



State Supported Living Center Long Range Planning Report

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

**Texas Health and Human
Services Commission**

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Introduction and Charge

Biennially, the Texas Health and Human Services Commission (HHSC) presents a report to the public about the provision of services at state supported living centers (SSLCs). Through this report, HHSC fulfills the mandate to develop a long-range plan containing information and recommendations regarding the most efficient long-term use and management of these facilities, operated by HHSC, as required in the 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 are a part of a broad continuum of services for persons with IDD. HHSC directly provides services and supports at 13 SSLCs and a state operated intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID) (see Figure 1).

Each center is certified as an ICF/IID, a Medicaid-funded federal/state service. 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.

The stated vision of the Health and Specialty Care System (HSCS), which includes the SSLCs, is to provide specialized care for all Texans in need so that they can live meaningful, healthy, and independent lives. Our mission calls for providing hope and healing through compassionate, innovative, individualized care. To accomplish the vision and mission, the SSLCs provide campus-based, 24-hour residential services and comprehensive behavioral health and healthcare services, including physician, psychiatry, nursing, pharmacy, and dental services. Other services offered include skills training; occupational, physical, and speech therapies; emergency services; nutritional management; vocational programming; religious services; and services to maintain connections between residents, their families, and their natural support systems.

SSLCs recognize the importance of providing individuals with opportunities for community connection. SSLCs assist individuals with maintaining connections to their families and support systems by providing transportation and staff to accompany residents off campus. Residents also have opportunities to participate in other off-campus activities such as shopping, dining out, and going to the movies.



Figure 1: Locations of SSLCs in Texas

2. State Trends

Enrollment

As of August 31, 2021, the SSLC census has declined more than a third since fiscal year 2010.

Table 1: Average Enrollment at SSLCs in Texas, Fiscal Years 2010-2021

Fiscal Year	Average Enrollment (FY)	Percentage Change from Previous Year
2010	4,337	-6.30%
2011	4,072	-6.11%
2012	3,881	-4.27%
2013	3,649	-5.98%
2014	3,439	-5.76%
2015	3,241	-5.76%
2016	3,124	-3.61%
2017	3,026	-3.14%
2018	2,964	-2.05%
2019	2,907	-1.92%
2020	2,854	-1.82%
2021	2,752	-3.57%

Notes: Data source is CARE System.

Admissions and Separations

From fiscal year 2010 to fiscal year 2021, separations from SSLCs consistently exceeded the number of admissions. Additionally noteworthy, over the past five years, the number of admissions exceeded the number of transitions. During FY 2020 and FY 2021, the pandemic slowed transition opportunities as a result of limited staffing resources at the SSLCs and community placements, limited ability to tour potential community providers, and due to quarantine protocols. Although there was a noted decline in community transitions, total overall separations continued to be higher than admissions. This is in part due to an increase in deaths associated with or directly attributable to the SARS-CoV-2, the virus that causes COVID-19. Table 2 details admissions and separations in the SSLCs during fiscal

years 2010-2021. Discharges include separations such as interstate transfers; discharge from a temporary emergency admission; and individuals found competent to stand trial, fit to proceed and/or not eligible for commitment during Code of Criminal Procedure and Family Code evaluations.

Table 2: Admissions and Separations at SSLCs, FY 2010 through FY 2021

Fiscal Year	Admissions	Separations			
		Community Transitions*	Deaths	Discharges**	Total Separations
2010	170	330	140	34	504
2011	131	204	112	28	344
2012	133	207	96	37	340
2013	182	287	93	42	422
2014	196	261	86	34	381
2015	186	233	97	32	362
2016	170	126	99	28	253
2017	145	109	88	32	229
2018	149	84	89	33	206
2019	129	80	84	29	193
2020	89	58	105	19	182
2021	104	54	118	24	196

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 40, Texas Administrative Code, Section 2.279

Types of Admissions

Admissions to SSLCs are either voluntary or involuntary (see Table 3). Local Intellectual and Developmental Disability Authorities (LIDDAs) serve as the point of entry for SSLCs and determine an individual’s eligibility for admission to an SSLC or other publicly funded services and supports for individuals with IDD.

Types of voluntary admissions include respite admission, emergency admission for temporary placement, and regular admission for longer-term placement.

Involuntary admissions are more common and include Family Code and Code of Criminal Procedure evaluations for temporary placement and civil commitments under the Persons with Intellectual Disability Act (PIDA), as well as commitments under the Family Code and Code of Criminal Procedure.

Table 3a: Categories of Voluntary Admissions

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

Table 3b: Categories of Involuntary Admissions

Category	Definition
Regular, PIDA, Health and Safety Code, Title 7, Subtitle D.	Civil commitment of an individual who has been determined to have a diagnosis of IDD and meets civil commitment criteria.
Extended, Code of Criminal Procedure, Chapter 46B	Commitment of an adult who has been found incompetent to stand trial as a result of a diagnosis of IDD, when there is no substantial probability the individual will become competent in the foreseeable future.
Extended, Family Code, Chapter 55	Commitment of a minor who has been found unfit to proceed with criminal charges as a result of IDD and who meets civil commitment criteria.

Category	Definition
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 2010 through 2021, the most frequent type of admission to SSLCs in Texas has been “Involuntary Regular” commitments (see Table 4). For fiscal years 2018 through 2021, 58% of admissions were involuntary regular. As state rules limit the voluntary admission criteria to adults with the legal capacity to provide consent, adults with court appointed guardians may only be admitted through an involuntary admission.

The majority of individuals admitted to SSLCs during recent years, including those under involuntary regular commitments, have complex behavioral health needs that struggle to be met in a community setting. Of the 104 new admissions during fiscal year 2021, 43 individuals, 42%, had an HCS waiver slot at the time of admission.

Minor 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.

Adult 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 or not the individual is competent to stand trial. If during this assessment period the individual is found not to be eligible for services in an SSLC or found competent to stand trial, the individual is discharged and returned to the committing court. If the individual is

not competent to stand trial, the individual remains at the center under an extended commitment.

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

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

Voluntary Admissions			Involuntary Admissions						
Fiscal Year	Emergency	Regular	Family Code Evaluation		Code of Criminal Procedure Evaluation		Code of Criminal Procedure Extended	Regular	Total
			Admits	Discharged to Court	Admits	Discharged to Court			
2010	3	1	41	18	15	5	19	91	170
2011	2	0	35	23	12	3	7	75	131
2012	6	0	31	14	9	6	21	66	133
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

Notes: Data source is IRIS and Avatar Systems.

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 40, Texas Administrative Code, Section 2.255, an individual must have:

- An Intelligence Quotient (IQ) four or more standard deviations below the mean (i.e., in the severe or profound range of an intellectual disability); or
- An Inventory for Client and Agency Planning (ICAP) service level of 1–4, or an ICAP service level of 5 or 6 and extraordinary medical needs that require 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.

With the expansion of community-based services and supports in conjunction with standardized SSLC admission criteria reflecting admission eligibility for only those individuals needing the secure environment and specialized services offered within the SSLC, voluntary admissions to the SSLCS have decreased and remained low for more than a decade.

Demographics

As of August 31, 2021:

- Individuals with a profound level of ID comprised 44% of the SSLC population, with approximately 17% having a severe level of ID, 19% with a moderate level and 20% with a mild level of ID.
- Individuals with a severe or profound behavior management level accounted for 8% of the SSLC population.
- Individuals considered medically fragile, meaning they had moderate to severe health needs, comprised 42% of the SSLC population.
- Individuals with mental health needs, defined as a concurrent mental health diagnosis, accounted for 56% of the SSLC population.
- The majority of individuals served at SSLCs, or approximately 76%, were ages 22 to 64, with 19% age 65 and older and less than 5% under age 22. Table 5 details the age categories.
- Almost 59% of the individuals served at Mexia SSLC had a forensic commitment. Mexia SSLC is the forensic center for males and San Angelo SSLC is the forensic center for females.
- Individuals with a legally authorized representative, or guardian, represented 66% of the SSLC population.

Table 5: Age of Individuals Served in the SSLCs as of August 31, 2021

Age	0-17	18-21	22-34	35-44	45-54	55-64	65-76+
Population	31	89	526	366	457	724	530
Percent of Total Population	1.14%	3.27%	19.32%	13.44%	16.78%	26.58%	19.46%

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, appears to have stayed relatively constant since 2010 (Table 6).

Table 6: Comparison of Level of Need in SSLCs, August 31, 2010 and August 31, 2021

Level of Need	August 31, 2010	August 31, 2017	August 31, 2021
Intermittent	7.4%	6.3%	12.5%
Limited	38.5%	37.4%	44.1%
Extensive	34.3%	32.5%	30.9%
Pervasive	18.9%	17.3%	12.2%
Pervasive Plus	0.45%	0.50%	0.1%
Total Population	4207	3019	2752

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 campaign; job fairs and express hiring events; and targeted salary adjustments. These efforts require close coordination among state office, facility administration, HHSC Human Resources, and the human resources contractor for the Health and Human Services Enterprise. As staffing levels are not only determined by how many staff are hired, but also by how many staff are retained, in October 2019, SSLCs initiated the position of staff development and retention specialists. The aim of these positions is to enhance retention by improving competency of staff through standardized on-the-job training, enhancing communication between departments at each SSLC, and addressing programmatic issues to assist with resolving policy discrepancies or inequitable practices.

More specifically, the role of the staff development and retention specialist is to:

- Enhance staff competency, job satisfaction and workplace socialization to improve retention and succession planning.
- Examine data trends for staff retention and make recommendations to local leadership for targeted action to enhance retention.
- Participate in hiring events and community activities as a SSLC ambassador.
- Implement a robust onboarding process as a supplement to the standardized new employee orientation.
- Develop professional working relationships with newly hired staff to foster their sense of belonging and connectedness.
- Evaluate the effectiveness of learning methods.

By investing in employee relations through the staff development and retention specialists, SSLCs aimed to support recruitment and retention efforts to make working for a SSLC more marketable and sustainable, with a prepared workforce.

Despite these retention efforts, the impact of the pandemic to the already strained workforce within the SSLCs was devastating. As of June 22, 2022, SSLCs have 20% fewer filled position than on March 24, 2020. The most impacted SSLCs are Denton with 35% fewer filled positions, San Angelo with 33% fewer filled positions and Austin and Lufkin SSLCs each with 25% fewer filled positions. The result of fewer filled positions is an increase in the need for contractors, increased use of overtime to provide required supports and services to individuals, diminished quality of work life for employees, lower employee morale, and increased turnover.

During and since the pandemic, hiring practices have included a focus on more flexibility to interview and hire staff at any time during the course of the month (with few exceptions), to implement telework for those positions where services can be delivered remotely in accordance with HHSC's telework policy, and to recruit creatively with SSLCs sharing best practices for recruitment ideas with one another. Retention efforts have focused on enhanced communication and messaging about the status of the pandemic and its impact on the workforce. Additional focus has also been placed on morale building efforts with increased recognition of staff through employee awards and the development of food pantries.

Moreover, to recruit qualified applicants and retain existing staff, hiring and retention bonuses as well as salary increases have been implemented. All of HSCS' facility-based positions received pay raises in March 2022; more than 9200 SSLC staff received a raise and the posted market rates for all vacant positions were increased accordingly. Additionally, 3800 retention bonuses were awarded to SSLC staff for the 2022 fiscal year. Lastly, since January 2022, HSCS has given out over 855 recruitment bonuses to newly hired SSLC Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and Direct Support Professionals (DSPs). The pay raises were funded in HSCS' current operating budget, utilizing unspent funds for salaries for unfilled positions.

As a result of these efforts, SSLCs are beginning to see an increase in number of applicants. Subsequently, this has resulted in the first increase in number of HSCS employees in more than two years and an overall fill rate that has begun to show signs of stabilization. Many more applicants are needed to continue to compete with the broader economy and increase fill rates to pre-pandemic levels.

Table 7: Breakdown of Full Time Equivalents (FTEs) and Fill Rates by SSLC as of August 31, 2021

Facility	Funded FTEs	Filled FTEs	% Filled	Turnover Rate	Paid OT/Comp	Contract Labor Costs
Abilene	1390.25	1197.32	86.12%	40.38%	\$3,809,532.82	\$1,474,040.19
Austin	1129.67	884.25	78.28%	32.82%	\$5,346,724.44	\$2,434,927.10
Brenham	1070.83	766.04	71.54%	43.99%	\$4,137,946.11	\$2,296,376.77
Corpus Christi	905.72	699.75	77.26%	42.06%	\$5,322,662.98	\$1,860,314.93
Denton	1761.75	1226.12	69.60%	41.65%	\$10,473,249.60	\$6,724,128.36
El Paso	480.15	428.58	89.26%	37.92%	\$1,060,204.14	\$1,004,521.32
Lubbock	860.49	743.29	86.38%	47.45%	\$3,581,242.43	\$948,768.03
Lufkin	1180.92	963.04	81.55%	46.07%	\$1,633,720.77	\$3,210,839.46
Mexia	1459.96	1136.25	77.83%	37.91%	\$5,553,490.60	\$1,605,456.26
Richmond	1339.17	1152.29	86.05%	43.27%	\$2,300,284.79	\$72,475.50
San Angelo	940.42	676.83	71.97%	53.02%	\$4,391,521.73	\$3,948,750.92
San Antonio	826.33	668.71	80.92%	38.92%	\$1,873,653.92	\$571,492.56
Rio Grande State Center	261.5	231.46	88.51%	41.19%	\$1,671,942.96	\$1,234,205.10
All Facilities Total	13607.16	10773.93	79.18%	41.96%	\$51,156,177.29	\$27,386,296.49

Department of Justice Settlement Agreement

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

In August 2021, the State and DOJ signed an amended agreement. The amended agreement eliminates several of the provisions relating to process-oriented activities and focuses more on outcomes of individuals. Additionally, the modifications allow 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.

Current Compliance with the Settlement Agreement (as of 6/23/2022)

Section C: Restraints	Section D: Incident Management	Section J: Psychiatric Care and Services	Section K: Psychology	Section L: Medical Care	Section N: Pharmacy	Section Q: Dental
10 SSLCs in Substantial Compliance	12 SSLCs in Substantial Compliance	5 SSLCs in Substantial Compliance	6 SSLCs in Substantial Compliance	1 SSLC in Substantial Compliance	7 SSLCs in Substantial Compliance	5 SSLCs in Substantial Compliance
Abilene	Abilene	Abilene	Abilene	Austin	Abilene	Abilene
Austin	Austin	Austin	Austin		Austin	Austin
Brenham	Brenham	Corpus Christi	Lufkin		Brenham	Brenham
Denton	Corpus Christi	Denton	San Antonio		Corpus Christi	Corpus Christi
Lubbock	Denton	Lubbock	Richmond		Denton	Denton
Lufkin	El Paso		San Angelo		El Paso	
Mexia	Lubbock				Lubbock	
Richmond	Lufkin					
San Angelo	Mexia					
San Antonio	Richmond					
	Rio Grande					
	San Antonio					

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

Assumptions Related to Projections and Estimates of Potential Demand

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

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

Individuals and their families and/or natural support systems will continue to receive information about IDD services for which the individual is eligible, including services provided by SSLCs.

SSLCs will continue to improve their services and supports for persons with severe and profound IDD and those individuals who are medically fragile or who have significant behavioral health needs.

Projection of Future Enrollment

Based on current and historical data, HHSC prepared the projection of future enrollment using a simple linear regression model, with an estimate of 9 admissions and 15 separations per month (Table 8).

In recent years, transitions to the community have slowed, which has led to a slowdown in overall census reduction. Several factors have contributed to this slowdown:

- Ongoing difficulty in finding community placements that can support SSLC residents' behavioral health and/or psychiatric needs. For fiscal year 2021, of those individuals not referred to community placement, 23% were not referred to community placement as a result of their level of need in these areas.
- Continued impediments for locating appropriate community placements for residents with complex medical needs. For fiscal year 2021, of those individuals not referred to community placement, 19% were not referred due to their level of medical need.
- Legal guardians opting for individuals to remain in SSLCs in accordance with the rights allowed within the current continuity of services. In fiscal year 2021, of those individuals not referred to community placement, 40% were not referred to a community placement because their guardians did not want them to be referred.
- SSLC residents exercising their right to remain in SSLCS. In fiscal year 2021, of those individuals not referred to community placement, 14% were not referred to a community placement because of preference in accordance with the rights afforded to them.
- Decreased ability to refer and place residents in a community placement during the pandemic. In fiscal years 2020 and 2021, community placement options were reduced due to implementation of quarantine protocols at both the SSLCS and community placements and as a result of limited staff resources at both. While community transitions and discharges have remained relatively steady over the last several years, the pandemic resulted in increased deaths over pre-pandemic years, which led to a more significant decrease in overall population in FY 20 and 21 compared to pre-pandemic years. Deaths accounted for 60% of total separations in FY 2021 and 57% in FY 2020. This is compared to 44% in FY 2019 and 43% in FY2018. As of 5/31/22, deaths account for 52% of total separations.

Table 8: Enrollment Trend and Projections for SSLCs, Fiscal Years 2010 – 2024

Period	Ending/Targeted Enrollment
FY10	4207
FY11	3993
FY12	3756
FY13	3547
FY14	3362
FY15	3186
FY16	3103
FY17	3019
FY18	2969
FY19	2910
FY20	2817
FY21	2723
FY22 projected	2648
FY23 projected	2576
FY24 projected	2504

Notes: Data source is IRIS System. Actual enrollment reported for 2014 through 2021, 2022 is based upon actuals as of 6/28/22 projected through year end and projected enrollment reported for 2023 and 2024.

5. Projections of State Supported Living Centers Maintenance Costs

Maintenance Funding

The physical structures of the SSLCs are aging and in continuous need of repair and renovation. Areas to be addressed include the replacement or renovation of roofs, HVAC, electrical, and plumbing systems; and renovation of bedrooms, living rooms, and other living and day program areas. The 87th Legislature appropriated approximately \$11 million to the SSLCs to help address these issues; however, maintenance needs for the aging infrastructure are ongoing.

Maintenance Cost Projections for Fiscal Years 2017-2024

Costs for maintaining buildings in their current condition include upkeep and repairs to prevent further deterioration, and replacement of any materials, equipment, and fixtures that cannot be repaired in a cost-effective manner. To ascertain projections of maintenance costs for SSLCs, estimates assume buildings would be maintained at current conditions. Projections of these costs were done using the HHSC Computer Aided Facility Management (CAFM) system and are shown in Table 9 for Fiscal Years 2017-2028.

The projections below are for all SSLC buildings. Differing priorities are assigned to buildings dependent 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.).

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

Table 9: Cost Projections for Maintenance of Residential and Day Program/Direct Support Services Buildings for SSLCs, Fiscal Years 2017-2024

	Day Program & Direct Support Buildings	Residential Buildings	Sub-Total	% of Total Maintenance Cost	Total Maintenance Cost
2017	32,086,185	32,742,072	64,828,257	64.4%	100,638,435
2018	10,708,445	10,464,549	21,172,994	46.0%	70,372,475
2019	43,946,694	47,973,245	91,919,939	68.5%	134,130,007
2020	14,705,004	13,145,247	27,850,251	52.6%	80,957,703
2021	13,502,162	15,637,591	29,139,753	53.0%	54,966,743
2022	96,141,074	61,860,881	158,001,955	73.0%	331,300,750
2023	21,487,945	17,318,927	38,806,872	60.7%	97,755,503
2024	14,247,035	17,561,773	31,808,807	55.1%	88,310,138
Total	\$246,824,544	\$216,704,285	\$463,528,828	59.1%	\$958,431,754

Notes: Data source is HHSC Facility Support Services CAFM Office - CAFM Infrastructure Planning Projections for Fiscal Years 2017-2028.

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

6. Future Directions

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

HHSC continues to explore opportunities to extend SSLC resources to further support individuals living in the community by offering clinical services and increased support for individuals transitioning from an SSLC to the community. To achieve this, the SSLCs are implementing several initiatives with both short and long-term impacts across the state. Additionally, to aid in the transition process, 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

Impacts of COVID-19 at the SSLCs exacerbated the already challenging workforce issues facing SSLCs. Regaining sufficient staffing levels and keeping employees engaged and satisfied is a priority for SSLCs. To that end, SSLCs have implemented a 3-pronged approach to address long-range workforce issues.

Increase Staffing Levels:

As of June 22, 2022, SSLCs have 20% fewer filled positions than on March 24, 2020. In efforts made to hire and retain qualified staff, recruitment and retention bonuses as well as salary increases were awarded in FY 2022. These pay raises were funded in HSCS' current operating budget, utilizing unspent funds for salaries for unfilled positions. Due to these salary adjustments and other initiatives, as of April 2022, the overall fill rate has begun to show signs of stabilization albeit at a depressed level as compared to pre-pandemic fill rates

Presently, SSLCs and State Hospitals, which comprise the Health and Specialty Case System (HSCS), are working together to address increasing staffing levels. In

addition to using recruitment bonuses to attract staff and merit increases to retain staff, ongoing initiatives designed to impact future outcomes include:

- Re-examining bases salaries and market rates: SSLCs face difficult competition for staff. For example, food service workers can earn more money in a private healthcare facility, or even a fast-food restaurant, where expectations and requirements may be less challenging. SSLCs have also had difficulty when facilities increase direct care pay, as team members in facility support positions, such as laundry, are enticed to move into direct care for higher pay. Non-competitive pay impacts the entire system. Staff report needing overtime, using public assistance, or working multiple jobs to provide for their families. These factors add additional stress and may lead to burnout for staff members who are already working in a very challenging and stressful environment. The SSLCs continue to engage in a systematic review and prioritization of current positions, focusing first on the lowest salary groups (A10 and below), to determine how to elevate salaries and fill positions within budgetary constraints.
- Providing input to the State Auditor's Office (SAO): Each biennium the SAO requests input for establishing, deleting, and reallocating job classifications. SSLCs have provided input that impacts several classifications including barbers/cosmetologists, direct support professionals, licensed vocational nurses, and food service workers.

Improve internal communications for staff at all levels and locations:

SSLCs consistently work to improve communication throughout all levels of leadership so staff are engaged and have knowledge of decisions being made that impact the expectations of staff. By improving communication including adding mechanisms for leadership to connect directly to employees (as opposed to through a chain of command), SSLCs will further connect to the core of improving the quality of life for the residents served. During the pandemic, the SSLCs put most in-person meetings, including town hall meetings and interdisciplinary team meetings on hiatus. The necessity of pivoting to the robust use of virtual meetings and increased reliance on technology for communication informed some of the ongoing and future initiatives, which include:

- SSLCs resumption of hosting town hall meetings quarterly, at a minimum, that focus on leadership visibility, center-specific topics of interest, policies, procedures or regulations, or promoting collaboration and improving the work culture.

- The Deputy Executive Commissioner (DEC) for HSCS conducting periodic virtual Town Hall meetings aimed at communicating agency goals and priorities, celebrating accomplishments, and soliciting input from staff. He has also initiated "Friday Photos", a way to celebrate weekly events, share news from around the HSCS and provide kudos to teams for their week.
- Text messaging services being established to facilitate direct communication with the associate commissioner for SSLCs with planned expansion to local texting services with SSLC Directors. Staff will be able to sign up for and receive messages that are center-specific with timely responses from SSLC leadership emphasizing customer service and improving workplace culture. The texting service allows for staff to hear major announcements and requests for input directly from executive leadership. It also allows staff to communicate directly to executive leadership with input, issues and/or concerns, which are delegated for resolution to the most appropriate person.

Improve Workplace Culture:

A positive workplace culture attracts talent, engages staff, focuses on retention, impacts job satisfaction, and positively affects staff performance. In order to gather information about the perceptions of workplace culture so that it can be more strategically addressed, SSLCs will use the following strategies:

- Through staff development and retention specialists, SSLCs have been implementing "stay surveys" for staff to identify top reasons they are choosing to remain employed with a SSLC during the early months of their employment. SSLCs are refining and standardizing these surveys so that data can be analyzed for trends. Information from the stay interviews will be shared routinely with local and state office leadership.
- HSCS leadership encouraged staff to complete the State Survey of Employee Engagement (SEE) in 2022. A cookout was awarded to the SSLC and State Hospital with the highest percentage of staff response. As a result of this competition, SSLCs far surpassed prior response percentages, with the winning SSLC having a response rate of 58%, while the overall SSLC average was 42%. This far surpasses response rates in prior years. Once results are received, SSLCs will use the information to target future efforts at improving workforce culture.

In addition to gathering information to inform future initiatives and improve workplace culture, HSCS is initiating the first annual state-wide celebration of staff achievements and awards. This will occur at the Leadership Conference in September 2022. Awards will be made for Nurse of the Year, DSP of the Year,

Unsung Hero of the Year, SSLC Spirit Award, SSLC Individual Spirit Award, Most Innovative Client Care Program of the Year, and Most Creative Client Care Environmental Improvement of the Year.

Building a Culture of Quality Improvement

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

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. Additionally, in consultation with CDDER, the state is pursuing changes to the Texas Administrative Code §3.505-8 regarding clinical death reviews, administrative death reviews, and the state office mortality reviews to allow for focused interdisciplinary reviews. The state is also working with CDDER to improve data collection regarding the death of SSLC residents.
- 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 provided a Contributory Factor Analysis training and tool to ensure improvement strategies address root causes.
- State Office QA/QI Council - In 2022, the state office launched a statewide QA/QI Council to assess trends and identify opportunities for improvement.

- Surveillance, Key Indicators & Dashboard – The state is working with CDDER to develop an inventory of key indicators that will be shared on a statewide data dashboard. Through this work the state will prioritize changes and improve data validity, reliability, and accessibility enabling SSLC leadership to surveil key areas and take action on systemic and facility specific improvements. For example, this could include a focus on obstacles to community transition and county utilization of the SSLC referral process.
- Training & Skill Development – CDDER is working with HHS Curriculum & Training Development to launch a series of courses related to quality improvement strategies and tools for SSLC staff.

The SSLCs will continue to work with CDDER through 2023 on enhancing its surveillance and quality improvement systems.

Equipping Staff to Work with Complex Populations

As the SSLCs continue to support a population that is younger with more behaviorally complex needs, new evidence-based approaches are necessary to address their needs. SSLCs will facilitate intensive staff training aimed to provide strategies for successfully working with and managing this population. SSLCs will also expand evidence-based programming that results in an increase of positive outcomes for this population, including the ability to teach skills necessary for the management of behavior. In order to fulfill a statewide need for increased specialized services, a curriculum called Supporting Residents with Complex Histories has been developed as a method to provide guidance on supporting residents with complex histories in a safe and effective manner. The curriculum has been piloted in El Paso, San Angelo, and Mexia SSLCs and will continue to be updated and revised until its projected implementation at all centers in September 2022.

Starting in 2020, the SSLCs began training facility staff as coaches for emotion regulation. During this period, a monthly workgroup met to discuss the progress of the program. From those meetings, a determination was made that the program could be better tailored for the SSLC population to streamline, make accessible, and increase user friendliness for SSLC staff. Additionally, the program needed to work in harmony with the trauma-informed approaches implemented with Ukeru in 2018, the Safe Use of Restraints (SUR) in 2019 and the applied behavior analysis (ABA) approaches used in positive behavior support plans (PBSPs). The development of this program, aptly named Choices, began in 2021 with a roll out at the Austin

SSLC as the pilot site in October 2021. Revisions continue to be made as the program is piloted at the centers. Presently, Choices, 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. Staff and individuals receive the same emotion regulation training to assure that everyone in the environment is self-regulating and practicing these skills together with residential management and behavioral support staff targeted for increased training in these areas.

In addition to implementing new approaches to assist residents in self-management, resident and staff safety including the reduction in exposure to workplace violence and personal property destruction must continue to be made a priority. In rare instances, staff members may be victims of criminal acts by residents, particularly related to personal vehicle damage. Currently, staff who are victims of personal property destruction by a resident are not covered under the Texas Tort Claims Act^a and are often left to pay out of pocket for any expenses incurred. Presently, the SSLCS have implemented such measures as allowing staff to utilize available parking outside the perimeter fence (when available) with one SSLC creating an additional parking lot for that purpose. Other measures taken within several of the SSLCS include providing staff more secure areas to store personal items with the facilities identifying locked areas on-site that staff may use for storage, providing additional space within break rooms for staff's personal belongings, or providing staff lockers for staff to safely secure their possessions.

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 skills development, and improve the health and quality of life of those served.

As part of the goal setting and individual support plan process, residents and their LARs are encouraged to attend and participate in the support plan meeting. Prior to this meeting, LARs have the opportunity to complete a pre-meeting questionnaire to better guide the process and ensure open communication and goal setting take place. Through this annual process, individuals and their LARs are provided additional information regarding living options, guardianship, and trust fund accounts. Additionally, both residents and their LARs have the ability to meet with their Qualified Intellectual Disabilities Professional or their Interdisciplinary Team Members when requested in order to ensure ongoing open and continuing collaboration and communication.

SSLCs are in the process of redesigning the current individual support plan to create a more concise, integrated process that fully encompasses a resident's life, supports, services, and action plans. The project aims to increase the effectiveness, efficiency, and integration of the planning process, with an even greater focus on residents gaining skills, accomplishing goals, and having better health outcomes.

Part of the redesign project is aimed at more fully utilizing the electronic health record – IRIS, to support the person-centered planning process. Project participants have evaluated where and how people document information, have found ways to streamline documentation, and have reduced redundancy. Over 40 forms in IRIS are being revamped as a part of the project. These changes will allow the redesigned planning process to better address the intersection of a resident's health, risks, and interests in planning and decision-making.

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 SSLC enrollment continues to decline each year, many newly admitted residents at the SSLCs have complex behavioral, medical, and psychiatric needs that cannot presently be met in a community setting.
- Given the high levels of need of many SSLC residents, transitions to the community have continued to slow as these individuals require specific supports and services in place prior to the resident's departure from the SSLC. This decrease has been further exacerbated since 2020 as a result of the pandemic.
- Staff recruitment and retention remains an issue at all centers. At present, multiple initiatives have been implemented to increase staff communication, improve workplace culture, and increase existing pay structures.
- Maintenance needs for the aging SSLC infrastructure are ongoing. The total maintenance costs for fiscal years 2017-2024 is estimated at more than \$958 million.
- The state remains committed to improving the quality of life for individuals with IDD with multiple new initiatives underway. 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 and to those who have transitioned from an SSLC into a community setting.
 - Development and implementation of an intensive staff training program aimed at providing strategies for successfully working with and managing individuals with behaviorally complex needs.
 - Development and implementation of a trauma-informed emotion regulation program geared towards breaking the cycle of aggression by teaching residents to self-monitor and recognize their urges toward aggression before acting on them.
 - A redesigning of the current individual support plan to create a more concise, integrated, and comprehensive process which places an

additional focus on residents gaining skills, accomplishing goals, and having better health outcomes.

List of Acronyms

ANE: Abuse, Neglect, and Exploitation

CAFM: Computer Aided Facility Management

CARE System: Client Assignment and Registration System

DOJ: Department of Justice

FTE: Full-time equivalent

HCS: Home and Community-based Services

HHSC: Health and Human Services Commission

ICAP: Inventory for Client and Agency Planning

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

IDD: Intellectual or Developmental Disabilities

IQ: Intelligence Quotient

IRIS: Integrated Resident Information System

ISP: Individual Support Plan

LIDDA: Local Intellectual Developmental Disability Authority

PIDA: Persons with Intellectual Disabilities Act

QI: Quality Improvement

QIP: Quality Improvement Plan

QSR: Quality Service Review

SSLC: State Supported Living Center

UF HOBI: University of Florida Health Outcomes and Biomedical Information

^a Texas Tort Claims Act. Civil Practice and Remedies Code Chapter 101 (1985).