State Supported Living Center Long Range Planning Report

As Required by

Texas Health and Safety Code

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Table of Contents

Introduction and Charge **1**

1. Profile of State Supported Living Centers **2**

2. State Trends **4**
Enrollment 4
Admissions and Separations 4
Types of Admissions 5
Demographics 9
Level of Need 10

3. Initiatives Affecting State Supported Living Centers in Texas **12**
Staffing Levels 12
Department of Justice Settlement Agreement 14

4. Factors Affecting Future Need for State Supported Living Center Beds **15**
Assumptions Related to Projections and Estimates of Potential Demand 15
Projection of Future Enrollment 16

5. Projections of State Supported Living Centers Maintenance Costs .. **17**
Maintenance Funding 17
Maintenance Cost Projections for Fiscal Years 2017-2025 17

6. Future Directions **19**
Quality Improvement Program 19
Pilot Project to Offer Clinical Services and Supports in Community Settings 22

7. Conclusion **23**

Introduction and Charge

Biennially, the Texas Health and Human Services Commission (HHSC) presents a report to the public about the provision of services at state supported living centers (SSLCs). Through this report, HHSC fulfills the mandate to develop a long range plan containing information and recommendations regarding the most efficient long-term use and management of these facilities, operated by HHSC, as required in the Health and Safety Code, Section 533a.032(c).

This report consists of six primary sections:

- Section 1 profiles the SSLCs in Texas.
- Section 2 presents state trends regarding the provision of services and supports for persons with intellectual and developmental disabilities (IDD) residing in SSLCs.
- Section 3 presents initiatives intended to improve services and supports for persons residing in the SSLCs.
- Section 4 identifies factors affecting the future need for institutional services provided by these facilities.
- Section 5 provides the projected cost for maintaining these facilities.
- Section 6 presents discussion regarding the future direction for providing services and supports at SSLCs in Texas.

1. Profile of State Supported Living Centers

In Texas, SSLCs are one part of a broad continuum of services for persons with IDD. HHSC directly provides services and supports at 12 SSLCs and the intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID) component of the Rio Grande State Center (see Figure 1).

Each center is certified as an ICF/IID, a Medicaid-funded federal/state service. Approximately 60 percent of the operating funds for an SSLC comes from the federal government, and 40 percent from state general revenue and third-party revenue resources.

The stated vision of the SSLCs is that individuals will experience the highest quality of life, supported through a comprehensive array of services designed to maximize well-being, dignity and respect. The mission of the SSLCs is to lead the effective design and delivery of quality, outcome-based, person-centered services and supports appropriate to the talents, strengths and needs of individuals through an integrated team approach. To accomplish this, the SSLCs strive to empower and support residents in realizing personal goals and offer them a variety of quality and cost-effective services, including a comprehensive review of the living options available to them.

SSLCs provide campus-based, 24-hour residential services and comprehensive behavioral health and healthcare services, including physician, psychiatry, nursing, pharmacy, and dental services. Other services include skills training; occupational, physical, and speech therapies; nutritional management; vocational programs; emergency services; and services to maintain connections between residents, their families and natural support systems.

Figure 1: Locations of SSLCs in Texas

2. State Trends

Enrollment

During 2016-17 biennium, average enrollment of individuals served in the SSLCs in Texas continued to reflect a downward trend (Table 1). As of August 31, 2017, the SSLC census has declined by nearly a third since fiscal year 2010.

Table 1: Average Enrollment at SSLCs in Texas, Fiscal Years 2010-2017

Fiscal Year	Average Enrollment (FY)	Percentage Change from Previous Year
2010	4,337	-6.30%
2011	4,072	-6.11%
2012	3,881	-4.27%
2013	3,649	-5.98%
2014	3,439	-5.76%
2015	3,241	-5.76%
2016	3,124	-3.61%
2017	3,026	-3.14%

Notes: Data source is CARE System.

Admissions and Separations

From fiscal year 2010 to fiscal year 2015, separations from SSLCs consistently exceeded the number of admissions. In fiscal years 2016 and 2017, the number of admissions exceeded the number of transitions, which has slowed enrollment decline; however, total overall separations continued to be higher than admissions. Table 2 details admissions and separations in the SSLCs during fiscal years 2010-2017. Discharges include separations such as interstate transfers; discharge from a temporary emergency admission; and individuals found competent to stand trial, fit to proceed and/or not eligible for commitment during Code of Criminal Procedure and Family Code evaluations.

Table 2: Admissions and Separations at SSLCs, FY 2010 through FY 2017

Fiscal Year	Admissions	Separations			
		Community Transitions*	Deaths	Discharges**	Total Separations
2010	170	330	140	34	504
2011	131	204	112	28	344
2012	133	207	96	37	340
2013	182	287	93	42	422
2014	196	261	86	34	381
2015	186	233	97	32	362
2016	170	126	99	28	253
2017	145	109	88	32	229

Notes: Data source is IRIS and Avatar Systems.
Admissions include community transition returns.
*Individuals who move from an SSLC into an alternative living arrangement, such as the Home and Community-based Services (HCS) waiver or small ICF/IID.
**As defined by Title 40, Administrative Code, Section 2.279

Types of Admissions

Admissions to SSLCs are either voluntary or involuntary (see Table 3). Local intellectual and developmental disability authorities (LIDDAs) serve as the point of entry for SSLCs and determine an individual's eligibility for admission to an SSLC or other publicly-funded services and supports for individuals with IDD.

Types of voluntary admissions include respite admission, emergency admission for temporary placement, and regular admission for longer-term placement. Involuntary admissions are more common and include Family Code and Code of Criminal Procedure evaluations for temporary placement and civil commitments under the Persons with Intellectual Disability Act (PIDA), as well as commitments under the Family Code and Code of Criminal Procedure.

Table 3a: Categories of Voluntary Admissions

Category	Definition
Respite	Time-limited service to address the individual's and/or his or her family's need for assistance or relief. Respite can be provided for a time period not to exceed 30 days. One 30-day extension may be allowed if the relief sought has not been satisfied during the initial 30 days. Admission requires consent of the adult with the capacity to give legally adequate consent, the guardian of an individual, or the parent of a minor.
Emergency	Admission for an individual who has an urgent need for services for a time period not to exceed 12 months. Requires consent of the adult with the capacity to give legally adequate consent, the guardian of an individual, or the parent of a minor.
Regular	Placement for an individual who requires habilitative services, care, treatment and training. Regular admission requires consent of the adult with the capacity to give legally adequate consent. SSLCs do not permit the regular voluntary admission of a minor.

Table 3b: Categories of Involuntary Admissions

Category	Definition
Regular, PIDA, Health and Safety Code, Title 7, Subtitle D.	Civil commitment of an individual who has been determined to have a diagnosis of IDD and meets civil commitment criteria.
Extended, Code of Criminal Procedure, Chapter 46B	Commitment of an adult who has been found incompetent to stand trial as a result of a diagnosis of IDD, when there is no substantial probability the individual will become competent in the foreseeable future.
Extended, Family Code, Chapter 55	Commitment of a minor who has been found unfit to proceed with criminal charges as a result of IDD and who meets civil commitment criteria.
Restoration, Code of Criminal Procedure, Chapter 46B	Admission of an adult for a period not to exceed 60 days for misdemeanors and 120 days for felonies (except pursuant to a one-time 60-day extension granted by the court). The interdisciplinary team will submit to the court a report that describes the treatment provided for the individual, states whether the interdisciplinary team believes the individual is competent or not competent to stand trial and whether the individual meets commitment criteria.

Category	Definition
Restoration, Family Code , Chapter 55	Admission of a minor for a period not to exceed 90 days. The interdisciplinary team will submit to the court a report that describes the treatment provided for the minor, states whether the inter-disciplinary team believes the minor is fit or unfit to proceed and whether the minor meets commitment criteria.

From fiscal years 2010 through 2017, the most frequent type of admission to SSLCs in Texas has been "Involuntary Regular" commitments (see Table 4). For fiscal year 2017, nearly 70 percent of admissions were involuntary regular.

The majority of individuals admitted to SSLCs during recent years, including those under involuntary regular commitments, have complex behavioral health needs that are unable to be met in a community setting. Of the 139 new admissions during fiscal year 2017, 54 individuals, or almost 39 percent, had an HCS waiver slot at the time of admission.

Individuals admitted for restoration under the Family Code undergo a 90-day assessment period to determine whether or not the individual is fit to proceed with charges. If during this assessment period the individual is found not to be eligible for services in an SSLC or found fit to proceed to trial, the individual is discharged and returned to the committing court. If the individual is not fit to proceed, the individual remains at the center under an extended commitment.

Individuals admitted for restoration under the Code of Criminal Procedure undergo a 60-day assessment period for misdemeanors, or a 120-day assessment period for felonies to determine whether or not the individual is competent to stand trial. If during this assessment period the individual is found not to be eligible for services in an SSLC or found competent to stand trial, the individual is discharged and returned to the committing court. If the individual is not competent to stand trial, the individual remains at the center under an extended commitment.

Individuals admitted for an extended commitment under the Code of Criminal Procedure have already undergone an assessment period prior to admission and have been found not competent to stand trial or have been adjudicated.

Table 4: Categories of New Admissions to SSLCs (Does Not Include Community Transition Returns)

Voluntary Admissions			Involuntary Admissions						
Fiscal Year	Emergency	Regular	Family Code Evaluation		Code of Criminal Procedure Evaluation		Code of Criminal Procedure Extended	Regular	Total
			Admits	Discharged to Court	Admits	Discharged to Court			
2010	3	0	40	18	15	5	18	86	162
2011	2	0	35	23	12	3	7	72	128
2012	6	0	32	14	8	6	21	61	128
2013	6	0	34	20	15	6	25	86	166
2014	7	0	37	21	10	2	19	114	187
2015	6	0	28	17	9	4	18	116	177
2016	4	0	25	15	6	3	14	111	160
2017	3	0	19	14	3	2	17	97	139

Notes: Data source is IRIS and Avatar Systems.

Health and Safety Code Section 593.052 establishes four mandatory admission criteria for admitting and committing an individual to an SSLC:

1. The individual is a person with an intellectual disability (ID);
2. Evidence is presented showing that because of the intellectual or developmental disability, the individual:
   - represents a substantial risk of physical impairment or injury to himself or others; or
   - is unable to provide for and is not providing for his/her most basic personal physical needs;
3. The individual cannot be adequately and appropriately habilitated in an available, less restrictive setting; and
4. The residential care facility provides habilitation services, care, training and treatment appropriate to the individual's needs.

Effective January 1, 2001, HHSC adheres to two standards to determine if an individual meets the second criterion above. As specified by Title 40, Administrative Code, Section 2.255, an individual must have:

- An Intelligence Quotient (IQ) four or more standard deviations below the mean (i.e., in the severe or profound range of an intellectual disability); or
- An Inventory for Client and Agency Planning (ICAP) service level of 1–4, or an ICAP service level of 5 or 6 and:
  - Extraordinary medical needs that require at least 180 minutes of direct nursing treatment per week if the individual's caregiver was not providing such treatment; or
  - Exhibited incidents of dangerous behavior that would require intensive staff intervention and resources to prevent serious physical injury to the individual or others if the individual's caregiver was not managing such incidents.

Demographics

As of August 31, 2017:

- Individuals with a profound level of ID comprised 50 percent of the SSLC population, with approximately 16 percent having a severe level of ID, 16 percent with a moderate level and 17 percent with a mild level of ID.

- Individuals with a severe or profound adaptive behavior level accounted for 73 percent of the SSLC population.
- Individuals considered medically fragile, meaning they had moderate to severe health needs, comprised 47 percent of the SSLC population.
- Individuals with mental health needs, defined as a concurrent mental health diagnosis, accounted for 58 percent of the SSLC population.
- The majority of individuals served at SSLCs, or approximately 78 percent, were ages 22 to 64, with 15 percent age 65 and older and less than 6 percent under age 22. Table 5 details the age categories.
- Almost 54 percent of the individuals served at Mexia SSLC had a forensic commitment. Mexia SSLC is the forensic center for males and San Angelo SSLC is the forensic center for females.
- Individuals with a legally authorized representative, or guardian, represented 66 percent of the SSLC population.

Table 5: Age of Individuals Served in the SSLCs as of August 31, 2017

Age	0-17	18-21	22-34	35-44	45-54	55-64	65-76+
Population	74	102	496	401	700	789	457
Percent of Total Population	2.45%	3.38%	16.43%	13.28%	23.19%	26.13%	15.14%

Notes: Data sources are IRIS and Avatar Systems.

Level of Need

An individual's level of need is determined by an assessment of the intensity of services the individual may require. There are five levels of need intensity: intermittent, limited, extensive, pervasive, and pervasive plus. Individuals are classified at a higher intensity of need when they have more severe medical or behavioral needs. Pervasive and pervasive plus intensity levels of need refer to constant support needs across all environments and life areas. The characteristics of the individuals receiving services in SSLCs, as reflected by level of need assessments, appears to have stayed relatively constant since 2010 (Table 6).

Table 6: Comparison of Level of Need in SSLCs, August 31, 2010 and August 31, 2017

Level of Need	August 31, 2010	August 31, 2017
Intermittent	7.4%	6.3%
Limited	38.5%	37.4%
Extensive	34.3%	32.5%
Pervasive	18.9%	17.3%
Pervasive Plus	0.45%	0.50%
Total Population	4207	3019

Notes: Data source is CARE System.

3. Initiatives Affecting State Supported Living Centers in Texas

Staffing Levels

HHSC is engaged in multiple efforts to ensure all positions are filled, such as a robust recruitment campaign; job fairs and express hiring events; and targeted salary adjustments. These efforts require close coordination among state office, facility administration, HHSC Human Resources, and the human resources contractor for the Health and Human Services System. There is an ongoing review of staffing needs to address the complex array of services required to be provided by each of the SSLCs, as well as an added emphasis on the consideration of good, consistent employment history when conducting background checks. Additionally, the SSLCs are currently working to implement a pilot telemedicine project at Mexia SSLC, where there have been challenges finding adequate primary care physician services. If successful, the SSLCs will explore expanding telemedicine to other centers where there is difficulty in filling physician positions.

Table 7: Breakdown of Full Time Equivalents (FTEs) and Fill Rates by SSLC as of August 31, 2017

Facility	Funded FTEs	Filled FTEs	% Filled	Turnover Rate	Paid OT/Comp	Contract Labor Costs
Abilene	1430.17	1225.17	85.67%	42.50%	$2,652,741.03	$2,501,878.82
Austin	1192.50	984.30	82.54%	37.88%	$4,355,844.21	$1,699,709.33
Brenham	1066.93	963.36	90.29%	33.42%	$2,342,530.39	$1,482,980.95
Corpus Christi	927.88	827.93	89.23%	35.44%	$2,715,727.82	$2,391,447.15
Denton	1727.32	1525.44	88.31%	41.37%	$6,495,172.74	$3,464,904.61
El Paso	466.98	415.33	88.94%	34.52%	$ 396,910.15	$1,029,354.80
Lubbock	848.46	741.04	87.34%	36.53%	$1,690,392.13	$2,772,568.66
Lufkin	1199.96	1100.36	91.70%	33.31%	$1,132,784.82	$2,634,617.01
Mexia	1516.50	1329.83	87.69%	30.52%	$3,491,210.04	$4,365,850.65
Richmond	1315.75	1232.75	93.69%	24.33%	$ 290,069.69	$ 938,535.40
San Angelo	950.98	813.63	85.56%	44.21%	$3,888,334.01	$4,541,654.80
San Antonio	829.67	731.75	88.20%	45.08%	$ 987,004.59	$1,257,400.00
All Facilities Total	13,473.09	11,890.90	88.26%	36.34%	$30,438,721.62	$29,080,902.15

Department of Justice Settlement Agreement

The State of Texas entered into a settlement agreement with the Department of Justice (DOJ) in June 2009, agreeing to make substantive changes in operations at each of the SSLCs to achieve targeted improvements in services and supports for individuals living in these facilities. HHSC, DOJ, and the independent settlement agreement monitors worked together at the conclusion of the eighth round of settlement agreement monitoring reviews to restructure and refine the criteria and tools utilized in determining compliance with the provisions of the settlement agreement. SSLCs are now evaluated every nine months under five domains of care through Quality Service Reviews (QSRs) that focus on outcomes for individuals who live at SSLCs. One goal of implementing the QSR system is to establish clear metrics that state staff may use to evaluate performance of centers.

4. Factors Affecting Future Need for State Supported Living Center Beds

HHSC strives to ensure an individual with IDD or the individual's legally authorized representative has a choice among a full range of services and supports, including services provided by SSLCs.

With improved health care technology, the life expectancy for individuals with IDD continues to increase. Experts observe that with continued improvement in health status, individuals with IDD, particularly those without severe impairments, could be expected to have a life span equal to that of the general population. As individuals with IDD age, they will require increasingly complex and expensive services and supports for longer periods of time, directly impacting the finite capacities of state service delivery systems.

Assumptions Related to Projections and Estimates of Potential Demand

HHSC continues to develop resources and expand services and supports for individuals with IDD. The demand for SSLCs is affected by the availability of services and supports for persons with complex medical and behavioral health needs in the community.

Several assumptions relate to the projections and estimates of the future demand for services at SSLCs:

- Individuals and their families and/or natural support systems will continue to receive information about IDD services for which the individual is eligible, including services provided by SSLCs.
- SSLCs will continue to improve their services and supports for persons with severe and profound IDD and those individuals who are medically fragile or who have significant behavioral health needs.

Projection of Future Enrollment

Based on current and historical data, HHSC prepared the projection of future enrollment using a simple linear regression model, with an estimate of 14 admissions and 17 separations per month (Table 8).

In recent years, transitions to the community have slowed, which has led to a slowdown in overall census reduction. Although transitions have decreased, referrals for community transition remain fairly steady. This is largely because individuals with more intensive medical, behavioral, and physical health needs require specific supports and services in place prior to the resident's departure from the SSLC. Ensuring appropriate supports are in place can slow down the transition process. Therefore, although community referrals at SSLCs may keep a consistent pace with previous years, actual transitions may lag behind.

Table 8: Enrollment Trend and Projections for SSLCs, Fiscal Years 2010 – 2019

Period	Ending/Targeted Enrollment
FY10	4198
FY11	3985
FY12	3780
FY13	3534
FY14	3354
FY15	3171
FY16	3081
FY17	2987
FY18 projected	2940
FY19 projected	2891

Notes: Data source is IRIS System. Actual enrollment reported for 2010 through 2017, and projected enrollment reported for 2018 and 2019.

5. Projections of State Supported Living Centers Maintenance Costs

Maintenance Funding

The physical structures of the SSLCs are aging and in continuous need of repair and renovation. Areas to be addressed include the replacement or renovation of roofs, HVAC, electrical, and plumbing systems; and renovation of bedrooms, living rooms, and other living and day program areas. The 85th Legislature appropriated approximately $80 million to the SSLCs help address these issues; however, maintenance needs for the aging infrastructure are ongoing.

Maintenance Cost Projections for Fiscal Years 2017-2025

Costs for maintaining buildings in their current condition include upkeep and repairs to prevent further deterioration, and replacement of any materials, equipment, and fixtures that cannot be repaired in a cost effective manner. To ascertain projections of maintenance costs for SSLCs, estimates assume buildings would be maintained at current conditions. Projections of these costs were done using the HHSC Computer Aided Facility Management (CAFM) system, and are shown in Table 9 for fiscal years 2017-2025.

These projections are for all SSLC buildings. Different priorities are assigned to buildings depending on their use: residential buildings; buildings used for day programs and direct support services; administration buildings; support buildings (e.g., warehouse, kitchen, maintenance); and sites (e.g., electrical distribution, natural gas distribution, etc.).

These projections are based on industry standards and Life Safety Code requirements. Cost projections also factor in reductions in numbers of persons served throughout the system based on current trends analysis (see Table 8).

Table 9: Cost Projections for Maintenance of Residential and Day Program/Direct Support Services Buildings for SSLCs, Fiscal Years 2017-2025

	Day Program & Direct Support Buildings	Residential Buildings	Sub-Total	% of Total Maintenance Cost	Total Maintenance Cost
2017	32,086,185	32,742,072	64,828,257	64.4%	100,638,435
2018	10,708,445	10,464,549	21,172,994	46.0%	70,372,475
2019	43,946,694	47,973,245	91,919,939	68.5%	134,130,007
2020	14,705,004	13,145,247	27,850,251	52.6%	80,957,703
2021	13,502,162	15,637,591	29,139,753	53.0%	54,966,743
2022	13,502,162	15,637,591	29,139,753	53.0%	54,966,743
2023	11,126,166	10,390,548	21,516,713	46.8%	46,022,332
2024	11,126,166	10,390,548	21,516,713	46.8%	46,022,332
2025	11,126,166	10,390,548	21,516,713	46.8%	46,022,332
Total	**$161,829,150**	**$166,771,939**	**$328,601,086**	**53.1%**	**$634,099,102**

Notes: Data source is HHSC Facility Support Services CAFM Office - CAFM Infrastructure Planning Projections for fiscal years 2017-2025.

Table 9 includes specific deficiencies identified by facilities. As such, it is a helpful indicator of the overall needs of the SSLCs. Deficiencies are tracked and reflected as a need until the project is complete. There are additional construction needs not noted in this table (e.g. work to address changes in regulatory requirement) and some additional costs are incurred as individual projects become refined (e.g. architectural design and multi-year inflation). All of these factors are considered in the agency's overall analysis of prioritized needs related to facility maintenance and repairs.

6. Future Directions

In alignment with the 10-year plan outlined in the report required by the 2014-15 General Appropriations Act, Senate Bill 1, 83rd Legislature, Regular Session, 2013 (Article II, Department of Aging and Disability Services, Rider 39), HHSC will continue to focus on the identification and implementation of best practices across the state to more effectively serve SSLC residents. As part of transformation, the SSLCs joined the state hospital system under a new division now known as the Health and Specialty Care System on September 1, 2017. This transition provides further opportunities to share best practices across state facilities.

HHSC continues to explore opportunities to extend SSLC resources to further support individuals living in the community by offering clinical services and increased support for individuals transitioning from an SSLC to the community. To achieve this, the SSLCs are implementing several initiatives with both short and long-term impacts across the state. Additionally, to aid in the transition process, SSLC leadership encourages and supports capacity building efforts by community providers, as well as efforts to strengthen community supports. The SSLCs work to ensure robust post-move monitoring.

Quality Improvement Program

HHSC is committed to improving the quality of life for individuals with IDD. This commitment includes developing an outcomes-based Quality Improvement (QI) program to assess and improve the quality of care and services provided to individuals in the SSLCs and to those who have transitioned from an SSLC into a community setting.

SSLC QI System

The SSLC QI program is designed to identify and address issues at the resident level. Key elements include:

- The interdisciplinary team develops and implements individual support plans (ISP) based on resident preferences, goals, strengths, needs, and assessments that identify services, supports, and protections necessary to meet those needs. The team also tracks and monitors assessments within required timeframes and resolves discrepancies.

- Services and supports are implemented and evaluated to ensure they are leading to the desired outcomes. These include ensuring resident rights and satisfaction; access to appropriate equipment and services; social, educational, and work opportunities; and access to behavioral and physical healthcare services.
- Incident management in identifying, reporting, analyzing and preventing unusual incidents, including abuse, neglect, and exploitation.
- SSLC QI includes monitoring the timely and effective implementation of the ISP, setting SSLC goals, tracking administrative and outcome measures, identifying areas needing improvement, and documenting decision-making.

State Office QI System

In addition to the SSLC QI system, the state office QI system is designed to identify and address issues both at the statewide and facility level. The purpose is to maintain a planned, systematic, organization-wide approach to monitoring, analyzing and continually improving the quality of care and services provided to individuals served at the SSLCs.

Quality of Care

The SSLCs contracted with the University of Florida Department of Health Outcomes and Biomedical Informatics (UF HOBI) to assist in developing and implementing the QI program with the following elements:

- A proposed organizational framework to guide the development of a quality of care measurement program for the SSLCs;
- Sample quality of care indicators for the major domains HHSC has identified, which are important for individuals in the SSLCs and those transitioning to community settings; and
- A proposed process for measurement review and approval, particularly for those measures where no clear national standards are available.

Following implementation of the QI program, UF HOBI will track and trend physical and behavioral healthcare administrative and outcome measures and develop an annual quality of care report. The report will track healthcare outcomes for each center and show how those outcomes compare among centers.

Each center is expected to update its localized quality improvement plan (QIP) to address any deficiencies or concerns noted in the report. The QIP will be reviewed

regularly to ensure it is implemented fully and in a timely manner to meet the desired outcome of remedying or reducing the problems originally identified.

Electronic Health Record

An essential element of the QI program is a robust electronic health record, known as the Integrated Resident Information System (IRIS), which provides a means for securely and electronically sharing clinical and administrative information to support and enhance quality and continuity of care and to increase staff efficiency. Data entered into IRIS serves as a baseline for measuring and reporting the success of the QI program and enables staff to track and analyze data to identify trends across, among and within SSLC disciplines.

The objectives for IRIS are to:

- Improve coordination of care;
- Provide a holistic view of resident health data to facilitate timely medical decisions;
- Facilitate the sharing of data within and across SSLCs;
- Improve the operational efficiency and productivity of SSLC staff; and
- Enable more consistent statewide reporting through the reliable capture of critical data for measuring and determining quality of care outcomes and improvements.

IRIS was launched at 6 of the 12 HHSC-operated SSLCs on July 11, 2016. The final six SSLCs, not including Rio Grande State Center, began using IRIS on August 8, 2016. Despite a successful implementation, work continues on IRIS to optimize the solution to best meet our needs. Specifically, post implementation:

- The IRIS Oversight Committee was established in September 2016 to provide project governance over the change control process and potential optimization efforts;
- Regional IRIS Networks were established in September 2016 to provide a forum for end users to receive updates and share their experiences working with IRIS;
- Additional computer equipment was purchased and Wi-Fi coverage for the SSLCs was increased in March 2018. These improvements will enhance end user workflows and efficiencies in IRIS.

Additionally, with the transfer of the management of the ICF/IID component of the Rio Grande State Center to the SSLC division in April 2018, roll-out of IRIS to Rio Grande will ensure that documentation and reporting at all 13 SSLCs are consistent. Expansion of IRIS to Rio Grande is contingent upon funding for the 2020-21 biennium.

Pilot Project to Offer Clinical Services and Supports in Community Settings

One key to living in a community setting successfully is the availability of specialized services. Family members and LIDDAs alike have acknowledged the availability of specialized care at the SSLCs, including dental care and quality adaptive equipment. As the SSLC census declines, HHSC may have the opportunity to expand the delivery of specialized SSLC services and supports to individuals with IDD to promote living in the most integrated environment possible.

To that end, the SSLCs are currently working to implement a pilot project, utilizing existing resources while maintaining the same level of care to current SSLC residents, at a select number of SSLCs to offer some services to individuals living in the community. The pilot is tentatively scheduled to offer dental services to individuals in community settings at two SSLCs in fall 2018. Additional services may be added to the pilot at a later date.

7. Conclusion

This long range plan, required by Health and Safety Code, Section 533a.032(c), provides information regarding the current state of SSLCs, initiatives and issues impacting the SSLCs, cost projections, and future directions.

- Enrollment continues to decline every year, however, many of the newly admitted individuals have complex behavioral needs that cannot be met in a community setting at this time.
- Staff recruitment and retention continues to be an issue at all centers and is being addressed at both the local and state levels.
- Transitions to the community have slowed because individuals with more intensive medical, behavioral, and physical health needs require specific supports and services in place prior to the resident's departure from the SSLC.
- Maintenance needs for the aging SSLC infrastructure are ongoing. The total maintenance costs for fiscal years 2017-2025 is estimated at more than $634 million.
- The state is committed to improving the quality of life for individuals with IDD. This includes:
  - Developing an outcomes-based quality improvement program to assess and improve the quality of care and services provided to individuals.
  - Tracking and trending healthcare outcomes.
  - Providing specialized clinical services and supports to individuals living in the community.

List of Acronyms

CAFM: Computer Aided Facility Management

CARE System: Client Assignment and Registration System

DOJ: Department of Justice

FTE: Full-time equivalent

HCS: Home and Community-based Services

HHSC: Health and Human Services Commission

ICAP: Inventory for Client and Agency Planning

ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities

IDD: Intellectual or Developmental Disabilities

IQ: Intelligence Quotient

IRIS: Integrated Resident Information System

ISP: Individual Support Plan

LIDDA: Local Intellectual Developmental Disability Authority

PIDA: Persons with Intellectual Disabilities Act

QI: Quality Improvement

QIP: Quality Improvement Plan

QSR: Quality Service Review

SSLC: State Supported Living Center

UF HOBI: University of Florida Health Outcomes and Biomedical Information