September 1, 2008, through November 30, 2010, the Department of Family and Protective Services received a total of 740 allegation reports related to 9 of the 10 state hospitals. The Department of Family and Protective Services confirmed 531 (72 percent) of those 740 allegations (see Table 3).

Table 3

Allegations of Abuse and Neglect Related to State Hospitals for September 1, 2008, through November 30, 2010					
Hospital Name	Confirmed ^a	Inconclusive	Unconfirmed	Unfounded	Total
Austin State Hospital	38	5	8	0	51
Big Spring State Hospital	38	4	6	0	48
El Paso Psychiatric Center	9	3	0	0	12
Kerrville State Hospital	3	2	0	0	5
North Texas State Hospital ^b	233	13	75	0	321
Rio Grande State Center ^c	26	1	9	0	36
Rusk State Hospital	107	25	9	0	141
San Antonio State Hospital	44	18	12	6	80
Terrell State Hospital	33	3	10	0	46
Totals	531	74	129	6	740^d
Percent of Total Allegations	72%	10%	17%	1%	100%

^a The number of confirmed cases in IMPACT may differ from the total reported in the Client Abuse and Neglect Reporting System (CANRS) because (1) there are differences in the recording methodologies between the Department of Family and Protective Services and the Department of State Health Services; (2) some confirmed cases were overturned during the employee appeals process, but this change was not always reflected in the IMPACT system; and (3) IMPACT includes 70 cases for which the perpetrator was classified as unknown (only cases in which the perpetrator is identified are listed in CANRS).

^b Includes campuses in Vernon and Wichita Falls.

^c Includes state mental health hospitals only.

^d To protect the confidentiality of minors, information regarding the 12 cases at the Waco Center for Youth is not included in this table.

Source: Unaudited data from IMPACT.

Classifications of Confirmed Allegations

Title 25, Texas Administrative Code, Section 417.512, requires the Department of Family and Protective Services to classify each confirmed allegation as one of the following:

- **Class I Abuse** - Involves physical abuse that caused or may have caused serious physical injury; or sexual abuse.
- **Class II Abuse** - Involves physical abuse that caused or may have caused non-serious physical injury; or exploitation.
- **Class III Abuse** - Involves verbal/emotional abuse.
- **Neglect** - Involves neglect.

Once an allegation is confirmed, a Department of Family and Protective Services investigator recommends a classification based on the seriousness of the allegation and investigation results (see text box). Of the 531 confirmed allegations related to 9 of the 10 state hospitals from September 1, 2008, through November 30, 2010, 213 (40 percent) were classified as Neglect and 174 (33 percent) were classified as Class II Abuse (non-serious physical injury or exploitation).

North Texas State Hospital and Rusk State Hospital accounted for more than 60 percent of all confirmed allegations from September 1, 2008, through November 30, 2010, while Kerrville State Hospital and El Paso Psychiatric Center combined accounted for about 3 percent of all confirmed allegations. Table 4 lists the confirmed allegations for 9 of the 10 state hospitals.

Table 4

Confirmed Allegation of Abuse and Neglect Related to State Hospitals September 1, 2008, through November 30, 2010						
Hospital Name	Class I (Serious Physical or Sexual Abuse)	Class II (Non- Serious Physical Abuse)	Class III (Verbal/ Emotional Abuse)	Neglect	Total	Percent of Total Confirmed Cases
Austin State Hospital	3	20	2	13	38	7%
Big Spring State Hospital	3	7	10	18	38	7%
El Paso Psychiatric Center	0	3	1	5	9	2%
Kerrville State Hospital	0	1	2	0	3	1%
North Texas State Hospital ^a	14	56	59	104	233	44%
Rio Grande State Center ^b	1	10	6	9	26	5%
Rusk State Hospital	2	43	23	39	107	20%
San Antonio State Hospital	5	15	9	15	44	8%
Terrell State Hospital	1	19	3	10	33	6%
Totals^c	29	174	115	213	531^d	100%

^a Includes campuses in Vernon and Wichita Falls.
^b Includes the state mental health hospital only.
^c This includes 70 cases for which the perpetrator was classified as unknown.
^d To protect the confidentiality of minors, information regarding the 12 cases at the Waco Center for Youth is not included in this table.

Source: Unaudited data from IMPACT.

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The Honorable Jim Pitts, House Appropriations Committee

The Honorable Harvey Hilderbran, House Ways and Means Committee

Office of the Governor

The Honorable Rick Perry, Governor

Department of State Health Services

Dr. David L. Lakey, Commissioner

Health and Human Services Commission

Mr. Thomas Suehs, Executive Commissioner



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