

2017 Annual Report

Office of the
Independent Ombudsman
for State Supported
Living Centers



OFFICE OF THE INDEPENDENT
MBUDSMAN
for State Supported Living Centers

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Executive Summary & Recommendations

The Annual Report of the Office of the Independent Ombudsman is required by legislation. The legislative statute requires that our Office evaluates the state supported living centers on an annual basis, report the findings, and make recommendations in the specific areas of staff to client ratios, employee training, rights and due process.

The Ombudsman's office is limited in its scope and power. We cannot make or institute changes nor require any action at the centers. Experience has shown that our effectiveness is many times at an individual or a personal level. We are an influencer to initiate improvements in the delivery of services to the residents. Nonetheless, it must be noted that our mandate by the Legislature allows us unique insight into the three areas which we are charged to review. Our recommendations are predicated on that insight.

This report, its data and analysis provides a foundation for our recommendations. Our data should not be used in isolation, but should be viewed as a comprehensive whole. We do not condemn or criticize the leadership at the agency or the centers with our findings. It is my hope that the report and its recommendations influence positive change and improvements for the residents, their families, the staff and the leadership of the centers. The following summaries highlight each legislative charge.

Staffing Ratios

There is a systemic issue in all centers meeting the minimum number of staff required to provide adequate support and services to residents and it is evident that all centers need additional direct support staff. The aggregate rates at which SSLCs have the required number of staff continue to gradually decline. Since 2011, San Angelo and San Antonio have shown the greatest deficiencies in meeting required staffing ratios.

While it is practical for centers to mitigate staffing shortages with the practice of pulling staff from another home to provide coverage and support, there remains the risk that those pulled staff are not familiar and/or adequately trained on the supports and programming required for the residents of that home. There are health and safety risks, as well as a negative impact on individuals' daily lives in general, due to an inadequate number of direct care staff; further, centers should be staffed adequately to provide basic service delivery to residents.

Training

Some centers, such as Lufkin, Mexia and San Angelo, have committed to the SSLC HHSC Competency Training and Development policy by developing and implementing local training beyond the minimum requirements to best support the unique needs of their center's residents. Lufkin has implemented specialized training to provide support to those individuals living with

dementia; Mexia has developed and implemented training for staff to provide support to their forensic population; and San Angelo has developed and implemented training for staff to support those individuals who are alleged sexual offenders, as well as adolescent residents. No other centers have taken measures to implement localized policies and staff training to support either these types of individuals, or others, such as the geriatric and aging population or those with severe medical needs.

In the previous reporting period, staff reported to learn more information from in-service training that was delivered in an interactive manner however we find the approach has shifted to more of a “read and sign” method for delivering information and training staff.

There are also no standard training requirements, either locally or statewide for on-the-job training.

Rights and Due Process

SSLC State Office has completed the development and rollout of the statewide Rights Policy. Additionally, the new system used as the active record for each resident, IRIS, has officially been implemented and operational. These tools enable center staff to maintain effective record keeping and ultimately, provide enhanced service delivery. Understanding that these tools are relatively new, there are evident gaps in service that need to be addressed.

There are due process issues that remain evident. Some of these areas of concern relate to residents, staff and guardians understanding of rights, rights restrictions and how to file a complaint. Our data demonstrates that there is a systemic issue in center’s violating residents’ rights by failing to obtain consent for restrictions prior to their implementation.

Recommendations

The following are recommendations regarding staffing ratios at the centers:

- Review and further develop statewide and local recruiting strategies to hire direct support staff.
- SSLC State Office and individual center administration analyze staff deployment strategies to lessen the instances of utilizing pulled staff or staff held beyond their scheduled shift, as well as implement policies and tactics to ensure essential service delivery, from medical appointments to community outings, are conducted.
- It is incumbent that the legislature realize that legislative funding for staff at the centers directly impact services provided to the residents.

The following are recommendations regarding staff training:

- There is a need for either a statewide or locally mandated specialized training for centers and staff who provide support and services to alleged offenders, including alleged sexual offenders.
- The specific needs of various types of populations at each center may require additional supports, these include populations such as adolescents, geriatric or aging populations. Specialized training in these areas must be provided for new and current employees. This is particularly important due to the large rates of centers utilizing pulled staff providing support services to individuals with various specialized needs.
- The agency and the centers make a concerted effort to provide training in an interactive manner which has been proven to create better learning outcomes for staff and is therefore in the best interest of residents.
- Create and implement competency-based on-the-job training standards at the local or statewide level.

The following are recommendations regarding rights and due process:

- SSLC State Office develop formal processes, procedures and work flow charts to ensure centers are fully compliant with the established Rights Policy.
- Develop at the State Office or the localized level a formal strategy to educate residents, guardians and direct support staff of resident's rights, restrictions and the process to file a complaint.
- Centers make a concerted, demonstrable effort to ensure individuals are at the center of all program planning. It is essential to include guardians and LARs in this process.
- Develop a formal plan and process to ensure consent for right's restrictions assuring that they are obtained from the individual, guardian or director prior to the Human Rights Committee review.

I sincerely hope that this report, its data, analysis and recommendations provide the basis for serious reflection and study. I wish to commend the Ombudsman staff and most especially Ms. Carrie Martin, project manager for this effort, for their diligence and effort to produce this study. Additionally, I thank Governor Abbott and Mr. Charles Smith, HHSC Executive Commissioner and their respective staff for their continued support and encouragement.

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 OIO 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.

Program Review 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 within this report was collected during the ongoing monitoring period from August 2016-September 2017 and the on-site reviews.

Organization of Report & Methodology

The 2017 Annual Report is organized in sections of each legislative mandate of S.B. 643. Each charge is outlined at the beginning of each section, along with an overview of the process and procedures used to evaluate each area. Each domain uses data indicators to capture outcomes of each legislatively mandated domain. The outcomes are determined by the OIO to fulfill the legislative mandate and evaluate centers’ ability to achieve optimal standards of practice and operations. Each outcome is measured aggregately, and by center, as prescribed by law.

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 during the on-site visit; every home at each SSLC was also

observed during the ongoing monitoring period. AIOs conducted interviews with each person in the sample who could participate using their preferred communication method; five additional residents were interviewed at each center to expand the sample size and extent of resident input.

To gather data on staff training, surveys about on-the-job training were completed by recently hired support staff. Data was collected from 5% of direct support staff at each center about in-service training. Additionally, surveys were mailed to the primary contact person on file for each resident on the sample.

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 legislatively charged areas. The dates provided in annual comparisons may vary due to changes made to the tools used to assess the outcomes for each domain. Moving forward, the OIO intends to limit any changes to the tools to ensure accurate comparative analysis, unless deemed necessary to collect accurate information.

To evaluate each domain and the associated outcomes in the areas of resident rights and due process, staff training, and staff to client ratios, the following activities and information were conducted, gathered, and 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 observations.
- documentation related to rights restrictions and modifications.
- observations of residential service delivery and reconciling staffing ratios.
- surveys on adequacy of training from new and established employees.
- feedback from administrators about locally developed specialized staff training.

Staff to Client Ratio

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.

A total of 386 home observations were conducted across all centers and shifts during the on-site visit, and from September 2016- August 2017 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.

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 and 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 that day 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 outcome for domain one was measured using the following indicators:

- The minimum number of required staff were working during each home observation conducted by the AIO.
- Low rates of pulled or holdover staff were utilized.
- Ordinary residential service delivery was not interrupted, or negatively impacted, due to a lack of staff.
- Staff made adequate attempts to engage residents.

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

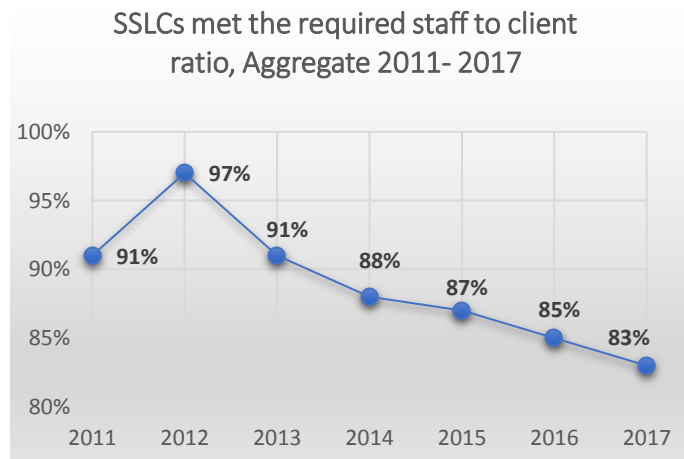
² Holdover staff refers to staff that are required to work beyond their assigned work hours or shift and is not arranged in advance.

Minimum Number of Required Staff

The minimum number of staff required for each home is established by each center with the aim of balancing basic service delivery with the unique and fluid needs of each resident in the home. The minimum number of staff is reported to the Home AIO³ by the center administration. AIOs accounted for staff in the ratio by reviewing staffing logs and verifying the number of staff working in the home. 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.

SSLC met the required staff to client ratio	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio
2017	89%	79%	89%	95%	95%	89%	89%	89%	96%	90%	42%	75%	50%
2016	80%	76%	95%	68%	95%	80%	93%	86%	94%	98%	92%	52%	71%
2015	82%	88%	85%	71%	97%	90%	72%	95%	96%	91%	100%	69%	81%
2014	95%	78%	100%	91%	94%	100%	93%	85%	90%	95%	100%	64%	44%
2013	80%	100%	100%	73%	100%	100%	80%	91%	92%	100%	100%	77%	100%
2012	95%	95%	88%	100%	100%	100%	100%	100%	95%	100%	100%	93%	100%
2011	100%	67%	100%	100%	92%	83%	90%	100%	81%	100%	100%	80%	100%

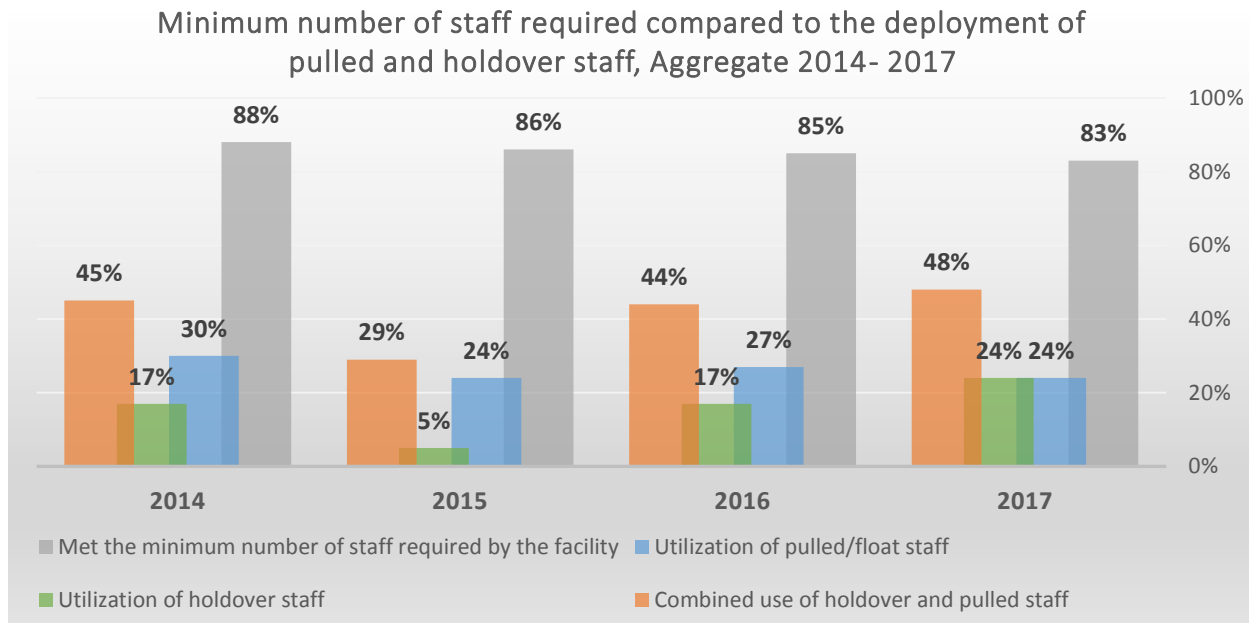
- Austin, San Angelo and San Antonio had the most difficulty meeting the minimum required number of staff in 2017, as well as Rio Grande, showing a significant decline in this outcome from previous years.
- Corpus Christi showed a large increase in meeting the minimum required number of staff than previous years; San Angelo also saw an increase but has not met the minimum number of required since the OIO's 2013 data collection.
- Based on the data collected since 2013, SSLCs have seen a steady, gradual decline overall, in centers' ability to meet the minimum number of staff required to work in the home.



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

Holdover and Pulled Staff

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. This data was reviewed to consider the rates of pulled/float and holdover staff, in relation to centers' ability to meet the minimum number of required staff.



- Aggregate data since 2014 shows consistent utilization of pulled/float and holdover staff in effort to meet the minimum required number of staff, however centers are increasingly unable to meet the minimum number of staff needed.
- The use of pulled/float staff is often calculated in planning Direct Support Professional (DSP)⁴ deployment and coverage, however this approach may negatively impact residents due to the likelihood of staff unfamiliarity with those residents, their daily routine, programs, including behavior support plans, and any rights restrictions.
- The use of holdover staff is increasingly an issue due to the risks imposed on the residents by the potential for staff burnout and fatigue leading to inadequate or detrimental resident care, and negatively impacting the residents' quality of life in general.

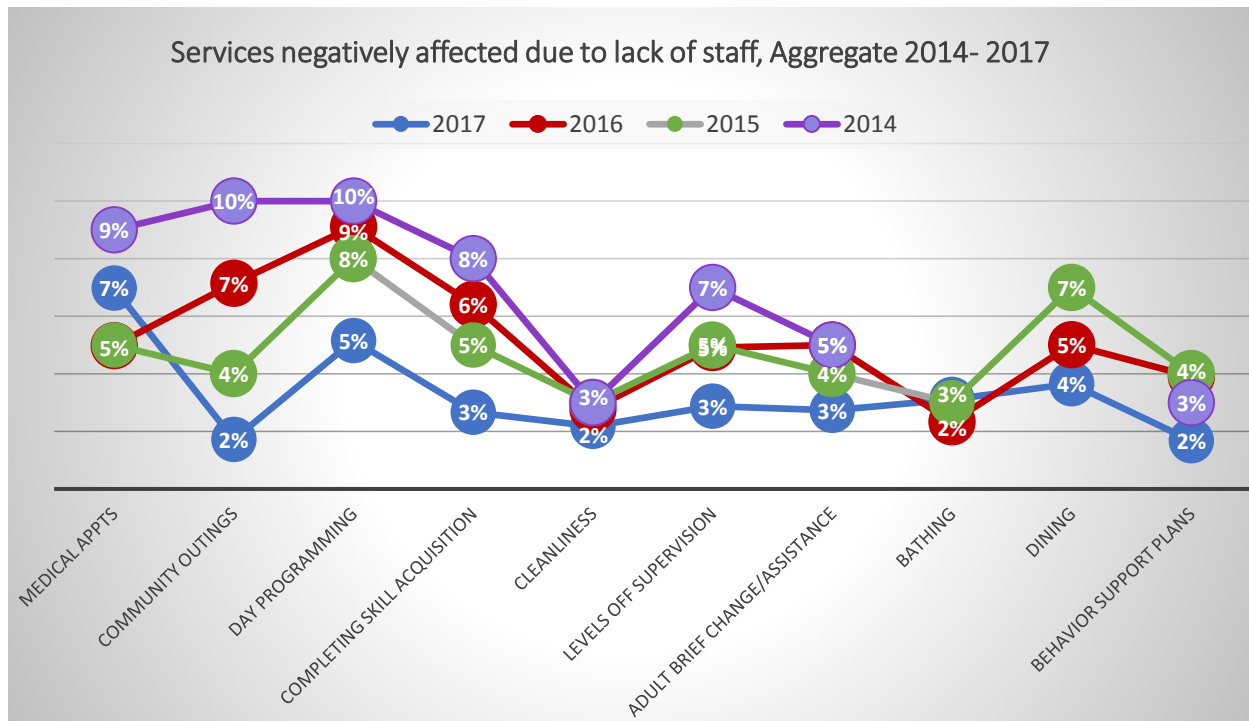
⁴ DSPs are the immediate care staff that provides support and services to residents in any way they may require support.

Disaggregate data from 2014- 2017 Program Review⁵ shows:

- In 2017, most all centers used high rates of pulled/float and holdover staff. Austin, Rio Grande, San Angelo and San Antonio showed some of the highest rates of both methods of staff deployment, while also having the lowest rates of meeting the minimum staffing ratio.
- Historical data starting in 2014 of this data set reflects Austin, San Angelo and San Antonio SSLCs are not able to meet minimum staffing requirements, despite deploying significant numbers of pulled and holdover staff.
- Corpus Christi has shown significant improvement in meeting the minimum staffing ratio in 2017, however it also deployed pointedly high rates of pulled and holdover staff.

Services Negatively Affected Due to a Lack of Staff

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



* Note: bathing and dining were not assessed until 2015.

⁵ Appendix A

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

Data collected during the 2017 reporting period showed that all centers, except Richmond, reported services negatively affected due to a lack of staff in one or more service delivery areas.

- Although essentially all centers reported services negatively affected, aggregate data shows an overall decline in this metric and large declines from the 2016 reporting period.
- Since 2014⁷, charge staff at Abilene, Lufkin and San Antonio report difficulties with service delivery due to a lack of staff; Lubbock and El Paso traditionally shows higher rates as well, but there was a decline in 2017.

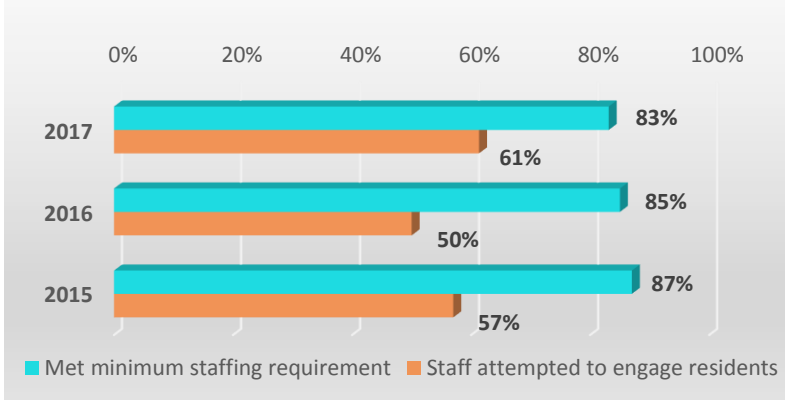
Disaggregate 2017 data indicates:

- Apart from Richmond, all centers indicated difficulty completing standard service delivery tasks.
- Data from the 2017 sample demonstrates a lack of staff significantly impacts basic service delivery tasks across centers; specifically, at Abilene, Lufkin, Mexia, Rio Grande, and San Antonio SSLC.
- Based on the aggregate data from 2014- 2017, on average, the services most negatively impacted due to lack of staff are day programming, community outings and medical/dental appointments.

Staff Engagement with Residents

AIOs conducted observations and collected data to help determine if insufficient number of staff may also be a contributor to a lack of engagement. During these observations, AIOs take consideration of the activities taking place in the home at that time and make reasonable assumptions about what constitutes attempted

SSLC met minimum staffing requirement compared to staff's attempt to engage residents, Aggregate 2015- 2017



⁷ Appendix B shows the disaggregate data of services negatively affected due to a lack of staff from 2014- 2017 Program Reviews.

engagement or when an opportunity for engagement is missed.

Overall based on the data collected since 2014, SSLC staff have made slight improvements in staff's attempt to engage residents, however the centers' ability to meet the minimum number of required staff has steadily declined.

Staff Attempted to Engage Residents 2015- 2017	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2017	56%	74%	57%	45%	80%	39%	30%	82%	63%	47%	27%	67%	27%	61%
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%

The disaggregate annual data above shows:

- Overall considerably low rates of staff's attempted engagement with residents, however higher rates at Denton and Lufkin, with lowest rates at Corpus Christi, El Paso, Lubbock, Richmond, Rio Grande and San Antonio.
- Though engagement attempts are low, there have been improvements at Brenham, Lufkin and San Angelo.

Findings: Domain One, Outcome One

- Program Review data continues to show a gradual decrease in centers' meeting the minimum number of staff required by the facility.
- Aggregate 2014- 2017 data show overall decreases in rates of service delivery interruptions due to lack of staff.
- Data from 2017 shows Abilene, Rio Grande and the San Antonio SSLC with low rates in all areas of domain one, outcome one: these centers show difficulty meeting the minimum number of staff required by the facility, higher and more frequent rates of services negatively impacted due to lack of staff, significant utilization of pulled and holdover staff, and low rates of staff engagement with residents.
- Austin, Rio Grande and San Angelo SSLCs utilized some of the most significant rates of pulled/float and holdover staff in 2017, and met the staff to client ratio minimum in only 79%, 42% and 75% of observations, respectively.

Domain One: Conclusions

- The current data collected in this domain indicate the need to analyze staff deployment strategies; all centers have insufficient staff and in particular, 2017 data indicates that additional DSPs may be needed at Abilene, Austin, Lubbock, Rio Grande, San Angelo and San Antonio.
- The aggregate increase in attempted engagement and decrease in centers' meeting the minimum required staffing ratios may indicate that there is less of a relationship between engagement and the number of staff available, regardless how understaffed a center.
- There continue to be issues related to SSLCs' ability to meet the minimum number of staff required and meet residents' daily needs, even when utilizing a large degree of pulled/float and/or holdover staff.

Adequacy of Staff Training

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.

Adequacy of staff training was evaluated using three evaluation methods. The SSLC administration was asked to report any specialized training developed by the center to meet the specific needs of the residents who live at their SSLC. Five percent of DSPs at each SSLC completed a questionnaire soliciting feedback on the effectiveness of an in-service training in which they had participated in within the last 30 days of the on-site visit. Adequacy of staff training was also measured by asking newly hired and trained 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 meet residents' needs.

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

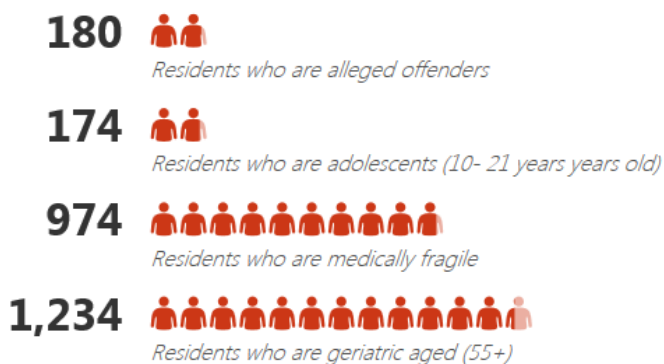
Outcome one of domain two was measured by the completion of a staff training inquiry form where center administrators indicate the number of residents living at their center in each of the categories below, and self-report if any specialized training has been developed and implemented for DSPs to support these types of individuals who may receive support services at the center:

- Adolescent residents
- Medically fragile individuals
- Geriatric residents
- Alleged offenders

The HHSC policy that outlines the minimum training requirements for SSLC employees, states that the administration of each facility is to establish local training requirements, beyond the state-mandated required training, to ensure that center staff are adequately trained to meet the unique needs of the individuals or groups served at the center.

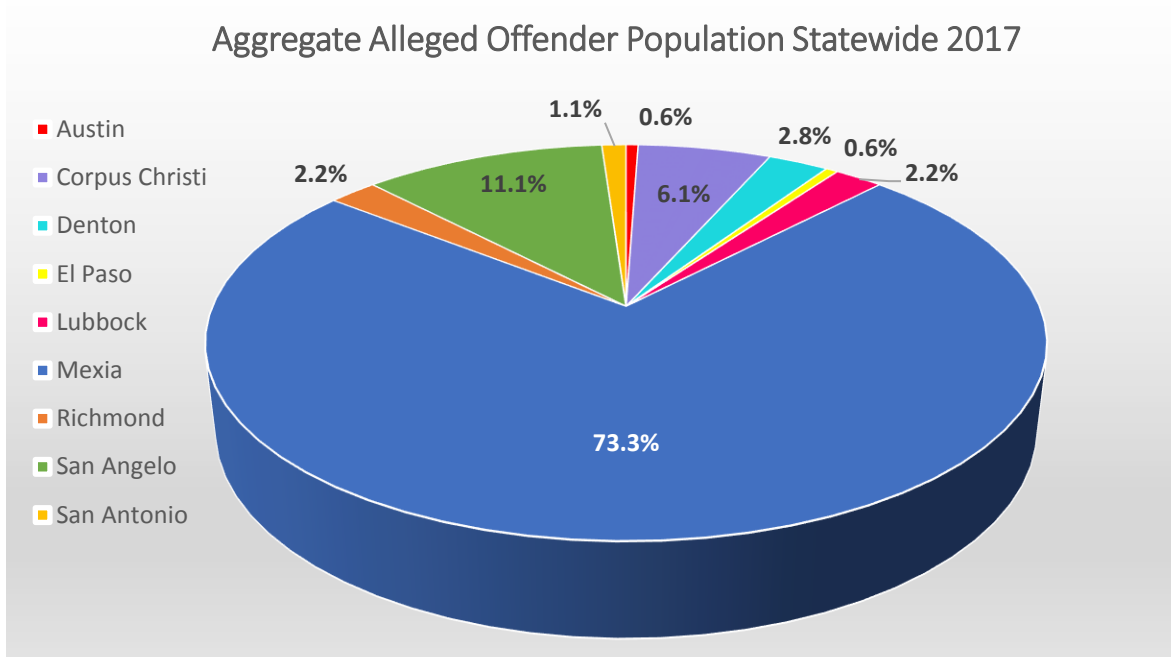
- At the time of the onsite visit, 9 out of 13 centers provided services to at least one alleged offender.
- Since 2016, some centers had an increase in the number of alleged offenders including: Austin admitted one alleged offender, Corpus Christi had an increase of six individuals, Lubbock an increase of three and Richmond SSLC admitted four alleged offenders⁸.

TYPES OF PEOPLE SERVED ACROSS SSLCS



The training inquiry form completed by center staff report that a few SSLCs, including Lufkin, Mexia and San Angelo, have developed and implemented specialized staff training to best support residents at their centers with specific support needs, such as alleged criminal offenders, including alleged sexual offenders, residents living with dementia and adolescent individuals.

⁸ Disaggregate info in Appendix C.



Findings: Domain Two, Outcome One

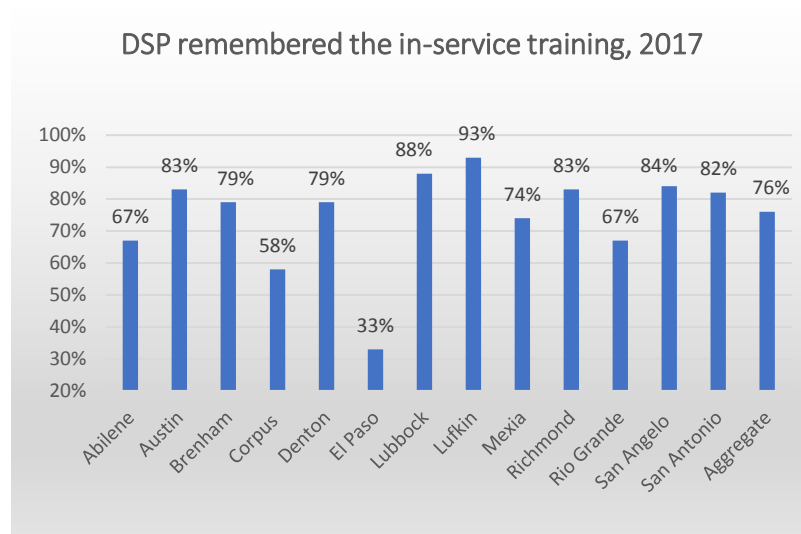
- Four centers (Austin, Corpus Christi, Lubbock and Richmond) had increases in the number of alleged offenders served, while two of those centers previously did not provide residence to alleged offenders.
- Mexia has developed specialized training to provide support for alleged offenders.
- San Angelo has implemented staff training to provide support services for those residents in the sex offender treatment program, as well as NEO training focused on understanding the traits of adolescent individuals.
- Lufkin implemented staff training for how to help support those residents living with dementia.

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.

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

- DSPs memory of receiving the in-service training.
- The method of service delivery.
- The degree of which DSPs had learned new information or skills.

Five percent of DSP staff at each center were randomly surveyed about an in-service training they had received within 30 days prior to the on-site visit, which was directly related to residents' care; a total of 298 in-service questionnaires were completed.



DSPs state that they remember receiving the in-service training at about the same rates each year since 2014; on average, about 78% of DSPs state they remember the in-service training.

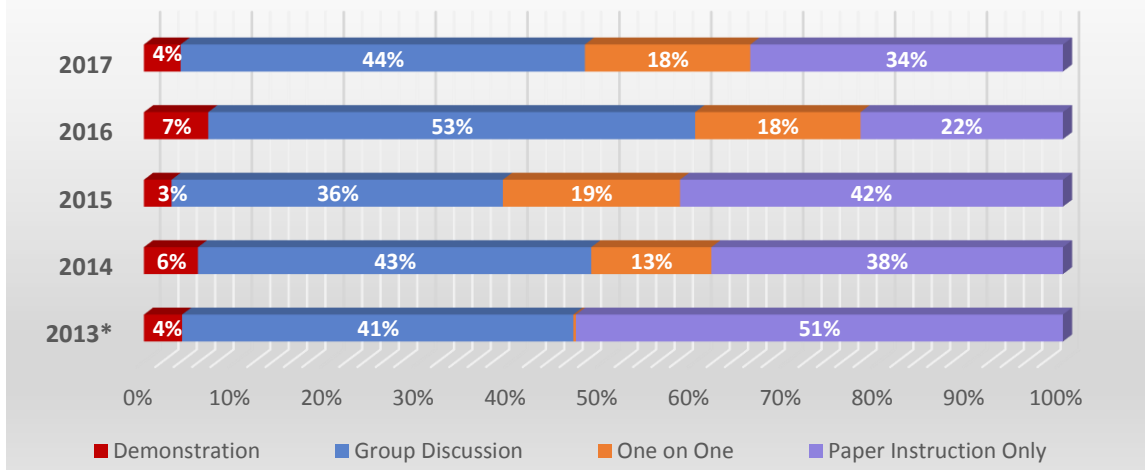
The current reporting period showed a decrease of in-service training delivery in an interactive method.⁹

In-service training delivered in an interactive method 2013- 2017	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2017	45%	53%	71%	67%	76%	40%	50%	64%	92%	64%	90%	59%	67%	66%
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%

- Almost all centers saw either a steep or slight decline in utilizing interactive methods for delivering in-service training information with Abilene, Austin, Lufkin and Richmond showing the greatest decline
- Corpus Christi, Denton El Paso, Lubbock, and although San Angelo did show an increase in this metric, all continue to demonstrate low rates of delivering interactive in-service training

⁹ Interactive training refers to information delivered on a one-on-one basis, group discussion or demonstration. Paper in-service training refers to a practice in which DSPs read and sign to acknowledge they have received and been trained on the information.

Delivery method comparison
Aggregate 2013- 2017



* In 2013, 3.5% were marked as “other” indicating that none of the methods listed as options were the delivery method.

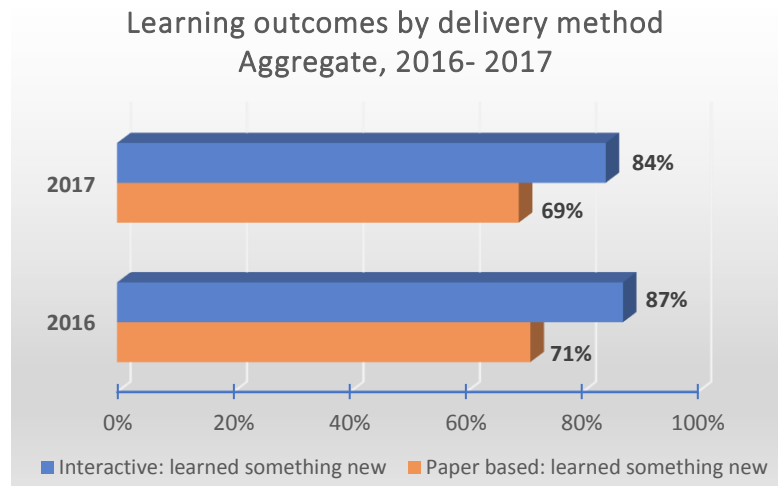
DSPs were asked to indicate if they learned new information or skills from the in-service training. In 2017, Richmond, Rio Grande and San Antonio demonstrated the highest rates of DSPs reporting they learned new information.

DSP learned new information/skills 2013- 2017	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2017	60%	72%	68%	67%	66%	30%	50%	52%	67%	80%	90%	56%	87%	67%
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%

- On average, since 2013, El Paso, Lubbock, Abilene and Denton DSPs have marked the lowest rates of stating that they learned new information from in-service training, while Richmond and Rio Grande have the highest overall average of staff taking away new information from the training.
- Comparing center’s annual rates of training delivered interactively with the annual rates of DSPs reporting that they learned new information, El Paso and San Angelo have some of the lowest average rates in both areas.

In terms of learning outcomes, DSPs have demonstrated that when in-services are delivered in an interactive method they more often take away a new skill or information, as compared to paper-based in-services.

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



In-service prepared DSP to implement information/skills 2014- 2017	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
	2017	80%	84%	95%	80%	85%	80%	94%	92%	80%	100%	100%	78%	87%
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, El Paso, Lubbock, Richmond and Rio Grande showed increases at which DSPs report they feel prepared to implement skills/information from in-services since years prior, while Mexia and San Antonio demonstrated decreases.
- Although there was an uptick in this metric, San Angelo continues to show the lowest rates of DSPs indicating they are prepared to implement the skills and information from in-service training.

Findings: Domain Two, Outcome Two

- Resurgence of centers providing in-service training using paper-based methods instead of an interactive method.

- There has been essentially no change to the aggregate rates at which DSPs state that they learned new information and feel prepared to implement the skills and/or information from the in-service training.
- San Angelo in-service training data shows lower rates in all areas of outcome two, while Rio Grande data shows higher rates in each of these areas: interactive training, DSPs reporting to learn new information/skills and feeling prepared to implement the skills/information from the in-service.
- Qualitative data in the form of DSP comments¹⁰ focus on requests for: less paper-based in-service training, the timing of in-service delivery, and comments from DSPs specifically asking professional staff delivering training to be mindful of resident's privacy.

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

Outcome four was measured by:

- Newly hired DSPs report that they were adequately trained during OJT on the competencies necessary to provide support services for residents.

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).

AIOs solicited feedback from new DSPs at the on-site visit and monthly during the ongoing monitoring period. DSPs were asked to gauge the adequacy and quality of training and their ability to implement the information learned during OJT. A total of 286 OJT surveys were completed by DSPs.¹¹

¹⁰ Appendix D provides comments from DSPs about in-service training.

¹¹ Appendix E provides comments from DSPs about OJT.

Aggregate OJT Feedback	2017				2016			2015		
	Yes	Somewhat	No	N/A	Yes	Some what	No	Yes	Some what	No
Trained on residents behavior support needs	87%	8%	3%	2%	89%	8%	3%	80%	16%	4%
Training prepared DSP to carry out the behavior plans	78%	17%	3%	2%	71%	27%	2%	77%	18%	5%
Trained on physical/nutrition needs	93%	6%	1%	0%	94%	5%	2%	93%	5%	2%
Training prepared DSP to follow physical/nutrition programs	91%	8%	1%	0%	93%	5%	2%	91%	9%	1%
Trained on residents LOS	91%	7%	1%	0%	88%	10%	2%	94%	4%	2%
Training prepared DSP to follow residents LOS	88%	10%	1%	1%	89%	9%	2%	90%	8%	2%
Trained on residents' daily routine	82%	14%	4%	0%	77%	20%	4%	79%	15%	5%
Training prepared DSP to help residents with daily routines and preferences	83%	13%	4%	0%	80%	15%	5%	88%	9%	3%
DSP was trained on residents rights restrictions*	80%	14%	5%	1%	85%	9%	5%	78%	16%	5%
Residents' programs explained so that DSP could understand them	84%	14%	2%	0%	84%	14%	2%	90%	9%	1%
DSP required to show what was learned during OJT	86%		14%		91%		9%	91%		9%
Skills and information learned were useful in working with residents during	89%	11%	1%	0%	83%	15%	2%	92%	7%	2%

- Aggregate data shows an increase in DSPs reporting that they are trained on residents' daily routines and preferences, although this competency area is consistently one of the lowest rates competency areas of OJT.
- Staff OJT on residents' restrictions is consistently one of the lowest rated areas.
- Aggregate 2017 data indicates that DSPs report that they are required to demonstrate the skills and information learned during OJT only 86%.

Disaggregate annual OJT data¹² shows:

- Abilene, El Paso, Mexia and Rio Grande data shows decreases in DSPs reporting adequate training across many of the competency areas surveyed in the OJT survey.
- Alternatively, many centers, Austin, Brenham, Corpus Christi, Denton and Lufkin showed improvements from previous years.

¹² Appendix F

- Competency areas with consistently low rates from OJT feedback are in training and preparedness for behavior support intervention, residents' daily routines/preferences and residents' rights restrictions.

Findings: Domain Two, Outcome Four

- Consistent areas of concern is on-the-job training related to residents' behavior support needs, daily routines and preferences and training staff explaining programs so that DSPs can understand them.
- Qualitative data collected by DSP's comments about OJT training revealed that there is not a standard OJT program and can last anywhere from 3 days to one week, and sometimes consists of shadowing. DSP comments focused on the desire for a longer OJT period that is more hands on.

Domain Two: Conclusions

- There are fewer alleged offenders at SSLCs overall, however there has been an increase in the number of alleged offenders across centers.
- For the most part, centers are not developing/implementing specialized training to support their specific residents' needs, as prescribed in HHSC policy, except for a few centers.
- DSPs have better learning outcomes when information is delivered in an interactive manner; there has been a decline at almost all centers in delivering in-service training in a group, one-one setting or using demonstrations, and are using the "read and sign" method more frequently than last year.
- San Angelo's Program Review data shows DSPs report low rates of receiving interactive in-service training, learning new information and feeling prepared to implement skills/information indicating that DSPs are not receiving adequate in-service training.
- There is no standardized on-the-job training by center or dictated by SSLC State Office and as a result, new DSPs are receiving arbitrary training; DSPs report that OJT can last anywhere from a few days to a week without standards of competency.
- DSPs continue to report low rates of being trained on, understanding and implementing behavior support programs, resident routines/preferences and residents' rights restrictions.

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

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.

Many strategies were deployed to evaluate the rates at which SSLCs 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)¹³ or an Actively Involved Person (AIP)¹⁴ and observed and evaluated Human Rights Committee (HRC)¹⁵ meetings. The state Rights Policy was also reviewed and compared to the outcomes evaluated.

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

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

- 1600+ documents relating to residents' rights restrictions
- 63 Human Rights Committee Meetings attended
- 145 resident interviews conducted
- 331 staff interviews were conducted
- 331 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.

¹³ 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.

¹⁴ An AIP is person with significant and ongoing involvement with an individual who lacks the ability to provide legally adequate consent.

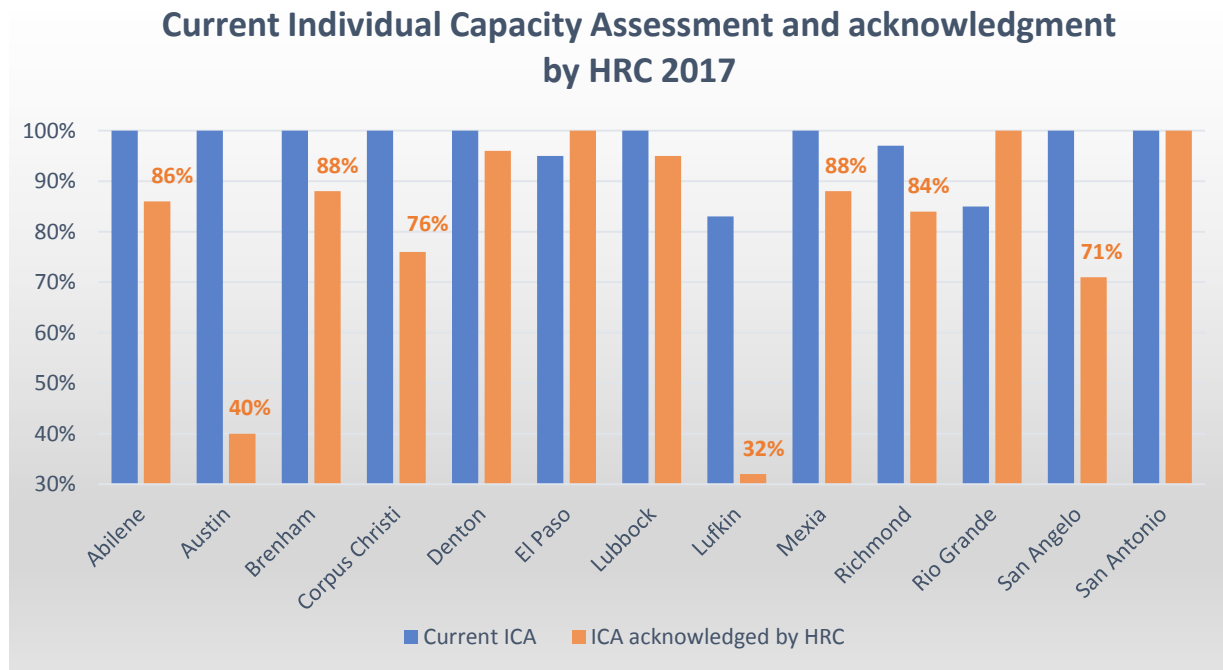
¹⁵ HRC meetings are led by the Human Rights Officer (HRO) with the purpose of protecting individuals' rights through an impartial review of proposed rights restrictions and ensuring specific elements of due process are assessed prior to approving any rights restrictions.

To measure outcome one, the following indicators were evaluated:

- A current Individual Capacity Assessment (ICA) is in the resident’s record and acknowledged by HRC, and a current signed Individual Rights Acknowledgment (IRA) form is 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” handbook¹⁶ 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), indicate that they feel their IDT listens to them and that they are invited to HRC meetings where proposed rights restrictions are discussed.

Individual Capacity Assessments and Individual Rights Acknowledgement

The ICA is required by the SSLC statewide Rights Policy, section II. State Center Expectations, Part E., and is completed by the IDT on an initial, annual and/or as needed basis to “assesses each individual’s capacity to provide informed consent” regarding medical, financial, living arrangements, programming, and release of information, and indicates the supports and training the individual needs to make decisions. SSLC State Office’s expectation is that HRCs acknowledge ICAs.



¹⁶ This handbook is also referred to as the *Rights Handbook* throughout the report.

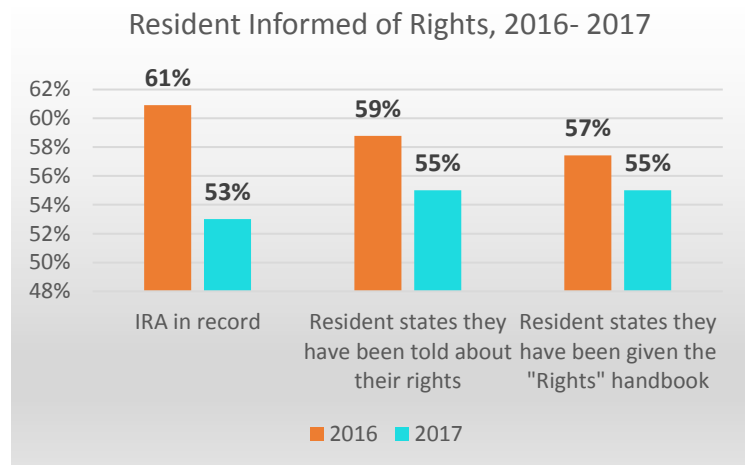
- Most centers had a current ICA on file for those individuals in the sample, however ICA acknowledgement by HRC is not occurring at similar rates revealing a breakdown in the practices and procedures at most centers.
- In comparison to last year’s ICA data, all centers increased the rates at which ICAs were completed and current, however eight SSLCs had declines, some significant, in the rate at which the ICAs were acknowledged by HRC.

Residents Informed of Rights and Restrictions

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.”¹⁷

State center expectations of the Rights Policy states in section II., Parts B. and C. that the individual and LAR/AIP is provided a *Rights Handbook* and the IRA are completed upon admission and then annually.

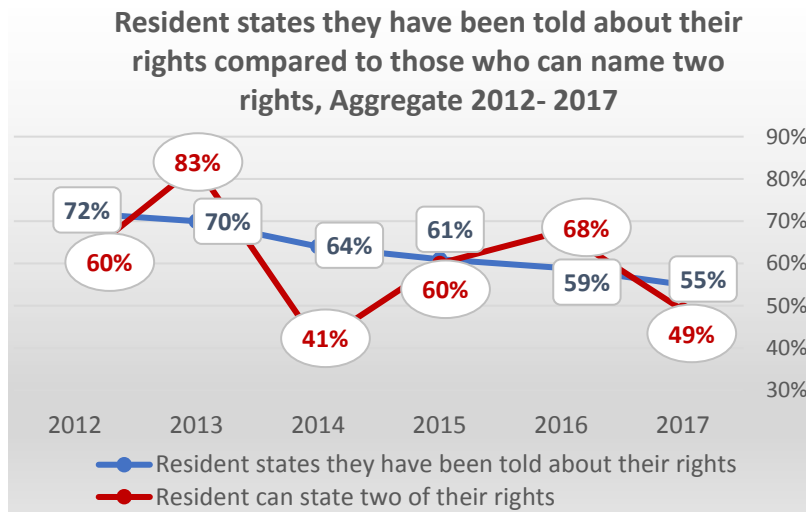
- Aggregate data shows roughly the same rates of residents from the sample that have an IRA in their file, as residents indicating they have been told about their rights,¹⁸ and receiving a *Rights Handbook*.
- The sample data shows increasingly lower rates of residents reporting that they are informed of their rights, which is also evident in resident interviews, rates of current IRAs completed, and rates of individuals’ reporting they received a *Rights Handbook*.



¹⁷ Text provided reflects actual phrasing from the SSLC State Office Rights policy, as included on the IRA Documentation form.

¹⁸ Appendix G includes 2016- 2017 data of residents with completed ICA, ICA acknowledgement by HRC and given a *Rights Handbook*.

- Disaggregate annual comparative data shows significant decline at almost all SSLCs in compliance with the Rights Policy, in terms of residents having current IRAs.
- Abilene, Corpus Christi and Rio Grande had zero current IRAs on file for those in the sample, while Denton, Lubbock and San Antonio were the only centers with an increase in this metric.
- Corpus Christi, San Angelo and San Antonio saw great improvements in residents reporting they were provided a *Rights Handbook*, while the remaining SSLCs continue to show low rates or significant declines in this area.



The Rights Policy states in Sections II. State center expectations, parts A., G., H. and J., that centers are expected to post information about resident rights, instill in staff the ability to recognize rights violations, and that staff receive training to ensure individuals are given opportunities to exercise their rights.

To evaluate each center’s compliance with their policy, the residents in the sample who could participate in the interview, plus five additional individuals at each SSLC, were asked if they had been told about their rights and then to specify two of their rights.

- Appendix H¹⁹ shows that Abilene, Brenham, Rio Grande and San Antonio show the lowest rates of individuals stating they were informed of their rights, and Corpus Christi as the only center with 100% of residents in the sample stating they had been told about their rights.

¹⁹ Disaggregate and aggregate data from 2012- 2017 of residents reporting they have been told about their rights.

- Disaggregate annual data²⁰ also shows this year that all centers except for El Paso, indicate low rates of residents' ability to identify at least two of their rights, with an aggregate rate of 49%.

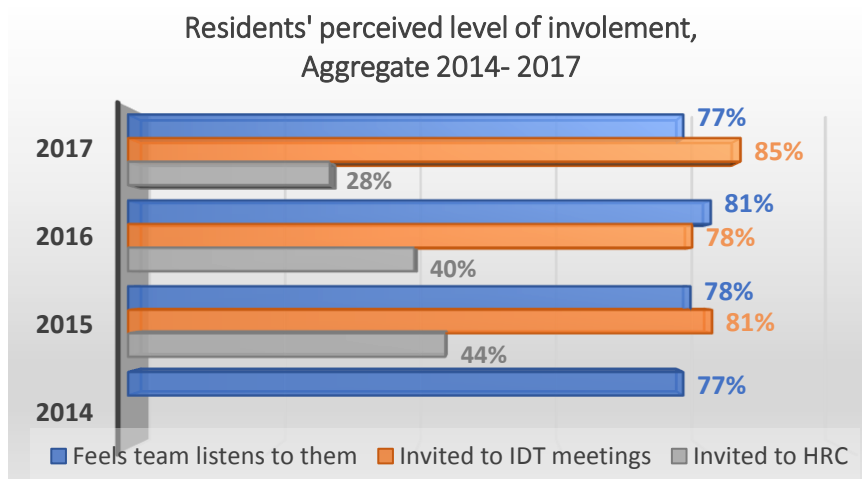
Those residents in the sample with restrictions were asked to identify one of their rights restrictions and historically, residents at all centers are overwhelmingly unable to identify their restrictions.

Resident identifies one of their rights restrictions	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2017	0%	0%	29%	40%	17%	20%	9%	33%	15%	50%	18%	21%	30%	19%
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%

- Although all SSLCs have significantly low rates on this metric, Brenham, El Paso, Richmond and San Antonio showed an increase in the sample of residents able to identify a restriction from 2016.
- Each center shows low rates of residents' ability to identify restrictions, and while Lubbock had a significant decrease in 2017, Lubbock, Lufkin and Rio Grande have the highest rates in this metric on average since 2012.

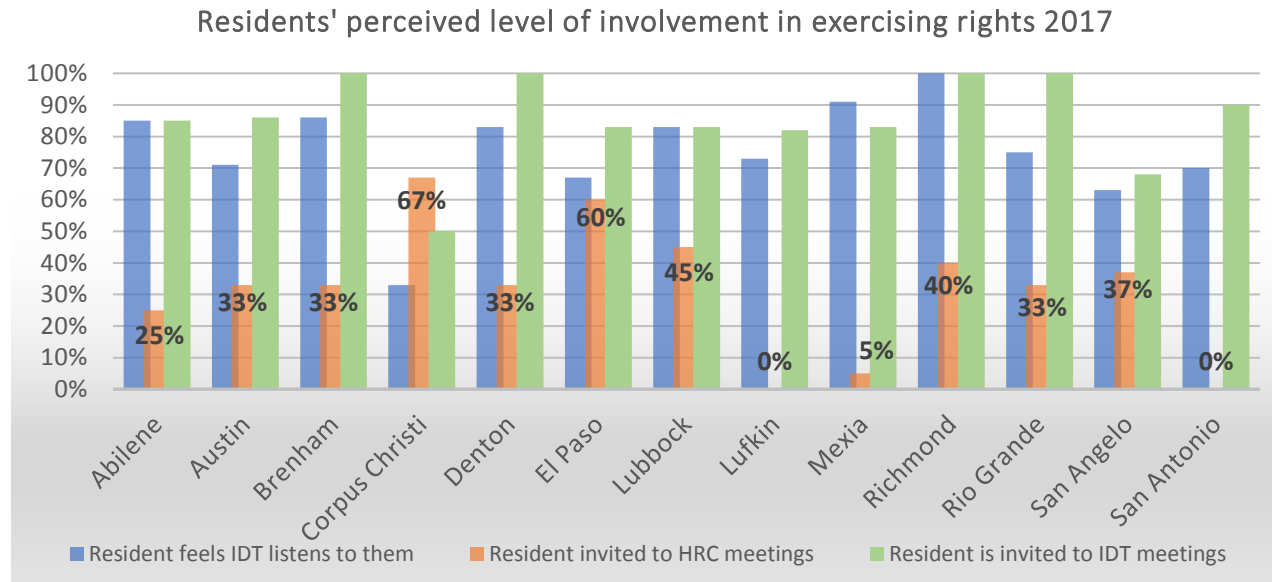
Residents Involvement in Planning and Implementing Restrictions

The last component used to assess the way centers encourage residents to exercise their rights was to ask individuals about their perceived level of involvement in their own program planning. Residents should be at the center of all planning to ensure a person-centered approach.



²⁰ Appendix I

Further, the state Rights Policy in section VIII. Due Process, H. states that the individual should be notified of their ability to participate in the HRC review meeting and process, and that the individual is invited to all IDT meetings, per the ISP Plan Process statewide policy.



Data collected about residents’ involvement in IDT and HRC meetings, as well as the residents’ belief that their team listens to what is important to them²¹ demonstrates:

- Residents at Corpus Christi reported at significantly low rates that they feel their team listens to them, followed by Austin, El Paso, Lufkin, Rio Grande, San Angelo and San Antonio also with comparatively low rate.
- Individuals living at Corpus Christi and San Angelo report low rates of residents stating that they are invited to IDT meetings, while Brenham, Denton, Richmond, Rio Grande and San Antonio residents stated they were invited to IDT meetings at the highest rates.
- Overall, residents continue to report at significantly low rates that they are not invited to HRC meetings to participate in discussion about their rights restrictions at HRC; none of the residents at Lufkin and San Antonio reported that they were invited to HRC meetings.

²¹ Appendix J provides annual disaggregate data of residents’ feeling if their IDT listens to what is important to them, and the rates of residents being invited to IDT and HRC meetings.

Findings: Domain Three, Outcome One

- Except for a few, SSLCs are compliant with their own policy, regarding current annual ICAs and HRC acknowledgement of ICAs.
- No SSLC is compliant with the IRA component of the Rights Policy.
- There are increasingly lower rates of residents reporting that they are informed of their rights, are given a *Rights Handbook* as required by policy, and significant decline at all centers' residents' ability to specifically identify two of their rights.
- Since 2012 there has been a decline in residents' ability to identify their rights restriction, with an average of about 25% of residents in the sample able to accurately identify a restriction.
- Many residents in the sample indicated that they are invited to IDT meetings, but many of those in the sample stated that did not feel that their team listens to what is important to them.
- There is a systemic issue in SSLCs following policy in that centers are not inviting residents to HRC meetings to advocate on their own behalf.

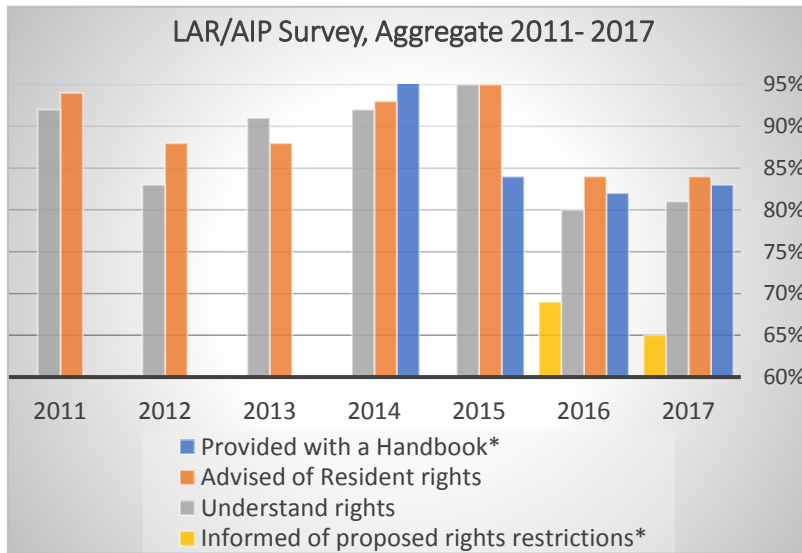
Outcome two: Centers will ensure that LARs/AIPs/guardians understand resident rights so that they can encourage residents to exercise their rights.

Outcome two was evaluated by mailing a survey of five questions and evaluated if the LAR/AIP/guardian from the resident in the sample had been:

- advised of the residents' rights,
- understood the resident's rights,
- provided a *Rights Handbook*, and
- informed of proposed rights restriction(s).

A total of 334 surveys were mailed with a self- addressed envelope with pre-paid postage and received an aggregate 20% response rate.

The Rights Policy states in section II. State Center Expectations, Part B. that LAR/AIP/guardian is provided a *Rights Handbook* upon admission and annually. The policy also states in section VIII. Due Process, Part C. that the IDT is required to obtain and document input from the LAR/AIP when rights restrictions are proposed for implementation.



- Aggregately, LARs/AIPs/guardians mostly reported that they are advised of the residents’ rights and indicate at roughly the same rage that they understand those rights.

- LARs/AIPs/guardians are reporting that they are informed of rights restrictions at much lower rates, however all respondents in the sample from Corpus Christi,

Lubbock, Mexia and Rio Grande LAR/AIP report that they were informed of imposed rights restrictions.

2017 LAR/AIP Survey	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Provided with a Handbook	57%	100%	92%	50%	100%	67%	86%	82%	100%	83%	100%	80%	100%	83%
Advised of resident's rights	57%	100%	100%	100%	100%	83%	100%	73%	100%	83%	100%	60%	67%	84%
Understand rights	71%	100%	83%	100%	83%	67%	100%	82%	100%	75%	100%	40%	67%	81%
Informed of proposed rights restrictions	57%	75%	83%	100%	75%	60%	100%	36%	100%	42%	100%	60%	67%	65%
Response rate	26%	40%	46%	10%	27%	32%	37%	38%	16%	40%	5%	26%	13%	28%

The disaggregate data in the 2017 sample shows:

- Abilene, El Paso, Lufkin, Richmond, San Angelo and San Antonio with comparatively lower rates of advising LAR/AIPs of residents’ rights and ensuring understanding their understanding.

Findings: Domain Three, Outcome Two

- Sample data from 2017 demonstrates that those centers with lower rates of LARs/AIPs reporting they are advised of residents’ rights also report at lower rates that they are provided with a *Rights Handbook*.

- Many of the centers' LARs/AIPs from the sample do not have a clear understanding of the residents' rights.
- Based on the sample data, many centers are not compliant with the Rights Policy in providing LARs/AIPs with the *Rights Handbook*.
- There is a systemic issue with centers informing LARs/AIPs/guardians of proposed rights restrictions suggesting they are not integrated into the IDT planning.

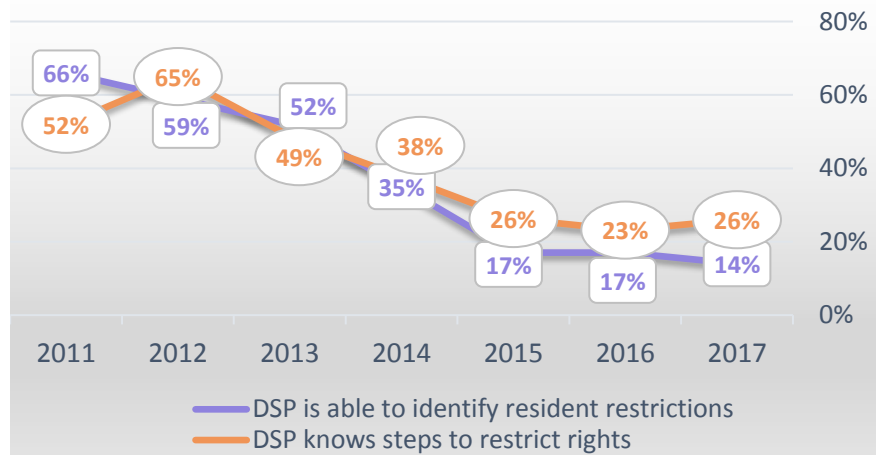
Outcome three: Centers will ensure that DSP staff understand residents' rights and restrictions to safeguard the residents' ability to exercise their rights.

Outcome three was measured by interviewing DSPs assigned to work with each resident in the sample; DSPs could:

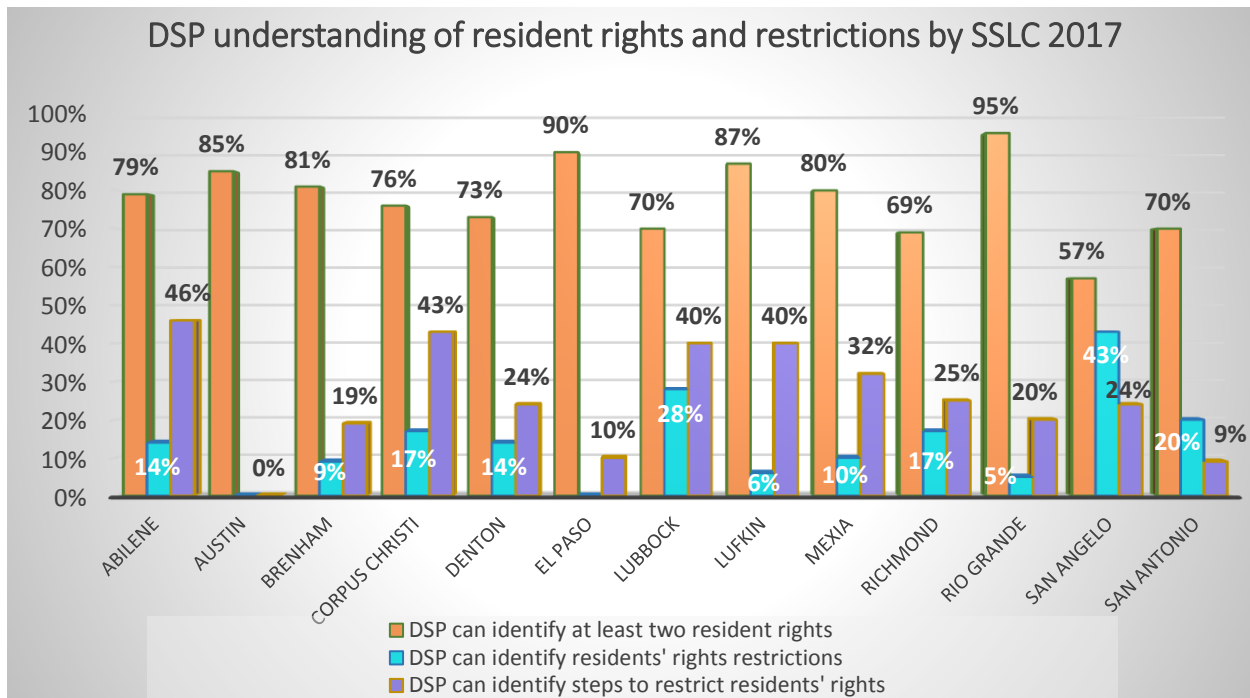
- identify two rights of the individual,
- name the residents' right restriction, and
- identify the process to restrict a residents' rights.

DSPs who are assigned to work with an individual is expected to know and understand the individual's programs, including their current rights restrictions. DSPs were asked about the process to restrict a resident's rights²² to gain a better understanding how well SSLC staff are trained on the requirement of due process.

DSPs' ability to identify rights restrictions and steps to restrict rights, Aggregate 2011- 2017



²² DSPs had to identify that the IDT met and then the restriction was reviewed/approved by HRC.



- Aggregately, DSPs were more able to state individuals’ rights but had overwhelming difficulty specifying restrictions in place, and little to no ability to explain the steps to restrict or modify a resident’s rights²³.
- None of the centers’ DSPs did exceptional in their ability to identify the process to restrict a residents’ rights; Abilene had the highest marks with 46%, while none of the DSPs at Austin could identify the two basic steps to restrict rights.
- While DSPs ability to identify resident rights indicated the highest rates in this outcome, disaggregate data shows a gradual decline from previous years in this metric aggregately.
- El Paso and Rio Grande showed the highest rates for specifying rights, with Richmond, San Angelo and San Antonio the lowest.
- Disaggregate data also continues to show considerably low rates of DSP’s specifying the rights restrictions for the residents they support.
- San Angelo DSPs could identify resident restrictions at 46% and was the highest rated center of this outcome indicator.

²³ Appendix K outlines data aggregate and disaggregate data from 2011- 2017 of DSP responses to identifying resident rights, restrictions and the steps to restrict a residents’ rights.

Findings: Domain Three, Outcome Three

- Data demonstrates consistently low rates of DSPs ability to specify two rights that the resident may exercise.
- There continues to be a systemic issue in center staff’s ability to identify resident restrictions, as well as the two basic steps necessary to restrict a resident’s rights and ensure due process.

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

To evaluate outcome four, interviews were conducted with residents and DSPs, as well as LARs/AIPs/guardians of the resident in the sample were sent a survey. Each party needed to demonstrate the following:

- Residents correctly identified an appropriate person to voice their complaint or concern.
- DSPs correctly identified an appropriate person or entity to file a complaint or voice a concern about the treatment of an individual living at an SSLC.
- LAR/AIPs indicated that they knew how to file a complaint to an SSLC on the survey.

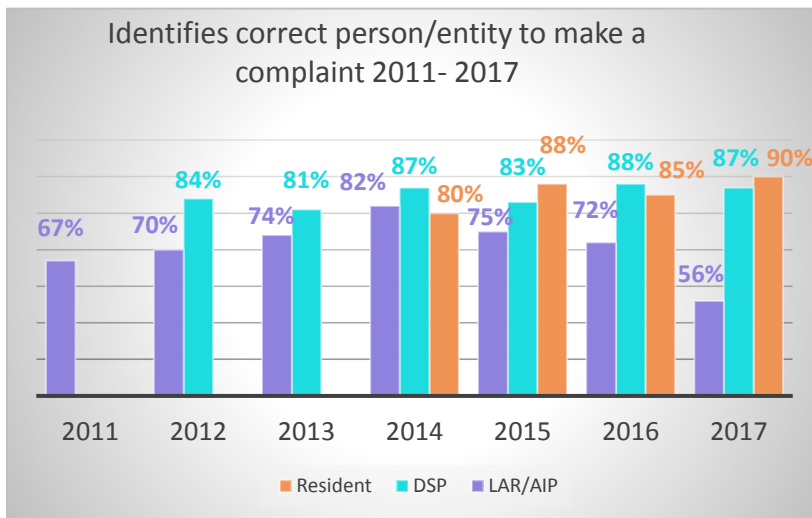
The state Rights Policy addresses this outcome in sections II. State Center Expectations, Parts A. B. F., and section III. Informing Individuals of Their Rights and the Complaint Process and provides detailed expectations on how centers provide information and/or training to the resident, staff and LAR/AIPs on how to file a complaint with the center.

Correctly identifies way to file a complaint	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Resident	77%	83%	100%	100%	83%	100%	92%	91%	96%	86%	75%	95%	100%	90%
DSP	57%	38%	67%	50%	100%	80%	100%	27%	100%	50%	100%	40%	33%	56%
LAR/AIP	57%	38%	67%	50%	100%	80%	100%	27%	100%	50%	100%	40%	33%	56%

- Denton, El Paso, Lubbock and Mexia show the highest rates across each population in knowing how to file a complaint to the SSLC regarding the treatment of an individual who lives at the center.

Disaggregate annual comparative data for each party indicating their knowledge about how to file a complaint is in Appendix L²⁴.

- Since 2011 on average, El Paso, Mexia, Lubbock and San Angelo show the highest rates of individuals identifying how to make a complaint with the center, and lowest on average at Abilene and Rio Grande.
- Sample data collected since 2012 shows that DSPs are more likely to know how to file a complaint at Lubbock, Mexia, Rio Grande and San Angelo, while Denton, Lufkin and Richmond reflected lower rates in this metric.



- Centers with LAR/AIP/guardians reporting the lowest averages since 2011 in knowing how to file a complaint are Abilene, Austin, Corpus, El Paso and Mexia, while those centers with the highest averages were Lubbock and Rio Grande.²⁵

Findings: Domain Three, Outcome Four

- The sample data collected from residents, DSPs and LAR/AIP/guardians indicate that overall, residents themselves are most able to correctly identify an appropriate way to make a complaint.
- Systemically, LAR/AIP/guardians know how to file a complaint with the SSLC at lower rates compared to DSPs and individuals based on sample data collected since 2011.

²⁴ Disaggregate annual comparative data for residents, DSP and LAR/AIPs knowledge of how to file a complaint in Appendix L.

²⁵ Rio Grande State Center did not have any respondents during 2011 however all other reporting years reflected high rates.

Outcome five: Centers will make every effort possible to ensure that every resident receives due process when proposing and implementing annual rights restrictions in Rights Restriction Determinations (RRD), Behavior Support Plans (BSP) and psychotropic medication.

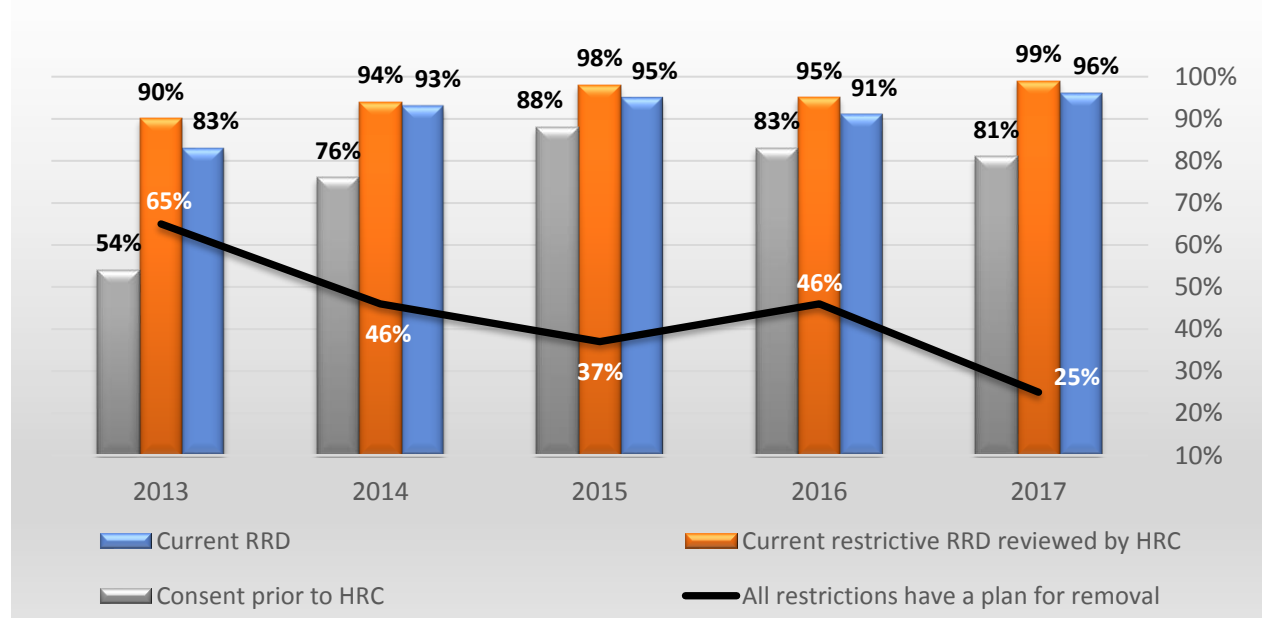
Outcome five is evaluated by reviewing the evidence of due process in the documentation of residents’ file by:

- verifying that RRD, BSP and psychotropic documentation on file is current,
- confirming that all restrictions in an RRD have a plan for removal,
- verifying that restrictions in RRDs, BSPs and psychotropic medications were approved by HRC, and
- confirming that consent for restrictions was obtained prior to HRC review.

Document Review of Rights Restrictions Determination

An RRD is completed annually by the IDT and outlines restrictions that can only be implemented upon approval by the HRC members. The Rights Policy states that restrictions in an RRD require there be a need for the restriction, as well as a plan to reinstate or lessen the restriction. Policy also requires in section VIII. Due Process Part E, that consent for restrictions occur prior to plan implementation and that it is HRC’s responsibility to review all associated documentation before review and approval. The Rights Policy also states that HRC reviews RRD within 15 business days of the ISP.

Due process review of documentation in RRDs 2013- 2017



- Program Review data from 2017 showed an increase in both the aggregate rates of current RRD documentation and HRC review of current RRDs.
- While there have been substantial increases since 2013 in centers obtaining consent prior to HRC review, data is now reflecting a downward trend.
- Centers continue to show low rates of developing plans to remove or lessen restrictions in RRDs.

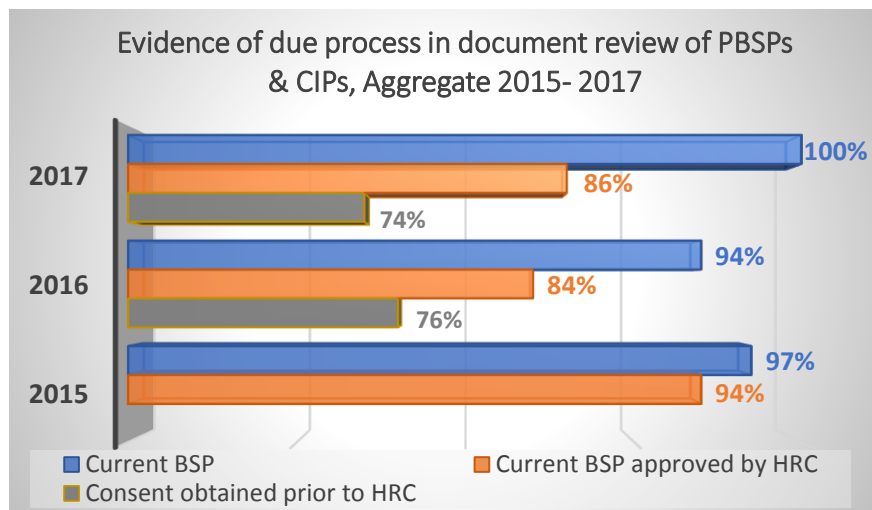
Disaggregate data²⁶ from the sample show:

- Lufkin was the major outlier with only 73% of current RRDs on file for those residents in the 2017 sample however it was also only one of two SSLCs that obtained consent for RRD restrictions prior to HRC review.
- All centers had restrictive RRDs on file without HRC approval and extensively surpasses the 15-business day limit.
- All centers demonstrated significantly low rates of all restrictions in RRDs having plans to remove the restriction or outline plans for increasing the use of the right(s).

Document Review of Behavior Support Plans

Behavioral support plans (BSP), including Positive Behavior Support Plans (PBSP), Crisis Intervention Plans (CIP) and/or Psychiatric Support Plans (PSP) are used to help staff support individuals. Many of these BSPs are restrictive in nature and require due process prior to implementation, including obtaining consent.

Nine percent of the aggregate sample required a restrictive PBSP; all of those from the sample had current documentation on file however only 86% of these plans were approved by HRC.



²⁶ Appendix M

- The aggregate rate at which SSLCs obtain consent prior to HRC review remains significantly low.

Disaggregate 2017 data shows that all centers complaint in terms of current documentation on file, however Lubbock, Lufkin, San Angelo and San Antonio HRC had approved BSPs without consent.

Document review: Due process and PBSPs, Aggregate 2017	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Current restrictive PBSP	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current restrictive PBSP approved by HRC	100%	N/A	33%	100%	50%	100%	75%	67%	100%	0%	100%	100%	100%	80%
Consent obtained for PBSP prior to HRC*	100%	N/A	33%	100%	50%	100%	50%	67%	100%	0%	100%	75%	83%	70%

* Not reviewed until 2016

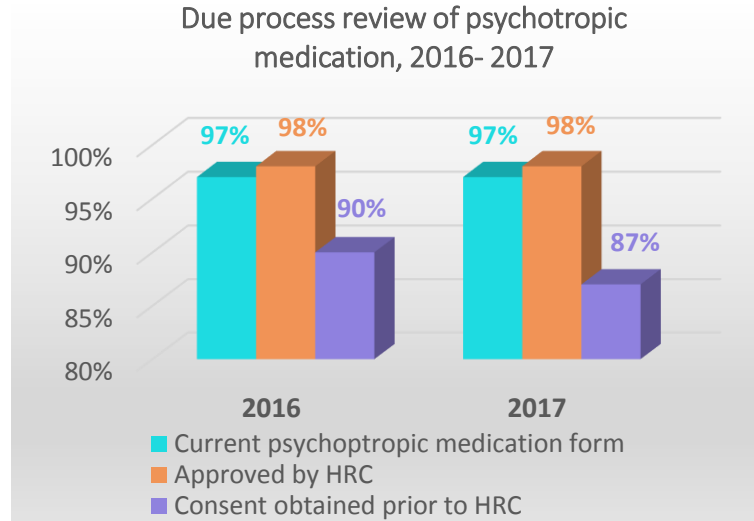
CIPs are implemented when an individual has had three or more restraints in a one-month period. A CIP is designed to anticipate a behavioral crisis that may require staff to physically or chemically restrain an individual.

Document review: Due process review of CIPs, Aggregate 2017	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Current CIP	100%	N/A	N/A	100%	100%	N/A	100%	100%	100%	100%	100%	N/A	100%	100%
Current CIP approved by HRC	75%	N/A	N/A	100%	100%	N/A	100%	100%	100%	100%	100%	N/A	100%	95%
Consent obtained prior to HRC	50%	N/A	N/A	100%	100%	N/A	100%	100%	94%	100%	0%	N/A	67%	80%

- From the aggregate sample, 6% of the individuals required a CIP and all centers that had residents with a CIP had current documentation on file.
- Some CIPs at Abilene, Rio Grande and San Antonio did not have consent prior to HRC but were still approved by HRC.

Document Review of Psychotropic Medication

Implementation of psychotropic medication requires the same due process as any other restriction, including obtaining consent before the initial administration and annually thereafter, and review and approval by HRC, per the Consent or Authorization for Psychotropic Medication statewide policy, section I. A. and D., unless it is court mandated or administered during an emergency behavioral health crisis.



- Of those in the sample, 57% of individuals were currently prescribed psychotropic medications and 97% of the supporting documentation was current.
- Some psychotropic medications are administered without current documentation on file, without consent and without HRC approval.

Disaggregate data in Appendix N shows:

- Corpus Christi, Richmond and San Angelo as the only centers without current annual psychotropic medication reviews on file.
- In both 2016 and 2017, Lubbock was the outlier showing less than 50% of the sample had consent for psychotropic medication prior to HRC review.

Findings: Domain Three, Outcome Five

- For the most part, centers have current RRDs, BSPs and psychotropic medication forms on file, however there is a systemic problem in SSLCs effort to obtain consent for restrictions prior to HRC review.
- Data collected shows evidence of centers approving and implementing rights restrictions, including administering psychotropic medication, without consent, and due process review and approval.

Outcome six: SSLCs will make every possible effort to ensure that every resident receives due process when rights restrictions are reviewed at HRC meetings and implemented throughout the year.

Outcome six was evaluated using the following criteria:

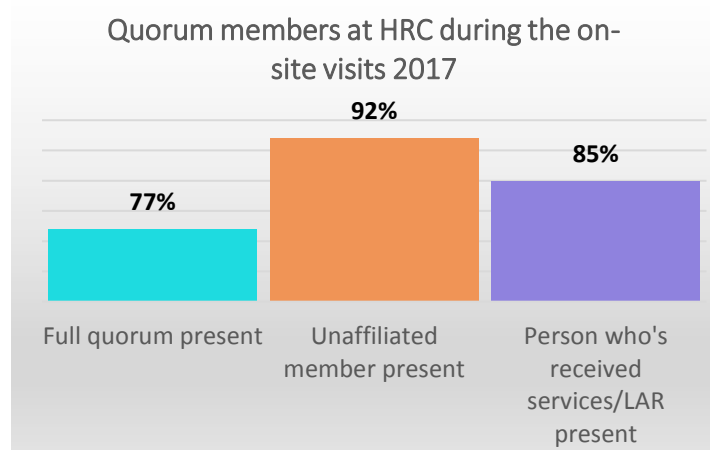
- All HRC meetings had the quorum required.
- ERs were discussed in HRC, a reason and sufficient justification for the ER was provided, and there was evidence that the IDT met within the required timeframe.
- Restrictive BSPs, HRC referrals for rights restrictions and restrictions in annual RRDs fulfilled due process indicators in HRC discussion and documentation.

AIOs observed HRC meetings at the on-site visit, as well as quarterly at each center²⁷. AIOs evaluated due process of Emergency Restrictions (ERs), BSPs with restrictive elements, referrals for rights restrictions and restrictive annual RRDs presented during HRC by identifying if critical due process elements were provided in documentation and discussed in HRC meetings.

Human Rights Committee Quorum

The HRC must be made up of a quorum for due process to occur. Some centers have their own policy on quorums however the statewide Rights Policy outlines the minimum standard of what constitutes a quorum²⁸ and that it is a required component of due process.

- During the on-site review of HRC observations Corpus Christi, Mexia and Richmond did not have a full quorum present.
- Corpus Christi and Richmond did not have an unaffiliated member present, while Mexia did not have a member or an LAR of someone who has received IDD services.

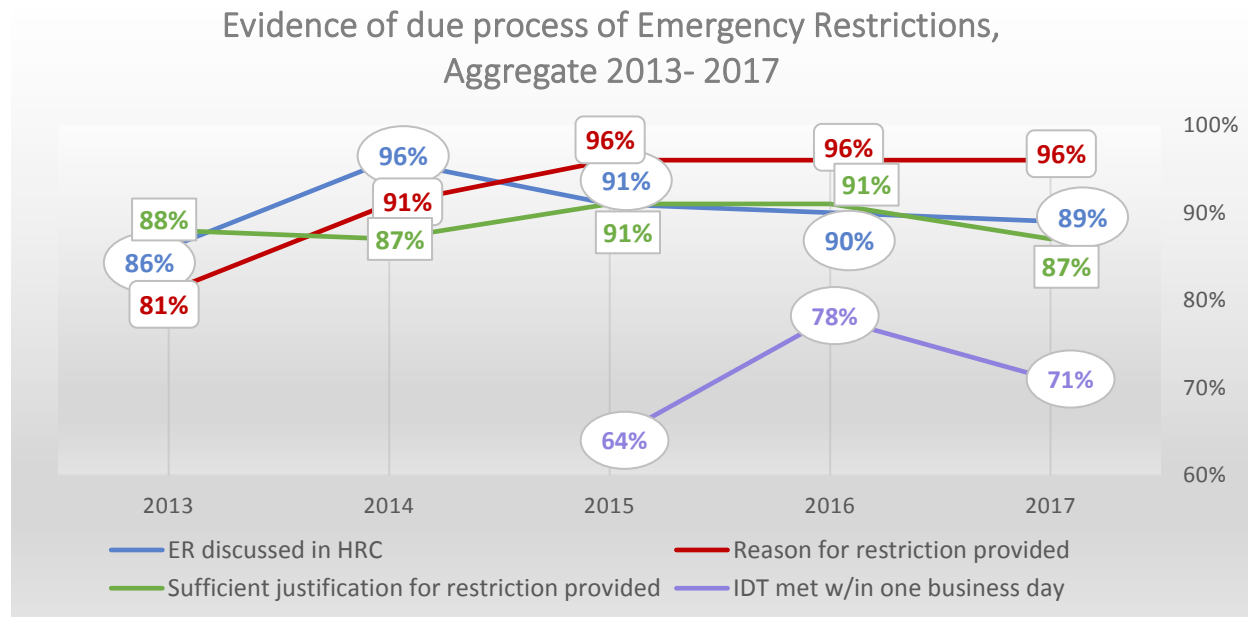


²⁷ The Rio Grande AIO position was vacant for several months; several attempts were made by the Central Office AIO to observe HRC in March, April, June and July of 2017. In each of these instances, HRC was canceled or rescheduled therefore only 2 quarters are reflected in the data.

²⁸ The Rights Policy states that the HRC quorum required includes the Human Rights Officer (HRO) or designee, an individual who has received intellectual disability services or the parent/LAR of an individual who has received services, and a member who is unaffiliated with the center, HHSC or residents.

Emergency Restrictions in HRC

ERs are implemented in an emergency when an individual is experiencing an unanticipated psychiatric, medical/dental, behavioral crisis and there is a need for an immediate protection²⁹. ERs are reviewed by HRC after implementation and the ER is reviewed by the IDT within one business day. A total of 252 ERs were presented and reviewed during the 2016- 2017 reporting period.



- The rates at which IDTs are meeting within the required timeframe to discuss the ER remains considerably low.
- Aggregate data shows a slight decline in members discussing and providing sufficient justification for the ER in HRC.
- Disaggregate data³⁰ demonstrates that IDTs are not meeting within one business day of ERs, as policy dictates; those with the lowest rates in this metric are Richmond (6%) and Lubbock (37%), followed by Denton and El Paso (both 68%); compared to other centers, Abilene and Lubbock demonstrate consistently lower rates in the data collected since 2015.

²⁹ In at least one instance at Corpus Christi, an ER was presented during HRC for a previously scheduled dental appointment. This was observed at Corpus Christi in at least two other occasions throughout the year but only one of these instances occurred during the Program Review observation.

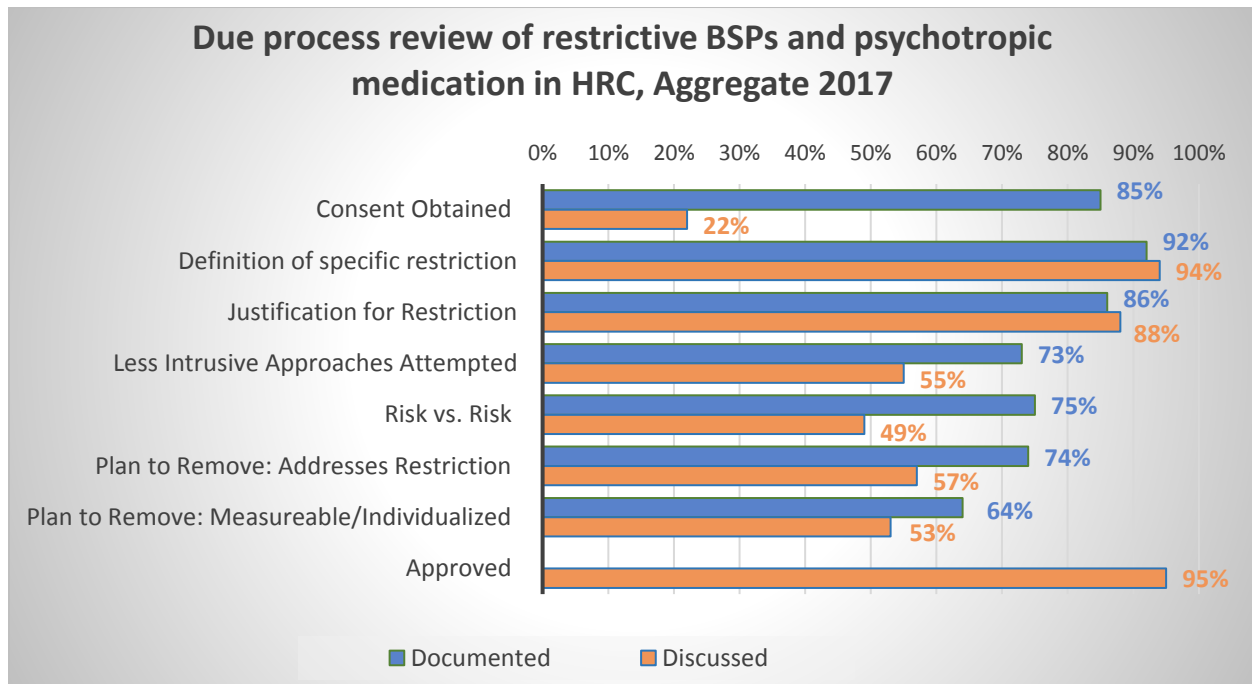
³⁰ Appendix O

- Austin SSLC is an outlier compared to other centers in the rate at which ERs are discussed in HRC (44%) and the rate at which sufficient justification for the ER is provided (48%).

Behavior Support Plans and Psychotropic Medication Review in HRC

Restrictive BSPs are presented in HRC and evaluated by AIOs during Program Review for evidence of due process and the documentation and HRC discussion. A total of 101 restrictive BSPs and/or psychotropic medications reviews were presented in HRC in the 2017 reporting period.

The Rights Policy states that restrictions imposed on a resident, including restrictive BSPs and psychotropic medication, must be approved by HRC and include consent, a specific reason and need, a risk analysis, evidence that alternative, less restrictive strategies were attempted and proved ineffective, as well as a plan for reinstating the resident’s right.



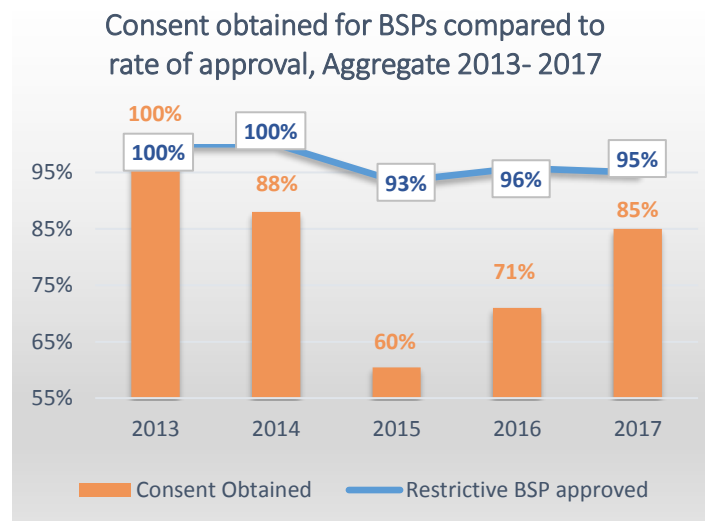
Data from the 2017 review of restrictive BSPs and psychotropic medication in HRC observations show:

- Centers are failing to adequately provide documentation, or establish through discussion, that IDTs have attempted less intrusive methods, completed a risk analysis, and have not developed adequate plans to remove the restriction, particularly plans that are measurable or individualized.
- Disaggregate data³¹ shows that Denton has the highest rates of fulfilling due process when reviewing BSPs and psychotropic medication, in both discussion and documentation.
- Mexia shows higher rates in the supporting documentation compared to the discussion and denied 43% of all restrictive BSPs giving the appearance of a judicious HRC process.

Referrals for Restrictions in HRC

A referral is a rights restriction imposed outside the initial or annual Individual Support Plan (ISP)³² and RRD, and for OIO purposes, does not include restrictive BSPs or psychotropic medication. Referrals, like ERs and restrictive BSPs, must be reviewed by HRC and reviewed using the same due process criterion as BSPs and RRDs. During this reporting period 198 referrals were reviewed.

- The aggregate rates of documenting and discussing the due process elements were roughly the same since the 2016 reporting period.
- The aggregate data showed slight increases in the documentation and discussion of referrals plans to remove the restriction and a larger increase of measurable/individual plans in the discussion component.
- Obtaining the individual and LAR/guardian perspective remains the lowest rated due process elements.



³¹ Appendix P

³² 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.

HRC review of referrals in HRC,
Aggregate 2016- 2017

	2017		2016	
	Documented	Discussed	Documented	Discussed
Consent obtained	84%	67%	83%	68%
Individual's perspective obtained	37%	30%	43%	28%
LAR/Guardian perspective obtained	59%	50%	56%	44%
Definition of specific restriction	95%	87%	89%	95%
Justification for restriction	89%	81%	87%	91%
Less intrusive approaches attempted	79%	66%	71%	60%
Analysis of risk	85%	56%	80%	53%
Plan to remove	76%	70%	73%	60%
Measureable/individualized plan	68%	61%	61%	50%
IDT next review scheduled	46%	43%	58%	49%
Approved		94%		90%

- Disaggregate data³³ shows Abilene, Austin, Brenham, El Paso, Lufkin, Mexia, Rio Grande, and San Antonio with the lowest rates of documenting and discussing the individual's perspective on the proposed restriction.
- Austin, El Paso, Mexia and Richmond were the only centers that had consent for all referrals presented during the reporting period; all other SSLCs approved restrictions without consent.
- Brenham (50%), Lubbock (29%) and Rio Grande (25%) had the lowest rates of obtaining consent for restrictions.

Rights Restrictions Determinations in HRC

RRDs presented at HRC meetings during the on-site visit and throughout the ongoing monitoring period were evaluated. During the reporting period, 129 restrictive RRDs with 236 restrictions were presented; 92% of those restrictions were approved.

³³ Appendix Q

Aggregate data of RRDs presented during HRC from 2013- 2017 is provided in the chart below.

2013- 2017 HRC review of RRDs in HRC	2017	2016	2015	2014	2013
Consent Obtained	93%	93%	89%	88%	63%
Individual's perspective documented	43%	35%	34%	16%	12%
Individual's perspective discussed	40%	29%	34%	17%	14%
LAR/guardian's perspective documented	58%	34%	51%	33%	
LAR/guardian's perspective discussed	49%	39%	43%	36%	
Definintion documented	96%	97%	96%	97%	81%
Definition of restriction discussed	86%	93%	89%	97%	60%
Justification for restriction documented	92%	92%	91%	96%	68%
Justification for restriction discussed	83%	91%	82%	93%	63%
Less intrustive approaches documented	79%	74%	81%	71%	42%
Less intrustive approaches discussed	65%	61%	50%	41%	34%
Risk analysis discussed	92%	54%	52%	59%	42%
Risk analysis documented	68%	90%	94%	95%	62%
Plan for removal documented	77%	82%	82%	72%	65%
Plan for removal discussed	75%	72%	69%	73%	50%
Removal plan measurable/individualized	61%	68%	65%	58%	47%
Removal plan measurable/individualized discussed	64%	63%	56%	56%	39%
Restriction Approved by HRC	92%	93%	91%	93%	88%

- Although the low rates are an issue, aggregately, centers have gradually improved in documenting and discussing the individuals’ opinion about restrictions imposed through the annual planning process and RRD; 2017 showed the highest rates of obtaining and discussing the LAR/guardian’s perspective for restrictions in RRDs.
- There have been improvements in the documentation and HRC discussion in almost all due process elements since 2013; plans for removal and plans that are measurable/individualized have remained mostly static at marginal rates.
- Disaggregate data³⁴ and review of data collected shows most centers had consent for all RRDs however Abilene, Lubbock and San Angelo approved restrictive RRDs without consent.

³⁴ Appendix R

Findings: Domain Three, Outcome Six

- There are instances that HRC conducts meetings, and reviews and approves restrictions without the required quorum to provide due process.
- Centers are implementing ERs without providing sufficient justification for the ER; there is a systemic issue at all centers in regard to IDTs meeting within the required timeframe to discuss an ER.
- Several centers, including Abilene, Brenham, Lubbock, Rio Grande, San Angelo and San Antonio approved one or more restrictive BSP, psychotropic medication and/or RRD without consent.
- There remains an overwhelming problem in centers including LARs/guardians in the program planning and implementation of restrictions, as well as neglecting to ensure that the individual is at the center of all planning.
- RRDs show the highest rates of fulfilling due process requirements compared to BSPs, psychotropic medication, and referrals in HRC.

Domain Three: Conclusions

- Many centers are not compliant with the statewide Rights Policy as outlined in many of the above findings.
- Residents, DSPs and LAR/AIP/guardians are increasingly unaware or understand individuals' rights and restrictions; DSPs also overwhelmingly do not know the basic elements of due process to restrict an individual's rights.
- Individuals are not at the center of planning and LAR/AIP/guardians are often not included in the process.
- DSPs and LAR/AIP/guardians are unclear on how to file a complaint.
- Systemic issues are evident in centers inconsistently obtaining consent for restrictions prior to HRC review and approval.
- SSLCs are approving and implementing rights restrictions and restrictive behavioral plans and psychotropic medication without consent.
- ERs are often implemented without review and discussion from the IDT within the required timeframe, and thus failing to provide adequate protection and support for individuals.

Appendices & Supplemental Data

Appendix A: Rates of meeting minimum staffing requirement and use of holdover and pulled staff, 2014- 2017

Met minimum required staff compared to use of pulled & holdover staff 2014- 2017	Abilene				Austin				Brenham			
	2017	2016	2015	2014	2017	2016	2015	2014	2017	2016	2015	2014
Met the minimum number of staff required by the facility	89%	80%	82%	95%	79%	76%	88%	78%	89%	95%	85%	100%
Utilization of pulled/float staff	20%	9%	12%	30%	24%	34%	33%	28%	21%	24%	20%	41%
Utilization of holdover staff	23%	34%	27%	15%	31%	45%	36%	44%	13%	5%	5%	6%

Met minimum required staff compared to use of pulled & holdover staff 2014- 2017	Corpus				Denton				El Paso			
	2017	2016	2015	2014	2017	2016	2015	2014	2017	2016	2015	2014
Met the minimum number of staff required by the facility	95%	68%	71%	91%	95%	95%	97%	94%	89%	80%	90%	100%
Utilization of pulled/float staff	33%	37%	21%	0%	14%	43%	24%	39%	21%	9%	25%	50%
Utilization of holdover staff	43%	26%	29%	9%	24%	14%	16%	0%	11%	34%	10%	10%

Appendix A: Rates of meeting minimum staffing requirement and use of holdover and pulled staff, 2014- 2017

Met minimum required staff compared to use of pulled & holdover staff 2014- 2017	Lubbock				Lufkin				Mexia			
	2017	2016	2015	2014	2017	2016	2015	2014	2017	2016	2015	2014
Met the minimum number of staff required by the facility	89%	93%	72%	93%	89%	86%	95%	85%	96%	94%	96%	90%
Utilization of pulled/float staff	29%	34%	31%	23%	31%	24%	31%	39%	19%	37%	16%	26%
Utilization of holdover staff	25%	45%	17%	31%	6%	5%	0%	8%	23%	26%	2%	11%

Met minimum required staff compared to use of pulled & holdover staff 2014- 2016	Richmond				Rio Grande				San Angelo			
	2017	2016	2015	2014	2017	2016	2015	2014	2017	2016	2015	2014
Met the minimum number of staff required by the facility	90%	98%	91%	95%	42%	92%	100%	100%	75%	52%	69%	64%
Utilization of pulled/float staff	21%	43%	21%	15%	50%	42%	17%	0%	29%	24%	39%	29%
Utilization of holdover staff	23%	14%	19%	20%	58%	8%	42%	17%	29%	32%	23%	29%

Appendix A: Rates of meeting minimum staffing requirement and use of holdover and pulled staff, 2014- 2017

Met minimum required staff compared to use of pulled & holdover staff 2014- 2016	<i>San Antonio 2017</i>	<i>San Antonio 2016</i>	<i>San Antonio 2015</i>	<i>San Antonio 2014</i>	<i>Aggregate 2017</i>	<i>Aggregate 2016</i>	<i>Aggregate 2015</i>	<i>Aggregate 2014</i>
Met the minimum number of staff required by the facility	50%	71%	81%	44%	83%	85%	87%	88%
Utilization of pulled/float staff	6%	18%	19%	22%	24%	27%	24%	27%
Utilization of holdover staff	44%	35%	25%	22%	24%	17%	5%	17%

Appendix B: Services negatively affected due to lack of staff, 2014- 2017

Services Negatively Affected due to a Lack of Staff 2014- 2017	Abilene 2017	Abilene 2016	Abilene 2015	Abilene 2014	Austin 2017	Austin 2016	Austin 2015	Austin 2014	Bre nharn 2017	Bre nharn 2016	Bre nharn 2015	Bre nharn 2014	Corpus 2017	Corpus 2016	Corpus 2015	Corpus 2014
Medical/Dental Appointments	18%	16%	3%	11%	0%	9%	15%	0%	6%	5%	3%	0%	0%	20%	6%	9%
Community Outings	0%	14%	0%	11%	0%	0%	15%	0%	8%	13%	6%	0%	11%	33%	8%	0%
Day Programming	6%	16%	8%	11%	0%	16%	19%	0%	0%	6%	0%	0%	7%	23%	0%	0%
Completion of Skill Acquisitions	7%	13%	7%	5%	0%	8%	3%	0%	6%	0%	0%	0%	0%	25%	0%	0%
Environmental Cleanliness	0%	0%	0%	0%	4%	7%	6%	0%	3%	0%	3%	0%	0%	24%	4%	0%
Levels of Supervision	4%	13%	3%	0%	7%	4%	6%	0%	0%	0%	5%	0%	0%	12%	0%	0%
Check and Change	17%	4%	0%	5%	8%	13%	10%	0%	0%	3%	3%	0%	0%	14%	0%	0%
Bathing	15%	0%	3%		0%	0%	8%		0%	0%	0%		0%	6%	0%	
Dining	8%	3%	0%		0%	0%	8%		7%	0%	18%		0%	19%	5%	
Behavior Support Plans	3%	12%	6%	25%	0%	0%	0%	0%	3%	3%	3%	0%	0%	13%	0%	0%

Appendix B: Services negatively affected due to lack of staff, 2014- 2017

Services Negatively Affected due to a Lack of Staff 2014- 2017	<i>Denton 2017</i>	<i>Denton 2016</i>	<i>Denton 2015</i>	<i>Denton 2014</i>	<i>El Paso 2017</i>	<i>El Paso 2016</i>	<i>El Paso 2015</i>	<i>EL Paso 2014</i>	<i>Lubbock 2017</i>	<i>Lubbock 2016</i>	<i>Lubbock 2015</i>	<i>Lubbock 2014</i>	<i>Lufkin 2017</i>	<i>Lufkin 2016</i>	<i>Lufkin 2015</i>	<i>Lufkin 2014</i>
Medical/Dental Appointments	0%	5%	7%	24%	0%	0%	0%	11%	0%	0%	12%	17%	15%	8%	4%	8%
Community Outings	0%	5%	0%	29%	11%	17%	15%	22%	0%	17%	13%	17%	0%	9%	4%	8%
Day Programming	3%	8%	6%	24%	6%	11%	11%	33%	9%	11%	23%	17%	12%	9%	17%	8%
Completion of Skill Acquisitions	3%	4%	6%	24%	0%	17%	6%	20%	0%	17%	19%	17%	6%	9%	10%	8%
Environmental Cleanliness	0%	4%	0%	11%	0%	0%	0%	10%	0%	0%	10%	0%	9%	0%	0%	0%
Levels of Supervision	0%	0%	3%	28%	5%	5%	11%	30%	0%	5%	17%	15%	8%	11%	3%	0%
Check and Change	0%	9%	0%	6%	5%	10%	15%	40%	4%	10%	16%	8%	0%	3%	3%	8%
Bathing	7%	8%	8%		0%	6%	0%		6%	6%	7%		0%	0%	0%	
Dining	0%	14%	0%		0%	17%	6%		6%	17%	23%		0%	13%	0%	
Behavior Support Plans	0%	4%	0%	17%	0%	0%	5%	30%	0%	0%	14%	15%	3%	0%	3%	8%

Appendix B: Services negatively affected due to lack of staff, 2014- 2017

Services Negatively Affected due to a Lack of Staff 2014- 2017	<i>Mexia 2017</i>	<i>Mexia 2016</i>	<i>Mexia 2015</i>	<i>Mexia 2014</i>	<i>Richmond 2017</i>	<i>Richmond 2016</i>	<i>Richmond 2015</i>	<i>Richmond 2014</i>	<i>Rio Grande 2017</i>	<i>Rio Grande 2016</i>	<i>Rio Grande 2015</i>	<i>Rio Grande 2014</i>	<i>San Angelo 2017</i>	<i>San Angelo 2016</i>	<i>San Angelo 2015</i>	<i>San Angelo 2014</i>
Medical/Dental Appointments	3%	0%	8%	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%	8%
Community Outings	0%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	8%
Day Programming	2%	0%	4%	0%	0%	0%	0%	5%	14%	0%	0%	0%	0%	13%	9%	8%
Completion of Skill Acquisitions	0%	0%	0%	0%	0%	0%	0%	0%	17%	10%	0%	0%	0%	9%	0%	8%
Environmental Cleanliness	2%	0%	0%	0%	0%	0%	2%	0%	11%	0%	0%	0%	4%	4%	4%	7%
Levels of Supervision	2%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	17%	8%	7%
Check and Change	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	8%	0%	7%
Bathing	8%	0%	0%		0%	0%	7%		0%	0%	0%		0%	0%	0%	
Dining	15%	0%	5%		0%	0%	7%		0%	0%	0%		8%	8%	7%	
Behavior Support Plans	0%	0%	4%	0%	0%	0%	0%	0%	10%	0%	0%	0%	4%	8%	4%	7%

Appendix B: Services negatively affected due to lack of staff, 2014- 2017

Services Negatively Affected due to a Lack of Staff 2014- 2017	<i>San Antonio 2017</i>	<i>San Antonio 2016</i>	<i>San Antonio 2015</i>	<i>San Antonio 2014</i>	<i>Aggregate 2017</i>	<i>Aggregate 2016</i>	<i>Aggregate 2015</i>	<i>Aggregate 2014</i>
Medical/Dental Appointments	29%	0%	0%	25%	7%	5%	5%	9%
Community Outings	0%	8%	8%	25%	2%	7%	4%	10%
Day Programming	29%	23%	7%	38%	5%	9%	8%	10%
Completion of Skill Acquisitions	7%	13%	20%	33%	3%	6%	5%	8%
Environmental Cleanliness	0%	13%	13%	11%	2%	3%	3%	3%
Levels of Supervision	13%	13%	13%	22%	3%	5%	5%	7%
Check and Change	0%	12%	7%	11%	3%	5%	4%	5%
Bathing	0%	0%	14%		3%	2%	3%	
Dining	14%	0%	14%		4%	5%	7%	
Behavior Support Plans	7%	19%	25%	11%	2%	4%	4%	9%

Appendix C: Number of alleged offenders and other special populations served

Number of alleged offenders	<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>
2017	0	1	0	11	5	1	4	0	132	4	0	20	2	180
2016	0	0	0	5	5	2	1	1	140	0	0	26	2	182

2017 Unique Populations Served	<i>Abilene</i>	<i>Austin</i>	<i>Brenham</i>	<i>Corpus Chris</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>
Alleged offenders	0.0%	0.6%	0.0%	5.3%	1.1%	1.0%	2.2%	0.0%	53.7%	1.2%	0.0%	9.6%	0.9%	6.0%
Adolescents (10- 21 years)	3.9%	0.0%	11.6%	1.0%	1.6%	4.2%	2.7%	16.8%	19.9%	1.6%	6.6%	9.6%	2.7%	5.8%
Medically Fragile	43.3%	14.4%	20.1%	34.5%	54.6%	31.3%	14.1%	74.6%	32.9%	2.2%	3.3%	18.2%	29.3%	32.3%
Geratric (55+)	45.7%	71.8%	29.0%	45.6%	54.8%	31.3%	33.5%	73.0%	13.0%	48.1%	24.6%	23.4%	36.4%	40.9%
Total Population	282	181	259	206	449	96	185	185	246	322	61	209	225	3019

Appendix D: Qualitative data from in-service training feedback, DSP comments

Austin SSLC

- “Most in-services are mandatory to sign on the spot or you see your name as being required and you must sign without time to understand or ask questions. I would like someone from the department with knowledge to provide the in-service training and answer questions.”

Denton SSLC

- “The timing of in-service training is important. When staff are busy with a resident we cannot focus on in-service training, such as when completing showers/meals.”

Lufkin SSLC

- “If at all possible, in my opinion, it would be better for 10 pm- 6am staff to have separate in-services pertaining to our shift.”

Mexia SSLC

- “More demonstrations and less verbal [instruction]. More [in-service training] conducted by behavioral.”

San Antonio SSLC

- “All I ask is that while we are doing hygiene care or in the bathing area, please be considerate of the individuals and please wait for an appropriate time and place. Preferably before or after a shift.”
- “Since pattern change, it is hard to get everyone in-serviced. No demonstrations. It’s a ‘free for all’—all areas trying to do in-service training. Lots of ‘read and sign’.”
- Night shift usually has to in-service themselves by reading; we don’t get to ask questions until we see someone who can answer them, usually a week or so later.

Appendix E: Qualitative data from OJT feedback, DSP comments

Abilene SSLC

- “Too many behavior plans to remember.”
- “Red dot for PNMP. Confusion between restriction and safety.”
- “Make training on and explain rights restrictions. We know what residents can do but not as much what they can’t.”
- “Floating when new, especially when the home is short staff and new employees with four other floats not knowing anything.”

Austin SSLC

- “Most items were marked somewhat [on the OTJ survey] due to reading the I-books. I recommend that OJT train a little longer or with a staff one-on-one.”
- “I would like OJT to be more hands on during the shadow process and not just watching so that we can become more familiar with the clients.”
- “Candidates should be taught patiently to the [DSPs] level of understanding before sending us on the floor to work with the individuals.”

Corpus Christi SSLC

- “I think staff should be trained more on the homes and get more time to get to know the individuals.”

El Paso SSLC

- “When we work outside our usual homes we are not given enough time to read all of the changes and how to work with each individual.”

Lubbock SSLC

- “I think OJT should be more hands on with an OJT instructor because we learn faster, and is easier, with hands on training.”

Appendix E: Qualitative data from OJT feedback, DSP comments

Lufkin SSLC

- I would have rather had a veteran train me rather than someone who has only worked here 3-4 months. I wish it would have been more hands on.”
- “I feel this home needed to be more organized and needed more staff in order to help me get the full training and learning I needed. I kind of just watched and picked up a lot.”

Mexia SSLC

- “When new staff come to the home I think they should be working in the home for at least two weeks before they are put into a normal routine. It gives a chance to be more comfortable in the work place.”
- “More time needed to do OJT than just three days.”

Rio Grande SSLC

- “OJT is basic, you need to work with staff in order to learn the residents’ likes and dislikes. On the floor training is needed longer than a week.”

San Angelo SSLC

- “Better hands on and one-on-one training with veteran staff.”
- “More hands-on training during orientation with the residents’ nutrition program.”

San Antonio

- “I would recommend that the OJT be at least one-week long.”

Appendix F: OJT Questionnaires, 2015- 2017

2015- 2017 OJT Feedback	Abilene			Austin			Brenhma			Corpus Christi			Denton		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Trained on residents behavior support needs	64%	90%	70%	95%	90%	80%	95%	100%	80%	82%	60%	89%	95%	100%	90%
Training prepared DSP to carry out the behavior plans	55%	80%	80%	91%	70%	80%	91%	70%	70%	77%	40%	78%	91%	70%	80%
Trained on physical/nutrition needs	86%	100%	80%	100%	100%	100%	95%	100%	90%	95%	90%	100%	91%	80%	100%
Training prepared DSP to follow physical/nutrition programs	86%	100%	90%	95%	100%	100%	91%	100%	100%	95%	100%	90%	91%	80%	100%
Trained on residents LOS	91%	100%	100%	95%	100%	90%	100%	80%	100%	91%	80%	100%	95%	70%	90%
Training prepared DSP to follow residents LOS	86%	100%	80%	95%	100%	80%	100%	80%	90%	91%	80%	100%	95%	70%	100%
Trained on residents' daily routine	59%	90%	80%	86%	80%	90%	95%	100%	70%	95%	70%	100%	91%	80%	80%
Training prepared DSP to help residents with daily routines and preferences	64%	90%	100%	95%	90%	90%	100%	100%	70%	100%	100%	100%	91%	60%	90%
DSP was trained on residents rights restrictions	59%	100%	80%	91%	90%	80%	95%	100%	90%	82%	80%	60%	82%	67%	80%
Residents' programs explained so that DSP could understand them	64%	90%	90%	91%	60%	90%	91%	100%	60%	86%	70%	100%	91%	50%	100%
DSP was encouraged to ask questions	95%	90%	100%	100%	80%	100%	100%	80%	80%	95%	70%	90%	90%	80%	70%
Questions DSP asked were answered	95%	100%	100%	77%	80%	100%	95%	90%	90%	90%	80%	90%	86%	80%	60%
DSP required to show what was learned during OJT	77%	100%	90%	100%	89%	100%	100%	100%	100%	86%	60%	90%	95%	90%	100%
Skills and information learned were useful in working with residents during OJT	86%	90%	90%	91%	50%	100%	100%	80%	80%	95%	90%	100%	100%	70%	90%

Appendix F: OJT Questionnaires 2015- 2017

2015- 2017 OJT Feedback	El Paso			Lubbock			Lufkin			Mexia			Richmond		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Trained on residents behavior support needs	73%	80%	56%	86%	90%	90%	86%	90%	70%	91%	90%	90%	86%	100%	100%
Training prepared DSP to carry out the behavior plans	64%	60%	78%	77%	80%	80%	91%	70%	70%	73%	80%	80%	59%	60%	90%
Trained on physical/nutrition needs	86%	90%	100%	95%	90%	100%	95%	90%	90%	73%	80%	100%	95%	100%	100%
Training prepared DSP to follow physical/nutrition programs	86%	90%	100%	100%	100%	80%	95%	90%	70%	68%	80%	100%	80%	80%	100%
Trained on residents LOS	82%	100%	90%	95%	100%	100%	86%	70%	80%	82%	80%	100%	100%	100%	100%
Training prepared DSP to follow residents LOS	64%	90%	90%	95%	100%	90%	82%	100%	90%	73%	80%	100%	100%	100%	100%
Trained on residents' daily routine	77%	60%	80%	82%	80%	70%	91%	70%	70%	73%	44%	90%	86%	90%	100%
Training prepared DSP to help residents with daily routines and preferences	77%	60%	89%	73%	80%	78%	95%	80%	90%	73%	70%	100%	76%	80%	100%
DSP was trained on residents rights restrictions	68%	80%	60%	82%	90%	80%	91%	70%	60%	67%	80%	80%	82%	90%	100%
Residents' programs explained so that DSP could understand them	82%	80%	90%	100%	100%	90%	82%	90%	100%	73%	90%	100%	73%	80%	100%
DSP was encouraged to ask questions	68%	90%	100%	91%	100%	100%	86%	100%	80%	77%	80%	100%	91%	90%	90%
Questions DSP asked were answered	73%	90%	90%	95%	100%	100%	95%	100%	90%	86%	80%	100%	76%	80%	80%
DSP required to show what was learned during OJT	91%	100%	100%	90%	100%	90%	86%	90%	80%	64%	80%	100%	95%	100%	90%
Skills and information learned were useful in working with residents during OJT	68%	90%	90%	95%	100%	90%	91%	80%	100%	82%	80%	100%	91%	80%	90%

Appendix F: OJT Questionnaires 2017

2015- 2017 OJT Feedback	Rio Grande			San Angelo			San Antonio			Aggregate		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Trained on residents behavior support needs	86%	100%	100%	91%	80%	70%	95%	90%	50%	87%	89%	80%
Training prepared DSP to carry out the behavior plans	73%	90%	80%	91%	90%	70%	77%	60%	63%	78%	71%	77%
Trained on physical/nutrition needs	100%	100%	100%	91%	100%	70%	100%	100%	80%	93%	94%	93%
Training prepared DSP to follow physical/nutrition programs	100%	100%	100%	91%	100%	80%	100%	90%	67%	91%	93%	91%
Trained on residents LOS	86%	90%	90%	91%	100%	90%	86%	80%	90%	91%	88%	94%
Training prepared DSP to follow residents LOS	82%	90%	90%	95%	90%	80%	86%	80%	80%	88%	89%	90%
Trained on residents' daily routine	64%	90%	80%	86%	80%	70%	76%	56%	50%	82%	77%	79%
Training prepared DSP to help residents with daily routines and preferences	59%	80%	90%	91%	80%	70%	86%	70%	78%	83%	80%	88%
DSP was trained on residents rights restrictions	73%	90%	90%	91%	80%	70%	82%	90%	90%	80%	85%	78%
Residents' programs explained so that DSP could understand them	73%	100%	100%	86%	90%	80%	95%	90%	70%	84%	84%	90%
DSP was encouraged to ask questions	95%	100%	100%	95%	90%	70%	91%	90%	90%	91%	88%	90%
Questions DSP asked were answered	73%	90%	100%	95%	90%	70%	91%	90%	100%	87%	88%	90%
DSP required to show what was learned during OJT	77%	90%	90%	86%	90%	90%	73%	100%	60%	86%	91%	91%
Skills and information learned were useful in working with residents during OJT	71%	90%	100%	86%	90%	80%	95%	90%	80%	89%	83%	92%

Appendix G: ICAs, ICA acknowledgment, IRA & given Rights Handbook, 2016- 2017

ICA, Acknowledgment, IRA & given Rights Handbook, 2016- 2017	Abilene 2017		Abilene 2016		Austin 2017		Austin 2016		Brenham 2017		Brenham 2016		Corpus Christi 2017		Corpus Christi 2016		Denton 2017		Denton 2016		El Paso 2017		El Paso 2016		Lubbock 2017		Lubbock 2016	
	Current ICA	100%	62%	100%	85%	100%	74%	100%	68%	100%	96%	95%	85%	100%	100%	95%	85%	100%	100%	95%	85%	100%	100%	100%	100%	100%	100%	100%
ICA acknowledged by HRC	86%	100%	40%	100%	88%	95%	76%	100%	96%	98%	100%	100%	95%	100%	95%	100%	95%	100%	95%	100%	95%	100%	95%	100%	95%	100%	95%	100%
IRA in record	0%	24%	75%	85%	73%	81%	0%	18%	80%	67%	80%	85%	85%	79%	85%	79%	85%	79%	85%	79%	85%	79%	85%	79%	85%	79%	85%	79%
Resident states they have been given the "Rights" handbook	31%	31%	29%	40%	43%	83%	67%	30%	50%	54%	50%	57%	50%	57%	50%	57%	50%	57%	50%	57%	50%	57%	50%	57%	50%	57%	50%	57%

ICA, Acknowledgment, IRA & given Rights Handbook, 2016- 2017	Lufkin 2017		Lufkin 2016		Mexia 2017		Mexia 2016		Richmond 2017		Richmond 2016		Rio Grande 2017		Rio Grande 2016		San Angelo 2017		San Angelo 2016		San Antonio 2017		San Antonio 2016		2017 Aggregate		2016 Aggregate	
	Current ICA	83%	79%	100%	96%	97%	91%	85%	80%	100%	68%	100%	91%	97%	84%	100%	68%	100%	91%	100%	91%	97%	84%	97%	84%	97%	84%	97%
Current ICA acknowledged by HRC	32%	96%	88%	83%	84%	83%	100%	100%	71%	100%	100%	100%	71%	100%	71%	100%	100%	100%	100%	100%	100%	100%	82%	96%	82%	96%	82%	96%
IRA in record	47%	72%	60%	88%	44%	50%	0%	0%	52%	77%	83%	57%	53%	61%	52%	77%	83%	57%	83%	57%	83%	57%	53%	61%	53%	61%	53%	61%
Resident states they have been given the "Rights" handbook	55%	58%	57%	67%	71%	67%	25%	71%	89%	55%	80%	56%	55%	57%	89%	55%	80%	56%	80%	56%	80%	56%	55%	57%	55%	57%	55%	57%

Appendix H: Residents report they are told about their rights, 2012- 2017

Resident states they have been told about their rights	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2017	38%	71%	43%	100%	58%	67%	67%	64%	52%	71%	25%	63%	30%	55%
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 I: Resident can identify two specific rights, 2012- 2017

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
2017	31%	33%	57%	67%	33%	100%	42%	64%	48%	57%	50%	53%	40%	49%
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%

Appendix J: Residents' perceived level of involvement in planning

Resident feels IDT listens to what is important to them	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2017	85%	71%	86%	33%	83%	67%	83%	73%	91%	100%	75%	63%	70%	77%
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%

Resident reports they are invited to IDT meetings	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2017	85%	86%	100%	50%	100%	83%	83%	82%	83%	100%	100%	68%	90%	85%
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%

Resident reports they are invited to HRC meetings	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2017	25%	33%	33%	67%	33%	60%	45%	0%	5%	40%	33%	37%	0%	28%
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 K: DSP ability to identify resident rights, restrictions, and steps to restrict rights, 2011- 2017

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
	2017	79%	85%	81%	76%	73%	90%	70%	87%	80%	69%	95%	57%	70%
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
	2017	14%	0%	9%	17%	14%	0%	28%	6%	10%	17%	5%	43%	20%
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 K: DSP ability to identify resident rights, restrictions, and steps to restrict rights 2011- 2017

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
2017	46%	0%	19%	43%	24%	10%	40%	40%	32%	25%	20%	24%	9%	26%
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 L: Residents, DSPs and LAR/AIP/guardians know how to file a complaint

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
2017	77%	83%	100%	100%	83%	100%	92%	91%	96%	86%	75%	95%	100%	90%
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
2017	79%	70%	88%	95%	84%	100%	90%	90%	96%	94%	80%	100%	70%	87%
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 L: Residents, DSPs and LAR/AIP/guardians know how to file a complaint

LAR/AIP knows how to file complaint	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande *	San Angelo	San Antonio	Aggregate
2017	57%	38%	67%	50%	100%	80%	100%	27%	100%	50%	100%	40%	33%	56%
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%

Appendix M: Due process document review of RRDs, 2015- 2017

Due process of RRD document review, 2015- 2017	Abilene			Austin			Brenham			Corpus Christi			Denton		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Current RRD	96%	100%	100%	100%	100%	90%	100%	85%	96%	100%	86%	73%	100%	98%	100%
Current restrictive RRD reviewed through HRC	100%	100%	100%	100%	100%	100%	100%	100%	71%	100%	70%	100%	100%	100%	100%
Consent prior to HRC	80%	88%	81%	94%	92%	94%	63%	86%	94%	100%	71%	69%	79%	75%	93%
All restrictions have a plan for removal	15%	25%	38%	59%	46%	63%	25%	29%	18%	17%	20%	13%	26%	56%	91%

Due process of RRD document review, 2015- 2017	El Paso			Lubbock			Lufkin			Mexia			Richmond		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Current RRD	95%	90%	100%	100%	100%	100%	73%	79%	100%	100%	92%	100%	97%	94%	97%
Current restrictive RRD reviewed through HRC	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	89%	100%	88%	100%	100%
Consent prior to HRC	93%	100%	89%	89%	93%	65%	100%	100%	100%	90%	94%	87%	71%	100%	96%
All restrictions have a plan for removal	36%	67%	33%	32%	43%	15%	33%	67%	50%	10%	79%	52%	13%	33%	40%

Due process of RRD document review, 2015- 2017	Rio Grande			San Angelo			San Antonio			Aggregate		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Current RRD	90%	80%	90%	100%	73%	86%	100%	91%	83%	96%	91%	95%
Current restrictive RRD reviewed through HRC	100%	100%	100%	100%	93%	100%	100%	83%	100%	99%	95%	98%
Consent prior to HRC	94%	88%	100%	56%	38%	89%	63%	83%	100%	81%	83%	88%
All restrictions have a plan for removal	6%	43%	60%	17%	21%	39%	38%	33%	38%	25%	46%	37%

Appendix N: Due process document review of psychotropic medication, 2016- 2017

Due process and psychotropic medication	Abilene 2017		Abilene 2016		Austin 2017		Austin 2016		Brenham 2017		Brenham 2016		Corpus Christi 2017		Corpus Christi 2016		Denton 2017		Denton 2016		El Paso 2017		El Paso 2016		Lubbock 2017		Lubbock 2016	
	Current psychotropic medication form	100%	94%	100%	100%	100%	100%	100%	89%	91%	89%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Psychotropic medications approved by HRC	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	90%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Consent obtained prior to HRC	86%	93%	100%	83%	100%	88%	90%	100%	80%	84%	100%	100%	47%	45%														

Due process and psychotropic medication	Lufkin 2017		Lufkin 2016		Mexia 2017		Mexia 2016		Richmond 2017		Richmond 2016		Rio Grande 2017		Rio Grande 2016		San Angelo 2017		San Angelo 2016		San Antonio 2017		San Antonio 2016		Aggregate 2017		Aggregate 2016	
	Current psychotropic medication form	100%	100%	100%	100%	56%	100%	100%	100%	94%	90%	100%	100%	97%	97%	100%	100%	100%	100%	100%	100%	97%	97%	97%	97%	97%	97%	97%
Psychotropic medications approved by HRC	100%	95%	100%	100%	100%	100%	100%	100%	100%	94%	100%	94%	100%	94%	100%	94%	100%	100%	100%	100%	98%	98%	98%	98%	98%	98%	98%	98%
Consent obtained prior to HRC	100%	95%	100%	100%	0%	100%	100%	94%	88%	83%	93%	100%	87%	90%														

Appendix O: Emergency Restrictions presented in HRC, 2015- 2017

Due process of emergency restrictions in HRC	Abilene			Austin			Brenham			Corpus Christi			Denton		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
ER discussed in HRC	100%	100%	100%	44%	63%	100%	100%	84%	100%	100%	100%	48%	100%	100%	100%
Reason for ER provided	100%	100%	95%	88%	94%	80%	100%	89%	100%	100%	100%	100%	100%	100%	100%
Sufficient justification for ER	94%	100%	95%	48%	69%	70%	100%	74%	94%	95%	96%	92%	100%	100%	100%
Evidence IDT met in required timeframe	76%	76%	60%	84%	92%	70%	85%	89%	94%	86%	58%	32%	68%	95%	100%

Due process of emergency restrictions in HRC	El Paso			Lubbock			Lufkin			Mexia			Richmond		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
ER discussed in HRC	100%	100%	100%	95%	84%	100%	78%	100%	100%	88%	100%	95%	100%	100%	100%
Reason for ER provided	89%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%
Sufficient justification for ER	89%	100%	93%	79%	92%	90%	83%	93%	80%	96%	100%	95%	100%	100%	100%
Evidence IDT met in required timeframe	68%	100%	79%	37%	56%	71%	72%	87%	80%	88%	92%	81%	6%	100%	100%

Due process of emergency restrictions in HRC	Rio Grande			San Angelo			San Antonio			Aggregate		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
ER discussed in HRC	100%	100%	50%	80%	48%	100%	100%	100%	100%	89%	90%	91%
Reason for ER provided	100%	100%	100%	88%	72%	100%	100%	100%	85%	96%	96%	96%
Sufficient justification for ER	83%	100%	100%	80%	68%	88%	92%	100%	90%	87%	91%	91%
Evidence IDT met in required timeframe	83%	100%	100%	80%	8%	72%	77%	100%	25%	71%	78%	64%

Appendix P: Restrictive behavior support plans and psychotropic medication due process review in HRC, 2017

2017 Due process of restrictive BSPs and psychotropic medication in HRC	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Consent Documented	25%	100%	67%	100%	100%	100%	80%
Consent Discussed	25%	50%	42%	100%	83%	100%	10%
Definition of restriction documented	40%	50%	100%	100%	100%	75%	90%
Definition of restriction discussed	100%	0%	100%	100%	100%	50%	90%
Justification for restriction documented	20%	100%	100%	100%	100%	25%	90%
Justification for restriction discussed	100%	50%	100%	100%	100%	50%	100%
Less intrusive approaches documented	20%	100%	67%	67%	100%	25%	90%
Less intrusive approaches discussed	80%	0%	33%	67%	83%	25%	100%
Risk vs. risk documented	0%	100%	92%	67%	100%	25%	90%
Risk vs. risk discussed	20%	0%	17%	67%	100%	25%	100%
Plan to remove documented	0%	100%	92%	67%	100%	25%	80%
Plan to remove discussed	40%	50%	25%	67%	78%	0%	100%
Measureable/individualized plan documented	0%	50%	33%	67%	100%	25%	80%
Measureable/individualized plan discussed	20%	50%	8%	67%	78%	0%	100%
Restriction approved	100%	100%	100%	100%	100%	100%	90%

Appendix P: Restrictive behavior support plans and psychotropic medication due process review in HRC, 2017

2017 Due process of restrictive BSPs and psychotropic medication in HRC	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Consent Documented	100%	100%	N/A	0%	100%	79%	85%
Consent Discussed	100%	57%	N/A	100%	78%	74%	22%
Definition of restriction documented	100%	100%	N/A	0%	89%	100%	92%
Definition of restriction discussed	91%	100%	N/A	100%	100%	100%	94%
Justification for restriction documented	100%	100%	N/A	0%	67%	89%	86%
Justification for restriction discussed	64%	57%	N/A	100%	78%	100%	88%
Less intrusive approaches documented	91%	86%	N/A	0%	67%	58%	73%
Less intrusive approaches discussed	36%	0%	N/A	0%	67%	53%	55%
Risk vs. risk documented	91%	100%	N/A	0%	67%	53%	75%
Risk vs. risk discussed	36%	0%	N/A	0%	67%	26%	49%
Plan to remove documented	91%	86%	N/A	0%	78%	53%	74%
Plan to remove discussed	73%	57%	N/A	0%	89%	32%	57%
Measureable/individualized plan documented	82%	85%	N/A	0%	78%	47%	64%
Measureable/individualized plan discussed	73%	57%	N/A	0%	67%	37%	53%
Restriction approved	100%	43%	N/A	100%	100%	100%	95%

Appendix Q: HRC due process review of referrals for restrictions 2017

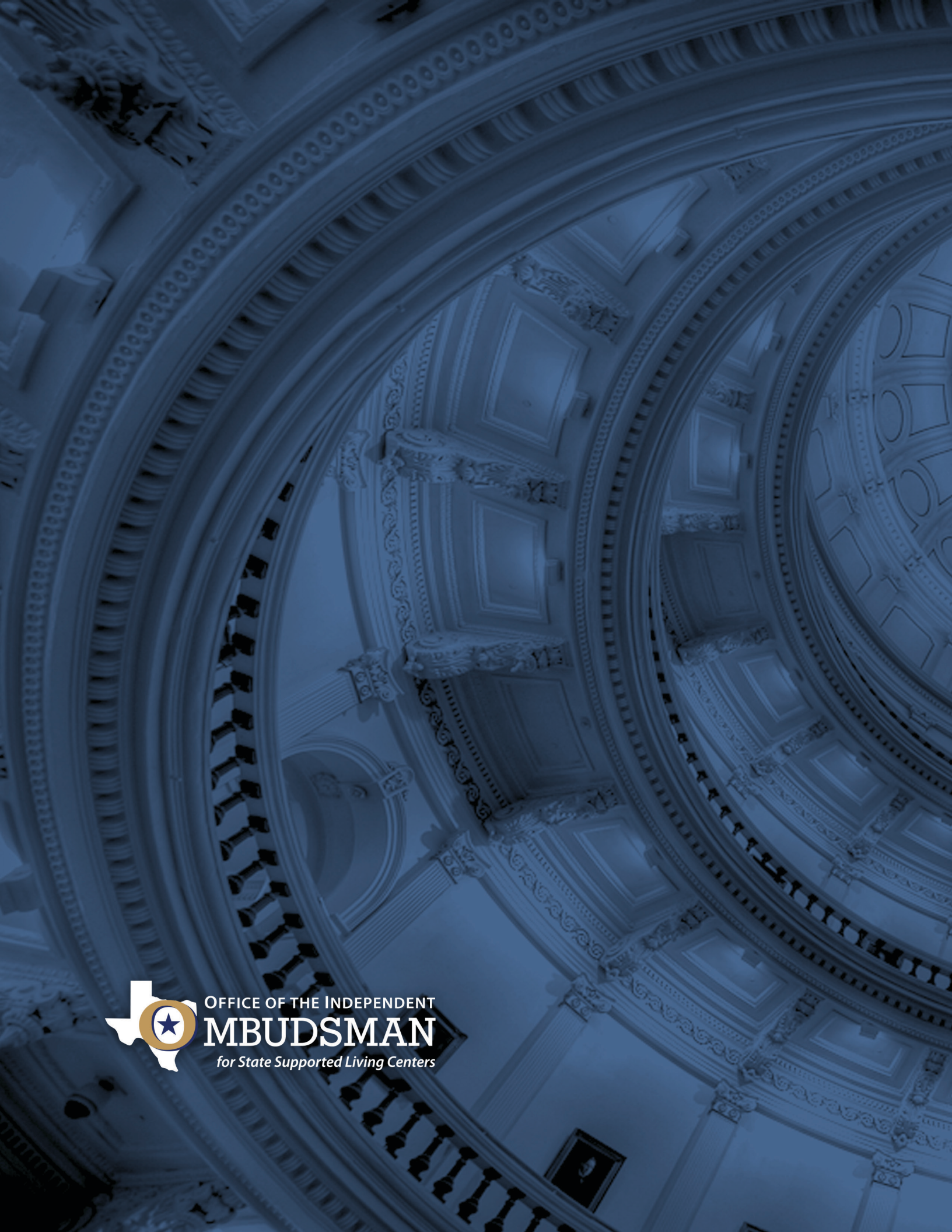
2017 HRC review of referrals in HRC	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Consent documented	67%	100%	50%	90%	95%	100%	29%
Consent discussed	9%	26%	50%	100%	81%	100%	0%
Individual's perspective documented	0%	0%	17%	35%	94%	0%	71%
Individual's perspective discussed	0%	0%	17%	40%	94%	0%	86%
LAR/Guardian perspective documented	50%	0%	82%	50%	81%	100%	43%
LAR/Guardian perspective discussed	0%	0%	27%	60%	81%	100%	57%
Definition of restriction documented	82%	100%	100%	95%	100%	80%	100%
Definition of restriction discussed	91%	32%	100%	95%	100%	80%	86%
Justification for restriction documented	91%	68%	92%	90%	100%	100%	86%
Justification for restriction discussed	64%	26%	100%	90%	100%	100%	71%
Less intrusive approaches documented	64%	42%	92%	55%	90%	100%	86%
Less intrusive approaches discussed	73%	5%	42%	55%	86%	100%	86%
Analysis of risk documented	73%	89%	83%	70%	100%	100%	100%
Analysis of risk discussed	45%	0%	25%	65%	100%	100%	86%
Plan to remove documented	55%	53%	83%	25%	100%	80%	86%
Plan to remove discussed	73%	16%	33%	25%	100%	100%	100%
Measurable/individualized plan documented	45%	37%	67%	15%	100%	40%	86%
Measurable/individualized plan discussed	64%	5%	17%	20%	100%	60%	100%
Next IDT review documented	36%	58%	17%	15%	86%	0%	14%
Next IDT review discussed	45%	5%	17%	15%	90%	0%	29%
Restriction approved	91%	95%	92%	95%	100%	100%	86%

Appendix Q: HRC due process review of referrals for restrictions 2017

2017 HRC review of referrals in HRC	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Consent documented	94%	100%	100%	25%	95%	64%	84%
Consent discussed	71%	76%	79%	25%	100%	79%	67%
Individual's perspective documented	13%	19%	75%	0%	83%	7%	37%
Individual's perspective discussed	13%	10%	13%	43%	67%	21%	30%
LAR/Guardian perspective documented	80%	57%	100%	0%	91%	33%	59%
LAR/Guardian perspective discussed	70%	14%	71%	25%	91%	50%	50%
Definition of restriction documented	100%	100%	100%	25%	100%	100%	95%
Definition of restriction discussed	88%	100%	88%	63%	100%	100%	87%
Justification for restriction documented	100%	95%	100%	25%	89%	93%	89%
Justification for restriction discussed	82%	95%	79%	63%	95%	86%	81%
Less intrusive approaches documented	88%	95%	100%	25%	89%	86%	79%
Less intrusive approaches discussed	100%	33%	79%	63%	95%	71%	66%
Analysis of risk documented	94%	81%	100%	25%	89%	71%	85%
Analysis of risk discussed	76%	10%	75%	75%	89%	21%	56%
Plan to remove documented	94%	100%	100%	0%	100%	57%	76%
Plan to remove discussed	94%	100%	79%	38%	100%	43%	70%
Measurable/individualized plan documented	82%	90%	100%	13%	95%	50%	68%
Measurable/individualized plan discussed	76%	90%	71%	38%	100%	43%	61%
Next IDT review documented	65%	71%	38%	25%	74%	14%	46%
Next IDT review discussed	65%	81%	8%	50%	68%	43%	43%
Restriction approved	94%	100%	96%	50%	100%	93%	94%

Appendix R: HRC due process review of RRDs 2017

2017 Disaggregate RDD review in HRC	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Consent Obtained	80%	100%	100%	100%	100%	89%	71%	100%	100%	100%	100%	92%	83%	93%
Individual's perspective documented	13%	4%	25%	40%	97%	0%	88%	5%	0%	50%	17%	88%	11%	43%
Individual's perspective discussed	8%	4%	13%	80%	100%	0%	84%	0%	0%	33%	17%	66%	44%	40%
LAR/guardian's perspective documented	23%	0%	25%	40%	100%	75%	77%	76%	0%	67%	100%	100%	20%	58%
LAR/guardian's perspective discussed	14%	16%	25%	40%	71%	75%	38%	65%	0%	67%	100%	100%	40%	49%
Definintion documented	100%	96%	88%	57%	100%	83%	100%	100%	100%	100%	67%	97%	100%	96%
Definition of restriction discussed	100%	12%	100%	100%	100%	83%	100%	79%	100%	83%	100%	94%	100%	86%
Justification for restriction documented	100%	72%	100%	57%	100%	92%	80%	100%	100%	100%	50%	97%	100%	92%
Justification for restriction discussed	100%	16%	100%	100%	81%	83%	100%	79%	100%	83%	83%	94%	89%	83%
Less intrustive approaches documented	88%	64%	63%	57%	85%	92%	60%	88%	94%	100%	33%	84%	89%	79%
Less intrustive approaches discused	75%	4%	63%	100%	71%	75%	92%	83%	6%	83%	67%	75%	89%	65%
Risk analysis documented	100%	84%	75%	57%	100%	92%	96%	100%	88%	100%	50%	97%	67%	92%
Risk analysis discussed	92%	0%	63%	100%	86%	83%	96%	79%	6%	67%	67%	81%	33%	68%
Plan for removal addresses restriction documented	67%	56%	50%	57%	100%	92%	32%	88%	100%	83%	50%	94%	78%	77%
Plan for removal addresses restriction discussed	58%	8%	25%	100%	100%	83%	72%	92%	88%	67%	100%	94%	78%	75%
Removal plan measurable/individualized	67%	36%	0%	57%	83%	33%	24%	71%	94%	50%	0%	91%	67%	61%
Removal plan measurable/individualized discussed	58%	0%	0%	100%	86%	42%	60%	71%	94%	33%	33%	100%	56%	64%
Follow up timeframe documented	46%	36%	25%	29%	71%	8%	0%	38%	44%	17%	67%	72%	67%	44%
Follow up timeframe discussed	33%	0%	0%	57%	69%	0%	12%	42%	50%	0%	100%	75%	56%	41%
Restriction Approved by HRC	96%	96%	100%	100%	100%	83%	88%	96%	94%	100%	67%	78%	89%	92%



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