

2016

Office of the Independent Ombudsman
for State Supported Living Centers

Annual Report



OFFICE OF THE INDEPENDENT
OMBUDSMAN
for State Supported Living Centers

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Executive Summary & Recommendations

The Office of the Independent Ombudsman for State Supported Living Centers exists to provide protections for the residents of the centers across our state. The legislative mandate requires that we conduct a review of the centers in the areas of rights, staff training, and staff to client ratio and report the findings of our review on an annual basis.

This year's report represents a significant effort to present the information in a clear and concise format. The report is data driven and substantial documentation of this data can be found in the appendices. A year by year trend analysis is provided to support our conclusions and to provide justification for the recommendations.

By virtue, the role of our Office has limited power to make decisions regarding the welfare of the residents we serve. However, we feel strongly that our role as an influencer and an agent of change can be of value to the political leaders of our state, the leadership of the agency and the administration of each center. The findings from our review of each of the SSLCs, including the ICF component of the Rio Grande Center, combined with the system wide evaluation of this data, as well as the trend analyses, gives us a unique outlook.

Recommendations are presented for each of the areas that Senate Bill 643 directs this Office to review. The upcoming transformation of this agency into the newly consolidated HHS will present a unique opportunity to initiate systemic change. It is our hope that these recommendations assist in those changes.

Recommendations

Staff to Client Ratio

- Our data supports that the SSLCs have a systemic issue in their ability to meet minimum required staff to resident ratios. The practices of utilizing staff held beyond their scheduled shift and/or pulling staff from other assigned homes attempts to solve the staffing problem however this creates a larger concern.
- The current staffing model forces the centers to focus only on the basic needs of the residents, many times neglecting the quality of life of the individual. Our findings, based on evaluation of data, strongly support the agency's efforts to acquire additional resources that will address staff shortages and the need for person centered practices.

Training

- The review reveals that Mexia SSLC has implemented classroom training for staff that specializes in supporting both forensic residents and adolescents. This is commendable and should be available to all centers.

- Training for additional specialized populations, including medically compromised and geriatric populations, should be developed and established at all centers.
- Subject matter experts (SME) are utilized to train direct care professionals however training would be more effective if trainers were provided with techniques and strategies on how to be effective instructors.
- The on-the-job training provided by the centers would be improved by implementing statewide standardized practices and curriculum.
- Staff would benefit from training that uses a person-centered approach.

Rights and Due Process

- All centers make a concerted effort to ensure that family members, guardians, LAR and/or AIP are included in decision making and all planning meetings, including any meeting which restricts a resident's rights. However, as required by the Center for Medicare and Medicaid Services, the person served should be at the center of all planning.
- The agency must create a culture of promoting and acknowledging the rights of residents and due process for restricting those rights.
- A system should be created to ensure that consent is obtained before a restriction is imposed on a resident. As chair of the Human Rights Committee, the Human Rights Officer should be utilized as a layer of protection to residents. The Human Rights Officer should ensure consent, and all elements of due process, are met before any restrictive measure is approved by the Committee.

The Ombudsman's office is limited in its scope and power, such that the Office can only make recommendations and provide guidance to State Supported Living Centers in the spirit that centers strive for and achieve the highest standards of excellence. It is my hope that as Governor Abbott, his administration and the lawmakers of the 85th legislative session examine this report, they will find it useful in their understanding of the services offered by the SSLCs and the needs of deserving citizens of our state whom they serve. Thank you for your continued support and confidence.

Respectfully submitted,



George P. Bithos D.D.S. Ph.D.
Independent Ombudsman for State Supported Living Centers

Background & Introduction

Senate Bill 643 of the 81st Legislature charges the Office of the Independent Ombudsman (OIO) to conduct on-site audits at each State Supported Living Center (SSLC). The audit is also referred to as “Program Review” within the body of this report. The legislative mandate requires that the Office review, report findings, and make recommendations in these specific areas:

- the ratio of direct care employees to residents and evaluate service delivery to ensure their rights are observed;
- the provision and adequacy of training to center employees, direct care employees, and if the center serves alleged offender residents, the provision of specialized training to direct care employees,
- the center's 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.

The Program Review process consists of week-long on-site evaluations by teams of Assistant Independent Ombudsmen (AIO) at each SSLC, as well as ongoing monitoring and data collection. The data represented within this report combines all data collected during the ongoing monitoring period from August 2015- September 2016 and the on-site reviews taken place in the fourth quarter of 2016.

Organization of Report & Methodology

The 2016 Annual Report findings of this year’s Program Review is delivered by outlining a series of domains that capture each legislatively mandated area of review, in addition to outcomes established by the Office. The outcomes are determined by the OIO’s confidence in the Centers’ ability to achieve optimal standards of practice and operations. Each outcome is measured aggregately, and by Center, using various indicators that lead to determinations and interpretation on the level of success in each area.

The data analyzed in this report was collected from a of 10% randomly generated sample of residents living at each SSLC at the time of the on-site visit; for those Centers with less than 200 individuals, 20 residents were randomly selected. A home observation was completed at each

home represented in the sample at the on-site visit; every home at each SSLC was also observed during the ongoing monitoring period. Interviews were completed by AIOs with each individual in the sample who was able to participate using their preferred communication method; five additional residents were interviewed at each Center to expand the sample size and extent of resident input.

Much of the data presented within the report and/or appendices uses annual comparative figures to provide a broader demonstration of the Centers' success in each of the areas, as legislatively charged. The dates provided in annual comparisons may vary due to changes made to the tools to assess each domain. Moving forward, the Office intends to limit any changes to the tools to ensure accurate comparative analysis.

To evaluate each domain and the associated outcomes in the areas of resident rights, due process, staff training and staff to client ratios, the following activities and information were assessed:

- documentation of client records and staffing logs
- residents and staff interviews
- Surveys from the primary contact person of residents
- Human Rights Committee (HRC) meetings
- documentation related to rights restrictions and modifications
- Observations of residential service delivery and reconciling staffing ratios
- surveys on adequacy of training from new employees
- observed in-service training for direct care staff
- feedback from Center Administration on specialized staff training

Staff to Client Ratio

A total of 388 home observations were conducted at all Centers across all shifts from September 2015- August 2016 and during the on-site visit to evaluate staffing ratios and service delivery. The observation process was followed by an interview with the staff person in charge of the home to gain a more comprehensive understanding of factors contributing to adequacy of staffing ratios.

Senate Bill 643, Section 555.059, 81st
Legislature: 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
their rights are fully observed.

Staff interviews included questions relating to utilization of pulled/float¹ staff and holdover² staff. AIOs conducted observations while residents and staff were in the home, but typically not within an hour of shift change to circumvent inflated numbers of holdover or pulled staff. The interviewed charge staff was also asked a series of questions to indicate if ordinary residential service delivery was negatively impacted during the shift of observation due to a lack of staff.

Domain One: SSLCs provide sufficient staff to adequately support residents and ensure satisfactory service delivery.

Outcome: Staffing ratios, as determined by the Center, are adequate to meet the unique needs of residents served at the SSLCs.

The minimum number of staff required for each home is established using a formula created by each Center, with the aim of balancing basic service delivery with the unique needs of each resident in the home. The minimum number of staff is reported to the Home AIO³ by the Center Administration; the number of staff working at the time of the observation was recorded and then compared to the minimum number of staff required, as reported by the SSLC.

The outcome for domain one was measured using the following indicators:

- Determined if the required number of staff were working during each home observation conducted by the AIO.
- Evaluated the rate at which pulled or holdover staff was utilized to meet minimum staffing ratios.
- Monitored the rate at which ordinary service delivery for residents was interrupted due to a lack of staff.
- Assessed staff attempts to engage residents.

AIOs accounted for staff in the ratio by reviewing staffing logs and verifying the number of staff actually working and providing support to residents who live in the home. The AIO also asked the person in charge of the home to specify if there were any staff working that shift who were pulled/float staff and/or holdover staff.

¹ Pulled or float staff refers to the practice of moving staff from their assigned home to provide coverage at another home or area.

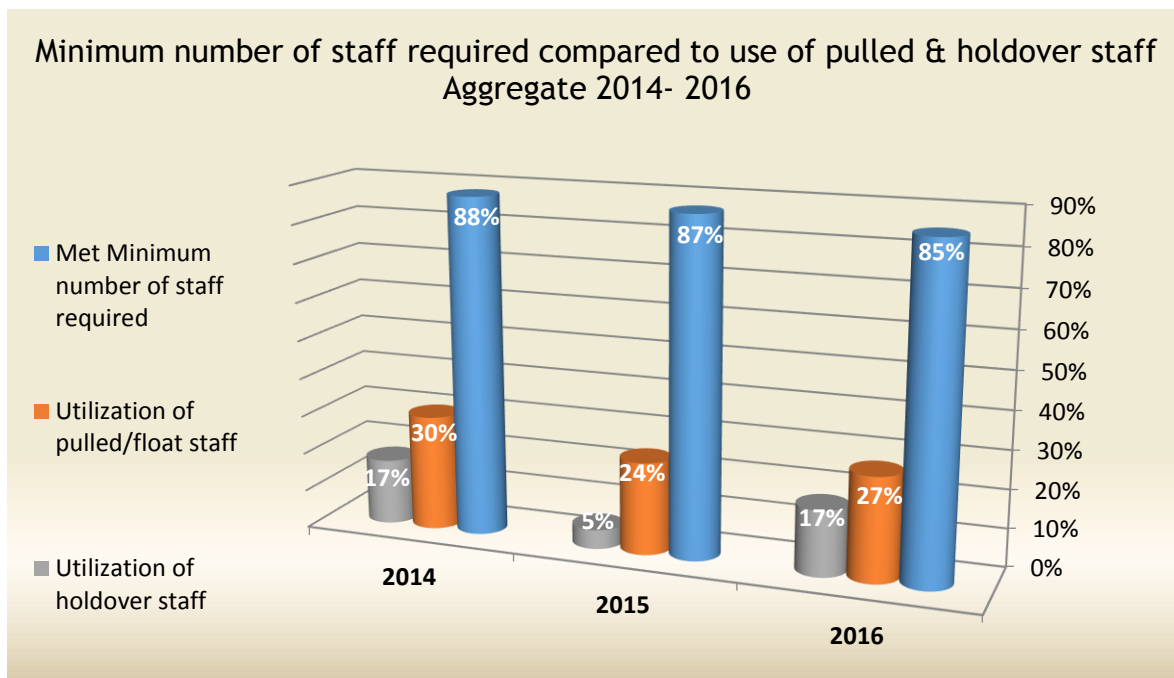
² Holdover staff refers to staff that are required to work beyond their assigned work hours or shift and is not arranged in advance.

³ The Home AIO refers to the AIO permanently stationed at that particular SSLC.

Met minimum number of required staff	<i>Abilene</i>	<i>Austin</i>	<i>Brenham</i>	<i>Corpus Christi</i>	<i>Denton</i>	<i>El Paso</i>	<i>Lubbock</i>	<i>Lufkin</i>	<i>Mexia</i>	<i>Richmond</i>	<i>Rio Grande</i>	<i>San Angelo</i>	<i>San Antonio</i>	<i>Aggregate</i>
2016	80%	76%	95%	68%	95%	80%	93%	86%	94%	98%	92%	52%	71%	85%
2015	82%	88%	85%	71%	97%	90%	72%	95%	96%	91%	100%	69%	81%	87%
2014	95%	78%	100%	91%	94%	100%	93%	85%	90%	95%	100%	64%	44%	88%
2013	80%	100%	100%	73%	100%	100%	86%	91%	92%	100%	100%	77%	100%	91%

- Abilene, Austin, Corpus Christi, El Paso, San Angelo and San Antonio have had the most difficulty meeting the minimum required number of staff.
- Based on the data collected since 2013, SSLCs have seen a steady decline overall, in Centers' ability to meet the minimum number of staff required to work in the home.

In 2014, the OIO began to inquire with staff at each home about the use of pulled and holdover staff during the shift of observation to gain a better understanding of staff deployment, in terms of meeting the minimum number of required staff at SSLCs.



- Even with deployment of pulled and/or holdover staff, Centers are still not able to consistently meet the minimum number of staff needed.

- The use of pulled staff is often used in planning Direct Support Professional (DSP)⁴ coverage of homes, but due to the ever-changing needs of residents at each center and each home, this appears to be an unreliable practice to ensure adequate staff members at each home, considering optimal staffing requirements have consistently not been met in the 2014- 2016 Program Reviews.
- The use of holdover staff also continues to be an issue; using holdover staff on a regular basis runs the risk of staff becoming fatigued and burnt out and could result in inadequate or detrimental resident care.

Disaggregate data from 2014- 2016 Program Review⁵ shows:

- Abilene, Corpus Christi, El Paso and San Angelo SSLCs show a decline in meeting ratio and higher rates of utilizing holdover staff.
- Austin and San Antonio SSLCs continue to show low rates of meeting minimum staffing ratios with significant use of holdover staff.
- While San Antonio has improved the rate at which the SSLC meets the minimum staffing requirement, it is still low even with the continued use of holdover and pulled staff utilized.
- Lubbock and Mexia did not meet ratio in all instances and used significant rates of pulled/holdover staff.

Following the observation, AIOs asked charge staff about interruptions⁶ of daily residential service delivery due to lack of staff. This allows a better understanding of how residents are affected and better determine if staffing ratios are adequate.

Data collected during the 2016 reporting period showed that almost all Centers reported services negatively affected due to a lack of staff⁷.

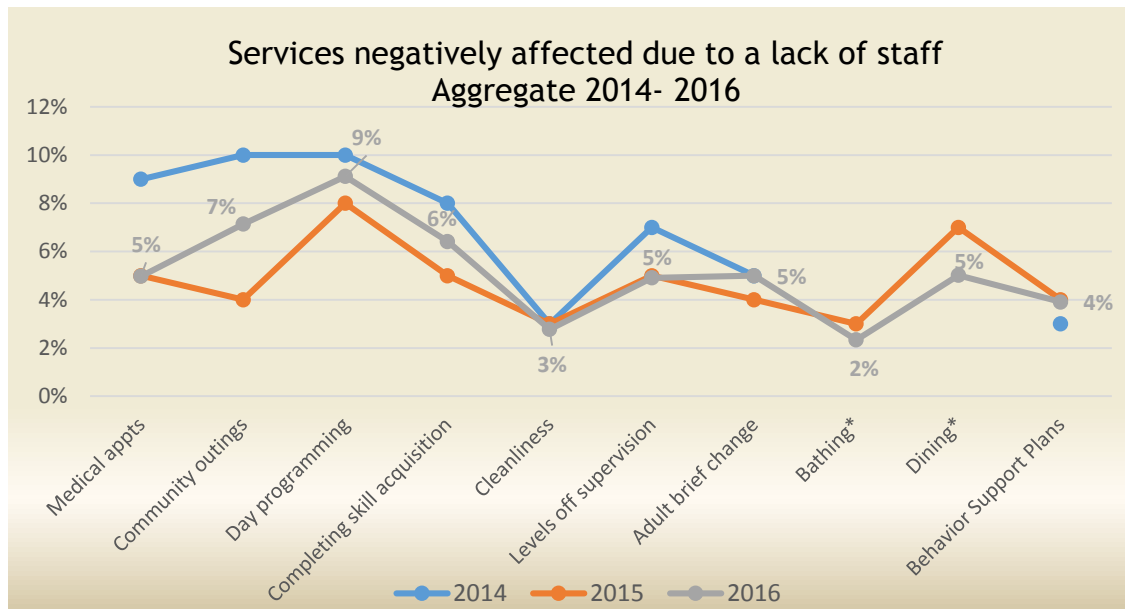
- Abilene, Austin, Corpus, El Paso, Lubbock, San Angelo and San Antonio SSLCs has the highest rates of having difficulty completing ordinary daily service delivery to support residents due to a lack of staff.

⁴ DSPs are the immediate care staff that provides support and services to residents in any way they may require support.

⁵ Appendix A.

⁶ An interruption of service delivery refers to any services negatively impacted due to a lack of staff.

⁷ Appendix B shows the disaggregate data of services negatively affected due to a lack of staff from 2014- 2016 Program Reviews.

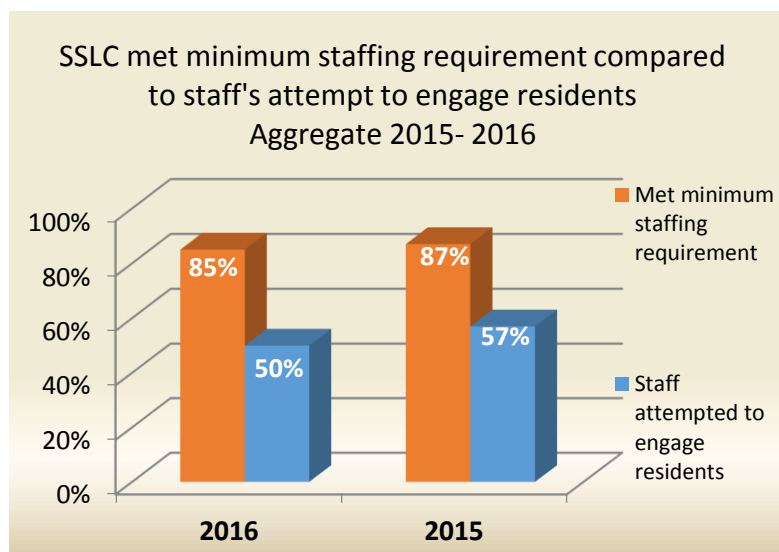


* Note: bathing and dining were not assessed until 2014.

- Since 2014, all residential service delivery components evaluated have demonstrated consistently higher rates of negative affects due to a lack of staff.
- In 2016, services related to health and safety such as attending medical/dental appointments, bathing and implementing behavior support plans (BSPs) were completed with less difficulty, indicating that Centers make an effort to ensure staff availability for these tasks.
- Services reported as most negatively affected were community outings, day programming and completion of skill acquisitions, demonstrating a less concerted effort by Centers to accommodate residents' need for activities, community access and personal growth.

AIOs also observed homes at the SSLCs to monitor staff attempts to engage residents. This aspect is evaluated in terms of staff ratios to assess if an insufficient number of staff may also be a contributor to a lack of engagement.

A direct correlation between staff's attempts to engage residents and SSLCs ability to meet the minimum number of required staff cannot be made.



However given that during the 2015- 2016 Program Review overall, staff are operating with about 85% of the minimum staff required to meet residents' basic daily living needs, it sensibly follows that staff attempts at engagement would be low.

Staff Attempted to Engage Residents	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	53%	67%	20%	63%	67%	47%	52%	46%	65%	53%	8%	46%	21%	50%
2015	53%	62%	43%	71%	77%	28%	39%	58%	47%	74%	8%	57%	25%	57%

Findings: Domain One, Outcome One

- Program Review data consistently indicates that all Centers continue to struggle to meet the minimum number of staff required.
- 2014- 2016 data shows that Abilene, Austin, Corpus Christi, El Paso, Lubbock, Mexia, San Angelo and San Antonio require additional staff, or that staff deployment strategies need to be reevaluated, to meet daily operational needs and adequately support residents.
- Brenham, Denton, Lufkin, Richmond and Rio Grande are close to meeting the minimum number of required staff, with the use of considerable pulled staff, as well as minimal service interruptions, indicating that Centers appear to be appropriately utilizing staff to meet SSLC and resident needs.
- Staff's attempt to engage residents appears to be a significant concern at all Centers, regardless of SSLCs having the minimum number of staff necessary, as determined by the Center.

Domain One: Conclusions

- There are systemic issues related to SSLCs' ability to meet the minimum number of staff required and meet residents' daily needs, as well as attempt to engage residents, even when utilizing a large degree of pulled/float and/or holdover staff.
- Data shows a systemic trend that Centers continue to focus on a medical model, rather than a person-centered approach, as evidenced by data collected about service interruptions; basic health and safety tasks were much less likely to be negatively affected due to lack of staff, while activities related to resident quality of life were more negatively impacted.

Adequacy of Staff Training

Adequacy of staff training was evaluated using four evaluation methods. SSLC Administration were asked to report any specialized training developed by the Center to meet the specific needs of the residents who live at their Center. Five percent of DSPs at each SSLC completed a questionnaire that solicited feedback on the effectiveness of an in-service training they had participated in within the last 30 days of the on-site visit .

Senate Bill 643, Section 555.059, 81st Legislature: 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; and if the center serves alleged offender residents, the provision of specialized training to direct care employees.

During the 2015- 2016 ongoing monitoring period, AIOs observed in-services conducted at each SSLC and evaluated the in-service training. Adequacy of training was also measured by asking new DSPs to complete a questionnaire on the usefulness and value of the on-the-job training they received.

Domain Two: SSLCs provide sufficient staff training and education that ensures residents receive adequate care and staff are sufficiently prepared to implement the necessary skills and information to satisfy residents' needs.

Outcome one: Staff training is adequate to meet the unique needs of residents and provides sufficient education to support special populations, including residents who are alleged offenders.

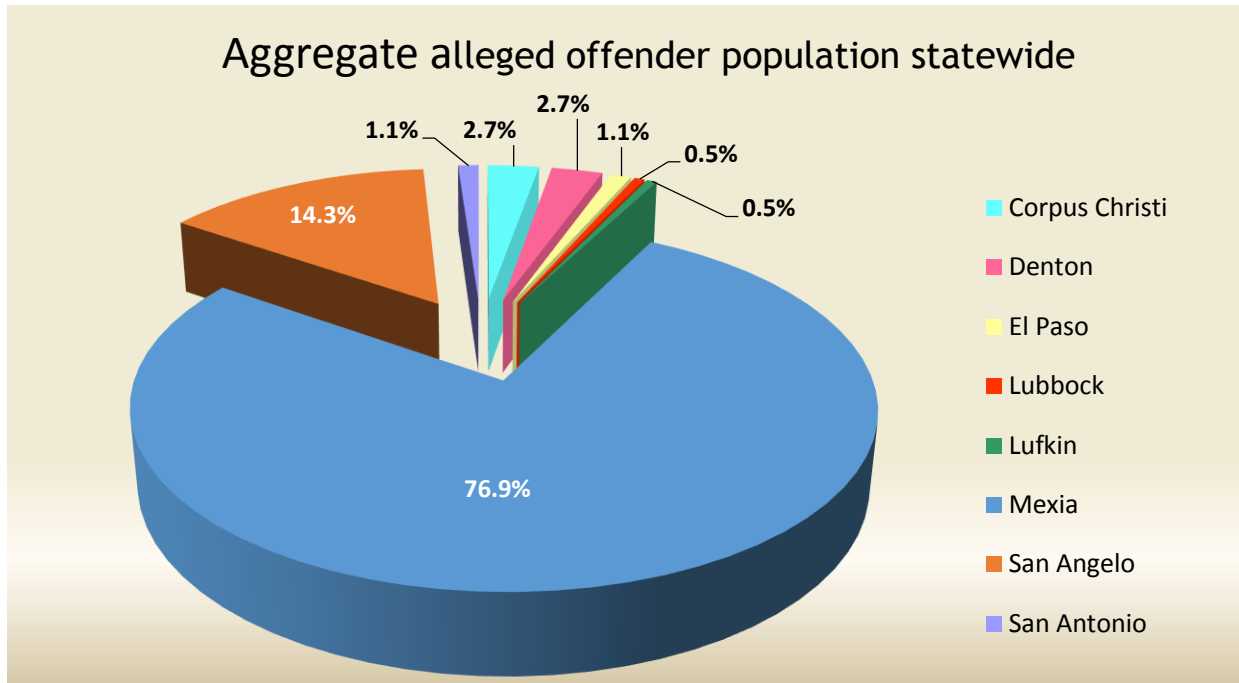
Outcome one of domain two was measured by SSLCs indicating the number of residents living at their Center in each of the categories below, and self-reporting if any specialized training⁸ is provided in these areas for DSPs:

- Adolescent residents (10- 21 years old)
- Medically fragile individuals (categorized as “severe health status”)
- Geriatric residents
- Alleged offenders

Each Center administration completed a training inquiry form⁹ reporting their current census, the number of residents with specific unique needs and if the Center provided specialized training in each of these areas, as applicable.

⁸ Specialized training refers to training developed and delivered by the Center to meet the needs of their residents; this does not include state mandated training.

⁹ Appendix C breaks down the number of individuals at each Center who are adolescent age, medically fragile, geriatric age (55+), and alleged offenders.



- SSLCs develop resident-specific plans and programming in these areas, as applicable, to support residents, however there is not state-mandated training specifically related to providing support to adolescent, medically fragile, geriatric or alleged offender training.
- Mexia SSLC has developed and delivers training for staff that is designed to support individuals who are alleged offender and/or adolescent residents.

Findings: Domain Two, Outcome One

- DADS has not developed/implemented any specialized training to better support adolescent, medically fragile, geriatric and/or alleged offenders.
- The HHSC Minimum Training Requirements for SSLCs policy states¹⁰ that each Center is to establish local training to ensure staff are able to meet the unique needs of residents at the SSLC however Mexia SSLC is the only Center that has developed and implemented any specialized training.
- Mexia has developed specialized training to support residents who are alleged offenders and residents who are adolescent-aged.

¹⁰ HHSC Facilities Support Services Minimum Training Requirements for SSLCs: “The facility head, in consultation with the local Training and Development office, establishes local training requirements above and beyond the minimum training requirements, in order to ensure the competence of employees to meet the special needs of the individuals or groups served at the facility (eg., provides services appropriate to the consumer’s [sic] age and developmental needs; and implement new facility requirements, procedures or techniques.”

- Given the high rates of pulled and holdover staff, as previously stated in this report, residents and staff will benefit if DSPs are trained in each of these specialized areas.

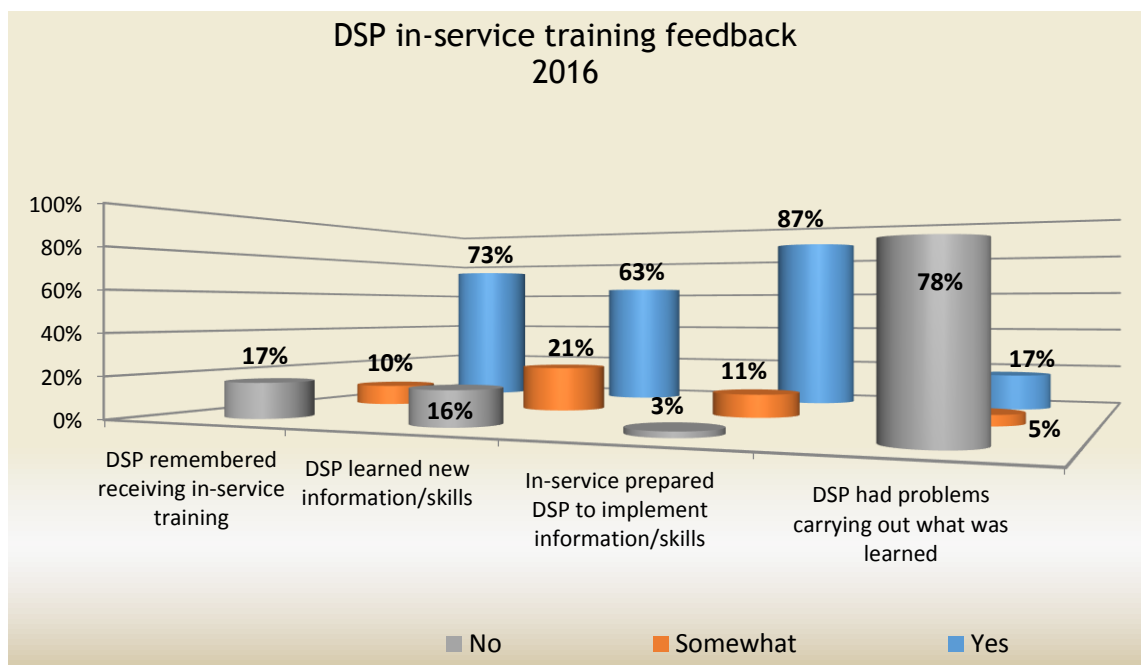
Outcome two: In-service training delivered to DSPs sufficiently educates staff such that the training prepares DSPs to implement the skills and/or information provided.

Five percent of DSP staff at each Center were surveyed at random about an in-service training directly related to residents' care; a total of 328 in-service questionnaires were completed.

To evaluate the effectiveness of in-service training, the data collected measured:

- DSPs memory of receiving the in-service training.
- The manner in which the in-service was delivered.
- The degree of which DSPs had learned new information or skills.

Overall, there has been an improvement and shift from the use of paper-based in-services to an interactive format.¹¹ Disaggregate data¹² collected for the 2016 Program Review showed disparity across Centers, in terms of the use of interactive in-services compared to paper-based.



¹¹ A paper-based in-service training is one which a DSP reads a document of information and signs acknowledging the DSP was trained; an interactive in-service includes training conducted through a demonstration, group discussion, or one-on-one delivery.

¹² Appendix D.

In-service training delivered in an interactive method	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	78%	79%	78%	73%	70%	50%	56%	100%	91%	100%	100%	35%	73%	79%
2015	81%	60%	63%	62%	50%	50%	54%	48%	59%	48%	70%	44%	69%	58%
2014	70%	63%	68%	78%	80%	64%	39%	18%	69%	45%	100%	32%	89%	62%
2013	41%	44%	44%	47%	35%	54%	12%	53%	60%	75%	73%	23%	27%	45%

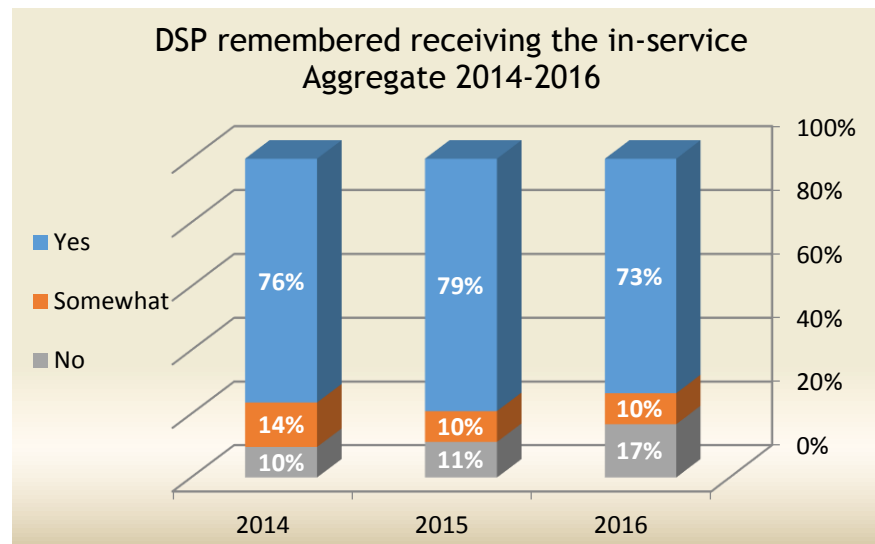
- El Paso, Lubbock and San Angelo continue to show the lowest rates of using interactive in-service training from 2013 to 2016.

Surveys allowed DSPs to answer “somewhat” to each question however only “yes” responses are included in the table below of in-service feedback.

DSP learned new information/skills	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	57%	74%	68%	64%	49%	50%	50%	59%	66%	76%	60%	65%	67%	63%
2015	48%	36%	79%	62%	67%	33%	69%	77%	63%	87%	70%	56%	31%	62%
2014	58%	75%	64%	61%	65%	43%	72%	71%	63%	87%	100%	74%	44%	68%
2013	61%	81%	59%	47%	48%	74%	31%	60%	67%	82%	77%	50%	87%	63%

- Almost all Centers had significant increase in the use of interactive in-service delivery but DSPs reported low rates of learning a new skill or information.
- Lufkin, Mexia, Richmond and Rio Grande show higher rates of using interactive methods to train DSPs during in-services but show low rates of taking away new information from the in-service training.

DSPs also reported on the survey if the in-service prepared them to implement the skills and/or information learned from the in-service training.



In-service prepared DSP to implement information/skills	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	82%	89%	91%	64%	88%	63%	81%	96%	94%	92%	67%	65%	93%	87%
2015	81%	84%	92%	79%	74%	50%	92%	97%	88%	100%	80%	67%	62%	83%
2014	88%	90%	76%	100%	80%	86%	83%	93%	90%	90%	93%	90%	94%	88%

- Corpus Christi and Rio Grande show significant declines in which DSPs report they feel prepared to implement skills/information from in-services since years prior.
- Corpus Christi, El Paso and San Angelo show low rates of DSPs stating they feel prepared to implement skills/information.
- Since 2014, there has not been much change to the aggregate rate at which DSPs feel prepared to carry out what is expected of them from in-service training.

Findings: Domain Two, Outcome Two

- Centers are providing the information in an interactive method at much higher rates.
- Only 60% of in-service training feedback received aggregately since 2013, report that DSPs learned new information from the in-service training.

- With the exception of a few SSLCs, in-service feedback data indicates in-service training is not preparing DSPs to carry out what is expected of them when working with residents.
- Since 2013, on average, DSPs recall receiving in-service training only about three quarters of the time.

Outcome three: In-service training observed by AIOs is effective to train DSPs.

To measure the effectiveness of in-service training, AIOs at all SSLCs observed delivery of in-services throughout the 2015- 2016 ongoing monitoring period for a total of 156 in-service training observations. AIOs collected data once a month at each Center and documented if the person conducting the in-service training was knowledgeable about the topic of training and if the delivery method appeared to be effective.

- In most all instances from 2015- 2016, AIOs felt the person training DSPs presented as knowledgeable about the training topic.
- Austin, Lubbock and Lufkin SSLCs indicate significantly lower rates of presenting information in an effective manner.
- Corpus Christi, El Paso, Lubbock and Rio Grande have shown a considerable increase in how AIOs measured effectiveness of in-service training.

AIO In-service observation	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
(2016) Trainer knowledgeable	90%	92%	100%	100%	100%	100%	100%	90%	100%	100%	91%	100%	100%	97%
(2015) Trainer knowledgeable	100%	100%	100%	86%	92%	90%	82%	100%	100%	92%	83%	100%	83%	93%
(2016) Delivery method effective	90%	75%	91%	89%	83%	90%	71%	50%	90%	100%	100%	100%	90%	86%
(2015) Delivery method effective	100%	64%	82%	57%	100%	75%	50%	55%	100%	92%	83%	89%	83%	79%

Findings: Domain Two, Outcome Three

- SSLCs are utilizing subject-matter experts to deliver information during in-service training however in many instances, the trainers appear to be ineffective in their ability to educate and train staff.
- AIOs rate effectiveness of in-service training at about the same rate as DSPs' report feeling prepared to implement skills/information from in-service training.

Outcome four: DSPs are provided on-the-job training that sufficiently prepares staff to support residents and implement individual service delivery and programming.

DSPs employed less than six months at the Center were asked, at random, to complete a questionnaire that focused on the training they received during on-the-job training (OJT).¹³ DSPs were asked to gauge the adequacy and quality of training and their ability to implement the information learned during OJT. A total of 130 OJT surveys were completed by DSPs¹⁴.

Aggregate OJT feedback from new DSPs	2016			2015		
	Yes	Somewhat	No	Yes	Somewhat	No
Trained on residents behavior support needs	89%	8%	3%	80%	16%	4%
Training prepared DSP to carry out the behavior plans	71%	27%	2%	77%	18%	5%
Trained on physical/nutrition needs	94%	5%	2%	93%	5%	2%
Training prepared DSP to follow physical/nutrition programs	93%	5%	2%	91%	9%	1%
Trained on residents LOS	88%	10%	2%	94%	4%	2%
Training prepared DSP to follow residents LOS	89%	9%	2%	90%	8%	2%
Trained on residents' daily routine	77%	20%	4%	79%	15%	5%
Training prepared DSP to help residents with daily routines and preferences	80%	15%	5%	88%	9%	3%
DSP was trained on residents rights restrictions *	85%	9%	5%	78%	16%	5%
Residents' programs explained so that DSP could understand them	84%	14%	2%	90%	9%	1%
DSP required to show what was learned during OJT	91%		9%	91%		9%
Skills and information learned were useful in working with residents during OJT	83%	15%	2%	92%	7%	2%

* N/A was an option in 2016; 1% aggregate responded with N/A due to none of the residents assigned to the DSP had restrictions

- DSPs are trained at relatively low rates on residents' behavior support plans during OJT and state a level of unpreparedness in their ability to implement those plans.

¹³ OJT is considered the training period immediately following new-employee orientation when DSPs are introduced to working with residents in the homes. There is not a standard time frame or OJT process across centers.

¹⁴ Disaggregate data from 2016 in Appendix E.

- Aggregate 2016 OJT¹⁵ data collected shows that training on residents' levels of supervision (LOS)¹⁶ has decreased in quality from 2015.
- There are consistently lower rates of new DSPs reporting they are trained on the daily routines and preferences of the residents for whom they provide support and services.
- Austin, Corpus Christi and Denton DSPs indicated the lowest rates of DSPs understanding resident programs as they were trained/explained.
- Austin and Corpus Christi had the lowest rates of DSPs reporting they were required to demonstrate the learned material.

Findings: Domain Two, Outcome Four

- The quality of on-the-job training DSPs receive has slightly decreased in comparing each component of the questionnaires in the 2015- 2016 feedback.
- Most significant areas of concern relate to training on resident BSPs and LOS; poor training in these areas can have dramatic, negative affects on individuals and could possibly result in injury.
- Training related to individuals' routines and preferences appears to not have as high of a priority as other service delivery aspects, such as physical/nutritional needs.
- There appears to be issues in OJT trainers ability to deliver training information in a way that new DSPs feel prepared to implement the skills and information.

Domain Two: Conclusions

- There is no standardized training on how to support residents who may be adolescent, medically fragile, geriatric or an alleged offender.
- Training in the specialized areas in supporting residents who are adolescent, medically fragile, geriatric and/or an alleged offender, would be helpful to enable DSPs to provide more adequate support and services for individuals, especially when providing coverage at another home.

¹⁵ Disaggregate data from 2016 is located in Appendix E.

¹⁶ LOS include specific instructions for DSPs relating to how residents are to be observed and supervised; LOS are often elevated due to a residents' change in behavior, health condition or in any instance that the safety of resident(s) becomes a concern.

- Trainers' aptitude to effectively deliver information appears to be lacking, as evidenced by DSPs reporting feeling unprepared to implement training information.
- A significant amount of time is spent by staff delivering and receiving training but data shows this training is inadequate such that DSPs are not learning new information and are not prepared to carry out the expected skills/information from the training.
- Evidence suggests that Centers are focusing on health and safety without also balancing things that are important to residents, as indicated in the low rates of DSPs reporting training over residents' routines and preferences.
- A lack of standardized OJT and practices procedures lend to arbitrarily and possibly, inadequately trained staff.

Encouraging Residents to Exercise their Rights, the Right to File a Complaint and the Right to Due Process

A number of strategies were deployed to evaluate the rates at which SSLCs, and Centers overall, are encouraging residents to exercise their rights. AIOs reviewed several types of documents related to resident rights and restrictions, conducted interviews with residents and staff, solicited feedback from a Legally Authorized Representative (LAR)¹⁷ or an Actively Involved Person (AIP)¹⁸ and observed and evaluated Human Rights Committee (HRC)¹⁹ meetings.

When available, year-over-year data is provided to offer a larger demonstration of any prospective trends at a Center or systemically.

Senate Bill 643, Section 555.059, 81st Legislature: 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.

¹⁷ LAR refers to a resident's primary contact person who could be a family member, guardian or an individual, judicial or other body authorized under applicable law to consent on behalf of the resident.

¹⁸ An AIP is person with significant and ongoing involvement with an individual who lacks the ability to provide legally adequate consent.

¹⁹ HRC meetings are led by the Human Rights Officer (HRO) with the purpose of protecting individuals' rights through an impartial review of proposed rights restrictions and ensuring specific elements of due process are assessed

The following items were used in the review of residents' rights protections and due process:

- 1600+ documents relating to rights restrictions
- 65 Human Rights Committee Meetings attended
- 148 resident interviews conducted
- 341 staff interviews were conducted
- 334 family questionnaires mailed out

Domain Three: Centers actively encourage residents to exercise their rights, including the right to file a complaint and the right to due process.

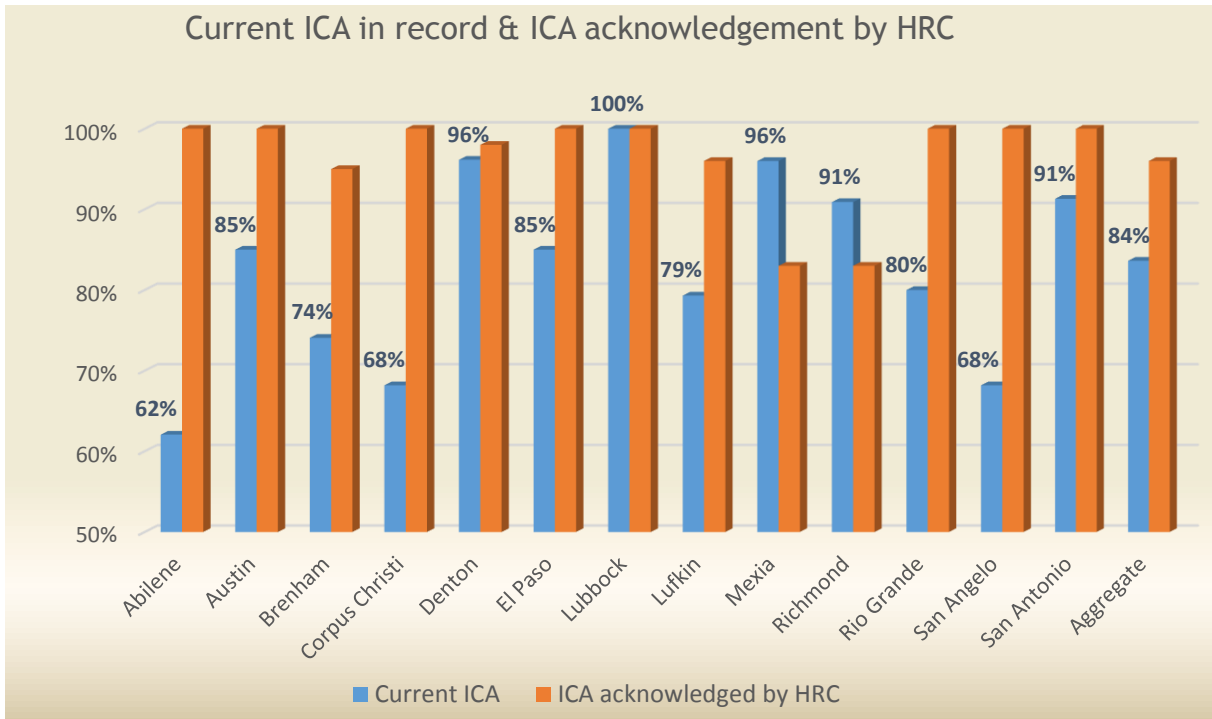
Outcome one: SSLCs show a demonstrated effort to ensure that residents are encouraged to exercise their rights and individuals' rights are protected.

The Center has a responsibility to inform residents of their rights and the OIO evaluates the extent of which Centers encourage residents to exercise those rights. To determine the level at which Centers are encouraging residents to exercise their rights, the following indicators were evaluated:

- Presence of a current Individual Capacity Assessment (ICA) in the resident's record and acknowledgment by HRC and a current signed Individual Rights Acknowledgment (IRA) form in the resident record.
- Residents interviewed state: they have been told about their rights, they have been given a "Know Your Rights in a State Center" handbook and residents can name at least two of their rights and at least one rights restriction.
- Residents also state that they are invited to their Interdisciplinary Team Meetings (IDT)²⁰, indicate that they feel their IDT listens to them and that they are invited to HRC meetings where proposed rights restrictions are discussed.

The ICA is an assessment completed by the IDT that indicates supports and training the individual needs to make decisions; the ICA documents an individual's ability to provide consent regarding medical, financial, living arrangements, programming and release of information.

²⁰ The IDT consists of representatives of relevant disciplines, the individual, and LAR/AIP; the IDT meets annually and as needed, to make decisions affecting the life of the resident.



Per the SSLC State Rights policy, once the ICA is completed it is sent to HRC for acknowledgment. The ICA is maintained by the HRO to aid the HRC in the residents' decision-making abilities regarding rights modifications or restrictions.

- Abilene, Brenham, Corpus Christi, Lufkin and San Angelo SSLCs show the lowest rates of current ICAs although those ICAs appear to have been reviewed by HRC consistently.
- Alternatively, Mexia and Richmond SSLCs show high rates of current ICAs in the sample of residents but shows a breakdown in the process for HRC acknowledgement.

The IRA is a signed document that indicates that the individual, the individual's LAR/AIP and/or guardian "has been told of the individual's rights..." and "the individual, the individual's LAR and/or AIP were given a copy of the current *Your Rights in a State Center* handbook.... This explanation was told in words and language the individual or the individual's LAR and/or AIP understands."²¹

²¹ Text provided reflects actual phrasing from the SSLC State Office Rights policy, as included on the IRA Documentation form.

Completed IRAs compared to residents reporting they have been advised of their rights	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Individual Rights Acknowledgement in record	24%	85%	81%	18%	67%	85%	79%	72%	88%	50%	0%	77%	57%	61%
Resident states they have been told about thier rights	23%	40%	50%	50%	62%	57%	64%	50%	86%	67%	86%	59%	44%	59%
Resident states they have been given the "Rights" handbook	31%	40%	83%	30%	54%	57%	82%	58%	67%	67%	71%	55%	56%	57%
Handbook explained to resident	30%	100%	60%	20%	31%	100%	100%	50%	86%	88%	100%	71%	80%	63%

Per the state policy regarding the IRA, all residents in the sample who had a current IRA should have reported that they were informed of their rights and had been given a handbook.

- Aggregate data shows roughly the same rates of residents from the sample having an IRA in their file as residents indicating they have been told about their rights²² and stating they had received a handbook however there are disparities among Centers.
- For the most part, based on the sample, Centers are not completing an IRA with residents, individuals are not provided a handbook, and in most instances, those who have been given a handbook, are not provided an explanation of the handbook by the SSLC staff.

The residents in the sample²³ who were able to participate in the interview were asked to specify two of their rights.

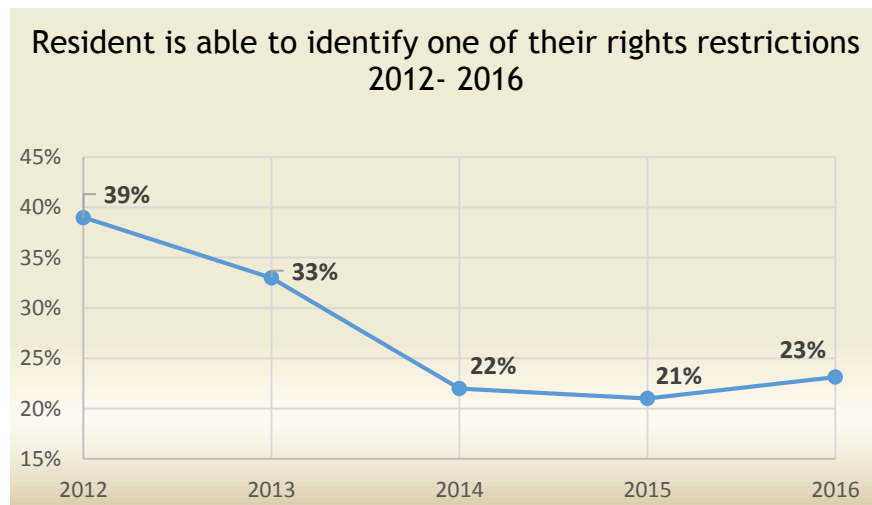
- SSLCs reporting the lowest rates of residents' ability to state two of their rights are Abilene, Austin, Denton, Lufkin, Mexia and Richmond, while Corpus Christi residents reported the highest rates of identifying rights.
- The only identifiable trend in the aggregate or disaggregate data is that residents are not able to identify their rights consistently but there has been a significant increase in residents ability to identify rights on an aggregate level since 2014.

²² Disaggregate data from 2012- 2016 outlining the rates at which residents state they have been informed about their rights is in Appendix F.

²³ In addition to those residents in the sample, five other residents who were able to participate, were interviewed; additional individuals were interviewed to increase the amount of feedback provided.

Resident can state two of their rights	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	54%	40%	83%	90%	46%	71%	82%	58%	67%	50%	86%	73%	89%	68%
2015	33%	38%	22%	71%	67%	71%	78%	91%	77%	67%	56%	47%	44%	60%
2014	11%	33%	33%	20%	44%	60%	50%	33%	39%	50%	50%	67%	33%	41%
2013	67%	92%	86%	85%	75%	100%	100%	93%	100%	29%	81%	81%	93%	83%
2012	56%	67%	60%	67%	60%	100%	50%	22%	68%	25%	100%	53%	86%	60%

- Data since 2012 continues to show that, for the most part, residents are not able to identify their rights restrictions.
- If an individual is able to fully exercise their rights, they must also fully understand any rights modifications or restrictions imposed upon them.

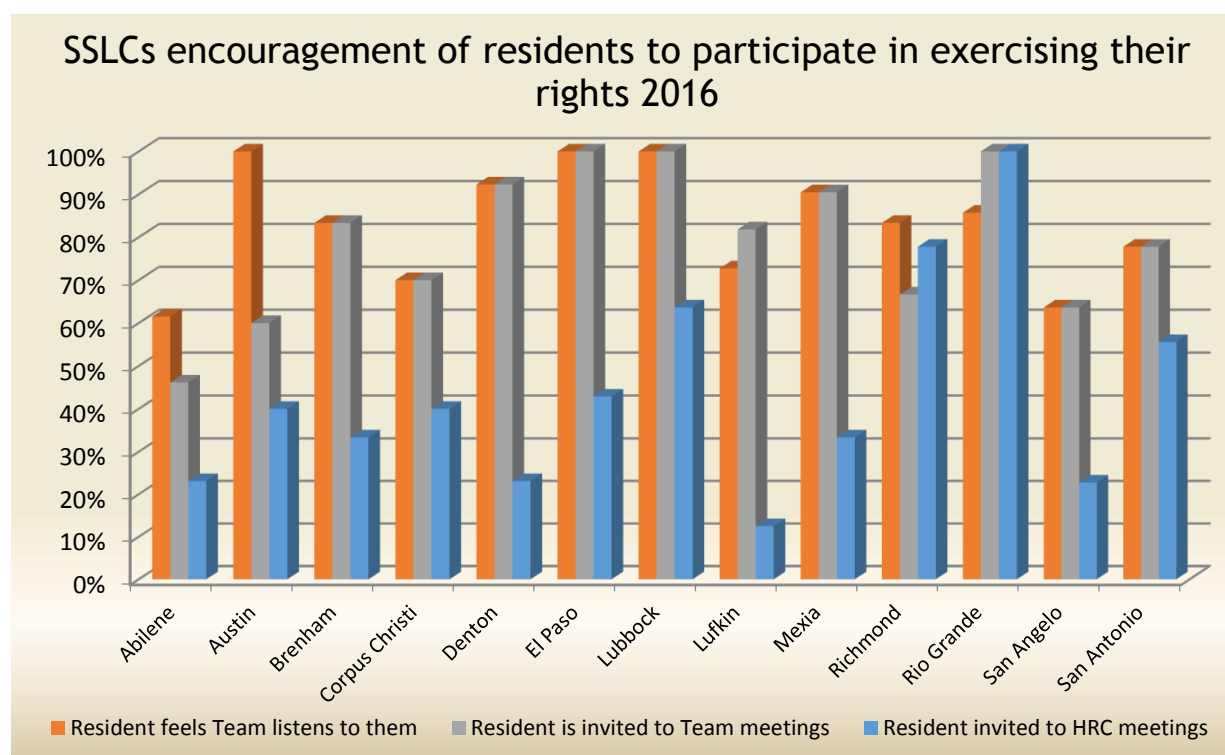


Resident identifies one of their rights restriction	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	15%	0%	0%	50%	17%	0%	27%	33%	20%	33%	57%	23%	0%	23%
2015	33%	0%	14%	0%	8%	57%	44%	17%	14%	6%	43%	18%	50%	21%
2014	0%	0%	17%	40%	22%	0%	50%	0%	44%	0%	0%	47%	0%	22%
2013	40%	13%	25%	0%	39%	13%	60%	78%	35%	0%	33%	47%	20%	33%
2012	11%	17%	40%	25%	0%	0%	50%	25%	73%	25%	0%	67%	14%	39%

Data suggests that, systemically, SSLCs have not been successful in educating residents on what constitutes a restriction and individuals' specific rights restriction(s).

The last component used to assess the manner in which Centers encourage residents to exercise their rights was to ask individuals about their perceived level of involvement in their own program planning.

Individuals were asked if they were invited IDT meetings; information was collected from the residents about their opinion of if they felt their IDT listens to what is important to them, and found out if the resident was invited to HRC meetings to participate in the discussion of their imposed rights restrictions.



Data has been collected about residents' involvement in HRC since the last OIO Annual Report²⁴.

- Abilene, Corpus Christi, Lufkin, San Angelo and San Antonio sample residents reported the lowest rates of feeling their team listens to what is important to them.
- Abilene, Austin, Corpus Christi, Richmond, San Angelo and San Antonio residents stated they were not invited to IDT meetings, compared to other SSLCs.

²⁴ Appendix G provides annual disaggregate data of residents' feeling if their IDT listens to them, and the rates of residents being invited to IDT and HRC meetings.

- Some Centers have improved in their effort to encourage residents to participate in HRC meetings while other SSLCs have seen significant decreases.
- Based on the 2015- 2016 data, Centers are not putting effort into encouraging residents' attendance at HRC meetings.

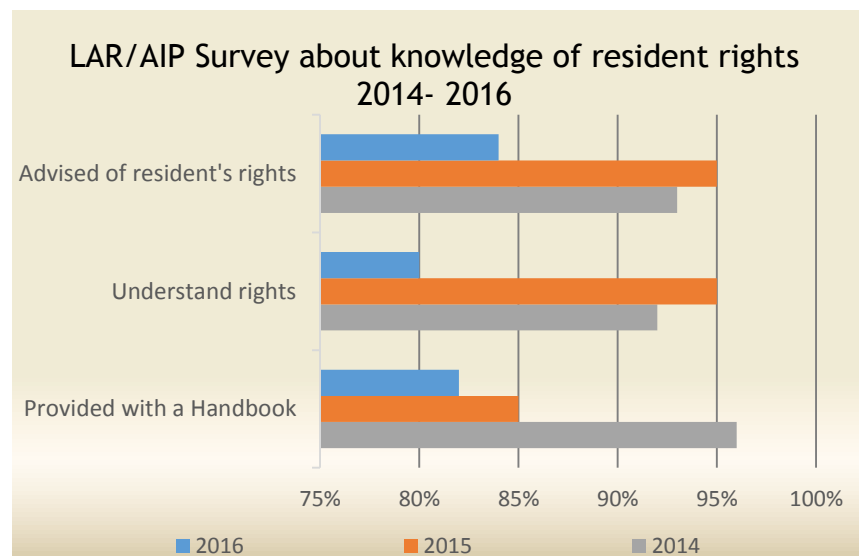
Findings: Domain Three, Outcome One

- All residents do not have a current ICA completed annually which, if completed properly, helps to ensure that residents are encouraged to fully exercise their rights in every way possible.
- Centers should exert more, calculated effort into informing, educating and explaining what and when any rights modification or restriction has been imposed upon a resident.
- Centers have not completed IRA forms and discussed rights with all individual in the sample.
- Centers have not demonstrated that they are educating residents on what rights and restrictions are, and provide examples of both, to make sure residents understand.
- According to residents in the sample, Centers staff are not making an effort to encourage residents' involvement in HRC meetings.

Outcome two: Centers will ensure that LARs/AIPs/guardians understand resident rights so that they can encourage residents to exercise their rights.

A list of the primary contact person for each individual in the sample was assembled and a survey was mailed from OIO Central Office. A total of 334 surveys were mailed with a 20% response rate.

Aggregately in 2016, at significant rates, LARs/AIPs state they are not advised of, nor understand residents' rights. Overall, LARs/AIPs also state they are not provided with a handbook or informed of proposed rights restrictions.



2016 LAR/AIP Survey	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Advised of resident's rights	71%	100%	100%	100%	70%	100%	71%	100%	83%	63%	67%	100%	100%	84%
Understand rights	71%	100%	100%	67%	80%	50%	86%	100%	83%	63%	67%	100%	67%	80%
Provided with a Handbook	71%	100%	100%	67%	80%	100%	86%	100%	83%	75%	100%	50%	33%	82%
Informed of proposed rights restrictions	71%	83%	0%	67%	60%	50%	86%	83%	67%	63%	67%	50%	33%	69%
Response rate to survey	25%	30%	4%	14%	17%	10%	35%	29%	24%	24%	15%	10%	14%	19%

- Disaggregately in 2016, Abilene, Denton, Lubbock, Richmond and Rio Grande show some of the lowest rates of LARs/AIPs being informed of and understanding residents rights.
- While Corpus Christi, El Paso and San Antonio LARs/AIPs state they have been advised of residents' rights, they indicated they do not fully understand them.

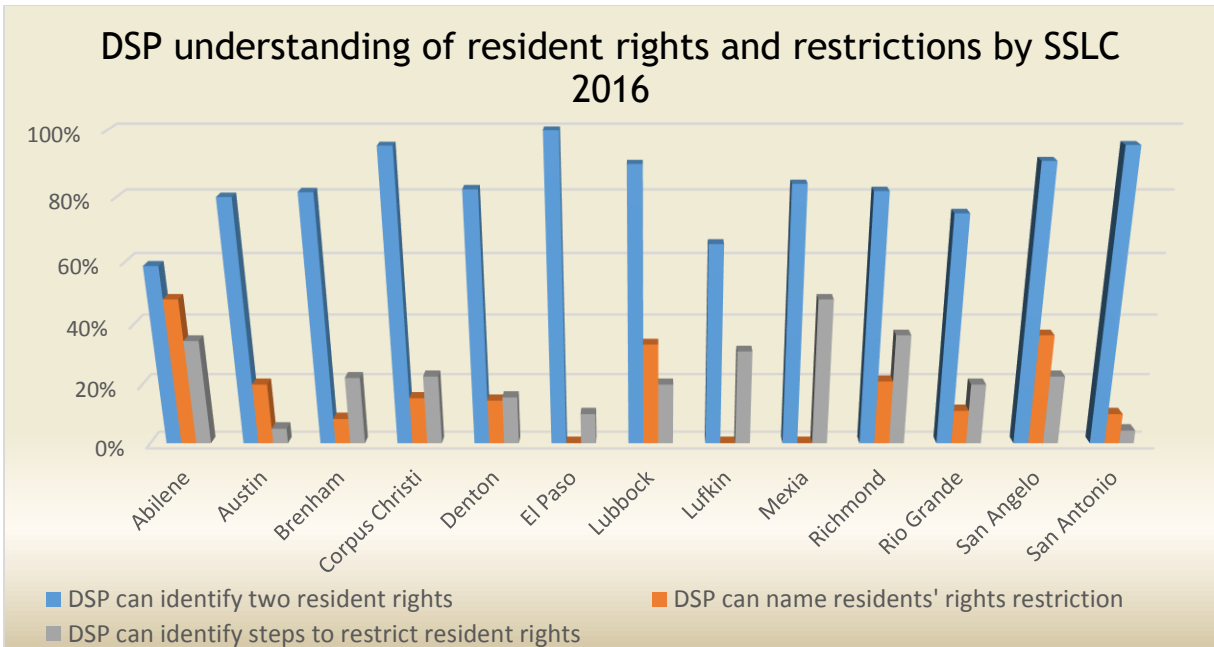
Findings: Domain Three, Outcome Two

- Most SSLCs appear to be making an effort to inform LARs/AIPs of resident rights, however it is unclear that LARs/AIP have a firm understanding of those rights.
- Feedback collected shows the lowest rates of LARs/AIPs being informed of proposed rights restrictions which implies they are not being integrated into the IDT as expected.

Outcome three: Centers will ensure that staff understand residents' rights and restrictions to safeguard the residents' ability to exercise their rights.

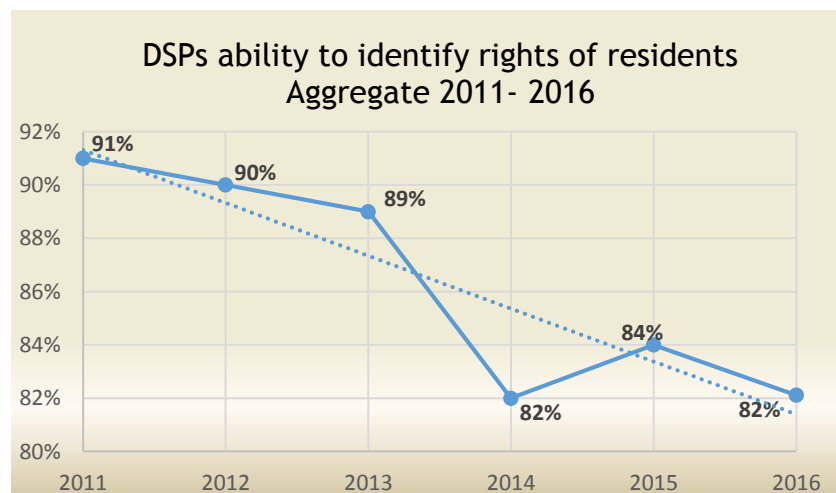
DSPs who are assigned to work with the resident in the sample were interviewed and asked to identify two rights the individual may exercise, name a restriction imposed on the resident and the steps necessary to restrict the resident's rights²⁵.

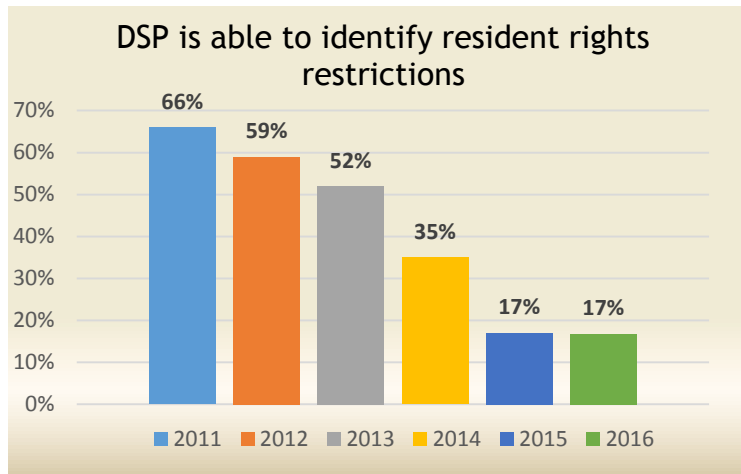
²⁵ Disaggregate data is in Appendix H.



Since the DSPs are assigned to work with these specific individuals, the expectation is that that staff person should know the individual's program, including what rights restrictions are in place.

- Comparatively, DSPs could state individuals' rights but had overwhelmingly more difficulty specifying restrictions in place, and the process to do so.
- As evidenced in annual comparative data, the steady aggregate decrease in DSPs' ability to identify resident rights cannot be easily attributed however without a concerted effort by the Centers to properly educate staff, the continued decline is likely.
- Center staff are not able to encourage residents to exercise their rights if they cannot expressly state what those rights are.





- There has been gradual and significant decline, since 2011 in DSPs' ability to specify individual residents' rights restrictions.

- Often, DSPs can state what they have been told residents are not allowed to do or have, for example, but staff tend to not recognize this as a restriction of an individual's freedom.

- A continuous, systemic issue exists in Center staff's ability to identify the two fundamental steps necessary to restrict a resident's rights and ensure due process: the IDT must meet and the restriction must be discussed and approved by HRC.

Findings: Domain Three, Outcome Three

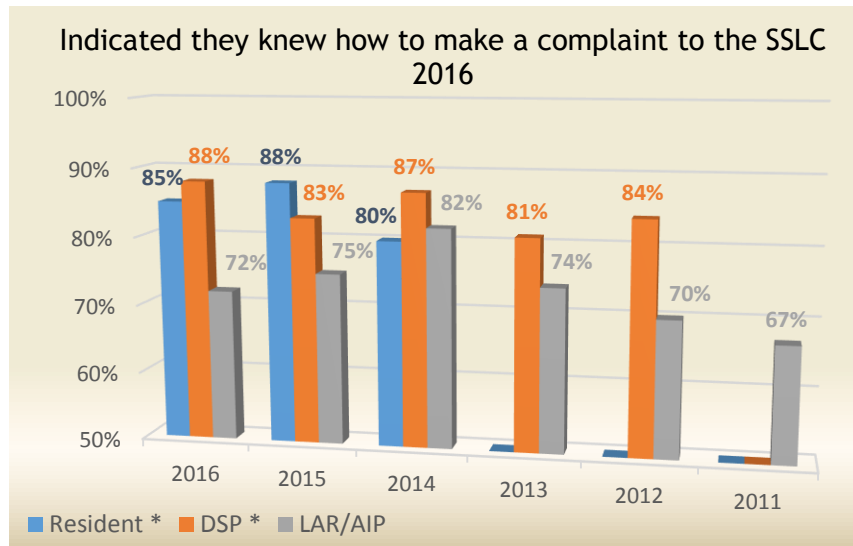
- For Centers to fully ensure that residents are able and encouraged to exercise their rights, staff must become better versed in understanding those rights and resident restrictions themselves.
- Centers are not integrating sufficient training and education for DSPs to understand rights restrictions of individuals they work with daily.

Outcome four: Residents, LARs/AIPs and DSPs are able to identify an appropriate person and/or how to file a complaint about rights violations, treatment or any other concern of the resident.

To determine if Centers are encouraging residents to exercise their rights, including the right to file a complaint, residents and DSP staff were interviewed, and LARs/AIPs completed a survey, indicating who they would contact to voice a concern about the treatment of an individual living at an SSLC.

When interviewed, residents and DSPs are required to identify an acceptable specific person or to report a complaint, such as the HRO or IDT.

LAR/AIPs were asked on the survey if they knew how to file a complaint to an SSLC.



*Note: DSPs were not asked this question until 2012; residents were not asked this until 2014²⁶.

- In order for the residents to exercise their rights, Centers must ensure those who spend the most time with them and are closest to them (DSPs and LARs/AIPs) are educated and aware of how to file a complaint on their behalf.
- Given consistently low rates, Centers do not appear to be doing adequate work to educate LAR/AIPs on how to file a complaint.

Findings: Domain Three, Outcome Four

- Given the modest rates in which DSPs are able to specify who to contact to make a complaint, additional and/or ongoing training will benefit staff and ensure that residents are able to exercise their right to file a complaint.
- Additional outreach to LARs/AIPs and guardians by some Centers on how to file a complaint is necessary; if a resident voices a concern to one of these advocates, it is essential that they know how to assist the resident in exercising their right to file a complaint.

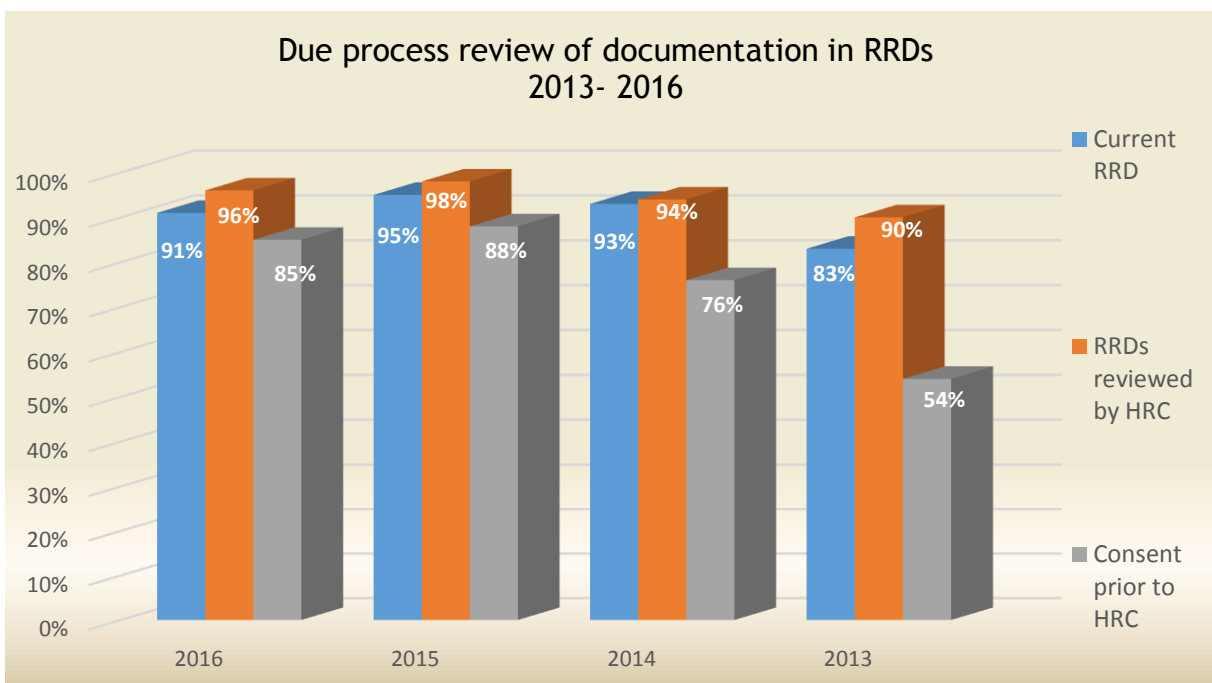
²⁶ Disaggregate data for residents, DSP and LAR/AIPs knowledge of how to file a complaint in Appendix I.

Outcome five: Centers will make every effort possible to ensure that every resident receives due process when imposing long-term rights restrictions.

Center staff complete an RRD annually which outlines restrictions that are to be implemented upon approval by the HRC members. Rights restrictions can range from freedom of movement, dietary or money restrictions, limitations on who a resident can associate with, and several others. Positive Behavior Support Plans (PBSPs) with restrictive elements and Crisis Intervention Plans (CIPs) for residents in the sample were reviewed, in addition to RRDs.

Evaluation of due process evidence in documentation was determined by:

- The presence of current documentation
- if all restrictions have a plan for removal.
- review and approval by HRC,
- if consent had been obtained prior to HRC review.



- In 2016, only 91% of all RRDs were current and could be reviewed for due process.
- Disaggregate data²⁷ shows that Corpus Christi, Denton and San Angelo have the lowest rates of obtaining consent prior to review/imposition of restrictions in HRC for RRDs.

²⁷ Appendix I

- Consent is a requirement of due process, however the HRO and HRC members are often not verifying that consent was obtained prior to HRC and agreeing to impose a restriction; without this element there is not due process.
- Any restrictions in place must also have a plan to remove the restriction, however this continues to be a significant issue across Centers.

PBSPs are implemented and used by staff to help assist residents in their unique behavioral traits. Some PBSPs are restrictive in nature and require due process for plans to be implemented. In terms of restrictive PBSPs, most Centers had current plans in place for residents in the sample.

- 13% of the sample required a restrictive PBSP with 98% of those plans current.
- Individuals in the Austin, Corpus Christi and Mexia sample did not have a PBSP.
- One resident in the El Paso sample had a PBSP currently implemented but consent prior to HRC was marked N/A, as consent had not been obtained and the plan also had not been reviewed by HRC.

2016 Due process review of documentation: PBSPs														
Current PBSP	Abilene	Austin *	Brenham	Corpus Christi *	Denton	El Paso**	Lubbock	Lufkin	Mexia *	Richmond	Rio Grande	San Angelo	San Antonio	Aggregates
Current PBSP approved by HRC	100%	N/A	100%	N/A	89%	100%	100%	100%	N/A	100%	100%	100%	100%	98%
Consent obtained prior to HRC	57%	N/A	100%	N/A	100%	0%	100%	100%	N/A	100%	100%	50%	88%	84%
	67%	N/A	100%	N/A	100%	N/A	57%	100%	N/A	67%	100%	75%	100%	85%

* No PBSPs were presented in HRC

**PBSP was not reviewed/approved in HRC

CIPs are implemented when an individual has had at least three restraints in a one month period. Given that the nature of the CIP is a plan surrounding anticipated restraints, due process is an absolute necessity. CIPs were not as frequently implemented for residents in the sample as PBSPs. Seven SSLCs had residents in the sample that required a CIP; three of those Centers had residents in the sample with CIPs that were not current.

Due process review of documentation: CIPs	Abilene	Austin *	Brenham *	Corpus Christi *	Denton *	El Paso *	Lubbock	Lufkin	Mexia**	Richmond	Rio Grande *	San Angelo	San Antonio	Aggregate
Current CIP	86%	N/A	N/A	N/A	N/A	N/A	100%	75%	100%	100%	N/A	75%	100%	86%
Current CIP approved by HRC	100%	N/A	N/A	N/A	N/A	N/A	100%	100%	0%	100%	N/A	33%	100%	84%
Consent obtained prior to HRC	80%	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	67%	100%	88%

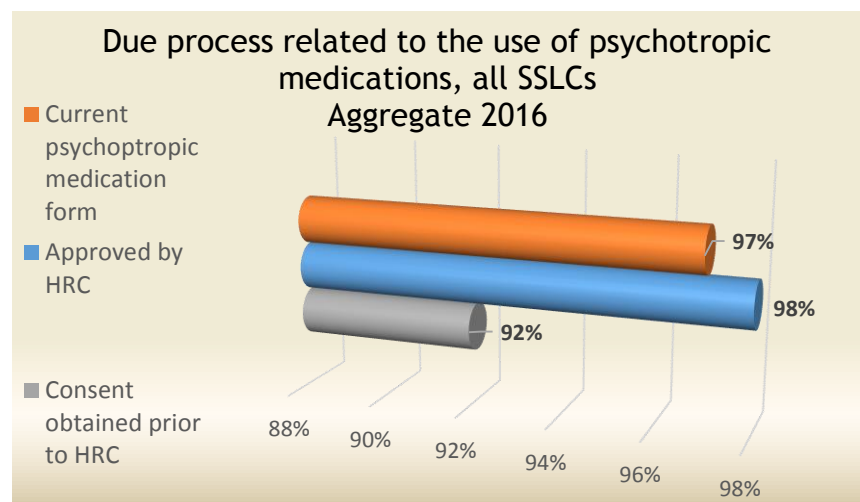
* Not Applicable; no CIPs were presented in HRC

** Not Applicable; CIP was not reviewed/approved in HRC

- San Angelo's rates of due process for CIPs was significantly lower than other Centers.
- Mexia's sample had current CIPs in place but they had not been reviewed and approved by HRC.

The 2016 Program Review is the first time the OIO has specifically looked at the due process elements for the use of psychotropic medications. Imposing a restrictive measure that changes an individual's physical brain chemistry requires an examination of due process efforts by Centers.

- 54% of individuals in the sample were currently prescribed psychotropic medications and 97% of the supporting documentation was current.



- The most significant issue in regard to due process and the use of psychotropic medications, although not widespread, is obtaining consent prior to HRC review/approval and implementation.

Due process review of documentation: Psychotropic Medication	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Current psychotropic medication form	94%	100%	89%	89%	100%	100%	100%	100%	100%	100%	100%	90%	100%	97%
Psychotropic medications approved by HRC	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	94%	94%	100%	98%
Consent obtained prior to HRC	100%	83%	88%	100%	84%	100%	45%	95%	100%	100%	100%	88%	100%	92%

Findings: Domain Three, Outcome Five

- Consent is not consistently obtained prior to HRC review/approval for rights restrictions in RRDs, BSPs and when prescribing the use of psychotropic medications.
- RRDs, PBSPs, CIPs and psychotropic medication review forms are reviewed without consent or not reviewed by HRC which leads to a due process violation.

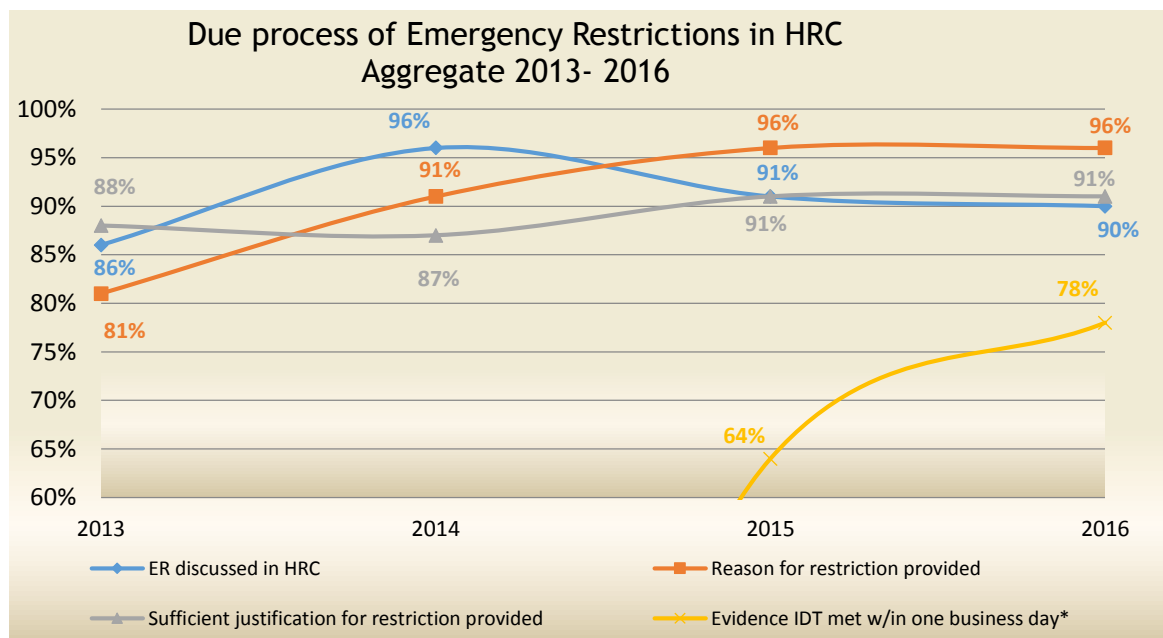
Outcome six: SSLCs will make every possible effort to ensure that every resident receives due process when ad hoc rights restrictions are imposed during HRC meetings.

AIOs observed HRC meetings at the on-site visit, as well as quarterly at each Center. AIOs used tools to evaluate due process of Emergency Restrictions (ERs), BSPs with restrictive elements, referrals for rights restrictions and restrictive annual RRDs presented during HRC. Over the course of the ongoing monitoring period from September 2015- August 2016 and the on-site review at each Center, HRC discussion of and supporting documents for restrictions reviewed included:

- 257 ERs
- 71 Behavior Support Plans
- 207 Referrals²⁸ for restrictions
- 120 RRDs with 241 restrictions

ERs are implemented when an individual is experiencing an emergency psychiatric, medical/dental or behavioral crisis. ERs are reviewed by HRC after implementation.

²⁸ Conditions and circumstances in an individual's life may change such that the IDT may recommend a new or additional restriction; once this occurs, the IDT submits a referral to HRC for review and approval before the restriction can be validly implemented.



*Note: Evidence that IDT met within one business day was not recorded until 2015.

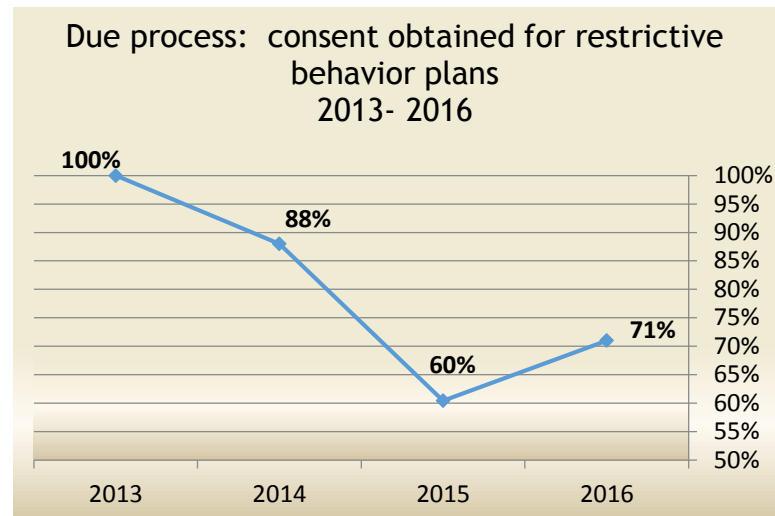
- A new state policy was implemented in 2015 that advised Centers to convert the continued use of ERs after 3 days to a referral for a rights restriction however, over the same Program Review reporting period across all SSLCs, there was a 72% increase in the use of ERs.
- While there has been a slight increase aggregately, the due process requirement that the IDT meets within one business day to discuss the circumstances, appropriateness and continued use of an ER remain low.
- Disaggregate data²⁹ shows Austin, Brenham and San Angelo had the lowest rates of fulfilling due process for ERs in 2016.

Restrictive BSPs presented in HRC include PBSPs, CIPs and Psychiatric Support Plans (PSPs) and are evaluated by AIOs for the presence of due process in documentation and in HRC discussion of restrictive plans.

²⁹ Appendix K.

Consent for an rights restriction is a fundamental aspect of due process. HRC's fundamental purpose is to ensure due process by verifying documentation and through discussion, with the sole purpose of protecting the rights of individuals.

Due process is not fulfilled exclusively through documentation and it is essential that HRC thoroughly discusses each element to ensure any restrictions are fully vetted.



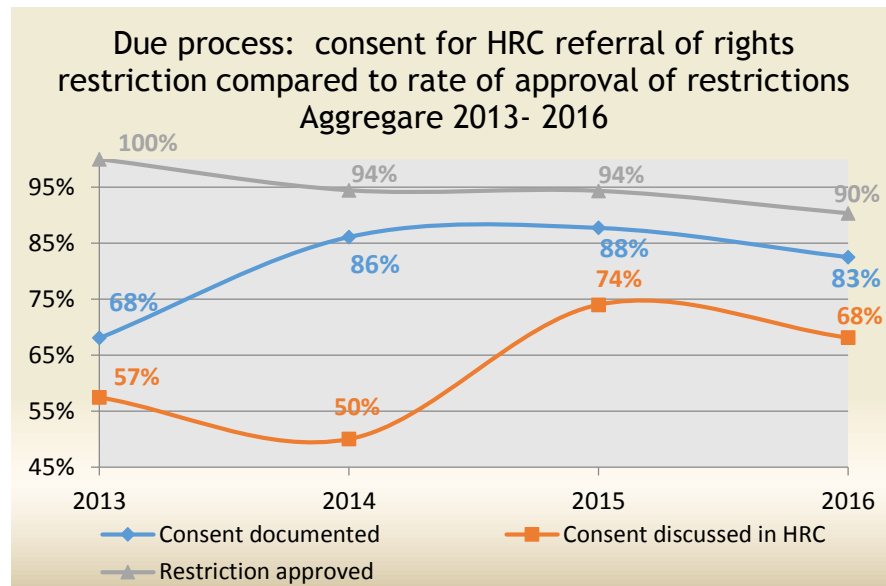
Due process of restrictive BSPs in HRC	Documentation Review				HRC Discussion			
	2016	2015	2014	2013	2016	2015	2014	2013
Consent Obtained	71%	60%	88%	100%	58%	56%	81%	43%
Definition of specific restriction	100%	95%	100%	86%	89%	96%	100%	86%
Justification for Restriction	96%	91%	100%	71%	77%	90%	100%	86%
Less Intrusive Approaches Attempted	67%	69%	94%	86%	49%	51%	75%	43%
Risk Analysis	79%	87%	100%	57%	42%	48%	81%	43%
Plan to Remove: Addresses Restriction	83%	81%	88%	57%	52%	64%	75%	57%
Plan to Remove: Measureable/Individualized	61%	64%	88%	86%	48%	55%	75%	71%
Approved					96%	93%	100%	100%

The chart above indicates:

- There have been higher rates of documenting due process elements compared to the rate of HRC discussion.
- IDTs' attempts of less intrusive approaches prior to implementing a restriction continues to be an area lacking in assessment by HRC members, in both documentation and discussion.
- There has also been an overall decrease in Centers' HRC members ensuring IDTs have implemented measurable and/or individualized plans to remove the restriction.

- Disaggregate data of BSPs³⁰ shows that Austin, Brenham, El Paso, Lubbock and San Angelo have the lowest rates of HRC discussion of due process elements.

A referral is a rights restriction imposed outside the initial or annual Individual Support Plan (ISP)³¹ and RRD. Referrals, like ERs and restrictive BSPs, must be reviewed to ensure due process and must be approved by the HRC before restrictions can validly be implemented.



- Since referrals for rights restrictions take place periodically and outside the annual review of restrictions of residents rights, consent has to be obtained on an as-needed basis, however data from 2016³² shows this due process necessity is lacking, in documentation and discussion.
- The lack of individual and LAR/guardian opinion about referrals for the proposed restrictions remains a concern.
- A plan to remove a restriction, which also should be measurable/ individualized, must also be put in place, along with planned time frame to review the restriction; omission of these critical criterion are necessary to ensure residents rights are not restricted capriciously.

³⁰ Appendix L.

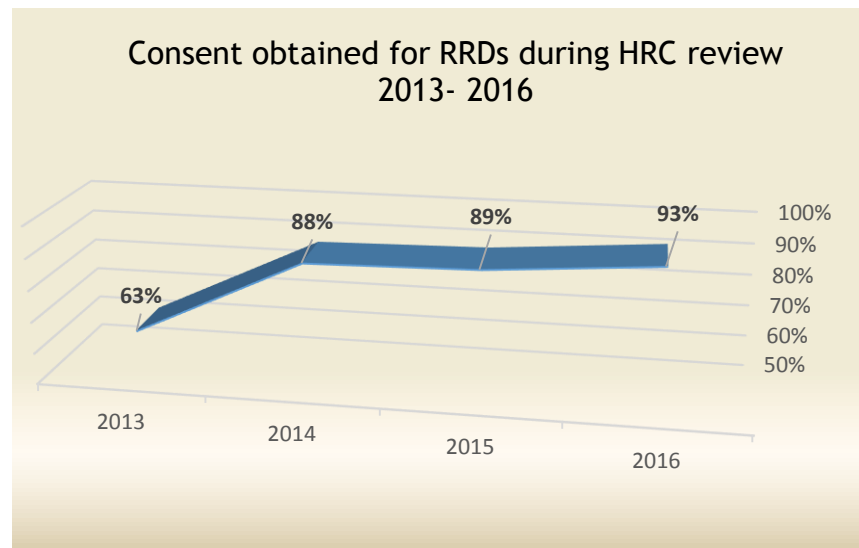
³¹ An ISP is an integrated, coherent, person-directed plan that reflects an individual's preferences, strengths, needs, and personal vision, as well as the protections, supports, and services the individual will receive to accomplish identified goals and objectives.

³² Disaggregate data in Appendix M.

2016 HRC review of referrals in HRC	Aggregate Documentation Review	Aggregate HRC Discussion
Consent Obtained	83%	68%
Individual's Perspective obtained	43%	28%
LAR/Guardian perspective obtained	56%	44%
Definition of specific restriction	89%	95%
Justification for Restriction	87%	91%
Less Intrusive Approaches Attempted	71%	60%
Risk vs. Risk	80%	53%
Plan to Remove: Addresses Restriction	73%	60%
Plan to Remove: Measureable/Individualized	61%	50%
IDT next Review Scheduled	58%	49%
Approved		90%

RRDs presented at HRC meetings during the on-site visit and throughout the ongoing monitoring period were also evaluated.

- 241 restrictions were presented in 120 RRDs; 223 of those restrictions were approved.
- Consent was obtained for 106 of 120 RRDs with a 93% consent rate; slightly up from 89% last year.



Comparative aggregate data of RRDs presented during HRC from 2013- 2016 is provided in the chart below³³.

2016 HRC review of RRDs in HRC	2016	2015	2014	2013
Consent Obtained	93%	89%	88%	63%
Individual's perspective documented	35%	34%	16%	12%
Individual's perspective discussed	29%	34%	17%	14%
LAR/guardian's perspective documented	34%	51%	33%	
LAR/guardian's perspective discussed	39%	43%	36%	
Definintion documented	97%	96%	97%	81%
Definition of restriction discussed	93%	89%	97%	60%
Justification for restriction documented	92%	91%	96%	68%
Justification for restriction discussed	91%	82%	93%	63%
Less intrustive approaches documented	74%	81%	71%	42%
Less intrustive approaches discused	61%	50%	41%	34%
Risk analysis discussed	54%	52%	59%	42%
Risk analysis documented	90%	94%	95%	62%
Plan for removal documented	82%	82%	72%	65%
Plan for removal discussed	72%	69%	73%	50%
Removal plan measurable/individualized	68%	65%	58%	47%
Removal plan measurable/individualized discussed	63%	56%	56%	39%
Restriction Approved by HRC	93%	91%	93%	88%

- The aggregate rate that SSLCs obtained consent for restrictions in annual RRDs continues to improve.
- The disaggregate data shows Brenham, Corpus Christi, El Paso, San Angelo and San Antonio approved all restrictions in HRC throughout the reporting period, however all of the elements of due process in documentation and discussion were not present.
- Denton, Richmond and Rio Grande also approved all restrictions in RRDs but show higher rates, comparatively, of due process fulfillment.
- Documentation and discussion of the resident's and LAR/guardian's opinion on the proposed restriction is an integral part of due process and continues to be an area of concern.

³³ Disaggregate 2016 data in Appendix N.

Findings: Domain Three, Outcome Six

- About half of the SSLCs are implementing ERs without the IDT meeting within the required time frame, thereby not assessing the resident and the circumstances surrounding the need for the ER and determining what can be done to assist the individual and avoid further, and potentially unnecessarily and arbitrarily, restricting their rights.
- Overall, SSLCs are not ensuring consent has been obtained prior to review and implementation of rights restrictions.
- Even though due process elements were not present in documentation and/or HRC discussion, essentially every BSP was approved during HRC.
- RRDs seem to show the highest indications of due process which is likely because these are documents submitted annually with planning time integrated into developing the document.
- ERs and referrals for new restrictions show lower rates of due process fulfillment.

Domain Three: Conclusions

- It is staff's responsibility to train and educate residents on how to help residents exercise their rights so Centers must implement new and continuous training and education for DSPs to assist individuals in doing so.
- Each SSLC is encouraged to institute regular training on residents' rights restrictions, as this is an area that continuously shows low rates of DSP competency.
- In addition to DSPs, LARs/AIPs serve as a primary resource to assist residents in exercising their rights, including the right to file a complaint; regular outreach and communication providing this information should be implemented.
- Centers should institute better processes of checks and balances of obtaining consent for restrictions and verifying restrictive measures have been approved by HRC to avoid violations of due process and individuals' rights.
- HROs are encouraged to utilize a checklist to verify that due process elements are completed in documentation and are discussed by members of the HRC.

Appendices

Appendix A: Meeting Minimum Staffing Requirements and Use of Holdover and Pulled Staff 2014- 2016

Met minimum required staff compared to use of pulled & holdover staff 2014- 2016	Abilene 2014	Abilene 2015	Abilene 2016	Austin 2014	Austin 2015	Austin 2016	Brenham 2014	Brenham 2015	Brenham 2016	Corpus 2014	Corpus 2015	Corpus 2016	Denton 2014	Denton 2015	Denton 2016
Met the minimum number of staff required by the facility	95%	82%	80%	78%	88%	76%	100%	85%	95%	91%	71%	68%	94%	97%	95%
Utilization of pulled/float staff	30%	12%	9%	28%	33%	34%	41%	20%	24%	0%	21%	37%	39%	24%	43%
Utilization of holdover staff	15%	27%	34%	44%	36%	45%	6%	5%	5%	9%	29%	26%	0%	16%	14%

Met minimum required staff compared to use of pulled & holdover staff 2014- 2016	El Paso 2014	El Paso 2015	El Paso 2016	Lubbock 2014	Lubbock 2015	Lubbock 2016	Lufkin 2014	Lufkin 2015	Lufkin 2016	Mexia 2014	Mexia 2015	Mexia 2016	Richmond 2014	Richmond 2015	Richmond 2016
Met the minimum number of staff required by the facility	100%	90%	80%	93%	72%	93%	85%	95%	86%	90%	96%	94%	95%	91%	98%
Utilization of pulled/float staff	50%	25%	9%	23%	31%	34%	39%	31%	24%	26%	16%	37%	15%	21%	43%
Utilization of holdover staff	10%	10%	34%	31%	17%	45%	8%	0%	5%	11%	2%	26%	20%	19%	14%

Met minimum required staff compared to use of pulled & holdover staff 2014- 2016	Rio Grande 2014	Rio Grande 2015	Rio Grande 2016	San Angelo 2014	San Angelo 2015	San Angelo 2016	San Antonio 2014	San Antonio 2015	San Antonio 2016	Aggregate 2014	Aggregate 2015	Aggregate 2016
Met the minimum number of staff required by the facility	100%	100%	92%	64%	69%	52%	44%	81%	71%	88%	87%	85%
Utilization of pulled/float staff	0%	17%	42%	29%	39%	24%	22%	19%	18%	27%	24%	27%
Utilization of holdover staff	17%	42%	8%	29%	23%	32%	22%	25%	35%	17%	5%	17%

Appendix B: Services Negatively Affected Due to Lack of Staff 2014- 2016

Services Negatively Affected due to a Lack of Staff 2014- 2016	<i>Abilene 2014</i>	<i>Abilene 2015</i>	<i>Abilene 2016</i>	<i>Austin 2014</i>	<i>Austin 2015</i>	<i>Austin 2016</i>	<i>Brenham 2014</i>	<i>Brenham 2015</i>	<i>Brenham 2016</i>	<i>Corpus 2014</i>	<i>Corpus 2015</i>	<i>Corpus 2016</i>	<i>Denton 2014</i>	<i>Denton 2015</i>	<i>Denton 2016</i>
Medical/Dental Appointments	11%	3%	16%	0%	15%	9%	0%	3%	5%	9%	6%	20%	24%	7%	5%
Community Outings	11%	0%	14%	0%	15%	0%	0%	6%	13%	0%	8%	33%	29%	0%	5%
Day Programming	11%	8%	16%	0%	19%	16%	0%	0%	6%	0%	0%	23%	24%	6%	8%
Completion of Skill Acquisitions	5%	7%	13%	0%	3%	8%	0%	0%	0%	0%	0%	25%	24%	6%	4%
Environmental Cleanliness	0%	0%	0%	0%	6%	7%	0%	3%	0%	0%	4%	24%	11%	0%	4%
Levels of Supervision	0%	3%	13%	0%	6%	4%	0%	5%	0%	0%	0%	12%	28%	3%	0%
Check and Change	5%	0%	4%	0%	10%	13%	0%	3%	3%	0%	0%	14%	6%	0%	9%
Bathing 1		3%	0%		8%	0%		0%	0%		0%	6%		8%	8%
Dining		0%	3%		8%	0%		18%	0%		5%	19%		0%	14%
Behavior Support Plans	25%	6%	12%	0%	0%	0%	0%	3%	3%	0%	0%	13%	17%	0%	4%

Services Negatively Affected due to a Lack of Staff 2014- 2016	<i>EL Paso 2014</i>	<i>El Paso 2015</i>	<i>El Paso 2016</i>	<i>Lubbock 2014</i>	<i>Lubbock 2015</i>	<i>Lubbock 2016</i>	<i>Lufkin 2014</i>	<i>Lufkin 2015</i>	<i>Lufkin 2016</i>	<i>Mexia 2014</i>	<i>Mexia 2015</i>	<i>Mexia 2016</i>	<i>Richmond 2014</i>	<i>Richmond 2015</i>	<i>Richmond 2016</i>
Medical/Dental Appointments	11%	0%	0%	17%	12%	0%	8%	4%	8%	11%	8%	0%	0%	0%	0%
Community Outings	22%	15%	17%	17%	13%	17%	8%	4%	9%	6%	0%	0%	0%	0%	0%
Day Programming	33%	11%	11%	17%	23%	11%	8%	17%	9%	0%	4%	0%	5%	0%	0%
Completion of Skill Acquisitions	20%	6%	17%	17%	19%	17%	8%	10%	9%	0%	0%	0%	0%	0%	0%
Environmental Cleanliness	10%	0%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%
Levels of Supervision	30%	11%	5%	15%	17%	5%	0%	3%	11%	0%	4%	0%	0%	0%	0%
Check and Change	40%	15%	10%	8%	16%	10%	8%	3%	3%	0%	0%	0%	0%	0%	0%
Bathing		0%	6%		7%	6%		0%	0%		0%	0%		7%	0%
Dining		6%	17%		23%	17%		0%	13%		5%	0%		7%	0%
Behavior Support Plans	30%	5%	0%	15%	14%	0%	8%	3%	0%	0%	4%	0%	0%	0%	0%

Appendix B: Services Negatively Affected Due to Lack of Staff 2014- 2016, Continued

Services Negatively Affected due to a Lack of Staff 2014- 2016	<i>Rio Grande 2014</i>	<i>Rio Grande 2015</i>	<i>Rio Grande 2016</i>	<i>San Angelo 2014</i>	<i>San Angelo 2015</i>	<i>San Angelo 2016</i>	<i>San Antonio 2014</i>	<i>San Antonio 2015</i>	<i>San Antonio 2016</i>	<i>Aggregate 2014</i>	<i>Aggregate 2015</i>	<i>Aggregate 2016</i>
Medical/Dental Appointments	0%	0%	0%	8%	0%	5%	25%	0%	0%	9%	5%	5%
Community Outings	0%	0%	0%	8%	0%	0%	25%	8%	8%	10%	4%	7%
Day Programming	0%	0%	0%	8%	9%	13%	38%	7%	23%	10%	8%	9%
Completion of Skill Acquisitions	0%	0%	10%	8%	0%	9%	33%	20%	13%	8%	5%	6%
Environmental Cleanliness	0%	0%	0%	7%	4%	4%	11%	13%	13%	3%	3%	3%
Levels of Supervision	0%	0%	0%	7%	8%	17%	22%	13%	13%	7%	5%	5%
Check and Change	0%	0%	0%	7%	0%	8%	11%	7%	12%	5%	4%	5%
Bathing		0%	0%		0%	0%		14%	0%		3%	2%
Dining		0%	0%		7%	8%		14%	0%		7%	5%
Behavior Support Plans	0%	0%	0%	7%	4%	8%	11%	25%	19%	9%	4%	4%

Appendix C: Unique Populations Served

Adolescent (10- 21 years old) individuals served at SSLCs

SSLC	Number of adolescent individuals served	Percentage of adolescent individuals served
Abilene	11 individuals	4% of population
Austin	N/A	N/A
Brenham	4 individuals	7% of population
Corpus Christi	2 individuals	1% of population
Denton	7 individuals	2% of population
El Paso	4 individuals	4% of population
Lubbock	5 individuals	3% of population
Lufkin	35 individuals	12% of population
Mexia	59 individuals	23% of population
Richmond	7 individuals	2% of population
Rio Grande	4 individuals	7% of population
San Angelo	14 individuals	15% of population
San Antonio	14 individuals	6% of population
Aggregate	206 individuals	7% of population

Medically fragile individuals served at SSLCs

SSLC	Number of medically fragile individuals served	Percentage of medically fragile individuals served
Abilene	85 individuals	29% of population
Austin	102 individuals	50% of population
Brenham	47 individuals	18% of population
Corpus Christi	84 individuals	38% of population
Denton	158 individuals	35% of population
El Paso	36 individuals	34% of population
Lubbock	33 individuals	17% of population
Lufkin	20 individuals	7% of population
Mexia	10 individuals	4% of population
Richmond	72 individuals	22% of population
Rio Grande	3 individuals	5% of population
San Angelo	49 individuals	23% of population
San Antonio	23 individuals	10% of population
Aggregate	722 individuals	23% of population

Appendix C: Unique Populations Served, Continued

Geriatric individuals served at SSLCs

SSLC	Number of geriatric aged individuals served	Percentage geriatric aged individuals served
Abilene	130 individuals	44% of population
Austin	127 individuals	62% of population
Brenham	74 individuals	28% of population
Corpus Christi	8 individuals	4% of population
Denton	238 individuals	53% of population
El Paso	35 individuals	33% of population
Lubbock	58 individuals	30% of population
Lufkin	118 individuals	40% of population
Mexia	54 individuals	21% of population
Richmond	143 individuals	44% of population
Rio Grande	14 individuals	23% of population
San Angelo	57 individuals	26% of population
San Antonio	80 individuals	35% of population
Aggregate	1136 individuals	36% of population

Alleged offender individuals served at SSLCs

SSLC	Number of alleged offenders individuals served	Percentage of alleged offenders individuals served
Abilene	N/A	N/A
Austin	N/A	N/A
Brenham	N/A	N/A
Corpus Christi	5 individuals	2% of population
Denton	5 individuals	1% of population
El Paso	2 individuals	2% of population
Lubbock	1 individual	0.5% of population
Lufkin	1 individual	0.3% of population
Mexia	140 individuals	55% of population
Richmond	N/A	N/A
Rio Grande	N/A	N/A
San Angelo	26 individuals	12% of population
San Antonio	2 individuals	1% of population
Aggregate	182 individuals	6% of population

Appendix D: 2016 In-service Feedback from DSPs

	Abilene			Austin			Brenham		
	Yes	Somewhat	No	Yes	Somewhat	No	Yes	Somewhat	No
DSP remembers in-service	80%	12%	8%	67%	13%	21%	84%	8%	8%
Interactive	78%			79%			78%		
Paper based	22%			21%			22%		
DSP learned new information/skills	57%	22%	22%	74%	21%	5%	68%	14%	18%
In-service prepared DSP carry out what was learned	82%	9%	9%	89%	11%	0%	91%	4%	4%
DSP had problems carrying out what was learned	22%	0%	78%	16%	16%	68%	22%	4%	74%

	Corpus Christi			Denton			El Paso		
	Yes	Somewhat	No	Yes	Somewhat	No	Yes	Somewhat	No
DSP remembers in-service	36%	14%	50%	77%	11%	13%	40%	13%	47%
Interactive	73%			70%			50%		
Paper based	27%			30%			50%		
DSP learned new information/skills	64%	18%	18%	49%	15%	37%	50%	25%	25%
In-service prepared DSP carry out what was learned	64%	36%	0%	88%	10%	2%	63%	38%	0%
DSP had problems carrying out what was learned	9%	0%	91%	10%	5%	85%	0%	12.5%	87.5%

Appendix D: 2016 In-service Feedback from DSPs, Continued

	Lubbock			Lufkin			Mexia		
	Yes	Somewhat	No	Yes	Somewhat	No	Yes	Somewhat	No
DSP remembers in-service	72%	17%	11%	87%	0%	13%	85%	12%	3%
Interactive	56%			100%			91%		
Paper based	44%			0%			9%		
DSP learned new information/skills	50%	37.5%	12.5%	59%	22%	19%	66%	25%	9%
In-service prepared DSP carry out what was learned	81%	19%	0%	96%	4%	0%	94%	3%	3%
DSP had problems carrying out what was learned	18.8%	12.5%	68.8%	27%	4%	69%	16%	0%	84%

	Richmond			Rio Grande			San Angelo		
	Yes	Somewhat	No	Yes	Somewhat	No	Yes	Somewhat	No
DSP remembers in-service	81%	3%	16%	100%	0%	0%	54.5%	22.7%	22.7%
Interactive	100%			100%			35%		
Paper based	0%			0%			65%		
DSP learned new information/skills	76%	24%	0%	60%	27%	13%	65%	29%	6%
In-service prepared DSP carry out what was learned	92%	8%	0%	67%	20%	13%	65%	35%	0%
DSP had problems carrying out what was learned	27%	12%	62%	21%	0%	79%	12%	0%	88%

	San Antonio			Aggregate		
	Yes	Somewhat	No	Yes	Somewhat	No
DSP remembers in-service	70%	5%	25%	73%	10%	17%
Interactive	73%			79%		
Paper based	27%			21%		
DSP learned new information/skills	67%	13%	20%	63%	21%	16%
In-service prepared DSP carry out what was learned	93%	7%	0%	87%	11%	3%
DSP had problems carrying out what was learned	0%	0%	100%	17%	5%	78%

Appendix E: OJT Questionnaires 2016 Disaggregate

	Abilene			Austin			Brenham		
	Yes	Somewhat	No	Yes	Somewhat	No	Yes	Somewhat	No
Trained on residents behavior support needs	90%	10%	0%	90%	10%	0%	100%	0%	0%
Training prepared DSP to carry out the behavior plans	80%	20%	0%	70%	30%	0%	70%	30%	0%
Trained on physical/nutrition needs	100%	0%	0%	100%	0%	0%	100%	0%	0%
Training prepared DSP to follow physical/nutrition programs	100%	0%	0%	100%	0%	0%	100%	0%	0%
Trained on residents LOS	100%	0%	0%	100%	0%	0%	80%	20%	0%
Training prepared you to follow residents LOS	100%	0%	0%	100%	0%	0%	80%	20%	0%
Trained on residents' daily routine	90%	10%	0%	80%	20%	0%	100%	0%	0%
Training prepared DSP to help residents with daily routines and preferences	90%	10%	0%	90%	0%	10%	100%	0%	0%
DSP was trained on residents rights restrictions	100%	0%	0%	90%	0%	10%	100%	0%	0%
Residents' programs explained so that DSP could understand them	90%	10%	0%	60%	30%	10%	100%	0%	0%
DSP required to show what was learned during OJT	100%		0%	89%		11%	100%		0%
Skills and information learned were useful in working with residents during OJT	90%	10%	0%	50%	50%	0%	80%	20%	0%

Appendix E: OJT Questionnaires 2016 Disaggregate, Continued

	Corpus Christi			Denton			El Paso		
	Yes	Somewhat	No	Yes	Somewhat	No	Yes	Somewhat	No
Trained on residents behavior support needs	60%	20%	20%	100%	0%	0%	80%	0%	20%
Training prepared DSP to carry out the behavior plans *	40%	40%	10%	70%	30%	0%	60%	30%	10%
Trained on physical/nutrition needs	90%	10%	0%	80%	10%	10%	90%	10%	0%
Training prepared DSP to follow physical/nutrition programs	100%	0%	0%	80%	10%	10%	90%	10%	0%
Trained on residents LOS	80%	10%	10%	70%	20%	10%	100%	0%	0%
Training prepared you to follow residents LOS *	80%	0%	10%	70%	20%	10%	90%	10%	0%
Trained on residents' daily routine	70%	30%	0%	80%	0%	20%	60%	40%	0%
Training prepared DSP to help residents with daily routines and preferences	100%	0%	0%	60%	20%	20%	60%	40%	0%
DSP was trained on residents rights restrictions	80%	10%	0%	67%	22%	11%	80%	10%	10%
Residents' programs explained so that DSP could understand them	70%	30%	0%	50%	50%	0%	80%	10%	10%
DSP required to show what was learned during OJT	60%		40%	90%		10%	100%		0%
Skills and information learned were useful in working with residents during OJT	90%	10%	0%	70%	20%	10%	90%	0%	10%

* N/A was an option in 2016; 10% of respondents stated N/A since their residents did not have behavior plans or LOS

Appendix E: OJT Questionnaires 2016 Disaggregate, Continued

	Lubbock			Lufkin			Mexia		
	Yes	Somewhat	No	Yes	Somewhat	No	Yes	Somewhat	No
Trained on residents behavior support needs	90%	10%	0%	90%	10%	0%	90%	10%	0%
Training prepared DSP to carry out the behavior plans	80%	20%	0%	70%	30%	0%	80%	20%	0%
Trained on physical/nutrition needs	90%	10%	0%	90%	10%	0%	80%	10%	10%
Training prepared DSP to follow physical/nutrition programs	100%	0%	0%	90%	10%	0%	80%	10%	10%
Trained on residents LOS	100%	0%	0%	70%	30%	0%	80%	20%	0%
Training prepared you to follow residents LOS	100%	0%	0%	100%	0%	0%	80%	20%	0%
Trained on residents' daily routine	80%	20%	0%	70%	30%	0%	44%	44%	11%
Training prepared DSP to help residents with daily routines and preferences	80%	20%	0%	80%	20%	0%	70%	10%	20%
DSP was trained on residents rights restrictions	90%	0%	10%	70%	30%	0%	80%	10%	10%
Residents' programs explained so that DSP could understand them	100%	0%	0%	90%	10%	0%	90%	0%	10%
DSP required to show what was learned during OJT	100%		0%	90%		10%	80%		20%
Skills and information learned were useful in working with residents during OJT	100%	0%	0%	80%	20%	0%	80%	20%	0%

Appendix E: OJT Questionnaires 2016 Disaggregate, Continued

	Richmond			Rio Grande			San Angelo			San Antonio		
	Yes	Somewhat	No	Yes	Somewhat	No	Yes	Som	No	Yes	Somewhat	No
Trained on residents behavior support needs	100%	0%	0%	100%	0%	0%	80%	20%	0%	90%	10%	0%
Training prepared DSP to carry out the behavior plans	60%	40%	0%	90%	10%	0%	90%	10%	0%	60%	40%	0%
Trained on physical/nutrition needs	100%	0%	0%	100%	0%	0%	100%	0%	0%	100%	0%	0%
Training prepared DSP to follow physical/nutrition programs	80%	20%	0%	100%	0%	0%	100%	0%	0%	90%	10%	0%
Trained on residents LOS	100%	0%	0%	90%	10%	0%	100%	0%	0%	80%	20%	0%
Training prepared you to follow residents LOS	100%	0%	0%	90%	10%	0%	90%	10%	0%	80%	20%	0%
Trained on residents' daily routine	90%	10%	0%	90%	0%	10%	80%	20%	0%	56%	33%	11%
Training prepared DSP to help residents with daily routines and preferences	80%	20%	0%	80%	20%	0%	80%	20%	0%	70%	20%	10%
DSP was trained on residents rights restrictions	90%	10%	0%	90%	0%	10%	80%	10%	10%	90%	10%	0%
Residents' programs explained so that DSP could understand them	80%	20%	0%	100%	0%	0%	90%	10%	0%	90%	10%	0%
DSP required to show what was learned during OJT	100%		0%	90%		10%	90%		10%	100%		0%
Skills and information learned were useful in working with residents during OJT	80%	20%	0%	90%	10%	0%	90%	10%	0%	90%	10%	0%

Appendix F: Residents Informed of Rights 2012- 2016

Resident has been told about thier rights	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	23%	40%	50%	50%	62%	57%	64%	50%	86%	67%	86%	59%	44%	59%
2015	40%	63%	56%	71%	85%	57%	44%	91%	68%	39%	67%	70%	22%	61%
2014	78%	33%	33%	40%	89%	100%	50%	50%	72%	50%	100%	60%	56%	64%
2013	67%	88%	50%	75%	77%	63%	90%	78%	69%	63%	50%	84%	40%	70%
2012	56%	100%	60%	67%	60%	100%	100%	67%	70%	75%	100%	67%	86%	72%

Appendix G: Residents' Level of Involvement in Planning and Encouraging Rights
2012- 2016

Resident feels team listens to them	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lurkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	62%	100%	83%	70%	92%	100%	100%	73%	90%	83%	86%	64%	78%	81%
2015	60%	88%	67%	71%	85%	71%	89%	100%	77%	78%	78%	80%	67%	78%
2014	89%	100%	83%	80%	67%	80%	50%	100%	67%	83%	100%	80%	56%	77%

Invited to Team meetings	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lurkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	46%	60%	83%	70%	92%	100%	100%	82%	90%	67%	100%	64%	78%	78%
2015	40%	86%	78%	72%	92%	67%	89%	100%	82%	78%	100%	80%	89%	81%

Invited to HRC	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lurkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	23%	40%	33%	40%	23%	43%	64%	13%	33%	78%	100%	23%	56%	40%
2015	40%	25%	56%	43%	54%	33%	44%	40%	18%	33%	67%	68%	56%	44%

Appendix H: DSP Knowledge of Resident Rights, Restrictions and Process to Restrict 2012- 2016

DSP can identify at least two resident rights	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	59%	80%	81%	95%	82%	100%	90%	66%	84%	82%	75%	91%	96%	82%
2015	81%	80%	79%	96%	80%	90%	85%	90%	89%	85%	90%	64%	91%	84%
2014	69%	96%	90%	86%	76%	90%	80%	64%	93%	67%	95%	95%	91%	82%
2013	95%	89%	93%	100%	83%	85%	100%	79%	91%	88%	70%	91%	100%	89%
2012	73%	88%	97%	100%	86%	95%	76%	81%	92%	97%	100%	91%	100%	90%
2011	95%	94%	94%	79%	88%	100%	100%	84%	80%	89%	100%	100%	100%	91%

DSP is able to identify resident restrictions	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	48%	20%	8%	15%	15%	0%	33%	0%	0%	21%	11%	36%	10%	17%
2015	6%	6%	18%	16%	12%	12%	20%	25%	48%	27%	6%	25%	10%	17%
2014	33%	12%	12%	26%	22%	33%	35%	33%	44%	54%	45%	90%	41%	35%
2013	44%	57%	31%	46%	46%	30%	90%	94%	44%	27%	35%	81%	52%	52%
2012	61%	61%	60%	27%	55%	65%	38%	33%	82%	81%	30%	78%	79%	59%
2011	64%	83%	44%	71%	85%	14%	82%	47%	40%	63%	75%	100%	79%	66%

Appendix H: DSP Knowledge of Resident Rights, Restrictions and Process to Restrict 2012- 2016, Continued

DSP knows process to restrict rights		Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016		34%	5%	22%	23%	16%	10%	20%	31%	48%	36%	20%	23%	4%	23%
2015		28%	10%	32%	18%	27%	10%	40%	42%	23%	27%	25%	18%	30%	26%
2014		47%	31%	17%	9%	46%	60%	40%	30%	61%	18%	40%	62%	35%	38%
2013		49%	57%	62%	100%	44%	15%	80%	21%	41%	24%	55%	57%	56%	49%
2012		54%	58%	83%	42%	47%	95%	52%	58%	84%	67%	40%	74%	96%	65%
2011		55%	72%	25%	50%	69%	29%	45%	11%	40%	47%	75%	83%	93%	52%

Appendix I: Resident, DSP, LAR/AIP Know how to File a Complaint 2011- 2016

Resident correctly states an appropriate person to voice a complaint	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	54%	80%	83%	80%	92%	100%	100%	73%	90%	83%	100%	95%	67%	85%
2015	80%	75%	78%	100%	85%	100%	89%	100%	91%	77%	89%	100%	78%	88%
2014	67%	100%	67%	40%	56%	80%	100%	83%	89%	100%	50%	93%	89%	80%

DSP knows who to contact to file complaint	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2016	93%	60%	89%	77%	90%	100%	85%	86%	96%	88%	95%	82%	96%	88%
2015	94%	75%	86%	50%	89%	85%	90%	84%	96%	64%	95%	91%	83%	83%
2014	92%	100%	97%	91%	74%	85%	95%	61%	89%	85%	100%	100%	83%	87%
2013	74%	96%	79%	100%	56%	75%	100%	85%	88%	67%	85%	95%	84%	81%
2012	71%	85%	77%	96%	69%	95%	81%	83%	95%	72%	95%	96%	100%	84%

Appendix I: Resident, DSP, LAR/AIP Know how to File a Complaint 2011- 2016, Continued

LAR/AIP knows how to file complaint		Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lurkin	Mexia	Richmond	Rio Grande *	San Angelo	San Antonio	Aggregate
2016		86%	60%	100%	33%	70%	50%	71%	100%	67%	50%	100%	100%	67%	72%
2015		56%	75%	86%	50%	80%	100%	71%	100%	75%	43%	100%	100%	100%	75%
2014		67%	50%	100%	100%	81%	100%	100%	77%	75%	100%	100%	100%	80%	82%
2013		50%	86%	67%	50%	87%	90%	75%	56%	20%	100%	50%	100%	83%	74%
2012		69%	63%	80%	60%	67%	0%	75%	89%	43%	89%	75%	75%	100%	70%
2011		50%	100%	80%	100%	57%	50%	100%	67%	50%	67%	N/A	33%	67%	67%

* In 2011, Rio Grande did not have any respondents.

Appendix J: 2015- 2016 Disaggregate Due Process Document Review of RRDs

Due process of document review: RRDs		Abilene 2016		Abilene 2015		Austin 2016		Austin 2015		Brenham 2016		Brenham 2015		Corpus Christi 2016		Corpus Christi 2015		Denton 2016		Denton 2015		El Paso 2016		El Paso 2015		Lubbock 2016		Lubbock 2015	
Current RRD		100%	100%	100%	90%	85%	96%	86%	73%	98%	100%	90%	100%	100%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
RRDs reviewed through HRC		100%	100%	100%	100%	100%	71%	70%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Consent obtained		96%	100%	100%	100%	86%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%	
Consent prior to HRC		91%	81%	92%	94%	100%	94%	50%	69%	75%	93%	100%	89%	93%	100%	89%	93%	100%	89%	93%	100%	89%	93%	65%	93%	65%	93%	65%	
All restrictions have a plan for removal		25%	38%	46%	63%	29%	18%	20%	13%	56%	91%	67%	33%	43%	15%	43%	15%	43%	15%	43%	15%	43%	15%	43%	15%	43%	15%	43%	15%

Due process of document review: RRDs		Lufkin 2016		Lufkin 2015		Mexia 2016		Mexia 2015		Richmond 2016		Richmond 2015		Rio Grande 2016		Rio Grande 2015		San Angelo 2016		San Angelo 2015		San Antonio 2016		San Antonio 2015		Aggregate 2016		Aggregate 2015	
Current RRD		79%	100%	92%	100%	94%	97%	80%	90%	73%	86%	91%	83%	91%	95%	93%	100%	83%	100%	83%	100%	95%	98%	95%	98%	95%	98%	95%	98%
RRDs reviewed through HRC		100%	100%	89%	100%	89%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Consent obtained		100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Consent prior to HRC		100%	100%	89%	87%	100%	96%	88%	100%	56%	89%	100%	100%	56%	89%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All restrictions have a plan for removal		67%	50%	79%	52%	33%	40%	43%	60%	21%	39%	33%	38%	46%	37%	46%	37%	46%	37%	46%	37%	46%	37%	46%	37%	46%	37%	46%	37%

Appendix K: 2015- 2016 Disaggregate Due Process Review of Emergency Restrictions in HRC

Due process of Emergency Restrictions in HRC	Abilene 2016	Abilene 2015	Austin 2016	Austin 2015	Brenham 2016	Brenham 2015	Corpus Christi 2016	Corpus Christi 2015	Denton 2016	Denton 2015	El Paso 2016	El Paso 2015	Lubbock 2016	Lubbock 2015
ER discussed in HRC	100%	100%	63%	100%	84%	100%	100%	48%	100%	100%	100%	100%	84%	100%
Reason for ER provided	100%	95%	94%	80%	89%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sufficient justification for ER	100%	95%	69%	70%	74%	94%	96%	92%	100%	100%	100%	93%	92%	90%
Evidence IDT met in required timeframe	76%	60%	92%	70%	89%	94%	58%	32%	95%	100%	100%	79%	56%	71%

Due process of Emergency Restrictions in HRC	Lufkin 2016	Lufkin 2015	Mexia 2016	Mexia 2015	Richmond 2016	Richmond 2015	Rio Grande 2016	Rio Grande 2015	San Angelo 2016	San Angelo 2015	San Antonio 2016	San Antonio 2015	Aggregate 2016	Aggregate 2015
ER discussed in HRC	100%	100%	100%	95%	100%	100%	100%	50%	48%	100%	100%	100%	90%	91%
Reason for ER provided	100%	100%	100%	95%	100%	100%	100%	100%	72%	100%	100%	85%	96%	96%
Sufficient justification for ER	93%	80%	100%	95%	100%	100%	100%	100%	68%	88%	100%	90%	91%	91%
Evidence IDT met in required timeframe	87%	80%	92%	81%	100%	100%	100%	100%	8%	72%	100%	25%	78%	64%

Appendix L: 2016 Disaggregate Due Process Review of Behavior Support Plans in HRC

Due process of restrictive BSPs in HRC	Abilene		Austin		Brenham		Corpus Christi	
	Documentation Review	Abilene HRC Discussion	Documentation Review	Austin HRC Discussion	Documentation Review	Brenham HRC Discussion	Documentation Review	Corpus Christi HRC Discussion
Consent Obtained	100%	100%	100%	25%	53%	47%	N/A	N/A
Definition of specific restriction	100%	100%	100%	0%	100%	100%	N/A	N/A
Justification for Restriction	100%	50%	100%	0%	100%	100%	N/A	N/A
Less Intrusive Approaches Attempted	100%	100%	100%	0%	60%	60%	N/A	N/A
Risk vs. Risk	100%	0%	100%	25%	93%	20%	N/A	N/A
Plan to Remove: Addresses Restriction	100%	50%	75%	0%	87%	20%	N/A	N/A
Plan to Remove: Measureable/Individualized	100%	100%	50%	0%	13%	13%	N/A	N/A
Approved		50%		100%		93%		N/A

Due process of restrictive BSPs in HRC	Denton		El Paso		Lubbock		Lufkin	
	Documentation Review	Denton HRC Discussion	Documentation Review	El Paso HRC Discussion	Documentation Review	Lubbock HRC Discussion	Documentation Review	Lufkin HRC Discussion
Consent Obtained	100%	0%	0%	0%	0%	0%	100%	75%
Definition of specific restriction	100%	100%	100%	67%	100%	78%	100%	100%
Justification for Restriction	100%	93%	100%	100%	78%	44%	100%	100%
Less Intrusive Approaches Attempted	93%	93%	67%	33%	11%	11%	100%	100%
Risk vs. Risk	100%	93%	100%	100%	0%	0%	100%	75%
Plan to Remove: Addresses Restriction	93%	93%	67%	67%	56%	22%	100%	100%
Plan to Remove: Measureable/Individualized	93%	93%	33%	33%	56%	22%	50%	50%
Approved		100%		100%		100%		75%

Appendix L: 2016 Disaggregate Due Process Review of Behavior Support Plans in HRC, Continued

Due process of restrictive BSPs in HRC	Mexia Documentation Review	Mexia HRC Discussion	Richmond Documentation Review	Richmond HRC Discussion	Rio Grande Documentation Review	Rio Grande HRC Discussion	San Angelo Documentation Review	San Angelo HRC Discussion	San Antonio Documentation Review	San Antonio HRC Discussion
Consent Obtained	100%	75%	100%	100%	N/A	N/A	83%	83%	88%	50%
Definition of specific restriction	100%	100%	100%	100%	N/A	N/A	100%	83%	100%	100%
Justification for Restriction	100%	100%	100%	100%	N/A	N/A	83%	17%	100%	100%
Less Intrusive Approaches Attempted	100%	0%	100%	100%	N/A	N/A	0%	0%	75%	25%
Risk vs. Risk	100%	0%	100%	100%	N/A	N/A	50%	0%	75%	50%
Plan to Remove: Addresses Restriction	100%	100%	100%	100%	N/A	N/A	100%	33%	63%	50%
Plan to Remove: Measureable/Individualized	100%	100%	100%	100%	N/A	N/A	100%	33%	50%	50%
Approved		100%		100%		N/A		100%		100%

* N/A due to no BSPs presented during the reporting period.

Appendix M: 2016 Disaggregate Due Process Review of Referrals in HRC

2016 HRC review of referrals in HRC	Abilene Documentation Review	Abilene HRC Discussion	Austin Documentation Review	Austin HRC Discussion	Brenham Documentation Review	Brenham HRC Discussion	Corpus Christi Documentation Review	Corpus Christi HRC Discussion
Consent Obtained	93%	47%	85%	38%	31%	46%	91%	86%
Individual's Perspective obtained	33%	27%	31%	0%	38%	15%	0%	5%
LAR/Guardian perspective obtained	50%	30%	23%	23%	45%	0%	20%	13%
Definition of specific restriction	100%	100%	92%	54%	100%	92%	91%	100%
Justification for Restriction	100%	100%	69%	46%	100%	100%	91%	95%
Less Intrusive Approaches Attempted	93%	87%	38%	38%	77%	62%	36%	36%
Risk vs. Risk	100%	73%	46%	38%	77%	8%	73%	59%
Plan to Remove: Addresses Restriction	87%	87%	69%	54%	67%	23%	14%	9%
Plan to Remove: Measureable/Individualized	87%	87%	54%	54%	33%	0%	14%	9%
IDT next Review Scheduled	100%	80%	54%	46%	38%	8%	5%	36%
Approved		100%		77%		100%	17%	100%

Appendix M: 2016 Disaggregate Due Process Review of Referrals in HRC, Continued

2016 HRC review of referrals in HRC	Denton Documentation Review	Denton HRC Discussion	El Paso Documentation Review	El Paso HRC Discussion	Lubbock Documentation Review	Lubbock HRC Discussion	Lurkin Documentation Review	Lurkin HRC Discussion
Consent Obtained	75%	100%	82%	73%	50%	10%	100%	100%
Individual's Perspective obtained	75%	75%	10%	20%	90%	33%	30%	22%
LAR/Guardian perspective obtained	100%	75%	70%	60%	83%	33%	87%	80%
Definition of specific restriction	100%	100%	91%	100%	100%	90%	100%	100%
Justification for Restriction	88%	88%	100%	100%	100%	90%	100%	100%
Less Intrusive Approaches Attempted	75%	100%	73%	73%	70%	60%	96%	91%
Risk vs. Risk	100%	100%	73%	73%	80%	30%	96%	91%
Plan to Remove: Addresses Restriction	100%	100%	64%	64%	100%	70%	83%	83%
Plan to Remove: Measureable/Individualized	100%	100%	27%	36%	60%	40%	65%	65%
IDT next Review Scheduled	75%	75%	27%	18%	80%	20%	83%	78%
Approved		100%		91%		60%		91%

Appendix M: 2016 Disaggregate Due Process Review of Referrals in HRC, Continued

2016 HRC review of referrals in HRC	Mexia Documentation Review	Mexia HRC Discussion	Richmond Documentation Review	Richmond HRC Discussion	Rio Grande Documentation Review	Rio Grande HRC Discussion	San Angelo Documentation Review	San Angelo HRC Discussion	San Antonio Documentation Review	San Antonio HRC Discussion
Consent Obtained	96%	91%	84%	84%	100%	86%	63%	71%	89%	42%
Individual's Perspective obtained	100%	17%	84%	83%	0%	57%	29%	46%	0%	5%
LAR/Guardian perspective obtained	80%	40%	79%	79%	100%	75%	67%	56%	13%	47%
Definition of specific restriction	100%	100%	100%	100%	100%	100%	96%	96%	89%	89%
Justification for Restriction	100%	100%	100%	89%	100%	100%	88%	88%	89%	84%
Less Intrusive Approaches Attempted	100%	39%	16%	5%	86%	86%	42%	21%	68%	42%
Risk vs. Risk	13%	30%	100%	89%	100%	100%	88%	8%	68%	37%
Plan to Remove: Addresses Restriction	100%	96%	68%	63%	100%	100%	67%	46%	58%	37%
Plan to Remove: Measureable/Individualized	100%	96%	68%	58%	57%	71%	63%	29%	47%	26%
IDT next Review Scheduled	91%	91%	53%	53%	86%	57%	42%	25%	21%	26%
Approved		96%		100%		86%		83%		79%

Appendix N: 2016 Disaggregate Due Process Review of Rights Restriction Determinations in HRC

Disaggregate RDD review in HRC	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregates
Consent Obtained	100%	100%	100%	33%	100%	100%	67%	100%	100%	100%	100%	100%	100%	93%
Individual's perspective documented	16%	11%	7%	0%	76%	0%	68%	14%	0%	100%	67%	55%	0%	35%
Individual's perspective discussed	10%	6%	20%	0%	76%	14%	68%	14%	0%	20%	67%	29%	0%	29%
LAR/guardian's perspective documented	2%	11%	7%	0%	85%	22%	61%	75%	17%	100%	33%	17%	0%	34%
LAR/guardian's perspective discussed	5%	6%	20%	0%	100%	22%	71%	95%	8%	60%	0%	25%	50%	39%
Definition documented	95%	83%	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%	100%	97%
Definition of restriction discussed	93%	44%	93%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	93%
Justification for restriction documented	95%	44%	80%	100%	97%	100%	90%	100%	100%	100%	100%	100%	100%	92%
Justification for restriction discussed	93%	50%	87%	100%	97%	100%	94%	100%	100%	100%	100%	91%	100%	91%
Less intrusive approaches documented	95%	67%	73%	67%	83%	67%	77%	64%	94%	100%	100%	25%	100%	74%
Less intrusive approaches discussed	65%	50%	33%	67%	83%	78%	81%	86%	25%	100%	100%	22%	50%	61%
Risk analysis documented	30%	39%	33%	100%	100%	100%	74%	100%	6%	100%	100%	16%	100%	54%
Risk analysis discussed	95%	56%	80%	100%	100%	89%	74%	100%	100%	100%	100%	94%	100%	90%
Plan for removal addresses restriction documented	89%	72%	67%	0%	86%	78%	65%	100%	100%	100%	67%	84%	0%	82%
Plan for removal addresses restriction discussed	65%	61%	47%	0%	86%	56%	68%	100%	88%	100%	67%	75%	0%	72%
Removal plan measurable/individualized documented	80%	39%	40%	0%	86%	33%	65%	68%	94%	100%	67%	69%	0%	68%
Removal plan measurable/individualized discussed	63%	39%	40%	0%	86%	22%	68%	73%	94%	100%	67%	56%	0%	63%
Follow up timeframe documented	77%	33%	53%	100%	79%	56%	71%	91%	88%	60%	100%	83%	100%	75%
Follow up timeframe discussed	56%	35%	20%	67%	79%	0%	29%	95%	88%	60%	100%	9%	0%	49%
Restriction Approved by HRC	91%	67%	100%	100%	100%	100%	87%	95%	94%	100%	100%	100%	100%	93%