



2019 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

This report, its data and recommendations reflect the state of the system as it operates under normal circumstances. The COVID-19 crisis is an emergency situation and the safety, protection and health of the residents is the first priority. Our Office commends the dedicated staffs, medical practitioners, administrators, and most especially direct service professionals at the state supported living centers. Their tireless work and devotion to the residents is an example of the spirit of all Texans to serve their fellow citizens, especially the most vulnerable among us. We commend the SSLC state office personnel for their selfless hard work in serving the residents of all the centers. I would be remiss not to thank the Assistant Independent Ombudsmen and the staff at our central office for their continuing work and advocacy on behalf of the residents and their families.

Additionally, I thank Governor Abbott and his staff for their leadership during these difficult times and their continued support and encouragement of the work of our office.

The Annual Report of the Office of the Independent Ombudsman is required by the enabling legislation, Senate Bill 643. The legislative statute requires that our office evaluate the state supported living centers, report the findings, and make recommendations in the specific areas of rights and due process, including the right to file a complaint, staff to client ratios, and employee training. It must be noted that this mandate by the Legislature allows us unique insight into the three areas which we are charged to review. This report, its data and analysis, provide a foundation for our recommendations. It is my hope that they influence positive change so that the lives of the residents are enriched and improved.

Staffing Ratios and Recommendations

Maintaining and meeting facility designated minimum staffing requirements remains a systemic concern. For the most part, according to HHSC data, vacancies for direct support professional (DSP) positions have decreased since the same time last year and the census at each facility has also slightly decreased. However, while there were improvements at some centers, all centers had difficulty meeting the facility designated minimum staffing requirements. Since 2012, the rate at which centers fulfilled the facility minimum staffing requirements has declined 14%. Aggregately, centers have met minimum staffing ratios on average in 87% of all total ratios observed since 2011. There are simply not enough DSPs to provide coverage and provide support to the residents at the centers. Human Resources data from HHSC shows there is an overall 55% DSP turnover rate. However, the turnover rate drops to 42% after 2 years, and then to 24% for DSPs who remain employed in a DSP

role for five years; after 10 years the turnover drops to 18%. In regard to staffing ratios, I recommend the following:

- Develop and strengthen an incentivized hiring, reward and retention program targeting DSPs for all centers.
- Establish a formal career path for DSPs to advance in status and compensation.

Adequacy of Staff Training and Recommendations

Almost all centers are home to alleged offenders or individuals who have been in jail or admitted to a state hospital within one year prior to admission. These individuals are typically much younger and need more complex behavioral and psychiatric supports than the traditional SSLC resident. Mexia, however, is the only center that provides specialized staff training to support residents that require these types of supports. There are other diverse segments of the SSLC population including those who are aging, have severe medical conditions, and those who are adolescent aged, however no training is provided to support these individuals who may require specialized staff training.

On-the-job (OJT) training at the centers is inconsistent and is not a standardized process. DSPs often state that the length of OJT is insufficient to adequately prepare them to appropriately support and meet the needs of the residents; in particular, they report feeling unprepared to provide sufficient behavior supports and help residents with their daily routines and personal preferences. Additionally, our data shows that DSPs may not be adequately trained to implement residents' behavioral, crisis and physical support plans. The following are my recommendations to address inadequacies of staff training:

- Implement specialized training for staff at all SSLCs to support those who are alleged offenders and/or have more complex behavioral or psychiatric needs.
- Establish statewide specialized training in supporting those who are aging or older, as well as adolescent-aged individuals living with IDD.
- Evaluate the methodology and practice of OJT at each center and establish statewide required procedures and standards using person-centered approaches.
- Assess efficacy of training approaches used to educate DSPs on residents' positive behavior support plans, crisis intervention plans, and physical nutritional management plans to improve DSP competence, and promote the happiness and well-being of residents and advance planning outcomes.

Rights, Due Process, and the Right to File a Complaint and Recommendations

Understanding and exercising individuals' rights is a cornerstone of a person-centered life and is one of the primary responsibilities of which our office is dedicated to protect. Through our data collection, we have found that many centers are not consistently following the established statewide rights policy that was designed to protect the residents and assure them due process. There is a continued systemic concern in that many LAR/AIP/guardians report that they do not know how to make a complaint with the center. Residents should always be kept at the center of all planning. However, many residents feel they are not included in making the decisions that are most important to them. Additionally, DSPs appear unfamiliar with the concept of due process and what this means in protecting and advocating for the residents' rights. To address issues relating to rights, due process, and the right to file a complaint, my recommendations are as follows:

- Establish an addendum to the rights policy to verify, in writing on an annual basis, that the LAR/AIP/guardian of all residents of the SSLC has been given accurate and appropriate information on how to make a complaint to the center.
- Require all SSLC staff, including DSPs, complete person-centered thinking training on at least a biennial basis.
- Implement a formal training program to educate DSPs, residents and LAR/AIP/guardians about due process, in relation to restricting residents' rights, with a focus on the reason for team meetings and the role and function of the Human Rights Committee.
- Endorse and require facilitation skills training for Human Rights Officers and designees.

During the next year our office will engage in a comprehensive change of our Program Review methodology so that we might better understand the current challenges in the areas which we review. Our goal is to significantly revamp our data collection processes and analysis to provide more insightful information as we review the areas of our legislative charge. In this way, it is our hope that we can be an even more substantial resource for transformation of services at the SSLCs. It is our hope that our 2020 Program Review will reflect improvement in our ability to assess the three areas of which we are directed to evaluate.

Respectfully Submitted,



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

LEGISLATIVE MANDATE

Senate Bill 643 of the 81st Legislature charges the Office of the Independent Ombudsman (OIO) to conduct an annual audit of 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;
- 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 centers’ policies, practices, and procedures to ensure that each resident and client is encouraged to exercise their rights, including the right to file a complaint and the right to due process.

ORGANIZATION OF REPORT & METHODOLOGY

The 2019 Annual Report uses designated sections to outline each legislatively mandated area of S.B. 643, 81st Leg. Each legislative charge is outlined at the beginning of each section. Each section is referred in this report as a domain and includes an overview of the process and the procedures used to evaluate the domain. Data indicators measure outcomes of each domain and evaluate centers’ ability to follow established policy and assess practices and operations. Each domain and outcome is measured aggregately, and by center. Appendices follow the report to provide detailed data of outcomes for each center and aggregately.

Structure and Sample

- Program Review consists of on-site evaluations by teams of Assistant Independent Ombudsmen (AIO) at each SSLC, as well as ongoing data collection.

- The ongoing data was collected from September 2018-August 2019 in the following ways: AIOs attended Human Rights Committee (HRC) meetings and collected data on a quarterly basis; observed homes at the SSLC to evaluate staffing ratios, staff deployment and service delivery; and gathered data from new employees about the on-the-job (OJT) training they received.
- A 10% sample of each centers' population was identified for review and those residents' homes at the center were observed; at centers that had less than 200 people in their census, 20 individuals were chosen for review.
- The sample was selected at random, however the random sample was reviewed and, in some instances, modified to ensure adequate representation of the varying types of supports and level of service delivery provided at the center.

Document Review & SSLC Self- Reported Data

- Documents related to rights, restrictions, psychotropic medication and behavior plans were reviewed for each resident in the sample to determine if the documentation was completed within the guidelines and standards of established policies.
- Center administration completed a form to identify the number of residents living at the center who are alleged offenders, as well as other unique populations that may require additional supports. Center staff self-reported whether specialized training was provided for direct care staff for these unique populations.

Interviews

- Residents in the sample who could participate using their preferred communication method were interviewed about their rights, restrictions, and their involvement in the planning process; five additional residents were interviewed at each center to maximize resident input.

- A Direct Support Professional (DSP)¹ who was assigned to work with the individual in the sample was interviewed to assess their knowledge of resident rights, restrictions, due process, and how to file a complaint on a residents' behalf.
- A DSP assigned to work with the resident in the sample was also evaluation their knowledge of specific details of the plans² on which they had been trained.

Questionnaires

- Some DSPs that worked at the center for more than 45 days but less than 6 months completed surveys about the OJT they received; this information was collected throughout the year and at the onsite visit.
- Surveys were mailed to the primary contact person on file for each resident in the sample to gather information about their knowledge of residents' rights, rights restrictions, and their understanding about how to file a complaint.

Observations

- During onsite visits and throughout the year, data was collected during HRC meetings to measure the extent to which residents were given due process when staff wanted to implement a rights restriction, including restrictive behavior plans, and psychotropic medication; this was assessed by identifying elements of due process in supporting documentation in committee discussions
- Each residents' home represented in the sample was observed during the on-site visit to determine if homes were staffed with the minimum number of staff needed, as designated by the facility, and assessed staff engagement with residents; AIOs asked charge staff how the number of staff impacted daily service delivery; additionally, every home was observed during the ongoing monitoring period at each of the SSLCs.

¹ Direct Support Professionals or DSPs, are the staff that provide direct care services for an individual.

² Residents in the sample may have had a behavior plan, physical nutritional management plan, protective mechanical restraint plan to prevent self-injurious behavior (SIB) or be on an increased level of supervision (LOS).

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 residents’ rights are fully observed.”

AIOs conducted 370 home observations during the 2019 reporting period. Observations evaluate staff to resident ratios, staff deployment, and determine how staffing impacts service delivery for the residents.

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

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

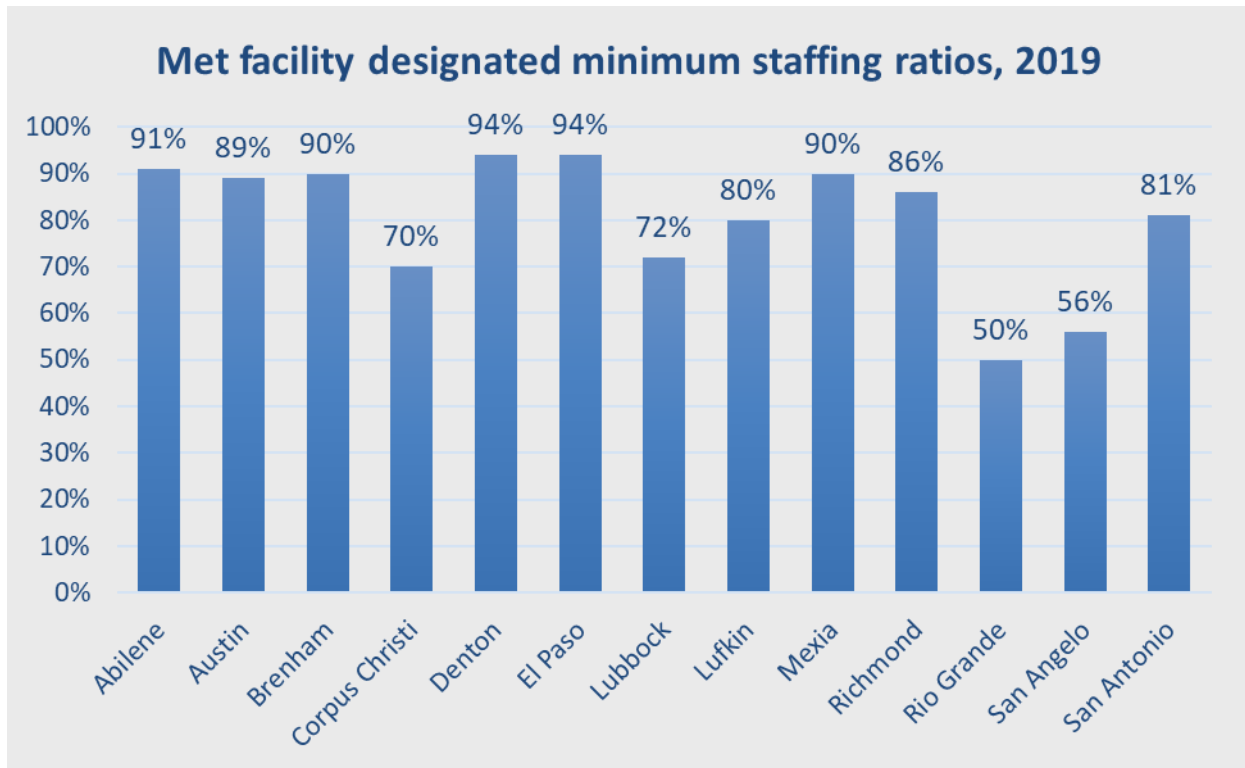
The following data indicators were used to measure outcome one, domain one:

- The required minimum number of staff was present and working during each home observation.
- 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.

Minimum Number of Staff Required

Each center establishes the minimum number of staff for each home with the aim of balancing basic service delivery with the unique and changing needs of each resident in the home. At the time of the observation, the number of staff working is recorded and then compared to the minimum number of staff required as designated and reported by the SSLC.

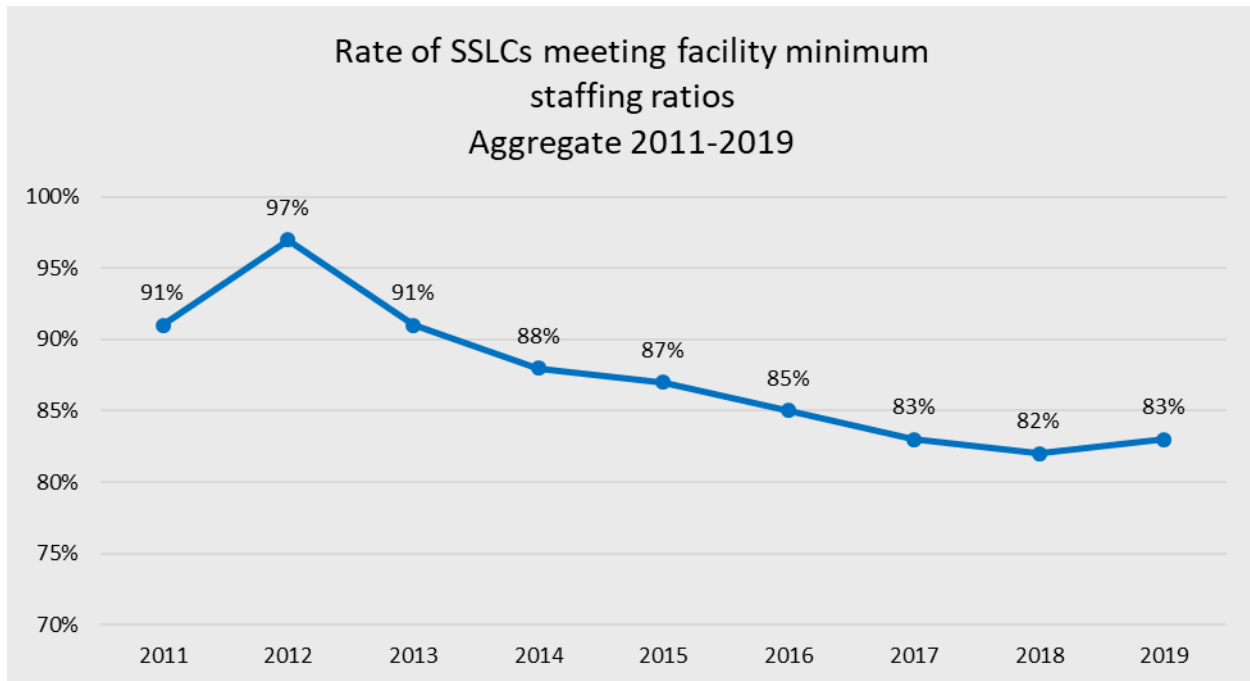
- No centers were able to meet facility designated minimums in all instances of observation in the 2019 reporting period.



- Disaggregate data³ shows that San Antonio had a large increase in its rate of meeting minimum staffing ratios (81% in 2019 vs. 44% in 2018). In previous years, from 2011-2018; San Antonio’s and San Angelo’s rates have been some of the lowest on average relative to other SSLCs.
- Rio Grande saw a large decrease in its rate of meeting minimum staffing requirements compared to 2018 (50% in 2019 vs. 75% in 2018).
- From 2011-2019, Brenham, Denton, El Paso, Mexia, and Richmond have met the required staffing ratios in more than 90% of observations, on average.

In the period from 2011-2019, San Angelo only met the required minimum staffing ratios in 69% of observations, on average.

³ See Appendix 1



- In aggregate, there has been a gradual decline of the rate in which SSLCs meet facility minimum staffing requirements since 2011, although the rate has steadied over the past three years, meeting staffing ratios in 83% of observations on average.
- Aggregately, centers have met minimum staffing ratios in 85% of staff to client ratio observations since 2014, on average.

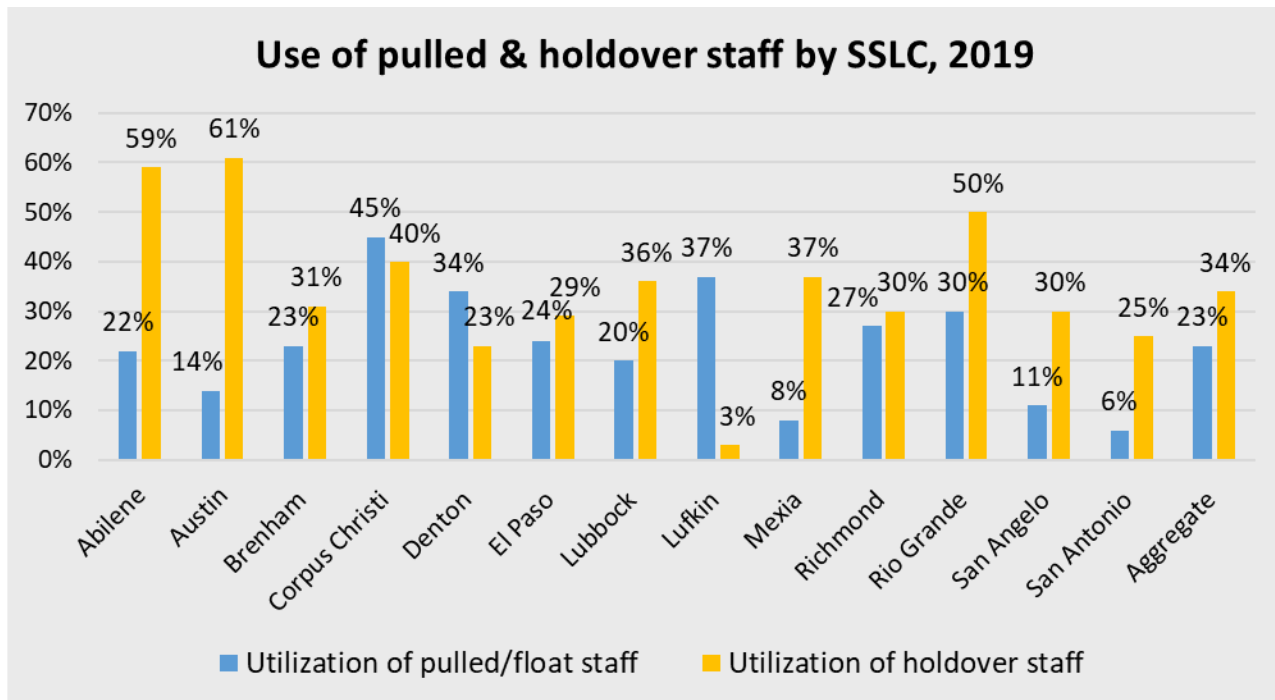
Holdover and Pulled Staff

The utilization of pulled⁴ and holdover⁵ staff was evaluated to gain a better understanding of staffing ratios and staff deployment. Every center utilized pulled staff and holdover staff⁶. Despite this, no SSLCs were able to consistently meet minimum staffing requirements in 2019 observations.

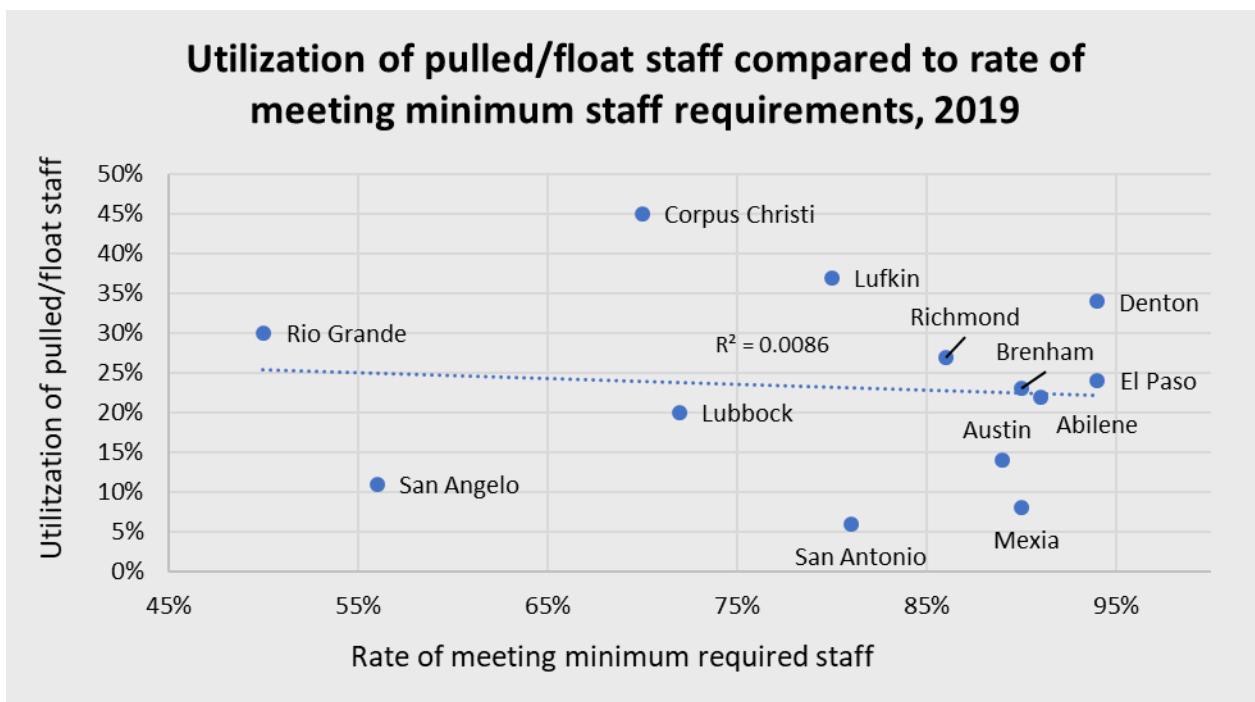
⁴ “Pulled or float staff” refers to the practice of moving staff from their assigned home to provide coverage at another home or area.

⁵ “Holdover staff” refers to staff that are required to work beyond their assigned work hours or shift or are asked to come in prior to their assigned shift, and is not arranged in advance.

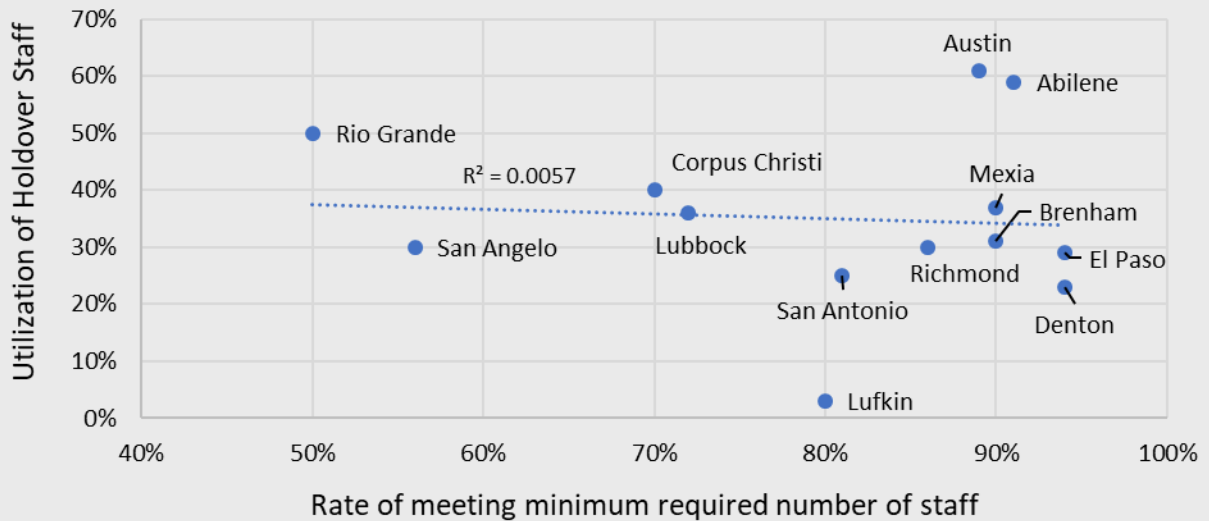
⁶ See Appendix 2



Each point on these scatterplots represents a particular SSLC. The points are plotted based on a comparison between the rate an SSLC met minimum required staff in the sample on the x-axis and the utilization of pulled or holdover staff in the sample on the y-axis.



Utilization of holdover staff compared to rate of meeting minimum staff requirements, 2019



The R^2 value measures how correlated the two indicators are, with an R^2 of “1” meaning they are perfectly correlated, and an R^2 of “0” meaning they are not at all correlated.

- There was essentially no correlation between the utilization of pulled/float staff or the utilization of holdover staff and the rate of meeting minimum required staffing levels.

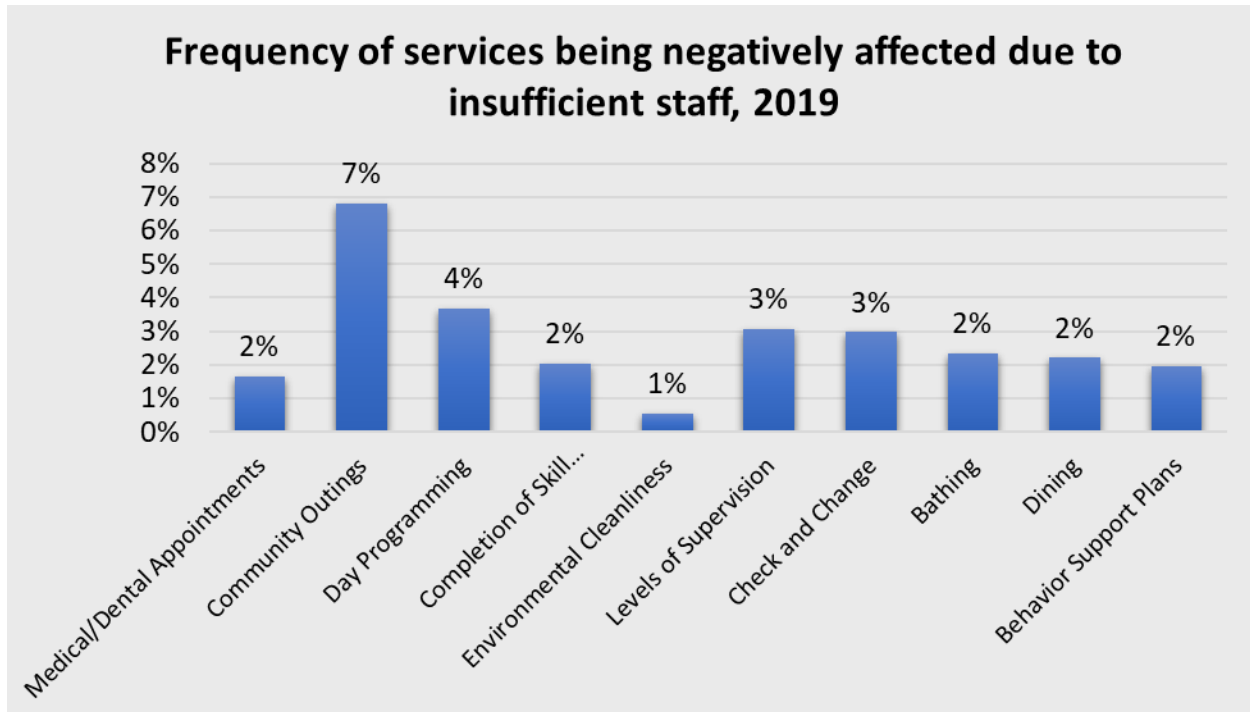
Many SSLCs used pulled and/or holdover at a high rate but still failed to meet minimum staffing requirements.

Services Negatively Affected Due to a Lack of Staff

The charge staff were asked a series of questions to indicate whether ordinary residential service delivery was negatively impacted⁷ by a lack of staff the day of the observed shift. This data shows how residents’ daily lives may be impacted by staffing shortages and helps in determining whether established minimum staffing ratios are adequate.

⁷ This may include not completing a task or activity or a delay, and generally, the activity/task was made difficult due to insufficient staff working at the required time.

- Community outings were most negatively impacted due to lack of staff in 2019.



Disaggregate data⁸ shows:

- Abilene had almost all services negatively impacted at high rates, followed by Mexia, Rio Grande, and San Angelo.
- Brenham, El Paso, Lufkin, Richmond, Rio Grande, San Angelo and San Antonio all had rates of community outings negatively impacted due to a lack of staff.
- Abilene, Brenham, Lubbock, Lufkin and Mexia charge staff indicated that implementing behavior support strategies were made difficult due to insufficient staff working.

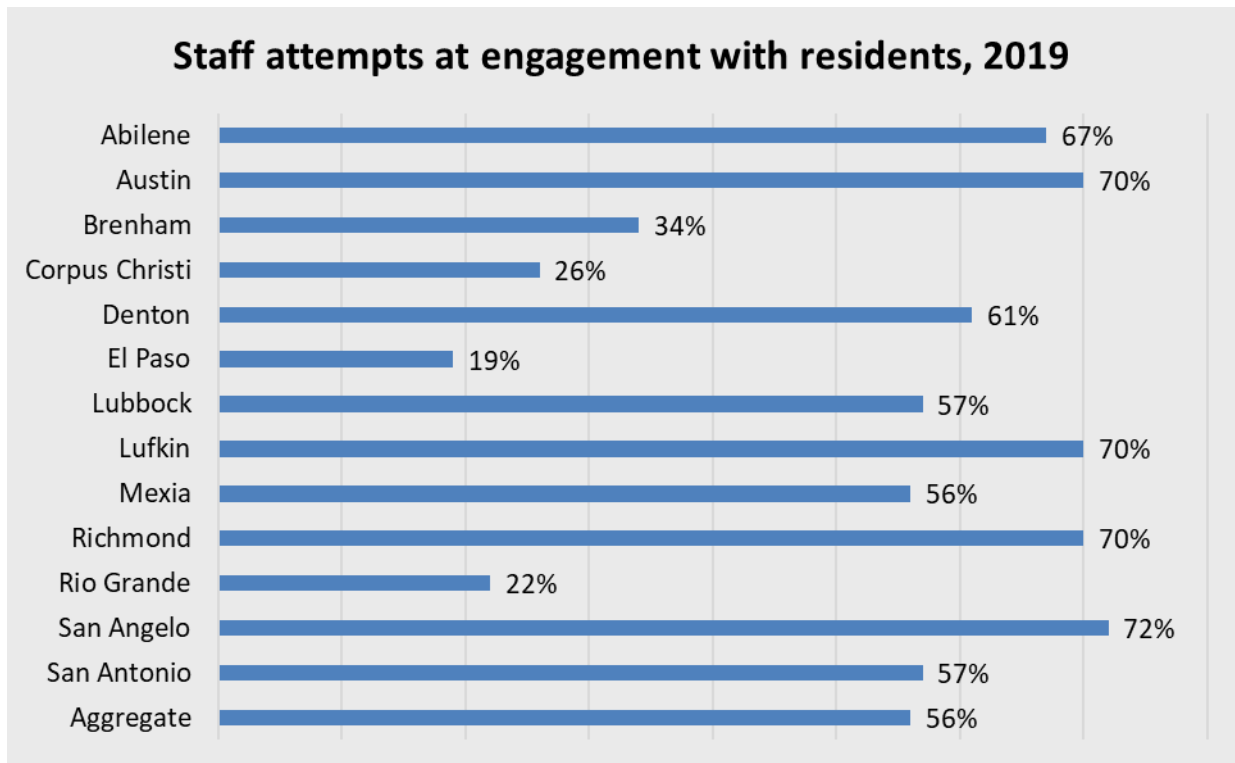
Staff Engagement with Residents

While conducting observations of residents' homes, AIOs assessed whether DSPs attempted to engage with residents. AIOs take into consideration the activities taking place in the home at that time and make reasonable assumptions about what constitutes

⁸ See Appendix 3

attempted engagement, consider when individuals are independently engaged in an activity, and what DSPs are doing at the time of the observation.

- Aggregate rates of staff engagement in 2019 continue to be low and show no improvement⁹.
- Brenham, Corpus Christi, El Paso, and Rio Grande have the lowest average rates of staff attempts to engage residents, and all continue to have low rates in 2019.



- Denton, El Paso and Rio Grande had large decreases in the rate of staff attempting to engage residents compared to last year.
- Abilene, Brenham, Lubbock and Richmond saw a large increase in the rate of staff attempts to engage residents in the 2019 sample from the 2018 sample, however engagement continues to be a concern.

⁹ See Appendix 4

Outcome One Findings: Adequacy of staffing ratios, staff deployment, staff impact on residential services, and staff engagement

- None of the SSLCs had the facility designated minimum number of required staff present and working for all observations in 2019. Some SSLCs met the requirement in at least 90% of observed shifts.
- In aggregate, there has not been much change in the rate that SSLCs met minimum staffing requirements over the past three years, and the rate is lower than it was in 2011-2016.
- Every SSLC made use of pulled and/or holdover staff and there has not been an aggregate change in the deployment of these staff compared to 2018.
- There was essentially no correlation between the utilization of pulled and holdover staff and the rate in which SSLCS met their own minimum staffing requirements.
- Most all centers reported some area of service delivery was negatively affected due to a lack of staff. The areas of service delivery most affected by a lack of staff were community outings and day programming.
- Aggregate rates of staff engagement in 2019 continue to be low with no improvement since 2015. Some individual SSLCs had dramatic improvement in this area, but others continue to have low rates of attempted engagement.
- From the observations conducted from 2015- 2019, staff attempt to engage residents on average in 55% of observations.

Domain One: Conclusions

In aggregate, centers seem less able to meet their own minimum required staffing ratios compared to the early-2010s. Although meeting staffing minimums remains a challenge, the proportion of the sample in which SSLCs met staffing minimums has remained steady since 2017. In aggregate, SSLCs are not consistently meeting their own required minimum staff-to-resident ratios. The aggregate rate of centers meeting minimum staffing numbers has decreased 14% since the highest reported rate (97%) in 2012.

There appears to be a shortage of DSPs at the centers. Every SSLC used pulled and/or holdover staff in a large proportion of shifts in the sample, yet centers are not consistently meeting minimum staff-to-client ratios. Furthermore, staff continue to report that a lack of staffing is negatively affecting their ability to carry out essential services for residents.

Staff are not attempting to engage with residents. Staff attempted to engage with residents in only a little more than half of observations in the sample, and this rate has not increased since 2015. While some centers had a higher rate of attempted staff engagement than others, all centers demonstrated low rates of attempted engagement.

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.”

The adequacy of staff training was assessed through several mechanisms:

- New DSPs were surveyed about on the job training (OJT).
- SSLC staff reported whether specialized training was implemented at centers to support specific segments of their population that may require additional support services, including alleged offenders.
- Resident records were reviewed to determine how many new admissions had served time in jail or were admitted to a state hospital within one year prior to admission.
- DSPs were interviewed to evaluate if they could identify specific details of residents’ plans of which they had been trained.

Domain Two: SSLCs provide sufficient staff training that ensures residents receive adequate care, and staff is sufficiently prepared to implement the necessary skills and information to meet residents’ unique needs

Outcome One: Locally developed staff training is adequate to meet the unique needs of residents at each center and provides sufficient training to support special populations, including residents who are alleged offenders.

Outcome one of domain two was measured by asking centers to self-report developed and implemented training for DSPs to support the following segments of SSLC populations who may require specialized support services at their center:

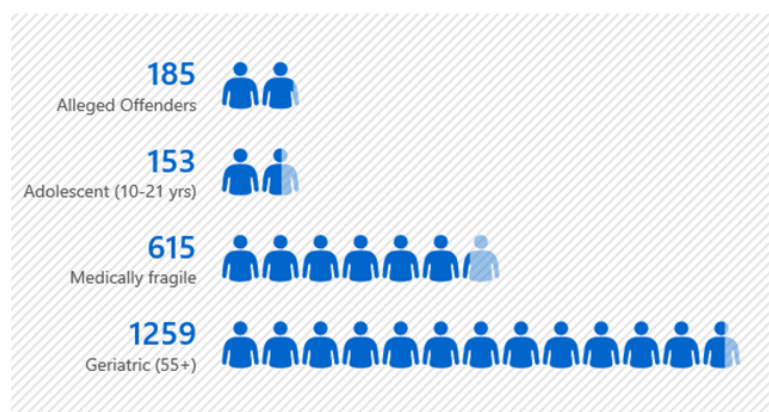
- Adolescent residents
- Medically fragile individuals
- Geriatric residents
- Alleged offenders

Locally-Developed Specialized Training to Support Unique Resident Needs

The HHSC Minimum Training Requirements Policy and the Texas Administrative Code, Chapter 646, State Employees Training Act, states that the fundamental purpose of training is to increase the work capabilities and competencies of employees. HHSC policy goes on to say that the administration, in consultation with the local Training and Development department, “establishes local training requirements above and beyond the minimum training requirements to ensure the competence of employees to:

- meet the special needs of the individuals or groups served at the facility;
- implement new facility requirements, procedures, or techniques; and
- to perform the tasks and responsibilities of their jobs.”

Unique segments of SSLC Population



The OIO asked each SSLC’s administration to self-report the number of people who live at the center for each specified segment of the centers’ population that may require specialized staff training developed at the local level.¹⁰

¹⁰ See Appendix 5

- Although eight of the 13 SSLCs are home to alleged offenders, only Mexia has developed and implemented specialized training for staff who serve this population.
- Ten of the 13 centers have residents who are adolescent aged¹¹, but no specialized training has been employed to support these young people.

Even though only one individual at Austin requires a tracheotomy, the center trains all staff on how to support this individual and others, in the event that a resident needs one on a short-term basis upon discharge from the hospital.

- At the Austin SSLC, 82% of their residents have visual impairments and 10% of their population is deafblind; the center has created specialized staff training to support those individuals.
- San Angelo has recently been designated as an additional forensic facility, however they do not offer specialized staff training such as Mexia, to support these residents, generally, however they provide staff training to support residents who are alleged sexual offenders.

Outcome One Findings: Evaluation of specialized training at SSLCs, including those centers that serve alleged offenders

- Although alleged offenders live at the majority of centers, only Mexia, provides staff training to support these residents.
- San Angelo discontinued their staff training to support adolescent-aged residents.
- Austin SSLC has taken measures to implement training to support unique segments of their population.
- All centers are home to geriatric-aged and medically fragile residents, and most centers are home to adolescent-aged residents, but none of the centers provide specialized training to support these individuals.

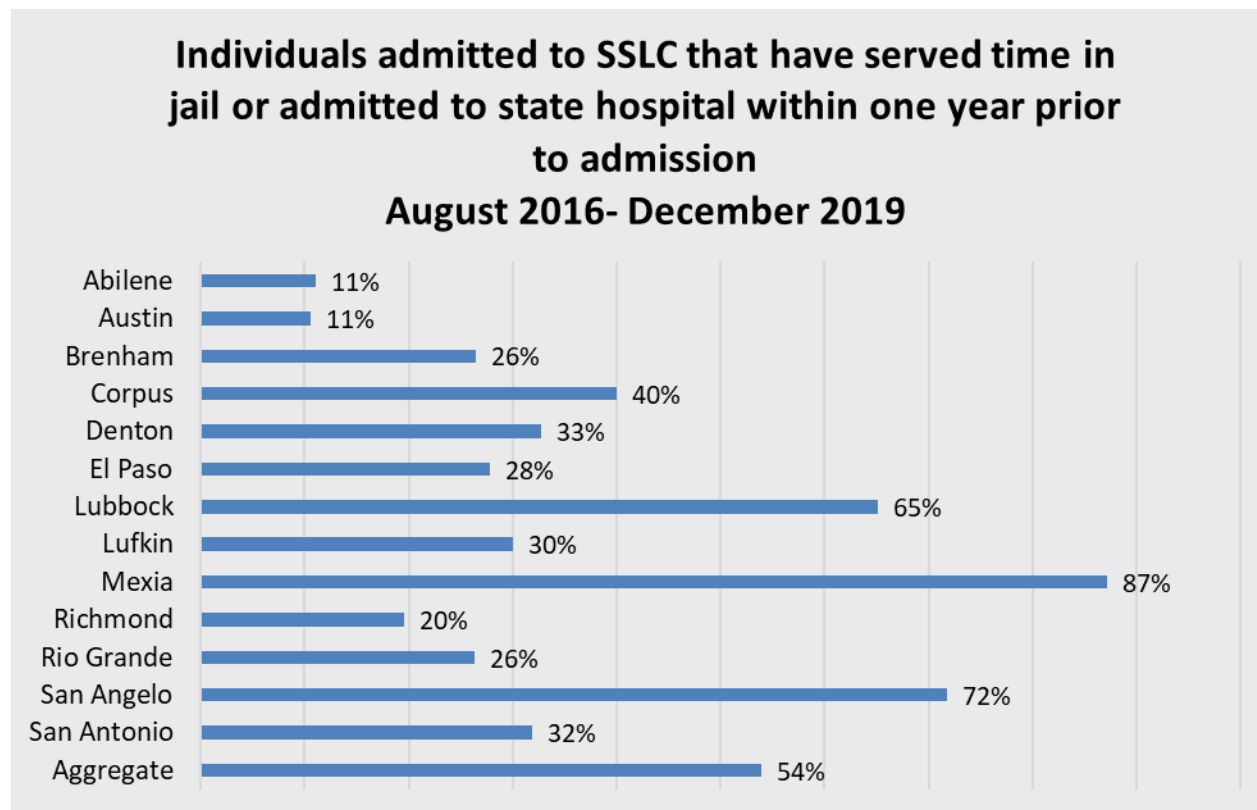
¹¹ For our purposes we have classified adolescent-aged residents from 10 to 21 years old; residents are classified as adolescent until age 21 due to their school admission eligibility.

Outcome Two: Staff training is adequate to meet the complex needs of residents, including those who were admitted to a state hospital and/or served time in jail within one year prior to admission to the SSLC, but may not have been admitted to the center as an alleged offender.

To evaluate this outcome, AIOs collected information from their center about new admissions during from August 2016-December 2019:

- The total number of individuals admitted to the SSLC since August 2016 to December 2019.
- Identify how many of the new admissions had been admitted to a state hospital or served time in jail within one year prior to their admission to the SSLC.

HHSC policy states that training is provided to ensure that employees attain and maintain the competencies needed to perform their jobs. The policy requires center administration to conduct needs assessments and allows them to choose to identify additional core competencies for staff. Further, the policy states that “professional competencies are those unique to the professional position held, consumer populations served, and assigned duties.”¹²



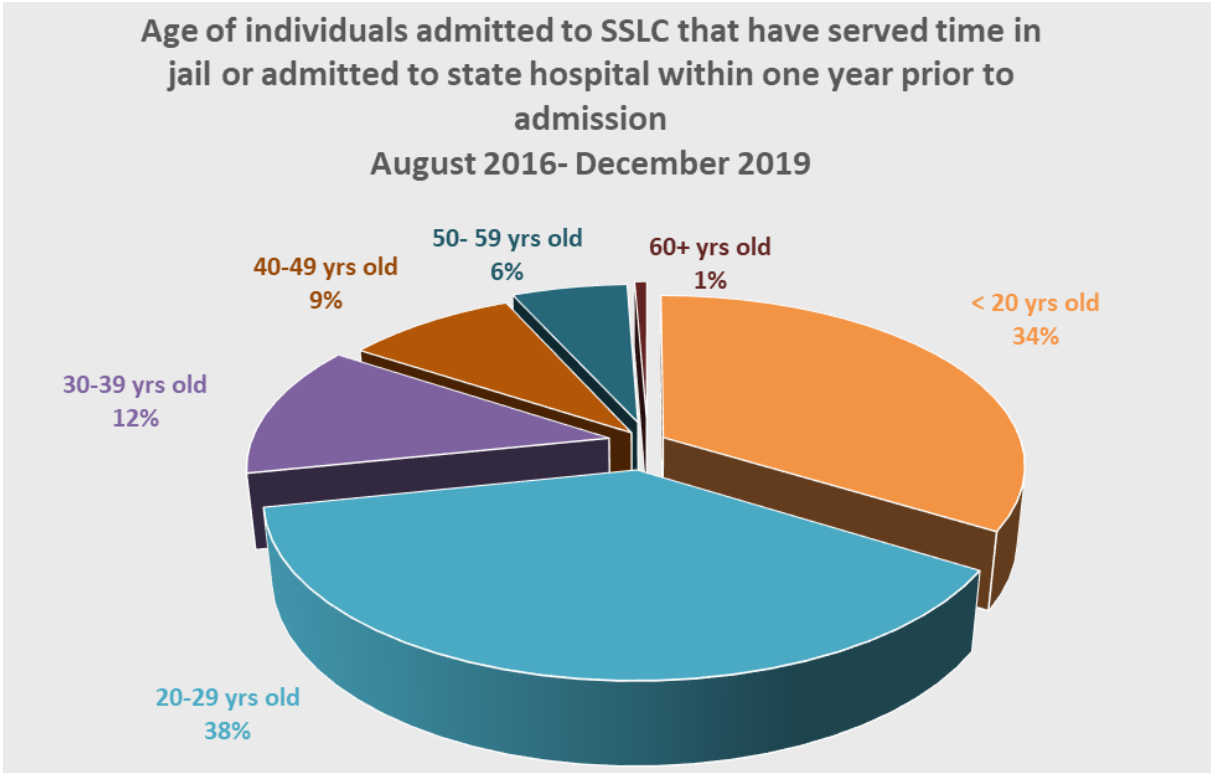
¹² Employee Development Operating Instructions for State Hospitals and State Supported Living Centers in the Health and Human Services; 3.0 Employee Development, D. Employee Competence, pages 6-7

SSLC staff provided admission information to AIOs, in addition to a manual review of each residents' admission packet for new admissions from August 2016-December 2019. Information about a new residents' involvement with the criminal justice and state hospital systems is often unknown so this data likely does not include all residents who fit this criterion.

In last year's report, we looked at this data from August 2016-August 2018; this year we added to that using admissions from then through December 2019.¹³

- More than half (54%) of admissions since August 2016 fit the criteria described in this outcome.

Removing Mexia from the total, aggregately, 39% of the admissions fit this resident profile. If Mexia and San Angelo were both removed, still almost two-thirds of the admissions since August 2016 have been in jail and/or were admitted to a state hospital within one year prior to admission.

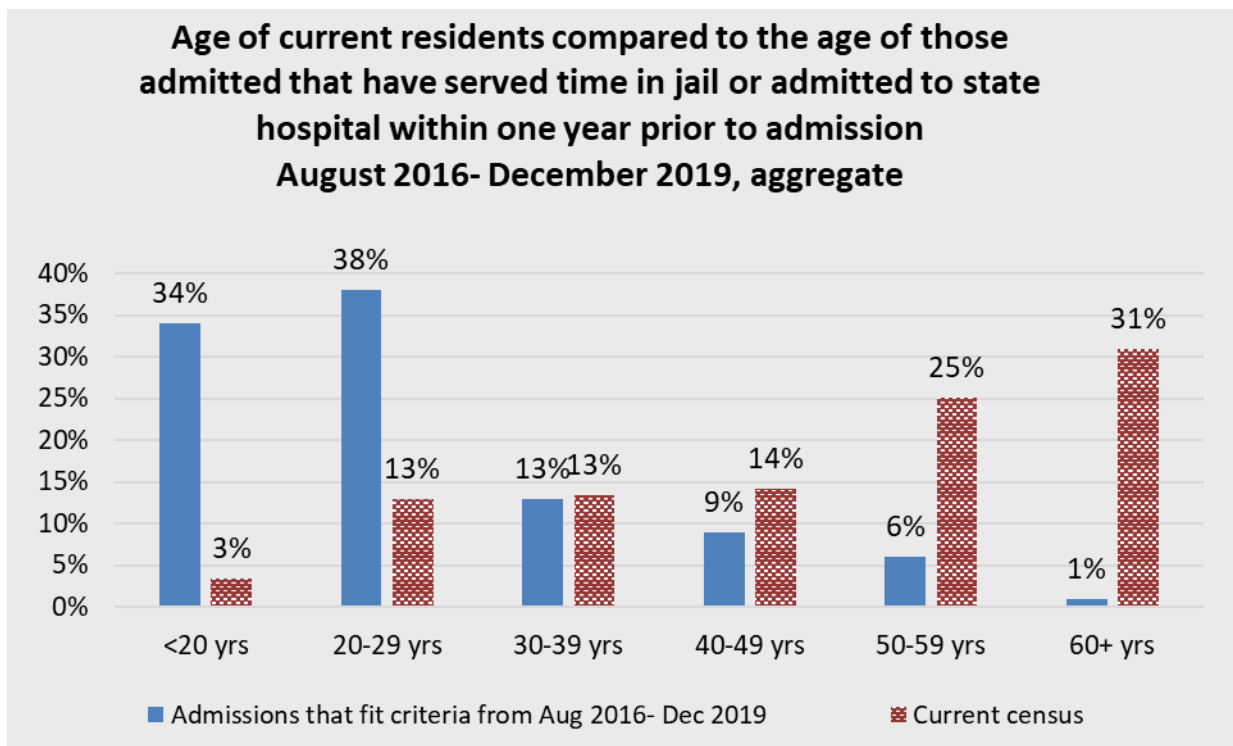


¹³ See Appendix 6

The age distribution of individuals who live at the centers skews older, while the age distribution of those admitted since August 2016 who have been in jail or admitted to a state hospital within 1 year prior to admission skews younger.

- There was a 6% decrease in those 20- 30 years of age and a 2% increase in the number of residents under 20 years old in admissions fitting this criterion.
- The percentage who were 30-40 years old remained the same and there was a slight uptick from 4% to 6% who were individuals 50-60 years old.

- Individuals 60+ years old were previously not represented in this data but now make up 1% of this population.
- All centers are affected by this trend, however Denton and Lubbock are the most impacted, excluding Mexia and San Angelo since they are the designated forensic facilities.



Outcome Two Findings: Residents who had been admitted since August 2016 that had been in jail or a state hospital within one year prior to admission

- Most of the individuals who fit this criterion were not admitted as an alleged offender but exhibit many of the same behaviors as alleged offenders.
- These residents are typically much younger than the general SSLC population and data shows this is a continuing trend.
- Although all centers are affected by this shift in population, no center except for Mexia has either created center-wide mandated staff training to support individuals with this resident profile or adopted or amended Mexia's alleged offender staff training to meet the needs of this emerging, non-traditional resident population for their center.

Outcome Three: DSPs' on-the-job training sufficiently prepares staff to support residents and implement individual service delivery and programming.

Outcome three was measured by:

- The proportion of newly hired DSPs who responded "yes" to the OJT survey for the competencies outlined as necessary to provide support services for residents.
- Qualitative data from newly hired and trained DSPs about the quality of training received during OJT.

A sample of DSPs who had been employed at the center for less than six months were asked at random to complete a questionnaire that asked them to gauge the adequacy and quality of training, and their ability to implement the information learned during OJT. DSPs completed 286 OJT surveys.

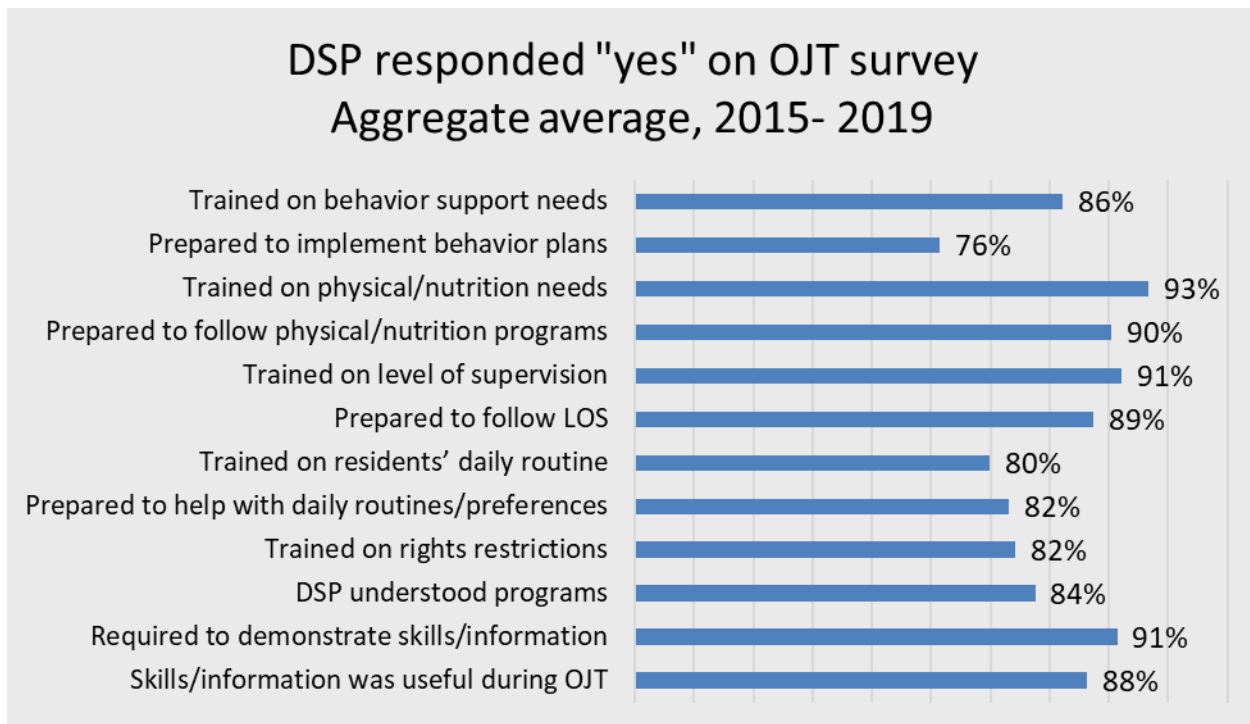
- In looking at 2019 disaggregate data¹⁴, Abilene, El Paso, Richmond and Rio Grande DSPs reported the lowest rates of DSP preparedness in implementing behavior plans, followed by Corpus, Mexia, San Angelo and San Antonio.

¹⁴Appendix 7

- Abilene, Richmond, Mexia, and Rio Grande staff reported the lowest rates of being trained and prepared to help individuals with residents' daily routines and preferences; these centers also reported the lowest rates of DSPs understanding residents' programs.¹⁵
- OJT feedback from Abilene staff showed some of the lowest rates of the training areas surveyed across all categories, followed by Mexia, Richmond and Rio Grande.

In the areas surveyed, aggregately on average since 2015, DSPs indicate the lowest rates of preparedness in implementing behavior plans; in 2019, aggregately, the rate was below that average, with only 74% of DSPs reporting that they are prepared to implement behavior plans.

- Staff at Abilene and Mexia had the lowest rates of DSPs reporting that they were trained on residents' rights restrictions, along with Richmond, Rio Grande and San Angelo.



¹⁵ See Appendix 8

Qualitative Data: DSP Feedback and Recommendations about OJT

DSPs are asked to provide comments and suggestions about OJT. There was some written feedback that praised the OJT and the trainers, but only the comments that offered detailed insight have been included to aid in evaluating the adequacy of training.

Abilene

- "I would suggest that people getting trained get hands on training in their homes before the training ends."
- "I've been here in this home for several months and I'm still lost."

Denton

- "I felt pressure to rush through the training so I could fill LOS [level of supervision] requirements."

El Paso

- "Before stepping into work with individuals in our assigned cottages be able to know a bit more about their behaviors and plans so that one can be more knowledgeable on their individuals and be more prepared to work with them."

Lubbock

- "I think OJT trainers should take more time to explain step by step for what we have to do. They should help learn their individuals and they should be more patient with OJT."

Lufkin

- "More training on behaviors on the dorms."

Mexia

- "I wish I had more OJT before working alone."
- "More time on home before signing in a book [to work as a regular DSP]."
- "Not enough time observing before being released."
- "More time observing before being released."
- "Needs to be more OJT at the home you work on and questions answered."

Richmond

- "OJT should be done and not rushed! I feel I could do a better job if I had all the information and tools."

Rio Grande

- "Need more training on client behaviors and how to handle them."
- "The OJT needs to be more thorough and new staff need to not be rushed to get on the floor. More training on individual needs of each client. More honesty about what this job entails."
- "Did not go over all of BSP in training."

San Angelo

- "Did not give actual real training."

San Antonio

- "Better communication and structure."
- "More mentor days so we don't feel so pressured to know/remember everything in 2 days."
- "Need more staffing to train on daily schedules, reviewing behavior strategies, implementing PNMPs."
- "It would be nice to go through the individuals' entire day all three shifts, not just the shift you are going to be on."

Outcome Three Findings: Adequacy of DSPs' on-the-job-training

- A majority of centers' OJT data continues to show new DSPs reporting that they are not receiving adequate training on supporting residents' behavior needs and implementing their behavior plans; some of the qualitative data supports this as well.
- Another area that continues to be an issue is a lack of training that focuses on the residents' daily routines and their preferences. DSPs report that OJT training did not fully prepare them to support residents in this area; this was also noted in a DSP comment.
- Over time, DSPs also report at lower rates that they were trained on residents' rights restrictions.
- DSPs also state that they don't feel that OJT is a long enough process for them to learn what they need to, with some reporting that they felt rushed, and they did not feel completely prepared to support residents with all of their dynamic and unique needs.

Outcome Four: DSPs' were able to identify specific components of individuals' plans, of which they were trained, demonstrating that they were adequately trained to support residents.

Outcome four was measured by DSPs ability to:

- identify residents who had a Positive Behavior Support Plan (PBSP), if the PBSP was restrictive, identify those restrictions and the residents' targeted behaviors and how to respond to the behavior, including one replacement behavior.
- identify residents who had a Crisis Intervention Plan (CIP), de-escalation strategies to avoid a restraint, behaviors that would prompt a restraint and specify one correct restraint technique for that individual's plan.
- identify residents who had a Physical Nutritional Management Plan (PNMP); identify whether the resident used adaptive equipment, specified the adaptive equipment and identify whether the resident had a modified diet and, the details of that diet.
- identify residents who were on an increased level of supervision (LOS), the instructions for the LOS, and the reason for the LOS.
- identify residents who had a Protective Mechanical Restraint Plan (PMRP), the specific mechanical restraint, when the restraint would be used, and the release schedule.

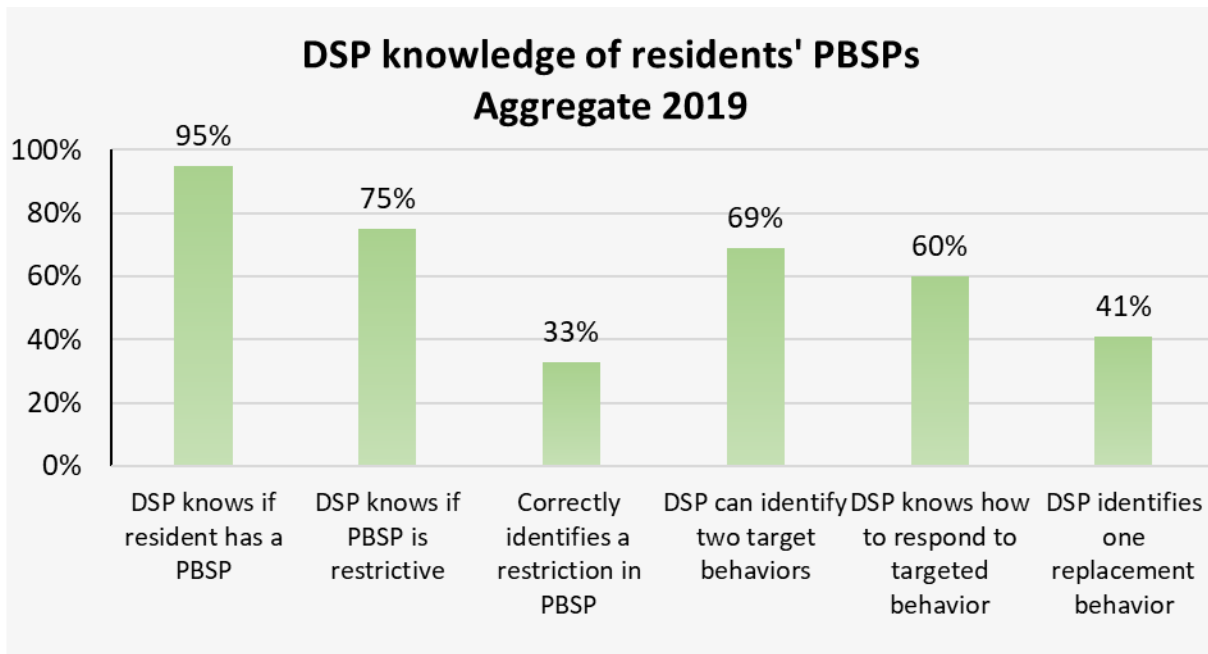
AIOs interviewed DSPs who were assigned to work with each resident in the sample who had one of these plans. The interview questions are based on specific components of the plans of which DSPs should be trained so that they can provide appropriate and adequate support for residents.

DSPs were interviewed across all three shifts. Although any DSP assigned to work with a resident is expected to know the details of residents' plans, AIOs documented if the staff person was regularly assigned to that home or if they were a pulled staff: this was captured to determine whether there were differences in staff training for regular or pulled staff.

Most DSPs knew if the resident had a PBSP however only two-thirds of them correctly identified that a PBSP was restrictive.

DSP Training on Resident Positive Behavior Support Plans (PBSPs)

A PBSP is a tool implemented by the Behavioral Services team and should be followed by all staff who provide support for the individuals, specifically the DSPs. The PBSP is an individualized plan designed to reduce or prevent the occurrence of target behaviors through interventions, but the plan should not be punitive and should use positive reinforcement strategies.



- DSPs in the sample were mostly evenly divided between the 6 am-2 pm (45%) and 2 pm-10 pm (48%) shifts, with a small fraction working a 10 pm-6 am shift, and 99% of them were regularly assigned staff.
- Of the DSPs who correctly identified a restrictive PBSP, only a third of them could identify a restriction in the plan.
- Aggregately, DSPs were able to identify targeted behaviors and how to respond to targeted behavior at higher rates, however were not as likely to identify replacement behaviors.
- Disaggregate data¹⁶ revealed:
 - DSPs surveyed at El Paso (100%), Rio Grande (85%), and San Antonio (89%) were the mostly likely to be able to correctly identify two targeted behaviors in a resident's PBSP; alternatively, DSPs at Austin (67%), Corpus Christi (67%), Denton (44%), Lufkin (69%) and San Angelo (50%) identified two targeted behaviors at lower rates.
 - DSPs at all centers had difficulty identifying a replacement behavior.
 - While no centers' staff performed particularly well on this measure, DSPs at Lubbock (79%), Richmond (80%) and San Angelo (88%) were most likely able to know how to respond to a residents' targeted behavior, while Brenham (33%), Corpus Christi (33%), and Lufkin (38%) demonstrated the lowest rates.

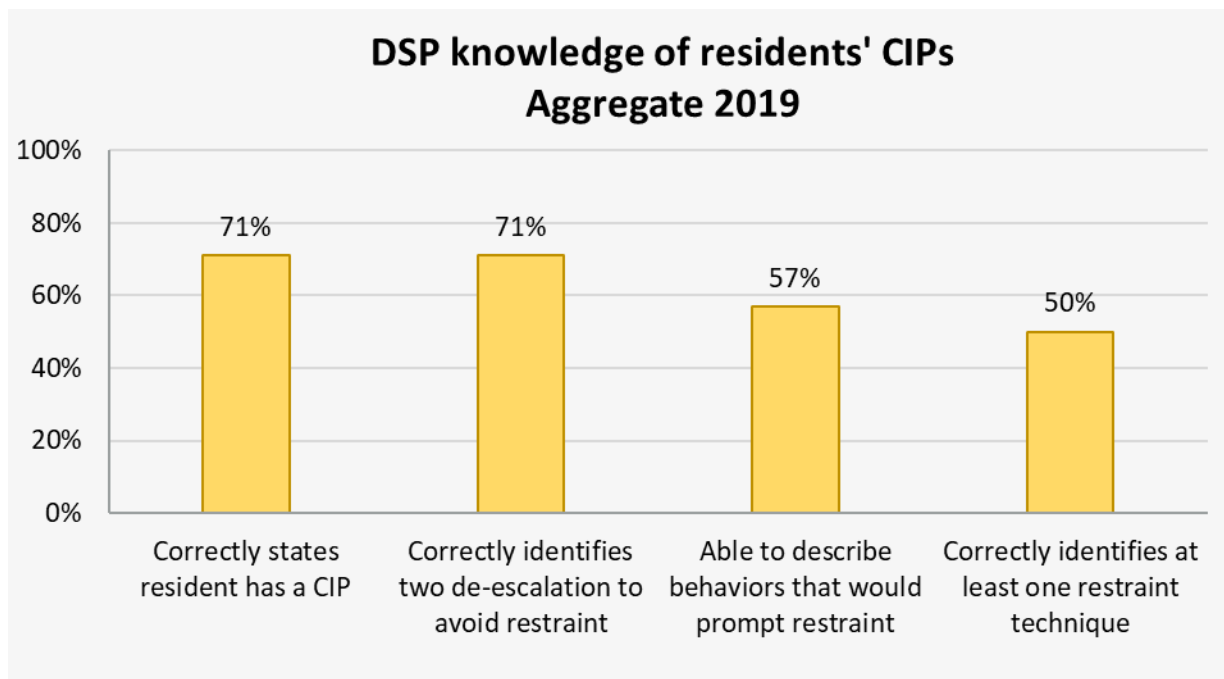
DSP Training on Resident Crisis Intervention Plans (CIPs)

A CIP is an individualized plan that provides instructions to staff on how to effectively and safely use restraint procedures when less restrictive and de-escalation procedures are ineffective and the resident's behavior presents an imminent risk of injury to themselves or others.

¹⁶ Appendix 9

Staff interviewed were distributed across the 6 am-2 pm (43%) and 2 am-10 pm (57%) shifts, and all staff interviewed were regularly assigned staff.

- There were only 14 CIPs at six centers in the sample. Disaggregate data is in the appendix.¹⁷



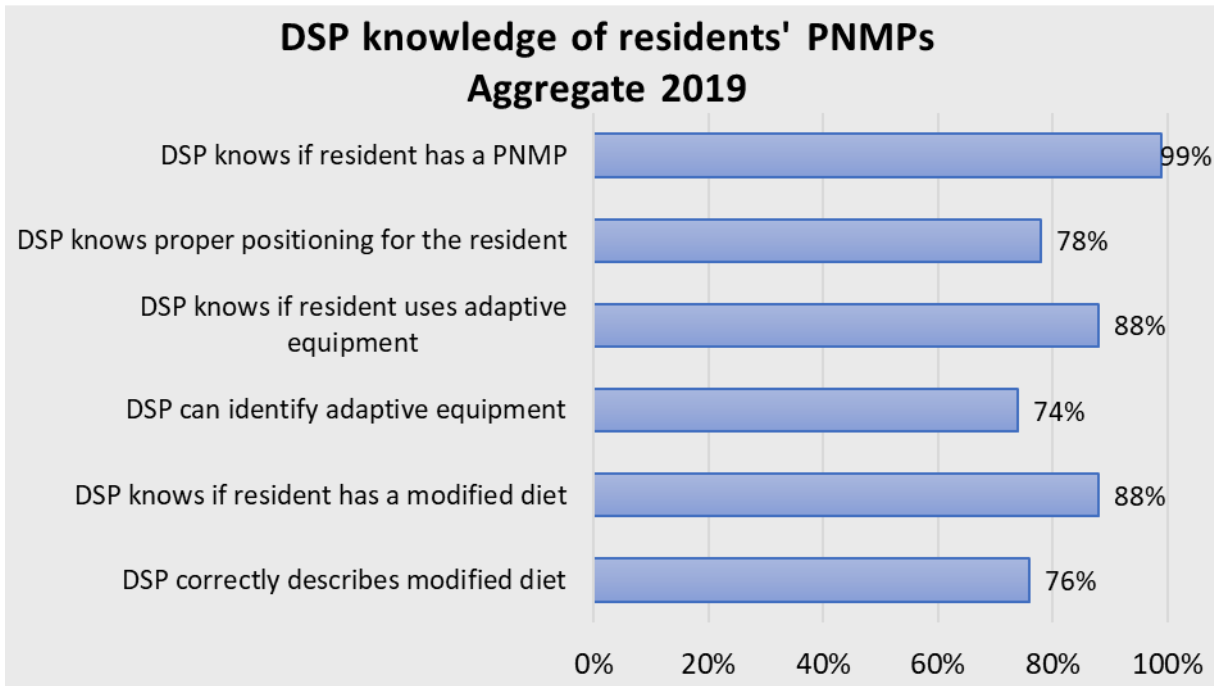
- Only 71% of DSPs interviewed knew that the individual had a CIP and the same proportion of DSPs could identify de-escalation strategies.
- Only 57% of DSPs supporting a resident with a CIP could describe behaviors that would prompt a restraint and only half of those interviewed were able to correctly identify a restraint technique outlined in the CIP.

DSP training on Residents' Physical Nutrition Management Plans (PNMPs)

PNMPs are a set of techniques and instructions developed to facilitate safe eating, proper positioning, use of assistive equipment, and more. Overall, 56% of DSPs were on the 6-2 shift and 41% on 2-10. All were regularly assigned staff.

¹⁷ See Appendix 10

- A little over three quarters of the DSPs, aggregately, could correctly identify the proper positioning for a resident during meal time and/or while sitting or lying down.
- Most DSPs supporting a resident who used adaptive equipment or had a modified diet identified this and about three quarters of DSPs could correctly identify the specific equipment used; 76% of DSPs could correctly describe the modified diet.



Disaggregate data¹⁸ shows the following:

- Abilene and El Paso DSPs reported the highest rates of knowing proper positioning for residents while Austin and Rio Grande had the lowest rates.
- DSPs at Mexia and Rio Grande had low rates of being able to correctly describe the diet (50% and 42%, respectively), followed by Richmond (65%) and Lubbock (64%).
- At El Paso, 93% of DSPs were able to identify the proper adaptive equipment, while only 38% of DSPs at Brenham could do so.

¹⁸ See Appendix 11

- DSPs at El Paso demonstrated the highest rates of overall knowledge about residents' in the sample who had a PNMP.

DSP training on Residents' Level of Supervision (LOS)

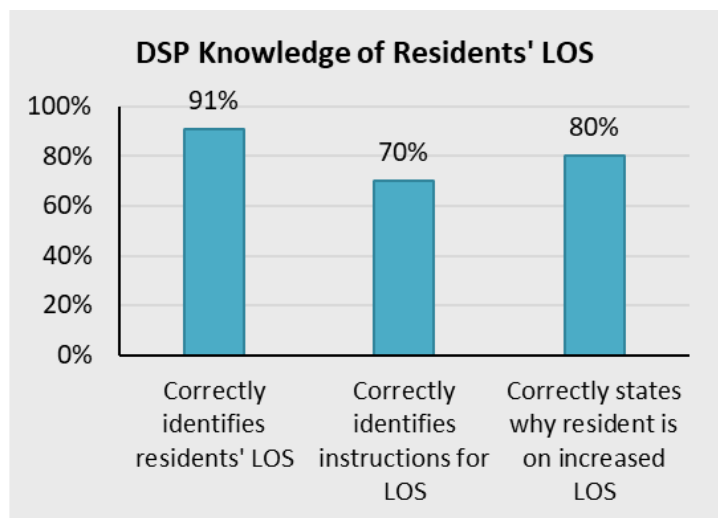
Aggregately, a significant portion of DSPs surveyed could not correctly identify the instructions for the LOS and many did not know why a resident was on an increased LOS.

A resident's LOS determines how closely the resident is supervised by staff on a day-to-day basis, at certain times of day, or in specific instances. Routine LOS requires staff to check on the resident occasionally, while an increased LOS is implemented based on the specific supports the resident may need. Almost all staff interviewed were regularly assigned staff; 43% of DSPs were on the 6-2 shift and 54% were on the 2-10 shift.

- Aggregately, most surveyed DSPs were able to correctly identify the LOS for the resident in the sample but some didn't know why the LOS or the instructions.

Disaggregate data¹⁹ demonstrated:

- DSPs at Abilene, Austin, Brenham, and Richmond were able to correctly identify all three elements of the LOS of which they were interviewed.
- Although the sample sizes were small, DSPs at Corpus Christi (50%), Denton (62%), El Paso (67%), Lubbock (50%), San Angelo (56%), and San Antonio (50%) had relatively low rates of being able to correctly identify the LOS instructions for residents in the sample.



¹⁹ See Appendix 12

- Mexia had the largest sample of individuals on an increased LOS and only 71% of DSPs knew the specific LOS instructions and 64% did not know why the resident was on the increased LOS.
- San Angelo had the second largest LOS sample; DSPs demonstrated low rates of competency for all three LOS questions.

DSP training on Residents' (Physical Mechanical Restraint Plans (PMRPs)

PMRPs are plans implemented for residents who need a mechanical restraint to prevent self-injurious behavior (SIB). These plans detail when and how restraint should be used and how and when the resident should be released from the restraint.

- San Angelo²⁰ was the only center with (2) residents in the sample who had a PMRP for SIB.
- One of the two DSPs correctly identified the mechanical restraint and neither of the DSPs knew when they should use the mechanical restraint nor could they correctly identify the release schedule for the restraint.

Outcome Four Findings: Adequacy of staff training on residents' specific plans, including PBSPs, CIPs, PNMPs, PMRPs, and levels of supervision

- None of the centers' DSPs demonstrated that they were well trained in all elements of the PBSPs for residents in the sample.
- Data indicates that aggregately, DSPs demonstrate difficulty in understanding restrictions, in the context of behavior plans.
- The DSPs interviewed were inconsistent in their overall ability to identify target behaviors and how to respond to that behavior, including knowledge of replacement behaviors.
- Aggregately, DSPs often aren't aware a person has a CIP and do not know how to de-escalate a situation to prevent the need for a restraint.

²⁰ See Appendix 13

- Overall, the interviewed DSPs don't understand what type of behavior an individual would exhibit that would prompt a restraint and even fewer are able identify the correct restraint technique for a particular resident.
- For the most part, DSPs are aware when a resident has an increased level of supervision but often don't know why they on an increased LOS and even fewer knew the LOS instructions.
- Two residents in the sample at San Angelo had a PMRP; the staff interviewed about their plans demonstrated that they were not adequately knowledgeable about the PMRP.

Domain Two: Conclusions

Several centers are home to alleged offenders and other unique populations but only Mexia provides specialized staff training to support alleged offenders. The HHSC Employee Development policy states that training needs are typically indicated by legal mandates and SB 643 charges our office to evaluate if centers have established and provide specialized training for direct care staff that serve residents who are alleged offenders; our data indicates that is not the case. Most centers are home to alleged offenders and centers are not offering staff specialized training.

Since August 2016, many admissions to SSLCs have been individuals who are not alleged offenders but have been in jail or have been admitted to a state hospital within one year prior to admission. These individuals often have more complex behavioral needs and require different supports than the "traditional" SSLC resident. The residents admitted who fit these criteria are also much younger than the general SSLC population; 72% of these individuals are 29 years old or younger, while this same age group makes up only 14% of the aggregate SSLC census. Thirty-four percent of these residents are less than 20 years old and this same age group makes up only 3% of the SSLC census aggregately. This is a relatively new and emerging segment of centers' populations that may require new state-wide staff training to best support these individuals, as well as the other individuals living at the center, including those who may be more vulnerable.

DSPs report that the OJT experience provides them training that prepares them, for the most part, however there are concerns about DSPs training and preparedness on: residents' behavior support plans, individuals' daily routines and preferences, and residents' rights restrictions; many DSPs also report feeling rushed and unprepared to work independently with residents after being released from OJT. All areas of OJT are equally important, however adequate training on and implementation of resident's behavior plans impact other facets of service delivery. Looking at the aggregate averages from 2015- 2019 of each center, Abilene, El Paso, Mexia and San Antonio demonstrate rates below the aggregate average in most of the training areas surveyed, indicating a need to evaluate the efficacy of those centers' OJT programs, specifically.

DSPs are insufficiently trained on PBSPs, CIPs and LOS. Data from the sample indicates DSPs may not be adequately trained to implement these behavior supports. Although the sample was small, it appears training and DSP competency for CIPs is inadequate. In terms of PNMPs, although staff were not able to use it at the time of the interview, DSPs have access to a card for each resident to reference all PNMP details; this may contribute to DSPs overall ability to better recall the details of PNMPs compared to other plans. An increased LOS is arguably one of the most restrictive mechanisms deployed and, often, this restriction is implemented due to incidents of physical aggression towards other residents, sexual incidents, or threats of suicide. Due to the invasive, restrictive, and critical nature of this restriction, DSPs receive training on the specific instructions for the increased LOS, however this training appears to need improvement. Not much can be extrapolated about PMRP training from so few DSPs sampled, however San Angelo's data shows a need for improved training for DSPs who are responsible for supporting individuals who have a PMRP.

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.

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), guardian, or an Actively Involved Person (AIP); and observed and evaluated Human Rights Committee (HRC) meetings. The state Rights Policy was reviewed and compared to the outcomes evaluated.

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

- 3300+ rights and rights restriction- related documents;
- 65 HRC Meetings attended;
- 139 resident interviews conducted;
- 322 staff interviews were conducted; and
- 291 family questionnaires mailed out.

Domain Three: Centers inform residents of their rights and actively encourage residents to exercise their rights, including the right to file a complaint and the right to due process, by following established policy and facilitating effective HRC meetings

Outcome One: SSLCs show a demonstrated effort to ensure that residents are encouraged to exercise their rights and individuals' rights are protected through the following indicators:

- 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 for each resident in the sample.

- Interviewed residents state they were told about their rights; can name at least two of their rights; are given a “Know Your Rights in a State Center” handbook; and are able to identify at least one rights restriction.
- Residents also state that they are invited to their Interdisciplinary Team (IDT) Meetings, 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 (ICA) and Individual Rights Acknowledgement (IRA) Forms

The ICA is required by the SSLC statewide rights policy 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. According the policy, ICAs are expected to be acknowledged by HRC.

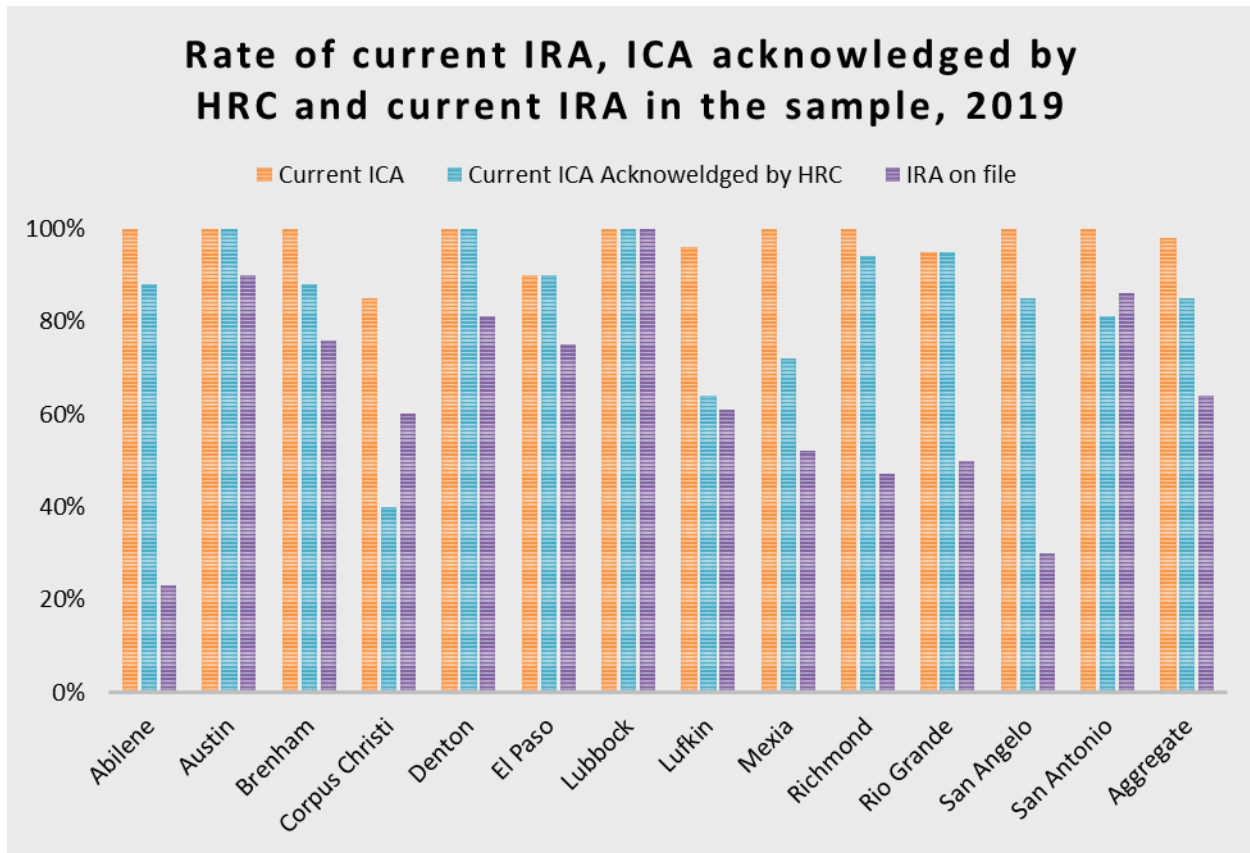
The IRA is a document that is required to be completed upon admission and on an annual basis. The IRA is complete when it is signed by the resident and the individual’s LAR/AIP/guardian verifying that they and the individual have been informed about the residents’ rights.

In aggregate, SSLCs have not followed the rights policy in having completed IRAs on file since the rights policy was implemented in 2016.

- Data from 2019²¹ shows that SSLCs—except Corpus Christi, El Paso, Lufkin, and Rio Grande—are compliant with the rights policy and have a current ICA on file for the resident in the sample.
- The sample at many centers demonstrated that SSLCs are not acknowledging ICAs, as prescribed in policy, with Corpus, Lufkin and Mexia reflecting the lowest rates of compliance; in aggregate, SSLCs are less compliant with the policy than in the 2018 sample.

²¹ Appendix 14

- In having an IRA and ICA on file and the ICA is acknowledged by HRC, Lubbock's sample data demonstrated the greatest rate of adherence to the Rights Policy, followed by Austin and Denton, in most instances of the sample data reviewed.

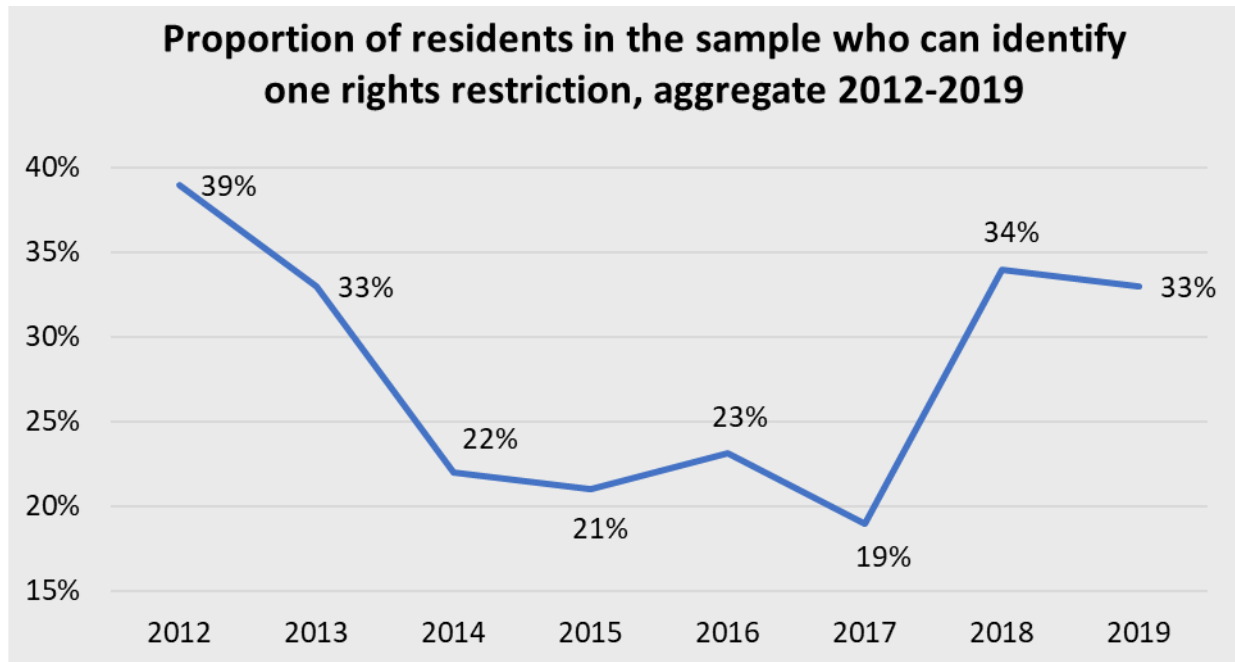


- Abilene (23%) and San Angelo (30%) stand out for having very low rates of IRAs on file for the individuals in the respective samples.
- Since implementation of the rights policy, Abilene has consistently demonstrated the lowest rates of compliance, followed by Rio Grande, San Angelo, Corpus Christi, and Richmond.

Resident Interviews: Rights and Restrictions

The rights policy states that centers are expected to educate, encourage and support individuals in exercising their rights in a manner that each resident understands; staff training is required to ensure individuals are given opportunities to exercise their rights;

and centers are required to provide a copy of the rights handbook to each individual. Residents are asked if someone has told them about their rights (and specify who)²², if they were given a rights handbook²³, and if someone had explained the handbook to them.



- At most centers and in aggregate, more residents can identify two of their rights²⁴ than were informed of their rights as required in established policy.

Aggregately, only half of residents in the sample state they had been given a rights handbook, which is a decline from 2018, when 61% reported receiving a handbook.

- From 2012-2019, there has not been much change aggregately, in the number of residents who can identify one of their rights restrictions.
- At every center, except Corpus Christi, a majority of interviewed residents who had a rights restriction could not identify one of their restrictions²⁵; one of the residents in the sample in Lufkin, and only 17% at San Angelo, were able to identify a restriction.

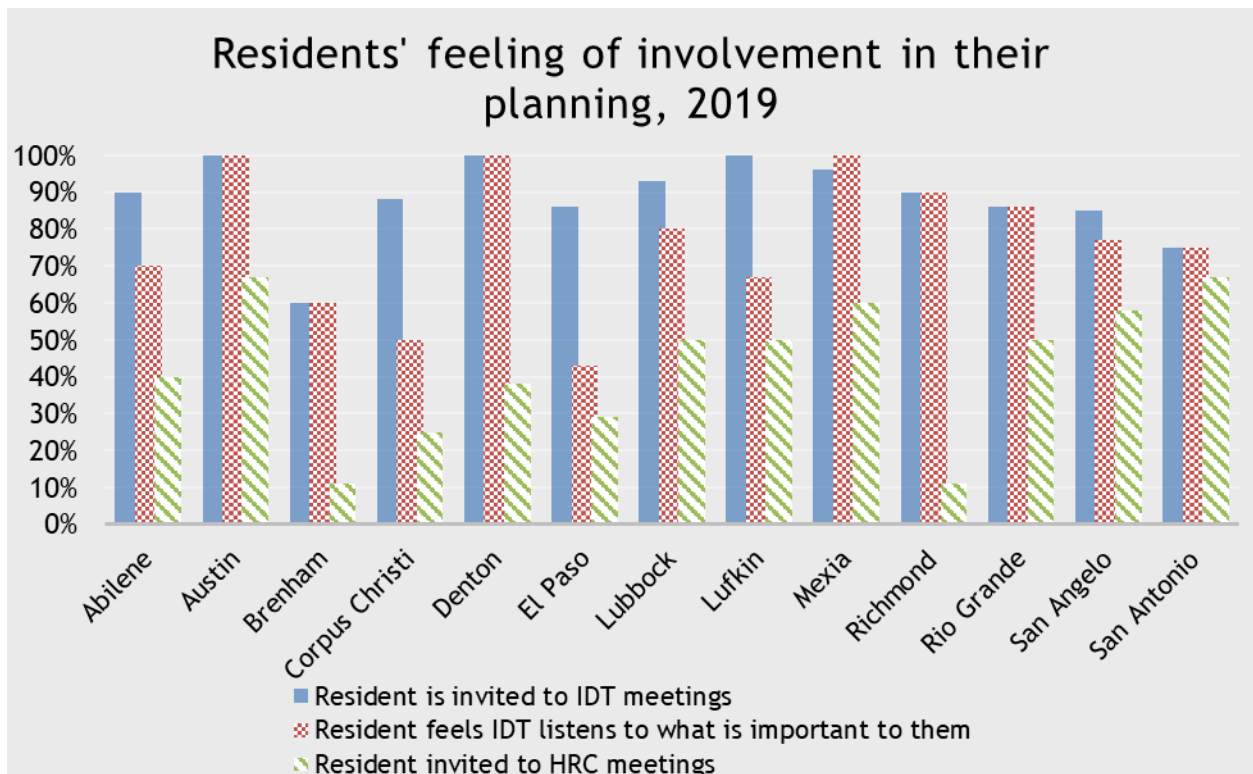
²² Appendix 15
²³ Appendix 16
²⁴ Appendix 17
²⁵ Appendix 18

- Alternatively, 80% of the sample of residents at Corpus Christi were able to specify one of their rights restrictions.

Residents Involvement in Planning and Implementing Restrictions

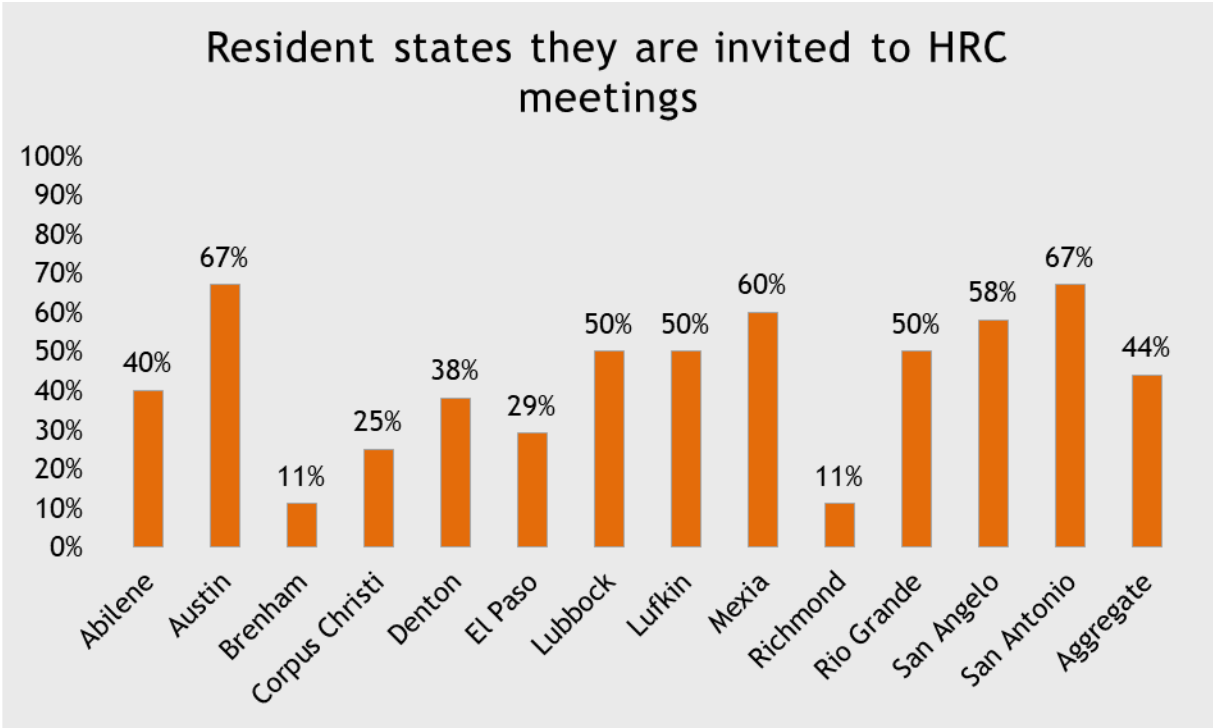
The rights policy states that the individuals are notified of their ability to participate in the HRC review meeting and process, and that the individual is expected to be invited to all Interdisciplinary Team (IDT) meetings, per the Individual Support Plan (ISP) Process statewide policy. Residents should be at the center of all of their planning.

Residents were interviewed and data was collected about their involvement with the IDT and HRC meetings, as well as their belief whether their team listens to what is important to them.



- Many residents report being invited to IDT meetings²⁶.
- Since 2015, Denton, Lufkin and Rio Grande residents have reported high rates of being invited to IDT meetings.
- A large portion of residents don't feel as if their IDT listens to what is important to them²⁷, in aggregate and at most centers.
- Compared to other centers, Abilene, Brenham, Corpus Christi, El Paso, and Lufkin, followed by San Angelo and San Antonio, had particularly low rates of residents reporting that they felt their team listened to what was important to them.
- A majority of residents in the sample reported that they were not invited to HRC meetings²⁸ to participate in the discussion about restricting their rights.

Fifty percent or less of the residents at nine out of the 13 centers reported they were invited to HRC meetings.



²⁶ Appendix 19
²⁷ Appendix 20
²⁸ See Appendix 21

Outcome One Findings: SSLCs efforts to ensure residents are encouraged to exercise their rights

- In aggregate, HRCs largely complied with policy by having a current ICA record in 98% of the total sample.
- Compliance with the requirement to acknowledge ICAs in HRC was more mixed: based on the samples, only five of the SSLCs were successful at following policy, while Corpus Christi reflected a significant low rate of fulfillment.
- Aggregately, HRCs failed to have a current signed IRA on file in more than a third of the samples.
- Lubbock was the only center that had IRAs, ICAs and ICA acknowledgment for all of the residents in their sample.
- At most centers and in aggregate, more residents were able to identify two of their rights than reported the center had informed of their rights through the methods as established in policy.
- Residents in the sample inconsistently reported that they were informed of their rights or were given a rights handbook, as required by state policy.
- As in previous years, most residents in the sample who had at least one rights restriction could not identify a restriction. From 2012-2019, the aggregate average of residents in the sample who are able to identify a rights restriction is 28%.
- Most residents report being invited to IDT meetings but about one-fifth of residents in the sample stated they did not feel their IDT listens to what is important to them.
- In the samples at Brenham, Corpus and El Paso, 50% or less of the residents interviewed at each center felt their team listened to what is important to them.
- A small fraction of the residents in the sample report that they were invited to HRC meetings to discuss their restrictions, and at some centers, very few residents reported being invited.

Outcome Two: Centers inform LARs/AIPs/guardians of and ensure their understanding of resident rights, and rights restrictions to help encourage individuals to exercise their rights.

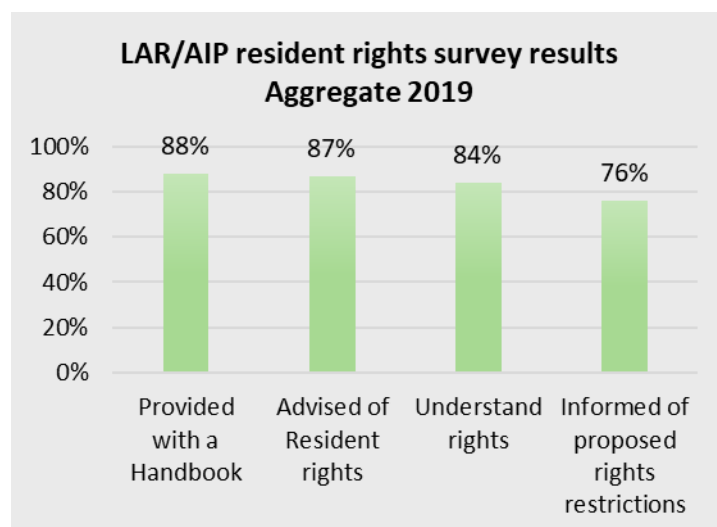
Outcome two was evaluated LAR/AIP/guardian from the resident in the sample responding to the survey stating that they had been:

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

LAR and Guardian's Knowledge about Resident Rights and Restrictions

A survey, along with a self- addressed envelope with pre-paid postage, was mailed to 291 individuals who had a primary contact person on file; there was an aggregate 37% response rate.

The rights policy states that the LAR/AIP/guardian is provided a rights handbook upon admission and annually. The policy also states that the IDT is required to obtain and document input from the LAR/AIP when rights restrictions are proposed.



- In aggregate, a majority LAR/AIP/guardians report being informed of and understand residents' rights, as well as being provided with a rights handbook.
- However, LAR/AIP/guardians continue to report they have been informed of proposed rights restrictions at lower rates.

- Since 2016, LAR/AIP/guardians have responded similarly to these questions in each year's survey.²⁹
- Disaggregate LAR/AIP/guardian responses are in the appendix.³⁰
 - LAR/AIP/guardians at Abilene, Lubbock, and Rio Grande report low rates of being provided with a rights handbook.
 - LARs at Lubbock and Rio Grande, reported at relatively low rates of being advised of residents' rights, followed by Abilene, Austin, and El Paso.
 - Corpus Christi, Lubbock, Richmond, Rio Grande, and San Antonio LAR/AIP/guardians responded with the lowest rates of reporting that they were informed of proposed rights restrictions.

Outcome Two Findings: LARs/AIPs/guardian understanding of residents' rights and restrictions

- Aggregately, most (88%) LAR/AIP/guardians answered 'yes' to this question. However, LAR/AIP/guardians at certain centers reported that they had received a rights handbook at much lower rates than the aggregate.
- Most (87%) LAR/AIP/guardians responded that they had been informed of residents' rights.
- While slightly fewer responded 'yes' to this question compared to the question regarding being informed of residents' rights, 84% (in aggregate) reported that they understand residents' rights.
- Only 76% of LAR/AIP/guardians answering stated they were informed of their loved one's rights restrictions in aggregate.

Outcome Three: Centers will ensure that DSPs understand residents' rights and restrictions to safeguard the individuals' ability to exercise their rights.

²⁹ See Appendix 22

³⁰ See Appendix 23

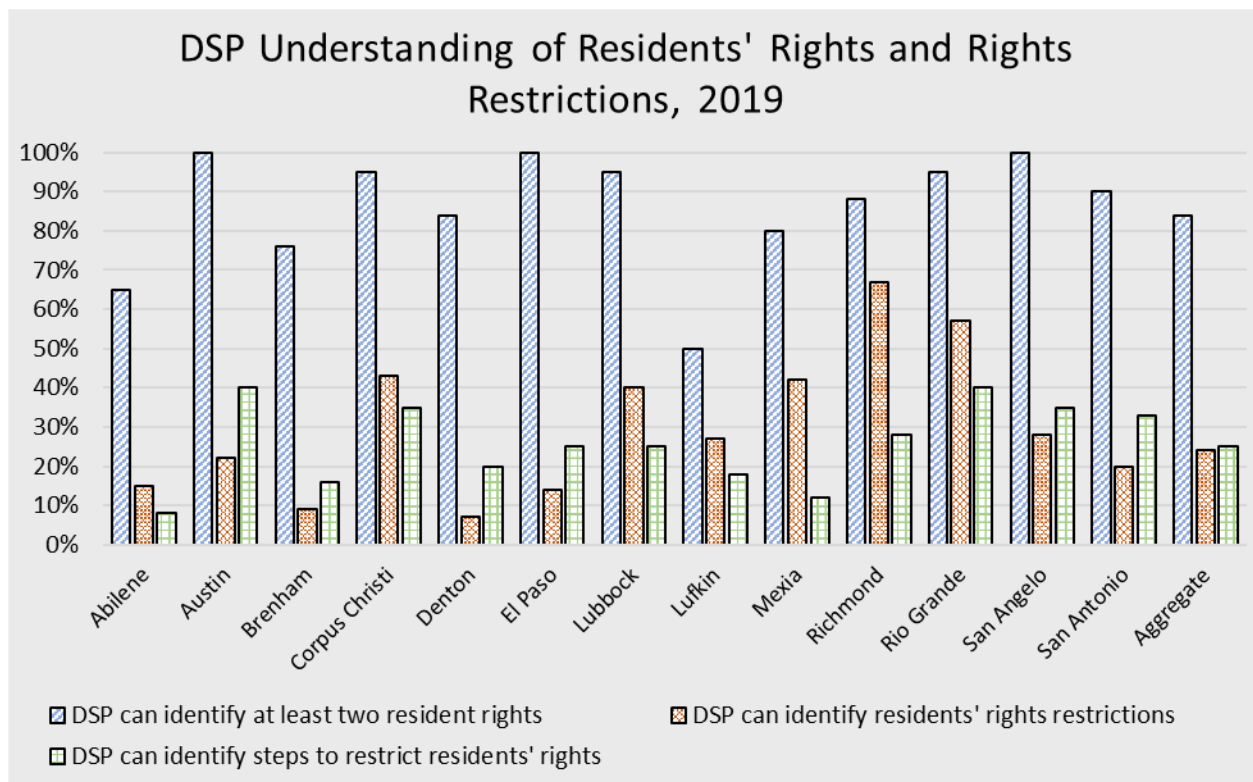
Outcome three consisted of interviewing DSPs assigned to work with each resident in the sample and they were able to:

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

DSP Understanding of Resident Rights, Restrictions, and Due Process

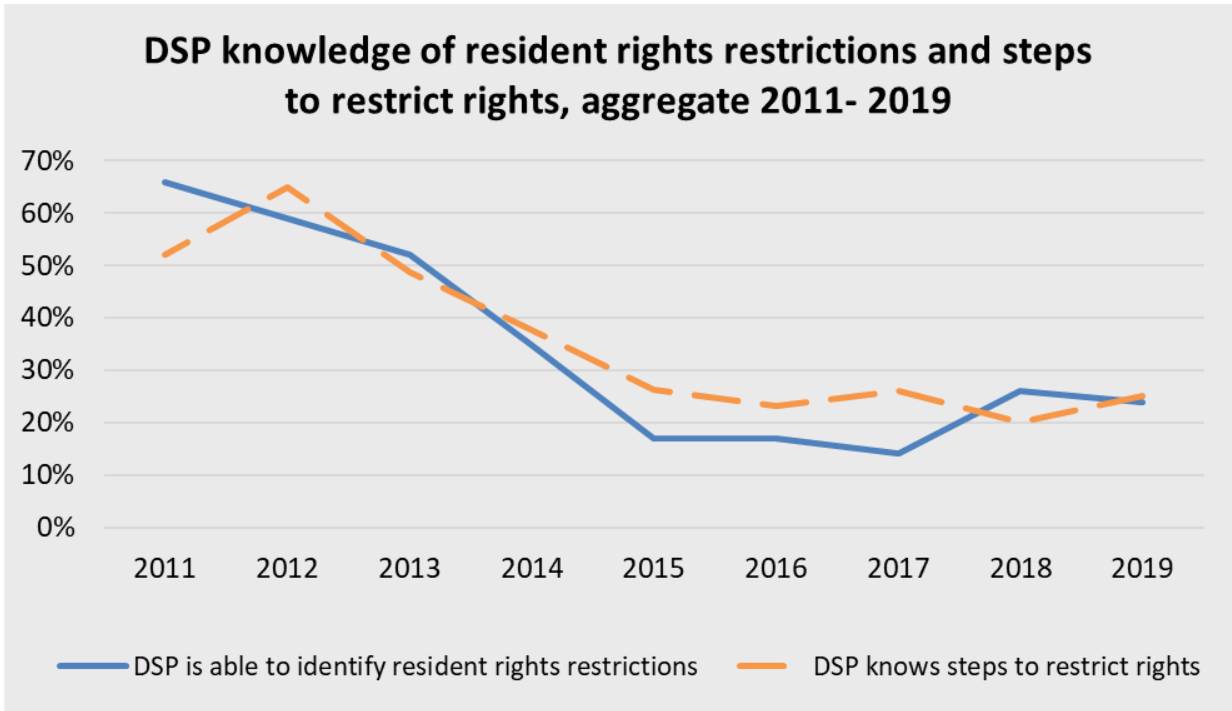
DSPs assigned to work with an individual are expected to know and understand the individual's programs, including their current rights restrictions. To gain a better understanding of how well SSLC staff are trained on requirements of due process, DSPs were asked to identify two basic steps to restrict a resident's rights: that the IDT met to discuss the restriction and that the restriction was reviewed/approved by HRC.

- In aggregate, most interviewed DSPs were able to state residents' rights but most also were unable to identify a residents' rights restrictions or the basic due process steps for restricting rights.



- All DSPs interviewed at Austin, El Paso, and San Angelo were able to identify at least two resident rights.³¹
- A large proportion of DSPs at Abilene and Lufkin were unable to identify at least two resident rights; since 2011, these two centers have the lowest performance on this measure, on average.
- For the second year in a row, Richmond was the only center where a majority of DSPs could identify a resident's rights restrictions, however only 67% of DSPs were able to state the restrictions.³²

Most centers had low rates of DSPs who were able to identify residents' rights restrictions and the steps of due process for restricting residents' rights.



- Rio Grande saw notable improvement compared to previous years of DSPs being able to identify residents' rights restrictions, although only 57% could identify restrictions.

³¹ See Appendix 24

³² See Appendix 25

- Since 2011, there has been a steep decline in the proportion of DSPs who are able to identify resident rights restrictions and who know the required steps to restrict a resident's rights.
- The negative trend from 2011-2019 of the proportion of DSPs who know the steps to restrict a resident's rights is present at all SSLCs.³³

Outcome Three Findings: DSPs understanding of residents rights and restrictions

- A large majority of DSPs interviewed were able to correctly identify two rights of residents, although DSPs at a few centers (Abilene, Brenham, Lufkin, Mexia) identified residents' rights at lower rates than the aggregate.
- Only a minority of DSPs interviewed were correctly able to identify a rights restriction. DSPs' ability to recognize residents' rights restrictions has declined dramatically since 2011.
- Only a minority of DSPs interviewed could correctly identify two basic elements of due process: that the IDT met to discuss the restriction and that it was reviewed/approved by HRC. The number of DSPs who are able to identify these two steps has declined dramatically since 2011. A majority of DSPs at all centers were not able to correctly identify those steps.

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 for the resident.

To evaluate outcome four, AIOs interviewed residents and DSPs; additionally, surveys sent to the LARs/AIPs/guardians of the resident in the sample to measure the following:

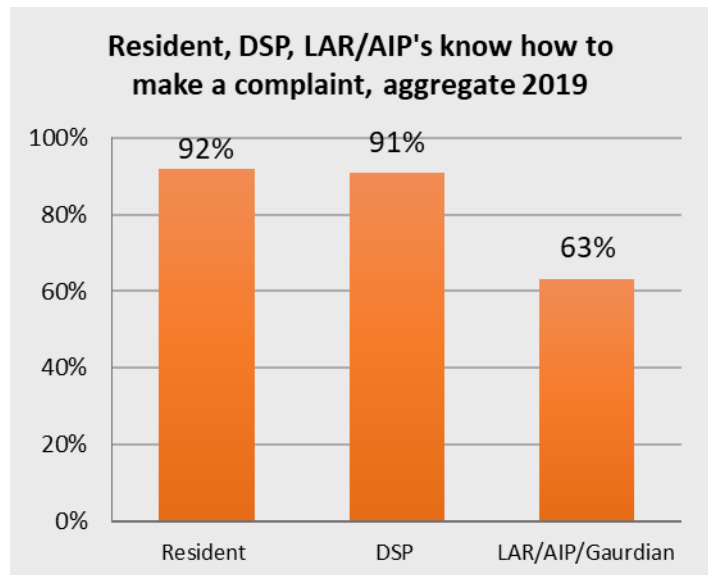
- Residents' ability to correctly identify an appropriate person to voice their complaint or concern.
- DSPs' ability to correctly identify an appropriate person or entity to file a complaint or voice a concern about the treatment of an individual living at an SSLC.
- LAR/AIPs' ability to indicate on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

³³ See Appendix 26

Knowledge About Making a Complaint

The rights policy addresses this outcome and provides details on how centers are expected to provide information and/or training to the resident, staff and LAR/AIPs on how to file a complaint with the center.

- In aggregate, a large majority of residents know who to talk to if they had a complaint³⁴.
- Of those DSPs interviewed, aggregately, 91% could name an appropriate person to make a complaint on behalf of a resident.³⁵
- LAR/AIP/guardians³⁶ continue to demonstrate the lowest rate of knowing how to make a complaint to the center of all groups interviewed or surveyed.
- Most residents in the sample could identify an appropriate person/entity to voice a complaint to at most SSLCs, except for Rio Grande and San Antonio.



- All DSPs at Austin, Corpus Christi, El Paso, Mexia, and San Angelo were able to identify who to contact to advocate on behalf of a resident.

³⁴ See Appendix 27

³⁵ See Appendix 28

³⁶ See Appendix 29

Outcome Four Findings: Resident, DSP and LAR/AIP/guardian knowledge about making a complaint

- More than 90% of residents in the aggregate sample could identify a correct person or entity to voice a complaint.
- Similarly, more than 90% of DSPs could identify a correct/person or entity to make a complaint on behalf of a resident.
- Only 63% of LAR/AIP/guardians could identify a correct person/entity to file a complaint on behalf of a resident. Since 2011, LAR/AIP/guardians have had a relatively low rates of stating that they know how to make a complaint with the center.

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 consisted of reviewing the following evidence of due process in the documentation of residents' files:

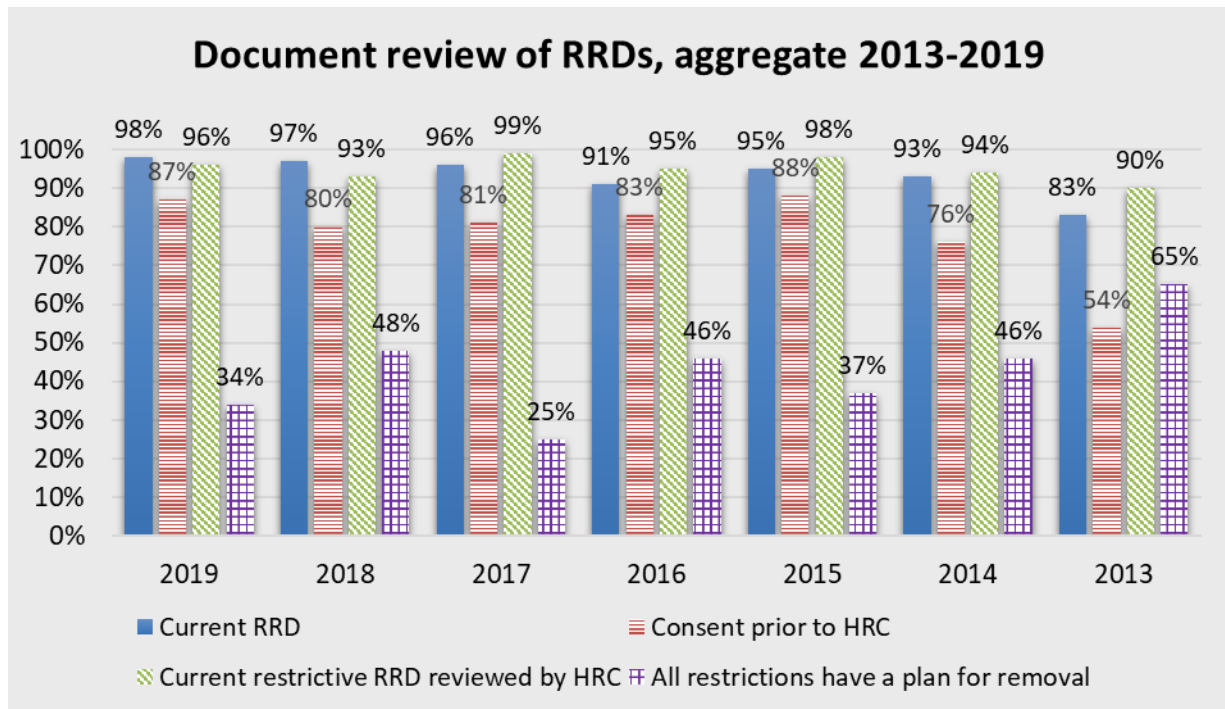
- that RRDs, BSPs and psychotropic documentation on file is current;
- all restrictions in an RRD have a plan for removal;
- restrictions in RRDs, BSPs and psychotropic medications were reviewed by HRC; and
- that consent for RRD restrictions, restrictive BSPs and psychotropic medication was obtained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

Document Review of Rights Restrictions Determination

A Rights Restriction Determination is completed annually by the IDT and outlines restrictions that the IDT has identified as necessary to support and/or protect an individual. Restrictions should be implemented only upon HRC approval.

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, among other due process elements. Policy also requires that consent for restrictions is obtained prior to HRC and implementation.

- Aggregately the SSLCs had most current RRDs on file; Corpus Christi, Lufkin, and Rio Grande had some RRDs that were not current.³⁷
- Six of the SSLCs had current restrictive RRDs that had not been reviewed by HRC.
- Brenham (60%) and Corpus Christi (57%) had particularly low rates of obtaining consent for restrictions prior to HRC.



- There continues to be systemically low rates in which all restrictions in the individual’s RRD have plans to remove in place.

Document Review of Behavior Support Plans and Psychotropic Medication

Behavioral support plans (BSP), including Positive Behavior Support Plans (PBSP), Crisis Intervention Plans (CIP) and/or Psychiatric Support Plans (PSP) are implemented to aid

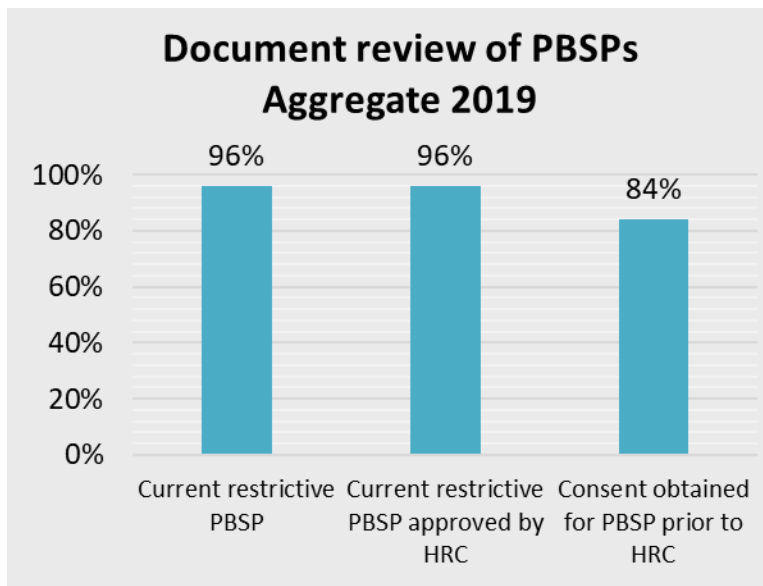
³⁷ See Appendix 30

individuals and staff in managing complex behaviors. Some BSPs are restrictive in nature and require due process for approval and prior to implementation.

Document Review of Positive Behavior Support Plans

Eight percent of the aggregate sample, or 27 residents, required a restrictive PBSP.³⁸

- In aggregate, 96% of current restrictive PBSPs were approved by HRC, and 96% of the restrictive PBSPs were current.



- Aggregately, consent was obtained prior to HRC for 84% of the restrictive PBSPs reviewed during the 2019 reporting period.
- The aggregate rate for obtaining consent prior to HRC for restrictive PBSPs has been gradually trending upward since 2016.

- Two centers had restrictive PBSPs in the sample that were approved but did not have consent prior to review and approval: San Angelo had three out of five (60%) and Denton, one of the three (33%) were approved without consent.

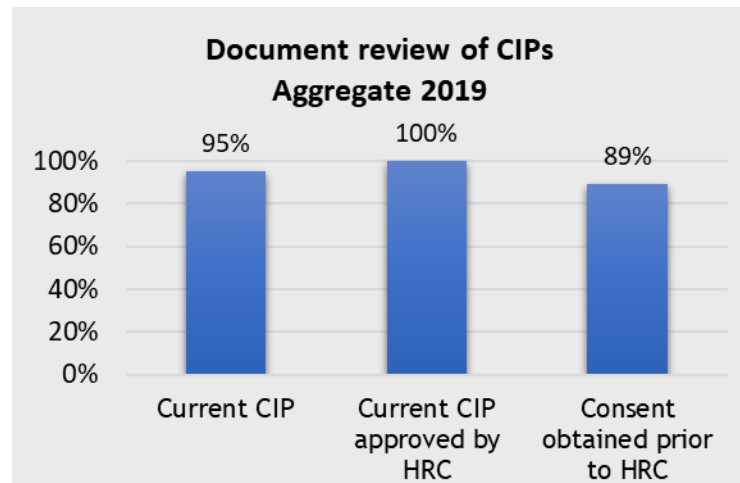
³⁸ See Appendix 31

Document Review of Crisis Intervention Plans

Nineteen individuals in the sample, or 6%, aggregately, required a CIP. In 2019, seven centers had an individual in the sample with a CIP³⁹. As with restrictive PBSPs, not all centers had residents in the sample with a CIP.

There was a current CIP on file for 95% of the individuals in the sample.

- Of those CIPs in the sample that were current, all of them were reviewed and approved by HRC.
- Consent was obtained prior to HRC for 89% of individuals with a CIP.



- This rate has been gradually increasing since 2016, in aggregate, however this means that some CIPs are being approved and implemented without consent.
- Denton and San Angelo approved CIPs without consent

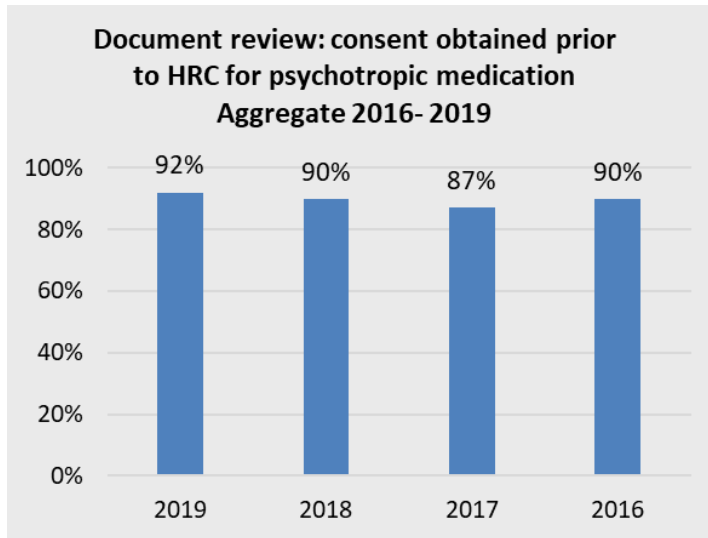
Document Review of Psychotropic Medication

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. The only exceptions are when psychotropic medication it is court mandated or administered during an emergency behavioral health crisis.

Almost all psychotropic medications in the sample were approved by HRC, but 92% of them had consent prior to HRC; this indicates that some psychotropic medications are being administered without consent.

³⁹ See Appendix 32

- All individuals in the sample currently prescribed psychotropic medication had current supporting documentation.



- Consent for all psychotropic medications prescribed to residents was not obtained prior to HRC at six centers: Abilene (94%), Corpus Christi (89%), Denton (96%), Lubbock (87%), Richmond (92%), and San Angelo (75%).⁴⁰

- All of these centers also approved psychotropic medication without consent.

Outcome Five Findings: Document review for evidence of due process in restrictive measures of those residents in the sample

- In a majority of sampled RRDs, SSLCs had a current RRD on file. However, some centers are still not consistently obtaining consent for rights restrictions prior to HRC review and implementation.
- There continues to be systemically low rates of HRCs establishing a measurable and/or individualized plan to remove or reduce restrictions included in the RRD.
- For most individuals in the sample with a restrictive PBSP, there was a current restrictive PBSP on file; only Denton had plans that were not current for the resident in the sample.
- Consent was obtained prior to HRC for only 84% of residents in the sample who had restrictive PBSPs.

⁴⁰ See Appendix 33

- Some centers are still approving and implementing restrictive behavior plans without consent.
- For those residents who required a CIP, there was a current CIP on file for them, with the exception of one individual in the sample at San Angelo. Of those CIPs that were current, all of them were reviewed and approved by HRC.
- Consent was obtained prior to HRC for 89% of individuals with a CIP demonstrating that some centers continue to approve and implement restraint plans without consent.
- All individuals in the sample currently prescribed psychotropic medication had current supporting documentation, and almost all psychotropic medications were reviewed and approved by HRC.
- However, 92% of psychotropic medications in the sample had consent prior to HRC, meaning that some centers are approving and administering psychotropic medication without consent.

Outcome Six: SSLCs will make every possible effort to ensure that individuals' who have rights restrictions reviewed and implemented throughout the year receives due process during HRC meetings.

Outcome six was evaluated using the following criteria:

- All HRC meetings had the required quorum.
- Emergency Restrictions (ER) were discussed in HRC within 5 business days per policy, a reason and sufficient justification for the ER was provided, and there was evidence that the IDT met within the required timeframe.
- Restrictive Behavior Support Plans (BSP), HRC referrals for rights restrictions, and restrictions in annual RRDs fulfilled due process elements in HRC discussion and documentation.

AIOs observed and collected data at HRC meetings and evaluated due process of ERs, BSPs with restrictive elements, referrals for rights restrictions, and restrictive annual RRDs by looking for critical due process elements in documentation and in HRC meeting discussion.

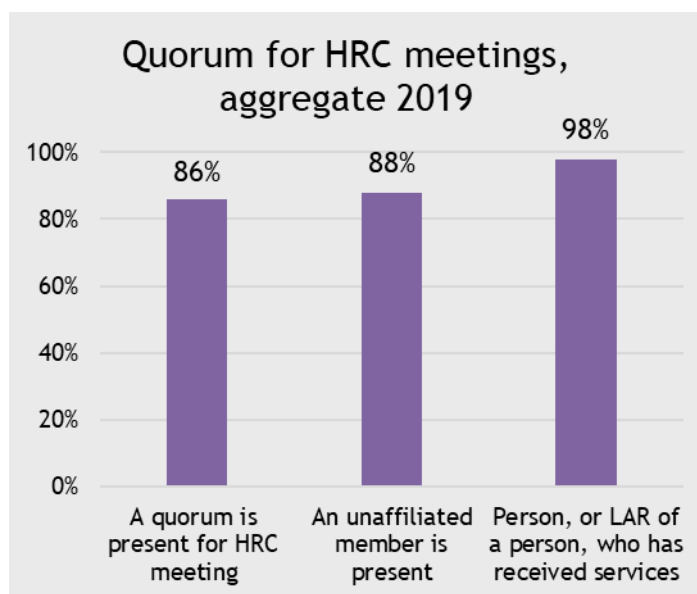
Human Rights Committee Quorum

The statewide rights policy outlines the minimum standard of what constitutes a quorum as a required component of due process when holding HRC meetings.

- Aggregately, a quorum was present for most, but not all, HRC meetings in the sample.⁴¹

- Abilene, El Paso, Mexia, and San Angelo all conducted HRC meetings without a quorum.

- Abilene was the only SSLC to conduct HRC meetings without a person or LAR of a person who has received intellectual disability services, per policy.



- El Paso, Mexia, and San Angelo did not have a quorum due to not having an unaffiliated member present.

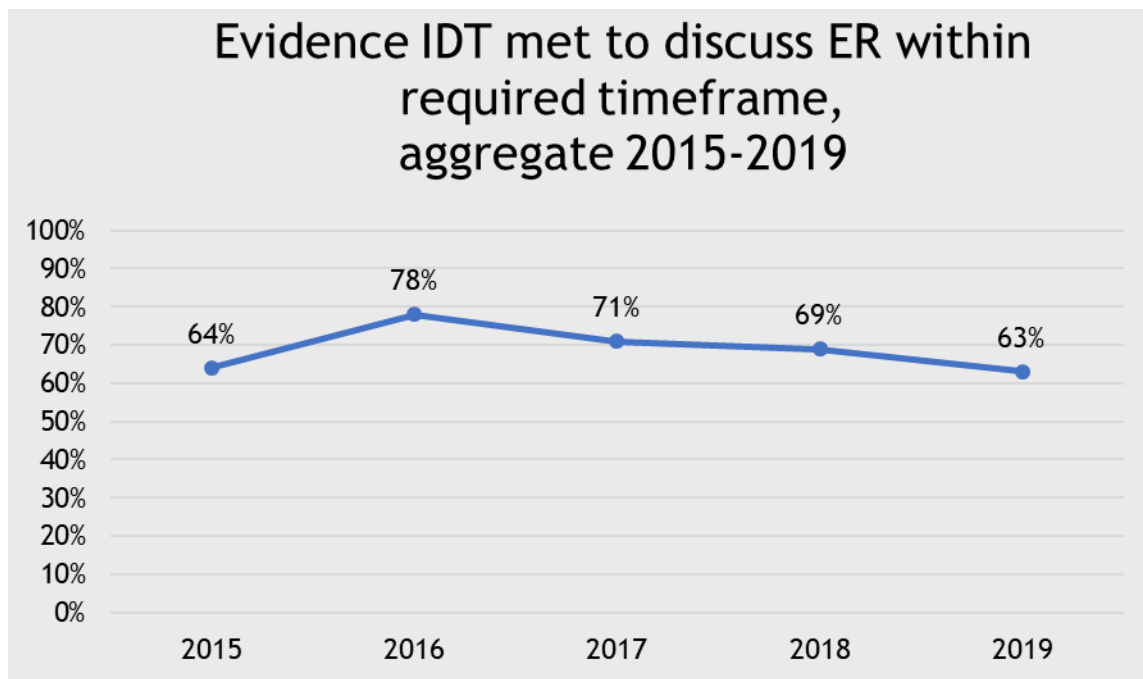
Emergency Restrictions in HRC

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

⁴¹ See Appendix 34

protection. ERs are expected to be reviewed by HRC after implementation; additionally, the ER is should be reviewed by the IDT within one business day. A total of 251 ERs were presented and reviewed during the 2019 reporting period.⁴²

- Most ERs were discussed in HRC, the reason for the ER was provided, and there was often sufficient justification for the ER.
- At Abilene, Richmond, and San Angelo, the team met in the required timeframe in less than half of the ERs reviewed.



- El Paso (85%), Lufkin (89%), and Rio Grande (87%) had high rates of evidence of the IDT meeting to discuss ERs in the required timeframe.
- Rates that ERs are discussed by the IDT by the next business day has remained relatively stable at low rates since 2015, in aggregate.
- There has been a gradual decline in how often IDTs meet to discuss an ERs within the required timeframe since 2016, and only 63% emergency restrictions reviewed by IDTs met that requirement.

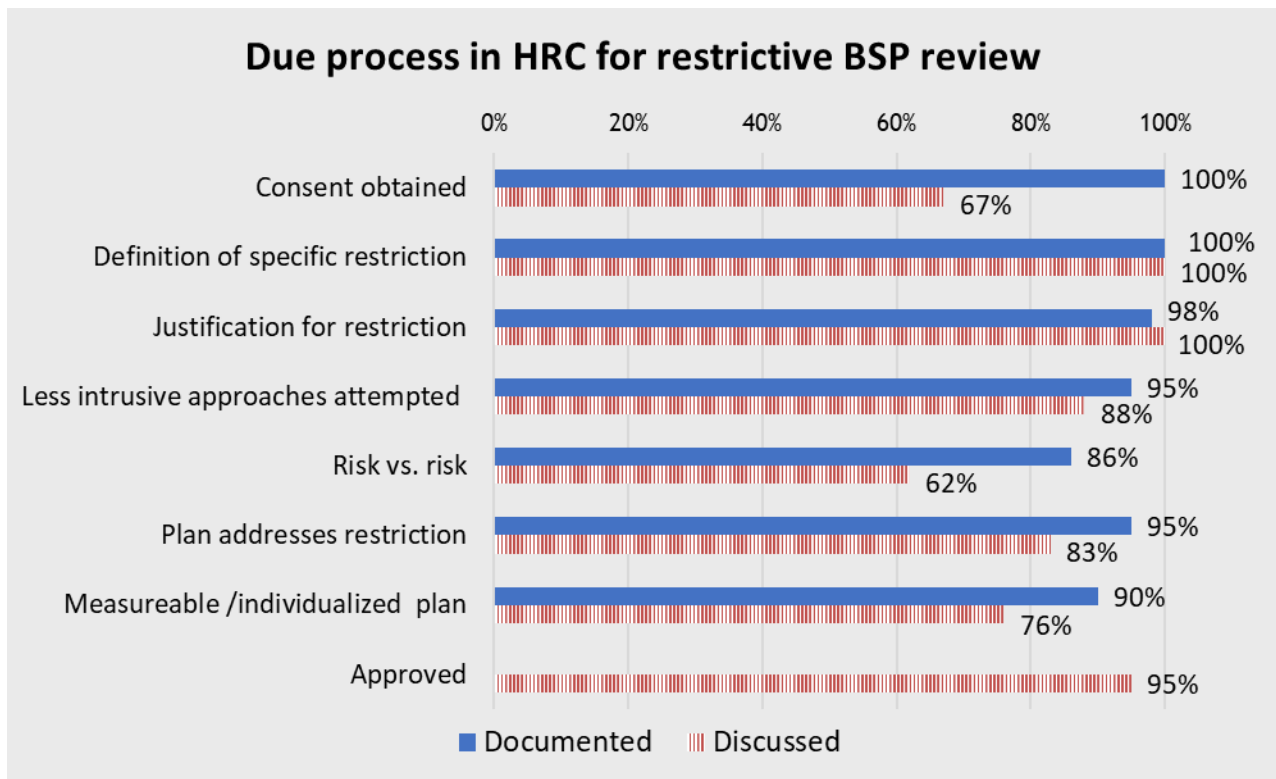
⁴² See Appendix 35

Behavior Support Plans Reviewed in HRC

During Program Review, AIOs evaluate restrictive BSPs for evidence of due process through documentation and HRC discussion. In the 2019 reporting period, 42 restrictive BSPs were reviewed by AIOs⁴³.

The rights policy states that restrictions imposed on a resident, including restrictive BSPs, must be approved by HRC and include consent, a specific reason and the need for the restriction, a risk analysis, evidence that alternative, less restrictive strategies were attempted and proved ineffective, and a plan for reinstating the resident's right.

- Rates were lowest discussing consent, the risk vs. risk analysis, and making sure the plan to remove the restriction is measurable and/or individualized.
- The risk vs. risk analysis was not discussed at any meetings in the sample at Abilene, Brenham, or Mexia.

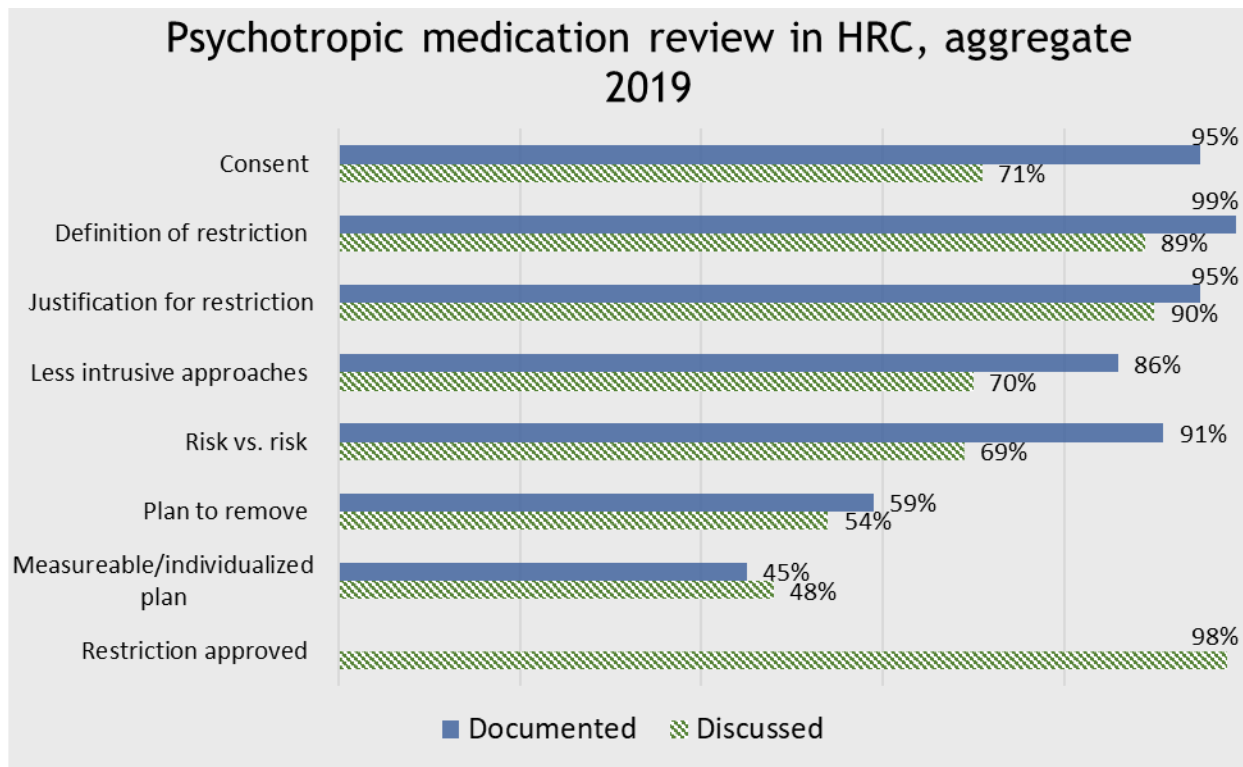


⁴³ See Appendix 36

- Aggregately, centers documented all elements of due process prior to HRC review of restrictive BSPs at high rates, but were not consistently discussed in HRC meetings.

Psychotropic Medication Review in HRC

In the 2019 reporting period, 195 psychotropic medications were reviewed by AIO.⁴⁴



- In aggregate, centers are less consistent in discussing elements of due process during HRC meetings than documenting them prior.
- HRCs discussed the risk analysis and consent at relatively low rates compared to the high rates of documentation of these elements.

⁴⁴ See Appendix 37

- The rate of documentation and discussion regarding plans to remove the restriction and if they measurable and/or individualized remains very low, though the discussion rate has increased compared to last year.

Referrals for Restrictions in HRC

A referral is a rights restriction imposed outside the initial or annual Individual Service Plan (ISP) and RRD, and for OIO review purposes, does not include restrictive BSPs or psychotropic medication. Referrals, like ERs and restrictive BSPs, are reviewed by HRC using the same due process criterion as BSPs and RRDs. During this reporting period, data was collected on 194 referrals.⁴⁵

- There is a systemic issue in centers' including the resident in the discussion of proposed rights restrictions, demonstrated by consistently low rates of referrals documenting or discussing the individuals' perspective.
- Although still in need of improvement, aggregately, centers are increasing the rate at which they get the LAR/guardian's perspective about restrictions.
- While there has been improvement since 2016, aggregately, in centers' including plans to remove on referrals, those plans are often not measurable and/or individualized.
- Denton and Lubbock demonstrated some of the highest rates of satisfying most due process elements.
- Austin, El Paso and Richmond approved referral restrictions without consent.

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, 147 restrictive RRDs with 285 restrictions were reviewed; 91% of those restrictions were approved.

⁴⁵ See Appendix 38

- There was a notable increase in the rate of RRDs having documentation and HRCs discussing attempts at less intrusive approaches prior to implementing the restriction, compared to previous years.
- There continue to be low rates of documentation and discussion of the perspective of both the individual and the individual's LAR/guardian on the restriction.
- Disaggregate data⁴⁶ shows Lubbock was the only center where the resident's perspective was both documented and discussed at high rates in the meetings observed.

Aggregately, centers are inconsistent in including due process elements when documenting and reviewing RRDs, however 91% of restrictions were approved by HRC.

Outcome Six Findings: Evidence of due process of restrictive measures in HRC meetings

- Aggregately, a quorum was present for most HRC meetings, but some were still conducted without a quorum, in violation of due process.
- Most of ERs reviewed were discussed in HRC, the reason for the ER was provided, and there was sufficient justification for the ER. However, the sample data shows that IDTs met within the required timeframe for only 63% of ERs reviewed.
- In reviewing psychotropic medication, centers were less consistent in discussing all elements of due process in HRC meetings than in documenting those elements.
- There was a wide variance between centers' adherence to due process regarding restrictive BSPs and psychotropic medication, with some centers reflecting high rates of fulfilling due process and others demonstrating significant issues.
- Centers did not consistently satisfy all elements of due process for referrals. The rate at which the resident's perspective was obtained remains low, however there was an increase in the rate that the team obtained the LAR/guardian's perspective for referrals for restrictions.

⁴⁶ See Appendix 39

- The rate at which plans to remove are documented and discussed increased, but these plans continue to not be measurable and/or individualized in nature.
- Review of RRDs in HRC shows that centers are inconsistent in providing all elements of due process for RRDs in documentation and HRC discussion. The resident's perspective was not documented or discussed in most of the RRDs reviewed during the HRC meetings attended by AIOs, and rates of documenting and discussing the LAR/guardian's perspective remained low as well.
- There was an aggregate increase in less intrusive approaches attempted in both documentation and discussion in the RRD review in HRC.

Conclusions: Domain Three

Centers are not consistently following the rights policy in informing residents of rights, obtaining consent for restrictions prior to HRC review, approval and implementation, and restrictive plans do not have measurable plans for alleviation. SSLCs are inconsistent in following the rights policy in completing and maintaining required rights-related documentation, providing rights handbooks, and informing residents of their rights. Much of the restriction-related documentation was up-to-date, but some centers are not obtaining consent for restrictions prior to the HRC meeting and are approving and implementing these restrictive measures without it. This was the case for restrictions in the annual RRDs, PBSPs, CIPs, and psychotropic medications. There continue to be systemic issues in developing measurable and/or individualized plans of alleviation for restrictions, however centers have improved on documenting and discussing any less intrusive approaches they have attempted.

HRC meetings are inconsistent in their responsibility to assure due process and IDTs are failing to discuss ERs within the required timeframe. For the most part, centers are meeting quorum for HRC meetings, but some centers are outliers. The perspective of the individual is often not documented or discussed by HRC. HRC discussion is not as thorough or robust as documentation, indicating a need for better meeting facilitation by HROs. According to policy, as a mechanism to ensure due process, teams are to meet within one business day after an emergency restriction has been implemented however this is not occurring and continues on a downward trend.

Many residents do not feel they are included in making decisions that are important to them but they are able to identify a person to help them with a concern or complaint. Residents are somewhat included in their planning but many residents report that they feel their team doesn't listen to what is important to them, and only a small fraction of residents report that they are invited to HRC to discuss their imposed rights restrictions. Additionally, residents' opinions about imposed rights restrictions are often not documented or discussed during HRC meetings. For the most part, residents are able to identify an appropriate person to voice a complaint. Overall, there appears to be systemic issues in centers informing residents of their rights through the defined mechanisms in the rights policy.

DSPs can state residents' rights but they are mostly unable to identify restrictions or the steps to restrict a residents' rights. DSPs appear to be able to identify residents' rights however only a minority of DSPs are able to identify restrictions of the residents' they support. DSPs also unable to identify the basic steps of due process to restrict residents' rights. Most DSPs know who to contact to make a complaint on behalf of a resident.

LAR/AIP/guardians do not know how to make a complaint to the center. About two-thirds of the LARs surveyed said they knew how to make a complaint to the center. The rate of LARs reporting they know how to make a complaint has been mostly unchanged since 2011.

APPENDICES

Appendix 1: SSLC met staffing facility designated minimum requirement, 2011-2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	91%	89%	90%	70%	94%	94%	72%
2018	84%	89%	95%	75%	100%	95%	79%
2017	89%	79%	89%	95%	95%	89%	89%
2016	80%	76%	95%	68%	95%	80%	93%
2015	82%	88%	85%	71%	97%	90%	72%
2014	95%	78%	100%	91%	94%	100%	93%
2013	80%	100%	100%	73%	100%	100%	80%
2012	95%	95%	88%	100%	100%	100%	100%
2011	100%	67%	100%	100%	92%	83%	90%
Average	88%	85%	94%	83%	96%	92%	85%

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	80%	90%	86%	50%	56%	81%	83%
2018	73%	94%	74%	75%	55%	44%	82%
2017	89%	96%	90%	42%	75%	50%	83%
2016	86%	94%	98%	92%	52%	71%	85%
2015	95%	96%	91%	100%	69%	81%	87%
2014	85%	90%	95%	100%	64%	44%	88%
2013	91%	92%	100%	100%	77%	100%	91%
2012	100%	95%	100%	100%	93%	100%	97%
2011	100%	81%	100%	100%	80%	100%	91%
Average	89%	92%	93%	84%	69%	75%	87%

Appendix 2: Utilization of pulled/float staff, 2019

Indicator	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Met the minimum number of staff required by the facility	91%	89%	90%	70%	94%	94%	72%
Utilization of pulled/float staff	22%	14%	23%	45%	34%	24%	20%
Utilization of holdover staff	59%	61%	31%	40%	23%	29%	36%

Indicator	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio
Met the minimum number of staff required by the facility	80%	90%	86%	50%	56%	81%
Utilization of pulled/float staff	37%	8%	27%	30%	11%	6%
Utilization of holdover staff	3%	37%	30%	50%	30%	25%

Appendix 3: Services negatively affected due to a lack of staff, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Medical/Dental Appointments	0%	0%	7%	0%	0%	0%	0%
Community Outings	20%	0%	10%	0%	0%	20%	0%
Day Programming	10%	0%	0%	0%	3%	6%	5%
Completion of Skill Acquisitions	3%	0%	3%	0%	3%	0%	0%
Environmental Cleanliness	3%	0%	0%	0%	0%	0%	0%
Levels of Supervision	4%	0%	0%	6%	0%	0%	14%
Check and Change	15%	0%	0%	0%	0%	0%	5%
Bathing	15%	0%	0%	7%	0%	0%	0%
Dining	14%	0%	0%	0%	7%	6%	0%
Behavior Support Plans	3%	0%	3%	0%	0%	0%	8%

Appendix 3: Services negatively affected due to a lack of staff, 2019 by SSLC, continued

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Medical/Dental Appointments	0%	3%	0%	14%	0%	0%	2%
Community Outings	0%	3%	11%	17%	17%	25%	7%
Day Programming	10%	2%	3%	11%	0%	0%	4%
Completion of Skill Acquisitions	9%	0%	0%	0%	4%	0%	2%
Environmental Cleanliness	0%	0%	0%	0%	4%	0%	1%
Levels of Supervision	0%	4%	3%	10%	4%	0%	3%
Check and Change	10%	0%	0%	0%	8%	0%	3%
Bathing	0%	0%	0%	0%	0%	0%	2%
Dining	0%	0%	0%	0%	0%	0%	2%
Behavior Support Plans	3%	2%	0%	11%	0%	0%	2%

Appendix 4: Staff attempts to engage residents, 2015-2019

	2019	2018	2017	2016	2015	Average
Abilene	67%	55%	56%	53%	53%	57%
Austin	70%	68%	74%	67%	62%	68%
Brenham	34%	17%	57%	20%	43%	34%
Corpus Christi	26%	26%	45%	63%	71%	46%
Denton	61%	78%	80%	67%	77%	73%
El Paso	19%	42%	39%	47%	28%	35%
Lubbock	57%	30%	30%	52%	39%	42%
Lufkin	70%	74%	82%	46%	58%	66%
Mexia	56%	59%	63%	65%	47%	58%
Richmond	70%	36%	47%	53%	74%	56%
Rio Grande	22%	33%	27%	8%	8%	20%
San Angelo	72%	67%	67%	46%	57%	62%
San Antonio	57%	69%	27%	21%	25%	40%
Aggregate	56%	51%	61%	50%	57%	55%

Appendix 5: Unique segments of SSLC population, 2019

Unique segments of SSLC population	Alleged Offenders	Adolescents (10- 21 yrs.)	Medically Fragile	Geriatric (55+ yrs.)	Total Census
Abilene	0	13	111	130	263
Austin	1	0	78	125	178
Brenham	0	29	53	87	247
Corpus Christi	9	0	54	84	190
Denton	5	10	50	258	447
El Paso	0	4	25	35	96
Lubbock	2	0	36	72	187
Lufkin	0	29	143	137	280
Mexia	145	44	4	37	247
Richmond	2	5	16	156	315
Rio Grande	0	4	11	13	63
San Angelo	19	12	28	47	191
San Antonio	2	3	6	78	206
Aggregate	185	153	615	1259	2910
% of aggregate census	6.4%	5.3%	21.1%	43.3%	N/A

Appendix 6: Age of residents admitted from August 2016-December 2019 who went to jail and/or was admitted to a state hospital within one year prior to admission to the SSLC

	< 20 yrs	20-30 yrs	30- 40 yrs	40- 50 yrs	50- 60 yrs	60+ yrs	# of admits who went to jail or state hospital within 1 year prior	Total # of admissions August 2016- Dec 2019	Percentage of admits who went to jail or State Hospital within 1 year prior
Abilene	2	0	0	0	0	0	2	18	11%
Austin	0	2	0	0	0	0	2	19	11%
Brenham	8	0	1	0	0	0	9	34	26%
Corpus Christi	0	3	4	1	2	0	10	25	40%
Denton	1	13	2	2	1	0	19	58	33%
El Paso	0	4	1	0	0	0	5	18	28%
Lubbock	1	15	8	1	3	0	28	43	65%
Lufkin	5	2	1	0	1	0	9	30	30%
Mexia	74	49	12	12	8	1	156	179	87%
Richmond	0	7	1	0	0	0	8	41	20%
Rio Grande	1	2	1	0	1	0	5	19	26%
San Angelo	13	16	6	12	3	1	51	71	72%
San Antonio	0	5	2	0	0	0	7	22	32%
Aggregate	105	118	39	28	19	2	311	577	54%
Aggregate Percentage	34%	38%	13%	9%	6%	1%	54%		

Appendix 7: On-the-job training questionnaires from DSPs, 2019

2019 OJT Feedback DSP responded "yes"	Abilene	Austin	Brenham	Corpus	Denton	EI Paso	Lubbock
Trained on residents' behavior support needs	64%	100%	100%	82%	91%	82%	100%
Training prepared DSP to carry out the behavior plans	32%	82%	91%	77%	86%	68%	95%
Trained on physical/nutrition needs	86%	100%	100%	95%	86%	95%	100%
Training prepared DSP to follow physical/nutrition programs	73%	90%	100%	100%	82%	95%	100%
Trained on residents LOS	86%	100%	95%	100%	82%	91%	95%
Training prepared DSP to follow residents LOS	71%	95%	91%	95%	86%	91%	91%
Trained on residents' daily routine	68%	91%	91%	82%	86%	91%	91%
Training prepared DSP to help residents with daily routines and preferences	41%	95%	95%	91%	91%	86%	95%
DSP was trained on residents' rights restrictions	68%	95%	91%	86%	82%	86%	95%
Residents' programs explained so that DSP could understand them	52%	95%	91%	86%	86%	82%	95%
DSP required to show what was learned during OJT	77%	95%	100%	91%	95%	95%	100%
Skills and information learned were useful in working with residents during OJT	73%	95%	91%	100%	100%	76%	100%

Appendix 7: On-the-job training questionnaires from DSPs, 2019, continued

2019 OJT Feedback DSP responded "yes"	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Trained on residents' behavior support needs	86%	86%	90%	82%	77%	95%	87%
Training prepared DSP to carry out the behavior plans	95%	73%	52%	62%	73%	73%	74%
Trained on physical/nutrition needs	100%	82%	91%	91%	91%	95%	93%
Training prepared DSP to follow physical/nutrition programs	86%	73%	75%	82%	91%	82%	87%
Trained on residents LOS	91%	91%	95%	82%	100%	86%	92%
Training prepared DSP to follow residents LOS	91%	82%	95%	77%	95%	86%	88%
Trained on residents' daily routine	86%	77%	67%	59%	86%	86%	82%
Training prepared DSP to help residents with daily routines and preferences	86%	73%	57%	68%	77%	86%	80%
DSP was trained on residents' rights restrictions	95%	64%	71%	77%	77%	95%	84%
Residents' programs explained so that DSP could understand them	91%	73%	52%	68%	86%	91%	81%
DSP required to show what was learned during OJT	95%	91%	95%	95%	91%	91%	93%
Skills and information learned were useful in working with residents during OJT	91%	82%	81%	86%	77%	100%	89%

Appendix 8: Aggregate on-the-job training questionnaires from DSPs

	2019	2018	2017	2016	2015	Average 2015- 2019
Trained on residents' behavior support needs	87%	87%	87%	89%	80%	86%
Training prepared DSP to implement behavior plans	74%	79%	78%	71%	77%	76%
Trained on physical/nutrition needs	93%	93%	93%	94%	93%	93%
Training prepared DSP to follow physical/nutrition programs	87%	89%	91%	93%	91%	90%
Trained on residents LOS	92%	90%	91%	88%	94%	91%
Training prepared DSP to follow residents LOS	88%	88%	88%	89%	90%	89%
Trained on residents' daily routine	82%	80%	82%	77%	79%	80%
Training prepared DSP to help residents with daily routines and preferences	80%	76%	83%	80%	88%	82%
DSP was trained on residents' rights restrictions	84%	84%	80%	85%	78%	82%
Residents' programs explained so that DSP could understand them	81%	80%	84%	84%	90%	84%
DSP required to show what was learned during OJT	93%	92%	86%	91%	91%	91%
Skills and information learned were useful in working with residents during OJT	89%	88%	89%	83%	92%	88%

Appendix 9: DSP knowledge and training on residents' PBSPs, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
DSP knows resident has PBSP	95%	89%	100%	100%	89%	100%	93%
Is PBSP restrictive: DSP gives correct answer	70%	78%	93%	100%	67%	86%	64%
Correctly identifies a restriction in PBSP	25%	N/A	50%	N/A	25%	N/A	50%
Correctly identifies two targeted behaviors	75%	67%	73%	67%	44%	100%	79%
Knows how to respond to targeted behavior	65%	56%	33%	33%	52%	71%	79%
Correctly identifies one replacement behavior	45%	56%	33%	3%	19%	71%	50%

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
DSP knows resident has PBSP	100%	88%	100%	100%	100%	100%	95%
Is PBSP restrictive: DSP gave correct answer	63%	88%	90%	69%	63%	67%	75%
Correctly identifies a restriction in PBSP	33%	N/A	50%	N/A	20%	0%	33%
Correctly identifies two targeted behaviors	69%	71%	70%	85%	50%	89%	69%
Knows how to respond to targeted behavior	38%	63%	80%	69%	88%	56%	60%
Correctly identifies one replacement behavior	44%	42%	40%	58%	38%	33%	41%

Appendix 10: DSP knowledge and training on residents' CIPs, 2019

Indicator	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
DSP knows resident has CIP	100%	N/A	0%	N/A	N/A	N/A	50%
Correctly identifies two de-escalation strategies to avoid restraint	100%	N/A	0%	N/A	N/A	N/A	50%
Able to describe behaviors that would prompt a restraint	100%	N/A	0%	N/A	N/A	N/A	50%
Correctly identifies at least one proper restraint from CIP	100%	N/A	0%	N/A	N/A	N/A	50%

Indicator	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
DSP knows resident has CIP	N/A	50%	N/A	N/A	100%	100%	71%
Correctly identifies two de-escalation strategies to avoid restraint	N/A	50%	N/A	N/A	100%	100%	71%
Able to describe behaviors that would prompt a restraint	N/A	0%	N/A	N/A	50%	100%	57%
Correctly identifies at least one proper restraint from CIP	N/A	0%	N/A	N/A	50%	50%	50%

Appendix 11: DSP knowledge and training on residents' PNMPs, 2019

Indicator	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
DSP knows resident has PNMP	100%	95%	100%	100%	100%	100%	100%
DSP identifies proper positioning	96%	68%	74%	78%	75%	93%	85%
Resident uses adaptive equipment: DSP gave correct answer	96%	74%	89%	83%	83%	100%	100%
DSP correctly identified adaptive equipment	86%	88%	38%	76%	75%	93%	82%
Resident has modified diet: DSP gave correct answer	77%	89%	89%	94%	92%	100%	100%
DSP correctly describes modified diet	81%	88%	71%	94%	86%	86%	64%

Indicator	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
DSP knows resident has PNMP	100%	100%	100%	100%	80%	100%	99%
DSP identifies proper positioning	71%	86%	74%	63%	80%	78%	78%
Resident uses adaptive equipment: DSP gave correct answer	92%	71%	89%	95%	89%	89%	88%
DSP correctly identified adaptive equipment	70%	80%	61%	65%	75%	88%	74%
Resident has modified diet: DSP gave correct answer	96%	57%	85%	90%	60%	89%	88%
DSP correctly describes modified diet	73%	50%	65%	42%	100%	75%	76%

Appendix 12: DSP Knowledge of Residents' LOS, 2019

Indicator	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
DSP correctly identifies resident's LOS	100%	100%	100%	100%	92%	100%	100%
DSP knows instructions for LOS	100%	100%	100%	50%	62%	67%	50%
DSP knows why resident is on LOS	100%	100%	100%	100%	77%	100%	100%

Indicator	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
DSP correctly identifies resident's LOS	75%	93%	100%	100%	67%	100%	91%
DSP knows instructions for LOS	75%	71%	100%	75%	56%	50%	70%
DSP knows why resident is on LOS	75%	64%	100%	75%	56%	100%	80%

Appendix 13: DSP Knowledge of Residents' PMRPs, 2019

Indicator	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
DSP knows resident has PMRP	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DSP identified the mechanical restraint	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DSP knows when to use restraint	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DSP knows the release schedule	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Indicator	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
DSP knows resident has PMRP	N/A	N/A	N/A	N/A	100%	N/A	100%
DSP identified the mechanical restraint	N/A	N/A	N/A	N/A	50%	N/A	50%
DSP knows when to use restraint	N/A	N/A	N/A	N/A	0%	N/A	0%
DSP knows the release schedule	N/A	N/A	N/A	N/A	0%	N/A	0%

Appendix 14: Current IRA, current ICA, and ICA acknowledged by HRC, 2016-2019

	Abilene				Austin			
Measure	2019	2018	2017	2016	2019	2018	2017	2016
Current ICA	100%	100%	100%	62%	100%	100%	100%	85%
ICA acknowledged by HRC	88%	85%	86%	100%	100%	90%	40%	100%
IRA in record	23%	0%	0%	24%	90%	80%	75%	85%

	Brenham				Corpus Christi			
Measure	2019	2018	2017	2016	2019	2018	2017	2016
Current ICA	100%	100%	100%	74%	85%	100%	100%	68%
ICA acknowledged by HRC	88%	100%	88%	95%	40%	80%	76%	100%
IRA in record	76%	79%	73%	81%	60%	100%	0%	18%

	Denton				El Paso			
Measure	2019	2018	2017	2016	2019	2018	2017	2016
Current ICA	100%	100%	100%	96%	90%	100%	95%	85%
ICA acknowledged by HRC	100%	100%	96%	98%	90%	100%	100%	100%
IRA in record	81%	68%	80%	67%	75%	100%	80%	85%

	Lubbock				Lufkin			
Measure	2019	2018	2017	2016	2019	2018	2017	2016
Current ICA	100%	100%	100%	100%	96%	100%	83%	79%
ICA acknowledged by HRC	100%	100%	95%	100%	64%	100%	32%	96%
IRA in record	100%	80%	85%	79%	61%	80%	47%	72%

Appendix 14: Current IRA, current ICA, and ICA acknowledged by HRC, 2016-2019, continued

	Mexia				Richmond			
Measure	2019	2018	2017	2016	2019	2018	2017	2016
Current ICA	100%	100%	100%	96%	100%	97%	97%	91%
ICA acknowledged by HRC	72%	50%	88%	83%	94%	61%	84%	83%
IRA in record	52%	75%	60%	88%	47%	38%	44%	50%

	Rio Grande				San Angelo			
Measure	2019	2018	2017	2016	2019	2018	2017	2016
Current ICA	95%	85%	85%	80%	100%	100%	100%	68%
ICA acknowledged by HRC	95%	100%	100%	100%	85%	90%	71%	100%
IRA in record	50%	0%	0%	0%	30%	25%	52%	77%

	San Antonio				Aggregate			
Measure	2019	2018	2017	2016	2019	2018	2017	2016
Current ICA	100%	95%	100%	91%	98%	95%	97%	84%
ICA acknowledged by HRC	81%	100%	100%	100%	85%	100%	82%	96%
IRA in record	86%	86%	83%	57%	64%	86%	53%	61%

Appendix 15: Resident states they have been told about their rights, 2012-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	50%	38%	60%	63%	63%	43%	80%
2018	73%	40%	43%	67%	79%	56%	69%
2017	38%	71%	43%	100%	58%	67%	67%
2016	23%	40%	50%	50%	62%	57%	64%
2015	40%	63%	56%	71%	85%	57%	44%
2014	78%	33%	33%	40%	89%	100%	50%
2013	67%	88%	50%	75%	77%	63%	90%
2012	56%	100%	60%	67%	60%	100%	100%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	89%	52%	50%	29%	54%	38%	56%
2018	50%	52%	82%	67%	76%	88%	66%
2017	64%	52%	71%	25%	63%	30%	55%
2016	50%	86%	67%	86%	59%	44%	59%
2015	91%	68%	39%	67%	70%	22%	61%
2014	50%	72%	50%	100%	60%	56%	64%
2013	78%	69%	63%	50%	84%	40%	70%
2012	67%	70%	75%	100%	67%	86%	72%

Appendix 16: Resident states they have been given the “Know Your Rights” handbook, 2016-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	50%	50%	30%	88%	38%	57%	87%
2018	64%	80%	14%	33%	50%	56%	85%
2017	31%	29%	43%	67%	50%	50%	50%
2016	31%	40%	83%	30%	54%	57%	82%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	56%	32%	50%	29%	54%	38%	50%
2018	60%	57%	73%	33%	82%	75%	61%
2017	55%	57%	71%	25%	89%	80%	55%
2016	58%	67%	67%	71%	55%	56%	57%

Appendix 17: Resident can identify two of their rights, 2016-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	60%	88%	70%	88%	100%	86%	100%
2018	100%	100%	86%	83%	64%	78%	69%
2017	31%	33%	57%	67%	33%	100%	42%
2016	54%	40%	83%	90%	46%	71%	82%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	44%	72%	50%	71%	54%	75%	73%
2018	60%	62%	36%	89%	88%	63%	73%
2017	64%	48%	57%	50%	53%	40%	49%
2016	58%	67%	50%	86%	73%	89%	68%

Appendix 18: Resident can identify one of their rights restrictions, 2012-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	30%	20%	44%	80%	38%	25%	42%
2018	9%	100%	60%	0%	21%	33%	44%
2017	0%	0%	29%	40%	17%	20%	9%
2016	15%	0%	0%	50%	17%	0%	27%
2015	33%	0%	14%	0%	8%	57%	44%
2014	0%	0%	17%	40%	22%	0%	50%
2013	40%	13%	25%	0%	39%	13%	60%
2012	11%	17%	40%	25%	0%	0%	50%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	0%	29%	40%	25%	17%	33%	33%
2018	25%	50%	20%	14%	56%	40%	34%
2017	33%	15%	50%	18%	21%	30%	19%
2016	33%	20%	33%	57%	23%	0%	23%
2015	17%	14%	6%	43%	18%	50%	21%
2014	0%	44%	0%	0%	47%	0%	22%
2013	78%	35%	0%	33%	47%	20%	33%
2012	25%	73%	25%	0%	67%	14%	39%

Appendix 19: Resident reports they are invited to IDT meetings, 2015-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	90%	100%	60%	88%	100%	86%	93%
2018	91%	100%	83%	100%	86%	89%	100%
2017	85%	86%	100%	50%	100%	83%	83%
2016	46%	60%	83%	70%	92%	100%	100%
2015	40%	86%	78%	72%	92%	67%	89%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	100%	96%	90%	86%	85%	75%	89%
2018	100%	95%	82%	88%	82%	75%	90%
2017	82%	83%	100%	100%	68%	90%	85%
2016	82%	90%	67%	100%	64%	78%	78%
2015	100%	82%	78%	100%	80%	89%	81%

Appendix 20: Resident feels IDT listens to what is important to them, 2014-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	70%	100%	60%	50%	100%	43%	80%
2018	91%	100%	71%	83%	79%	100%	100%
2017	85%	71%	86%	33%	83%	67%	83%
2016	62%	100%	83%	70%	92%	100%	100%
2015	60%	88%	67%	71%	85%	71%	89%
2014	89%	100%	83%	80%	67%	80%	50%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	67%	100%	90%	86%	77%	75%	80%
2018	80%	90%	91%	75%	88%	75%	87%
2017	73%	91%	100%	75%	63%	70%	77%
2016	73%	90%	83%	86%	64%	78%	81%
2015	100%	77%	78%	78%	80%	67%	78%
2014	100%	67%	83%	100%	80%	56%	77%

Appendix 21: Resident invited to HRC meetings, 2014-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	40%	67%	11%	25%	38%	29%	50%
2018	55%	100%	20%	40%	23%	67%	56%
2017	25%	33%	33%	67%	33%	60%	45%
2016	23%	40%	33%	40%	23%	43%	64%
2015	40%	25%	56%	43%	54%	33%	44%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	50%	60%	11%	50%	58%	67%	44%
2018	38%	8%	20%	63%	63%	40%	42%
2017	0%	5%	40%	33%	37%	0%	28%
2016	13%	33%	78%	100%	23%	56%	40%
2015	40%	18%	33%	67%	68%	56%	44%

Appendix 22: LAR/AIP survey responses, aggregate 2011-2019

LAR/AIP informed of rights, restrictions and provided Rights Handbook, Aggregate	2019	2018	2017	2016	2015	2014	2013	2012	2011
Provided with a Handbook	88%	88%	83%	82%	84%	96%	N/A	N/A	N/A
Advised of Resident rights	87%	87%	84%	84%	95%	93%	88%	88%	94%
Understands rights	84%	86%	81%	80%	95%	92%	91%	83%	92%
Informed of proposed rights restrictions	76%	72%	65%	69%	N/A	N/A	N/A	N/A	N/A
LAR/AIP survey response rate	37%	37%	28%	20%	20%	27%	24%	23%	35%

Appendix 23: LAR/AIP/Guardian Survey Responses, 2019

SSLC	Provided with a Handbook	Advised of Resident rights	Understands rights	Informed of proposed rights restrictions	Response rate
Abilene	70%	80%	90%	100%	45%
Austin	92%	83%	83%	83%	60%
Brenham	100%	100%	88%	88%	32%
Corpus Christi	100%	100%	100%	60%	29%
Denton	94%	100%	100%	71%	40%
El Paso	90%	80%	80%	80%	50%
Lubbock	75%	75%	75%	58%	60%
Lufkin	100%	89%	89%	78%	35%
Mexia	100%	100%	100%	100%	19%
Richmond	83%	92%	83%	67%	50%
Rio Grande	50%	50%	50%	50%	11%
San Angelo	100%	100%	50%	75%	25%
San Antonio	100%	100%	100%	33%	15%
Aggregate	88%	87%	84%	76%	37%

Appendix 24: DSP can identify two resident rights, 2011-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	65%	100%	76%	95%	84%	100%	95%
2018	74%	90%	76%	90%	82%	100%	95%
2017	79%	85%	81%	76%	73%	90%	70%
2016	59%	80%	81%	95%	82%	100%	90%
2015	81%	80%	79%	96%	80%	90%	85%
2014	69%	96%	90%	86%	76%	90%	80%
2013	95%	89%	93%	100%	83%	85%	100%
2012	73%	88%	97%	100%	86%	95%	76%
2011	95%	94%	94%	79%	88%	100%	100%
Average	77%	89%	85%	91%	82%	94%	88%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	50%	80%	88%	95%	100%	90%	84%
2018	90%	100%	50%	100%	95%	95%	85%
2017	87%	80%	69%	95%	57%	70%	77%
2016	66%	84%	82%	75%	91%	96%	82%
2015	90%	89%	85%	90%	64%	91%	84%
2014	64%	93%	67%	95%	95%	91%	82%
2013	79%	91%	88%	70%	91%	100%	89%
2012	81%	92%	97%	100%	91%	100%	90%
2011	84%	80%	89%	100%	100%	100%	91%
Average	77%	88%	79%	91%	87%	93%	85%

Appendix 25: DSP is able to identify resident restrictions, 2011-2019 by SSLC

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	15%	22%	9%	43%	7%	14%	40%
2018	26%	27%	10%	0%	9%	40%	21%
2017	14%	0%	9%	17%	14%	0%	28%
2016	48%	20%	8%	15%	15%	0%	33%
2015	6%	6%	18%	16%	12%	12%	20%
2014	33%	12%	12%	26%	22%	33%	35%
2013	44%	57%	31%	46%	46%	30%	90%
2012	61%	61%	60%	27%	55%	65%	38%
2011	64%	83%	44%	71%	85%	14%	82%
Average	35%	32%	22%	29%	29%	23%	43%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	27%	42%	67%	57%	28%	20%	24%
2018	42%	29%	80%	17%	63%	25%	26%
2017	6%	10%	17%	5%	43%	20%	14%
2016	0%	0%	21%	11%	36%	10%	17%
2015	25%	48%	27%	6%	25%	10%	17%
2014	33%	44%	54%	45%	90%	41%	35%
2013	94%	44%	27%	35%	81%	52%	52%
2012	33%	82%	81%	30%	78%	79%	59%
2011	47%	40%	63%	75%	100%	79%	66%
Average	34%	38%	49%	31%	60%	37%	34%

Appendix 26: DSP knows steps to restrict rights, 2011-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	8%	40%	16%	35%	20%	25%	25%
2018	33%	20%	8%	40%	20%	15%	20%
2017	46%	0%	19%	43%	24%	10%	40%
2016	34%	5%	22%	23%	16%	10%	20%
2015	28%	10%	32%	18%	27%	10%	40%
2014	47%	31%	17%	9%	46%	60%	40%
2013	49%	57%	62%	100%	44%	15%	80%
2012	54%	58%	83%	42%	47%	95%	52%
2011	55%	72%	25%	50%	69%	29%	45%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	18%	12%	28%	40%	35%	33%	25%
2018	10%	29%	13%	25%	35%	5%	20%
2017	40%	32%	25%	20%	24%	9%	26%
2016	31%	48%	36%	20%	23%	4%	23%
2015	42%	23%	27%	25%	18%	30%	26%
2014	30%	61%	18%	40%	62%	35%	38%
2013	21%	41%	24%	55%	57%	56%	49%
2012	58%	84%	67%	40%	74%	96%	65%
2011	11%	40%	47%	75%	83%	93%	52%

Appendix 27: Resident knows who to speak with to make a complaint, 2014-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	90%	100%	100%	100%	100%	86%	100%
2018	100%	100%	86%	100%	93%	78%	92%
2017	77%	83%	100%	100%	83%	100%	92%
2016	54%	80%	83%	80%	92%	100%	100%
2015	80%	75%	78%	100%	85%	100%	89%
2014	67%	100%	67%	40%	56%	80%	100%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	89%	100%	90%	57%	92%	63%	92%
2018	100%	95%	100%	100%	88%	100%	94%
2017	91%	96%	86%	75%	95%	100%	90%
2016	73%	90%	83%	100%	95%	67%	85%
2015	100%	91%	77%	89%	100%	78%	88%
2014	83%	89%	100%	50%	93%	89%	80%

Appendix 28: DSP knows who to contact to make a complaint on behalf of a resident, 2012-2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	85%	100%	92%	100%	82%	100%	95%
2018	89%	65%	80%	90%	84%	100%	95%
2017	79%	70%	88%	95%	84%	100%	90%
2016	93%	60%	89%	77%	90%	100%	85%
2015	94%	75%	86%	50%	89%	85%	90%
2014	92%	100%	97%	91%	74%	85%	95%
2013	74%	96%	79%	100%	56%	75%	100%
2012	71%	85%	77%	96%	69%	95%	81%

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	79%	100%	84%	95%	100%	95%	91%
2018	79%	88%	88%	80%	80%	82%	85%
2017	90%	96%	94%	80%	100%	70%	87%
2016	86%	96%	88%	95%	82%	96%	88%
2015	84%	96%	64%	95%	91%	83%	83%
2014	61%	89%	85%	100%	100%	83%	87%
2013	85%	88%	67%	85%	95%	84%	81%
2012	83%	95%	72%	95%	96%	100%	84%

Appendix 29: LAR/AIP/guardian knows how to make a complaint to the center, 2011-2019

Year	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
2019	90%	67%	75%	60%	71%	60%	50%
2018	91%	100%	86%	33%	67%	86%	78%
2017	57%	38%	67%	50%	100%	80%	100%
2016	86%	60%	100%	33%	70%	50%	71%
2015	56%	75%	86%	50%	80%	100%	71%
2014	67%	50%	100%	100%	81%	100%	100%
2013	50%	86%	67%	50%	87%	90%	75%
2012	69%	63%	80%	60%	67%	0%	75%
2011	50%	100%	80%	100%	57%	50%	100%

Year	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
2019	67%	25%	58%	50%	50%	67%	63%
2018	64%	43%	71%	50%	71%	63%	74%
2017	27%	100%	50%	100%	40%	33%	56%
2016	100%	67%	50%	100%	100%	67%	72%
2015	100%	75%	43%	100%	100%	100%	75%
2014	77%	75%	100%	100%	100%	80%	82%
2013	56%	20%	100%	50%	100%	83%	74%
2012	89%	43%	89%	75%	75%	100%	70%
2011	67%	50%	67%	N/A*	33%	67%	67%

Appendix 30: Document Review of RRDs, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Current RRD	100%	100%	100%	85%	100%	100%	100%
Current restrictive RRD reviewed through HRC	100%	100%	80%	71%	98%	100%	100%
Consent prior to HRC	85%	80%	60%	57%	89%	100%	100%
All restrictions have a plan for removal	12%	40%	40%	0%	27%	0%	60%

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Current RRD	86%	100%	100%	95%	100%	100%	98%
Current restrictive RRD reviewed through HRC	89%	95%	100%	100%	94%	100%	96%
Consent prior to HRC	100%	89%	100%	100%	78%	100%	87%
All restrictions have a plan for removal	56%	74%	67%	55%	39%	0%	34%

Appendix 31: Document Review of PBSPs, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Current restrictive PBSP	100%	N/A	100%	N/A	75%	100%	100%
Restrictive PBSP approved by HRC	100%	N/A	100%	N/A	100%	100%	100%
Consent obtained for PBSP prior to HRC	100%	N/A	100%	N/A	67%	100%	100%

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Current restrictive PBSP	100%	N/A	N/A	N/A	100%	100%	96%
Restrictive PBSP approved by HRC	100%	N/A	N/A	N/A	100%	100%	96%
Consent obtained for PBSP prior to HRC	100%	N/A	N/A	N/A	40%	100%	84%

Appendix 32: Document review of CIPs, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Current CIP	100%	N/A	100%	N/A	100%	N/A	100%
Current CIP approved by HRC	100%	N/A	100%	N/A	100%	N/A	100%
Consent obtained prior to HRC	100%	N/A	100%	N/A	67%	N/A	100%

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Current CIP	N/A	100%	N/A	N/A	75%	100%	95%
Current CIP approved by HRC	N/A	100%	N/A	N/A	100%	100%	100%
Consent obtained prior to HRC	N/A	100%	N/A	N/A	100%	100%	89%

Appendix 33: Document review of psychotropic medication, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Current psychotropic medication form	100%	100%	100%	100%	100%	100%	100%
Psychotropic medications approved by HRC	100%	75%	100%	100%	100%	100%	100%
Consent obtained prior to HRC	94%	100%	100%	89%	96%	100%	87%

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Current psychotropic medication form	100%	100%	100%	100%	100%	100%	100%
Psychotropic medications approved by HRC	100%	92%	100%	100%	100%	100%	98%
Consent obtained prior to HRC	100%	83%	92%	100%	75%	100%	92%

Appendix 34: Quorum for HRC meeting, 2019

Quorum for HRC Meetings	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
A quorum is present for HRC meeting	60%	100%	100%	100%	100%	60%	100%
An unaffiliated member is present	60%	100%	100%	100%	100%	60%	100%
A person, or LAR of a person who has received services?	80%	100%	100%	100%	100%	100%	100%

Quorum for HRC Meetings	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
A quorum is present for HRC meeting	100%	40%	100%	100%	60%	100%	86%
An unaffiliated member is present	100%	40%	100%	100%	60%	100%	88%
A person, or LAR of a person who has received services?	100%	100%	100%	100%	100%	100%	98%

Appendix 35: Due process of emergency restrictions in HRC, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
ER discussed in HRC	100%	100%	96%	100%	100%	100%	100%
Reason for ER provided	100%	95%	100%	100%	100%	100%	88%
Sufficient justification for ER	82%	86%	100%	100%	100%	100%	83%
ER discussed by IDT within 1 business day	41%	64%	74%	74%	79%	85%	54%

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
ER discussed in HRC	95%	100%	95%	100%	100%	100%	95%
Reason for ER provided	95%	100%	95%	100%	95%	92%	4%
Sufficient justification for ER	84%	100%	95%	87%	95%	92%	90%
ER discussed by IDT within 1 business day	89%	64%	32%	87%	47%	77%	63%

Appendix 36: Due process of BSPs reviewed in HRC, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Consent Documented	100%	100%	100%	100%	N/A	100%	100%
Consent Discussed	50%	100%	0%	100%	N/A	100%	38%
Definition of restriction documented	100%	100%	100%	100%	N/A	100%	100%
Definition of restriction discussed	100%	100%	100%	100%	N/A	100%	100%
Justification for restriction documented	100%	100%	100%	100%	N/A	100%	88%
Justification for restriction discussed	100%	100%	100%	100%	N/A	100%	100%
Less intrusive approaches documented	100%	100%	100%	100%	N/A	100%	100%
Less intrusive approaches discussed	50%	100%	75%	100%	N/A	100%	100%
Risk vs. risk documented	50%	100%	100%	100%	N/A	100%	100%
Risk vs. risk discussed	0%	100%	0%	100%	N/A	100%	100%
Plan to remove documented	75%	100%	75%	100%	N/A	100%	100%
Plan to remove discussed	50%	100%	25%	100%	N/A	100%	100%
Measurable/individualized plan documented	75%	100%	75%	0%	N/A	100%	100%
Measurable/individualized plan discussed	50%	100%	25%	0%	N/A	100%	100%
Approved by HRC	75%	100%	75%	100%	N/A	100%	100%

Appendix 36: Due process of BSPs reviewed in HRC, 2019, continued

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Consent Documented	100%	100%	100%	N/A	100%	100%	100%
Consent Discussed	63%	100%	100%	N/A	100%	100%	67%
Definition of restriction documented	100%	100%	100%	N/A	100%	100%	100%
Definition of restriction discussed	100%	100%	100%	N/A	100%	100%	100%
Justification for restriction documented	100%	100%	100%	N/A	100%	100%	98%
Justification for restriction discussed	100%	100%	100%	N/A	100%	100%	100%
Less intrusive approaches documented	100%	100%	100%	N/A	100%	50%	95%
Less intrusive approaches discussed	100%	33%	100%	N/A	100%	100%	88%
Risk vs. risk documented	100%	100%	100%	N/A	100%	0%	86%
Risk vs. risk discussed	88%	0%	100%	N/A	75%	25%	62%
Plan to remove documented	100%	100%	100%	N/A	100%	100%	95%
Plan to remove discussed	100%	100%	100%	N/A	100%	50%	83%
Measurable/individualized plan documented	100%	100%	100%	N/A	100%	75%	90%
Measurable/individualized plan discussed	100%	100%	100%	N/A	100%	0%	76%
Approved by HRC	100%	100%	100%	N/A	100%	100%	95%

Appendix 37: Due process of psychotropic medication in HRC, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Consent Documented	78%	38%	100%	93%	100%	100%	95%
Consent Discussed	44%	100%	10%	93%	100%	100%	15%
Definition of restriction documented	100%	100%	100%	100%	100%	100%	100%
Definition of restriction discussed	100%	88%	95%	100%	100%	100%	100%
Justification for restriction documented	100%	100%	100%	100%	100%	100%	65%
Justification for restriction discussed	100%	100%	95%	100%	100%	100%	100%
Less intrusive approaches documented	100%	100%	86%	93%	100%	38%	100%
Less intrusive approaches discussed	100%	75%	62%	93%	80%	38%	100%
Risk vs. risk documented	56%	88%	90%	100%	100%	38%	100%
Risk vs. risk discussed	44%	13%	57%	100%	100%	38%	100%
Plan to remove documented	44%	38%	95%	86%	80%	38%	30%
Plan to remove discussed	33%	13%	43%	86%	80%	38%	85%
Measurable/individualized plan documented	44%	38%	38%	79%	80%	38%	15%
Measurable/individualized plan discussed	33%	0%	24%	79%	80%	38%	80%
Approved by HRC	100%	100%	100%	100%	100%	100%	100%

Appendix 37: Due process of psychotropic medication in HRC, 2019, continued

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Consent Documented	100%	100%	100%	100%	100%	100%	95%
Consent Discussed	100%	74%	69%	100%	50%	100%	71%
Definition of restriction documented	100%	100%	100%	100%	90%	100%	99%
Definition of restriction discussed	100%	53%	100%	100%	0%	100%	89%
Justification for restriction documented	100%	100%	100%	100%	70%	100%	95%
Justification for restriction discussed	100%	53%	100%	100%	0%	100%	90%
Less intrusive approaches documented	100%	100%	100%	100%	0%	55%	86%
Less intrusive approaches discussed	86%	16%	69%	86%	0%	80%	70%
Risk vs. risk documented	100%	89%	100%	100%	100%	85%	91%
Risk vs. risk discussed	95%	5%	69%	86%	10%	95%	69%
Plan to remove documented	5%	100%	69%	43%	0%	80%	59%
Plan to remove discussed	0%	58%	69%	29%	0%	95%	54%
Measurable/individualized plan documented	0%	100%	54%	29%	0%	40%	45%
Measurable/individualized plan discussed	0%	58%	69%	29%	0%	65%	58%
Approved by HRC	100%	100%	92%	100%	100%	100%	98%

Appendix 38: Due Process of Referrals for Restriction in HRC, 2019

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Consent documented	100%	25%	100%	95%	100%	88%	100%
Consent discussed	29%	25%	59%	95%	95%	81%	0%
Individual's perspective documented	0%	11%	14%	64%	85%	6%	60%
Individual's perspective discussed	0%	11%	18%	68%	90%	13%	100%
LAR/Guardian perspective documented	83%	33%	38%	84%	100%	93%	100%
LAR/Guardian perspective discussed	83%	0%	43%	79%	100%	93%	100%
Definition of restriction documented	100%	100%	95%	86%	100%	94%	100%
Definition of restriction discussed	100%	100%	100%	86%	100%	94%	100%
Justification for restriction documented	86%	78%	95%	95%	100%	94%	100%
Justification for restriction discussed	86%	100%	100%	95%	100%	94%	100%
Less intrusive approaches documented	71%	56%	91%	91%	95%	94%	100%
Less intrusive approaches discussed	86%	67%	73%	91%	100%	88%	100%
Risk with restriction documented	71%	89%	82%	95%	100%	94%	100%
Risk with restriction discussed	57%	78%	36%	95%	100%	88%	100%
Analysis of risk documented	86%	67%	86%	91%	100%	88%	67%
Analysis of risk discussed	71%	89%	27%	91%	100%	88%	67%
Plan to remove documented	86%	67%	91%	73%	100%	81%	100%
Plan to remove discussed	71%	67%	59%	73%	100%	81%	100%
Measurable/individualized plan documented	43%	56%	73%	55%	95%	63%	100%
Measurable/individualized plan discussed	43%	56%	68%	55%	100%	63%	100%
Next IDT review documented	43%	78%	36%	14%	95%	44%	17%
Next IDT review discussed	43%	67%	45%	14%	95%	44%	50%
Approved by HRC	71%	100%	100%	41%	100%	94%	100%

Appendix 38: Due Process of Referrals for Restriction in HRC, 2019, continued

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Consent documented	100%	100%	93%	100%	100%	100%	95%
Consent discussed	92%	90%	86%	17%	83%	83%	76%
Individual's perspective documented	43%	29%	50%	67%	29%	36%	38%
Individual's perspective discussed	43%	0%	21%	17%	29%	43%	35%
LAR/Guardian perspective documented	75%	88%	86%	N/A	79%	58%	74%
LAR/Guardian perspective discussed	63%	75%	57%	N/A	79%	58%	68%
Definition of restriction documented	100%	100%	100%	100%	100%	100%	97%
Definition of restriction discussed	100%	100%	100%	100%	100%	100%	98%
Justification for restriction documented	100%	100%	100%	83%	96%	100%	96%
Justification for restriction discussed	100%	100%	100%	67%	96%	100%	97%
Less intrusive approaches documented	92%	100%	100%	100%	92%	86%	91%
Less intrusive approaches discussed	85%	48%	93%	33%	75%	86%	79%
Risk with restriction documented	100%	100%	93%	100%	100%	79%	93%
Risk with restriction discussed	92%	29%	86%	50%	79%	64%	73%
Analysis of risk documented	100%	100%	93%	83%	79%	71%	88%
Analysis of risk discussed	85%	29%	71%	17%	79%	57%	68%
Plan to remove documented	100%	100%	93%	83%	100%	79%	90%
Plan to remove discussed	100%	95%	71%	67%	92%	79%	82%
Measurable/individualized plan documented	69%	81%	71%	67%	83%	64%	72%
Measurable/individualized plan discussed	69%	76%	50%	33%	92%	64%	70%
Next IDT review documented	85%	52%	36%	83%	17%	57%	48%
Next IDT review discussed	62%	38%	36%	33%	17%	50%	44%
Approved by HRC	100%	100%	100%	100%	92%	93%	90%

Appendix 39: Due Process of HRC Review of RRDs, 2019

Due Process Element	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Consent Obtained	97%	59%	100%	100%	73%	100%	100%
Individual's perspective documented	16%	0%	0%	0%	69%	10%	91%
Individual's perspective discussed	3%	6%	23%	0%	69%	30%	97%
LAR/guardian's perspective documented	30%	29%	20%	100%	100%	60%	82%
LAR/guardian's perspective discussed	18%	18%	20%	0%	93%	70%	82%
Definition documented	100%	100%	92%	100%	100%	100%	100%
Definition of restriction discussed	79%	100%	100%	100%	100%	100%	100%
Reason for restriction documented	100%	94%	100%	100%	100%	100%	84%
Reason for restriction discussed	77%	94%	100%	100%	100%	100%	100%
Less intrusive approaches documented	82%	53%	100%	50%	100%	90%	97%
Less intrusive approaches discussed	62%	59%	62%	75%	100%	90%	97%
Risk analysis documented	90%	94%	77%	100%	100%	100%	100%
Risk analysis discussed	59%	88%	38%	100%	100%	100%	100%
Plan for removal addresses restriction documented	64%	82%	85%	100%	100%	70%	56%
Plan for removal addresses restriction discussed	49%	82%	23%	100%	100%	80%	91%
Removal plan measurable/individualized documented	44%	65%	31%	75%	82%	40%	56%
Removal plan measurable/individualized discussed	38%	65%	23%	75%	82%	50%	81%
Follow up timeframe documented	15%	47%	23%	0%	69%	0%	9%
Follow up timeframe discussed	21%	18%	15%	0%	69%	0%	9%
Approved by HRC	92%	71%	100%	50%	93%	100%	84%

Appendix 39: Due Process of HRC Review of RRDs, 2019, continued

Due Process Element	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Consent Obtained	100%	100%	93%	100%	98%	100%	96%
Individual's perspective documented	25%	27%	43%	0%	33%	8%	35%
Individual's perspective discussed	33%	20%	50%	0%	37%	67%	40%
LAR/guardian's perspective documented	83%	60%	77%	0%	90%	0%	64%
LAR/guardian's perspective discussed	67%	60%	54%	0%	85%	33%	58%
Definition documented	100%	100%	100%	100%	96%	100%	99%
Definition of restriction discussed	100%	100%	100%	94%	98%	100%	96%
Reason for restriction documented	100%	100%	100%	100%	96%	92%	97%
Reason for restriction discussed	100%	100%	100%	82%	98%	92%	95%
Less intrusive approaches documented	88%	100%	100%	88%	98%	42%	89%
Less intrusive approaches discussed	75%	27%	100%	65%	96%	58%	80%
Risk analysis documented	94%	100%	100%	100%	98%	58%	95%
Risk analysis discussed	81%	27%	100%	53%	96%	50%	80%
Plan for removal addresses restriction documented	81%	100%	100%	82%	98%	42%	82%
Plan for removal addresses restriction discussed	81%	93%	93%	71%	98%	42%	80%
Removal plan measurable/individualized documented	50%	67%	64%	82%	96%	42%	66%
Removal plan measurable/individualized discussed	50%	67%	64%	71%	98%	42%	68%
Follow up timeframe documented	38%	27%	14%	94%	4%	33%	20%
Follow up timeframe discussed	44%	27%	21%	0%	4%	33%	24%
Approved by HRC	100%	100%	86%	82%	96%	100%	91%

