



2022 BIANNUAL REPORT

January — June

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Recommendations

Staff to client ratio

Dedicate resources necessary to fill staffing vacancies and retain staff.

The SSLCs exert all resources available to meet staffing minimums and there is evidence that most staffing minimums are met by using staff from other homes or holding staff over from their shift. Well-trained, familiar staff members are fundamental to the well-being of residents at the SSLCs. Efforts to recruit and retain direct support professionals should continue, including providing pay raises and bonuses.

Training

Focus training efforts for direct support professionals in areas of rights.

It is evident by the findings that Direct Support Professionals (DSP) lacked knowledge of the process of restricting rights. As the first line of engagement, it is crucial that DSPs understand their role in due process so they can effectively carry-out person-centered supports and services that enable residents to exercise their rights.

Rights and Due Process

Ensure that teams seek and document the resident's and guardian's perspective when discussing a potential rights restriction.

Our findings show that the resident's and the family member's input about potential restrictions were often not included in the supporting documentation, which is one of the essential elements of due process. It is imperative that the resident is the center of planning and practices. Consistently documenting an individual's or family member's comments or observing how an individual responds to the proposed restriction provides evidence that the resident and/or family member was consulted, and records relevant information for future learning and planning.

Executive Summary

This biannual report presents the activity of the office for the period of January to June 2022. The data will show that the number of contacts the ombudsmen received have returned to pre-pandemic levels. The office has strived to remain accessible while maintaining safety during the fluctuating guidelines of prevention protocols. We are eager to share the types of concerns the assistant independent ombudsmen investigate or for which they provide consultation, as well as the findings from the office's ongoing program review activity. Recommendations from our review of resident rights, staff to client ratios, and DSP training are provided in accordance with the statute. In addition to the data, we have also provided an account from each ombudsman's cases from this biannual period to add perspective to the data and show the unique opportunity their role allows. The majority of investigations in this biannual period were initiated by the ombudsmen which demonstrates our inherent independence.

I'm constantly reminded of the passion and integrity that our ombudsmen exercise, from reading their cases to listening to conversations about their challenges and best practices. You'll find that the ombudsmen spend time communicating and working with various team members at the centers to collaborate on solutions that meet the residents' needs, including DSPs, nurses, Qualified Intellectual Disability Professionals (QIDP), family members, and physicians. Many times, these instances conclude with SSLC team members having a mutual understanding of resident rights and putting the person at the center of planning, services and supports. These case stories provide a perspective of the role of the ombudsman that numbers cannot describe.

The recommendations are supported by audit findings and are intended to support the request for resources necessary to serve Texans who depend on the state for services. Texans residing at the SSLCs are entitled to receive quality, person-centered supports which respect their rights. Our recommendations frequently petition greater resources for staffing, especially for DSPs - frontline workers residents depend upon for daily supports. Staffing has become an increasingly challenging endeavor as the nation experiences a staffing shortage crisis affecting healthcare facilities, and especially in SSLCs where staffing resources were stressed prior to the pandemic. Our petition will continue as long as findings reflect that residents are without an adequate number of well-trained, competent, and familiar staff during our observations and legislatively mandated audits.

A full report of audit findings and recommendations for the period of January 2021 to August 2022 will be published in a Biennial Report on or before November 1, 2022. This will equip state leaders with an independent assessment and recommendations for action that supports residents of the SSLCs in preparation for the 88th legislative session.

Sincerely,

Candace Jennings
Independent Ombudsman



The Office of the Independent Ombudsman for State Supported Living Centers. Front row left to right: Adam Parks, Talya Hines, Seth Bowman, Jessica Rosa, Candace Jennings. Second row left to right: Edward Leal, Deatrice Potlow, Isabel Ponce, Carrie Martin, Brian Morton, Susan Aguilar, James Clark, Kellen Davis, Horacio Flores, Brianna Teague, Brenda Frausto, Gevona Hicks. Not pictured: Jill Antilley.

Central Office

Candace Jennings **Independent Ombudsman**

In June 2021, Ms. Jennings was appointed by Governor Abbott to lead the OIO. She joined the office as Deputy Independent Ombudsman in 2010, working alongside Dr. Bithos to establish the newly appointed office. Ms. Jennings began serving people with developmental disabilities in direct care as a college student in San Marcos, Texas. Her professional experience includes serving the San Antonio community as a Child Protective Services investigator, Local Intellectual and Developmental Disabilities Authority service coordinator and manager, and Rights Protection Officer at the San Antonio SSLC. She received her undergraduate education in Social Work at Southwest Texas State University and earned a Master of Public Administration degree at University of Texas at San Antonio. She is certified by The Learning Community for Person Centered Practices as a Person-Centered Thinking trainer and is currently pursuing a PhD in Applied Demography from University of Texas at San Antonio.

Carrie Martin **Deputy Independent Ombudsman**

Carrie Martin has pursued social justice for over 15 years and has 10+ years' experience serving in various roles advocating on behalf of those living with IDD. She is a champion of change, skilled in process improvement practices, and strategic planning and values systemic problem solving, open communication and enhancing our community. She is passionate about leading the ombudsmen across the state and creating a culture that facilitates meaningful change and improves the lives of the residents of the state supported living centers. Ms. Martin formerly served as the Lead Assistant Independent Ombudsman for the OIO, then Operations Manager, and in August 2021, she was hired as the Deputy Independent Ombudsman.

Brian Morton **Lead Project Specialist**

Brian Morton joined the Office of the Independent Ombudsman in 2020. As the Program Review Lead Project Specialist, he leads development of the office's legislatively mandated reports to the legislature. He strives every day to help ensure that the Texas Legislature and people of Texas are provided with accurate and useful data regarding the rights and living conditions of residents at state supported living centers. He is passionate about human rights, using data to illuminate and solve problems, and the

implementation of public policy. Prior to joining the office of the Independent Ombudsman, Brian was a Bill Analyst at the Texas Legislative Council, and before that he interned in the Colorado Governor's Office and the Colorado General Assembly. He holds a bachelor's degree from the University of Colorado Boulder.

Brianna Teague
Project Specialist

Brianna Teague was born and raised in the Houston, TX area. After receiving a bachelor's degree from Texas A&M University, she obtained a master's degree at the University of Houston in Anthropology. She has previous experience as a research assistant in the Health and Human Performance department at the University of Houston and as a disability specialist with the Social Security Administration. Additionally, she is an Adjunct Professor at Austin Community College. Mrs. Teague specializes in research, data analysis and management support. She joined the Office of the Independent Ombudsman for SSLCs in December 2021.

Jessica Rosa
Administrative Assistant

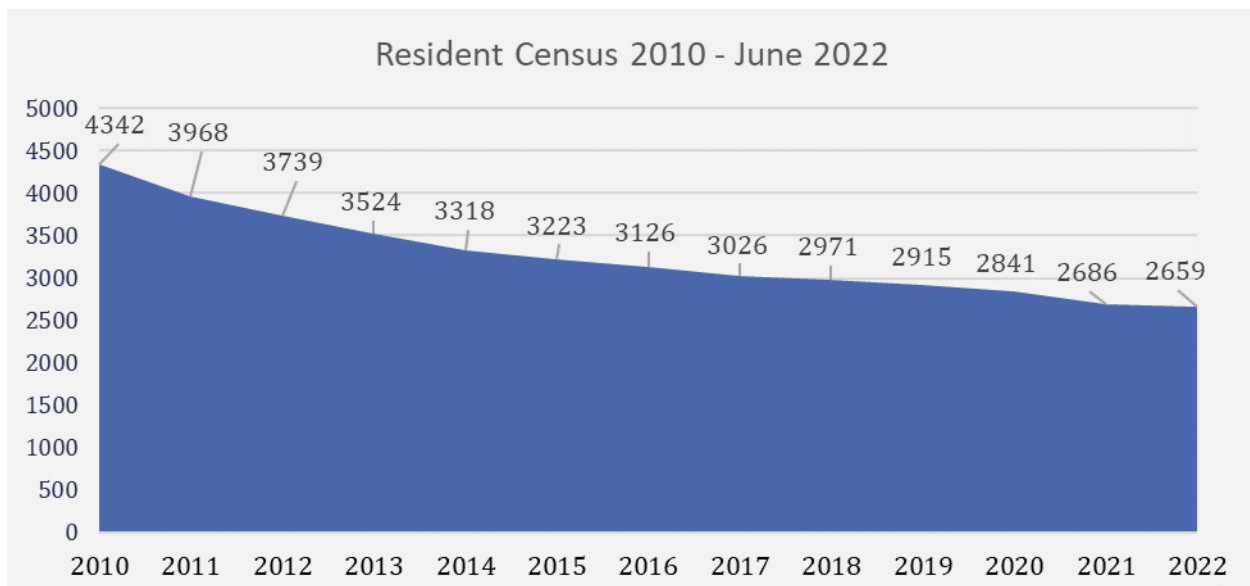
Jessica Rosa was born and raised in Austin, TX. She attended Austin Community College and Concordia University where she studied Finance. She began her professional career working for several financial institutions providing banking services for the community. She eventually moved on to provide billing and money management assistance for D&S Community Services, a leading provider of residential services and supports for individuals with intellectual and developmental disabilities where she experienced how rewarding it was to help others in need. She then transitioned into to Excel Finance Company where her results driven personality led her to effectively streamline processes and provide administrative and accounting support for over 30 offices across Texas, New Mexico, and Louisiana. Ms. Rosa has experience in report development, data management, and administrative operations. After years of tenure and much experience gained, she joined the Office of the Independent Ombudsman central office team in 2019.

SSLC Resident Population



Across the state of Texas there are 13 state supported living centers which are home to 2,659 people with intellectual and developmental disabilities. Residents of the SSLCs are provided with life skills training and occupational, physical and speech therapies. Additionally, each SSLC offers 24-hour residential services, comprehensive behavioral treatment, and healthcare including medical and dental services. Many residents are employed by local businesses, and children and adults up to age 22 can receive public education through local school

districts. The demographic data provided in this report was obtained on July 1, 2022, from the Health and Specialty Care System division of Texas Health and Human Services, which manages the centers. The data provided shows that when the Office of the Independent Ombudsman for SSLCs started in 2010, the population was 4,342, and since then, 1,683 residents have moved or passed away on net. There has been a consistent downward trend in the number of residents living at the SSLCs, with Mexia SSLC having the greatest decrease in population since 2010, however the centers continue to regularly admit new residents who may be best served by the SSLCs.



Source: The Health and Specialty Care System division of Texas Health and Human Services. 2010 to June 2022

Table: Resident Census and Difference in Resident Census between 2010 and July 2022

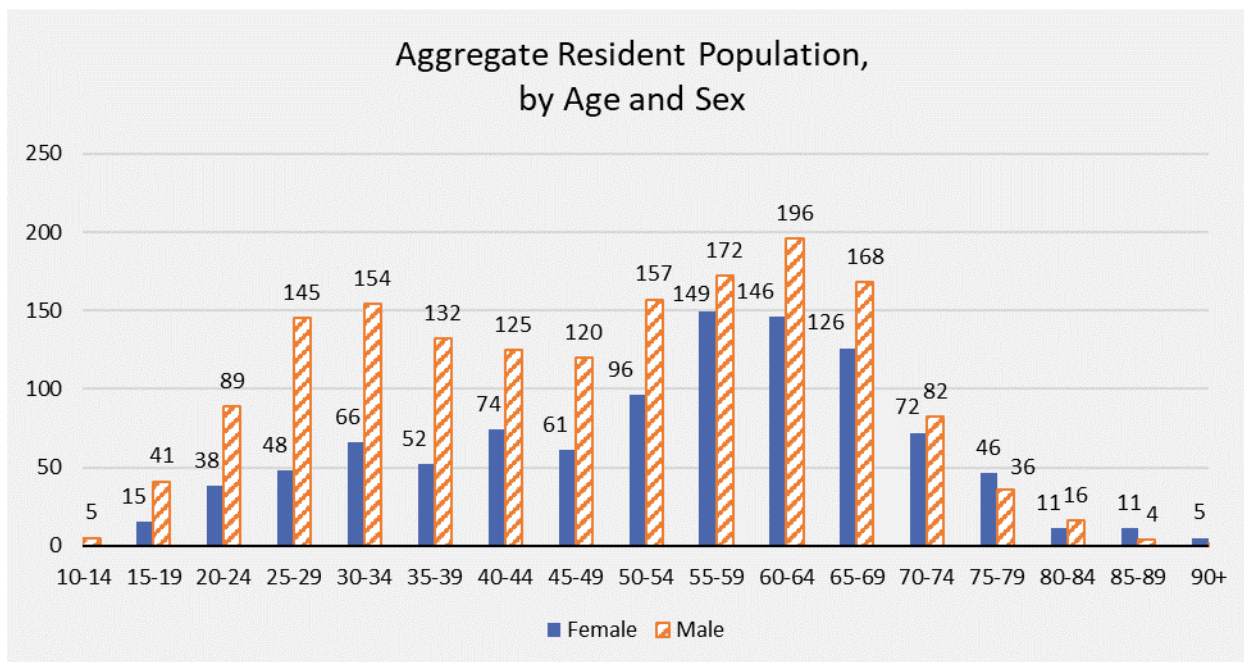
SSLC	Census 2010	Census June 2022	Change in Population	Percentage Change
Mexia	443	216	-227	-51%
Abilene	466	248	-218	-47%
San Angelo	262	147	-115	-44%
Austin	389	165	-165	-42%
Corpus Christi	305	177	-128	-42%
Lufkin	411	237	-174	-42%
Brenham	362	229	-133	-37%
San Antonio	282	186	-96	-34%
Denton	563	396	-167	-30%
Richmond	419	293	-126	-30%
El Paso	138	100	-38	-28%
Lubbock	231	200	-31	-13%
Rio Grande	71	65	-6	-8%
Aggregate	4342	2659	1683	-39%

Source: The Health and Specialty Care System division of Texas Health and Human Services. 2010 through June 2022

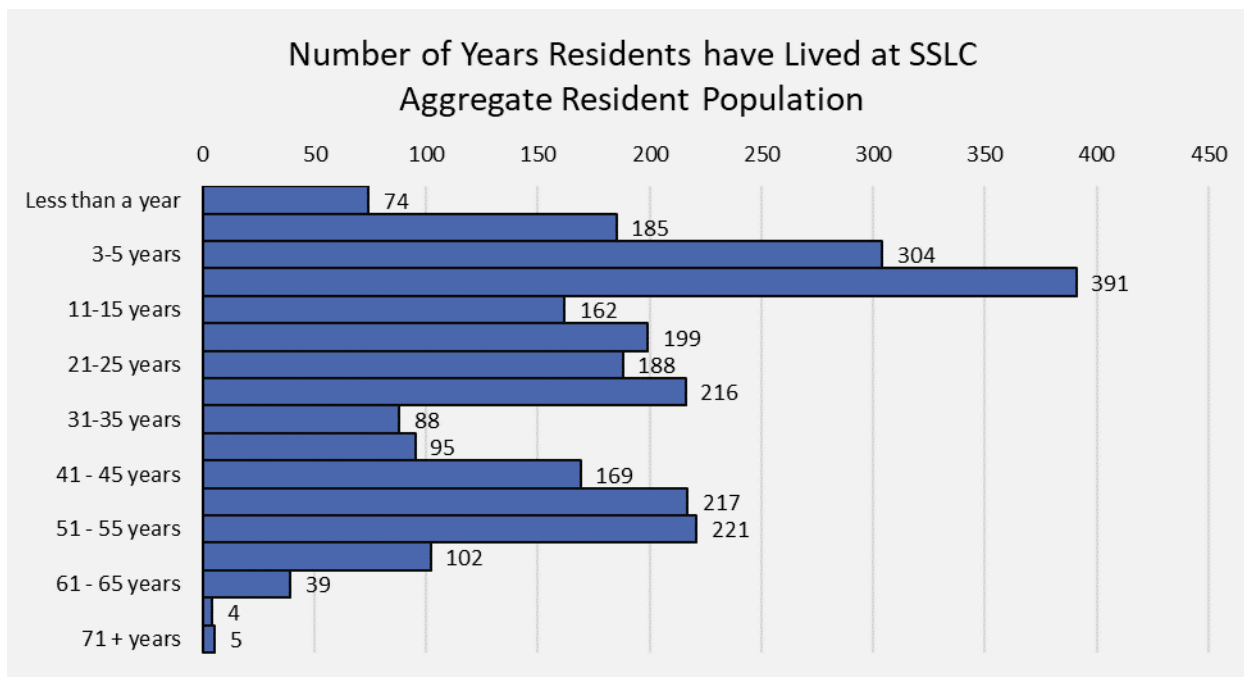
On July 1, the SSLC resident population consisted of 1,643 males and 1,016 females. There are significantly more males residing at the SSLCs than females in every age group except for those 85 or older. There are 578 residents over the age of 65, which is 22% of the total population. Most adult residents have a legal guardian, which is usually a family member, though a third of adults do not have any type of guardianship. There are 130 residents who are 22 years old or under, which is the maximum age of eligibility to attend public school, including 34 residents under the age of 18.

The average number of years a resident has lived at a SSLC is 25 years, and more than half of all residents have lived at a SSLC for over 20 years. Among current residents, the average age at the time of admission was 25 years old, which is significantly younger than the age of the general SSLC population, historically. From January 2022 through June 2022, there were 74 admissions with a median age of 31, and the youngest of whom was 10 years old. Mexia SSLC has admitted 18 residents through June of this year, which is the highest number of admissions at any center in this period. The Mexia SSLC admits and discharges residents more frequently than other SSLCs due to its designation as a forensic facility, which provides services to individuals who have been committed under criminal statute. Individuals who are committed under criminal statute are referred to as alleged criminal offenders because they have not been convicted of the crime for which they have been charged due to their intellectual and developmental

disability. These residents are committed to an SSLC when a judge determines the individual would be better served at an SSLC than in a prison.

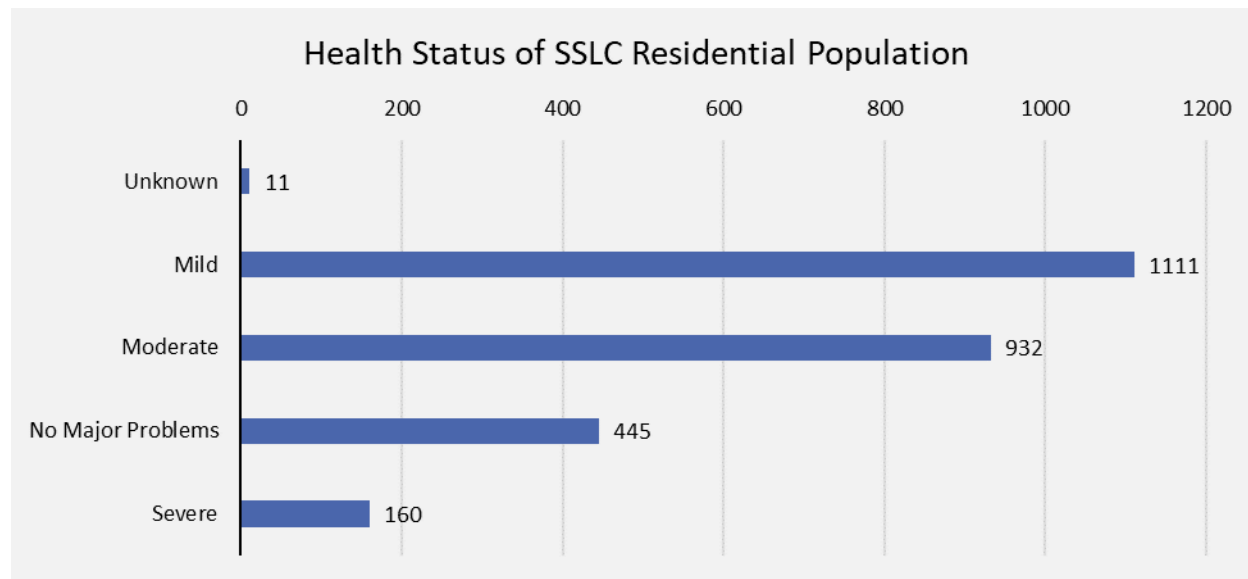


Source: The Health and Specialty Care System division of Texas Health and Human Services. July 1, 2022.



Source: The Health and Specialty Care System division of Texas Health and Human Services. July 1 ,2022

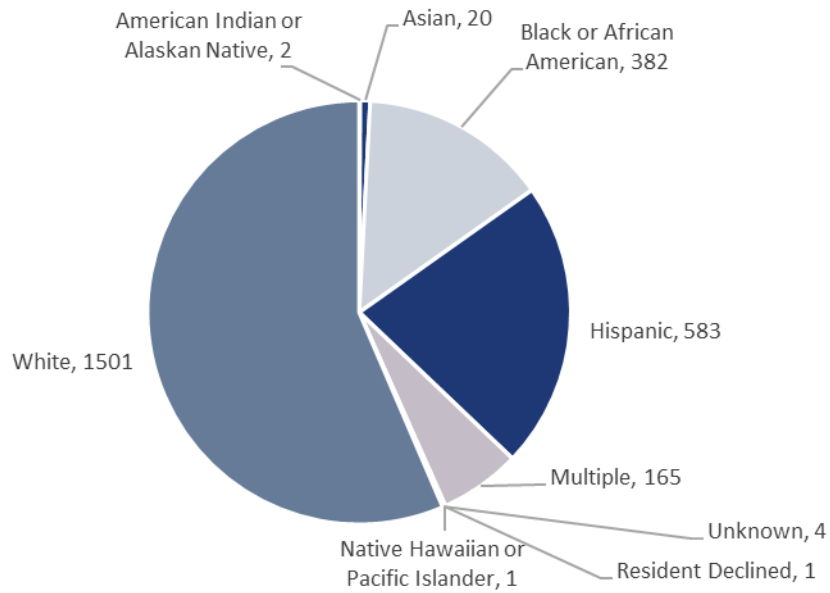
Currently, there are 154 residents who have been admitted to the facility as an alleged criminal offender. Although nine SSLCs serve at least one resident who is alleged to have committed a criminal offense, 69% of the SSLC residents who are alleged offenders reside at Mexia SSLC. There are 106 residents living at Mexia that have been alleged to commit a criminal offense, and four have been determined to be a high risk of danger to themselves or others, which legally requires a highly restrictive environment. San Angelo SSLC is also designated as a forensic services center and currently serves 27 alleged offenders.



Source: The Health and Specialty Care System division of Texas Health and Human Services. July 1, 2022

In the entire SSLC population, 41% of residents have a moderate or severe health status. A moderate health status is defined by HHS as having chronic health problems which require less than daily professional intervention. HHS defines a severe health status as an individual that is unstable and/or has multiple serious health problems, and which may be life threatening, requiring daily professional intervention. A total of 160 residents have a health status of severe.

Race and Ethnicity of SSLC Residential Population



Source: The Health and Specialty Care System division of Texas Health and Human Services. July 1, 2022

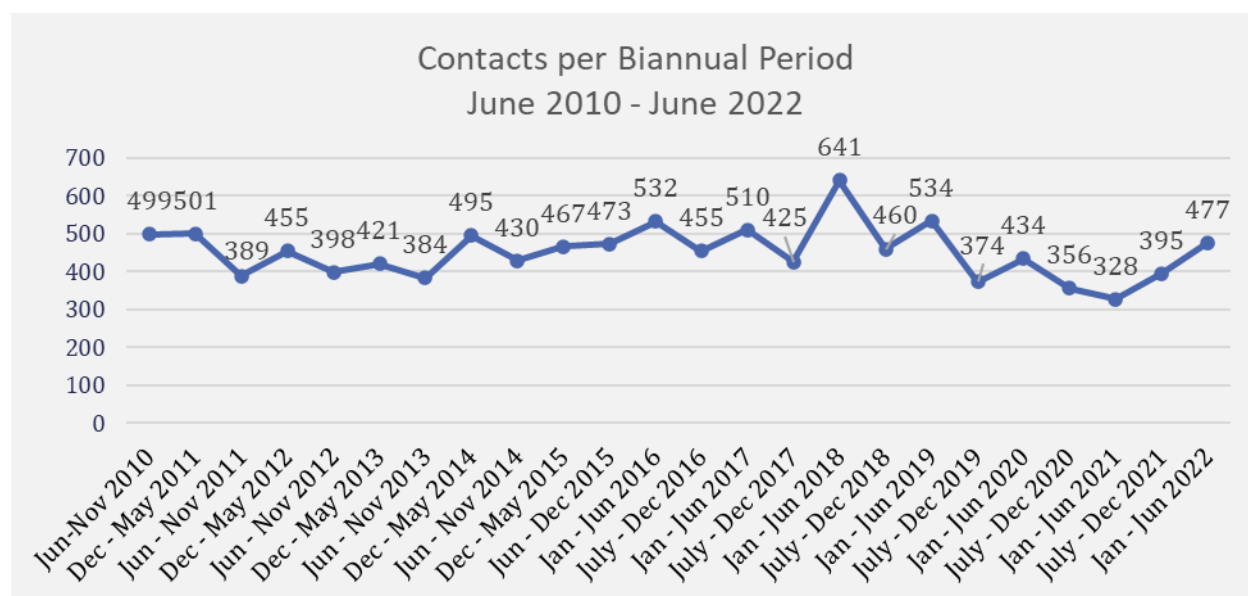
Race and ethnicity demographic data are provided to acknowledge the identity of residents. The majority of the SSLC population identifies as white at 57%, 22% identify as Hispanic, and 14% identify as Black or African American. There are 165 residents who are recorded as multi-racial.

Duties and Activity of the Office

Overview

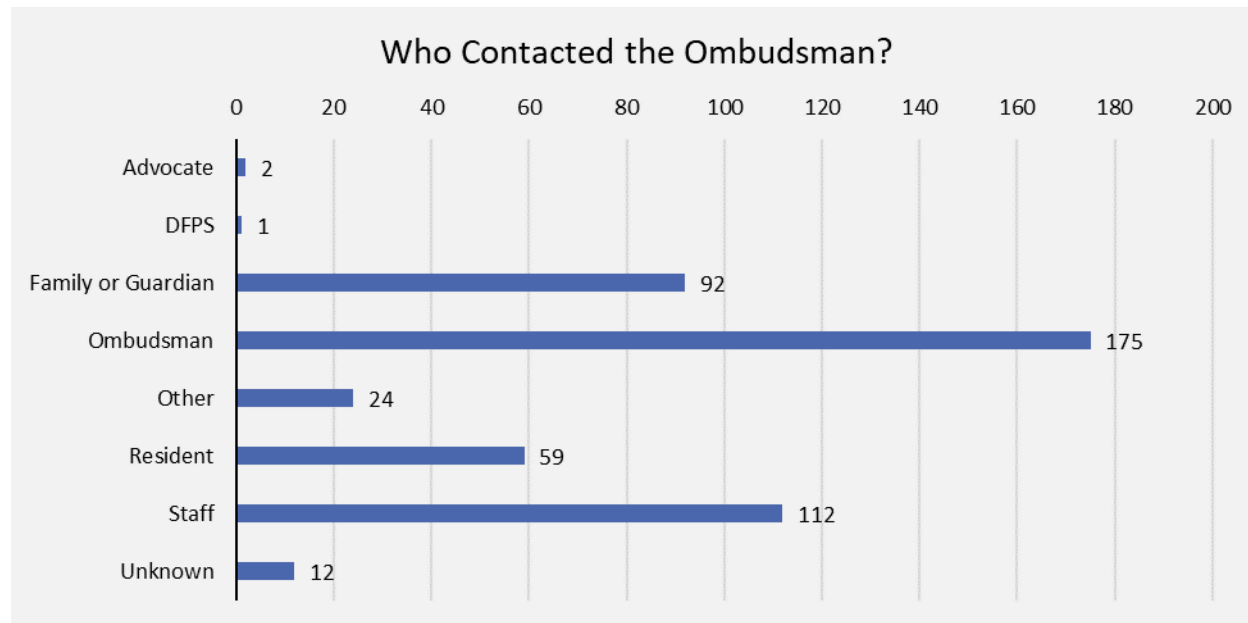
Being visible and engaged in the operations of the SSLC is the hallmark of the ombudsman's role. The ombudsman at each center routinely provides meaningful input, collaboration, and expertise to the SSLC administration, including making recommendations. All contacts made directly to the ombudsman are recorded and tracked in a secure online database. Documentation of investigations and actions of the ombudsman are recorded and kept confidential, except by special court order. For the biannual period of January 2022 through June 2022, there were a total of 477 contacts, which reflect the number of contacts received by or initiated by an ombudsman. If a contact is received that is beyond the scope of the ombudsman, they will refer the complainant to the appropriate entity.

Going into the third year of the global pandemic, the ombudsmen continue to be accessible in person at the centers while being cognizant of safety guidelines developed by state regulatory authorities that might require a change in the way they contact residents, staff, and family members. For the second biannual period in a row, there was an increase in contacts. The number of contacts has returned to pre-pandemic levels, and efforts to remain accessible are on-going.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

The most common source of recorded contacts during this biannual period were concerns identified by the ombudsmen, followed by staff. The ombudsmen are beginning to spend more time on-site at the SSLCs compared to previous rates during the height of the pandemic. The increase in the number of contacts from the previous period demonstrates the activity of the ombudsmen has returned to pre-pandemic levels. The high volume of ombudsmen-identified cases demonstrates the unique value of the ombudsmen's presence at facilities.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

Last biannual period, the ombudsmen received a greater number of complaints and requests for assistance by family members and/or guardians than historically experienced, this trend continued and has shown a 23% increase from the previous reporting period.

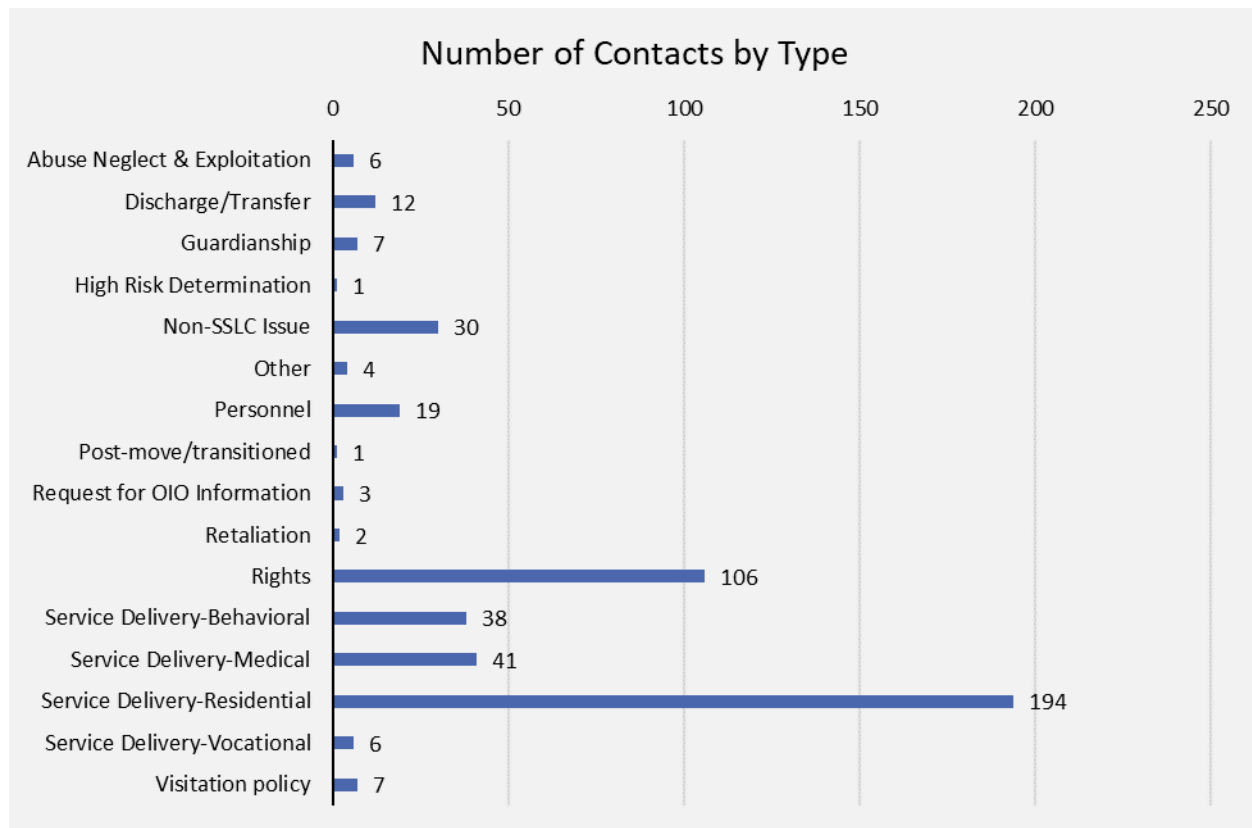
Sometimes the ombudsman is contacted about issues that are outside of the office's scope. During this reporting period, there were 47 contacts referred to another entity, such as the Long-term Care Ombudsman program. The ombudsman is also frequently contacted by staff members with personnel issues who are referred to the SSLC or HHS Human Resources. Although 477 contacts were received, the office handled 430 cases in this biannual period which were not referred to another entity. There are three types of cases: consults and inquiries are contacts that do not require an investigation but require the ombudsmen's expertise and insight, while complaints are concerns that require an investigation by the ombudsmen. Complaints made up 89% of all cases for this biannual period.

Aggregate Number of Cases



Source: OIO - HHS Enterprise Administrative Report and Tracking System

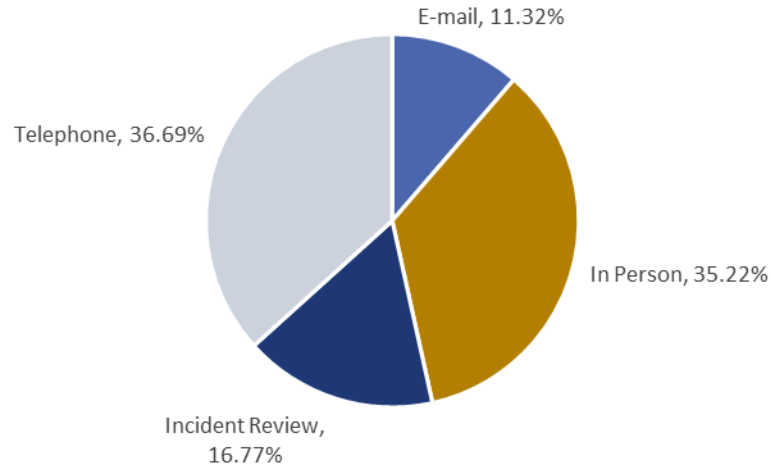
Staff, residents, family members, and others contact the ombudsman regarding concerns that impact residents' lives. The most common kinds of concerns investigated by the ombudsmen were those related to residential service delivery, and the second most common were rights-related issues. Following an investigation, the ombudsman may provide the center's administration with recommendations, which are monitored by the ombudsman to evaluate if, and how, the issue is addressed by the facility.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

Each ombudsman has an office at their assigned SSLC making them easily accessible to residents and staff. Most contacts are made in person, but the pandemic required professional staff and the ombudsmen to work remotely at times so many contacts were made by telephone or email. The office maintains a toll-free number which directly connects to the ombudsman's office phone. This number, the ombudsman's name, direct phone line, office location, and email address are displayed prominently in common areas at each SSLC on posters and brochures. The office also maintains a website that provides contact information and explains the role of the office.

How Was the Ombudsman Contacted?



Source: OIO - HHS Enterprise Administrative Report and Tracking System

In addition to monitoring service delivery and investigating concerns, the ombudsman at each SSLC evaluates the way the center investigates serious incidents. Each ombudsman attends incident meetings, reads all SSLC investigation reports, and monitors actions taken by the SSLC after each incident. In total, the ombudsmen reviewed 1,270 incident investigations this biannual period.

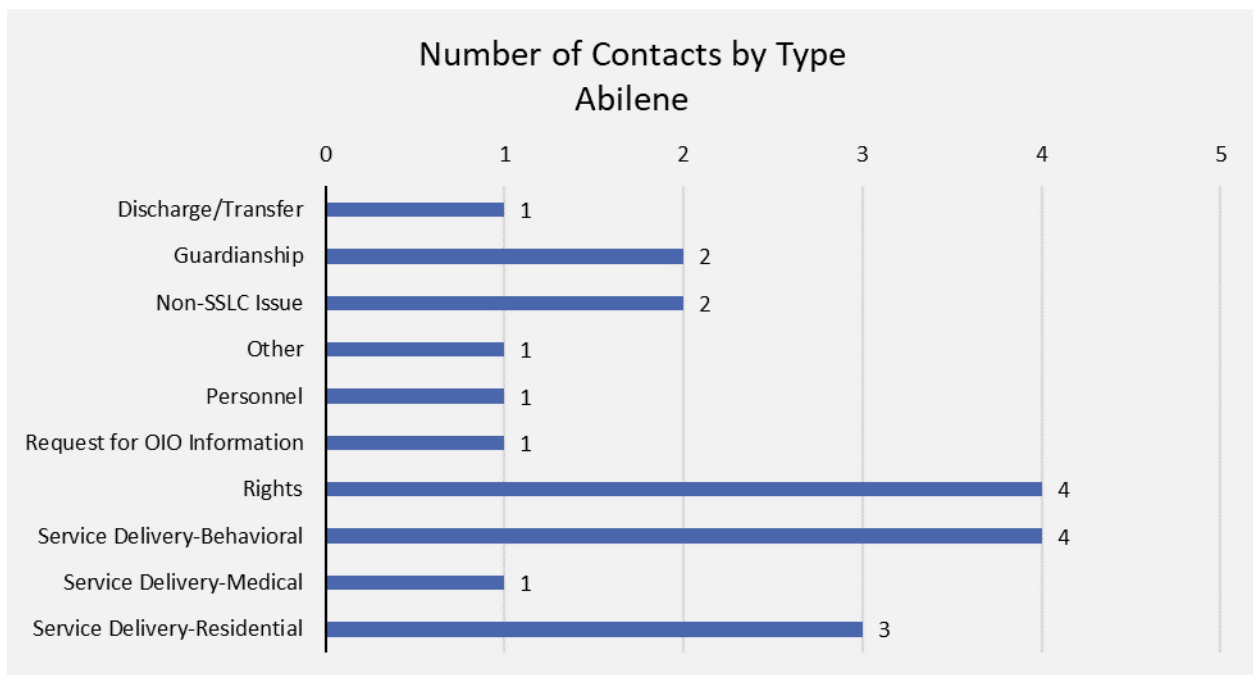
The most common reported and reviewed incidents were abuse allegations. The ombudsmen do not investigate abuse and neglect. Allegations of abuse and neglect are reported to and investigated by the HHSC Provider Investigations (HHSC PI) unit. When a report is made, the SSLC is responsible for protecting the alleged victim and taking precautions to prevent further incidents or allegations. When an allegation is confirmed, the ombudsman at each SSLC monitors recommendations made to SSLC administration by HHSC PI.

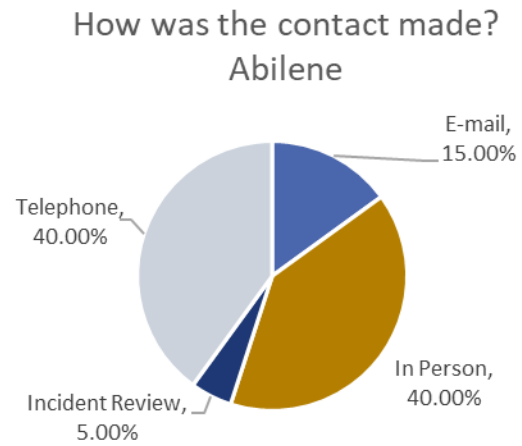
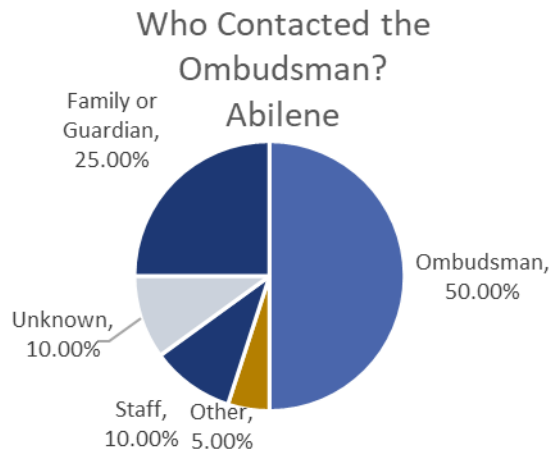
Abilene State Supported Living Center

Jill Antilley, Senior Assistant Independent Ombudsman



Jill Antilley has served residents at the Abilene State Supported Living Center for 18 years. Her career began in the Recreation Department as a direct-care staff in 2000 while attending college at Hardin Simmons University (HSU). Ms. Antilley graduated from HSU in 2000 with a bachelor's degree in Police Administration and worked at a juvenile correctional facility as a case manager and as a juvenile probation officer. Antilley returned to the Abilene SSLC in 2002 to serve as a Qualified Developmental Disability Professional and as the Human Rights Officer. She joined the Office of the Independent Ombudsman as the Assistant Independent Ombudsman in Abilene SSLC in 2010.





Abilene: Cases Opened this Biannual Period



Case Study: Abilene

Action Type	Complainant Relationship to Client	How Recieved	Case Type
• Complaint	• Ombudsman	• In Person	• Service Delivery - Behavioral

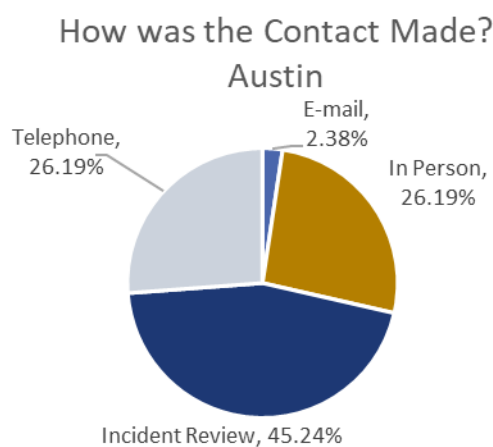
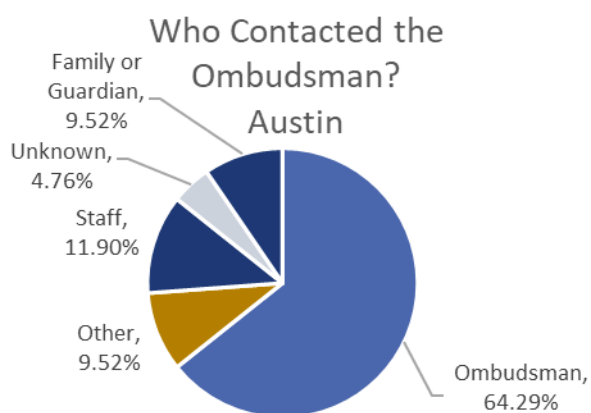
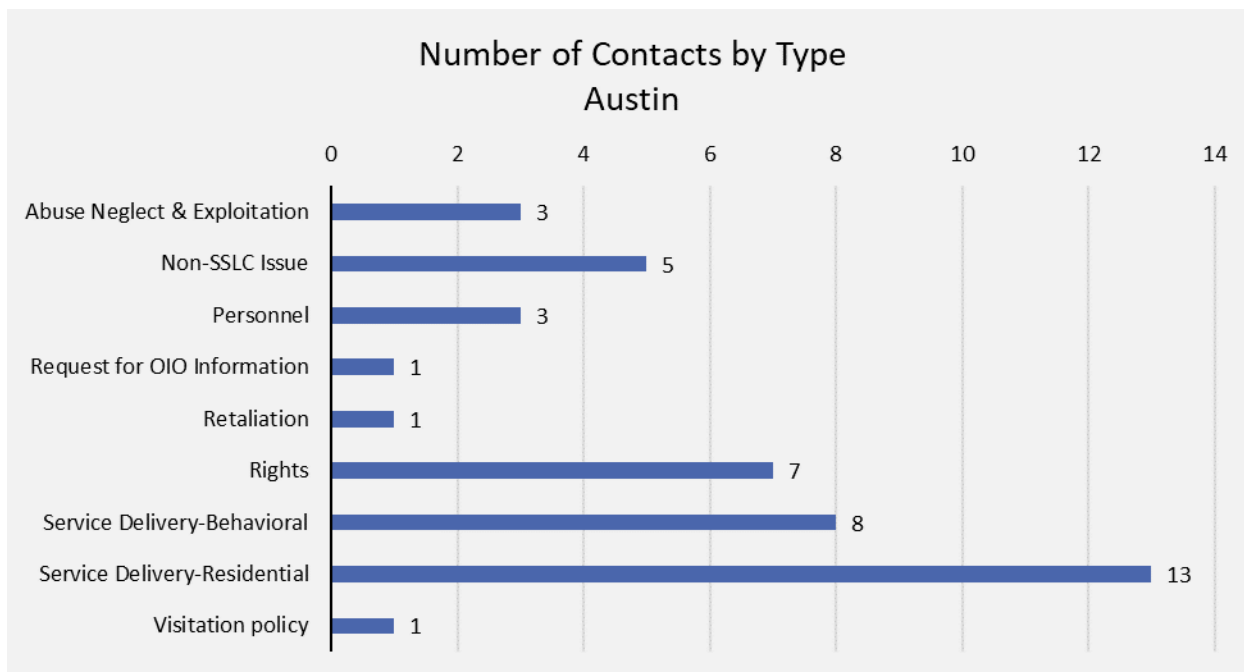
While visiting a home, staff reported to the AIO that they had to push and hold down an individual's hands to stop them from rubbing their face or hair. The Ombudsman reviewed the resident's record for any type of restriction, behavior plan, restraint plan or Physical Nutritional Management Plan (PNMP) that would have identified this restrictive physical redirection. However, none of the documented plans had evidence that physical redirection should be implemented. In speaking with the Human Rights Officer (HRO), it was also reported that the individual moves their hands in such a way that the Interdisciplinary Team did not view the behavior as a risk of self-injury or harm. After a discussion between the AIO, HRO and the Behavioral Health Director, it was determined that the staff instructions were not clear, and that additional staff training would be implemented.

Austin State Supported Living Center

Talya Hines, Assistant Independent Ombudsman



Ms. Hines was born and raised in Grayson County, Texas, and resides in Pflugerville with her family. Ms. Hines earned a Bachelor of Arts Degree in Sociology and a Master of Science Degree in Rehabilitation Counseling from the University of North Texas. She began her professional career at the Department of Family and Protective Services as a Child Care Licensing Specialist in Dallas. Ms. Hines then moved to Austin where she assisted individuals with disabilities with maintaining independence through their environment and employment as a case manager for the Department of Assistive and Rehabilitative Services. Following her passion to help others, Ms. Hines obtained the position of Post-Move Monitor at the Austin SSLC, where she supported individuals who transitioned into a community setting. Before she began serving as the Assistant Independent Ombudsman for the Austin SSLC in 2018, she developed online, and instructor led curricula for Local Authorities as a Curriculum Developer for HHS. Ms. Hines is certified as a Person-Centered Thinking trainer with The Learning Community for Person Centered Practices



Austin: Cases Opened this Biannual Period



Case Study: Austin

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• LAR	• In Person	• Service Delivery - Residential

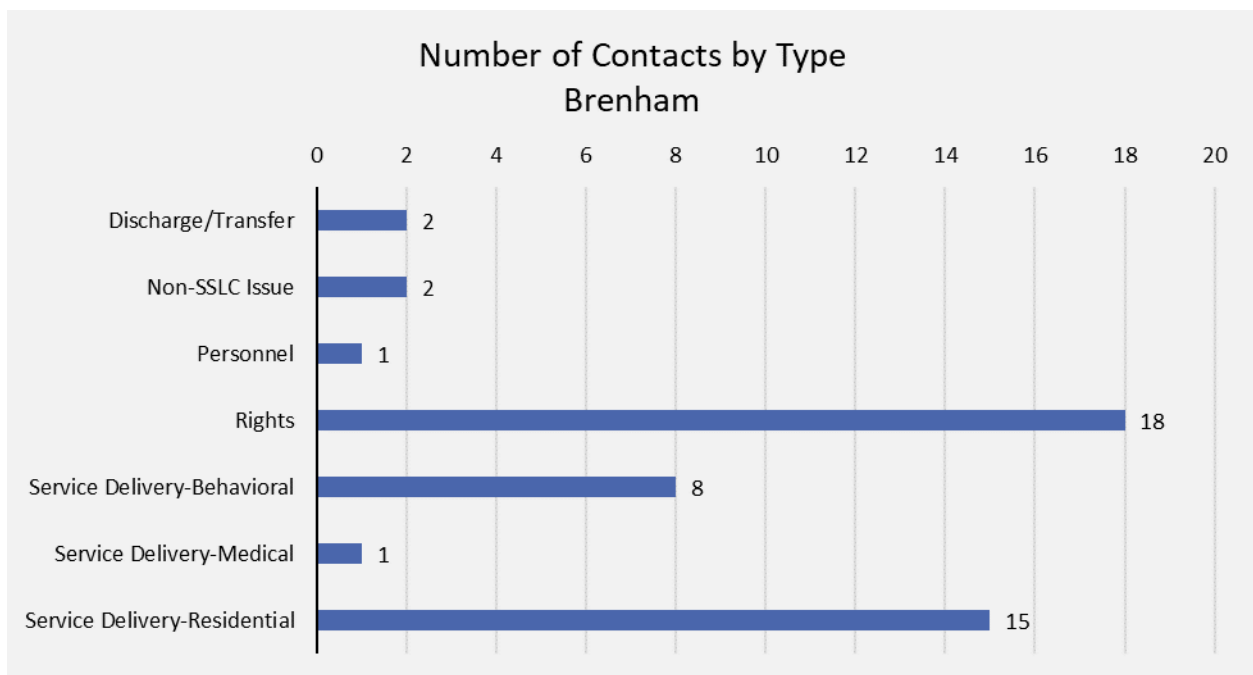
The AIO was observing a Human Rights Committee meeting when a family member expressed that they were not comfortable with the interdisciplinary team's (IDT) decision to decrease an individual's level of supervision (LOS). The individual was previously on one-to-one supervision and the Team recommended lowering the supervision to routine. The LAR felt the resident should stay on the one-to-one LOS due to previous incidents of "running away". The AIO reviewed relevant documentation and spoke with several staff across discipline areas. The Ombudsman found that the individual had a history of leaving the facility unauthorized, which in some instances, resulted in detrimental outcomes. The AIO discovered that the instances in which the resident had left the facility occurred when they were on routine supervision. The Ombudsman recommended that the Team ensure appropriate staff were assigned to the resident and the IDT review the individual's LOS in consideration of the individual's history and the LAR's concerns. After the IDT reconvened, they decided to modify the individual's LOS to enhanced supervision with 10-minute verification checks. Ultimately, the AIO's involvement ensured the LAR's concerns were addressed, and enabled the resident to have a less restrictive LOS providing them more freedom.

Brenham State Supported Living Center

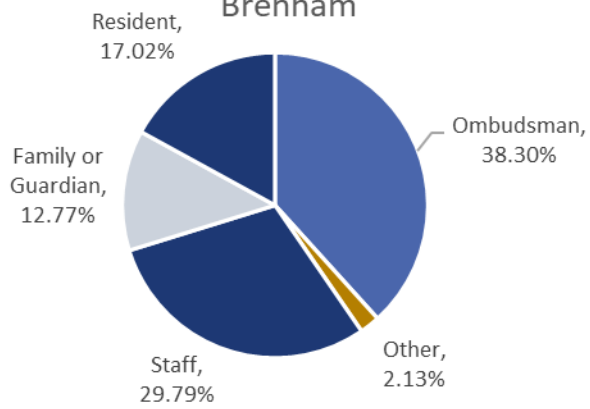
Susan Aguilar, Assistant Independent Ombudsman



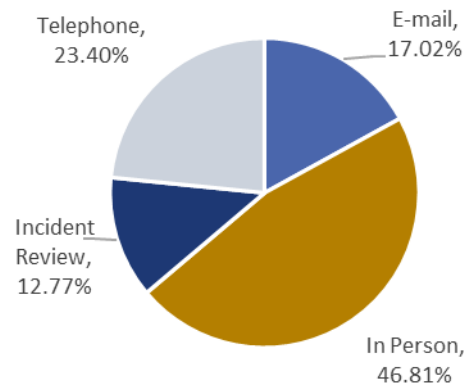
Susan Aguilar earned a Bachelor of Arts degree in Political Science from Texas Lutheran University. She worked in the field of early childhood intervention prior to obtaining the position of Qualified Developmentally Disabled Professional at the Brenham State Supported Living Center. While at the Center, Ms. Aguilar also served as program facilitator, person-directed planning coordinator, level of need coordinator and interim rights protection officer. She has held the position of Assistant Independent Ombudsman since 2010. Ms. Aguilar is a certified Person Centered Thinking trainer with The Learning Community for Person Centered Practices.



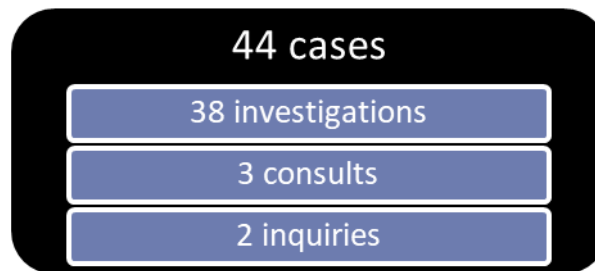
Who Contacted the
Ombudsman?
Brenham



How was the contact made?
Brenham



Brenham: Cases Opened this Biannual Period



Case Study: Brenham

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Staff	• In Person	• Service Delivery - Behavioral

The AIO investigated a concern that a resident with behavioral needs didn't appear to be receiving adequate supports after returning from a hospital stay. The Ombudsman interviewed staff from involved disciplines, made observations at the home and reviewed electronic records. The AIO discovered that the resident's immediate medical needs of monitoring sodium levels, fluid intake and increasing weight gain were being addressed. However, there was a need to put additional supports in place to work on regaining strength and addressing loss of vision, increasing compliance with daily living activities, and evaluating and establishing supports for sensory needs. The AIO emphasized to the team that meeting these needs would establish a more integrated and improved quality of life for this individual. Additionally, the AIO provided recommendations to the facility director that formal supports and tracking progress would be beneficial to ensure success.

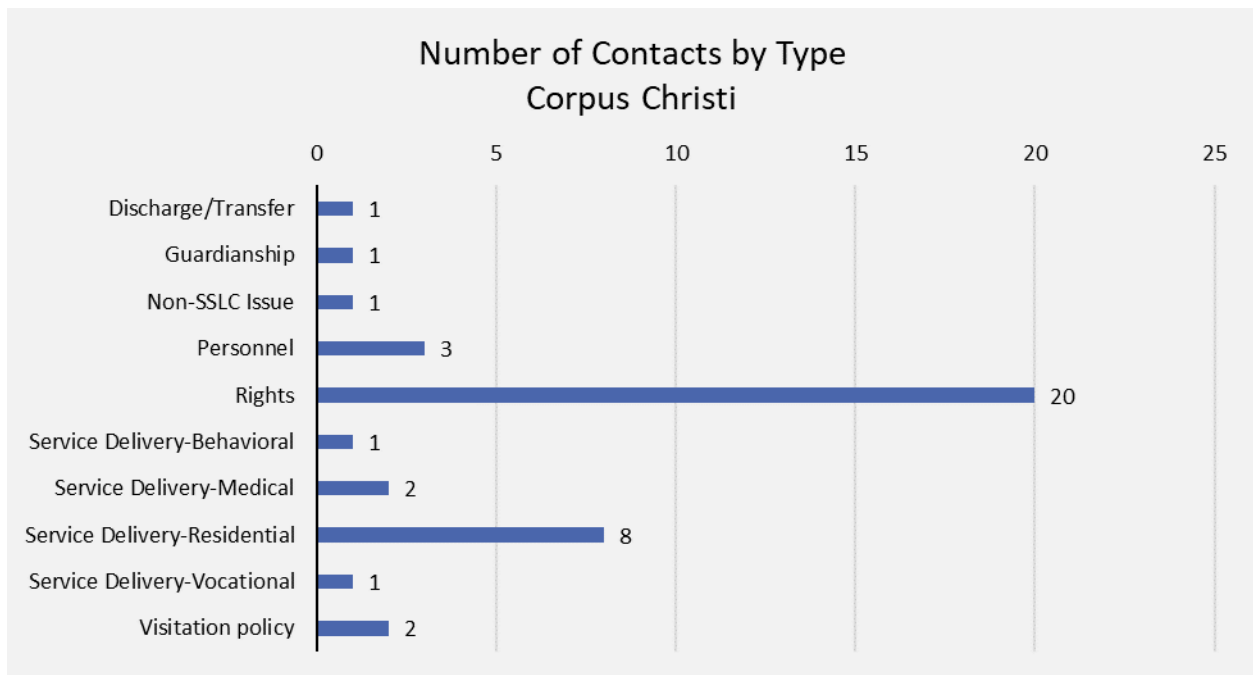
The Ombudsman recommended that the team consider the individual's compliance with dressing to ensure dignity and respect, their ability to visit other areas of the home, as well as efforts to engage the individual in meaningful activities and sensory experiences due to changes in their vision. Efforts by Habilitation Therapy staff have resulted in progress with basic activities of daily living and the Ombudsman continues to monitor the needs of this individual. The individual has shown progress with basic activities of daily living however, increased involvement from behavioral services may be needed to further facilitate progress towards desired outcomes.

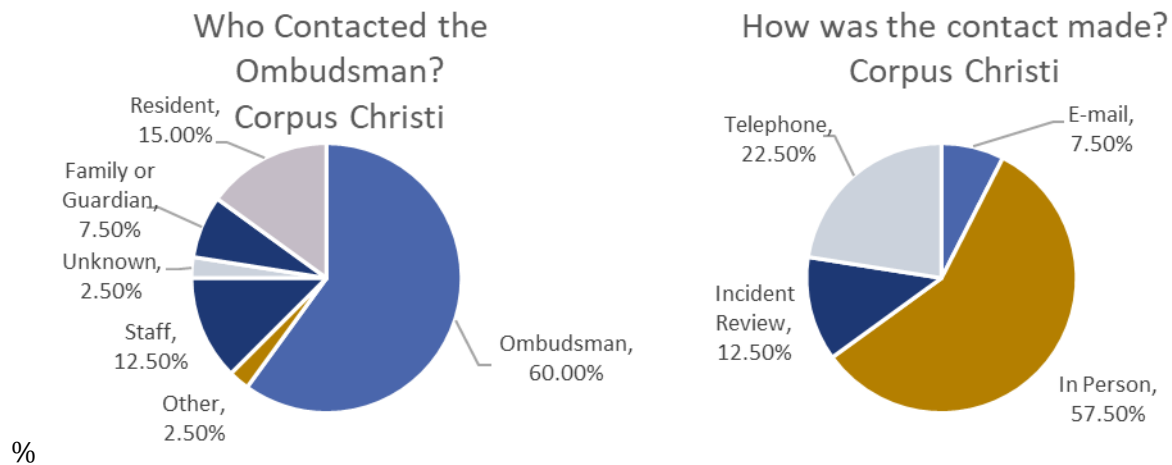
Corpus Christi State Supported Living Center

Kellen Davis, Assistant Independent Ombudsman



Ms. Davis's career began in 1988 while going to school at Howard Payne University. She worked for the Texas Youth Commission as the Recreation Supervisor. She graduated from HPU with a degree in Physical Education and a minor in English. She went on to work for the TYC for 15 years in various roles. Ms. Davis also worked as an LVN for the University of Texas Medical Branch. She was a respite supervisor for local MHMR and owned her own business, a doughnut coffee shop. Ms. Davis worked at the Mexia SSLC for 4 and a half years as the Transition Specialist. She joined the Office of the Independent Ombudsman at the Corpus Christi SSLC in 2017.





Corpus Christi: Cases Opened this Biannual Period



Case Study: Corpus Christi

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Ombudsman	• In Person	• Rights

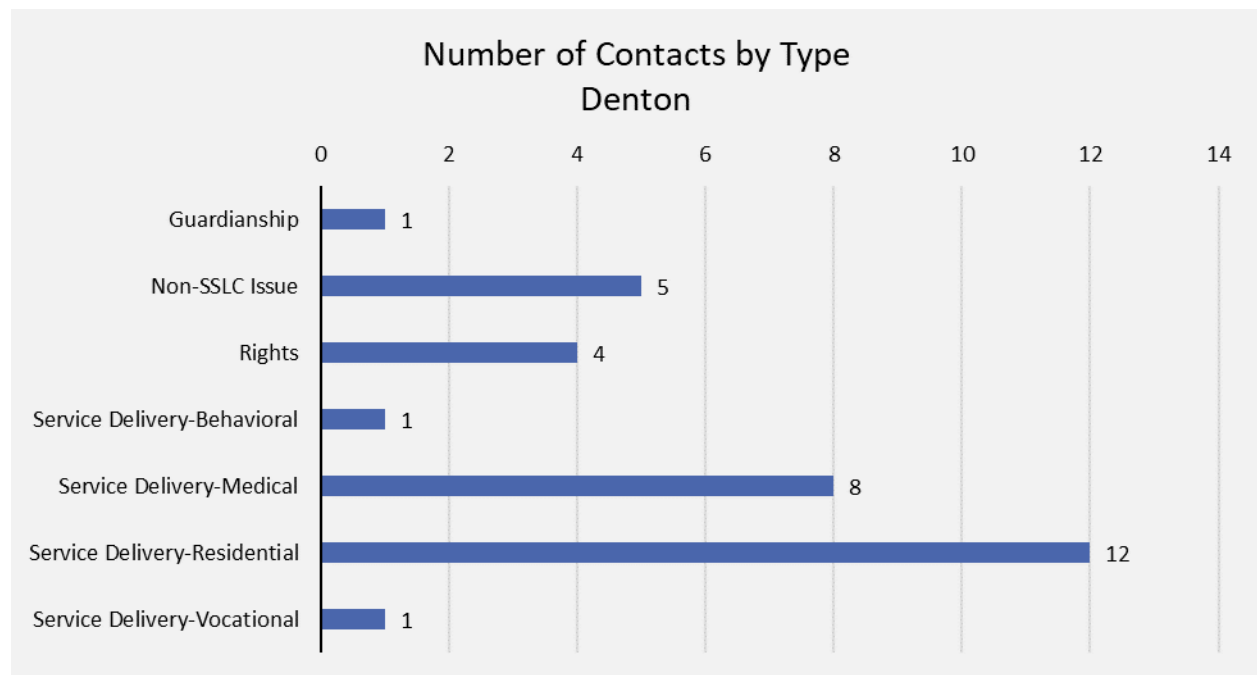
The interdisciplinary teams (IDT) are responsible for identifying restrictions that may be needed to best support an individual, including restrictions on the level of supervision (LOS). When a restriction is warranted, the IDT must consider due process elements to justify the restriction, such as the reason for the restriction, less intrusive approaches attempted, and an individualized and measurable plan of reducing or removing the restriction. Once the IDT specifies the details for the proposed restriction it must be approved by the Human Rights Committee (HRC).

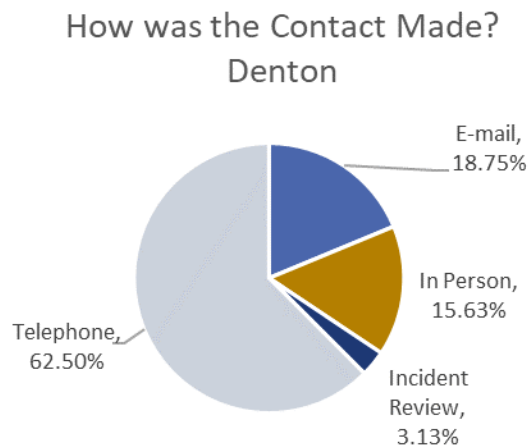
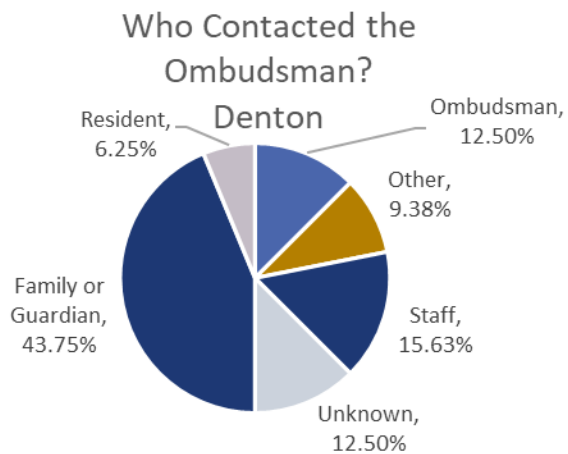
The facility has a Level of Supervision (LOS) Committee, which reviews the criteria to reduce a residents' LOS and may provide recommendations to the IDT based on data and trends. Upon investigation, the Ombudsman discovered that the LOS committee was directing the IDT not to reduce or remove the LOS, even though the individual had met the reduction criteria determined by the IDT and after it had been approved by HRC. The AIO was concerned that the LOS Committee was giving directives to the IDT on individuals' programming, which is inconsistent with an IDT-driven system, as is best practice and established through federal guidelines. The Ombudsman recommended that the LOS Committee provide their recommendations to the IDT without explicit directives on individuals' programming and plans.

Denton State Supported Living Center

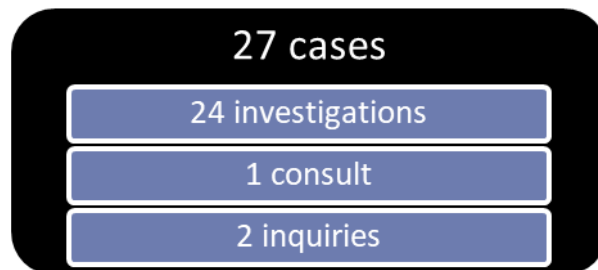
Edward Leal, Assistant Independent Ombudsman

Edward Leal began his career in 2009 at the Denton SSLC where he served both as a Direct Support Professional and the Administrative Assistant to the Center Director for almost a decade. Edward then served as a Civil Rights Specialist where he received extensive training and experience conducting complex investigations of employment discrimination complaints. He has a Bachelor of Applied Arts and Sciences degree from the University of North Texas with an emphasis in Applied Behavior Analysis and Clinical Psychology and is pursuing a Master of Business Administration degree. Mr. Leal joined the Office of the Independent Ombudsman as the Assistant Independent Ombudsman at the Denton SSLC in February 2020.





Denton: Cases Opened this Biannual Period



Case Study: Denton

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Staff	• Email	• Rights

The Ombudsman received a complaint on behalf of a resident regarding an ongoing issue about home staff failing to pick up and deliver a resident's mail. The caller reported being told by home staff that they were busy and picking up residents' mail was not a priority. The resident was expecting DVDs in the mail from their family and was upset because they hadn't received anything yet. The AIO verified that the resident did not have mail or other related restrictions that would prevent them from receiving mail. Additionally, the home did not have a process in place to consistently deliver mail to residents.

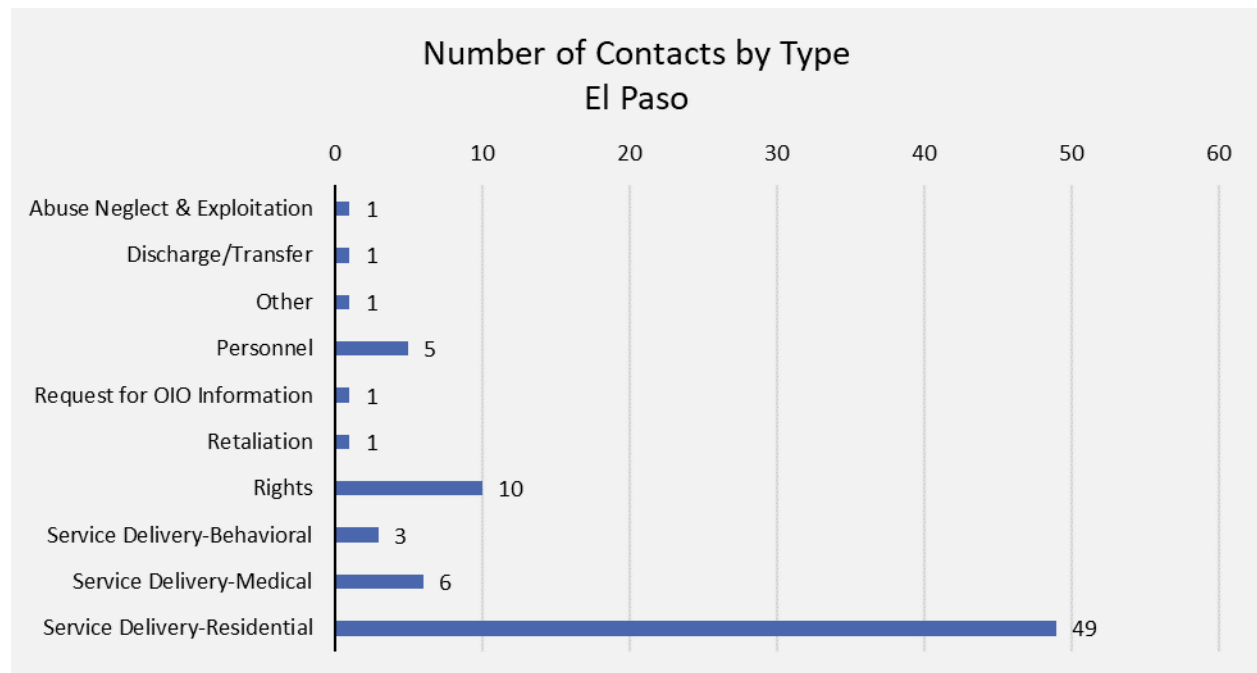
The AIO recommended that staff be informed and retrained on the individual's plans and provided clarification that the resident did not have a mail restriction in place. Additionally, it was recommended that staff and the Interdisciplinary Team review the existing process for mail delivery to ensure residents receive mail within a reasonable time frame. In the Ombudsman's follow up, he found that staff had been retrained on the resident's plans, a procedure was implemented by the facility to ensure individuals received their mail and confirmed that the resident involved was now receiving their mail.

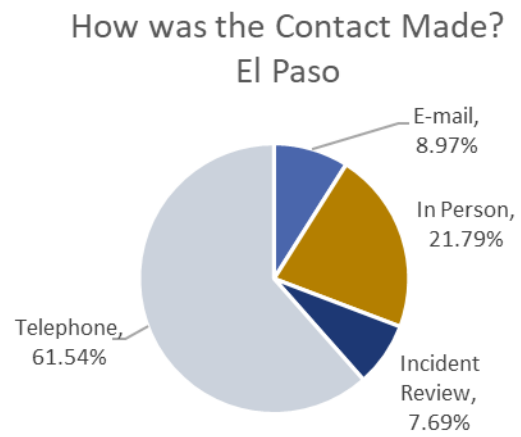
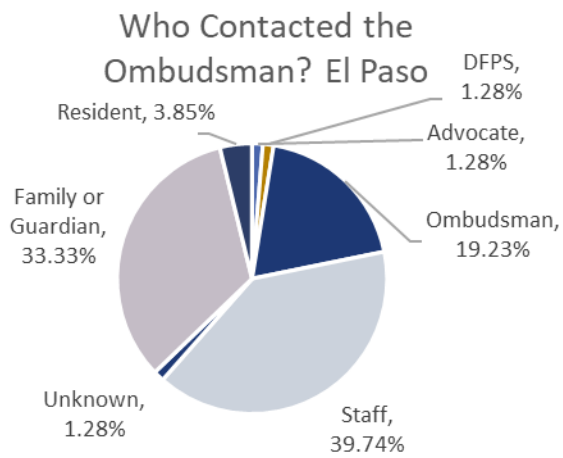
El Paso State Supported Living Center

Isabel Ponce, Assistant Independent Ombudsman

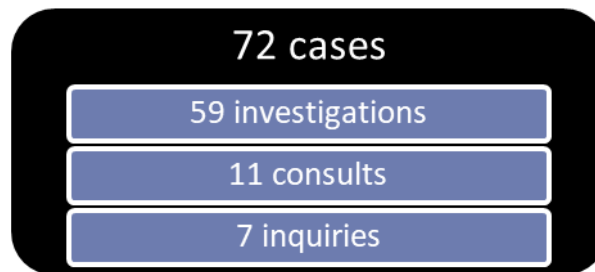


Born and raised in the Sun City, Ms. Ponce has worked in services and advocacy for the elderly, children and individuals with disabilities for over 20 years. She was employed in nursing homes as a certified nursing assistant and then certified medication assistant before working with the El Paso Headstart program where she provided social services to children and their families through community outreach. She then went on to serve adults with developmental disabilities as a Residential Director in a Home and Community Service program in the private sector. Soon after, Ms. Ponce became a Certified Internal Investigator and began working as a Case Manager for the same HCS Provider. After seven years with the community program, she joined the Office of the Independent Ombudsman in December 2010 as the AIO for the El Paso State Supported Living Center. She is certified in Mediation and has been trained in Person Centered Practices.





El Paso: Cases Opened this Biannual Period



Case Study: El Paso

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Ombudsman	• In Person	• Service Delivery - Residential

The AIO was informed that several residents in one home had lost substantial amounts of weight within the last several months. The AIO was concerned about the potential health risk from how quickly the residents were losing weight. Through further investigation, the ombudsman learned that the scale used in the home was inaccurate. Additionally, staff were not following each resident's weighing schedule which resulted in large gaps between documented weights. The AIO visited the home and discovered that several residents' breakfast, lunch, and snacks were in a locked office, untouched and uneaten. The AIO conducted observations during mealtimes and reviewed mealtime records and weights. The AIO found consistently that although residents had not eaten their meals, staff documented that the residents had consumed 75%- 100% of their meals. The AIO also discovered that staff were not prompting individuals to eat. During the investigation the AIO observed the home and reviewed staffing documentation on several occasions and found that the home often did not have the requisite number of staff needed in the home to provide support services.

The AIO recommended that staff be retrained on their responsibility to enter complete and accurate documentation, as well as suggested that the Quality Assurance staff be advised of the concerns with this home in order to monitor all areas for feedback to the teams and administration. The AIO also suggested staff continue to assist and encourage the residents to eat their meals after their initial refusals. A final recommendation was to use the calibrated and consistent scale in the facility clinic to ensure accuracy of individuals' weights.

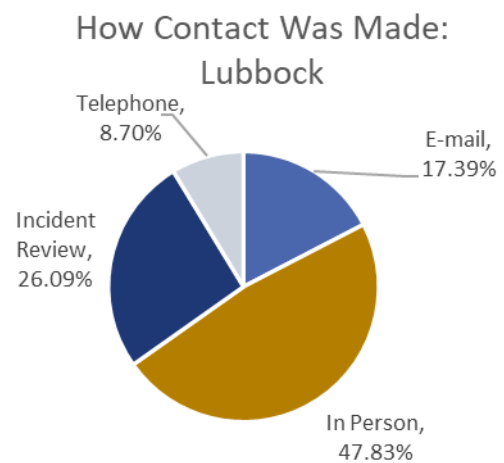
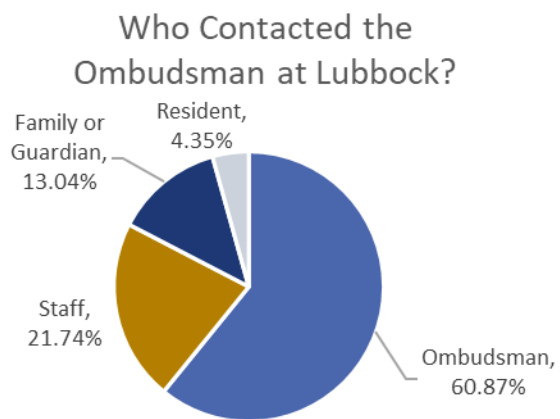
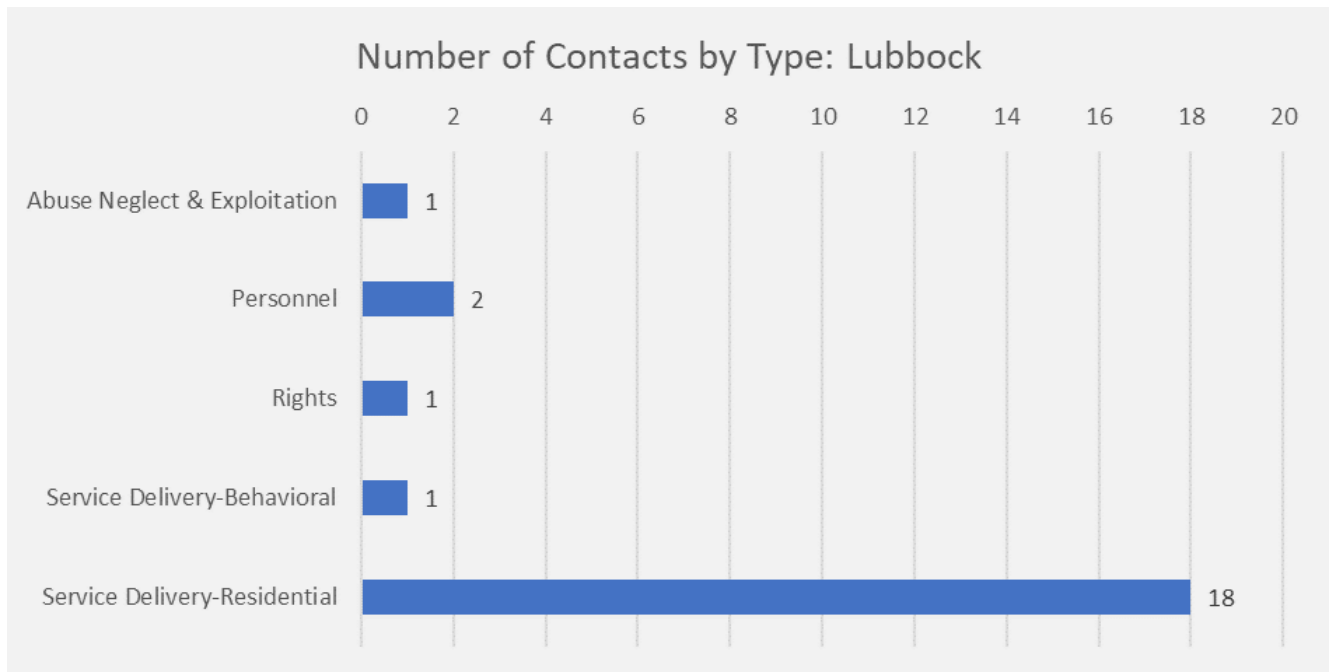
In response, the facility stated they physically did not have enough people to add more regular staff, but the QIDP and other professional staff have increased their presence in the home to help ensure residents were eating and food is not being discarded. New scales were purchased and staff were also retrained on providing complete and accurate documentation/recordkeeping. Additionally, the IDT stated they would meet regularly to review individuals' weights and ensure proper mealtime documentation.

Lubbock State Supported Living Center

James Clark, Assistant Independent Ombudsman



James Clark was born and raised in Lubbock, Texas, and resides in Lubbock with his family. Mr. Clark earned a Bachelor of Applied Science Degree in Human Services from Wayland Baptist University. He began his career with the State of Texas at the Lubbock State School as a Direct Support Professional in 1999, where he worked 14 years in many roles from Unit Director, Campus Administrator, and Qualified Intellectual Disability Professional. In 2013, Mr. Clark's endeavors for career advancement led him to the Department of Family and Protective Services (Adult Protective Services) where he worked for 6 years as an APS Specialist to advocate for elderly and disabled Texans. In April of 2020, Mr. Clark's career path led him back to the place he began his career with the State of Texas when he accepted the role as the Assistant Independent Ombudsman of the Lubbock State Supported Living Center for the Office of the Independent Ombudsman.



Lubbock: Cases Opened this Biannual Period



Case Study: Lubbock

Action Type	Complainant Relationship to Client	How Recieved	Case Type
• Complaint	• Ombudsman	• Incident Review	• Service Delivery - Residential

The AIO became aware that the facility was attempting to restrict a resident from going home for a visit. The AIO contacted the resident's guardian, who stated they did not agree with or understand the reason for the restriction. Staff stated that the resident had exhibited unsafe behaviors, which was cause for the restriction. The Ombudsman asked for clarification and staff stated that the resident had recently ran away while on a community outing. Considering the resident did not have a history of leaving the guardian's home without their consent or supervision, the AIO asked for further clarity on how the individual's previous incident was related to going on a home visit. The AIO shared a concern that the actions that had been taken to restrict the client from attending a recent community event had potentially incited their behavior of running away while on a scheduled van outing the same weekend. After lengthy discussion, the Interdisciplinary Team (IDT) chose to table the decision about the home visitation restriction until the next meeting.

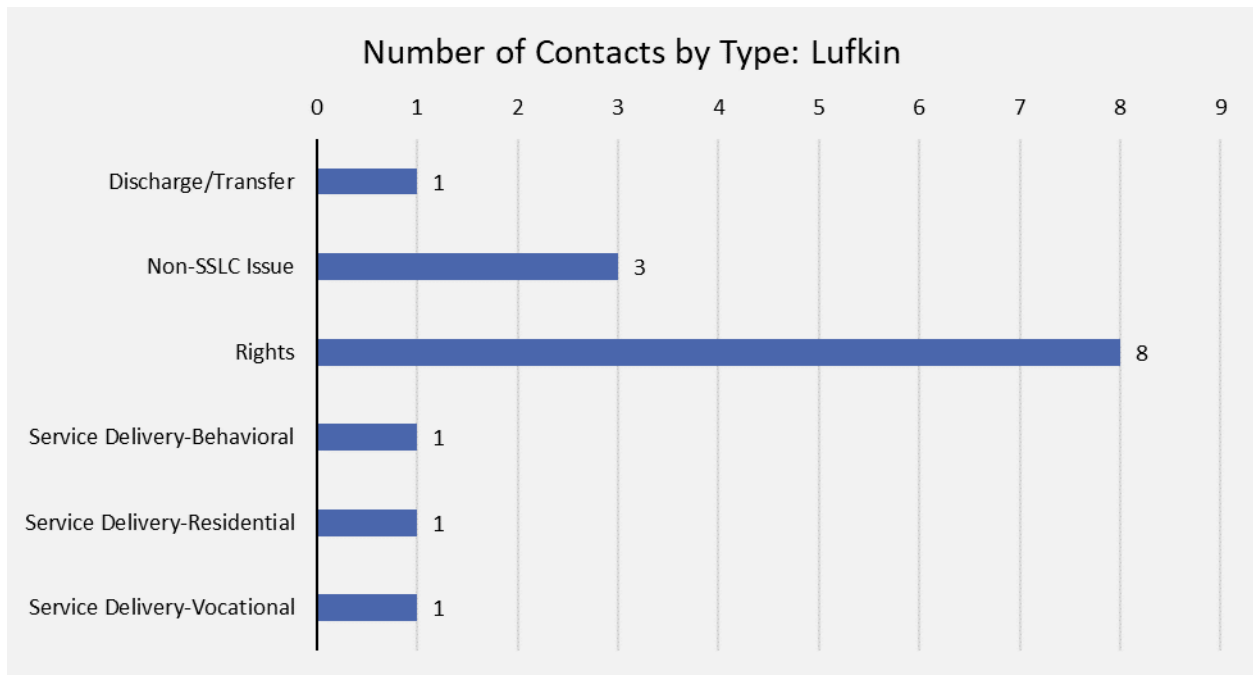
The Ombudsman consulted with the IDT, Human Rights Officer, and the facility Director about the justification for the restriction and the due process requirements to restrict the individual from going home for a visit. The AIO asked staff from other discipline areas for more details about the unsafe behaviors and learned that the individual had recently been prevented from attending another community event; in that instance, the team was concerned the resident may smoke cigarettes while at the event, as well as concerned that the person they were attending the event with was allowing them to smoke and possibly engage in other harmful activities. The Ombudsman recommended that the team put supports in place such as, sending the resident's designated staff person, who was providing one-to-one supervision, to the event with them. This would decrease chances of the individual engaging in behaviors that may be considered unsafe. Ultimately, the IDT chose not to implement the home visitation restriction and the client was able to go home for a visit.

Lufkin State Supported Living Center

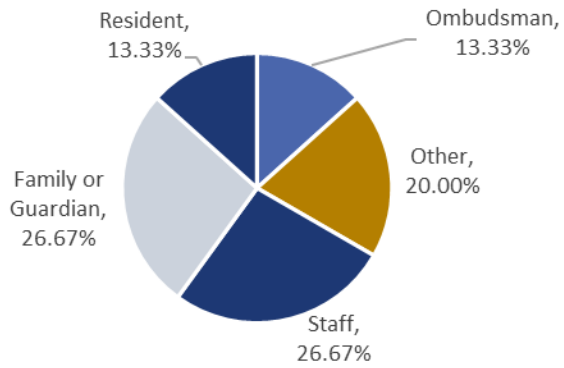
Seth Bowman, Assistant Independent Ombudsman



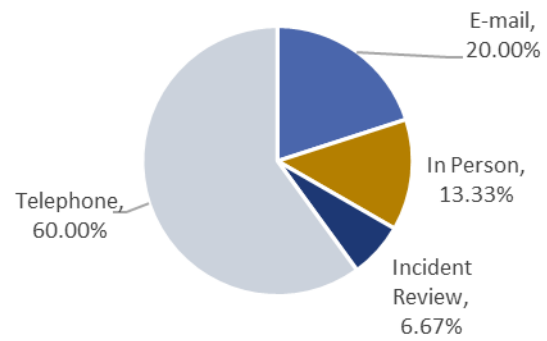
Raised in Lufkin, Texas, Seth Bowman attended Stephen F. Austin State University where he earned a Bachelor of Arts in Communication. After graduation in 2011, he began his professional career with Texas Health and Human Services as a Qualified Intellectual Disability Professional for the Lufkin State Supported Living Center. He then served as a training specialist in the Competency and Training Department where he trained employees on policies and procedures. While in this role, he was a faculty member and helped develop curriculum for the Safe Use of Restraints (SUR) program. Mr. Bowman joined the Office of the Independent Ombudsman as the Assistant Independent Ombudsman to Lufkin SSLC in May 2020.



Who Contacted the
Ombudsman at Lufkin?



How Contact Was Made:
Lufkin



Lufkin: Cases Opened this Biannual Period



Case Study: Lufkin

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Ombudsman	• Incident Review	• Service Delivery-Behavioral

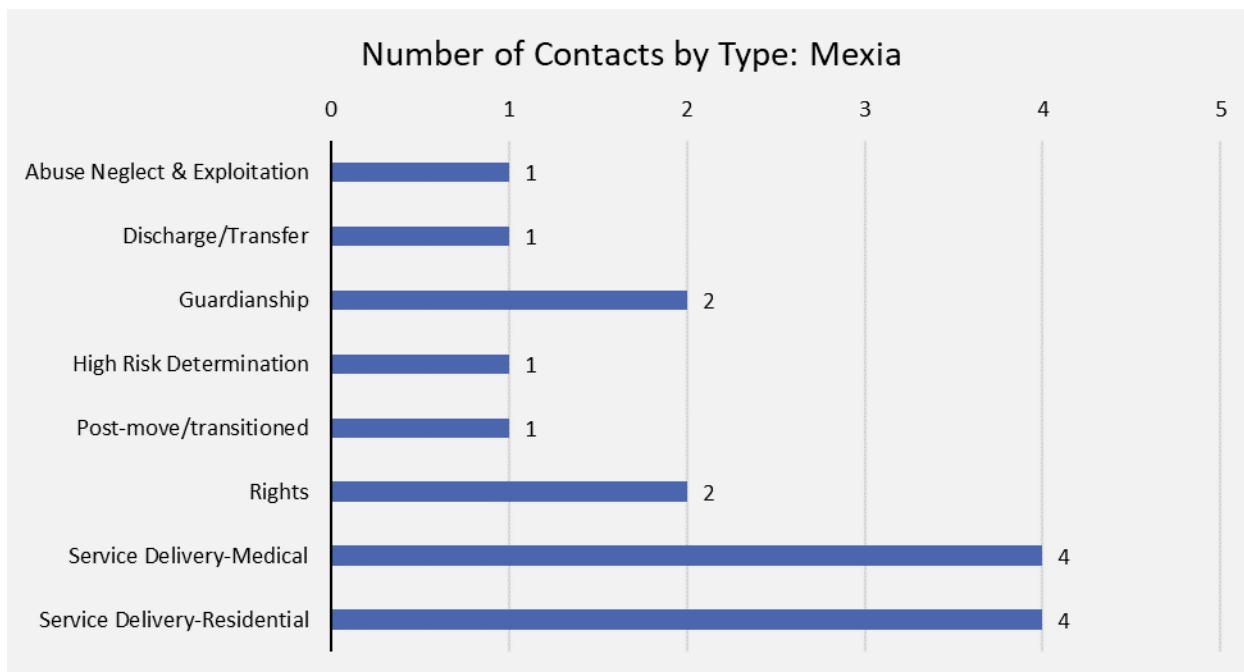
During an Incident Management meeting, the AIO learned that a resident had not received the amount of money they expected on their paycheck and, in response, was making repeated verbal threats to harm themselves. The staff who were with the resident at the time of the incident were unfamiliar with the individual, so they located other staff who knew the resident better to help respond to and manage the individual's behavior. Following the incident management meeting, the AIO spoke with the Incident Management Coordinator (IMC) to determine what, if any, protections were put in place to support the resident following their threats to engage in self-injurious behavior. The IMC stated that the individual had been put on an increased level of supervision and that a positive behavior support plan (PBSP) was put in place several months ago to address this behavior. The AIO reviewed the PSPB and was concerned that the unfamiliar staff did not know the details of, or how to implement, the behavior plan. The AIO recommended that the Team retrain all staff who may work with this individual on the details of the plan and how to properly and effectively implement the plan to support this resident when they engage in the behavior.

Mexia State Supported Living Center

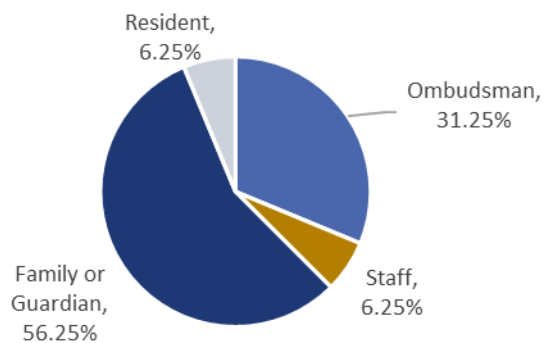
Adam Parks, Senior Assistant Independent Ombudsman



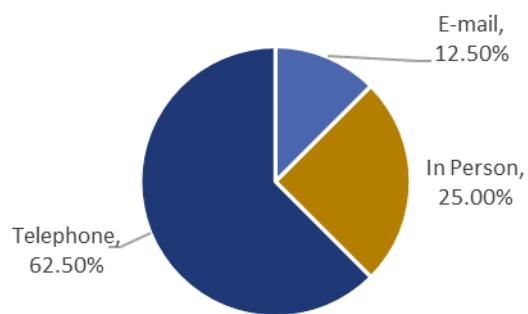
Adam Parks was raised in Mexia, Texas. He attended Stephen F. Austin State University where he earned a Bachelor of Arts in Psychology. After graduation, he began his professional career as a conservatorship caseworker for the Department of Family and Protective Services in Angelina and Shelby County Texas. Mr. Parks then accepted the position of Qualified Intellectual Disability Professional (QIDP) at Lufkin State Supported Living Center. He was later appointed Lead QIDP for the Oak Hill Unit. He also served as a standing member of the Human Rights Committee during his time working at Lufkin State Supported Living Center. Parks accepted the position of Assistant Independent Ombudsman of the Mexia State Supported Living Center in February 2014.



Who Contacted the Ombudsman at Mexia?



How Contact Was Made: Mexia



Mexia: Cases Opened this Biannual Period



Case Study: Mexia

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Ombudsman	• In Person	• Rights

The AIO was reviewing Human Rights Committee (HRC) documents and found that they were reviewing hospice services for a resident, but the Ethics Committee had not yet reviewed or approved the hospice plan. The Ombudsman was concerned that HRC did not have the competency or training to review these types of medical and end of life decisions, and the Ethics Committee was better equipped to make recommendations about medical and end of life issues.

Upon further investigation, the AIO found that the Ethics Policy had been amended to remove the Ethics Committee's oversight of hospice recommendations. Additionally, the AIO learned that the new policy stated that since the individual had a Legally Authorized Representative (LAR) who agreed with the plan, the individual's hospice services plan did not need to be reviewed by the Ethics Committee and HRC's role was to determine if the plan impacted any additional rights restrictions for the individual.

While the Ombudsman understood and agreed that staff were compliant with the updated policy, the AIO felt that the individual would be best served if the HRC members were provided insight from those with more knowledge and experience with reviewing hospice plans. The Ombudsman recommended that an impartial Primary Care Physician be available to answer any questions and provide clarity and insight to HRC when reviewing these types of plans. The HRO agreed with the recommendation and will work to incorporate this into future HRC meetings in which a hospice plan is reviewed.

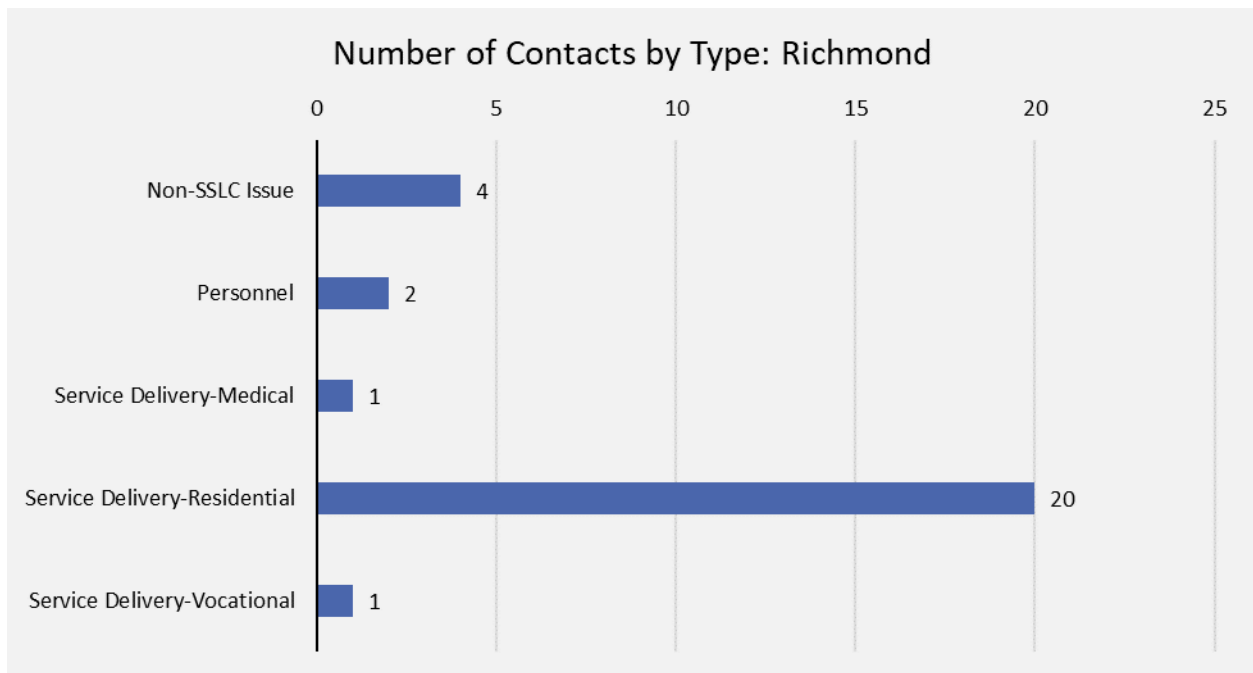
Richmond State Supported Living Center

Deatrice Potlow, Assistant Independent Ombudsman

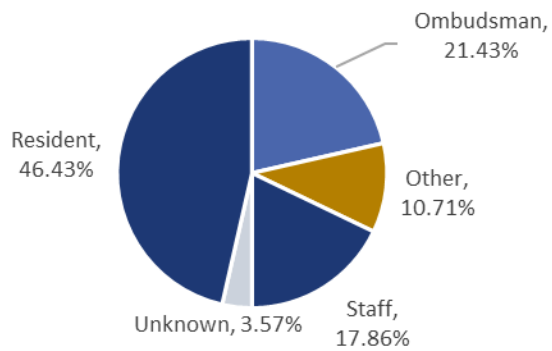


Born and raised in Greenwood, Mississippi, Ms. Potlow earned a Bachelor of Science Degree in Office Administration in 1997. Shortly after graduating she began working at a local hospital as a Medical Transcriptionist. She relocated to Houston, Texas for career advancement and began a career with the State of Texas. During her tenure of employment, she served as an Investigator for children, adults and persons with disabilities. Prior to joining the Office of the Independent Ombudsman as the Assistant Independent Ombudsman in 2012, she worked as a facility investigator who was responsible for investigating allegations of abuse, neglect and exploitation at the

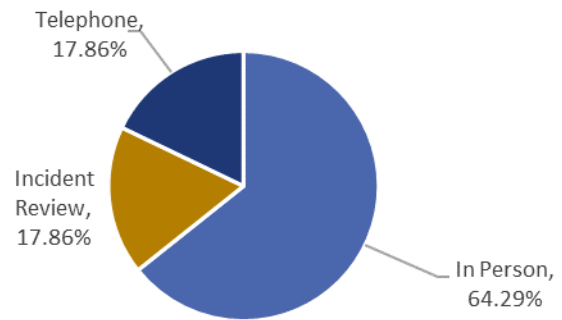
Richmond SSLC.



Who Contacted the
Ombudsman at Richmond?



How Contact Was Made:
Richmond



Richmond: Cases Opened this Biannual Period



Case Study: Richmond

Action Type	Complainant RTC:	How Received	Case Type
• Complaint	• Resident	• In Person	• Service Delivery - Residential

A resident complained to the AIO that they had not gotten their preferred meal after receiving their injectable medications, which was part of their positive reinforcement program. The ombudsman spoke with staff and reviewed records and discovered that the meal had not been purchased for them. The AIO determined there was a miscommunication that may have caused confusion, but the meal was ultimately provided to the resident. The Ombudsman recommended that the IDT put plans in place to anticipate special circumstances, for instance; if the staff responsible to purchase the meal is not available, local restaurants within a reasonable distance should be identified that serve the individual's food preferences.

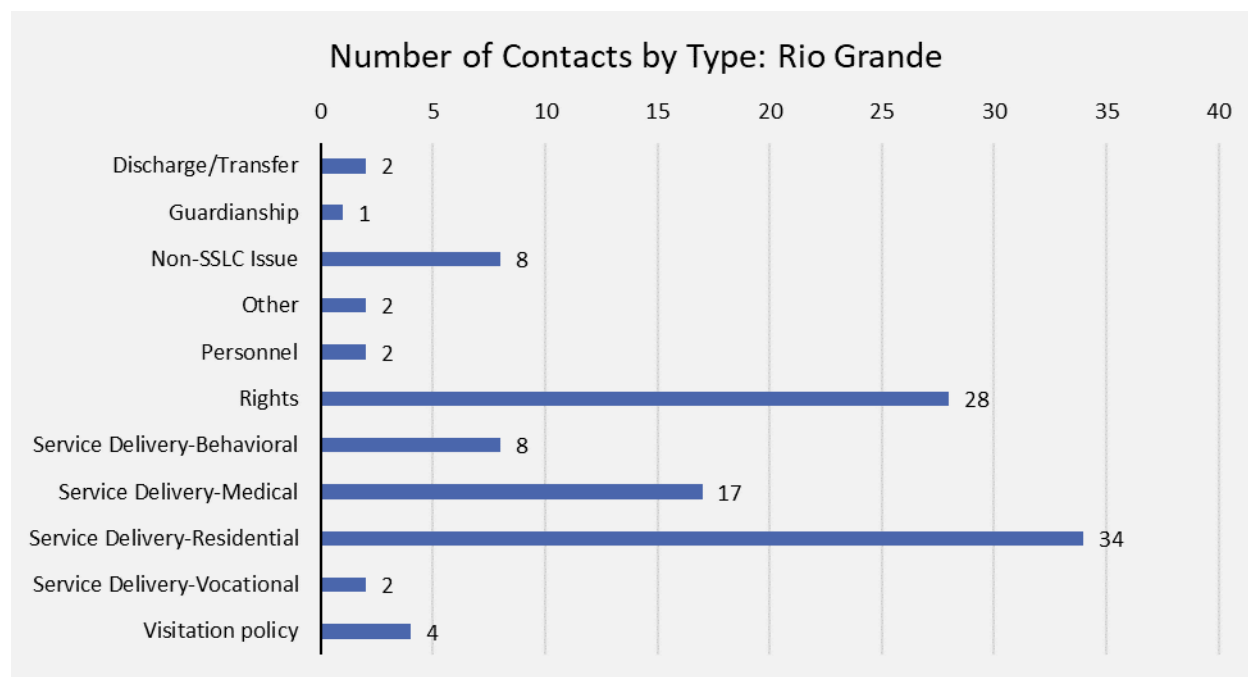
Center staff were responsive to and in agreement with the AIO's recommendations. Staff met and developed specific processes and procedures to ensure that the individual's positive reinforcement plan was consistently implemented, and that staff were clear on the individual's food preferences and each staff's responsibilities to carry out the program. The procedure was explained to the individual so that everyone was clear on the process for administration of the injections. The AIO was able to corroborate the individual's complaint, validate their concerns, provide recommendations to the Team to avoid confusion in the future, and help to ensure the IDT was effectively and consistently implementing the individual's reinforcement program.

Rio Grande State Center

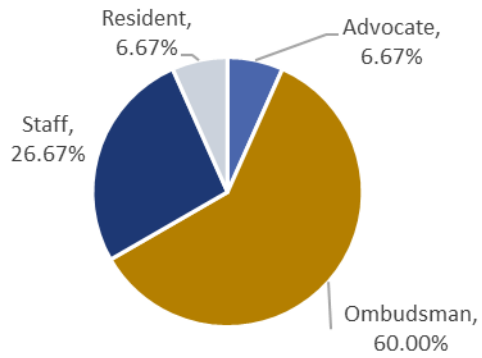
Horacio Flores, Assistant Independent Ombudsman



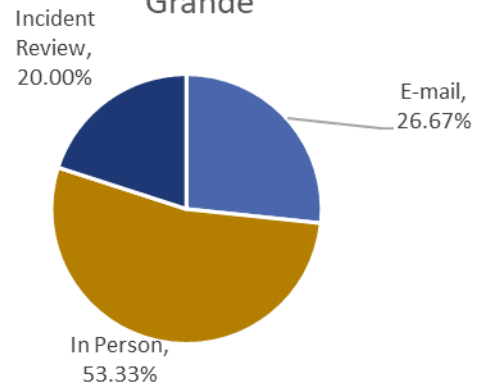
Horacio Flores hails from the Rio Grande Valley and attended Texas A&M Kingsville where he earned his Bachelor of Arts Degree in Psychology. He began his career with the State of Texas working for the Department of Family and Protective Services as an Investigator for Child Protective Services in Nueces, Kleberg, Duval and Jim Hogg counties. Mr. Flores then accepted the position of Qualified Intellectual Disabilities Professional (QIDP) at Corpus Christi State Supported Living Center. Shortly thereafter he was appointed to a Lead QIDP. Mr. Flores then relocated to the Rio Grande Valley and accepted the position of QIDP at the Rio Grande State Center in Harlingen. Mr. Flores accepted the position of Assistant Independent Ombudsman of the Rio Grande Center in April 2017.



Who Contacted the Ombudsman at Rio Grande?



How Contact Was Made: Rio Grande



Rio Grande: Cases Opened this Biannual Period



Case Study: Rio Grande

Case Type	Complainant Relationship to Client	How Received	Action Type
• Compliant	• Ombudsman	• Incident Review	• Service Delivery - Behavioral

During the Incident Management Review Team (IMRT) meeting, it was stated that an individual had been restrained 13 times within the last 30 days and there was no discussion about what led to the restraint or what staff were doing to prevent restraints in the future. The Ombudsman reviewed the individual's Positive Behavior Support Plan (PBSP), Crisis Intervention Plan (CIP), Individual Service Plan (ISP) meeting documentation for the previous 90 days, restraint checklists, current restrictions, interviewed staff, and conducted observations. The Ombudsman discovered that almost every restraint in the last 30-day period were preceded by: the individual's positive reinforcement program not being followed; their allowance was not ready for them as they expected; and resident interaction with a preferred staff was interrupted, all of which were listed as antecedent behaviors in the resident's PBSP. The Ombudsman was also concerned that staff were not able to demonstrate competency in identifying de-escalation techniques and that documentation showed behavioral health data integrity was 0%.

The Ombudsman recommended that behavioral health services (BHS) evaluate data collection practices to increase data integrity to track and monitor effectiveness of programs/plans and resident outcomes; BHS review the current PBSP and CIP to determine its efficacy and whether additional staff training was necessary. Additionally, the Ombudsman suggested clarifying de-escalations instructions, training all staff on implementing plans for the PBSP/CIPs; and to evaluate how the individual's reinforcement program was implemented by staff.

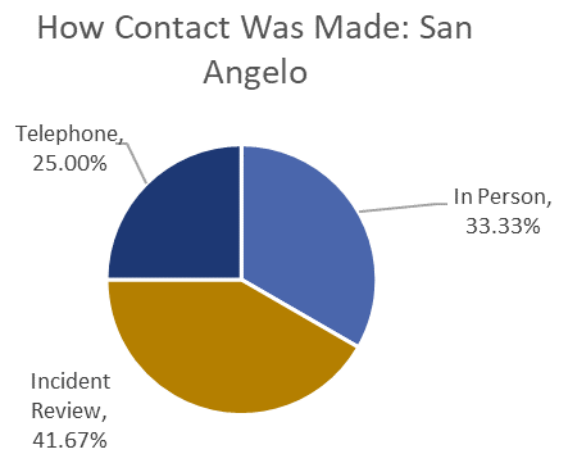
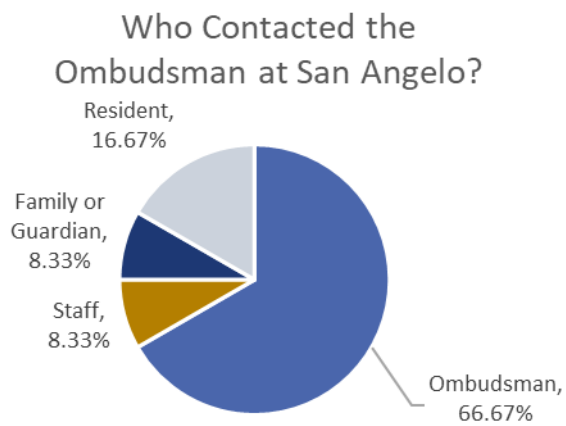
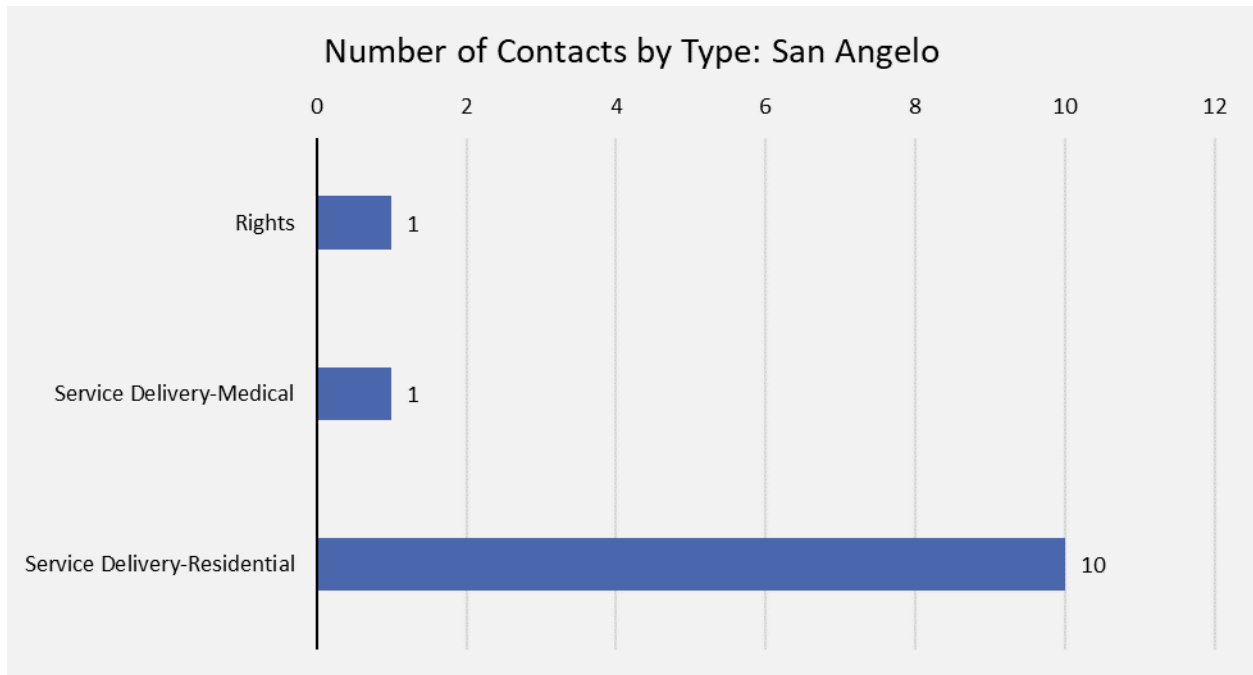
In response, facility staff addressed all the Ombudsman's concerns and recommendations, including revising data collection procedures to collect more accurate and reliable data, and updating the PBSP with clear instructions to ensure staff were trained and implementing the individual's reinforcer program as intended. The number of restraints decreased significantly, and the individual has shown significant improvement with their reinforcement program.

San Angelo State Supported Living Center

Brenda Frausto, Assistant Independent Ombudsman



Ms. Frausto obtained a Bachelor of Science degree in Psychology with a minor in Sociology from Angelo State University. She began her career at the San Angelo SSLC in 1991 as an active treatment provider then later assumed the role of Admission and Placement Coordinator. Ms. Frausto was also the Admission Coordinator for MHMR Service of the Concho Valley. For 13 years, Ms. Frausto worked for the Texas Department of Family and Protective Services as an Adult Protective Services Specialist where she earned the reputation of going above and beyond to protect and serve Texas' most vulnerable adults. Ms. Frausto has served as a Guardian Advocate with Guardianship Alliance of the Concho Valley and was a member of the Tom Green County Coalition Against Violence. She joined the Office of the Independent Ombudsman in 2016. Ms. Frausto is certified as a Person-Centered Thinking trainer with The Learning Community for Person Centered Practices.



San Angelo: Cases Opened this Biannual Period



Case Study: San Angelo

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Resident	• In Person	• Service Delivery - Residential

A resident approached the AIO asking if they could walk them to the cashier's office to get money for the weekend. The resident stated they didn't know why they were not able to access the cashier's office on their own but were told a staff person had to go with them. The AIO spoke with the home staff and found that they were short staffed and there was no one available to take the resident however, they were ultimately able to locate a staff to take the individual to get their money.

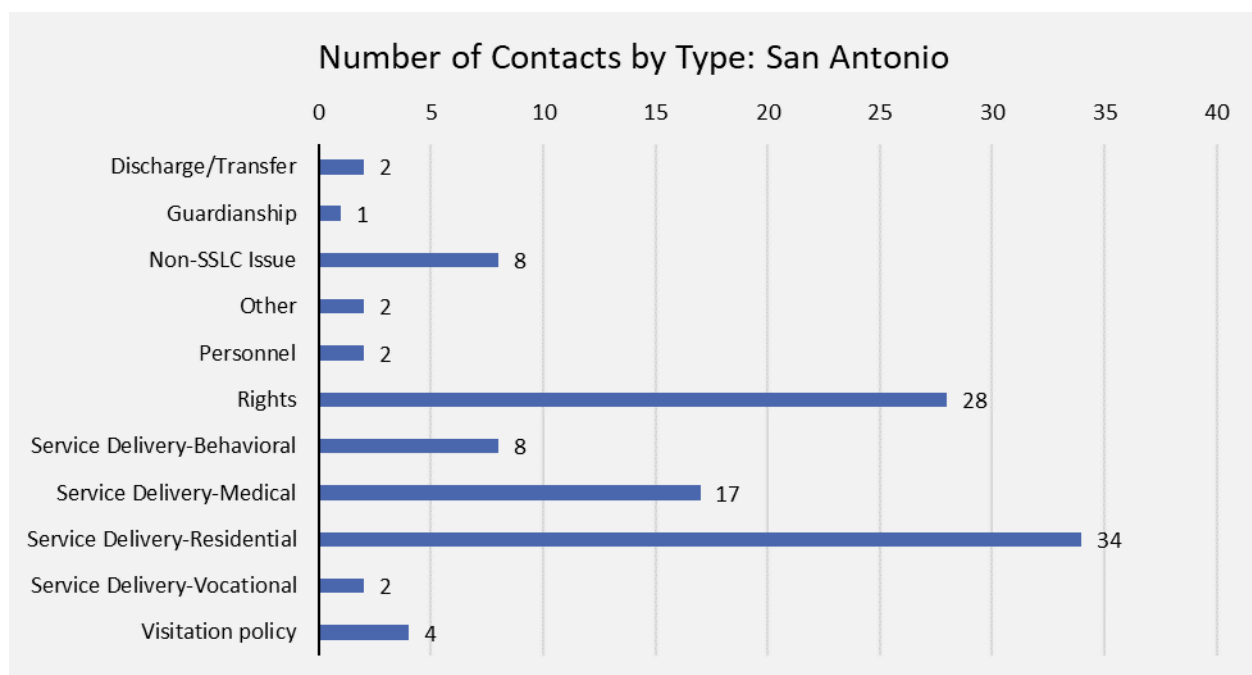
The Ombudsman spoke with facility staff and found that a blanket restriction had been implemented years ago which required individual's to be escorted to the cashier's office. The AIO informed facility staff that preventing residents from freely accessing their money at the cashier's office was a rights restriction. The Ombudsman recommended that residents be allowed to access the Cashier's office independently. Additionally, the AIO recommended that if an individual required support for behavioral reasons or otherwise to obtain their money or access the Cashier, that it be handled like any other restriction which requires due process, up to but not limited to obtaining consent, providing justification, an individualized plan of alleviation, and Human Rights Committee approval. The AIO is awaiting a response from facility staff of any changes to this practice and unofficial policy.

San Antonio State Supported Living Center

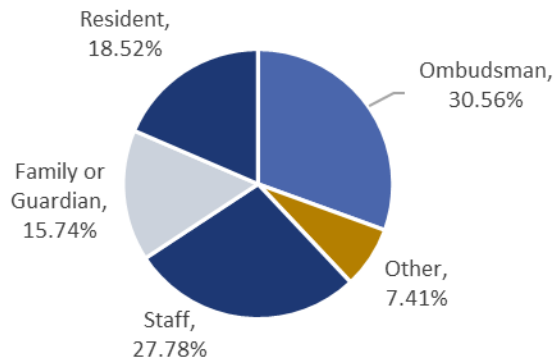
Gevona Hicks, Senior Assistant Independent Ombudsman



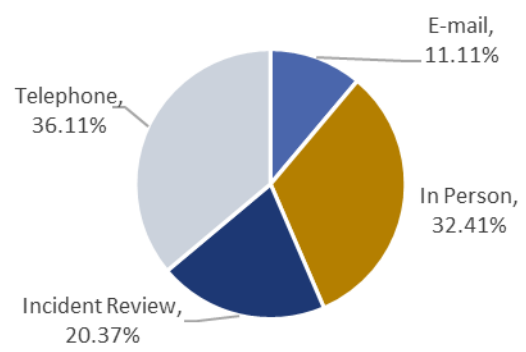
A native of Birmingham, Alabama, Ms. Hicks received her Bachelor of Science in Psychology and a certificate in Gerontology from the University of Alabama at Birmingham. She relocated to San Antonio, Texas in 2001 and worked with infants and toddlers at a local children's shelter. Before joining the Office of the Independent Ombudsman in April 2014, she supported people with IDD by coordinating services for state and community intermediate care facilities as well as home and community-based service providers. She also served as a Qualified IDD Professional and the Human Rights Officer at the San Antonio SSLC. Ms. Hicks is a certified Person Centered Thinking trainer and People Planning Together trainer with The Learning Community for Person Centered Practices. Ms. Hicks supports Texans to live the lives they envision for themselves and is a valued resource for Texans with disabilities, their families and service providers, and the community.



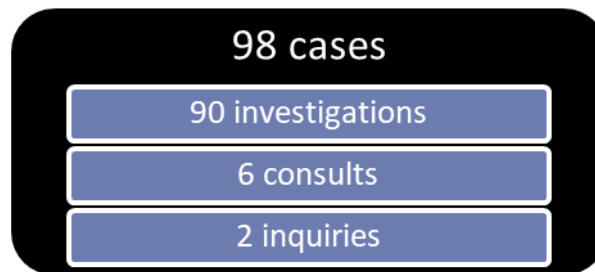
Who Contacted the
Ombudsman at San Antonio?



How Contact Was Made: San
Antonio



San Antonio: Cases Opened this Biannual Period



Case Study: San Antonio

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Ombudsman	• Incident Review	• Service Delivery - Residential

The AIO reviewed an SSLC investigation of significant injuries sustained to a resident and the related allegation of abuse. The reports the AIO reviewed indicated the resident was discovered lying on a paved access road behind their home with injuries to one side of their body and their clothing dirtied and damaged. The Ombudsman reviewed injury reports, assessments, and interviewed staff to determine what client protections were initiated by the SSLC. The AIO found their injuries were treated and the investigation was completed timely however, the facility did not act to reduce risk of future harm and minimize reoccurrence of similar injuries.

The Ombudsman determined that the facility investigation lacked thoroughness and did not include all components prescribed in the SSLC Injury Reporting Procedure. Additionally, the facility investigation determined that abuse did not occur, and the cause of the individual's injury was due to lying on the ground however, the AIO was concerned that this attributed probable cause did not explain how the resident came to be in the position in which they were discovered.

The AIO made several recommendations, including: The Incident Management Review Team (IMRT) evaluate reports and records for accuracy and compliance with established procedures to ensure residents are protected from harm; IMRT provide specific staff directives to minimize risk of repeated injury, and that IMRT continue to monitor the incident until corrective actions are implemented. The Ombudsman also recommended staff training to consider all relevant data, such as fall and injury history, as well as how to rule out abuse when making probable cause determinations and mitigate future risks of harm. The AIO also recommended that staff review prior incidents, data, and supports and clearly identify plans to protect individuals from injury or harm.

The San Antonio SSLC Director publicly thanked the AIO for her inquiries and thorough analysis of the SSLC's incident reviews, and credited the AIO in helping to make improvements which resulted in the SSLC successfully exiting the protection from harm practices section of the DOJ Settlement Agreement.

Program Review Findings

Overview

Senate Bill 643 of the 81st Regular Session of the Texas Legislature created the OIO and set out its responsibilities. The bill requires the OIO to conduct an audit of the SSLCs in three areas: staff-to-client ratios, adequacy of staff training, and resident rights and due process. These audits are referred to as the “program review”. The OIO is required to report the results to the legislature and governor’s office. This section reports the results of the OIO’s ongoing program review of the SSLCs from January through June 2022.

Data was collected on an ongoing basis by the ombudsmen at their respective SSLCs, including staff-to-client ratio observations, HRC due process review, and DSP on-the-job training surveys. The OIO also conducts weeklong “onsite” reviews of each SSLC, and HRC data from those visits are included in this report. All other onsite data will be published in the Biennial Report to the legislature later this year.

This Biannual Report contains a summary of the key findings of the OIO’s program review from January 2022 through June 2022.

Staff-to-Client Ratio

Staff-to-client ratios were evaluated by comparing the number of staff working in the home during that shift to the minimum number of staff the facility reports as needed in the home for that shift. The number of staff working are counted during direct observation of the home by an AIO. Additionally, AIOs interviewed the staff member in the charge of the home to determine the number of holdover and/or float staff working that shift. During these interviews, AIOs also asked the staff member in charge whether any areas of service delivery had been affected by staffing shortages during that shift. There were 130 home observations conducted from January 2022 through June 2022.

Table: Staff-to-Client Ratio Data, Abilene through Lubbock

Table: Staff-to-Client Ratio Data, Lufkin through San Antonio, and Aggregate

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Met minimum required staff	77%	79%	75%	100%	100%	80%	82%
Used float and/or holdover staff	46%	43%	50%	100%	63%	80%	56%
At least one service category negatively affected by lack of staff	8%	36%	50%	100%	50%	0%	29%

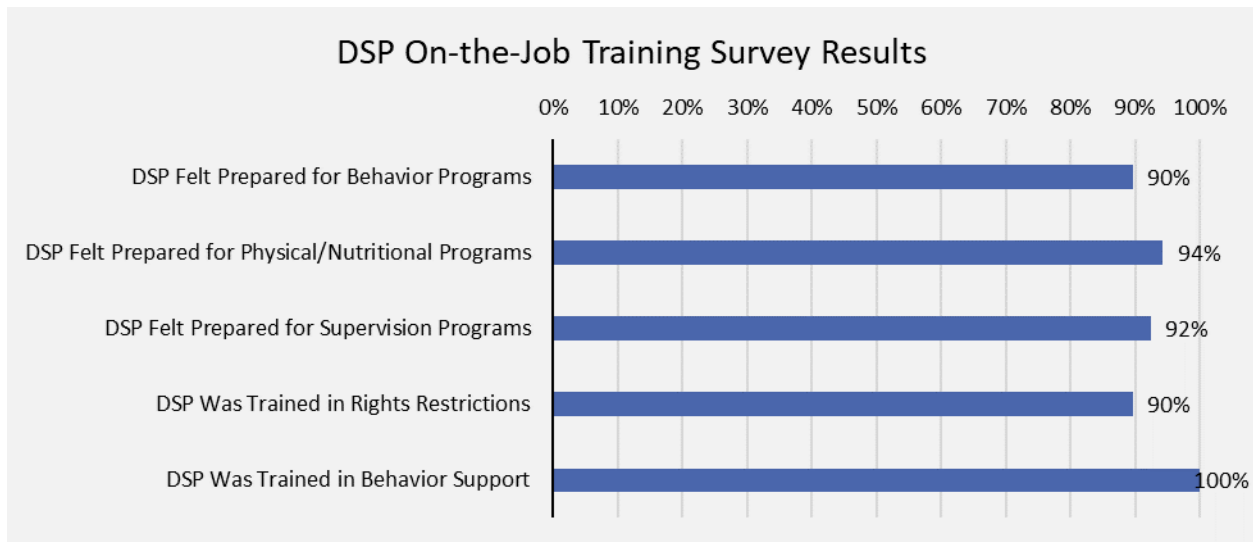
Summary of findings:

- Staffing ratios were met in 82% of observations however, only five out of thirteen SSLCs met minimum staffing 100 % of the time.
- Float and/or holdover staff were used in over half of the observations conducted.

- Staff working overtime may result in impaired decision making or lack of attentiveness which ultimately may lead to negative effects on resident care and services.
 - The use of float and/or holdover staff is also a reflection of the ongoing staffing challenges at the SSLCs caused by difficulty hiring staff during the ongoing pandemic and many staff being out sick with COVID-19.
- Lack of resident support services were negatively affected in at least one service delivery area in 29% of observations.

Adequacy of Staff Training

AIOs surveyed recently hired DSPs who had been working as DSPs between 90 days and 6 months about the on-the-job training they received. A total of 31 DSPs were surveyed from January 2022 through June 2022. These surveys were conducted on an ongoing basis, and each AIO strove to survey at least one DSP monthly, though this wasn't always possible due to staffing shortages at the centers. Additionally, due to staffing shortages, OJT surveys were not conducted in the first four months of 2022.



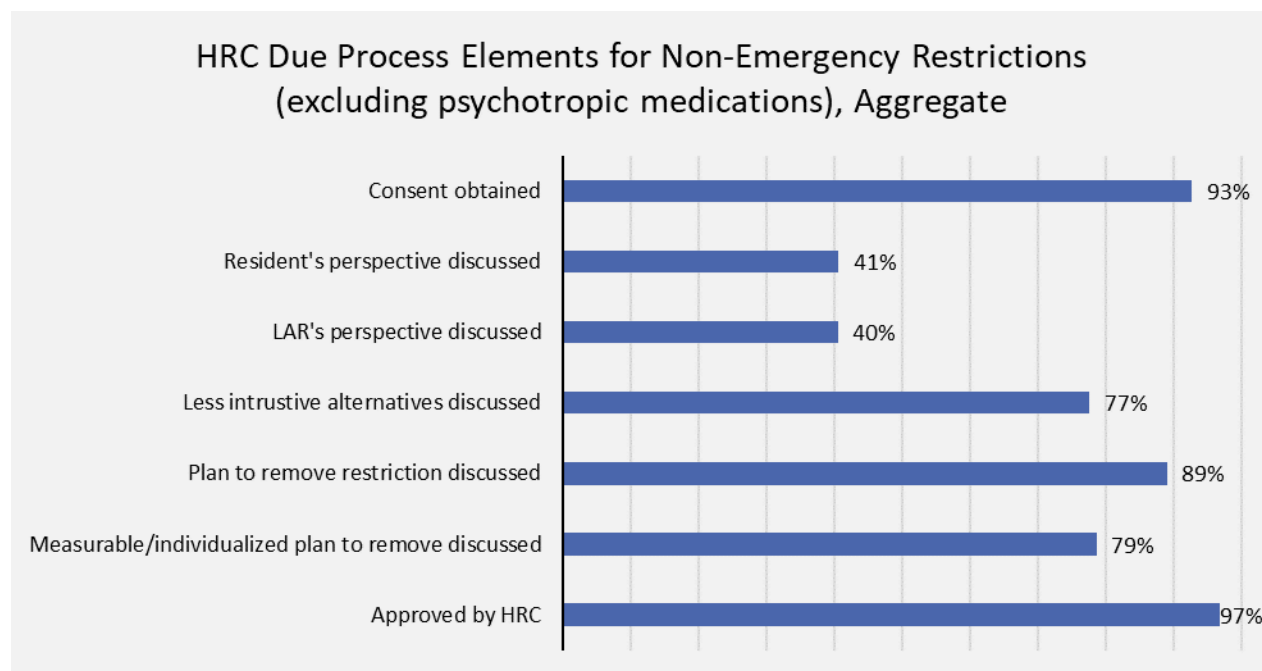
Summary of findings:

- 100% of the DSPs surveyed reported being adequately trained and prepared for resident supervision programs.
- Fewer than half of the DSPs interviewed at Abilene and Mexia SSLC reported they were not trained nor prepared to help residents with their daily routines.
- DSPs at every SSLC in Texas reported that they were not encouraged to ask questions and that the questions asked were not answered.
- Most DSPs surveyed reported they were required to demonstrate learning however, at Mexia and San Antonio less than half the DSPs reported that showing what they learned in training was required.

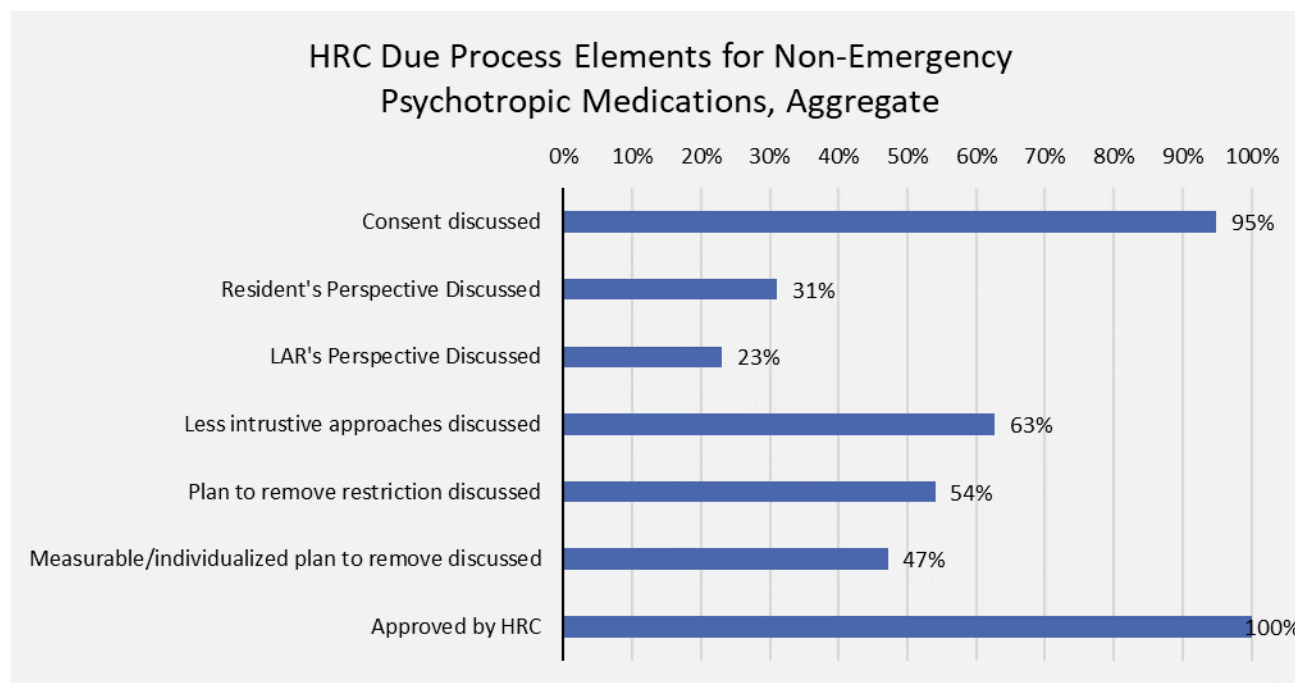
Rights and Due Process

Each center has a HRC which must review and approve all non-emergency restrictions before they go into effect. According to the Rights Policy, HRC meetings should have a quorum that consists of, at minimum, the center's Human Rights Officer, a person who has received services, such as a resident or the LAR of a resident, and a person unaffiliated with the center. The purpose of HRC is to ensure that all proposed restrictions are necessary by reviewing essential elements of due process, such as consent and a plan to remove the restriction, and that proposed restrictions are the least restrictive practices necessary for the resident's individual circumstances.

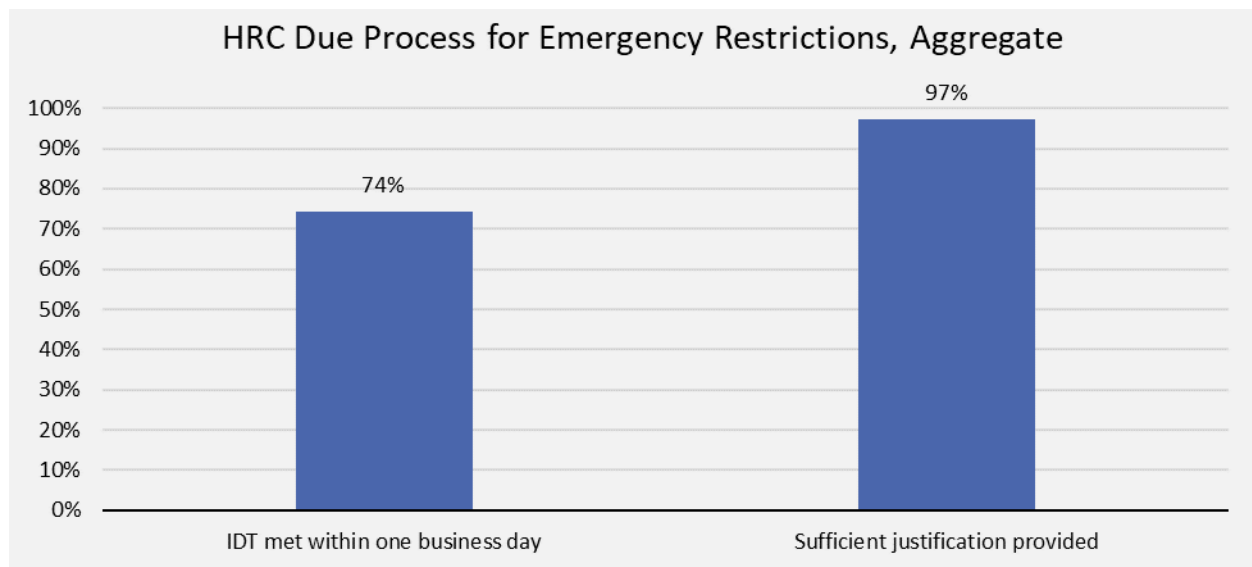
From January 2022 through June 2022, AIOs reviewed documentation of proposed restrictions prior to an HRC meeting and then observed the meetings and recorded which due process elements were discussed for every restriction discussed at the meeting. A total of 75 HRC meetings were reviewed by AIOs in this period. The chart below shows the aggregate rate that certain HRC due process elements were present in discussion for proposed restrictions in RRDs, referrals, and restrictive behavior plans (excluding psychotropic medications which are tracked by the ombudsman separately from other restrictions). Complete data for all due process elements for each SSLC will be published in the Biennial Report for the legislature this fall.



The same data for non-emergency psychotropic medications reviewed in HRC meetings observed by AIOs is found below.



HRC must also review all emergency restrictions, including emergency psychotropic medications, to determine if the restriction was justifiably implemented without due process in response to an imminent risk to a resident. Since emergency restrictions are implemented due to an imminent risk and without prior due process, the team is required by policy to review the emergency restriction's rationale and efficacy within one business day from implementation. This practice and policy seek to ensure residents rights have not been needlessly restricted, determine if additional protections are needed and/or whether the restriction can be discontinued.



AIOs verified whether the IDT met within one business day by reviewing documentation of IDT meetings to determine if the documented date of a meeting discussing the restriction was within one business day of the restriction.

Summary of findings:

- Consent was obtained prior to HRC for most proposed non-emergency restrictions, both psychotropic medications (95%) and all other types of restrictions (93%), as required by policy.
- HRC only discussed the individual's perspective on non-emergency restrictions for 31% of psychotropic medications and 41% of other such restrictions, and similarly the LAR's perspective (for residents who have a LAR) was considered for 23% of psychotropic medications and 40% of other restrictions.
- There was usually discussion of what less intrusive approaches had been attempted before the team proposed a non-emergency restriction under consideration, but a notable minority of restriction reviews did not discuss this.
- Of non-emergency restrictions reviewed (excluding psychotropic medications), 79% had an individualized or measurable plan to remove presented to the committee; only 47% of non-emergency psychotropic medications had such a plan presented.

- Almost all non-emergency restrictions (100% for psychotropic medications, 95% for others) were approved by HRC despite many restrictions lacking key elements of due process, as shown in the data above.
- For almost all emergency restrictions (97%), sufficient justification was presented to HRC; emergency restrictions lacking sufficient justification (3%) did so either because justification was not provided during HRC or the provided justification did not satisfy the requirements in policy for an emergency restriction to be put place.
- IDTs met to discuss emergency restrictions within one business day, as required by policy, 74% of the time.
- Policy requires that HRC meetings have a quorum¹ to review and approve restrictions however, HRC meetings attended by AIOs from January through June 2022 did not have a quorum at every meeting. The following SSLCs had quorum numbers below 100%:
 - Brenham - 71%
 - Corpus Christi - 83%
 - El Paso - 57%
 - Mexia - 83%
 - San Angelo - 40%

¹ A quorum is achieved when the three core members of the committee are present: the HRO, a person receiving services or the LAR of such a person, and a member unaffiliated with the center.

