



# **State Supported Living Center Long Range Planning Report**

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

**Texas Health and Human  
Services Commission**

**April 2024**



**TEXAS**  
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## Introduction and Charge

The Texas Health and Human Services Commission (HHSC) presents a biennial 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 Texas Health and Safety Code (HSC), Title 7, Section 533A.032(c), Long Range Planning.

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 the SSLCs.
- 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 remain one component of a broader continuum of services for individuals living with IDD. Through the HHSC, 13 SSLCs provide services and supports for individuals with an intellectual disability or related conditions (see Figure 1).

Each center is certified as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), a Medicaid-funded federal/state service. All centers are subject to oversight and annual certification reviews by the HHSC Regulatory Division.

Approximately 60% of the operating funds for an SSLC come from the federal government, and 40% from state general revenue and third-party revenue resources.

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 and offer a variety of additional services, including but not limited to:

- A comprehensive review of available living options,
- Person-centered, interdisciplinary team 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 natural 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.

**Figure 1: Locations of SSLCs in Texas**



## 2. State Trends

### Enrollment

As of August 31, 2023, the SSLC census has declined almost 30% since fiscal year 2013.

**Table 1: Average Enrollment at SSLCs in Texas, Fiscal Years 2013-2023**

Fiscal Year	Average Enrollment (FY)	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%

Notes: Data source is CARE System

### Admissions and Separations

From fiscal year 2013 through fiscal year 2023, separations from the SSLCs have consistently exceeded the number of admissions resulting in a continued downward trend of the SSLC population. Beginning in 2021, new admissions to the SSLCs increased. Coupled with separations remaining lower than in the past, this has resulted in SSLC enrollment being higher than previous projections. Table 2 details admissions and separations in the SSLCs during fiscal years 2013-2023. Discharges

include separations such as interstate transfers; nursing facility placements; inpatient hospice placements; discharges 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, Fiscal Years 2013-2023**

Fiscal Year	Admissions	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

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 intermediate care facility (ICF).

\*\*As defined by Title 26, Texas Administrative Code, Section 904.125

## Types of Admissions

Admissions to SSLCs are either voluntary or involuntary (see Tables 3a and 3b). 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 Texas’ 88<sup>th</sup> Regular Legislative Session, Senate Bill 944 was passed into law requiring HHSC to create a pathway for civil commitment without a recommendation for placement by a LIDDA interdisciplinary team (IDT). At present, HHSC has created draft rules and

implemented this framework, recently resulting in the first civil commitment completed using the new statute.

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.
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 2013 through 2023, the most frequent type of admission to SSLCs has been “Involuntary Regular” commitments (see Table 4). For fiscal years 2013 through 2023, 61% of admissions were involuntary regular.

Currently, many SSLC admissions materialize after an individual was not successfully served within one or more community-based settings. This is oftentimes due to the individual’s increased need for specialized behavioral, mental health, or medical services. Of the 133 new admissions during fiscal year 2023, 56 individuals, or 42%, had an HCS waiver slot prior to admission.

Individuals admitted for restoration under the Texas Family Code undergo a 90-day assessment period to determine whether 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 Texas Code of Criminal Procedure undergo a 60-day assessment period for misdemeanors, or a 120-day assessment period for felonies to determine whether 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 Texas Code of Criminal Procedure have already undergone an assessment period prior to admission and have been found incompetent 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			
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

HSC, Title 7, §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. evidence 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 Title 26, Texas Administrative Code, 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 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.

## Demographics

As of February 29, 2024:

- Individuals with a profound level of ID comprised 40% of the SSLC population, approximately 17% having a severe level, 21% with a moderate level, and 23% with a mild level of ID.

- 75% of individuals have behavior management needs,
- 39% of individuals are medically fragile with moderate to severe health needs,
- 61% of individuals have one or more psychiatric diagnosis,
- Approximately 40% of new SSLC admissions are forensic commitments,
- Individuals with a legally authorized representative, or guardian, represent approximately 65% of the SSLC population.

**Table 5: Age of Individuals Served in the SSLCs as of August 31, 2023**

Age	0-17	18-21	22-34	35-44	45-54	55-64	65-76+
Number of Individuals	51	88	488	394	409	606	552
Percent of Total Population	1.97%	3.40%	18.86%	15.22%	15.80%	23.42%	21.33%

Notes: Data source is 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, has remained relatively stable since 2013.

**Table 6: Comparison of Level of Need in SSLCs, August 31, 2013, August 31, 2019, and August 31, 2023**

<b>Level of Need</b>	<b>August 31, 2013</b>	<b>August 31, 2019</b>	<b>August 31, 2023</b>
Intermittent	7.93%	10.73%	12.87%
Limited	38.76%	44.69%	44.20%
Extensive	33.66%	31.61%	30.28%
Pervasive	19.04%	12.45%	12.03%
Pervasive Plus	0.45%	0.24%	0.19%
Not Entered	0.14%	0.31%	0.42%
Total Population	3,529	2,907	2,602

Notes: Data source is CARE System.

### 3. Initiatives Affecting State Supported Living Centers in Texas

#### Staffing Levels

HHSC has historically been engaged in multiple efforts to ensure all positions are filled with qualified applicants, such as a robust recruitment campaigns; 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 Enterprise.

During the pandemic, creative hiring practices were implemented to give facilities flexibility in bringing in new staff. Telework and hybrid work schedules were implemented, when possible. Facilities also worked across the HSCS system to share best practices for recruitment ideas.

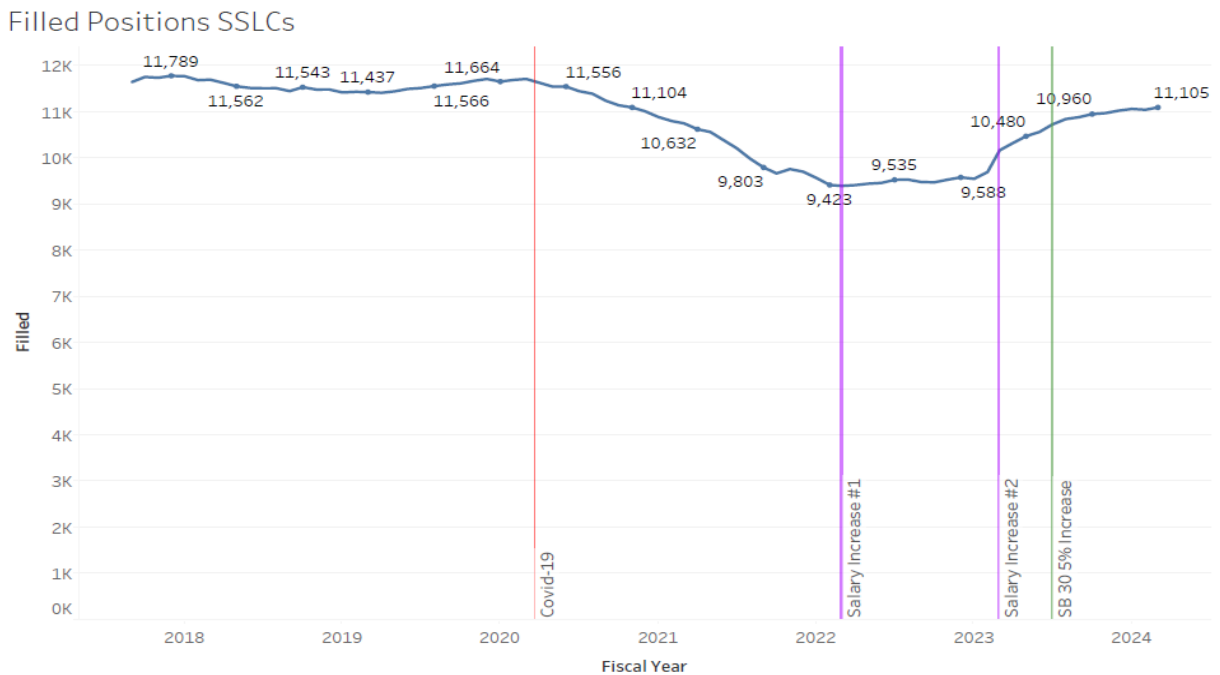
Retention bonuses and salary increases were used to recruit qualified applicants and retain existing staff. In addition to the actions described in the last long-range plan which took place in calendar year 2022, additional actions were taken in calendar year 2023:

- In March 2023, targeted positions were reclassified, and employee salaries raised to the top of the salary group for the new classification's salary group. For those not reclassified, some employees received raises to top of the range for their current salary group while others received a 10% raise. All SSLCs employees were impacted.
- In April 2023, new market rates were set, some staying at top of the salary range for the job classification, some increasing by 10% from the prior market rate, and some staying at the market rate established prior to March 1, 2023.
- In July 2023, the State of Texas issued a Cost-of-Living Adjustment (COLA) for all state employees. This increase was \$250 or 5% per month, whichever was higher.
- In September 2023, the State Auditor's Office (SAO) released the new biennial classification plan, which included reallocation of certain positions to

higher salary groups and introducing new classifications such as a Food Service Worker III, Licensed Vocational Nurse IV, Custodian IV, and Direct Support Professional V. These changes give the SSLCs the opportunity to have higher paying jobs available for these professions.

The impact of the above actions has yielded positive results with the number of filled positions.

**Graph 1: SSLC Staff Filled Positions FY 2018 to Present**



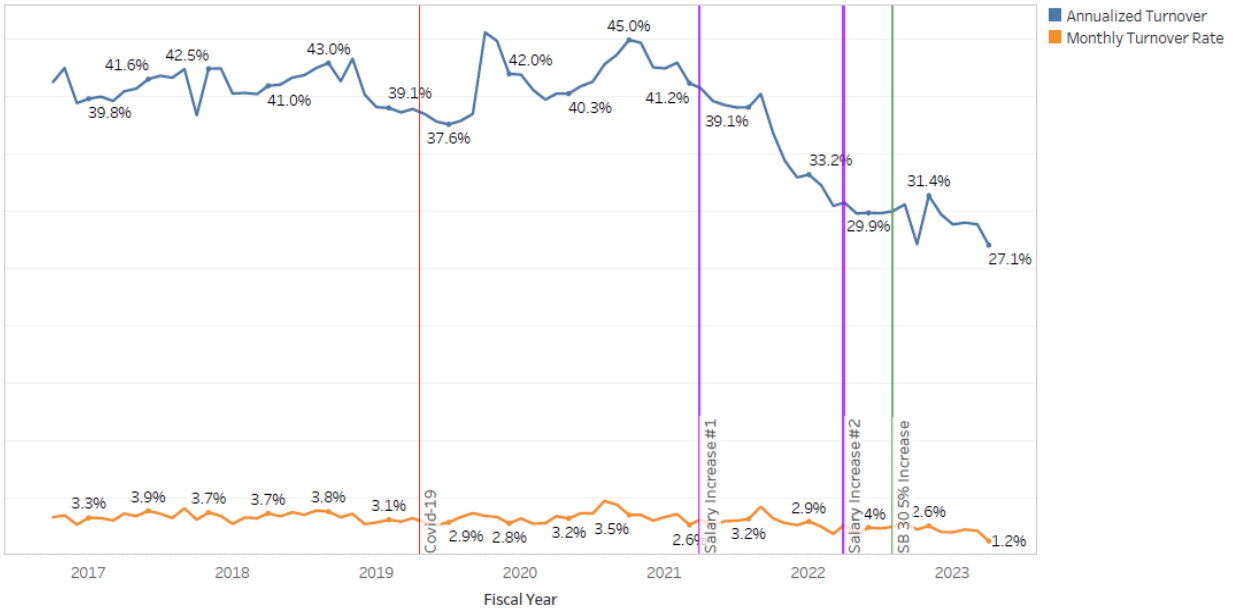
The trend of sum of Filled for As Of Date Day. The marks are labeled by Show Every 5 mark Label Filled.

Additionally, these efforts have improved staff retention. Turnover is now at its lowest point in more than 7 years and has remained steady since January 2023.



## Graph 2: SSLC Turnover Rate FY 2018 to Present

Turnover Rate SSLCs

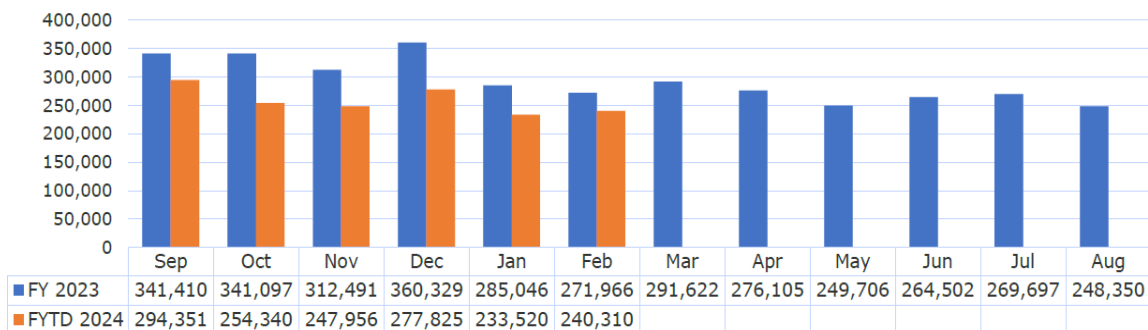


The trends of Monthly Turnover Rate and Annualized Turnover for As Of Date Month. Color shows details about Monthly Turnover Rate and Annualized Turnover. For pane Sum of Monthly Turnover Rate: The marks are labeled by Show Every 5 mark Label Monthly. For pane Sum of Annualized Turnover: The marks are labeled by Show Every 5 mark Label Annualized.

Paid Overtime and Compensatory Time (OT/Comp) have also seen decreases. In the snapshot on January 31, 2024, compared to August 31, 2021, paid OT/Comp was \$27.3 million less. Reducing the need for staff to work over their 40 hour per week schedule or come in at times not scheduled, provides for a better work life balance for employees and serves as a retention tool (see Graph 3, Overtime and Compensatory Hours Earned).

## Graph 3: Comparison of Overtime and Compensatory Hours Earned Fiscal Years 2023-2024

SSLC Overtime and Compensatory Hours Earned



## 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 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.

In August 2021, the State and DOJ signed an amended agreement. The amended agreement eliminated several provisions relating to process-oriented activities and focused more on outcomes of individuals. Additionally, the amended agreement allowed the state to achieve compliance in areas incrementally by recognizing compliance at a more discrete provision level rather than as an entire section as required under the 2009 agreement. As of March 2024, the SSLCs obtained substantial compliance in 748 provisions of the amended agreement, which represents exiting 42.3% of all provisions at all centers.

Included in the amended agreement are provisions reflecting that monitoring for compliance may transfer to state staff designated as "State Reviewers". The independent monitor has established an interrater agreement process, whereby state staff establish agreement with the independent settlement agreement monitoring team members on how to score the QSR tools. The interrater agreement process is underway and to date, the state has established interrater agreement in 9 of the 15 sections of the amended agreement with QSR tools and have assumed responsibility for monitoring compliance for those sections.

## 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 those services provided by SSLCs and a comprehensive review of the living options available to the residents. With continued improvements in supports and services available to individuals with IDD, many of them are expected to have an increased life span, similar to those who do not have IDD. Supports and services addressing an aging population will be needed.

### Projection of Future Enrollment

Based on trends from FY 2013 through FY 2023, Table 7 provides a projection of future enrollment.

**Table 7: Enrollment Trend and Projections for SSLCs, Fiscal Years 2013 – 2026**

Period	Ending/Targeted Enrollment
FY13	3,547
FY14	3,362
FY15	3,186
FY16	3,103
FY17	3,019
FY18	2,969
FY19	2,910
FY20	2,817
FY21	2,723

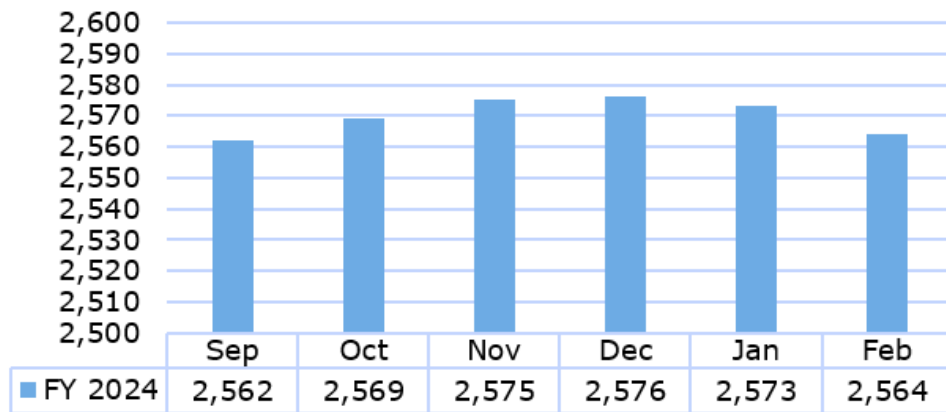
<b>Period</b>	<b>Ending/Targeted Enrollment</b>
FY22	2,652
FY23	2,588
FY24 projected	2,526
FY25 projected	2,450
FY26 projected	2,373

As noted above, although enrollment is still declining overall, the decline is slowing. Actual enrollment is higher than Legislative Budget Board (LBB) performance measure targets (see Table 8 and Graph 4) and is anticipated to continue to surpass LBB targets. Six months into FYTD 2024, admission inquiries have doubled from those reported in FY 2023. Of these inquiries, forensic admission requests account for 48%. The forensic population often presents with a high behavioral acuity, requiring ongoing behavioral services, psychiatric services, counseling, and competency restoration. Additionally, an increasing number of individuals are transferring from the state hospital system and may require high levels of psychiatric intervention. In summary, while the overall population may be decreasing, the overall need for enhanced or specialized services is increasing among the individuals served at the SSLCs.

**Table 8: LBB Target Measures versus Average Enrollment Numbers Fiscal Years 2022 – 2025**

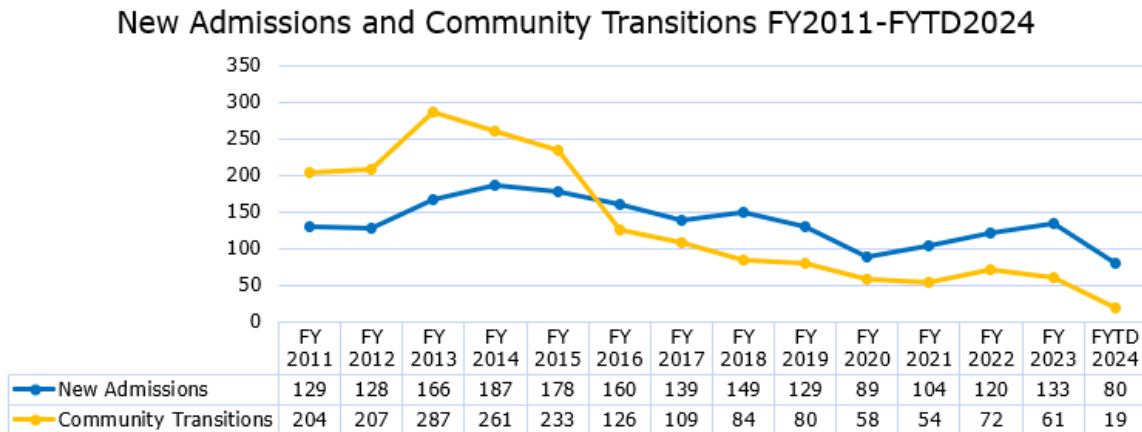
<b>SSLC Average Monthly Enrollment</b>		
<b>Fiscal Year</b>	<b>LBB Performance Measure Target</b>	<b>Actual</b>
2022	2,638	2,674
2023	2,534	2,602
2024	2,515	
2025	2,437	

**Graph 4: SSLC Monthly Census Fiscal Year 2024**



Another factor impacting SSLC enrollment numbers is continued difficulty in finding community placements that can support SSLC residents’ complex medical, mental health, and behavioral needs. Since FY 2016, SSLC admissions have exceeded community transitions with current FYTD 2024 admissions being more than four times the number of community transitions (see Graph 5).

**Graph 5: Comparison of SSLC Admissions and Community Transitions FY 2011-FYTD 2024**



Given current trends, SSLC enrollment numbers are expected to stabilize instead of continuing to decrease at the previous rate. HHSC will continue to track these trends to ensure enrollment projections are as accurate as possible.

## **5. Projections of State Supported Living Centers Maintenance Costs**

### **Maintenance Funding**

Due to their age, many of the physical structures on SSLC campuses are in continuous need of repair and renovation. Areas addressed in these repairs include the replacement or renovation of roofs, walkway repairs, window replacements, electrical, sewer, and plumbing systems; and renovation of bedrooms, living rooms, and other living and day program areas. The costs for maintaining buildings in their current condition also 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.

During the 88<sup>th</sup> Legislature, approximately \$64 million was appropriated to address the needs of the SSLCs and state hospitals. However, given the aging infrastructure of the SSLCs, maintenance needs remain ongoing.

### **Maintenance Cost Projections**

Continuous maintenance takes place throughout the SSLC system with priority being given to requested projects based upon 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.).

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, centers have requested an additional 189 projects with estimated costs exceeding \$485 million. All project requests are based on industry standards and Life Safety Code requirements. Projected costs are based on historical costs of similar projects across the system, cost estimates of architects or engineers, or quotes from vendors.

## 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, 83<sup>rd</sup> 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 more effectively serve 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. 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. Additionally, the SSLCs work to ensure robust post-move monitoring.

### Workforce

In the last long-range plan, the impacts of COVID-19 at the SSLCs had exacerbated the already challenging workforce issues facing SSLCs. In an attempt to regain sufficient staffing levels and keep employees engaged and satisfied, SSLCs implemented several measures which have shown positive results. These measures included:

- increasing staffing levels by re-examining salaries and providing input to the State Auditor's Office for reallocating existing positions and adding new, higher-level positions for some job classifications
- Improving internal communications for staff at all levels and all locations by resuming Town Hall meetings at SSLCs and continuing Town Hall meetings with the Deputy Executive Commissioner (DEC). Additionally, robust use of texting to communicate important messages and initiatives directly to staff continues.

The improvements to workforce culture have in turn resulted in marked improvement in several areas of quality and access across the system.

## Unusual Incidents

- SSLCs saw reduced Abuse Neglect and Exploitation (ANE) allegations from 6,164 in 2022 to 5,232 in 2023.
- Unauthorized Departures declined 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 declined from an average of 32 per month in 2022 to an average of 29 per month in 2023.

## Health Outcomes

Medication Variances have improved since January 2023, with a steady downward trend from 1,191 in January 2023 to 877 in December 2023.

## Off-Campus Employment

From March 2023 to February 2024, the number of SSLC residents employed off campus (supported, competitive, and enclave employment) has increased 38.7%.

These improvements underscore the ability of SSLCs to achieve more positive outcomes when focused on building and supporting the workforce. It will be critical to maintain the gains in filled positions and minimizing turnover rates while taking on new workforce initiatives in the following targeted areas:

- **Nursing:** Texas is facing a shortage of both Licensed Vocational Nurses (LVNs) and Registered Nurses (RNs), which is predicted to grow worse between now and 2032. For SSLCs, increased pay helped attract and retain more LVNs and RNs. 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, at Abilene SSLC, 26% of LVN positions remain vacant as compared to a 9% vacancy rate for RN positions. At Corpus Christi SSLC, 55% of LVN positions remain vacant, compared to a 12% vacancy rate for RN positions. At Lubbock SSLC, 40% of LVN positions remain vacant, compared to 8% of RN positions. After studying the issues and contemplating methods to address this, the SSLCs have agreed to pilot a solution at the 3 SSLCs noted above, whereby 3 LVN positions at each location will be reclassified to RN positions. The aim is to hire RNs into these vacant positions, with the goal of reducing overtime worked by LVNs covering for the vacancies and/or reduce the need for contract workers. Both outcomes will result in a cost savings for the SSLCs and provide intangible benefits, including increased morale for those 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 buy-in to the SSLC mission by having state employees as opposed to contract nurses. SSLCs will study 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 regarding trends in the longevity for newly hired DSPs. Most commonly, DSPs terminate their employment (either voluntarily or involuntarily) within the first six (6) months of employment, with many leaving within the first 60 days. From September 1, 2023, through April 8, 2024, SSLCs hired 1,524 DSPs, 17% of which terminated within the first 60 days of employment. After reviewing their data and conducting a root cause analysis, Mexia SSLC hypothesized that increased attention to the quality and organization of their On-The-Job Training OJT processes would result in increased DSP longevity. In December 2023, Mexia SSLC launched their pilot program which includes hiring a Training Specialist solely for the purpose of 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 subject matter expertise:** The complex population being served by the SSLCs and continued anticipated changes underscore the need for additional and different 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.
  - Trauma-informed care is an underpinning to the culture of each SSLC. Additional ways to develop and imbed a trauma-informed culture are being explored.
  - 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.
  - During calendar year 2023, all staff took courses designed to help them understand quality improvement strategies and develop skills toward building a culture of quality. Courses were designed in a 3-

tiered system, with managers and quality assurance staff taking additional, more detailed courses. 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.

### **Improve 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 center and staff successes.
- Competitions amongst the SSLCs concerning QI initiatives and settlement agreement compliance with the winners receiving division-wide recognition.
- Ongoing podcasts and videos conducted 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 has continued an annual statewide celebration of staff achievements and awards recognizing all levels of staff within the SSLC system.

## **Building a Culture of Quality Improvement**

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

- Mortality Review – State office worked with CDDER to enhance the state office mortality review committee process. The state 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 repealed Texas Administrative Code §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. In the coming year, all SSLCs will implement a more integrated mortality review process.

- Response to Falls – The state developed a procedure to ensure a consistent response to resident falls. Through this work, the state identified opportunities to enhance data collection regarding falls and implemented changes to the electronic life record.
- Quality Improvement Policy – The state worked with CDDER to revise the statewide quality improvement policy. With this work, the state revised its Quality Improvement Plan and Corrective Action Plan templates designed to organize strategies for improvement. CDDER will work with HHSC to develop and implement annual quality plans in the coming years, as described in the policy.
- State Office 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 & Dashboard – The state worked with CDDER to launch an inventory of key indicators that are shared on a statewide data dashboard. Through this work the state will prioritize changes and improve data validity, reliability, and accessibility. This dashboard is known as SKIP (Statewide Key Indicators Platform) and enhancements will continue to be made to SKIP over the next two years.
- Training & Skill Development – CDDER worked with HHS Curriculum & Training Development team to launch a series of courses related to quality improvement strategies and tools for SSLC staff. The course content focuses on continuous quality improvement, the Plan-Do-Study-Act cycle and systemic learning through use of tools like contributory factor analysis and the 5 Whys. The QI courses are required for all levels of SSLC staff. New and incoming staff must complete the courses, and more technical courses related to specific QI strategies and tools are required for all quality improvement staff. 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 State Center for approximately three days. The purpose of a State Review is to:

1. Conduct a review of all areas/programs using quality service review (QSR) tools.
2. Validate Center QA/QI Council and State Office QA/QI Council findings.
3. Identify best practices to share with other centers.
4. Provide feedback and technical assistance, including:
  - a. Training center staff on monitoring and other systems;
  - b. Conducting interrater agreement establishment activities with center staff; and
  - c. Case consultation.
5. Identify opportunities for improvement at the center.

At the conclusion of a State Review, the team provides the center with preliminary findings, to include strengths, challenges, and section ratings. Centers 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.

CDDER will continue to work closely with QI staff to make enhancements to the State Review process.

## **Equipping Staff to Work with Complex Populations**

The SSLCs continue to support 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 staff training on strategies for successfully supporting residents with complex histories in a safe and effective manner, with a focus on teaching residents skills designed for behavioral self-management.

Additionally, starting in 2021, the SSLCs piloted the Choices program at the Austin SSLC. The program encompassed training to facility staff as coaches for emotion regulation working in harmony with the trauma-informed approaches implemented

in Ukeru in 2018, the Safe Use of Restraints (SUR), and techniques taught through applied behavior analysis (ABA) which are currently used in resident positive behavior support plans (PBSPs). Presently, Choices is rolled out to all centers and aims to break the cycle of aggression by teaching individuals 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 positive behavior support plans, skill acquisition plans, counseling plans, peer groups, and staff trainings. Both staff and individuals receive the same emotion regulation training to ensure all involved are self-regulating and practicing these skills together.

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.

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 to pilot this at three centers. Additionally, exploration in pairing centers 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.

## **Goal Setting and Achievement Plans for SSLC Residents**

Understanding a person's history, abilities, and preferences should drive 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.

As part of the goal setting and Individual Support Plan process, residents and their LARs are encouraged to attend and participate in the annual Individual Support Plan meeting. Prior to this meeting, the interdisciplinary team completes a preferences and strengths inventory to gather insight about what is important to the resident by talking with the resident, their legally authorized representative (LAR), and others who know the resident well. This information is used to guide goal setting and the planning process. The interdisciplinary team 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 interdisciplinary team leading up to the annual Individual Support Plan meeting. At the annual Individual Support Plan 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 have the ability to meet with their Qualified Intellectual Disabilities Professional and their interdisciplinary team members, when requested, in order to ensure ongoing open and continuing collaboration and communication.

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 is 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 center 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 electronic record has been updated to capture data for both resident and statewide tracking of accomplished goals.

Additionally, ongoing training is being developed to further support the SSLCs in taking a person-centered approach to the planning process. Moreover, training is being conducted with the interdisciplinary teams 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 is needed to cultivate new, more meaningful opportunities for SSLC residents to engage with and be a part of their local communities.

## **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.

- While the overall trend of the SSLC population continues to decline, since 2021, there has been an increase in admissions. This in conjunction with slowed transitions has resulted in larger than projected enrollment numbers.
- Although the overall population of the SSLCs continues to decrease, numerous incoming SSLC residents have complex and multifaceted behavioral, medical, and psychiatric needs that the community has been unable to meet.
- Given the requisite needs of many SSLC residents, transitions to the community have remained slow as the complexity of their service needs exceed what is typically offered within a community-based setting.
- 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 with a 14% increase since early 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 are ongoing, with current projection estimates 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 additional initiatives. These include:
  - Continued expansion of an outcomes-based Quality Improvement (QI) program to better assess and improve the quality of care and services provided to individuals in the SSLCs. The expansion includes additional development and access to data and visualization tools, QI training for all new staff, and continued monitoring and feedback to all SSLCs regarding their QI plans and initiatives.
  - A continued focus on Person-Centered Planning with trainings and workshops designed to assist staff with individual support plan (ISP) development, implementation, and skill-building to better serve SSLC residents. Resident goal achievement is being tracked on both an individual and statewide level to review for improved outcomes.

- To further support a more person-centered approach, additional SSLC resources will be introduced, including a trauma-informed care pilot program at three centers. Additionally, exploration in pairing centers with counseling services that specialize in dialectical behavior therapy (DBT) and cognitive behavior therapy (CBT) is being pursued as a method of providing further individualized services and supports.



## **List of Acronyms**

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

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

IQ: Intelligence Quotient

IRIS: Integrated Resident Information System

ISP: Individual Support Plan

LAR: Legally Authorized Representative

LIDDA: Local Intellectual Developmental Disability Authority

PIDA: Persons with Intellectual Disabilities Act

QI: Quality Improvement

QSR: Quality Service Review

SSLC: State Supported Living Center