

2025 Biannual Report

*Including the Annual Report
of Findings*

July — December

Contents

Executive Summary.....	1
Recommendations	2
Central Office Staff.....	4
SSLCs and Resident Population	9
Overview of State Supported Living Centers.....	9
Changes in SSLC Census and Admissions.....	9
Designated Forensic Facilities: Mexia and San Angelo SSLCs.....	10
Tenure and Admission Trends.....	11
Demographic Composition	12
Gender and Age Distribution.....	12
Health Status	13
Race and Ethnicity	14
Duties and Activities of the Office.....	15
Overview	15
Source of Contact	15
Method of Contact	16
Types of Concerns	16
Systemic Investigation.....	19
Ensuring Informed Consent for Individuals Without Guardians at State Supported Living Centers.....	19
SSLC State Office Response to Informed Consent Systemic Investigation	21
Disaggregate Activity by SSLC.....	22
Abilene State Supported Living Center	22
Austin State Supported Living Center.....	25
Brenham State Supported Living Center.....	28
Corpus Christi State Supported Living Center	32
Denton State Supported Living Center	35

El Paso State Supported Living Center	38
Lubbock State Supported Living Center	42
Lufkin State Supported Living Center.....	46
Mexia State Supported Living Center	49
Richmond State Supported Living Center	52
Rio Grande State Supported Living Center	56
San Angelo State Supported Living Center	59
San Antonio State Supported Living Center	62
Annual Report of Findings.....	66
Program Review Overview	66
Data Collection	66
Staff-to-Client Ratio.....	68
Staff-to-Client Ratio Summary of Findings.....	68
Met Minimum Staffing Requirements	68
Resident Services Negatively Affected	69
Adequacy of Staff Training.....	72
Adequacy of Staff Training Findings	72
Positive Behavior Support Plans	72
Physical Nutritional Management Plans.....	74
Level of Supervision.....	76
Rights and Due Process	78
Rights and Due Process Summary of Findings	78
Resident Interviews	78
Primary Contact Questionnaires	80
HRC Due Process Review	81



Executive Summary

Texas legislators passed Senate Bill 643 in 2009 to establish the Office of the Independent Ombudsman for State Supported Living Centers for the purpose of protecting the rights and welfare of residents of the 13 state-operated intermediate care facilities. The independent ombudsman, who is appointed by the governor and confirmed by the senate, advocates for the residents of the SSLCs and acts independently of Texas Health and Human Services. The statute requires a biannual report of the office's activities be provided to the state's executive and legislative leadership.

This biannual period has been a time of change for the office. Last year, we added three new positions: two managers to directly supervise and mentor the 13 ombudsmen and an operations manager to focus on data management, program coordination, and operational improvement. These positions have already shown themselves to be fruitful by enhancing communication and establishing guidelines for greater consistency among the ombudsmen working at the SSLCs. Dedicated staff members were promoted to two manager positions and continued to serve until a replacement could be recruited, hired, and trained. With these vacancies, as well as two other AIO separations, the numbers of contacts for the San Antonio, Lubbock, Austin, and Mexia SSLCs are lower than in previous reports.

Of contacts the AIOs received during this biannual reporting period, rights and residential service delivery accounted for the greatest number of cases handled. The ombudsman role is equipped to handle a

variety of concerns; these two represent what is at the forefront of residents' lives – the quality of their living arrangement and exercising their rights. Many of the case studies presented in this report reflect these concerns.

The vacancies created this biannual period also affected our senior AIO positions. This advanced role within the office is for dedicated AIOs who cover absences at other SSLCs, lead special projects, and most importantly, conduct systemic investigations as part of the office's mandate. The senior AIOs conducted a systemic investigation regarding SSLC practices for obtaining informed consent from residents who do not have a legal guardian. This important issue reflects the efforts our office makes to protect residents' rights, including the right to due process. A summary of the investigation and an action plan by HHS SSLC State Office are included in this report.

The statute requires that our office provides an annual report of findings for each of the three areas that the office is charged with auditing: staff-to-client ratio, training for direct care employees, and resident rights and due process. This report provides highlights of audit findings for the previous fiscal year, September 1, 2024, to August 31, 2025. We publish a biennial report of comprehensive audit data in the fall of 2026 in preparation for the next legislative session.

In gratitude,

Candace Jennings, Ph.D., M.P.A.
Independent Ombudsman

Recommendations

The OIO has provided the following recommendations based on the data collected and the annual report of findings for fiscal year 2025:

Staffing Ratios

- Direct HHS to analyze and implement deployment strategies that ensure residents receive comprehensive support services without interruption, regardless of whether staffing minimums are met.

Staff Training

- Direct HHS to evaluate and implement training for direct support professionals that focuses on identifying residents' target behaviors and intervention plans.

- Direct HHS to assess training for direct support professionals to improve their ability to identify and understand the therapeutic benefit of individual assistive equipment.

Rights and Due Process

- Direct HHS to better educate residents on their rights and rights restrictions and improve efforts to involve them in SSLC planning that affects their daily lives.
- Direct HHS to address concerns that human rights committees are meeting without a quorum, thus reviewing and approving restrictions that limit a person's rights without due process, as required by policy.

Office of the Independent Ombudsman for State Supported Living Centers



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.



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

Central Office Staff



Candace Jennings, Ph.D.

Independent Ombudsman

Dr. Jennings has over 25 years of experience supporting people with intellectual and developmental disabilities. She found her passion as a direct support specialist while attending college in San Marcos, Texas, 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, 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. He 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 in Lubbock 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 a direct support professional in 1999, where he worked 14 years in roles including unit director, campus administrator, and qualified intellectual disability professional.

In 2013, Mr. Clark's endeavors for career advancement led him to the Department of Family and Protective Services (Adult Protective Services) where he worked for 6 years as an APS specialist to advocate for elderly and disabled Texans. In April of 2020, Mr. Clark's career path led him back to the place where he began his career, when he accepted a position with the OIO as the assistant independent ombudsman for the Lubbock SSLC. James assumed the role of managing independent ombudsman in October 2025.



Gevona Hicks

Managing Independent Ombudsman

Gevona Hicks is a dedicated advocate for Texans with disabilities, bringing extensive experience and passion to her work. With over two decades of public service, her journey began with coordinating services for home and community-based providers and state-operated intermediate care facilities. She currently serves as a managing independent ombudsman and has played a key role at the OIO since joining in April 2014. During her 10 years as an assistant independent

ombudsman, she made significant contributions to the systemic investigation team as a senior AIO and was the agency's first ombudsman educator. As a certified person-centered thinking trainer, Gevona helps Texans imagine and achieve the lives they want. Her recent completion of a Master of Public Administration further enhances her ability to make meaningful contributions within the public sector. Her leadership has shaped policy, improved service delivery, and strengthened advocacy across the state. Gevona is committed to empowering individuals and improving public service through thoughtful leadership and advocacy.



Talya Hines

Ombudsman Educator

Mrs. Hines, a native of Grayson County, Texas, currently resides in Pflugerville with her family. She holds a Bachelor of Arts in Sociology and a Master of Science in Rehabilitation Counseling from the University of North Texas. She began her professional journey as a childcare licensing specialist at the Department of Family and Protective Services in Dallas. Upon relocating to Austin, Mrs. Hines transitioned into a role as a case manager for the Department of Assistive and

Rehabilitative Services. Driven by her passion for assisting others, Mrs. Hines took the role of post-move monitor at the Austin SSLC, providing crucial support to individuals transitioning into community settings. Prior to assuming the position as the assistant independent ombudsman for the Austin SSLC in 2018, she honed her expertise as a curriculum developer for HHSC. Mrs. Hines is certified as a person-centered thinking trainer by The Learning Community for Person-Centered Practices. In 2023, she was promoted to senior assistant independent ombudsman. She has served as the 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 much experience gained, 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.

SSLCs and Resident Population

Overview of State Supported Living Centers

The State of Texas operates thirteen State Supported Living Centers (SSLCs), which are home to 2,602 individuals with intellectual and developmental disabilities. These centers provide comprehensive support, including essential life skills training; occupational, physical, and speech therapies; and medical and dental services to serve 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.

The demographic data presented in this report was provided on January 5, 2026, by the Health and Specialty Care System division of Texas Health and Human

Services, which oversees the management of the SSLCs.

Changes in SSLC Census and Admissions

Since its inception in 2010, the OIO has observed a shift in the demographic makeup of the SSLC population. In 2010, there were 4,342 SSLC residents. The total SSLC population has since decreased by 40% or 1,740 individuals, with the Austin and San Angelo SSLCs experiencing the greatest percentage decline. This can be attributed to residents either moving out of the SSLC system or passing away. Despite this trend, the SSLCs continue to admit new residents, given the continued need to provide comprehensive support services to people with intellectual and developmental disabilities.

Between July and December 2025, there were 102 new admissions. During the same period, 47 residents passed away and 39 were discharged to alternative living environments, such as community-based services.

Resident Population by SSLC

SSLC	Number of Residents as of 1/5/26
Abilene	240
Austin	176
Brenham	217
Corpus Christi	163
Denton	389
El Paso	102
Lubbock	196
Lufkin	213
Mexia	243
Richmond	302
Rio Grande	64
San Angelo	113
San Antonio	184
Total	2602

Source: The Health and Specialty Care System division of Texas Health and Human Services, January 5, 2026

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 to the SSLC by a criminal court. These individuals – designated as alleged criminal offenders – have been charged with a crime but have also been deemed incompetent to undergo criminal proceedings.

Between July and December 2025, the Mexia SSLC admitted 25 alleged offenders, the most of any SSLC. During the same period,

the San Angelo SSLC admitted 12 residents. Due to the nature of the forensic population, admissions and discharges are more frequent at Mexia and San Angelo than at other SSLCs. Currently, Mexia SSLC is home to 145 residents classified as alleged criminal offenders, which represents 70% of the total forensic population across all SSLCs. San Angelo is home to 25 alleged offenders, representing 12.1% of the total forensic population.

At the time of this report, the Mexia SSLC is home to 17 alleged offenders classified as high risk, meaning that they were determined to be “at risk of inflicting

substantial physical harm to another”.¹ The statute requires that individuals with this classification live in a highly restrictive environment. The San Angelo SSLC is home to two individuals deemed high risk².

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 during the determination process.

Alleged Offender Population by SSLC

SSLC	Number of Alleged Offenders as of 1/5/26
Abilene	0
Austin	4
Brenham	0
Corpus	9
Denton	7
El Paso	0
Lubbock	5
Lufkin	0
Mexia	145
Richmond	7
Rio Grande	0
San Angelo	25
San Antonio	5
Total	207

Source: The Health and Specialty Care System division of Texas Health and Human Services, January 5, 2026

Tenure and Admission Trends

The average length of time residents live at an SSLC is 22 years. 43.4% of residents have lived at an SSLC for more than 20 years. 41.3% of residents were admitted within the

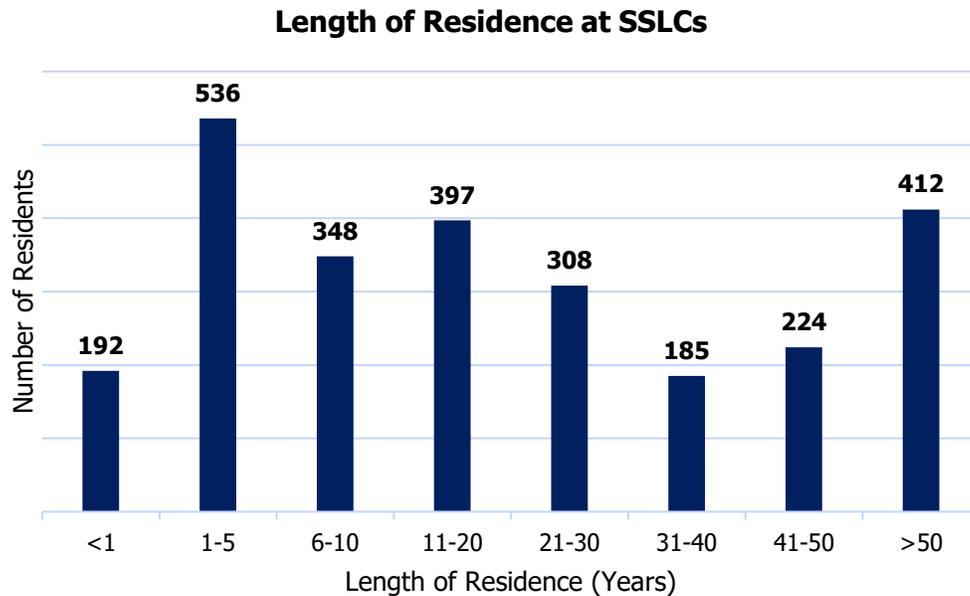
last decade, the majority of those within the past five years. The earliest a current resident was admitted was in 1951, when they were 14 years old.

¹ SSLC Policy titled High-Risk Determination and Classification of Alleged Offender Residents.

² Data retrieved from Mexia and San Angelo SSLCs as of July 30, 2025.

The average age at the time of admission for current residents is 26 years old. The youngest resident admitted to an SSLC between July and December 2025 was 9

years old. These trends point to a shift in admission demographics, with fewer young children being admitted in recent decades.



Source: The Health and Specialty Care System division of Texas Health and Human Services, January 5, 2026

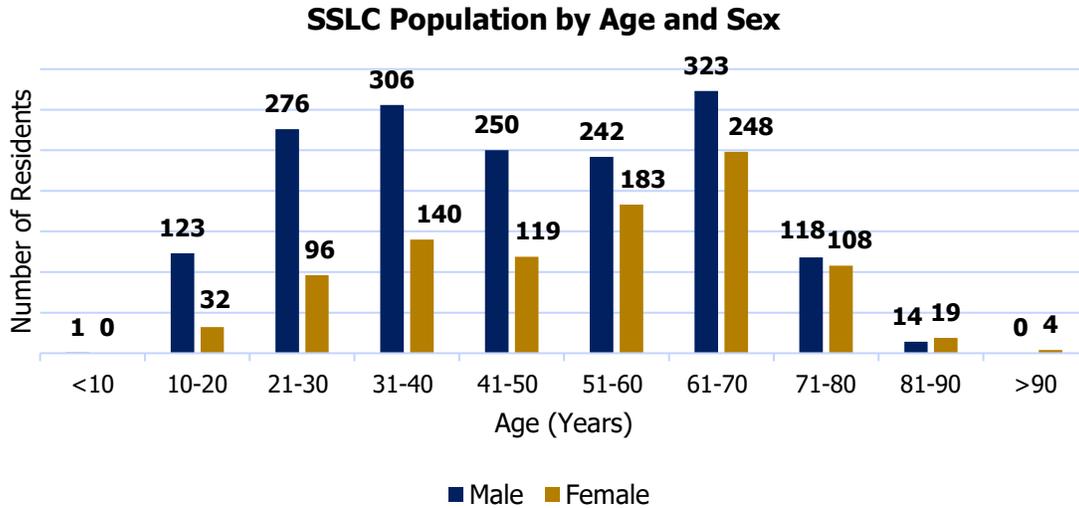
Demographic Composition

Gender and Age Distribution

The current SSLC resident population consists of 1,653 men and 949 women. There are more men than women in all age groups, except those aged 81 and older. A total of 834 residents, representing 32.1% of

the SSLC population are over 60 years old. There are 223 residents aged 22 years and younger who are eligible to attend public school. Of this cohort, there are 80 residents who are below the age of 18.

Most adult residents have a legal guardian or conservator. There are 892 adult residents, comprising 34.3% of the total adult SSLC resident population, who are not under any form of guardianship or conservatorship.

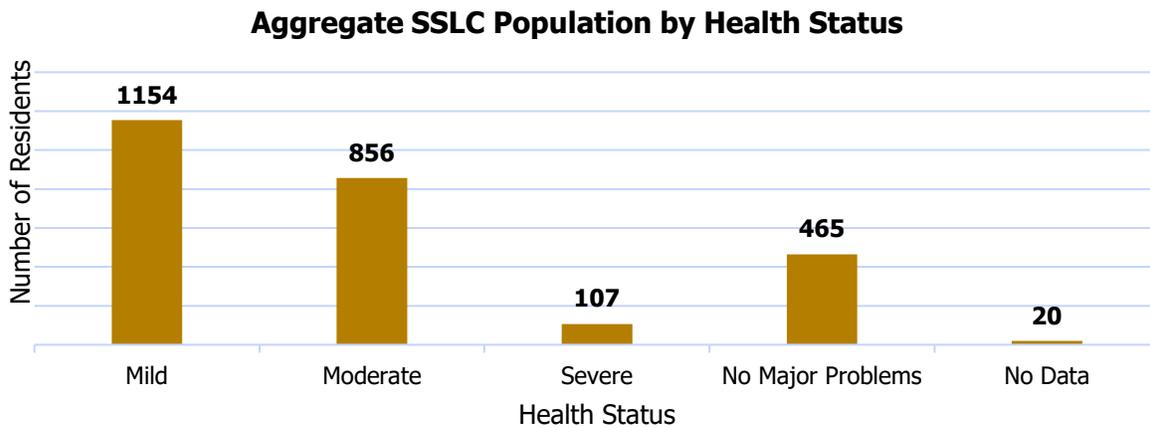


Source: The Health and Specialty Care System division of Texas Health and Human Services, January 5, 2026

Health Status

Thirty-seven percent of residents have a moderate or severe health status. HHS defines a moderate health status as having chronic health issues that require professional intervention occasionally. A

severe health status refers to health issues of an intensity and complexity that require daily professional intervention. There are 107 residents classified as having a severe health status and 856 residents classified as having a moderate health status.

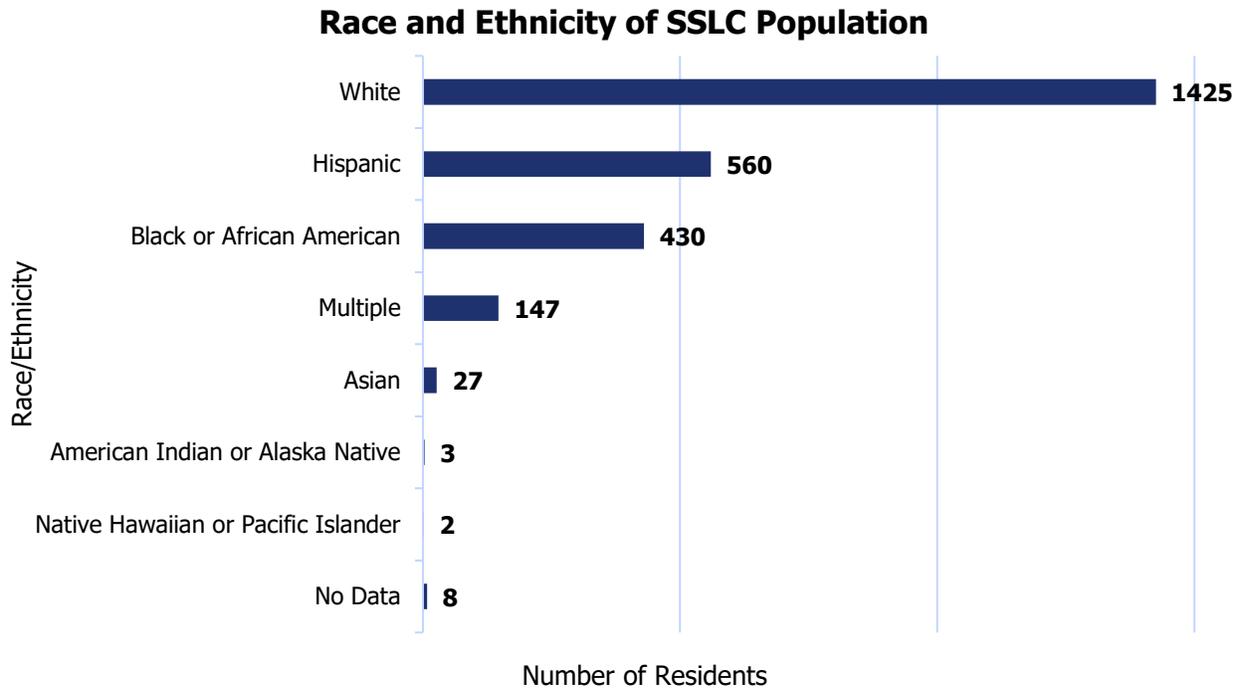


Source: The Health and Specialty Care System division of Texas Health and Human Services, January 5, 2026

Race and Ethnicity

The majority of SSLC residents (54.8%) identify as white. 21.5% of SSLC residents identify as Hispanic, 16.5% as Black or

African American, and 5.6% as multi-racial. One percent of SSLC residents identify as Asian. Less than 1% identify as Native Hawaiian, Pacific Islander, American Indian or Alaska Native.



Source: The Health and Specialty Care System division of Texas Health and Human Services, January 5, 2026

Duties and Activities of the Office

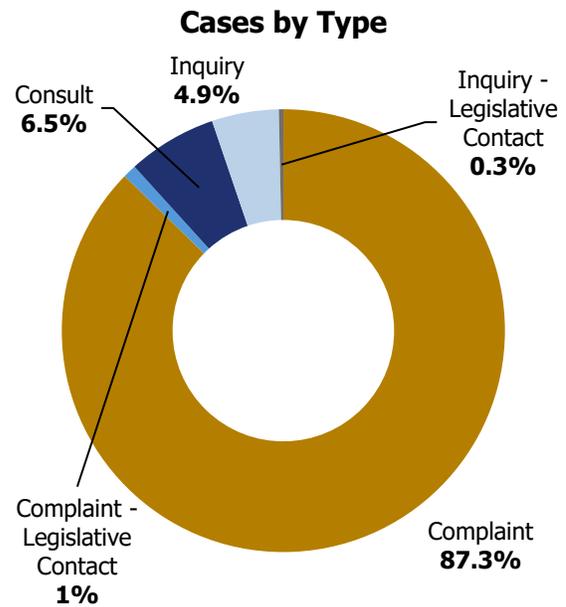
Overview

The OIO assigns an ombudsman to each SSLC to maintain a visible presence and actively engage with residents and the center's operations. 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 ombudsman occasionally receives inquiries regarding matters outside the office's scope. These inquiries are directed to the appropriate entity for resolution. During this reporting period, 307 contacts were received, 22 of which were referred to another entity. This is a decrease compared to the reporting period between July and December 2024, when 532 contacts were received and 30 referred. Additionally, staff members at SSLCs reach out to the ombudsman regarding personnel issues, which are referred to the SSLC chain of command or HHS Human Resources.

Of the 307 contacts received between July and December 2025, the OIO handled 285 cases. There are three main types of cases: consults, inquiries, and complaints. Consults are contacts where the ombudsman provides their expertise and insight to the person requesting consultation. Inquiries are contacts in response to which the

ombudsman provides clarification but does not take any action. Consults and inquiries do not require an investigation by the ombudsman, but complaints do. Complaints made up 88% of all cases during this biannual period. Complaints and inquiries received from state legislators have been broken out into distinct case types in the chart below.



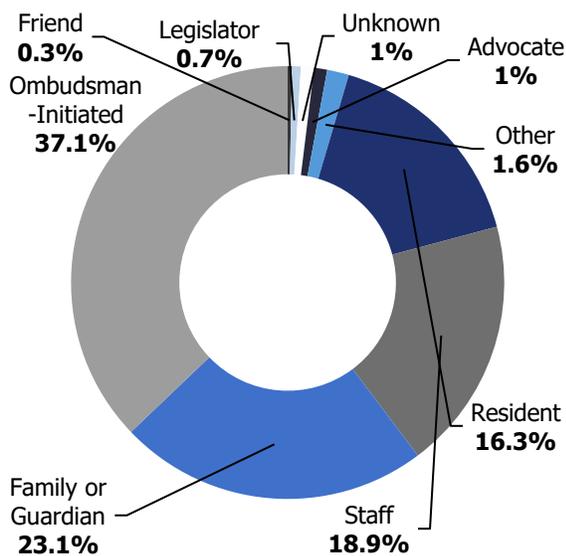
Source: OIO – HHS Enterprise Administrative Report and Tracking System

Source of Contact

The ombudsmen are contacted by staff, residents, family members, and others regarding concerns that affect the well-being and quality of life of residents. The ombudsman may also initiate an investigation on their own when they identify a concern.

The most common source of contacts during this biannual period were concerns identified by the ombudsmen, followed by residents' family or guardians. In this biannual period, the ombudsman initiated 114 contacts, compared to 233 during the same period in 2024. The OIO was contacted with concerns from residents' family or guardians 71 times during this reporting period, a decline from the same period in 2024 when 99 contacts were received.

Who Contacted the Ombudsman?



Source: OIO – HHS Enterprise Administrative Report and Tracking System

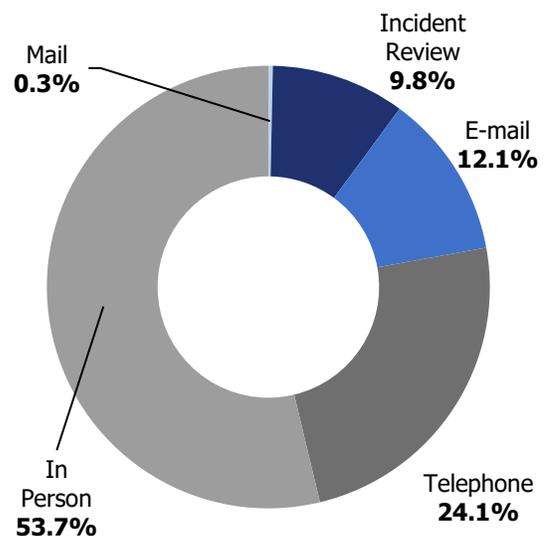
Method of Contact

Each ombudsman has an office at the SSLC that is easily accessible to residents and staff. The office maintains a toll-free number which connects callers to the ombudsman's office phone. The toll-free number, the ombudsman's name, direct phone line, office location, and email address are displayed prominently on posters and brochures in

common areas at each SSLC. The office also maintains a website that provides contact information and explains the role of the OIO.

Most contacts with the ombudsmen were made in person, with the second most common method of contact being telephone. In the biannual period between July and December 2025, 53.7% of all contacts were received in person and 24.1% were received by telephone. Less than 10% of contacts were received through incident review, which includes concerns identified through the ombudsman's review of incident reports or during the facility's incident review process.

How was the Contact Made?



Source: OIO – HHS Enterprise Administrative Report and Tracking System

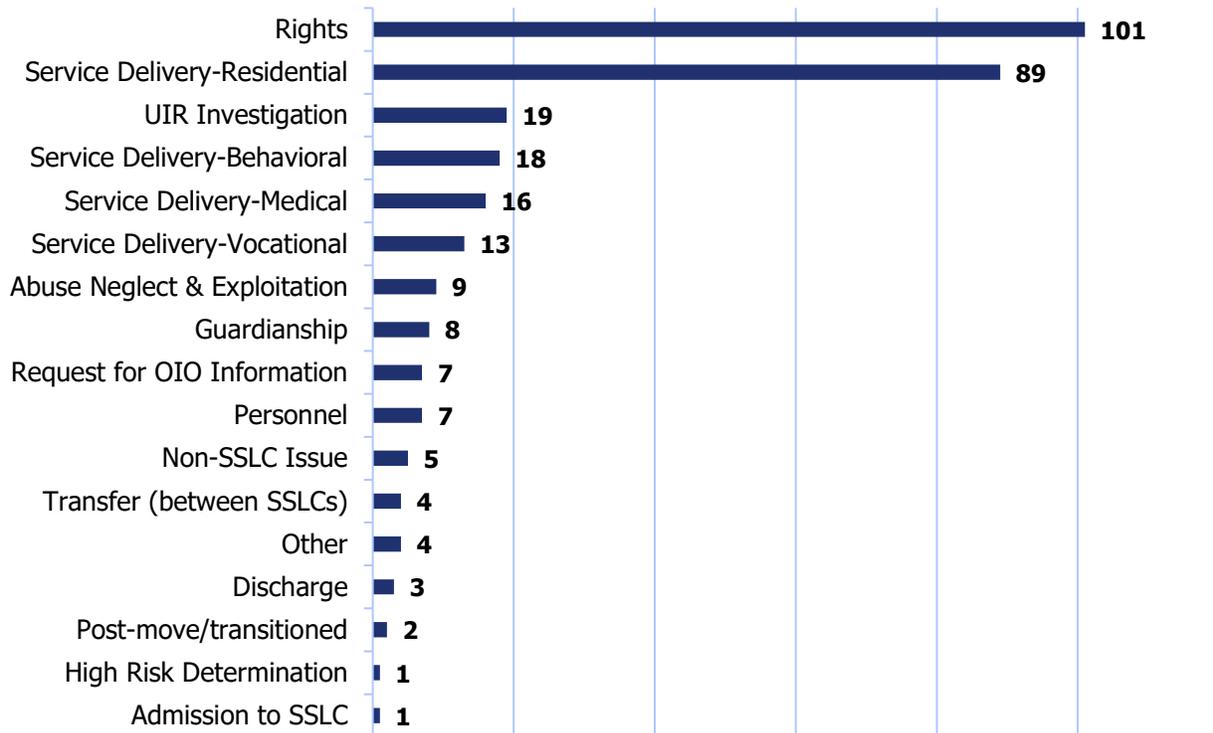
Types of Concerns

The most common concerns investigated by the ombudsmen during this reporting period were related to rights (101 cases). The second most common concerns reported this

period were related to residential service delivery (89 cases). These types of concerns

have consistently been the most common reported by the OIO.

Number of Contacts by Case Type



Source: OIO - HHS Enterprise Administrative Report and Tracking System

Incident Reviews

In addition to monitoring service delivery and investigating complaints, the ombudsman at each SSLC evaluates the way the center investigates serious incidents. Each ombudsman attends incident meetings, reads SSLC investigation reports, and monitors actions taken by the SSLC following an incident. While reviewing final investigation reports or attending incident management meetings, the ombudsman may identify issues from incident reviews

that prompt an investigation. The ombudsman may also identify concerns with the adequacy or thoroughness of the facility’s investigation and provide additional recommendations to the facility. There were 19 investigations of this type between July and December 2025.

The ombudsmen do not investigate abuse, neglect, and exploitation (ANE) allegations. The role of the OIO is to monitor recommendations made by ANE investigators to ensure that the SSLC

protects residents and implements measures to prevent ANE from occurring.

When allegations of abuse, neglect, or exploitation are made, the SSLC is responsible for protecting the alleged victim, taking action to prevent further incidents, and reporting the ANE to HHS Complaint and Incident Intake (CII). The SSLC is responsible for investigating the ANE and providing the results of their investigation to

Long-Term Care Regulatory (LTCR). The LTCR surveyors enter the facility within a timeframe determined by the allegation received by CII. The surveyors determine whether the allegation is substantiated, unsubstantiated, unfounded or inconclusive, and cite the facility if violations of ICF regulations are discovered.

Systemic Investigation

Ensuring Informed Consent for Individuals Without Guardians at State Supported Living Centers

While monitoring a center's human rights committee (HRC) meeting, a concern was identified about how SSLCs obtain written informed consent for residents who don't have guardians. Historically, the SSLC directors provide written authorization on behalf of these residents. In May 2025, the SSLC client rights coordinator at SSLC State Office (SO) emailed directors and human rights officers (HROs) clarifying that residents without court-appointed guardians are presumed competent to make decisions about their treatment and services. This raised questions about whether residents without guardians were being given the opportunity to provide informed consent.

This concern directly affects the rights and self-determination of SSLC residents. When facility staff obtain authorization for treatment or services from the director or the director's designee, even though the resident can provide informed consent themselves, it undermines residents' autonomy and may deny them their legal right to accept or refuse treatment under the Texas Health and Safety Code, Title 7, Subtitle D.

Senior assistant independent ombudsmen (AIOs) conducted a comprehensive investigation using the following three methods:

Records Review

Senior AIOs reviewed 197 consent forms from residents without guardians who had annual planning meetings between May and June 2025. The findings showed that only 11% of consent forms had been signed by the resident, whereas 77% had only director authorization. Sixteen percent were signed by both the resident and the director. At four SSLCs (Corpus Christi, Lubbock, Lufkin, and San Antonio), no consent forms had the resident's signature.

Human Rights Officer (HRO) Survey

Nine of 13 SSLC HROs participated in a confidential survey with responses collected anonymously. Survey results showed that no HROs had received training on the May email directive and only 22% had trained SSLC staff who obtain consent for treatment or restrictive practices. Responses about handling refusals were inconsistent. However, 33% reported making changes to the consent process because of the directive to allow capable residents to sign their own consents. No HRO reported that residents had received training on informed consent.

Long Term Care Regulatory (LTCR) Inquiry

The LTCR division of HHS conducts annual certification of the SSLCs and investigates complaints about intermediate care facility standards violations. The OIO asked LTCR to clarify informed consent requirements and

whether any SSLCs had been cited for failing to obtain informed consent during the 2025 fiscal year. LTCR responded that informed consent should be obtained from a person designated to act as the representative of an adult client who may not fully understand what they are consenting to. LTCR provided information on 28 rights-related citations within the review period. A review of fiscal year 2025 citations found no deficiencies specifically related to residents providing informed consent.

Findings

The investigation identified several key concerns regarding informed consent practices. Most facilities were not obtaining signatures from individuals without guardians who could provide informed consent. The SSLC State Office directive did not provide implementation guidance and residents were not trained on giving consent. Additionally, there were no formal instructions for determining a resident's ability to provide consent or how to respond when a resident refused to provide consent.

Based on these findings, the OIO has several recommendations.

- Establish and implement ongoing training 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.

This investigation highlights a systemic practice that has a significant impact on residents and their right to self-determination. This investigation was conducted in the spirit of creating accountability for statewide change and ultimately empowering residents to exercise their legal right to make informed decisions about their own care.

Agency Response and Monitoring

The OIO provided a detailed, written copy of the investigation and findings to SSLC SO and requested a written response. Their response has been included in this report. The OIO will monitor the agency's actions in response to this investigation to ensure accountability to SSLC residents. The AIOs at the SSLCs will continue to monitor consent during ongoing HRC observations. The OIO will provide an update on this investigation in the next Biannual Report.

SSLC State Office Response to Informed Consent Systemic Investigation

In response to the investigation findings and recommendations, SSLC State Office provided a series of action steps with anticipated completion dates, along with the person designated to complete each action item. The following is SSLC State Office's response to the recent systemic investigation and the OIO's recommendations:

- Create and provide training for HROs/interdisciplinary team members about how to make and withdraw informed choices/consent. Include how to make informed choices with individuals who do not have legal guardians at their respective annual individual support planning process.
- Amend current iLEARN³ training to include the right to withdraw consent, providing any changes needed to the Director of Competency, Training and Development.
- Supplement the State Review Team Rights sample group if there are not enough of those without a legal guardian to monitor the process changes.

³ iLEARN is an intranet-delivered training system available to SSLC employees.

Disaggregate Activity by SSLC

Abilene State Supported Living Center

Jill Antilley

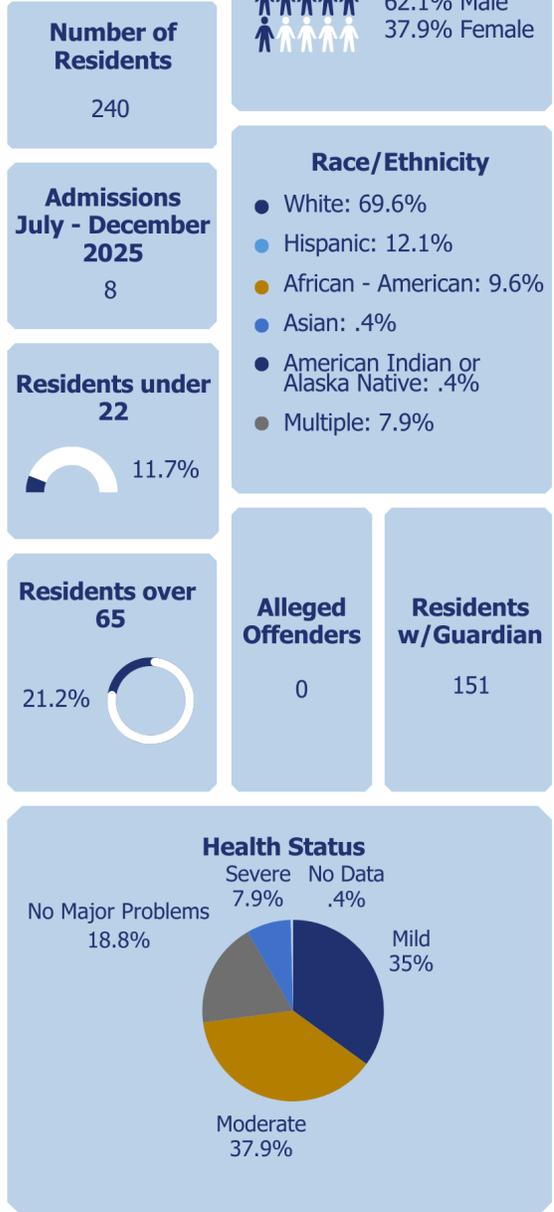
Senior Assistant Independent Ombudsman



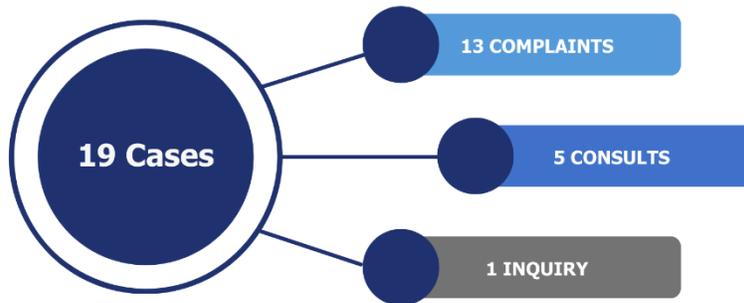
With over two decades of dedicated service, Ms. Antilley has been a steadfast advocate for the residents of Abilene SSLC. She began her career in 2000 as direct care staff in the Recreation

Department while pursuing her Bachelor's in Police Administration at Hardin Simmons University. After graduating, Ms. Antilley 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 took on the responsibilities of human rights officer. In 2010, Ms. Antilley took on a fresh and rewarding challenge as the assistant independent ombudsman for the Abilene SSLC. Her exemplary contributions led to a well-deserved promotion in 2022, elevating her to the position of senior assistant independent ombudsman.

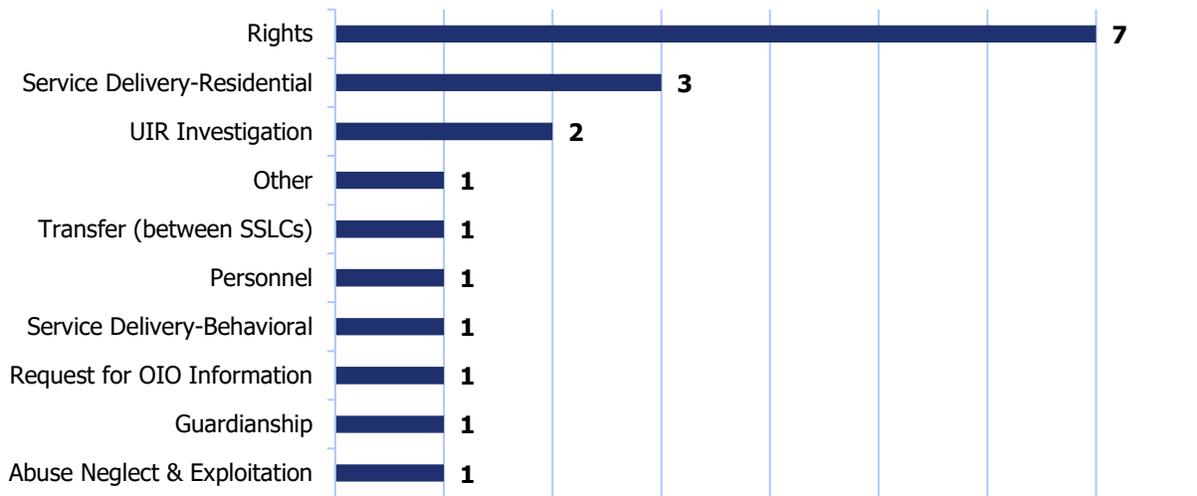
Abilene Demographics



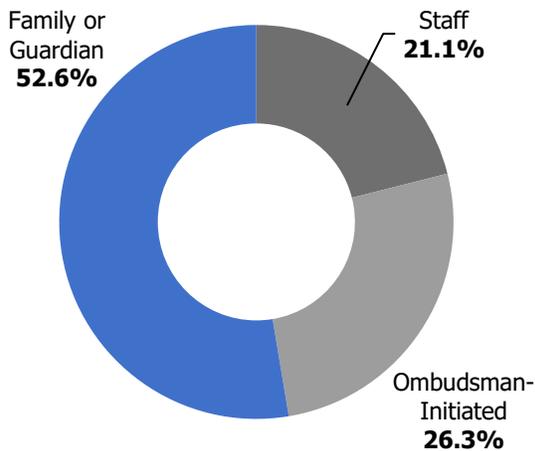
Cases Opened this Biannual Period: **Abilene**



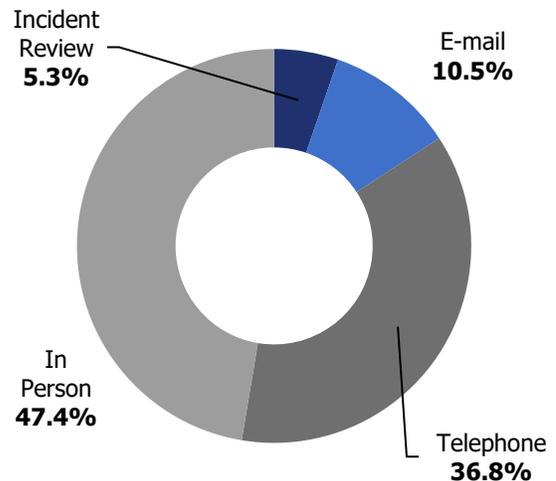
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Abilene

Cameras Installed in Resident's Room without Due Process

The AIO was informed by a member of SSLC staff that a resident's family member had installed cameras in the resident's bedroom. The AIO reviewed documentation and found that the family member had signed and acknowledged the facility's electronic monitoring form stating they did not want monitoring in their room. The family member stated they installed the camera due to an immediate concern about the resident's safety. Although the family's actions were due to concern for the resident, the camera is a restriction of the resident's right to privacy. and requires approval by the resident's interdisciplinary team (IDT), the human rights committee (HRC), and the Abilene SSLC director, in accordance with the SSLC policy PR033.3 Electronic Monitoring in Bedrooms. Without IDT and HRC approval – neither of which the family member had received – these cameras would have to be removed.

The AIO observed that SSLC staff did not seem to be aware of why the family member was concerned about the resident's safety. The AIO informed SSLC staff why the resident's family had acted without seeking due process. The AIO then met with the resident's family and explained the role of the AIO and the process for getting the cameras approved.

Once the AIO had explained the approval process for rights restrictions, the family agreed to work with SSLC staff to approve the use of cameras in the resident's bedroom. Subsequently, the family member attended an IDT meeting where the team agreed to allow cameras in the resident's room. This restriction was then reviewed and approved by HRC and the SSLC director.

The AIO mediated between the facility and guardian to ensure that the resident received due process and the concerns of the resident's family were respected.

Austin State Supported Living Center

Talya Hines

Interim Austin Senior Assistant Independent Ombudsman



Mrs. Hines, a native of Grayson County, Texas, currently resides in Pflugerville with her family. She holds a Bachelor of Arts in Sociology and a Master of Science in Rehabilitation Counseling from the University of North

Texas. She began her professional journey as a childcare licensing specialist at the Department of Family and Protective Services in Dallas. Upon relocating to Austin, Mrs. Hines transitioned into a role as a case manager for the Department of Assistive and Rehabilitative Services. Driven by her passion for assisting others, Mrs. Hines took the role of post-move monitor at the Austin SSLC, providing crucial support to individuals transitioning into community settings. Prior to assuming the position as the assistant independent ombudsman for the Austin SSLC in 2018, she honed her expertise as a curriculum developer for HHSC. Mrs. Hines is certified as a person-centered thinking trainer by The Learning Community for Person-Centered Practices. In 2023, she was promoted to senior assistant independent ombudsman. She has served as the ombudsman educator since October 2025.

Austin Demographics

Number of Residents

176

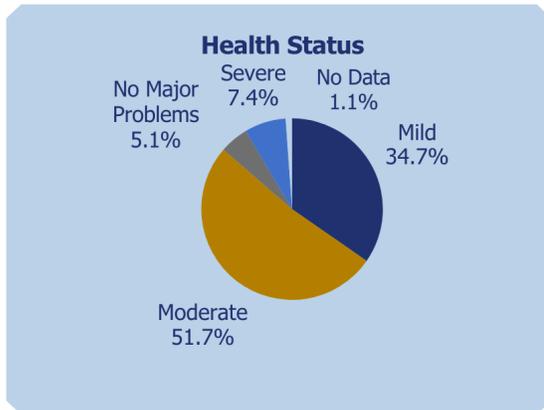
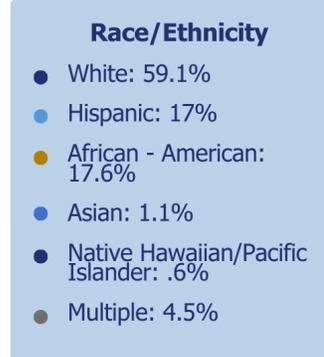
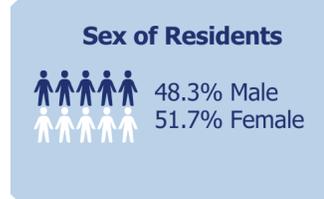
Admissions July - December 2025

7

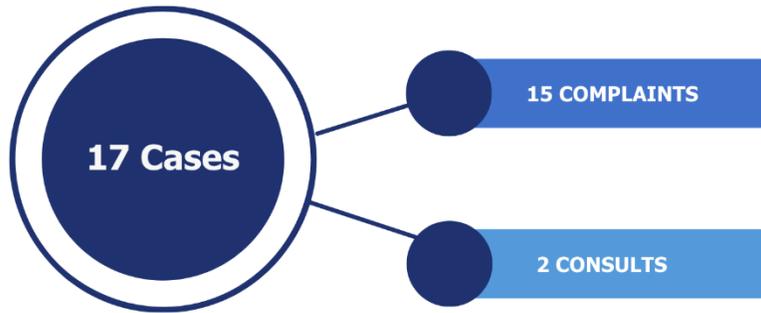
Residents under 22



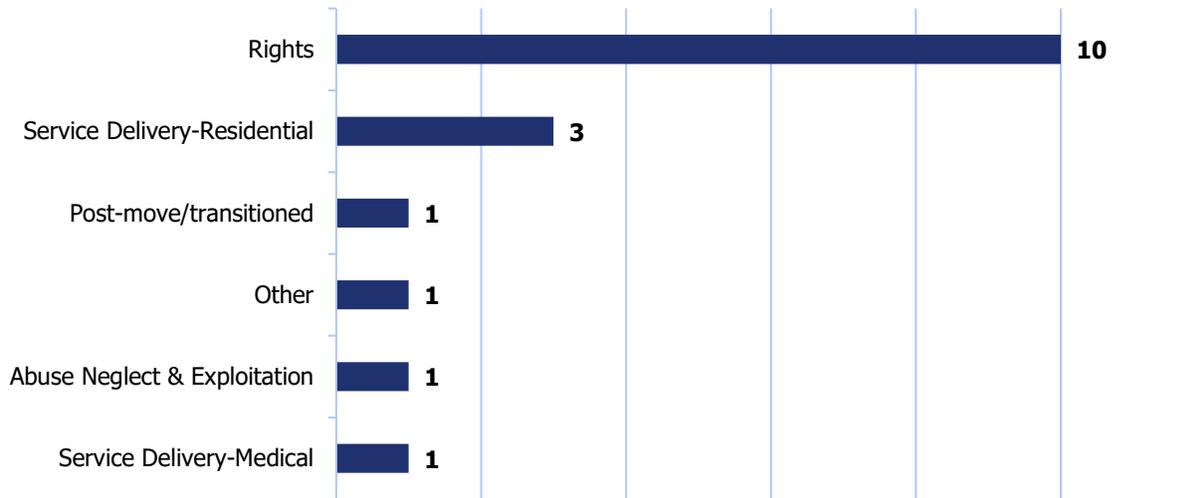
Residents over 65



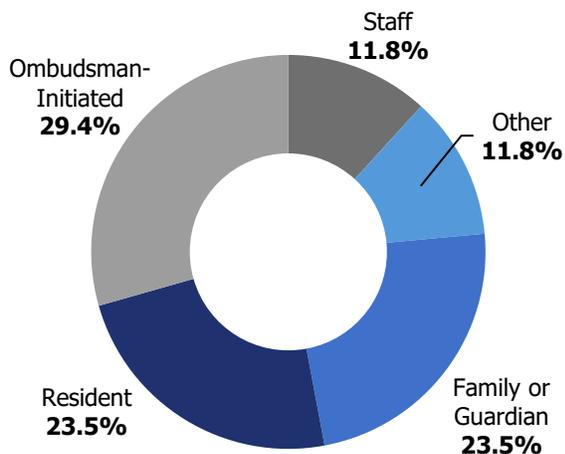
Cases Opened this Biannual Period: **Austin**



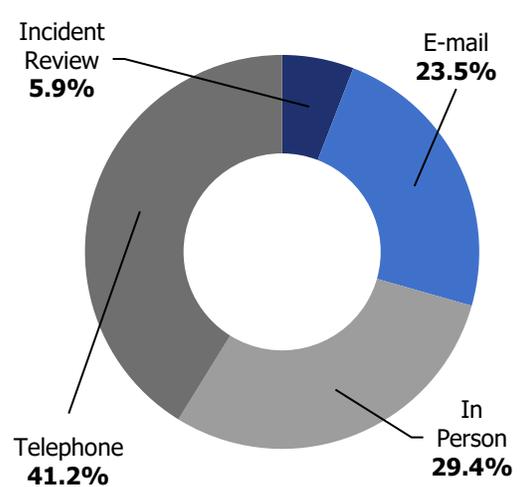
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Austin

Resident's Visitation Rights and Improved Communication

In October 2025, the legally authorized representative (LAR) of a resident told the AIO that a former employee of the SSLC had been denied the right to visit with the resident, even though the employee had received the LAR's permission. According to SSLC administration, the denial was because of an ongoing HR investigation involving the employee. The LAR expressed that this infringed on the residents' rights and could affect their wellbeing.

The AIO reviewed policies and records and interviewed the former employee, relevant staff, and the LAR. They found that the visitation restriction was only in effect temporarily due to safety and Human Resources (HR) considerations. Furthermore, there was no documentation of the former employee's ongoing relationship

with the resident after their termination. The rationale for the visitation restriction was explained to the LAR.

The AIO recommended improving communication and documentation of LAR contact, exploring the opportunity for a supervised visit, providing volunteer applications to those wishing to visit, and requiring all visitors to sign in.

The LAR agreed to a scheduled tele-visit as a temporary solution. The resident's qualified intellectual disability professional (QIDP) provided the AIO with documentation of their communication with the resident's LAR. The AIO also observed that homes at the SSLC had begun to require visitors to sign in. After the HR investigation concluded, the former employee was permitted to return to campus to visit with the resident.

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.

Brenham Demographics

Number of Residents

217

Admissions July - December 2025

2

Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 64.1%
- Hispanic: 13.4%
- African - American: 13.4%
- Asian: .5%
- Multiple: 8.8%

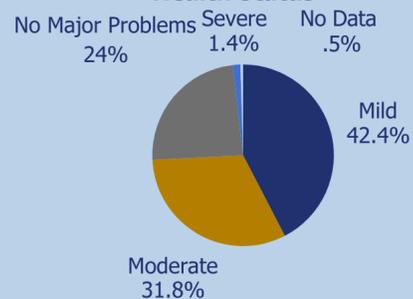
Alleged Offenders

0

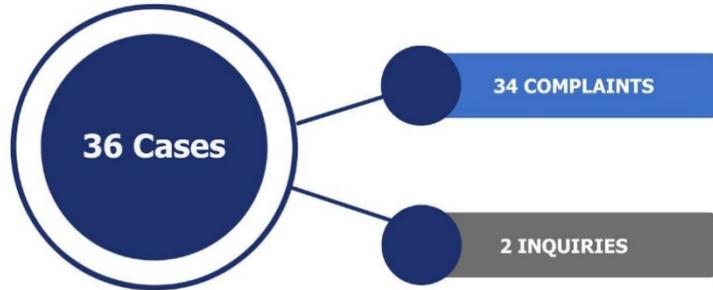
Residents w/Guardian

179

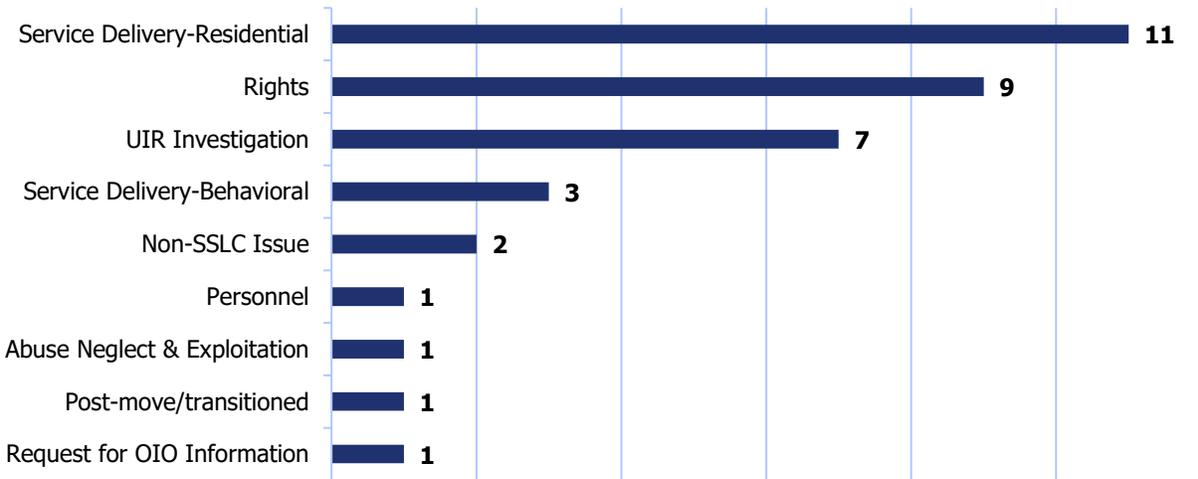
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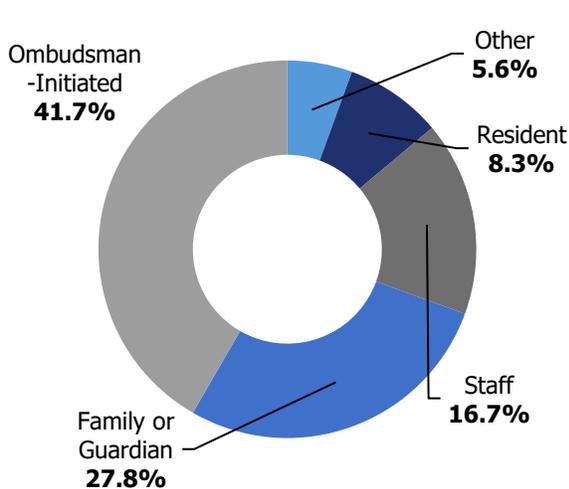
Cases Opened this Biannual Period: **Brenham**



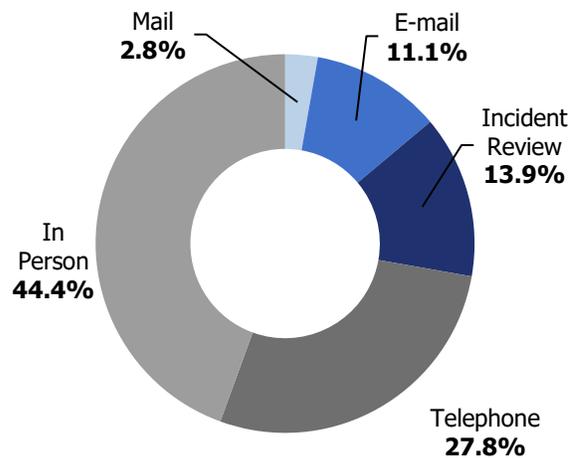
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Brenham

Failure to Implement Transition Plan Resulting in Adverse Resident Behavior

The AIO attended a resident's team meeting after learning that a restrictive level of supervision would be recommended due to increased behavioral issues. During the meeting, the qualified intellectual disability professional (QIDP) reported that the resident began displaying aggression and intrusive behaviors shortly after transitioning from a residential unit with higher support to a cottage home just 10 days earlier. The cottage offers a more traditional home environment, providing greater privacy and allowing residents to be more active in the community. This setting suits the residents well, as they are independent in many daily activities and work in the community.

The AIO grew concerned when it became clear that the transition plan — developed jointly by both interdisciplinary teams — had not been implemented and neither team had followed up before the move. The AIO, who knew the resident, was aware that the resident had a hearing impairment and used gestures to communicate, making a structured transition essential for adjusting to new staff, peers, and a cottage environment. Despite the behavioral changes, the team did not discuss initiating a positive behavior support plan (PBSP). Instead, they recommended emergency one-to-one supervision and suggested that a familiar staff member from the former home help the resident adjust.

After attending the meeting, the AIO informed the facility director and assistant director of programming (ADOP) of their concerns and the team's current

recommendations. The AIO reviewed the resident's electronic record and verified that a transition plan developed by both teams consisted of three consecutive evening visits with dinner, and an overnight visit on the fourth day to become familiar with the cottage routine and staff. The AIO also verified that the resident did not currently have a PBSP and had not required a plan for over 2 years. The AIO then discussed with the QIDP the team's responsibility to monitor and adjust the resident's transition plan in real time. Additionally, the AIO also spoke with staff at the resident's former home, who informed the AIO that the resident continued to return, expecting to eat dinner or pick up a spending allowance, suggesting the resident may not have fully understood that they no longer lived at the previous unit.

In response to the AIO's concerns, the center's administration arranged for a familiar staff member from the resident's former home to provide temporary support to the resident and cottage staff. The new unit director received training to implement future transition plans and report concerns. During daily Incident Management Reviews, the unit director kept the center administration and AIO informed. The OIO attended a follow-up team meeting and reviewed minutes. Additional supports included updating communication tools, implementing an interim behavior plan, and holding a belated "welcome" party.

The AIO monitored the implementation of all supports, and the resident has since adjusted well to the cottage home. The need for

restrictive supervision was reduced to hallway monitoring at night, and the resident's behavior improved significantly.

The team is considering discontinuing the interim behavior plan if no further issues arise.

Corpus Christi State Supported Living Center

Kellen Davis

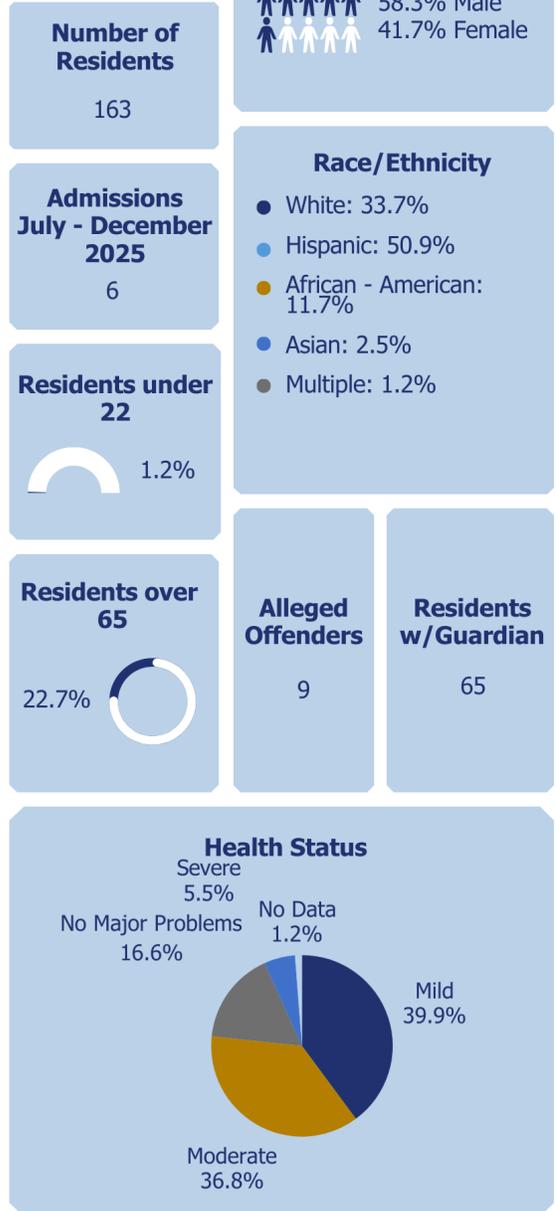
Assistant Independent Ombudsman



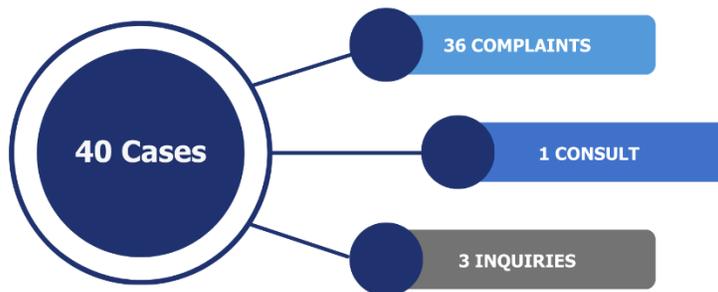
Mrs. Davis embarked on her career journey in 1988 while pursuing her education at Howard Payne University. During this time, she contributed her skills as the

recreation supervisor at the Texas Youth Commission (TYC). Her academic pursuits led her to graduate with a degree in physical education and a minor in English. In addition to her degree, she became a licensed vocational nurse in 1995. Over the course of 15 years, Ms. Davis continued her dedicated service with the TYC, holding various roles within the organization. Demonstrating entrepreneurial spirit, Mrs. Davis ventured into business ownership with her own doughnut coffee shop. With a wealth of diverse experiences, she served as a transition specialist at the Mexia SSLC for four and a half years before assuming the role of assistant independent ombudsman for the Corpus Christi SSLC in 2017. Mrs. Davis continues to bring her multifaceted skills and commitment to advocate for and support individuals within the SSLC community.

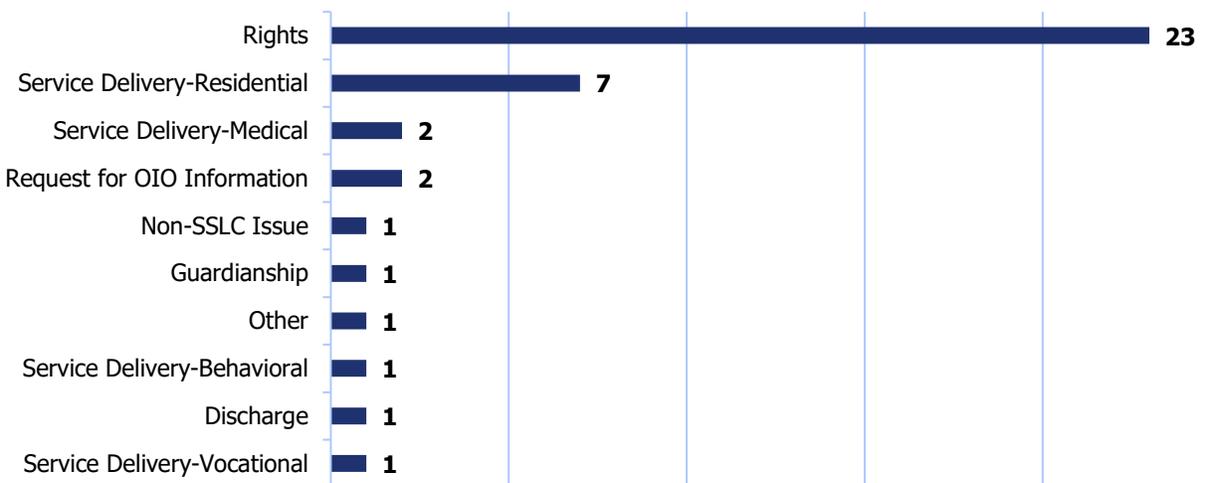
Corpus Christi Demographics



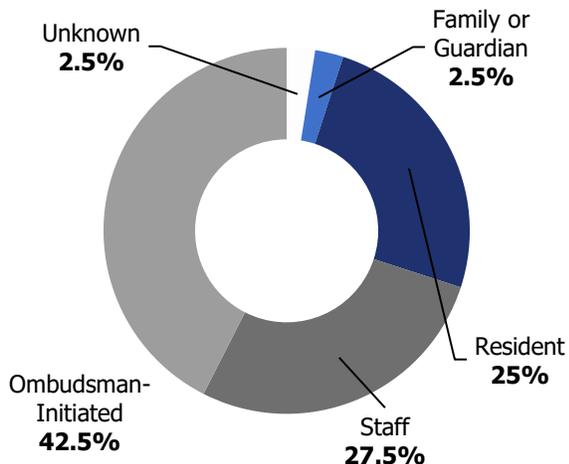
Cases Opened this Biannual Period: **Corpus Christi**



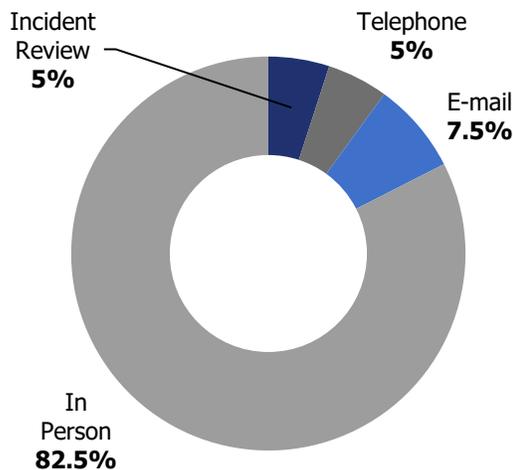
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Corpus Christi

Resident Requests Independent Ombudsman Review of Non-Consensus Meeting

A resident told the AIO that they were upset about the outcome of their annual individual support plan (ISP) meeting. In the meeting, the resident's interdisciplinary team (IDT) decided the resident would not be able to leave the SSLC and live in the community. The resident stated that a majority of IDT members voted to let the resident live in the community. The AIO informed the resident that a non-consensus meeting must be held if the IDT's decision on the resident's community living options is not unanimous, per HHSC policy 018.2 Most Integrated Setting Practices.

The AIO asked the IDT and the admissions and placement coordinator (APC) if they would hold a non-consensus meeting, noting that, per the ISP meeting documentation, nine of 11 IDT members voted in favor of the individual moving to the community. The APC confirmed this and scheduled a non-consensus meeting with the SSLC director and the resident's IDT.

In the non-consensus meeting, the SSLC director upheld the IDT's initial decision. The

resident did not agree with the decision and asked the AIO what they could do. The AIO explained that, per the Most Integrated Settings Practices policy, a resident can request that the Office of the Independent Ombudsman (OIO) review the SSLC director's decision. The independent ombudsman (IO) will then determine whether proper processes were followed by examining relevant documentation. The resident requested the AIO escalate the decision to the independent ombudsman for review. The AIO notified the OIO of the request and provided all the relevant documentation on the resident's behalf.

The independent ombudsman found that processes had been followed. The AIO reviewed and discussed the decision with the resident. Because the AIO helped the resident exercise their right to review SSLC decisions, the IDT and the resident set new goals for pursuing community living options. The resident has since achieved these goals and is now being referred for a place to live in the community.

Denton State Supported Living Center

Alejandra Loya

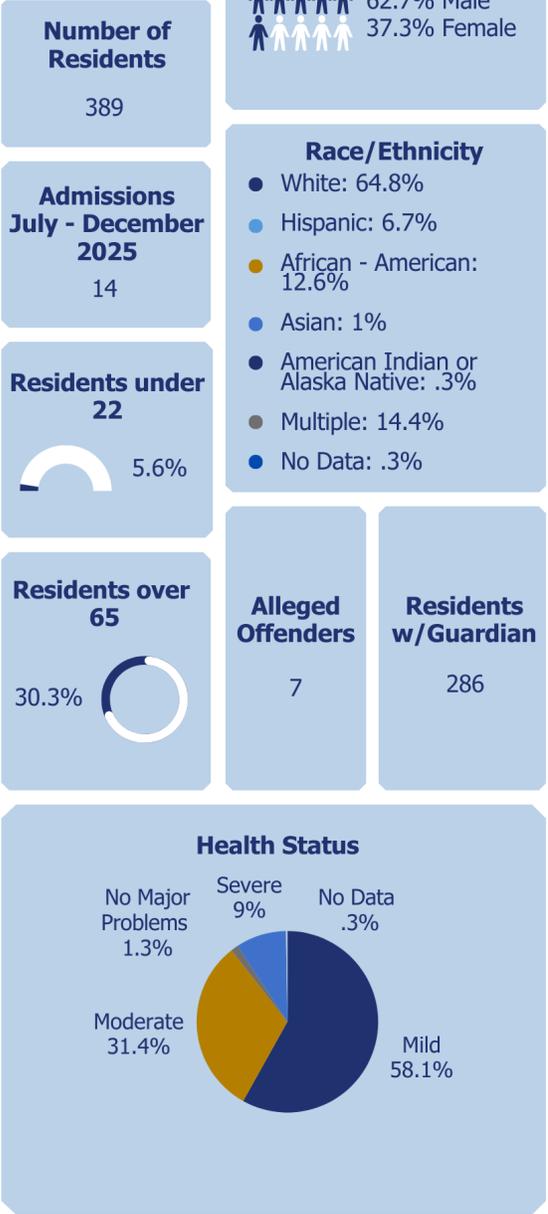
Assistant Independent Ombudsman



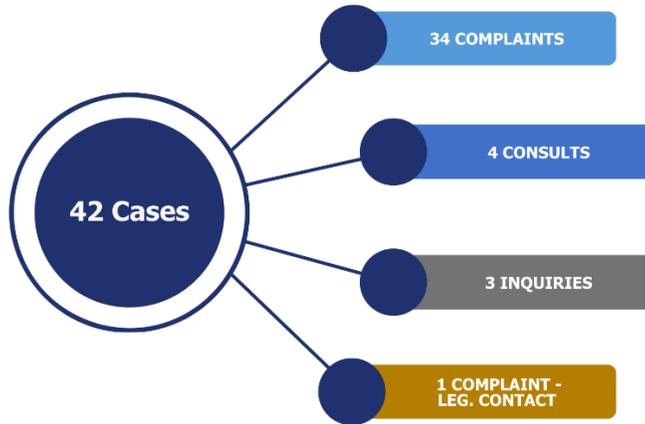
Prior to joining the OIO in January 2024, Mrs. Loya worked with the Department of Family Protective Services where she served as an integral team member, dedicating herself to the advocacy and support of families

and children, including those with disabilities. In her previous position as a bilingual family group conference specialist, Mrs. Loya became a trusted mediator and fostered dialogue and understanding among diverse families, legal and medical professionals, community providers, and CPS program specialists as they navigated the challenges of the child welfare system. Driven by a desire to make a more direct impact, Mrs. Loya accepted the role of the assistant independent ombudsman. Mrs. Loya has a Master of Science degree and brings her wealth of experience advocating for the rights and well-being of individuals with intellectual disabilities. She seeks to serve as a bridge between individuals, their families, and staff to ensure SSLC residents' support needs are met, their voices are heard, and their rights are protected.

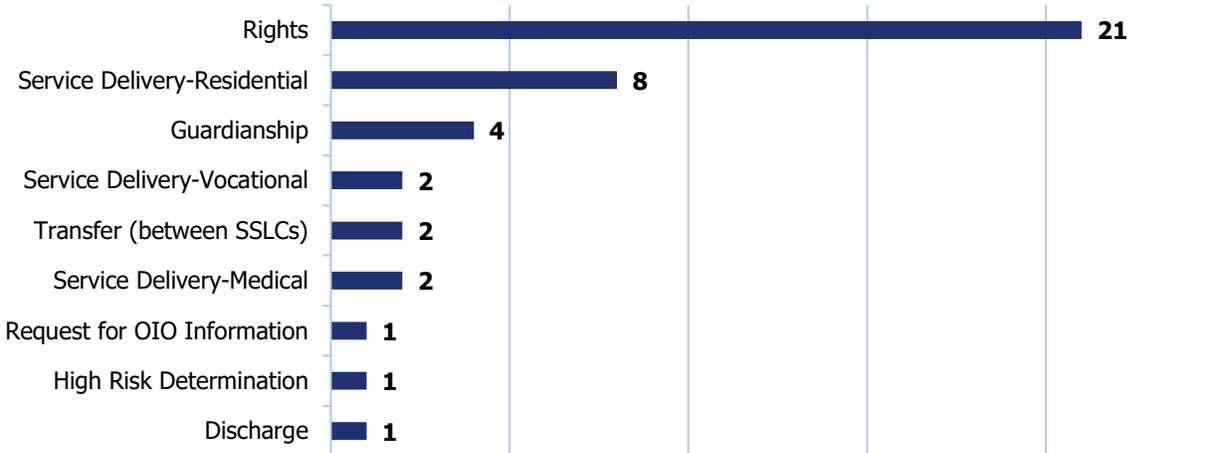
Denton Demographics



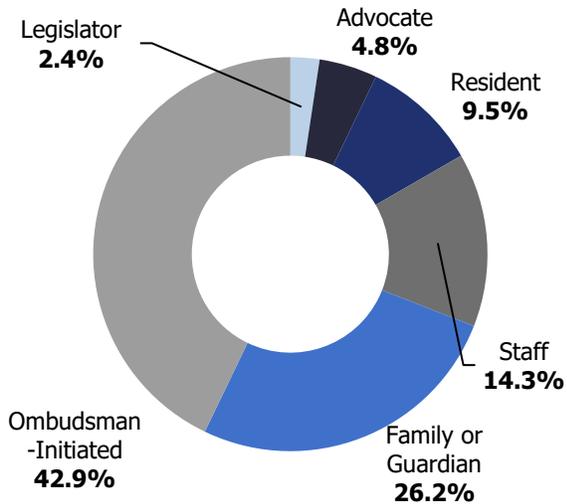
Cases Opened this Biannual Period: **Denton**



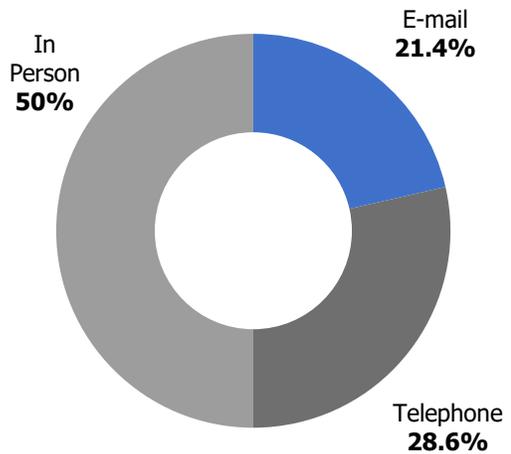
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Denton

Failure of Interdisciplinary Team to Review Restrictions Within Established Timeframe

A resident approached the AIO about their level of supervision (LOS). They stated that they had been on a one-to-one level of supervision longer than necessary. A one-to-one LOS refers to a restrictive practice when one direct care staff must keep within a certain distance of a resident for their health or safety.

The AIO reviewed the resident's individual support plan addendum (ISPA) and noted several concerns. First, the timeframe for the resident's interdisciplinary team (IDT) to consider reducing or removing their LOS was written as being both 3 weeks and 30 days after the completion of the ISPA. Second, five months had passed since the ISPA was completed, during which time the resident's LOS had not been reduced or removed. Lastly, the resident's personal care items had been confiscated, a restriction that the AIO believed was unnecessary, since the resident's one-to-one staff could intervene to prevent the resident from using these items inappropriately.

The AIO followed up with SSLC staff to review the residents' LOS and personal possessions restriction. The AIO also discussed these rights concerns with the SSLC director during their monthly meetings.

The SSLC staff stated that the IDT had met to discuss reducing the resident's LOS. However, they had not been provided with updated information from the meeting and neither restriction was reduced or removed. Furthermore, this meeting occurred four months after the restrictions had been approved, well past either the three-week or 30-day review timeframe documented in the ISPA.

Subsequently, the AIO attended an IDT meeting where it was decided that the SSLC's LOS committee would review the resident's supervision and the resident's personal care items would be returned to them. The LOS committee agreed to gradually reduce the resident's LOS over two weeks until the resident was no longer under supervision.

The AIO discussed the LOS and personal possessions restrictions with the facility staff. The AIO was informed that there was not sufficient justification for confiscating the resident's personal care items and that this restriction should not have been approved by the human rights committee (HRC). The AIO's support was requested in helping the Denton HRC with identifying rights concerns in the future.

The AIO was able to advocate for the resident's right to have their personal possessions returned and their LOS reduced.

El Paso State Supported Living Center

Isabel Ponce

Assistant Independent Ombudsman



A proud native of the Sun City, Ms. Ponce has dedicated over two decades to serving and advocating for the elderly, children, and individuals with disabilities. Her journey began in nursing homes, where she worked first as a certified nursing assistant and later as a certified medication assistant. Transitioning to the El Paso Head Start program, she extended her passion for community service by providing social services to children and their families through outreach programs. Ms. Ponce further expanded her impact by serving adults with developmental disabilities as a residential director. Her commitment to ensuring the well-being of others led her to become a certified internal investigator, where she excelled as a case manager for the same 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.

El Paso Demographics

Number of Residents

102

Admissions July - December 2025

3

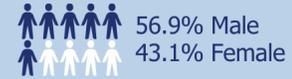
Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 25.5%
- Hispanic: 67.6%
- African - American: 6.9%

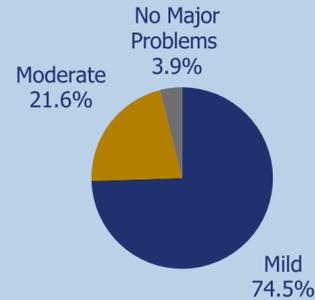
Alleged Offenders

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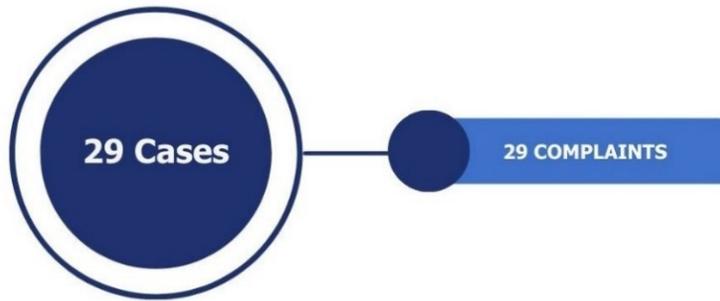
Residents w/Guardian

96

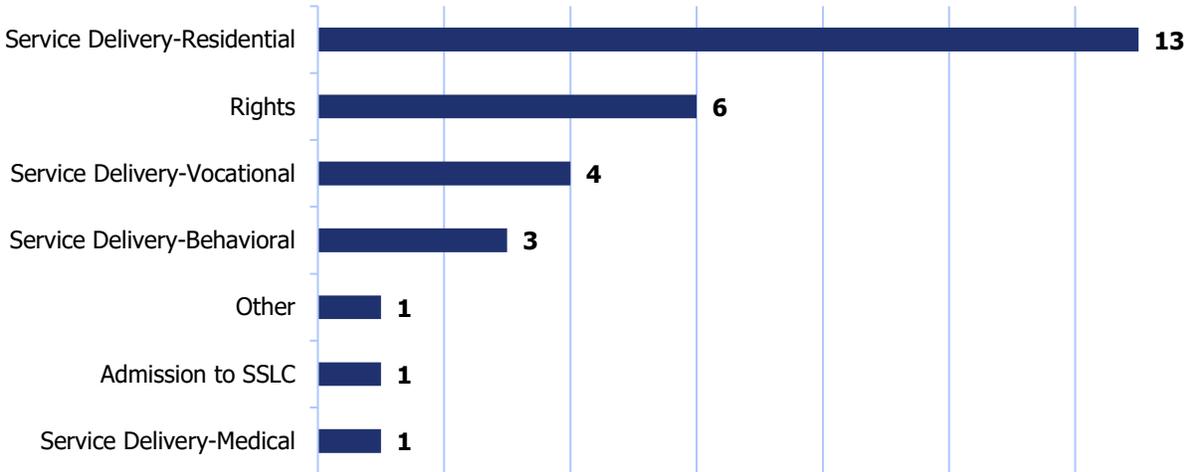
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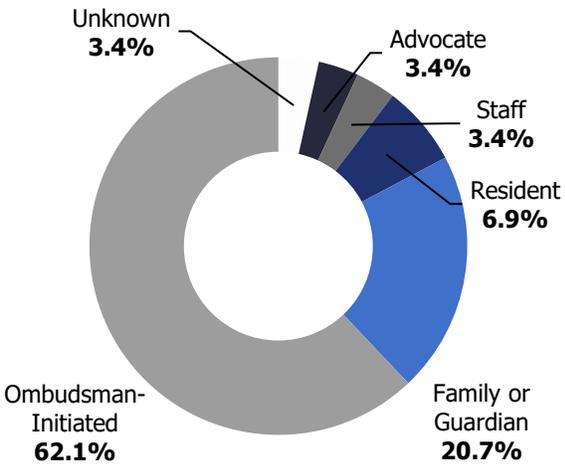
Cases Opened this Biannual Period: **El Paso**



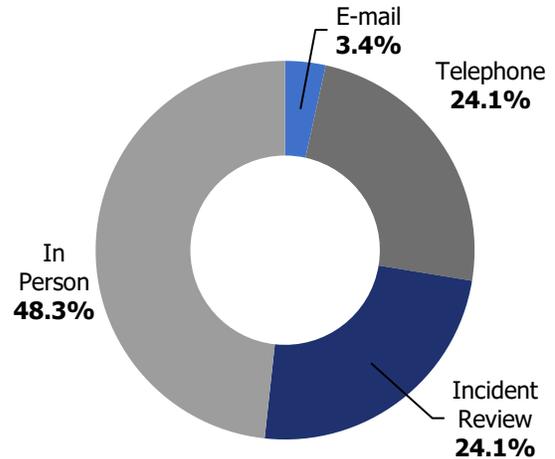
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: El Paso

Improving Communication with the Resident's Legally Authorized Representative

An email sent to the OIO State Office was routed to the El Paso AIO concerning a private advocate reaching out for assistance with a hospitalized resident at the El Paso SSLC. The resident's mother, who is their legally authorized representative (LAR), did not agree with the hospital's plan to send her adult child to an area hospice center. She believed that the SSLC was refusing to let her child return to the SSLC, which she attributed to the facility's medical services department. The LAR had contacted multiple parties at the hospital, SSLC, and hospice center, which appeared to increase her confusion about the care plan and next steps.

When speaking with SSLC administration and the qualified intellectual disability professional (QIDP), the AIO learned that neither was aware the LAR had hired a private advocate. The AIO shared that the mother had done extensive outreach to hospital staff, SSLC personnel, and hospice representatives, noting her confusion. The AIO recommended establishing a single point of contact for the LAR and her advocate to reduce miscommunication. The AIO forwarded the contracted advocate's information to SSLC administrative staff and the QIDP and informed them of the advocate's planned attendance at the upcoming continued care meeting. The AIO also spoke with the advocate to clarify outstanding questions.

The AIO informed the advocate that they had reviewed the resident's care plan with the QIDP and had identified no issues or delays in service. The AIO further confirmed with

SSLC administrative staff that the individual would be returning to the SSLC to receive palliative care, supported by a visiting hospice nurse. The advocate expressed understanding, agreed that having a single point of contact would reduce confusion, and requested that the AIO attend the next meeting where she planned to outline her client's concerns. The AIO agreed to be present at the scheduled meeting.

During the care team meeting, all subject matter experts clearly explained their roles and addressed each of the LAR's and advocate's questions. A key issue discussed involved the LAR administering hands-on care. The team reviewed an incident in which the LAR attempted to reposition and change her son, unintentionally lowering his head and increasing the risk of aspiration. When the LAR did not initially recognize the concern, the AIO asked the center physician to explain the medical risks. The physician described how the individual's declining ability to swallow meant even saliva could enter the lungs if he were positioned flat.

After this explanation, both the LAR and the advocate acknowledged the risk and agreed that only trained staff should provide direct care. The LAR agreed to use one designated point of contact for ongoing communication. Both the LAR and advocate also recognized that the QIDP may not always have immediate answers to specialized questions. They agreed that when additional expertise was needed—such as from habilitation therapies, nursing, or other clinical staff—the QIDP would obtain the necessary

information and follow up with them. The advocate thanked all attendees for clear communication and collaboration.

No further concerns have been reported to the AIO's office. The LAR demonstrated improved understanding of the resident's

care needs, accepted guidance regarding her role in direct care, and transitioned to using a single point-of-contact system. This change led to clearer communication and reduced confusion among all parties.

Lubbock State Supported Living Center

James Clark

Interim Lubbock Assistant Independent Ombudsman



Mr. Clark was born and raised in Lubbock, Texas, and resides in Lubbock with his family. Mr. Clark earned a Bachelor of Applied Science in Human Services from

Wayland Baptist University. He began his career with the State of Texas at the Lubbock State School as a direct support professional in 1999, where he worked 14 years in roles including unit director, campus administrator, and qualified intellectual disability professional. In 2013, Mr. Clark's endeavors for career advancement led him to the Department of Family and Protective Services (Adult Protective Services) where he worked for 6 years as an APS specialist to advocate for elderly and disabled Texans. In April of 2020, Mr. Clark's career path led him back to the place where he began his career, when he accepted a position with the OIO as the assistant independent ombudsman for the Lubbock SSLC. James assumed the role of managing independent ombudsman in October 2025.

Lubbock Demographics

Number of Residents

196

Admissions July - December 2025

4

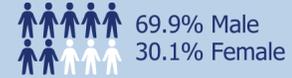
Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 56.6%
- Hispanic: 18.4%
- African - American: 11.7%
- Asian: .5%
- Multiple: 11.2%
- No Data: 1.5%

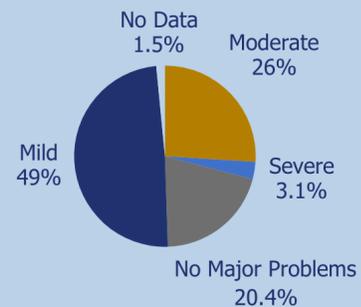
Alleged Offenders

0

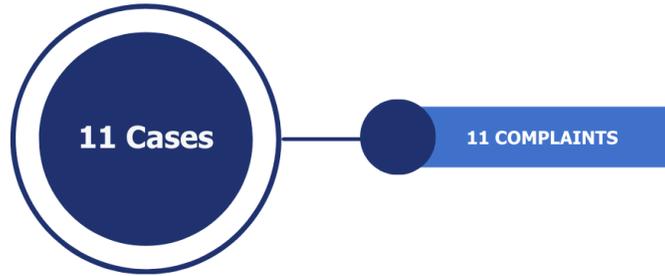
Residents w/Guardian

139

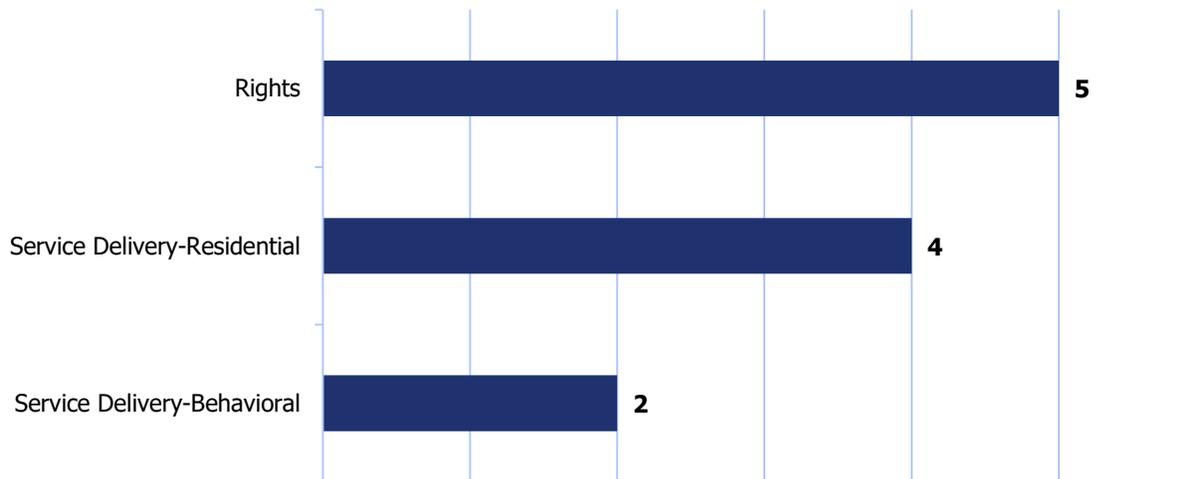
Health Status



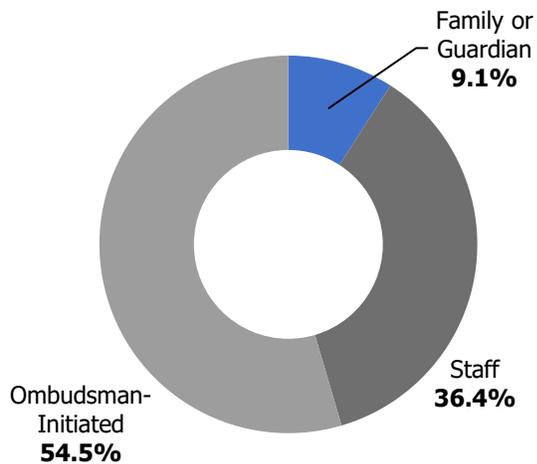
Cases Opened this Biannual Period: **Lubbock**



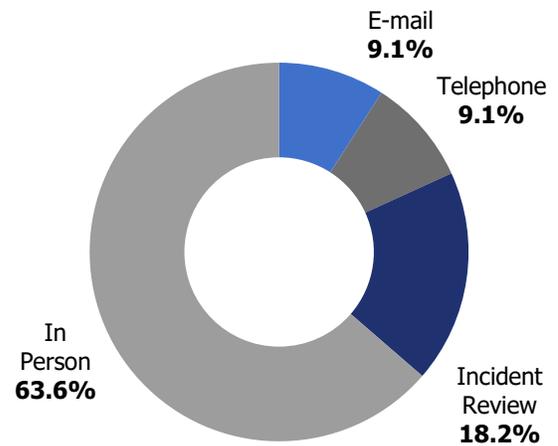
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Lubbock

Resident's Freedom of Movement Restricted without Due Process

During an in-person visit to a resident's home, the AIO observed staff locking the resident's wheelchair, which prohibited the resident from moving independently. The AIO immediately addressed the concern with the person in charge of the home. The AIO determined that there was no approved restriction or documented due process authorizing the wheelchair to be locked. During the same visit, the AIO also observed that the wheelchair had been modified by tightening the wheel bolts to slow the resident's momentum. These modifications were not documented as approved restrictive interventions.

Staff reported that the wheelchair modifications were implemented through the interdisciplinary team (IDT) due to concerns that the resident was causing peer-to-peer injuries with his wheelchair. Facility staff stated that the intervention was not considered restrictive because the resident retained some ability to move the wheelchair. Upon review, the AIO determined that neither the locking of the wheelchair nor the tightening of the wheel bolts had been reviewed or approved by the human rights committee (HRC).

The AIO informed facility staff that any restriction placed on a resident — whether intended to limit, slow, or control movement — must be reviewed and approved by the HRC prior to implementation.

The purpose of HRC review is to ensure that the restriction is necessary to address a legitimate safety concern, less restrictive

alternatives have been considered or attempted (e.g., environmental changes, staff support, or other interventions), the resident's rights are not being unduly restricted, and the resident is afforded appropriate due process.

The AIO requested and reviewed documentation related to the wheelchair modifications and found that the intent of tightening the wheelchair bolts was to limit the resident's movement to reduce the risk of injury to peers. Despite this intent, the practice had not been submitted to or approved by HRC.

SSLC staff conducted an assessment by visiting the resident's home to observe wheelchair function and related practices. During discussions, the AIO noted that the resident had two wheelchairs: one used in the home with tightened bolts and a second wheelchair used outside the home that functioned normally.

The AIO questioned the necessity of a second wheelchair if the home wheelchair was not intended to restrict movement. The AIO reiterated that any modification to an adaptive device intended to slow or prohibit movement constitutes a restrictive practice and recommended that the IDT reconvene to formally address the intervention and ensure appropriate due process through HRC review.

Following continued discussion and review, the SSLC acknowledged that tightening the wheelchair bolts to slow the resident's movement was a restrictive practice. The

facility initiated corrective actions by restoring the wheelchair bolts to normal function and discontinuing the use of a second wheelchair. The facility also provided education to involved staff regarding the

appropriate identification and approval of restrictive practices, including the requirement for HRC review. The AIO followed up with the resident and monitored wheelchair use.

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.

Lufkin Demographics

Number of Residents

213

Admissions July - December 2025

6

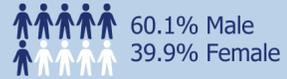
Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 71.4%
- Hispanic: 7%
- African - American: 19.7%
- Asian: .9%
- American Indian or Alaska Native: .5%
- No Data: .5%

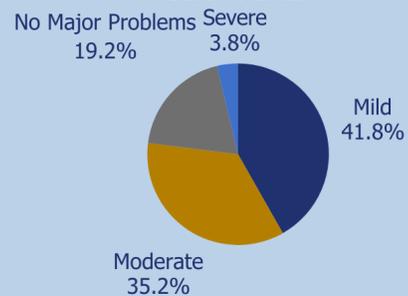
Alleged Offenders

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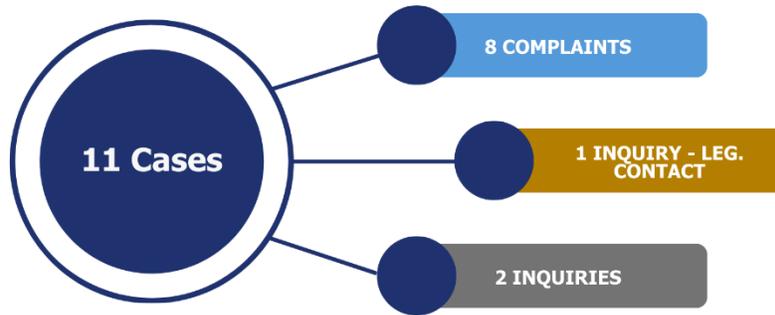
Residents w/Guardian

116

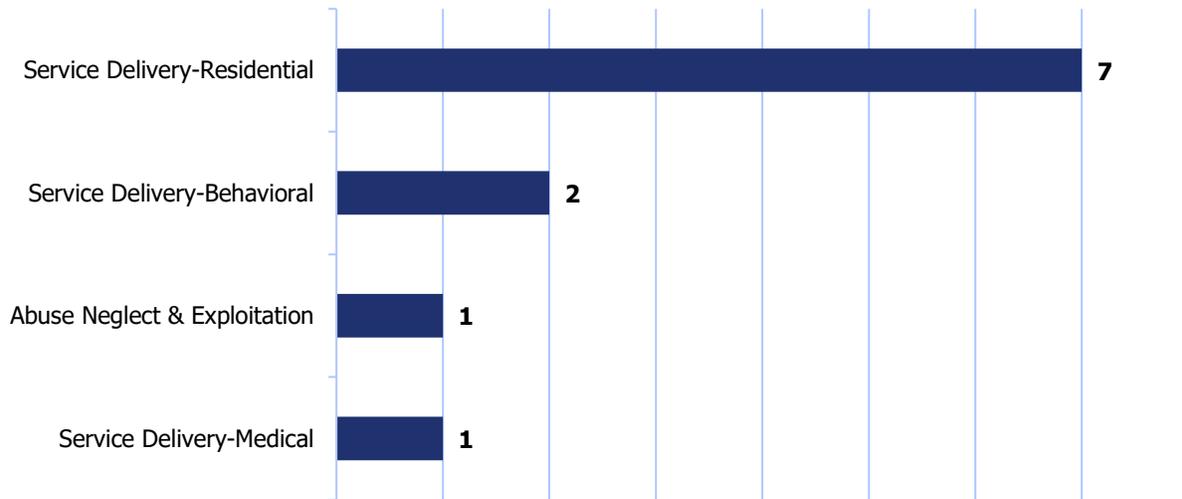
Health Status



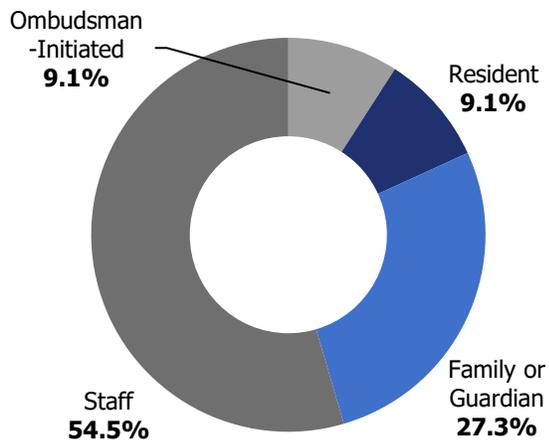
Cases Opened this Biannual Period: **Lufkin**



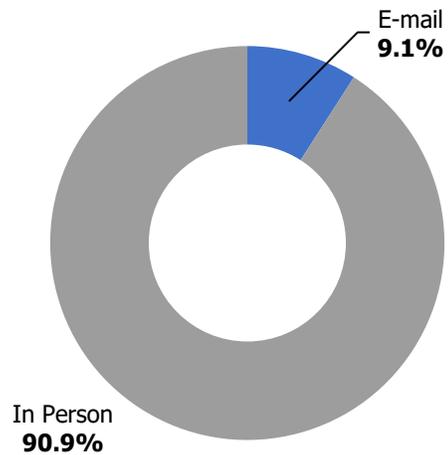
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Lufkin

Providing Alternative Active Treatment Opportunities to Avoid Challenging Behavior

The AIO was contacted by a staff member who was concerned about the closure of the swimming pool at the Lufkin SSLC. Residents were scheduled to use the pool and had begun to engage in challenging behaviors since it had closed.

The AIO asked the staff whether there were other activities for the residents to do if the pool was closed. The staff responded that there were, but that these activities did not resolve the challenging behaviors.

The AIO spoke to staff responsible for developing and implementing behavioral plans to determine if there were instructions in the residents' behavioral plans to address challenging behaviors. The AIO found that there were and that staff had been following these instructions properly.

The AIO spoke with active treatment staff. Active treatment refers to a program of

training, treatment, and habilitation specific to each resident. The AIO requested that staff provide alternative forms of active treatment when the pool is closed.

SSLC staff reviewed the active treatment schedules for the residents affected by the pool closure. Staff developed a list of alternative active treatment that home staff can provide when residents are unable to use the pool. It was agreed that this list of alternative activities would be posted in the home for residents to review.

The AIO later visited the home and spoke with direct care staff. The staff told the AIO that they appreciate the list of alternative activities and that they seem to be working well. The AIO was informed by recreational staff that the swimming pool was reopened shortly thereafter.

Mexia State Supported Living Center

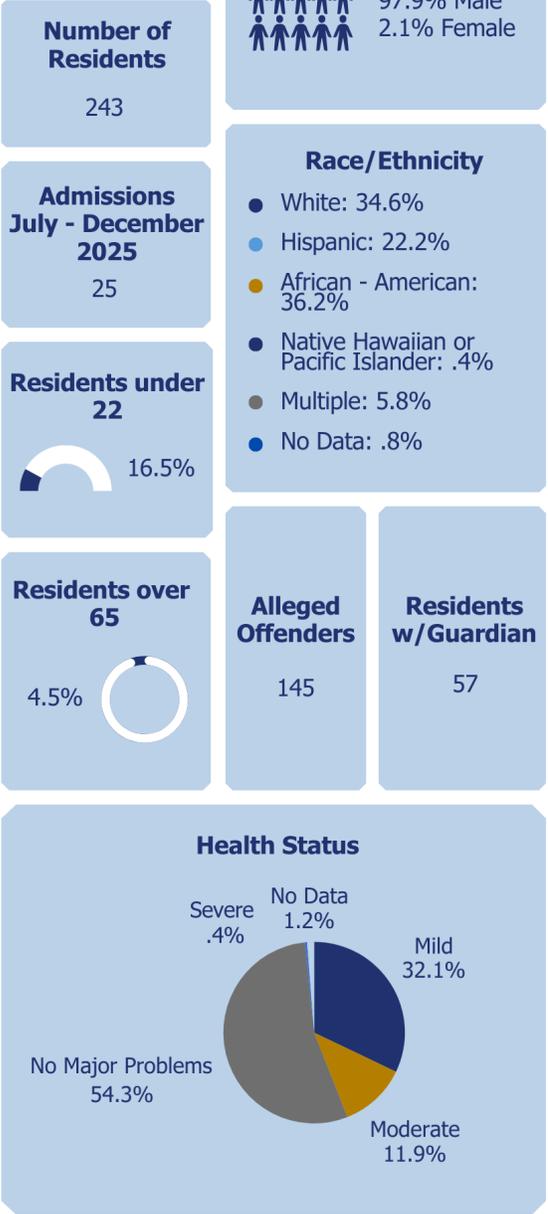
Adam Parks

Senior Assistant Independent Ombudsman

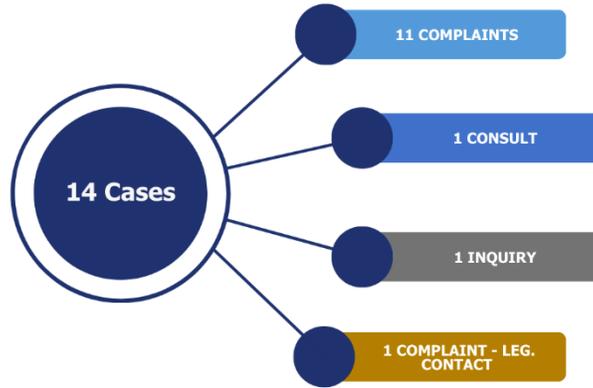


Mr. Parks was raised in Mexia, Texas. He attended Stephen F. Austin State University where he earned a Bachelor of Arts in Psychology. After graduation, he began his professional career as a conservatorship caseworker for the Department of Family and Protective Services in Angelina and Shelby Counties. Mr. Parks then accepted the position of qualified intellectual disability professional (QIDP) at Lufkin SSLC. He was later appointed lead QIDP for the Oak Hill Unit. He also served as a standing member of the human rights committee during his time working at Lufkin SSLC. Mr. Parks accepted the position of assistant independent ombudsman for the Mexia SSLC in February 2014. In 2022, he received a promotion to senior assistant independent ombudsman. Mr. Parks received a Master of Science in Clinical Mental Health Counseling in May 2024. Later that year he became a licensed professional counselor associate and a nationally certified counselor.

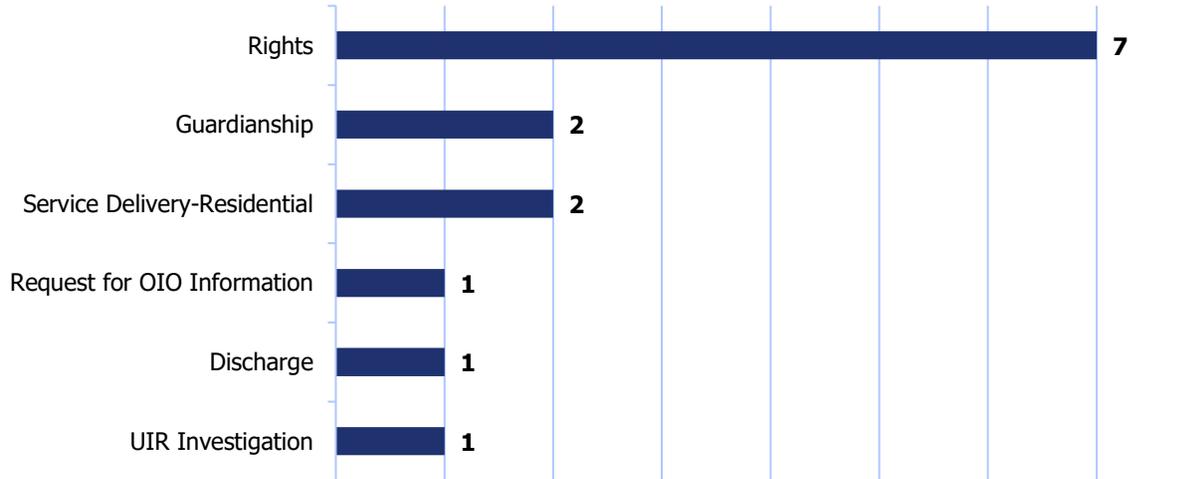
Mexia Demographics



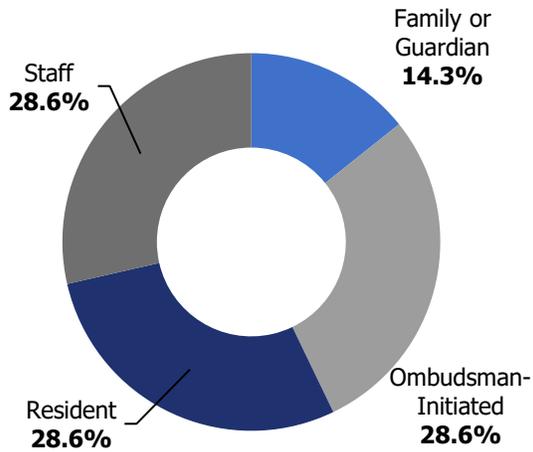
Cases Opened this Biannual Period: **Mexia**



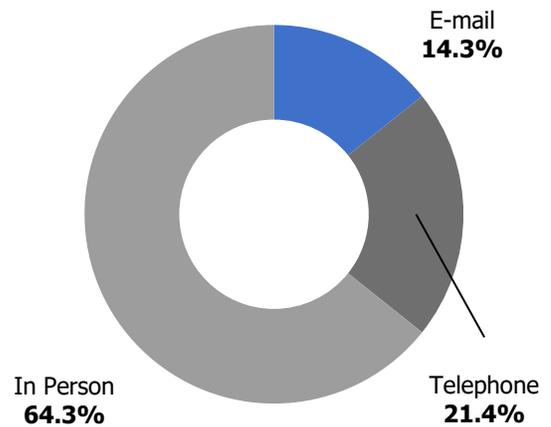
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Mexia

Resident Reports Home Staff Are Overworked

The AIO received a contact from a resident who believed that their personal property needed to be replaced and was concerned that staff in their home were “working too much.” The AIO reached out to the individual to gather additional details.

The AIO contacted the qualified intellectual disability professional (QIDP) regarding the personal property concern and was informed that the replacement items had already been presented to the individual earlier that day. The AIO then reviewed staffing and holdover⁴ data maintained by the Mexia SSLC for the individual’s home. Holdover information for the previous month was analyzed to determine the ten homes at the SSLC with the highest number of staff holdovers. The findings showed that the home in question ranked fifth highest in total holdovers. The home also had the second lowest number of staff needed for a 24-hour period within the sample group.

These findings indicate a heightened risk of staff fatigue, supporting the resident’s concern that staff were “working too much.” The AIO met with SSLC administration to review these findings. Administration

confirmed that several corrective measures had already been implemented and agreed that additional interventions were appropriate.

The AIO provided administration with the data analyzed and highlighted the potential impact on staff well-being and residential service quality. Administration expressed that the information was helpful for identifying staffing deployment issues and would be used to inform ongoing adjustments. Continued monitoring and targeted staffing supports were recommended to reduce holdovers and prevent staff burnout.

Following the discussion and data review, SSLC administration implemented additional staffing support for the home, including targeted adjustments to reduce holdover frequency. Additionally, the QIDP confirmed that the individual’s personal property concern had been resolved.

The use of holdover staff will continue with ongoing AIO monitoring. Trends will be included in OIO reporting.

⁴ Holdover staff refers to staff that are asked to work hours beyond their scheduled shift.

Richmond State Supported Living Center

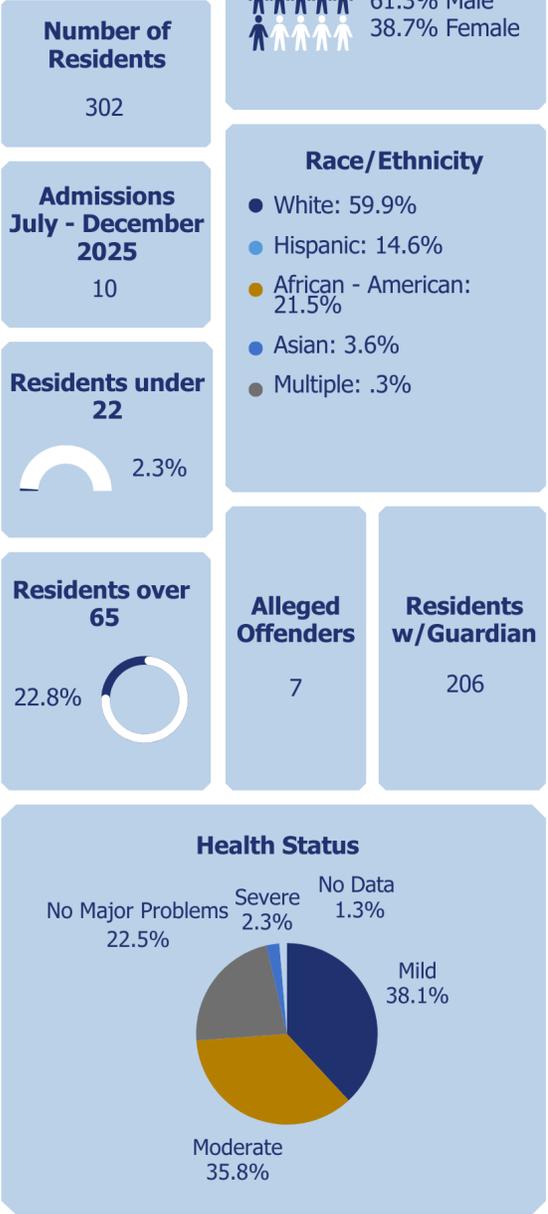
Deatrice Potlow

Assistant Independent Ombudsman

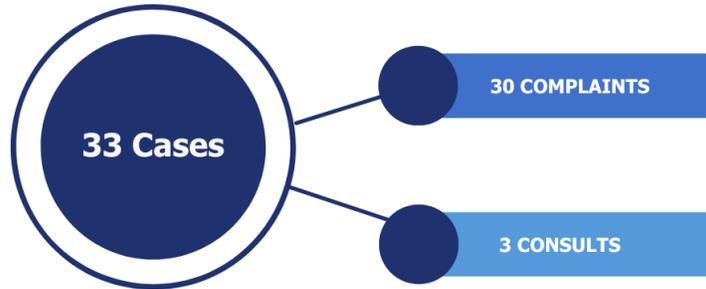


Born and raised in Greenwood, Mississippi, Ms. Potlow earned a Bachelor of Science in Office Administration in 1997. Shortly after graduating, she began working at a local hospital as a medical transcriptionist. She relocated to Houston, Texas, for career advancement and began a career with the State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

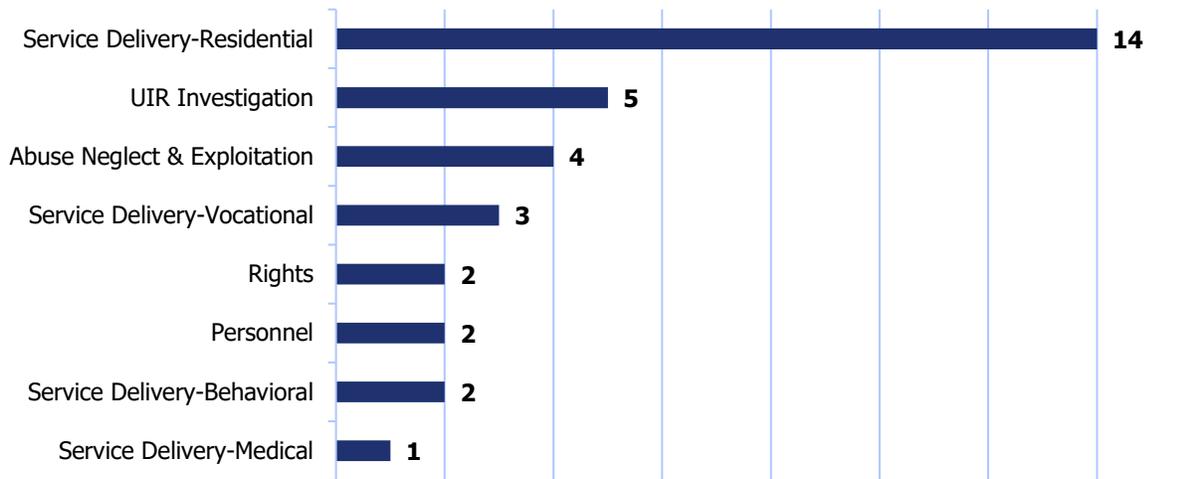
Richmond Demographics



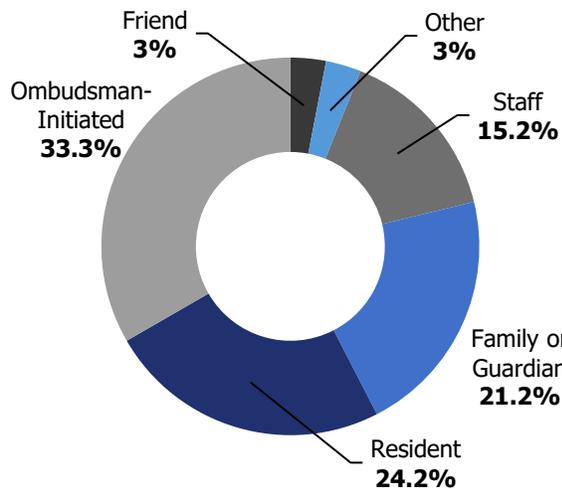
Cases Opened this Biannual Period: **Richmond**



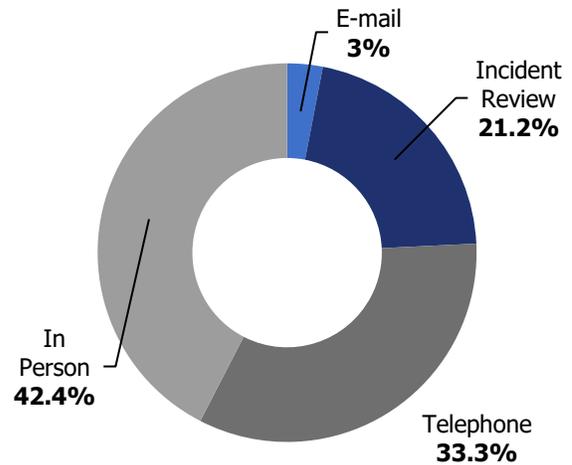
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Richmond

Advocating for Resident's Informed Decision Making

A resident requested IQ testing, with confidence that their score would exceed the eligibility threshold for continued placement at the SSLC. The AIO was concerned that the SSLC did not have a transition plan, community resource information, or discharge preparation in place should the resident score above the threshold. The AIO also noted that the resident's skill acquisition plan (SAP) relied heavily on verbal prompting by SSLC staff, raising questions about how independence would be evaluated if the resident left the SSLC and community placement became necessary.

The AIO attended meetings with SSLC staff to discuss the resident's request for IQ testing and potential outcomes. After the initial meeting, the AIO met with staff to reiterate concerns regarding the lack of a supportive transition plan, absence of resource information for life-sustaining needs, and no documented financial or housing plan should the resident become ineligible for SSLC services. During discussions, SSLC staff also disclosed that they were considering pursuing guardianship due to concerns about the resident's recent decision-making, though this information had not been shared with the resident's interdisciplinary team (IDT).

The AIO emphasized the need for improved communication between SSLC staff, the IDT, and the transition specialist, particularly because delays in sharing guardianship decisions could impact the resident's scheduled IQ assessment. The AIO later reviewed meeting notes that documented

the IDT had met with the resident to explain possible outcomes of testing, including the loss of SSLC placement if they scored above 62, and the loss of all benefits — such as Medicaid — if they scored 75 or above.

The AIO recommended that the SSLC provide the resident with clear community resource information, including contacts for medical care, food, shelter, and other essential supports. The AIO advised that the IDT meet with the resident to document their understanding of possible outcomes and develop a supportive plan addressing both opportunities and barriers should the resident score above the threshold. The AIO further recommended strengthening communication channels to ensure all team members—including transition staff—receive timely updates regarding guardianship considerations.

SSLC leadership acknowledged miscommunication to all IDT members and stated that directives were issued to address gaps. The IDT confirmed that resource planning and preparation for the resident would be incorporated moving forward, supporting the resident's preferences throughout the process.

Following discussions with the IDT and learning the potential consequences of IQ testing, the resident ultimately chose not to proceed with the assessment. The IDT noted this decision represented a significant change, as the resident had previously advocated for testing. When asked why, the resident stated they did not want to risk

losing benefits or becoming homeless. Staff reminded the resident that while they currently retain their own decision-making authority, guardianship could be reconsidered if future decisions posed risk to their well-being. The IDT agreed that the resident had been demonstrating improved

behavior and that the choice not to pursue testing was reasonable. The resident continues to make their own decisions, with the understanding that guardianship may be revisited if necessary.

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.

Rio Grande Demographics

Number of Residents

64

Admissions July - December 2025

1

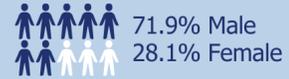
Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 9.4%
- Hispanic: 82.8%
- African - American: 3.1%
- Multiple: 4.7%

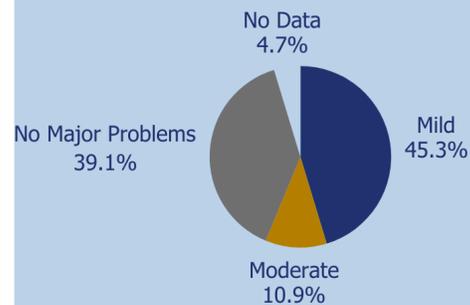
Alleged Offenders

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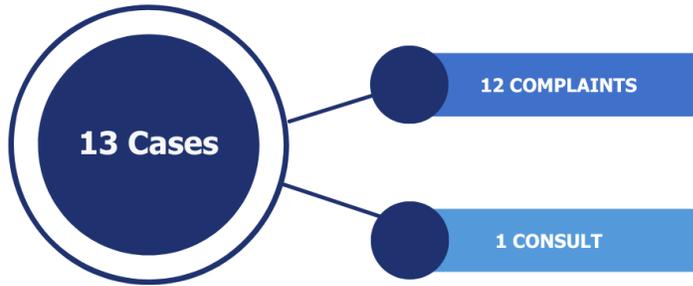
Residents w/Guardian

13

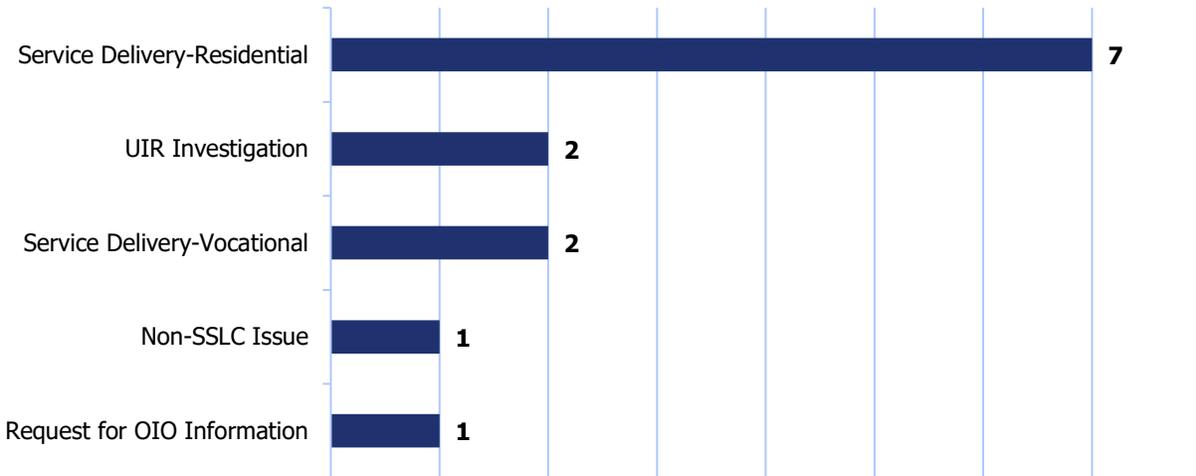
Health Status



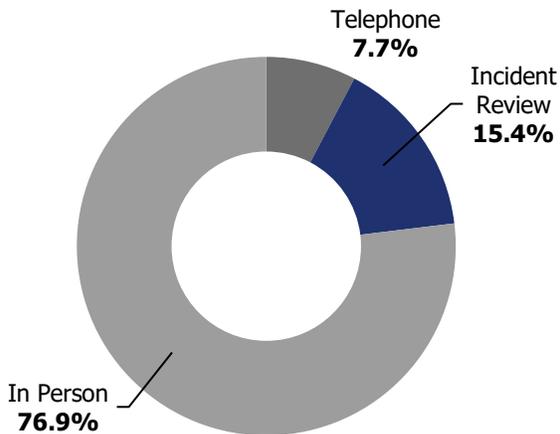
Cases Opened this Biannual Period: **Rio Grande**



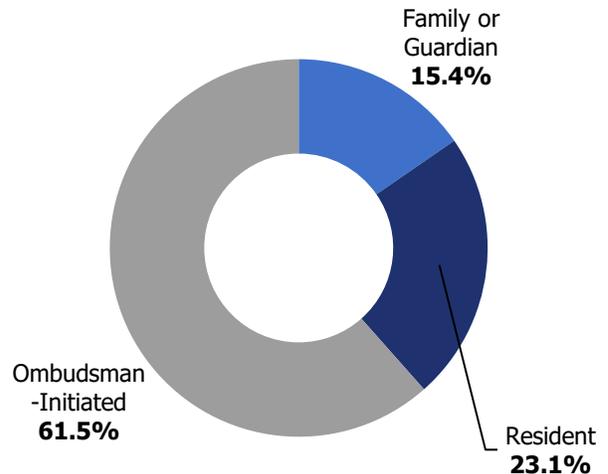
Number of Contacts by Type



How was the Contact Made?



Who Contacted the Ombudsman?



Case Study: Rio Grande

Community Engagement and Integration Opportunities for Residents

During a review of the Rio Grande SSLC's activity calendar, the AIO observed that no plans had been made for the upcoming Fourth of July holiday. The AIO was aware of multiple local community festivities including a car show, live music, and a fireworks display. The AIO noted that the residents at the SSLC were not scheduled to attend, nor had they participated in the community Fourth of July events in previous years. SSLC staff were unable to provide the AIO with a reason for the ongoing lack of participation. This raised concerns regarding missed opportunities for community integration, inclusion, and meaningful engagement.

The AIO first spoke with direct care staff and then with the staff responsible for coordinating outings, confirming that no holiday plans had been made. When informed of the available festivities, the outing coordinator stated that arranging attendance would be difficult on short notice. The AIO informed staff that they would further address the matter and subsequently brought the concern to the facility's daily leadership meeting. During the meeting, the AIO advocated for the resident's participation in the community events and emphasized the

importance of inclusion and access to meaningful activities.

SSLC leadership agreed that the lack of planned outings was concerning and warranted immediate attention; and started discussions to explore options and develop a plan to ensure residents could attend the Fourth of July festivities.

SSLC leadership supported the AIO's concerns and acknowledged the need to expand community engagement opportunities.

Following the AIO's advocacy, arrangements were made, and the residents attended a Fourth of July community celebration. After the holiday, the AIO confirmed with staff and residents that they had participated and that the experience was positive. Since this intervention, there has been a notable increase in meaningful community outings. SSLC residents have attended several events, including SpaceX launches, dolphin-watch tours, and Harlingen Market Days, demonstrating improved efforts toward community inclusion and enhanced quality of life for residents.

San Angelo State Supported Living Center

Lashelle Childress

Assistant Independent Ombudsman



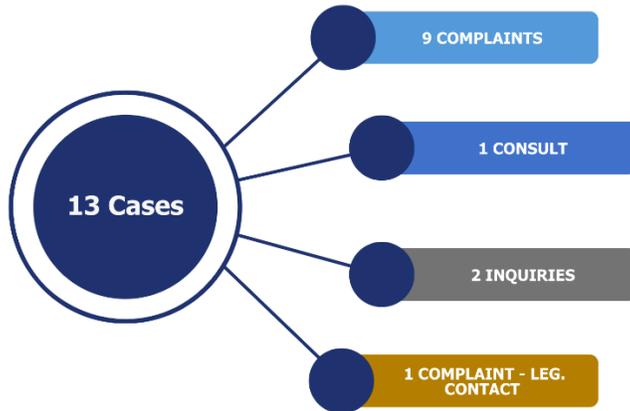
Lashelle Childress attended Angelo State University where she earned her Bachelor of Science degree in 2012. She has had the opportunity to serve in various roles for both the

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. Ms. Childress joined the OIO at the San Angelo SSLC in 2024.

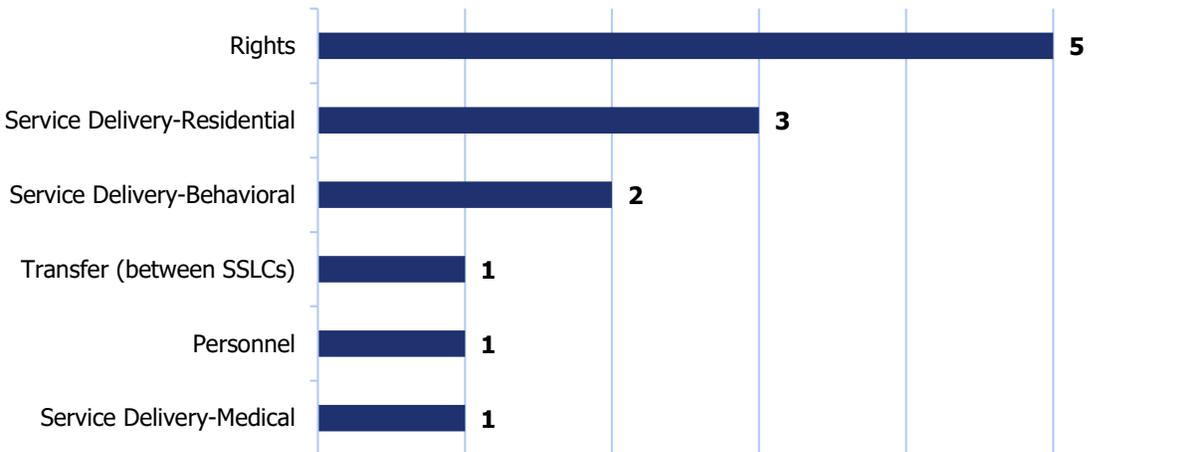
San Angelo Demographics



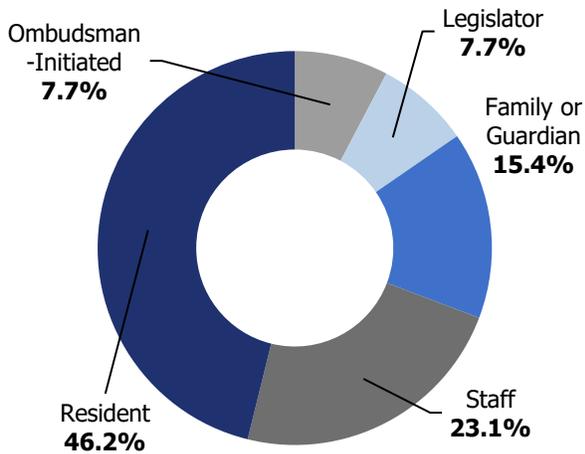
Cases Opened this Biannual Period: **San Angelo**



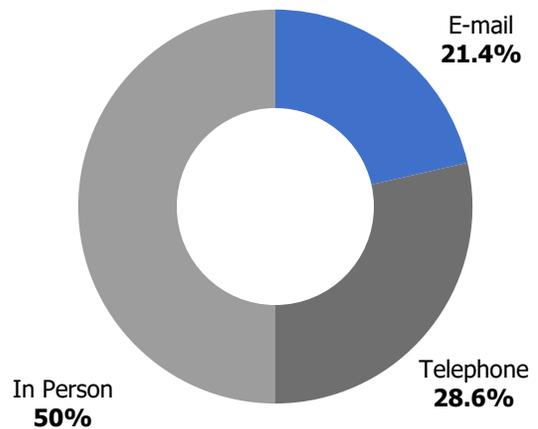
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: San Angelo

Legislative Complaint Yields Several Resident Support Concerns

The AIO was notified of a complaint by a legislator regarding a resident at the San Angelo SSLC. The complainant inquired about the resident's rights restrictions, including a restriction on participating in the SSLC choir, as well as a request for a new qualified intellectual disability professional (QIDP) assignment at the San Angelo SSLC or a transfer to another SSLC.

The AIO reviewed the residents' behavioral support plan and restrictions, interviewed staff, and spoke with the resident. The AIO identified several concerns, including:

- Inaccurate and insufficient data on behavioral incidents.
- Lack of communication between the resident's interdisciplinary team and their counselor in the community.
- Violations of the resident's privacy.
- A restriction that prevented the resident from attending a music festival that did not receive due process.
- Unresolved conflict with the resident's assigned QIDP that affected resident participation in treatment planning.
- Delays in communication about a transfer to another SSLC.

The AIO made several recommendations for the SSLC:

- Identify data that accurately reflects the number of behavioral incidents.

- Incorporate recommendations from the resident's non-SSLC counselor into their treatment plans.
- Ensure that the resident has privacy in their bedroom and can attend next year's music festival.
- Resolve disagreement between the resident and the QIDP so that the resident can participate in their planning.
- Conduct an interdisciplinary team (IDT) review of the resident's living options.
- Monitor and work to expedite the resident's requested SSLC transfer.

The AIO later met with the resident and the IDT to follow up on their findings and recommendations. The facility implemented a system to record and digitally store data on the resident's behavioral incidents. The resident's assigned SSLC counselor attends sessions with their community counselor to ensure continuity of care. The resident moved into a private bedroom. The IDT managed to improve the relationship between the resident and the QIDP and the resident began attending IDT meetings again. The QIDP will provide the resident with a monthly update on the status of their transfer to another SSLC.

The review conducted by the AIO led to significant improvements in data collection, personal privacy protections, and access to activities that addressed the concerns raised by the resident and their advocate.

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, an 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.

San Antonio Demographics

Number of Residents

184

Admissions July - December 2025

4

Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 47.8%
- Hispanic: 37.5%
- African - American: 12%
- Asian: .5%
- Multiple: 1.6%
- No Data: .5%

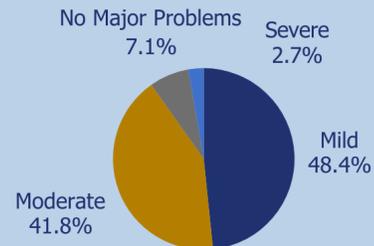
Alleged Offenders

5

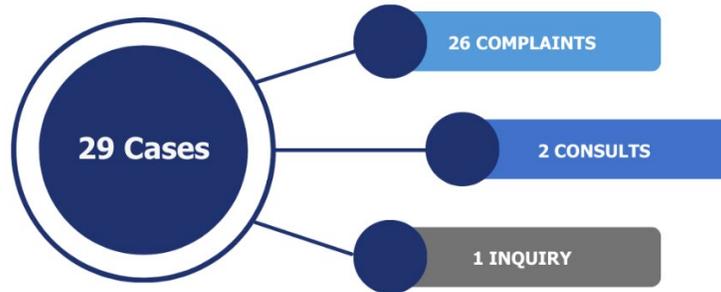
Residents w/Guardian

101

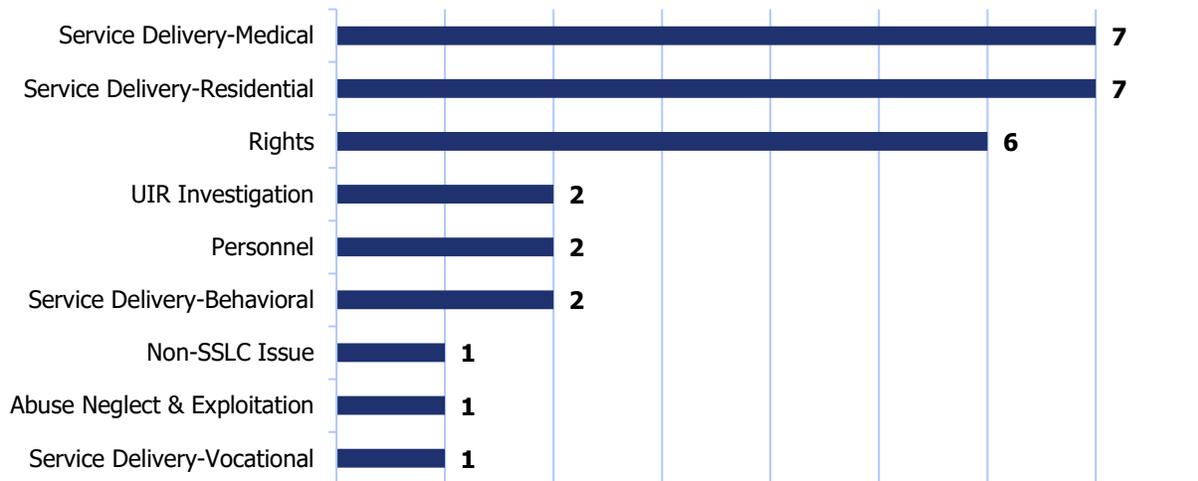
Health Status



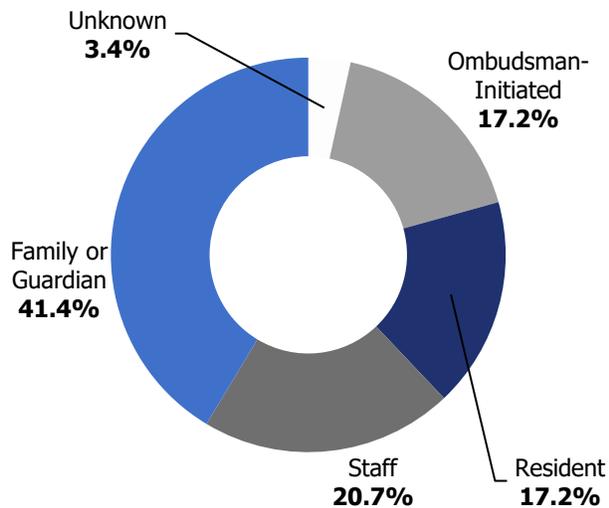
Cases Opened this Biannual Period: **San Antonio**



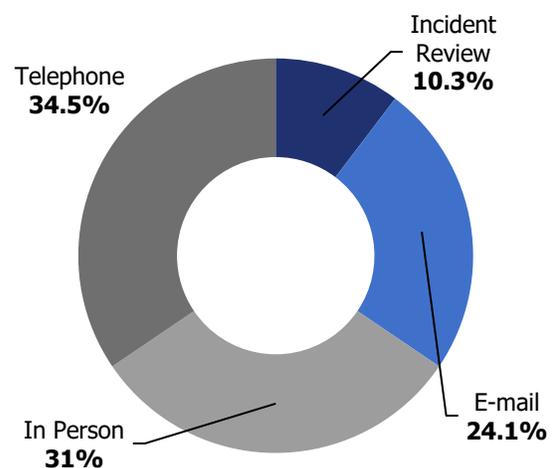
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: San Antonio

Conflicting Directives to Provide Appropriate Clinical Interventions

The AIO was asked to join a team meeting already underway due to a conflict between San Antonio SSLC administration and the interdisciplinary team (IDT) regarding fall-prevention supports for a resident who had recently undergone eye surgery. The resident's guardian, habilitation staff, medical staff, and multiple administrators were present. The AIO identified the primary concern as the resident's continued daily falls, which posed a risk to the healing of the surgical site. Despite ongoing discussions and attempted interventions, falls persisted.

SSLC administration recommended that the team—including the occupational therapist, physical therapist, and primary care physician (PCP)—consider placing the resident in a wheelchair at all times to reduce ambulation. This recommendation was perceived as a directive, and an order was issued stating the resident must always use a wheelchair. However, the resident was fully ambulatory aside from temporary reduced vision following surgery. They resisted the wheelchair and repeatedly attempted to get out of it, often tripping over the footrests and falling. Multiple adaptive devices were added to restrict the resident from getting out of the wheelchair unassisted, including additional belts and covers. These devices increased behavioral distress and may have contributed to additional falls. The treatment team expressed concern that these interventions were escalating risks rather than mitigating them, but felt compelled to follow the administration's direction.

The AIO reviewed the concerns of the administration and the clinical team to understand all measures attempted to prevent falls and support recovery. The AIO confirmed that while the administration's intent was resident safety, the use of restrictive equipment should remain clinically justified and not result in unnecessary interventions. During the meeting, the AIO facilitated open dialogue, prompting the team to compare the resident's previous successful eye surgery recovery to the current situation.

The team reviewed which supports had historically helped and which were now worsening behaviors and fall frequency. Through this review, the IDT agreed that continuous wheelchair use, along with the helmet and gait belt, were ineffective and potentially harmful. These interventions were discontinued. The team implemented revised supports, including continued one-to-one supervision, following the individual's PBSP, using protective goggles and anti-slip socks, improving environmental lighting, elevating the bed, and monitoring the effects of all adaptive equipment. The wheelchair order was modified so that it would only be used when the resident was unsteady, with leg rests used only when away from home and pushed by staff.

Before the meeting concluded, the AIO encouraged clinicians to provide clear, clinically supported recommendations to administration to guide future decision-making. The AIO encouraged the team to collect data on supports and use the data to

advocate for residents. The AIO also encouraged the PCP to participate in the upcoming medication review meeting to collaborate with psychiatry and the guardian. SSLC administration later contacted the AIO to express appreciation for ensuring all team members could safely voice concerns and work collaboratively toward an appropriate plan.

The AIO assisted with resolving the conflict between SSLC administration and the IDT, resulting in a revised, clinically supported fall prevention plan that respected the resident's abilities, safety, and autonomy. The team committed to ongoing monitoring and data-based decision-making, improving communication, and ensuring the resident received appropriate, least-restrictive care moving forward.

Annual Report of Findings

Program Review Overview

Senate Bill 643 of the 81st legislature charges the OIO with conducting an audit of each SSLC. These audits are also referred to as “program review” within this report. The legislation requires the OIO to review, report findings, and make recommendations in these specific areas:

- the ratio of direct care employees to residents.
- the provision and adequacy of training for center employees and direct care employees.
- the centers’ policies, practices, and procedures to ensure that each resident and client is encouraged to exercise their rights, including the right to file a complaint and the right to due process.

This report, which represents the annual report of findings as required by S.B. 643, provides results of the program review conducted in fiscal year 2025. It is divided into three parts, each of which evaluates one of the three legislatively charged areas of review and includes the following: the specific legislative charge, background information about each audit area, a description of the data collected, and the findings. A comprehensive report of all program review data and activity will be published for the biennium in the fall of 2026.

Residents Sampled for 2025 Onsite Visits

303

Number of DSPs Interviewed

459

Number of Primary Contact Questionnaires Received

62

Number of Resident Plans (PBSPs, PMRPs, LOS, CIPs) Reviewed

709

Number of Residents Interviewed

162

Number of HRC Meetings Observed

169

Data Collection

The annual report of findings presents program review data collected using various tools developed and continually refined by the OIO. Acceptance criteria and procedures for completing program review tools ensure as much consistency and accuracy in data collection as possible. Quality assurance

measures are also implemented at multiple stages of data collection, data review, and analysis. The OIO also conducts quality improvement prior to, throughout, and following each fiscal reporting year to optimize practices, data analysis, and to best inform recommendations.

Program review audit data is collected on an ongoing basis by the AIOs at their respective SSLCs and during weeklong on-site audits at each SSLC. The OIO collected data by observing human rights committee (HRC) meetings and reviewing documentation, interviewing direct support staff (DSP) about resident plans and programming to assess

their training and competency, and observing residents' homes and interviewing staff to assess staffing ratios and service delivery.

During the onsite visits, OIO staff also interviewed residents and DSPs about rights, reviewed rights-related documentation, and residents' behavioral and individual support plans. The residents were selected by generating a random sample using the OIO Analytics Salesforce database, which is used to collect and track program review data. The sample size at each center is the greater of 10% of the SSLC census at the time of the onsite visit or 20 residents.

Staff-to-Client Ratio

"The Office of the Independent Ombudsman shall conduct on-site audits at each center of the ratio of direct care employees to residents and evaluate the delivery of services to residents to ensure that residents' rights are fully observed."

Senate Bill 643, Section 555.059, 81st Legislature

Each SSLC establishes its own minimum ratio of staff to residents for each home and shift. The number of staff assigned is based on the ICF guidelines and the needs of the residents who live in each home. Home staff are responsible for providing adequate supervision and hygiene support, implementing behavior support, and facilitating community activities, dining, and programming.

Evaluating Staff-to-Client Ratios Through Observations and Staff Interviews

To evaluate staff-to-resident ratios at SSLCs, AIOs conducted observations at each home at least once throughout the year and at each home at which a resident in the onsite

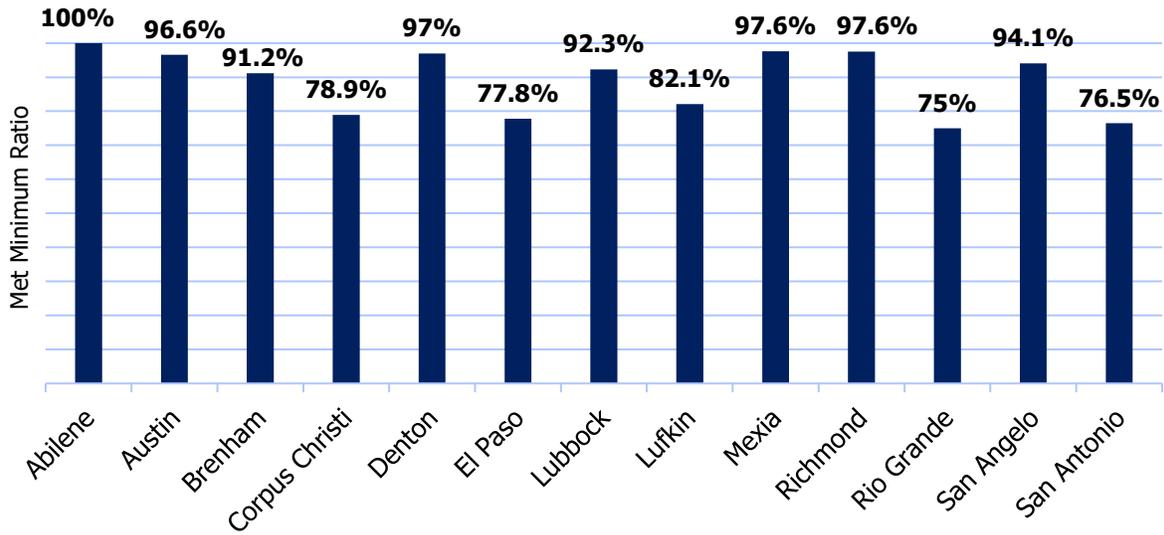
sample lives. Each home is observed for at least 15 minutes. During the observation, supervisory home staff are interviewed about direct care staff's ability to implement resident services, plans and programming. They reported if any residents were negatively impacted due to a lack of staff, regardless of the designated number of staff assigned to work in each home and shift. The following data and observations are key highlights from the fiscal year 2025 program review.

Staff-to-Client Ratio Summary of Findings

Met Minimum Staffing Requirements

- In aggregate, minimum staffing requirements were met in 91.4% of observations across all SSLCs in fiscal year 2025.
- Eight out of 13 SSLCs met minimum staffing requirements in 90% or more observations.
- Abilene was the only facility that met minimum staffing requirements in 100% of observations across all shifts. Rio Grande (75%) and San Antonio (76.5%) had the lowest percentages of observations where minimum staffing requirements were met.

Observations Where Minimum Staffing Ratio was Met, All Shifts



SSLC

Disaggregate ratio data showed:

- San Antonio (66.7%), El Paso (70%), Corpus Christi (72.7%), and Rio Grande (75%) had the lowest percentages of observations that met minimum staffing requirements during the 6:00 AM - 2:00 PM shift.
- All observations conducted at Abilene, Austin, Mexia, Richmond, San Angelo, and San Antonio during the 2:00 PM - 10:00 PM shift met minimum staffing requirements.
- Of the four observations conducted at Rio Grande during the 2:00 PM – 10:00 PM shift, only two (50%) met minimum staffing requirements.
- Fewer observations were conducted during the 10:00 PM – 6:00 AM shift. However, all SSLCs except San Antonio met minimum staffing requirements during this shift.

Shift	Met Minimum Staffing Requirements
6:00 AM - 2:00 PM	90.3%
2:00 PM - 10:00 PM	92.1%
10:00 PM - 6:00 AM	95.7%
All Shifts	91.4%

Resident Services Negatively Affected

In addition to evaluating if centers met minimum staffing requirements, AIOs also asked the staff in charge of the home if resident services had been negatively impacted during the shift due to a lack of staff regardless of whether staffing minimums were met. Negatively impacted means that services did not occur or were delayed.

- Despite meeting minimum staffing requirements during all ratio observations conducted at Abilene, they also had the highest percentage of services negatively affected (25%) of all SSLCs.
- Across all shifts, Austin, Lubbock, San Angelo, and San Antonio met minimum ratio requirements; however, residential service delivery was negatively affected at higher rates than other centers.

Observations where Residential Services were Negatively Impacted Despite Meeting Minimum Staffing Ratios, by Shift

SSLC	6 AM - 2 PM	2 PM - 10 PM	10 PM - 6 AM	All Shifts
Abilene	26.3%	25%	0%	25%
Austin	0%	38.5%	0%	17.9%
Brenham	5.9%	8.3%	50%	9.7%
Corpus Christi	12.5%	0%	0%	6.7%
Denton	9.1%	11.1%	0%	9.4%
El Paso	0%	0%	100%	7.1%
Lubbock	11.1%	25%	0%	16.7%
Lufkin	10%	0%	0%	4.3%
Mexia	0%	0%	0%	0%
Richmond	0%	12.5%	0%	5%
Rio Grande	0%	0%	0%	0%
San Angelo	12.5%	20%	0%	12.5%
San Antonio	16.7%	33.3%	0%	23.1%
Aggregate	7.8%	14%	9.1%	10.4%

- During observations conducted at San Antonio during the 6:00 AM – 2:00 PM shift, minimum staffing requirements were met in only 66.7% of observations. During that same shift, resident services were reported to have been negatively impacted in 16.7% of those observations.
- During home observations conducted at Lubbock during the 2:00 PM – 10:00 PM shift, minimum staffing requirements were met in 85.7% of observations. During that same shift, resident services were reported to have been negatively impacted in 25% of those observations.
- Minimum staffing requirements were met during all 2:00 PM – 10:00 PM observations at Austin. However, staff reported negative impacts to residential service delivery in 38.5% of those same observations.
- Across all SSLCs, residential service delivery was negatively impacted in the greatest proportion of

observations during the 2:00 PM – 10:00 PM shift.

- Across all SSLCs, only Mexia and Rio Grande staff reported no negative impacts to residential services during shifts where minimums were met.

The data collected during fiscal year 2025 indicates that meeting the SSLC’s self-determined minimum staffing ratios does not guarantee that services are provided effectively or consistently. Several

observations demonstrated that even when minimum ratios were met, staff still had difficulty meeting resident needs and implementing required plans and interventions. This indicates that the staffing minimums set by each SSLC may not always be sufficient to support the effective delivery of services, particularly during shifts where the demand for services is higher or in homes with residents requiring more intensive supports.

Adequacy of Staff Training

"The Office of the Independent Ombudsman shall conduct on-site audits at each center of the provision and adequacy of training to direct care employees."

Senate Bill 643, Section 555.059, 81st Legislature

Adequate staff training ensures direct support professionals (DSPs) are prepared to implement residents' plans and advocate for and protect residents' rights. Staff training was evaluated by interviewing DSPs about residents' plans and programming.

Every resident has an interdisciplinary team (IDT). The IDT is a team that includes the resident, the resident's legally authorized representative or another person actively involved in the resident's life, DSPs, and other professionals who provide services and support to the resident. The IDT develops individualized plans and programs for the resident which are intended to support them in their daily life. DSPs are front-line workers responsible for implementing these plans and programs.

Evaluating DSP Training Through Competency Evaluations

The OIO reviewed residents' plans and then interviewed DSPs to assess their

understanding and overall competency in implementing resident programs.

This section contains data collected from staff competency evaluations conducted on three types of plans: positive behavior support plans (PBSPs), physical nutritional management plans (PNMPs), and increased level of supervision (LOS) plans. Proper implementation is crucial to ensure that the behavioral and health needs of residents are met. As such, it is important that DSPs can correctly identify the details of these plans.

Adequacy of Staff Training Findings

Positive Behavior Support Plans

A PBSP is a plan of individualized interventions intended to help a resident develop and strengthen positive behaviors and reduce or prevent target behaviors. PBSPs are implemented for residents who require behavioral support to aid in their success and satisfaction at school, work, home, and in the community.

Among DSPs who knew residents had a PBSP, the majority in aggregate (72.1%) were able to identify the target behaviors outlined in the plan. Target behaviors are behaviors exhibited by the resident that their IDT has identified should be reduced or modified. More than 90% of DSPs at Mexia (91.7%), Richmond (93.8%), and Rio Grande (96.2%) correctly identified residents' target behaviors.

DSP Training Evaluation Responses, PBSP

SSLC	Percentage of DSPs Who Correctly Identified Resident's Target Behaviors	Percentage of DSPs Who Correctly Identified how to Respond to Resident's Target Behaviors	Percentage of DSPs Who Correctly Identified Resident's Replacement Behaviors
Abilene	87.5%	66.7%	54.2%
Austin	66.7%	61.1%	61.1%
Brenham	76%	60%	48%
Corpus Christi	38.1%	19%	15%
Denton	65.5%	48.3%	48.3%
El Paso	84.2%	78.9%	57.9%
Lubbock	40.7%	25.9%	29.6%
Lufkin	61.9%	57.1%	52.4%
Mexia	91.7%	69.4%	48.6%
Richmond	93.8%	43.8%	25%
Rio Grande	96.2%	80.8%	52%
San Angelo	65.4%	34.6%	48%
San Antonio	64.7%	41.2%	20%
Aggregate	72.1%	53.4%	44.1%

- Fewer DSPs in aggregate (53.4%) correctly identified how to respond when the resident engaged in target behaviors.
- Only 19% of DSPs interviewed at Corpus Christi, 25.9% interviewed at Lubbock, and 34.6% interviewed at San Angelo correctly identified how to respond when they observed a resident engaging in a target behavior.
- Even fewer DSPs in aggregate (44.1%) were able to correctly identify replacement behaviors, which are desirable behaviors that the IDT has identified for reinforcement.

- Less than a third of DSPs interviewed at Corpus Christi (15%), San Antonio (20%), Richmond (25%), and Lubbock (29.6%) could identify replacement behaviors for a resident whose plan they were responsible for implementing.

Failing to respond appropriately to target behaviors can lead to harmful consequences for the resident or others. The aggregate and disaggregate data indicate that staff at these centers may benefit from increased or more effective training on PBSP implementation in these areas.

Physical Nutritional Management Plans

A PNMP is a set of techniques and instructions to help direct care staff promote and maintain a resident’s physical health. These techniques and instructions are specific to each resident. The data presented here covers adaptive (also referred to as assistive) equipment and diet modifications.

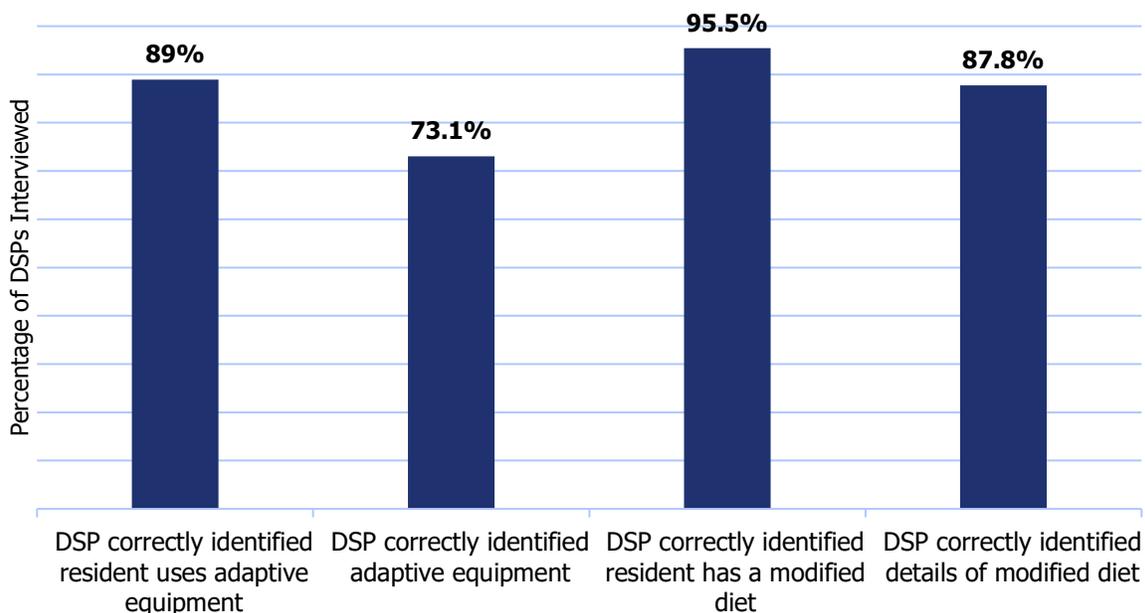
Among DSPs who correctly identified that a resident required a PNMP, most in aggregate (89%) correctly identified that the resident required adaptive equipment. Adaptive equipment is used to assist with activities of daily living, such as bathing, grooming, and feeding, and provides physical support, comfort or therapeutic benefit to increase independence.

- All DSPs interviewed at El Paso and Richmond correctly identified that the resident used adaptive equipment.

- DSPs interviewed at San Angelo were least knowledgeable (68.8%) about whether the resident they supported required the use of adaptive equipment.
- While most DSPs interviewed knew that the resident they supported required adaptive equipment, fewer DSPs in aggregate (73.1%) were able to identify the specific types of adaptive equipment the resident used.
- Only half of DSPs at San Angelo were able to identify that the resident they supported used adaptive equipment, followed by Corpus Christi (57.1%), Lubbock (57.9%), Denton (60.5%), Lufkin (64.5%), and Mexia (69.2%).

Ensuring that DSPs are properly trained in the use of this equipment is critical for them to adequately support each resident and properly implement their plans.

DSP Training Evaluation Responses, PNMP - Aggregate



DSP Training Evaluation Responses, PNMP

SSLC	Percentage Who Correctly Identified Resident Uses Adaptive Equipment	Percentage Who Correctly Identified Specific Adaptive Equipment	Percentage Who Correctly Identified Resident Required Modified Diet	Percentage Who Correctly Identified Specific Diet Modifications
Abilene	96.3%	85.2%	96%	96%
Austin	85%	75%	100%	100%
Brenham	95.8%	83.3%	96.2%	84.6%
Corpus Christi	90.5%	57.1%	100%	87.5%
Denton	76.3%	60.5%	87.5%	78.1%
El Paso	100%	88.9%	91.7%	87.5%
Lubbock	94.7%	57.9%	100%	76.5%
Lufkin	87.1%	64.5%	92.9%	82.1%
Mexia	69.2%	69.2%	100%	100%
Richmond	100%	82.1%	97.1%	91.4%
Rio Grande	89.3%	85.7%	100%	96.0%
San Angelo	68.8%	50%	100%	100%
San Antonio	96%	84%	91.3%	78.3%

- Nearly all DSPs interviewed in aggregate (95.5%) correctly identified residents that required a modified diet, which is a specific kind of food texture the IDT has determined is most appropriate for the resident.
- All DSPs interviewed at Austin, Corpus Christi, Lubbock, Mexia, Rio Grande, and San Angelo correctly identified that residents required a modified diet.
- Ninety percent or more of DSPs at all SSLCs except for Denton knew that the resident they provided support to required a modified diet.
- Fewer DSPs in aggregate (87.8%) were knowledgeable about the specific diet modifications in residents' plans.
- All DSPs interviewed at Austin, Mexia, and San Angelo could identify the modified diet texture the resident required. Only 76.5% of DSPs interviewed at Lubbock knew the modified diet texture for the resident they provided support.

Staff are responsible for ensuring that food and liquids are the correct consistency. Effective training on diet requirements is essential for proper resident support and safety.

Level of Supervision

A level of supervision (LOS) is the type of supervision provided by staff as deemed necessary and as determined by the resident’s IDT. An increased LOS is any amount of oversight and support beyond a routine LOS, which involves the DSP performing hourly visual checks on a resident. An increased LOS may be one-to-

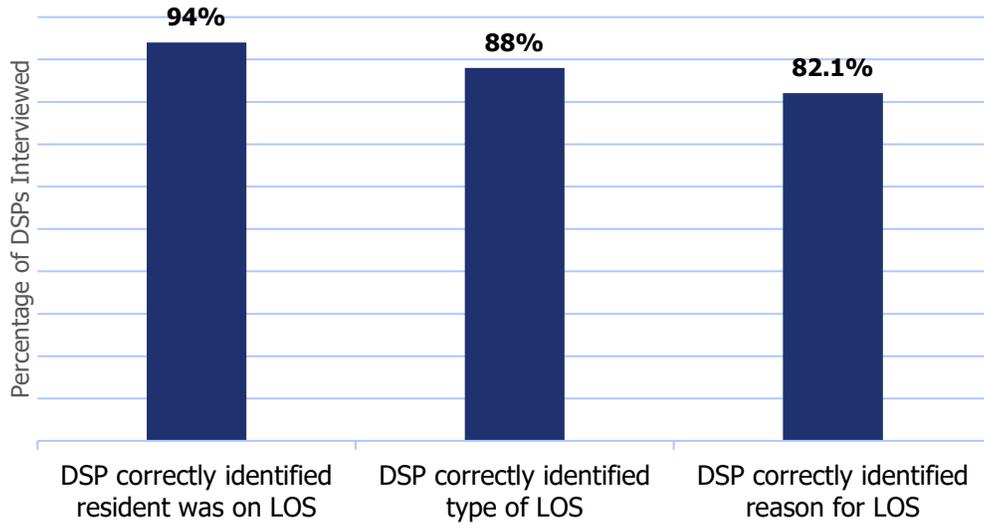
one supervision, two-to-one supervision, or enhanced supervision, which exceeds routine supervision and includes additional instructions for how the increased LOS should be implemented. DSPs should be knowledgeable about the reason for the increased LOS so that they can provide adequate support for each resident they are responsible for supervising.

DSP Training Evaluation Responses, LOS

SSLC	Percentage Who Correctly Identified Resident was on LOS	Percentage Who Correctly Identified Type of LOS	Percentage Who Correctly Identified Reason for LOS
Abilene	87.5%	87.5%	87.5%
Austin	100%	91.7%	100%
Brenham	100%	100%	100%
Corpus Christi	100%	100%	66.7%
Denton	93.3%	73.3%	60%
El Paso	100%	100%	100%
Lubbock	71.4%	57.1%	57.1%
Lufkin	90.9%	81.8%	81.8%
Mexia	100%	100%	85.7%
Richmond	100%	100%	100%
Rio Grande	87.5%	87.5%	87.5%
San Angelo	100%	90.9%	72.7%
San Antonio	88.9%	88.9%	77.8%

- Ninety-four percent of DSPs correctly identified that the resident they supported was on an increased LOS.
- All DSPs interviewed at a majority of SSLCs – Austin, Brenham, Corpus Christi, El Paso, Mexia, Richmond, and San Angelo – correctly identified that the resident they supported was on an increased LOS.
- DSPs at Lubbock were least knowledgeable about which residents were on an increased LOS (71.4%).

DSP Training Evaluation Responses, LOS - Aggregate



- In aggregate, fewer DSPs were able to identify the type of increased LOS (88%) or the reason for the resident's LOS (82.1%).
- Only slightly more than half of DSPs interviewed at Lubbock could correctly identify the type of LOS (57.1%) or the reason for the resident's LOS (57.1%).
- Most DSPs at San Angelo (90.9%) and San Antonio (88.9%) were able to identify the type of increased LOS the resident was on; however, only 72.7% and 77.8% of DSPs,

respectively, knew the reason for the LOS.

While most DSPs interviewed at all SSLCs were aware that the resident they supported was on an increased LOS, many staff could not identify the type or the reason for additional supervision. This is a concern, as staff are specifically assigned to provide this modified supervision to ensure residents' safety, implement aspects of their support plans, and prevent harm to the resident or others.

Rights and Due Process

"The Office of the Independent Ombudsman shall conduct on-site audits to ensure residents are encouraged to exercise their rights, including the right to file a complaint and provided the right to due process."

Senate Bill 643, Section 555.059, 81st Legislature

Residents of SSLCs have the same rights as any other person. However, these rights may be restricted when deemed necessary by a judge or by a resident's interdisciplinary team (IDT), subject to approval by the SSLC's human rights committee (HRC). When implemented by the SSLC, rights restrictions must be justified, less intrusive interventions must have been attempted, and an attainable, individualized plan must be in place to remove or reduce the restriction.

SSLCs must protect and encourage the exercise of residents' rights. This is done by involving and keeping residents and their families informed of planning and decision making, providing appropriate and adequate support services, and ensuring that residents and their families have the knowledge and the right to file a complaint.

Evaluating Resident Rights and Due Process Through Interviews, Surveys, and Human Rights Committee Meetings

To evaluate how SSLCs encourage and protect resident rights, the OIO assessed rights-related policies and practices by reviewing resident plans and rights restrictions; interviewing residents and DSPs about rights and restrictions; observing and collecting data from HRC meetings; and requesting feedback from residents' guardians, legally authorized representatives (LAR) or actively involved persons (AIPs).

Rights and Due Process Summary of Findings

Resident Interviews

During site visits, OIO staff conducted interviews with residents in the sample to evaluate their understanding of their rights and their perceived level of involvement in planning and decision making. A DSP assigned to work with each resident in the sample was also interviewed about their knowledge of the resident's rights and restrictions.

All residents in the sample who agreed and were able, participated in an interview with the OIO staff. Some residents in the sample either lacked the capacity to be interviewed or chose not to participate. Five additional residents not included in the sample were interviewed to expand the data collected from residents at each SSLC. The following

data and observations are key highlights from the 2025 program review.

- Of all residents interviewed, 81% were able to identify at least two of their rights.
- All residents interviewed at Rio Grande were able to identify at least two of their rights.
- More than 90% of residents interviewed at Denton (92.3%) and Corpus Christi (92.9%) were also able to identify two of their rights.
- Residents at San Angelo (61.5%) and Abilene (66.7%) had the most difficulty identifying their rights.

Per the SSLC statewide rights policy, residents should be provided with a copy of the *Know Your Rights Handbook* and have the handbook explained to them upon admission, and annually thereafter.

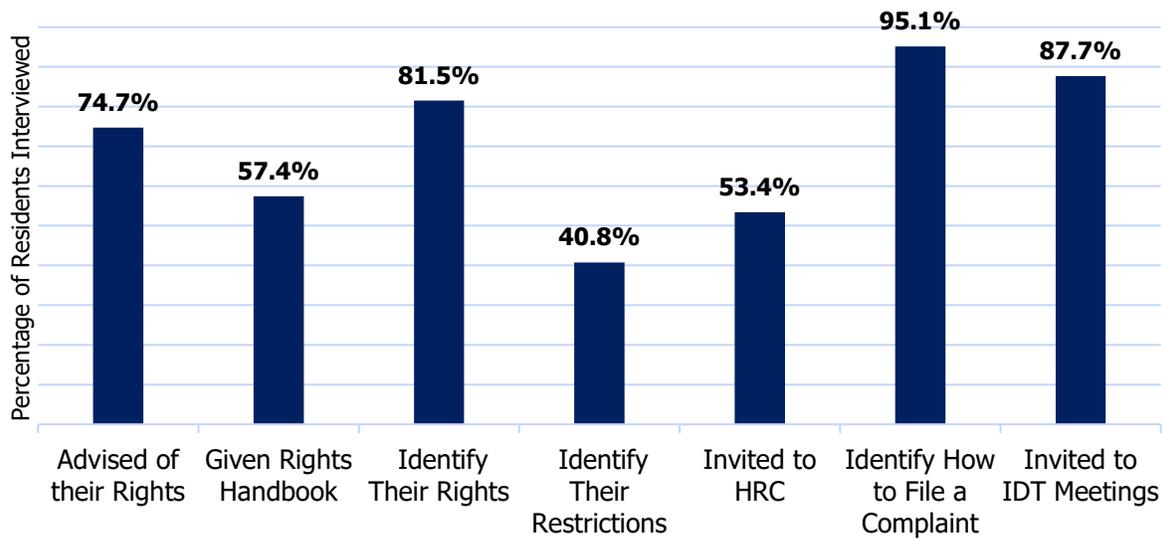
- However, only 57.4% of all residents interviewed stated they had been given a copy of the handbook.
- The percentage of residents interviewed who reported receiving a handbook was lowest at San Antonio

(25%), followed by Lufkin (33.3%), and Corpus Christi (35.7%).

- The percentage of residents interviewed who reported receiving a handbook was highest at Rio Grande (78.6%), followed by San Angelo (76.9%).
- Only 53.4% of residents interviewed who had current rights restrictions reported that they were invited to HRC meetings.
- Only 40.8% of all residents interviewed could identify their own rights restrictions.
- No residents interviewed at Corpus Christi could identify their own rights restrictions.
- The percentage of residents interviewed who could identify their own rights restrictions was highest at Austin (55.6%), followed by Mexia (54.5%), and Denton (53.8%).

These metrics have remained consistent across OIO reporting periods, indicating a continued lack of resident knowledge and involvement in discussions and decisions made about their own lives.

Resident Interview Responses - Aggregate



Primary Contact Questionnaires

Throughout fiscal year 2025, the primary contacts of residents in each onsite visit sample were sent a questionnaire from the OIO via email or mail. A list of primary contact persons for all SSLC residents was provided prior to the onsite review by the SSLC. Not all residents in the sample had a primary contact person on record. The purpose of the questionnaire was to receive feedback from the residents’ legally authorized representative, guardian, or actively involved person. This is a person designated by the resident and the facility to be involved in the residents’ planning and decision making.

The questionnaire included questions about whether the primary contacts were provided with the *Know Your Rights Handbook*, if they understood and were advised of the residents’ rights, and if they knew how to file a complaint. The survey also asked if the primary contact was informed of any

proposed restrictions on the resident’s rights, and if so, were invited to the HRC meetings where the restrictions were discussed. Residents in the onsite visit sample who were able and agreed to be interviewed were asked these same questions (see *Resident Interviews*, page 79).

The aggregate response rate to the primary contact questionnaire was 21.8%. Primary contacts of residents in the Abilene onsite visit sample responded at the highest rate (50%). Primary contacts of residents in the onsite visit sample at Austin and Rio Grande responded at the lowest rates (5% and 5.3%, respectively).

- Of the primary contacts who responded to the questionnaire, 75.8% knew how to file a complaint.
- All primary contacts of residents in the Austin, Corpus Christi, Denton, El Paso, Lufkin and San Angelo onsite samples who responded to the

questionnaire reported that they knew how to file a complaint.

- None of the primary contacts of residents in the San Antonio and Rio Grande onsite samples knew how to file a complaint.

onsite samples reported being invited to HRC meetings.

- None of the primary contacts of residents in the Mexia, Richmond, or Rio Grande onsite samples reported that they were invited to HRC meetings.

SSLC	Primary Contact Survey Response Rate
Abilene	50%
Austin	5%
Brenham	34.8%
Corpus Christi	11.1%
Denton	20%
El Paso	10%
Lubbock	33.3%
Lufkin	40.9%
Mexia	8.7%
Richmond	20.7%
Rio Grande	5.3%
San Angelo	13.3%
San Antonio	22.2%
Aggregate	21.8%

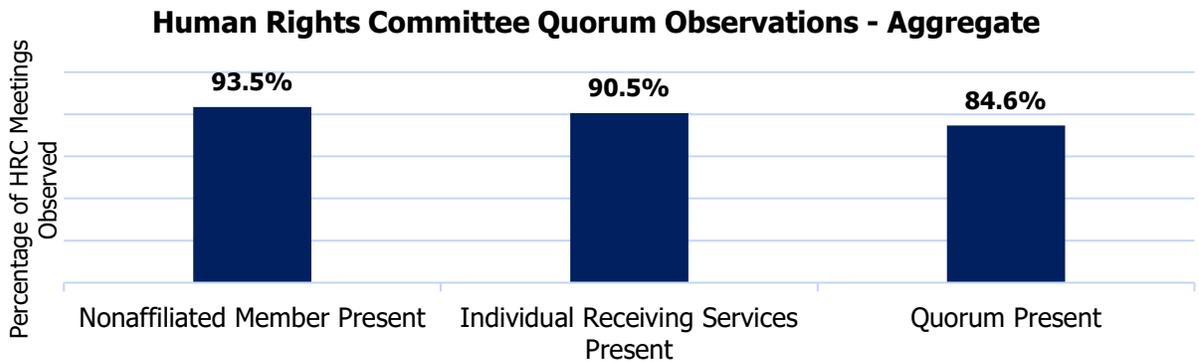
- Overall, slightly more than half (54.8%) of the primary contacts who responded to the questionnaire reported being invited to HRC meetings.
- All primary contacts of residents in the Austin, El Paso and San Angelo

HRC Due Process Review

Each center has a human rights committee that reviews and determines whether to approve or reject all non-emergency restrictions proposed by the IDT before they may be implemented. It is the primary mechanism to ensure due process and the protection of resident rights.

During onsite visits and as part of ongoing oversight, the OIO reviewed whether quorum was present during observed HRC meetings. According to the SSLC statewide rights policy, a quorum is required for HRC meetings to meet due process requirements.

For quorum to be met, four members must be present at an HRC meeting, including the human rights officer (HRO) or the HRO's designee, a person who has received intellectual disability services (e.g., a resident of the SSLC), a person unaffiliated with the center; and a fourth person who can either be a person receiving intellectual disability services, a person unaffiliated with the center, a family member or LAR of a resident, or facility staff with behavioral management experience.



In aggregate, quorum was met in 84.6% of HRC meetings observed during fiscal year 2025.

- Only five SSLCs – Abilene, Denton, Richmond, Rio Grande, and San Antonio – met quorum in all observations.
- Quorum was met in the lowest percentage of observations at San Angelo (46.2%) and Brenham (61.5%).
- At Brenham, an individual receiving services was present at only 61.5% of HRC meetings observed, the lowest of all SSLCs.
- At San Angelo, a nonaffiliated member was present at only 46.2% of HRC meetings observed, the lowest of all SSLCs.

Human Rights Committee Quorum Observations

SSLC	Nonaffiliated Member Present	Individual Receiving Services Present	Quorum Present
Abilene	100%	100%	100%
Austin	92.3%	100%	92.3%
Brenham	100%	61.5%	61.5%
Corpus Christi	100%	76.9%	76.9%
Denton	100%	100%	100%
El Paso	92.3%	92.3%	84.6%
Lubbock	100%	84.6%	84.6%
Lufkin	100%	84.6%	84.6%
Mexia	84.6%	92.3%	76.9%
Richmond	100%	100%	100%
Rio Grande	100%	100%	100%
San Angelo	46.2%	84.6%	46.2%
San Antonio	100%	100%	100%
Aggregate	93.5%	90.5%	84.6%

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