

# 2023 Biannual Report

*Including the Annual Report of Findings*

*July — December*



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## Executive Summary

The Biannual Report reflects the dedicated daily work of the OIO staff who have committed to serve the residents of Texas's 13 SSLCs. The content of these pages will give an overview of the kind of advocacy the residents, family members, and staff members of the centers require from the ombudsman. Each SSLC has a dedicated ombudsman and there is a team of support in central office which make up an organization of 18 positions total, including my position. As a governor-appointee, I am honored to serve this vulnerable, yet incredibly important subset of the state's population.

In addition to evaluating services at the SSLCs, the Office of the Independent Ombudsman provides state leadership with independent findings. The statute that established our office, Senate Bill 643 of the 81st legislature, 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 SSLCs. It also states that the independent ombudsman shall prepare an annual report of findings of the statutorily mandated audits. This report contains the activities of the office as well as key highlights from the 2023 Program Review, which aligns with the state's fiscal year. Program Review encompasses the audits of staff to client ratio; adequacy of staff training; and the policies, procedures, and practices regarding rights and due process. Our next report of findings will be published in the Biennial Report in the Fall of 2024.

The most noteworthy outcome within the data presented is the aggregate percentage of home observations where staff to client ratio was met. This metric is the highest it has been in ten years. At 91%, this total percentage presumably reflects the commission's efforts to recruit and retain staff in which the legislature invested. The OIO recommendation in support of that appropriation, and other recommendations, can be referenced in the [Biennial Report 2021-22](#).

The 2023 OIO recommendations are as follows:

### Staff ratio

- Direct HHS to identify homes and shifts most impacted by staffing limitations, recognized by using holdover and/or pulled staff, and target recruitment and retention efforts to these areas (See page 62).

## Training

- Devote resources to emphasize training Direct Support Professionals on residents' behavior support programs, including the level of supervision (LOS) required to ensure the resident's safety (See page 65).

## Rights

- Direct HHS to emphasize the inclusion of residents in discussions and decision-making by ensuring Human Rights Committee is accessible and inviting to residents (See page 68).
- Direct HHS to improve training and communication to target DSP's knowledge of resident restrictions and the basic due process requirements to limit a residents' rights (See page 69).
- Direct HHS to conduct a thorough review of the HRC approval process to address the gap between policy requirements and actual practices to ensure due process elements are consistently followed (See page 71).

In Gratitude,

Candace Jennings

Independent Ombudsman for State Supported Living Centers

# Office of the Independent Ombudsman for State Supported Living Centers

This office was established to investigate, assess, and protect the rights of residents within state-supported living centers. The responsibilities and authority of the Independent Ombudsman are dictated by the Texas Health and Safety Code, Title 7, §555. The fundamental mission of the Office of the Independent Ombudsman is to function as an independent, impartial, and confidential resource.

## Principles

Independence

Flexibility

Accessibility

Confidentiality

Integrity

Credibility

## Central Office



### **Candace Jennings**

#### *Independent Ombudsman*

Mrs. Jennings has over 25 years of experience supporting people with intellectual and developmental disabilities. She found her passion supporting people as a direct care specialist while attending college in San Marcos, Texas. She earned a bachelors from Southwest 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. After 12 years of serving in the role of Deputy Independent Ombudsman, Mrs. Jennings was appointed by the governor of Texas to lead the office in June 2021. Ms. Jennings has earned a Master of Public Administration degree and is currently pursuing a PhD in Applied Demography from 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 15 years and has 10+ years' experience serving in various roles advocating on behalf of those living with IDD. She is a champion of change, 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 worked for the Louisiana Department of Health, where he helped improve health care quality and accessibility for Medicaid-enrolled Louisianans. Mr. Jensen joined the OIO in June 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.

# SSLC Resident Population

## Overview of State Supported Living Centers (SSLCs)

The State of Texas administers a network of 13 state-supported living centers (SSLCs), which are together home to 2,596 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 cater to the diverse health needs of the SSLC resident population.

SSLC residents actively engage in the local community, with many residents employed off-campus. This not only fosters a sense of belonging within the community but also underscores the potential for individuals with intellectual and developmental disabilities to contribute positively beyond the SSLCs. Local school districts play an important role in providing public education tailored to SSLC residents aged 22 and younger. Access to public education further enhances the residents' potential for personal growth and development and promotes lifelong learning.

The demographic data presented in this report was provided on January 2, 2024, 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 notable 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 1,746 individuals, with San Angelo and Austin SSLCs experiencing the greatest 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 care to those individuals who require the comprehensive support services provided by the SSLCs.

Between July and December 2023, there were 85 new admissions. During the same period, 44 residents passed away and 35 residents were discharged to alternative living environments, such as home and community-based services.

*Table: Resident Census, 2024*

SSLC	Number of Residents
Abilene	240
Austin	160
Brenham	227
Corpus Christi	164
Denton	369
El Paso	98
Lubbock	190
Lufkin	230
Mexia	238
Richmond	298
Rio Grande	69
San Angelo	127
San Antonio	186
<b>Total</b>	<b>2596</b>

Source: The Health and Specialty Care System division of Texas Health and Human Services, January 2, 2024

### **Designated Forensic Facilities: Mexia and San Angelo SSLCs**

Mexia and San Angelo SSLCs have been designated as forensic centers – centers that serve residents who have been committed by a court. These individuals, termed alleged criminal offenders, have been charged with – but not convicted of – a crime.

Between July and December 2023, Mexia SSLC admitted 22 residents, the most of any SSLC. Due to the nature of the alleged criminal offender population, admissions and discharges are more frequent at Mexia than at other SSLCs. Currently, Mexia SSLC is home to 158 residents who are alleged criminal offenders, representing 70% of SSLC residents classified as alleged offenders. An additional 18% reside at San Angelo SSLC.

Mexia SSLC is home to eight alleged offenders deemed to be at high risk of endangering themselves or others, necessitating a highly restrictive environment.

*Table: Number of Alleged Offenders by Center, 2024*

SSLC	Number of Alleged Offenders
Austin	2
Corpus Christi	7
Denton	3
Lubbock	3
Mexia	109
Richmond	3
Rio Grande	1
San Angelo	28
San Antonio	2
<b>Total</b>	<b>158</b>

Source: Health and Specialty Care System division of Texas Health and Human Services, January 2, 2024

## Tenure and Admission Trends

The average tenure (the length of time a resident resides at an SSLC) is 23 years, with approximately half of residents having lived at an SSLC for 20 years or more. Forty percent of residents were admitted within the last decade, with the majority being admitted within the past 5 years. The earliest a current resident was admitted was in 1942, when they were 9 years old.

The average age at the time of admission for current residents is 25 years. There are 258 current residents who were admitted as children under the age of ten before 1980. Since 1981, only 30 current residents were admitted when they were under the age of ten. In 2023, the youngest new resident was 10 years old. These trends are indicative of shifts in admission demographics and underscore changes in the availability of residential services over the years.



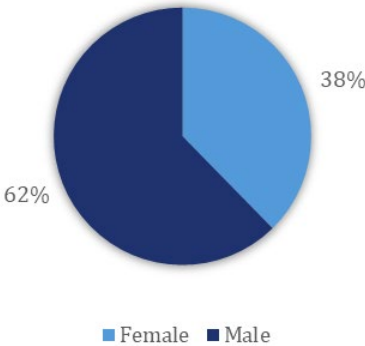
Source: The Health and Specialty Care System division of Texas Health and Human Services, January 2, 2024

## Demographic Composition

### Gender and Age Distribution

Of the current SSLC resident population, 618 are men and 978 are women. There are more men than women in all age groups except those aged 71 and older. 619 individuals – or 24% of the total SSLC resident population – are aged 65 and older.

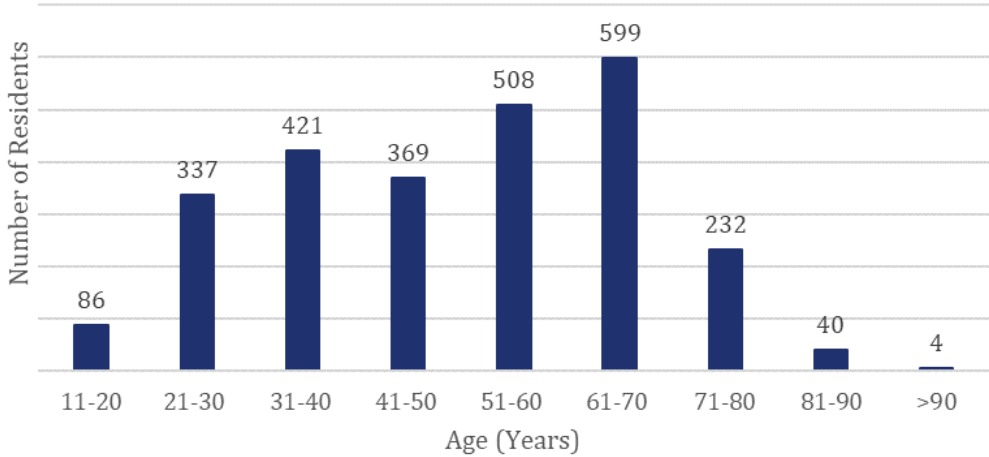
Aggregate SSLC Resident Population by Sex



Source: The Health and Specialty Care System division of Texas Health and Human Services, January 2, 2024.

There are 134 residents aged 22 and younger. Persons below the age of 22 are eligible to attend public school. Of this cohort, there are 35 residents who are below the age of 18. Most adult residents have a family member who serves as their legal guardian or conservator. 878 adult residents, comprising 34% of the total adult SSLC resident population, are not under any form of guardianship or conservatorship.

Aggregate SSLC Resident Population by Age

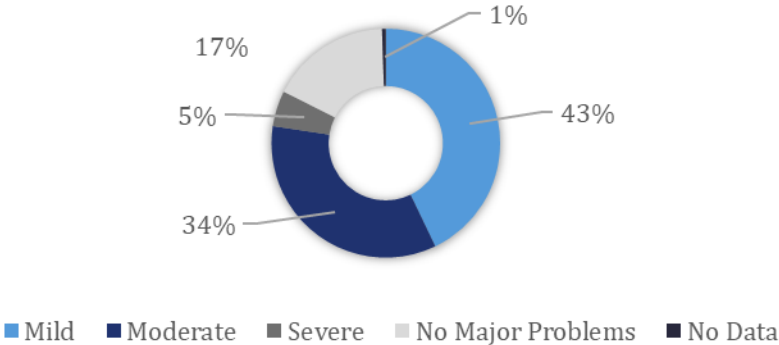


Source: The Health and Specialty Care System division of Texas Health and Human Services, January 2, 2024

**Health Status**

Forty percent of residents have a moderate or severe health status. Per the HHS definition, a moderate health status refers to chronic health issues which require professional intervention less than daily. A severe health status refers to health issues of an intensity and complexity that require daily and often constant professional intervention. There are 131 residents with a severe health status and 896 residents with a moderate health status.

**Health Status of SSLC Population**

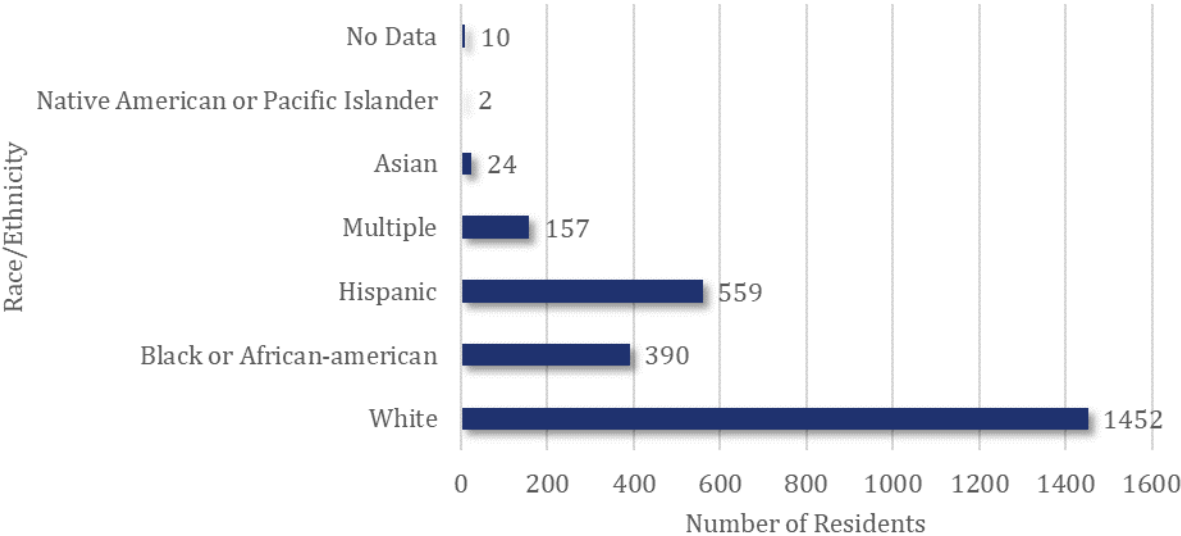


Source: The Health and Specialty Care System division of Texas Health and Human Services, January 4, 2024

**Race and Ethnicity**

The majority of SSLC residents (56%) identify as white. 22% of SSLC residents identify as Hispanic, 15% as Black or African American, and 6% as multi-racial. Less than 1% of SSLC residents identify as Asian or Native Hawaiian/Pacific Islander.

**Race and Ethnicity of SSLC Population**



Source: The Health and Specialty Care System division of Texas Health and Human Services, January 2, 2024

# Duties and Activity of the Office

## Overview

The OIO has an ombudsman stationed at each SSLC who maintains a visible presence and is engaged in the SSLC’s operations. The ombudsmen routinely provide meaningful input and expertise to and collaborate with SSLC administration. Documentation of all contacts and investigations initiated by the ombudsmen are recorded and tracked in a secure online database. Any contact received beyond the scope of the office is referred to the appropriate entity. Documentation of investigations and actions of the ombudsmen are recorded and kept confidential, except by special court order.

The ombudsmen will occasionally be contacted about issues that are outside of the office’s scope. Of the 470 contacts received during this reporting period, there were 42 contacts referred to another entity, such as the Long-term Care Ombudsman program. The ombudsmen are also frequently contacted by staff members at the SSLC regarding personnel issues. These contacts are referred to the SSLC or HHS Human Resources.

Of the 470 contacts received, the office handled 428 cases in this biannual period which were not referred to another entity. There are three types of cases: consults, inquiries, and complaints. Consults and inquiries are concerns that do not require an investigation, but that the ombudsman provides their expertise and insight on. Complaints are concerns that require an investigation by the ombudsman. Complaints made up 88% of all cases for this biannual period.

### Aggregate Number of Cases

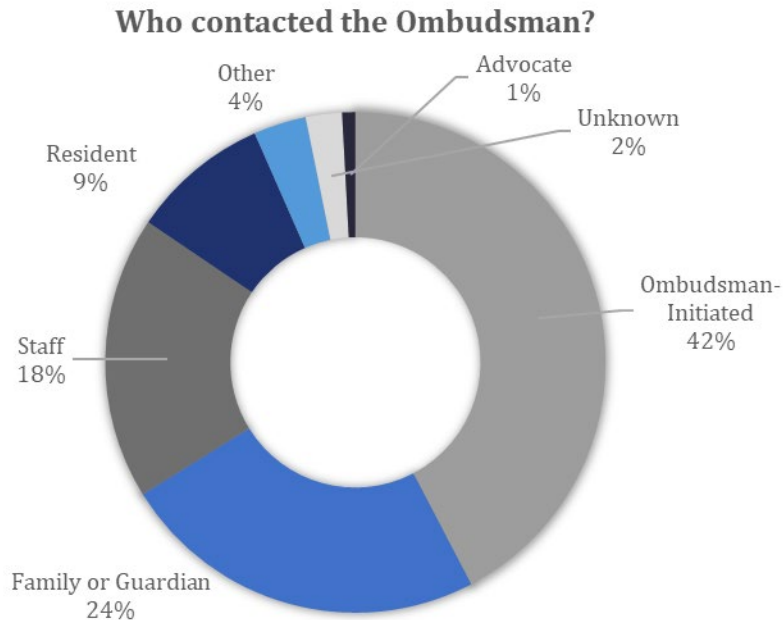




Source: OIO - HHS Enterprise Administrative Report and Tracking

## Complainant’s Relationship

The most common source of cases during this biannual period were concerns identified by the ombudsmen, followed by family or guardians of residents. The large number of ombudsmen-identified cases demonstrates the value of the ombudsmen’s presence at the SSLCs.

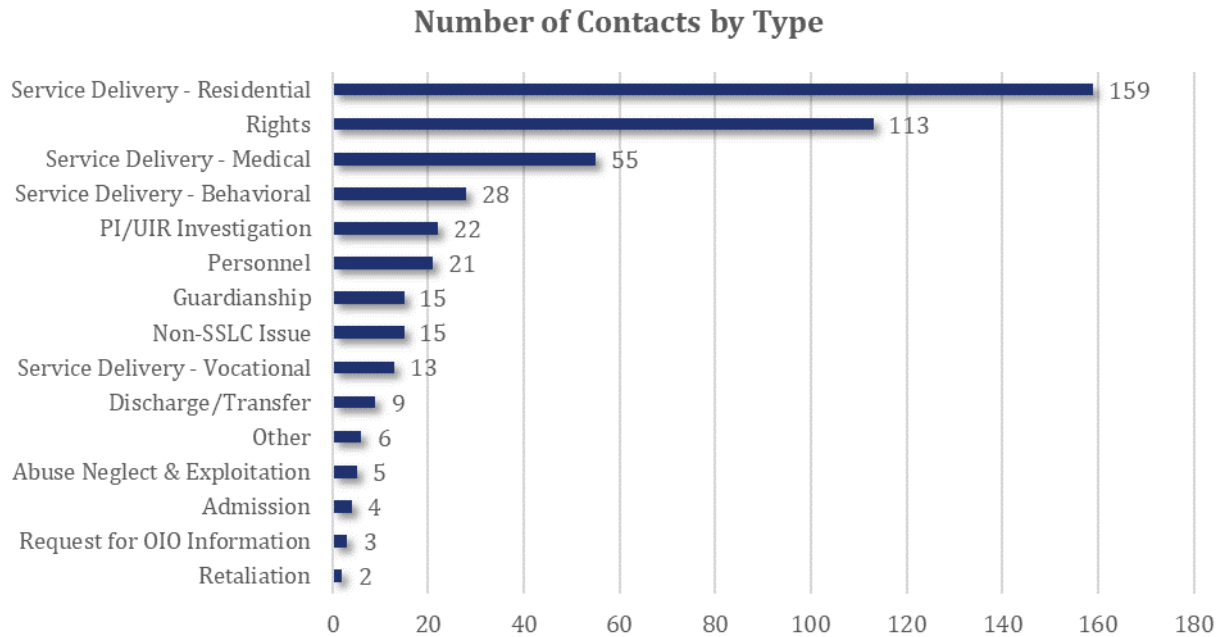


Source: OIO - HHS Enterprise Administrative Report and Tracking System

Both the number of contacts and the percentage of total contacts made by family and guardians increased over the previous biannual period. This is part of a trend over the past several biannual periods and may indicate that residents’ families and guardians are more aware of the ombudsmen or that families and guardians have more concerns about residents.

## Types of Concerns

Staff, residents, family members, and others contact the ombudsman about concerns that impact residents’ lives. The most common concerns investigated by the ombudsmen were related to residential service delivery, with the second-most common being rights-related issues. Following an investigation, the ombudsman may provide recommendations which they then monitor to evaluate if, and how, the issue is addressed by the facility.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

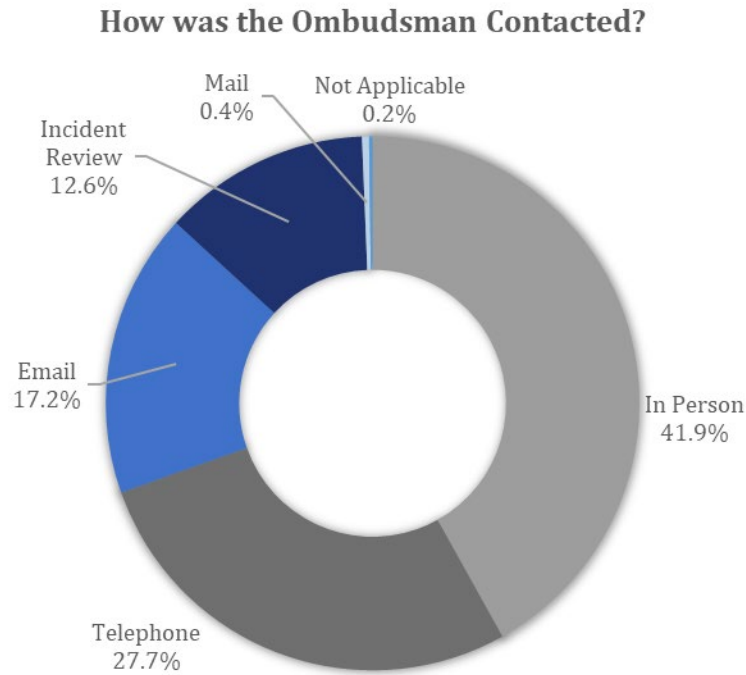
In addition to monitoring service delivery and investigating complaints, the ombudsman at each SSLC evaluates the way the center investigates serious incidents. Each ombudsman attends incident meetings, reads all SSLC investigation reports, and monitors actions taken by the SSLC after each incident. In total, the ombudsmen reviewed 903 incident investigations this biannual period.

There were 59 cases that ombudsmen investigated that were initiated through incident review during the biannual period. While reviewing final investigation reports or attending incident management meetings, the ombudsman may identify and investigate issues from incident reviews that relate to service delivery. The ombudsman may also identify that an investigation is not thorough enough and recommend that the facility investigate further.

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

### Method of Contact

Each ombudsman has an office at the SSLC and is easily accessible to residents and staff. Most contacts are made in person, but contacts may also be made by phone or email. The office maintains a toll-free number which directly connects 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 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.



Source: OIO - HHS Enterprise Administrative Report and Tracking System

## Systemic Investigations

In 2022, the OIO created the position of senior AIO. There are currently four senior AIOs. One of the responsibilities of these senior AIOs is to identify and investigate systemic issues at SSLCs and make recommendations to the SSLC, SSLC State Office (SO) and Texas Health and Human Services based on the findings. Below is an update on a previous systemic investigation and a preview of the current systemic investigation in progress.

### Update: New Admissions Restrictions and Due Process

In the January – June 2023 Biannual Report, the OIO reported on a systemic investigation completed by the senior AIOs about the practice of newly-admitted residents being placed on an increased level of supervision (LOS), with the only rationale for the restriction being the individual's status as a "new admission." The senior AIOs investigated if these LOS restrictions were regularly applied to new admissions and if there was evidence of due process<sup>1</sup> for these restrictions. Upon completion of the investigation, the OIO provided a case summary report and recommendations to SSLC SO. Refer to [January - June 2023 Biannual Report](#) for details on this systemic investigation.

The OIO recommended that SSLC SO establish administrative procedures and train staff on how to determine the necessity of and implement individualized restrictions for newly admitted residents. After these recommendations were made, SSLC SO conducted an audit of new admission data. The results of SO's review indicated that 90% of residents admitted during that month with restrictions had sufficient evidence to support the need for the restriction. After continued monitoring over the following four months, SSLC SO reported varying results, with aggregated data showing between 75% and 100% of admitted residents having individualized criteria for restrictions. The results vary based on number of new admissions and number of restrictions. SSLC SO reports that they will continue their

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<sup>1</sup> Due process must include the following: documentation and assessment of the necessity of a proposed restriction by the Interdisciplinary Team (IDT); impartial review and approval by the Human Rights Committee (HRC); assurance of the individual's opportunities to exercise their rights; and involvement of the individual or their representative in the review process. The process itself, as well as any restrictions implemented through due process, must consider the individual's needs and capabilities.

audits to ensure that IDTs and HROs are addressing this concern. The OIO will continue to monitor this as well.

## **Active Investigation: SSLC Response to Abuse, Neglect, and Exploitation**

The senior AIOs are currently conducting an investigation to determine if policies, procedures, and mechanisms established by the SSLCs and SSLC SO are sufficient to protect SSLC residents from abuse, neglect, and exploitation (ANE) incidents. Initial investigatory efforts have focused on the practices and systems that are supposed to identify and prevent abuse, and whether facilities are adequately responding to concerns and recommendations from facility investigators and HHSC Provider Investigations (HHSC PI).

The senior AIOs are reviewing data from unusual incident reports from all SSLCs between September 1, 2022 – August 31, 2023, where ANE was confirmed or inconclusive.<sup>2</sup> The ombudsmen are analyzing the data to determine if:

- Incidents were reported within an hour of the alleged abuse, neglect, or exploitation (ANE) being discovered.
- Inconclusive cases were returned to PI for further review.
- The SSLC followed the recommendations from the incident investigation; and
- The SSLC's response addressed the concerns expressed by facility investigators and HHSC PI to protect residents.

Once complete, the OIO will share its findings and any recommendations with SSLC SO and publish a case summary of the investigation in the Biannual Report.

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<sup>2</sup> A finding of confirmed means that the investigator determined that ANE occurred. An inconclusive finding means that the investigator was unable to confirm the alleged ANE.

# Disaggregate Activity

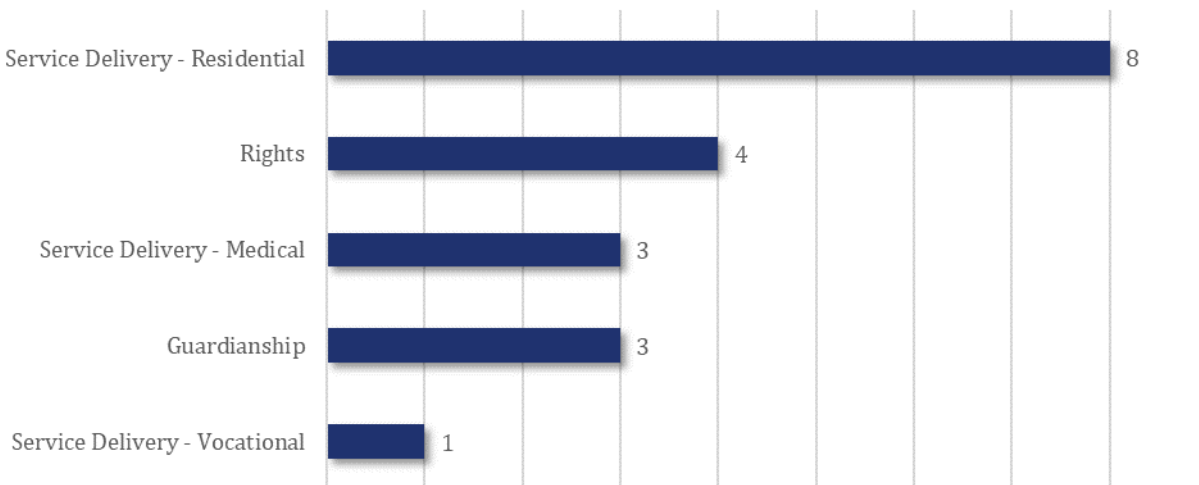


## Abilene State Supported Living Center

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, Ms. 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.

Number of Contacts by Type: Abilene



Cases Opened this Biannual Period: Abilene

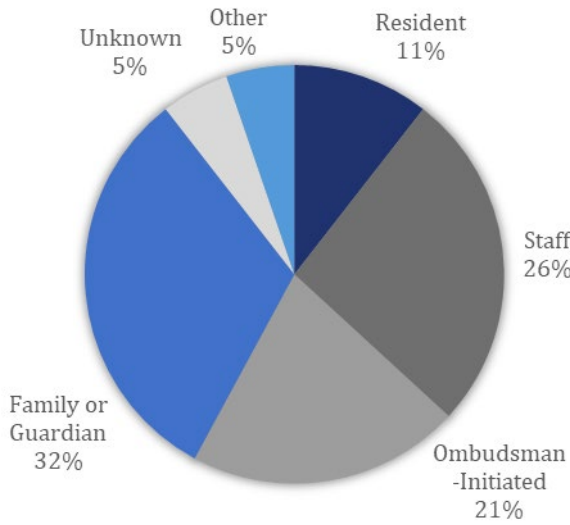
19 Cases

8 Complaints

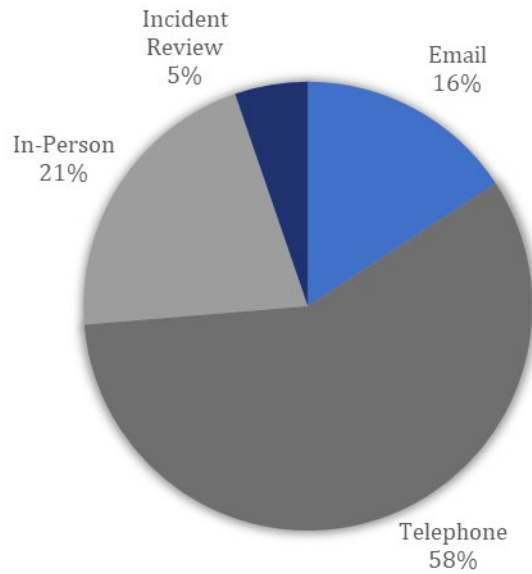
3 Consults

8 Inquiries

Who Contacted the Ombudsman? Abilene



How was the Contact Made? Abilene



## Case Study: Abilene

**Background:** A resident reached out to request assistance from the AIO to become their own guardian. The resident was unhappy with decisions their guardians were making on their behalf and wanted to have more personal autonomy.

**Ombudsman investigation:** According to Texas Family Code and *A Texas Guide to Adult Guardianship*, a ward may terminate a guardianship by making a written request to the judge in the county the guardianship was granted. If the judge determines that the individual has basis for this request, a court-appointed guardian will be assigned to investigate their case. Once the investigation is complete, their case will be decided in court. The resident, with assistance from the AIO, wrote a letter to the Taylor County probate judge requesting to terminate their guardianship. The AIO was informed that the resident's letter was received by the judge, that a court-appointed guardian had been assigned to investigate the resident's case, and that a court date had been set.

**Results:** The court decided that the resident needed to improve their independent living skills and exercise better control of some of the behaviors they display. The judge stated that, should the resident do so, they may write another letter and begin the process again. Although the resident did not ultimately achieve the outcome they wanted, they did feel empowered throughout the process. The AIO remains available to advocate for the resident should they apply to terminate their guardianship again.



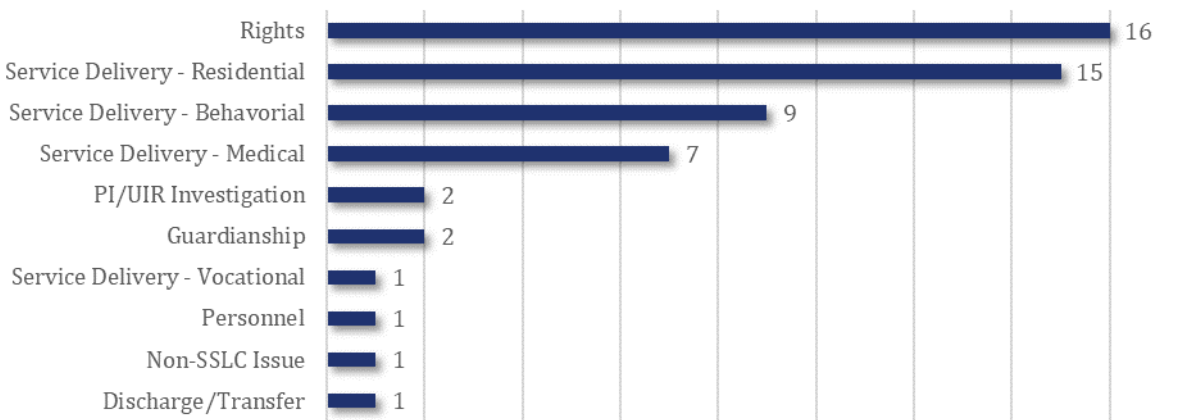
## Austin State Supported Living Center



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, where she enhanced the independence of individuals with disabilities within their environments and employment. 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. In this capacity, she developed both online and instructor-led curricula for local authorities. 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.

Number of Contacts by Type: Austin



Cases Opened this Biannual Period: Austin

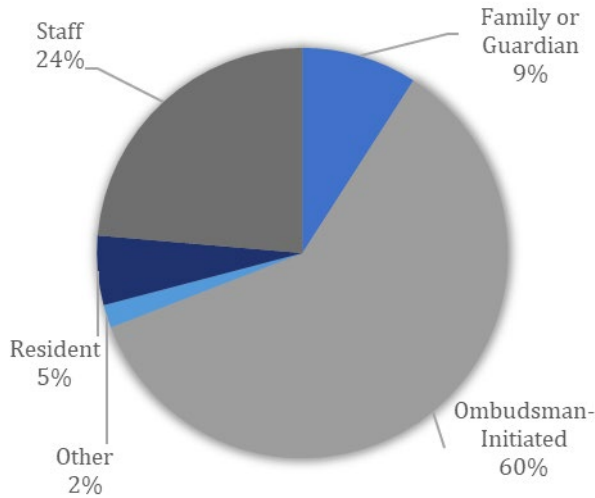
55 Cases

44  
Complaints

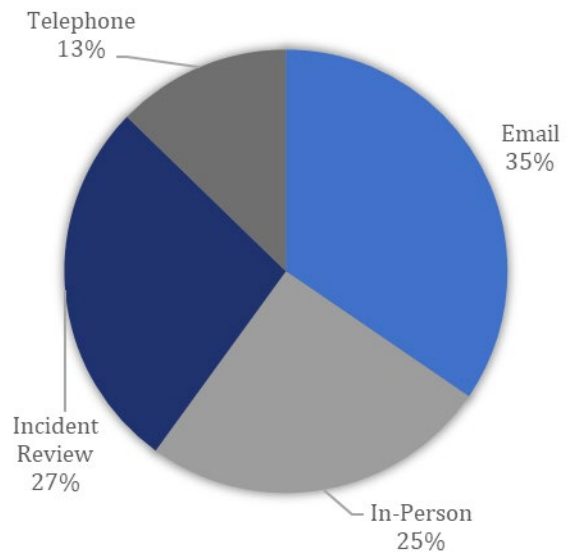
10 Consults

1 Inquiry

Who Contacted the Ombudsman?  
Austin



How was the Contact Made?  
Austin



## Case Study: Austin

**Background:** The AIO received an email from the LAR of a resident who had recently passed. The LAR was concerned about the resident's personal belongings and remaining financial assets, which they claimed the center had not contacted them about.

**Ombudsman Investigation:** The AIO inquired with the SSLC administration about the LAR's concerns. It was determined that the resident's belongings were still at the center. SSLC administration stated that the Trust Fund office emailed a letter to the LAR explaining the process; however, it could not be confirmed if the LAR received this letter. The AIO connected the two parties so that the matter could be resolved.

**Results:** The SSLC acknowledged there was missed communication between the LAR and SSLC staff regarding this matter. The Trust Fund office contacted the LAR by phone and explained the process for the LAR to receive the resident's remaining financial assets. The SSLC coordinated delivery of the resident's belongings to the LAR. The AIO followed up with the LAR and ensured their concerns had been addressed by the center.

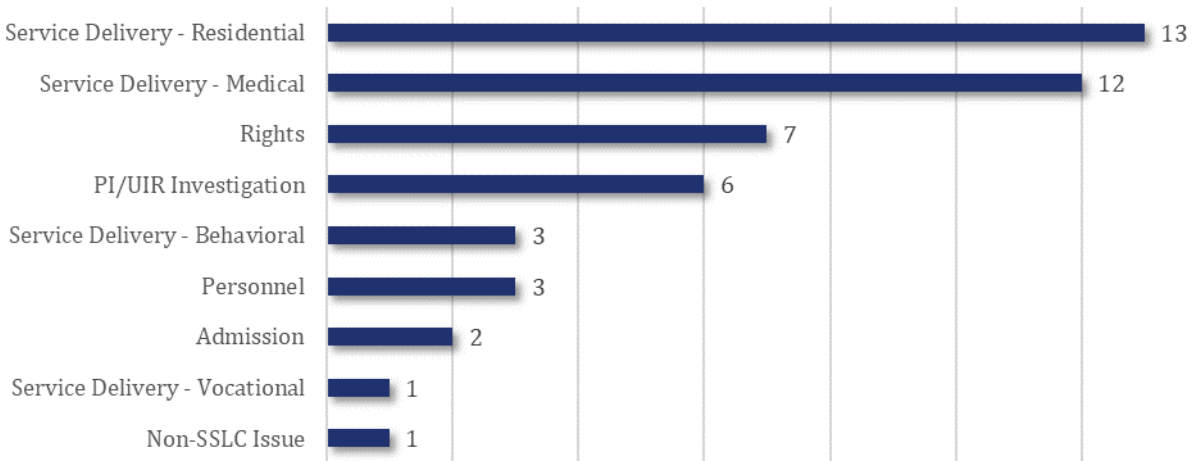
## Brenham State Supported Living Center



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.

Number of Contacts by Type: Brenham



Cases Opened this Biannual Period: Brenham

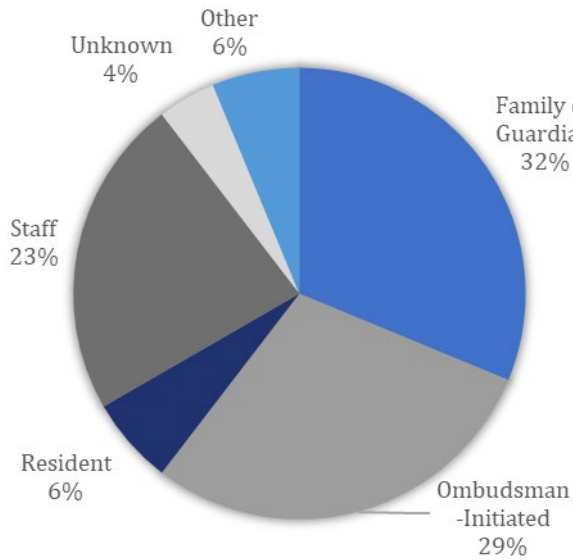
48 Cases

45  
Complaints

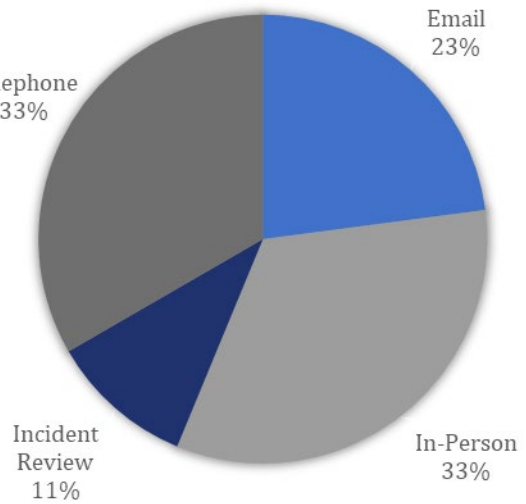
1 Consult

2 Inquiries

Who Contacted the Ombudsman?  
Brenham



How was the Contact Made?  
Brenham



## Case Study: Brenham

**Background:** A concerned parent reached out to the AIO regarding issues they experienced with the Interdisciplinary Team (IDT). These concerns included communication lapses, delayed notifications of incidents, a request for a safety plan, and difficulties in tracking clothing and scheduling video calls. The parent emphasized that they felt that their role as an active parent and legal decision-maker was not consistently respected by some IDT members.

**Ombudsman's investigation:** The AIO conducted a comprehensive investigation, which revealed multiple areas for improvement. Specifically, it was discovered that the IDT did not adhere to a request for detailed weekly email updates from the Qualified Intellectual Disability Professional (QIDP). Documentation review revealed that communication with the parent was irregular and lacked the level of detail requested by the parent. The clothing inventory log was found to be outdated, which prompted the parent to request regular updates so that the resident's clothes could be replaced in a timely manner. The parent worked with the resident's school to develop a safety plan, which the school had initially declined to, during an Admission, Review and Dismissal (ARD) meeting. Additionally, the school was found to have failed to provide critical information, such as absences and health-related issues. The lack of scheduled video calls and misplacement of a webcam and privacy screen provided by the parent further exacerbated the communication gap.

**Results:** The AIO recommended that the QIDP provide weekly email updates and monthly clothing inventories to the parent. Behavioral Health Services was advised to keep the parent informed of any changes to counseling services. Moreover, the AIO recommended that mailed clothing be promptly inventoried and labelled. Acting on the parent's request, the AIO received and inventoried two mailed packages, ensuring the clothing items were appropriately marked. Administrators, including the SSLC Director and Assistant Director of Programs, subsequently met with the parent and the AIO. Administrators were receptive to the parent's concerns and assured that their expectations would be met. The SSLC Director scheduled a 30-day follow-up meeting, emphasizing that they would assist in establishing a reliable means of routine face-to-face contact between the parent and IDT. Administrators concurred with the AIO's recommendations to train select staff on communicating clearly with family members and escalating concerns from family members if they cannot be resolved at the team or department level.

## Corpus Christi State Supported Living Center



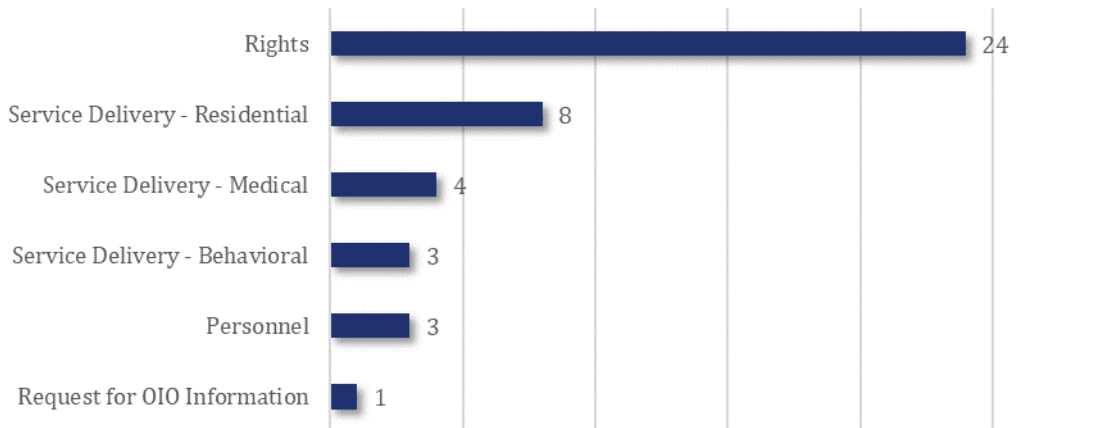
Kellen Davis, Assistant Independent Ombudsman

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. Over the course of 15 years, Ms. Davis continued her dedicated service

with the TYC, holding various roles within the organization.

Her professional trajectory also included a stint as a Licensed Vocational Nurse at the University of Texas Medical Branch, as well as taking on the role of respite supervisor for the local mental health service authority. 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 4 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.

Number of Contacts by Type: Corpus Christi



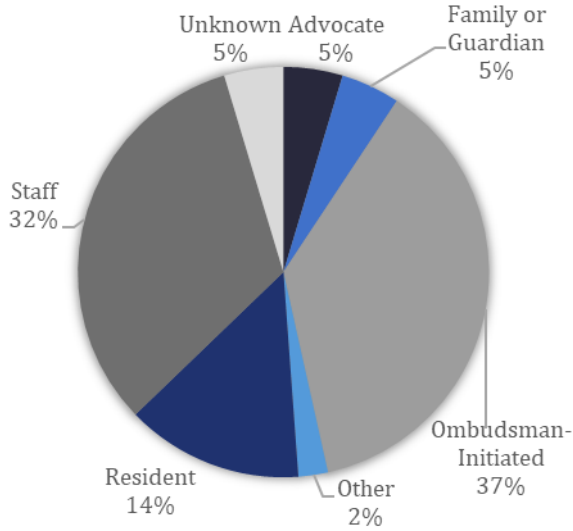
Cases Opened this Biannual Period: Corpus Christi

43 Cases

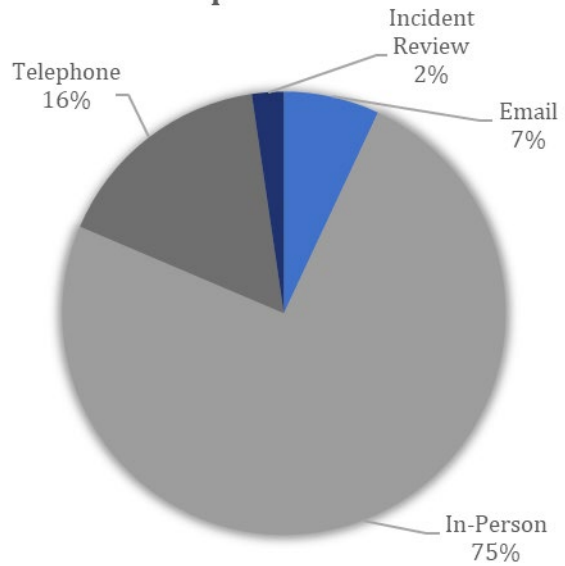
39 Complaints

4 Inquiries

Who Contacted the Ombudsman?  
Corpus Christi



How was the Contact Made?  
Corpus Christi





## Case Study: Corpus Christi

**Background:** A staff person at the SSLC contacted the AIO to discuss a concern about American Sign Language (ASL) interpreting services. An individual was being transferred to Corpus Christi SSLC and would be provided an interpreter all day, seven days a week. A current resident at Corpus Christi SSLC, who also required interpreting services, was only provided an interpreter at meetings. The staff person was concerned that this was not fair to the current resident.

**Ombudsman investigation:** To comply with the Americans with Disabilities Act and the Rehabilitation Act, SSLCs must ensure that sign language interpreters are available in all programs and activities offered by the SSLC. The AIO verified that the current resident had not been provided interpreter services at the appropriate level.

**Results:** The AIO advised facility administration and the QIDP that the amount of time the current resident had an interpreter should be increased to equal that of the new resident to ensure compliance with federal law. As a result of the AIO's work, the resident was provided an interpreter during breakfast, lunch, dinner, and at work, for a total of 12.75 hours a day, 7 days a week.

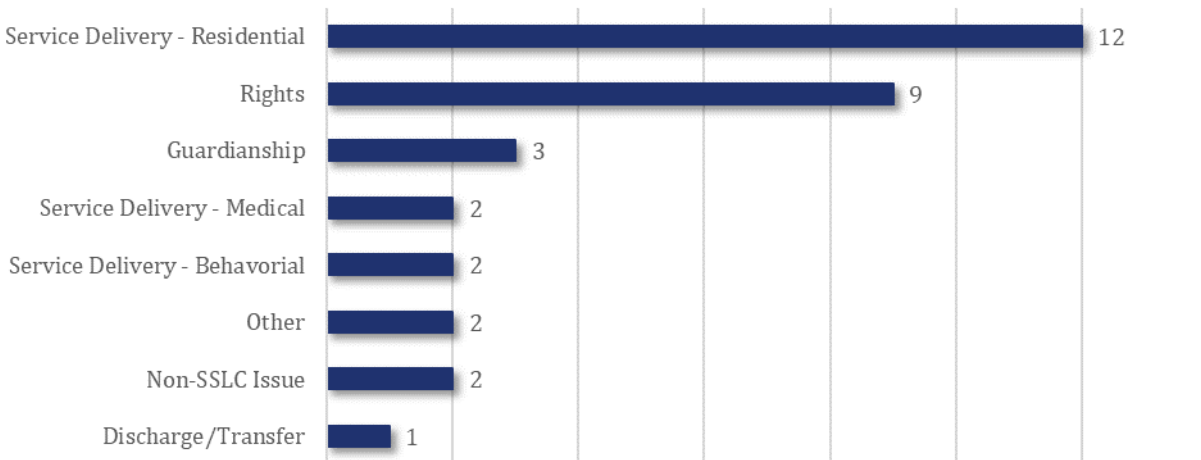


## Denton State Supported Living Center

Alejandra Loya, Assistant Independent Ombudsman

Prior to joining the OIO in January 2024, Alejandra 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, Alejandra 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, Alejandra accepted the role of the Assistant Independent Ombudsman. Alejandra 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.

Number of Contacts by Type: Denton



Cases Opened this Biannual Period: Denton

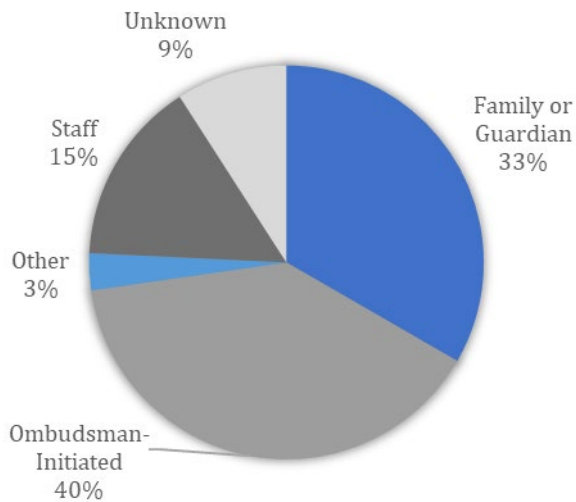
33 Cases

27  
Complaints

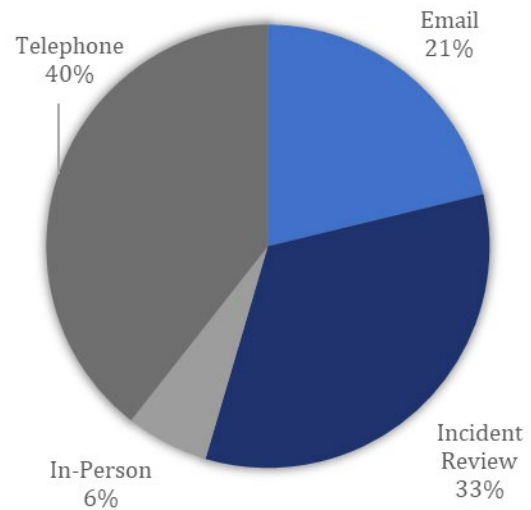
4 Consults

2 Inquiries

Who Contacted the  
Ombudsman?  
Denton



How was the Contact Made?  
Denton



## Case Study: Denton

**Background:** The ombudsman learned that staff had to perform the Heimlich maneuver on a resident due to a choking incident during lunch. This resident had recently experienced several choking incidents.

**Ombudsman investigation:** The ombudsman observed the IDT meeting in which the team, including the resident's family member, discussed the incident. The IDT stated that the resident had a "regular" diet texture at the time of the incident. Considering this, the IDT decided to change the resident's diet texture to chopped, which meant that the individual's food would be provided in smaller bite-size portions to prevent choking. During the meeting, the family member asked if the chopped diet would be permanent, and the IDT stated that it would. The IDT also stated that there were three staff working during lunch at the time of the incident.

After the IDT had completed their discussion, the ombudsman expressed that this change in diet texture would be considered a rights restriction and would require Human Rights Committee (HRC) review and approval. The ombudsman also explained that if there were immediate concerns about the resident's safety, the IDT would need to submit the diet texture change to HRC as an emergency restriction. If the IDT wanted to keep the resident's modified chopped diet texture restriction in place for continued monitoring, they would also need to submit a referral to HRC for review and receive approval before they could implement the restriction. The ombudsman reminded the IDT that restrictions cannot be permanent and that a plan must be developed to remove or reduce each restriction.

Following the meeting, the ombudsman reviewed nursing notes, confirmed that an injury report had been completed, and requested the minimum number of staff needed in the home to verify staffing coverage at the time of the incident. The ombudsman found that the IDT had not submitted documentation required to implement the diet restriction as part of the individual's support plan. Additional follow up found that the home met minimum staffing requirements, but that staff were not at the table where the choking incident occurred.

**Results:** Staff were provided training on mealtime coverage to prevent further choking incidents. The ombudsman later verified that the IDT completed the appropriate documentation for the restriction and that the restriction was approved by HRC.

## El Paso State Supported Living Center

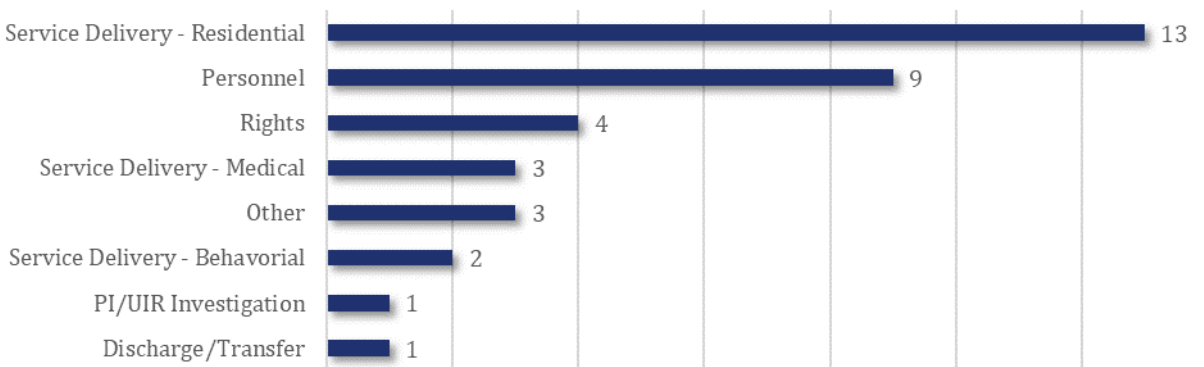


Isabel Ponce, Assistant Independent Ombudsman

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 Headstart 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 in a Home and Community Service program in the private sector. 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.

Number of Contacts by Type: El Paso



El Paso: Cases Opened this Biannual Period

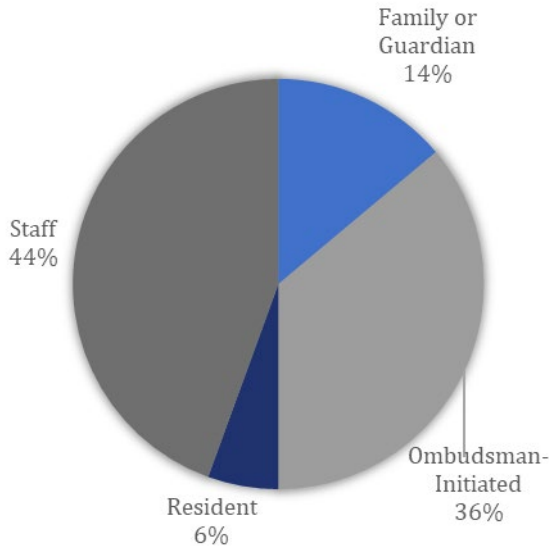
36 Cases

31  
Complaints

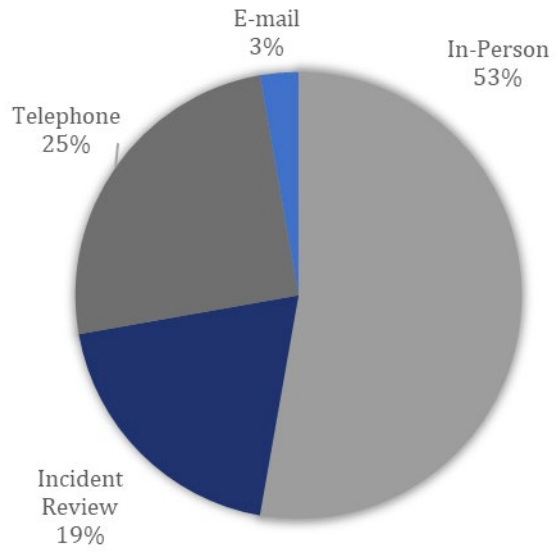
3 Consults

2 Inquiries

Who Contacted the  
Ombudsman?  
El Paso



How was the Contact Made?  
El Paso



## Case Study: El Paso

**Background:** During a Human Rights Committee (HRC) meeting, a proposal was presented for a resident to receive pre-treatment sedation before an upcoming dental appointment outside of the center. No justification for the pre-treatment sedation, which is a rights restriction, was provided by the IDT or reviewed by HRC.

**Ombudsman's investigation:** The AIO sought to better understand the necessity of the proposed pre-treatment sedation prior to HRC review. Upon examination of the resident's dental records, the AIO found that previous visits had been deemed successful without pre-treatment sedation. However, the previous visits had been with the dentist at the SSLC. The next appointment was scheduled at a community dental office. Consequently, the HRC opted to deny the restriction until further details could be obtained.

**Results:** The AIO advised the IDT to meet with the dental department to discuss the pre-treatment sedation. The IDT agreed and opted to send a familiar staff member to accompany the resident to the dental appointment, instead of sedating the individual, to promote a balance between safety and independence.

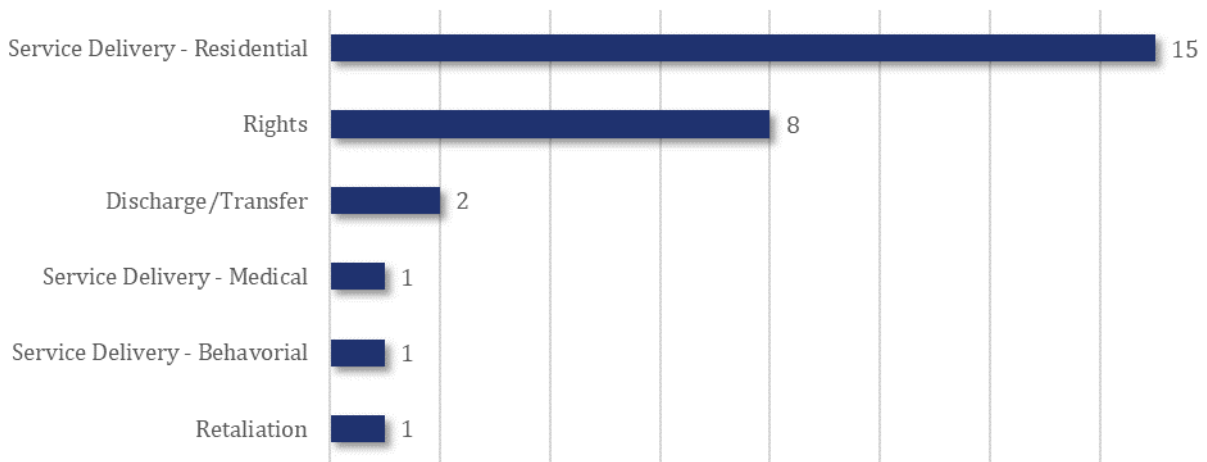
## Lubbock State Supported Living Center



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.

Number of Contacts by Type: Lubbock



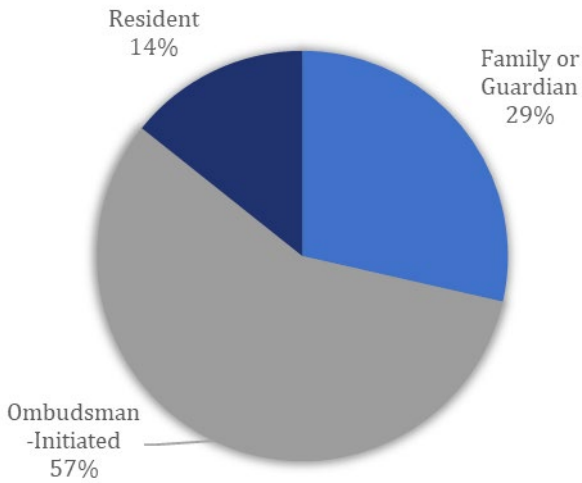


Cases Opened this Biannual Period: Lubbock

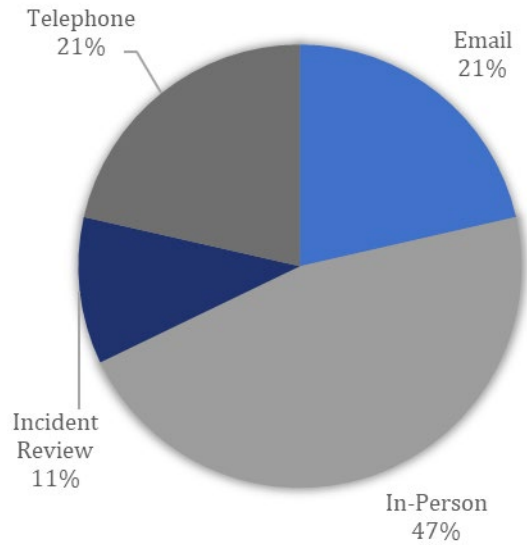
28 Cases

28 Complaints

Who Contacted the Ombudsman? Lubbock



How was the Contact Made? Lubbock



## Case Study: Lubbock

**Background:** During a review of an individual's Level of Supervision (LOS) restriction, the AIO observed that staff instructions were absent from the Individual Support Plan (ISP). This was identified as a concern since staff instructions are crucial for restrictions to be properly executed by DSPs.

**Ombudsman investigation:** The AIO voiced concerns regarding the absence of staff instructions at the HRC meeting and discussed how this relates to policy and required elements of the ISPA form with the HRO. An email was sent to the QIDP Director and QIDP Educator, after which a consensus was reached that changes would be made. However, subsequent monitoring revealed that no changes were made. Staffing changes occurred, necessitating that the AIO meet with the new HRO and QIDP Director to reiterate concerns.

**Results:** After the initial consensus continued to be ignored, the AIO met with the SSLC Director. Following this discussion, instructions were given to incorporate staff instructions in LOS ISPs and Rights Restriction Determinations (RRDs). The AIO continues to vigilantly monitor this and provide feedback to facility staff to ensure compliance and that resident's rights are safeguarded.

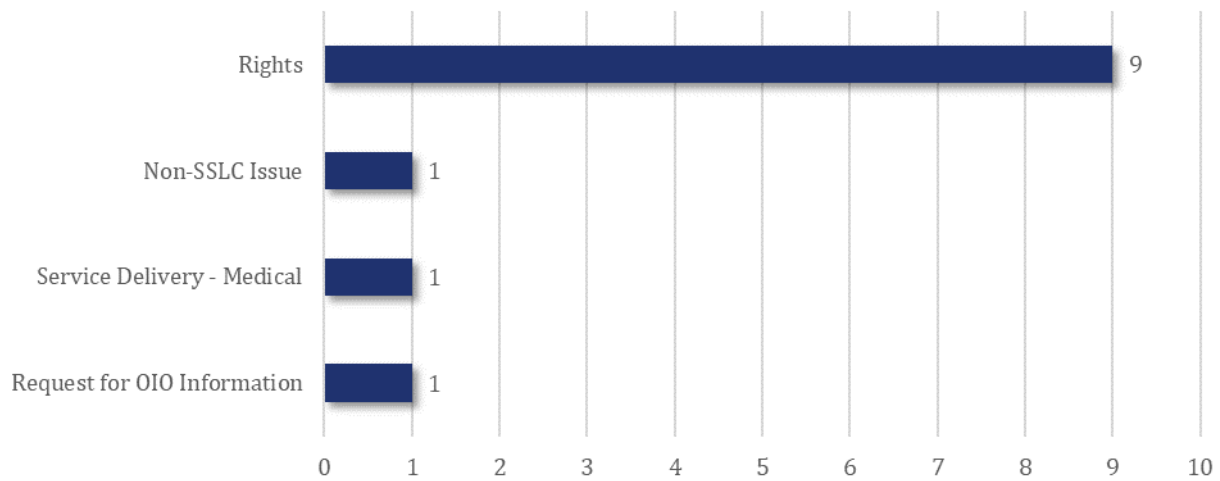


## Lufkin State Supported Living Center

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.

Number of Contacts by Type: Lufkin



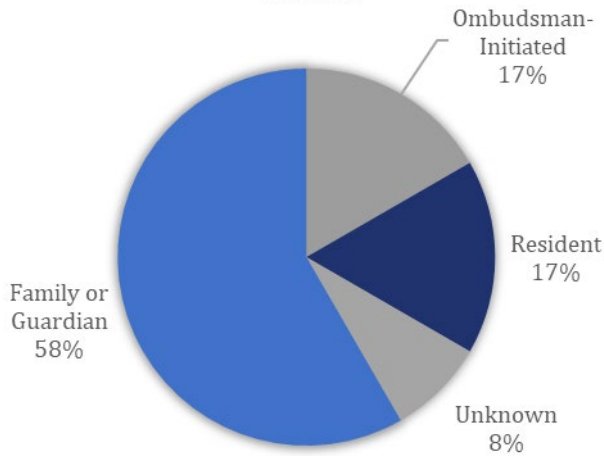
Cases Opened this Biannual Period: Lufkin

12 Cases

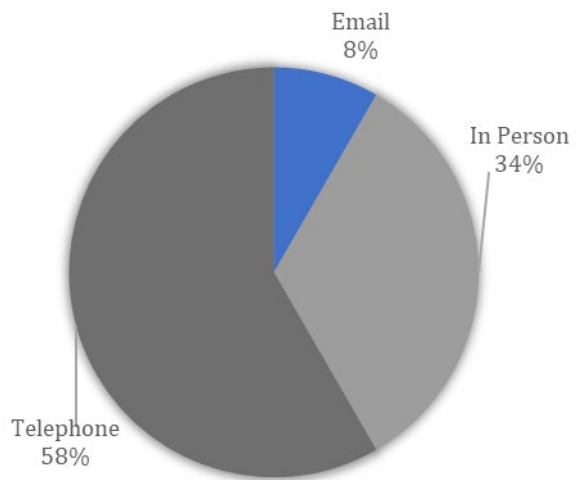
6 Complaints

6 Inquiries

Who Contacted the Ombudsman? Lufkin



How was the Contact Made? Lufkin



## Case Study: Lufkin

**Background:** The AIO was contacted by a parent who had concerns that they had not been contacted by the resident's Interdisciplinary Team (IDT) regarding changes to the resident's medications. The parent stated that they had not been contacted by the team in weeks and felt that changes had been made to the resident's medications without being advised or involved.

**Ombudsman investigation:** The AIO asked the parent if she had requested another meeting with the IDT to discuss medications or any other concerns. The parent stated that the IDT had included them in all meetings that dealt with the resident's medications. The AIO explained that the social worker is responsible for communicating with the parent and that they could request a meeting with the social worker at any time. The parent reported they had been in communication with the social worker but felt that the resident's medications had been changed without her being notified.

**Results:** The AIO explained to the IDT that the parent was requesting the opportunity to share and discuss concerns about the resident's care. The IDT responded with meeting rosters with the parent's signatures and details of what had been discussed in IDT meetings with the parent. The QIDP also informed the AIO that they contacted the Psychiatry office at the center and that the parent had been informed of all changes to the resident's medications. Subsequently, the IDT met with the parent to discuss the parent's concerns. The AIO reviewed the IDT meeting documentation as well as the timeline of changes to the resident's medications. Following the IDT meeting, the AIO followed up with the parent to ensure the IDT addressed their concerns. The parent stated that the IDT had, and that they were happy to learn that they could request a meeting with the team.

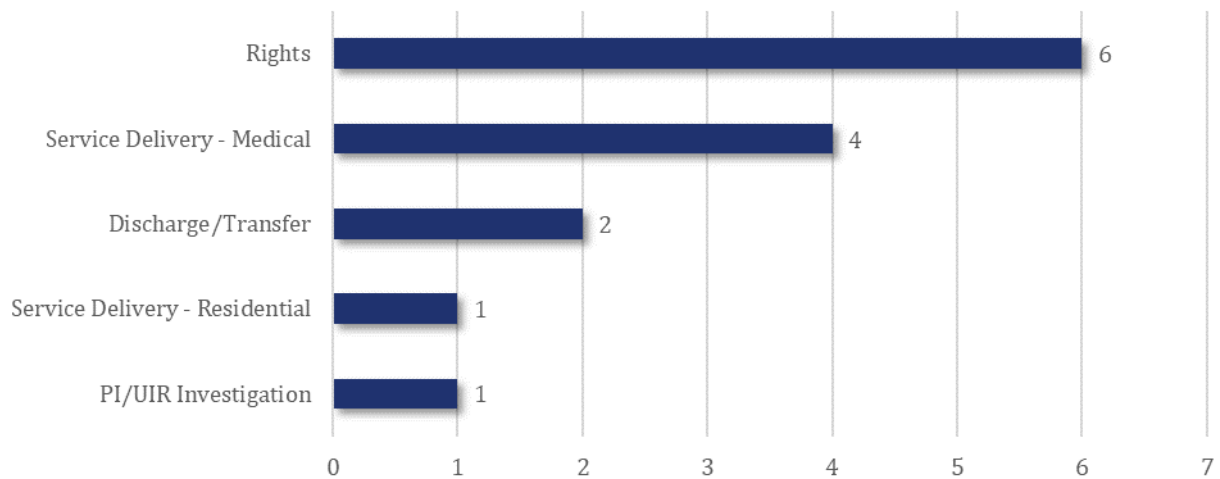


## Mexia State Supported Living Center

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. Parks accepted the position of Assistant Independent Ombudsman for the Mexia SSLC in February 2014.

Number of Cases by Type: Mexia



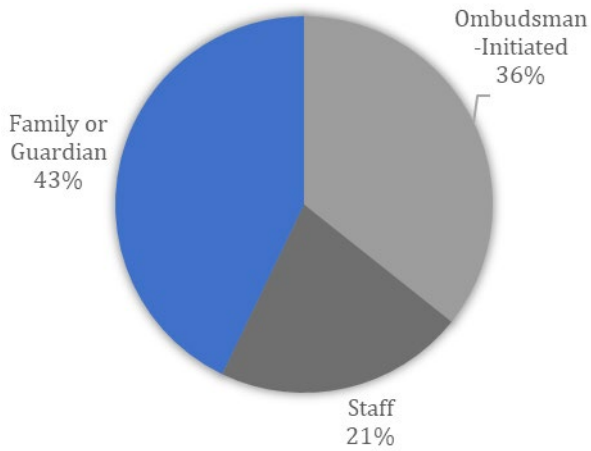
Cases Opened this Biannual Period: Mexia

14 Cases

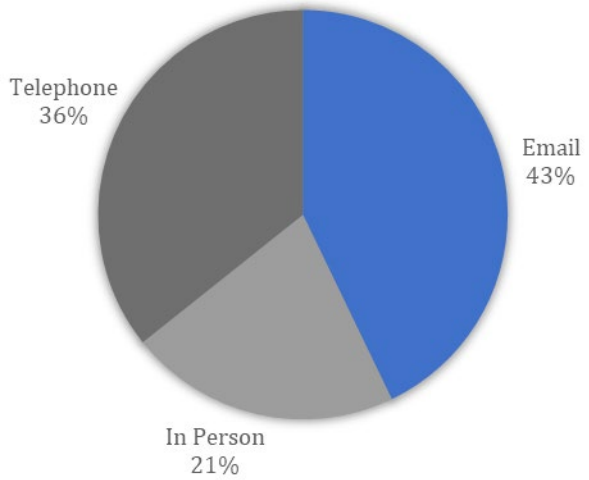
13 Complaints

1 Consult

Who Contacted the Ombudsman? Mexia



How was the Contact Made? Mexia



## Case Study: Mexia

**Background:** A resident's parent expressed distress over the resident's substantial weight gain since admission to Mexia SSLC, attributing it to two new medical diagnoses. The parent was dissatisfied with the SSLC's response to their concern, emphasizing their reluctance to become a guardian. The parent was also concerned about the resident's unrestricted access to campus dining and advocated for a more controlled diet.

**Ombudsman investigation:** The AIO began to review documentation, beginning with the Annual Dietary Assessment. It was determined that the individual had gained weight; however, the weight gain was not to the extent feared by the parent. The individual's diet had shifted to an American Diabetic Association plan, which includes alternate food choices, nutritional counseling, and encouragement to exercise. The AIO found no documented restrictions on food choices. The QIDP confirmed that the IDT was aware of the issue and had decided to adopt this less restrictive approach to a weight loss plan rather than prescribing a restrictive diet. The AIO reviewed prior placement records, noting that the individual had previously gained 55 pounds and had pre-existing diagnoses before being admitted to Mexia SSLC. Additionally, the AIO attended the Annual ISP meeting in which weight management measures were discussed and data was provided showing that the resident had recently lost weight.

**Results:** The AIO proposed that the IDT provide more frequent updates and recommended that the IDT and parent meet to discuss the parent's concerns. The parent expressed satisfaction with this arrangement, fostering a more comprehensive and proactive approach to communication.



## Richmond State Supported Living Center

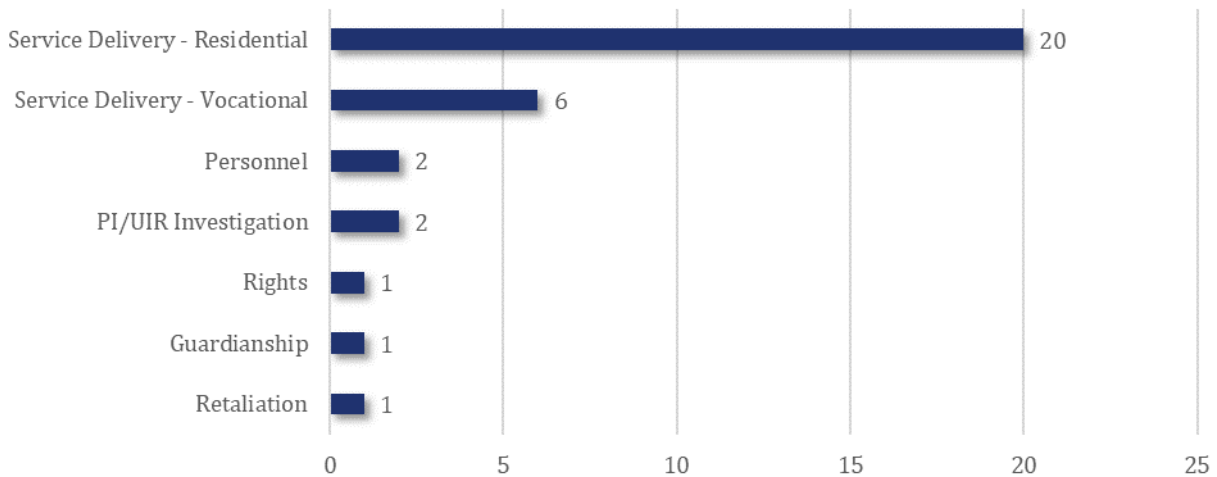


Deatrice Potlow, Assistant Independent Ombudsman

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.

Number of Contacts by Type: Richmond



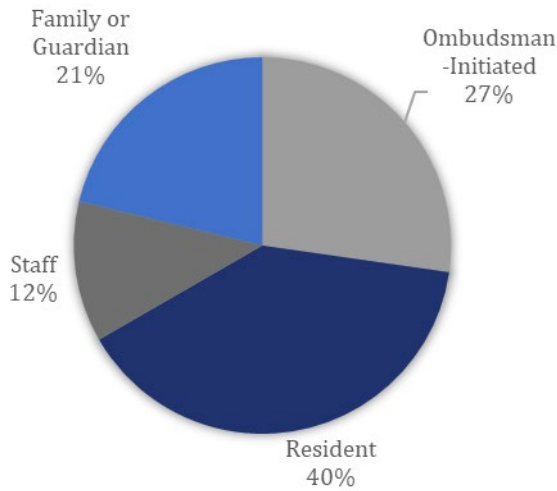
Cases Opened this Biannual Period: Richmond

33 Cases

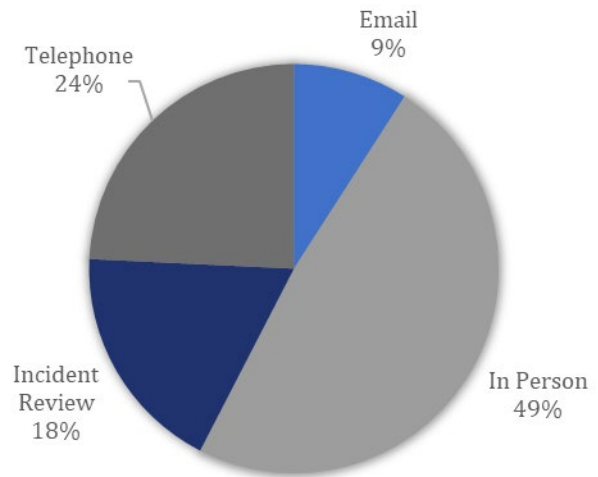
32 Complaints

1 Inquiry

Who Contacted the Ombudsman?  
Richmond



How was the Contact Made?  
Richmond



## Case Study: Richmond

**Background:** A resident's Legally Authorized Representative (LAR) called the AIO to express concerns about a potential lapse in guardianship. Earlier in the year, the resident showed signs of pain, which prompted the LAR to request medical attention. The LAR was under the impression that there was an active investigation which may have prevented the judge from approving the guardianship renewal.

**Ombudsman investigation:** Upon reviewing records, the AIO discovered that the resident had sustained a fall and was transported to the hospital for testing and evaluation. However, a formal investigation was not initiated. The AIO provided an update to the LAR concerning the potential guardianship lapse. The AIO contacted a court representative and informed the Incident Management Coordinator that the guardianship renewal was almost due. The AIO provided timely updates to keep the LAR informed. The AIO received confirmation from the LAR that the judge had signed and approved the guardianship renewal.

**Results:** The SSLC agreed with the AIO's recommendation to include hospital transfer details in incident documentation. They promptly communicated with the court and the LAR once the concerns were brought to their attention. The family thanked the AIO for helping with their concerns.

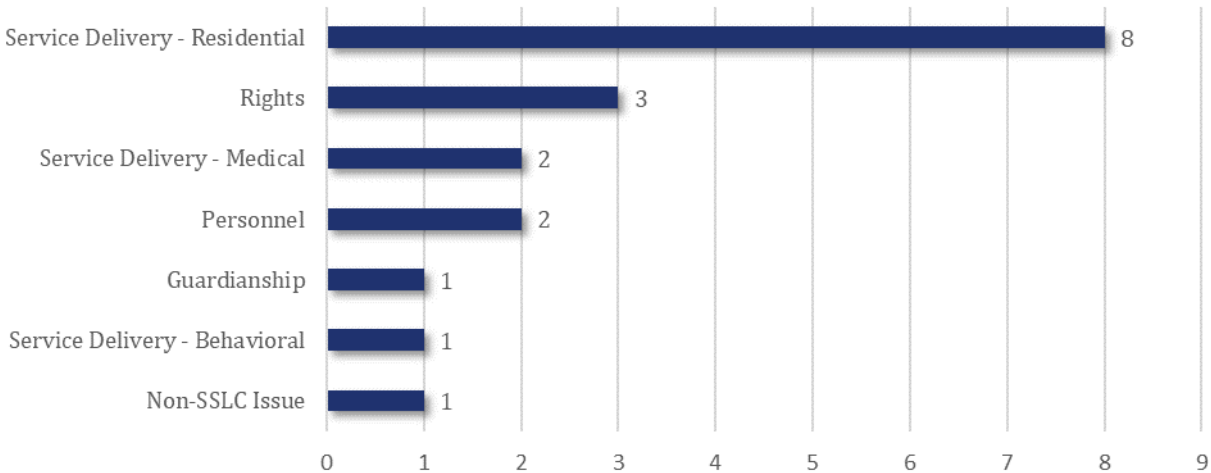
## Rio Grande State Center



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 State Center in Harlingen. Mr. Flores accepted the position of Assistant Independent Ombudsman of the Rio Grande Center in April 2017.

Number of Contacts by Type: Rio Grande



Cases Opened this Biannual Period: Rio Grande

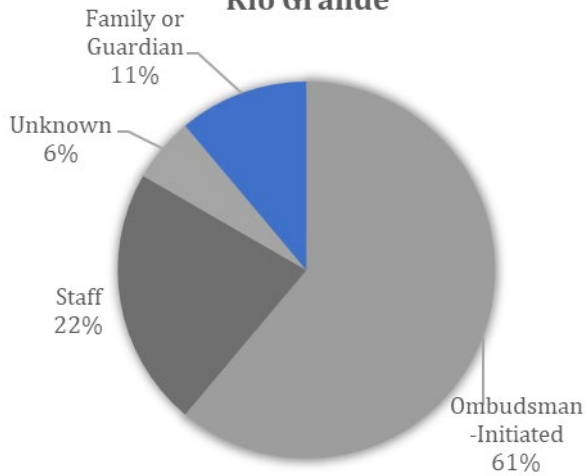
18 Cases

13 Complaints

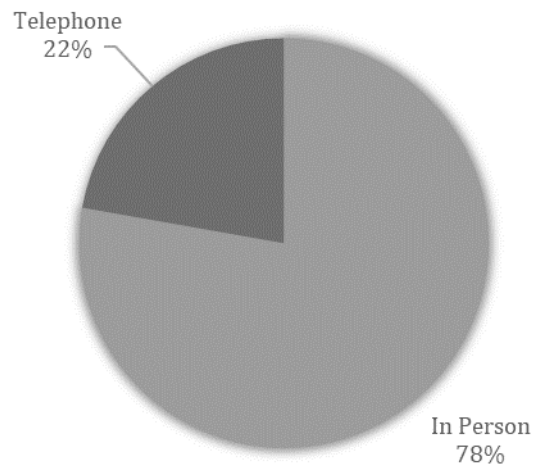
2 Consults

3 Inquiries

Who Contacted the Ombudsman? Rio Grande



How was the Contact Made? Rio Grande



## Case Study: Rio Grande

**Background:** During an Individual Support Plan Addendum (ISPA) meeting, the Interdisciplinary Team (IDT) reviewed the Level of Supervision (LOS) for a resident on increased supervision 30-minute checks due to recent aggression towards peers. The IDT had difficulty determining how to decrease the resident's LOS while both ensuring the resident's safety and preventing further aggressive behavior.

**Ombudsman investigation:** In the IDT meeting, the AIO recommended that environmental factors in the resident's home that might contribute to aggression be explored. Drawing on knowledge of the resident's history, the AIO suggested that the IDT speak to direct care staff who were familiar with the resident. Direct care staff from the resident's previous home shared that the resident exhibited increased aggression when new young male staff gave extra attention, which often led to the resident exhibiting demanding behavior and escalated aggression.

**Results:** The IDT appreciated the AIO's observation and insight and acknowledged that there may be a correlation between the resident's behavior and how his new staff interacted with him. Equipped with this information, the IDT was able to identify and implement appropriate supports tailored to the resident's needs.

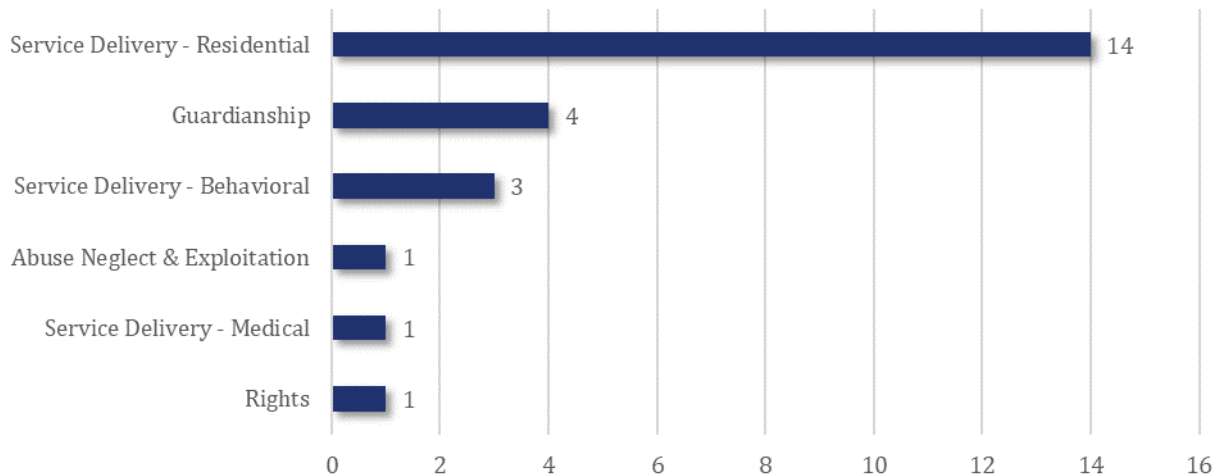
## San Angelo State Supported Living Center



Brenda Frausto, Assistant Independent Ombudsman

Ms. Frausto obtained a Bachelor of Science 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 OIO in 2016. Ms. Frausto is certified as a Person-Centered Thinking trainer with The Learning Community for Person Centered Practices.

Number of Contacts by Type: San Angelo

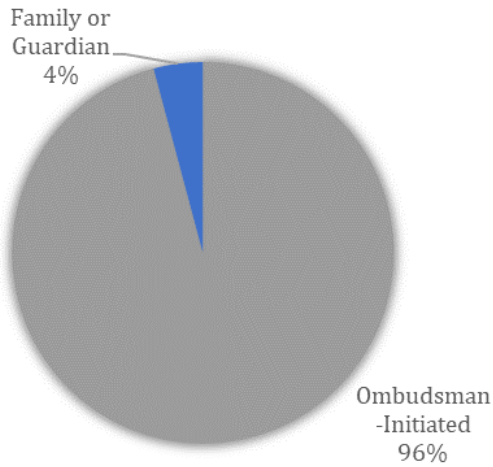


Cases Opened this Biannual Period: San Angelo

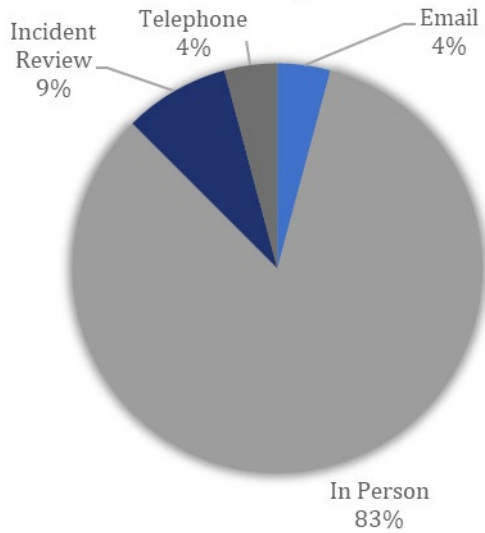
24 Cases

24 Complaints

Who Contacted the Ombudsman? San Angelo



How was the Contact Made? San Angelo





## Case Study: San Angelo

**Background:** The AIO was made aware that a resident assaulted an elderly woman in the bathroom during an off-campus doctor's appointment. The resident was on an increased level of supervision (LOS) that required one-to-one staff supervision with instructions that the staff person be close enough to intervene or redirect the resident as needed. The assigned one-to-one staff who accompanied the resident to her appointment was male. There were no female staff present to accompany the resident into the restroom.

**Ombudsman investigation:** The AIO interviewed the direct support staff who accompanied the resident. He stated that he was familiar with the resident and her challenging behaviors and that the resident was not displaying any concerning behaviors on the way to the appointment. The AIO also attempted to interview the resident; however, the resident declined to discuss the incident.

**Recommendations:** The AIO recommended that a direct support staff of the same sex accompany residents on off-campus outings. The center stated they plan to develop a protocol for when residents use the restroom, and a staff person of the same sex is not available. The AIO also recommended that direct support staff and supervisors be informed of which resident(s) they are assigned to in advance of an outing. The center provided training about the new protocol to assign a familiar staff member, or an IDT member, to accompany the resident to the appointment to ensure that behavioral supports are provided appropriately.

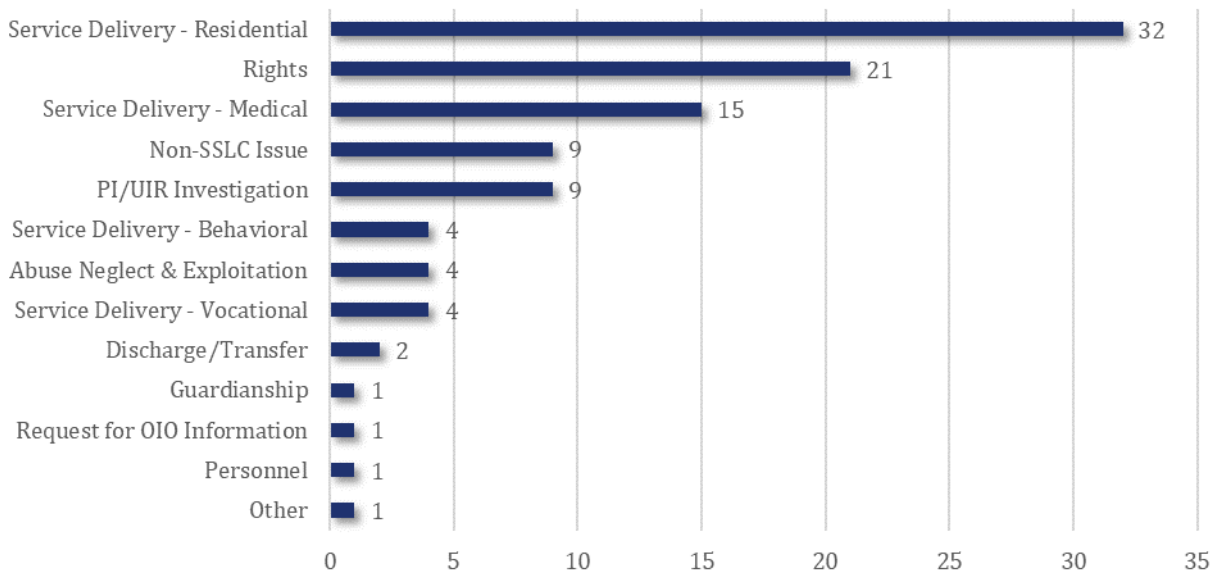
## San Antonio State Supported Living Center



Gevona Hicks, Senior Assistant Independent Ombudsman

A native of Birmingham, Alabama, Ms. Hicks received her Bachelor of Science in Psychology and a certificate in Gerontology from the University of Alabama at Birmingham. She relocated to San Antonio, Texas, in 2001 and worked with infants and toddlers at a local children's shelter. Before joining the OIO 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.

Number of Contacts by Type: San Antonio



Cases Opened this Biannual Period: San Antonio

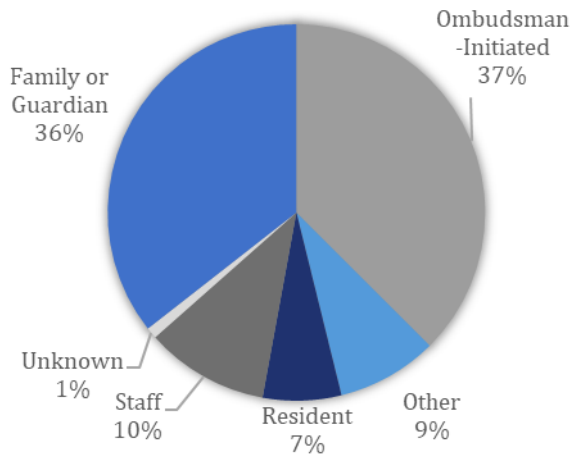
104 Cases

92 Complaints

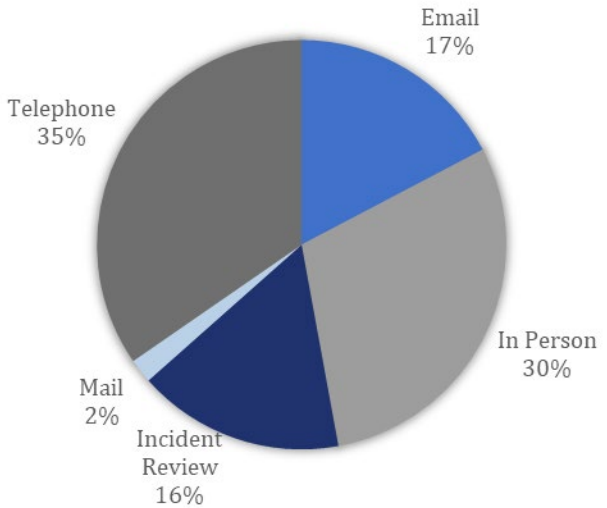
3 Consults

9 Inquiries

Who Contacted the Ombudsman? San Antonio



How was the Contact Made? San Antonio



## Case Study: San Antonio

**Background:** A resident was exhibiting concerning behavior around food after they had been prescribed a diet of food with a chopped texture. The resident would throw away the chopped food and had attempted to consume inedible items. The SSLC administration asked the IDT to re-evaluate the need for a chopped texture diet.

**Ombudsman investigation:** The AIO discovered that the decision to change the texture of the resident's diet was prompted by the resident's eating habits, which raised multiple choking risks and necessitated additional staff assistance. Following the modification, the resident refused meals, lost weight, and exhibited an increased tendency to ingest inedible items.

The resident's guardian requested to change the resident's diet back to food with a solid texture. In response, the interdisciplinary team (IDT) trialed a solid food diet. Eventually, the resident's diet texture returned to chopped; however, there was no evidence of discussion of the trial results with the resident or the resident's guardian. The AIO raised concerns regarding continued diet modification, highlighting the resident's disagreement with the diet texture change as indicated by the resident's actions, negative outcomes, and the guardian's request. It was apparent that the rights of the resident and guardian had not been taken into consideration and that the team had failed to recognize that a diet change, as a restrictive practice, requires due process.

**Recommendations:** The AIO communicated their findings and recommendations to the SSLC Director and habilitation department and emphasized the necessity of due process in the resident's restrictive dining plan. Additionally, the AIO recommended that the impact of dining modifications on other residents with behavioral controls be discussed. The AIO recommended that IDT and Human Rights Committee members receive training on identifying restrictive dining plans and due process procedures. The habilitation department addressed the concerns by reassessing the resident's food texture. The team agreed to change the resident's diet back to a solid food texture with staff prompting as needed. After these changes were implemented, the resident's weight began to increase.

To address broader issues, the habilitation director requested that the AIO clarify when habilitation supports constitute rights restrictions that require due process with the Occupational Therapist and Speech Language Pathologist. The habilitation department extended its efforts to identify other residents with similar needs and conducted team meetings to discuss texture modifications and concerns. Some residents completed swallowing studies to evaluate and ensure dining safety and identify necessary supports.

# **Annual Report of Findings**

## **Program Review Overview**

Senate Bill 643 of the 81<sup>st</sup> legislature charges the OIO with conducting audits of each SSLC. These audits are also referred to as “program review” within this report. The legislation requires the OIO to review, report findings, and make recommendations on an annual basis in these specific areas:

- the ratio of direct care employees to residents.
- the provision and adequacy of training to center employees, direct care employees, and – if the center serves alleged offender residents – the provision of specialized training to direct care employees.
- the centers’ policies, practices, and procedures to ensure that each resident and client is encouraged to exercise their rights, including the right to file a complaint and the right to due process.

This report, which represents the annual report of findings as required by S.B. 643, provides results of program review conducted in state fiscal year 2023. It is divided into three parts, each of which evaluates one of the three legislatively charged areas of review and includes the following: the specific legislative charge, a description of the data collected, the data collected for key outcomes, and a summary of the findings. The data is presented both in aggregate and for each individual center. A comprehensive report will be published for the biennium in November 2024.

## **Data Collection and Document Review**

Data was collected both on an ongoing basis by the AIOs at their respective SSLCs and during weeklong site visits at each SSLC by a team of OIO staff. During the ongoing reporting period, AIOs collected data from their own center by observing Human Rights Committee (HRC) meetings, interviewing staff about resident plans and programming, and conducting observations of residents’ homes to assess staffing ratios and service delivery. During the site visits, AIOs interviewed staff and residents about rights and reviewed rights-related documentation, in addition to observing HRC, interviewing staff about resident plans and programming, and conducting home observations. The residents included in the data collection at the site visits are selected by random sample generated using the OIO Analytics Salesforce database, which is used to collect and track the program review data. Each center’s sample size is the greater of 10% of the SSLC census or 20 residents.

## Staff-to-Client Ratio

*“The Office of the Independent Ombudsman shall conduct on-site audits at each center of the ratio of direct care employees to residents and evaluate the delivery of services to residents to ensure that residents’ rights are fully observed.”*

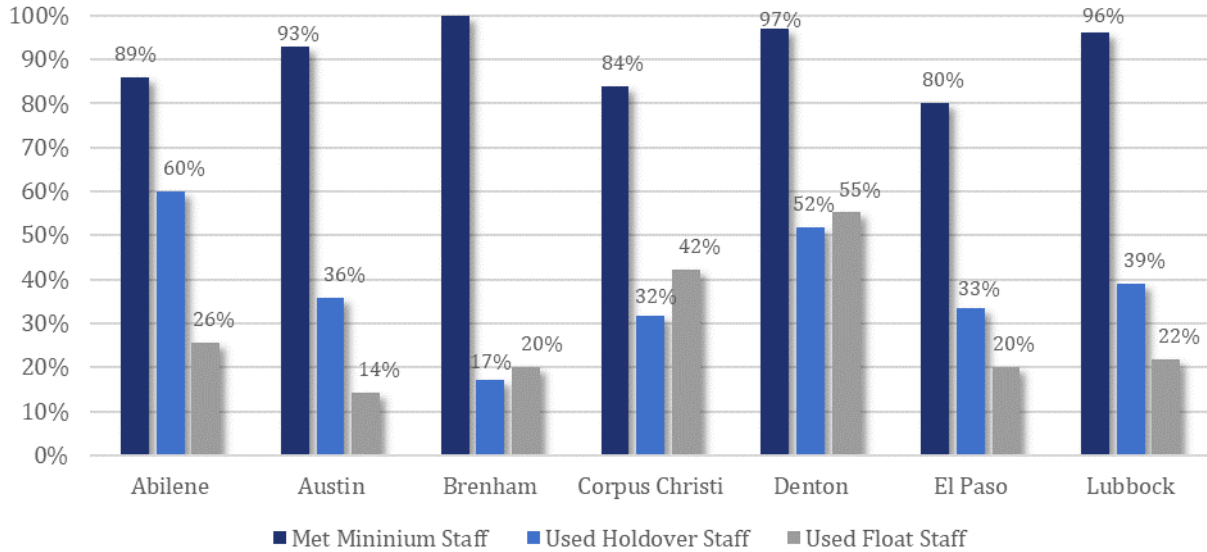
Senate Bill 643, Section 555.059, 81<sup>st</sup> Legislature

Each AIO conducts staff-to-client ratio observations throughout the year and during the annual site visits. As part of these observations, the AIO interviews staff in charge of the home about staffing numbers and ability of staff in the home to effectively provide resident services, implement plans and programming, and meet supervision requirements in consideration of the number of staff assigned to the home and shift. Each center establishes minimum staff-to-client ratios in accordance with Intermediate Care Facilities (ICF) guidelines and based on the center’s discretion to guarantee that residents’ specific needs are fulfilled and that essential services are delivered properly. The following data and observations are key highlights from the 2023 program review.

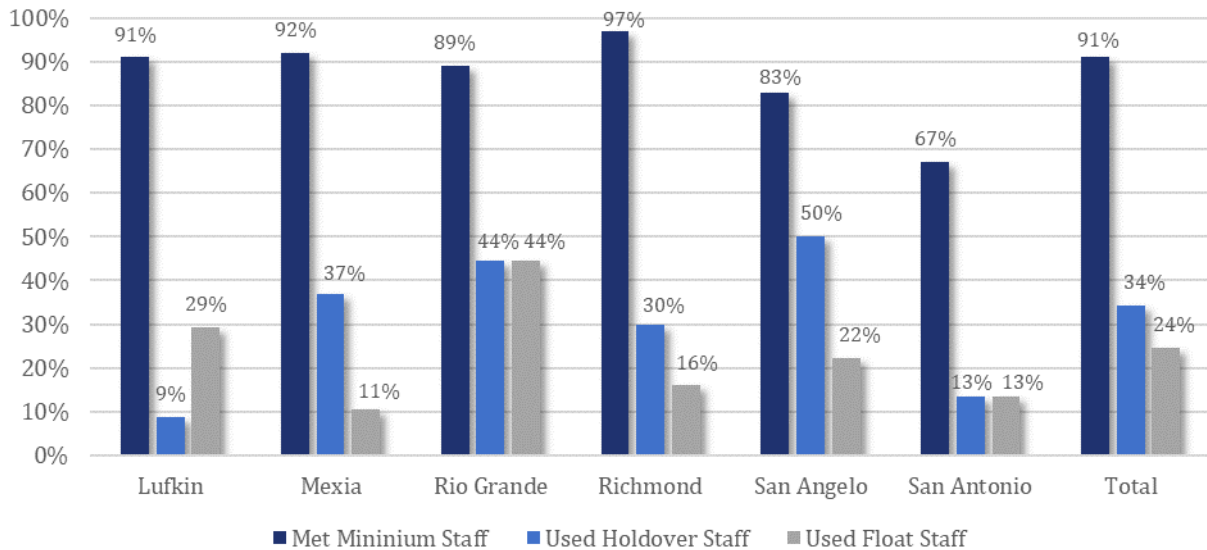
### Staff-to-Client Ratio Observations:

Staff temporarily relocated from their designated home or area to provide coverage are referred to as “float staff.” Staff who are required to work beyond their assigned 8- or 12-hour shift are referred to as “holdover staff.” While all staff members have a designated work schedule and location, the centers employ a campus-style staffing approach. This approach enables staff to be moved to locations other than where they are assigned and work overtime as needed to ensure that staff coverage is adequate and minimum staffing ratios are met. Using staff in this way is normal for centers, but relying on pulled staff too frequently can lead to staff serving residents they do not know well. Similarly, using holdover staff too frequently can cause burnout, raise the risk of abuse and neglect, and lead to a drop in the quality of residential services and support.

### Staff-to-Client Ratio, Abilene - Lubbock



### Staff to Client Ratio, Lufkin-Aggregate





## Summary of Findings

Brenham, Denton, and Richmond SSLCs had the highest percentage of observations where minimum staffing requirements were met in FY 2023. Brenham SSLC was the only center at which minimum staffing requirements were met in all observations. In aggregate, minimum staffing requirements were met in 91% of observations across all SSLCs.

While San Antonio SSLC used float staff (13%) at a lower rate compared to other centers, the center only met minimum staffing requirements in two-thirds of observations. Lufkin utilized holdover staff at the lowest rates of any center and met minimum staffing requirements in 91% of observations.

Holdover staff were utilized in 50% or more of the observations at Abilene, Denton, and San Angelo SSLCs. Despite this, these centers were unable to meet the minimum staffing requirements in all observations.

## Adequacy of Staff Training

*“The Office of the Independent Ombudsman shall conduct on-site audits at each center of the provision and adequacy of training to direct care employees and, if the center serves alleged offender residents, the provision of specialized training to direct care employees.”*

Senate Bill 643, Section 555.059, 81<sup>st</sup> Legislature

Adequate staff training ensures DSPs are prepared to appropriately implement residents’ plans and programs. Effective staff training also ensures that DSPs are knowledgeable of and able to advocate for and protect resident’s rights. AIOs evaluated staff training by interviewing DSPs about their knowledge of residents’ plans and programming. The following data and observations are key highlights from the 2023 program review.

### DSP Training Evaluations

Every resident has plans and programs that are developed by the resident’s interdisciplinary team (IDT), a team that includes the resident, the resident’s LAR, and other professionals who provide services and supports to the resident. These plans and programs consist of specific, individualized interventions and supports that are intended to benefit the resident.

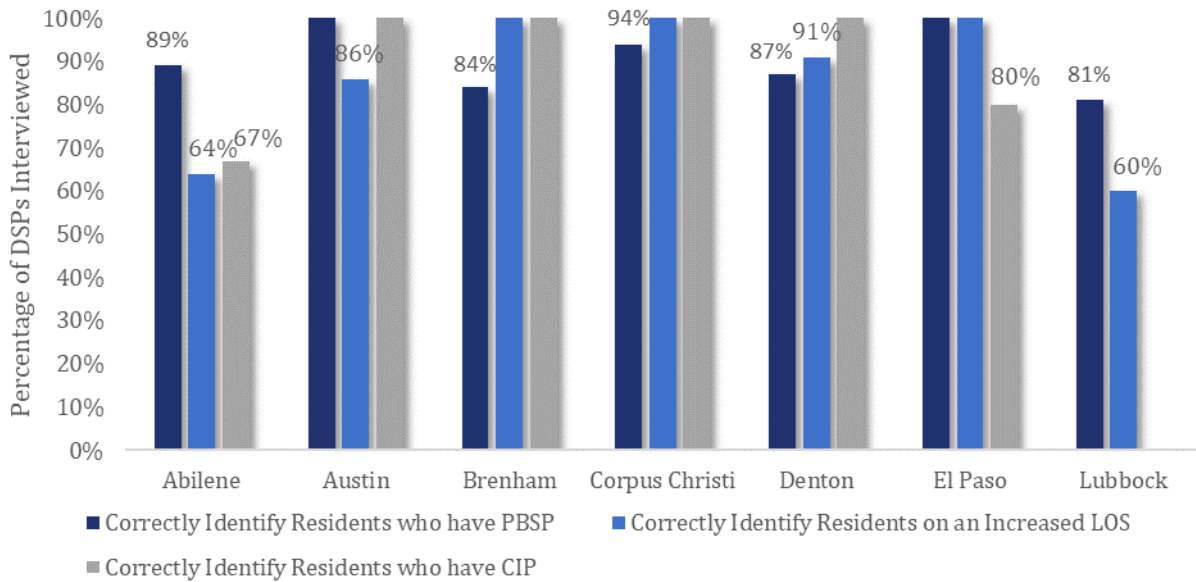
AIOs reviewed and documented aspects of residents’ plans and programs that DSPs are expected to know. AIOs then interviewed DSPs to evaluate their knowledge of and competency in implementing these plans and programs.

This section contains data collected by the AIOs regarding three plans and programs: positive behavior support plans (PBSPs), crisis intervention plans (CIPs),<sup>3</sup> and increased level of supervision (LOS) plans. These plans are crucial to the safety and wellbeing of the residents they have been developed for. As such, it is important that DSPs be able to correctly identify which residents have these plans.

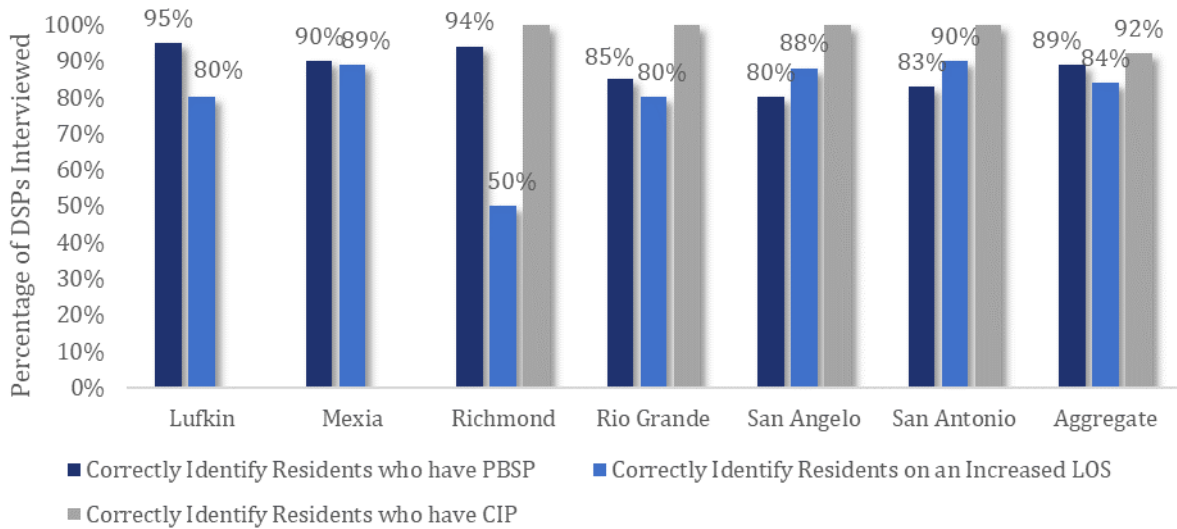
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<sup>3</sup> None of the DSPs interviewed at Lubbock, Lufkin, and Mexia SSLCs were assigned to a resident with a CIP. As such, there is no data on the percentage of DSPs who could correctly identify residents who had a CIP for these three centers.

### DSP Training Evaluations, Abilene - Lubbock



### DSP Training Evaluations, Lufkin - Aggregate



## Summary of Findings

Most DSPs interviewed correctly identified residents who had a PBSP. All DSPs interviewed at Austin and El Paso SSLCs were able to correctly identify that the resident they were assigned to had a PBSP. At Brenham, Lubbock, Rio Grande, San Angelo and San Antonio SSLCs, fewer DSPs were able to identify that the resident they were assigned to had a PBSP. Although most DSPs were able to identify residents with PBSPs, data indicates that further progress can be made to train direct care staff on behavior plans. It is critical that staff know and are familiar with a resident's PBSP, as these plans outline behaviors that staff must prevent or reinforce to help residents achieve their goals.

While most DSPs interviewed, in aggregate, correctly identified residents who were on an increased LOS, the percentage of DSPs interviewed who correctly identified residents on an increased LOS varied widely between SSLCs. All DSPs interviewed at Brenham, Corpus Christi, and El Paso SSLCs were able to correctly identify that the resident they were assigned to was on an increased LOS. Considerably fewer DSPs interviewed at Abilene (64%), Lubbock (60%), and Richmond (50%) SSLCs could correctly identify that the resident they were assigned to was on an increased LOS. This is a concern, as staff must closely monitor residents on an increased LOS to prevent them from engaging in behavior harmful to themselves or others.

Except for the El Paso (80%) and Abilene (67%) SSLCs, all DSPs interviewed could correctly identify residents who had a CIP. Knowledge of a resident's CIP ensures that DSPs know how to respond to an immediate behavioral crisis that may necessitate a physical restraint. Familiarity with the contents of a resident's CIP helps staff avoid such a crisis and de-escalate if a crisis cannot be avoided.

## Rights and Due Process

*“The Office of the Independent Ombudsman shall conduct on-site audits to ensure residents are encouraged to exercise their rights, including the right to file a complaint and provided the right to due process.”*

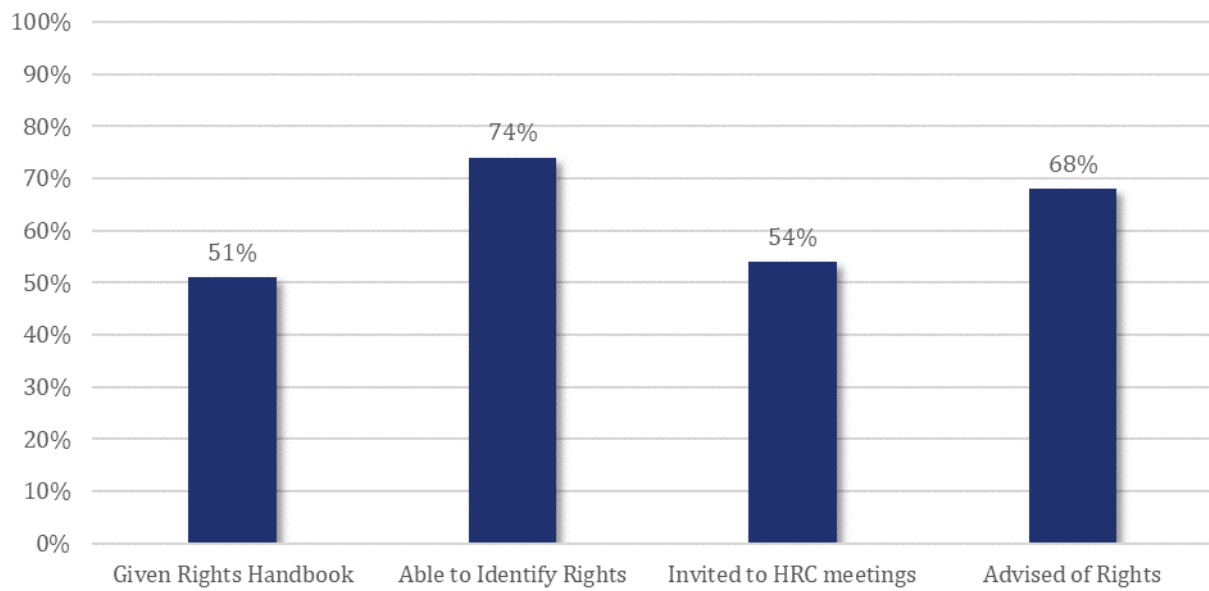
Senate Bill 643, Section 555.059, 81<sup>st</sup> Legislature

AIOs assess policies and practices pertaining to resident rights and due process. This involves reviewing resident plans, programming, and rights restrictions; interviewing residents and direct support staff; observing and collecting data from Human Rights Committee (HRC) meetings; and soliciting survey feedback from residents’ guardians and actively involved persons (AIPs). The following data and observations are key highlights from the 2023 program review.

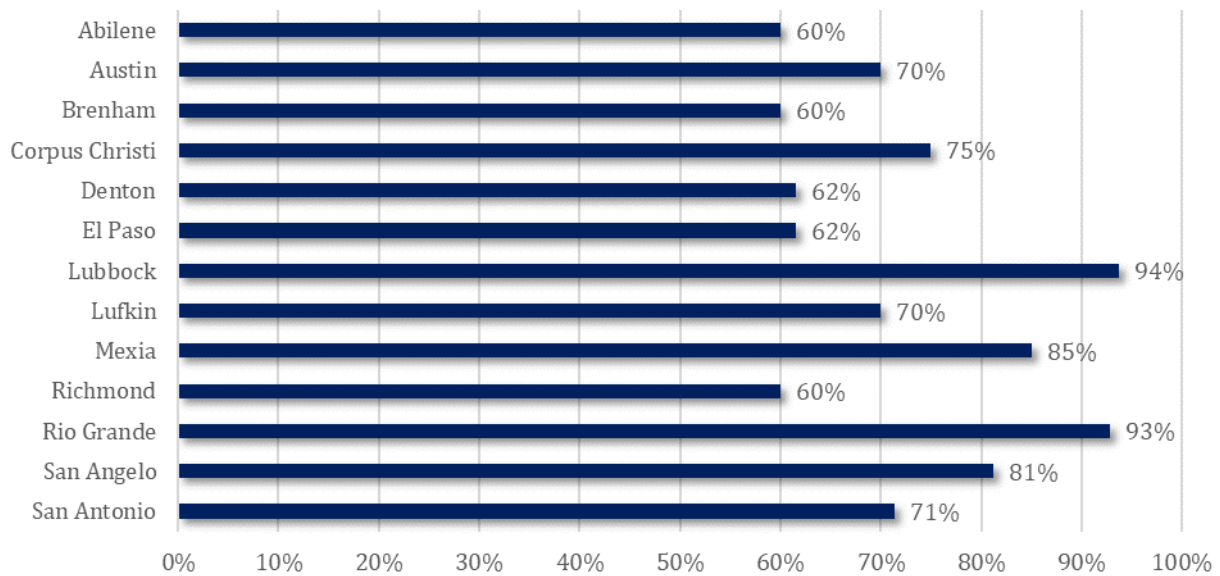
### Resident Interviews

During site visits, AIOs conducted interviews with residents in the sample to evaluate their understanding of their rights and their perceived level of involvement in planning and decision making. Some residents in the sample either lacked the capacity to be interviewed or chose not to participate in the interview. Five additional residents that were not included in the sample were interviewed to broaden the data captured at each site visit.

### Resident Interview Responses, Aggregate



### Residents Able to Identify Their Rights, All SSLCs



## Summary of Findings

Nearly three-quarters of residents who were interviewed were able to identify at least two of their rights, a significant increase over previous years. SSLC state policy dictates that all residents have their rights explained to them. Per FY 2023 data, 68% of residents in the sample reported that they had been advised of their rights.

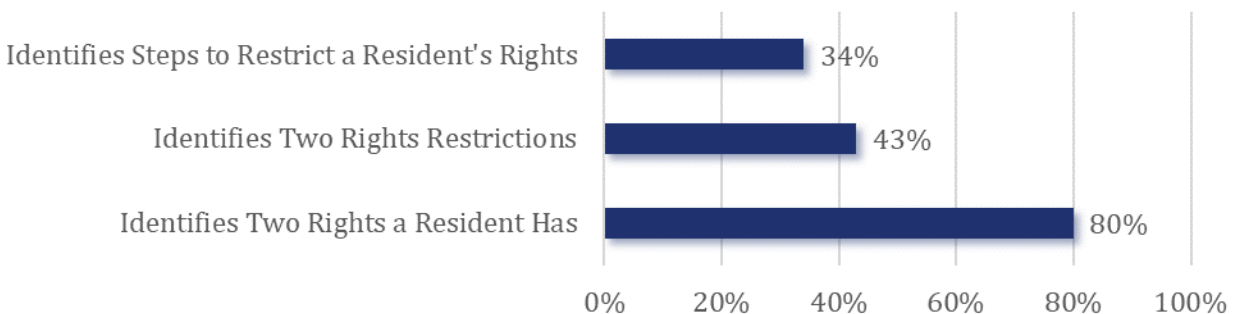
Policy also dictates that residents should be provided with a copy of the *Know Your Rights Handbook* and have the handbook explained to them upon admission and annually. However, only about half of the residents interviewed stated they had been given a copy of the handbook.

Only 54% of residents in the sample who had a current rights restrictions reported that they were invited to Human Rights Committee (HRC). The lack of resident involvement raises concerns that individuals may not be regularly included in discussions and decisions about their own lives.

## Direct Support Staff Interviews

During the site visits, AIOs conducted interviews with direct support professionals (DSPs) assigned to residents within the sample. DSPs are expected to be trained on and familiar with the rights, rights restrictions, plans, and supports of the individuals they are assigned to. The interview questions assess the DSPs' understanding of individual residents' rights, restrictions, and the two basic aspects of due process for proposed restrictions: that restrictions must be reviewed and approved by the resident's IDT and by HRC.

### DSP Interview Responses, Aggregate



## Summary of Findings

While 80% of the DSPs interviewed were able to identify at least two rights the resident can exercise, it is concerning that not all DSPs could do so. Additionally, it is concerning that only 43% of the DSPs interviewed who are assigned to support a resident with one or multiple rights restrictions could identify those restrictions.

DSPs are asked to identify the two basic aspects of due process for a restriction to be implemented: that the IDT meets to discuss the restriction and that HRC must approve it before implementation. Although they are not responsible for ensuring adherence to due process, DSPs are – as a resident’s primary support person – expected to know how to effectively advocate for and protect residents’ rights.

While the data indicates that DSPs have a relatively strong understanding of residents' rights, there are opportunities to improve DSPs' knowledge of residents' restrictions and basic aspects of due process. Targeted training and communication may address these deficiencies.

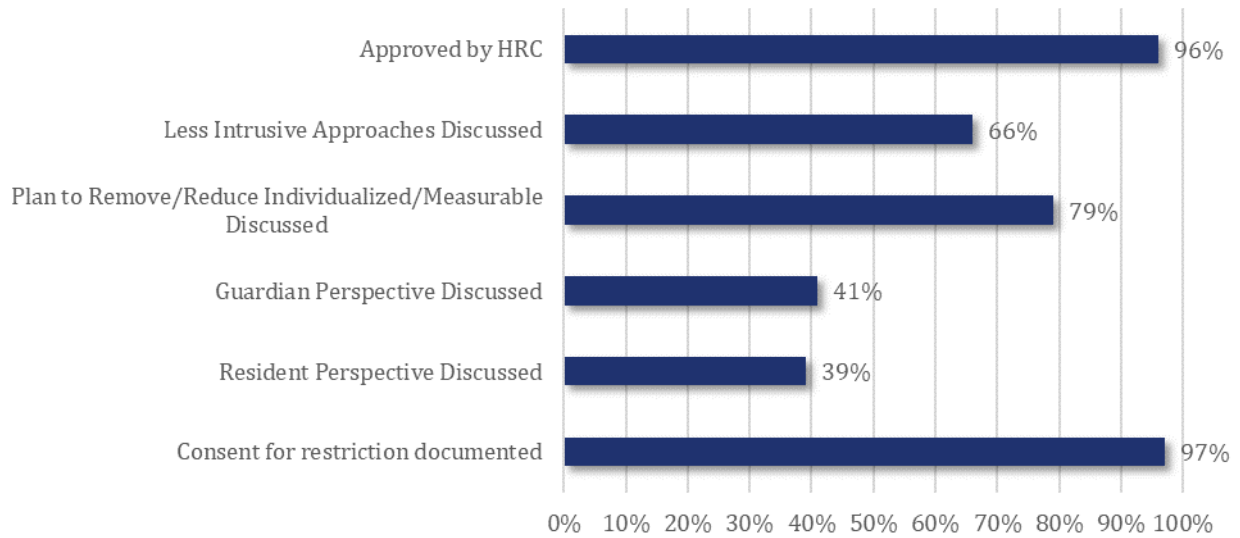
## HRC Due Process Review

Each center has a Human Rights Committee tasked with reviewing and determining whether to approve or reject all non-emergency restrictions before implementation. The HRC's role is to ensure that proposed restrictions are necessary and that the IDT has adhered to due process.

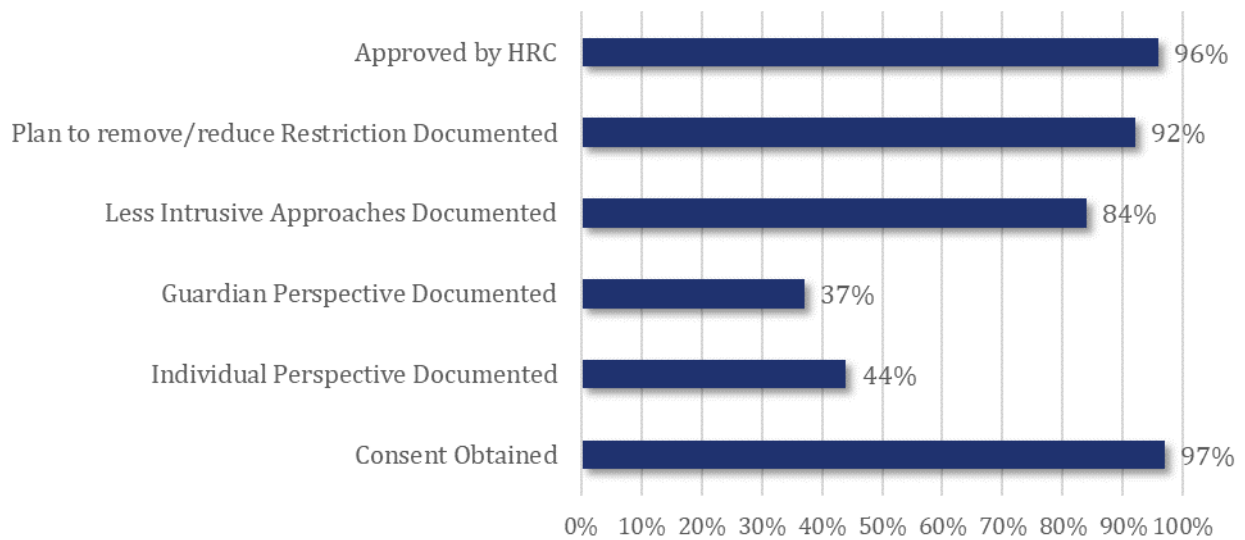
During onsite visits and as part of ongoing oversight, AIOs reviewed documentation related to proposed restrictions and observed HRC meetings. The data herein was obtained from the rights restriction determination (RRD) – a comprehensive document completed upon admission and annually by the IDT. This document contains detailed information about proposed rights restrictions for an individual



**HRC Rights Restriction Determination Due Process Review - Discussed, Aggregate**



**HRC Rights Restriction Determination Due Process Review - Documented, Aggregate**



## Summary of Findings

Consent was documented for almost all proposed restrictions (97%) as required by SSLC state policy. The HRC discussed the individual's perspective regarding the proposed restriction for only 39% of RRDs. The HRC discussed the perspective of the resident's guardian or legally authorized representative (LAR) in 41% of RRDs reviewed by the AIOs. When a restriction is proposed, the IDT must document and the HRC must discuss whether attempts have been made to address the issue in question through less-restrictive means. It was documented in about two-thirds of RRDs that less intrusive approaches had been discussed by the committee.

SSLC state policy requires all restrictions have a plan of alleviation that is specific, measurable, and individualized to the resident and their needs. Less than 80% of RRD restrictions reviewed by HRC included discussion about the plans to remove. Despite the absence of key elements of due process, a large majority (96%) of restrictions were approved by HRC, highlighting a failure to observe policy.

Thorough review of the HRC approval process would address the identified gap between policy requirements and actual practices. Additionally, measures should be implemented to align approval processes with policy expectations and ensure due process elements are followed consistently.

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