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8/14/2024

BIANNUAL REPORT

2024

Duties and Activities of the Office

January — June

OFFICE OF THE INDEPENDENT
OMBUDSMAN
for State Supported Living Centers

Contents

Executive Summary

In 2009, the 81st Texas Legislature established this office to protect the rights of residents in the state's 13 State Supported Living Centers. This biannual report, covering January to June 2024, aligns with that mandate. Since my appointment by Governor Abbott in 2021, I have had the honor of leading this office. The Office of the Independent Ombudsman for SSLCs comprises 18 dedicated professionals committed to safeguarding the rights and safety of residents. Each SSLC has an assigned Assistant Independent Ombudsman, four of whom are designated Senior, and our central office has five key positions, including mine. Collectively, we bring a wealth of talent, experience, skill, and passion to our charge of advocating for individuals with intellectual disabilities who reside at the SSLCs.

During this biannual period, we observed an increase in ombudsman-initiated investigations. This surge is typically attributed to the ombudsmen's heightened awareness of the challenges residents face. Additionally, there was a notable rise in residents initiating contact, suggesting that the ombudsmen's presence is both felt and trusted. This combined increase underscores the ombudsmen's accessibility and approachability. To provide a deeper understanding of our investigative processes, this report includes a case study for each ombudsman, offering valuable insights into how the office conducts its investigations.

This report also includes a systemic investigation report completed by the office's leadership. A systemic investigation is initiated when there is a concern that is not isolated to one center. We present a recently completed systemic investigation focused on protecting residents who have experienced or may experience abuse. The agency’s response is included to demonstrate their efforts to address the concerns presented in our report.

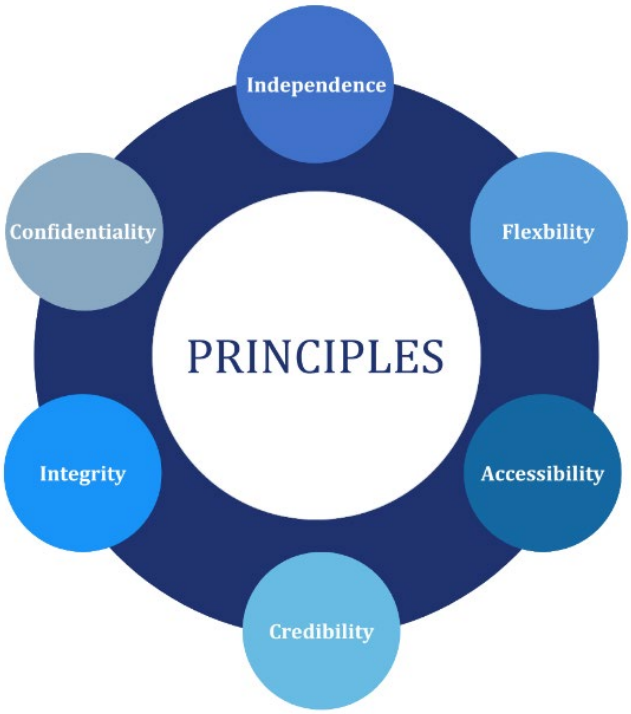
Throughout the year, the office conducts audits in accordance with statutory requirements. A comprehensive report of audit findings and recommendations from September 2022 to August 2024 will be published in a Biennial Report in November 2024. We aim to provide state leaders with an independent assessment and actionable recommendations to support residents of the SSLCs as they prepare for the 89th legislative session. We are hopeful that these insights will lead to meaningful improvements and ensure a safer, more supportive environment for all residents, ensuring their rights and well-being are always prioritized.

In Gratitude,

Candace Jennings, Ph.D.
Independent Ombudsman for State Supported Living Centers

Office of the Independent Ombudsman for State Supported Living Centers

This office was established to investigate, assess, and protect the rights of residents within State Supported Living Centers. The responsibilities and authority of the Independent Ombudsman are dictated by the Texas Health and Safety Code, Title 7, §555. The fundamental mission of the Office of the Independent Ombudsman is to function as an independent, impartial, and confidential resource.



Central Office Staff

Candace Jennings, Ph.D.
Independent Ombudsman

Dr. Jennings has over 25 years of experience supporting people with intellectual and developmental disabilities. She found her passion as a direct support specialist while attending college in San Marcos, Texas. She earned a bachelor's degree from Texas State University School of Social Work. In her professional experience, she served the San Antonio community as a Child Protective Services investigator, Local IDD Authority service coordinator and manager, and Rights Protection Officer at the San Antonio SSLC. She joined the OIO in 2010. After 12 years of serving as Deputy Independent Ombudsman, the governor of Texas appointed her to lead the office in June 2021. Dr. Jennings has earned a Master of Public Administration degree and a PhD in Applied Demography from the University of Texas at San Antonio. She is certified by The Learning Community for Person Centered Practices as a Person-Centered Thinking trainer and leads organizational change through a person-centered perspective.

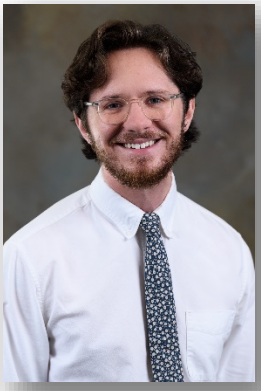
Carrie Martin
Deputy Independent Ombudsman

Carrie Martin has pursued social justice for over 15 years and has 10+ years' experience serving in various roles advocating on behalf of those living with IDD. She is a champion of change, is skilled in process improvement practices and strategic planning, and values systemic problem solving, open communication, and enhancing our community. She is passionate about leading the ombudsmen across the state and creating a culture that facilitates meaningful change and improves the lives of the residents of the SSLCs. Mrs. Martin formerly served as the Lead Assistant Independent Ombudsman for the OIO, then Operations Manager. In August 2021, she was hired as the Deputy Independent Ombudsman.

Brianna Teague

Project Specialist

Brianna Teague, a Houston native, brings a rich academic background and diverse professional experience to her role. She earned her Bachelor of Arts Degree in Anthropology with a minor in English from Texas A&M University before pursuing a master's degree at the University of Houston, specializing in Medical Anthropology. Ms. Teague's expertise extended to her previous roles as a research assistant and as a disability specialist. Beyond her professional engagements, she shares her knowledge as an Adjunct Professor at Austin Community College. With a focus on research, data analysis, and management support, Ms. Teague's skills are both nuanced and extensive. Her commitment to her field led her to join the Office of the Independent Ombudsman (OIO) in December 2021, where she continues to contribute her expertise to support and enhance the well-being of individuals within the SSLC community.



Harrison Jensen

Project Specialist

Harrison Jensen was born in Salt Lake City, Utah and raised in Southern Oregon. He received his bachelor's degree in Planning, Public Policy and Management at the University of Oregon. Subsequently, Mr. Jensen worked for the Louisiana Department of Health, where he helped improve health care quality and accessibility for Medicaid-enrolled Louisianans. Mr. Jensen joined the OIO in June 2023.

Jessica Rosa

Administrative Assistant

Jessica Rosa was born and raised in Austin, Texas. She attended Austin Community College and Concordia University where she studied Finance. She began her professional career working for several financial institutions providing banking services for the community. She eventually moved on to provide billing and money management assistance for D&S Community Services, a leading provider of residential services and supports for individuals with intellectual and developmental disabilities, where she experienced how rewarding it was to help others in need. She then transitioned to Excel Finance Company, where her results driven personality led her to effectively streamline processes and provide administrative and accounting support for over 30 offices across Texas, New Mexico, and Louisiana. Ms. Rosa has experience in report development, data management, and administrative operations. After years of tenure and much experience gained, she joined the OIO central office team in 2019.

SSLC Resident Population

Overview of State Supported Living Centers (SSLCs)

The State of Texas administers 13 State Supported Living Center (SSLCs), which are home to 2,589 individuals with intellectual and developmental disabilities. These centers provide comprehensive supports, including essential life skills training; occupational, physical, and speech therapies; and medical and dental services to cater to the diverse health needs of the SSLC resident population.

SSLC residents actively engage in the local community. Residents receive vocational and employment services, with many employed off-campus or involved in volunteer activities. Local school districts play an important role in providing public education tailored to residents aged 22 and younger. Access to public education further enhances the residents' potential for personal growth and development and promotes lifelong learning.

The demographic data presented in this report was provided on June 3, 2024, by the Health and Specialty Care System division of Texas Health and Human Services, which oversees the management of the SSLCs.

Changes in SSLC Census and Admissions

Since its inception in 2010, the OIO has observed a notable shift in the demographic makeup of the SSLC population. In 2010, there were 4,342 SSLC residents. The total SSLC population has since decreased by 1,753 individuals, with San Angelo and Austin SSLCs experiencing the greatest percentage decline. This can be attributed to residents either moving out of the SSLC system or passing away. Despite this trend, the SSLCs continue to admit new residents, given the continued need to provide comprehensive support services to people with intellectual and developmental disabilities.

Between January and June 2024, there were 83 new admissions. During the same period, 39 residents passed away and 39 residents were discharged to alternative living environments, such as home and community-based services.

Table: Resident Census, 2024

SSLC	Number of Residents
Abilene	**241**
Austin	**162**
Brenham	**230**
Corpus Christi	**163**
Denton	**363**
El Paso	**100**
Lubbock	**190**
Lufkin	**224**
Mexia	**242**
Richmond	**293**
Rio Grande	**70**
San Angelo	**125**
San Antonio	**186**
Total	**2,589**

Source: The Health and Specialty Care System division of Texas Health and Human Services, June 3, 2024

Designated Forensic Facilities: Mexia and San Angelo SSLCs

Mexia and San Angelo SSLCs have been designated as forensic centers, meaning that they serve residents who have been committed by a criminal court. These individuals, termed alleged criminal offenders, have been charged with a crime but have been deemed incompetent to undergo criminal proceedings.

Between January and June 2024, Mexia SSLC admitted 21 residents, the most of any SSLC, and nearly twice as many as San Angelo SSLC, which had the second-most admissions during the same period (12). Due to the nature of the alleged criminal offender population, admissions and discharges are more frequent at Mexia and San Angelo than at other SSLCs. Currently, Mexia SSLC is home to 111 residents who are alleged criminal offenders, representing 67% of total SSLC residents classified as alleged offenders. An additional 30 residents, representing 18% of total SSLC residents classified as alleged offenders, reside at San Angelo SSLC.

As of the publication of this report, Mexia SSLC is home to ten alleged offenders deemed to be at high risk of endangering themselves or others, necessitating a highly restrictive environment. San Angelo SSLC is home to one.

Table: Number of Alleged Offenders by Center, 2024

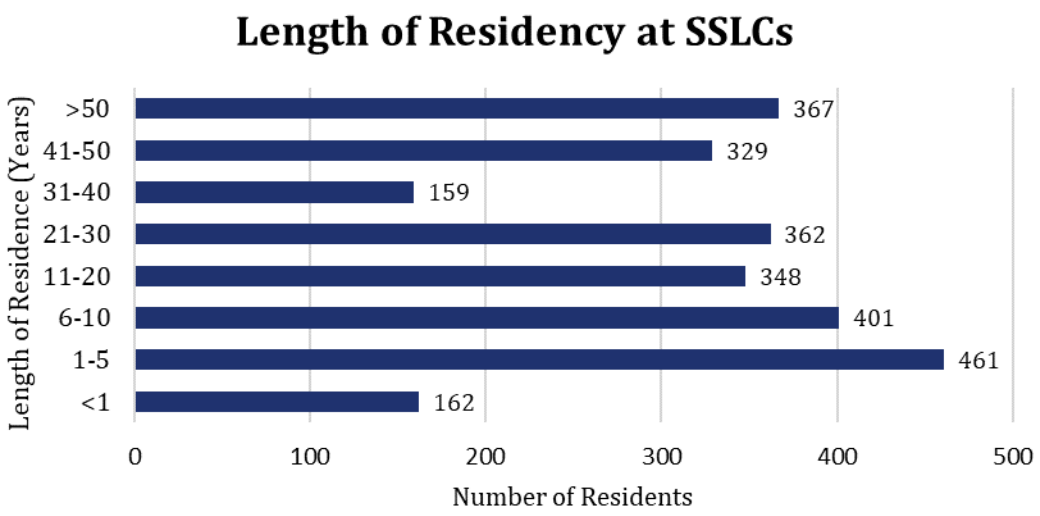
SSLC	Number of Alleged Offenders
Austin	2
Corpus Christi	8
Denton	3
Lubbock	5
Mexia	111
Richmond	3
San Angelo	30
San Antonio	3
Total	**165**

Source: Health and Specialty Care System division of Texas Health and Human Services, June 3, 2024

Tenure and Admission Trends

The average tenure (the length of time a resident resides at an SSLC) is 23 years, with approximately half of residents having lived at an SSLC for 20 years or more. Forty percent of residents were admitted within the last decade, with the majority of those being admitted within the past five years. The earliest a current resident was admitted was in 1942, when they were nine years old.

The average age at the time of admission for current residents is 25 years. There are 242 residents who were admitted as children under the age of ten before 1980. Since 1980, only 42 residents were admitted when they were under the age of ten. In 2024, the youngest resident admitted to an SSLC was 13 years old. These trends are indicative of shifts in admission demographics and underscore changes in the availability of residential services over the years.

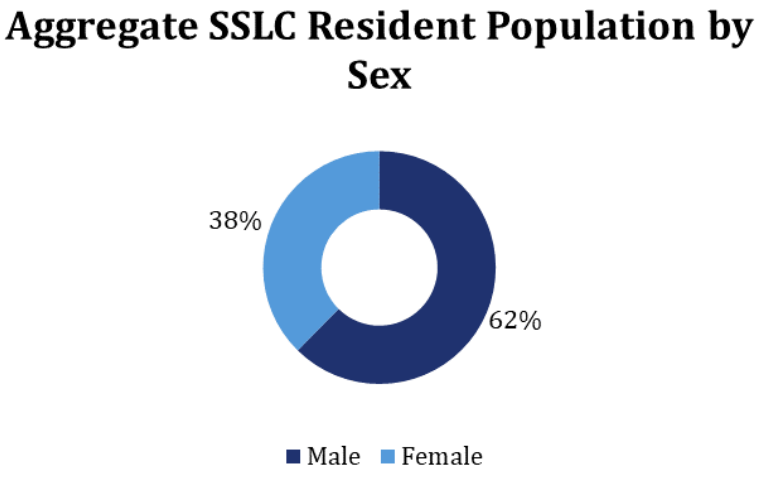


Source: The Health and Specialty Care System division of Texas Health and Human Services, June 3, 2024

Demographic Composition

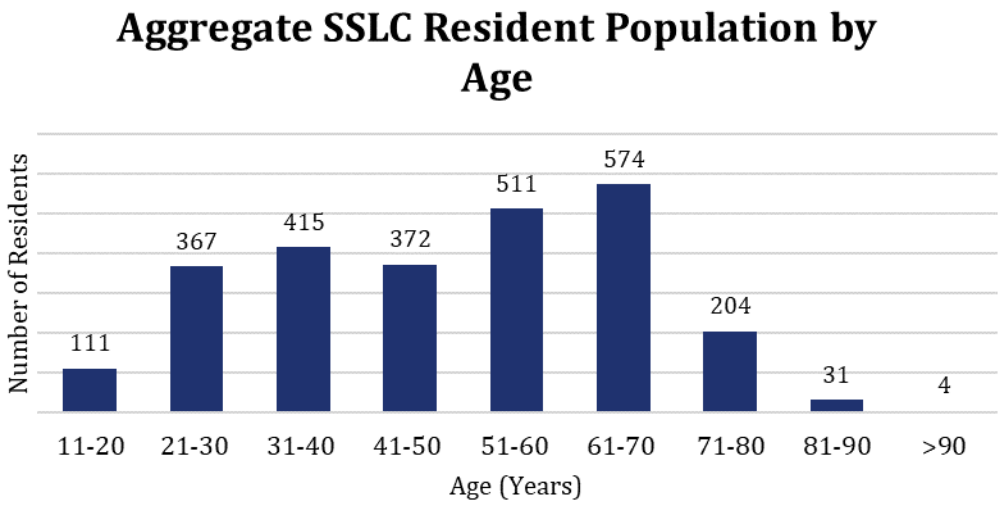
Gender and Age Distribution

Of the current SSLC resident population, 1,615 are men and 974 are women. There are more men than women in all age groups except those aged 71 and older. A total of 577 individuals, representing 22% of the entire SSLC population, are aged 65 or older.



Source: The Health and Specialty Care System division of Texas Health and Human Services, June 3, 2024.

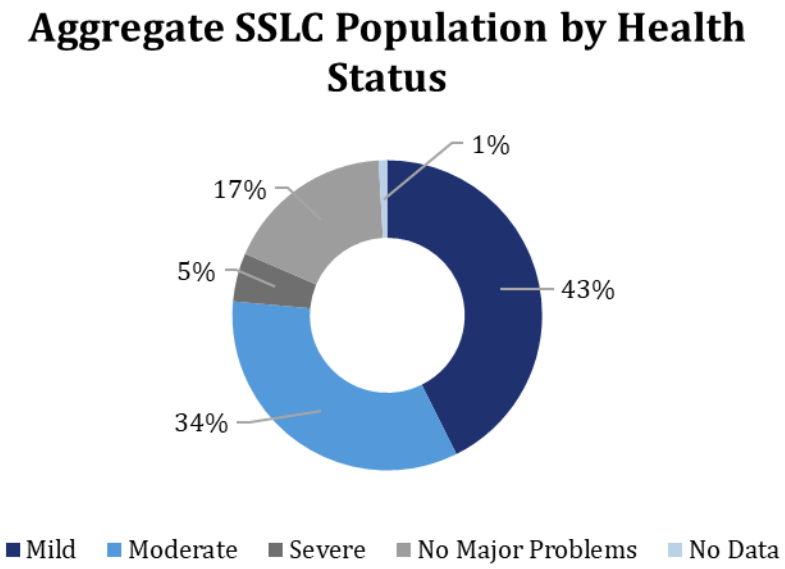
There are 167 residents aged 22 and younger. Persons below the age of 22 are eligible to attend public school. Of this cohort, there are 55 residents who are below the age of 18. Most adult residents have a family member who serves as their legal guardian or conservator. There are 885 adult residents, comprising 34% of the total adult SSLC resident population, that are not under any form of guardianship or conservatorship.



Source: The Health and Specialty Care System division of Texas Health and Human Services, June 3, 2024

Health Status

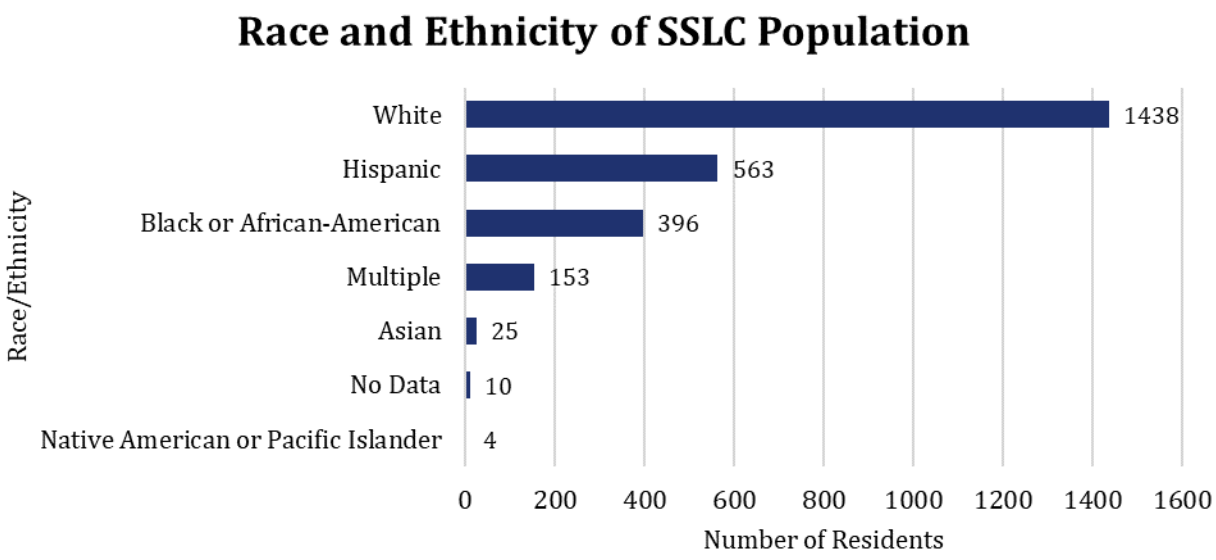
Thirty-nine percent of residents have a moderate or severe health status. Per the HHS definition, a moderate health status refers to chronic health issues which require professional intervention less than daily. A severe health status refers to health issues of an intensity and complexity that require daily and often constant professional intervention. There are 131 residents with a severe health status and 875 residents with a moderate health status.



Source: The Health and Specialty Care System division of Texas Health and Human Services, June 3, 2024

Race and Ethnicity

The majority of SSLC residents (56%) identify as white. Twenty-two percent of SSLC residents identify as Hispanic, 15% as Black or African American, and 6% as multi-racial. Around 1% of SSLC residents identify as Asian, Native American, or Pacific Islander.



Source: The Health and Specialty Care System division of Texas Health and Human Services, June 3, 2024

Duties and Activity of the Office

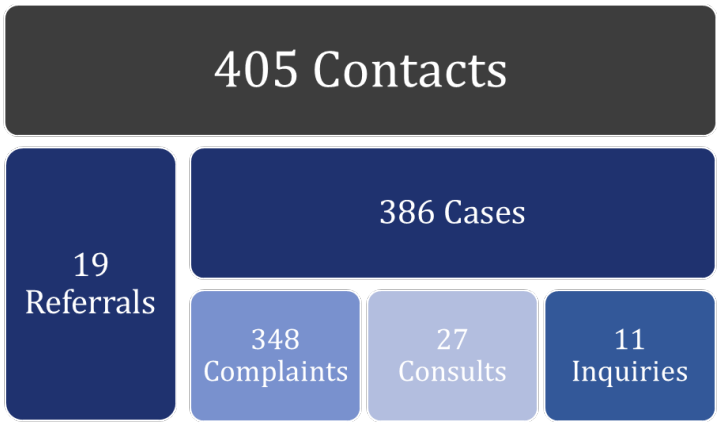
Overview

The OIO has an ombudsman stationed at each SSLC who maintains a visible presence and is engaged in the SSLC's operations. The ombudsmen routinely provide meaningful input and expertise to and collaborate with SSLC administration. Documentation of all contacts and investigations are recorded and tracked in a secure online database. Documentation of investigations and actions of the ombudsmen are recorded and kept confidential, except by special court order.

The ombudsmen will occasionally be contacted about issues that are outside of the office's scope. Any concern that is beyond the scope of the office is referred to the appropriate entity. Of the 405 contacts received during this reporting period, there were 19 contacts referred to another entity, such as the Long-term Care Ombudsman program. The ombudsmen are also frequently contacted by staff members at the SSLC regarding personnel issues. These contacts are referred to the SSLC or HHS Human Resources.

Of the 405 contacts received, the office handled 386 cases in this biannual period which were not referred to another entity. There are three types of cases: consults, inquiries, and complaints. Consults and inquiries are concerns that do not require an investigation, but which the ombudsman provides their expertise and insight. Complaints are concerns that require an investigation by the ombudsman. Complaints made up 90% of all cases for this biannual period.

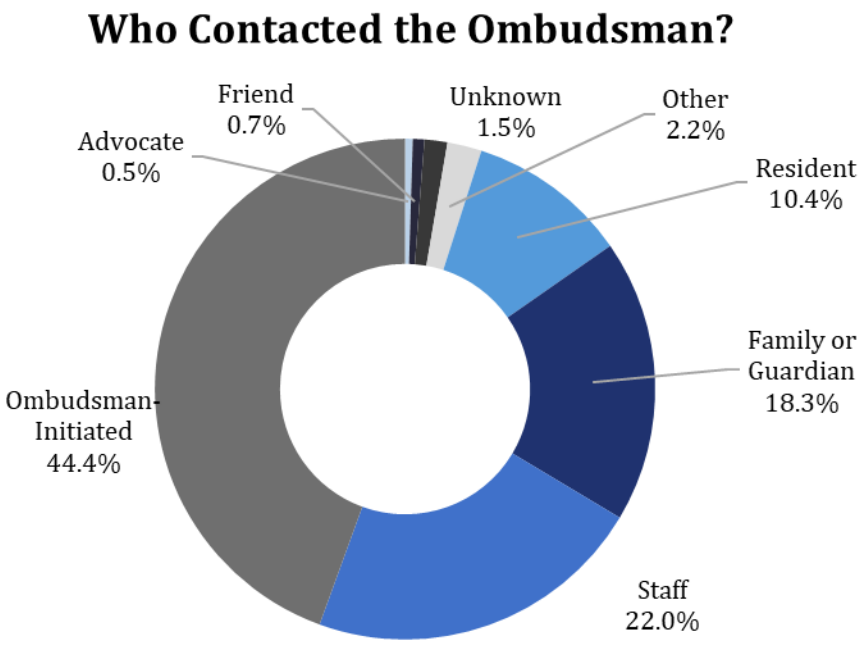
Aggregate Number of Cases



Source: OIO - HHS Enterprise Administrative Report and Tracking

Complainant's Relationship

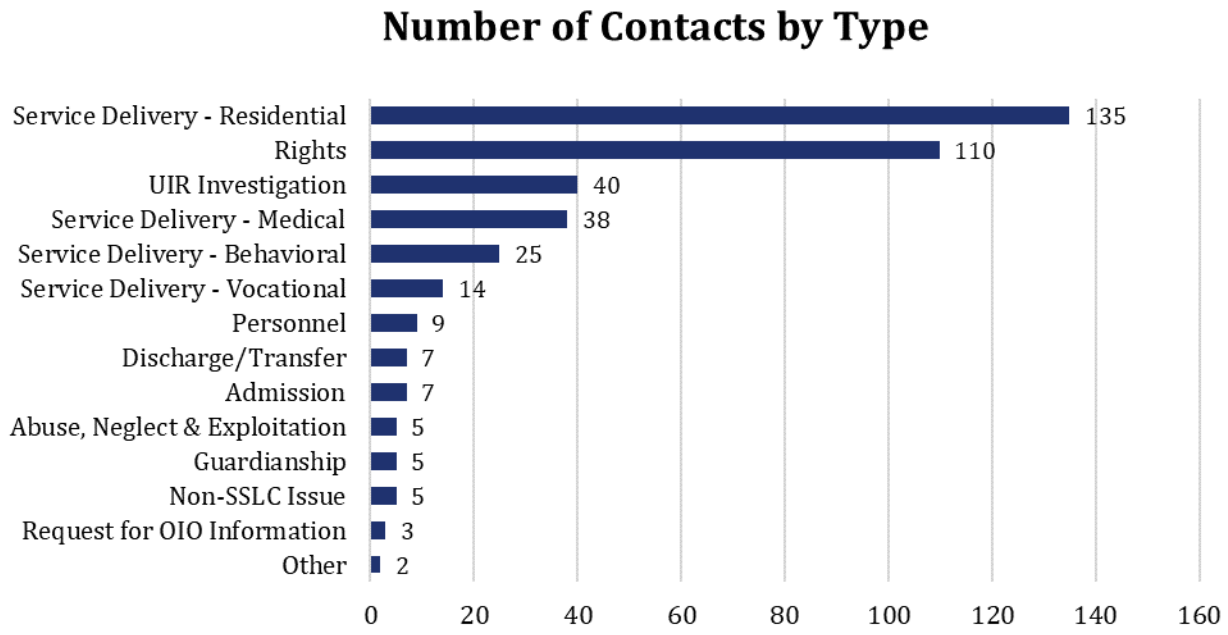
The most common source of contacts during this biannual period were concerns identified by the ombudsmen, followed by staff-initiated complaints. In the biannual period between January and June 2024, the number of contacts initiated by the ombudsman was 180, down from 192 in the same biannual period last calendar year. Conversely, the number of contacts initiated by staff increased from 78 between January and June 2023 to 89 contacts this biannual period. This increase may reflect a greater awareness of the ombudsman at the SSLCs.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

Types of Concerns

Staff, residents, family members, and others contact the ombudsman about concerns that impact residents' lives. The most common concerns investigated by the ombudsmen were related to residential service delivery, with the second-most common being rights-related issues. These two types of concerns have consistently been the most common reported by the OIO. Following an investigation, the ombudsman may provide recommendations which they then monitor to evaluate if, and how, the issue is addressed by the facility.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

In addition to monitoring service delivery and investigating complaints, the ombudsman at each SSLC evaluates the way the center investigates serious incidents. Each ombudsman attends incident meetings, reads all SSLC investigation reports, and monitors actions taken by the SSLC after each incident. While reviewing final investigation reports or attending incident management meetings, the ombudsman may identify issues from incident reviews that prompt an AIO investigation. The ombudsman may also recommend that the facility continue to pursue an investigation or provide additional recommendations to the facility

from the final incident investigation report. There were 40 investigations of this type between January and June 2024.

The ombudsmen do not investigate abuse, neglect, and exploitation (ANE). The role of the office is to monitor recommendations made by investigators to ensure that the SSLC protects residents and implements measures to prevent ANE from occurring.

On March 1, HHS made a policy change that affected the way abuse and neglect is reported and investigated at SSLCs. In recent years, allegations of abuse and neglect were reported to and investigated by the HHSC Provider Investigations (HHSC PI) unit. The Long Term Care Regulatory (LTCR) division is now responsible for overseeing abuse and neglect investigations in addition to monitoring compliance with federal and state Intermediate Care Facility (ICF) regulations.

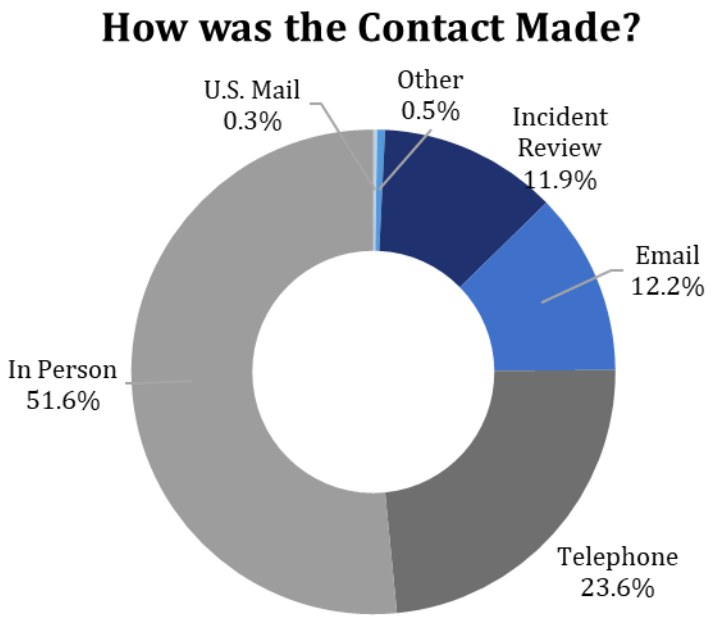
When allegations of abuse, neglect, or exploitation occur, the SSLC is responsible for protecting the alleged victim, acting to prevent further incidents or allegations, and reporting the ANE to HHS Complaint and Incident Intake (CII). The SSLC is responsible for investigating the ANE and providing the results of their investigation to LTCR upon their arrival. The LTCR surveyors enter the facility within a timeframe determined by CII. The surveyors evaluate the SSLC's investigation, determine whether the allegation is substantiated or unsubstantiated, and cite the facility if violations of ICF regulations are discovered. When ANE is reported to CII by someone other than the SSLC, LTCR notifies the SSLC within timeframes determined based on priority.

Method of Contact

Each ombudsman has an office at the SSLC and is easily accessible to residents and staff. Most contacts were made in-person, with the second-most common means of contacting the ombudsman being by telephone. Relative to the same biannual period last calendar year, both the number of contacts and percentage of all contacts made in-person increased from 158 to 199 and from 39.2% to 51.6%, respectively. The number of contacts and percentage of all contacts made by telephone decreased from 106 to 91 and 26.3% to 23.6%, respectively.

The office maintains a toll-free number which directly connects to the ombudsman's office phone. The toll-free number, the ombudsman's name, direct phone line, office location, and email address are displayed prominently on posters and brochures in common areas at each

SSLC. The office also maintains a website that provides contact information and explains the role of the office.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

Systemic Investigation: SSLC Response to Abuse, Neglect, and Exploitation

One of the responsibilities of the office is to identify and investigate systemic issues and make recommendations to the SSLC, SSLC State Office (SO) and Texas Health and Human Services based on the findings. In September 2023, the Senior Assistant Independent Ombudsmen (Sr. AIOs) began an investigation into how SSLCs and the SSLC SO respond to abuse incidents at the centers. The investigation was closed in June 2024. Below is a summary of the investigation, its findings, and the recommendations provided to SSLC SO.

SSLC SO was invited to provide a written response, which is included in this report. The response from SSLC SO details how ANE incidents are currently reviewed. However, it does not address the adequacy of current ANE review processes, considering the findings and recommendations of the OIO investigation.

Consequently, this investigation indicates that current mechanisms to protect residents by responding to ANE incidents are not sufficient. As noted in the SSLC response, the recent procedural changes to the reporting and investigation of ANE may make it more difficult for SSLCs to protect residents from ANE.

Summary

In August 2023, the OIO became aware of incidents at Corpus Christi SSLC and San Antonio SSLC involving serious allegations of physical abuse. In response, the Sr. AIOs investigated and assessed the adequacy of ANE protections for residents at all 13 SSLCs.

The Sr. AIOs Jill Antilley, Gevona Hicks, Talya Hines, and Adam Parks, under the guidance of Deputy Independent Ombudsman Carrie Martin, completed an investigation of the SSLC's response to allegations of ANE. ANE cases from September 1, 2022, through August 31, 2023 were reviewed, with a focus on cases that were confirmed instances of abuse, and incidents that were resolved with inconclusive findings.[1]

[1] Inconclusive findings indicates that there was not a preponderance of credible evidence – i.e., a lack of witnesses or other available evidence – to confirm whether abuse occurred.

At the time of review, allegations of ANE at SSLCs were reported to and investigated by Texas Health and Human Services Provider Investigations (PI). Upon receiving the PI case disposition, the SSLC documented their findings and actions in an Unusual Incident Report (UIR). From the data collected between 9/1/22 and 8/31/23, a total of 106 ANE UIRs across all SSLCs were analyzed. Of these, 59 received a disposition of inconclusive and 47 received a disposition of confirmed. The SSLC Incident Management electronic record system, called RL Solutions (RL), was used to review ANE UIRs. Because Rio Grande State Center does not use electronic records, copies were provided for ANE UIRs at that center.

These ANE incidents were assessed to evaluate when incidents occurred, when incidents were reported, whether recommendations to address identified concerns were made by PI or the facility investigator, and if there was evidence in the record that recommendations were followed. UIR ANE cases were also examined to determine if witnesses were present when the incident occurred and whether the incident occurred in view of surveillance cameras.

Information requested and reviewed included the following:

- Policies, procedures, and/or directives meant to identify, prevent, or respond to ANE incidents, including any draft policies.
- List of UIRs for ANE events which resulted in criminal charges in fiscal year 2023 (9/1/2022-8/31/2023).
- RL records of UIRs and physical copies and attachments of UIRs from Rio Grande SC.
- Any SSLC specific corrective actions associated with ANE events which resulted in criminal charges in FY 2023.
- Any SSLC statewide corrective actions associated with ANE events which resulted in criminal charges in FY 2023.
- Specific measures that SSLC State Office uses to evaluate effectiveness of IM practices at the centers.
- FY 2023 ANE incidents and UIRs with a disposition of confirmed or inconclusive.

Investigation Findings

This investigation revealed significant concerns about accurate and timely reporting of ANE, witnesses' failures to report instances of ANE immediately, and SSLCs' failure to address recommendations provided by investigators to protect residents.

Reporting Abuse, Neglect, and Exploitation

The investigation revealed concerns about the delay in reporting abuse within the one-hour mandate. This lag in reporting delays measures to protect individuals from additional harm when abuse is alleged to have occurred.

All ANE UIR reports reviewed by the Sr. AIOs indicated that the incidents were reported promptly. However, when the date and time of the incidents were compared with the date and time SSLCs reported it to PI, it was discovered that SSLCs did not report most incidents within one hour of occurring, contradicting what the SSLCs reported. This appears to be because SSLCs consider incidents to have been reported timely if reporting was completed within one hour of administrative leadership *learning* of incidents, as opposed to reporting within one hour of suspected abuse occurring or staff becoming aware of an incident.

To further explore the accuracy of SSLC's timely reporting, cases were sorted by those with "witnesses" identified in the UIR. Eight cases were reported to have witnesses, with six receiving a disposition of confirmed. Only two of the six confirmed cases where ANE was witnessed by staff were reported within the hour, as required. It is concerning that staff observed abuse but did not report it immediately. The failure to report suspected abuse delays protection for the residents involved and raises questions about staffs' ability to recognize and report abuse. It also points toward a culture of not reporting witnessed ANE incidents.

- 86% of cases reviewed were not reported within one hour of when the incident occurred.
- Using the time and date of when the incident occurred, the average length of time between occurrence and reporting was five days (135 hours, 46 minutes).

Responsiveness to Investigator's Recommendations

Once an ANE investigation is completed, the PI or facility investigator provides recommendations to help the SSLC reduce ANE and identify ways to protect SSLC residents from harm. The actions SSLCs take to address and respond to recommendations can help prevent reoccurrence of ANE. This is especially important for cases that are confirmed or for which the investigation findings are inconclusive, given that these dispositions indicate abuse has, or may have, occurred.

The investigation revealed concerns about SSLCs' responsiveness to recommendations. It is concerning that 23 cases with confirmed or inconclusive findings did not include any

recommendations from PI or the facility investigator. AIOs also identified repeated recommendations to retrain staff who witnessed ANE but did not report it, as well as video surveillance issues (i.e., cameras not available outside, cameras glitching or skipping). Repeated recommendations are indicative of possible systemic issues. Cases of this magnitude are an opportunity for the SSLC to determine what practices failed to protect the individual in a specific instance and what can be done to prevent ANE incidents in the future. The failure to provide, consider, or act on recommendations can result in future ANE incidents.

In most instances, the ombudsmen were not able to confirm if the SSLC took actions in response to recommendations. Records in RL did not include evidence that recommendations had been addressed and that corrective actions were completed. Having evidence accessible in the official final investigation report allows for review and monitoring by local SSLC Quality Assurance (QA), SSLC SO, and/or the OIO to assess the effectiveness of ANE prevention, reporting, and protection practices. Only Abilene SSLC consistently attached evidence to the UIR file in the RL electronic record. Rio Grande SC does not use RL; however, the UIRs provided by the facility included documentation showing that actions were completed in response to recommendations. It is also a concern that SSLC SO is not currently conducting detailed analysis of ANE incidents, and that information in RL is not comprehensive.

- ANE UIRs did not include recommendations for 23 of the 106 investigations reviewed.
- In 35% of cases, the SSLCs did not act upon or address the recommendations or concerns identified by PI or the facility investigator.
- Only 19% of ANE UIRs in RL contained evidence of follow up actions that were complete.
- Except for Rio Grande and Abilene, SSLCs do not regularly attach evidence of actions taken to address recommendations in final UIRs.

OIO Recommendations

Based on the findings of this systemic investigation, the OIO provides the following recommendations to SSLC SO:

- Establish and implement a statewide QA process for reviewing and monitoring ANE UIRs that identifies trends and patterns that may contribute to the occurrence of ANE. This process should include:
    - Timeliness of reporting

    - Recommendations provided by the investigator
    - Corrective actions and their effectiveness
- Establish and implement a uniform statewide procedure to document, attach, and track evidence of completed recommendations that is accessible for QA review.
- Evaluate and address discrepancies between the actual occurrence, identification and reporting of ANE incidents.
- Ensure that appropriate disciplinary action is taken against any employee who witnesses and fails to report ANE, as prescribed in policy.

Monitoring Plan

- OIO central office will follow up with SSLC SO two months from the date of publication to determine what actions have been taken to address concerns related to this investigation.
- OIO will monitor SSLCs' actions in response to confirmed and inconclusive ANE cases during the ombudsman's regular review of final investigation reports.

SSLC State Office Response to Systemic ANE Investigation Report

> SSLC State Office has a thorough system for monitoring Abuse, Neglect, and Exploitation (ANE) cases, which involves reviewing timeliness, recommendations, and corrective actions. The process includes actively participating in meetings of serious nature that require a High-Profile Incident Report (HPIR) which calls for a Critical Incident Team (CIT) meeting. These meetings involve facility department heads and State Office Incident Management staff to review the events and identify situational and systems issues that need to be corrected. During this time the State Office staff offers guidance and recommendations as necessary, even during after-hours and weekend CITs. These recommendations are entered into SharePoint along with the minutes from the meeting and recommendations are tracked.
>
> From June of 2023 to June of 2024 there have been 208 CIT meetings all of which had State Office oversight. A Special Projects Coordinator from State Office reviews all Unusual Incident Reports (UIRs) with confirmed and inconclusive dispositions. Since the start of this process on 4/1/24, the coordinator has reviewed close to 60 UIRs. The focus of these reviews includes the timeliness of reporting and ensuring that

recommendations are thoroughly assessed. Each center has a State Office representative participating in their Incident Management Review Team (IMRT) meetings multiple times a month to provide guidance and coaching as needed, ensuring that all incidents are thoroughly reviewed.

All investigations go through the local Review Authority process to ensure thorough and complete investigations. This involves reviewing the timeliness of reporting, the responsiveness of recommendations to the allegation, and taking appropriate action as needed with staff involved in the incident. Any witnessed abuse, whether direct or indirect by video, must be reported to the State Office for review to determine if the staff should be removed from the campus or if the regular non-client contact process can be followed. Incidents that qualify as high profiles, as defined in the ANE reporting Matrix, are orally reported to State Office within the hour, with a written report due within 3 hours that includes details of the incident, immediate protections, times, and results of nursing and emotional assessments, along with other programmatic information.

This written report is then sent to a distribution list that includes state office discipline coordinators for review and feedback. The State Office Incident Management Coordinator or the State Reviewer visits each center in person at least once a year as part of the State Review process. This is done for the specific purpose of a deep dive into each center's incident management processes and the quality of investigations. They then provide specific written feedback for a sample of 3-5 investigations.

This review only included information and recommendations in RL Solutions and did not review what the agency considers the source of truth which is the actual UIR itself. This is the same record that Long Term Care Regulatory uses for their reviews and that the Settlement Agreement Monitors have used during their visits. This is also the documentation that the State Review Team from State Office reviews during their visits to determine ongoing compliance with the Settlement Agreement.

Investigators are also trained on making recommendations both related to the incident being investigated as well as systems issues that could impact other residents. The UIRs also captures recommendations made by the Review Authority which includes facility leadership and department heads. UIR recommendations are reviewed daily in the IMRT meeting which are attended by State Office staff multiple times a week. Completed recommendations are submitted directly to incident

management and archived in the UIR case file, which is securely stored by the IM department.

Staff are trained at New Employee Orientation and annually thereafter on their responsibility to report any witnessed or suspected ANE to the appropriate party within one hour. If a report is made anonymously to the hotline after the one-hour mark, we are unable to provide coaching, training, or take appropriate action with the reporter. Individuals are not held to the same reporting requirements as staff and are coached and reminded to report timely when they witness, suspect, or have been the victim of alleged abuse. The facilities hold regular town hall meetings to discuss signs and symptoms of ANE with all staff, home meetings are held with the residents to teach them about their rights and reporting mistreatment and assigned home "buddies" monitor as well following the established Buddy Home Policy. This process is reviewed annually by the State Review Team (SRT) as well. Any assigned corrective actions from SRT are followed up on by State Office QA department until they are completed. This continual monitoring and training are part of the ongoing efforts to improve reporting of incidents as quickly as possible to ensure the safety of SSLC residents.

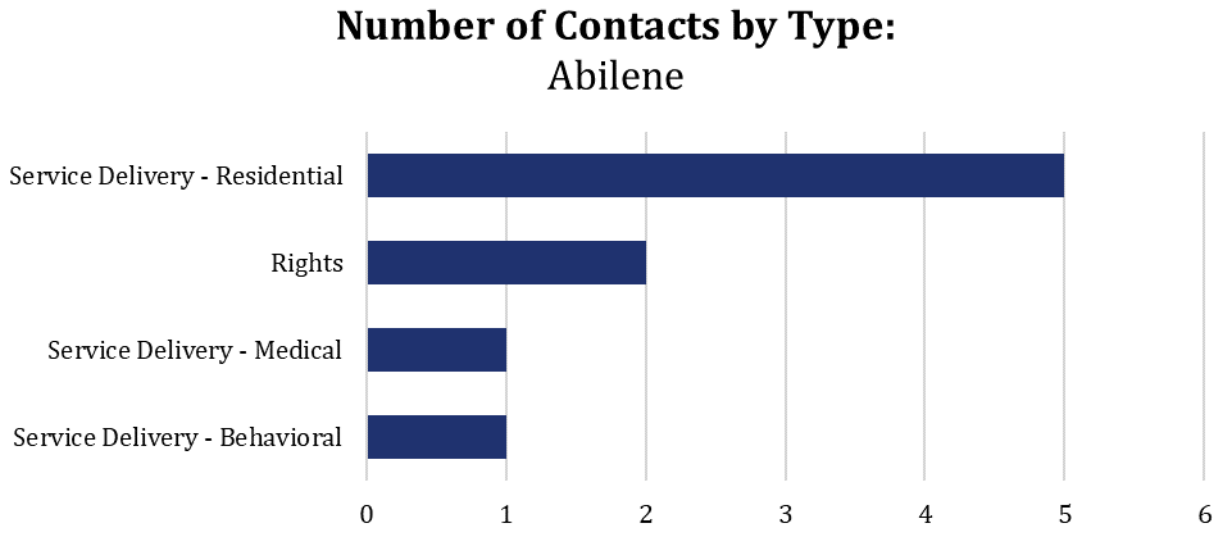
It is critical to note that while the SSLCs take these steps, the current ANE reporting process through CII went through a change on March 1, 2024. These changes removed the 24-hour live ANE reporting hotline, removed the report back to the SSLCs after an intake of ANE was reported, and provided a 16-day window where investigators can enter a facility on a reported ANE incident which increases risk as a facility may not be aware of an ANE incident until the assigned investigator enters the facility to complete their review. Any staff that is confirmed for not reporting ANE will have appropriate action taken as determined by their administration.

Disaggregate Activity

Abilene State Supported Living Center

Jill Antilley, *Senior Assistant Independent Ombudsman*

With over two decades of dedicated service, Mrs. Antilley has been a steadfast advocate for the residents of Abilene SSLC. Beginning her career in 2000 as direct care staff in the Recreation Department while pursuing her education at Hardin Simmons University (HSU), she obtained her bachelor's degree in Police Administration in 2000. After graduating, Mrs. Antilley ventured into roles at a juvenile correctional facility, contributing as a case manager and later as a juvenile probation officer. Returning to Abilene SSLC in 2002, she assumed the role of Qualified Developmental Disability Professional and took on the responsibilities of Human Rights Officer. In 2010, Mrs. Antilley took on a fresh and rewarding challenge as the Assistant Independent Ombudsman for the Abilene SSLC. Her exemplary contributions led to a well-deserved promotion in 2022, elevating her to the position of Senior Assistant Independent Ombudsman.

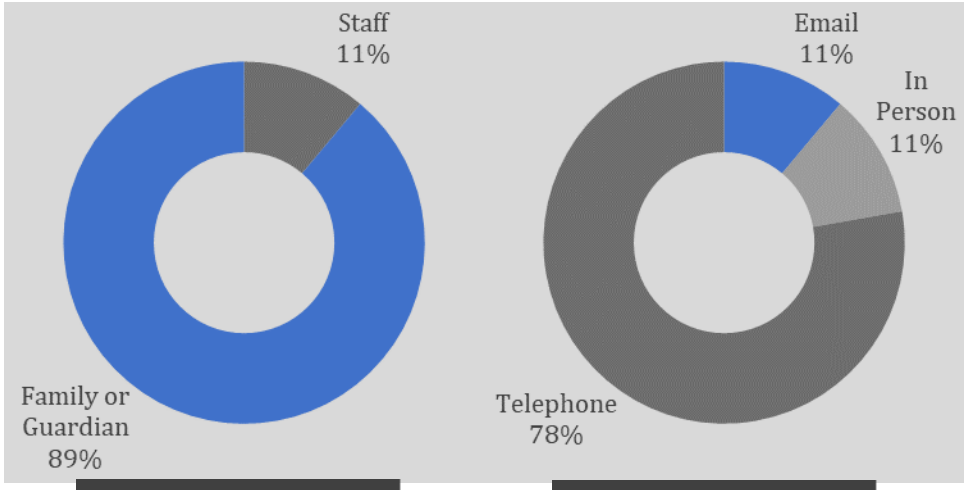


Cases Opened this Biannual Period:

Abilene

Ombudsman Contacts:

Abilene



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: Abilene

Violation of Right to Personal Property

Background: The AIO was speaking to a resident's guardian who mentioned that the resident loves to manipulate beads because it calms them down. However, when they bring the resident beads, staff take them away and put them in a drawer. Staff have also confiscated beads that were purchased as a reward for positive behavior as part of the resident's Positive Behavioral Support Plan (PBSP). The guardian stated that they can't identify which beads were bought by the family and which were bought by the state. The AIO informed the guardian that anything bought with the resident's personal money or given as a gift cannot be taken away without due process, as this is a restriction of the resident's rights. A rights restriction must be discussed by the resident's Interdisciplinary Team, approved by the LAR, and then approved by HRC before it can be implemented. This process had not occurred when the resident's beads were confiscated.

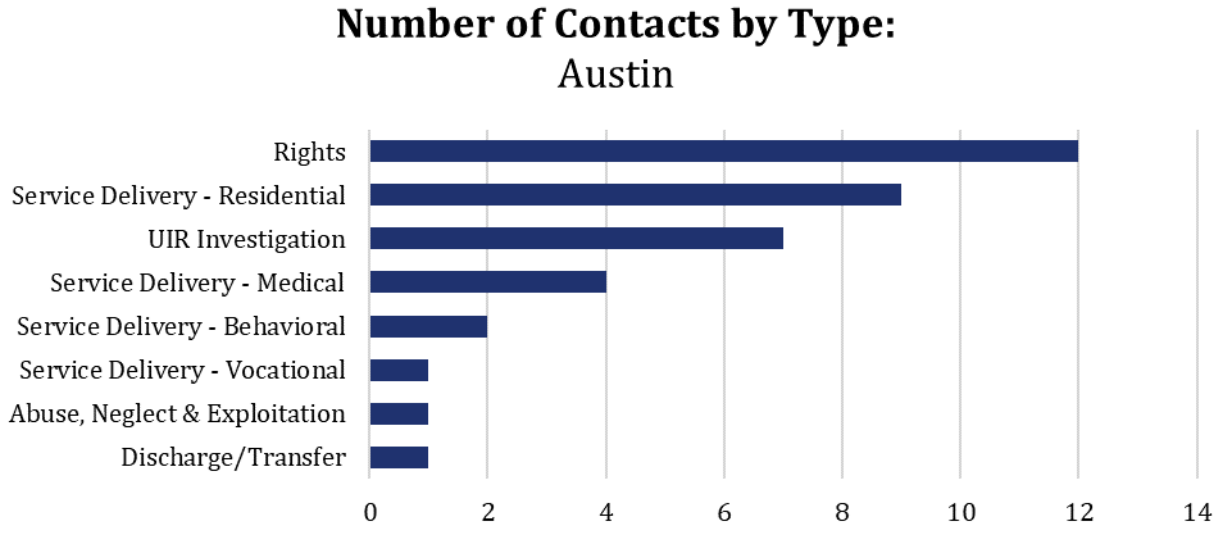
Ombudsman Investigation: The AIO informed the guardian about residents' rights and due process for rights restrictions. The guardian knew the process but didn't realize that staff were not supposed to take the beads. The AIO read the resident's PBSP which stated that holding the beads is listed as a positive reinforcer for the resident. The ombudsman informed the HRO that the resident's personal property was being confiscated without due process. The AIO shared that, while beads are listed as a reinforcer in his PBSP, they have always been a calming mechanism for him, even before he was admitted to Abilene SSLC. The AIO requested that the Human Rights Officer (HRO) investigate this rights violation and any other similar violations that may be occurring in the home.

Results: The AIO recommended that the HRO inform SSLC staff that they cannot take away items purchased by or for a resident unless it has been approved by the IDT and HRC. The AIO also recommended that items that the resident uses to relieve anxiety not be designated as positive reinforcers in their PBSP. The HRO agreed to incorporate this information into the rights restriction training and investigate the alleged rights violations. The AIO suggested to the Behavioral Health Specialist (BHS) to consider removing the beads from the resident's PBSP, as it is a normal activity that the resident engages in to calm himself. The BHS will discuss this issue in the next Behavioral Services Committee review of the resident's PBSP.

Austin State Supported Living Center

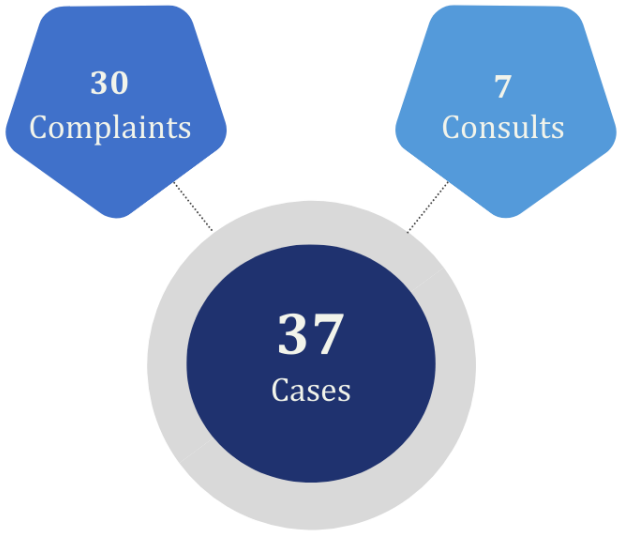
Talya Hines, *Senior Assistant Independent Ombudsman*

Mrs. Hines, a native of Grayson County, Texas, currently resides in Pflugerville with her family. She holds a Bachelor of Arts Degree in Sociology and a Master of Science Degree in Rehabilitation Counseling from the University of North Texas. She began her professional journey as a Child Care Licensing Specialist at the Department of Family and Protective Services in Dallas. Upon relocating to Austin, Mrs. Hines transitioned into a role as a case manager for the Department of Assistive and Rehabilitative Services. Driven by her passion for assisting others, Ms. Hines took on the role of Post-Move Monitor at the Austin SSLC, providing crucial support to individuals transitioning into community settings. Prior to assuming her current position as the Assistant Independent Ombudsman for the Austin SSLC in 2018, she honed her expertise as a Curriculum Developer for HHS. Mrs. Hines is certified as a Person-Centered Thinking trainer by The Learning Community for Person-Centered Practices. Her dedication and expertise were acknowledged in 2023 when she earned a promotion to the role of Senior Assistant Independent Ombudsman.



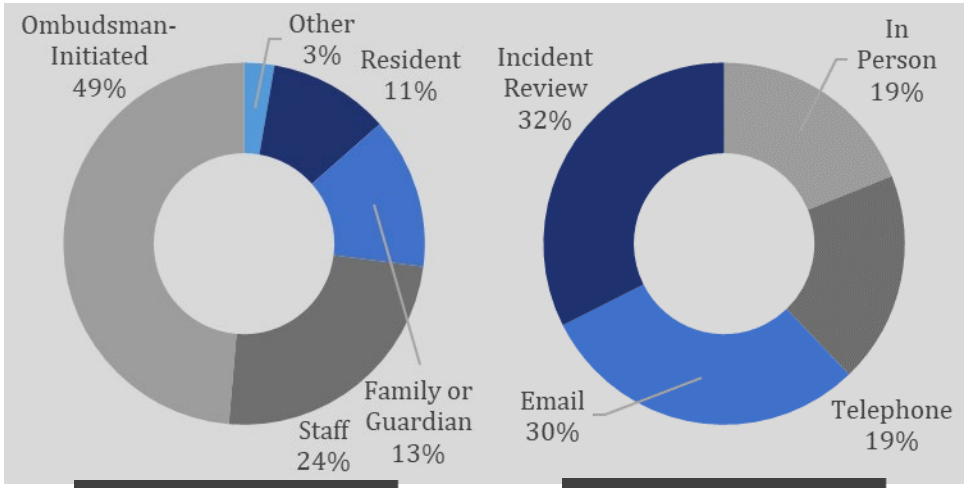
Cases Opened this Biannual Period:

Austin



Ombudsman Contacts:

Austin



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: Austin

Ensuring Family Participation in Resident's ISP Meetings

Background: A guardian contacted the AIO with a complaint about not being able to attend a resident's Individualized Support Plan (ISP) meeting. The guardian was upset that the section of the ISP that covers the resident's health care needs, called the integrated risk rating form (IRRF), had already been presented by the time she was able to join the call.

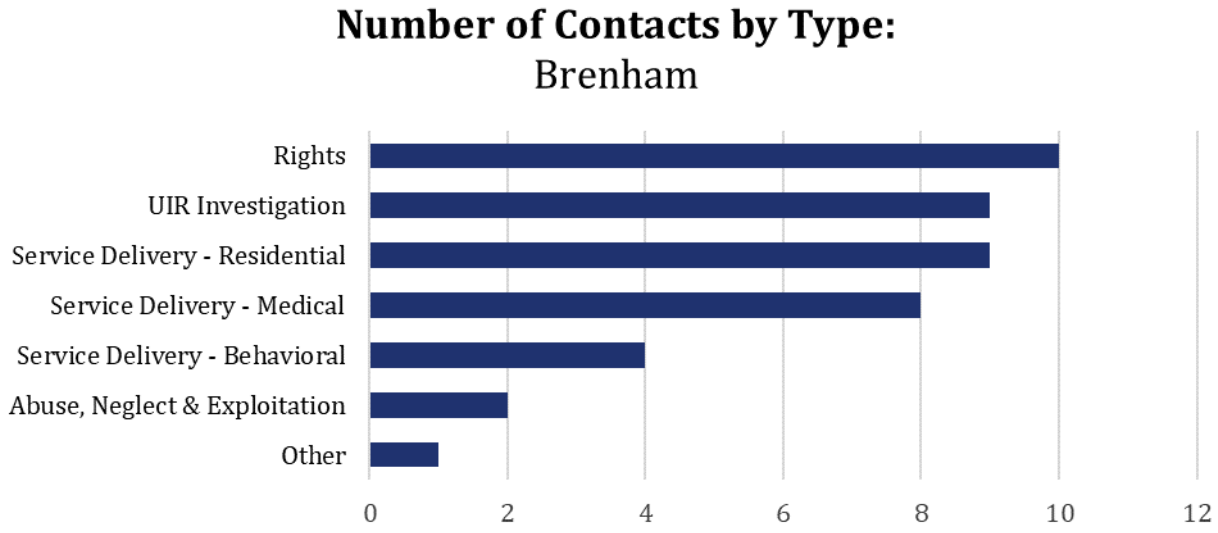
Ombudsman Investigation: The AIO contacted the Qualified Intellectual Disabilities Professional (QIDP) to gather information and review the ISP policy on which members must be present at an ISP meeting. It was found that the meeting was held virtually, and two separate links had been sent out for the meeting. The resident's assigned QIDP was out, and the QIDP covering for the assigned QIDP was not aware that the guardian accessed the meeting through the wrong link.

Results: The QIDP coordinated with the guardian to reschedule the discussion of the IRRF so that they could participate. The AIO sent the QIDP department the ISP policy to ensure that they would follow proper guidelines regarding the involvement of the LAR and resident in drafting ISPs. The AIO then followed up with the guardian, who stated that the ISP meeting was held and that she was able to participate and provide her feedback. She stated that she was satisfied with the outcome and thanked the AIO for her assistance.

Brenham State Supported Living Center

Susan Aguilar, *Assistant Independent Ombudsman*

Ms. Aguilar holds a Bachelor of Arts degree in Political Science from Texas Lutheran University. Her professional journey began in the realm of early childhood intervention before she assumed the role of a Qualified Developmental Disability Professional at the Brenham SSLC. During her tenure at the Center, Ms. Aguilar demonstrated versatility, serving as a program facilitator, person-directed planning coordinator, level of need coordinator, and interim rights protection officer. Since 2010, Ms. Aguilar has been dedicated to her role as Assistant Independent Ombudsman, bringing her diverse expertise to advocate for the well-being and rights of individuals within the SSLC community.

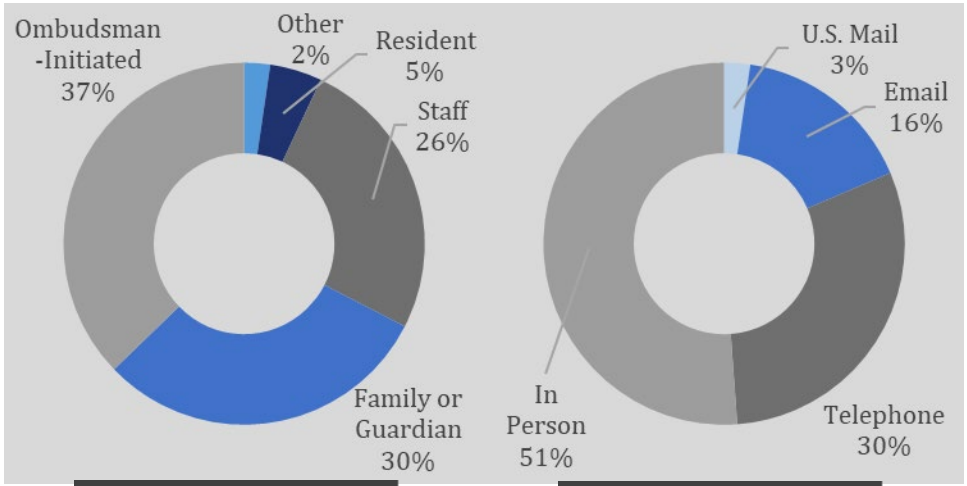


Cases Opened this Biannual Period:

Brenham

Ombudsman Contacts:

Brenham



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: Brenham

Addressing an Incomplete Investigation of Allegation of Physical Abuse

Background: While reviewing the center's investigatory report of an allegation of physical abuse of a resident, the AIO became concerned as the investigation was missing key information, making it unclear how the finding of unconfirmed was reached. A staff member was alleged to have used physical force to get a resident to come back inside the home. The witness statements and the statement from the alleged perpetrator (AP) lacked critical details.

Ombudsman Investigation: The AIO reviewed additional information in the resident's record and attended the Review Authority committee meeting where final facility abuse investigations are reviewed. After the committee members discussed the findings, the AIO asked questions and stated concerns that had not been addressed by the committee. The AP and witness statements were missing a linear timeline of key details. The committee was unclear as to the exact location of the witnesses reporting the physical abuse and whether they had a clear view of the incident. Additionally, the investigator used the resident's behavioral history to support the finding. The report precluded that witnesses may have misunderstood what they saw, but the witnesses had similar descriptions indicating physical force was used. The specifics of how the AP claimed to assist the resident and whether they followed the resident's individual physical therapeutic plan were questionable. There were indications in the report that comments by the AP were used to reach conclusions that were not in the AP's statement.

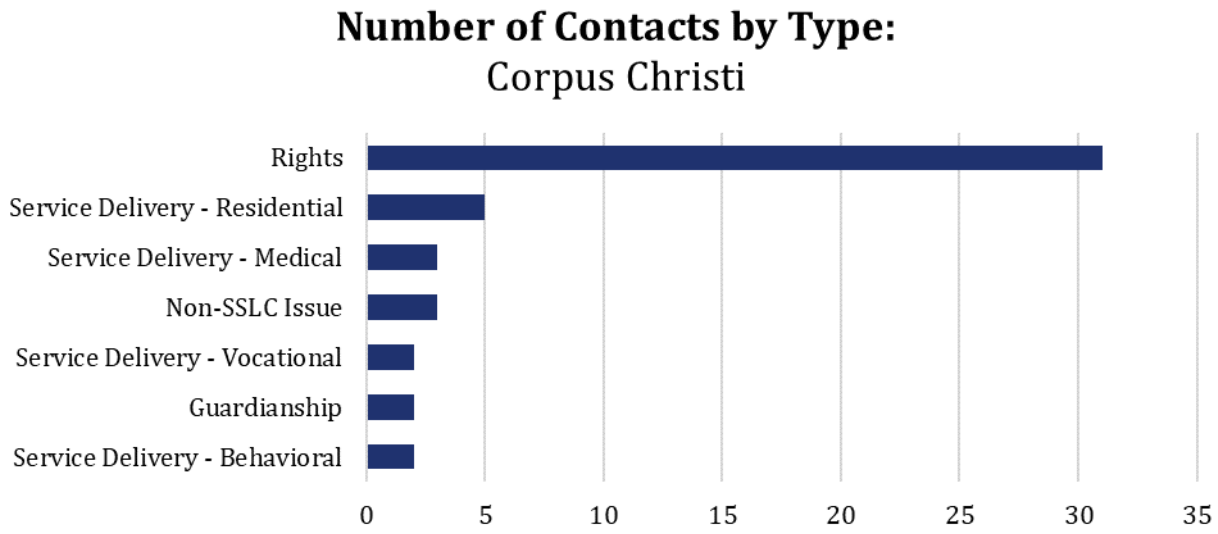
The AIO recommended interviewing the AP and witnesses again to obtain additional details and clarification. The Review Authority did not agree with the AIO's concerns about the report and decided to continue with the unconfirmed disposition. The AIO advised the committee that she continued to have concerns and found the disposition of unconfirmed physical abuse questionable. To address some of the AIO's concerns, the committee agreed to review the physical nutritional management plan (PNMP) with habilitation therapists to determine the need for additional strategies and provide additional training to the AP.

Results: The IDT subsequently reviewed the PNMP and decided that there were no modifications needed. The AIO consulted with OIO leadership and provided a written summary and recommendations to the director of the Brenham SSLC. Subsequently, the director decided that additional training in conducting investigations would be provided to facility investigators. and informed the AIO that the case is being re-investigated.

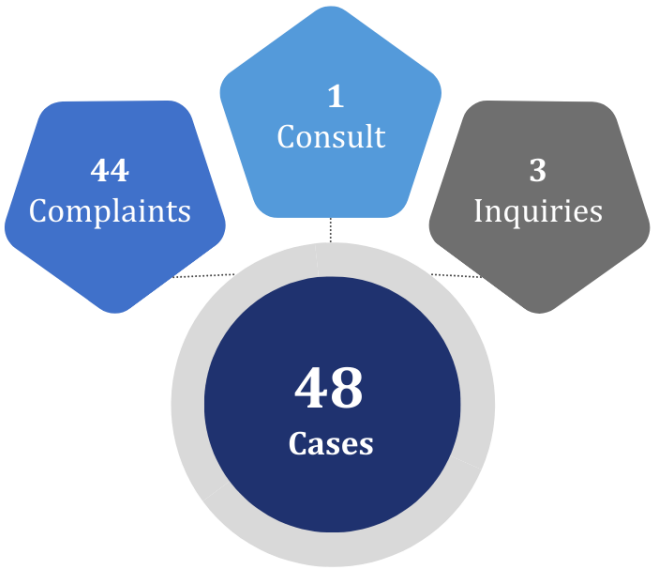
Corpus Christi State Supported Living Center

Kellen Davis, *Assistant Independent Ombudsman*

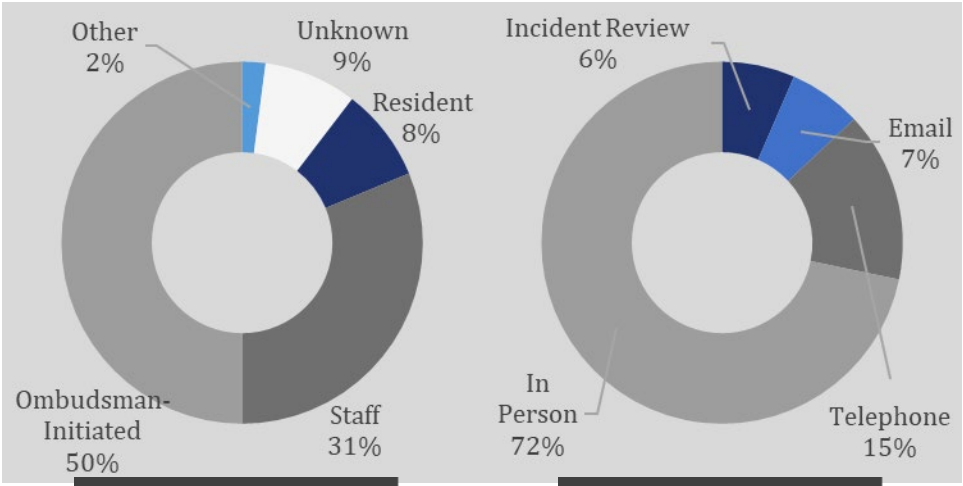
Mrs. Davis embarked on her career journey in 1988 while pursuing her education at Howard Payne University. During this time, she contributed her skills as the Recreation Supervisor at the Texas Youth Commission (TYC). Her academic pursuits led her to graduate from HPU with a degree in Physical Education and a minor in English. Over the course of 15 years, Ms. Davis continued her dedicated service with the TYC, holding various roles within the organization. Demonstrating entrepreneurial spirit, Mrs. Davis ventured into business ownership with her own doughnut coffee shop. With a wealth of diverse experiences, she served as a Transition Specialist at the Mexia SSLC for 4 and a half years before assuming the role of Assistant Independent Ombudsman for the Corpus Christi SSLC in 2017. Mrs. Davis continues to bring her multifaceted skills and commitment to advocate for and support individuals within the SSLC community.



Cases Opened this Biannual Period:
Corpus Christi



Ombudsman Contacts:
Corpus Christi



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: Corpus Christi

Enhancing Resident Participation in ISP Meetings

Background: While reviewing documents for a complaint, the AIO noticed that residents are not attending Individual Support Plan Amendment (ISPA) meetings. These meetings determine residents' medical and psychiatric care, programming, community outings, and rights. They discuss and plan the individual's goals according to their preferences, interests, and strengths. Resident participation is important as this is an opportunity for the resident (or the resident's legally authorized representative) to advocate for themselves and talk about what is important to them.

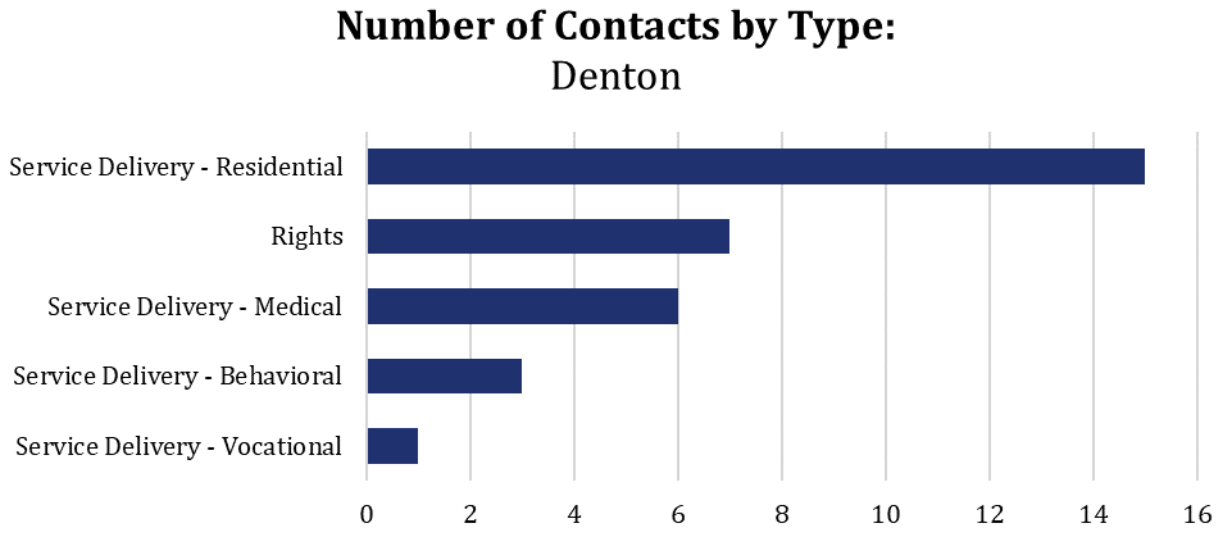
Ombudsman Investigation: The AIO communicated to the SSLC administration that residents and/or their legally authorized representatives (LARs) are rarely participating in ISPA meetings. Consequently, residents may not be aware of what supports are being provided to them and are not given the opportunity to talk about their goals or interests. The AIO recommended that residents be educated on the importance of participating in the decision-making process and that residents' interdisciplinary teams accommodate guardian and family members' schedules so that they can participate in the process as well.

Results: The Qualified Intellectual Disabilities Professional (QIDP) director stated she would train QIDPs on inviting appropriate IDT members, including the resident and/or resident's LAR, to ISP and ISPA meetings. The AIO later confirmed that this training was completed. As a result of the training, there has been an increase in the number of residents attending their ISP and ISPA meetings.

Denton State Supported Living Center

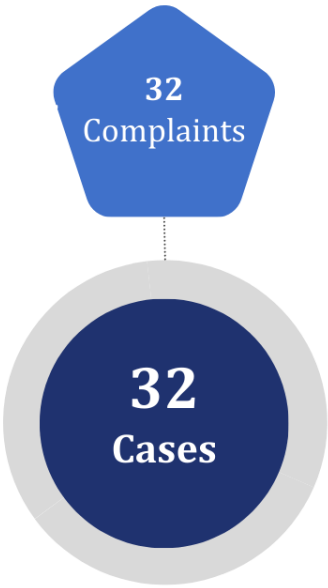
Alejandra Loya, *Assistant Independent Ombudsman*

Prior to joining the OIO in January 2024, Mrs. Loya worked with the Department of Family Protective Services where she served as an integral team member, dedicating herself to the advocacy and support of families and children, including those with disabilities. In her previous position as a bilingual Family Group Conference Specialist, Mrs. Loya became a trusted mediator and fostered dialogue and understanding among diverse families, legal and medical professionals, community providers, CPS program specialists, and other parties as they navigated the challenges of the child welfare system. Driven by a desire to make a more direct impact on the lives of one of the most vulnerable populations, Mrs. Loya accepted the role of the Assistant Independent Ombudsman. Mrs. Loya has a Master of Science degree and brings her wealth of experience advocating for the rights and well-being of individuals with intellectual disabilities. She seeks to serve as a bridge between individuals, their families, and staff to ensure SSLC residents support needs are met, their voices are heard, and their rights are protected.



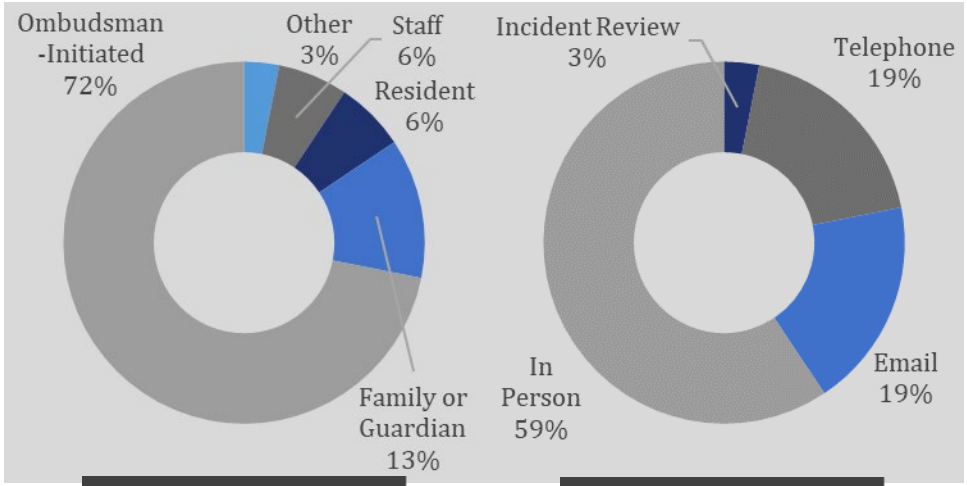
Cases Opened this Biannual Period:

Denton



Ombudsman Contacts:

Denton



Who Contacted the Ombudsman?

How was the Contact Made?

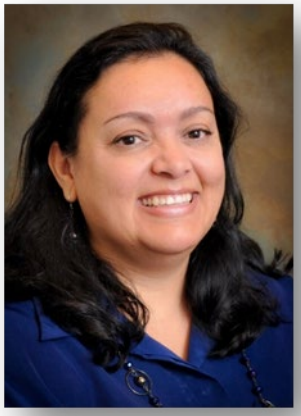
Case Study: Denton

Staff Attention to a Resident's Behavioral Needs

Background: The AIO noticed a female resident sitting outside of workshop topless and crying. Several Direct Support Professionals (DSPs) exiting the workshop saw the resident and did not stop to help. The AIO went inside and informed a rehab therapy technician in the workshop about the resident. The rehab therapy technician placed a bed sheet over the resident and called the resident's home to request staff assistance. It took nearly 30 minutes for staff to arrive and accompany her back home.

Ombudsman Investigation: The AIO informed the unit director of the resident's home about the incident and asked how staff are trained to redirect the resident when she is experiencing a behavioral episode where she takes off her clothes. The unit director responded that the resident is on a routine level of supervision, meaning the resident does not require direct supervision by staff. Staff are to prompt the resident to keep her clothes on and leave but remain in the resident's line of sight. The staff are then supposed to prompt her again after 15 minutes. If the resident strips completely nude, staff are to cover the resident with a portable screen or a blanket.

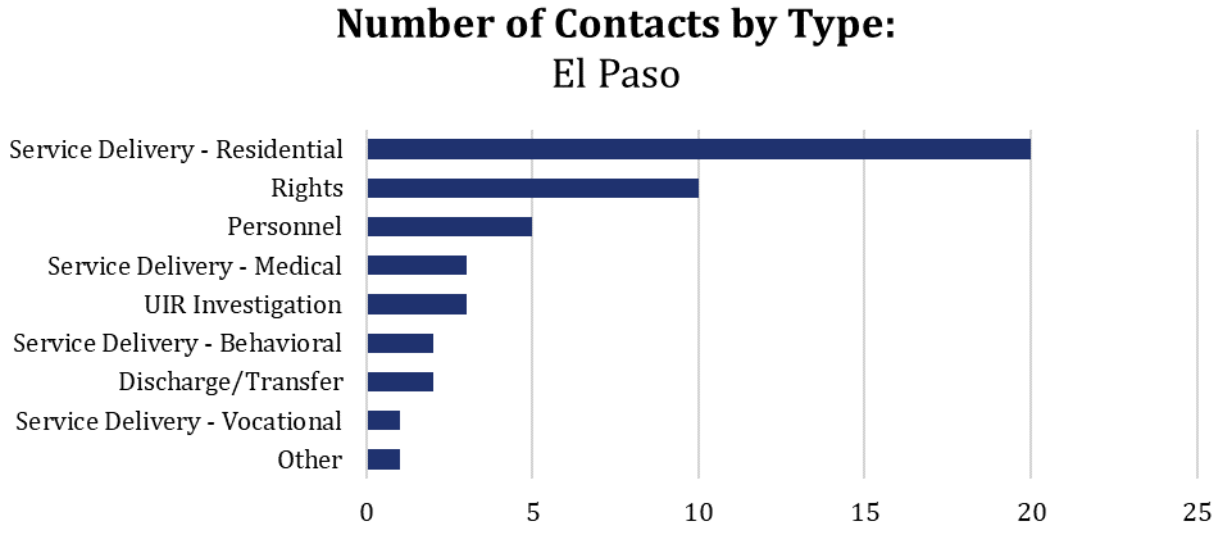
Results: During Incident Management Review Team meeting the next day, the AIO informed the unit director that the resident had been outside for at least 30 minutes before staff were called to help her. The unit director reported that he would instruct his staff to check on this resident every 15 minutes when she is having a behavior and prompt her to put her clothes back on according to her Positive Behavior Support Plan.



El Paso State Supported Living Center

Isabel Ponce, *Assistant Independent Ombudsman*

A proud native of the Sun City, Ms. Ponce has dedicated over two decades to serving and advocating for the elderly, children, and individuals with disabilities. Her journey began in nursing homes, where she worked first as a certified nursing assistant and later as a certified medication assistant. Transitioning to the El Paso Headstart program, she extended her passion for community service by providing social services to children and their families through outreach programs. Ms. Ponce further expanded her impact by serving adults with developmental disabilities as a Residential Director. Her commitment to ensuring the well-being of others led her to become a Certified Internal Investigator, where she excelled as a Case Manager for the same HCS provider. With a wealth of community program experience spanning seven years, Ms. Ponce joined the OIO in December 2010. In her role as the Assistant Independent Ombudsman for the El Paso SSLC, she has continued her unwavering advocacy for individuals within the SSLC community. Trained in mediation and person-centered practices, Ms. Ponce brings a comprehensive skill set to her role, ensuring a person-focused and empathetic approach to her work.

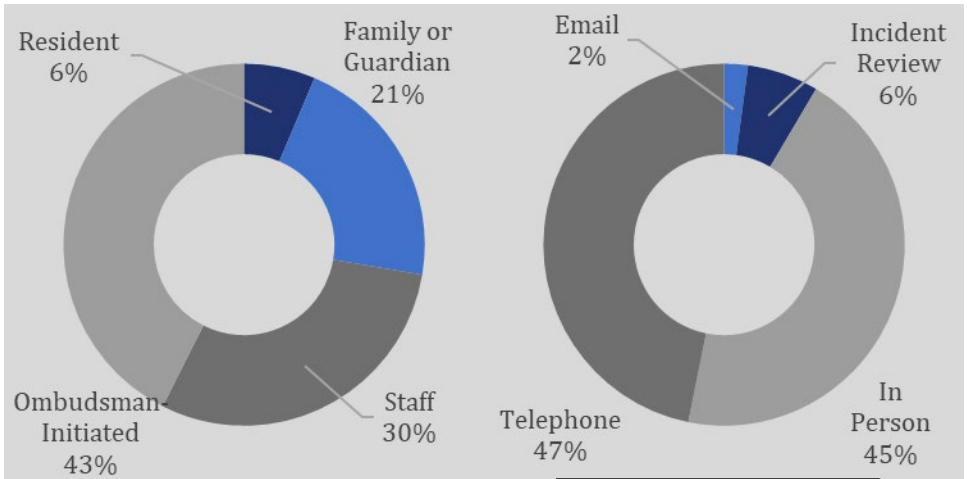


Cases Opened this Biannual Period:

El Paso

Ombudsman Contacts:

El Paso



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: El Paso

Ensuring Medical Care and Advocacy

Background: A QIDP called the AIO for assistance regarding a resident who was crying in pain and requesting to be taken to the hospital. This resident had previously fallen and had been seen at the center's clinic. X-ray tests showed no soft tissue injury or fracture. However, the resident had remained in bed for three days, refusing to eat, crying in pain, and asking to go to the hospital. The QIDP reported that the team asked the facility physician to send the resident to the hospital, but that he had refused.

The AIO inquired about any additional events in those three days that might explain the resident's condition. The QIDP mentioned that the resident had suffered another minor fall, initially deemed non-serious, and was now refusing to be seen at the clinic. The QIDP and the Nurse Case Manager informed the doctor that the resident, who typically enjoyed going to work, was now staying in bed, which was unusual behavior. Despite this, the doctor did not see the need to send the resident to the hospital. The QIDP expressed concern and asked for assistance.

Ombudsman Investigation: The AIO contacted the doctor and informed him that the team had reached out for assistance. The doctor acknowledged he was aware of the second fall but stated he could not act until he saw the resident in the clinic. Given the AIO's 13-year acquaintance with the resident, the AIO vouched for the resident's character and emphasized the unusual nature of their current behavior. The AIO requested the doctor reconsider and examine the resident at home. The doctor agreed and later called the AIO with the results.

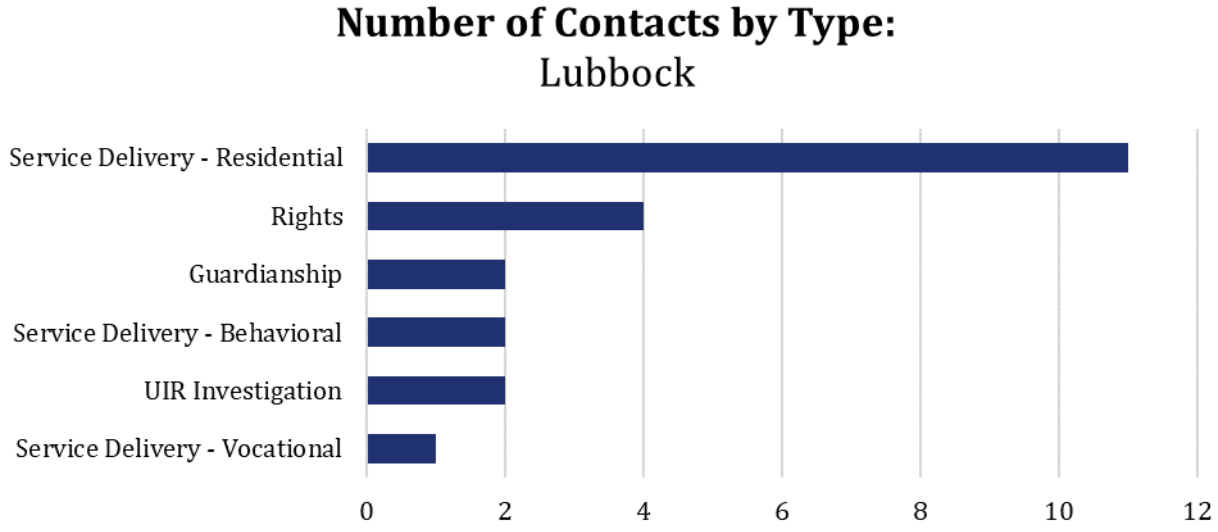
Upon examination, the doctor found that the second fall might have caused a fracture. Consequently, the resident was sent to the hospital, where the fracture was confirmed. The AIO expressed gratitude to the team for their advocacy, thanked the doctor for his flexibility, and received thanks from the QIDP for mediating on behalf of the resident.

Results: Following the AIO's intervention, cooperation between the team and the doctor began to proceed more easily. The team agreed to the recommendation of providing more specific updates and justifications to the doctor. The doctor committed to listening more closely and considering alternative ways to examine residents on campus. This case underscored the importance of not making assumptions about the severity of a fall without thorough checks and the need for staff and physicians to be stronger advocates for the residents' well-being.

Lubbock State Supported Living Center

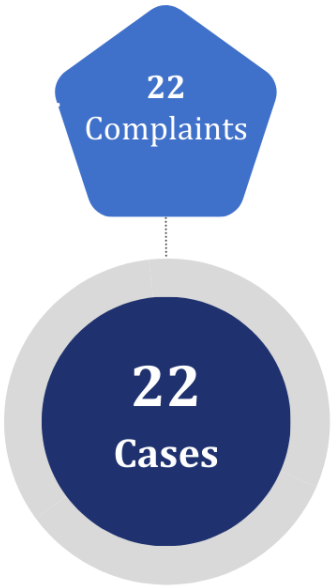
James Clark, Assistant Independent Ombudsman

Mr. Clark was born and raised in Lubbock, Texas, and resides in Lubbock with his family. Mr. Clark earned a Bachelor of Applied Science degree in Human Services from Wayland Baptist University. He began his career with the State of Texas at the Lubbock State School as a Direct Support Professional in 1999, where he worked 14 years in roles including Unit Director, Campus Administrator, and Qualified Intellectual Disability Professional. In 2013, Mr. Clark's endeavors for career advancement led him to the Department of Family and Protective Services (Adult Protective Services) where he worked for 6 years as an APS Specialist to advocate for elderly and disabled Texans. In April of 2020, Mr. Clark's career path led him back to the place he began his career with the State of Texas when he accepted the position of Assistant Independent Ombudsman for the Lubbock SSLC with the OIO.



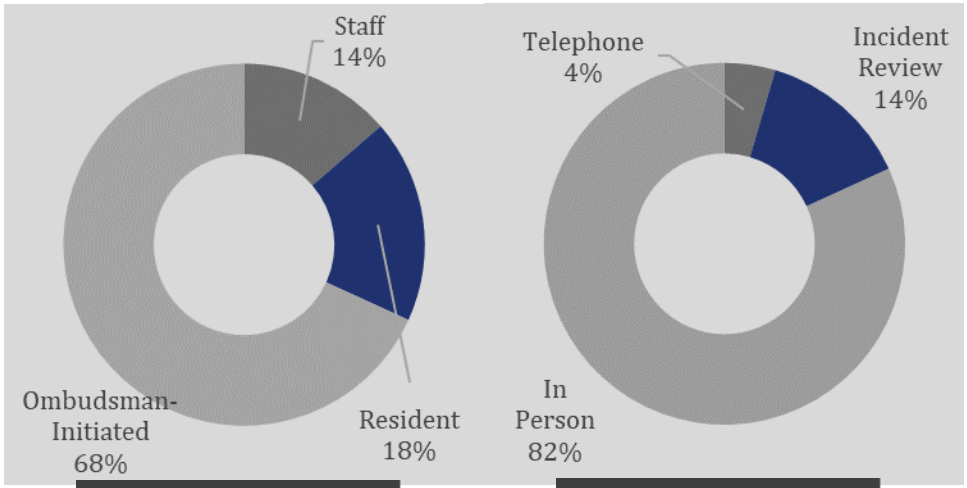
Cases Opened this Biannual Period:

Lubbock



Ombudsman Contacts:

Lubbock



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: Lubbock

Ensuring Resident Well-Being Through Advocacy and Collaboration

Background: While conducting observations on campus near a residential home, the AIO noticed that a resident's shoes were in extremely poor condition. Given that the resident frequently walked around campus, the state of their shoes was a concern.

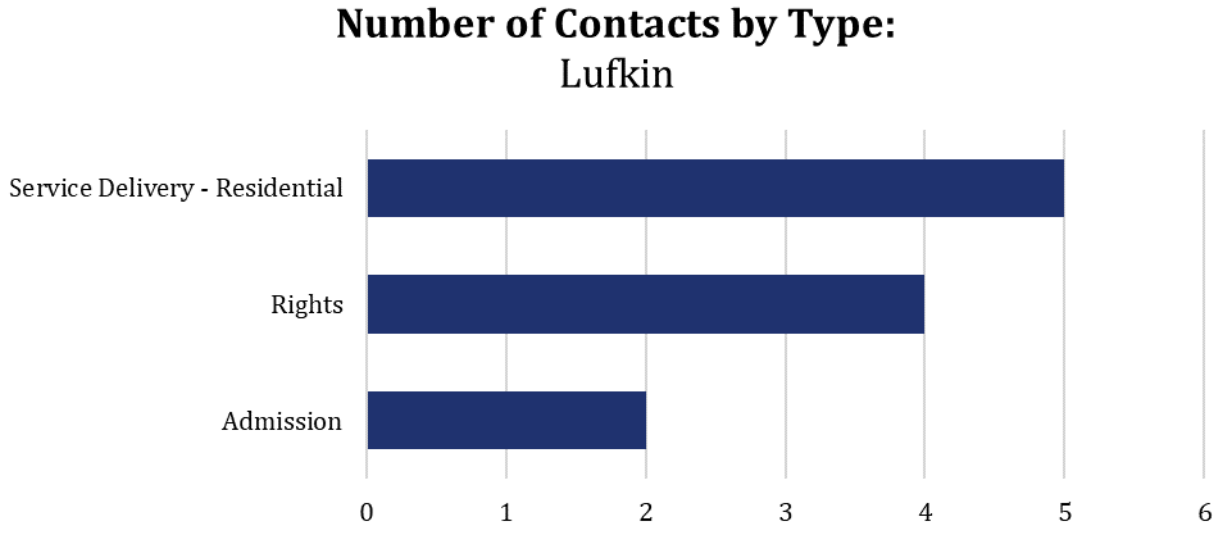
Ombudsman Investigation: The AIO spoke with the Residential Coordinator and the Qualified Intellectual Disability Professional (QIDP) assigned to the home. They informed him that the resident has been offered new shoes but refused to wear them. The AIO inquired if the Interdisciplinary Team (IDT) developed a plan to encourage the resident to accept new shoes. The IDT responded that they would work with the resident to encourage him to get new shoes.

Results: The AIO suggested that the IDT allow the resident to pick out the shoes himself rather than have him accept what he was offered. This approach aimed to involve the resident in the decision-making process and increase the likelihood of acceptance. After about a week, the AIO followed up with the IDT and was informed that the resident had purchased new shoes and appeared happy with his choice. The AIO observed that the resident seemed pleased with his new footwear.

Lufkin State Supported Living Center

Seth Bowman, *Assistant Independent Ombudsman*

Raised in Lufkin, Texas, Mr. Bowman attended Stephen F. Austin State University where he earned a Bachelor of Arts in Communication. After graduating in 2011, he began his professional career with Texas Health and Human Services as a Qualified Intellectual Disability Professional for the Lufkin SSLC. He then served as a training specialist in the Competency and Training Department where he trained employees on policies and procedures. While in this role, he was a faculty member and helped develop curriculum for the Safe Use of Restraints (SUR) program. Mr. Bowman joined the OIO as the Assistant Independent Ombudsman for the Lufkin SSLC in May 2020.

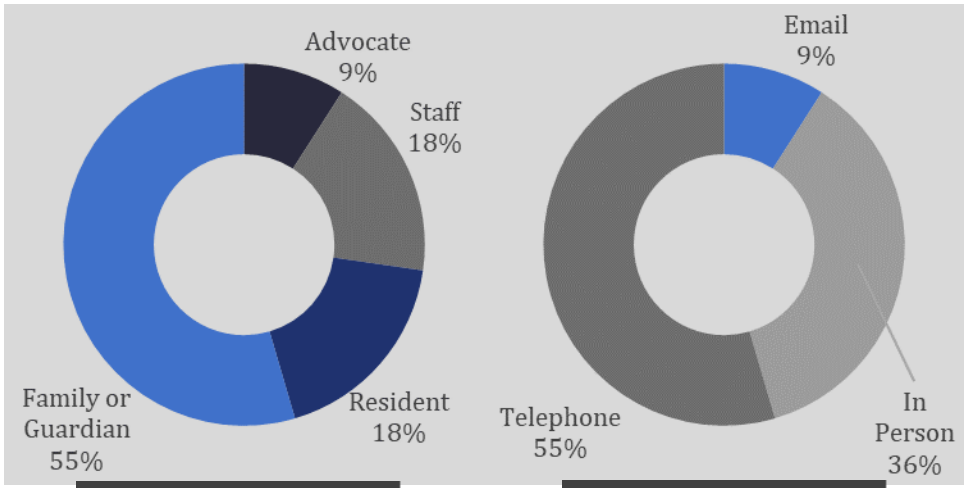


Cases Opened this Biannual Period:

Lufkin

Ombudsman Contacts:

Lufkin



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: Lufkin

Enhancing Communication and Family Engagement

Background: A family member of a resident called the AIO with concerns about communication from the resident's Interdisciplinary Team (IDT). The resident had been taken to the emergency room at the Lufkin SSLC for tests after two recent falls. The members of the resident's IDT told the family member that they would keep them informed of the resident's current condition. The family member received a call from the campus coordinator, who is not a member of the IDT, and they read the results of the tests. However, the report was vague and the family member wanted more information.

She was later informed that the resident had fallen again while the resident was in a wheelchair secured with a seatbelt. This time the parent was informed of his medical condition by a campus doctor that was not part of the IDT. They felt that the doctor and the campus coordinator were not able to answer their questions about the resident's condition and the falls in enough detail and were unable to get in contact with anybody else at the Lufkin SSLC. The AIO told the family member that he would ask the attending doctor and the director of nursing services to relay any further information about the resident's condition. The family member thanked the AIO for listening to her concerns.

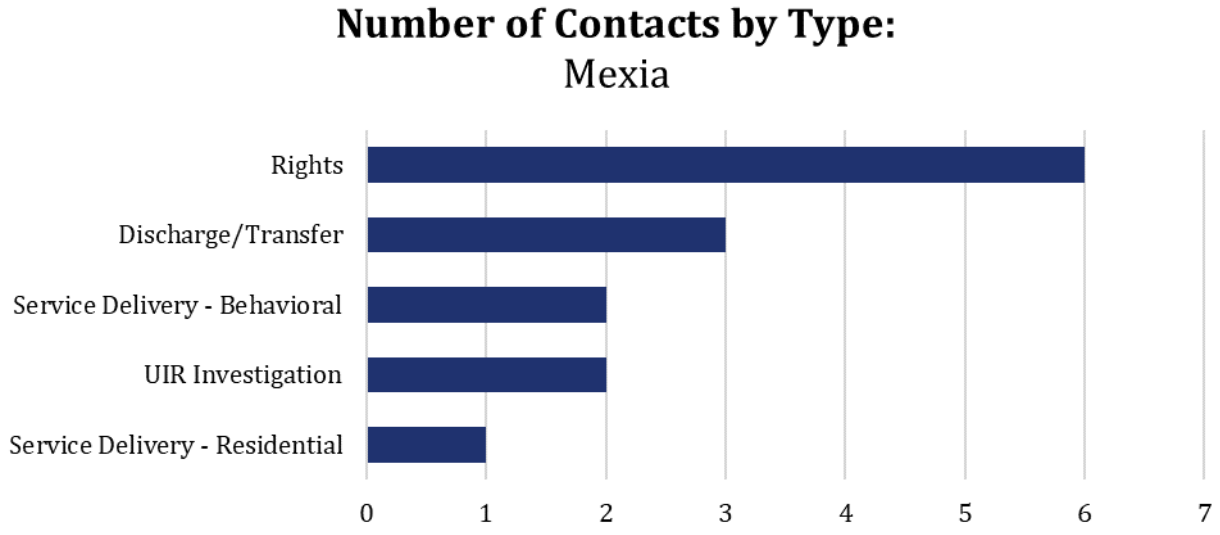
Ombudsman Investigation: After speaking with nursing management and the Qualified Intellectual Disabilities Professional (QIDP) director about the situation, the AIO learned that the IDT had a meeting and implemented additional supports, including an emergency restriction, as a result of the falls. However, it was unclear whether the IDT had met with the resident's family member since then. The QIDP director told the AIO that she would ensure that the resident's QIDP contacted the family member. The nursing manager stated they would ask the attending doctor to contact the resident's family member as well.

Results: Subsequently, the AIO verified that the IDT met with the family member to discuss their concerns and reviewed the IDT meeting documentation as well as the action plans created to address the family member's concerns. The AIO followed up with the family member to ensure that the IDT had addressed all their concerns. They stated they had and that they were happy to learn that the IDT was being proactive.

Mexia State Supported Living Center

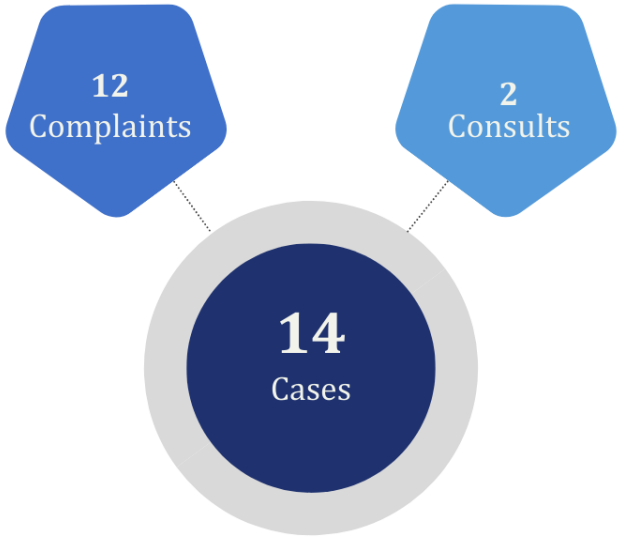
Adam Parks, *Senior Assistant Independent Ombudsman*

Mr. Parks was raised in Mexia, Texas. He attended Stephen F. Austin State University where he earned a Bachelor of Arts in Psychology. After graduation, he began his professional career as a conservatorship caseworker for the Department of Family and Protective Services in Angelina and Shelby Counties. Mr. Parks then accepted the position of Qualified Intellectual Disability Professional (QIDP) at Lufkin SSLC. He was later appointed Lead QIDP for the Oak Hill Unit. He also served as a standing member of the Human Rights Committee during his time working at Lufkin SSLC. Mr. Parks accepted the position of Assistant Independent Ombudsman for the Mexia SSLC in February 2014. In 2022, he received a promotion to Senior Assistant Independent Ombudsman. Mr. Parks received a Master of Science degree in Clinical Mental Health Counseling in May 2024. Later that year he became a Licensed Professional Counselor Associate and a Nationally Certified Counselor.



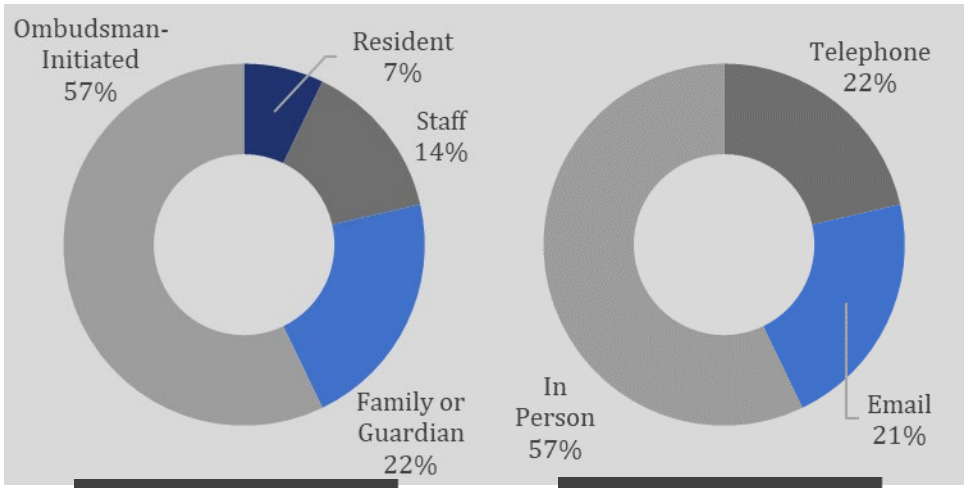
Cases Opened this Biannual Period:

Mexia



Ombudsman Contacts:

Mexia



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: Mexia

Enhancing Individual Support Plan Implementation Through Advocacy

Background: The AIO was contacted by a guardian concerned about an Interdisciplinary Team's (IDT) implementation of a resident's Individual Support Plan (ISP). The guardian felt that additional steps should have been implemented to better prepare the resident for possible transition to the community. The guardian recommended creating a checklist of tasks for the resident to complete which would be reviewed daily. However, when this suggestion was made to the IDT, the only agreement reached was for a checklist of daily hygiene tasks. The guardian planned to request another meeting with the IDT and sought the AIO's assistance during the meeting.

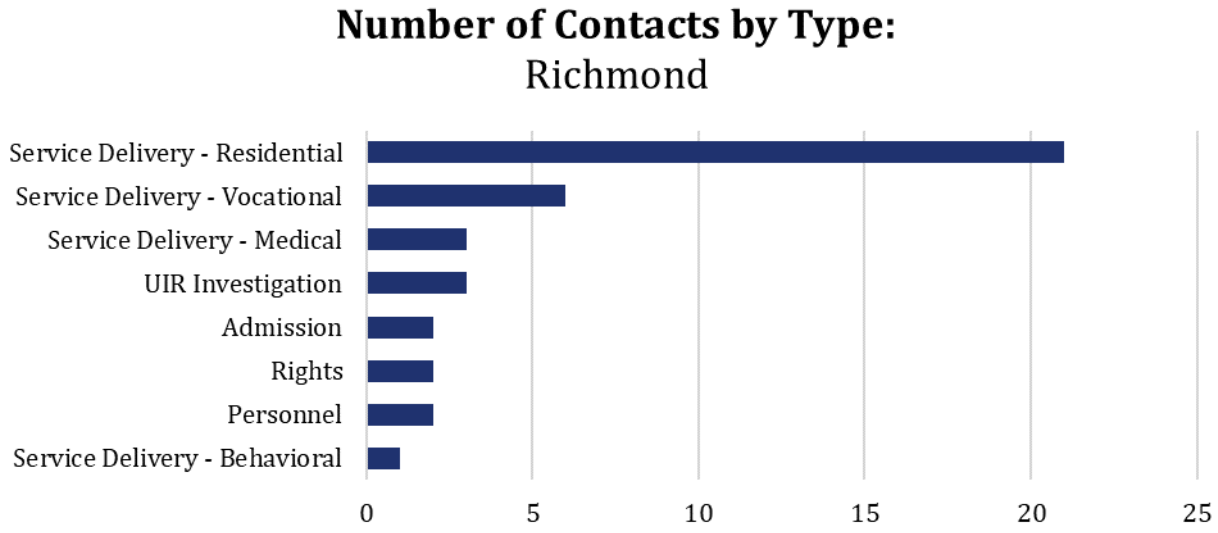
Ombudsman Investigation: After speaking with the guardian, the AIO reviewed email communications between the guardian and the Qualified Intellectual Disability Professional (QIDP). Additionally, the AIO reached out to the IDT to inform them of his involvement and intention to participate in the upcoming meeting. The AIO attended the meeting and advocated for the guardian's requests. The IDT was receptive to the idea of a checklist. There was a productive discussion about how it should be worded and who should have copies.

Results: As a result of the meeting, a checklist was implemented, and the resident can now review their checklist with the staff in the home whenever necessary. The guardian receives weekly updates, and the IDT reviews the checklist with the resident during their Monthly Update meetings. The AIO followed up with the guardian, who expressed satisfaction with the outcome. The AIO also provided the guardian with information about their role when they are ready to make a referral for community placement in the future.

Richmond State Supported Living Center

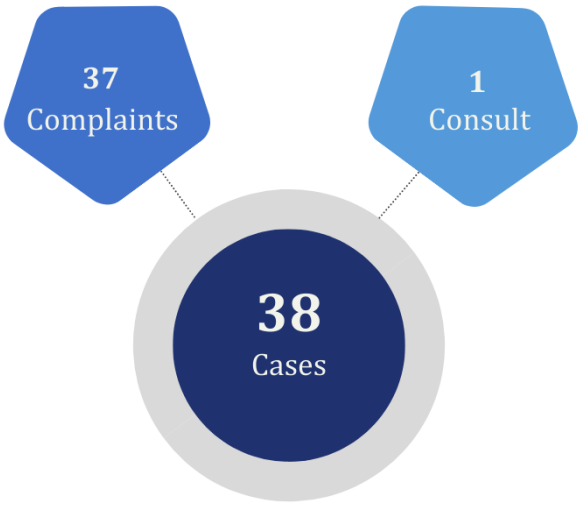
Deatrice Potlow, *Assistant Independent Ombudsman*

Born and raised in Greenwood, Mississippi, Ms. Potlow earned a Bachelor of Science in Office Administration in 1997. Shortly after graduating, she began working at a local hospital as a Medical Transcriptionist. She relocated to Houston, Texas, for career advancement and began a career with the State of Texas. During her tenure of employment, she served as an Investigator for children, adults, and persons with disabilities. Prior to joining the OIO as an Assistant Independent Ombudsman in 2012, she worked as a facility investigator responsible for investigating allegations of abuse, neglect, and exploitation at the Richmond SSLC.



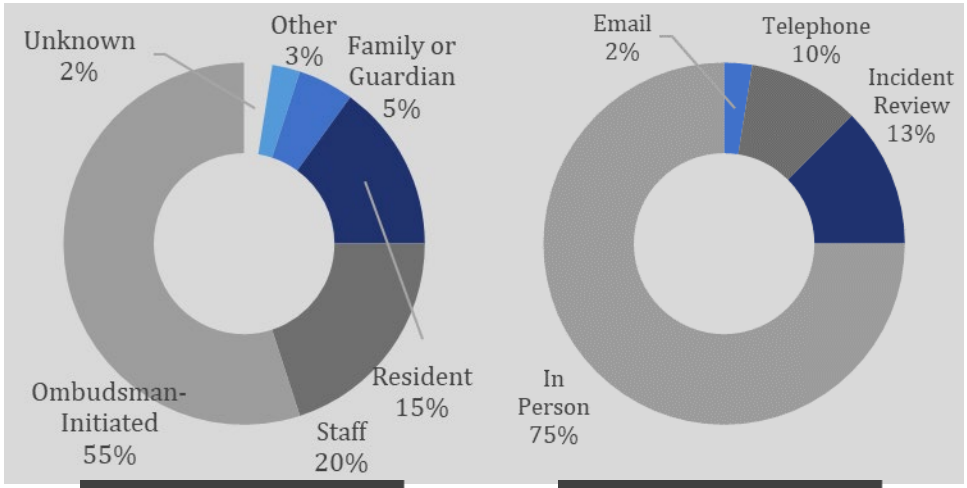
Cases Opened this Biannual Period:

Richmond



Ombudsman Contacts:

Richmond



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: Richmond

Addressing Tobacco Restriction and Resident Needs

Background: The Qualified Intellectual Disability Professional (QIDP) presented a tobacco restriction to the Human Rights Committee (HRC) for a resident. The restriction stipulated that the resident should be encouraged to eat before receiving a cigarette with the provision that cigarettes would only be provided after a meal.

During the presentation, the AIO raised concerns about the resident not receiving cigarettes until after meals due to the resident's history of refusing meals. The resident typically preferred food from outside eateries and often refused the meals provided. The AIO expressed concern that, given the resident's pattern of meal refusals, withholding cigarettes based on meal consumption could lead to behavioral issues, pose barriers to the resident's success, and risk their health.

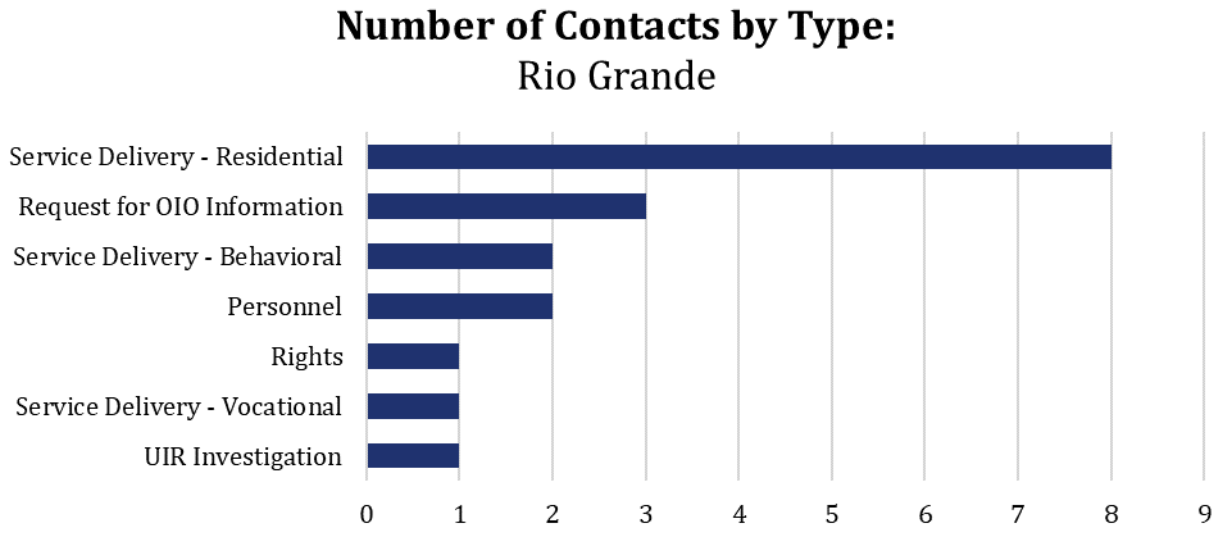
Ombudsman Investigation: The AIO recommended that the QIDP meet with the team to evaluate whether it was necessary to make the resident's access to cigarettes dependent on eating their meals. The QIDP agreed to bring this to the Interdisciplinary Team (IDT). Consequently, the HRC decided to deny the tobacco restriction pending clarification about the relationship between the resident's meals and access to cigarettes. Following this, the QIDP and IDT discussed the issue and resubmitted the restriction to the HRC with a modification, excluding meal intake as a requirement. The revised restriction was reviewed and approved by the HRC.

Results: The AIO's intervention led to a reconsideration of the tobacco restriction to better accommodate the resident's support needs and prevent potential behavioral issues. By removing the meal intake requirement, the revised restriction allowed for the resident's preferences and behaviors to be more effectively managed. The collaborative effort between the AIO, QIDP, IDT, and HRC resulted in a solution that supported the resident's well-being and facilitated successful implementation of the tobacco restriction.

Rio Grande State Center

Horacio Flores, *Assistant Independent Ombudsman*

Mr. Flores hails from the Rio Grande Valley and attended Texas A&M Kingsville where he earned his Bachelor of Arts in Psychology. He began his career with the State of Texas working for the Department of Family and Protective Services as an Investigator for Child Protective Services in Nueces, Kleberg, Duval and Jim Hogg counties. Mr. Flores then accepted the position of Qualified Intellectual Disability Professional (QIDP) at the Corpus Christi SSLC. Shortly thereafter he was appointed as a Lead QIDP. Mr. Flores then relocated to the Rio Grande Valley and accepted the position of QIDP at the Rio Grande SC in Harlingen. Mr. Flores accepted the position of Assistant Independent Ombudsman of the Rio Grande SC in April 2017.

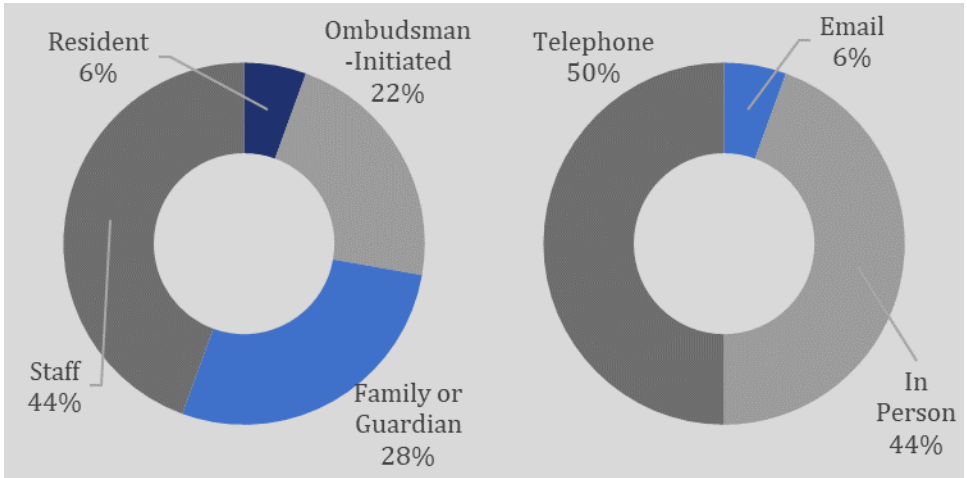


Cases Opened this Biannual Period:

Rio Grande

Ombudsman Contacts:

Rio Grande



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: Rio Grande

Addressing Resident Aggression through Specialized Behavioral Programs

Background: The AIO attended a level of supervision (LOS) meeting for a resident. The resident's current LOS was 1:1 (one staff always present with the resident) in the afternoon due to increased aggression, and 15-minute checks (the resident is checked every 15 minutes by a staff member) in the evening. As the Interdisciplinary Team (IDT) reviewed behavioral data from the past two weeks, the AIO inquired about the reasons behind the resident's aggression. The Behavioral Health Specialist (BHS) explained that the resident wanted to be discharged and believed that staff gave the resident's peers preferential treatment. Both reasons have been addressed with the resident.

Ombudsman Investigation: The AIO informed the IDT about the Behavior Analysis Resource Center (BARC), a program which is dedicated to research and clinical services for individuals with intellectual and developmental disabilities. The BARC currently provides services at the Denton SSLC. BARC operates an assessment and treatment clinic for residents with severe behavior disorders and provides training in behavior-analytic approaches for staff and caregivers. Given the resident's history and the center's challenges in meeting their needs, the AIO suggested they might be a candidate for this program. The IDT agreed, and the AIO provided the contact information for the BARC director to the BHS.

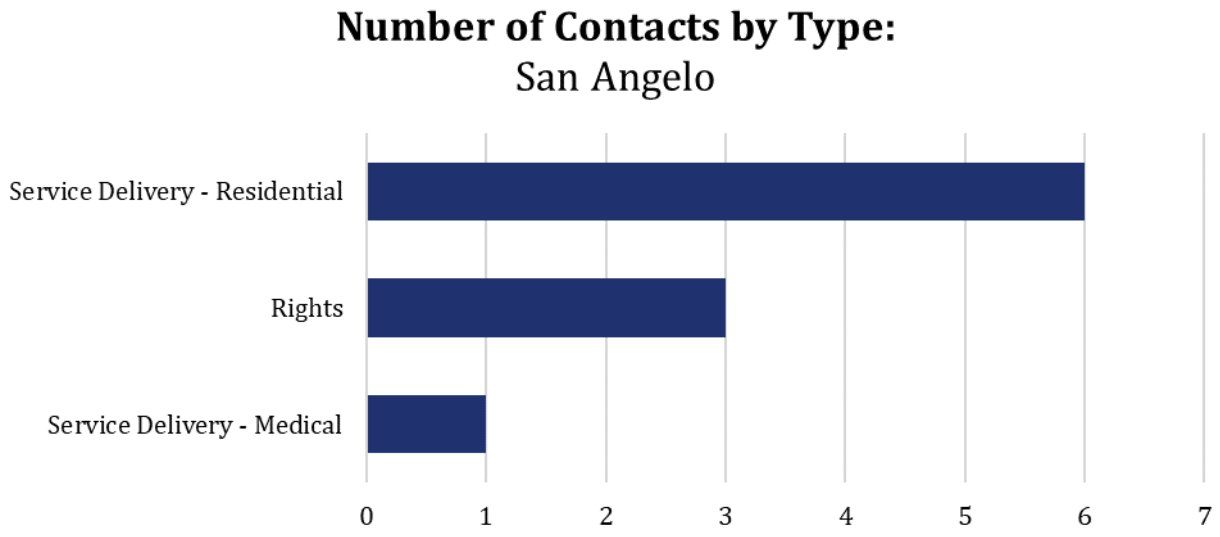
Following this, the AIO contacted the OIO Deputy Independent Ombudsman (DIO) to gather more information on how to formally refer someone to the BARC program. The DIO reached out to the SSLC State Office (SO) BHS Director and the BARC program director and learned that there was no formal referral process for SSLCs other than at the Denton SSLC. The DIO, SSLC SO BHS Director and BARC Program Director met in June. The program areas have since implemented a formal process for SSLC staff to request resident's participation to receive BARC services.

Results: Since a formal process had not been implemented at the time, the AIO recommended that the BHS staff submit the request for the resident to the BHS director. The AIO also asked BHS staff to contact the SSLC SO BHS Director about how they could refer a resident to receive additional support services through the BARC program. The BHS staff confirmed that they had informed the BHS director of the request and stated they look forward to working with the BARC program.

San Angelo State Supported Living Center

Brenda Frausto, *Assistant Independent Ombudsman*

Ms. Frausto obtained a Bachelor of Science in Psychology with a minor in Sociology from Angelo State University. She began her career at the San Angelo SSLC in 1991 as an active treatment provider, then later assumed the role of Admission and Placement Coordinator. Ms. Frausto was also the Admission Coordinator for MHMR Service of the Concho Valley. For 13 years, Ms. Frausto worked for the Texas Department of Family and Protective Services as an Adult Protective Services Specialist where she earned the reputation of going above and beyond to protect and serve Texas' most vulnerable adults. Ms. Frausto has served as a Guardian Advocate with Guardianship Alliance of the Concho Valley and was a member of the Tom Green County Coalition Against Violence. She joined the OIO in 2016. Ms. Frausto is certified as a Person-Centered Thinking trainer with The Learning Community for Person Centered Practices.

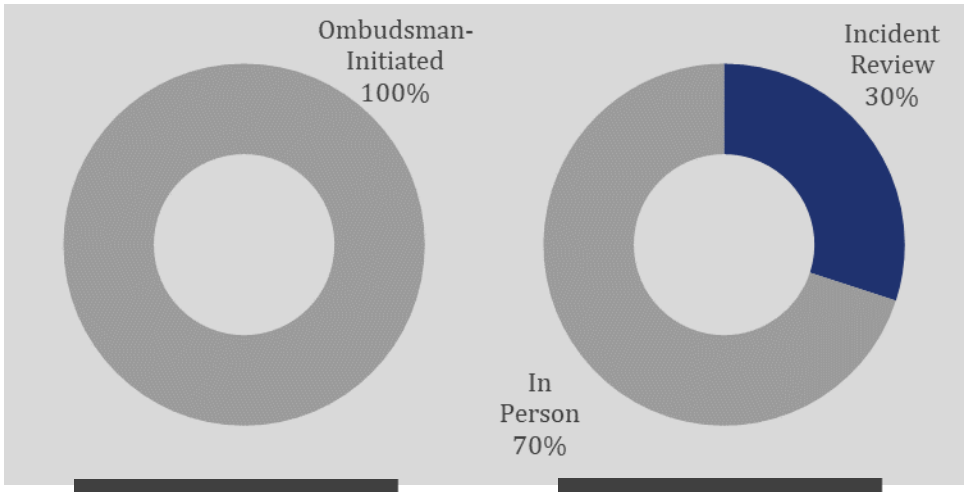


Cases Opened this Biannual Period:

San Angelo

Ombudsman Contacts:

San Angelo



Case Study: San Angelo

Reducing Resident Conflict through Medical Care Access Improvements

Background: While reviewing a resident's record, the AIO noted that the resident's home did not have a nurse's station. The resident lives in a building divided into two connected homes. The resident lives in the home on the west side of the building which requires them to go to the home on the east side of the building for medical care. This resident frequently claims that they need nursing assistance so that they can go to the east home, where they often antagonize the residents who live there and engage in aggressive behavior. They also frequently refuse to return to the west home.

Ombudsman Investigation: The AIO spoke with the residents who live in the east home who stated that the individual is often in their home and harasses them, which makes them fearful and uncomfortable.

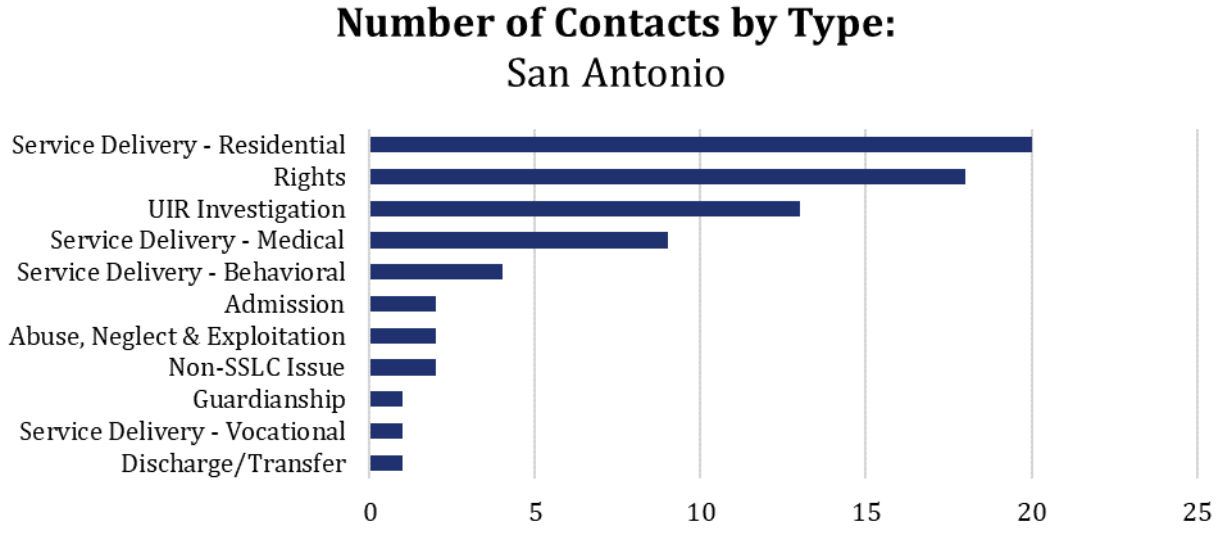
The AIO informed the San Angelo SSLC director that she was concerned about the residents in the west home having to go to the east home for medical care. The director stated that she was working to get a nurse's station for the residents on the west home to address this issue.

Results: The AIO recommended that the nurse assigned to the building split time between the east and west homes until a nurse's station was open in both. The nurse's station has since been relocated to the lobby connecting the east and west homes so that residents in one home do not have to interact with the residents in the other home when seeking out nursing assistance. The residents in the west home stated they are happy with the new nurse's station and not having to mingle with the residents on the east side.

San Antonio State Supported Living Center

Gevona Hicks, *Senior Assistant Independent Ombudsman*

A native of Birmingham, Alabama, Ms. Hicks received her Bachelor of Science in Psychology and a certificate in Gerontology from the University of Alabama at Birmingham. She relocated to San Antonio, Texas, in 2001 and worked with infants and toddlers at a local children's shelter. Before joining the OIO in April 2014, she supported people with IDD by coordinating services for state and community intermediate care facilities as well as home and community-based service providers. She also served as a Qualified IDD Professional and the Human Rights Officer at the San Antonio SSLC. Ms. Hicks is a certified Person-Centered Thinking trainer and People Planning Together trainer with The Learning Community for Person Centered Practices. Ms. Hicks supports Texans to live the lives they envision for themselves and is a valued resource for Texans with disabilities, their families and service providers, and the community.

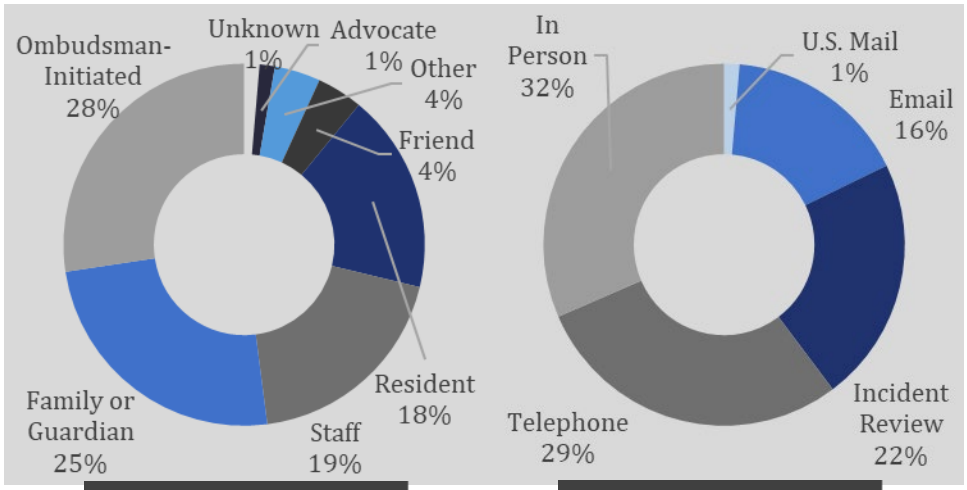


Cases Opened this Biannual Period:

San Antonio

Ombudsman Contacts:

San Antonio



Who Contacted the Ombudsman?

How was the Contact Made?

Case Study: San Antonio

Addressing Anonymous Concerns at San Antonio SSLC

Background: Within a five-month timespan, the AIO received a series of anonymous letters raising concerns about practices at the San Antonio SSLC. The letters lacked specific details or individuals involved and broadly accused staff of using harsh language, teasing residents, imposing contingencies on participation in activities, threatening and using unreported physical restraints, denying due process when searching belongings, pressuring residents to clean homes, misusing trust funds, and restricting residents' access to their own clothing.

Ombudsman Investigation: Based on the nature of the concerns, the AIO surmised which residential home the complaints originated from. The AIO conducted interviews with staff from the identified unit, but the staff did not provide any specific information related to the complaints.

To encourage more detailed reporting, the AIO created a flyer outlining the necessary details required for proper investigation—specifically, who was involved, what happened, when, and where. The flyer emphasized the confidentiality of contact with the Ombudsman to reassure staff and encourage them to share their concerns. These flyers were distributed across the campus, with particular attention given to employees in the identified unit.

Results: Given the general nature of the concerns expressed by the AIO, the SASSLC responded by implementing a corrective action plan including training Direct Support Professionals (DSP) on "Positive Interactions with Residents" and addressing concerns, such as the use of harsh language and teasing. The training also emphasized residents' rights and the importance of due process. The administration introduced system changes to improve physical restraint practices and a comprehensive training program was developed for staff involved in restraint applications within the identified homes. Additionally, work schedules of behavioral health assistants were modified to enhance supervision of interactions between staff and residents and a system of alternating home observations was reinstated.

Despite these measures, the ombudsman’s office continued to receive anonymous letters, which now specified the residential unit of homes and suggested that not all concerns had been addressed. The Ombudsman stressed the importance of reporter cooperation to achieve service improvements, while maintaining their anonymity. The AIO will remain available for staff to share concerns confidentially.

Toll-Free 1-877-323-6466

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sslc-independent-ombudsman.texas.gov


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