OFFICE OF THE INDEPENDENT
OMBUDSMAN
for State Supported Living Centers

2026 BIANNUAL REPORT

January — June

Contents

Executive Summary

The purpose of this report is to provide the governor and state legislative leadership with an understanding of the duties and activities of the Office of the Independent Ombudsman (OIO) from January to June 2026. In addition to reporting case data, we take this opportunity to provide aggregate and disaggregate demographic profiles of the resident population of state supported living centers (SSLCs). This is intended to help leaders understand whose lives are impacted by their decisions. The SSLCs are large residential facilities specifically for people with intellectual and developmental disabilities (IDD) and are certified Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) subject to federal regulation and state administration. Texas is unique in the large scale of this service.

As stated in the previous biannual report, the office undertook an organizational restructuring that added new management positions. During this transition, five SSLCs were without a dedicated onsite assistant independent ombudsman (AIO) for a short period of time. The office recruited, hired, and engaged in training new AIOs as expeditiously as possible and is now fully staffed again. The residents of these five SSLCs were not completely without ombudsman services, however. Tenured AIOs, senior AIOs, and the managing independent ombudsmen pitched in to provide coverage during this period, acting as the contact for the residents, family members, and staff with concerns; and attending virtual meetings, as well as traveling onsite on occasion. I am grateful for their dedication to the residents as well as keeping up with their own obligations at their assigned SSLC.

Due to these vacancies, the number of cases this biannual period is lower than previous reports. Yet the two highest case types investigated remain the same – residential service delivery and rights. Residential service delivery includes aspects of everyday living and is at the forefront of determining the quality of a resident's life. Therefore, there is a higher demand to deliver individualized, person-centered services in this area. Every resident is also entitled to due process and the freedom to exercise human, civil, and specially constituted rights. Since the AIOs specialize in rights-related issues and processes, they are more frequently sought out to investigate and advocate for residents' rights when there are concerns.

The AIOs initiated the highest number of cases compared to other sources of contact received this biannual period. Family

members provided the second highest number of contacts the AIOs recorded during this period. This report also highlights a case from each AIO that they investigated in the last six months.

Also included in this report is a follow-up to the OIO's systemic investigation regarding informed consent for residents without guardianship. The office provides updated recommendations to the SSLC state office leadership for their consideration.

Looking toward the fall, the OIO will publish a biennial report of audit findings from the FY25-FY26 biennium. That report will be distributed to state leadership and will provide recommendations to inform decision-making in the 90th Texas Legislature.

I'm pleased to submit this biannual report in accordance with Texas Health and Safety Code, Section 555.056. I am thankful for the collective work of the ombudsman professionals whose work is documented here, and to the diligent central office professionals who developed the report.

In gratitude,

Candace Jennings, PhD, MPA
Independent Ombudsman

Mission

The mission of the Office of the Independent Ombudsman is to serve as an independent, confidential resource that advocates for SSLC residents' rights, dignity, and respect.

Vision

Our vision is that OIO advocacy enables SSLC residents to lead safe, meaningful, self-determined lives.

Central Office Staff

Candace Jennings | *Independent Ombudsman*

Dr. Jennings has over 30 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, where 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 an investigator for Child Protective Services, as a service coordinator and manager for the local intellectual and developmental disability authority, and as the 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 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 been a dedicated advocate for social justice for over 20 years, with more than a decade of experience serving individuals with intellectual and developmental disabilities. Mrs. Martin previously served as the lead assistant independent ombudsman for the OIO and later as the operations manager. In August 2021, she was promoted to deputy independent ombudsman. In her current role as deputy, she oversees OIO strategy and operations, legislative reports, process improvement initiatives, data and quality assurance, and staff training. Mrs. Martin has a Bachelor of Science from Texas State University and completed graduate coursework in organizational development at St. Edward's University. As a servant leader, Carrie is passionate about cultivating transformational cultures that drive meaningful change, trust, and continuous improvement.

Henry Chan | *Program and Operations Manager*

Henry Chan was born and raised in the Northern Mariana Islands. He received his Bachelor of Arts in Politics from New York University. Mr. Chan previously worked in the civic engagement field, working to improve election administration and voters' access to information. He has experience in program management, process development and refinement, team development and coaching, and strategic leadership. He is currently pursuing a Master of Public Administration at Texas State University. He joined the OIO in November 2025.

James Clark | *Managing Independent Ombudsman*

Mr. Clark was born and raised in Lubbock, Texas, and resides there with his family. Mr. Clark earned a Bachelor of Applied Science in Human Services from Wayland Baptist University. He began his career with the State of Texas at the Lubbock State School as in 1999, where he worked 14 years in different roles including as a direct support professional, 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 (APS) 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 where he began his career, when he accepted a position with the OIO as the assistant independent ombudsman for the Lubbock SSLC. He assumed the role of managing independent ombudsman in October 2025.

Gevona Hicks | *Managing Independent Ombudsman*

Gevona Hicks is a passionate advocate for Texans with disabilities, bringing over 20 years of public service experience. Since joining the OIO in April 2014, she has significantly contributed as a senior assistant independent ombudsman, was the agency's first ombudsman educator, and was promoted to managing independent ombudsman in October 2025. She is also a certified person-centered thinking trainer, dedicated to helping Texans achieve their desired lives. Her recent Master of Public Administration enhances her public sector impact. Mrs. Hicks's leadership has improved policy, service delivery, and advocacy statewide, reflecting her commitment to empowering individuals and enhancing public service.

Talya Hines | *Ombudsman Educator*

Mrs. Hines, originally from Grayson County, Texas, lives in Pflugerville with her family. She earned a B.A. in Sociology and an M.S. in Rehabilitation Counseling from the University of North Texas and is currently pursuing a PhD in Health Science, with a focus on trauma-informed care. Her career began as a childcare licensing specialist in Dallas, followed by case management in Austin. She later supported individuals transitioning to the community as a post-move monitor at the Austin SSLC. Before becoming assistant independent ombudsman in 2018, she developed curriculum for the Texas Health and Human Services Commission. Certified as a person-centered thinking trainer, Mrs. Hines was promoted to senior assistant independent ombudsman in 2023 and has served as ombudsman educator since October 2025.

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 joined Govern for America, a fellowship program for college graduates pursuing careers in public service. Through Govern for America, Mr. Jensen worked at the Louisiana Department of Health, where he helped administer the state's Medicaid program and improve health care quality and accessibility for Medicaid-enrolled Louisianans. Mr. Jensen's experience in public programs brought him to the OIO, where he has worked since 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 support 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 gaining much experience, she joined the OIO in 2019.

Brianna Teague | *Project Specialist*

Brianna Teague, a Houston native, brings a rich academic background and diverse professional experience to her role. She earned a Bachelor of Arts 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 also extends from 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 OIO in December 2021, where she continues to contribute her expertise to support and enhance the well-being of individuals within the SSLC community.

SSLC and Resident Population

Overview of State Supported Living Centers

The State of Texas operates 13 state supported living centers (SSLCs) which are home to 2,570 individuals with intellectual and developmental disabilities. These facilities provide comprehensive support, including essential life skills training; occupational, physical, and speech therapies; and medical and dental services to meet the diverse health needs of SSLC residents.

SSLC residents actively engage in the local community. Residents receive vocational and employment services, with many employed off-campus or in volunteer activities. Local school districts also provide public education for residents aged 22 years and younger.

SSLC Census and Admissions

From January 1 through June 30, 2026, 86 residents were admitted to an SSLC, 48 residents passed away, and 44 were discharged to alternative living environments, such as community-based services.

Between January 1 and June 30, 2025, 107 residents were admitted, 56 residents passed away, and 35 were discharged to alternative living environments.

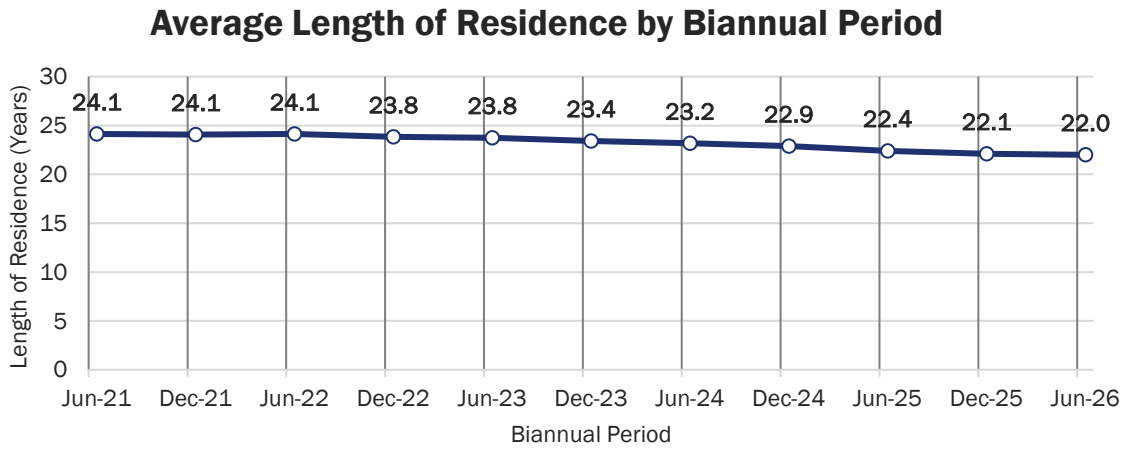
Resident Census

SSLC	Number of Residents
Abilene	239
Austin	170
Brenham	213
Corpus Christi	165
Denton	384
El Paso	103
Lubbock	194
Lufkin	213
Mexia	235
Richmond	303
Rio Grande	63
San Angelo	108
San Antonio	180
Total	**2570**

Data Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2026

Tenure and Admission Trends

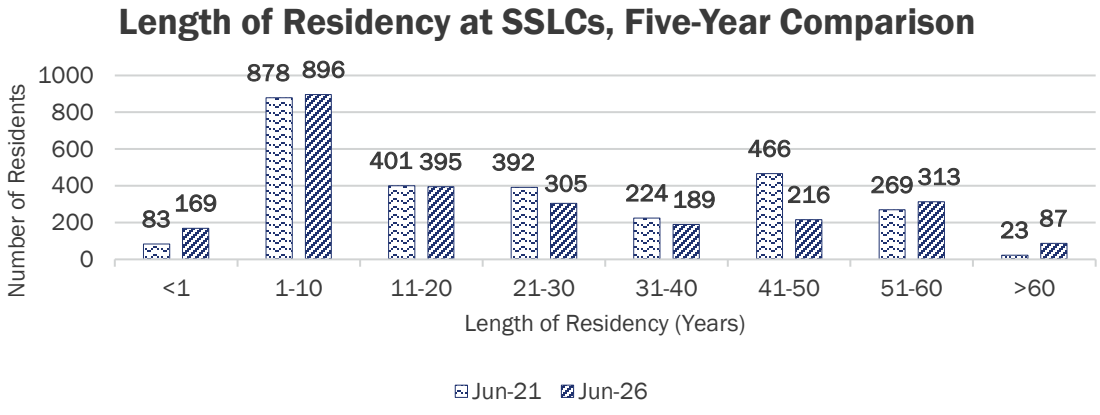
The average length of time current SSLC residents have lived at a facility is 22 years. This marks the lowest average residence length reported by the OIO in five years. Since the OIO's January - June 2021 Biannual Report, the average length of residency of SSLC residents has either remained static or declined. Reasons for this decline may include higher mortality among older residents who have lived at the SSLCs for a long period of time. Additionally, residents may require fewer and less-intensive services to develop the ability to live independently, which may lead to them being discharged to less restrictive environments sooner.



Data Source: The Health and Specialty Care System division of Texas Health and Human Services, December 1, 2021 – July 1, 2026.

As evident in the following graph, there are many more residents who have lived at an SSLC between 1 and 10 years than any other 10 year residency interval. This was evident five years ago as well.

Compared to five years ago, the number of residents who have lived at an SSLC for 10 years or fewer has increased. There are also more residents who have lived at an SSLC for 51 years or more. The number of residents who have lived at an SSLC for between 11 and 50 years has decreased. The total SSLC resident population across all 13 SSLCs has declined in the last five years, from 2,736 as of June 30, 2021 to 2,570 as of June 30, 2026.



Data Source: The Health and Specialty Care System division of Texas Health and Human Services, December 1, 2021 - July 1, 2026

There may be multiple explanations for these changes. The SSLC setting may be more desirable for middle-aged and elderly individuals with IDD than other living environments, hence the increase in the number of residents who have resided at an SSLC for 51 years or more. The increase in the number of residents who have lived at an SSLC for 10 or fewer years may indicate that the SSLC system is admitting more new residents than before. Finally, the decrease in the number of residents who have lived at an SSLC for between 21 and 50 years may be indicative of mortality, discharges, or residents remaining in the SSLC system.

Designated Forensic Facilities: Mexia and San Angelo SSLCs

The Mexia and San Angelo SSLCs have been designated as forensic centers by the state legislature. These facilities serve residents who have been committed by a criminal court. These individuals, referred to as alleged criminal offenders, have been charged with a crime but have been deemed incompetent to undergo criminal proceedings. As of June 30, 2026, there were 206 alleged criminal offenders across all 13 SSLCs in total. Residents who are alleged criminal offenders may also reside at facilities that are not designated as forensic centers, so long as they are not classified "high risk."

High risk offenders have been formally determined to be "at risk of inflicting substantial physical harm to another" and are required by statute to live in a highly restrictive environment. The Mexia and San Angelo SSLCs are the only facilities which qualify as highly restrictive[1].

Currently, the Mexia SSLC is home to 145 residents, or 70.4% of SSLC residents classified as alleged criminal offenders. San Angelo is home to 23 residents who are alleged offenders, representing 11.2% of all SSLC residents with this classification. Of the 145 alleged offender residents at the Mexia SSLC, 20 are classified as high risk. Of the 23 alleged offender residents at the San Angelo SSLC, two are classified as high risk.

From January 1 to June 30, 2026, the Mexia SSLC admitted 19 alleged offenders, the most of any SSLC. During the same period, the San Angelo SSLC admitted three alleged offenders. This is an increase in the number of alleged offenders admitted at Mexia and a decrease at San Angelo compared to the biannual period between January 1 and June 30, 2025. During that period, 15 alleged offenders were admitted to Mexia and six were admitted to San Angelo.

[1] Sections 555.001(10) and 555.002, Health and Safety Code.

Admissions and discharges are more frequent at Mexia and San Angelo than at other SSLCs. This is because residents who have been committed by a criminal court must reside at one of the forensic SSLCs until they have undergone the high-risk determination process. Residents admitted to either Mexia or San Angelo who are not alleged offenders may also request a transfer to another SSLC[2].

Due to the highly restrictive nature of this classification, the ombudsmen at the forensic centers monitor the high-risk determination and classification process to ensure that residents are afforded due process and receive proper information.

Number of Alleged Offenders by Center

SSLC	Number of Alleged Offender Residents (Not High-Risk)	Number of Alleged Offender Residents (High Risk)
Abilene	0	0
Austin	2	0
Brenham	1	0
Corpus Christi	9	0
Denton	7	0
El Paso	0	0
Lubbock	5	0
Lufkin	1	0
Mexia	125	20
Richmond	8	0
Rio Grande	0	0
San Angelo	21	2
San Antonio	5	0
Total	**184**	**22**

Data Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2026

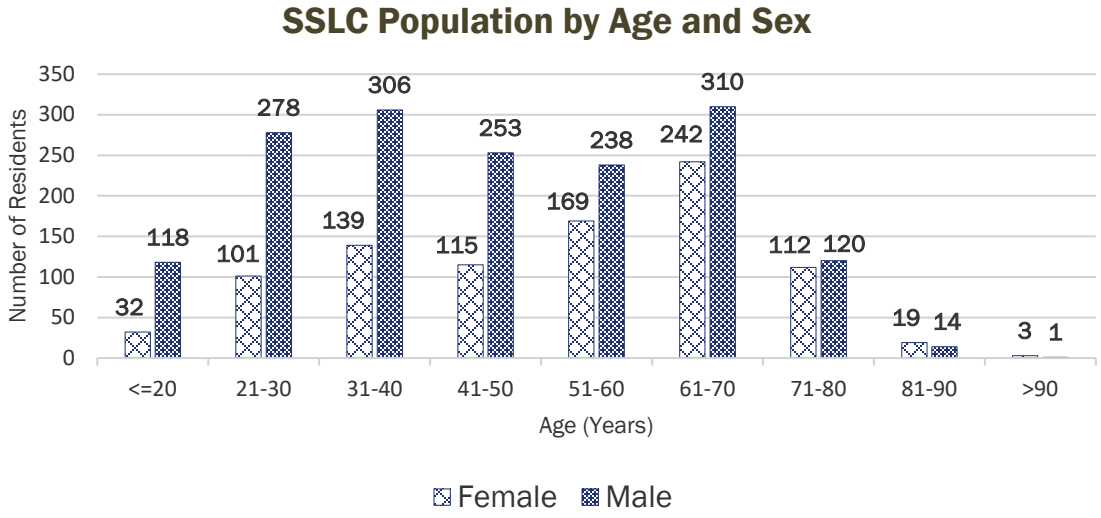
[2] Section 555.003, Health and Safety Code

Demographic Composition

Gender and Age Distribution

The current SSLC resident population includes 1,638 men and 932 women. There are more men than women in all age groups except those aged 81 and older. This tracks with research conducted by the National Center for Health Statistics indicating that diagnosis of developmental disability is correlated with sex[3].

A total of 821 residents, representing 31.9% of the SSLC population, are over 60 years old. There are 212 residents, or 8.2% of the SSLC population, who are aged 22 years and younger and are eligible to attend public school. This is an increase in the number of school-age residents as compared to the OIO's January – June 2025 Biannual Report. At the time of that report, there were 192 residents aged 22 years and younger, constituting 7.4% of the SSLC population.



Data Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2026.

Health Status

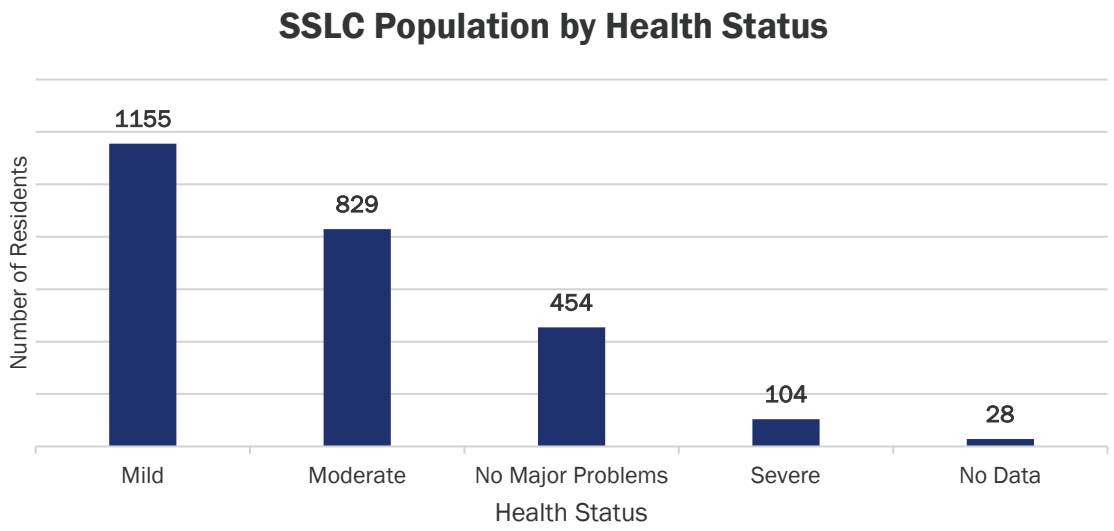
One hundred and four residents, or 4% of all residents, have a severe health status, defined by the Texas Health and Human Services Commission (HHSC) as health issues of an intensity and complexity that require daily professional intervention. Eight

[3] Zablotsky B, Ng AE, Black LI, Blumberg SJ. Diagnosed developmental disabilities in children aged 3–17 years: United States, 2019–2021. NCHS Data Brief, no 473. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: https://dx.doi.org/10.15620/cdc:129520.

hundred and twenty-nine residents, or 32.3% of all residents have a moderate health status, which HHSC defines as having chronic health issues that require professional intervention less than daily. Altogether, slightly more than a third (36.3%) of all residents have health issues that require frequent attention, either from direct care staff or other trained healthcare professionals.

This is a decrease in both the number and percentage of residents with a moderate or severe health status as compared to what was reported in the OIO's January – June 2025 Biannual Report. At the time of that report, 113 residents or 4.3% of all residents had a severe health status, and 852 residents or 32.8% of all residents had a moderate health status. Residents with a moderate or severe health status accounted for 37.1% of the SSLC population.

There are 28 residents, or 1.1% of all residents, for which there are no health status data. This is because these residents were either recently admitted – SSLC staff have 30 days from admission to assess a resident's health status – or because documentation of the resident's health was incomplete or missing.

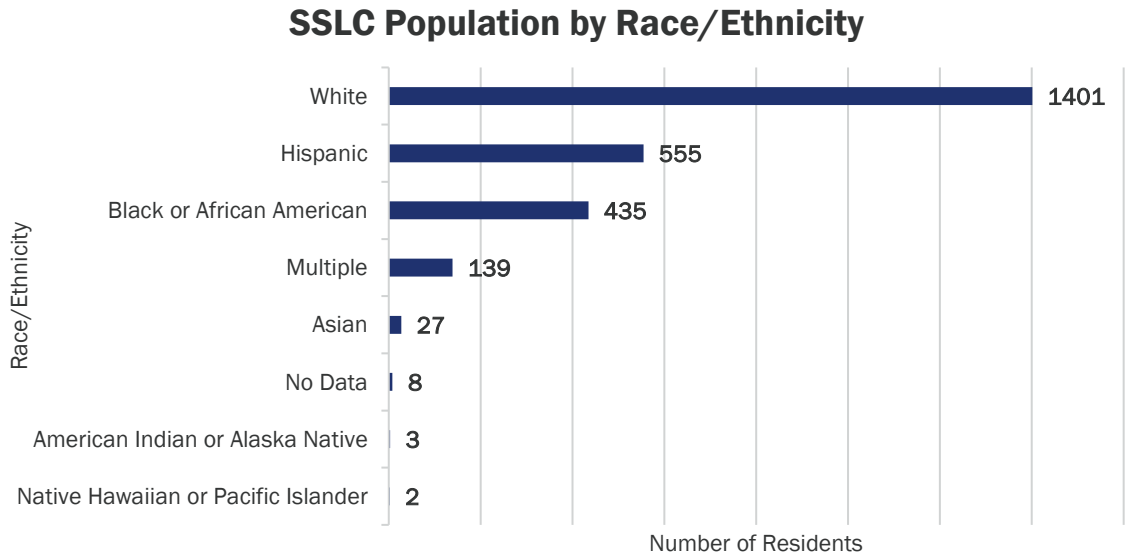


Data Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2026

Race and Ethnicity

The majority of SSLC residents (54.5%) identify as White. Residents who identify as Hispanic account for 21.6% of the SSLC population, followed by residents who identify as Black or African American (16.9%), residents who identify as multiple races (5.4%), and residents who identify as Asian (1.1%). Less than 1% identify as Native Hawaiian, Pacific Islander, American Indian or Alaska Native. No data was available for .3% of residents. Data collected from the SSLCs use these race and ethnicity categories, which differ from contemporary terminology.

As compared to U.S. Census Bureau population estimates for the state of Texas in July 2025[4], residents who identify as White (non-Hispanic), Black (non-Hispanic), and as multiple races are overrepresented in the SSLC population. Slightly more than a third of Texans (37.3%) are estimated to identify as White alone, 13.4% as Black alone, and 4% as two or more races. Residents who identify as Hispanic or Latino, Asian alone, and American Indian or Alaska Native are underrepresented. Texans who identify as Hispanic or Latino make up 40.9% of the population, 6.7% identify as Asian, and 1.9% as American Indian or Alaska Native.



Data Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2026

[4] U.S. Census Bureau, "Texas," Population estimates, July 1, 2025, (V2025), https://www.census.gov/quickfacts/fact/table/TX#, accessed on July 15, 2026.

Duties and Activities of the Office

Guided by its mission to serve as an independent, confidential resource that advocates for SSLC residents, the OIO assigns an assistant independent ombudsman (AIO) to each SSLC, as directed by statute, to maintain a visible presence and actively engage with residents and the center's operations. Through maintaining a consistent presence, providing education, and advocacy, AIOs help ensure residents' concerns are heard and addressed by the facility while promoting quality care and protecting resident rights.

Understanding how individuals connect with the OIO provides valuable insight into the accessibility and reach of its services. Tracking both the source and method of contact helps the OIO identify how residents, families, and stakeholders learn about the office and the ways in which they choose to communicate concerns. This data supports informed outreach efforts, improves accessibility, and helps ensure the OIO remains responsive to those it serves.

Contacts Received

The OIO receives and responds to a wide range of contacts, including requests for information, consults, questions, concerns, and complaints. While some contacts can be resolved by providing information or clarification, others may develop into cases requiring an investigation when there are concerns that resident rights, due process, health, safety, welfare, or quality of care may be impacted. All contacts and investigations are documented and securely tracked in an online case management system. These records are confidential and can only be disclosed through a special court order. The ombudsmen occasionally receive inquiries regarding matters outside the office's scope. These include concerns related to personnel issues, criminal or abuse, neglect, and exploitation allegations, and non-SSLC related complaints. Inquiries that are out of the OIO's scope are directed to the appropriate entity for resolution.

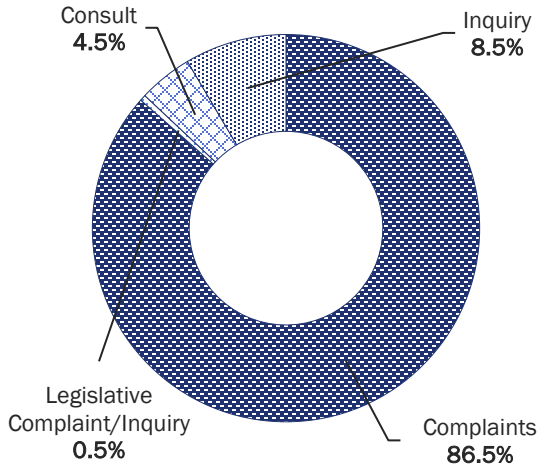
Not every contact becomes a case. Of the 216 contacts received during this reporting period, the OIO opened 200 cases and referred 16 to another entity. This is a decrease compared to the same reporting period in 2025, when 412 contacts were received, of which 383 cases were opened and 29 referred. This is a result of organizational movement, promotions, and resignations that resulted in five AIO vacancies over the last year. During a vacancy and while the newly hired AIO is in training, there is a lack of onsite awareness of concerns to investigate and AIOs are less accessible.

There are three types of cases – consults, inquiries, and complaints:

- Consults are requests for the ombudsmen's expertise, guidance, or recommendations regarding a specific issue or situation.
- Inquiries are requests for information or clarification that can be resolved without further action by the OIO.
- Complaints are contacts that raise concerns regarding a resident's rights, due process, health, safety, welfare, or quality of care that require investigation by the ombudsmen.

Complaints made up 87% of all cases during this biannual period. Sometimes, the OIO receives complaints or inquiries from state legislators. These legislative contacts are shown in a separate category in the following chart.

Cases by Type



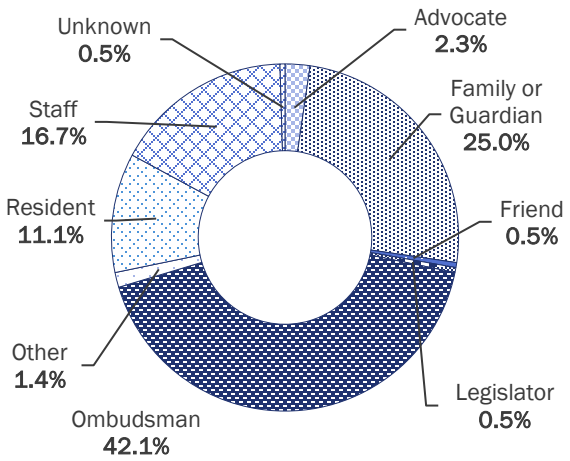
Source: OIO – HHS Enterprise Administrative Report and Tracking System

Source of Contact

The ombudsmen are contacted by staff, residents, family members, and others about concerns that affect the rights, services, well-being and quality of life of residents. The ombudsmen may also initiate an investigation when they identify a concern. The most common source of contacts during this biannual period were concerns identified by the ombudsmen during routine monitoring, followed by residents' family or guardians. In this biannual period, the ombudsmen initiated 91 contacts, compared to 200 during the same period in 2025. This decline reflects a temporary transition period marked by an influx of new AIOs and ongoing staff restructuring. The OIO was contacted with concerns from residents'

family or guardians 54 times during this reporting period, an increase from the same period in 2025 when 51 contacts were received. However, in the same period last year, staff represented the second largest source of contacts at 68 received but decreased this year to 36 contacts.

Who Contacted the Ombudsman?



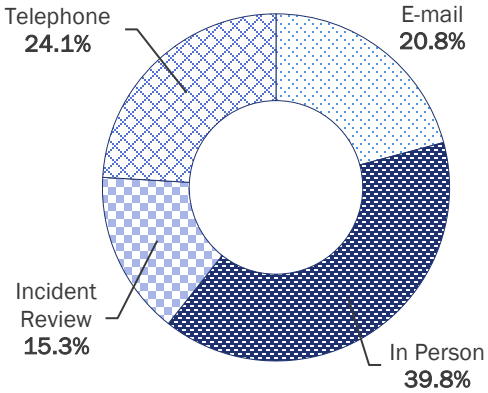
Source: OIO – HHS Enterprise Administrative Report and Tracking System

Method of Contact

It is important that ombudsmen remain accessible to residents and staff. Each AIO has an office at their respective SSLC that residents and staff can visit. Additionally, the AIO's name, contact information, and office location are displayed prominently on posters and brochures in common areas at each SSLC. The OIO maintains a toll-free number which connects callers to each AIO's direct line. The office also maintains a website that provides contact information for all AIOs; the toll-free number, mailing address, and general e-mail address; and explains the role of the OIO.

Most contacts with the ombudsmen were made in person, with the second most common method of contact being by telephone. In the biannual period between January and June 2026, 39.8% of all contacts were received in person and 24.1% were received by telephone. About 15% of contacts were received through an incident review, a process during which an ombudsman identifies concerns from incident reports or during the AIO's observation of the facility's incident review process.

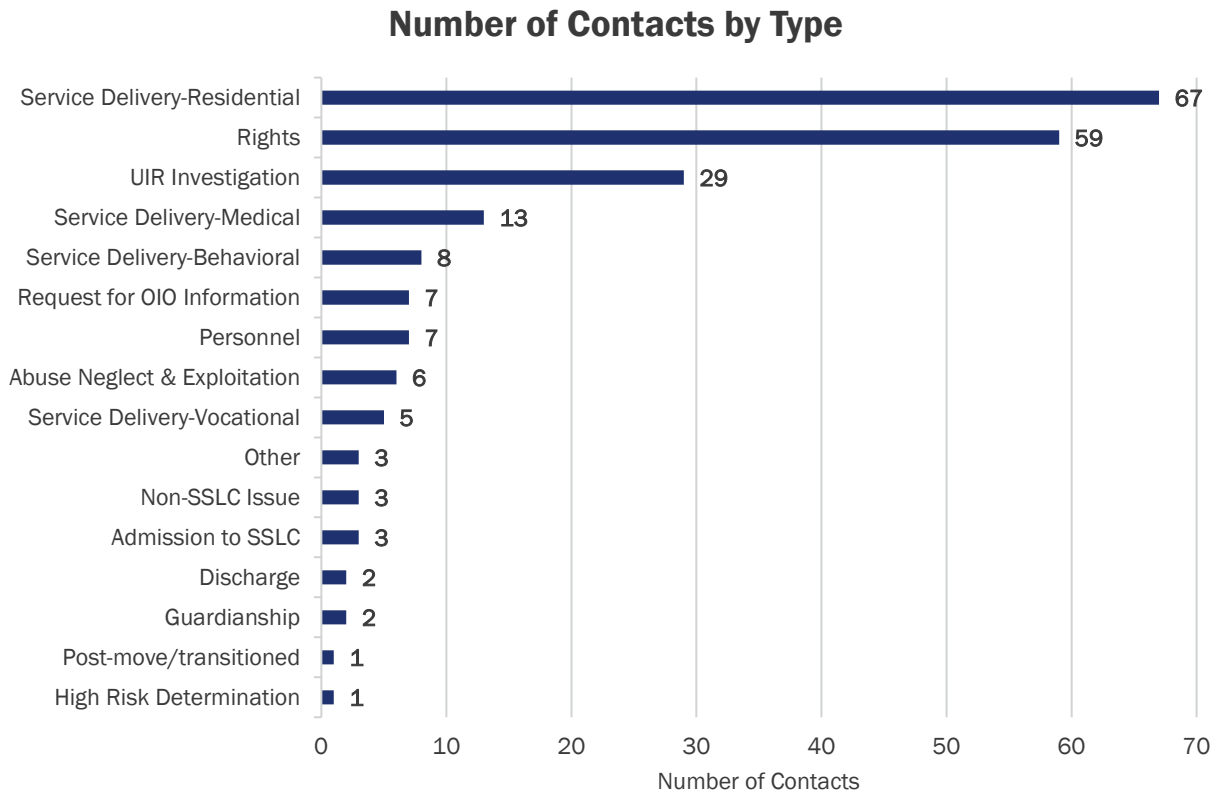
How was the Ombudsman Contacted?



Source: OIO – HHS Enterprise Administrative Report and Tracking System

Types of Concerns

The most common concerns investigated by the ombudsmen during this reporting period were related to residential service delivery (67 cases), such as access to medical appointments, community activities, appropriate supervision, and other day-to-day services provided to residents in the home. The second most common were related to rights (59 cases). These types of concerns have consistently been the most common reported by the OIO. This trend reflects the central role of daily services and how deeply the protection of individual rights affects residents' lives. For definitions of terms shown in the following graph, please refer to the glossary at the end of this report



Source: OIO – HHS Enterprise Administrative Report and Tracking System

Incident Reviews

When an allegation of abuse, neglect, or exploitation (ANE) is made, the SSLC is responsible for ensuring the immediate safety of the alleged victim and reporting the allegation to HHS Complaint and Incident Intake. The SSLC conducts the initial investigation and submits its findings to Long-Term Care Regulatory (LTCR) division of HHSC. Based on the nature of the allegation, LTCR surveyors conduct an independent review and determine whether the allegation is substantiated, unsubstantiated, unfounded, or inconclusive. If violations of Intermediate Care Facility regulations are identified, LTCR may cite the facility and require corrective action.

Although the OIO does not investigate allegations of abuse, neglect, or exploitation, it plays an important oversight role throughout the incident review process. The OIO monitors the facility's response to incidents including the implementation of recommendations made by ANE investigators to help ensure residents are protected and appropriate measures are taken to prevent similar incidents from reoccurring.

In addition to monitoring service delivery and investigating complaints, ombudsmen monitor how the centers handle and respond to unusual incidents that may include serious injuries, choking incidents, falls, unauthorized departures, ANE, and other types of events. As part of this oversight, the AIO attends incident management meetings, reviews SSLC investigation reports, and monitors the actions taken by the facility following an incident. Information obtained through these efforts may reveal issues that prompt ombudsmen to open an investigation.

Systemic Investigation Follow-up: Informed Consent Practices for Residents without Guardians

The systemic investigation in the OIO's July – December 2025 Biannual Report revealed significant inconsistencies in the implementation of new guidance on obtaining informed consent from SSLC residents who do not have guardians. Evaluating informed consent practices is critical to protect individuals' fundamental right to make decisions. Despite a May 2025 directive from SSLC State Office (SO) clarifying that residents without court-appointed guardians are presumed competent to provide consent themselves, the OIO found that many facilities continued to have the director or director's designee provide consent instead of the resident. This practice raised serious concerns about people with intellectual and developmental disabilities being denied autonomy, legal rights, and the opportunity to make decisions about treatment and services.

Initial Investigation and SSLC Response

The OIO reviewed 197 consent forms from annual planning meetings from May and June 2025 for residents who were legally able to sign consents, corresponding to the period immediately following the SSLC SO directive. The investigation revealed that although residents had legal authority to provide consent, only 11% of consent forms were signed by the resident, with the facility director signing the vast majority. For many facilities, none of the consent forms during this review period had the resident's signature. Additionally, many human rights officers (HROs) had not received training about the May 2025 directive. Based on these findings, the OIO recommended the following:

- Establish and implement ongoing education to empower residents to make informed choices.
- Develop a standardized process, including training and documentation, outlining how to determine if a resident can provide consent.
- Provide education to both residents and staff regarding the right to refuse or withdraw consent at any time.
- Ensure that residents' decisions are respectfully acknowledged, supported, and properly documented.

In response, SSLC SO provided an action plan consisting of the following action steps that would be completed by April 30, 2026:

- Create and provide training for the HROs and interdisciplinary team (IDT) members on how to obtain and allow the withdrawal of informed consent.
- Amend current training to include the right to withdraw consent.
- Monitor compliance with the directive by adding residents without guardianship to the State Review Team (SRT) sample if there were not enough in the sample.

OIO Monitoring and Findings

The OIO requested an update on May 26, 2026, and requested clarification on June 11, 2026, to determine if SSLC SO had completed the action steps. Although the plan included comprehensive staff training, SSLC SO's response indicated that they only trained certain staff about informed consent practices. They also did not amend current training to include the right to withdraw consent. The documentation provided confirmed that efforts had been made to incorporate additional compliance reviews of residents without guardians in SRT monitoring.

Informed Consent Training

SSLC SO did not establish new standardized procedures to determine and document if a resident can provide consent as the OIO recommended. Instead, they referred to their existing practice of assessing an individual's decision-making ability, which was in place at the time of the OIO's initial findings.

Lawfully, only the court can take away an individual's capacity to provide consent[5]. The SSLC consent form includes an acknowledgment for the director to sign in lieu of the resident, stating that the resident "is an adult whose IDT agrees they do not appear to understand the risk and benefits with or without supports and who does not have a LAR." SO stated that the Individual Decision Making Assessment[6] (IDMA), completed annually and as needed, is utilized to inform the IDT's decision of whether the resident cannot give consent.

However, during the OIO's investigation, staff surveyed gave varied accounts of how the IDT reached this determination. Investigators were likewise unable to confirm whether the IDMA was, in fact, the established process used at the time to determine a resident's ability to consent. This was the basis of the OIO's initial

[5] Texas Health and Safety Code Sec. 591.006
[6] SSLC Human Rights Policy 045 defines the function of IDMA to "assess each individual's decision-making skills to provide informed consent as part of the Individual Support Plan (ISP) meeting determined by the interdisciplinary Team (IDT)… Note: This assessment does not replace a decision regarding capacity determined by the court"

recommendation for establishing a standardized procedure and additional training. Upon our follow-up request, SO pointed out that the IDMA process was included in the newly developed training materials.

While the action plan stated that HROs and IDT members would be trained on informed consent, the evidence provided by SSLC SO indicated that only HROs and social workers were trained. Their expected timeline for training IDT members is August 31, 2026, four months after the stated deadline.

Although SSLC SO initially indicated they would amend current training to include the right to withdraw consent, SSLC SO later stated that after a multi-disciplinary review, the current rights training for employees was determined to be adequate and did not need to be updated. This training, provided to direct care staff annually and to HROs every two years, only devotes a few sentences to informed consent and withdrawal practices. Given the frequent need for informed consent in providing treatment and services, as well as the importance of HROs in protecting residents' rights, the OIO believes that the training must be more thorough and include specific instructions on informed consent and withdrawal practices.

SSLC SO stated that education about informed consent would be provided to residents when consent forms are signed and possibly discussed at self-advocacy meetings, which a small percentage of residents attend. However, no evidence was provided to indicate residents had received this rights education. They indicated that education is already provided annually and "at the signing of each consent by reviewing all pertinent information."

State Review Team Informed Consent Practices

The SSLC SO SRT conducts a compliance review of each center's operations. According to SO, this review "provides real-time and ongoing monitoring of [informed consent], routine technical assistance and additional follow-ups." As part of the review, the SRT selects a sample of residents' plans, programming, and other documentation to review at each SSLC. Following the review, the SRT provides a report to each SSLC's administration that outlines issues and areas for improvement or compliance.

The OIO requested copies of the SRT reports from SSLC SO to determine if they had recommended or implemented changes to their informed consent review practices. In response, SSLC SO provided lists of resident samples for SRT reviews completed at that point in the year. Their documentation indicated that, of the five SRT reviews, two of those SSLCs supplemented additional

residents without legal guardians in their sample, as they determined the others had a sufficient sample of them. Out of the 25 residents total, four residents were added to the samples, providing a sample of 14 total residents without a guardian to review. It was unclear how residents were selected.

The SRT provided recommendations for two of the reviewed SSLCs. To one SSLC the recommendation was to, "Track who can sign their own consent in each area. Ensure residents are signing their own consents." And the other was to, "Have just the individuals sign consents not Director and Resident." It is unclear what if any additional guidance was provided to improve SSLC processes in this area. SSLC SO stated that they did not plan to include a new indicator of informed consent in the current round of SRT reviews but would incorporate the criteria in their next round.

Recommendations

Although SSLC SO made some effort to monitor compliance with informed consent policy and provide additional training following our initial investigation and recommendations, the OIO believes more efforts could be made toward improving practices. Our primary concern remains that many residents who are legally able to provide consent for their own treatment or care are still not provided that right. Therefore, the OIO's recommendations from the initial investigation remain, with greater specificity:

- Provide additional rights education for all residents that clearly explains their rights regarding informed consent.
- Clarify the procedure for staff to document situations where a resident who can provide informed consent refuses to do so and how to recognize and respond when a resident has withdrawn consent.
- Provide training to all IDT members on the purpose and procedure for obtaining informed consent. Maintain documentation of IDT members who complete training.
- Include monitoring of informed consent practices in the next round of annual SRT reviews. Reassess the SRT process for selecting a resident sample to ensure adequate representation for residents without a legal guardian to effectively monitor process changes.
- Establish accountability measures to monitor compliance with SRT recommendations and track improvement in SSLC consent practices.

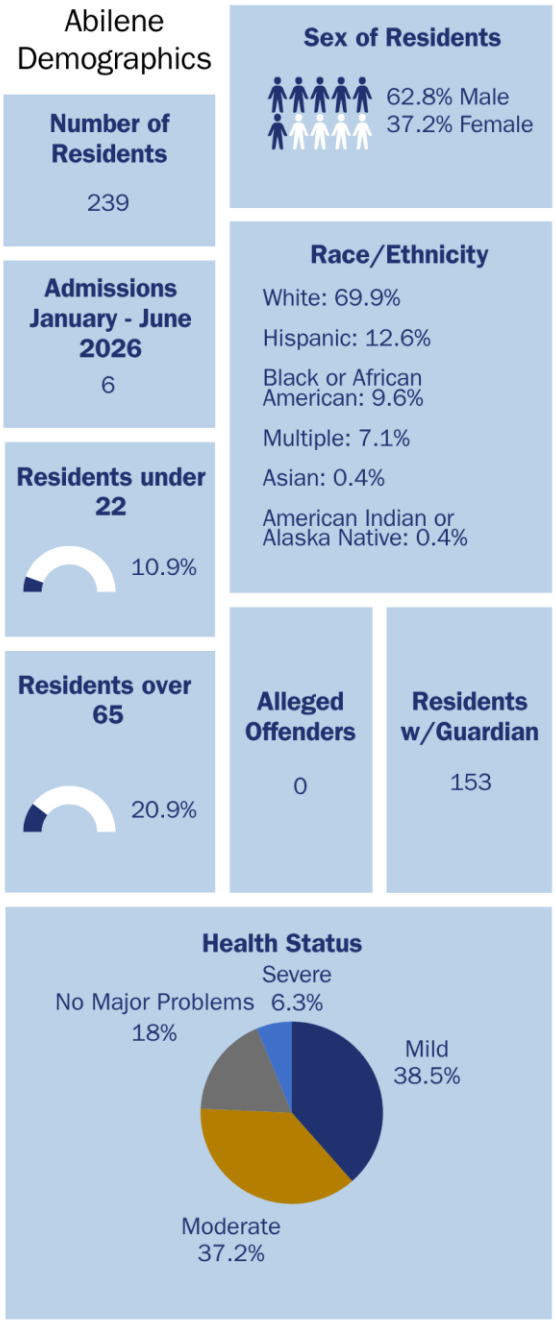
The OIO will continue to monitor SSLC practices regarding informed consent for residents without legal guardians.

Disaggregate Activity by SSLC

Abilene State Supported Living Center

Jill Quick | *Senior Assistant Independent Ombudsman*

With over fifteen years of dedicated service, Ms. Quick has been a steadfast advocate for the residents of the Abilene SSLC. She began her career in 2000 as direct care staff in the center's Recreation Department while pursuing her Bachelor's in Police Administration at Hardin Simmons University. After graduating, Ms. Quick ventured into roles at a juvenile correctional facility, contributing as a case manager and later as a juvenile probation officer. Returning to the Abilene SSLC in 2002, she assumed the role of qualified developmental disability professional and later took on the responsibilities of human rights officer. In 2010, Ms. Quick 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 AIO.



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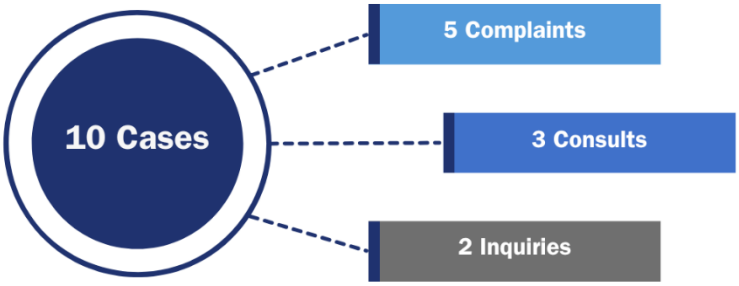

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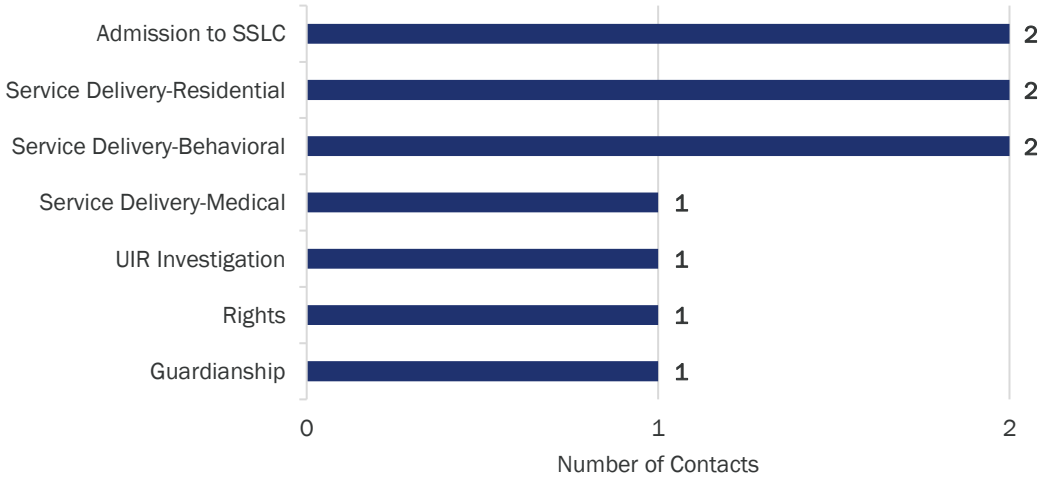

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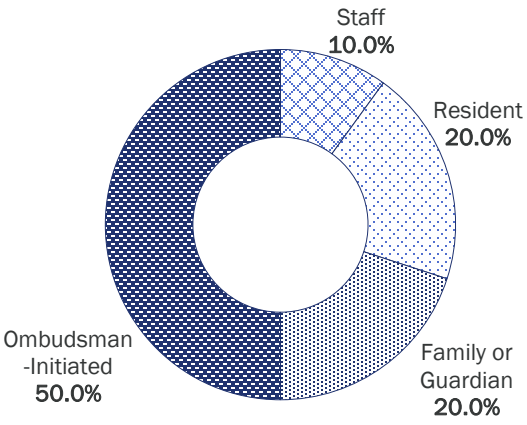

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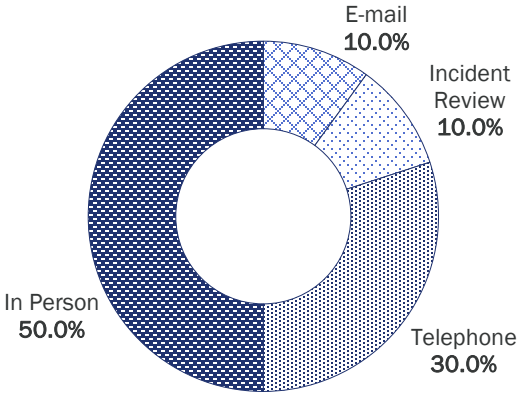


Case Study: Abilene

Advocating for Staff Training to Protect Residents

As advocates for SSLC residents, AIOs may investigate incidents where a resident was not adequately protected from potential harm.

AIO Jill Quick noticed a resident at the Abilene SSLC running around campus without staff supervision. She was unsure if this resident required a higher level of supervision, but she knew that most minor residents do when outside of their home. She also recognized that this resident was recovering from a recent illness and was underdressed for the weather.

Ms. Quick followed the resident for about forty minutes. During this time, she called the campus switchboard to inform staff at the resident's home of their location so they could send staff. She observed that center staff were nearby and aware of the resident; however, none interacted with them. Eventually, she followed the resident into a program area, where they started to behave in a disruptive manner. Staff in the program area, who told Ms. Quick they did not know the resident, attempted to offer them food to leave the area. Per SSLC policy, staff cannot offer a resident food if they do not know whether the resident has any dietary modifications. If a resident requires a modified diet and eats food that is not allowed in their personal diet plan, they may become injured or sick. Eventually, home staff arrived to accompany the resident.

Later, Ms. Quick reviewed the resident's plans and restrictive practices. She found that this resident was on an enhanced level of supervision (LOS), meaning that staff were required to check on them at regular intervals. Based off this, Ms. Quick concluded that this incident did not qualify as abuse, neglect, or exploitation. Additionally, she called the Incident Management Coordinator to inquire whether this should be reported as an unauthorized departure, but she was told it did not qualify as that either. She also confirmed that the resident required a modified diet.

Altogether, this represented a failure of staff to exercise proper supervision, intervene during an incident where the resident may have harmed themselves or others, and follow SSLC dietary policy.

Ms. Quick informed the SSLC director about the incident. Based on Ms. Quick's recommendations, the director immediately instructed managers to train their staff to assist individuals who need support. Additionally, the director informed managers in the campus programming areas

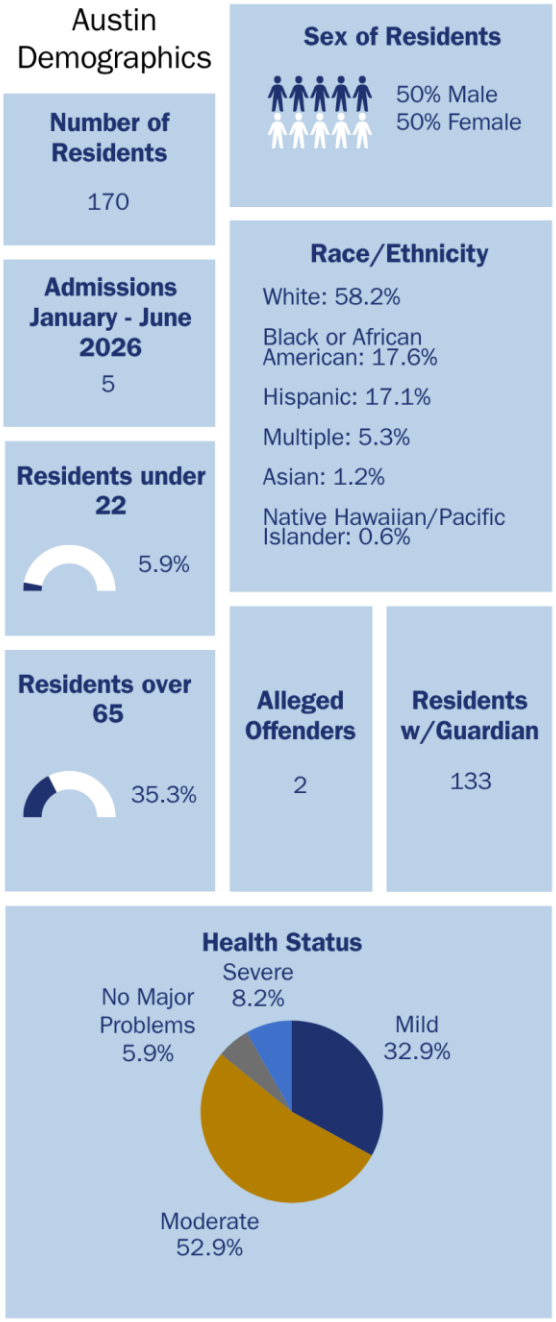
to retrain their staff on offering food to residents without knowing their diet plans. All concerns and recommendations were addressed by the facility and currently the AIO has no further concerns regarding this matter.

As a result of Ms. Quick's advocacy, residents at the Abilene SSLC are better supported by staff and staff are better prepared to protect residents from harm.

Austin State Supported Living Center

Ayanna Smith | *Assistant Independent Ombudsman*

Ms. Smith was born in Victoria, Texas, and grew up in Austin, Texas. She earned her bachelor's degree in Kinesiology from Oklahoma Baptist University. Ms. Smith commenced her professional journey at the Austin SSLC where she worked as a qualified intellectual disability professional (QIDP) and QIDP facilitator. Subsequently, she acquired regulatory experience as a long-term care investigator before returning to the Austin SSLC to again take on the role of QIDP. Ms. Smith's experience in state supported living centers and regulatory matters has enabled her to improve her skills in providing person-centered advocacy for the rights and needs of individuals with IDD, as well as to apply essential investigative techniques to reach fact-based conclusions. She became a member of the OIO in 2026.



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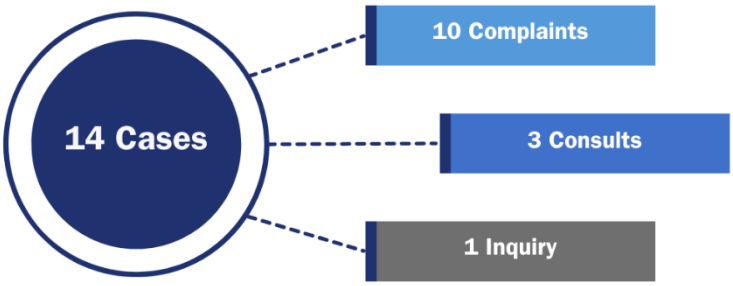

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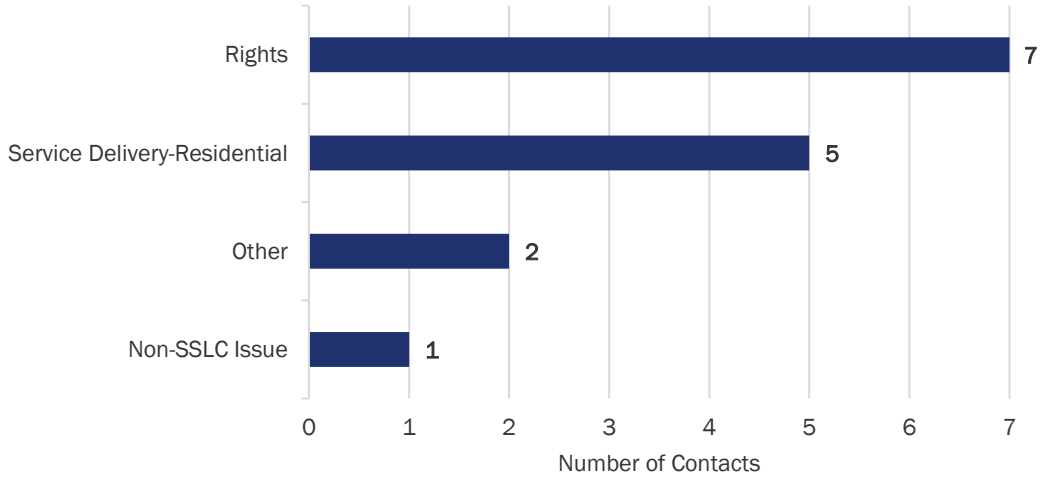

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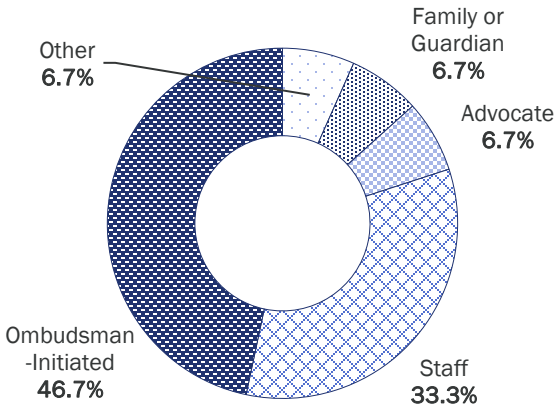

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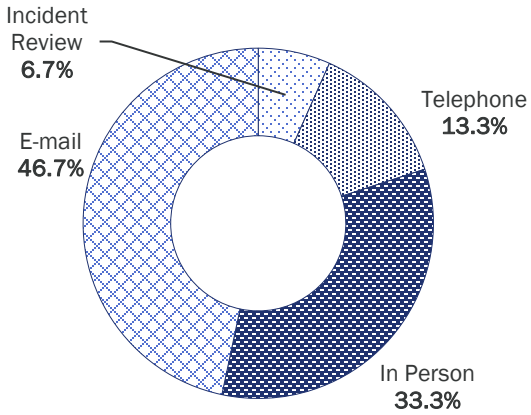


Case Study: Austin

Affirming the Right of Guardians to Make Complaints

The legally authorized representative (LAR) of a resident raised a concern with AIO Ayanna Smith about the role of a van driver in an incident where the resident was seriously injured. The LAR had previously requested that the resident be accompanied by additional staff while being transported to medical appointments but felt that her complaint had not been addressed.

One of the essential roles of the AIO is to serve as an advocate and mediator for the family and representatives of SSLC residents. Ms. Smith fulfilled this role when she agreed to attend the individual's annual planning meeting, at which the LAR intended to voice their concerns and wishes to the resident's interdisciplinary team (IDT).

In preparation for the meeting, Ms. Smith reviewed incident reports, training requirements related to the van driver's responsibilities, and interviewed staff and the resident's LAR. She found that the resident's assigned direct care staff at the time of the incident was held responsible for the injury and had been terminated. The van driver was determined not to be at fault, as the injury occurred outside the vehicle. Ms. Smith found that, as an additional safeguard, the driver had been retrained on how to assist individuals who are getting on and off the state vehicle.

At the meeting, the LAR shared their concerns that the driver was to blame for the resident's injury. As the incident was explained further, the LAR acknowledged that the incident occurred outside the van but requested a change in the driver and the installation of cameras in the van. This request was not honored.

The LAR was unsatisfied with the SSLC's response. Ms. Smith attended another IDT meeting with the LAR. At this meeting, the LAR requested that the resident be accompanied by two staff when being transported to medical appointments to prevent the incident from occurring again. While the IDT didn't grant the request for two staff, it did agree to assign one additional staff. The LAR was satisfied with this outcome.

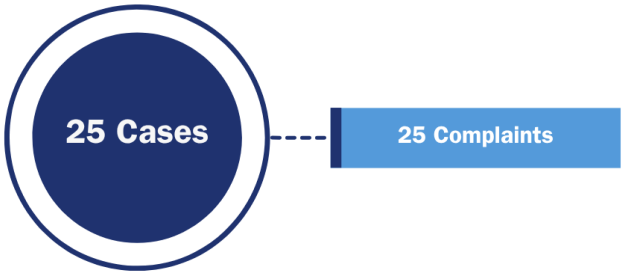
By facilitating effective communication between the LAR and the IDT, Ms. Smith affirmed the LAR's right to have their complaints acknowledged. Her approach fostered trust and ensured that the LAR's complaints were addressed in a way that satisfied all parties.

Brenham State Supported Living Center

Susan Aguilar | *Assistant Independent Ombudsman*

Ms. Aguilar holds a Bachelor of Arts 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 SSLC, 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 an 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



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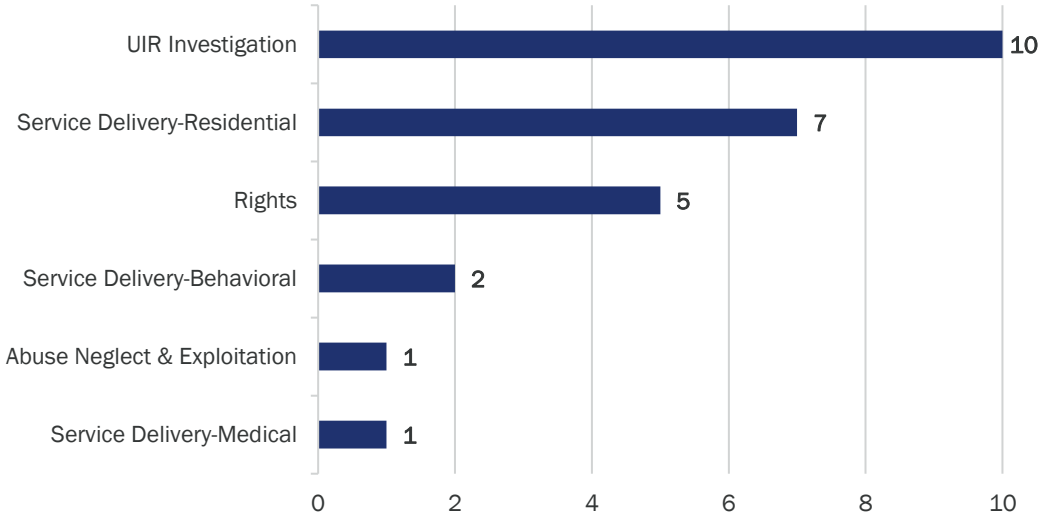

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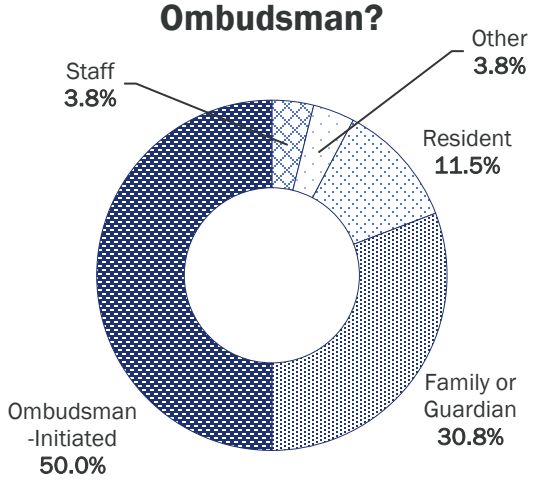

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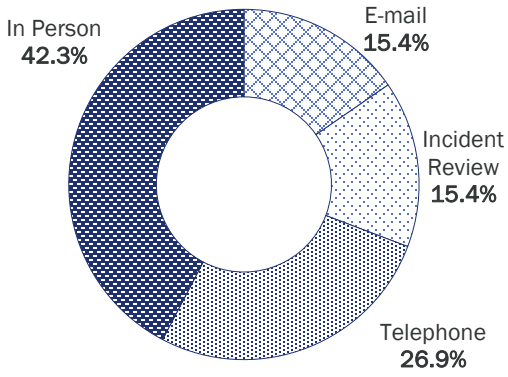


Case Study: Brenham

Advocacy and Support During Alleged Abuse Investigation

One of the AIO's primary responsibilities is to monitor the center's response to unusual incidents, which may include but are not limited to serious injuries, abuse, or neglect. A resident's guardian contacted AIO Susan Aguilar after regular work hours. The guardian reported that local police had notified them of an incident earlier that evening, in which a Brenham SSLC staff member had allegedly abused the resident. The staff member was arrested, and the resident was being treated at the local hospital emergency room (ER), accompanied by facility staff.

Ms. Aguilar offered to go to the ER on the guardian's behalf, knowing the guardian would have to drive four hours to get to the hospital. She recognized that it was important to the guardian that a familiar person be present to check on the resident's condition. Upon arriving at the hospital, Ms. Aguilar conveyed the guardian's request for the ER physician to call them about the resident's condition. The physician contacted the guardian and informed them of the nature of the resident's injuries, which included a fracture.

After the resident was discharged from the ER, Ms. Aguilar arrived at Brenham SSLC to provide the resident with emotional support and ensure the guardian was informed of the resident's return. At the guardian's request, Ms. Aguilar provided an update on the resident's current emotional and physical state. After speaking with a nurse about the medical assessment and the resident's care plan, the guardian requested that the resident remain at their home at the SSLC for an extended period. Ms. Aguilar advocated on their behalf to extend the resident's recovery time at home and delay their return to scheduled program activities.

Afterwards, Ms. Aguilar participated in a series of meetings to discuss the results of the investigation into the alleged abuse, what protections would be put into place, and to determine if additional support was needed. She agreed with the facility's investigation that confirmed there was physical abuse resulting in serious injury. Additionally, she communicated the guardian's concern that the limited information provided by the center's initial notification only increased the guardian's fears and concerns about the resident's well-being.

SSLC staff made several recommendations to implement additional layers of abuse monitoring and protections. A recommendation was also made to update what information is shared to families and

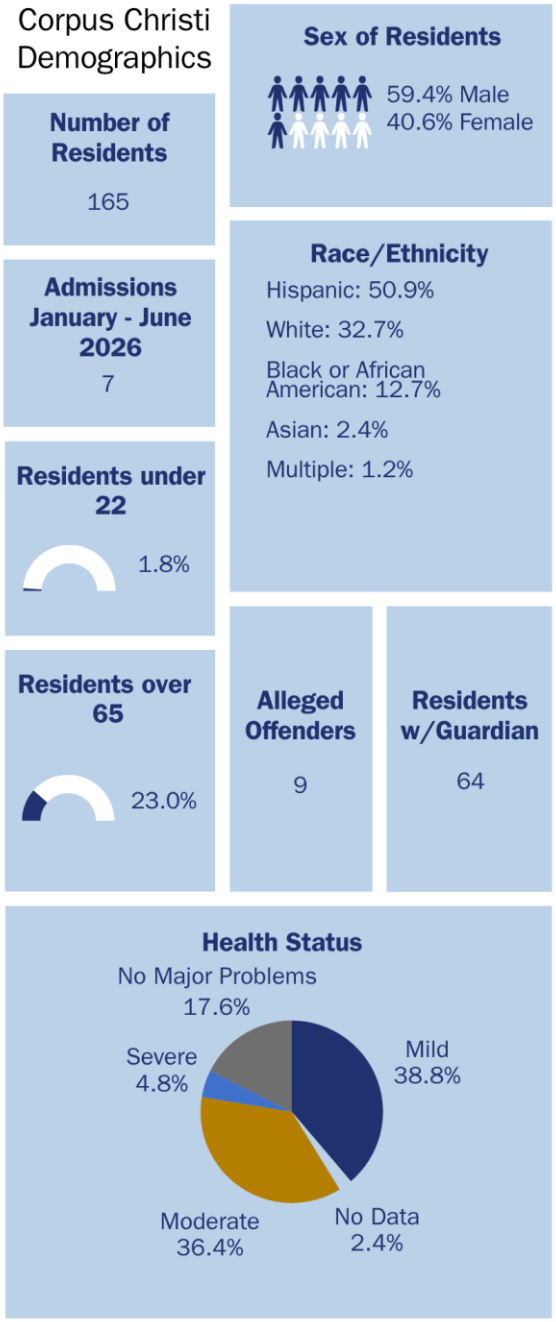
guardians when an unusual incident occurs. However, center leadership later concluded that the process by which family members and other actively involved persons are notified varies by incident. Because of this, standardized information sharing would not suit all abuse, neglect, and exploitation incidents. Ultimately, the guardian was extremely grateful for Ms. Aguilar's presence at the hospital, and her ongoing communication and advocacy on behalf of the resident.

Monitoring serious incidents and advocating for residents and families are among the AIO's primary responsibilities. Ms. Aguilar's response, follow-up, and continued monitoring provided meaningful support for the resident and their family. Her actions reflected compassion, advocacy, and a commitment to resident's well-being and quality of care following unusual incidents.

Corpus Christi State Supported Living Center

Jose "Ruben" Garcia | *Assistant Independent Ombudsman*

Ruben Garcia was born and raised in South Texas. With an adventurous spirit and a strong desire to explore places abroad, he joined the U.S. Marine Corps. After his service, he enrolled at Texas A&M University-Corpus Christi, where he graduated with degrees in Psychology and Criminal Justice. He began his career in state service in 1992 and has worked with various state agencies. He is grateful for all the opportunities he has had to hone his skills and serve his community. Mr. Garcia believes he has come full circle in his career. He started as a direct care professional and eventually became a qualified intellectual disability professional. In later years, he served as the director of residential services for the Corpus Christi State Supported Living Center. Mr. Garcia is proud to join the Office of Independent Ombudsman because it allows him to continue advocating for the most vulnerable members of society.



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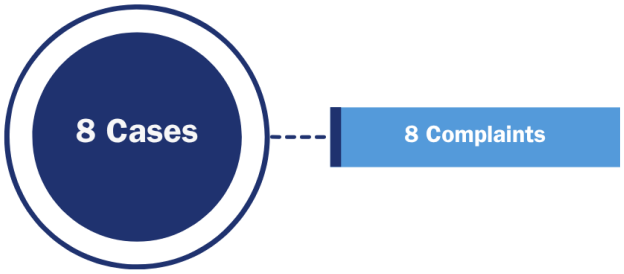

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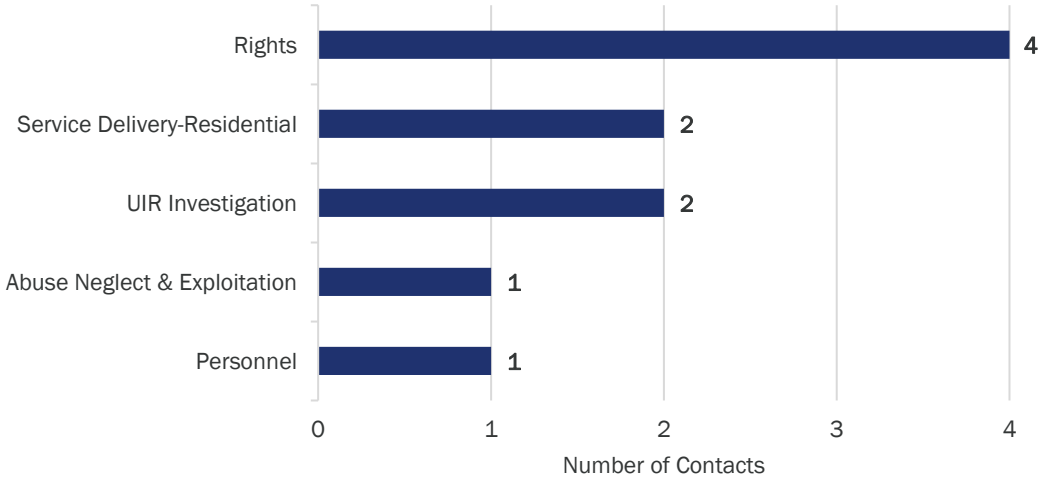

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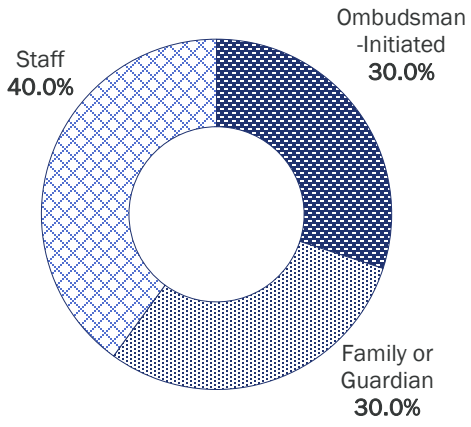

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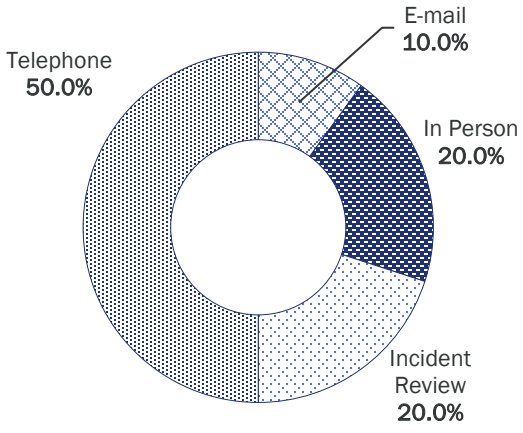


Case Study: Corpus Christi

Protecting Residents from Unnecessary Restrictions

One of the AIO's responsibilities is to review emergency rights restrictions. Emergency rights restrictions are implemented by the IDT without prior approval by the SSLC's human rights committee. Emergency restrictions are implemented when there is an imminent threat to a resident's health or safety. AIOs review emergency restrictions to ensure that the restriction is justified.

AIO Ruben Garcia became aware of an emergency restriction that had been implemented to prevent a resident from leaving their home. The justification for the restriction was that the resident was psychiatrically unstable, had reported hearing voices telling them to self-harm, and had attempted to choke themself. However, according to SSLC policy, residents cannot be restricted from leaving their home unless staff determine that doing so poses an imminent danger to themselves or others.

Mr. Garcia reviewed documentation of the resident's behavioral patterns and psychiatric diagnoses. He found that the resident did not have a history of psychosis and that previous threats of self-harm had been determined not to be credible. Mr. Garcia also reviewed documentation of the resident's preferences and found that they enjoyed activities outside the home, such as going to work and riding their bike, which they could not do because of the restriction. Mr. Garcia spoke with the resident shortly after the emergency restriction was implemented and observed that they were upset that they could not go outside.

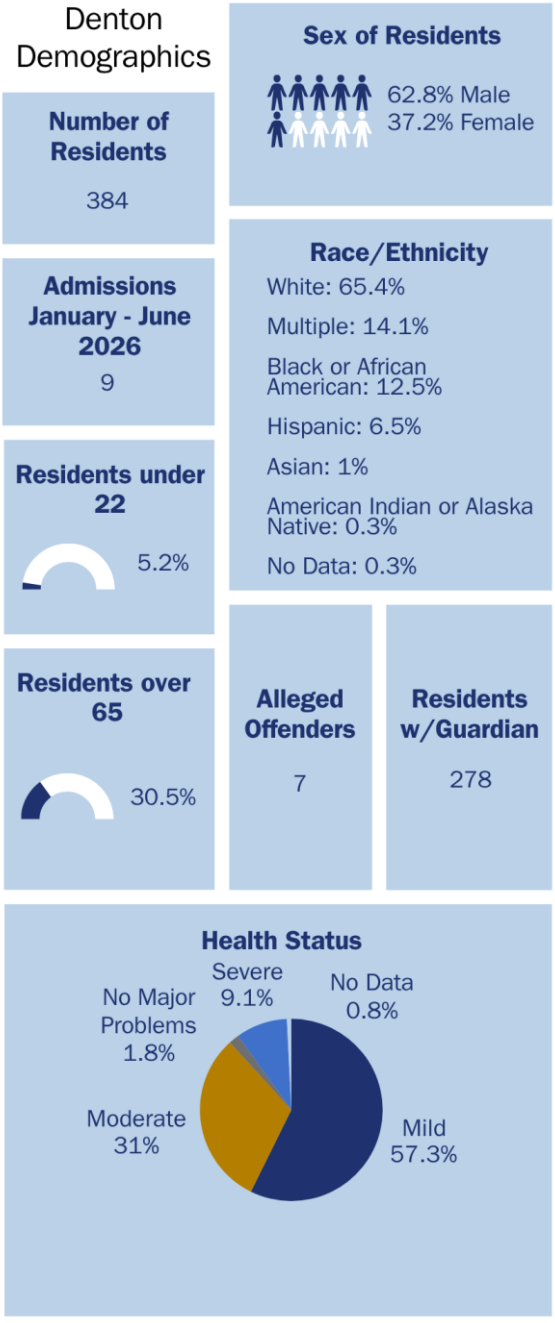
Mr. Garcia believed that the restriction would likely worsen the negative behaviors that staff had identified as reason for the emergency restriction since the resident would not be able to do the activities they enjoyed. Additionally, based on the resident's history, Mr. Garcia did not believe there was sufficient justification for the restriction, per SSLC policy, as the resident's behavior did not present a real risk of imminent danger.

Mr. Garcia recommended that facility administration revisit the resident's restriction. The director agreed and stated that she had already informed administrative staff that the restriction was not appropriate. Through his advocacy, Mr. Garcia ensured that the resident received care that was appropriate for their circumstances, which allowed them to exercise their right to independence and pursue activities they enjoy. Mr. Garcia continues to make certain that restrictions are only implemented when appropriate and necessary.

Denton State Supported Living Center

Alejandra Loya | *Assistant Independent Ombudsman*

Prior to joining the OIO in January 2024, Ms. Loya worked with the Department of Family and 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. Driven by a desire to make a more direct impact, Ms. Loya accepted the role of the assistant independent ombudsman. Ms. Loya 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.



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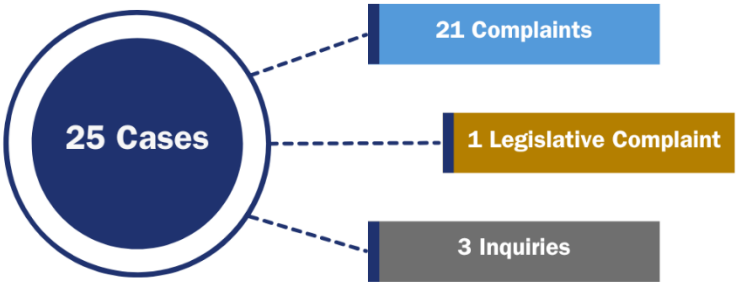

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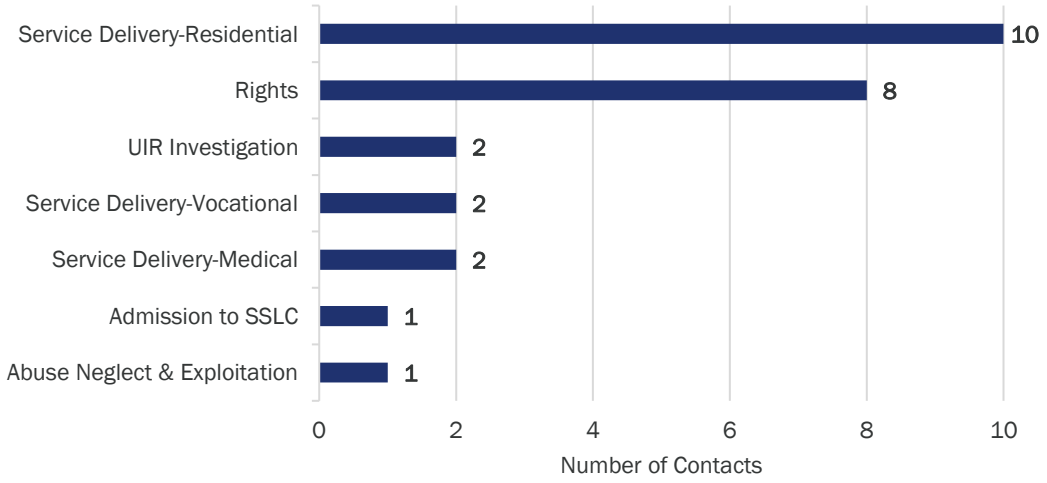

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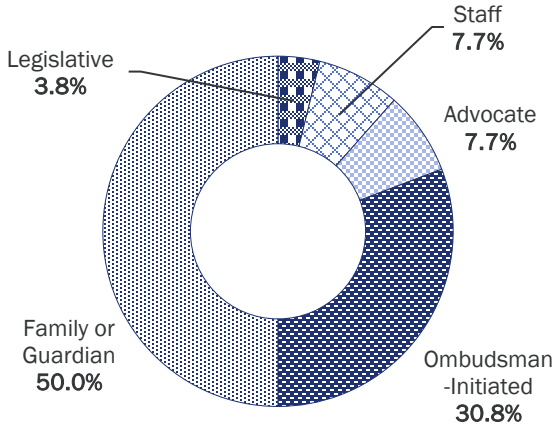

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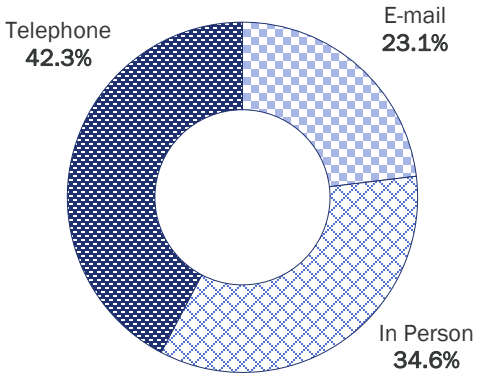


Case Study: Denton

Ensuring Dignity by Addressing Residents' Personal and Health Care Needs

AIO Alejandra Loya was contacted by a resident's family member with concerns about their son's significant weight loss since being admitted to the Denton SSLC. The family member was also concerned that staff were not providing her son with the right size of briefs. Meeting health and personal care needs is necessary to ensure the safety and dignity of residents. Ms. Loya sought to ensure that this person's personal care needs and dignity were addressed by the SSLC.

Ms. Loya found that the resident had been declining most food offered to him, which may have contributed to his weight loss. She also found that staff did not provide the resident with properly fitting briefs since he had lost weight. Ms. Loya then contacted facility leadership to ask how SSLC staff could obtain smaller briefs for the individual. After speaking with SSLC leadership, she met with the guardian and interdisciplinary team to discuss interventions to address the residents' weight loss and food refusal.

After these meetings, facility staff implemented a plan to address the resident's weight loss. This plan instructed home staff to offer the individual preferred foods and monitor food intake closely, and instructed nursing staff to conduct weekly and quarterly weight checks. To encourage the resident to eat, home staff were directed to offer finger foods first, followed by food the guardian provided. If the resident continued to refuse, he would receive a supplemental meal by feeding tube.

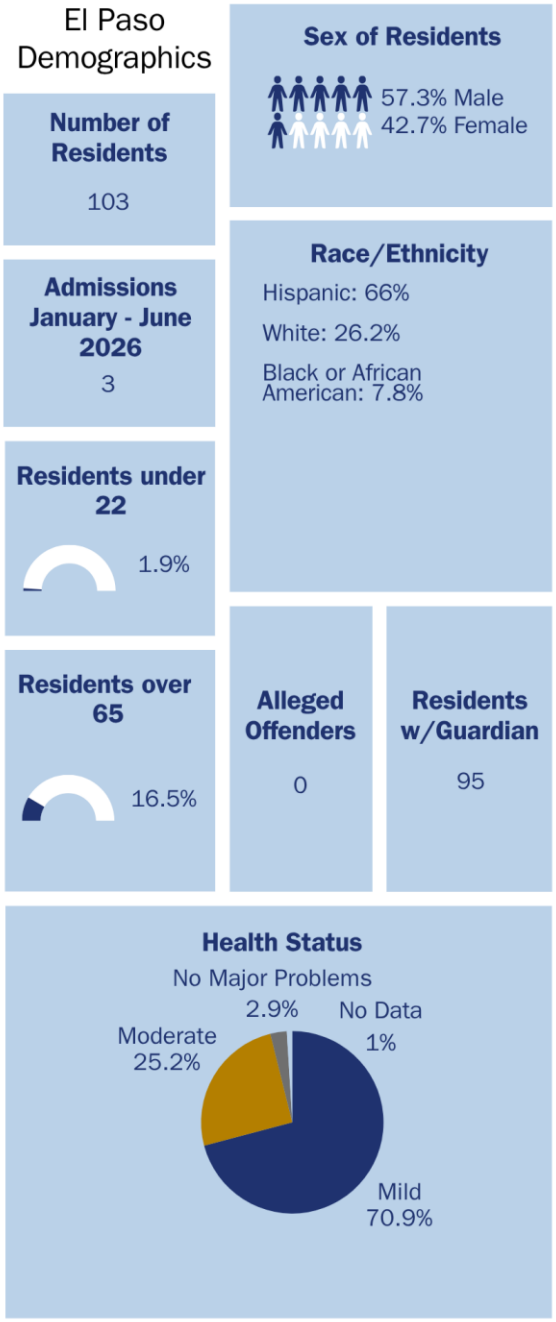
Ms. Loya connected home staff with the facility staff who purchase personal care items, such as undergarments, for residents. She visited the resident's home later and observed that the resident had appropriately sized briefs and staff knew the plan to address the resident's weight loss. Although the resident continues to refuse some of his meals, he is gaining weight and wearing properly fitting underwear.

Through her advocacy and support for the resident and family member, Ms. Loya helped address concerns regarding the resident's weight loss and access to proper underwear while championing a person-centered approach, balancing the individual's health, dignity, and quality of life.

El Paso State Supported Living Center

Isabel Ponce | *Assistant Independent Ombudsman*

Ms. Ponce has dedicated over two decades to serving and advocating for the elderly, children, and individuals with disabilities. She began working in nursing homes as a certified nursing assistant and later as a certified medication assistant. Transitioning to the El Paso Head Start program, she provided 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 home and community-based services provider. With a wealth of community program experience spanning seven years, Ms. Ponce joined the OIO in December 2010. 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.



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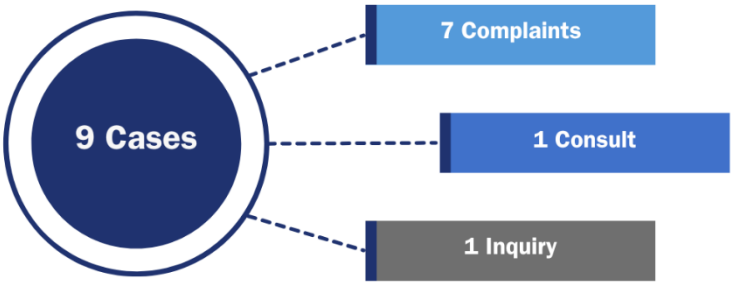

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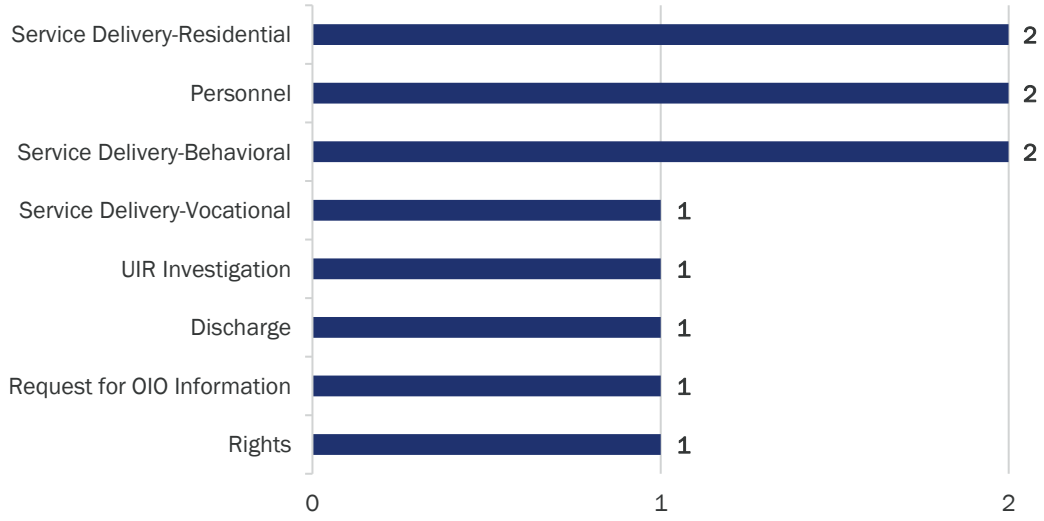

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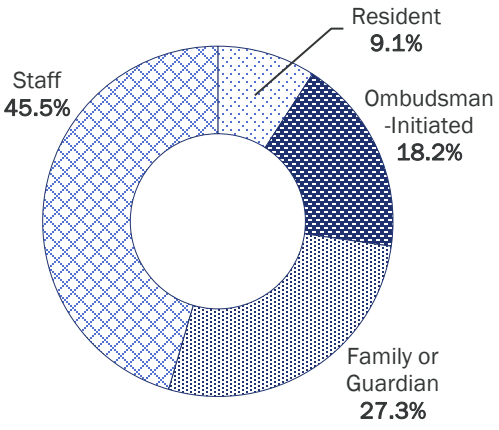

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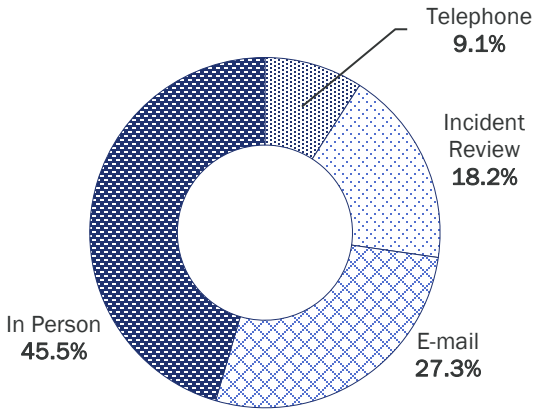


Case Study: El Paso

Advocating for Timely Services During Community Transition

One of the AIO's responsibilities is to oversee SSLC services for residents, including living and placement options. After learning there was uncertainty about whether a resident owned their wheelchair, AIO Isabel Ponce became concerned that their transition to live in the community would be delayed. Facility staff claimed that the equipment belonged to the center and so it could not be taken with the resident when they transferred to their community placement. Timely resolution of the issue was important because a prolonged delay could jeopardize the resident's opportunity to move into a home with their preferred community provider.

Recognizing the potential impact on the resident's future, Ms. Ponce reviewed policies related to resident transfers, discharges, and durable medical equipment. She also consulted with multiple departments to determine whether there was any guidance about wheelchair ownership.

The HHSC claims department covering community providers and SSLCs confirmed to Ms. Ponce that the wheelchair belonged to the resident. Despite this, resolution of the issue was delayed due to uncertainty over who at the center would make the final decision while the facility's director was away on leave. Ms. Ponce continued to advocate for timely action, emphasizing that administrative uncertainty should not delay services or interfere with the resident's transfer to the community.

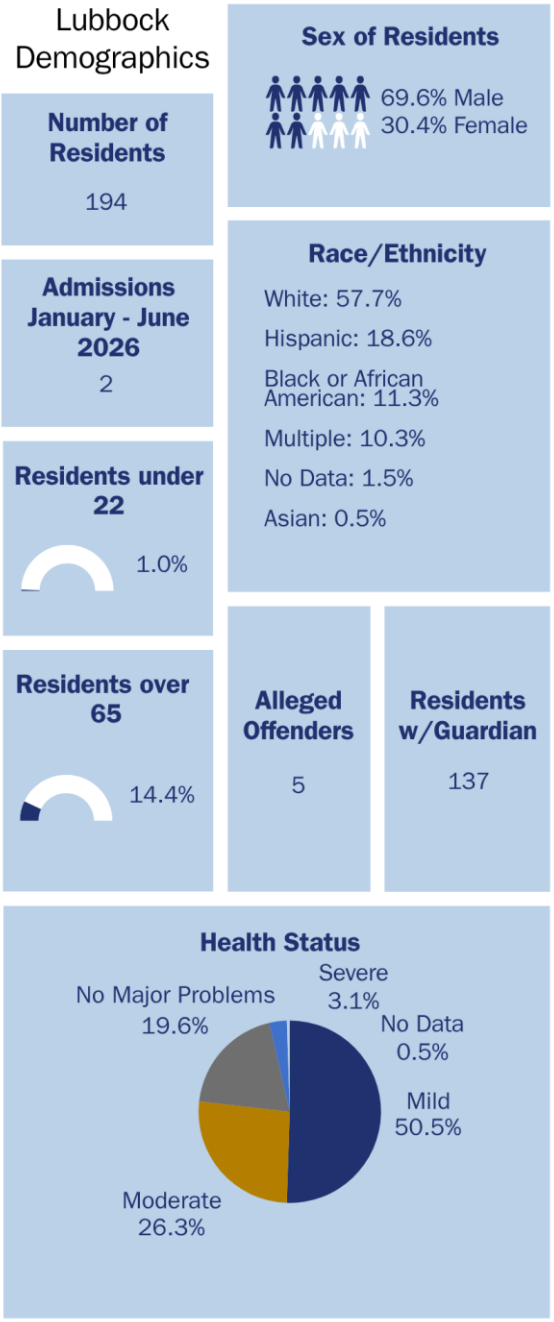
Ms. Ponce advised the director of the situation upon their return, and they approved the transfer of the resident's wheelchair. The director also acknowledged the need for clarity as to which staff have the authority to make final decisions when the director is unavailable. To avoid similar situations in the future, Ms. Ponce suggested a process for resolving administrative issues when there is an impasse. The director agreed that the absence of one person should not hold up decisions but declined to establish a new procedure going forward.

Due to Ms. Ponce's persistence, the resident was able to transition to their preferred community provider with their wheelchair. Additionally, her advocacy helped prompt discussion about improving internal decision-making processes to ensure that residents continue to receive timely services and support.

Lubbock State Supported Living Center

Kevin Hoes | *Assistant Independent Ombudsman*

Kevin Hoes was raised in Rowlett, Texas, and graduated from Texas Tech with a bachelor's degree in psychology and a minor in architecture. Kevin has held many positions in his career including several years working with children with challenging behaviors, as an equine therapy counselor, and as a Lead Teacher with the Achievement Center of Texas. After graduating from Texas Tech, Kevin worked as a Qualified Intellectual Disability Professional at the Lubbock SSLC, then as an Integrated Program Developer where he served as a subject matter expert for pica disorder and skill acquisition programs. During his time at the Lubbock SSLC, Kevin was instrumental in assisting residents with ASL communication and gained extensive knowledge of policies, facility procedures, and intermediate care facility regulations. Kevin joined the Office of the Independent Ombudsman in February 2026.



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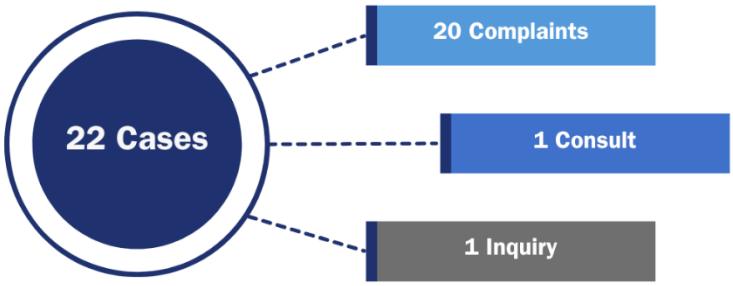

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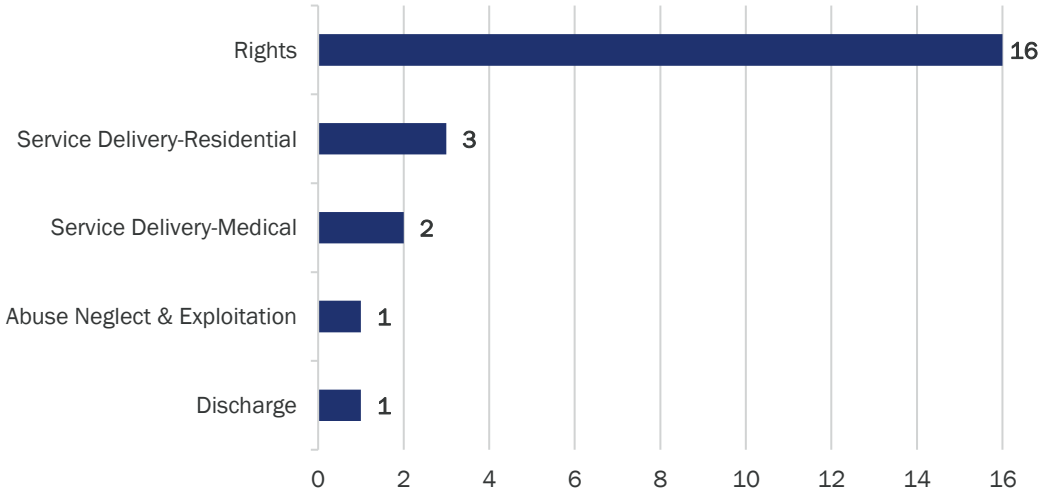

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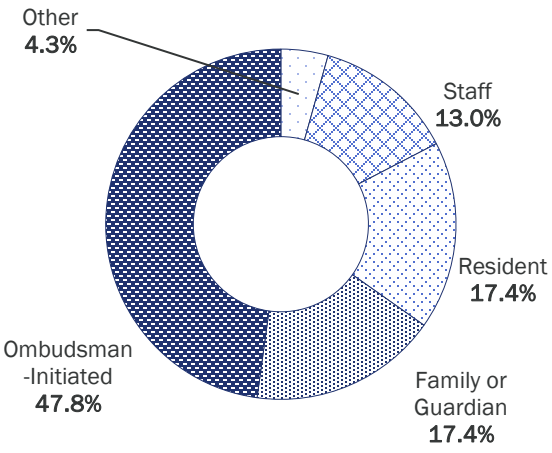

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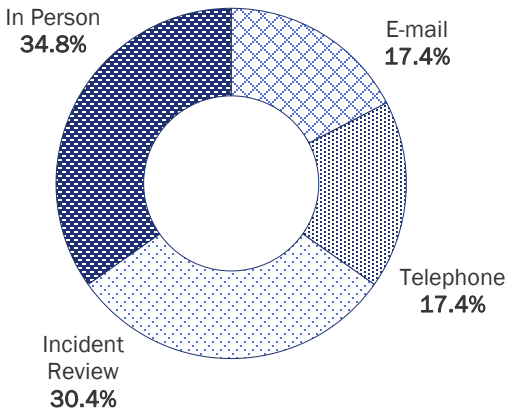


Case Study: Lubbock

Ensuring Timely Review of Residents Rights Restrictions

One of the AIO's core responsibilities is to ensure that the due process rights of SSLC residents are protected. A resident contacted AIO Kevin Hoes with a complaint that the Lubbock SSLC was restricting their rights without due process. The resident had provided facility staff with a letter indicating that court-mandated restrictions had been lifted. The facility had restricted access to the resident's cell phone while these court-mandated restrictions were in place; however, despite receiving the letter, the restriction was still in place and staff told the resident that no meeting would be held to review lifting the restriction.

Mr. Hoes contacted facility staff to determine when the resident's phone restriction would be reviewed and requested to participate in the team meeting to advocate on the resident's behalf and to seek answers about the facility's process. Staff met to review the restriction and agreed that the phone should be returned but did not invite Mr. Hoes. His questions about the facility's process remained unanswered so he continued his investigation into the circumstances surrounding the restriction and its removal.

During his review, Mr. Hoes discovered that staff members were unaware of the letter from the court and that the resident's restriction had expired a month prior to the review meeting that had just taken place. This discovery raised concerns about due process and whether restrictions were being appropriately monitored. Additionally, Mr. Hoes reviewed the facility's documentation and identified inconsistencies in meeting records and timelines, making it difficult to determine when decisions had been made and whether the resident was adequately informed of changes affecting their rights.

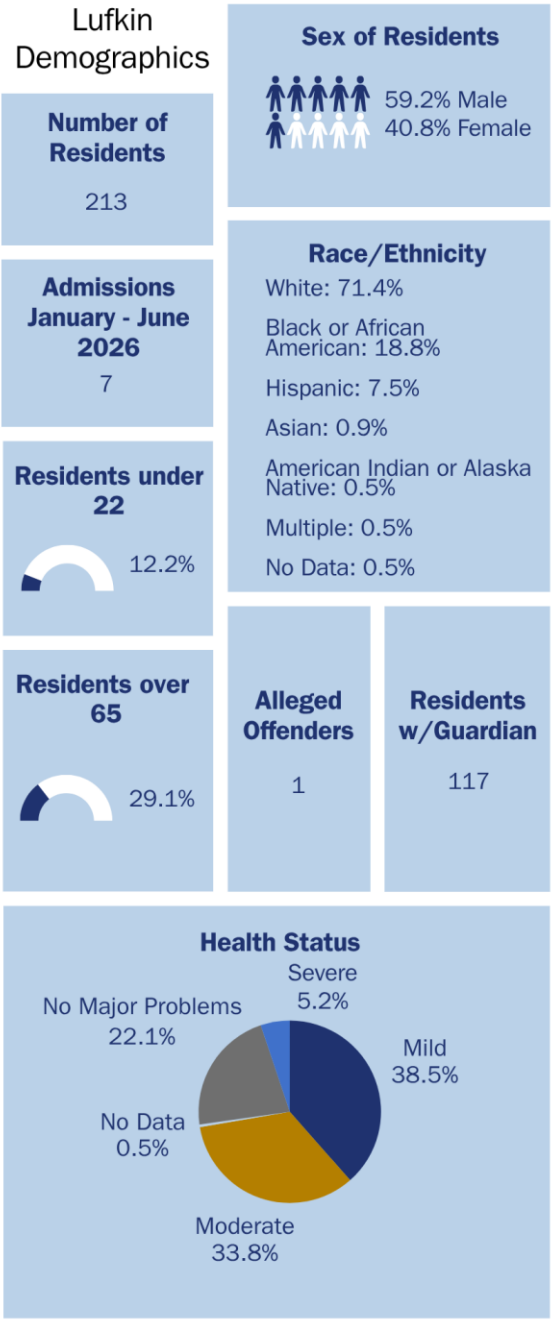
Following Mr. Hoes' advocacy, the facility returned the resident's cell phone. Afterwards, Mr. Hoes recommended that the facility strengthen its processes for tracking restriction timelines, promptly review restrictions when circumstances change, improve documentation, and ensure residents are informed when their restrictions have been removed or modified.

Through timely advocacy and independent review, Mr. Hoes ensured the resident's concerns were heard by the facility, identified delays in the facility's restriction review process, and helped facilitate the return of the resident's personal property. This case also identified opportunities to improve the center's processes to help reduce the risk of similar rights violations for other residents.

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.



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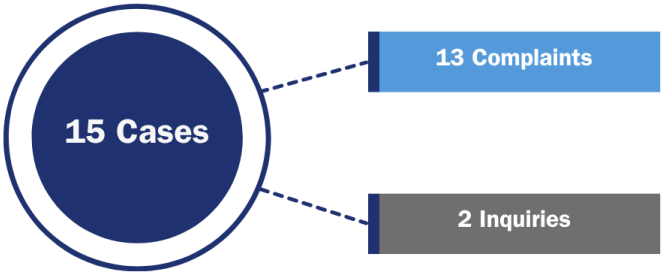

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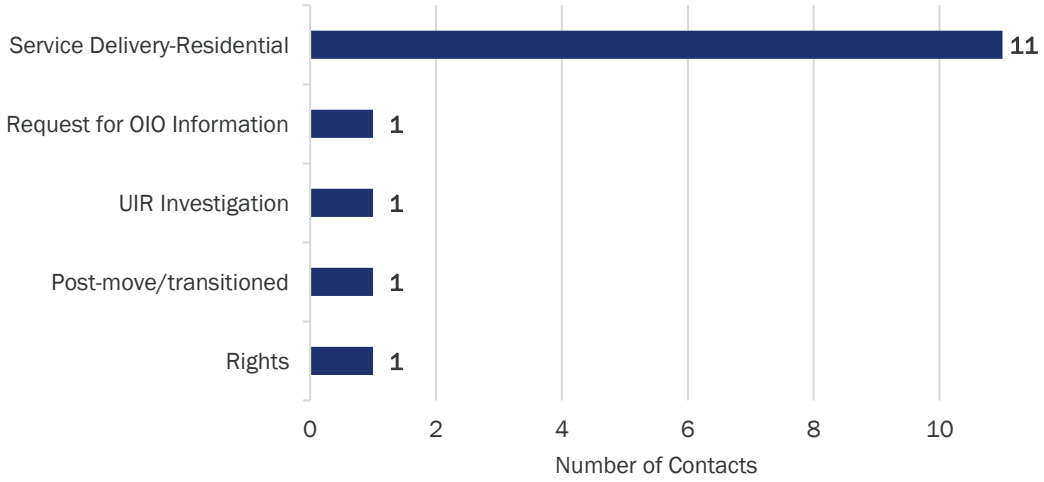

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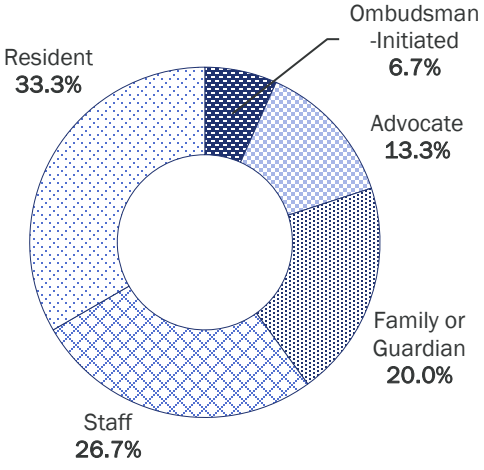

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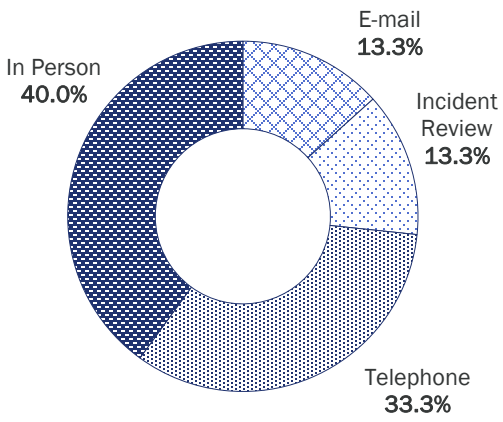


Case Study: Lufkin

Ensuring the Safety of Residents through Functional Physical Supports

The AIO evaluates SSLC service delivery to ensure that they meet residents' physical needs. AIO Seth Bowman was informed during a meeting that a resident at the Lufkin SSLC had fallen. This resident had an unsteady gait and required a piece of equipment called a gait belt to walk. The resident's gait belt had failed while they were walking, causing them to fall. Following this incident, facility administration issued a directive to train staff to check the condition of all gait belts on campus.

Mr. Bowman reviewed documentation related to the resident's physical support needs and spoke with habilitation therapy staff. He observed that the buckle of the resident's gait belt was made of plastic, unlike other gait belt buckles which are metal. The plastic buckle had become worn due to use. Although Mr. Bowman observed that there were extra gait belts in the resident's home, staff used the gait belt with the worn plastic buckle, leading to the fall.

Mr. Bowman found that the resident previously had a metal gait belt buckle but had used it to harm others. Staff reported that other types of gait belts had caused the resident discomfort and triggered aggressive behaviors.

Mr. Bowman recommended to the SSLC administrative staff that, in addition to the required training, direct care staff complete a brief but thorough check of gait belts before use. This would help ensure that gait belts are in good condition and prevent similar incidents from occurring

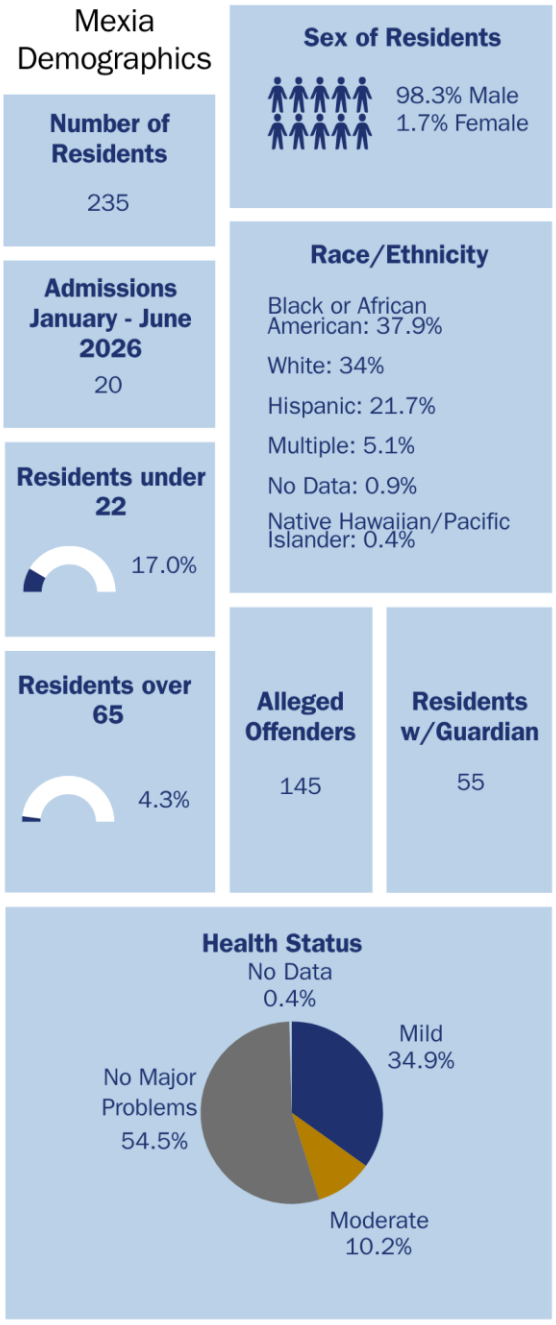
SSLC administrative staff accepted Mr. Bowman's recommendation. Since his recommendation was implemented, extra gait belts have been provided in the center's homes and staff are frequently trained on the importance of evaluating the condition of the gait belts.

In advocating for SSLC staff to proactively check gait belts, Mr. Bowman protected the resident, and others with similar needs, from risk of physical harm, allowing them to more freely and safely exercise their independence.

Mexia State Supported Living Center

Jeanette Reaves | *Assistant Independent Ombudsman*

Jeanette Reaves joins the OIO with extensive experience at the SSLCs and with the local community authority in Tarrant County. She has spent over 20 years helping individuals with Intellectual Disabilities achieve a high quality of life within their chosen home environments. Throughout her varied career, Jeanette has held many roles, from a direct support professional and service coordinator to her most recent position at a Local Intellectual and Developmental Disabilities Authority as a Network Manager for Enrollments. Now, as the assistant independent ombudsman for the Mexia SSLC, Jeanette continues her advocacy work with passion and dedication.



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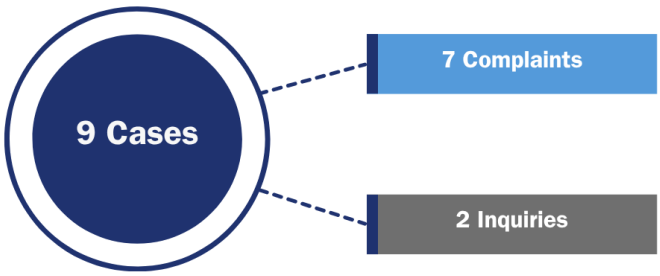

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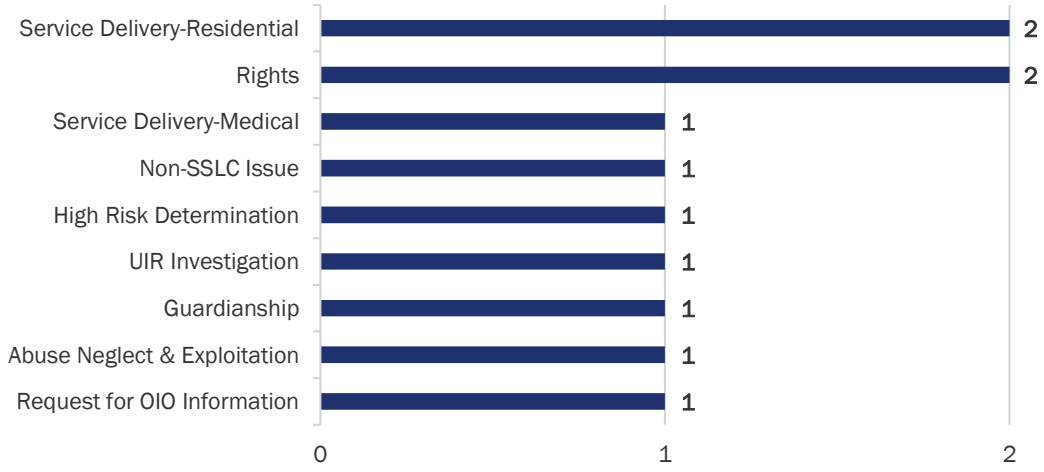

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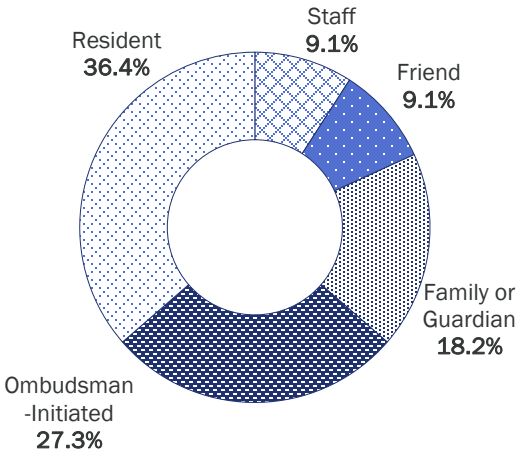

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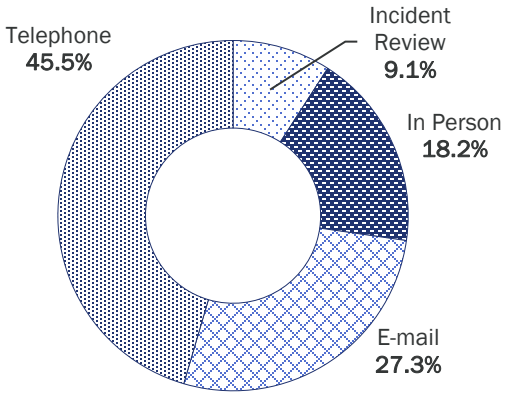


Case Study: Mexia

Ensuring Due Process in Community Placement Decision

One of the AIO's main responsibilities is to ensure that a resident's right to due process is protected. During a Human Rights Committee (HRC) meeting, AIO Jeanette Reaves learned that a resident's referral to move into a group home in the community was withdrawn after the resident failed a drug test. She became concerned after the staff presenting the case to the HRC expressed disagreement over the decision to withdraw the referral.

Per SSLC policy, decisions on community referrals require a consensus among the team. If there is disagreement among team members, they must follow the center's non-consensus policy. The differing viewpoints presented in the HRC meeting raised questions about whether the resident had received appropriate due process when the IDT revoked the community referral without team consensus.

To better understand the situation, Ms. Reaves reviewed the resident's records as well as documentation related to the community placement process. The review showed that the resident had successfully completed required programming and had reached the final stage of the placement process before the referral was withdrawn. Documentation indicated that the treatment team had agreed to rescind the referral; however, this contradicted the HRC meeting discussion, suggesting the team was unsure how to proceed when consensus could not be reached. Ms. Reaves also met with the resident, who expressed disappointment about losing the opportunity to move into the community despite completing the required steps in his plan. Recognizing that the issue extended beyond this individual case, Ms. Reaves reviewed the facility's procedures for handling situations in which staff disagree on significant decisions affecting residents

Ms. Reaves discussed her concerns with facility administration and highlighted the importance of using the established non-consensus process when treatment team members cannot reach agreement. Administration acknowledged the concern and committed to remind staff of the appropriate process. Ms. Reaves was also informed that the facility was revising its non-consensus procedures to expand their application beyond community placement decisions, strengthening protections for residents across a wider range of decisions.

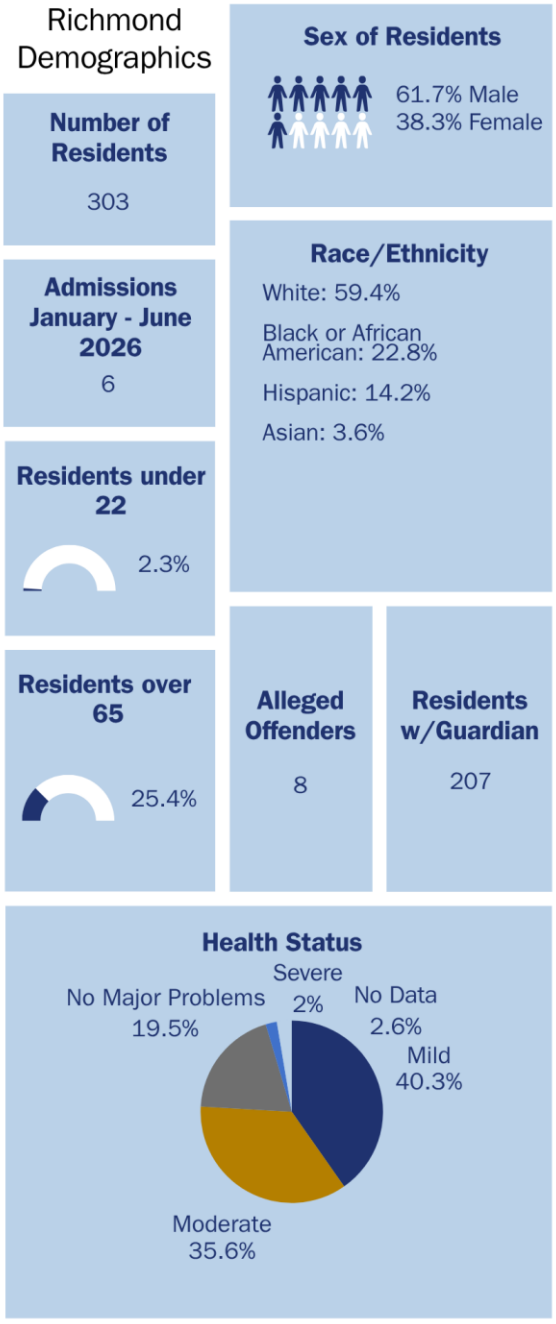
Although the resident's community placement referral was not immediately reinstated, Ms. Reaves's advocacy identified an opportunity to improve facility practices.

Her review resulted in greater staff awareness of the non-consensus process and supported ongoing revisions to strengthen due process protections. These improvements help ensure residents receive fair consideration, transparent decision-making when treatment teams disagree, and there are meaningful opportunities for different perspectives to be heard before significant decisions affecting their lives are made.

Richmond State Supported Living Center

Deatrice Potlow | *Senior Assistant Independent Ombudsman*

Born and raised in Greenwood, Mississippi, Mrs. 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. Mrs. Potlow was promoted to senior AIO in 2026.



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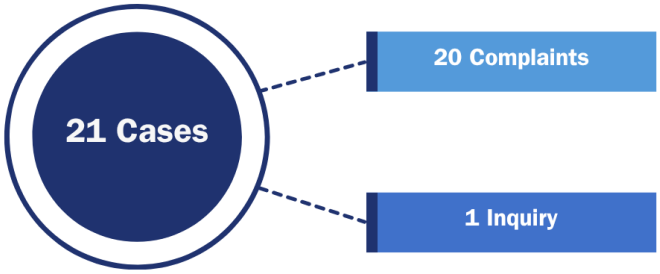

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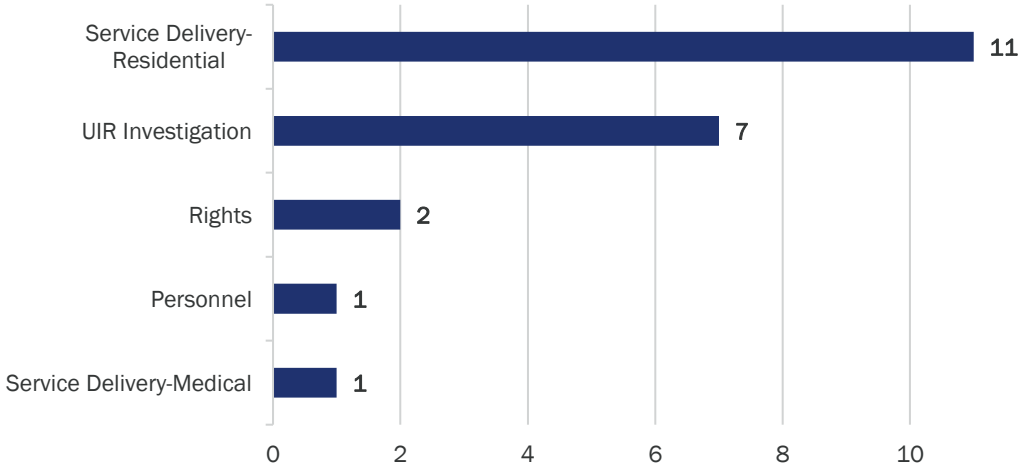

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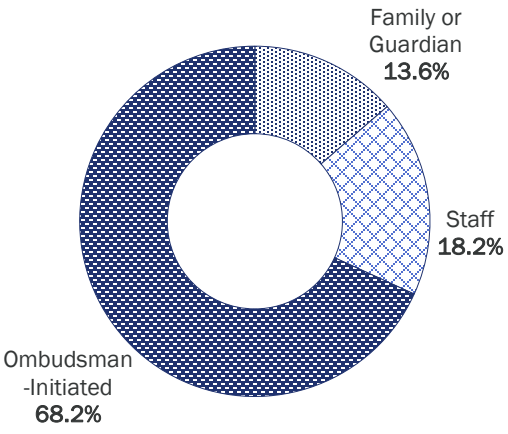

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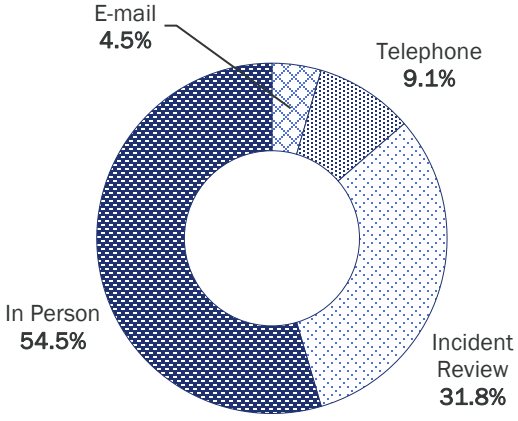


Case Study: Richmond

Independent Review Strengthens Protections

Under the OIO's statutory responsibilities, AIOs independently review investigations to ensure findings are supported by the evidence and that residents' rights are protected. While reviewing a Richmond SSLC investigative report of abuse, neglect, and exploitation (ANE) allegations, AIO Deatrice Potlow identified concerns with the center's conclusion that allegations of staff misconduct could not be substantiated.

The incident involved a resident who became distressed and engaged in self-injurious behavior. Video footage captured staff responding by lifting the resident from the floor and forcefully placing the resident onto a sofa using an improper restraint technique. After reviewing the investigative report and video of the incident, Mrs. Potlow concluded that the evidence indicated that the staff member's actions were inappropriate and constituted physical abuse and that the center's conclusion was incorrect.

Mrs. Potlow presented these concerns during a meeting of the facility's review authority, which is a committee responsible for the final review of incident reports, explaining that the video showed the staff performing an unapproved restraint. Behavioral services staff participating in the review also acknowledged that the restraint was inappropriate. Because the evidence did not support the facility's original conclusion, Mrs. Potlow formally disagreed with the investigative finding and recommended that the case receive a secondary review by SSLC state office (SO). Mrs. Potlow requested that the Review Authority reconvene after the secondary review was completed.

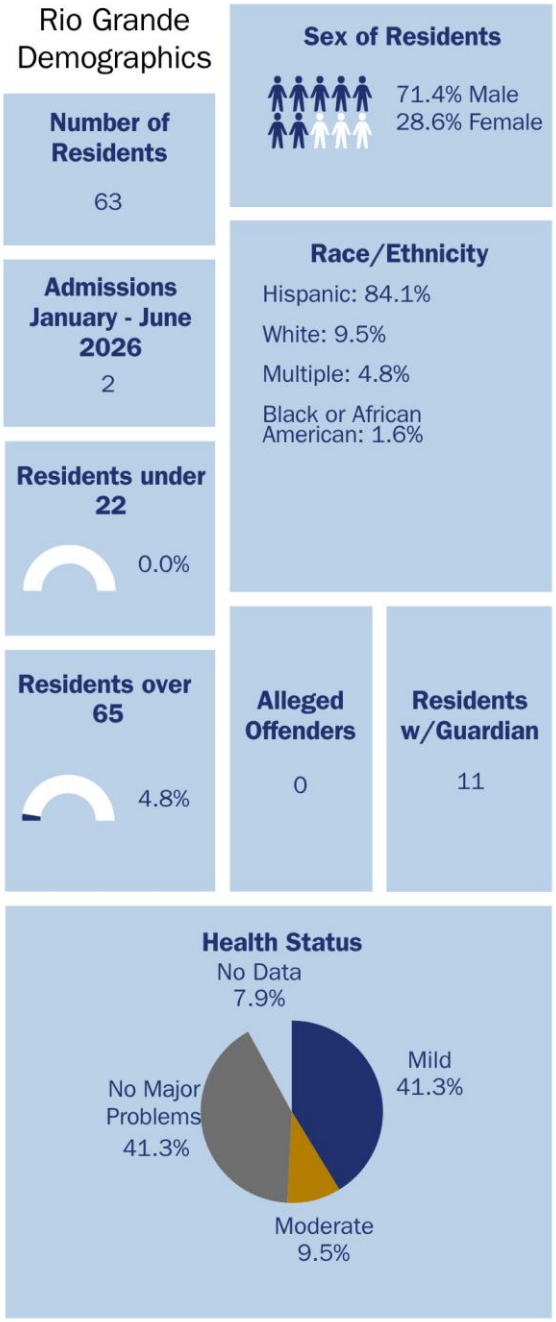
Upon accepting Mrs. Potlow's recommendation, the incident was reviewed again by state office personnel who determined that the evidence confirmed that the resident had been physically abused. The facility subsequently updated the investigative report, revised its findings, and implemented corrective actions, including disciplinary measures for the staff member and removing them from the resident's home. The staff no longer has contact with the resident.

Overall, this case demonstrates the value of the OIO's independent oversight in ensuring thorough incident reviews. Mrs. Potlow's efforts and advocacy ensured that the investigation accurately reflected the evidence, that corrective actions were taken by the facility, and that the resident was protected from further harm.

Rio Grande State Supported Living 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 State Center in Harlingen. Mr. Flores accepted the position of assistant independent ombudsman of the Rio Grande State Center in April 2017.



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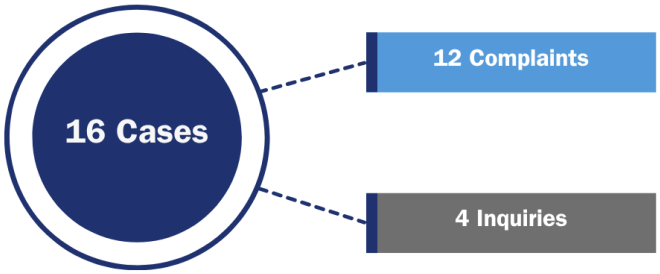

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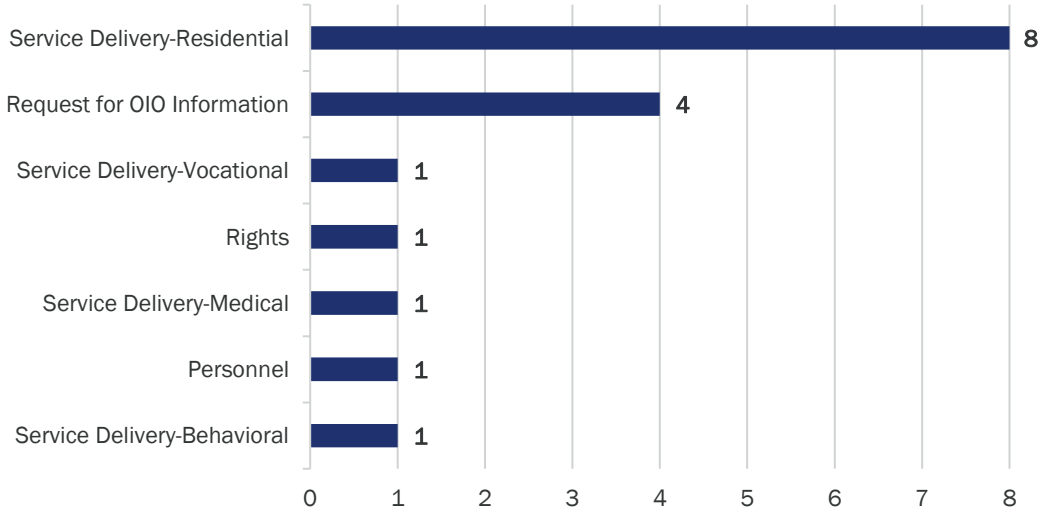

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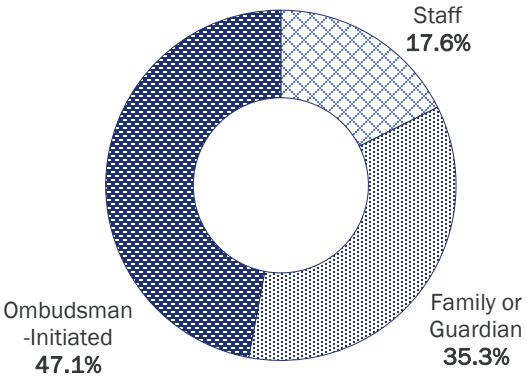

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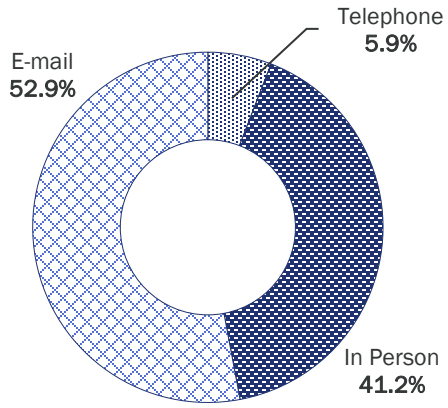


Case Study: Rio Grande

Advocating for Better Implementation of Resident Care Plans

During a recent meeting attended by AIO Horacio Flores, facility staff discussed a resident's declining blood oxygen level. Staff did not know why this was happening and did not have a consistent way to monitor the resident's oxygen levels. The facility physician suggested a 24-hour nursing observation. As an alternative, Mr. Flores suggested a Fitbit or Apple Watch. A Fitbit was later approved for purchase. However, Mr. Flores later discovered that the resident had not received the device, which concerned him because it meant the resident was not receiving the recommended treatment. At SSLCs, AIOs provide oversight of the implementation of resident care plans to ensure that residents receive care that respects their rights and meets their individualized needs.

Mr. Flores investigated why the resident had not received the Fitbit. He spoke with the resident, interviewed the home and nursing staff, participated in facility meetings, and reviewed the resident's records. Ultimately, he learned that staff across disciplines were unaware of the planned purchase of the device and its implementation. A plan to monitor its use also had not been developed.

His investigation also revealed that the resident's low oxygen levels were a result of sleep apnea and that the resident had been prescribed a CPAP machine. Because of the new diagnosis and the doctor's order for the CPAP, the resident had not been given the Fitbit. Mr. Flores later observed that the prescribed CPAP was not being utilized as intended either. In addition, there was no documentation about the machine's location or how often it should be used. Home staff reported that the resident had refused to use the CPAP. This was consistent with what Mr. Flores learned from the resident, who had said that they did not like using the CPAP mask. Mr. Flores shared this information with nursing leadership and recommended that the resident be taken to a medical equipment supplier to get a proper fit for the mask. The investigation revealed gaps in treatment team follow-through, missed meetings, and delayed implementation of a plan to reward the resident for using the CPAP.

After multiple meetings with Mr. Flores, nursing leadership and facility administration agreed to address concerns about the lack of follow-through, missing equipment, and breakdown in interdisciplinary coordination. In addition, SSLC administration stated that the treatment team would begin tracking its

efforts and the resident's progress during the facility's daily review meeting.

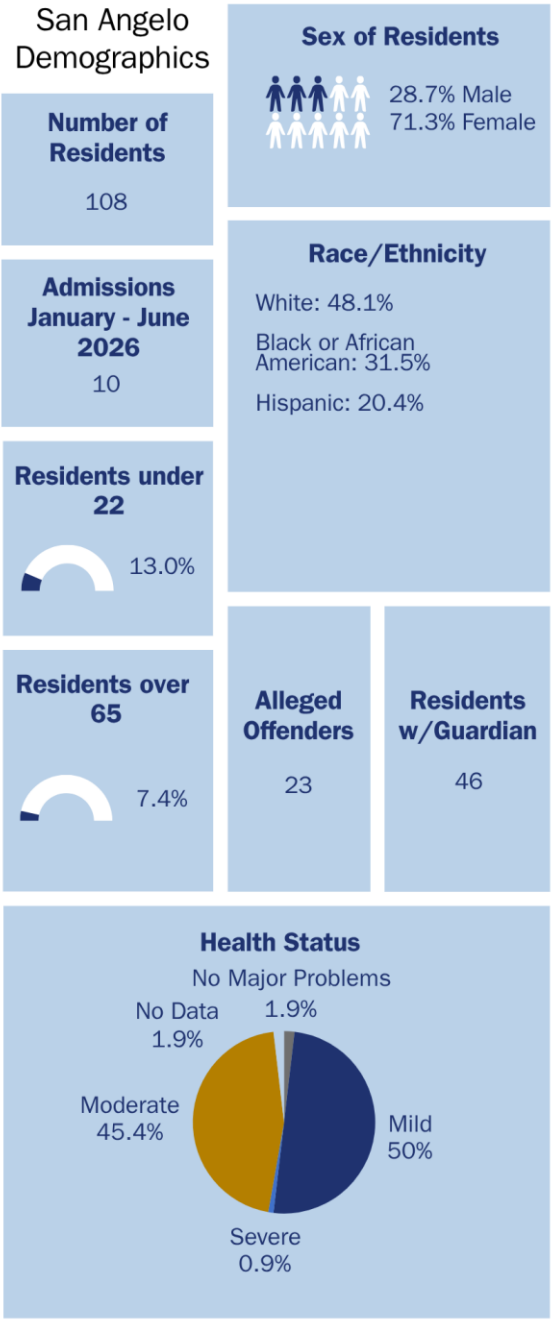
The failure to use the Fitbit highlighted larger problems with the facility's implementation and monitoring of residents' treatment plans. Mr. Flores' investigation revealed inadequate monitoring of medical needs and a consistent lack of team coordination, planning, and support. His persistence uncovered these gaps and prompted the administration to provide better documentation and improved resident care; increased efforts to have the resident accept the prescribed treatment; and lead to the implementation of a data-tracking system and staff training on how to use and maintain the CPAP. As a result, the resident has started using the CPAP machine and has reported sleeping well all night and feeling better overall.

Through determined advocacy and oversight, Mr. Flores ensured the resident received proper care and support.

San Angelo State Supported Living Center

Lashelle Childress | *Senior Assistant Independent Ombudsman*

Lashelle Childress attended Angelo State University where she earned her Bachelor of Science degree in 2012. She has had the opportunity to serve in various roles for both the State of Texas and in the nonprofit sector, beginning as a direct support professional. She has also held positions as a qualified intellectual disability professional, a campus administrator, a facility investigator, and as a guardianship specialist. These roles have not only provided her with knowledge and experience, but they have fueled her passion to advocate for the people she served. Mrs. Childress joined the OIO at the San Angelo SSLC in 2024 and was promoted to senior AIO in 2026.



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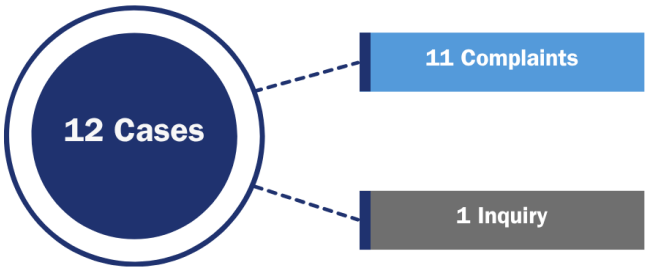

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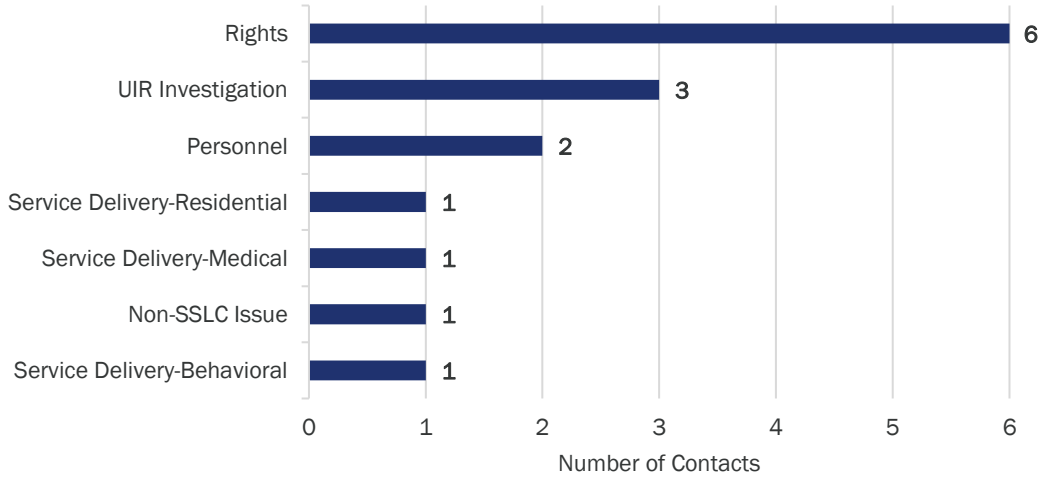

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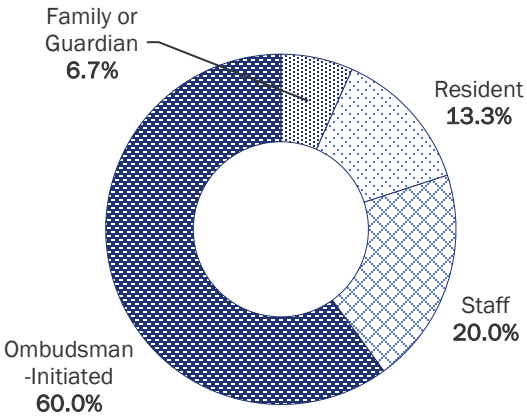

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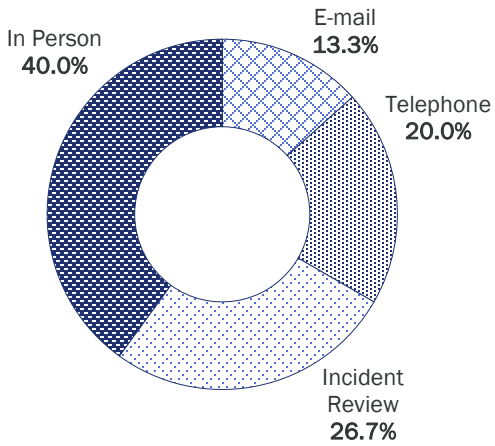


Case Study: San Angelo

Protecting the Rights and Wellbeing of Residents In Shared Spaces

AIO Lashelle Childress was informed of an emergency restriction to lock the kitchen at one of the homes at the San Angelo SSLC. The reason provided was that "maintenance was working on that area to provide a safer solution to the equipment that is housed there." Mrs. Childress was aware that a resident living in that home had been breaking items in the kitchen and suspected that the emergency restriction was related. In an emergency, protections for residents should be the least restrictive possible and should only be used to respond to imminent danger. AIOs review rights restrictions to ensure that this standard is met.

Mrs. Childress recognized that this restriction affected all the residents in the home because they did not have free access to the refrigerator or kitchen appliances. After reviewing regulations and policy, she found that residents must have access to the kitchen in their homes, and that an individual's behavior cannot result in restrictions for everyone, known as a "blanket" restriction.

Mrs. Childress emailed the maintenance department to ask about their work in the kitchen. She did not receive a timely response, so she contacted SSLC administration who explained that locking the kitchen had been determined to be the best choice. However, administration did not answer her questions about what was being done to make the kitchen safer and how long that work would take to complete. She continued to follow up with administration for three weeks, questioning the blanket restriction and the SSLC's plans for the kitchen until ultimately, the kitchen was unlocked.

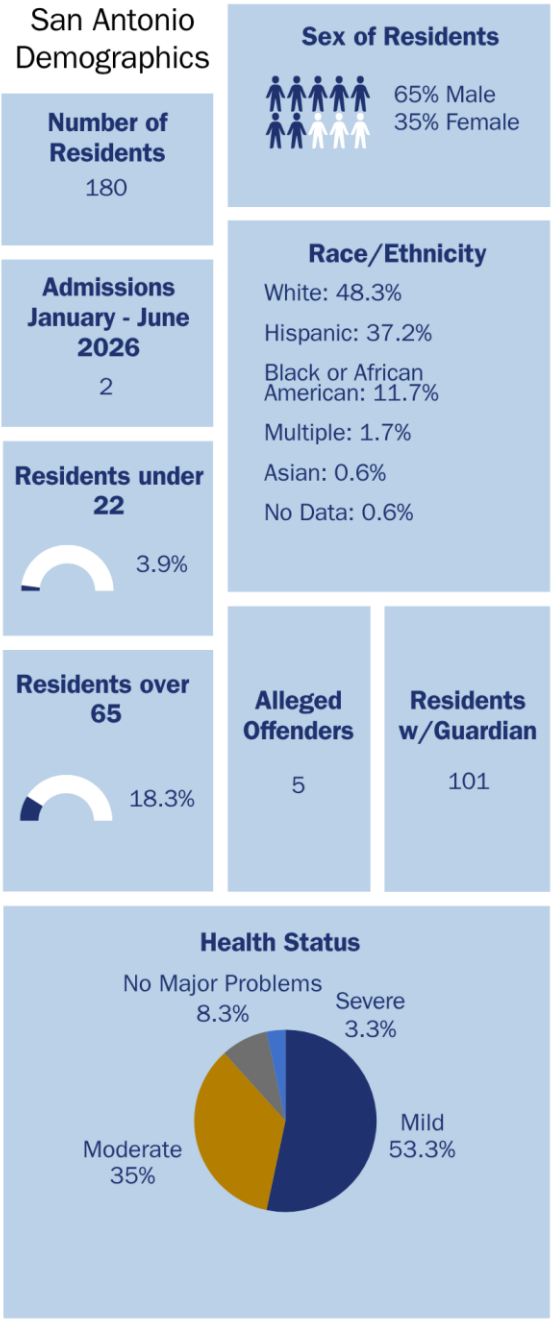
Mrs. Childress reviewed the resident's behavioral plan and found that it included instructions for staff on how to prevent and respond to the resident's unsafe behavior. Administration informed her that facility staff had received training on these instructions; that a plan had been developed to encourage positive behaviors; and that behavioral health staff were continuing to model how to implement the resident's plans. Mrs. Childress also visited the home several times to ensure that the kitchen remained unlocked and that all residents had access to it.

The facility's efforts to create a safe home and prevent property destruction ultimately infringed on the rights of all the residents who live in the home. The AIO's involvement helped restore the residents' rights and prevent needless restrictions

San Antonio State Supported Living Center

Jazmin Lopez | *Assistant Independent Ombudsman*

Jazmin Lopez is a case management professional dedicated to supporting vulnerable populations and advocating for human rights. Jazmin has extensive experience empowering individuals through reintegration programs, ombudsman case manager oversight role in detention centers, and as support for special education in middle schools. As a previous training supervisor, Jazmin has combined leadership with hands-on service to foster equitable opportunities for those navigating complex systems. She earned her bachelor's degree in psychology from Texas A&M International University and is driven by a steadfast commitment to dignity, equity, and the protection of human rights for all.



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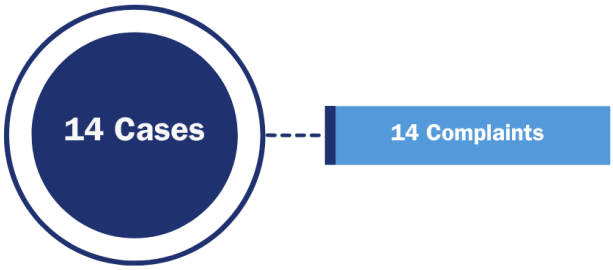

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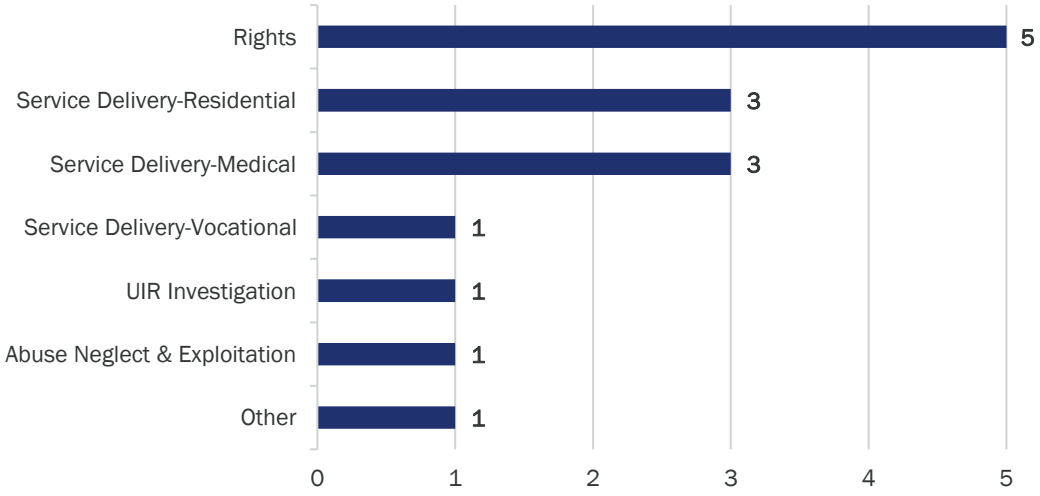

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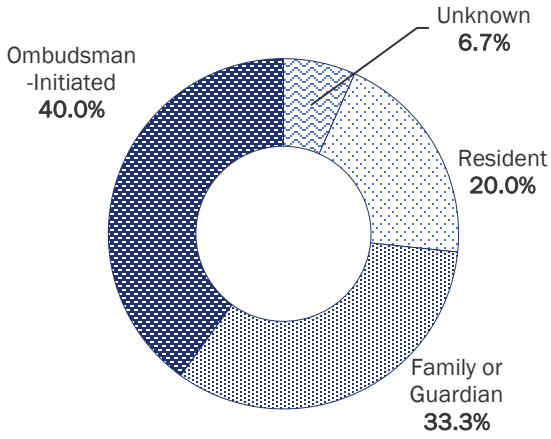

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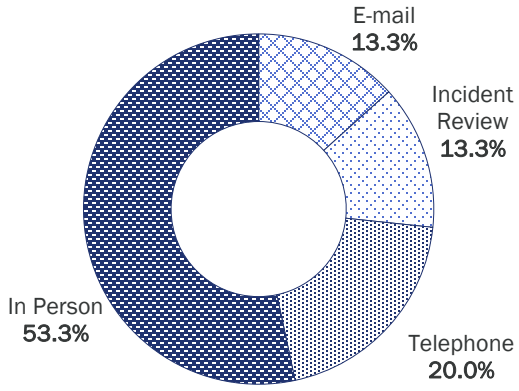

Case Study: San Antonio

Advocating for a Resident's Right to Pursue Educational Goals

One of the AIO's primary responsibilities is to ensure fair treatment of all residents. A resident reported concerns to AIO Jazmin Lopez about limited Wi-Fi access at the facility. The resident felt that Wi-Fi access was inconsistent, as some residents had full access while others did not. The lack of equal Wi-Fi access raised potential resident rights concerns, as equitable access to educational tools is vital, particularly since the resident's Individual Support Plan (ISP) included a goal to earn their GED. Ms. Lopez identified this as a critical issue because it directly affected the resident's ability to pursue their education goals.

She communicated with the appropriate parties about the concern; reviewed the residents' ISP, which mentioned their GED goal; and confirmed that staff allowed computer access for educational purposes, but only with approval.

This complaint highlighted a gray area. Administration considered Wi-Fi a privilege rather than a guaranteed service; however, access to internet resources is necessary to support the resident's educational and personal outcome goals. Access to educational tools is linked to the residents' right to pursue education and promote their personal growth and independence. Ms. Lopez stressed to administration that the resident was an active advocate for themselves in pursuing their personal goals, and that the pursuit of a GED aligned with the SSLCs' purpose to promote self-determination and support residents' independence and growth.

In response, the facility acknowledged its responsibilities in supporting educational goals but also emphasized that there were limitations to providing Wi-Fi services. The center's solution was to provide a separate space within the home where the resident could access Wi-Fi, but additional staffing was required to provide supervision.

Ms. Lopez also discussed other options with the resident, like getting a personal hotspot to pair with the laptop that the school would provide. Ms. Lopez continued to monitor the issue and confirmed that the resident was using the facility's computer when needed. She recommended that home staff document the resident's activity, which would provide proof that the resident was completing schoolwork.

Additionally, Ms. Lopez recommended that the facility implement structured access to resources to support the residents'

educational goals, ensuring that their participation in programming wasn't disrupted. The facility acknowledged her recommendation, highlighted available resources, and confirmed the resident was told that they could access these resources by asking for a private room inside the home or asking to use the vocational department computers to complete schoolwork.

The resident expressed satisfaction with administration's response, which enabled them to stay on track with their GED goals. Ms. Lopez played a pivotal role by ensuring the resident's needs were heard, while also holding the facility accountable for its operational responsibilities. As a result, the resident's rights were upheld, and they were empowered to pursue and remain on track with their educational goals.

Conclusion

This report highlights continuing trends and challenges in the SSLC system and the OIO's efforts and advocacy to ensure residents are protected amidst ongoing changes.

While the total SSLC census has declined over time, there has been a shift in the characteristics of Texans served at the centers. There has been an increase in the number of school-aged residents and a decrease in average length of residency at SSLCs, indicating a shift to a younger resident population, requiring facilities to update programming and services for a younger generation, while maintaining specialized care for a sizeable elderly population. Furthermore, a third of residents have a moderate to severe health status and the number of alleged offenders remained static, demonstrating a continuing need for medical services and behavioral support. The competing diverse needs of SSLC residents presents challenges for the SSLCs and underscores the importance of OIO monitoring to ensure services are effectively delivered and that residents' rights remain protected.

Although the OIO faced organizational changes, the office remained flexible and strategic in our continued service to residents and their families, with dedicated staff across the state stepping in to provide coverage at SSLCs when there was not an assigned ombudsman at the facility. While the number of cases declined from the same period last year, the OIO remained consistent in our focus on residential service delivery and individual rights. The case studies in this report demonstrated the determination, diligence, and mindfulness of our ombudsmen. AIOs successfully addressed staff training failures in Abilene. They protected resident rights from improper emergency restrictions in Corpus Christi. They also mediated complex situations between SSLCs and resident guardians in Austin and Brenham. These examples demonstrate the value of an active, in-person ombudsman presence and the importance of our advocacy in protecting resident rights.

In addition to our local efforts, our senior ombudsmen continued their systemic review of the SSLC system's practices and followed up on our previous report's recommendations regarding informed consent practices. Monitoring revealed that SSLC SO fell short of their stated goals in providing training and updating practices to better secure resident rights to exercise their choices about their own services and treatment. The OIO will continue to monitor their progress.

SSLCs across Texas face many challenges in serving residents and their families. As the resident population and broader system continue to shift and as the demand for services for Texans living with intellectual and developmental disabilities (IDD) continues to remain high, SSLCs will continue to be integral in the state's efforts to serve Texans with IDD. Consequently, this means that the OIO's work remains as important as ever.

With a full staff, we stand ready to serve SSLC residents and their families in this shifting landscape. We remain dedicated to our mission and will continue to advocate for the rights, dignity, and respect of all SSLC residents.

Glossary

Alleged offender – an individual who has been charged with a crime, has been diagnosed with an intellectual disability and has been deemed not competent to stand trial, and has been transferred to the SSLC by a court order (Chapter 46B or 46C Code of Criminal Procedures or Chapter 55, Family Code).

AIO (Assistant Independent Ombudsman) – OIO staff which work on-site at each of the 13 SSLCs. AIOs receive and investigate complaints and concerns and assess the protection of the rights of and delivery of services to SSLC residents, in addition to other responsibilities.

(ANE) Abuse, neglect, and exploitation – acts of physical, sexual, or verbal/emotional abuse; negligent acts or omissions which caused or may cause physical or emotional injury or death; or illegal or improper acts or processes which use a resident or a resident's resources for monetary or personal benefit, profit, or gain (Title 26, Tex. Admin. Code § 711.11 – 711.21).

(CII) Complaint and Incident Intake – the Texas Health and Human Services Commission hotline through which allegations of abuse, neglect, and exploitation are reported.

Complaint – a contact made by a concerned party which prompts an investigation by the AIO.

Consult – a contact made by a concerned party where the AIO provides their expertise and insight.

(DSP) Direct Support Professional – an SSLC staff who works directly with residents to implement various support plans, programming, and personal care.

Due process – the guaranteed opportunity to protest, to be heard, to be informed, to give consent, and to have the determination to restrict rights made by an impartial party. The concept of due process is intended to protect people from exploitation or undue restriction of rights.

(ER) Emergency Restriction – an immediate intervention required for the protection of an individual or others resulting from an unanticipated situation and only used when a plan has not been implemented to address the situation.

Forensic SSLC – a designation applied to Mexia and San Angelo SSLCs by Senate Bill 643, 81st Legislature, Regular Session, 2009, and Senate Bill 1300, 85th Legislature, Regular Session, 2017. Forensic SSLCs are

the primary providers of residential services and support to alleged offender residents.

Guardian – an individual appointed and qualified as a guardian of a person under the Texas Estates Probate Code, Title 3, Chapter XII.

Habilitation – the process of helping individuals with disabilities attain and maintain skills and functional abilities.

(HHSC) Health and Human Services Commission – the Texas state agency that provides long-term services and supports for seniors and individuals with disabilities; administers the SSLCs; and regulates health care providers, professions, and facilities, among other roles.

Health Status – a determination as to the amount of professional intervention required to maintain a resident's health, based on the intensity and complexity of their existing health issues. Residents with a moderate health status have chronic health issues that require professional intervention occasionally. Residents with a severe health status have health issues that require daily professional intervention.

High Risk Determination – a determination by the IDT that an alleged offender resident is at risk of inflicting substantial physical harm to another. Residents who have been determined to be high risk must be transferred to one of the two forensic SSLCs.

(HRC) Human Rights Committee – a committee that reviews proposed rights restrictions to ensure that due process is adhered to and residents' rights are protected.

(HRO) Human Rights Officer – an SSLC staff with the primary function of promoting and protecting resident's rights, including the right to due process. The HRO serves as the HRC chairperson.

(ICF) Intermediate Care Facility – a facility that provides comprehensive and individualized health care and rehabilitation services to individuals with intellectual and developmental disabilities.

(IDT) Interdisciplinary Team – a team consisting of a resident; the resident's LAR; the qualified intellectual disability professional (QIDP); other professionals as necessary based on the individual's strengths, preferences, and needs; and staff who regularly and directly provide services and supports to the individual. The IDT is responsible for making recommendations for services based on the personal goals and preferences of the individual using a person-directed planning process.

(ISP) Individual Support Plan – a plan developed on admission and annually by the

IDT that outlines the protections, supports and services to be provided to a resident in an integrated manner.

Inquiry – a contact made by a concerned party where the AIO provides clarification but takes no action.

(LAR) Legally Authorized Representative – a person authorized by law to act on behalf of an individual, such as a parent, guardian or managing conservator.

(LOS) Level of Supervision – supervision of residents by staff on a predetermined basis. There are four categories of level of supervision. These categories are, from least to most restrictive: routine, enhanced, one-to-one, and two-to-one. Any LOS above routine is a restrictive practice. Staff verify the location of residents on a routine LOS no more often than every hour. Residents on a routine or enhanced LOS will receive regular verification checks from staff; these checks may be up to hourly for residents on a regular LOS or more frequently for residents on an enhanced LOS. Residents on a one-to-one or two-to-one LOS are directly supervised by either one or two designated staff who must be within arm's length of the resident for the duration of the LOS.

(LTCR) Long-Term Care Regulatory – a division of HHSC which certifies long-term care providers; ensures compliance with state long-term care regulations; and monitors complaints, deaths, and allegations of ANE related to individuals served in a number of waiver programs.

Modified diet – a specific kind of food texture that the resident's IDT has determined is appropriate to prevent harm.

(OIO) Office of the Independent Ombudsman for State Supported Living Centers – The state agency that provides oversight and protection for residents of SSLCs.

(QIDP) Qualified Intellectual Disability Professional – staff responsible for integrating, coordinating, and monitoring their assigned resident's active treatment program and assisting the resident with facilitating the individual support plan (ISP) meeting. The QIDP is a member of the resident's IDT.

Review Authority– a committee including SSLC staff which is responsible for reviewing all final ANE investigations. The Review Authority makes recommendations to the director or the director's designee following their review of these investigations.

Rights restriction – an externally imposed limitation to an individual's exercise of his or her rights.

(SO) SSLC State Office – The central administrative office within HHSC and

under the Health and Specialty Care System that manages SSLC facility operations.

(SSLC) State Supported Living Center – intermediate care facilities operated by HHSC that provide 24-hour direct care to individuals with intellectual disabilities (ICF/IID).

Support – Programs and assistance that may include education, special training, supervision, care, treatment, rehabilitation, residential care, counseling, or other activities that the IDT has identified as necessary to assist or develop skills for the individual and that the IDT has determined are not restrictive in nature. Supports are not reviewed or approved by the HRC.

Unusual incident – an incident which seriously threatens the health, safety, or life of an individual (e.g. abuse, neglect, and exploitation).

(UIR) Unusual Incident Report - A report that is completed by the SSLC that describes and provides information about an event or situation that seriously threatens the health, safety, or life of an individual.

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