



2025 Biannual Report

Duties and Activities of the Office

January — June

Contents

Executive Summary.....	2
Central Office Staff	3
SSLC Resident Population	7
Overview of State Supported Living Centers.....	7
Changes in SSLC Census and Admissions	7
Designated Forensic Facilities: Mexia and San Angelo SSLCs	8
Tenure and Admission Trends	9
Demographic Composition.....	10
Gender and Age Distribution	10
Health Status	11
Race and Ethnicity	12
Duties and Activities of the Office.....	13
Overview.....	13
Source of Contact.....	13
Method of Contact	14
Types of Concerns	14
Disaggregate Activity by SSLC.....	16
Abilene State Supported Living Center	16
Austin State Supported Living Center.....	19
Brenham State Supported Living Center.....	22
Corpus Christi State Supported Living Center	25
Denton State Supported Living Center	28
El Paso State Supported Living Center.....	31
Lubbock State Supported Living Center.....	34
Lufkin State Supported Living Center	37
Mexia State Supported Living Center	40
Richmond State Supported Living Center.....	43
Rio Grande State Center	46
San Angelo State Supported Living Center.....	49
San Antonio State Supported Living Center.....	52

Executive Summary

A critical measure of our office's impact each reporting period is the source of the concerns and complaints we receive. During this reporting period, the ombudsmen themselves initiated nearly half of all intakes. This illustrates why having an ombudsman physically present at each SSLC matters. Being on site allows our staff to observe what's happening firsthand, attend meetings, and maintain an informed, comprehensive understanding of conditions affecting residents. This presence is particularly vital given that many residents, due to mobility, communication, or cognitive limitations, may not reach out to the ombudsman's office. It is therefore the responsibility of our ombudsmen to proactively identify and address issues as they arise.

Concerns about residents' rights continue to be the most common type of issue we handle. Our ombudsmen bring specialized expertise in rights protection and due process, applying person-centered principles to advocate for residents and support their families. To highlight how this work makes a real difference, this report includes case studies from each SSLC showing concrete examples of how the ombudsmen's efforts have helped residents this period.

The work of our 13 ombudsmen is made possible by a dedicated central office team of six staff members, including the executive leadership of the office. This team manages administrative responsibilities, coordinates statutorily mandated audits, oversees two critical databases, organizes professional development for staff, and supports overall organizational effectiveness. They also keep our processes and policies moving forward so ombudsmen in the field can focus on residents.

Recognizing the increasing complexity of demands across centers, such as evolving approaches to incident management and abuse and neglect policies, we conducted a review of

our current organizational structure. In response, we identified a growing need for proactive oversight. We have determined that expanding the office is essential to protecting residents' well-being, addressing concerns swiftly, and upholding the highest standards of integrity and accountability. Three new positions have been added: two managers to directly supervise and mentor the 13 ombudsmen and an operations manager focused on data management, policy coordination, and operational improvement. These additions will strengthen the support provided to ombudsmen working in the field and position our office as a more robust resource to state leadership and stakeholders. Recruitment for these roles is underway, and we anticipate having these new team members in place by the Fall of this year.

Texas legislators passed Senate Bill 643 during the 81st legislative session in 2009 to establish the OIO. The independent ombudsman is appointed by the governor to lead the office in ensuring the rights of residents are protected. Acting independently of Texas Health and Human Services, we are obliged to report to the state's executive and legislative branches. We have a serious responsibility to the residents, family members, the public, and Texas HHS to make meaningful, well-founded recommendations for systemic improvements. Recommendations from our most recent reports can be reviewed on our website.

This Biannual Report highlights evidence that the work of the ombudsman is persistent and imperative. By strengthening our organization, we intend to become an even more trusted source of insight and information. In doing so, our reports can be used to inform decisions that lead to real changes that ultimately improve the lives of the people we serve.

Central Office Staff



Candace Jennings, Ph.D.

Independent Ombudsman

Dr. Jennings has over 25 years of experience supporting people with intellectual and developmental disabilities. She found her passion as a direct support specialist while attending college in San Marcos, Texas. She earned a bachelor's degree from Texas State University School of Social Work. In her professional experience, she served the San Antonio community as a Child Protective Services investigator, Local IDD Authority service

coordinator and manager, and Rights Protection Officer at the San Antonio SSLC. She joined the OIO in 2010. After 12 years of serving as Deputy Independent Ombudsman, the governor of Texas appointed her to lead the office in June 2021. Dr. Jennings has earned a Master of Public Administration degree and a PhD in Applied Demography from the University of Texas at San Antonio. She is certified by The Learning Community for Person Centered Practices as a Person-Centered Thinking trainer and leads organizational change through a person-centered perspective.



Carrie Martin

Deputy Independent Ombudsman

Carrie Martin has pursued social justice for over 20 years and has over 15 years' experience serving in various roles advocating on behalf of those living with IDD. She is a champion of change, is 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 SSLCs. Mrs. Martin formerly served as the Lead Assistant Independent Ombudsman for the OIO, then Operations Manager. In August 2021, she was hired as the Deputy Independent Ombudsman.



Brianna Teague

Project Specialist

Brianna Teague, a Houston native, brings a rich academic background and diverse professional experience to her role. She earned her Bachelor of Arts Degree in Anthropology with a minor in English from Texas A&M University before pursuing a master's degree at the University of Houston, specializing in Medical Anthropology. Ms. Teague's expertise extended to her previous roles as a research

assistant and as a disability specialist. Beyond her professional engagements, she shares her knowledge as an Adjunct Professor at Austin Community College. With a focus on research, data analysis, and management support, Ms. Teague's skills are both nuanced and extensive. Her commitment to her field led her to join the Office of the Independent Ombudsman (OIO) in December 2021, where she continues to contribute her expertise to support and enhance the well-being of individuals within the SSLC community.



Harrison Jensen

Project Specialist

Harrison Jensen was born in Salt Lake City, Utah and raised in Southern Oregon. He received his bachelor's degree in Planning, Public Policy and Management at the University of Oregon. Subsequently, Mr. Jensen joined Govern for America, a fellowship program

for college graduates pursuing careers in public service. Through Govern for America, Mr. Jensen worked at the Louisiana Department of Health, where he helped administer the state's Medicaid program and improve health care quality and accessibility for Medicaid-enrolled Louisianans. Mr. Jensen's experience in public programs brought him to the OIO, where he has worked since 2023.



Jessica Rosa

Administrative Assistant

Jessica Rosa was born and raised in Austin, Texas. 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 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 OIO central office team in 2019.



Gevona Hicks

Ombudsman Educator

Gevona Hicks' goal is to be a valued resource for Texans with disabilities, their families, and service providers. She has supported people with IDD by coordinating services for home and community-based service providers and state-operated and community intermediate care facilities. She served as the human rights officer at the San Antonio SSLC, advocating for and protecting the rights of residents. Mrs. Hicks joined the Office of the

Independent Ombudsman in April 2014 as the AIO for the San Antonio SSLC, became part of the systemic investigation team as a Senior AIO in February 2022, and in October 2024, accepted her current role as Ombudsman Educator, where she is responsible for the development and implementation of agency training programs. As a certified person-centered thinking trainer, she supports Texans in living the lives they envision for themselves. Mrs. Hicks has recently earned her Master of Public Administration, equipping her with the skills necessary to continue making a meaningful impact in the public sector.

Office of the Independent Ombudsman for State Supported Living Centers



The mission of the Office of the Independent Ombudsman is to serve as an independent, confidential resource that advocates for SSLC resident's rights, dignity, and respect.



Our vision is that OIO advocacy enables SSLC residents to lead safe, meaningful, self-determined lives.

SSLC Resident Population

Overview of State Supported Living Centers

The State of Texas operates thirteen State Supported Living Centers (SSLCs), which are home to 2,598 individuals with intellectual and developmental disabilities. These centers provide comprehensive supports, including essential life skills training; occupational, physical, and speech therapies; and medical and dental services to serve the diverse health needs of SSLC residents.

SSLC residents actively engage in the local community. Residents receive vocational and employment services, with many employed off-campus or in volunteer activities. Local school districts play an important role in providing public education for residents aged 22 years and younger.

The demographic data presented in this report was provided on July 1, 2025, by the Health and

Specialty Care System division of Texas Health and Human Services, which oversees the management of the SSLCs.

Changes in SSLC Census and Admissions

Since its inception in 2010, the OIO has observed a shift in the demographic makeup of the SSLC population. In 2010, there were 4,342 SSLC residents. The total SSLC population has since decreased by 40% or 1,744 individuals, with Austin and San Angelo SSLCs experiencing the greatest percentage decline. This can be attributed to residents either moving out of the SSLC system or passing away. Despite this trend, the SSLCs continue to admit new residents, given the continued need to provide comprehensive support services to people with intellectual and developmental disabilities. Between January and June 2025, there were 107 new admissions. During the same period, 56 residents passed away and 18 were discharged to alternative living environments, such as community-based services.

Resident Population by SSLC

SSLC	Number of Residents
Abilene	240
Austin	172
Brenham	220
Corpus Christi	165
Denton	385
El Paso	102
Lubbock	195
Lufkin	215
Mexia	234
Richmond	300
Rio Grande	69
San Angelo	116
San Antonio	185
Total	2598

Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2025

Designated Forensic Facilities: Mexia and San Angelo SSLCs

Mexia and San Angelo SSLCs have been designated as forensic centers by the state legislature. These facilities serve residents who have been committed by a criminal court. These individuals, termed alleged criminal offenders, have been charged with a crime but have been deemed incompetent to undergo criminal proceedings.

Between January and June 2025, Mexia SSLC admitted 20 residents, the second most of any SSLC. During the same period, San Angelo SSLC

admitted 10 residents. Due to the nature of the forensic population, admissions and discharges are more frequent at Mexia and San Angelo than at other SSLCs. Currently, Mexia SSLC is home to 141 residents, or 68% of SSLC residents, classified as alleged criminal offenders. San Angelo is home to 32 residents who are alleged offenders, representing 15% of all SSLC residents with this classification.

At the time of this report, Mexia SSLC is home to 18 alleged offenders determined to be "at risk of

inflicting substantial physical harm to another”.¹ This classification statutorily requires these individuals to live in a highly restrictive environment. San Angelo SSLC is home to three individuals deemed high risk.²

The ombudsmen at the forensic centers monitor the high-risk determination and classification process to ensure that residents are afforded due process and receive proper information.

Alleged Offender Population by SSLC

SSLC	Number of Alleged Offenders
Abilene	0
Austin	2
Brenham	0
Corpus	9
Denton	7
El Paso	0
Lubbock	5
Lufkin	0
Mexia	141
Richmond	7
Rio Grande	0
San Angelo	32
San Antonio	5
Total	208

Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2025

Tenure and Admission Trends

The average length of time a resident resides at an SSLC is 22 years. Forty-five percent of residents have lived at an SSLC for more than 20 years. Forty-one percent of residents were

admitted within the last decade, the majority of those within the past five years. The earliest a

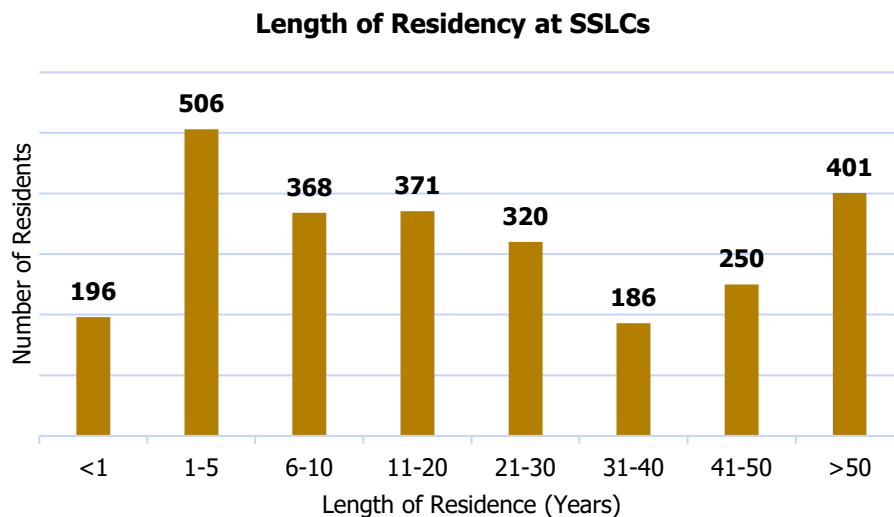
¹ SSLC Policy titled High-Risk Determination and Classification of Alleged Offender Residents.

² Data retrieved from Mexia and San Angelo SSLCs as of July 30, 2025.

current resident was admitted was in 1951, when they were fourteen years old.

The average age at the time of admission for current residents is 26 years old. The youngest resident admitted to an SSLC between January and June 2025 was 11 years old. These trends point to a significant shift in admission

demographics, with fewer young children being admitted in recent decades. The higher average age of admission today suggests that more services and supports are now available to children and families in the community, reducing the need for early placement in residential settings like SSLCs.



Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2025

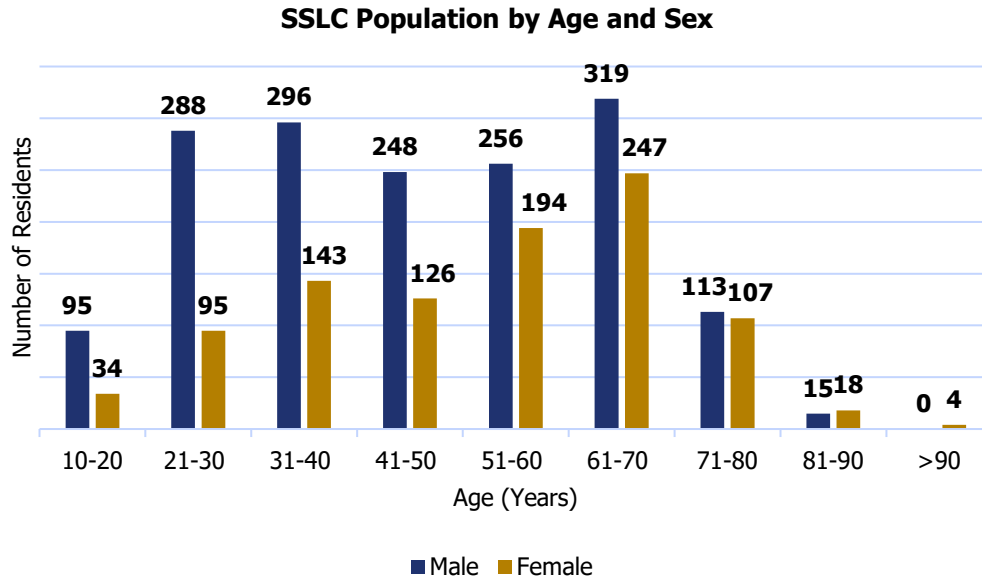
Demographic Composition

Gender and Age Distribution

The current SSLC resident population includes 1,630 men and 968 women. There are more men than women in all age groups except those aged 81 and older. A total of 823 residents, representing 32% of the SSLC population, are over 60 years old. There are 192 residents aged 22 years and younger who are eligible to attend

public school. Of this cohort, there are 70 residents who are below the age of 18.

Most adult residents have a family member who serves as their legal guardian or conservator. There are 905 adult residents, comprising 35% of the total adult SSLC resident population, who are not under any form of guardianship or conservatorship.

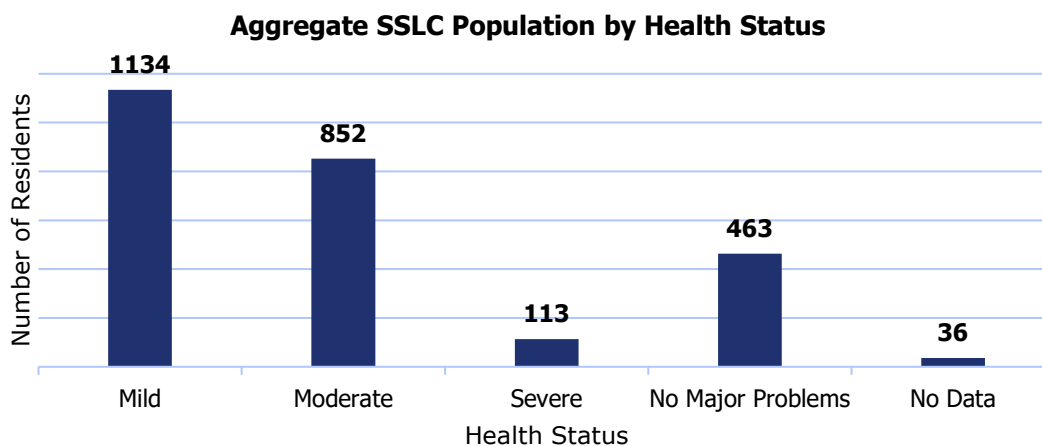


Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2025

Health Status

Thirty-seven percent of residents have a moderate or severe health status. HHS defines a moderate health status as a person with chronic health issues that requires professional

intervention less than daily. A severe health status refers to health issues of an intensity and complexity that require daily professional intervention. There are 113 residents classified as having a severe health status and 852 residents classified as having a moderate health status.

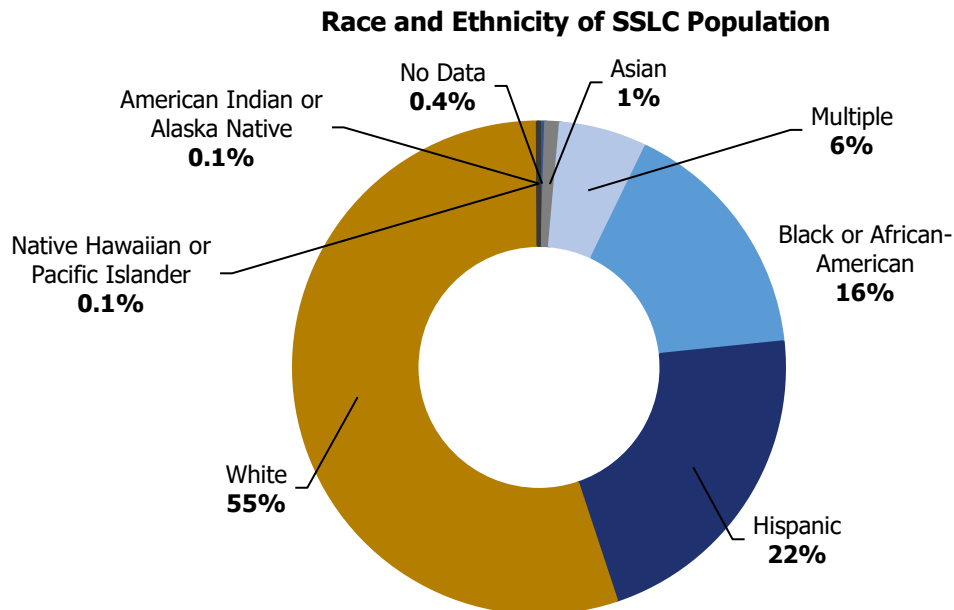


Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2025

Race and Ethnicity

The majority of SSLC residents (55%) identify as white. Twenty-two percent of SSLC residents identify as Hispanic, 16% as Black or African

American, and 6% as multi-racial. Around 1% of SSLC residents identify as Asian. Less than 1% identify as Native Hawaiian, Pacific Islander, American Indian or Alaska Native.



Source: The Health and Specialty Care System division of Texas Health and Human Services, July 1, 2025

Duties and Activities of the Office

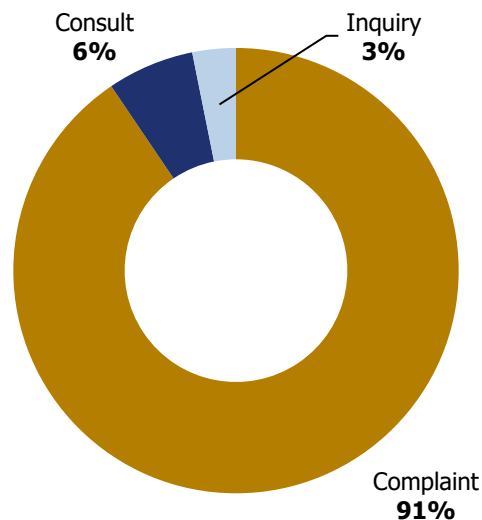
Overview

The OIO assigns an ombudsman to each SSLC to maintain a visible presence and actively engage with residents and the center's operations. All contacts and investigations are documented and securely tracked in an online case management system. These records are confidential and can only be disclosed through a special court order.

The ombudsman occasionally receives inquiries regarding matters outside the office's scope. These inquiries are directed to the appropriate entity for resolution. During this reporting period, 412 contacts were received, 29 of which were referred to another entity. This is an increase compared to the reporting period between January and June 2024, when 405 contacts were received and 19 referred. Additionally, staff members at SSLCs reach out to the ombudsman regarding personnel issues, which are referred to the SSLC chain of command or HHS Human Resources.

Of the 412 contacts received between January and June 2025, the OIO handled 383 cases. There are three types of cases: consults, inquiries, and complaints. Consults and inquiries are concerns that the ombudsman provides their expertise and insight on, but which do not require an investigation. Complaints are concerns that require an investigation by the ombudsman. Complaints made up 91% of all cases during this biannual period.

Cases by Type

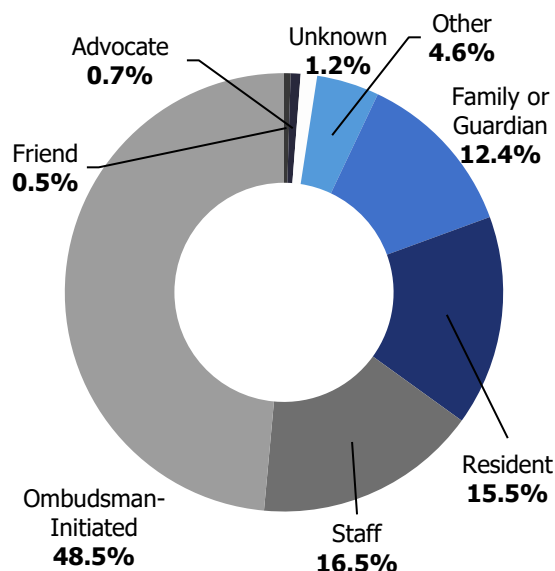


Source of Contact

The ombudsmen are contacted by staff, residents, family members, and others regarding concerns that affect the well-being and quality of life of residents. The ombudsman may also initiate an investigation on their own if they identify a concern.

The most common source of contacts during this biannual period were concerns identified by the ombudsmen, followed by SSLC staff. In this biannual period, the ombudsman initiated 200 contacts, compared to 180 during the same period last year. The OIO was contacted with concerns from SSLC staff 68 times during this reporting period, a slight decline from last period when 89 staff contacts were received.

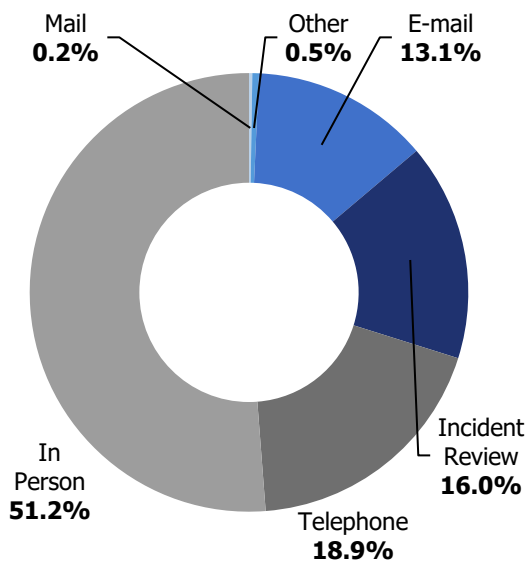
Who Contacted the Ombudsman?



Source: OIO – HHS Enterprise Administrative Report and Tracking System

18.9% were received by telephone. The same biannual period in 2024 reflected similar findings.

How was the Contact Made?



Source: OIO – HHS Enterprise Administrative Report and Tracking System

Method of Contact

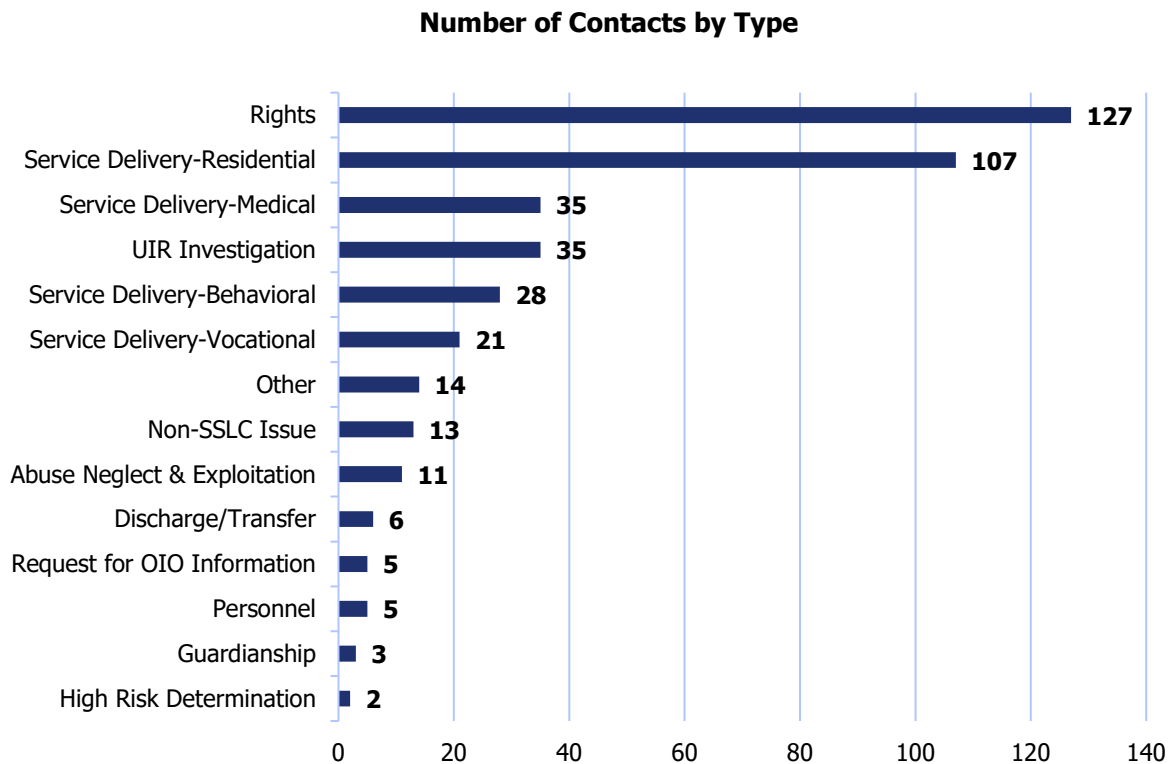
Each ombudsman has an office at the SSLC that is easily accessible to residents and staff. The office maintains a toll-free number which connects callers to the ombudsman's office phone. The toll-free number, the ombudsman's name, direct phone line, office location, and email address are displayed prominently on posters and brochures in common areas at each SSLC. The office also maintains a website that provides contact information and explains the role of the office.

Most contacts with the ombudsmen were made in-person, with the second-most common method of contact being telephone. In the biannual period between January and June 2025, 51.2% of all contacts were received in person and

Types of Concerns

Following an investigation, the ombudsman may provide recommendations that they then monitor to evaluate if, and how, the issue is addressed by the facility.

The most common concerns investigated by the ombudsmen this reporting period were related to rights (127 cases). The second-most common concern reported this period related to residential service delivery (107 cases). During the biannual period between January and June 2024, the most common concerns were related to residential service delivery (135 cases), and the second-most common were rights-related issues (110 cases). These types of concerns have consistently been the most common reported by the OIO.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

In addition to monitoring service delivery and investigating complaints, the ombudsman at each SSLC evaluates the way the center investigates serious incidents. Each ombudsman attends incident meetings, reads SSLC investigation reports, and monitors actions taken by the SSLC following an incident. While reviewing final investigation reports or attending incident management meetings, the ombudsman may identify issues from incident reviews that prompt an AIO investigation. The ombudsman may also identify concerns with the adequacy or thoroughness of the facility's investigation and provide additional recommendations to the facility. There were 35 investigations of this type between January and June 2025.

The ombudsmen do not investigate abuse, neglect, and exploitation (ANE) allegations. The

role of the OIO is to monitor recommendations made by ANE investigators to ensure that the SSLC protects residents and implements measures to prevent ANE from occurring.

When allegations of abuse, neglect, or exploitation are made, the SSLC is responsible for protecting the alleged victim, taking action to prevent further incidents, and reporting the ANE to HHS Complaint and Incident Intake (CII). The SSLC is responsible for investigating the ANE and providing the results of their investigation to Long-Term Care Regulatory (LTCR). The LTCR surveyors enter the facility within a timeframe determined by the allegation received by CII. The surveyors determine whether the allegation is substantiated, unsubstantiated, unfounded or inconclusive, and cite the facility if violations of ICF regulations are discovered.

Disaggregate Activity by SSLC

Abilene State Supported Living Center

Jill Antilley

Senior Assistant Independent Ombudsman



With over two decades of dedicated service, Mrs. Antilley has been a steadfast advocate for the residents of Abilene SSLC. Beginning her career in 2000 as direct care staff in the Recreation Department while pursuing her education at Hardin

Simmons University (HSU), she obtained her bachelor's degree in Police Administration in 2000. After graduating, Mrs. Antilley ventured into roles at a juvenile correctional facility, contributing as a case manager and later as a juvenile probation officer. Returning to Abilene SSLC in 2002, she assumed the role of Qualified Developmental Disability Professional and took on the responsibilities of Human Rights Officer. In 2010, Mrs. Antilley took on a fresh and rewarding challenge as the Assistant Independent Ombudsman for the Abilene SSLC. Her exemplary contributions led to a well-deserved promotion in 2022, elevating her to the position of Senior Assistant Independent Ombudsman.

Abilene Demographics

Number of Residents

240

Admissions January - June 2025

7

Residents under 22



Residents over 65



Sex of Residents



59% Male
41% Female

Race/Ethnicity

- White: 69.6%
- Hispanic: 11.3%
- African - American: 10%
- Multiple: 8.8%

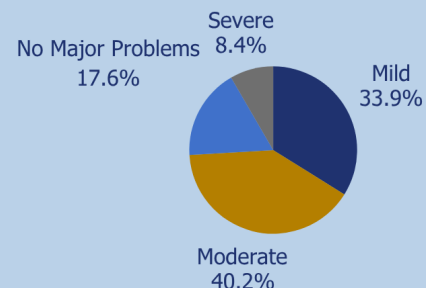
Alleged Offenders

0

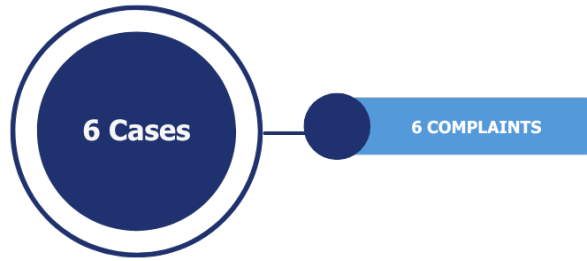
Residents w/Guardians

155

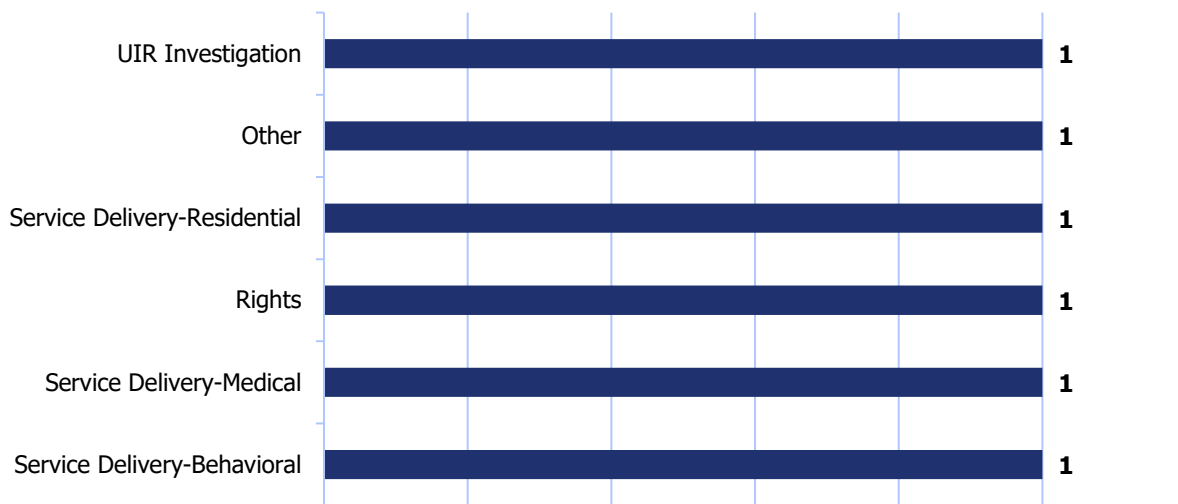
Health Status



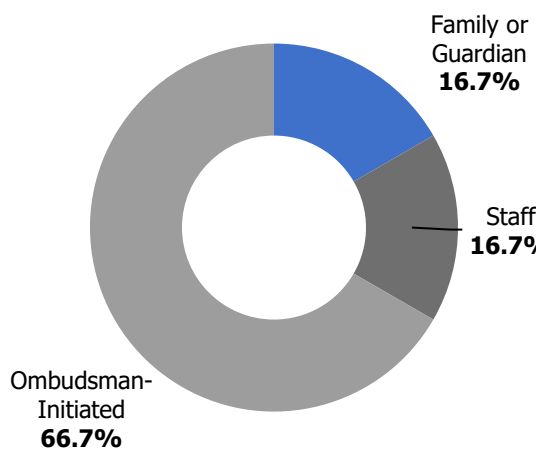
Cases Opened this Biannual Period: Abilene



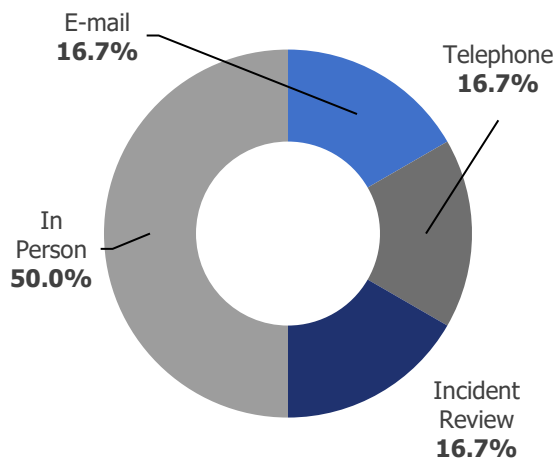
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Abilene
Enforcing Reporting and Safeguards in Alleged Resident Abuse
Case Type: UIR Investigation

Concern and Description

During an incident management review team meeting, the team discussed an allegation of inappropriate behavior involving staff from an off-campus programming site and a resident at Abilene SSLC. The incident had not been reported to Long Term Care Regulatory (LTCR) and the team was not planning on implementing protections to prevent contact between the resident and the off-campus programming site staff.

Actions

Upon inquiring about reporting and protections, the staff at the meeting responded that protections were not needed because it had not been reported to regulatory services. The AIO responded that regardless of the staff being employed by an outside agency, based on the information being discussed, it needed to be reported as an allegation of abuse, neglect, and exploitation (ANE) so that an investigation can be conducted, and that appropriate protections must be implemented to protect the resident. Per the SSLC Incident Management Policy, ANE allegations must be reported to LTCR Complaint and Incident Intake (CII) and the SSLC director,

and residents involved in the case must be protected from further harm. As this allegation involved a minor, it must also be reported to and investigated by Child Protective Services (CPS).

Response/Recommendations

The AIO spoke to the Unit Director (UD), who had confirmed the details of the incident with an SSLC staff member who had been present for the incident and accompanied the resident to the off-campus programming site the day prior. The Unit Director stated that this incident had been called in and would be investigated by CPS.

Outcome

The AIO contacted Incident Management to determine if any protections had been implemented for the resident since the meeting. Incident Management told the AIO that the staff from the programming area had been removed from contact with the resident. The AIO advocated for the resident by ensuring the allegation was properly reported and that immediate safeguards were put in place to prevent further harm.

Austin State Supported Living Center

Talya Hines

Senior Assistant Independent Ombudsman



Mrs. Hines, a native of Grayson County, Texas, currently resides in Pflugerville with her family. She holds 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 journey as a Child Care Licensing Specialist at the Department of Family and Protective Services in Dallas. Upon relocating to Austin, Mrs. Hines transitioned into a role as a case manager for the Department of Assistive and Rehabilitative Services. Driven by her passion for assisting others, Ms. Hines took on the role of Post-Move Monitor at the Austin SSLC, providing crucial support to individuals transitioning into community settings. Prior to assuming her current position as the Assistant Independent Ombudsman for the Austin SSLC in 2018, she honed her expertise as a Curriculum Developer for HHS. Mrs. Hines is certified as a Person-Centered Thinking trainer by The Learning Community for Person-Centered Practices. Her dedication and expertise were acknowledged in 2023 when she earned a promotion to the role of Senior Assistant Independent Ombudsman.

Austin Demographics

Number of Residents

172

Admissions January - June 2025

10

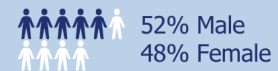
Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 59.9%
- Hispanic: 16.9%
- African - American: 16.9%
- Asian: 1.2%
- Multiple: 4.7%
- Native Hawaiian/Pacific Islander: 0.6%

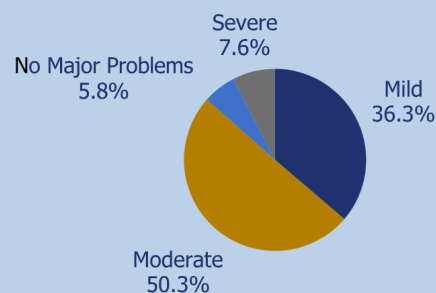
Alleged Offenders

2

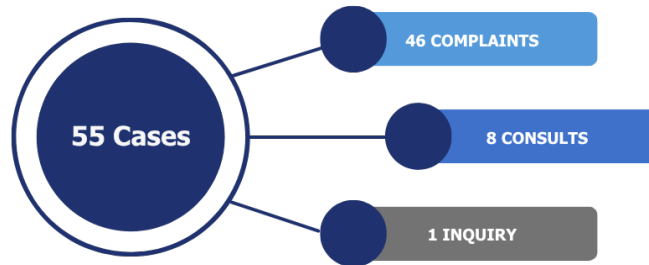
Residents w/ Guardians

141

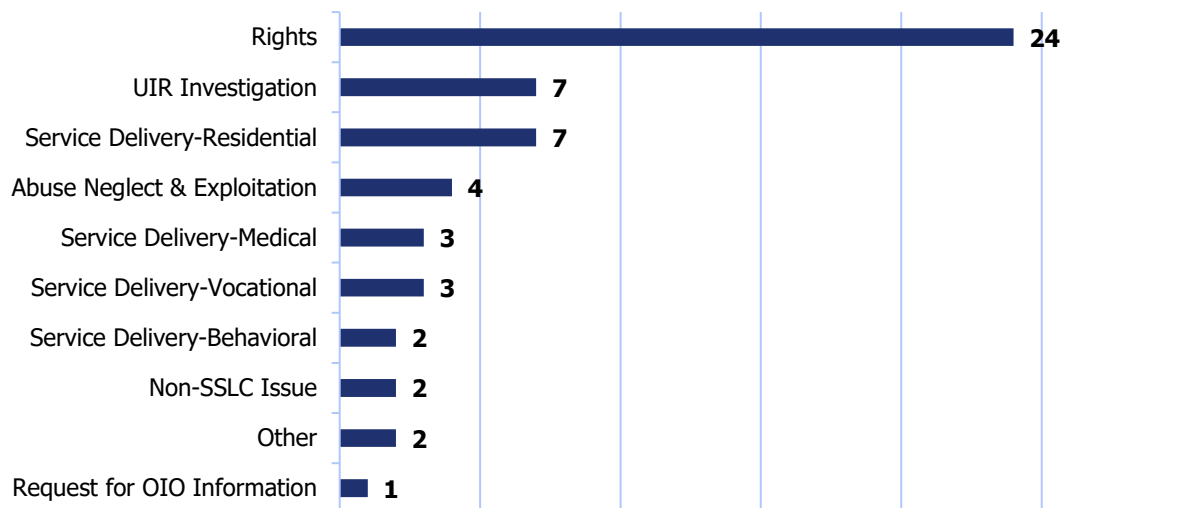
Health Status



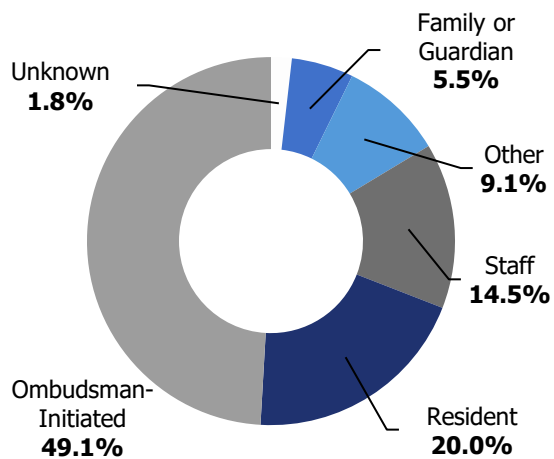
Cases Opened this Biannual Period: Austin



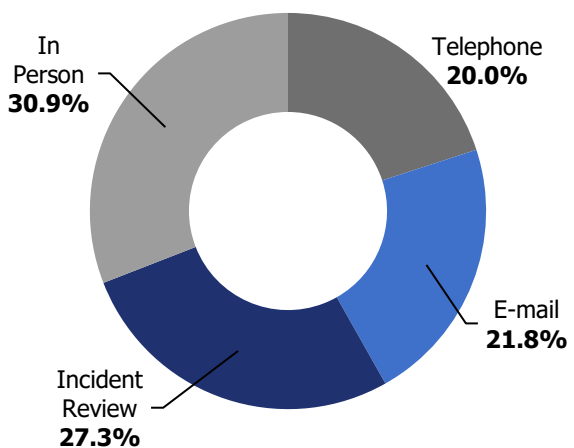
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Austin
Upholding Resident's Right to Confidential Communication
Case Type: Rights

Concern and Description

The AIO received a phone call from a resident who reported that staff were not allowing her to make a private phone call to the AIO. This call was interrupted by staff, who took the resident's phone and told her that she was not to be on the phone if the speakerphone was not on. This resident is restricted from making phone calls without staff supervision.

The AIO attempted to explain to staff that residents are allowed to make private phone calls with the AIO, per the Complaint Process for Individuals section of the SSLC Rights Policy. Staff insisted that this policy only applies to calls to Disability Rights Texas and the Complaint and Incident Intake line.

Actions

The AIO contacted the staff in charge of the home about this concern. Subsequently, staff at this home were informed that the resident is allowed to make phone calls to appropriate entities, including the OIO, in private.

Response/Recommendations

A revision to the residents' phone restriction was reviewed at the Human Rights Committee Meeting (HRC) the following day. The revision presented by the QIDP added AIO to the resident's private phone call list. In support of this revision, the AIO presented the Complaint Process for Individuals of the SSLC Rights Policy and gave a copy to the QIDP and the HRC members.

Outcome

Following HRC, the resident's phone restriction and staff instructions were revised and placed in the resident's home. Staff at the home were also trained on the Complaint Process for Individuals as provided in the Rights Policy and the new instructions for the phone restriction. The resident thanked the AIO for "actually listening." The AIO upheld the resident's rights by ensuring she could contact the ombudsman privately, clarifying policy with staff, and advocating for person-centered revisions to her phone restriction.

Brenham State Supported Living Center

Susan Aguilar

Assistant Independent Ombudsman



Ms. Aguilar holds a Bachelor of Arts degree in Political Science from Texas Lutheran University. Her professional journey began in the realm of early childhood intervention before she assumed the role of a Qualified Developmental Disability Professional at the Brenham SSLC. During her tenure at the Center, Ms. Aguilar demonstrated versatility, serving as a program facilitator, person-directed planning coordinator, level of need coordinator, and interim rights protection officer. Since 2010, Ms. Aguilar has been dedicated to her role as Assistant Independent Ombudsman, bringing her diverse expertise to advocate for the well-being and rights of individuals within the SSLC community.

Brenham Demographics

Number of Residents

220

Admissions January - June 2025

0

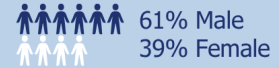
Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 64.5%
- Hispanic: 12.7%
- African - American: 13.2%
- Asian: 0.5%
- Multiple: 9.1%

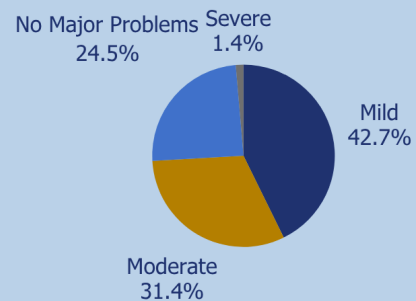
Alleged Offenders

0

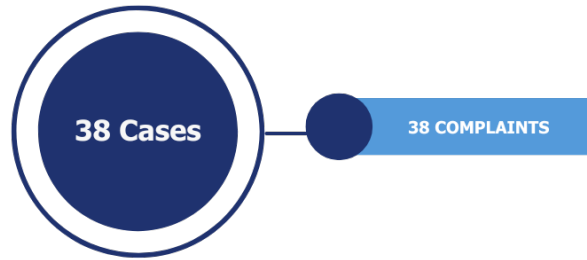
Residents w/ Guardians

178

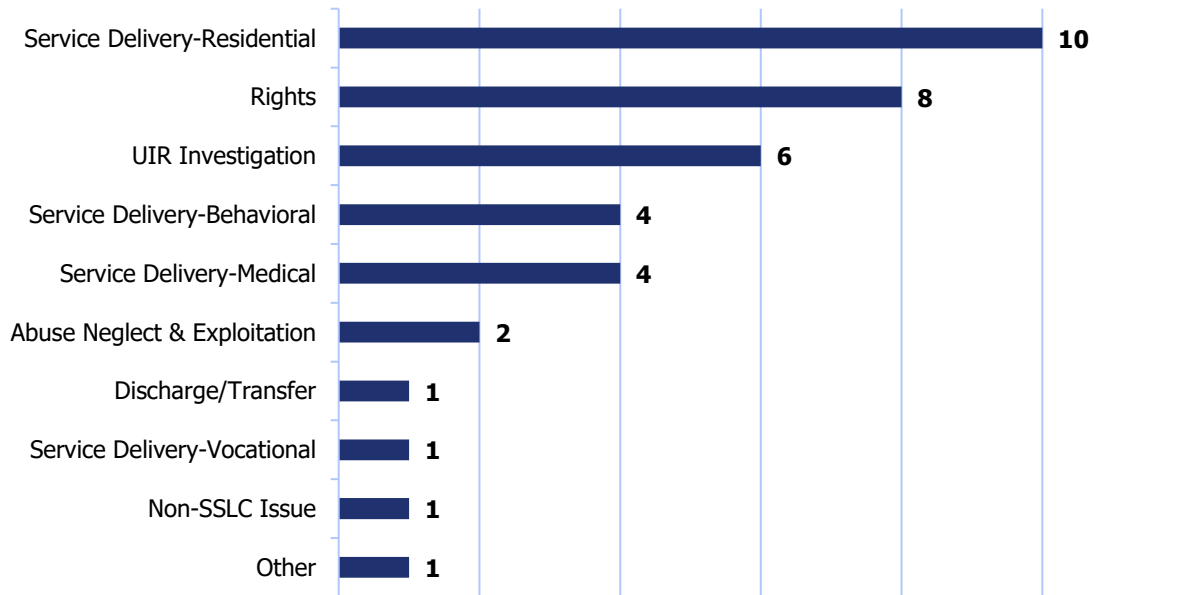
Health Status



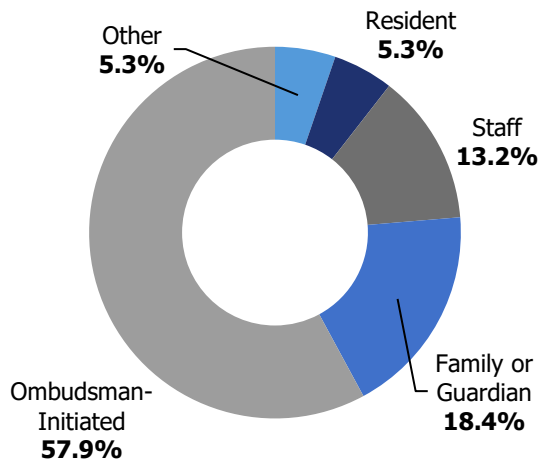
Cases Opened this Biannual Period: Brenham



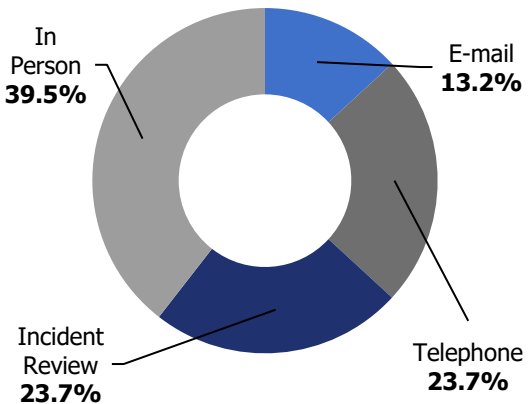
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Brenham

AIO Response to Resident's Behavioral and Environmental Challenges

Case Type: Service Delivery - Behavioral

Concern and Description

During a routine visit, the AIO observed a resident asleep at the dining table for an extended period. Staff reported that the resident had refused to sleep in her bedroom for the past two weeks, instead spending all her time in the dining area. Staff expressed concern and reported they had not received guidance on how to respond.

Actions

The AIO followed up with the Qualified Intellectual Disability Professional (QIDP) and team members, who confirmed awareness of the issue. Contributing factors included unfamiliar staff and recent changes in household dynamics. Attempts to redirect the resident to her bedroom reportedly triggered self-injurious behavior (SIB). The AIO also discovered the resident was refusing to pass through the doorway to her bedroom and bathroom, impacting hygiene routines. No documentation showed that an Interdisciplinary Team (IDT) meeting had been convened.

Response/Recommendations

The AIO presented these findings at the daily Incident Management Review Team (IMRT)

meeting, which also addressed two recent falls involving the resident. AIO emphasized the urgency of team involvement. Facility leadership agreed and directed the IDT to meet that day.

The AIO attended the IDT meeting where the IDT made the following recommendations:

- Relocate the resident to a bedroom closer to the dining area
- Update the resident's choice board
- Consider sleep medication adjustments
- Increase behavioral observations

Outcome

The AIO monitored progress through follow-up visits and staff communication. Initial progress was limited, with continued SIB. The AIO recommended that Behavioral Health Services provide direct modeling and coaching to staff, especially during evening routines. This was implemented, and preferred activities were used to encourage the resident to re-enter avoided areas. The resident gradually began improving, and interventions became more effective over time. With appropriate supports in place and consistent progress observed, the AIO closed the investigation, having played a key role in identifying the concern, initiating a team response, and ensuring continued oversight.

Corpus Christi State Supported Living Center

Kellen Davis

Assistant Independent Ombudsman



Mrs. Davis embarked on her career journey in 1988 while pursuing her education at Howard Payne University. During this time, she contributed her skills as the Recreation Supervisor at the Texas Youth Commission (TYC).

Her academic pursuits led her to graduate from HPU with a degree in Physical Education and a minor in English. In addition to her degree, she obtained her LVN in 1995. Over the course of 15 years, Ms. Davis continued her dedicated service with the TYC, holding various roles within the organization. Demonstrating entrepreneurial spirit, Mrs. Davis ventured into business ownership with her own doughnut coffee shop. With a wealth of diverse experiences, she served as a Transition Specialist at the Mexia SSLC for four and a half years before assuming the role of Assistant Independent Ombudsman for the Corpus Christi SSLC in 2017. Mrs. Davis continues to bring her multifaceted skills and commitment to advocate for and support individuals within the SSLC community.

Corpus Christi Demographics

Number of Residents

165

Admissions January - June 2025

4

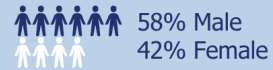
Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 35.8%
- Hispanic: 50.3%
- African - American: 10.3%
- Asian: 2.4%
- Multiple: 1.2%

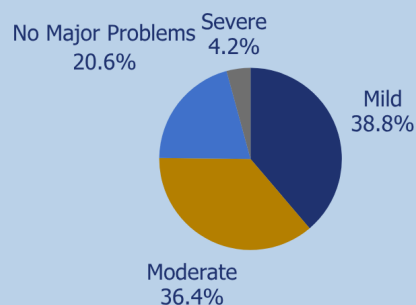
Alleged Offenders

9

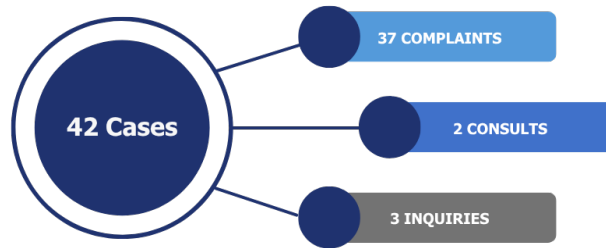
Residents w/ Guardians

69

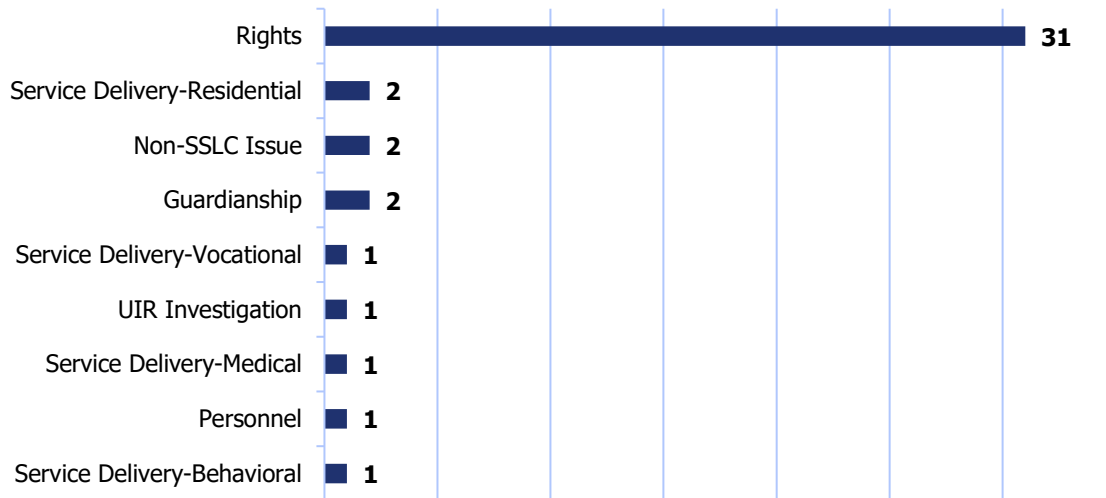
Health Status



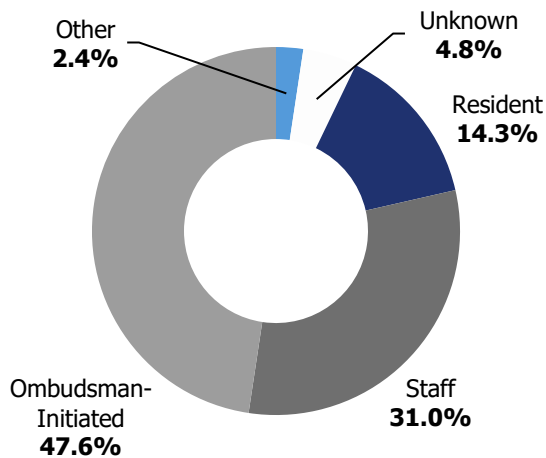
Cases Opened this Biannual Period: Corpus Christi



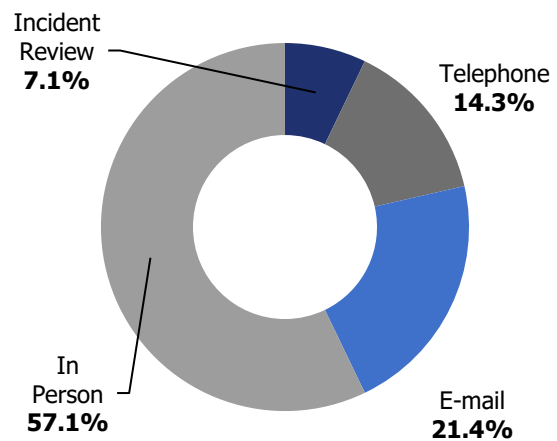
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Corpus Christi

Violation of a Resident's Privacy During Medical Treatment

Case Type: Rights

Concern and Description

AIOs review all unusual incidents that occur at their State Supported Living Center. Unusual incidents as defined by SSLC policy are incidents that seriously threaten the health, safety, or life of SSLC residents, such as chemical restraints. While reviewing a chemical restraint, the AIO discovered the sedation was used to perform a heavily involved medical procedure on a resident in the living area of the resident's home. This is a violation of the right to privacy during medical treatment.

Actions

The AIO reviewed the video of the incident. There were privacy screens placed around the resident; however, they were in need of repair and did not adequately block view of the procedure. There were numerous people in the area at the time, including residents, staff, and maintenance workers. Many of them watched as a DSP held the resident's hands down and a doctor placed staples in a wound on the resident's head, which was not stabilized for the procedure. The living room couch of the resident's home did not seem like the appropriate location to perform this procedure.

The AIO also reviewed documentation referencing the incident. Chemical restraints and pre-treatment sedation must be approved through the Human Rights Committee or be initiated as an emergency restriction. The

appropriate documents were not completed and presented to the Human Rights Committee.

Response/Recommendations

The AIO met with the Facility Director and the Assistant Director of Programs and explained that this incident was a violation of the resident's rights. They had determined that although the location was not ideal, the resident is most comfortable there. This would allow him to remain calm, causing less emotional harm and physical movement during the procedure. The AIO recommended all staff involved be trained on the resident's right to privacy during a medical procedure. Additionally, the AIO informed them that due process had not been adhered to as the documentation was inaccurate and HRC had not reviewed the restrictive practice. The AIO recommended that the interdisciplinary team meet and complete the appropriate documentation for the record.

Outcome

The SSLC administration met with the departments involved to review the incident and ensure all involved knew the correct policies and procedures to follow. The AIO advocated for the resident's rights by emphasizing the importance of balancing person-centered care with respect for dignity and privacy.

Denton State Supported Living Center

Alejandra Loya

Assistant Independent Ombudsman



Prior to joining the OIO in January 2024, Mrs. Loya worked with the Department of Family Protective Services where she served as an integral team member, dedicating herself to the advocacy and support of families and children, including those with disabilities.

In her previous position as a bilingual Family Group Conference Specialist, Mrs. Loya became a trusted mediator and fostered dialogue and understanding among diverse families, legal and medical professionals, community providers, CPS program specialists, and other parties as they navigated the challenges of the child welfare system. Driven by a desire to make a more direct impact on the lives of one of the most vulnerable populations, Mrs. Loya accepted the role of the Assistant Independent Ombudsman. Mrs. Loya has a Master of Science degree and brings her wealth of experience advocating for the rights and well-being of individuals with intellectual disabilities. She seeks to serve as a bridge between individuals, their families, and staff to ensure SSLC residents support needs are met, their voices are heard, and their rights are protected.

Denton Demographics

Number of Residents

385

Admissions January - June 2025

22

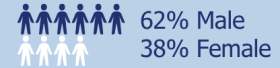
Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 65.7%
- Hispanic: 6%
- African - American: 12.5%
- Asian: 1%
- Multiple: 14.5%
- No Data: 0.6%

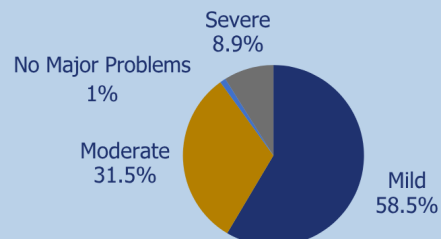
Alleged Offenders

7

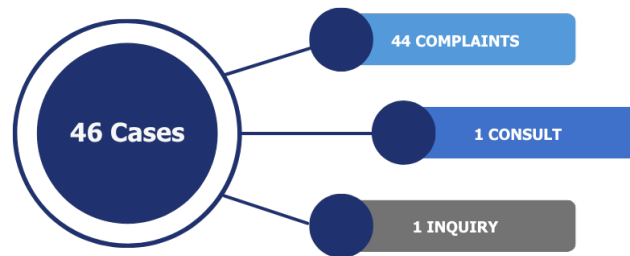
Residents w/Guardians

291

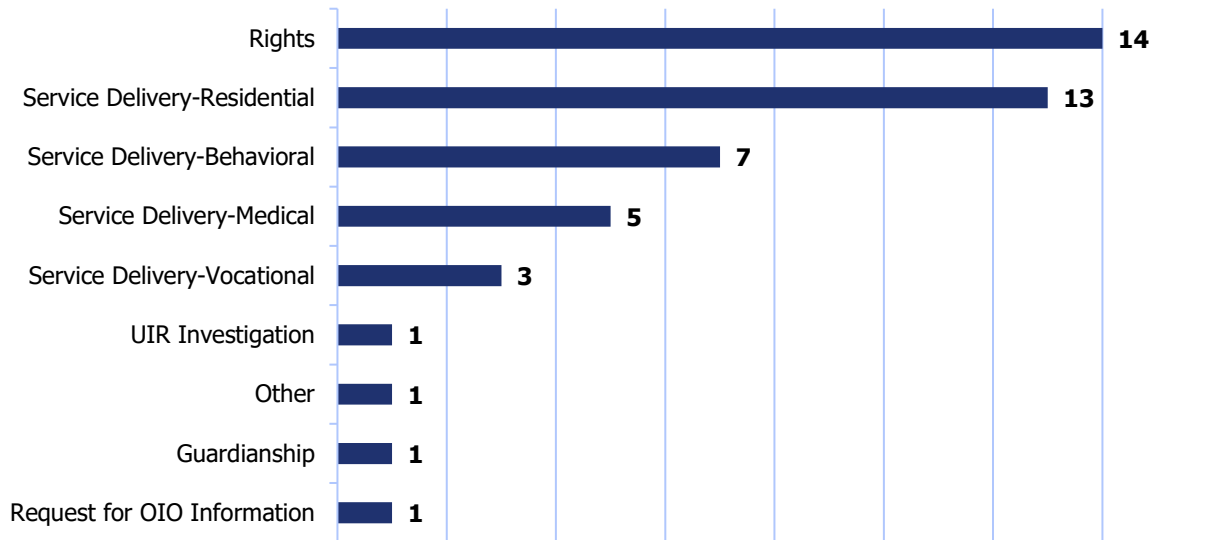
Health Status



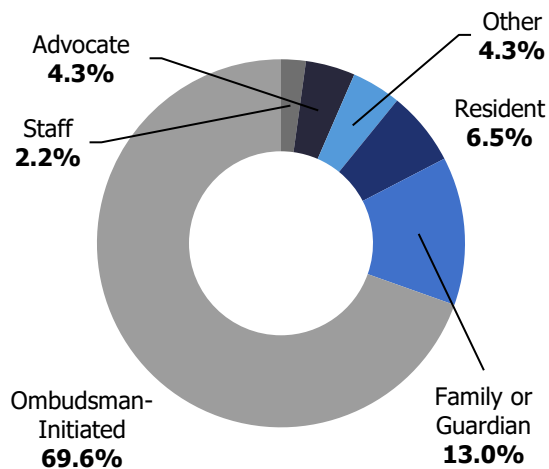
Cases Opened this Biannual Period: Denton



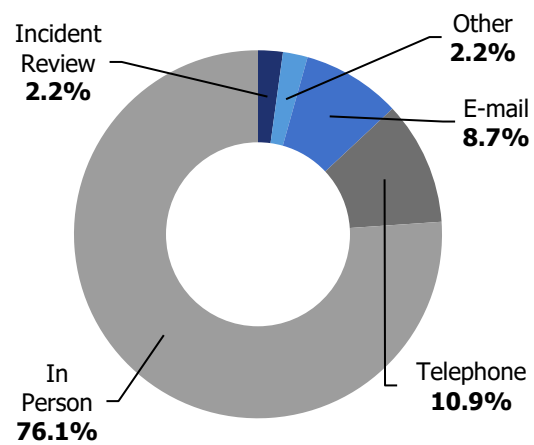
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Denton

Clarifying Instructions in a Resident's PNMP

Case Type: Service Delivery - Residential

Concern and Description

The AIO was evaluating a DSP's knowledge of a resident's behavioral and physical health needs as part of ongoing audit responsibilities. This resident had a physical nutrition management plan (PNMP) which provides pictures and written instructions for assisting the resident with activities such as bathing and going to the bathroom. The picture instructions indicated that the resident required the use of a commode chair with a seatbelt over the toilet seat for safety purposes; the written instructions did not.

When the AIO asked about the commode chair, the DSP responded that they had never used the chair. Instead, they sit the resident directly on the toilet seat and stand in front of her to help her keep her balance. The AIO was concerned about the discrepancy between the documented plan and how the plan was carried out by the DSP.

Actions

The AIO requested that the unit director and the qualified intellectual disability professional (QIDP) review the plan and clarify how direct care staff are to assist the resident in the bathroom. The unit director followed up with the occupational therapist (OT) for clarification. After reviewing the PNMP, the OT found that the picture instructions, which indicated that the resident

used a commode chair, were incorrect. The OT revised the resident's PNMP instructions.

Response/Recommendations

The AIO went back to the home approximately two weeks later. The DSPs reported that they were confused by the updated written instructions for the resident's toileting supports in the PNMP. The revised plan changed the resident's toileting approach to wearing briefs. In advocating for the resident, the staff reported concerns about the resident losing independence skills. The DSPs also reported that they had not been trained on the revised plan. The AIO communicated the staff's confusion, concern about this new approach, and lack of training to the OT.

Outcome

The OT completed a new assessment the next day and reported that the resident can go to the bathroom assisted by staff without the use of adaptive equipment. The OT and registered nurse case manager completed training with direct care staff on the updated plan instructions and new pictures. In this case, the AIO safeguarded the resident's rights and safety by identifying inconsistencies and ensuring proper training.

El Paso State Supported Living Center

Isabel Ponce

Assistant Independent Ombudsman



A proud native of the Sun City, Ms. Ponce has dedicated over two decades to serving and advocating for the elderly, children, and individuals with disabilities. Her journey began in nursing homes, where she worked

first as a certified nursing assistant and later as a certified medication assistant. Transitioning to the El Paso Head Start program, she extended her passion for community service by providing social services to children and their families through outreach programs. Ms. Ponce further expanded her impact by serving adults with developmental disabilities as a Residential Director. Her commitment to ensuring the well-being of others led her to become a Certified Internal Investigator, where she excelled as a Case Manager for the same HCS provider. With a wealth of community program experience spanning seven years, Ms. Ponce joined the OIO in December 2010. In her role as the Assistant Independent Ombudsman for the El Paso SSLC, she has continued her unwavering advocacy for individuals within the SSLC community. Trained in mediation and person-centered practices, Ms. Ponce brings a comprehensive skill set to her role, ensuring a person-focused and empathetic approach to her work.

El Paso Demographics

Number of Residents

102

Admissions January - June 2025

3

Residents under 22



1%

Residents over 65

18%



Sex of Residents



57% Male
43% Female

Race/Ethnicity

- White: 25.5%
- Hispanic: 67.6%
- African - American: 6.9%

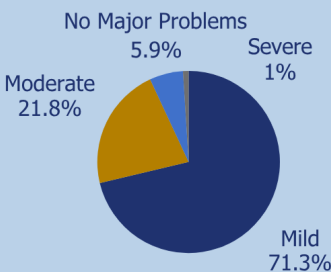
Alleged Offenders

0

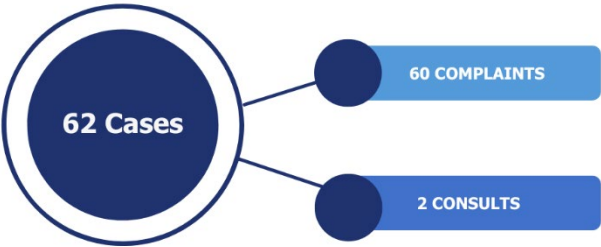
Residents w/Guardians

89

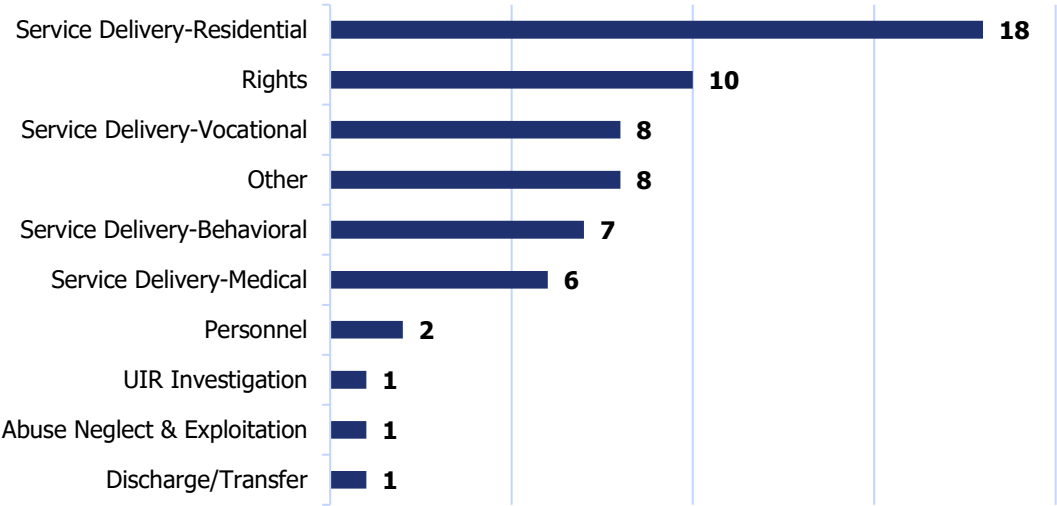
Health Status



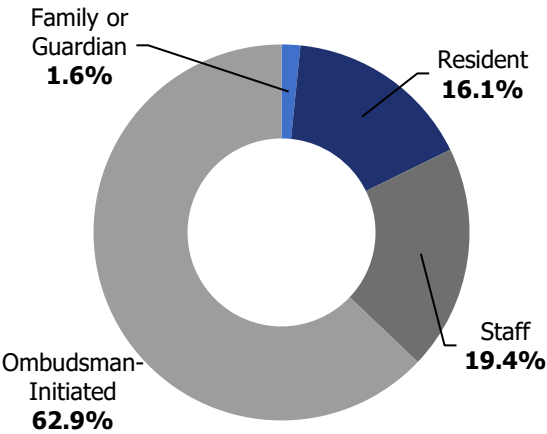
Cases Opened this Biannual Period: El Paso



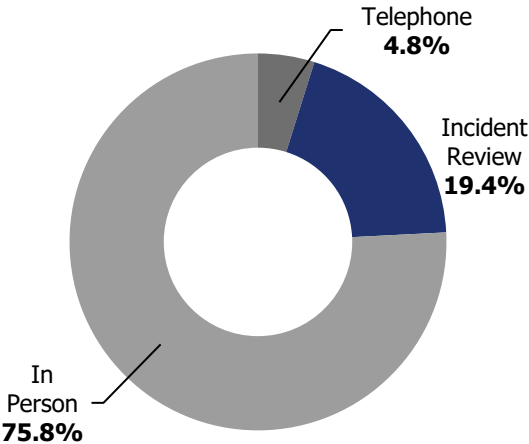
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: El Paso

AIO Observation Leading to Intervention for Gastrointestinal Concerns

Case Type: Service Delivery - Medical

Concern and Description

While visiting the vocational area, the AIO observed an individual pacing, groaning, and holding his head, and appearing visibly distressed. Upon closer observation, the AIO noted significant abdominal distention. Vocational staff confirmed they had noticed similar behavior over the past few days. When the AIO asked the resident if he was in pain, the resident avoided eye contact. The resident, who is nonverbal, continued to pace without providing any response.

Actions

Upon visiting the individual's home, the AIO was informed by staff that the behavior had been ongoing "for some time." When the AIO inquired about bowel movement (BM) activity, staff reported that while the individual was having BMs, they were typically small.

Back in the office, the AIO reviewed the BM records for the past 30 days and found only one large BM documented; others were small or medium, with several days showing no recorded activity. The AIO immediately shared this data with the interdisciplinary team and later presented the findings during the morning Incident Management Review Team (IMRT) meeting. An incident of self-injurious behavior (SIB) was also noted and discussed, possibly linked to the individual's bloating and discomfort.

Response/Recommendations

Following the AIO's observations and documentation, a nursing assessment was recommended right away. The AIO sent an email to the QIDP summarizing the situation and recommending increased hydration. The QIDP confirmed that the team would discuss the resident's situation later that day.

During that team meeting, it was reported that the individual had a recent increase in emesis, diarrhea, and constipation, though a recent KUB X-ray showed no signs of obstruction. The team determined that the constipation may be related to behavioral refusals to use the bathroom. A treatment plan was created, including additional X-rays, ongoing medical monitoring, increased level of supervision (LOS), and hydration prompts. Vocational staff were instructed to observe and report any further signs of distress or SIB.

Outcome

The AIO's timely intervention and data collection prompted a swift team response. The individualized treatment plan and increased LOS led to improved bowel activity and better documentation for ongoing monitoring. The collaborative efforts helped address the resident's discomfort and helped to prevent further medical complications.

Lubbock State Supported Living Center

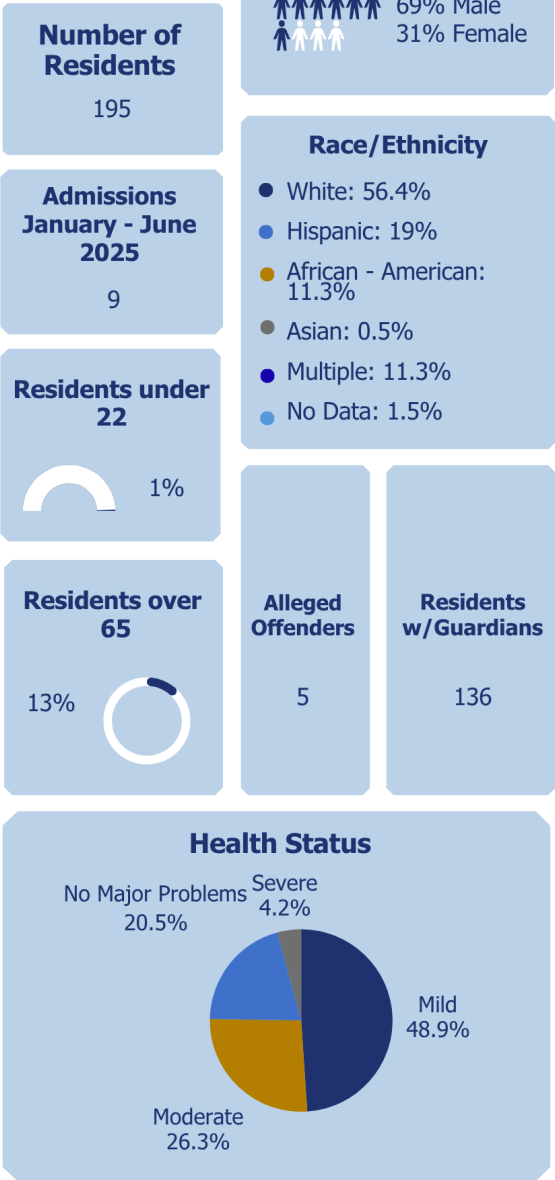
James Clark

Assistant Independent Ombudsman

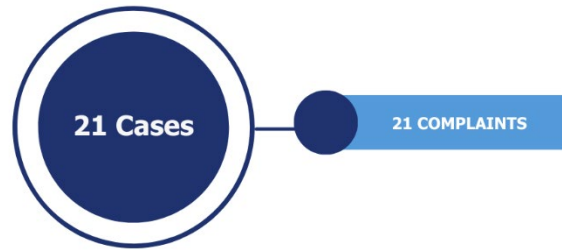


Mr. Clark was born and raised in Lubbock, Texas, and resides in Lubbock with his family. Mr. Clark earned a Bachelor of Applied Science degree in Human Services from Wayland Baptist University. He began his career with the State of Texas at the Lubbock State School as a Direct Support Professional in 1999, where he worked 14 years in roles including 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 position of Assistant Independent Ombudsman for the Lubbock SSLC with the OIO.

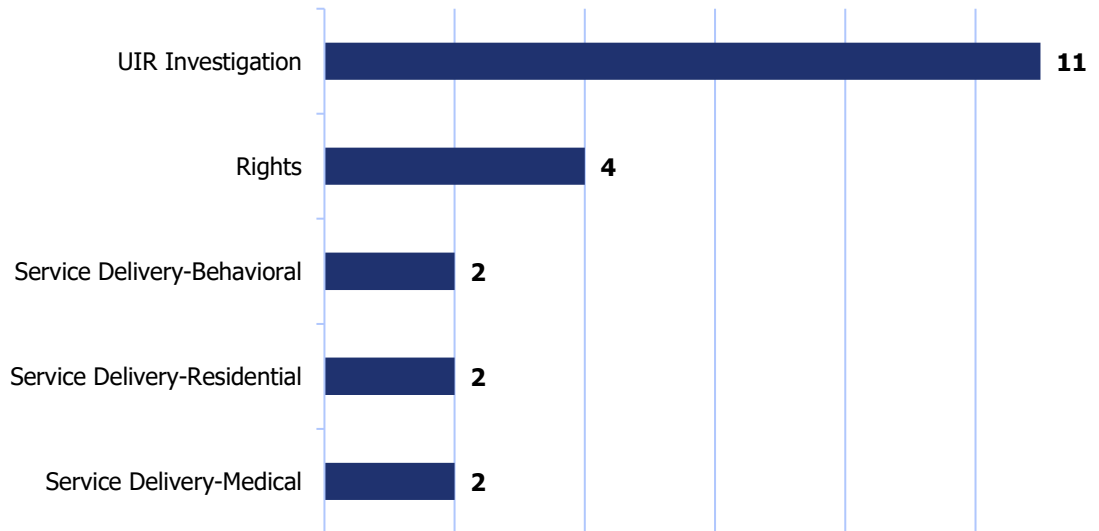
Lubbock Demographics



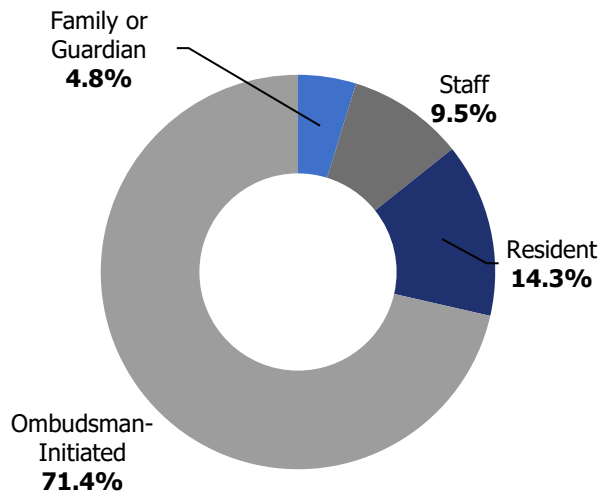
Cases Opened this Biannual Period: Lubbock



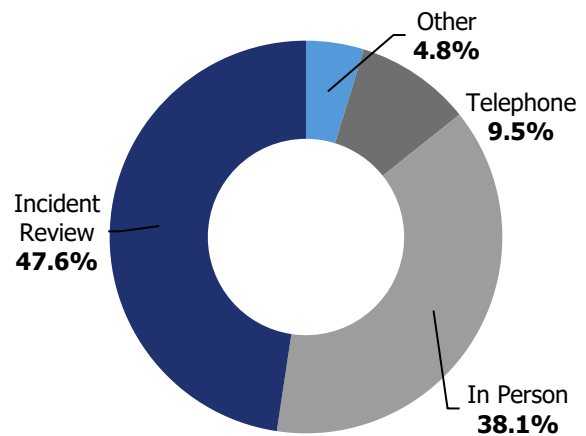
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Lubbock
Advocacy Due to a Smoking Restriction Oversight
Case Type: Rights

Concern and Description

During a visit at one of the homes on campus to conduct an audit, it was brought to the AIO's attention that a resident's cigarettes were still being locked in the aid station, despite indications that the resident had completed the required steps to remove the smoking restriction.

Actions

The AIO spoke with the resident, who shared that they are on a smoking schedule and that their cigarettes are kept in the office. The resident also expressed a desire to hold and manage their own cigarettes.

The AIO reviewed the resident's rights documentation and identified that the Plan of Action authorizing the smoking restriction had expired. Thus, the resident should have free and unfettered access to their cigarettes.

Response/Recommendations

The AIO addressed the issue with the QIDP, who confirmed that the restriction was no longer valid. The QIDP took immediate corrective action by instructing and training staff that the resident is no longer under a smoking restriction and allowing the resident access to their cigarettes. The AIO followed up with the resident, who confirmed they had access to their cigarettes. To prevent similar oversights in the future, the AIO met with the HRO to discuss improving the system used to track restriction expiration dates.

Outcome

The HRO and facility leadership are currently reviewing their internal tracking process. The AIO will continue to monitor the situation and follow up on any additional concerns. The AIO protected the resident's rights by identifying an expired restriction, prompting corrective action, and working to prevent similar oversights in the future.

Lufkin State Supported Living Center

Seth Bowman

Assistant Independent Ombudsman



Raised in Lufkin, Texas, Mr. Bowman attended Stephen F. Austin State University where he earned a Bachelor of Arts in Communication. After graduating in 2011, he began his professional career with Texas Health and Human Services as a

Qualified Intellectual Disability Professional for the Lufkin SSLC. 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 OIO as the Assistant Independent Ombudsman for the Lufkin SSLC in May 2020.

Lufkin Demographics

Number of Residents

215

Admissions January - June 2025

6

Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 69.1%
- Hispanic: 6.3%
- African - American: 19.3%
- Asian: 1.2%
- American Indian or Alaska Native: 0.5%
- No Data: 0.5%

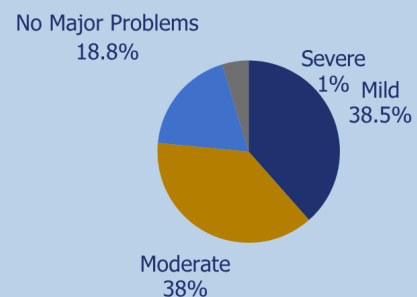
Alleged Offenders

0

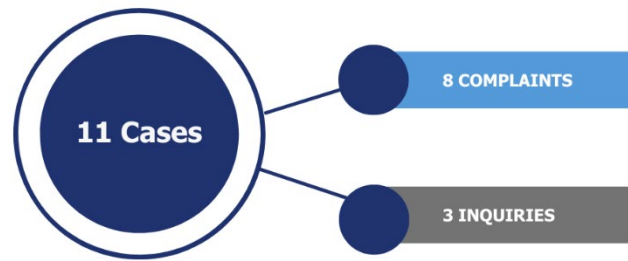
Residents w/ Guardians

120

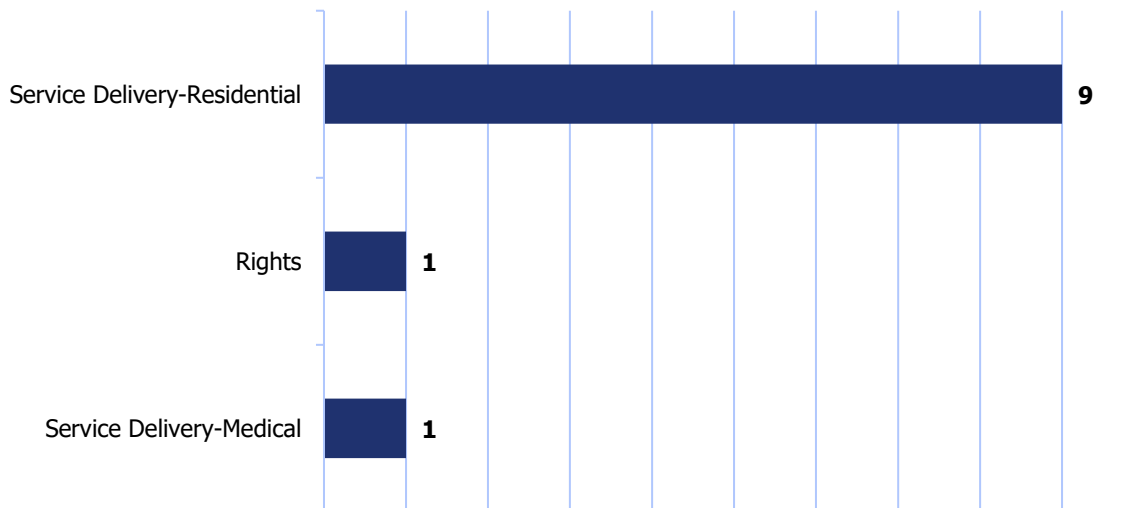
Health Status



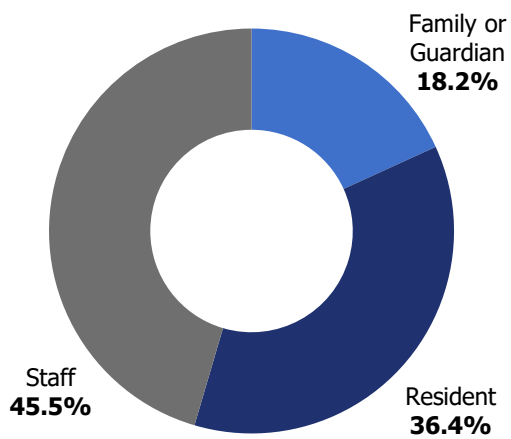
Cases Opened this Biannual Period: Lufkin



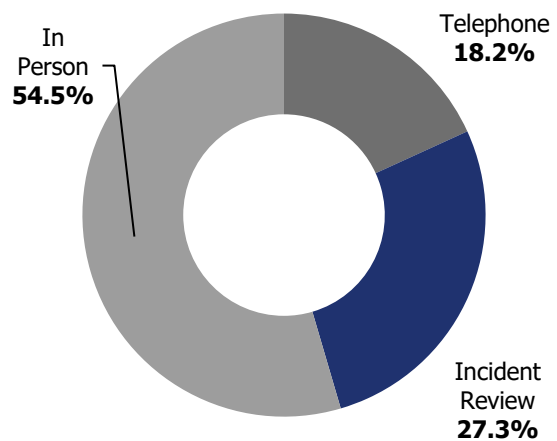
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Lufkin

Ensuring Resident Understanding of Snack Inventory

Case Type: Service Delivery - Residential

Concern & Description

The AIO was contacted by a resident who was concerned that direct care staff in their home were not letting them eat snacks their mother had brought them. The resident told the AIO that their snacks were being kept in the home office and that they suspected that direct care staff were eating them. The AIO was concerned that the resident may be restricted from accessing their personal items without due process.

Actions

The AIO spoke with the manager of the resident's home, who confirmed that the resident's snacks are kept in the home office at the request of the resident's mother. The home manager stated this was because the resident will not eat his meals if he receives snacks beforehand. The Home Manager told the AIO that the resident's Interdisciplinary Team (IDT) created a plan for staff to provide the resident with a snack after he had finished his meals. The AIO spoke with the resident's Qualified Intellectual Disability Professional (QIDP), who informed the ombudsman that an inventory is kept of the resident's snacks.

Response/Recommendations

The AIO told the resident's QIDP that the resident does not understand when he is supposed to receive his snacks and believes that the resident thought direct care staff are eating them. The AIO recommended that the QIDP meet with the resident's IDT and show the resident the inventory so that he can see how many snacks he is eating and recognize the importance of making healthy food choices by finishing his meals.

The IDT met with the resident and the resident's mother to discuss their concerns. The AIO contacted the QIDP to review the plan developed in the meeting. In the meeting, the team explained the importance of making healthy food choices. The IDT provided the resident with a daily schedule showing when snack time would occur and explained that he would receive snacks if they finished their meals.

Outcome

The QIDP informed the AIO that the resident and their mother had been informed of the inventory of snacks kept in the home office. The AIO confirmed this with the resident who said they understood their daily schedule and snack inventory. The AIO advocated for the resident's rights by promoting clear communication among the team, family, and resident.

Mexia State Supported Living Center

Adam Parks

Senior Assistant Independent Ombudsman



Mr. 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 Counties. Mr. Parks then accepted the position of Qualified Intellectual Disability Professional (QIDP) at Lufkin SSLC. 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 SSLC. Mr. Parks accepted the position of Assistant Independent Ombudsman for the Mexia SSLC in February 2014. In 2022, he received a promotion to Senior Assistant Independent Ombudsman. Mr. Parks received a Master of Science degree in Clinical Mental Health Counseling in May 2024. Later that year he became a Licensed Professional Counselor Associate and a Nationally Certified Counselor.

Mexia Demographics

Number of Residents

234

Admissions January - June 2025

20

Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 34.6%
- Hispanic: 22.6%
- African - American: 35.5%
- Native Hawaiian/Pacific Islander: 0.5%
- Multiple: 6%
- No Data: 0.9%

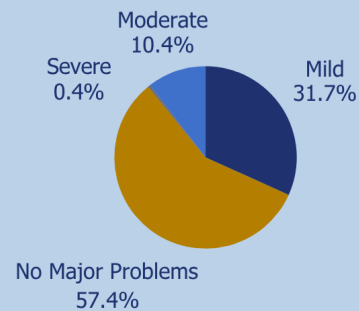
Alleged Offenders

141

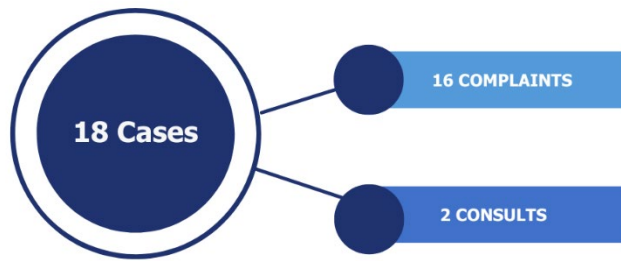
Residents w/Guardians

56

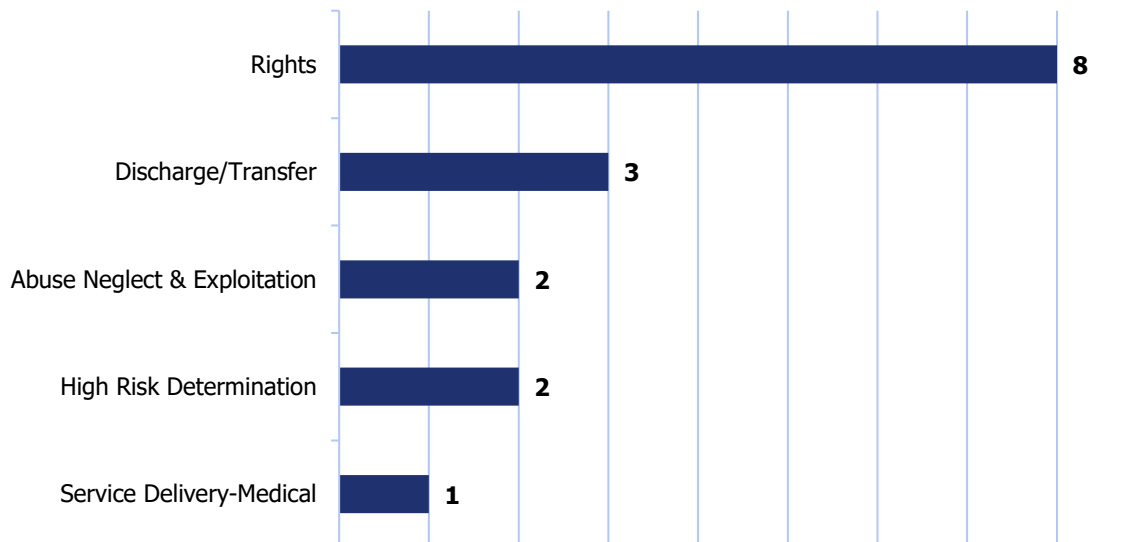
Health Status



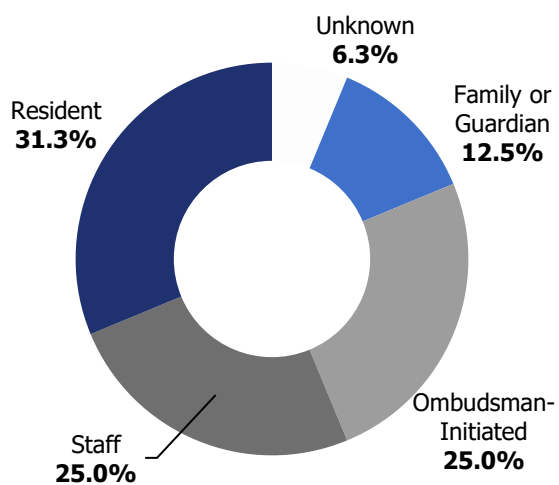
Cases Opened this Biannual Period: Mexia



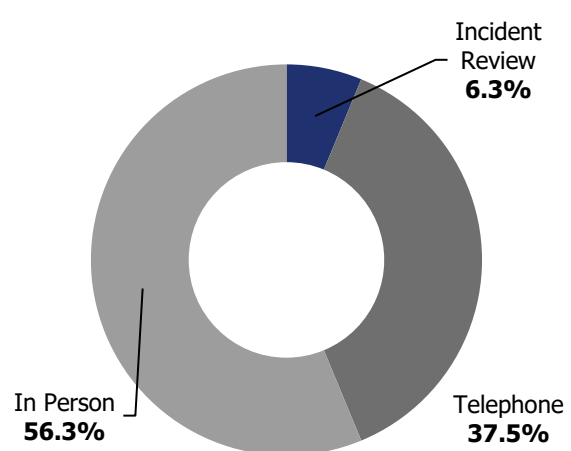
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Mexia
Advocacy for Resident Seeking Community Placement Review
Case Type: Discharge/Transfer

Concern and Description

A resident at the Mexia SSLC approached the AIO with concerns about not receiving a referral for community placement. The resident expressed frustration and confusion, stating he believed he should have been referred and did not understand why this had not occurred. This raised concerns about the resident's right to live in the least restrictive environment and potential impacts to his autonomy and service planning.

Actions

The AIO initiated an investigation into the resident's status and history at the facility. According to the records, the resident had been designated as being at a "high risk" to inflict substantial harm to himself or others nine months prior, and under legal order, was required to remain at the facility. The AIO reviewed documentation associated with the High-Risk Determination process, including applicable policies and procedures. It was confirmed that the Interdisciplinary Team (IDT) is required to convene at least annually to reassess the high-risk status, the resident has the right to appeal the IDT's decision, and the AIO may assist in that appeal process.

Response/Recommendations

The AIO met with the resident to discuss the findings. The process and the reason for the lack of referral were explained, including the legal implications of the high-risk determination. The resident had attended the meeting last year and was aware of the determination. He expressed understanding but stated that if he continues to be labeled high-risk at the next meeting, he intends to appeal immediately. The AIO explained the appeal process in detail and offered to support the resident throughout the appeal and any future IDT meetings. The resident welcomed this support and emphasized how important it was to feel that someone was advocating on his behalf. He agreed to the AIO's ongoing involvement and expressed appreciation for the assistance.

Outcome

Although no immediate changes to the resident's status occurred, the AIO's involvement resulted in the resident gaining a clearer understanding of his rights, the review process, and the available options moving forward. The resident's voice was centered in the process, and advocacy support was established for future IDT meetings, reinforcing the resident's right to informed participation and fair treatment.

Richmond State Supported Living Center

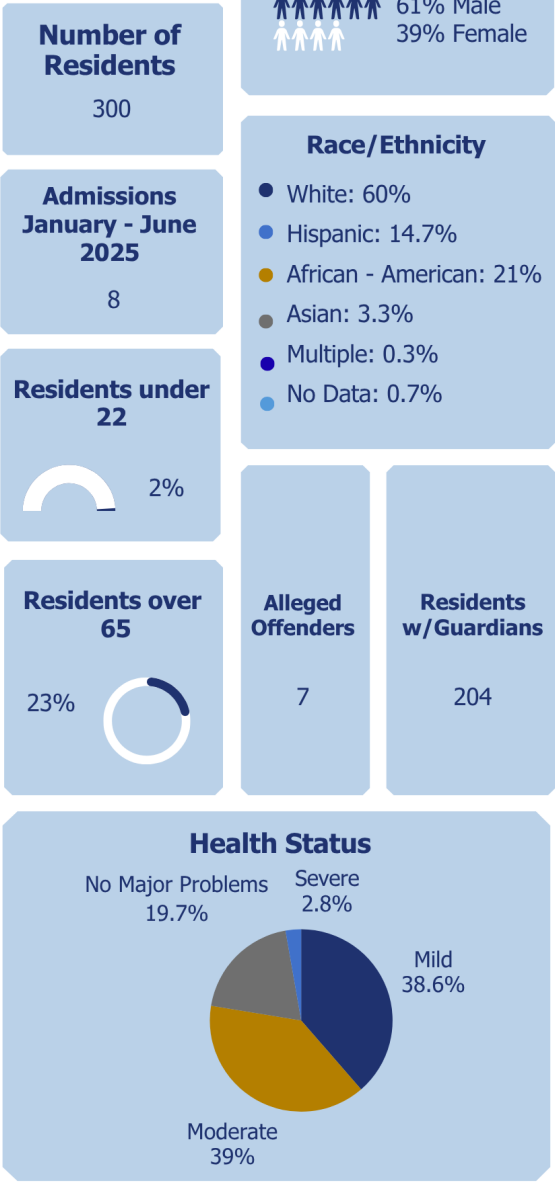
Deatrice Potlow

Assistant Independent Ombudsman

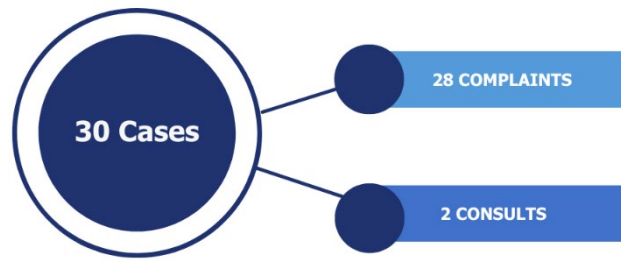


Born and raised in Greenwood, Mississippi, Ms. Potlow earned a Bachelor of Science in Office Administration in 1997. Shortly after graduating, she began working at a local hospital as a Medical Transcriptionist. She relocated to Houston, Texas, for career advancement and began a career with the State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

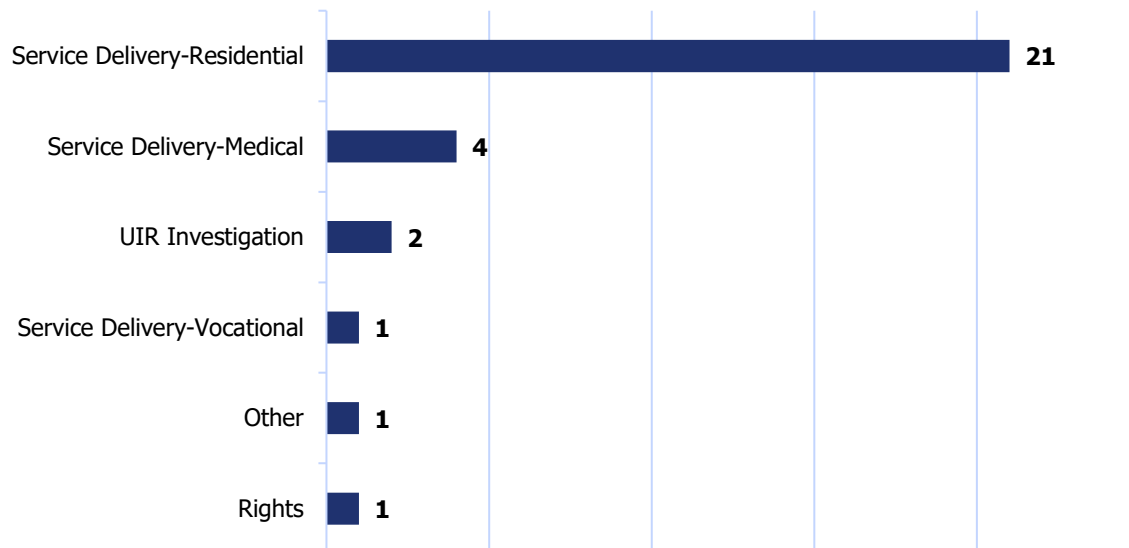
Richmond Demographics



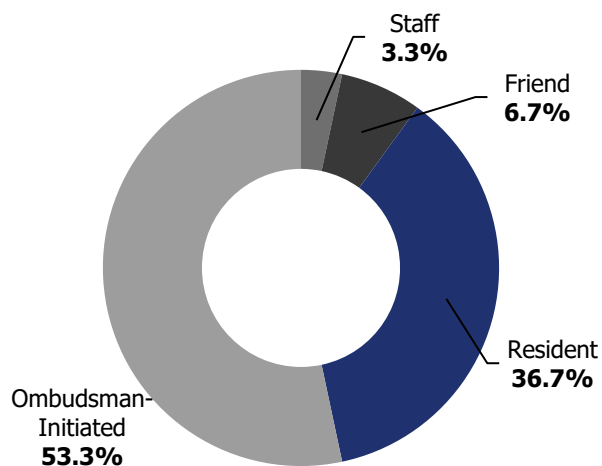
Cases Opened this Biannual Period: Richmond



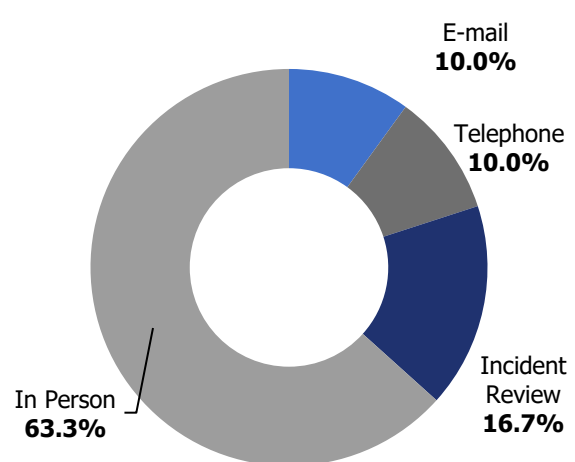
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Richmond

AIO Response to Resident Concern Regarding Emergency Restrictions

Case Type: Service Delivery - Residential

Concern and Description

A resident approached the AIO with concerns about being placed on a restrictive emergency Level of Supervision (LOS) and a “stay away” agreement involving another resident which restricts the right to associate with others. The individual believed the restrictions stemmed from a false accusation and reported they signed an agreement to avoid contact with the other party. However, the resident was unclear on the details of the agreement, prompting further review by the AIO.

Actions

The AIO reviewed an Unusual Incident Report (UIR) that alleged inappropriate physical contact between the resident, who was under routine supervision (i.e. did not require direct supervision from staff), and another individual who was on a 1:1 LOS (i.e. required direct, one-on-one supervision from staff). Both parties denied that the incident had occurred. The AIO participated in the Review Authority meeting for the UIR, which is held to make final recommendations regarding an incident.

Recommendations from the Review Authority included:

- Clarifying the emergency restriction for this resident
- Notifying both individuals of the UIR findings
- Reviewing the consent process in a future Self-Advocacy Meeting

The AIO contacted unit leadership and obtained the signed consent documentation. They noted

that the resident may have misunderstood standard consents as a formal “stay away” agreement. Additional information confirmed that the Interdisciplinary Team (IDT) had extended both the 1:1 LOS and the no-contact order while the UIR investigation was still open. The agreement was to lift the restrictions once the investigation concluded.

Response/Recommendations

Once the UIR investigation was closed, the AIO followed up with the IDT and recommended discontinuing the restrictions as planned. The IDT reconvened and agreed to return the resident to their previous LOS (routine with 1-hour checks) and lift the no-contact restriction. Although the Director of Residential Services was reluctant to lift the restriction due to concerns about future incidents, there was not sufficient justification to continue two restrictions. Ultimately it was discontinued following IDT review.

Outcome

The AIO conducted a follow-up with the resident, who confirmed that the restrictions had been lifted. Although presenting the restrictions to HRC to continue them long-term was considered, the team adhered to the original plan to lift the restrictions following the closure of the investigation. The AIO’s involvement was instrumental in ensuring the resident’s right to due process was addressed, concerns were heard, and procedural clarity was provided.

Rio Grande State Center

Horacio Flores

Assistant Independent Ombudsman



Mr. Flores hails from the Rio Grande Valley and attended Texas A&M Kingsville where he earned his Bachelor of Arts 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 Disability Professional (QIDP) at the Corpus Christi SSLC. Shortly thereafter he was appointed as a Lead QIDP. Mr. Flores then relocated to the Rio Grande Valley and accepted the position of QIDP at the Rio Grande SC in Harlingen. Mr. Flores accepted the position of Assistant Independent Ombudsman of the Rio Grande SC in April 2017.

Rio Grande Demographics

Number of Residents

69

Admissions January - June 2025

2

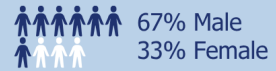
Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 8.7%
- Hispanic: 84.1%
- African - American: 2.9%
- Multiple: 4.3%

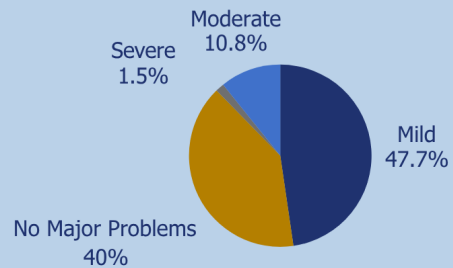
Alleged Offenders

0

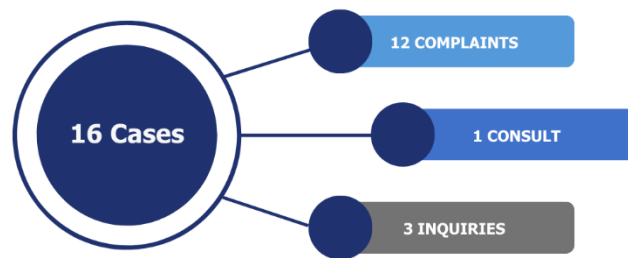
Residents w/Guardians

12

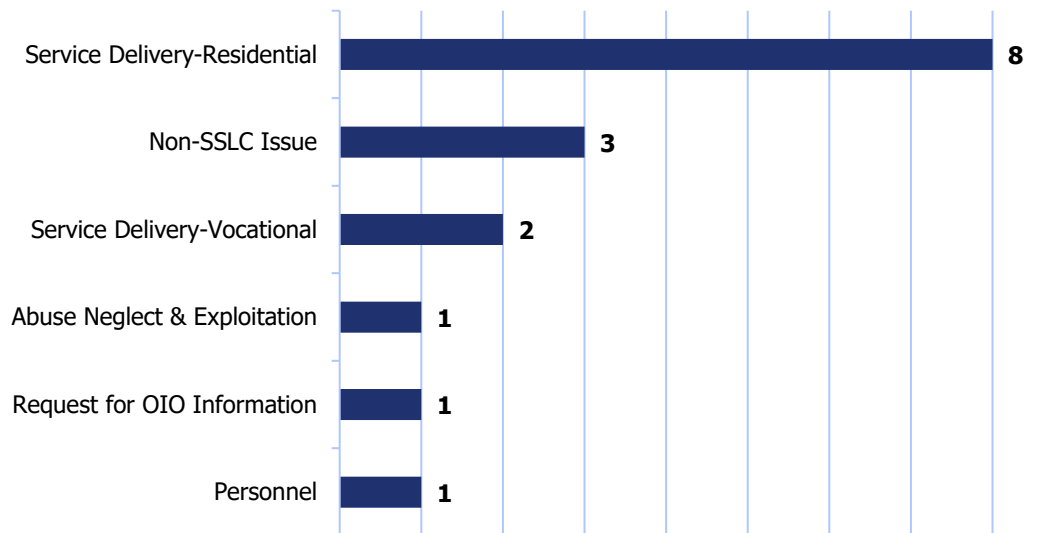
Health Status



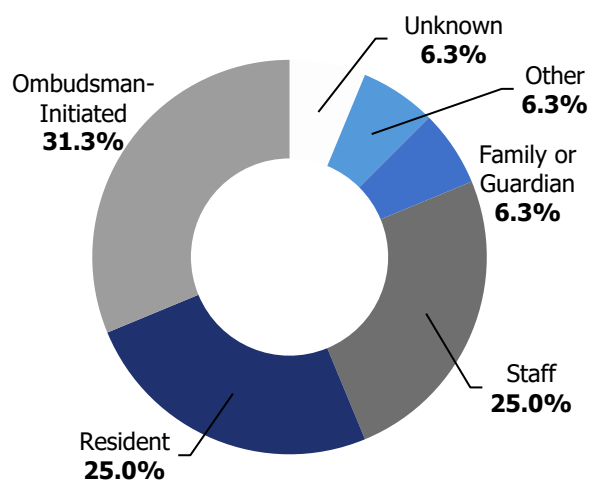
Cases Opened this Biannual Period: Rio Grande



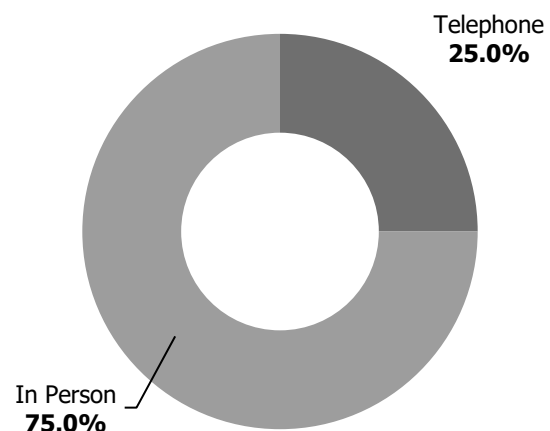
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: Rio Grande

Identification of Gaps in Staff Training When Pulled to Alternate Homes

Case Type: Service Delivery - Residential

Concern and Description

During a unit meeting, it was brought to the AIO's attention that staff members are being pulled to work in different homes without receiving proper training on the individual-specific programs in those homes. This raises concerns about resident safety, the quality of care, and compliance with individualized support plans, particularly those involving specialized supervision or behavioral protocols.

Actions

The AIO initiated an investigation by interviewing staff from two homes. Staff members from both homes consistently reported that when pulled to work in other homes, they were not trained on the specific needs or program plans (e.g., PNMPs, PBSPs) of the individuals they were supporting.

The AIO then reviewed relevant policy and found only one reference to pulled staff training in the section on Level of Supervision (LOS). The policy stated that charge leads are responsible for ensuring pulled staff are sufficiently trained and that such training must be documented.

When asked for documentation, a charge lead presented a sheet used for pulled staff to self-verify training by signing off that they had been trained and had no questions. This method relied entirely on the honor system and did not reflect whether the plans were current or had been

updated. There was no structured process to ensure actual comprehension or to verify that staff had reviewed specific protocols.

Response/Recommendations

The AIO met with the Assistant Director of Programs (ADOP) and shared the findings. The ADOP was not previously aware that this training gap existed. The AIO recommended a training reference sheet to be placed in each resident's notebook. This sheet would allow pulled staff to confirm and document that they were trained on specific protocols (e.g., PNMP, PBSP) before supporting an individual.

The ADOP responded positively to the recommendation and stated she would look into implementing the solution to improve accountability and ensure staff are equipped to meet residents' needs when staff were pulled to different homes.

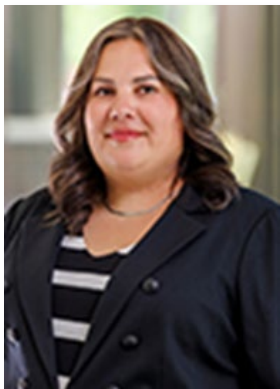
Outcome

As a result of the AIO's investigation and recommendation, leadership committed to exploring a structured approach to staff training when assignments shift across homes. This is expected to enhance service delivery, reduce risk, and uphold residents' rights to informed and consistent care. This case was closed with follow-up pending implementation review.

San Angelo State Supported Living Center

Lashelle Childress

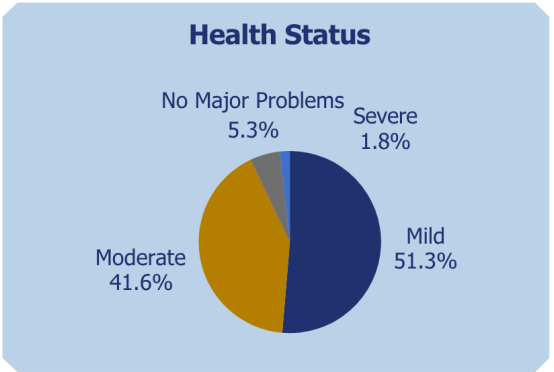
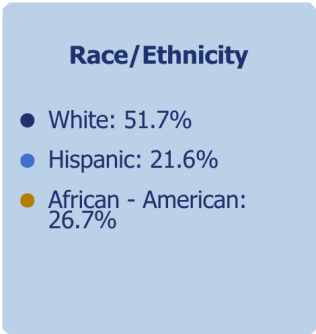
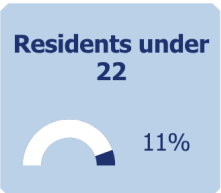
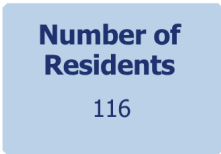
Assistant Independent Ombudsman



Lashelle Childress attended Angelo State University where she earned her Bachelor of Science degree in 2012. She has had the opportunity to serve in various roles for both the State of Texas and in the nonprofit sector, beginning as a Direct Support Professional. She has also held positions as a Qualified Intellectual Disability Professional, a Campus Administrator, a Facility Investigator, and as a Guardianship Specialist. These roles have not only provided her with knowledge and experience, but they have fueled her passion to advocate the people served. Ms. Childress joined the Office of the Independent Ombudsman at the San Angelo State Supported Living Center in 2024.

Lashelle Childress attended Angelo State University where she earned her Bachelor of Science degree in 2012. She has had the opportunity to serve in various roles for both the State of Texas and in the

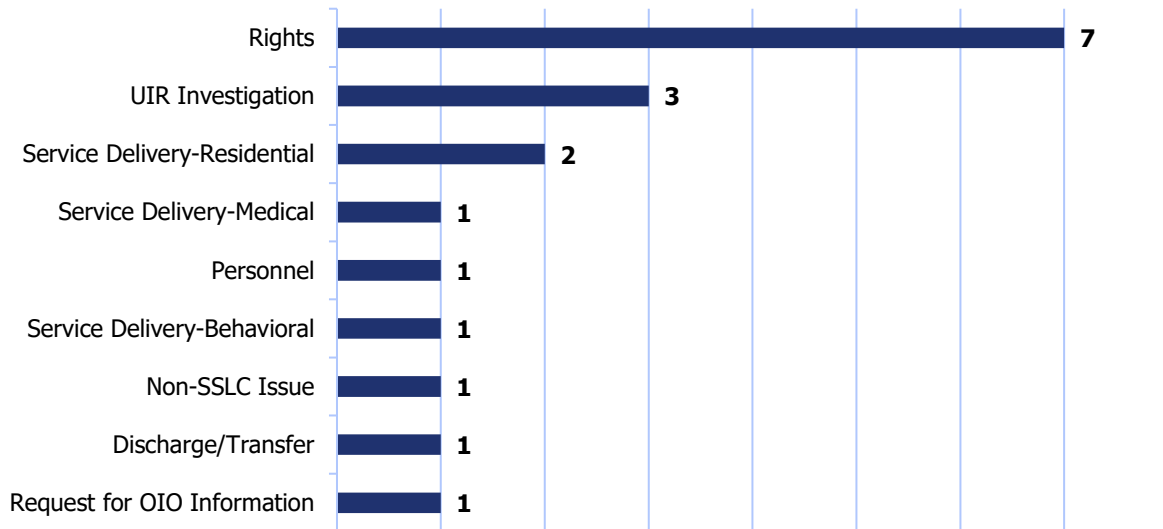
San Angelo Demographics



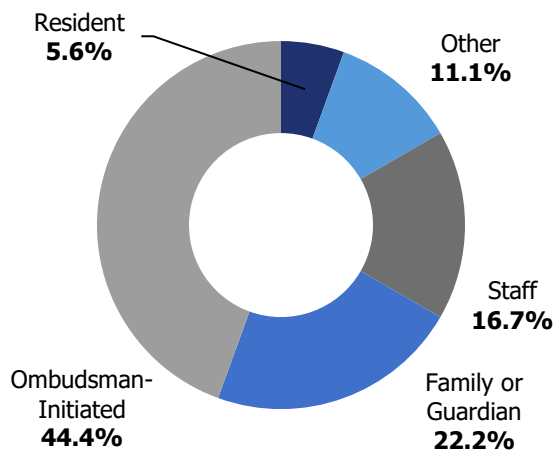
Cases Opened this Biannual Period: San Angelo



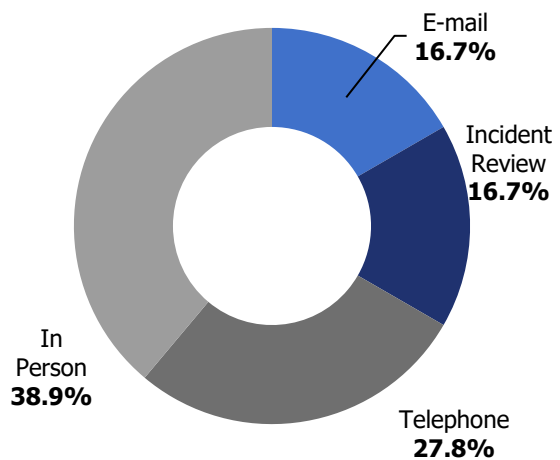
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: San Angelo
Hospital Treatment for a Resident in Hospice
Case Type: Service Delivery - Medical

Concern and Description

While attending a meeting of SSLC staff, the AIO became aware that an ambulance had been called to transport a resident to the hospital after a suspected aspiration incident. The Medical Director then cancelled the ambulance because the resident was receiving hospice care. During the meeting, the resident's interdisciplinary team (IDT) discussed whether it was appropriate for the resident to receive hospital care if they were in hospice. The resident's Primary Care Physician (PCP), who ordered the ambulance, was not involved in this discussion. The AIO was concerned about the resident's right to receive timely and appropriate medical treatment, despite receiving hospice services.

Actions

The AIO conducted a thorough review of the resident's records, including meetings related to hospice care, physician's assessments, and nursing assessments. The AIO found that the resident had a do-not-resuscitate order with full support at the time of the suspected aspiration. According to the center's policy, this meant that the resident should receive treatment for acute illnesses, including hospitalizations, but not receive CPR if their heart stopped beating.

The AIO met the resident at their home who talked about enjoying their favorite activities. The AIO also interviewed a direct care staff member who was familiar with the resident, the LVN working on the resident's home, the resident's PCP, and the Medical Director. The AIO found that the resident had been coughing during meals

and had multiple episodes of coughing and emesis over a month before this incident. The AIO became concerned that the coughing and emesis may have contributed to the suspected aspiration. However, habilitation therapy had not conducted an assessment.

Response/Recommendations

The AIO recommended to the center director that the resident's IDT meet with the PCP, hospice provider, and any other relevant disciplines to discuss the resident's current health and plan of care. The AIO also recommended that they review the resident's recent emesis and aspiration data, as well as any other assessments or supports that could address the coughing and emesis and minimize the risk of another aspiration incident.

Outcome

Later, the AIO reviewed the documentation that was completed following the IDT meeting. The discussion covered the resident's current plan of care, treatment for the suspected aspiration, and parameters for emergency services available to the resident while on hospice care. They determined that the resident can be transported to the hospital for acute illnesses, imaging that is non-invasive based on clinician discussion, and non-life-threatening injuries. Thus, the AIO's actions to advocate for the resident's right to receive timely and appropriate medical care while on hospice resulted in person-centered and clinically informed care decisions.

San Antonio State Supported Living Center

Carlos Briones

Assistant Independent Ombudsman



Carlos Briones began his career supporting people with IDD as a Direct Support Professional in 2019. He transitioned to the private sector, facilitating services for home and community-based service providers and community intermediate care facilities. He held positions as a Qualified Intellectual Disability Professional, an Investigator, and Program Director with commitment to advocacy and resident rights as the focal point across all avenues. He joined the Office of the Independent Ombudsman as the Assistant Independent Ombudsman at the San Antonio State Supported Living Center in April 2025.

San Antonio Demographics

Number of Residents

185

Admissions January - June 2025

6

Residents under 22



Residents over 65



Sex of Residents



Race/Ethnicity

- White: 8.7%
- Hispanic: 84.1%
- African - American: 2.9%
- Multiple: 4.3%
- Asian: 0.5%
- No Data: 0.5%

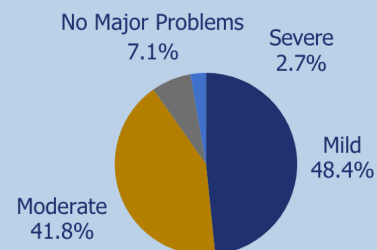
Alleged Offenders

5

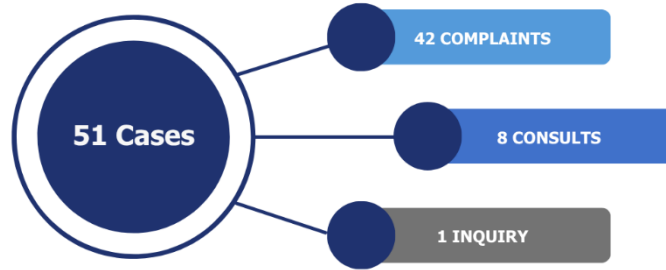
Residents w/Guardians

101

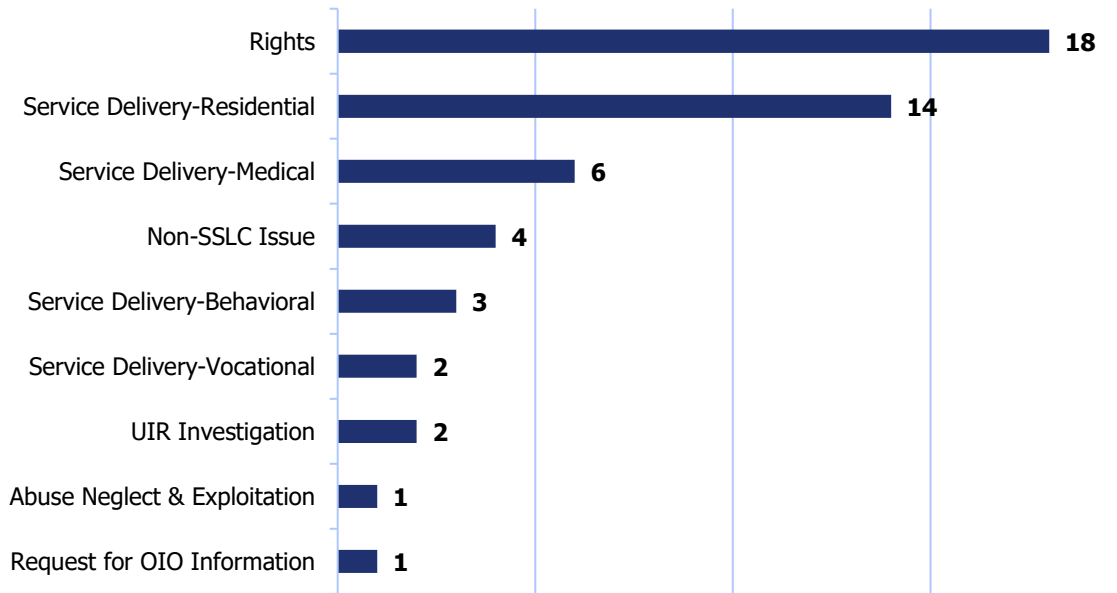
Health Status



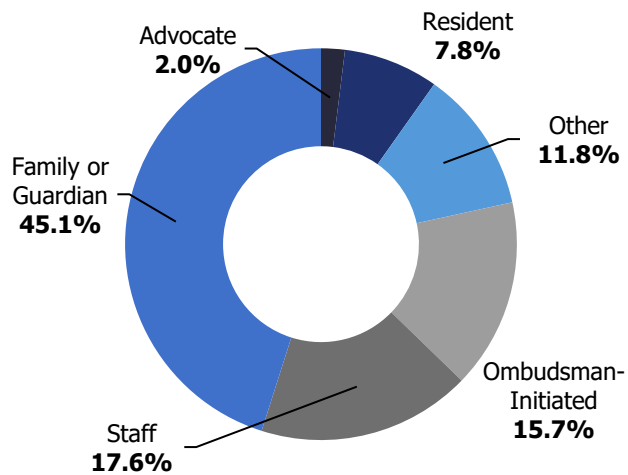
Cases Opened this Biannual Period: San Antonio



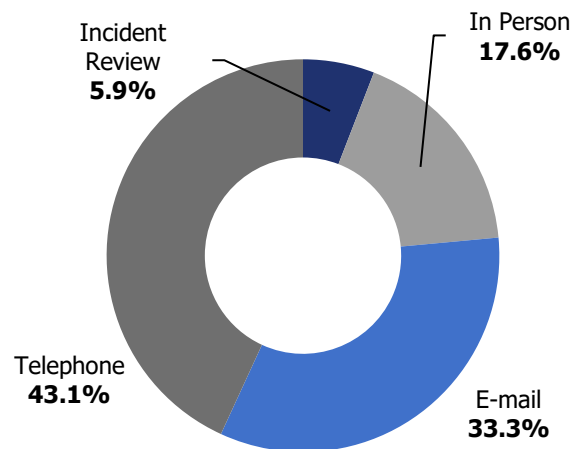
Number of Contacts by Type



Who Contacted the Ombudsman?



How was the Contact Made?



Case Study: San Antonio
Advocacy Following Guardian's Concerns
Case Type: Service Delivery - Medical

Concern and Description

A guardian contacted the AIO after they had requested and were denied a urine test for a resident. The resident was showing signs of physical and mental decline — fatigue, incontinence, falls, reduced communication, and meal refusal. The guardian referenced past UTIs when the resident had similar symptoms. The SSLC provided the guardian with supplies to collect a urine sample to send to a urologist outside the center. The guardian felt the SSLC placed an undue burden on them by refusing to perform the test internally.

Actions

The AIO reviewed the resident's medical records and confirmed a history of UTIs and symptom patterns. While testing was performed by a community urologist, there was no documentation that the primary care physician (PCP) had reviewed or responded to the results. Facility policies required the presence of fever for urine testing, which was absent, although previous infections occurred without fever.

Consultation with the medical director and infection control confirmed the SSLC's cautious

approach to avoid antibiotic overuse. The AIO found no immediate medical risk justifying refusal of testing and noted the guardian's legal right to participate in treatment decisions.

Response/Recommendations

The AIO facilitated a meeting with the guardian and SSLC leadership. The meeting concluded with the following recommendations:

- Joint consultation between the PCP and urologist
- Improved incontinence data tracking
- Individualized review of testing criteria based on the resident's history

The PCP later reviewed test results with the guardian and initiated further specialist referrals to explore causes of decline.

Outcome

The resident's test results ruled out a UTI. The guardian appreciated the AIO's support, and communication between the guardian and care team improved. The case highlighted the importance of individualized care and collaborative decision-making. The case was closed with continued clinical follow-up.

Toll-Free 1-877-323-6466
sslc.ombudsman@hhs.texas.gov
sslc-independent-ombudsman.texas.gov

