



State Supported Living Center Long-Range Planning Report

**As Required by
Texas Health and Safety Code
Section 533A.032(c)**

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Executive Summary

This report presents a comprehensive analysis of the State Supported Living Centers (SSLCs) in Texas, focusing on maximizing resources and long-range planning to meet future needs. The report begins with an overview of SSLC profiles, providing insights into trends related to census, admissions, and demographics. It further explores factors impacting operations including workforce challenges and successful efforts as well as Department of Justice (DOJ) Settlement Agreement requirements and progress.

The report also includes projections for future enrollment, utilizing a methodology that considers enrollment, admissions, and community transitions trends, an influx of inquiries for new admission to an SSLC during fiscal year 2024, and other relevant factors. These projections provide valuable insights for policymakers and stakeholders to anticipate future demand and plan accordingly. Additionally, maintenance cost projections are presented to inform budgetary planning and resource allocation decisions.

Existing and future initiatives to maximize the use of SSLCs are presented, which focus on continuing to strengthen the workforce, promoting a culture of quality improvement, equipping staff to work with an increasingly complex population, and ensuring that goal setting and achievement plans are person-centered. This report highlights the progress made and efforts taken to improve service delivery, and ensure the provision of high-quality care for Texans residing in SSLCs.

1. Introduction

The Texas Health and Human Services Commission (HHSC) presents a biennial report to the public about the provision of services at 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 [Texas Health and Safety Code \(HSC\), section 533A.032\(c\)](#).

This report consists of five primary sections that:

- Provide an overview of SSLCs including enrollment, admissions, and statewide demographic trends;
- Outline factors impacting operations by highlighting staffing levels and DOJ Settlement Agreement;
- Estimate projected enrollment by considering the recent influx of new inquiries for admission as well as past and present trends related to admissions and separations;
- Project maintenance costs associated with aging infrastructure; and
- Discuss ongoing and upcoming initiatives for continuous improvement.

HHSC conducted two hybrid (accessible in-person and virtually) public meetings in developing the report. The first meeting was held at the beginning of the process on February 29, 2024, to hear general considerations from stakeholders; the second meeting held on April 22, 2024, to receive comments from stakeholders once a draft was made available.

2. State Supported Living Centers Overview

In Texas, SSLCs remain one part of a broader continuum of services for individuals living with IDD and related conditions. Each of the 13 SSLCs is certified as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and subject to oversight and annual certification reviews by the HHSC Regulatory Services Division. ICF/IIDs are a Medicaid-funded federal/state service. This typically allows approximately 60 percent of SSLC operating funds to come from the federal government, and 40 percent from state general revenue and third-party revenue sources.

SSLCs are tasked with providing compassionate, innovative, and individualized care with the goal of assisting individuals in leading meaningful, healthy, and independent lives. To accomplish this the SSLCs provide campus-based, 24-hour residential services and comprehensive behavioral health and healthcare services, including physician, psychiatry, nursing, pharmacy, and dental services. Moreover, the SSLCs strive to empower and support residents in realizing personal goals by offering a variety of additional services, including but not limited to:

- A comprehensive review of available living options,
- Person-centered, interdisciplinary team (IDT) approach and supports,
- Vocational and employment services, skills training, and habilitation services,
- Customized adaptive aids, including seating and positioning devices, and
- Religious services for different faiths.

SSLCs also help residents maintain connections with their families and support systems by providing transportation and staff to accompany residents off campus. Planned activities, such as participating in sporting activities, visiting museums, shopping, and attending local community events provide both leisure and recreation in residents' local communities.

Currently, five SSLCs serve youth and adults (Abilene, Brenham, Lufkin, Mexia, and San Angelo) and all remaining SSLCs serve adults only (Figure 1). Mexia and San Angelo are also named in HSC, section 555.002 as the only SSLCs that can admit adults ordered to residential treatment as incompetent to stand trial under Code of Criminal Procedure (CCP) Chapter 46B or not guilty by reason of insanity under CCP Chapter 46C, and youth ordered to residential treatment as unfit to proceed or not responsible for conduct under Family Code Chapter 55.

Figure 1. Map of SSLC Locations.



Census

SSLC average monthly census has declined by almost 30 percent from fiscal year 2013 to fiscal 2023 due to the number of separations from SSLCs consistently exceeding the number of admissions (Table 1). SSLC average monthly census is higher than previous projections because the number of admissions began to increase in fiscal 2021 and the rate of separations has slowed (Table 2).

Separations include community transitions, deaths, and discharges. Community transitions include moves from SSLCs into an alternative living arrangement, such as a Home and Community-based Services (HCS) waiver group home or small ICF/IID. Discharges, as defined by [Title 26, Texas Administrative Code \(TAC\), section 904.125](#), include interstate transfers; nursing facility and inpatient hospice placements; discharge from temporary emergency admission; and return of individuals found competent to stand trial, fit to proceed and/or ineligible for

commitment during CCP and Family Code evaluations to the custody of law enforcement.

Table 1. Average Monthly Census at SSLCs, Fiscal Years 2013-2023.¹

Fiscal Year	Average Daily Census	Percentage Change from Previous Year
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%
2018	2,964	-2.05%
2019	2,907	-1.92%
2020	2,854	-1.82%
2021	2,752	-3.57%
2022	2,674	-2.83%
2023	2,602	-2.69%

Table 2. Admissions and Separations, Fiscal Years 2013-2023.²

Fiscal Year	Total Admissions³	Separations			
		Community Transitions	Deaths	Discharges	Total Separations
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
2018	154	84	87	33	204
2019	134	80	84	29	193
2020	89	58	105	19	182
2021	105	54	118	24	196
2022	127	72	105	21	198
2023	137	61	107	33	201

¹ Data source: CARE System.

² Data source: IRIS and AVATAR Systems.

³ Admissions include both community transition returns and new admissions.

Admissions

Local Intellectual and Developmental Disability Authorities (LIDDAs) generally serve as the point of entry for SSLCs and determine an individual’s eligibility for admission to an SSLC or other publicly funded service for individuals with IDD. While most admissions continue to be facilitated by the LIDDA, during the 88th Regular Session, the Texas Legislature passed Senate Bill (S.B.) 944 into law requiring HHSC to create a pathway for civil commitment without a recommendation for placement by a LIDDA IDT. HHSC has implemented this framework, resulting in the first civil commitment completed following the new statute.

Voluntary admissions include respite admission, emergency admission for temporary placement, and regular admission for long-term placement (Table 3a). Involuntary admissions are more common and include required evaluations under the Family Code and CCP for temporary placement and civil commitments under the Persons with Intellectual Disability Act, HSC Chapter 593, as well as forensic commitments under the Family Code and CCP (Table 3b).

Table 3a. Categories of Voluntary Admissions.

Category	Definition
Respite, HSC, Chapter 593	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 HSC, Chapter 593	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, HSC, Chapter 593	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	Total
Regular, HSC, Chapter 593	Civil commitment of an individual who has been determined to have a diagnosis of IDD and meets civil commitment criteria.
Extended, CCP, 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, CCP, 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 IDT will submit to the court a report that describes the treatment provided for the individual, states whether the IDT believes the individual is competent or not competent to stand trial and whether the individual meets commitment criteria.
Restoration, Family Code, Chapter 55	Admission of a minor for a period not to exceed 90 days. The IDT 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.

For fiscal years 2013-2023, the most frequent type of admission to SSLCs was “Involuntary Regular” commitments, accounting for 61 percent of admissions (Table 4). Many SSLC admissions occur after an individual was not successfully served within one or more community-based settings. This is often due to the individual’s increased need for specialized behavioral, mental health, and/or medical services. Of the 133 new admissions during fiscal year 2023, 56 individuals (42 percent), had an HCS waiver slot prior to admission.

Table 4. New Admissions by Type, Fiscal Years 2013 – 2023.⁴

Fiscal Year	Voluntary		Involuntary						Total Admissions
	Emergency Admissions	Regular Admissions	Family Code Evaluation		CCP Evaluation		CCP Extended Admissions	Regular Admissions	
			Admissions	Discharges to Court	Admissions	Discharges to Court			
2013	6	0	35	20	15	6	26	100	182
2014	7	0	37	21	10	2	19	123	196
2015	6	0	28	17	9	4	18	125	186
2016	4	0	25	15	6	3	14	111	160
2017	3	0	19	14	3	2	17	97	139
2018	3	0	27	24	9	3	19	91	149
2019	4	0	23	15	0	0	28	74	129
2020	1	0	12	14	2	0	26	48	89
2021	6	0	10	14	4	0	23	61	104
2022	1	0	14	10	5	3	29	69	118
2023	4	0	17	11	13	6	19	80	133

⁴ Does not include readmissions resulting from individuals returning to an SSLC after difficulties transitioning to the community.

Admission Criteria

[HSC, Section 593.052](#), establishes four mandatory admission criteria for admitting and committing an individual to an SSLC:

1. The proposed resident is a person with an intellectual disability;
2. Evidence⁵ is presented showing that because of the proposed resident's intellectual disability, the proposed resident:
 - A. Represents a substantial risk of physical impairment or injury to the proposed resident or others; or
 - B. Is unable to provide for and is not providing for the proposed resident's most basic personal physical needs;
3. The proposed resident cannot be adequately and appropriately habilitated in an available, less restrictive setting; and
4. The residential care facility provides habilitative services, care, training, and treatment appropriate to the proposed resident's needs.

Effective January 1, 2001, HHSC adheres to two standards to determine if an individual meets the second criterion above. As specified by [26 TAC, section 904.25](#), 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 direct nursing treatment for at least 180 minutes per week if the individual's caregiver was not providing such treatment or the individual has 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.

⁵ Evidence may be a petition to the court to issue a commitment order by the guardian of the proposed resident or the current interdisciplinary team report and their recommendations.

Demographics

As of April 30, 2024⁶:

- Approximately 39 percent of individuals have a profound level of ID, 17 percent have a severe level, 21 percent have a moderate level, and 23 percent have a mild level of ID.
- 75 percent of individuals have behavior management needs.
- 39 percent of individuals are considered medically fragile with moderate to severe health needs.
- 61 percent of individuals have one or more psychiatric diagnoses.
- Approximately 36 percent of new admissions have forensic commitments.
- Approximately 65 percent of individuals have a legally authorized representative (LAR) or guardian.
- Approximately 2 percent of residents are minors under age 18, 3 percent are school aged adults aged 18-21, 51 percent are adults aged 22-54, 22 percent are middle aged 55-64, and 22 percent are elder adults aged 65 or older.

Level of Need

An individual’s level of need is determined based on an assessment of the intensity of services required ranging from intermittent to pervasive plus. Pervasive and pervasive plus levels of need refer to constant support needs across all environments and life areas. These are typically associated with more severe medical and behavioral needs. The levels of need for individuals committed to the SSLCs have been relatively stable since fiscal year 2013.

Table 5. Levels of Need, Fiscal Years 2013, 2019, and 2023.⁷

Fiscal Year	Intermittent	Limited	Extensive	Pervasive	Pervasive Plus	Not Entered
2013	7.93%	38.76%	33.66%	19.04%	0.45%	0.14%
2019	10.73%	44.69%	31.61%	12.45%	0.24%	0.31%
2023	12.87%	44.2%	30.28%	12.03%	0.19%	0.42%

⁶ Data Source: IRIS and AVATAR Systems.

⁷ Data Source: CARE System.

3. Factors Impacting Operations

Workforce

The Health and Specialty Care System (HSCS) continues to coordinate across state office, SSLC facility administration, HHSC Human Resources, and the human resources contractor for HHSC to engage in multiple efforts to ensure positions are filled with qualified applicants including offering competitive salaries, advertising, engaging applicants, improving workplace culture, and providing career and leadership development opportunities, all of which are detailed in the State Hospital and SSLC Workforce Report, as required by the 2024-25 General Appropriations Act (GAA), House Bill (H.B.) 1 (Article II, Rider 95). Competitive compensation and improved workforce culture seem to impact the workforce most significantly. Details are provided below.

Compensation

Effective March 1, 2023, eight SSLCs (Abilene, Austin, El Paso, Lubbock, Lufkin, Mexia, San Angelo, and San Antonio) SSLCs raised all eligible positions to the top of their respective salary range, including upgraded positions; the five other SSLCs brought all critical shortage positions to the top of their respective salary range, including upgraded positions, and provided all other eligible staff a 10 percent pay increase, not to exceed top of range. Upgraded positions included taking critical shortage positions such as direct support professionals, licensed vocational nurses, registered nurses, vehicle drivers, laundry staff etc. from classification I's to II's and where applicable, II's to III's and III's to IV's. The number of filled positions increased upon implementation of this salary increase (Figure 2).

The SSLCs that received pay increases bringing all eligible positions to the top of their respective salary range are in areas where a state hospital that went to the top of the range is nearby. This ensured that SSLCs would not lose staff to state hospitals since the workforce is largely the same in terms of critical positions.

The Supplemental Appropriations Act, S.B. 30, 88th Legislature, Regular Session, 2023, funded a five percent or \$250 per month increase, whichever was more, for all state employees effective July 1, 2023. The 2024-25 GAA, H.B. 1, Regular Session, 2023 (Article IX, Section 17.16) also funded a five percent or \$3,000 annual increase, whichever was more, for all state employees, effective September 1, 2024. HSCS is advertising these increases to current staff as a retention tool.

Increased filled positions and decreased turnover has significantly decreased contract labor costs, resulting in over \$1 million in savings each month of fiscal year to date 2024 when compared to expenditures in fiscal year 2023 (Figure 3).

Improving Workplace Culture

A positive workplace culture attracts talent, engages staff, and positively impacts staff performance. In addition to initiatives previously discussed in the 2022 Long-Range Plan, ongoing efforts continue to further improve employee job satisfaction, retention, and communication throughout the division. These strategies include:

- Establishment of the HSCS newsletter highlighting division accomplishments, news relevant to employees, and recognition of SSLC and staff successes.
- Competitions amongst the SSLCs concerning quality improvement (QI) initiatives and settlement agreement compliance with the winners receiving division-wide recognition.
- Ongoing podcasts and videos hosted by the deputy executive commissioner where important news is relayed, state office and facility staff are featured, and division progress and accomplishments are reviewed.
- The creation of “center committees” at each SSLC focused on QI initiatives, improving retention, and building employee morale.

Additionally, HSCS continues an annual statewide celebration of staff achievements and awards recognizing all levels of SSLC staff. These efforts paired with competitive compensation have resulted in record low turnover levels (Figure 4).

Figure 2. SSLC Filled Positions, Fiscal Years 2018-2024.⁸

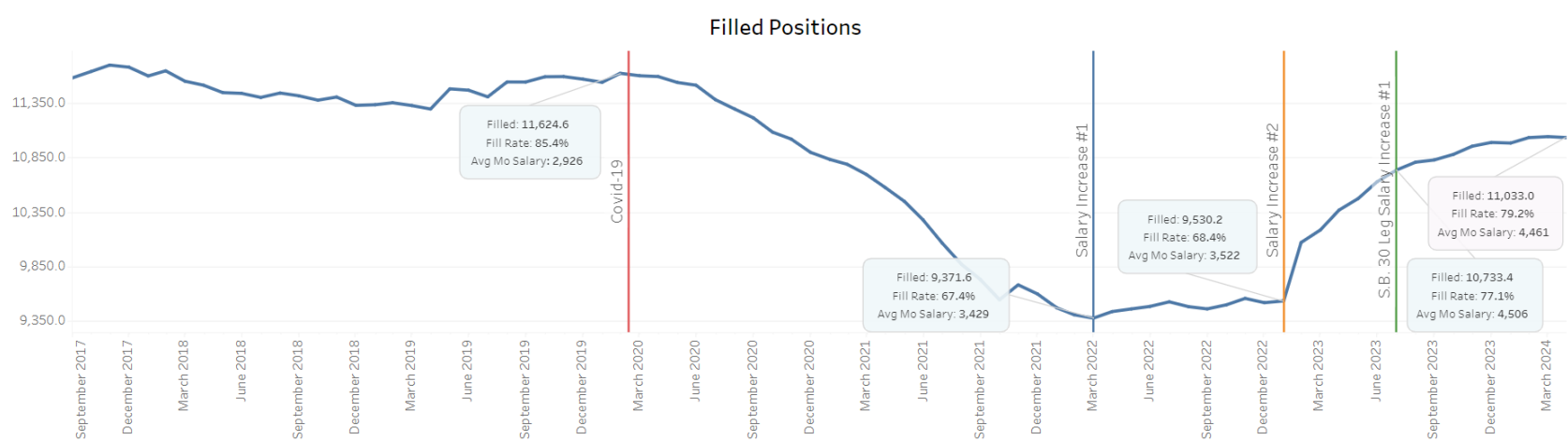
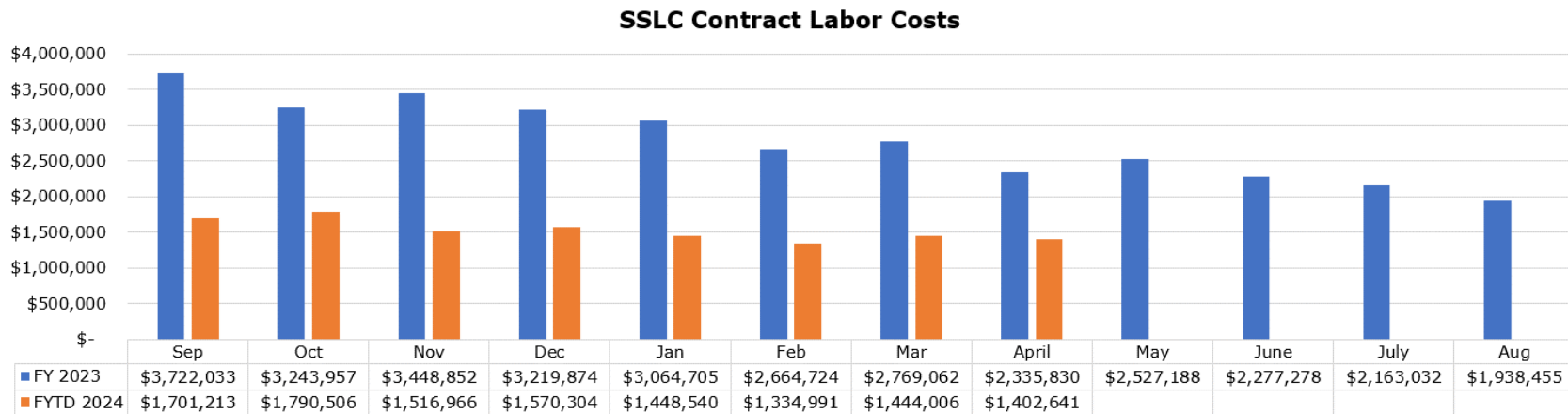
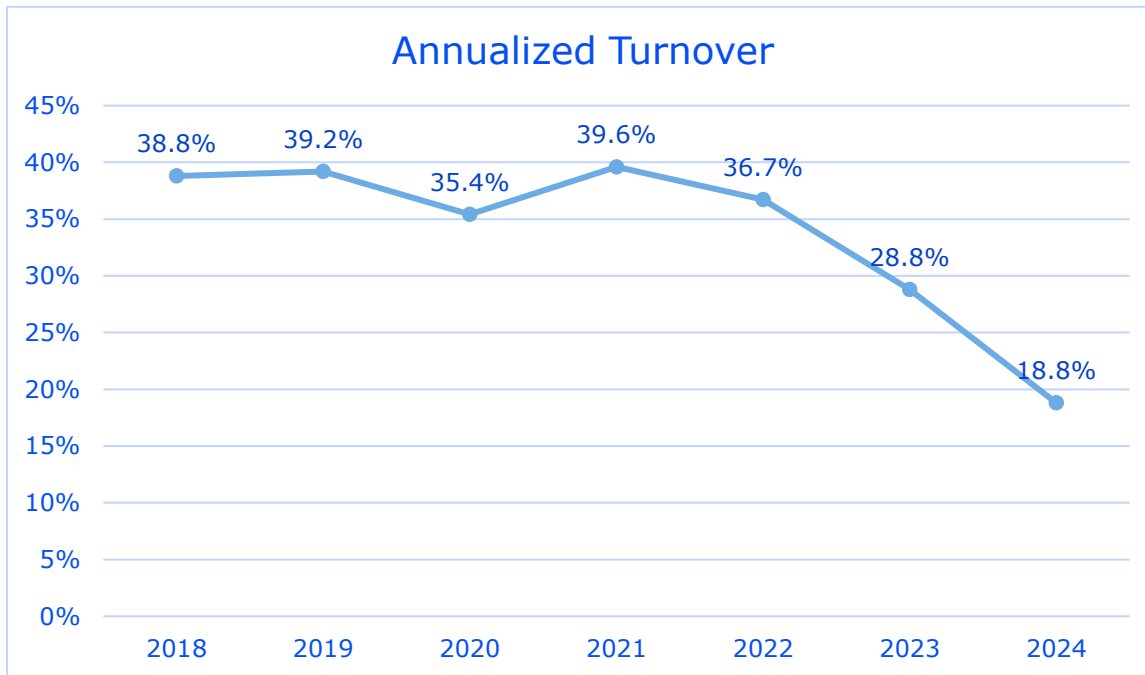


Figure 3. Comparison of SSLC Contract Labor Expenditures, Fiscal Years 2023-2024.



⁸ Fiscal year to date 2024 is as of April 30, 2024.

Figure 4. SSLC Annualized Turnover Rate, Fiscal Years 2018-2024.⁹



Benefits to Individuals Served

Workforce improvements have resulted in marked improvement in several areas of quality and access across the system as exhibited by decreased unusual incidents, medication variances, and increased off-campus employment.

- Abuse, neglect, and exploitation (ANE) allegations decreased from 6,164 in 2022 to 5,232 in 2023.
- Unauthorized departures decreased from 240 in 2022 to 137 in 2023, with a change in average from 20 per month in 2022 to 11 per month in 2023.
- Serious Injuries decreased from an average of 32 per month in 2022 to an average of 29 per month in 2023.
- Medication Variances have improved since January 2023, with a steady downward trend from 1,191 in January 2023 to 877 in December 2023.
- From March 2023 to February 2024, the number of SSLC residents employed off campus (supported, competitive, and enclave employment) has increased 38.7 percent.

⁹ Fiscal year to date 2024 is as of April 30, 2024.

Department of Justice Settlement Agreement

The State of Texas entered into a settlement agreement with 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 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 SSLCs.

In August 2021, the State and DOJ signed an amended agreement which eliminated several provisions relating to process-oriented activities to focus more on outcomes of individuals. The amended agreement also allowed the state to achieve compliance incrementally at a more discrete provision level rather than as an entire section as required under the 2009 agreement. As of May 2024, the SSLCs obtained substantial compliance in 760 provisions of the amended agreement, which represents exiting 42.9 percent of all provisions at all SSLCs.

Included in the amended agreement are provisions allowing monitoring for compliance to transfer to state staff designated as "State Reviewers." The independent monitor has established an interrater agreement process where state staff establish an agreement with the independent settlement agreement monitoring team members on how to score the QSR tools. This process is underway. As of May 2024, the state has established interrater agreements for 12 of the 18 sections of the amended agreement with QSR tools and have assumed responsibility for monitoring those sections. State staff assuming responsibility for monitoring allows the independent monitor to reduce the number of subject matter experts hired to perform monitoring duties. Additionally, the state is demonstrating its ability to evaluate adherence to the amended agreement on its own, without oversight by DOJ, ensuring sustainability of improvements made.

4. Projected Enrollment

HHSC strives to ensure individuals with IDD and their LARs or guardians, if applicable, have a choice among a full range of services and supports, including those services provided by SSLCs and are provided a comprehensive review of the living options available. Supports and services addressing an aging population will be needed for individuals with IDD who, because of continued improvements in supports and services, are expected to have an increased life span, similar to individuals who do not have IDD.

Although enrollment¹⁰ has consistently declined over the past decade, this trend has slowed in recent years. Future enrollment is projected to increase due to the influx of new inquiries for admission and the continued trend of new admissions exceeding the number of community transitions (Table 6).

Table 6. Enrollment Trends and Projections, Fiscal Years 2013-2026.

Fiscal Year	Enrollment
2013	3,547
2014	3,362
2015	3,186
2016	3,103
2017	3,019
2018	2,969
2019	2,910
2020	2,817
2021	2,723
2022	2,652
2023	2,588
2024 projected	2,592
2025 projected	2,600
2026 projected	2,612

¹⁰ Enrollment is a point in time measure of the actual number of residents living in SSLCs as of the last day of the fiscal year and is not an average over time.

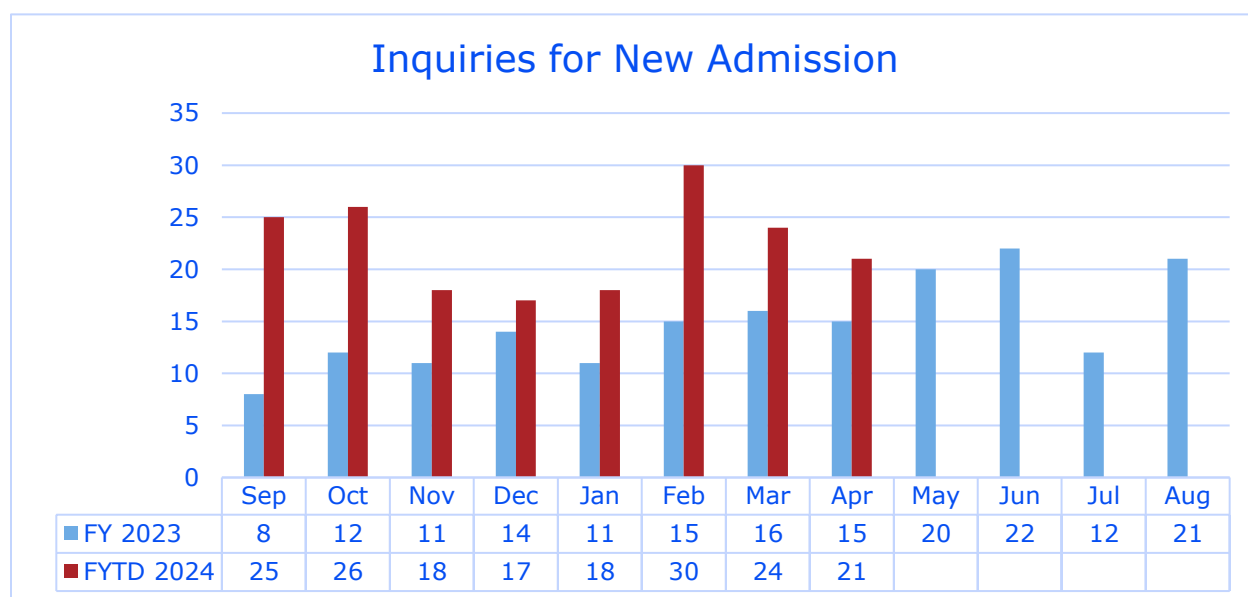
Notably, the actual average monthly census has exceeded Legislative Budget Board (LBB) performance measure target both years of last biennium and is anticipated to continue to surpass LBB targets during the current biennium (Table 7).

Table 7. Average Monthly Census LBB Targets and Actuals, Fiscal Years 2022-2025.

Fiscal Year	LBB Performance Measure Target	Actual ¹¹
2022	2,638	2,674
2023	2,534	2,602
2024	2,515	2,576
2025	2,437	N/A

Inquiries for new admission have exceeded those reported in fiscal 2023 every month of fiscal year to date 2024 (Figure 5). Of the 179 inquiries in fiscal year to date 2024, 46 percent are for individuals from a forensic setting. The forensic population often has a high behavioral acuity, and requires ongoing behavioral services, psychiatric services, counseling, and competency restoration. Additionally, an increasing number of individuals are transferring from state hospitals and may require high levels of psychiatric intervention. The overall need for enhanced or specialized services is increasing for individuals served at the SSLCs.

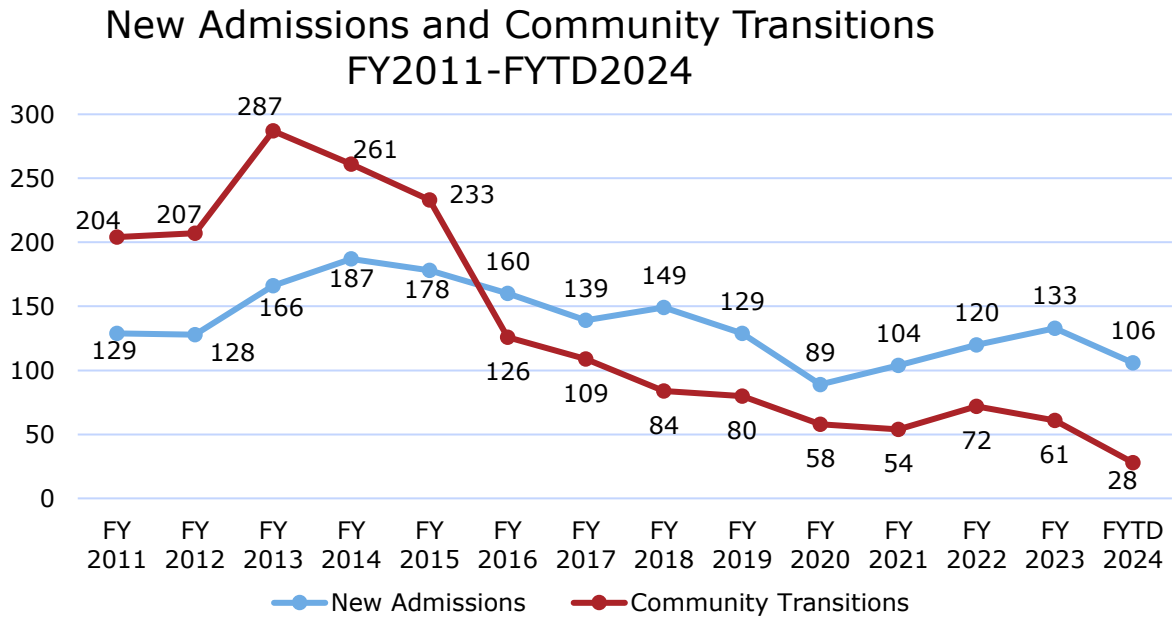
Figure 5. Monthly Inquiries for New Admission, Fiscal Years 2023-2024.



¹¹ The value for actual average monthly census in fiscal year 2024 is as of April 30, 2024.

Another factor impacting SSLC enrollment is continued difficulty in finding community placements for residents that can support their complex medical, mental health, and behavioral needs. Since fiscal year 2016, SSLC admissions have exceeded community transitions with current fiscal year to date 2024 admissions being more than three times the number of community transitions (Figure 6).

Figure 6. New Admissions and Community Transitions, Fiscal Years 2011-2024.¹²



Given the current trends, SSLC enrollment numbers are expected to stabilize and begin to increase rather than continue to decrease. HHSC will continue to track these trends to ensure enrollment projections are as accurate as possible.

¹² Fiscal year to date 2024 is as of April 30, 2024.

5. Projected Maintenance Costs

Due to aging infrastructure, SSLC campuses are in continuous need of repair and renovation to maintain health and safety for residents and staff. The cost of maintaining SSLC buildings includes upkeep and repairs to prevent further deterioration, and replacement of any materials, equipment, and fixtures that cannot be repaired in a cost-effective manner. All projects are designed to bring facilities into compliance with industry standards and Texas Life Safety Code requirements.

Currently, the SSLCs have 55 active and ongoing major maintenance projects, totaling almost \$128 million to address building issues that, if deferred, would affect the ability of the building to function as necessary. Beyond the funded current projects, SSLCs have requested an additional 189 projects with estimated costs exceeding \$485 million. Projected costs are based on historical costs of similar projects across the system, cost estimates of architects or engineers, or quotes from vendors.

The Supplemental Appropriations Act, S.B. 30, 88th Legislature, Regular Session, appropriated \$50 million for deferred maintenance and \$14 million for emergency repairs to address the needs of the SSLCs and state hospitals. The maintenance need far exceeds the funding appropriated.

Maintenance projects are prioritized based on their use and include 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 and natural gas distribution).

As facilities continue to age, HSCS anticipates maintenance and construction needs and costs will continue to increase.

6. Continuous Improvement

In alignment with the 10-year plan outlined in the report required by the 2014-15 GAA, S.B. 1, 83rd Legislature, Regular Session, 2013 (Article II, Department of Aging and Disability Services, Rider 39), HHSC continues to focus on the identification and implementation of best practices across the state to improve services for SSLC residents.

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 including post-move monitoring. To achieve this, the SSLCs are implementing several initiatives with both short and long-term impacts across the state. Additionally, to aid in the community transition process, the SSLC leadership encourages and supports capacity building efforts by community providers, as well as efforts to strengthen community supports.

Workforce

In the 2022 SSLC Long-Range Planning Report, the impacts of COVID-19 at the SSLCs had exacerbated the already challenging workforce issues facing SSLCs. As noted in previous sections, SSLCs have had marked improvements in staffing levels. It will be critical to maintain the gains in filled positions and minimize turnover rates while embarking on new initiatives in targeted areas including nursing, on-the-job training for direct support professionals, and continuing to improve workplace culture.

Nursing

Texas is facing a shortage of both Licensed Vocational Nurses (LVNs) and Registered Nurses (RNs), which is predicted to worsen between now and 2032, according to a March 2021 study conducted by the Texas Center for Nursing Workforce Studies. For SSLCs, increased pay helped attract and retain more LVNs and RNs; however, while some SSLCs have become nearly fully staffed, others have lagged in their ability to fill nursing positions. The inability to hire LVNs in some locations has outpaced the ability to hire RNs, for example:

- Abilene SSLC - 26 percent vacancy rate for LVN positions compared to a nine percent vacancy rate for RN positions,

- Corpus Christi SSLC - 55 percent vacancy rate for LVN positions compared to a 12 percent vacancy rate for RN positions, and
- Lubbock SSLC - 40 percent vacancy rate for LVN positions compared to eight percent vacancy rate for RN positions.

After evaluating potential solutions, HSCS created a pilot program at Abilene, Corpus Christi, and Lubbock SSLCs by reclassifying three LVN positions to RN positions at each location. The goal is to hire RNs into these vacant positions, and reduce overtime worked by LVNs or use of contract labor to cover for the vacancies. Both outcomes will result in cost savings for the SSLCs and provide intangible benefits, including increased morale for employees no longer having to work large amounts of overtime, increased quality of care for individuals by having a higher level of nursing service accessible to them, and increased employee engagement with the SSLC mission. SSLCs will evaluate the impact of this initiative as it progresses and take steps to evolve and/or expand it depending upon results.

On-the-Job Training (OJT) for Direct Support Professionals (DSPs)

SSLC staff review data related to the longevity of newly hired DSPs. Most commonly, DSPs terminate their employment (either voluntarily or involuntarily) within the first six months of employment, with many leaving within the first 60 days. From September 1, 2023, through April 8, 2024, SSLCs hired 1,524 DSPs, and 17 percent terminated employment within the first 60 days.

After conducting a root cause analysis, Mexia SSLC proposed improvements to the quality and organization of On-The-Job Training (OJT) processes to increase DSP longevity. In December 2023, Mexia SSLC launched a pilot program which included hiring a Training Specialist dedicated to overseeing the OJT process. SSLCs will study the impact of this initiative as it progresses and take steps to evolve and/or expand depending upon results.

Building a Culture of Quality Improvement

Since 2021, the SSLCs have collaborated with the University of Massachusetts Center for Developmental Disabilities Evaluation and Research (CDDER) in several areas. CDDER has provided consultation and technical assistance on topics including:

- Mortality Review – The State Office worked with CDDER to enhance the state office mortality review committee process. The State Office also worked with CDDER to improve data collection regarding the death of SSLC residents, which required changes to the electronic life record. Additionally, in consultation with CDDER, the State Office repealed TAC sections 3.505-8 regarding clinical death reviews, administrative death reviews, and the state office mortality reviews to allow the SSLCs to craft more focused interdisciplinary reviews. As a result, all SSLCs implemented a more integrated mortality review process in 2024.
- Response to Falls – The State Office developed a procedure to ensure a consistent response to resident falls. Through this work, the State Office identified opportunities to enhance data collection regarding falls and implemented changes to the electronic life record.
- QI Policy – The State Office worked with CDDER to revise the statewide QI policy. With this work, the State Office revised its QI Plan and Corrective Action Plan templates designed to organize strategies for improvement. CDDER is working with the State Office to develop and implement annual quality plans in the coming years, as described in the policy.
- State Office Quality Assurance/Quality Improvement (QA/QI) Council - In 2022, the State Office launched a statewide QA/QI Council to assess trends and identify opportunities for improvement. CDDER will continue to work with SSLCs and State Office to enhance QA/QI Councils statewide including providing improved data sets to measure trends.
- Surveillance, Key Indicators, and Dashboard – The State Office worked with CDDER to launch an inventory of key indicators that are shared on a statewide data dashboard, the Statewide Key Indicators Platform (SKIP). Through this work the state has prioritized system changes and improved data validity, reliability, and accessibility. Enhancements will continue to be made to SKIP through 2026.
- Training and skill development. CDDER worked with the HHS Curriculum & Training Development team to launch a series of courses related to QI strategies and tools for SSLC staff. The course content focuses on continuous QI, the Plan-Do-Study-Act cycle and systemic learning through use of tools like contributory factor analysis and the 5 Whys. During calendar year 2023, all staff took courses designed to help them understand QI strategies and develop skills toward building a culture of quality. In 2024 and beyond, new staff will continue to take the courses while tenured staff will revisit them as

they work through systems that need enhancement and/or corrective action. In the coming years, CDDER and the SSLCs will work on building even more tools and resources for staff to ensure continued skill building for the SSLC system.

- Enhancements to the State Review process. Annually, a team of state reviewers visit each SSLC for approximately three days. The purpose of a State Review is to:
 - ▶ Conduct a review of all areas/programs using QSR tools.
 - ▶ Validate SSLC QA/QI Council and State Office QA/QI Council findings.
 - ▶ Identify best practices to share with other SSLCs.
 - ▶ Provide feedback and technical assistance, including:
 - ◇ Training SSLC staff on monitoring and other systems;
 - ◇ Conducting interrater agreement establishment activities with SSLC staff; and
 - ◇ Case consultation.
 - ▶ Identify opportunities for improvement at the SSLC.
 - ▶ Develop preliminary findings to include strengths, challenges, and section ratings. SSLCs may be asked to develop an improvement plan with State Office if improvement plans do not already exist or if there is an immediate need for intervention. The State Review Team may also plan follow-up activities, which could include a return visit by specific reviewers before the next annual State Review if rapid improvement is needed. QI staff will continue to work closely with CDDER to enhance the State Review process.

Equipping Staff to Work with Complex Populations

The SSLCs continue to admit a population that is younger and more behaviorally challenging. To address the needs and improve outcomes for this population, the SSLCs have implemented a statewide curriculum, *Supporting Residents with Complex Histories*. Elements of the curriculum include strategies for successfully supporting residents with complex histories in a safe and effective manner with a focus on teaching residents behavioral self-management skills.

Choices Program

Beginning in 2021, Austin SSLC piloted the Choices program, which encompassed training to facility staff as coaches for emotion regulation. It works in harmony with the trauma-informed approaches implemented in Ukeru, the Safe Use of Restraints training, and techniques taught through applied behavior analysis which are currently used in resident positive behavior support plans (PBSPs).

Choices has rolled out to all SSLCs and aims to break the cycle of aggression of residents and staff by teaching them to self-monitor and recognize triggers and urges towards aggression before acting on their urges. These strategies and techniques are individualized and incorporated through various treatment modalities such as PBSPs, skill acquisition plans, counseling plans, peer groups, and staff trainings. Both staff and residents receive the same emotion regulation training to ensure all involved are self-regulating and practicing these skills together.

Additional Strategies

In addition to Choices and the Supporting Residents with Complex Histories program, ongoing efforts are underway to assist SSLC staff with identifying strategies and treatment options for our complex population. Internal and external peer reviews of complex cases are facilitated by the state office behavior health services discipline coordinators and team of behavior analysts. These reviews are conducted to brainstorm and collaborate on best practices and approaches to reducing challenging behaviors.

Trauma-informed care is an underpinning to the culture of each SSLC. As the SSLCs move forward using a more person-centered approach, additional strategies to enhance SSLC resources will be introduced including a trauma informed care program with plans for a pilot program at three SSLCs. Additionally, exploration in pairing SSLCs with counseling services that specialize in dialectical behavior therapy (DBT) and cognitive behavior therapy (CBT) are underway. Each of these services will provide further individualized support and guidance to help residents acquire skills, achieve goals, and improve mental health outcomes. Additional ways to develop and imbed a trauma-informed culture are being explored.

The complex population served by SSLCs and continued anticipated changes underscore the need for additional types of clinical subject matter expertise. SSLCs are exploring the need for clinical social workers and/or licensed professional

counselors who can provide insight-oriented therapy in addition to the Applied Behavioral Analysis services currently provided by our Board-Certified Behavior Analysts (BCBAs) and other behavioral health staff.

Goal Setting and Achievement Plans

Understanding a resident's history, abilities, and preferences drives the development of meaningful goals and plans that maximize functioning, build skill development, and improve the health and quality of life of the persons served.

Individual Support Plan (ISP) Process

As part of the goal setting and Individual Support Plan (ISP) process, residents and their LARs or guardians are encouraged to attend and participate in the annual ISP meeting. Prior to this meeting, the IDT completes a preferences and strengths inventory to gather insight about what is important to the resident by talking with the resident, their LAR or guardian, and others who know the resident well. This information is used to guide goal setting and the planning process.

The IDT begins the goal development discussion during a preliminary preparation meeting held approximately 90 days before the annual support plan meeting. The resident and the LAR are invited to participate in this preliminary preparation meeting to help shape discussion and guide next steps for the IDT leading up to the annual ISP meeting.

At the annual ISP meeting, the resident's preferences are clearly stated and are used to establish meaningful life goals and plans for the upcoming year. Through this annual process, the resident and their LAR are provided additional information regarding living options, guardianship, and trust fund accounts. Additionally, both the resident and their LAR can meet with their Qualified Intellectual Disabilities Professional and their IDT members, when requested, in order to ensure ongoing open and continuing collaboration and communication.

Person-Centered Planning Enhancement

The Person-Centered Planning process continues to be refined to clearly and succinctly capture relevant documentation pertaining to the individual's life through the continued use of the electronic record. Additional information and data are considered and analyzed to assist in the planning process.

At the SSLCs, workshops are conducted focusing on the accomplishment of residents' person-centered goals. These workshops teach SSLC staff how to take a systems approach to tackling barriers, addressing logistical issues, and coordinating resources to support residents accomplishing their person-centered goals. To support resident goal achievement, the resident's electronic record has been updated to capture data for both resident and statewide accomplished goals.

SSLCs are currently collaborating with contractors to develop additional training in the person-centered approach. The aim is to enhance the ability of staff to elicit from individuals their personal goals and aspirations. Moreover, training is being conducted with the IDTs in better developing health care goals to assist residents in leading a healthier life and actively participating in managing their own health. As the Person-Centered Planning process continues to evolve, further development of partnerships with community groups and organizations are needed to cultivate new, more meaningful opportunities for SSLC residents to engage with and be a part of their local communities.

7. Conclusion

This SSLC Long-Range Planning Report, required by [HSC, section 533A.032\(c\)](#), provides information regarding the current state of SSLCs, initiatives and issues impacting the SSLCs, cost projections, and future directions.

Numerous incoming SSLC residents have complex and multifaceted behavioral, medical, and psychiatric needs that the community has been unable to meet, which has contributed to slowing community transitions. While the overall enrollment has previously declined, there has been an increase in admissions since 2021, which paired with slowed transitions has resulted in larger enrollment numbers than previously projected.

Overall staff fill rates have increased significantly since the implementation of pay raises within the SSLC system. Moreover, significant strides have been made with regards to staff retention lowering turnover by 18.6 percent since fiscal year 2022. These combined improvements have resulted in substantial decreases in contract labor costs, as well as employee overtime and compensatory time earned.

Maintenance needs for the aging SSLC infrastructure continue, with ongoing projects and requested projects totaling an estimated \$613 million.

The state remains committed to improving the quality of life for individuals with IDD through expanding existing services and introducing new initiatives including:

- Continued expansion of an outcomes-based QI program to better assess and improve the quality of care and services provided to individuals in the SSLCs.
- A continued focus on Person-Centered Planning with trainings and workshops designed to assist staff with ISP development, implementation, and skill-building to better serve SSLC residents.
- Additional SSLC resources will be introduced, including a trauma-informed care pilot program at three SSLCs, and exploration of pairing SSLCs with counseling services that specialize in DBT and CBT is being pursued as a method of providing further individualized services and supports.

List of Acronyms

Acronym	Full Name
ANE	Abuse Neglect and Exploitation
BCBA	Board-Certified Behavior Analyst
CARE	Client Assignment and Registration System
CBT	Cognitive Behavior Therapy
CCP	Texas Code of Criminal Procedure
CDDER	University of Massachusetts Center for Developmental Disabilities Evaluation and Research
DBT	Dialectical Behavior Therapy
DOJ	Department of Justice
DSP	Direct Support Professional
FTE	Full-time equivalent
GAA	General Appropriations Act
H.B.	House Bill
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
HSC	Texas Health and Safety Code
HSCS	Health and Specialty Care System
ICAP	Inventory for Client and Agency Planning
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
IDD	Intellectual or Developmental Disabilities
IDT	Interdisciplinary Team
IQ	Intelligence Quotient
IRIS	Integrated Resident Information System
ISP	Individual Support Plan
LAR	Legally Authorized Representative
LBB	Legislative Budget Board
LIDDA	Local Intellectual Developmental Disability Authority
LVN	Licensed Vocational Nurse
OJT	On-the-Job Training
PBSP	Positive Behavior Support Plan
QA/QI	Quality Assurance/Quality Improvement
QI	Quality Improvement
QSR	Quality Service Review
RN	Registered Nurse
S.B.	Senate Bill
SKIP	Statewide Key Indicators Platform
SSLC	State Supported Living Center
TAC	Texas Administrative Code