

# 2021

## Biannual Report

### July – December

Including the Annual Report of Findings



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# Executive Summary

Residents of the Texas State Supported Living Centers have experienced difficulties over recent months as the public health crisis continues. Direct support staffing at the centers have been adversely impacted as the state struggles to maintain an adequate number of critical and essential staff. The Texas Health and Human Services administration is addressing the workforce shortage with recruitment and retention strategies. However, the staffing demand requires the continued attention and resources of state legislative leadership to ensure adequate staffing and support services for residents of the SSLCs.

Recommendations made by this office since its inception have implored the state to address staffing challenges to recruit, retain, and train quality direct support professionals who support residents with person-centered practices. Our recent findings reflect a continued staffing shortage which has, at times, required the SSLCs to deploy professional and executive staff members in direct service roles. The resources requested for the minimum numbers of staff required may be sufficient to meet the basic health and safety needs of residents. However, residents are entitled to receive services that support a quality, meaningful life. The SSLC direct support professionals who support residents daily must be equipped to learn and implement detailed, individualized programs and have the opportunity to build tenure that promotes positive relationships with residents. This office recommends sustained action by state leadership to fulfill requests for additional resources.

The intention of this office is to evaluate services at the SSLCs and to supply the state's leadership with independent findings. Additionally, our office serves as a resource for residents, staff, and family members. You will read a variety of brief stories from Assistant Independent Ombudsmen (AIO) across the state in the disaggregated section of this report that provide a glimpse into the varying daily work of the ombudsman. All audit requirements are part of the on-going Program Review activity completed by the AIOs as well as annual on-site visits, which continue to be conducted remotely.

The statute that established our office, SB 643, stipulates that we submit a biannual report of the work of the ombudsman, results of our reviews or investigations, and any recommendations to the governor, the lieutenant governor, the speaker of the house of representatives, and the chairs of the standing committees of the senate and the house of representatives with primary jurisdiction over state supported living centers. It also states that the independent ombudsman shall prepare an annual report of findings of the statutorily mandated audits. This report covers both of these requirements.

This Biannual Report includes activity of our office as well as the findings and recommendations from the on-going review of rights, ratio, and training from July 1 to December 31, 2021. 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 88<sup>th</sup> legislative session.

In accordance with the statute, our office reviews each SSLC's policies, practices, and procedures to ensure that each resident is encouraged to exercise their rights, including the right to file a complaint and the right to due process. We are also charged with conducting a biennial on-site audit at each center of the ratio of direct care employees to residents, provision and adequacy of training to center and direct support employees, and provision of specialized training at centers that serve alleged offender residents.

The recommendations provided are supported by audit findings and are intended support the request for resources necessary to complete the state's mission successfully. The citizens residing at the SSLCs are entitled to receive quality, person-centered supports which respect their inherent rights.

## Recommendations

### *Staff to client ratio*

#### **Dedicate resources necessary to fulfill staffing requests.**

The SSLCs have difficulty meeting staffing minimums using staff who know the residents. Having staff members who know a resident and can execute their individualized program is crucial to a safe, meaningful life. Likewise, residents should know and have confidence in the support of their staff members. Therefore, continued recruitment and retention of well-trained staff members are fundamental to the well-being of residents at the SSLCs.

### *Training*

#### **Focus efforts on training in areas of rights and behavioral support.**

It is evident by the findings that Direct Support Professionals and Qualified Intellectual Disability Professionals lacked knowledge of specific residents' behavior programming and rights restrictions. It is imperative that staff members who coordinate due process and those who implement rights restrictions have complete knowledge and competency in these areas to provide person-centered supports and effective service delivery.

### *Rights and Due Process*

#### **Increase the Human Rights Committee's proficiency to hold the facility accountable in practices which restrict residents' rights.**

The HRC review is the step in due process which holds team members accountable to consider less intrusive approaches and a measurable plan to reduce or remove a rights restriction, before implementing a change to a resident's right. Our findings show that these steps in due process were lacking.



## 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**

Mrs. Martin has 15+ years' experience pursuing social justice issues and over 10+ years' experience providing advocacy, direct care and services for adults, the aging, and children with disabilities. She has a consistent record of advocating for underserved populations including: providing vocational training and employment services for people living with disabilities at a residential training facility; working with special education students in the public school system; ensuring due process for indigent defendants; and performing administrative operations and internal auditing for a foster care/adoption agency. Mrs. Martin has specialized education and experience in data management, training and development, organizational development, and program management. Ms. Martin completed graduate coursework in Organization Development at St. Edward's University, earned her B.S. in Criminal Justice from Texas State University and is trained in Mediation and SAMA (Satori Alternatives to Managing Aggression). She has been with the office since November 2014.

**Brian Morton****Project Specialist**

Brian Morton joined the Office of the Independent Ombudsman in 2020. As Program Review Project Specialist, he is heavily involved in the creation 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

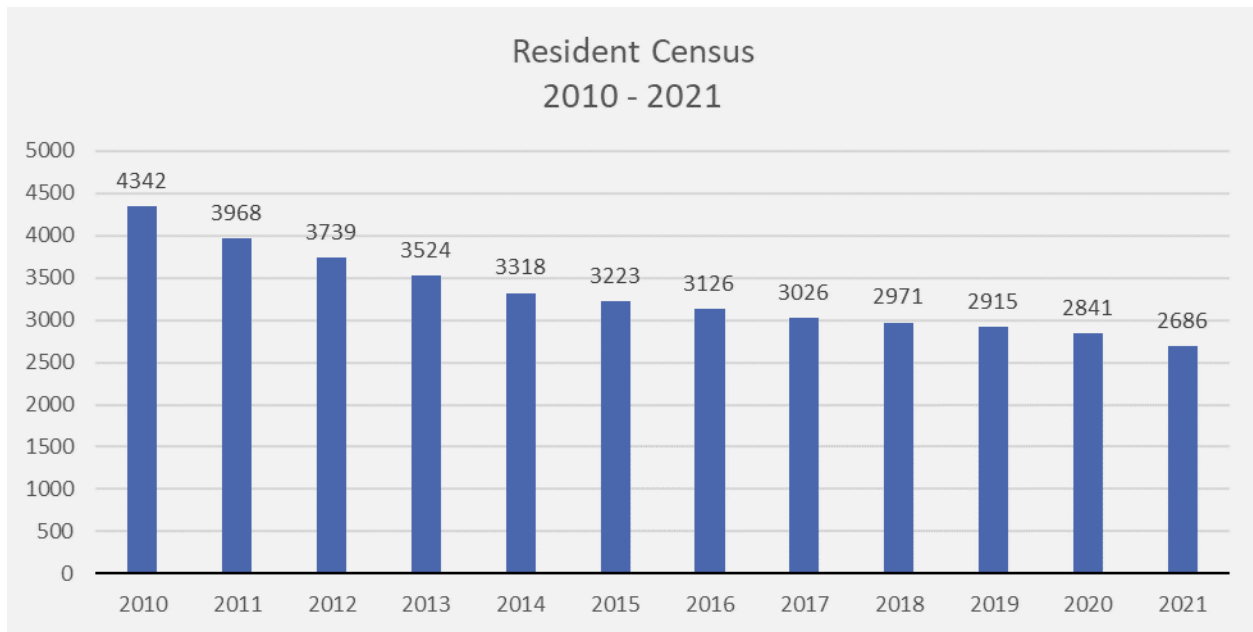
in report development, data management, and administrative operations. After years of tenure and much experience gained, she joined the Office of the Independent Ombudsman central office team in 2019.

## SSLC Resident Population



Thirteen state supported living centers across Texas are home to 2,686 people with intellectual and developmental disabilities. Each SSLC provides 24-hour residential services, comprehensive behavioral treatment and healthcare, including medical, nursing and dental services. Other services include life skills training and occupational, physical and speech therapies. Children, adolescents, and adults up to age 22 may receive public education through local school districts, and many residents are employed by businesses in their communities. Demographic

data provided in this report was obtained on Jan 3, 2022, from the Health and Specialty Care System division of Texas Health and Human Services, which manages the centers. The data shows that when the Office of the Independent Ombudsman for SSLCs started in 2010, the population was 4,342, and since then, 1,656 residents that have moved or passed away. There has been a consistent downward trend in the number of residents living at the SSLCs, with Austin SSLC having the greatest decrease in population since 2010.



Source: The Health and Specialty Care System division of Texas Health and Human Services. 2010 to 2021

**Table: Resident Census and Difference in Resident Census between 2010 and 2021**

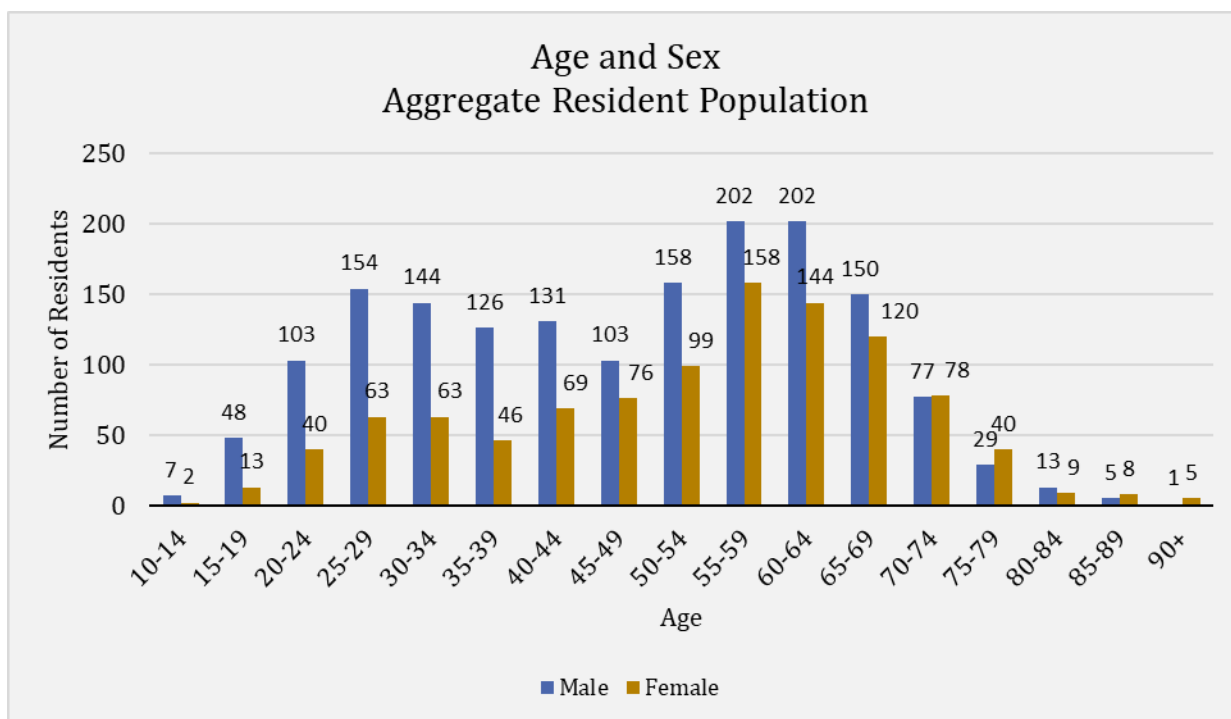
SSLC	Census 2010	Census 2021	Change in Population	Percentage Change
<b>Austin</b>	389	168	-221	-57%
<b>Mexia</b>	443	218	-225	-51%
<b>Abilene</b>	466	249	-217	-47%
<b>Corpus Christi</b>	305	179	-126	-41%
<b>Lufkin</b>	411	243	-168	-41%
<b>Brenham</b>	362	228	-134	-37%
<b>San Antonio</b>	282	185	-97	-34%
<b>San Angelo</b>	262	160	-102	-39%
<b>Richmond</b>	419	294	-125	-30%
<b>El Paso</b>	138	98	-40	-29%
<b>Denton</b>	563	409	-154	-27%
<b>Lubbock</b>	231	193	-38	-16%
<b>Rio Grande</b>	71	62	-9	-13%
<b>Total</b>	<b>4342</b>	<b>2686</b>	<b>-1656</b>	<b>-38%</b>

Source: The Health and Specialty Care System division of Texas Health and Human Services. 2010 to 2021

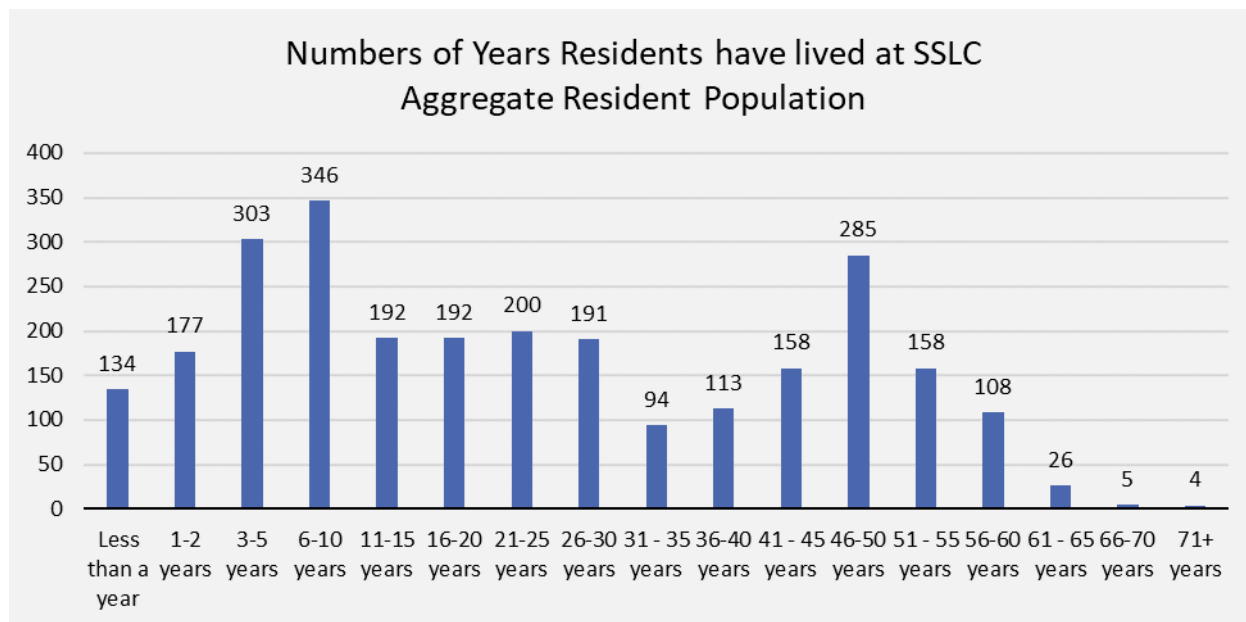


In 2021, the SSLC resident population consists of 1,653 males and 1,033 females. There are significantly more males residing at the SSLCs than females in every age group except for those 85 or older. There are 535 residents over the age of 65, which is 20% of the total population. Most of the adults have a legal guardian, which is usually a family member, though a third of adults do not have any type of guardianship. There are 143 residents who are age 22 or under, the age of eligibility to attend public school, including 35 residents who are under the age of 18.

The average number of years a resident has lived at a SSLC is 24 years, and more than half of all residents have lived at a SSLC for over 20 years. The earliest admission of a current resident took place in 1942, when that resident was a child. Most residents who have lived at the centers since childhood were admitted before 1980, which reflects the limited residential service options for people with intellectual and development disabilities during that time. Among current residents, the average age at the time of admission was 25 years old. In 2021, there were 134 admissions with a median age of 28, and the youngest of whom was 11.



Source: The Health and Specialty Care System division of Texas Health and Human Services. Jan 3, 2022

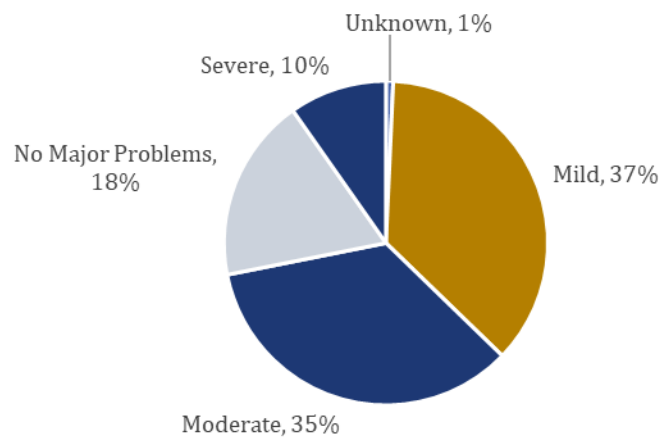


Source: The Health and Specialty Care System division of Texas Health and Human Services. Jan 3, 2022

The SSLC with the most admissions in 2021 was Mexia, with 39 residents. The Mexia SSLC is designated to provide forensic services to people who are committed under criminal statute, so it admits and discharges residents more frequently than other centers.

Currently, there are 155 residents who are alleged criminal offenders. Although nine SSLCs serve at least one resident who is alleged to have committed a criminal offense, 68% 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 five have been determined to be a high risk of danger to themselves or others, legally requiring a highly restrictive environment. San Angelo SSLC is also designated as a forensic services center and currently serves 28 alleged offenders.

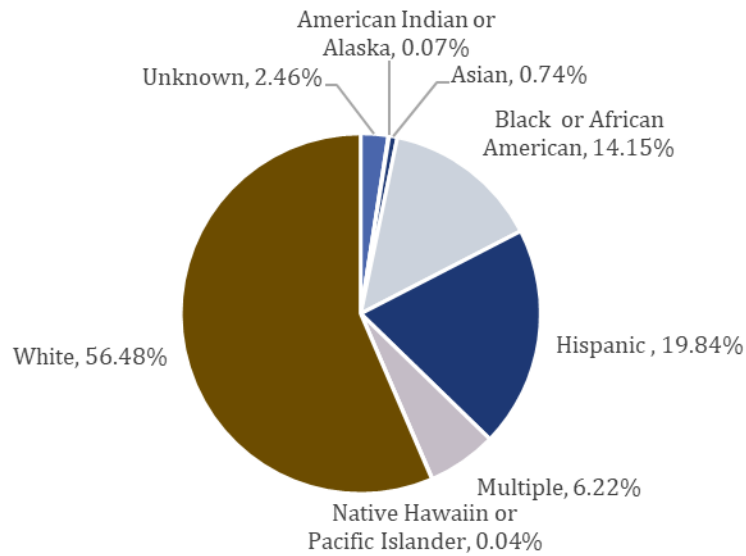
## Health Status of SSLC Residential Population



Source: The Health and Specialty Care System division of Texas Health and Human Services. Jan 3, 2022

In the entire SSLC population, 42% of residents are designated with 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, while a severe health status means an individual is unstable and/or has multiple serious health problems which may be life threatening, requiring daily professional intervention. A total of 166 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. Jan 3, 2022

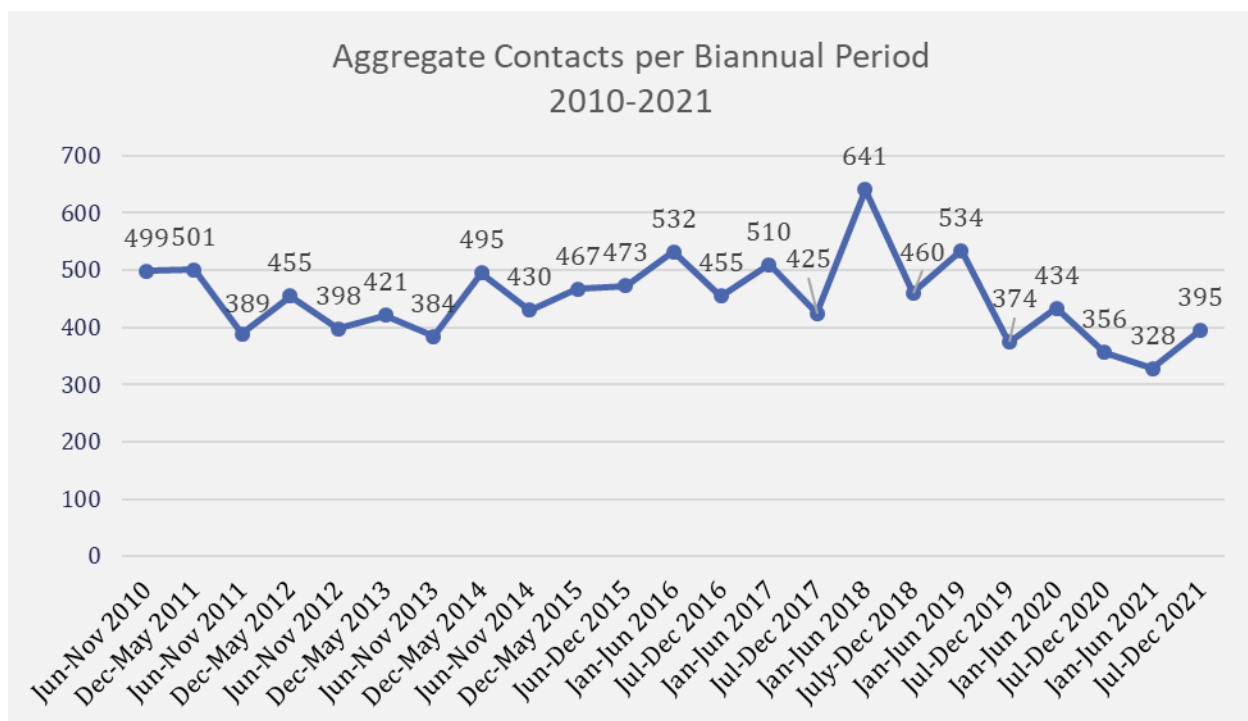
Race and ethnicity demographic data are provided to acknowledge the identity of residents. The majority of the SSLC population identifies as white at 56%, 20% identify as Hispanic, and 14% identify as Black or African American. There are 167 residents who are recorded as multi-racial.

# Duties and Activity of the Office

## Overview

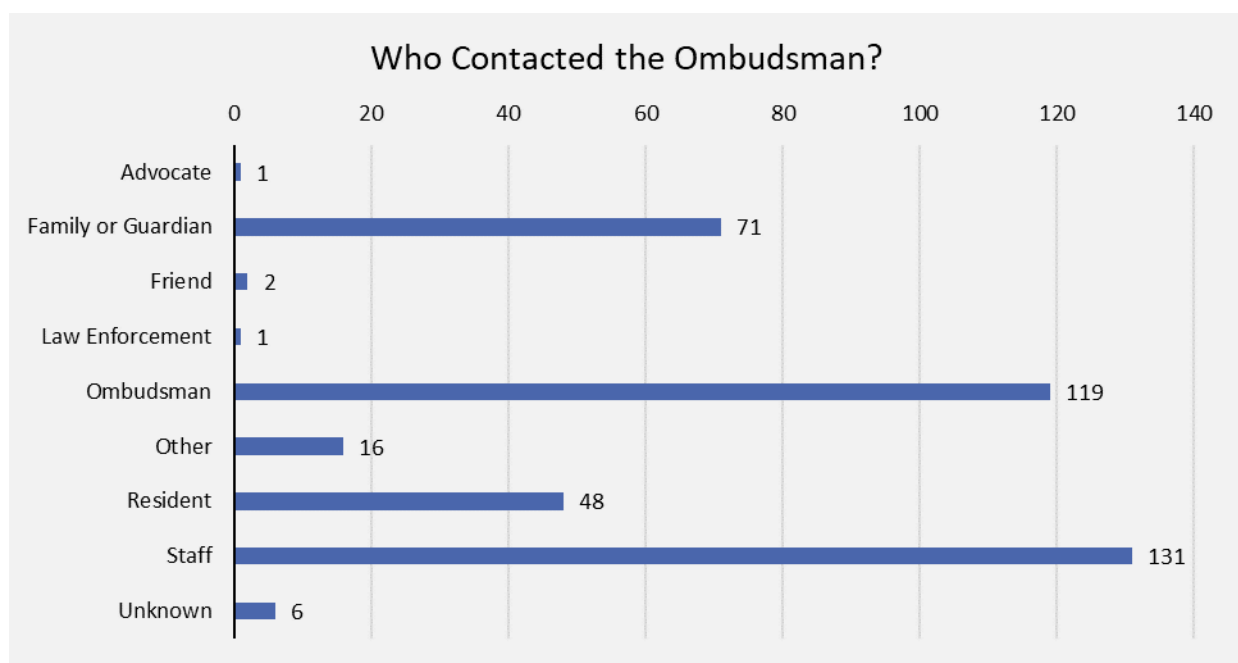
Being visible and engaged in the operations of the SSLC is the hallmark of the ombudsman's role. The ombudsman at each center provides meaningful input, collaboration, and expertise to the SSLC administration on a routine basis, including making recommendations. A secure online database is utilized to record and track all contacts made directly to the ombudsman. Documentation of investigations and actions of the ombudsman are recorded and kept confidential except by special court order. For the biannual period of July 1 to December 31, 2021, there were a total of 395 contacts recorded.

Going into the second 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. However, unlike the previous biannual period, there was an increase in contacts during this biannual period. Efforts to remain accessible are on-going.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

Most recorded contacts during this biannual period were concerns identified by staff, followed closely by contacts from the ombudsmen. When they cannot be onsite, the ombudsmen have continued to make efforts to engage residents, staff, and family members remotely to maintain accessibility and promote awareness. Through these efforts, they have actively advocated for the protection and welfare of residents during these challenging times. The increase in the number of contacts from the previous period shows that ombudsmen activities are starting to return to pre-pandemic levels. The high volume of ombudsman-identified cases and contacts from staff members demonstrates the value of the ombudsmen's presence at the centers.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

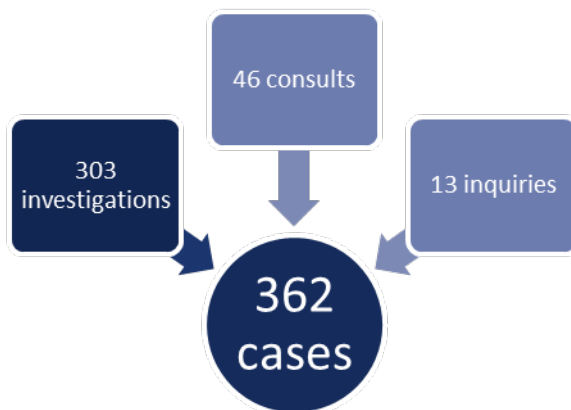
Last biannual period, the ombudsmen received an increased amount of complaints and requests for assistance by family members and guardians. Contacts made from family and guardians continue to exceed the amount historically experienced by the office, although the number of these types of contacts decreased 4% 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 33 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. Excluding these referrals, the office handled



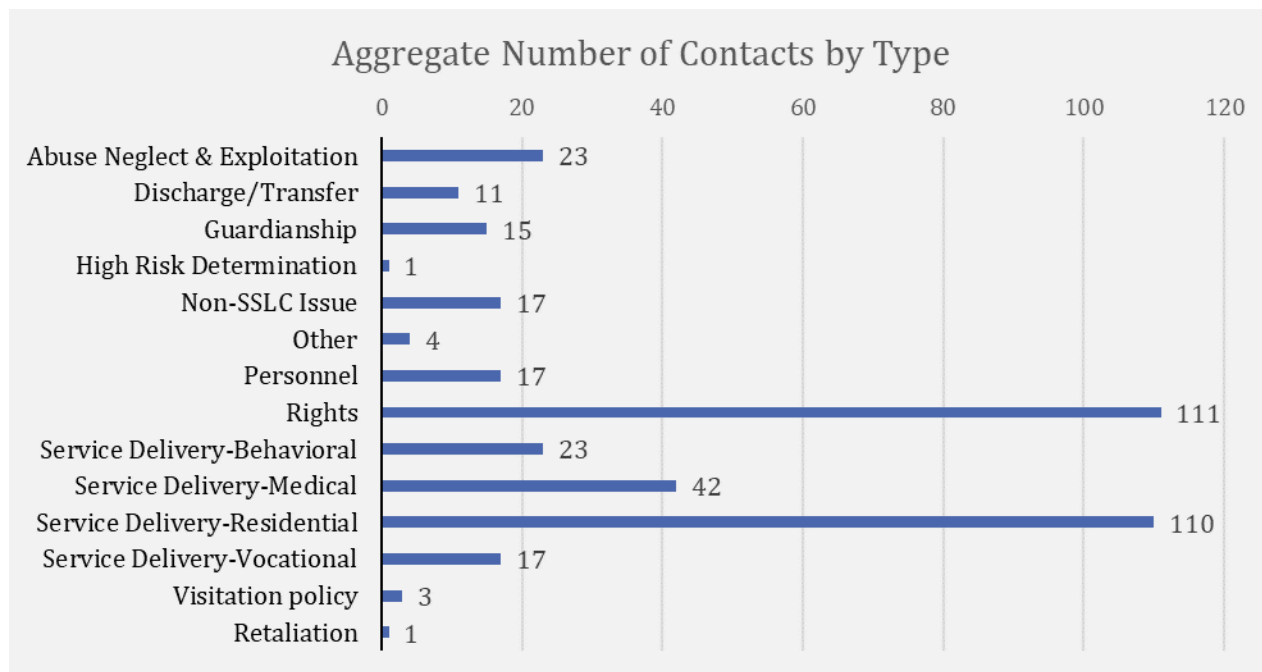
362 cases in this biannual period. Consults and inquiries are contacts made to the ombudsman that do not require an investigation but require the ombudsmen's expertise and insight. Complaints investigated by the ombudsmen made up 83% of all contacts for this biannual period.

### Aggregate Number of Contacts that were Not Referred



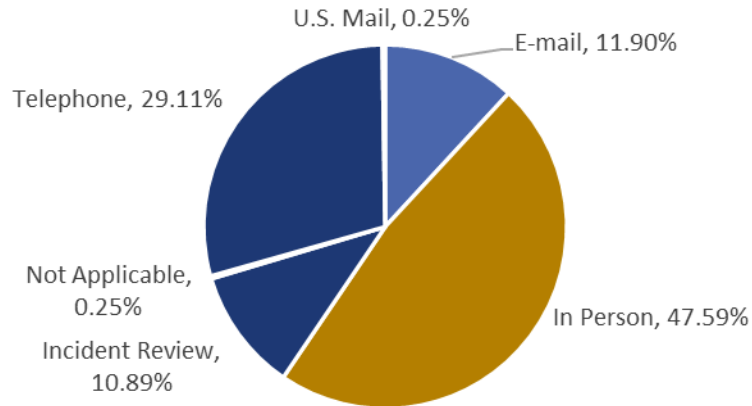
Source: OIO - HHS Enterprise Administrative Report and Tracking System

Staff, residents, family members, and others contact the ombudsman regarding concerns that impact residents' lives. Most of the concerns investigated by the ombudsmen were rights-related issues however there were almost as many concerns investigated by the ombudsmen about residential service delivery. 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.



Each ombudsman has an office at their 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?



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 1,627 incident investigations this biannual period. In 42 incident reviews, a concern was identified by the ombudsman that required an additional follow up investigation by the ombudsman.

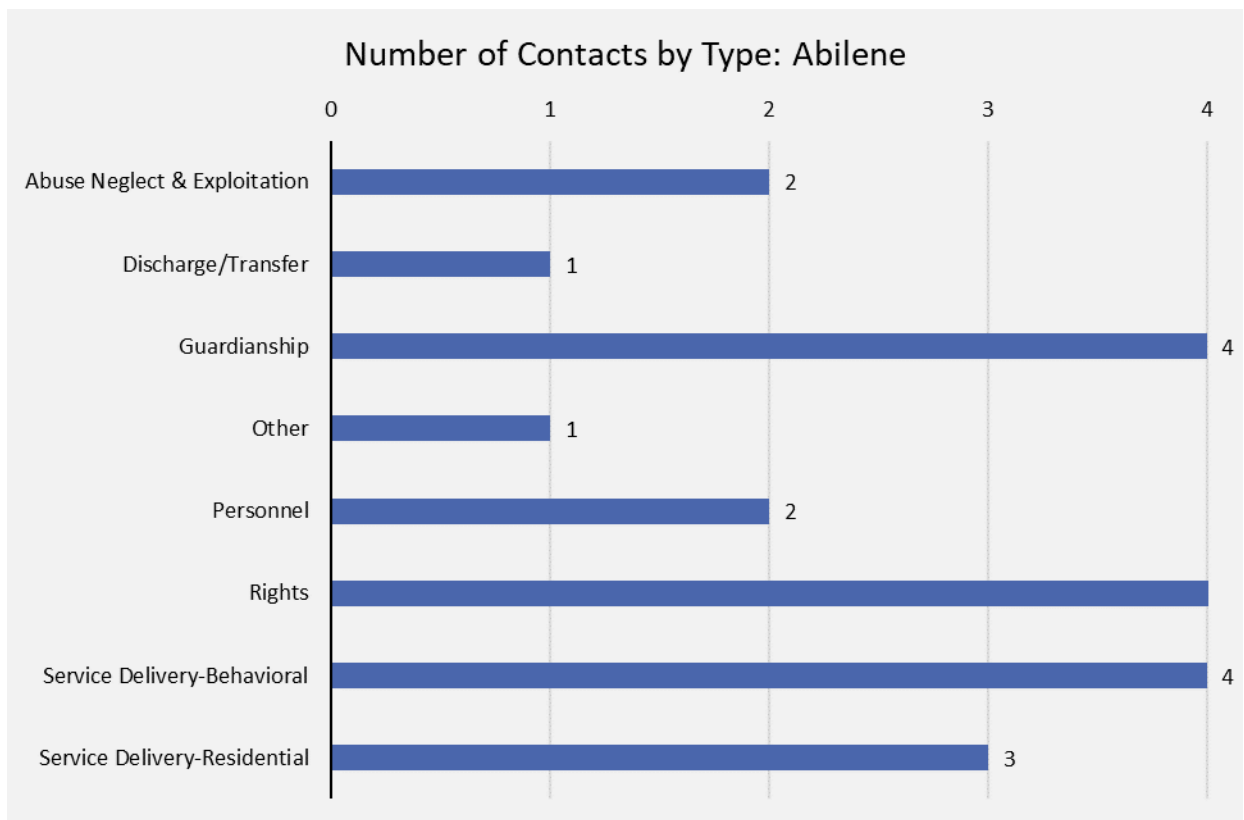
The most common reported and reviewed incidents were abuse allegations. The ombudsmen do not investigate abuse and neglect. Allegations of abuse and neglect are reported to and investigated by the HHSC Provider Investigations (HHSC PI) unit. When a report is made, the SSLC is responsible for protecting 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.

# Abilene State Supported Living Center

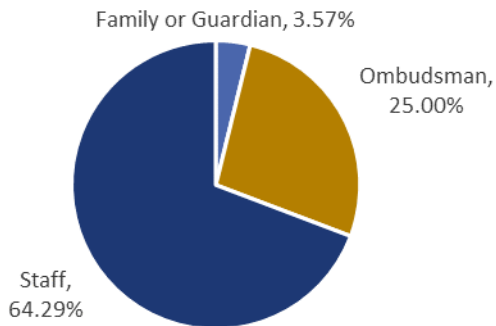
## Jill Antilley, Assistant Independent Ombudsman



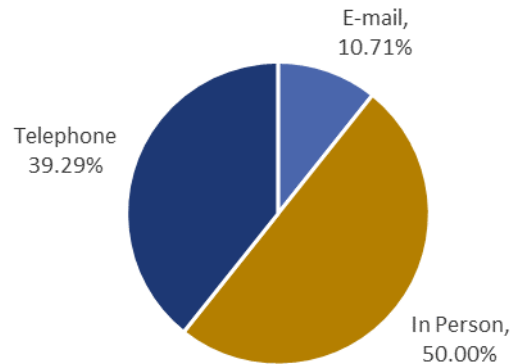
Jill Antilley has served residents at the Abilene State Supported Living Center for 18 years. Her career began in the Recreation Department as a direct-care staff in 2000 while attending college at Hardin Simmons University (HSU). Ms. Antilley graduated from HSU in 2000 with a bachelor's degree in Police 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.



### Who Contacted the Ombudsman? Abilene



### How Was the Contact Made? Abilene



### Contacts that Were Not Referred: Abilene



### Case Study: Abilene

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

The AIO became aware of a situation in which a guardian asked the interdisciplinary team IDT to implement several emergency restrictions. The AIO was concerned that the restrictions infringed on the resident's rights. The resident is a legal adult and is able to make appropriate independent choices, however the AIO was concerned that the guardian was asking to implement restrictions in areas the resident is able to choose for themselves. Additionally, the AIO noticed that the team asked to send restrictions through as emergency restrictions (ER), which did not fit the imminent threat threshold. The AIO reviewed the resident's programs and history, spoke with the Assistant Director, reviewed the residents' guardianship paperwork, the Texas Family Code, "Your Rights in a State Center" handbook and

consulted with HHSC Guardianship. Ultimately, the AIO found that many people who work at the center had different understandings of the scope of authority of a guardian/LAR.

Since the proposed restrictions did not meet the definition of an emergency, the AIO recommended that the team submit the rights restriction as a referral, which requires vetting and approval from the Human Rights Committee (HRC) before it can be implemented. The AIO also suggested that the team meet again with the guardian to see if there were less restrictive approaches that could meet both the resident and the LAR's interests. The facility agreed with the AIO's recommendations and utilized the documentation and information she located about the scope and role of the guardian/LAR. Consequently, the resident, guardian/LAR, and IDT came to a consensus about the restrictions that appropriately supported the resident to make independent choices and encouraged self-reliance. The guardian learned more about the rights of residents and the resident expressed that they felt more heard by their team.



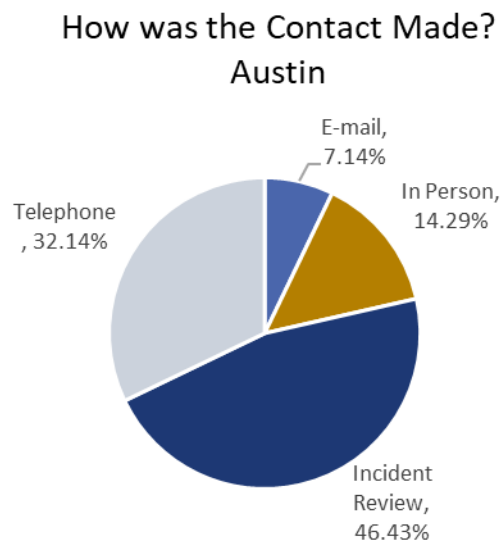
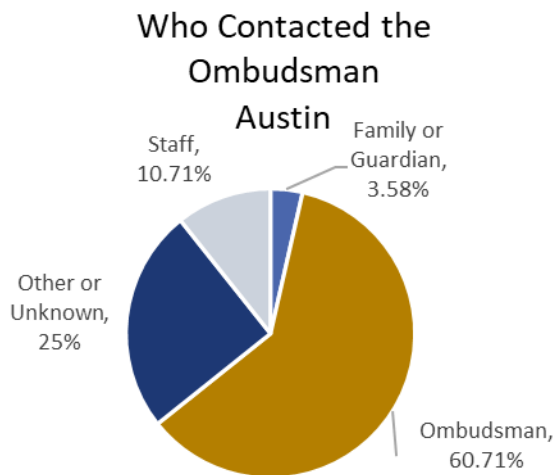
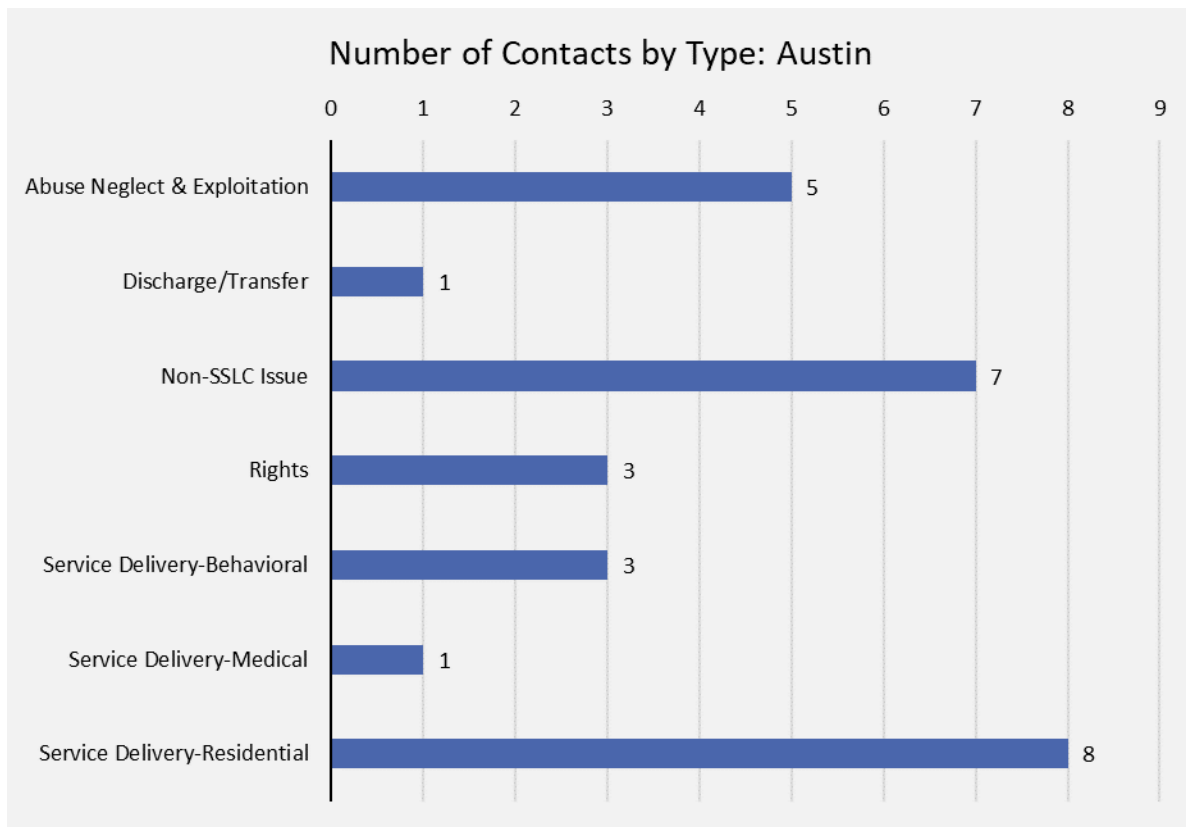
## Austin State Supported Living Center

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### 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.



## Contacts that Were Not Referred: Austin



## Case Study: Austin

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Staff	• Email	• Discharge/Transfer

The AIO was contacted by staff with concerns about disagreements among IDT members and discipline areas on how best to support a resident with his transition to a new home in the community. One discipline area felt that the residents' new home was not safe or prepared to provide the supports he needed, while other IDT members felt the team was putting up barriers to prevent the resident's transition. The AIO was also concerned about proposed changes to the resident's psychotropic medication regimen before his community transition.

To investigate these concerns, the AIO: attended all the resident's transition meetings, visited the resident's new home, attended psychiatric clinics to review medical concerns, reviewed policies related to medication changes during resident transitions, reviewed supports from the Community Living Discharge Plan (CLDP) and interviewed various IDT members.

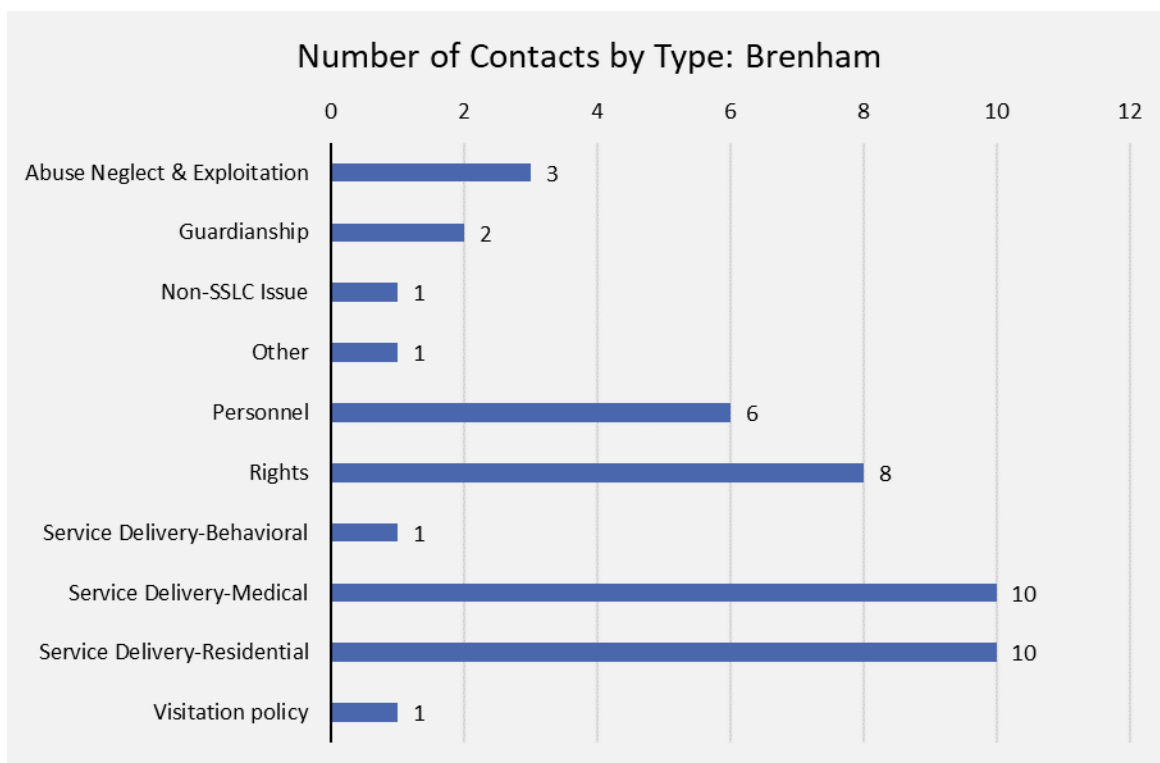
As recommended by the AIO, the facility psychiatrist consulted with the community psychiatrist, prior to the residents move, to help ensure a smooth community transition and continuity of care. The AIO also recommended that the post-move monitor (PMM) treat the perceived barriers to transition as pre-move supports so that they could monitor those supports, before, during and after the transition period, which the PMM did. In December, the resident moved to his new home in the community with adequate supports in place

# Brenham State Supported Living Center

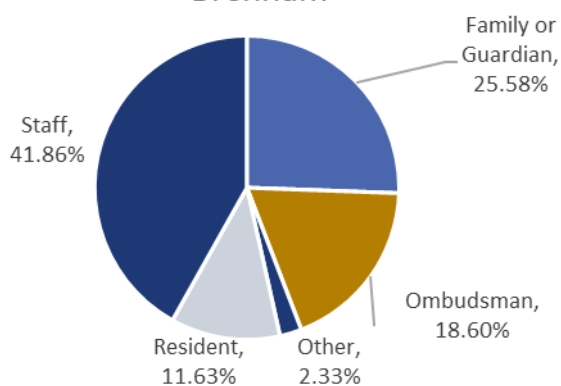
## Susan Aguilar, Assistant Independent Ombudsman



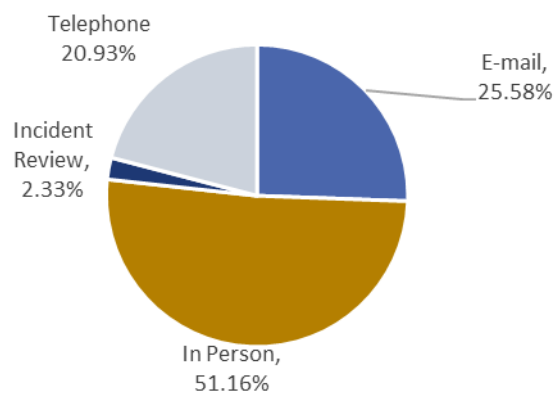
Susan Aguilar earned a Bachelor of Arts degree in Political Science from Texas Lutheran University. She worked in the field of early childhood intervention prior to obtaining the position of Qualified Developmentally Disabled Professional at the Brenham State Supported Living Center. While at the Center, 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



### Contacts that Were Not Referred: Brenham



### Case Study: Brenham

Action Type	Complainant Relationship to Client	How Received	Case Type
•Complaint	•Staff	•Telephone	•Service Delivery - Residential

The AIO investigated a staff complaint that reported homes in one residence building were not adequately staffed with DSPs to provide supports for persons with medical and physical management needs. The complainant stated that staff were held over to work additional hours and that the number of DSPs assigned to the home did not allow for physical management plans to be adequately implemented, compromising the safety of residents. The AIO initiated an investigation in which staff from different discipline areas were interviewed, homes were observed, and staff rosters and electronic records were reviewed. Furthermore, the AIO was informed that homes relied on the aid of non-direct support staff

such as, nurses and QIDP's to assist with daily routines, indicating that there were insufficient number of staff working in the home.

The AIO recommended that the center consider increased staffing resources for this residential building. The center's immediate response to the AIO's recommendation was to retrain staff on use of bathing lifts and increase internal observations at critical times such as during bathing and positioning. Float staff was also immediately put in place at two of the homes, staff within the residential building were reallocated, and staff were increased at two homes for daytime and evening shifts. Over the following 30-day period, the AIO continued to monitor the homes that were identified as short staffed and found that increased staffing numbers had been maintained at those homes.

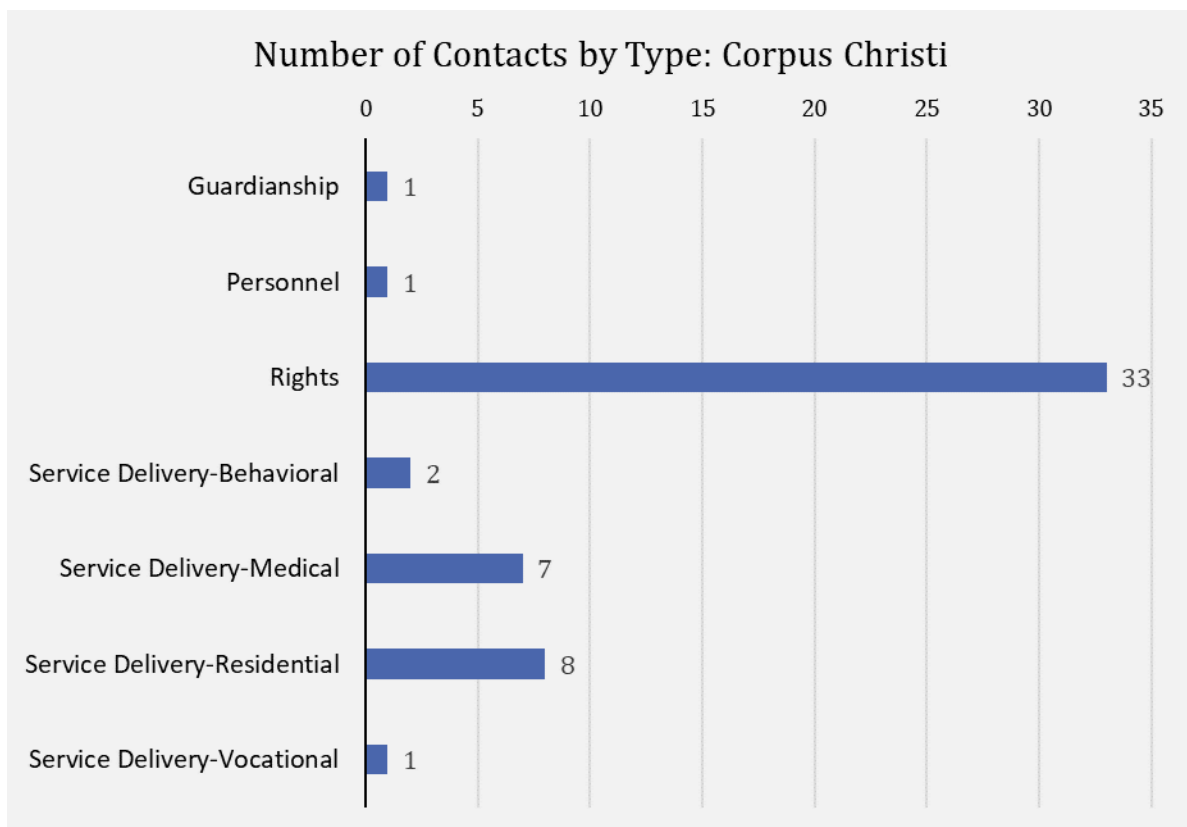


# Corpus Christi State Supported Living Center

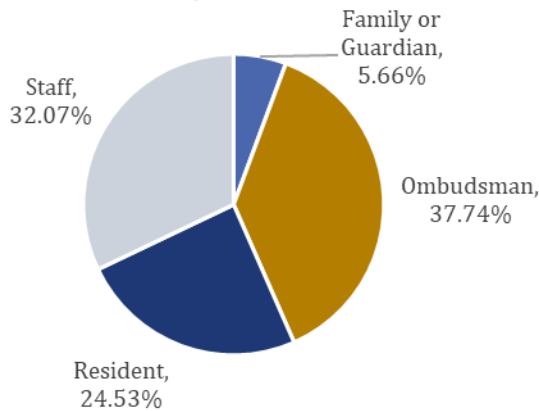
## Kellen Davis, Assistant Independent Ombudsman



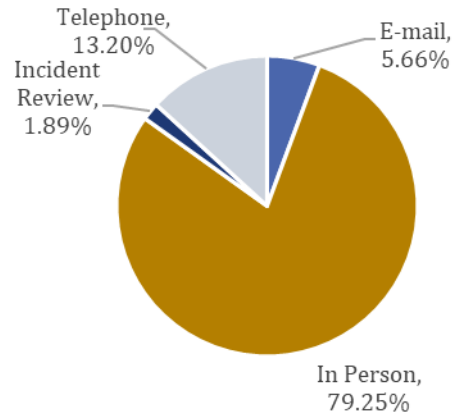
Ms. Davis's career began in 1988 while going to school at Howard Payne University. She worked for the Texas Youth Commission as the Recreation Supervisor. She graduated from HPU with a degree in Physical Education and a minor in English. She went on to work for the TYC for 15 years in various roles. 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.



Who Contacted the  
Ombudsman?  
Corpus Christi



How was the Contact Made?  
Corpus Christi



Contacts that Were Not Referred: Corpus Christi



Case Study: Corpus Christi

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

A DSP reported to the AIO that a resident was not acting like herself. The resident was usually talkative and in a good mood, however, the DSP said that the resident was now only mumbling and didn't appear to be happy anymore. The DSP told the AIO that they had informed the nurse about the resident's change in behavior however no action had been taken by nursing in response to DSPs' observations.

The AIO visited the resident's home to check in with her and spoke with staff who knew her well and had worked with her for a long time. The staff also reported to the AIO that the resident behaved this way when they were ill. The AIO then contacted the facility physician who stated that the residents' altered

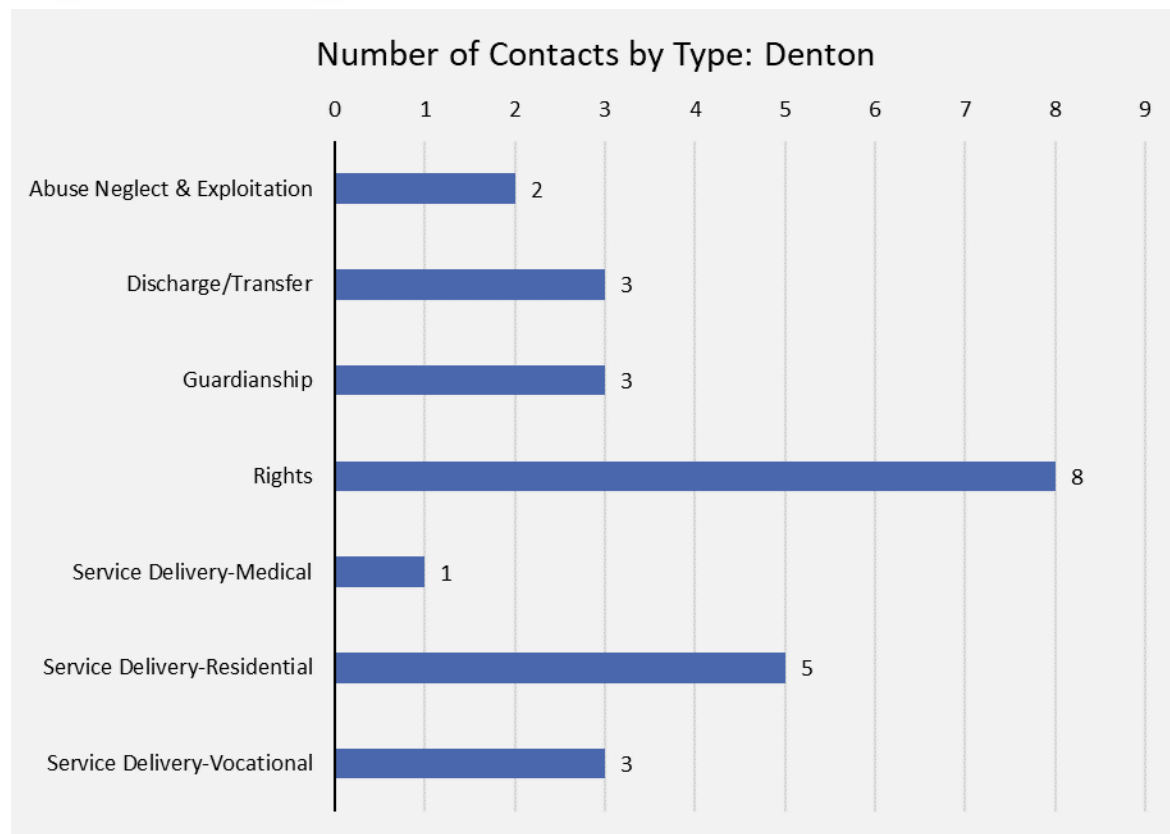
state was due to self-injurious behavior. Days later, the AIO checked on the resident to find that her condition had not improved.

The AIO followed up with the facility physician and in response to the AIO's continued concerns, the physician ordered labs for the resident. Upon completion of the labs, it was revealed that the resident was ill and had an untreated urinary tract infection. The resident was prescribed medication and a diet change was implemented to resolve the issue. The AIO recommended, and reiterated, that DSP concerns should be responded to, when they identify and express changes in residents' behavior.

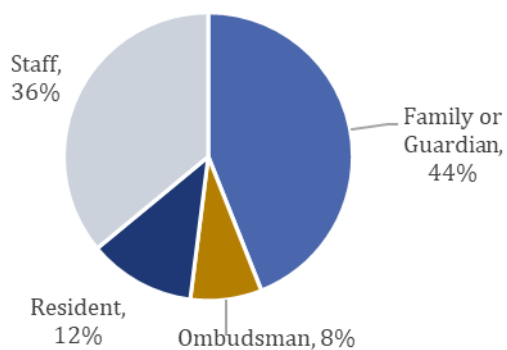
# Denton State Supported Living Center

## Edward Leal, Assistant Independent Ombudsman

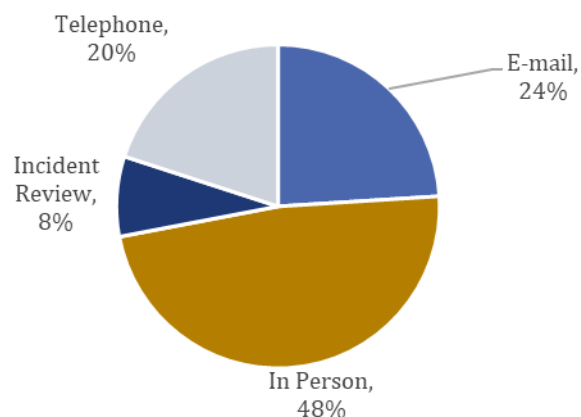
Edward Leal began his career in 2009 at the Denton SSLC where he served both as a Direct Support Professional and the Administrative Assistant to the Center Director for almost a decade. Edward then served as a Civil Rights Specialist where he received extensive training and experience conducting complex 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.



### Who Contacted the Ombudsman? Denton



### How was the Contact Made? Denton



### Contacts that Were Not Referred: Denton



### Case Study: Denton

Action Type	Complainant Relationship to Client	How Received	Case Type
• Complaint	• Family LAR	• Telephone	• Rights

The AIO was contacted by the mother and LAR of a resident who expressed that she had purchased items for her daughter, but they had since gone missing. The items missing included a Wi-Fi hotspot device and a Bluetooth speaker that the resident uses as a tool to help her relax and feel comforted. The LAR asked staff about the missing items, but they said they didn't know what happened to them.

The AIO also identified another instance in which personal items for the same resident had previously been lost. That case resulted in staff implementing a tracking system to account for the resident's items each day on each shift to ensure the items were in the resident's possession, however, it became clear

that staff were no longer using the tracking list to account for the resident's personal items. The AIO contacted the QIDP however, they did not have any insight into the missing items or why the tracking sheet was not being used.

The LAR requested that they be reimbursed for the missing items, which the facility declined, but they agreed to purchase replacements for the missing speaker and hot spot. Additionally, staff on each shift were in-serviced to continue to utilize the tracking system to ensure that the resident does not go without internet connectivity and always has access to her music. The AIO recognized that the resident would become upset without access to her music and was able to help the individual improve her quality of life and overall emotional wellbeing by facilitating access to her important personal items.

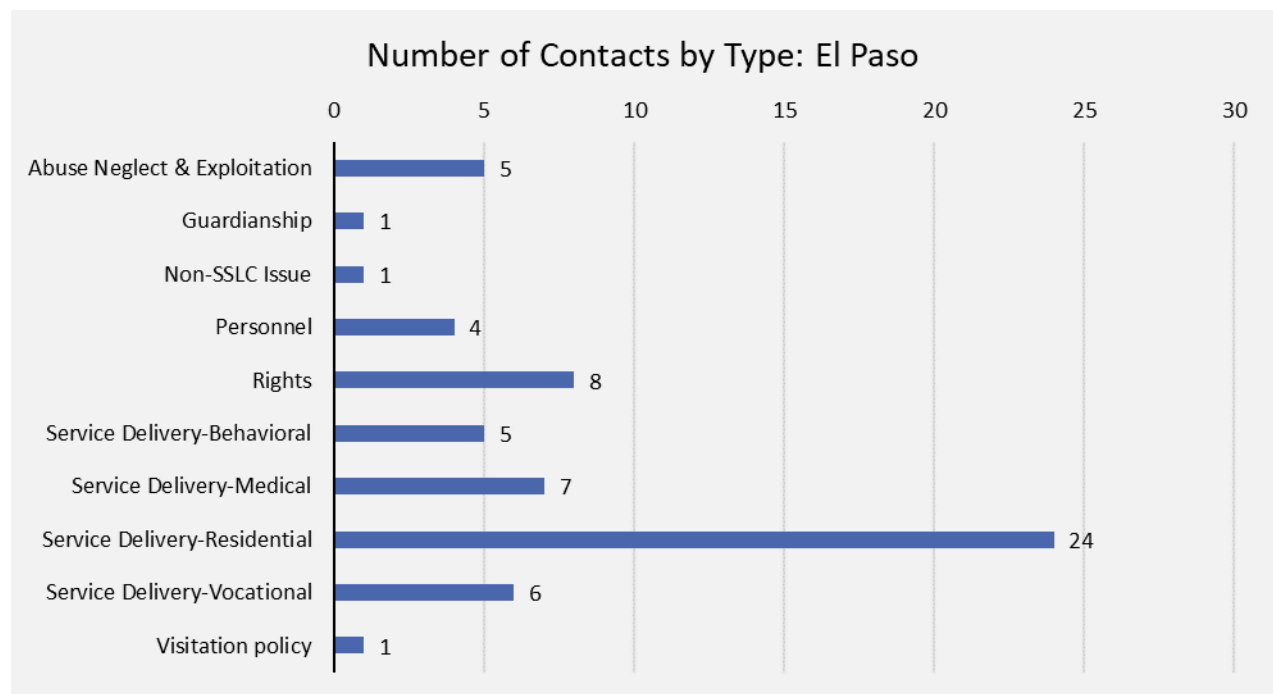


# El Paso State Supported Living Center

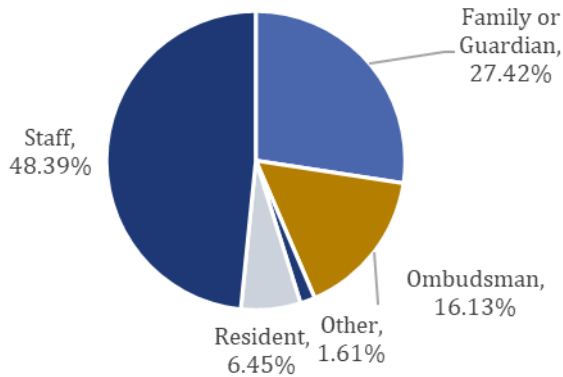
## Isabel Ponce, Assistant Independent Ombudsman



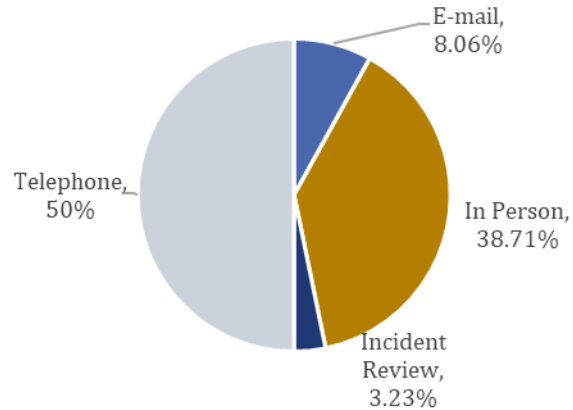
Born and raised in the Sun City, Ms. Ponce has worked in services and advocacy for the elderly, children and individuals with disabilities for over 20 years. She was employed in nursing homes as a certified nursing assistant and then certified medication assistant before working with the El Paso Headstart 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.



Who Contacted the  
Ombudsman?  
El Paso



How was the Contact Made?  
El Paso



Contacts that Were Not Referred: El Paso



Case Study: El Paso

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

During observation of an HRC meeting, the AIO heard discussion about physically restraining an individual to administer an IM psychotropic medication injection. The team presenting the restriction during HRC stated that a court order was pending for the IM medication, but they had been told by SSLC administration that they could still proceed with the restraint plan. The restrictive medical restraint plan was approved by HRC. The AIO was concerned that the invasive restriction was approved without adequate due process.

The AIO shared her concerns with the team, at which time they acknowledged they did not have a clear understanding of the policy and process for IM medication administration and restraint. In response to the AIO's concern, the team decided to hold off on implementing the restraint plan and IM injections until they received the court order and had a better understanding of the process and policies.

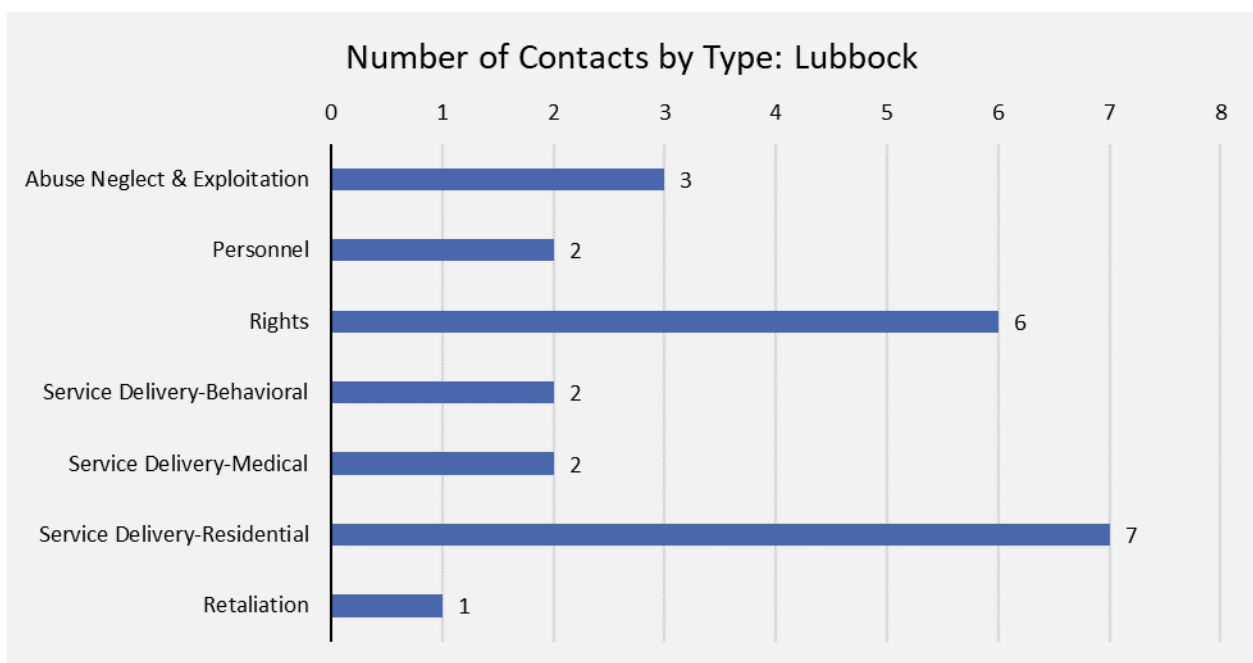
The AIO provided the team and resident's LAR policies related to medical restraint plans and the medication administration process and requirements. The AIO and team learned that a court order was not required and the AIO recommended that teams use super IDTs and speak with the HRO and AIO when uncommon issues arise in the future. During the follow up meeting for the resident, the LAR and members of the team thanked the AIO for helping them understand the process. Consequently, the pause on implementing the restriction enabled the team to come up with other ideas on how to best serve the resident using less restrictive supports.

# Lubbock State Supported Living Center

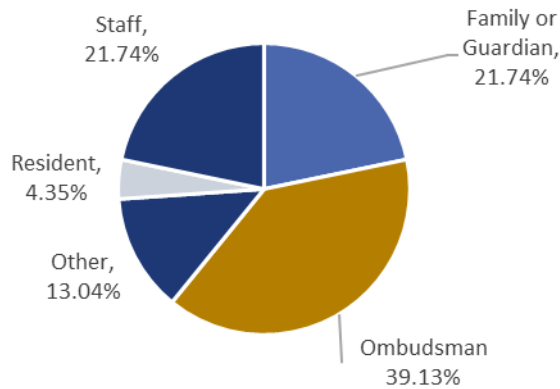
## James Clark, Assistant Independent Ombudsman



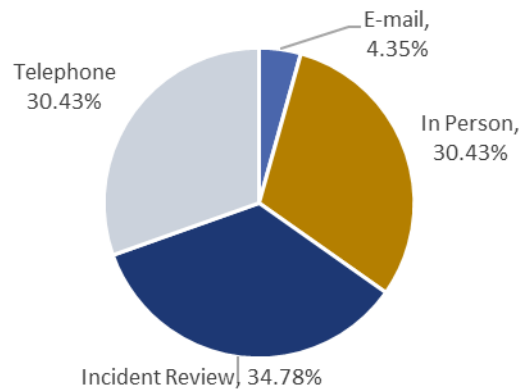
James Clark was born and raised in Lubbock, Texas, and resides in Lubbock with his family. Mr. Clark earned a Bachelor of Applied Science Degree in Human Services from Wayland Baptist University. He began his career with the State of Texas at the Lubbock State School as a Direct Support Professional 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.



### Who Contacted the Ombudsman? Lubbock



### How Was the Contact Made? Lubbock



### Contacts that Were Not Referred: Lubbock



### Case Study: Lubbock

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

During an Individual Service Plan (ISP) meeting, attended by the AIO and the resident, the team discussed a diet restriction related to her diabetes diagnosis. During the meeting the resident stated that she was unhappy with the food options the team was offering and that she enjoyed buying food at the Canteen. In practice and policy, if a resident expresses disagreement with a rights modification, it should be treated as a restriction, not a support. During the meeting, the AIO expressed concern that the resident stated she was unhappy with the food choices offered but the team opted to continue with the decision to list the diet modification as a support.

The AIO consulted with the HRO, who agreed the IDT may need to consider the diet change as a restriction. The ombudsman also spoke with the QIDP Director, who informed the AIO that they would review the ISP and discuss the proposed diet modifications with the team. The QIDP Director also stated that QIDP's had been trained on the difference between supports and restrictions but that she would retrain the QIDP because she was new to her role.

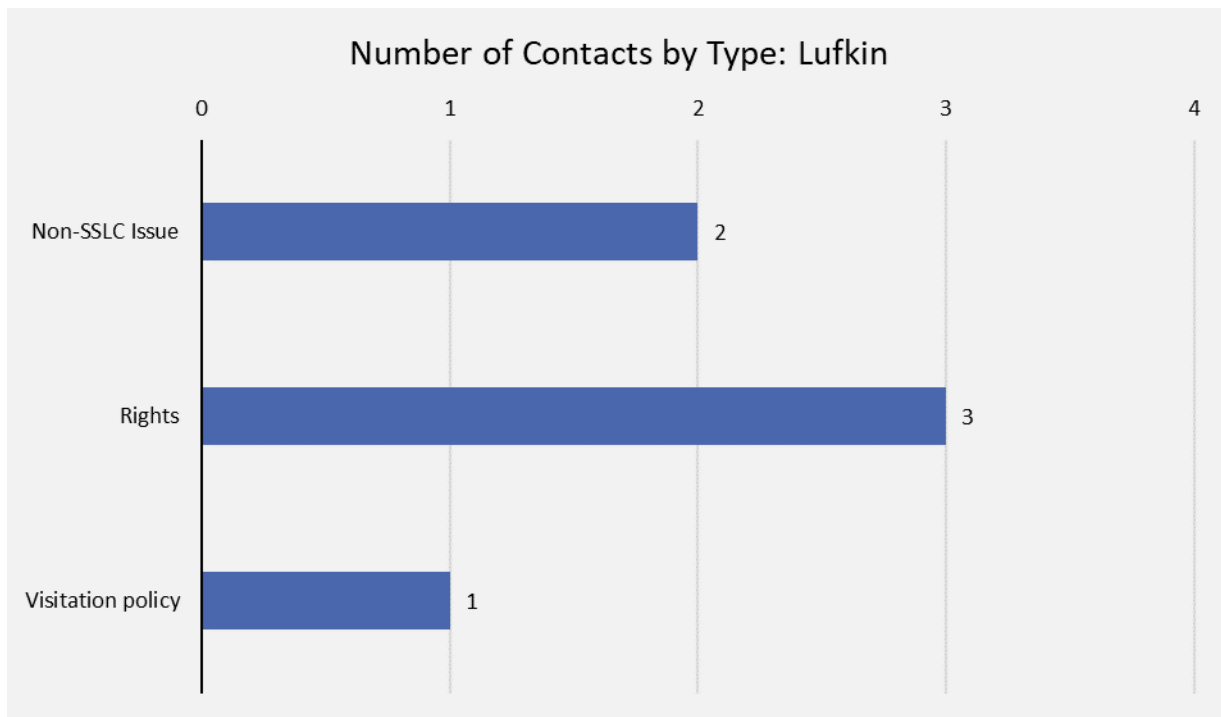
Following the AIO's discussions, the team revised the resident's diet plan to allow her more food choices she liked and so that the diet modification was better aligned as an individual support. The resident told the AIO that she understood she was on a diabetic-friendly diet and expressed that she was happy with the changes the team made which allowed her to continue to spend her paycheck on snacks at the Canteen and gave her food options she liked.

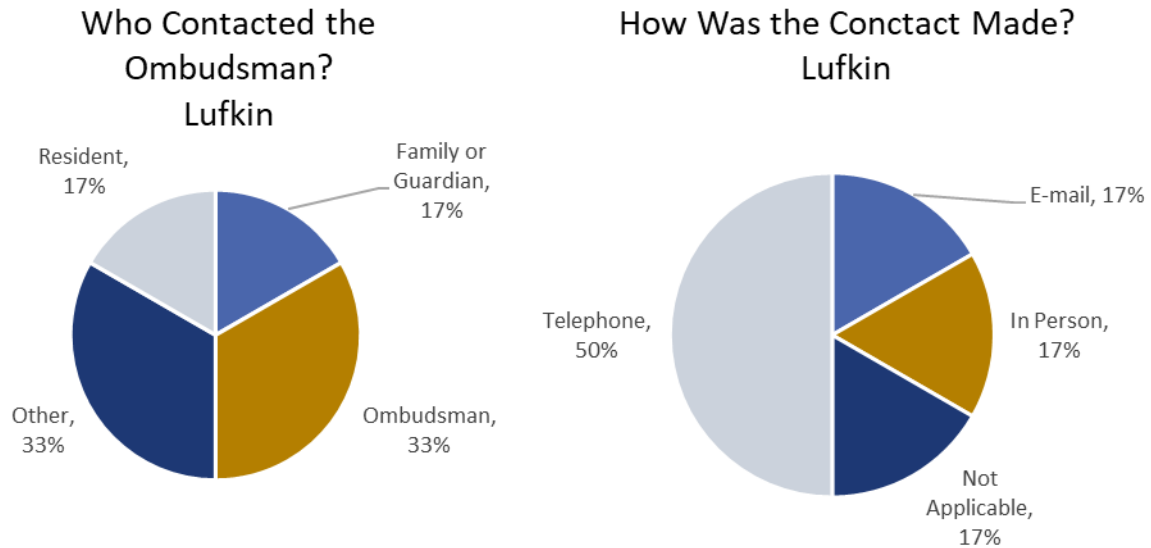
# Lufkin State Supported Living Center

## 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.





#### Contacts that Were Not Referred: Lufkin



#### Case Study: Lufkin

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

A resident approached the AIO and informed him that he wanted to go to church on the campus, but the bus had not been picking him up. The ombudsman discovered the center changed the days the church was open due to COVID restrictions however, the resident had not been informed of the changes.

The AIO recognized that the facility was doing their best to keep activities available as much as possible and balance the safety of staff and residents. However, he also expressed the importance of communicating changes in schedules and routines to individuals. The AIO personally informed the



resident that the bus would pick him up on Sunday. The resident thanked the AIO for helping and said he was excited to get back to his routine doing activities he loved, which includes going to church.

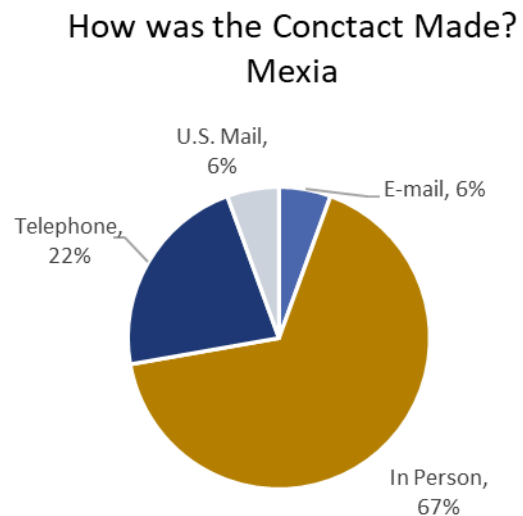
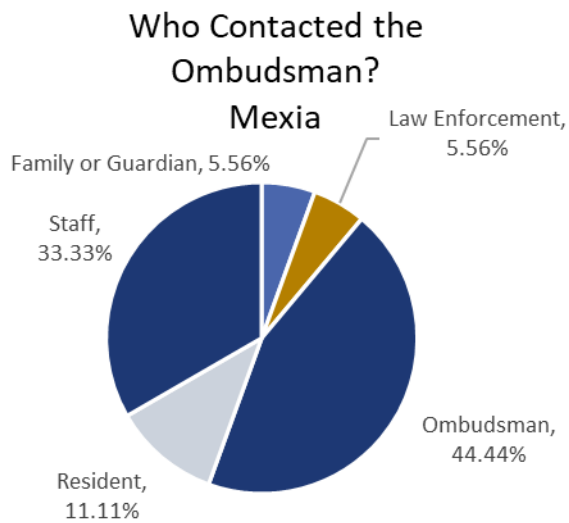
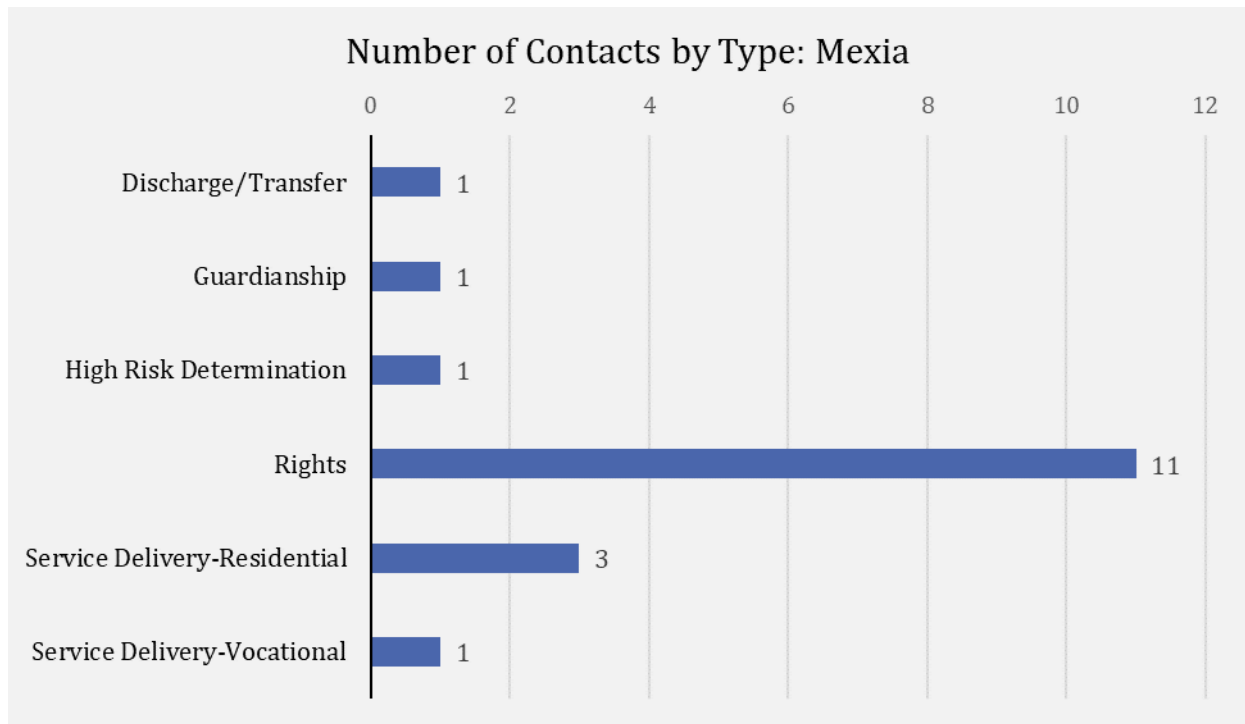
## Mexia State Supported Living Center

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### Adam Parks, 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.



### Contacts that Were Not Referred: Mexia



## Case Study: Mexia

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

The AIO was contacted by staff inquiring about HRC data that the AIO collects as part of the required audit of the center to evaluate rights and due process practices. The AIO provided a snapshot of the data to staff that included specific areas of due process which were lacking in the center's HRC practices or were correlated with systemic shortcomings in HRC practices across all facilities. The AIO identified and shared specific areas in need of improvement, including incorporating residents' and LARs' opinions and perspectives about proposed rights restrictions in both documentation and in HRC discussions, as well as issues with documenting the analysis of risks associated with the restriction. The AIO shared that the resident and guardian's perspectives about the proposed restrictions do not have prompts in the forms that staff complete, which may be why these critical due process components are not often included.

The AIO recommended that IDTs focus on identifying the individual's perspective and the guardian or family member's perspective regarding the restrictive practice. The AIO also recommended that IDT members should be trained on how to address the risks with and without the restrictive practice. Additionally, the AIO offered to attend those trainings to help explain the OIO's findings to the IDT members. In response to the recommendations, the HRO continues to consult with the AIO about best practices. The HRO has since trained the psychiatry department in areas that need improved documentation. The HRO has also made attempts to train other IDT members on effectively documenting due process elements.

## Richmond State Supported Living Center

### Deatrice Potlow, Assistant Independent Ombudsman

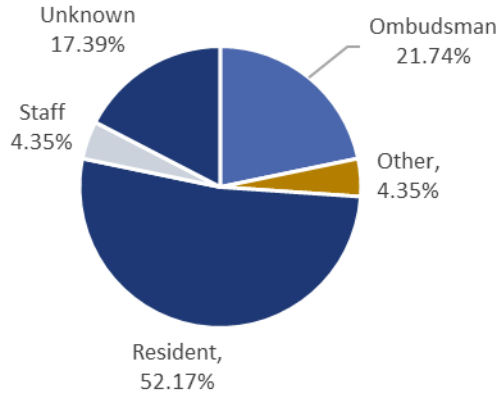


Born and raised in Greenwood, Mississippi, Ms. Potlow earned a Bachelor of Science Degree in Office Administration in 1997. Shortly after graduating she began working at a local hospital as a Medical Transcriptionist. She relocated to Houston, Texas for career advancement and began a career with the 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

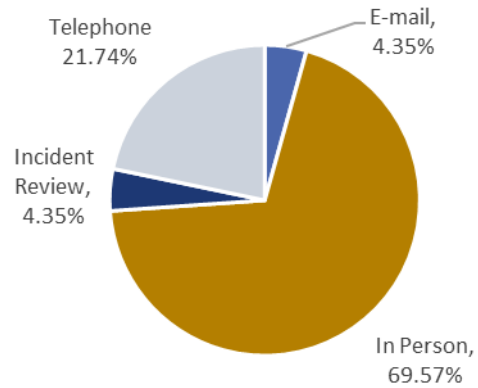
Richmond SSLC.



### Who Contacted the Ombudsman? Richmond



### How Was the Contact Made? Richmond



### Contacts that Were Not Referred: Richmond



### Case Study: Richmond

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

The AIO was greeted in person by a resident who reported that a window was broken at her home and that paper had been ripped up because she was upset. The resident explained that she was upset because the television was not placed on the bedroom dresser as she had requested.

The AIO spoke with the administrative support staff to get an update of when the television would be placed on the dresser who explained that an IDT member told the resident that they would place the television on the dresser when time allowed. The initial request for her television to be moved was not fulfilled which angered the resident and resulted in a behavioral crisis. Due to the recent behavioral

episode, the AIO requested that the administrative support staff expedite the request. The AIO received a call that maintenance department staff went to place the resident's television on the dresser, as requested, but discovered that the television was broken.

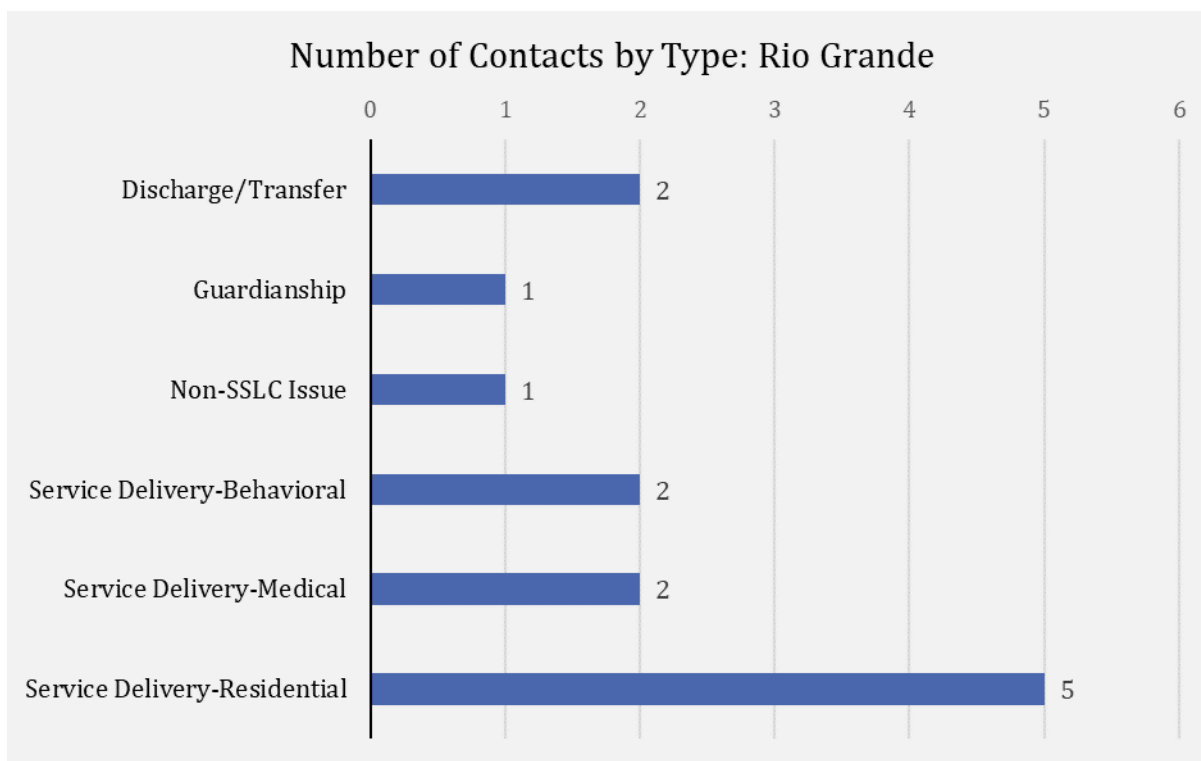
The AIO spoke with the resident and explained that the television could not be placed on her dresser because it had been broken/shattered, most likely during the behavioral episode. The ombudsman spoke with the resident about using her voice to communicate her wants and needs and explained how behavioral episodes can have unattended consequences. The resident regretted the situation and understood that the television would need to be replaced using her personal funds. The AIO ensured the resident's concerns were heard and that the AIO was available and accessible to her to offer help and support whenever she needed it.

## Rio Grande State Center

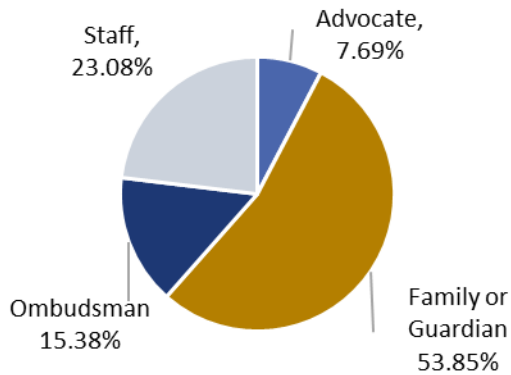
### Horacio Flores, Assistant Independent Ombudsman



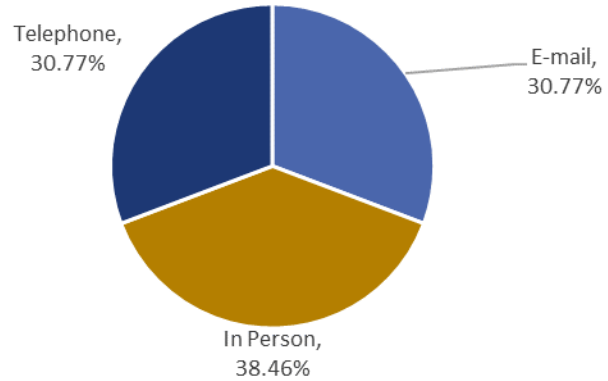
Horacio Flores hails from the Rio Grande Valley and attended Texas A&M Kingsville where he earned his Bachelor of Arts Degree in Psychology. He began his career with the State of Texas working for the Department of Family and Protective Services as an Investigator for Child Protective Services in Nueces, 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?  
Rio Grande



How Was the Contact Made?  
Rio Grande



Contacts that Were Not Referred: Rio Grande



Case Study: Rio Grande

Case Type	Complainant Relationship to Client	How Received	Action Type
• Compliant	• Family LAR	• Email	• Service Delivery - Residential

The AIO received an email from a member of the Rio Grande State Center Parent Association requesting assistance. The member expressed concerns to the facility about a resident's behavioral challenges that they believed were negatively impacting other residents but felt the facility was not being responsive. The parent association member asked the AIO to help with their concerns, as well as requested the AIO attend the next meeting and make a presentation about the OIO and the role of the ombudsman.



During the AIO's investigation, he found that the individual had not aggressed towards other residents, as the Parent Association member suggested, however they had entered another residence and destroyed decor in the home. Due to this and other incidents, the IDT discussed the resident's current plans and supports, and decided to implement an increased level of supervision restriction to better support the individual and protect other residents.

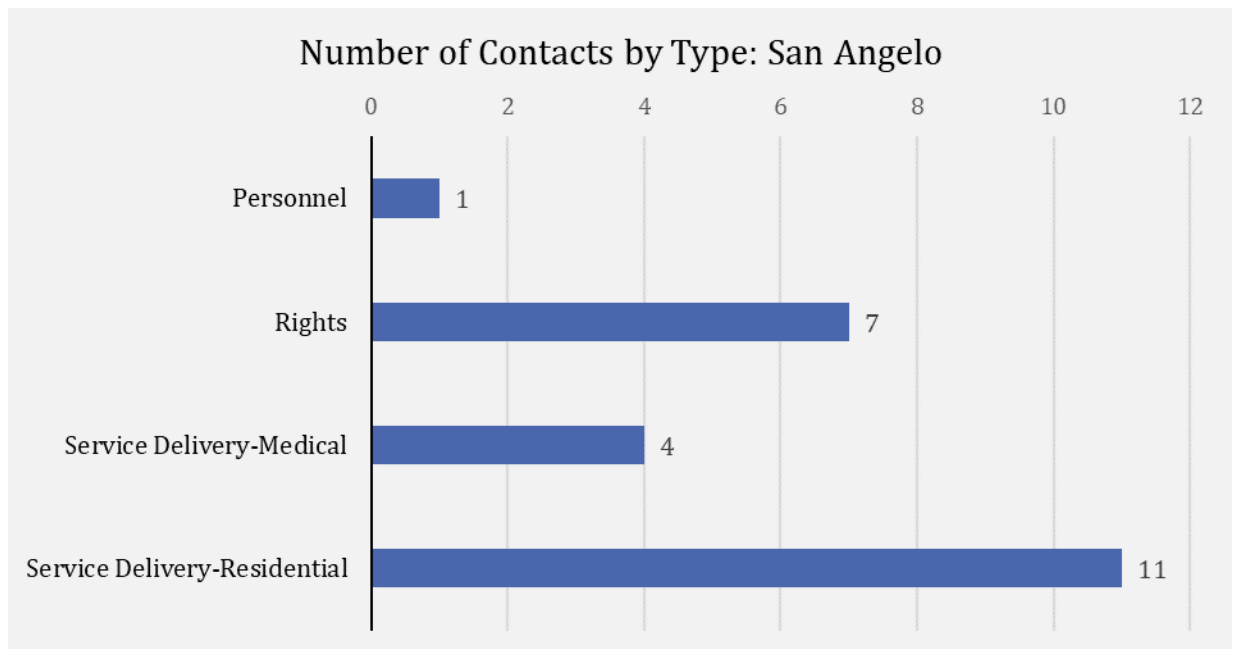
As requested, the AIO gave a short presentation to the Parent Association. Many members expressed they did not know there was a person outside of the facility they could call if they had issues or if they felt the facility was not responsive to their concerns. Following the meeting, the parent association members asked the AIO about the residents' specific plans to address their concerns. He explained tht he couldn't share that information but that he would attend the resident's IDT meetings and monitor th residents progress to ensure he was adequately supported and that necessary protections were in place. The members of the Parent Association were appreciative of the accessibility and responsiveness of the AIO to their concerns and because of the AIO's interaction and receptiveness to the Parent Association members, he has since had more family members contact him for assistance.

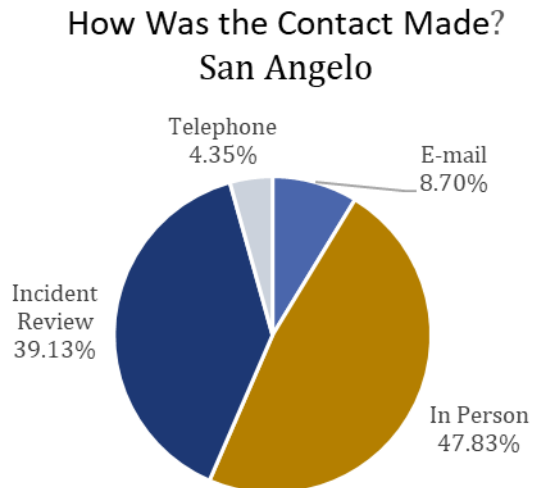
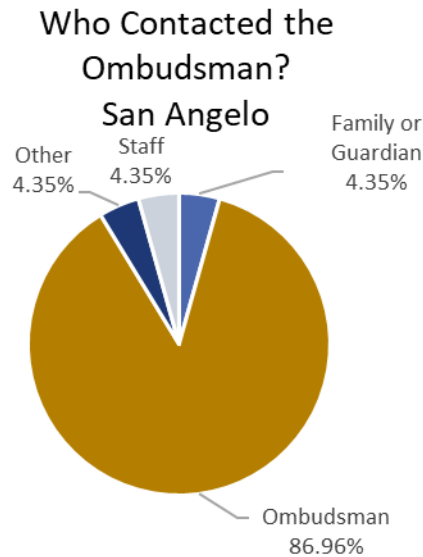
# San Angelo State Supported Living Center

## 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.





### Contacts that Were Not Referred: San Angelo



### Case Study: San Angelo

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

A resident's mom and guardian called the AIO to express that her daughter was having continual problems with a staff person and that the staff was rude to her when she called to inquire about why her daughter was upset. The mom stated that her daughter would often call 911 when she is upset, and she was attempting to contact staff to help her to calm the resident and prevent unnecessary 911 calls, when the staff person hung up on her.

The ombudsman spoke with the home supervisor to inform her of the guardian's concerns. In response, the Behavioral Health Specialist spoke with the resident and monitored the staff's interactions. The AIO recommended that the staff person be retrained and reassigned to work in another home, after which the Unit Director and home supervisor counseled the staff and reassigned him to work in another residence.

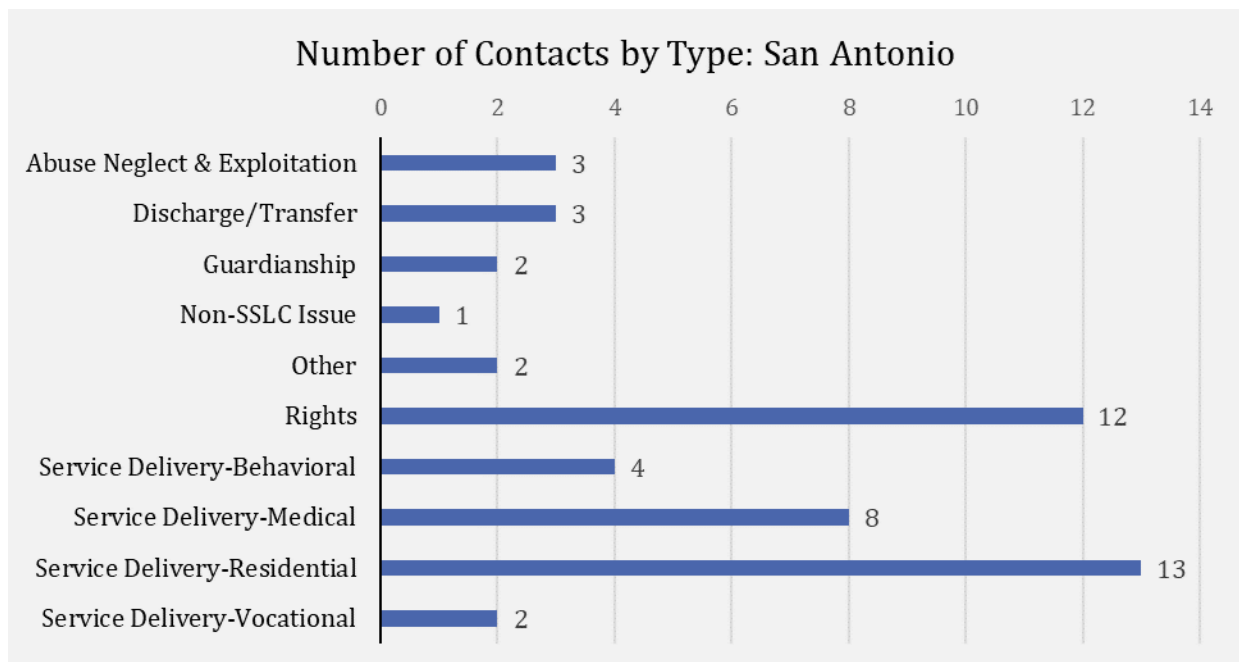
The resident's incidents of getting upset during the weekends and her calls to 911 have decreased. The guardian now has good communication with the staff in the home which has enabled her to continue to assist staff to calm the resident when she gets upset.

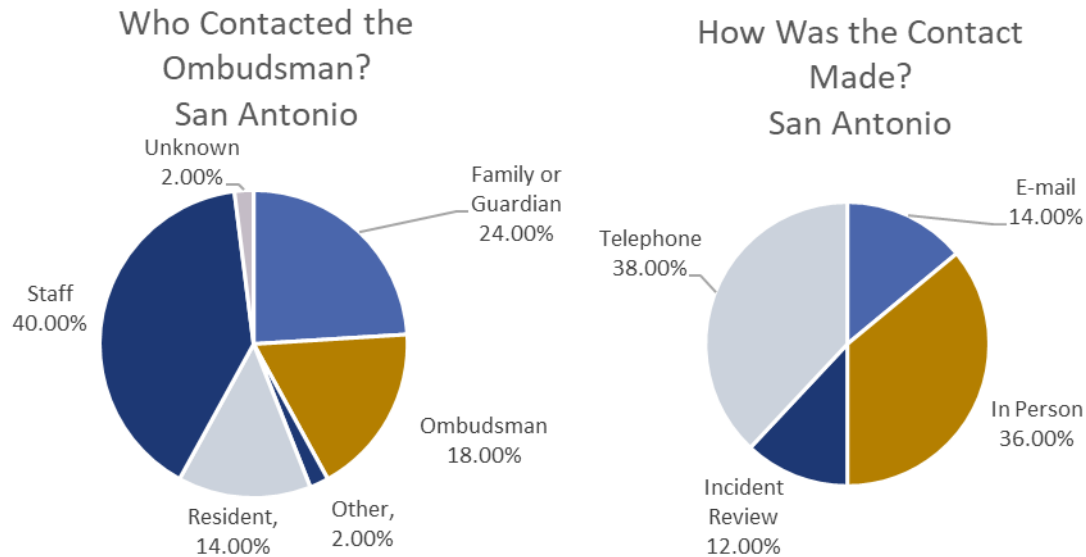
# San Antonio State Supported Living Center

## Gevona Hicks, 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.





### Contacts that Were Not Referred: San Antonio



### Case Study: San Antonio

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

The AIO received a complaint from a DSP that a resident had developed sores on his scalp from SIB due to repeatedly rubbing his head. The resident's team disagreed on how to best address his health risks and needs. The resident enjoyed going outside for walks in his wheelchair which helped to curb his SIB, but the team believed that residents with a tracheostomy were required to have a nurse nearby, however nurses were not available to join the resident on his outdoor walks. Some staff believed that the resident's SIB would be better supported with psychotropic medication, while other team members disagreed.

The AIO spoke with key team members and supervisors and completed a review of records and documentation, including the standard of care for residents who have a tracheostomy. The AIO found that the primary care physician had provided written orders for the resident to go on walks, but nursing staff had not complied with the order. The AIO discovered that policy did not support nursing's perception that a resident with a tracheostomy must remain within proximity of a nurse. In response, the physician ordered supports for the resident, including capping the tracheotomy and taking the resident outside for walks. Staff were then trained on and implemented the physician's orders to cap the tracheostomy and continue outdoor walks with the resident, as recommended by the AIO.

The AIO facilitated increased collaboration between team members and leadership to generate non-restrictive support recommendations, encouraged open dialogue when there was disagreement among the team, and helped build consensus among them by providing accurate information. The resident resumed going for walks outdoors, his agitation decreased and the sores on his scalp healed. The resident's guardian was thankful for the team's efforts to implement the least restrictive measures to support the resident in doing what he loves and going outside for walks.

# Annual Report of Findings

## Program Review Overview

Senate Bill 643 of the 81<sup>st</sup> Regular Session of the Texas Legislature created the OIO and set out its responsibilities. The bill requires the OIO to conduct an annual audit of the SSLCs in three areas: staff-to-client ratios, adequacy of staff training, and resident rights and due process. These audits are also referred to as the “program review”. The OIO is also required to report the results to the legislature and governor’s office. This section reports the results of the OIO’s 2021 program review of the SSLCs and represents the annual report of findings required by legislation.

Data was collected both on an ongoing basis by the AIOs at their respective SSLCs and during weeklong, onsite visits to each SSLC by a team of AIOs. Due to the COVID-19 pandemic, the “onsite” visits were conducted remotely in 2021. Ongoing data collection consisted of staff-to-client ratio observations, HRC due process review, and DSP on-the-job training surveys. During the onsite visits, AIOs interviewed residents, DSPs, and QIDPs; reviewed HRC meetings for due process; and reviewed rights-related documentation for a random sample of 5% of the center’s residents (or 10 residents, whichever is higher).

This report contains a summary of the key findings of the OIO’s 2021 program review. In late-2022, the OIO will publish a Biennial Report containing comprehensive, detailed results for the January 2021-August 2022 program review period.

## Staff-to-Client Ratio

Texas statute requires the OIO to assess staff-to-client ratios at each SSLC. Over the course of 2021, the AIO of each center was responsible for performing an observation of each home at the center. During these observations, AIOs interviewed the staff member in charge of the home staff during that shift and recorded whether the staffing levels met the minimum staff-to-client ratio for that home set by the facility. AIOs consult the facility to determine the facility-set minimum ratio. AIO’s also recorded if any pulled and/or float staff were utilized during that shift and any categories of service delivery that were



disrupted due to insufficient staff. Due to the COVID-19 pandemic, some of this data was collect remotely over the phone.

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

	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
<b>Met minimum required staff</b>	84%	88%	100%	90%	89%	100%	100%
<b>Used float and/or holdover staff</b>	74%	81%	50%	80%	79%	70%	82%
<b>At least one service category negatively affected by lack of staff</b>	58%	25%	30%	0%	26%	20%	6%

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

	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
<b>Met minimum required staff</b>	71%	97%	78%	100%	56%	75%	88%
<b>Used float and/or holdover staff</b>	47%	32%	22%	100%	56%	38%	59%
<b>At least one service category negatively affected by lack of staff</b>	18%	3%	17%	17%	11%	38%	21%

**Summary of findings:**

- Minimum staffing ratios were met in 88% of observations, but at nine of the thirteen SSLCs there was at least one observed instance where the facility-designated staff-to-client ratio was not met.
- In 59% of observations, float and/or holdover staff were working that shift, suggesting that centers have difficulty meeting staffing minimums in the home and often have to use staff who do not know the residents well or who have already completed their shift.

- This also reflects 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 staff negatively affected at least one category of service delivery in 21% of observations.

## Adequacy of Staff Training

Part of the OIO's mandate is to assess the adequacy of staff training at the SSLCs, particularly for DSPs. To assess this, AIOs interviewed DSPs about their knowledge of resident rights and residents' programs, surveyed DSPs who had recently completed on-the-job training (OJT), and interviewed QIDPs about their knowledge of resident rights and due process.

### DSP Interviews

During the onsite visits, DSPs were interviewed about their knowledge of residents' rights and the programs for those individuals whom they provided direct care services. AIOs reviewed documentation of the plans, programs, and restrictions of residents in the sample and then interviewed DSPs who provided services to those residents.

**Table: DSP Interview Results, Abilene through Lubbock**

DSP Interview Questions	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
<b>Can identify PBSP Target Behaviors</b>	100%	33%	33%	71%	62%	100%	67%
<b>Knew that resident had a CIP, if resident had one</b>	0%	N/A	50%	0%	N/A	N/A	N/A
<b>Knew that resident is on increased LOS, if the resident was</b>	100%	N/A	100%	100%	80%	N/A	50%

DSP Interview Questions	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
Identified two rights of the resident	77%	100%	83%	100%	86%	90%	100%
Knew 2 rights restrictions on resident, if resident had them	15%	10%	8%	20%	0%	10%	40%

**Table: DSP Interview Results, Lufkin through San Antonio, and Aggregate**

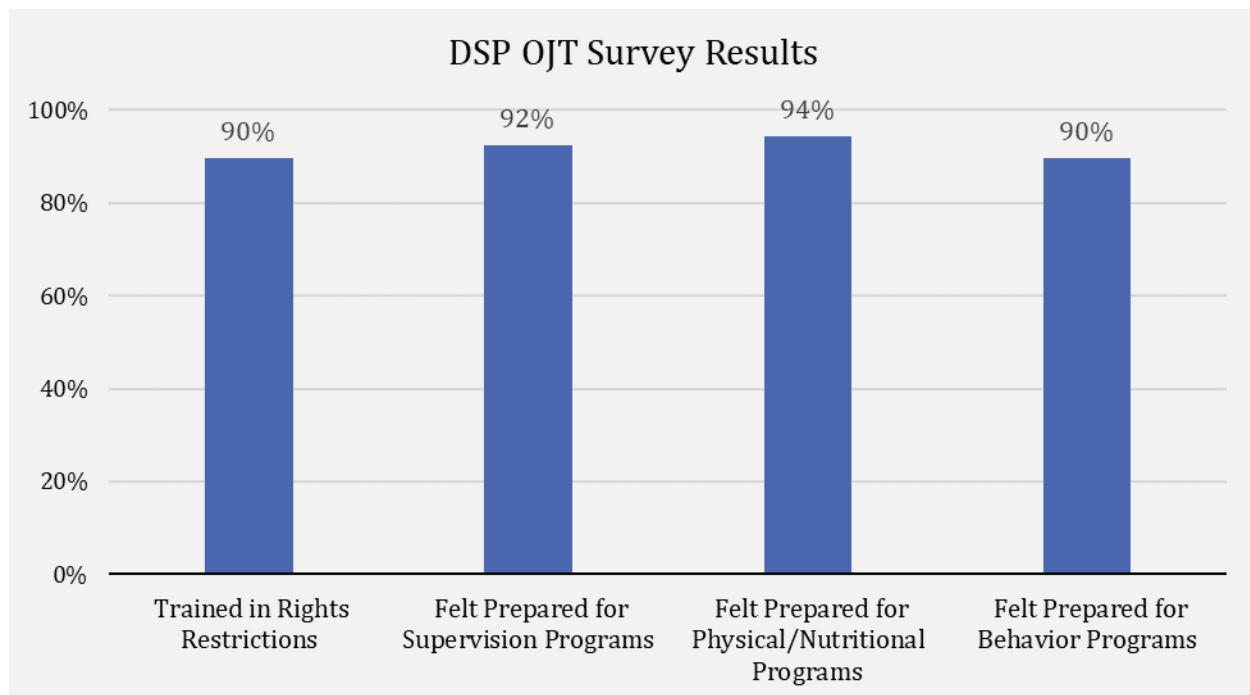
DSP Interview Questions	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
Can identify PBSP Target Behaviors	40%	82%	50%	60%	50%	50%	63%
Knew that resident had a CIP, if resident had one	N/A	N/A	50%	N/A	100%	N/A	43%
Knew that resident is on increased LOS, if the resident was	50%	80%	100%	67%	75%	100%	81%
Identified two rights of the resident	77%	100%	73%	90%	100%	100%	89%
Knew 2 rights restrictions on resident, if resident had them	8%	27%	7%	10%	50%	0%	21%

**Summary of findings:**

- DSPs were generally knowledgeable about the rights all residents have as human beings and US citizens.
- However, DSPs did not consistently demonstrate basic knowledge of residents' Positive Behavior Support Plans (PBSP)s and the individuals' rights restrictions.
- Of the DSPs providing services to a resident in the sample who had a Crisis Intervention Plan (CIP), only 43% knew that the resident had that plan as part of their programming.
- Most DSPs (81%) working with residents who were on increased level of supervision (LOS) knew that the resident was currently supported through an increased supervision.
- Concerningly, only 21% of DSPs who were providing support for residents who had a current rights restriction in place could identify at least two of those restrictions.

**On the Job Training Surveys**

AIOs surveyed DSPs who had recently completed OJT about their experience with the training they received. These surveys were conducted on an ongoing basis throughout the year, and each AIO strove to survey two DSPs each month, though this wasn't always possible due to staffing shortages at the centers.



#### Summary of findings:

- Most DSPs surveyed stated that the OJT they received made them feel adequately prepared to implement resident programs and rights restrictions.
- Abilene and Corpus Christi DSPs were less likely to state that OJT adequately prepared them in implementing supervision programs and rights restrictions; Abilene DSPs also expressed lack of preparedness in carrying out behavior programs and physical and nutritional programs.

#### QIDP Interviews

Qualified Intellectual Disabilities Professionals (QIDP) are responsible for coordinating and monitoring residents' programs and services. QIDPs were interviewed to assess their knowledge of policies relating to rights restrictions and due process, as they are specified in the statewide SSLC Rights Policy. During the onsite visit at an SSLC, half the QIDPs who carried a caseload were interviewed.

**Table: QIDP Interview Results, Abilene through Lubbock**

QIDP Interview	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock
<b>Correctly answered all ER process questions<sup>1</sup></b>	86%	25%	40%	100%	60%	50%	83%
<b>Correctly identified due process for restrictions<sup>2</sup></b>	100%	13%	80%	71%	100%	50%	50%
<b>Correctly stated what is required in plan to remove a restriction<sup>3</sup></b>	0%	0%	0%	57%	70%	0%	33%

**Table: QIDP Interview Results, Lufkin through San Antonio, and Aggregate**

QIDP Interview, continued	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio	Aggregate
<b>Correctly answered all ER process questions<sup>4</sup></b>	89%	64%	57%	50%	33%	50%	61%
<b>Correctly identified due process for restrictions<sup>5</sup></b>	100%	91%	43%	0%	17%	50%	65%
<b>Correctly stated what is required in plan to remove a restriction<sup>6</sup></b>	67%	82%	0%	0%	0%	0%	29%

<sup>1</sup> QIDPs were asked three questions about the ER process: when is an ER justified, how long can an ER be in place before there must be an extension or a referral for restriction is required, and how quickly must a resident's team meet to discuss an emergency restriction after it has been put in place.

<sup>2</sup> Required due process steps are: resident's team meets to propose a restriction, a referral for restriction is sent to HRC for review, consent is obtained from the resident and/or LAR, and the restriction is approved by HRC.

<sup>3</sup> A plan to remove a restriction must be measurable, individualized, state who is monitoring for progress on the plan, be attainable, and have a date when the resident's team will meet to review the restriction and plan to remove.

<sup>4</sup> QIDPs were asked three questions about the ER process: when is an ER justified, how long can an ER be in place before there must be an extension or a referral for restriction is required, and how quickly must a resident's team meet to discuss an emergency restriction after it has been put in place.

<sup>5</sup> Required due process steps are: resident's team meets to propose a restriction, a referral for restriction is sent to HRC for review, consent is obtained from the resident and/or LAR, and the restriction is approved by HRC.

<sup>6</sup> A plan to remove a restriction must be measurable, individualized, state who is monitoring for progress on the plan, be attainable, and have a date when the resident's team will meet to review the restriction and plan to remove.

### **Summary of findings:**

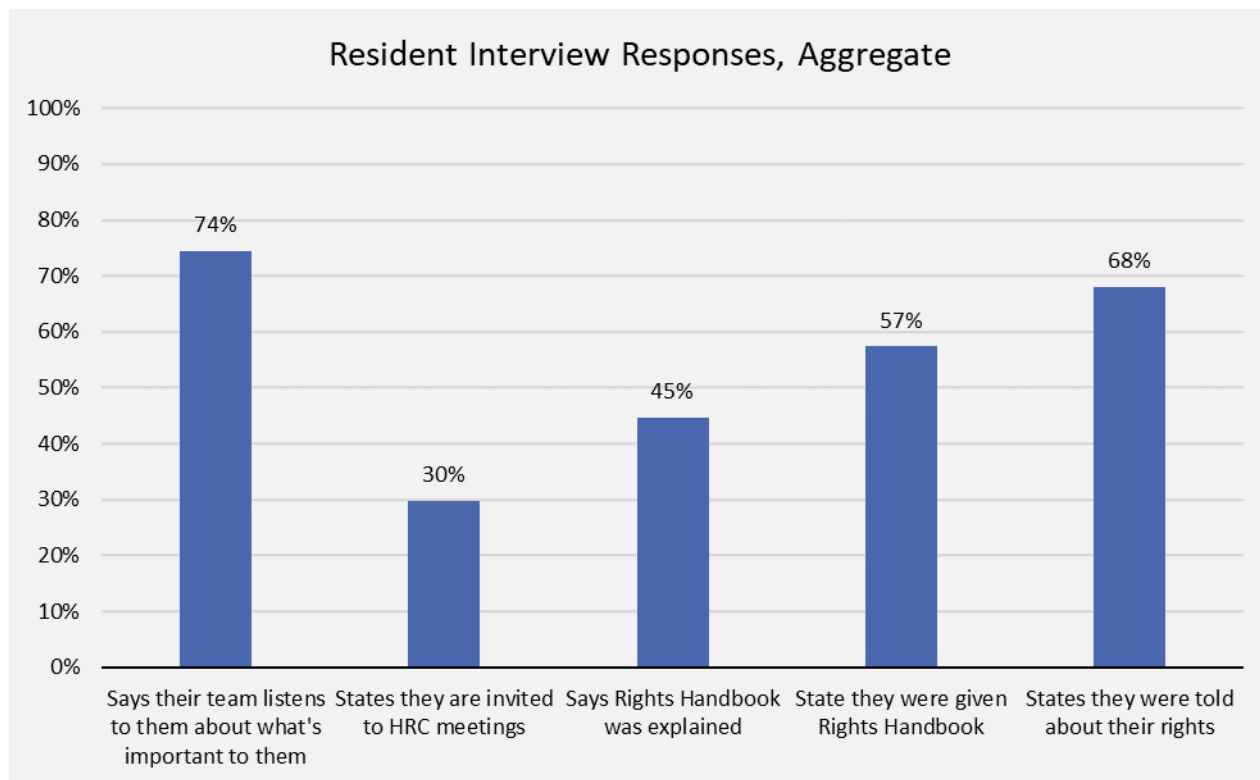
- In aggregate, QIDPs who were interviewed did not demonstrate consistent knowledge of rights restriction due process.
  - Only 61% of QIDPs correctly answered all questions about the due process and procedural requirements for emergency restrictions.
  - A slightly higher 65% correctly identified due process requirements for rights restrictions that were not categorized as an ER because they were not an emergency in nature.
- Only a minority of QIDPs (29%) were able to correctly state the requirements needed in a plan to remove a rights restriction.

## **Rights and Due Process**

The OIO is required to perform an annual audit of the SSLC's practices regarding residents' rights and due process. This is measured in many ways, including reviewing documentation, interviewing residents and staff, and reviewing Human Rights Committee (HRC) meetings.

### **Resident Interviews**

During onsite visits, AIOs interviewed residents in the sample to assess whether they understood individuals' rights and if they were included in planning that affects them. Note that many residents either lacked the capacity to complete the interview or simply chose not to do so; at Abilene, no residents in the sample were able to complete an interview.



#### **Summary of findings:**

- Policy requires that all residents have their rights explained to them, but only 68% of interviewed residents said that staff had told them about their rights.
- Policy also requires residents be given a rights handbook and have the handbook explained to them, but just 57% said they were given a handbook and only 45% said staff explained the handbook to them.
- Of residents in the sample who had rights restrictions in place, just 30% said they were invited to HRC meetings.
- Most residents (74%) said they felt that their IDT listened to them about things that are important to them.

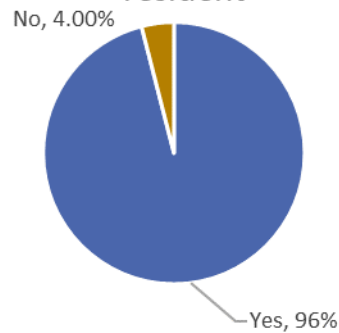
#### **Filing a Complaint on a Resident's Behalf**

During onsite interviews, residents, DSPs, and QIDPs were asked if they knew who to contact to file a rights-based complaint. Answers that were accepted included, the 1-800 number posted around the

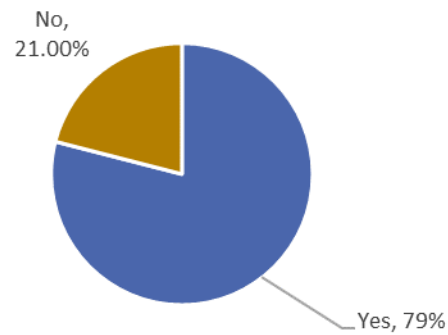


center to contact HHSC Provider Investigations/DFPS, the Human Rights Officer at the center, the OIO, or Disability Rights Texas.

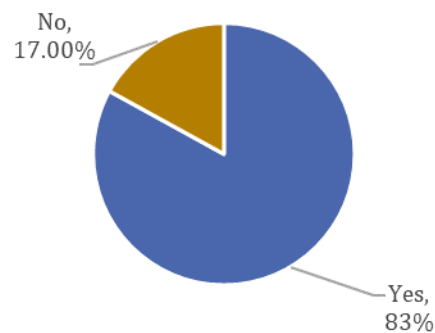
QIDP knew how to file a complaint on behalf of a resident



Resident knew how to file a complaint



DSP knew how to file a complaint on behalf of a resident

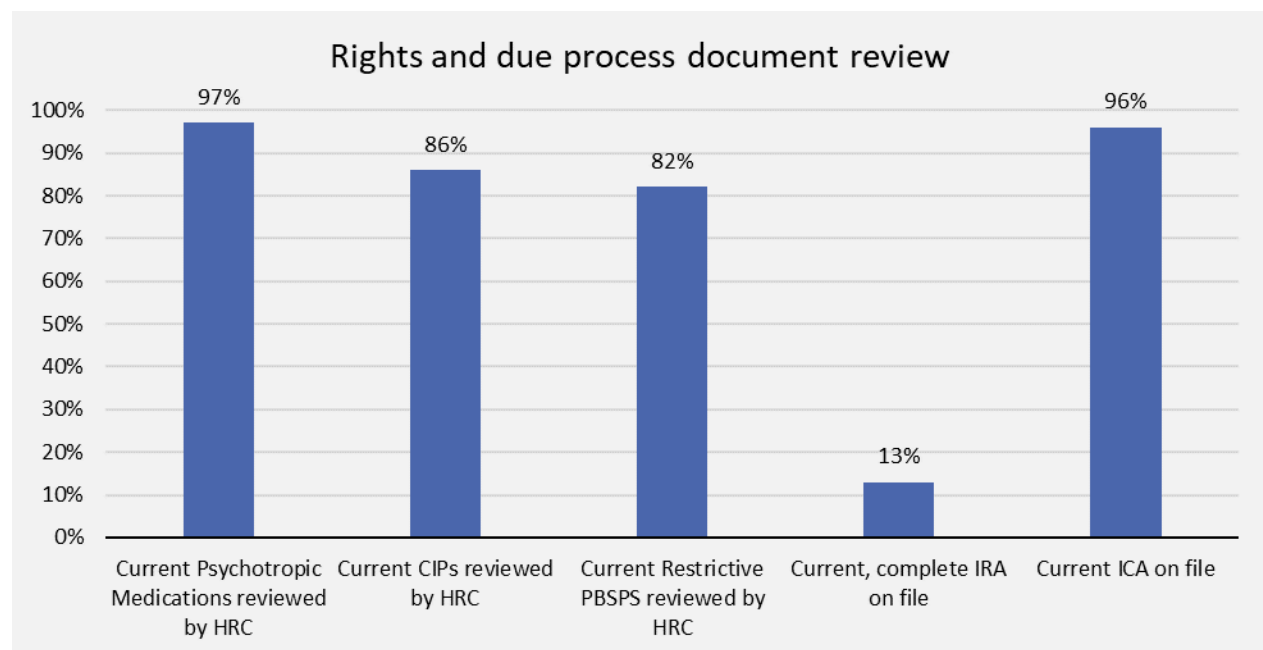


#### Summary of findings:

- Almost all QIDPs correctly identified who to contact to file a complaint on behalf of a resident.
  - However, just 73% of QIDPs at Mexia, and 86% at Abilene, knew how to file a complaint for a resident.
- Most DSPs (83%) also knew who to contact to file a rights complaint for a resident.
  - Knowledge of how to file a complaint was less common among DSPs at Abilene (38%), Austin (60%), and El Paso (70%).
- About 79% residents correctly identified how to file a rights complaint.

## Rights Document Review

During the onsite visits, AIOs reviewed rights-related documents for residents in the sample, including Individual Capacity Assessments (ICAs), Individual Rights Acknowledgement (IRA) forms, Positive Behavior Support Plans (PBSPs), Crisis Intervention Plans (CIPs), and Rights Restriction Determinations (RRDs). Some of the most important data points from those reviews are reported below.



### Summary of findings:

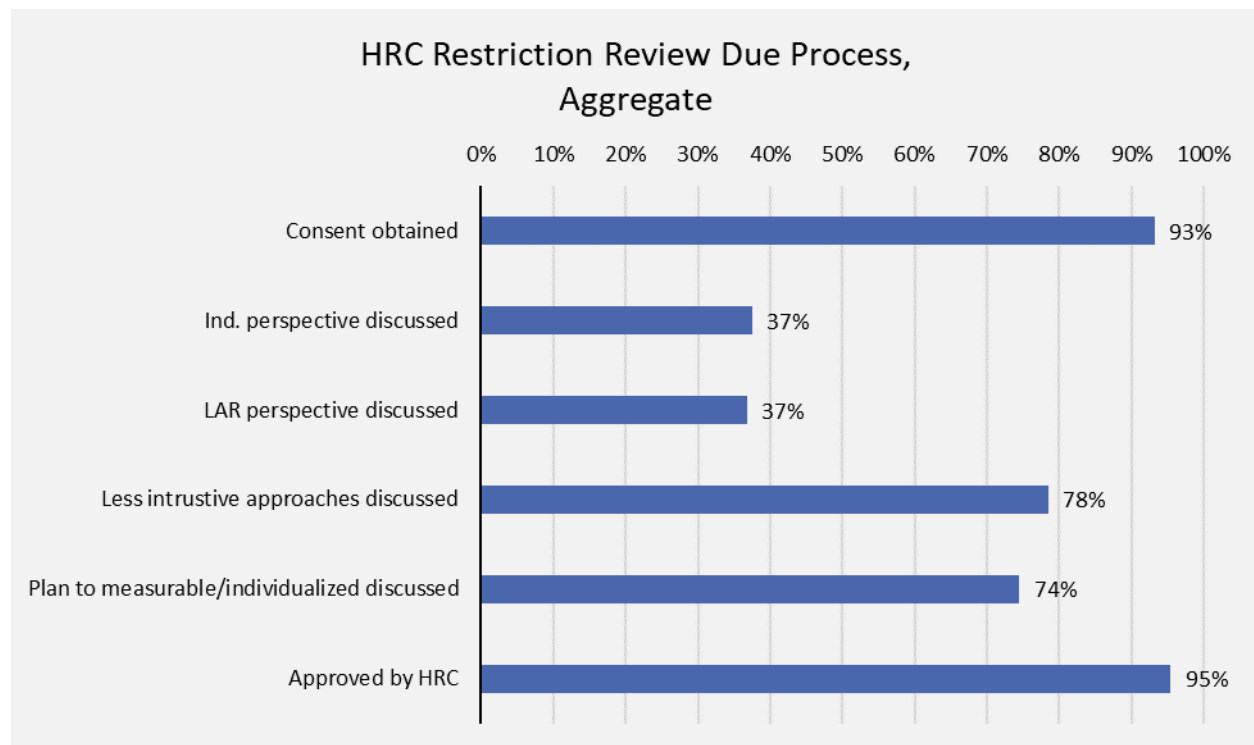
- Most residents in the sample, 96%, had a current ICA on file.
- The IRA is a document that explains the residents right and that they were informed of those rights; only 13% of sampled residents had an IRA on file that was current and signed by the resident and their LAR, if they have one, as required by policy.
- Most current restrictive PBSPs, 82%, were reviewed by HRC, though policy does require all restrictive PBSPs be reviewed.
- Similarly, 86% of current CIPs were reviewed by HRC, though all are required to be reviewed by HRC before implementation.

- Almost all annual psychotropic medications (97%) were reviewed by HRC.

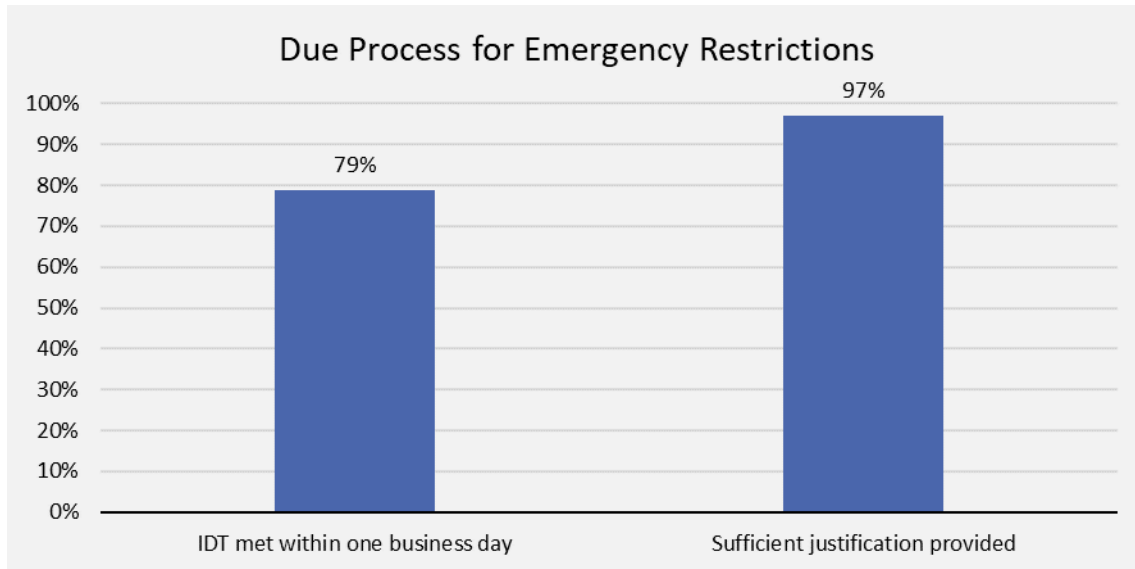
### HRC Due Process Review

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 such a person, and a person unaffiliated with the center. HRC review is an important part of due process because the committee serves to ensuring that all proposed restrictions contain all elements of due process, such as consent and a plan to remove the restriction, for example.

On an ongoing basis and at onsite visits, AIOs review documentation of proposed restrictions prior to an HRC meeting and then observe the meetings and record which due process elements are discussed for each restriction.



HRC must also review all emergency restrictions to determine if the restriction was justified. AIOs also noted whether the resident's team met to discuss the issues related to the restriction within one business day of the emergency restriction, as required by policy, to determine additional protections and whether the restriction can be discontinued.



**Summary of findings:**

- Consent was obtained prior to HRC for most proposed restrictions (93%), as required by policy.
- HRC only discussed the individual's perspective on the restriction for 37% of restrictions, and similarly the LAR's perspective (for residents who have a LAR) was considered 37% of the time.
- There was usually discussion of what less intrusive approaches had been attempted before the team proposed the restriction under consideration, but a notable minority of restriction reviews (22%) did not discuss this.
- Three quarters of restrictions reviewed had an individualized or measurable plan to remove presented, while one quarter did not, even though such plans are required by policy.
- Almost all restrictions (95%) were approved by HRC despite many restrictions lacking key elements of due process, as discussed above.
- For almost all emergency restrictions (97%), sufficient justification was presented to HRC.
- IDTs met to discuss emergency restrictions within one business day, as required by policy, 79% of the time.

- Policy requires that HRC meetings have a quorum<sup>7</sup> to review and approve restrictions, however HRC meetings had a quorum at El Paso just 36% of the time, and only 60% at San Angelo.

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<sup>7</sup> 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.



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