Reimagining the Future: A Report on Maximizing Resources and Long-Range Planning for State Supported Living Centers

As Required by

2020-21 General Appropriations Act
House Bill 1,
86th Legislature, Regular Session, 2019
(Article II, Health and Human Services Commission, Rider 110)

and

Texas Health and Safety Code
§533A.032

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Executive Summary

Reimagining the Future is developed under the statutory authority of the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 110) and Texas Health and Safety Code §533A.032. Its purpose is to promote the development of a comprehensive, statewide approach toward long-range planning for state supported living centers (SSLCs) and maximize resources to support the continuum of care for people with intellectual and developmental disabilities (IDD).

Blueprint for a Healthy Texas, the inaugural business plan for Texas Health and Human Services (HHS), was used as a foundation to lead coordinated efforts included within this report to improve operations, enhance the quality of services, and achieve better outcomes within SSLCs.[1] In partnership with internal and external stakeholders, HHSC developed four primary objectives to prioritize how SSLCs could enhance operations and meet the HHS vision of making a positive difference in the lives of the people we serve. Developed to accomplish over a six-year period, some of the initiatives included under each objective would require additional funds, or changes to law or other regulations.

Enhance Resident Services and Supports

Enhancing resident services and supports will ensure the inclusion of all people served by SSLCs to promote independence and positive results. Outcomes established for the initiatives identified in this strategy include:

- Integrate a person's goals, preferences and life experiences into their treatment plans and interventions.
- Promote a realistic home or independent-style living environment.
- Expand programming toward community integration and inclusion of family and natural supports.

Strengthen Employee Services and Supports

Keeping employees engaged and satisfied is a priority for SSLCs. By committing to better support staff, SSLCs solicited input to recognize what staff valued most and identified ways to support those efforts. Outcomes in this strategy are:

- Improve workplace culture.
- Improve internal communications for staff at all levels and locations.
- Improve accessible professional development and learning opportunities.

Expand Community-Based Services and Supports

Improving the health, safety and well-being of Texans with IDD is paramount to the success of Texas HHS systems. SSLCs will maximize resources to support community-integrated services for people with IDD who do not reside in a SSLC. This strategy includes the following outcomes:

- Increase available services not otherwise provided or currently lacking within the community for people with IDD.
- Reduce wait times for people with IDD to receive services.
- Expand networking and resource opportunities for people with IDD and their families and guardians.

Maximize Current Resources

SSLCs evaluated existing infrastructure to identify ways to better maximize resources and expand social services that meet the needs of people not currently served by a SSLC. Outcomes established for the initiatives identified in this strategy include:

- Increase available resources for people needing access to health and human services.
- Create collaborative efforts for other divisions within HHS, other state agencies, or community partners to be housed onsite in areas where space may be needed.
- Expand services provided to people with a traumatic brain injury.

This report identifies emerging issues and trends with the integration of innovative practices. Providing resources for and implementing initiatives that address services and supports across HHS systems will further the continuum of care of people with IDD and create new ways of providing services to support more efficient delivery of services statewide.

1. Introduction

There are approximately 485,000 people in Texas diagnosed as having an intellectual or developmental disability (IDD),[2] many of whom receive services from the Health and Human Services Commission (HHSC). Texas Health and Human Services (HHS) promotes the growth and development of people with IDD through individualized care and active treatment[3] to progress toward living in the setting of their choice, working and earning a living wage, and becoming an active part of the community when possible.

People with IDD have complex needs and often require an array of consistent and specialized services. HHSC offers a wide range of placement options for people with IDD and their families to consider when receiving services, including a person's own home, family home, community home with their peers, a community-based intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID), or a state-operated facility.

HHSC's state supported living centers (SSLCs) are state-operated certified ICFs/IID regulated by federal and state guidelines. SSLCs provide 24-hour residential services to both adults and children with IDD who need treatment and rehabilitation to support their behavioral health and medical needs. There are 13 SSLCs across the state located in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Harlingen, Lubbock, Lufkin, Mexia, Richmond, San Angelo, and San Antonio. Mexia and San Angelo are designated as forensic campuses for the care of adult and children alleged offenders as authorized by Texas Health and Safety Code §555.002. Abilene, Brenham, and Lufkin serve adult and children residents. All other campuses serve only residents who are 18 years of age or older.

SSLCs provide comprehensive behavioral health services and health care services, including physician, nursing and dental services, that are individualized to meet the need of the resident. Other services provided at SSLCs include skills training; occupational, physical and speech therapies; vocational programs; and services to maintain a connection between residents and their families and other natural support systems.

This long-range plan seeks to maximize the resources, opportunities and assets of SSLCs to continue treatment and support a population of complex needs. Additionally, it creates opportunities to share resources, strengthen partnerships, and identify cross agency initiatives that promote independence and positive outcomes for people served in all settings. The goals of this report are to:

- Enhance programs and services that support individualized care for people served by a SSLC;
- Provide guidance in business practices that improve recruitment and retention of staff at SSLCs to align with the agency's values and create a workplace culture that is innovative, skilled, and diverse; and
- Strengthen the agency's vision, mission, and long-term objectives that promote independence and positive outcomes for people with IDD.

This report is developed under the statutory authority of the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC, Rider 110) related to maximizing resources and Texas Health and Safety Code §533A.032 related to long-range planning for SSLCs.

2. Background

The Intellectual Disability Act (PIDA)[4] recognizes and protects the individual dignity and worth of each person with an intellectual disability. It supports people with IDD to assure a continuum of quality services to meet the needs of all persons and ensure that all people have the opportunity to become productive members of society to the extent possible. Texas also has the Promoting Independence Initiative[5] to improve community-based alternatives and provide community integration for people with IDD. For some, the most appropriate care setting available has been determined to be a SSLC.

As an ICF/IID, the goal of SSLCs is to assist people in developing the skills needed to be successful in a community setting. This is accomplished through an effective interdisciplinary team-based design and delivery of quality outcome-based services and supports appropriate to the talents, strengths, and needs of the people served. To accomplish this, SSLCs empower and support residents to be active members of their treatment team, assist in developing personalized goals and participate in opportunities to gain a better understanding of the living options available to them.

How Individuals Come to SSLCs

Under PIDA, people are afforded the right to live in the least restrictive setting appropriate to the person's individual needs and abilities. This encompasses a variety of living situations including living alone, in a community home with their peers, with family, or in a supervised, protective environment. SSLCs serve less than one percent of the total IDD population in Texas but provide a safe residential setting to meet their individual needs.

People coming to a SSLC often do so because all other options within the community have been exhausted or determined to be unsuccessful in meeting their needs. Admission can be voluntary or ordered by the court if a person is not able to make their own decisions. In fiscal year 2019, 95 percent of the 129 new admissions to SSLCs were ordered by the court, which entails a judge recommending admission for one of the following reasons:

- **Civil commitment** – As provided in Texas Health and Safety Code, Title 7, Subtitle D, Chapter 593, a person who is civilly committed to a SSLC has been diagnosed with an IDD and presents a substantial risk of harm to themselves or others; or is unable to provide for and is not providing for their most basic personal physical needs; and cannot be adequately habilitated in an available, less restrictive setting.

- **Commitment by the court for alleged criminal conduct** – As provided in Code of Criminal Procedure, Chapter 46B (adult) or Family Code, Chapter 55 (juvenile), a person who is alleged to have committed a criminal offense but has been found incompetent to stand trial (adult) or unfit to proceed (juvenile) for the charges because of their IDD. Over 63 percent of these admissions are 34 or younger and have substantially shorter lengths of stay.
- **Assessment by the court for competency to stand trial for alleged criminal conduct** – As provided in Code of Criminal Procedure, Chapter 46B (adult) or Family Code, Chapter 55 (juvenile), the court will order a temporary admission to a SSLC for a person to be assessed before making the final decision of competency or fitness to proceed and whether the person is committed or discharged back to the court.

Regardless of how a person is admitted to a SSLC or their length of stay, they have a right to optimal treatment and services that encourages person-centered approaches and active treatment.

Demographics[6]

In fiscal year 2019, SSLCs served over 2,900 people with IDD. (See Table 1 on page A-1.) Over the last ten years, the number of people served in a SSLC has steadily decreased by a total of 31 percent, largely attributed to the increase of available services within communities for people with IDD and the SSLCs continued efforts for people to live in the most integrated setting. (See Table 2 on page A-2.)

SSLCs are experiencing both an aging population, particularly with medically fragile people, and an increase in a younger population. (See Table 3 on page A-3.)

- 23 percent are below the age of 35.
- 44 percent are over the age of 55.

While the population in SSLCs has declined, the behavioral health and medical needs of the people SSLCs serve remain complex.

- Over half, or 62 percent, of people served have been diagnosed with a severe or profound intellectual disability, meaning they have an IQ below 35. (See Table 4 on page A-4.) This represents a decrease of 13 percent over the last ten years. This population tends to need additional supports with communication and may not be able to use words to communicate. They routinely require close supervision and direct assistance with activities of daily living. People with severe or profound intellectual disability are also likely to have associated medical challenges.

- Over half, or 69 percent, have been identified with behavioral management needs. (See Table 5 on page A-5.) This represents a decrease of four percent over the last ten years. Depending on the level of severity, they exhibit challenging behaviors that are disruptive, interfere with carrying out daily living activities, and require frequent intervention varying from minor to intense.
- Alleged offenders account for almost two percent of the total SSLC population in fiscal year 2019. This has remained constant since fiscal year 2010. (See Figure 2 on page A-6 and Table 6 on page A-7.) Alleged offenders are more likely to require behavioral supports, at a seven percent higher rate than non-offenders. In fiscal year 2019, 51 alleged offenders were admitted to the SSLCs.

  A comprehensive assessment of the commitment of alleged offender residents in SSLCs is found in the *Annual Report on Forensic Services in State Supported Living Centers for Fiscal Year 2019*.
- Nearly half, or 46 percent, of the people served by SSLCs are medically fragile; an increase of 31 percent since fiscal year 2010. People who are medically fragile have at least one chronic physical condition, classified as moderate or severe, which results in nearly complete dependency and daily skilled interventions being medically necessary. (See Table 7 on page A-8.)
- Over half, or 56 percent, of residents have a co-occurring diagnosis of IDD and at least one mental health disorder. This represents an eight percent decrease since fiscal year 2014. (See Table 8 on page A-9)

As SSLCs support a person in developing skills and resolving challenges to community integration that likely prompted their admission, the interdisciplinary team discusses their progress toward treatment goals frequently. The time a person is served can vary greatly based on the severity and complexity of behavioral and medical challenges and how they are admitted to a SSLC.

- Over half, or 58 percent, have been at a SSLC for more than 15 years. (See Table 9 on page A-10.)
- Twenty percent have been at a SSLC between 13 months and 5 years. (See Table 9 on page A-10.)
- Since fiscal year 2015, the average length of stay is almost 24 years and has remained stable with no statistically significant difference.

In fiscal year 2019, nearly half (43 percent) of residents, or their guardians, have chosen to remain at the SSLC in accordance with the rights allowed within the current continuity of services.[7] The ability to choose to remain at a SSLC can significantly impact the length of stay as well as the length of time someone may wait to receive services. The SSLCs continue interagency efforts to increase education and willingness to move back into their communities. Furthermore, SSLCs are developing strategies to improve the identification of reasons a person is

unable to transition to the community sooner, thus focusing treatment plans toward resolution and allowing for the person to return to a community setting.

Separations in fiscal year 2019, which include community transitions, deaths, and discharges, continued to be higher than admissions. (See Table 10 on page A-11.)

Referrals and Transitions to the Community[8]

At least annually, or upon request, the interdisciplinary team convenes to discuss a person's progress and determine if a referral to the community is recommended. An integral part of the transition process is identifying reasons for non-referral or transition and developing action plans to overcome. All transitions require thorough research, training, and considerations to achieve the best transition possible for each person's individualized needs. Thus, the timeframe to execute a successful move into the community can fluctuate.

- **Reasons for non-referral.** The contributing factors to refer or not refer are identified during the annual individual service planning meeting or at the conclusion of a living options team discussion. If the interdisciplinary team makes the decision not to refer a person for community transition, the reason(s) for this decision (i.e., reasons for non-referral) are identified and action plans to address are developed.
- **Obstacles to transition.** Obstacles to transition are identified at any time during the transition process after a person has been referred for community transition. Once identified, the interdisciplinary team must identify which obstacles are preventing the person from a successful transition.

In fiscal year 2019, the top rationale to not refer were the legally authorized representative's (LAR) choice (43 percent), followed by behavioral health or psychiatric needs (21 percent) and medical issues (17 percent).[9] Other factors may have included individual choice, funding, evaluation period, or court will not allow placement. (See Table 12 on page B-1.)

Of the LARs who did not support a referral, 69 percent acknowledged they have been provided education on community living options; however, were not interested in an alternate placement.[10] Other reasons for this choice, in order of frequency, included the LARs were not interested in receiving information about alternate placements, unsuccessful prior community placements, mistrust of providers, and lack of understanding of community living options (See Table 13 on page B-2.)

Obstacles to transition may be identified at any time between when the person has been referred for community placement and when the person transitions. In fiscal year 2019, the top barriers identified that prevented a successful transition to the community were limited residential opportunities in a preferred area (30 percent), followed by specialized medical supports (12 percent), environmental modifications (11 percent), individual or LAR indecision regarding provider selection (10 percent),

and behavioral supports (10 percent)[11] (See Table 14 on page B-3.) Transitions to the community have decreased by 65 percent in the last ten years (See Table 11 on page B-1.)

SSLCs continue to promote partnerships and participate in interagency committees who are committed to reviewing trends and developing integrated plans to improve the IDD services for all Texans. HHSC initiated the Continuity of Care workgroup to identify and implement policy changes and training for SSLC staff, nursing facilities, local IDD authorities (LIDDAs), and community providers to address common barriers to living in community-based settings. This entails frequent communication among committee members, as well as, monthly meetings to review cases, problem solve, share trends and discuss collaborative statewide initiatives toward improving the continuity of services and successful community integration. The core members of the group consist of HHSC state office staff responsible for statewide admission and community transition activities. SSLCs, state hospitals, and LIDDAs are all contributing members of the group to ensure people are served in the most integrated setting possible.

A comprehensive assessment on referrals and transitions to the community, including proposed strategies and actions to overcome non-referrals and obstacles to transition will be outlined in the report on *State Supported Living Centers Obstacles to Community Referral and Transition in Fiscal Year 2019*.

Stakeholder Engagement

Stakeholder engagement played a fundamental role in the SSLC long-range planning, developing objectives and identifying initiatives that will enhance services and supports provided by SSLCs and that seeks to expand the resources available for all people with IDD. Understanding the needs and preferences of people with IDD help further the vision of a unified system for accessing IDD services statewide.

SSLCs conducted a series of activities to obtain input from various stakeholders including people residing in a SSLC, family members, LARs and guardians, people with IDD residing in the community, service providers, advocacy groups, HHSC partners, SSLC staff and the public. HHSC held scheduled activities statewide that offered opportunities for engaging people through different platforms, including in-person and electronically. Activities included family association meetings, meetings with residents, town hall and individual meetings with staff, HHS listening sessions, public hearings, and organizational meetings with service providers and advocates statewide.

3. Objectives and Initiatives

In partnership with stakeholders, HHSC conducted an analysis on the overall strengths and opportunities for improvement. Based on the analysis, HHSC developed the following objectives to accomplish the goals set forth for this report:

- **Enhance Resident Services and Supports** to support individualized care for people served by a SSLC.
- **Strengthen Employee Services and Supports** to provide guidance in business practices that improve recruitment and retention of staff at SSLCs and complement the agency's values to create a workplace culture that is innovative, skilled, and diverse.
- **Expand Community-Based Services and Supports** to strengthen the agency's vision and mission and long-term objectives that promote independence and positive outcomes for people with IDD.

For each objective, SSLCs recommend initiatives based on operational innovation that will further the continuum of care for people with IDD and create new ways of providing services and support. SSLCs will continue to improve existing methods of operation but acknowledge real change stems from creative and critical thinking to arrive at extraordinary results, results that will directly impact each objective. Each initiative is intended to be a foundation for creating successful outcomes that would be realistic and measurable. Consideration has been given to the recommendations to ensure that each would be driven by goals, the potential to enhance the continuum of care for people with IDD and the overall improved performance of a SSLC.

Resident Services and Supports

Evolving into evidence-based practices supports the continuous enhancement of systems of care for people with IDD, specifically those served by a SSLC. As SSLCs further develop standards of care, expanding services promotes independence and positive outcomes. Outcomes include:

- Integrate a person's goals, preferences and life experiences into their treatment plans and interventions.
- Promote a realistic home or independent-style living environment.
- Expand programming toward community integration and inclusion of family and natural supports.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the outcomes associated with enhancing resident services and build on existing and new efforts that will help further the vision of SSLCs. Some of these initiatives may require funding or statutory changes to implement (See Section 4 on pages 34-35).

Trauma Informed Care System Approach. Research shows that people with IDD have a higher rate of trauma exposure than people who are non-disabled.[12] For some with IDD, limited ability to communicate trauma, as well as limited knowledge or social skills, may result in difficulty integrating their perception of the traumatic event(s) and their emotional response.[13] While SSLCs have made significant progress in an awareness to trauma informed care, SSLCs will fully embrace building a systemic approach for the implementation of practices to operate with an awareness of the pervasiveness of trauma as well as its impact.

In partnership with the National Association of Dually Diagnosed for persons with developmental disabilities and mental health needs, SSLCs will provide advanced training to staff on trauma that will assist them with understanding the signs, symptoms, and response for people with IDD, so they can situationally adapt to provide more appropriate care and safer environments to residents in their care. Building confidence and expertise of staff providing direct support in trauma informed care practices will encourage stronger, healthier relationships with residents and increase collaboration amongst members of the interdisciplinary team to identify services and supports for past traumatization.

Integrating a systemic approach into policies, procedures and practices will avoid any disability overshadowing the need for recovery, prevent re-traumatization of residents, and foster resilience in staff who experience secondary trauma. Policies and practices will be strengthened to provide additional services and supports for those residents who are exposed to or become victims of traumatic events while residing in a SSLC.

Reduce Use of Restraints. Between 2018 and 2019, SSLCs implemented two initiatives to reduce the impact of trauma on residents and reduce the overall use of restraints. Safe Use of Restraint (SUR®) is a restraint management program designed to reduce trauma and injuries, and to reduce the use of more restrictive measures to manage behavioral emergencies. Training on SUR® is provided to all staff who work directly with residents and covers procedures for preventing and managing aggressive behavior as well as background information related to the use of these procedures, including following the requirements for restraints as identified in the Texas Administrative Code.

Ukeru® is a safe, comforting, and restraint-free crisis management technique used to help staff respond to someone in crisis who is trying to communicate through their actions. Ukeru® is a trauma-informed approach that identifies ways to help residents feel safe using communication and padded shields.

Using these techniques and implementing better protections for residents, SSLCs have shown a decrease in the overall use of restraints. Between fiscal year 2015 and fiscal year 2019, SSLCs achieved a 23 percent reduction in the use of restraints. SSLCs will continue to assess how policies and practices impact the use of restraints and provide ongoing skill development in de-escalation to work toward a continued reduction.

Achieving Balance Program. SSLCs are assessing the feasibility of piloting a program at three SSLCs to provide specialized and intensive services to residents who have severe behavioral health or co-occurring mental health challenges who have been unsuccessful with traditional SSLC programming due to the complexity of their needs. The goals for this program are to provide an integrated approach that addresses target behaviors, teach appropriate skills, assist the referring SSLC in their approach to working with the person, and return the person to the referring facility or other appropriate home as soon as possible. This program is intended to provide intensive services on a short-term basis with smaller staff to resident ratios which allow for more individualized level of care and effective treatment. This specialized program will also include psychiatric professionals to provide expertise in working with and managing the profound challenges displayed by residents, along with identifying and monitoring prescribed interventions. Providing an environment in which staff with targeted expertise are available to provide 24-hour support will increase the likelihood of achieving balance with an integrated approach and an ultimate successful transition to community placement. If the pilot provides data to support the goals of this program, SSLCs will consider implementing the specialized program statewide.

Resident Safety. Of the priorities the SSLCs are charged with, the safety of residents is of the utmost importance. With 70 percent of the population diagnosed with behavior health issues, many of those residents may exhibit challenging behaviors that lead to peer-to-peer aggression. While the resident population declined by only 10 percent from fiscal year 2015 to fiscal year 2019, there was an overall decline of 50 percent in peer-to-peer aggression.[14] This data suggests SSLCs have made substantial progress in the form of developing policies and practices around peer-to-peer aggression. In 2018, SSLCs implemented expectations that provide consistent and effective protective measures in response to an incident of peer-to-peer physical aggression. These procedures include minimum requirements for reporting, immediate protections for residents, physical and emotional assessments, documentation and review. SSLCs will continue to align resources to improve the overall prevention of peer-to-peer aggression and response to improving resident safety. SSLCs will provide additional staff training for understanding the cause, meaning and response to aggression and strengthen positive supports to help residents communicate their emotion in more appropriate ways. SSLCs will also identify situational and causal triggers, along with organizational and staff factors that will help decrease the frequency of aggressive behaviors. SSLCs will ensure that proper home assignments are made with other residents, including medically fragile, when documented aggressive tendencies exist.

Abuse and Neglect Awareness with Medically Fragile Population.[15] Awareness and reporting of abuse and neglect has become an intricate part of daily operations within SSLCs to ensure the safety of all residents. Instructions on how to report abuse and neglect are posted throughout every SSLC and most residents are familiar with and can articulate the reporting process. Additional consideration should be made on how abuse and neglect is reported by or on behalf of the medically fragile population who may not be capable of reporting abuse and neglect independently or verbalizing the need to report. In part, this will be accomplished by educating staff on individual communication methods and preferences. Knowing how residents who are medically fragile use behaviors, sounds, movements or devices to communicate will improve interactions and the ability for staff to appropriately and timely respond to resident needs. Additionally, emphasizing personal connections made with these residents through compassion and empathy will organically help to foster a heightened awareness if abuse or neglect may be occurring.

Video Surveillance System. For more than ten years SSLCs have been required to operate video surveillance equipment for the purpose of detecting and preventing the exploitation or abuse of residents as required by Health and Safety Code §555.025.[16] SSLCs are currently using the original equipment installed when this provision was implemented. The approximate server life on this equipment is estimated at three years. With this equipment being over ten years old, failure is becoming increasingly problematic with generally no warning for equipment failure and, though HHSC is attempting to maintain the system, these failures pose a potential for incidents of abuse, neglect, or exploitation to go undetected. This surveillance system also allows for quicker response time during investigations of alleged abuse, neglect or exploitation of a resident. An updated video surveillance system creates additional safeguards as newer technology yields clearer imaging, wide range of view, and reduced failure.

Active Treatment. Enabling residents to be a part of their treatment promotes self-determination and independence through the development of new skills and abilities. SSLCs will enhance person-centered active treatment options for residents to further their ability to progress toward physical, social, and emotional growth, and wellness. SSLCs will assess existing active treatment offerings and align resources to provide implementation of new and innovative active treatment strategies. SSLCs will also identify additional strategies to support the training of direct support professionals engaging residents in more meaningful and appropriate activities.

Goal Setting and Achievement Plans. Understanding a person's history, abilities, and preferences should drive the development of meaningful goals that maximize functioning, build skills development, and improve the quality of life of the person served. SSLCs will redesign 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 redesigned planning process will be organized to better address the intersection of a resident's heath, risks, and interests by improving the integration of preferences, strength information, and assessment data into decision-making.

Vocational Services and Supports. Compared with peers in the general population, people with disabilities are two times as likely to live below the federal poverty level.[17] Employment is a valued part of an adult's life and having the skills necessary to be successful in a job creates independence, builds confidence and promotes a higher quality of life. Vocational services and supports should be provided to residents, when appropriate, based on their abilities and personal preferences and not be constricted by limited resources.

SSLCs currently have vocational programming and training to teach residents skills that are transferrable to the community and become a productive part of the state's workforce. As of January 2020, 150 residents statewide were primarily employed off campus by community employers at varying levels of supervision and responsibilities. Approximately 1,400 residents, or 49 percent of the residents who are 18 years of age or older, participated in vocational programs. Residents across the state expressed their desire to have additional opportunities to do meaningful work, be respected for their work and choose the type of work they do.[18] SSLCs will expand efforts to teach residents valuable skills necessary to seek competitive integrated employment opportunities. SSLCs will increase the number of partnerships with competitive community employers and additional contract options for resident employment. SSLCs will work toward expansion of current contracts with companies who have additional locations throughout the state. Continued professional development for vocational staff at SSLCs will help support meeting these goals and assist residents with choosing, acquiring and maintaining a job that has been matched with their skills and preference.

SSLCs will continue to support an environment that fosters entrepreneurship for those residents that create, build, or make products and art. SSLCs will continue to expand agricultural and horticultural opportunities for residents to engage in the Texas traditions of farming and raising animals. Opportunities will continue to expand to exhibit or sell resident items onsite and within the community.

Assistive Technology. Resident access to assistive technology improves independence, productivity, and the quality of life of people SSLCs serve. Technology has become a necessity in almost every aspect of life and serves as a connection to communication, employment opportunities, social experiences, transition related activities, and commerce. The use of assistive technology will allow residents to foster relationships with family or natural supports who are far away, elderly, or may not be able to travel to the centers. SSLCs will expand the availability of assistive technology to provide additional opportunities for independence and social networking.

Social Networking. Residents indicated that current programming has limited social support structures in place.[19] SSLCs will enhance resident opportunities for activities that support a more realistic environment to form social relationships with others to improve a person's quality of life. Despite being involved in community activities, some residents may have experienced difficulties developing relationships in the past. Staff will work with residents to provide appropriate supports to

develop and sustain healthy relationships with others. These networking opportunities may also provide opportunities for residents to integrate with people in the community. Examples may include:

- Onsite game rooms or bowling lanes;
- Increased frequency of events to which the community is invited;
- Activities that support social engagement with others, including additional outings to community events or attractions;
- Better access to community church, education, and appropriate online social networks; and
- Expanded hours for areas that impact social networking such as the gym, diner, library, chapel or other areas on campus.

Higher Education Opportunities. SSLCs will work with local colleges and universities to expand higher education opportunities for the people served by SSLCs, through both traditional classroom experiences and virtual learning opportunities. Having the opportunity to participate in the college experience improves the potential outcome of a resident to be more productive, exhibit greater independence, and have a stronger sense of inclusion.

Family Engagement. SSLCs support the involvement of family to help build or maintain social and emotional connections. Family involvement can also help improve communication and an understanding of how the SSLC can best meet the needs of a resident. Based on stakeholder input, SSLCs will create a private, physical space where family members and LARs may interact with their loved ones without the distractions of other residents.[20] This creates a welcoming environment and the ability to have more meaningful time together.

SSLCs will host additional planned events for families throughout the year to foster the relational connections with residents. Events may include family days, picnics, open houses, activities during visitation, or other events that bring families closer together and simulate a more integrated experience for residents with their families.

Sports and Recreation Programs. Many residents desire to expend physical energy in a safe environment to support their growth, development and to maintain their current or optimal levels of functioning such as range of motion or walking. SSLCs should further promote an environment of physical health and provide activities to support physical activity and active lifestyles. Examples may include softball or baseball fields, soccer fields, tracks, walking trails, bocce ball, aquatic sports, washer pits or miniature golf areas. Community-based settings for these programs could be identified as appropriate to further support community integration.

All SSLCs participate in the Texas Special Olympics and provide seasonal training programs for residents at various skill levels. SSLCs will work to expand sports and recreation activity offerings and modify current programs to be more inclusive of residents with limited functional abilities.

Expressive Arts Therapy Programs. Animal, art, dance, theater, music, writing, and other creative programs provide therapeutic opportunities for a person-centered approach to help support residents in learning new skills, developing or fostering relationships and social interaction with others, and reducing anxiety or stress. Many benefits are associated with these programs and include emotional support and changes in mood, management of pain, enhanced awareness of self and environment, and the development of coping and relaxation skills.[21] Current programming should be fully utilized and expanded to foster active and positive resident participation in treatment. Community-based settings for these programs could be identified as appropriate to further support community integration.

Resident Input. Incorporating resident opinions and perspectives to inform how SSLCs do business is essential to improving services and quality care. Creating a forum for residents to be involved in sharing ideas can create meaningful change in the system from a key perspective. In addition to local self-advocacy programs, SSLC state office leadership will provide opportunities to meet with residents at least annually to solicit feedback and input to help drive what improvements need to be made. Local SSLC leadership will also provide opportunities to personally meet with residents on a regular basis to identify issues that are important to the residents and will be used for developing a foundation for additional discussions or actions at the local level.

Older Adults. The baby boomer generation is considered the second largest adult population, all of whom are now 55 years of age or older. According to the United States Census Bureau,[22] by the year 2030 older adults will outnumber children and rapidly become a larger percentage of the population than ever before. As the SSLC population ages and the life expectancy of people with IDD continues to rise, residents will often require increasingly complex services and supports. With 55 percent of the current SSLC population aged 50 or older, SSLCs will ensure that these residents are afforded the same quality of life as other residents and most notably, other older adults within the community. In partnership with the HHSC Office of Aging Services Coordination, SSLCs will create policies, procedures, and practices that allow for the older resident population to live full and active lives. Active planning for this population results in healthier people and assures that safeguards are in place for people to age well. Services in the areas of community supports, familial supports, recreation, and mental health will be expanded. Specialized healthcare services available to older adults related to dementia, vision, hearing, dental, gastrointestinal, nutrition and menopause are fundamental, especially when demands for services or early onset of challenges are related to a person's IDD. Additional physical activities and social networking opportunities that may be unique to the interests of an older population are also important areas that should be expanded.

Dementia. Adults with IDD are at higher risk of developing dementia than the general population and may present much earlier in life.[23] The relative risk of having a diagnosis of dementia is four to five times higher in people with IDD compared to non-disabled peers.[24] Being able to diagnose a resident with dementia as early as possible will allow those residents to have early access to available services and supports to better manage symptoms, challenges, and medications.

Dementia often presents differently in adults with IDD and varies depending on the nature and severity of intellectual disability;[25] however, there is no single test for dementia. Instead, medical professionals use a variety of approaches and tools to help make a diagnosis. This may include medical and family history, family or interdisciplinary team member input about changes in thinking skills and behavior, cognitive tests, blood tests or brain imaging to identify levels of beta-amyloid.[26]

Working with appropriate internal and external stakeholders, HHSC will explore priority areas and actions as identified in the Texas State Alzheimer's Plan 2019-2023[27] and discuss issues related to dementia and how to better coordinate a system of care approach. Additionally, disparities in the risk of developing dementia are most prominent among African Americans, Hispanics, and women.[28] SSLCs will contact other HHS partners to encourage the development of strategies that prevent potential disparities in the diagnosis of dementia among residents.

Palliative Care and Hospice Services. When a resident nears the end of their life, quality of life should remain an essential component in upholding their right to end of life decisions. SSLCs will implement practices that expand the awareness and knowledge of palliative care and hospice services to further the accessibility for a resident or LAR to choose these supports.

Back to the Basics. Federal rules and Department of Justice requirements often focus on the need for some residents, particularly those that are medically fragile, to have goals that far exceed their current or projected medical, physical, or mental capabilities. For these residents, it is paramount to focus on the basic needs of eating, bathing, appropriate clothing, feeling safe and feeling loved. If these basic needs are not met first, then residents will be unsuccessful with any advanced skill toward work, leisure, independence or relationships. SSLCs will continue to enhance quality review processes and educate staff on understanding state and federal regulations to further support the best interest of residents.

Alternatives to Full Guardianship. Some residents have expressed their desire to make more of their own choices, most notably when it comes to living options and decisions to better integrate into the community.[29] Although many need full guardianship, there are others who may just need additional support to make appropriate decisions without having their rights fully removed.[30] This could be accomplished through limited guardianship or through strategies such as using the Supported Decision-Making Agreement Act.[31] SSLCs could work collaboratively with stakeholders to develop and implement a SSLC peer support program to foster

supported decision-making, informed individual choice and encourage self-determination.

Guardianship is intended to have the resident's best interest in mind as their advocate. However, that may leave out the ability for a resident to exhibit independence, self-determination and preferences, particularly related to programming, community integration, employment and living options.[32] HHSC will explore possibilities regarding alternatives to guardianship options for those who do not have a guardian. Based on the outcomes of this collaboration, SSLCs will continue to develop recommendations for residents that may benefit from these alternatives.

Any modifications to existing guardianships require court approval and will require the assistance of an attorney. To learn more about the current guardianship process in Texas, HHSC's Office of Guardianship Services has published A Texas Guide to Adult Guardianship.

Transitional Housing. With the availability of physical space, SSLCs could develop transitional housing units, such as independent living cottages or apartments. Transitional housing can be provided to those SSLC residents who have demonstrated their, or their LARs', desire to live independently but may require some level of support and assistance before fully integrating into the community. Transitional housing would be provided on a short-term basis for up to six months to prepare a person for full transition and independence within the community. The goal of transitional housing would be to increase the number of current SSLC residents transitioning back to the community who, by individual or LAR choice, have been reluctant or unwilling to transition due to the uncertainty of being able to successfully live independently. Transitional housing could provide a more personal and distinguished living environment yet maintaining needed medical, behavioral and social supports close by. If transitional housing is implemented using SSLC resources, the program will not serve as an additional barrier to transitioning a person back to the community by extending the time it takes to transition them.

Transition to Community. People with significant needs are often described as requiring institutional services; however, people with even the most intensive support requirements can lead productive and successful lives in home and community settings when afforded person-centered services and supports tailored to their strengths and needs.[33] Based on this data regarding reasons for non-referral or transition to the community,[34] awareness and education of community options are key to reducing the top reasons. SSLCs will increase opportunities to educate LARs and residents about potential community placement options. While many LARs are satisfied with the care and service provided by a SSLC,[35] community placement should be a viable option for any person served by a SSLC.

Notable barriers to this option are included under Community Services and Supports in this report; however, SSLCs remain ICFs/IID and should further promote transition to the community when placement options create the most

integrated setting for the person served, are available, and a person's needs can be met at home or within the community. SSLCs will work to strengthen their relationships with LIDDAs. Additionally, SSLCs will collaborate with the LIDDAs in design and implementation of the efforts described in this section.

SSLCs will expand visits to service providers to help educate residents, guardians and LARs. SSLCs will also work to arrange visits that are more accessible and convenient for residents. SSLCs will host provider fairs[36] on each campus semiannually, at a minimum. Provider fairs inform residents of services available in the community and increase the likelihood of exposure of services to a resident, which may result in a higher number of SSLCs transitioning back to the community. SSLCs will also work with LIDDAs to ensure that they are providing information about SSLCs as a placement option to people on waitlists that have profound needs and who qualify for SSLC services.

Proper supports in the community are needed for a person's transition to be successful.[37] Additional resources needed that will help foster a peer support program for transition are included in the Community Services and Supports section of this report.

The average length of time to transition a person from a SSLC varies greatly depending on a person's desired location and needed services and supports to successfully integrate into the community. In some instances, transition may take up to a year. For those people on the list who have been referred to transition as of January 2020, the median wait time to transition from a SSLC to community placement is more than ten months. SSLCs acknowledge this amount of time can and should be decreased.

Ultimately, SSLCs seek to support resident and LAR choice for the least restrictive living option that best supports the resident's individualized needs. These additional efforts and safeguards may increase the number of people transitioning to the community, but most importantly will help ensure residents, families and LARs have all information and resources available to make an informed decision about placement options.

A more comprehensive review of proposed strategies and actions to support transition to community efforts will be outlined in the report on *State Supported Living Centers Obstacles to Community Referral and Transition in Fiscal Year 2019*.

Patient Portal System.[38] The current SSLC electronic medical records system serves medical, dental, and other ancillary resident needs for information-sharing internally but presents barriers for resident families or LARs to obtain Health Insurance Portability and Accountability Act (HIPAA) authorized information. SSLCs could adapt the current system or develop a new system to include the ability for families or LARs to register through a secure patient portal to obtain basic medical, dental or behavioral health information about the resident that is allowable by law and through HIPAA. A study conducted in 2018 revealed that 90 percent of

healthcare providers use patient portals to increase efficiencies and access to patient information.[39] Establishing a patient portal would provide many benefits for families, LARs and staff to include overall better customer service and more reliable access to medical, dental or behavior outcomes.

Nutritionally Balanced Food and Drink Options. According to the World Health Organization, obesity rates have tripled worldwide in the last decade, and recent studies suggest that the prevalence of obesity is even higher for persons with IDD than in the general population.[40] There have been substantial efforts made to promote healthy food and beverage options in cafeterias, vending machines, and snack bars in schools across the country, but limited efforts have been made to do the same in intermediate care or other facilities. SSLCs must support balancing preferences with healthier eating habits for residents by promoting the availability of more food options containing whole grains, low fat dairy, fruits, vegetables or protein as their main ingredients and lowering the overall intake of sugar, sodium and processed foods. Providing healthier food and drink options in vending machines will also help support healthier lifestyles for residents and staff. SSLCs will also expand its efforts to be more sustainable through additional agricultural efforts to support healthier food options, creating meaningful work experiences, and providing additional therapeutic opportunities.

Fleet Vehicles. Residents integrating into the community for purposes of employment, appointments, exploring community living options, or routine outings are primarily supported through transportation by staff, using state vehicles. SSLCs must ensure safe, reliable transportation options to transport residents to and from the community. The agency traditionally requests funding to replace vehicles that have been deemed unsafe to operate and to provide critical deferred maintenance on vehicles that can be repaired. In addition to utilizing internal resources, SSLCs will contact HHSC partners, Texas Workforce Commission and community partners to consider the expansion of mass transit and rideshare options for residents to participate in community activities and events.

Building and Facility Maintenance. Due to the age of most SSLCs, significant repair or modification is required to remove an institutionalized setting and create a more therapeutic environment for person-centered approaches and active treatment to provide optimal care and treatment. Based on the anticipated cost of those modifications, SSLCs are focused on making aesthetic changes and completing previously funded maintenance requests and projects that are considered critical or will become critical within the next one to four years. In the third quarter of fiscal year 2020, those items accounted for approximately $249 million in requests.[41] Approximately $176 million was appropriated by the 85th and 86th Legislature to help address the maintenance issues within SSLCs; however, additional needs remain.

There are approximately 44 SSLC buildings statewide that are not in use. Most of these buildings would require major renovations before being deemed useable due to deteriorated condition or non-compliance with the American with Disabilities Act

or Life Safety Code.[42] Often the cost of bringing an old building up to code is prohibitive, most notably if the building has asbestos, lead-based paint, or deteriorated plumbing. Demolition may also be cost-prohibitive due to properly disposing of the hazardous materials and prioritizing other critical maintenance needs. SSLCs will assess the possibilities of utilizing these buildings for other purposes based on funding available for the 2022-23 biennium.

Employee Services and Supports

HHSC recognizes the value of its employees and is making substantial efforts to promote a workplace culture that empowers and attracts people who are committed to improving the lives of Texans. These efforts are critical to reducing turnover and increasing fill rates necessary to ensure the successful operations of SSLCs.

Outcomes for enhancing employee services and recommendations developed for the management of overtime at SSLCs[43] include:

- Improve workplace culture
- Improving internal communications for staff at all levels and locations
- Improving accessible professional development and learning opportunities

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the outcomes associated with enhancing employee services and translate to higher quality of care provided to residents. Initiatives identified build on existing and new efforts that will help further the vision of SSLCs. Some of these initiatives may require funding or statutory changes to implement (See Section 4 on pages 34-35).

Invest in Employee Relations. Investing in stronger employee relations will create long-term benefits for SSLCs and the care provided to residents. SSLCs will develop standardized practices that will focus on the retention of staff to create a workplace culture that is welcoming, inclusive, and fosters innovation. SSLCs will employ staff development and retention specialists to improve competency of staff through standardized on-the-job training, enhance communication between departments at each SSLC, and address programmatic issues to assist with resolving policy discrepancies or inequitable practices. More specifically, the staff development and retention specialist will:

- Enhance staff competency, job satisfaction and workplace socialization to improve retention and succession planning;
- 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; and

- Evaluate the effectiveness of learning methods.

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

Strengthen Interdisciplinary Team Collaboration. SSLCs will provide strategies and training to families and staff involved in the interdisciplinary team process to ensure the best and most appropriate continuum of care for residents. SSLCs will also educate the interdisciplinary team on the importance of resident and family involvement in the decision-making process, as well as the importance of involving staff from all levels that interact with residents, including direct support professionals.

Resources for Staff Working with a Behaviorally Complex Population. As 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. Behavioral health professionals provide expertise in working with and managing the profound challenges displayed by residents. SSLCs will identify practices that streamline required paperwork and documentation. This will organically create additional opportunities to coach and mentor direct support professionals in working with and managing challenging resident behavior.

As with resident safety, staff safety and the reduction of exposure to workplace violence must be made a priority. From fiscal year 2018 to fiscal year 2019, staff injuries related to resident aggression increased by seven percent.[44] In addition to physical aggression, staff experience personal property destruction, particularly related to personal vehicle damage. Staff who are victims of personal property destruction by a resident are not covered under the Texas Tort Claims Act[45] and are often left to pay out of pocket for any expenses incurred.

Viable options must be created to ensure the mental and physical safety of staff, along with personal property. There are rare instances in which staff members may be victims of criminal acts by residents. SSLCs will enhance services and post-trauma responses provided to staff who become victims of workplace violence or are exposed to secondary trauma to support a trauma informed care systemic approach with staff and residents. SSLCs will contact the Office of the Attorney General to develop an education campaign for staff who may meet eligibility for the Crime Victims' Compensation Program.[46] SSLCs will seek alternatives for staff parking and identify resources for staff to be able to lock their valuables up while at work.

Communication. Big organizational goals must be clearly articulated; however, communication is often the primary challenge contributing to a decrease in staff retention and morale. SSLCs will 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, SSLCs will further connect to the core of improving the quality of life for the residents served.

- SSLCs host 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.
- A dedicated email, known as the "success" box, and text messaging service have been established to have direct communication with the associate commissioner. This line of communication provides access to important information sharing, as well as the ability for staff to send comments, questions, inquiries and suggestions that may be considered statewide.
- Each SSLC will have the option to host its own local text message service in which staff can sign up for and receive messages that are center-specific with timely responses from SSLC leadership emphasizing customer service and improving workplace culture.
- SSLCs are committed to engaging management staff at all levels within the organization. As management is engaged and involved in decision-making discussions, managers can effectively engage employees with a top-down commitment to improving culture. This type of engagement allows SSLC leadership to support communication and information sharing with a safe environment for constant feedback.
- Fostering teamwork, showing commitment, building relationships, and championing change are characteristics of an organizational culture of ownership. SSLCs will create a culture that encourages everyone taking personal ownership of the area they work in and is accountable for the overall success of SSLCs. This concept supports employees to take initiative, solve problems, and demonstrate leadership and is founded partially on the premise that culture does not change unless and until people change. However, people will not change unless they appreciate the personal benefits of making such changes, are given new strategies and are inspired to use them.

  A positive workplace culture attracts talent, engages staff and focuses on retention, impacts job satisfaction and positively affects staff performance. SSLCs will consult with an external provider to develop a culture values program. This program is intended to influence widespread culture change by providing all SSLCs with concepts about positive workplace culture and taking initiative to impact workplace culture in a positive way using a cognitive-behavioral approach. Deliverables of this program include assessments before and after program implementation, leadership orientation workshop,

interactive employee engagement activity, written reference material, and ongoing support throughout implementation.

- SSLCs will implement stay interviews for staff to identify top reasons they are choosing to remain employed with a SSLC. These interviews will be conducted outside of a person's chain of command through the staff retention specialists and designed to be non-threatening to solicit information about what drives or motivates them; what is working about their job and what aspects are frustrating; resources needed to make their job easier; how they are empowered in the workplace; and types of staff recognition that can be more meaningful. Information from the stay interviews will be shared routinely with local and state office leadership.

Redesign Training Program. Based on feedback received from staff, current training does not sufficiently meet their needs to be adequately trained prior to assuming the roles for which they are hired and subsequently fails to meet ongoing professional development needs.[47] By understanding the data on how adults process and learn information, HHSC will redesign new hire and annual training provided to staff. This redesign will be inclusive of how training is scheduled and curriculum content. A comprehensive training program will incorporate all learning styles, be applicable to generational differences, provide a more realistic training environment, include relevant scenarios that provide critical thinking, and expose staff to services and residents earlier in the training process. SSLCs plan to develop an improved field training program to ensure staff are better prepared for the job and have access to ongoing coaching and mentoring in the development of their skills that complement the efforts of the staff development and retention specialist. Training for staff will align with the agency's mission, vision, principles and policies to provide more interactive, simulated coursework that better prepares staff for working with a SSLC resident population.

Management and Leadership Professional Development. Staff who are hired or promoted into a position of management or leadership should be adequately prepared both in expectation and skill development. Management and leadership training should be provided upon hire and on a consistent basis to develop and promote the necessary skills for effective management. SSLCS will seek to develop or identify a series of management and leadership development skills-based trainings that are accessible to all levels of supervisors. By enhancing the available leadership training within the agency or identifying adequate training that staff can attend on behalf of the agency, leadership can build competence in exhibiting positive change, making sound decisions, effective problem solving, succession planning, serving as a role model and managing healthy relationships.

In addition to structured learning opportunities, SSLCs will establish a formalized coaching and mentoring program to support the ongoing professional development of staff in leadership roles. Setting leaders up for success will ultimately impact all employees in which they directly supervise or have oversight of. The goal of this coaching and mentoring program is to provide guidance in SSLC operations, goal

setting, facility culture, soft skills development, goal setting, and organizational expectations. This program will promote higher accountability and increased engagement by leadership.

Child Care. Staff who work at a SSLC are required to work rotating shift work that may be non-traditional work hours. SSLC staff are also required to work overtime to meet the business needs and to be on-call or come into work with little to no advanced notice. For working parents, finding quality child care presents its own challenges, but finding care to cover non-traditional work schedules can be extraordinarily difficult and likely impacts a person's ability to obtain or retain employment with a SSLC. A recent survey of staff[48] indicated:

- 58 percent need full-time child care.
- 82 percent have used personal leave within the last year due to lack of child care.
- 58 percent have had problems scheduling child care to match work schedule.
- 71 percent said their continued employment would be dependent on available child care.
- 95 percent would likely consider using child care offered by a SSLC.
- 71 percent said quality of care and safety are the top two qualities to consider when choosing a provider.

This initiative supports a recommendation made to reduce overtime.[49] Child care services for state employees are authorized under Texas Government Code §§610.001-021, Texas Government Code §§663.001-113, and Texas Government Code §§2308.315-320. Additional statutory authority is recommended later in this report to support SSLCs developing a program that could offer onsite child care for staff working at a SSLC.

Health and Wellness. HHSC is committed to improving the health and wellness of its employees. There are several policies in place to support this initiative but creating a designated space where SSLC staff can exercise will provide benefits that improve morale, reduce stress, foster social comradery and team building between peers, and reduce overall absenteeism. SSLCs will also provide healthier drink and snack options for purchase. Encouraging fitness would be one additional benefit for the recruitment and retention of staff.

In addition to physical health, SSLCs will also support the importance of emotional health and wellbeing. Leadership will work to foster a positive and safe culture that promotes compassion under the stressful conditions and demands of working at a SSLC. Incorporating an ongoing awareness campaign that empowers staff to seek available resources when they may be struggling with common issues such as stress, anxiety, secondary trauma, or depression will improve resilience to stress, increase productivity, and reduce absenteeism. Strategies SSLCs implement that will promote positive emotional health may include weekly or monthly messaging targeting a specific struggle, posting or circulating relevant information, organizing e-learning or onsite presentations, addressing bullying behavior by other staff, and promoting the employee assistance program through various platforms.

Training Centers for Excellence. Succession planning within the SSLCs requires the agency to look beyond hiring staff with little or no experience and identify resources to grow staff from within that excel in knowledge and skill. SSLCs will work with local community colleges and universities to support the Texas Internship Challenge[50] and establish dedicated preceptor and intern programs across disciplines that empower new graduates and newly hired staff to become competent and valuable members of the SSLC workforce. This can also be expanded to select high schools that prepare students for a career in social services. Benefits may include access to a larger pool of talent, expanding community awareness of SSLCs and the services provided, and the ability to instill SSLC culture and values early on in a person's career.[51] These experiential programs will help with recruitment, retention, resident services, current workforce challenges, and build leaders from within.

Staff Councils. Each SSLC will develop a staff council to be an advocate for change and empowering staff to take ownership to positively impact decisions being made. Staff councils will also provide opportunities to work directly with SSLC leadership for responsive local solutions to adapt to changing needs, which may be location specific. Staff councils will focus on functional areas to improve efficiencies in the areas of operations, morale, staff appreciation and others as designated by local need. Staff councils will improve workplace culture, enhance communication, increase sense of community and create opportunities for providing better resident care.

Alternative Scheduling. As the demographics of our employees change to better support balancing work with home life, SSLCs should address employee needs to foster greater satisfaction and retention. SSLCs will implement alternative scheduling across disciplines that address shift patterns, off days, reduction in overtime and telework, when appropriate.

Salary. 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. As noted in the most recent SSLC staff turnover report, pay continues to be the weakest score for SSLCs in the Survey of Employee Engagement. Low scores in this category suggest compensation is not appropriately set to work demands, experience and ability. Additionally, low scores suggest pay is a primary reason for discontent, which can directly lead to high turnover in the system. 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.

According to an analysis conducted by SSLC staff, several recommendations[52] related to staff salary could support retention, including:

- Revise salary policy to match skill set and experience.
- Extend market rate pay raises to SSLC direct care staff that didn't receive raises during the 86th Legislature.
- Offer a higher pay increase when employees promote to a higher pay grade.
- Implement career ladders and compensation plans for direct care staff.
- Employ full time float staff.

SSLCs seek to decrease the number of employees who report working overtime or multiple jobs to support their families. In addition to the recommendations above, SSLCs will establish market rates for several salary classifications, particularly A15 and below, to compensate employees with a more appropriate and competitive wage.

The annual consumer price index (CPI) measures the average change over time in the prices paid by consumers that impact the cost of living, such as utilities, fuel, and food.[53] In 2019, the CPI rose by 2.3 percent, and over the last ten years, the index rose at a 1.8 percent average annual rate.[54] The last pay increase for SSLC staff as a whole, in 2018, increased pay by 1.9 percent. While the cost of living varies greatly from city to city, having the ability to pay staff a competitive wage supports the SSLCs desire to improve workplace culture, boost morale, improve retention and exemplify that all staff are valued and appreciated.

Commuter Incentive Program. SSLCs are primarily located in areas that staff often commute to work. Staff indicated that providing transportation benefits will boost employee morale, decrease the number of staff call-ins, and serve as an incentive for recruitment and retention.[55] SSLCs will develop a commuter incentive program that will target carpooling, ridesharing and mass transportation options for staff.

Education Campaign for Student Loan Forgiveness Programs. Many staff employed by a SSLC are burdened by having student loan debt which may impact their desire to stay employed with a SSLC. SSLCs will develop an education campaign to inform staff on the Public Service Loan Forgiveness program applicable to state employees. Student loan forgiveness programs are also available to certain disciplines such as nursing, physicians, dentists and mental health professionals. All programs require individuals to meet specific eligibility requirements, but staff may be unfamiliar that these programs exist. The goal of this education campaign will be to lessen the burden of student loan debt, support an employee's desire for obtaining or continuing their higher education and utilize these programs as an incentive for the recruitment and retention of staff.

Community-Based Services and Supports

HHSC's mission and vision is making a difference in the lives of people the agency serves by improving the health, safety and well-being of Texans with good stewardship of public resources. Enhancing community-based services and supports provided by or supported through the SSLCs will maximize resources at SSLCs and align with this vision and mission and promote independence and positive outcomes for people with IDD. Initiatives included in this section are not intended to duplicate current services for which people with IDD are eligible that are provided in the community or shift funding away from existing community-based IDD services, including 1915(c) waivers and general revenue-funded services.

Outcomes for enhancing community-based services to support people with IDD to be more independent and participate in activities within the community include:

- Increasing available services not otherwise provided or currently lacking within the community for people with IDD.
- Reducing wait times for people with IDD to receive services.
- Expanding networking and resource opportunities for people with IDD and their families and guardians.

Interagency Collaboration

Various efforts within HHS are being made to develop plans that provide a holistic approach to meeting the needs of Texans with IDD across systems. The plans will provide a more exhaustive list of objectives and initiatives that will benefit or expand community-based services as a whole. At a minimum, these include:

- Statewide IDD Strategic Plan;
- HHSC Disability Action Plan;
- Waiver Slot Enrollment Plan (as required by the 2020-21 General Appropriations Act (Article II, HHSC, Rider 20);

- Medicaid Waiver Program Interest List Study (as required by the 2020-21 General Appropriations Act (Article II, HHSC, Rider 42); and
- Community Attendant Workforce Development Strategies (as required by the 2020-21 General Appropriations Act (Article II, HHSC, Rider 157).

All these plans will be unique in nature but support the independence of people with IDD through additional supports and services. The community-based service initiatives included in this report are intended to complement recommendations made in these various plans and not replace them.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the outcomes associated with enhancing community-based services and supports throughout Texas. A significant factor in the ability for a person with IDD to remain in the community is the availability of resources. Some of these initiatives may require funding or statutory changes to implement (See Section 4 on pages 34-36).

Step-Down Units from State Hospitals. The investment that has been made by the Legislature for redesigning the state hospital system calls for not only rebuilding the hospital infrastructure but also identifying opportunities to improve and enhance the continuum of care for people with severe and persistent mental illness. A significant focus of the work related to the continuum of care has been to address issues impacting patients' length of stay in the state hospitals. While there are currently community-based resources already in place, there are still many state hospital patients for whom an appropriate residential placement is a barrier to discharge. As of the end of the second quarter of fiscal year 2020, at least 52 people under civil or voluntary commitment were identified as being potentially appropriate for discharge if they had the necessary supports in the community.

With additional resources, SSLCs could repurpose building space to offer a transitional step-down unit from state hospitals that provides an appropriate level of care in a less acute setting with a lower daily rate. These units would be designed for people that are psychiatrically stable and exhibit a sense of independence, but still need supports and supervised services before fully transitioning back to the community. Residential transitional step-down units would support the continuum of care and provide services based on collaborative efforts from the interdisciplinary teams of both state hospitals and SSLCs, in addition to community partners such as the local mental health authorities and LIDDAs, during the transitional period. These units could reduce the current length of stay for the targeted population to further expand current bed capacity.

Select space could also be used for step-down beds specifically for the older population that would have specialized services and supports to enhance the continuum of care for meeting their unique needs. As of September 2019, 29.3 percent of the state hospital population was over the age of 50, with the average age of those patients being 60.5 years and the average length of stay being over

three years.[56] Identifying appropriate step-down units can help with meeting the long-term needs of older adults to be successfully integrated back into the community.

Day Programming and Supports. SSLC-operated day programming and supports would provide services to people with IDD in the community with assistance in promoting independence and living skills. These services would be made available to people who have exhibited the ability to function independently but may require routine or occasional support in life, social, or occupational skill development. Day programming could also include behavior supports and interventions. The program would be operated five days a week during normal business hours, with an emergency on-call service available. Services provided may include telemedicine, telepsychiatry, dental services, interactive mobile health platforms, job coaching, and occupational, physical and speech therapies. Alternatives to providing these services on campus may be contracting for space with community partners but staffed, in part, by SSLC staff to create a more integrated setting for people with IDD. SSLCs working with community partners to provide day programming may produce reduced costs for the service provider, improve quality of care, and offer the potential to demonstrate a reduction in the overall cost to the Medicaid program for those being served. Any day programming or supports offered by or through a SSLC would be established only as allowable by state and federal law or regulations.

Crisis Intervention and Respite Services. Crisis intervention and respite services are needed for short-term stays by people who are capable of living in the community but need immediate programming or services in crisis situations. They are typically not suitable for jail, local hospitals, or state hospital stays; however, the SSLCs may be able to accommodate this need, with additional resources. The purpose of these services would be to provide a safe environment for people who need to be redirected to more supportive means and stabilize before they are returned to the community. Based on feedback received from LIDDAs, urban areas within the state appear to be meeting the needs for crisis intervention and respite services, but rural areas may be lacking.[57] LIDDAs also indicated that additional resources and supports are needed for working with people with behavioral challenges.[58] HHSC will work with stakeholders to assess regional areas that may benefit from a structured program utilizing SSLC space that builds off the funding provided to HHSC in the 85th and 86th Legislature. Services would be limited to no more than 30 days before returning to the community and would also provide needed support for families in an inclusive environment to fully support the person in need of crisis interventions. Additionally, SSLCs will work collaboratively with LIDDAs to share best practices and resources to serve and support people with high behavior needs.

Adaptive Equipment Services. SSLCs can fabricate a variety of adaptive equipment for residents at several facilities across the state that support their ability to perform daily activities. This adaptive equipment can be life enhancing for many people with IDD and can assist them in the areas of orientation and mobility, positioning, communication, and dietary or texture food services. Adaptive equipment

is often expensive, and some families lack the resources to provide this equipment for their loved ones. SSLCs can expand existing resources to produce adaptive equipment for people with IDD within the community at a low cost. Aids such as wheelchairs, positioning devices, feeding tools, and communication devices can be made at a SSLC to foster independence and quality of life for people with IDD.

Transitional Care. SSLCs will develop an education program that emphasizes engaging people with IDD and the importance of continued care and acute care services, with the goal of expanding service provider expertise, quality, and capacity for people transitioning to the community. As people transition from a SSLC back to the community, high-quality care is especially important for people who have been diagnosed with chronic medical, intellectual, or behavioral challenges and are vulnerable to being unable to identify providers who can provide the level of care desired or needed. SSLC staff familiar with a former resident's history and needs can also assist with environmental assessments and coaching toward approaches that were successful in a SSLC environment. Transitional care will also support strategies and resources for people who experience an emotional loss from transitioning back to the community to help work through the natural feelings of separation. The goal of this initiative is to increase needs being met, satisfaction with care, positive events and experiences with provider care, and successful transitions back to the community.

Maximize Current Resources

With the decline in population over the last ten years, SSLCs evaluated existing infrastructure to identify ways that better maximize resources and expand social services that meet the needs of people not currently served by a SSLC. Tactical outcomes for maximizing current resources include:

- Increasing available resources for people needing access to health and human services.
- Creating collaborative efforts for other divisions within HHS, other state agencies, or community partners to be housed onsite in areas where space may be needed.
- Expanding services provided to people with a traumatic brain injury.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the expansion of service delivery by the health and human services system that may move beyond serving people with IDD.

Lease Office Space. Select SSLCs could work with other state agencies and community partners to provide office space on facility grounds. Supporting partnerships with entities and organizations that are within the scope of a continuum of care for people with IDD and are mission-specific will be a priority to

enhance existing relationships and accessibility to services. Creating opportunities for accessible health and human services in a common space will further the delivery of services and may serve as an additional revenue generating source.

Lease Programming Space. SSLCs will work with community partners to make space available for programming that could be provided to SSLC residents and people within IDD in the community. The purpose of this service would be to enhance skills necessary to become more independent and create opportunities to further explore a person's interests. Community partners may provide programming and instruction in fine arts, performing arts, gardening, or other areas that directly benefit people with IDD. Leased space may create more cost-effective opportunities for community partners and provide an additional revenue source for the State.

IDD Education and Awareness. SSLCs will participate with other HHSC partners in the continued efforts to educate law enforcement, prosecutors, judges and local hospitals, among others, around the state on IDD and provide them with evidence-informed and evidence-based strategies for working with this population. The goal is for people with IDD to receive proper services and an ultimate diversion from jail, local hospitals, or state hospitals, when appropriate. This initiative also aims to provide officials at the state and local level with information that would strengthen their relationship with the community, decrease reactionary responses when interacting with people with IDD and exhibit cross-discipline collaboration in meeting the needs of an increasing demographic.

The experience staff gain while working at a SSLC creates a foundation for them to become experts and technical authorities in their field. This initiative will include educational opportunities provided by SSLCs, in partnership with community colleges and universities or other IDD experts, to provide low-cost training to professionals across the state working with people with IDD. These training opportunities can further the knowledge of working with people with IDD, while reducing myths, fears, and stigmas. This initiative would also enhance collaborative efforts and exposure across the IDD system, helping professionals achieve a greater understanding of IDD and serving people with IDD.

Services for People with Traumatic Brain Injuries. People who have sustained a non-birth related traumatic brain injury (TBI) that has resulted in moderate to severe changes in their behavior do not have a clear system for the delivery of long-term care services. People with TBI may also struggle with insufficient insurance coverage for programs and services aimed at both short- and long-term rehabilitation. Currently, services for TBI clients may be provided by entities like state hospitals, which are not the most appropriate setting for the sustainable rehabilitative care needed by this population.

Using the Traumatic Brain Injury Model System[59] or other evidence-based approach, SSLCs could assist stakeholders, including other HHSC partners such as the Comprehensive Rehabilitation Services Program and Office of Acquired Brain Injury, service providers, advocacy organizations, Texas Brain Injury Advisory

Council, Texas Brain Injury Alliance, and health related institutions of higher education that focus on the research and care for people with a TBI to develop a program, outside of a SSLC, that provides a multidisciplinary system of care designed to meet the needs of people with TBI including comprehensive rehabilitation services, long-term interdisciplinary follow-up, and outpatient rehabilitation services.

The development of any such program would be contingent on funding made available to the lead agency or organization. The goal of providing TBI services would be to provide the continuum of care needed to improve health and function, social integration, employment and independent living outcomes. A program that would divert this population from potential involvement in the criminal or juvenile justice system is fundamental in the overall rehabilitation for any person with TBI. In the development of this program, SSLCs would not seek to expand eligibility to a SSLC beyond the current eligibility requirements. Persons with TBI served on a SSLC campus who do not meet eligibility requirements would not be considered residents of the ICF/IID program.

4. Implementation and Sustainability

Success and sustainability of the objectives outlined in this report are determined by a SSLC's ability to implement them. Identifying and supporting adequate resources are a critical factor in quantifying the long-term success. If dedicated resources are available, initiatives would be implemented on a tiered priority-level and may vary by location.

Working toward SSLC strengths, the agency would identify and allocate resources where they will do the most good. This may mean current initiatives or programs are discontinued so resources could be diverted to the initiatives detailed above – to better serve and support people with IDD. Inclusion of stakeholder input and the expansion of and diversifying community partnerships for long-term maintenance is essential. Accountability measures will be implemented for achieving outcomes.

Fiscal Implications

SSLCs are a Medicaid-funded federal and state service. Approximately 58 percent of the operating funds for SSLCs are received from the federal government and 42 percent are provided through state general revenue or other revenue sources.[60] The IDD population is very diverse, with needs and subsequent cost requirements varying significantly. Appropriations may be needed to achieve recommended initiatives.

Although recent increases in funding have improved access to community-based services, the needs of the population have exceeded available funding. For initiatives included in Community-Based Services and Supports, additional funding would be needed to ensure accessibility.

The following initiatives will need to be considered as funding becomes available:

- Achieving Balance Program
- Patient Portal System
- Fleet Vehicles
- Video Surveillance System
- Child Care
- Facility Maintenance
- Salaries
- Step-Down Units from State Hospitals

Recommendations for Statutory Changes

HHSC is committed to working with the Legislature to explore ways to enhance programs and services provided to people with IDD. In accordance with Texas Health and Safety Code §533A.032, HHSC makes the following recommendations for statutory changes to help operate more efficiently and support the goals of this report. These statutory changes are not contingent on receiving additional funding.

- Authorize the SSLCs to reimburse employees for damages to their vehicles caused by residents, as resources allow.
- Facilitate transfer of residents from one SSLC setting to another to access enhanced services.
- Authorize SSLCs to lease space on campus to child care providers for the benefit of SSLC employees.

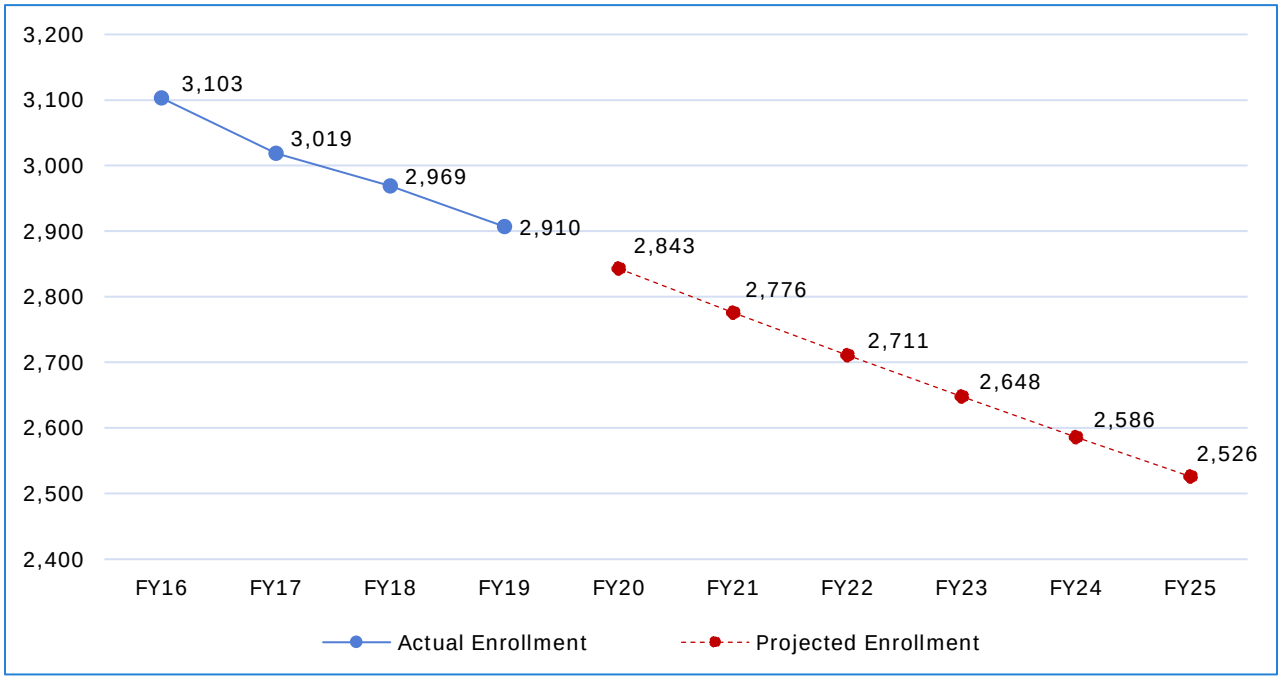
5. Capacity

An SSLC has not closed since 1996 and over the last ten years the statewide census at SSLCs has declined by 31 percent.[61] (See Table 2 on page A-2.) Much of the decline occurred from fiscal year 2010 to fiscal year 2015 but has steadily tapered to an annual average of only two percent since. This leveling of the census is attributed primarily to the ability for a SSLC to provide services for complex behavior and medical challenges that are unavailable in some preferred communities. Other significant factors include an increase in guardianship in which guardians choose a SSLC over community placement, and an aging population with a longer life expectancy.

Population Projections and Methodology

Based on existing data, future population trends of SSLCs are expected to see a minimal decline statewide as identified in Figure 1 below. SSLC population projections are generated using a cohort-component methodology with admission, separation, and length of stay trends used as primary variables. (see Table 9 on page A-10 and Table 10 on page A-11.) These calculations assume the population is driven by demographic factors. This projection does not consider enhancements to community-based services and supports that may support community transitions.

Figure 1: SSLC Population Projection, FY 2020 through FY 2026



Factors Affecting Population Projections

The associated confidence level with the population projection calculations are dependent on the:

- Admission, separation, and length of stay variables identified in the methodology section;
- Fluctuation in average age at time of admission;
- Variation in commitment type;
- Appropriation of continued funding;
- Number of people diagnosed with IDD; and
- Expansion and availability of quality community-based services and supports.

Repurposing and Shared Space Ventures

This report outlines initiatives that maximize current resources and provide alternatives for repurposing or sharing space within a SSLC. Services provided at a SSLC in a supportive environment that extends to people in the community will lead to increased availability of services and may divert additional admissions to SSLCs. Options explored in the Community-Based Services and Supports and Maximize Current Resources sections include:

- Step-Down Units from State Hospitals
- Day Programming and Supports
- Crisis Intervention and Respite Services
- Adaptive Equipment Services
- Transitional Care
- Lease Office Space
- Lease Programming Space

These initiatives build on existing and new efforts that will help further the vision of HHSC and were developed in collaboration with stakeholder input received from service providers, advocates, statewide IDD-specific advisory councils and workgroups, and other HHS partners.

In some instances, additional efforts need to be made with stakeholders on whether targeted services and supports will be operated by SSLCs, or simply supported by SSLCs using existing resources such as facility infrastructure and maintenance, when other options exist. These efforts may ultimately determine how these initiatives are funded.

Evaluating Continued Operations

Stakeholder input from service providers, advisory groups, advocacy groups and home and community-based services advocates contemplate the need for continued SSLC existence or the feasibility of keeping all SSLCs operational; targeting census decline, operating costs, and the need to strengthen and build community-based services as the primary reasons.[62] SSLCs support creating more robust home and community-based services and acknowledge that unless adequate services and supports are in place within the community, SSLCs remain the most appropriate living option for some people. As improvements continue to be made in HCS services, the SSLCs will still serve a purpose for people who require specific intervention, support and assessment.

Notwithstanding other constraints, meeting the demands for services across the State proves to be challenging simply by geography. Focusing on maximizing resources and existing infrastructure is pivotal to safeguarding limited resources. This strategy allows the State to reduce the overall footprint of SSLCs, while expanding community-based services. There is no arbitrary number of residents to determine if a SSLC should continue operations, but considering formative facts are fundamental to the needs assessment. Those include:

- Community services and supports must be available at the time of transition and remain intact as the person's needs fluctuate to safeguard their physical, mental and emotional safety.
- Optimizing current available space to expand services provided to people with IDD in the community will broaden the full continuum of care.
- SSLCs can work with LIDDAs and local mental health authorities to serve as a conduit for providing services regionally to ensure community services and supports are available that are closer to home with access to family supports.
- Expanding resources within SSLC property will increase the likelihood of attracting and retaining employees with talent and expertise necessary to work with people with IDD, including residents and non-residents.

A decision to close a SSLC by the Legislature is a serious one that requires thoughtful planning and careful consultation with all affected stakeholders to effectively implement. A thorough and exhaustive closure plan must be developed and vetted with stakeholders to ensure residents, family members, employees, service providers and the communities where the SSLC resides are all treated with compassion and respect. If closing one or more SSLCs is contemplated, minimum areas of considerations may include:

- Expanding capacity of community-based services and supports, including specialty services, before a person's transition that are safe, outcome driven and implement evidence-based practices;
- Geography and availability of services;

- Impact to the community and available resources to foster economic regrowth;
- Operational cost based on the number of residents served;
- Impact to other SSLCs; and
- Financial impact to state assets.

As with any decision that impacts people's livelihood, proceeding with closure must be in a deliberate manner, making sure Texas puts residents, families and employees first above any capital. The ultimate decision should not be about community services versus SSLCs, but rather the interest of people with IDD and the ability to provide them with the necessary services and supports to live in the setting of their choice and as independently as possible. HHSC acknowledges that SSLCs are part of the communities in which they are located, not something in addition to the community.

6. Conclusion

HHSC is committed to ensuring Texans with IDD receive the services they need in the environment of their choice. In the evolution of every business model there remains an abundance of opportunities for improvement; SSLCs and community-based IDD services are no exception. As we envision the future of and maximizing resources within SSLCs, we must also consider the broader spectrum for a full continuum of care for any Texan with IDD and focus on services and supports that allow them to thrive.

In a time when decisions are driven by best practices and data, SSLCs will focus on making changes that improve the overall quality of life of people with IDD and quality of care of SSLC residents. Initiatives that support community-based services mirror a philosophy of one continuum of care by creating a vision for an alliance inclusive of SSLCs, service providers, advocates and disciplines across the state that serve or champion for the IDD community. This alliance will devise progressive ways of improving services and processes. Ongoing collaboration between service areas amongst HHS partners must also be a focal point to ensure the agency is supporting Texans with IDD in the most efficient and fiduciary responsible manner.

List of Acronyms

Below is a list of all acronyms that appear in this report.

Acronym	Full Name
CFR	Code of Federal Regulations
CPI	Consumer Price Index
FY	Fiscal Year
HHSC	Texas Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
IQ	Intelligent Quotient
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
PIDA	Persons with an Intellectual Disability Act
SSLC	State Supported Living Center
SUR®	Safe Use of Restraint
TBI	Traumatic Brain Injury

Appendix A. Demographics

Table 1: Total Enrollment by Type by Facility, FY 2019 (as of August 31, 2019)

SSLC	PIDA	Adult Criminal Code	Adult Originally Chapter 55	Juvenile Chapter 55	Emergency	Voluntary
Abilene	226	0	0	0	0	37
Austin	152	1	0	0	0	26
Brenham	165	0	0	0	0	83
Corpus Christi	180	8	0	0	0	0
Denton	360	5	0	0	0	83
El Paso	87	0	0	0	0	8
Lubbock	168	3	1	0	0	16
Lufkin	279	1	0	0	0	0
Mexia	100	95	31	17	0	3
Richmond	271	1	1	0	0	42
Rio Grande	63	0	0	0	0	0
San Angelo	164	23	1	1	0	2
San Antonio	180	2	0	0	0	24
Statewide	**2,395**	**139**	**34**	**18**	**0**	**324**
Percent	**82.30%**	**4.78%**	**1.17%**	**0.62%**	**0%**	**11.13%**

Table 2: Total Enrollment, FY 2010 through FY 2019

SSLC	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Abilene	454	442	412	386	356	321	293	282	269	263
Austin	377	355	328	288	266	192	184	180	177	179
Brenham	340	315	298	288	283	279	264	259	254	248
Corpus Christi	292	274	258	242	224	221	220	208	205	188
Denton	545	519	494	484	460	458	458	447	449	448
El Paso	136	131	124	116	110	106	107	95	94	95
Lubbock	230	225	214	209	203	201	191	185	184	188
Lufkin	405	377	361	342	322	308	295	298	289	280
Mexia	417	390	372	331	288	256	256	246	240	246
Richmond	407	378	352	339	335	330	328	319	321	315
Rio Grande	72	71	70	62	67	71	61	60	62	63
San Angelo	251	239	229	210	208	214	217	213	202	191
San Antonio	281	278	275	250	240	229	229	227	223	206
Statewide	**4,207**	**3,994**	**3,787**	**3,547**	**3,362**	**3,186**	**3,103**	**3,019**	**2,969**	**2,910**

Table 3: Age, FY 2019 (as of August 31, 2019)

SSLC	Age 0-17	Age 18-21	Age 22-34	Age 35-44	Age 45-54	Age 55-64	Age 65-75	Age 76+
Abilene	6	6	23	38	61	70	44	15
Austin	0	0	12	19	21	65	49	13
Brenham	14	16	28	29	77	62	19	3
Corpus Christi	0	0	30	27	36	65	28	2
Denton	0	11	53	51	75	165	85	8
El Paso	0	4	19	17	20	18	15	2
Lubbock	0	5	45	32	34	48	21	3
Lufkin	11	14	35	26	51	93	39	11
Mexia	24	21	107	30	24	21	14	5
Richmond	0	5	51	28	75	97	53	6
Rio Grande	0	4	18	12	16	11	1	1
San Angelo	3	9	56	49	27	15	23	9
San Antonio	0	3	44	28	56	48	19	8
Statewide	**58**	**98**	**521**	**386**	**573**	**778**	**410**	**86**
Percent	**2%**	**3%**	**18%**	**13%**	**20%**	**27%**	**14%**	**3%**

Table 4: Levels of Intellectual Disabilities, FY 2019 (as of August 31, 2019)

SSLC	Borderline	Mild	Moderate	Severe	Profound	Un-specified	Not Indicated
Abilene	0	29	43	49	141	1	0
Austin	0	12	27	40	100	0	0
Brenham	0	20	56	41	130	1	0
Corpus Christi	0	45	27	26	90	0	0
Denton	0	57	75	81	232	0	3
El Paso	0	12	15	16	52	0	0
Lubbock	0	38	25	27	97	0	1
Lufkin	0	24	38	54	164	0	0
Mexia	1	132	74	12	27	0	0
Richmond	0	42	41	56	176	0	0
Rio Grande	0	11	18	21	13	0	0
San Angelo	0	116	42	14	18	0	1
San Antonio	0	32	37	39	97	0	1
Statewide	**1**	**570**	**518**	**476**	**1,337**	**2**	**6**
Percent	**0%**	**20%**	**18%**	**16%**	**46%**	**0%**	**0%**

Table 5: Behavior Management Levels, FY 2019 (as of August 31, 2019)

SSLC	None	Mild	Moderate	Severe	Profound	Not Indicated
Abilene	89	69	90	14	1	0
Austin	65	51	43	17	3	0
Brenham	86	58	73	30	1	0
Corpus Christi	74	49	57	8	0	0
Denton	154	57	211	24	0	2
El Paso	32	26	29	6	1	1
Lubbock	51	41	71	18	5	2
Lufkin	95	64	83	26	10	2
Mexia	15	97	95	27	6	6
Richmond	119	86	96	14	0	0
Rio Grande	6	28	23	0	2	4
San Angelo	11	51	78	29	21	1
San Antonio	69	55	47	29	5	1
Statewide	**866**	**732**	**996**	**242**	**55**	**19**
Percent	**30%**	**25%**	**34%**	**8%**	**2%**	**1%**

Figure 2: Alleged Offender Admissions, FY 2010 through FY 2019

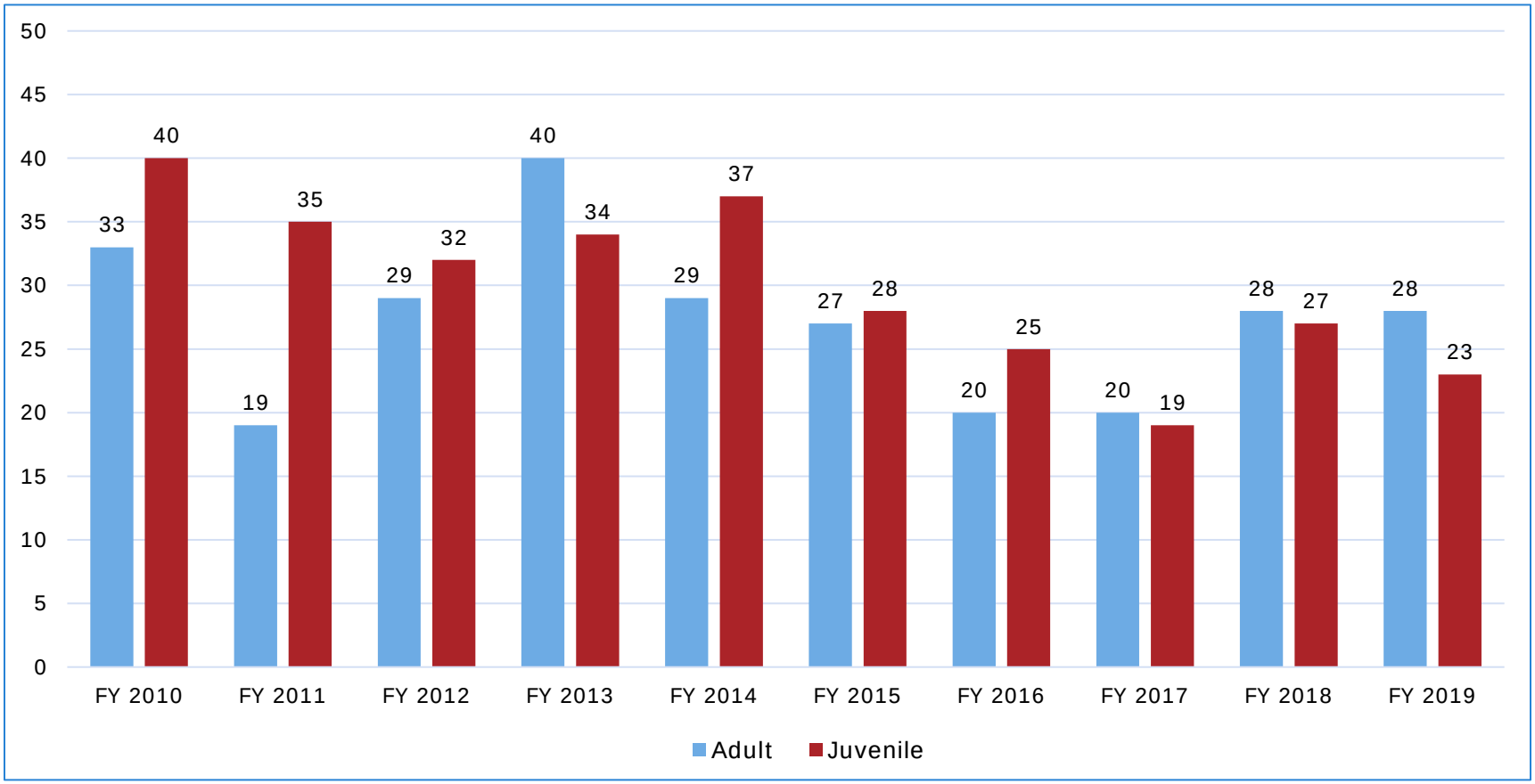


Table 6: Alleged Offender Admissions, FY 2010 through FY 2019

SSLC	Adult Criminal Code	Juvenile Chapter 55	Total Alleged Offender	Total Enrollment	Percent of Population
FY 2010	33	40	73	4,207	**1.74%**
FY 2011	19	35	54	3,994	**1.35%**
FY 2012	29	32	61	3,787	**1.61%**
FY 2013	40	34	74	3,547	**2.09%**
FY 2014	29	37	66	3,362	**1.96%**
FY 2015	27	28	55	3,186	**1.73%**
FY 2016	20	25	45	3,103	**1.45%**
FY 2017	20	19	39	3,019	**1.29%**
FY 2018	28	27	55	2,969	**1.85%**
FY 2019	28	23	51	2,910	**1.75%**

Table 7: Health Status, FY 2019 (as of August 31, 2019)

SSLC	No Major Problems	Mild	Moderate	Severe	Not Indicated
Abilene	29	60	147	27	0
Austin	11	61	85	22	0
Brenham	68	95	70	15	0
Corpus Christi	28	51	92	17	0
Denton	9	206	183	48	2
El Paso	18	43	30	3	1
Lubbock	42	70	58	16	2
Lufkin	45	83	126	24	2
Mexia	74	117	42	7	6
Richmond	34	109	156	16	0
Rio Grande	12	35	11	1	4
San Angelo	65	64	51	10	1
San Antonio	51	75	73	6	1
Statewide	**486**	**1,069**	**1,124**	**212**	**19**
Percent	**17%**	**37%**	**39%**	**7%**	**1%**

Table 8: Enrollment by Co-Occurring Diagnosis of IDD and at Least One Mental Health Disorder

Fiscal Year	Percent of Population
FY 2014	61.3%
FY 2015	61.4%
FY 2016	61.6%
FY 2017	58.40%
FY 2018	57.29%
FY 2019	56.46%
FY 2020[1]	56.53%

[1] As of May 31, 2020.

Table 9: Length of Stay, FY 2019 (as of August 31, 2019)

SSLC	0-1 Year	13 Months–5 Years	6-10 Years	11-15 Years	More Than 15 Years
Abilene	4	24	21	27	187
Austin	12	8	2	9	148
Brenham	10	47	23	19	149
Corpus Christi	2	32	9	23	122
Denton	21	84	25	28	290
El Paso	3	16	10	10	56
Lubbock	16	36	15	8	113
Lufkin	5	46	20	22	187
Mexia	50	107	37	10	42
Richmond	11	58	23	29	194
Rio Grande	8	24	6	7	18
San Angelo	14	65	27	27	58
San Antonio	4	49	16	16	121
Statewide	**160**	**596**	**234**	**235**	**1,685**
Percent	**5%**	**20%**	**8%**	**8%**	**58%**

Table 10: Separations, FY 2010 through FY 2019

Fiscal Year	New Admissions	Transition Returns	Total Separations	Community Transitions	Deaths	Discharges
FY 2010	162	8	504	330	140	34
FY 2011	129	3	344	204	112	28
FY 2012	128	5	340	207	96	37
FY 2013	166	16	422	287	93	42
FY 2014	187	9	381	261	86	34
FY 2015	177	9	362	233	97	32
FY 2016	160	10	253	126	99	28
FY 2017	139	6	229	109	88	32
FY 2018	149	5	204	84	87	33
FY 2019	129	5	193	80	84	29

Appendix B. Referrals and Transitions to the Community

Table 11 : Community Transitions, FY 2010 through FY 2019

SSLC	Community Transitions	Total Enrollment	Percent of Population
FY 2010	330	4,207	**7.84%**
FY 2011	204	3,994	**5.11%**
FY 2012	207	3,787	**5.47%**
FY 2013	287	3,547	**8.09%**
FY 2014	261	3,362	**7.76%**
FY 2015	233	3,186	**7.31%**
FY 2016	126	3,103	**4.06%**
FY 2017	109	3,019	**3.61%**
FY 2018	84	2,969	**2.83%**
FY 2019	80	2,910	**2.75%**

Table 12: Reasons for Non-Referral, FY 2019

Reasons for Non-Referral	
LAR Choice	43.40%
Behavioral Health/Psychiatric Needs	21.19%
Medical Issues	16.72%
Individual Choice	15.78%
Funding	1.69%
Evaluation Period (Chapter 55/46b commitments only)	0.70%
Court Will Not Allow Placement (Chapter 55/46b)	0.52%

Table 13: LAR Choice for Not Referring, FY 2019

LAR Choice for Not Referring	
Provided information, LAR not interested in alternate placement	68.88%
LAR not interested in alternate placement information	13.53%
Unsuccessful prior community placement(s)	9.18%
Mistrust of providers	5.54%
Lack of understanding of community living options	2.88%

Table 14: Obstacles to Transition, FY 2019

Obstacles to Transition	
Limited Residential Opportunities in Preferred Area	29.84%
Specialized Medical Supports	11.81%
Environmental Modifications	11.44%
Individual/LAR Indecision Regarding Provider Selection	9.96%
Behavioral Supports	9.96%
Specialized Therapy Supports	7.38%
Scheduling (For Referrals <200 days)	3.32%
Provider delay in opening home	3.32%
Employment/Supported Employment	2.21%
Transportation Modifications	2.21%
Illness during transition period	1.85%
Criminal Court Issues	1.48%
Medicaid/SSI Funding	1.48%
Specialized MH Supports	1.48%
LAR reluctance to choose a provider	0.74%
Services/Support for Forensic Needs	0.74%
Provider closed home; search for new provider	0.37%
Family Chose to Pursue Guardianship	0.37%

Endnotes

[1] Health and Human Services Commission. HHS Business Plan: Blueprint for a Healthy Texas. September 2019. https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/hhs-inaugural-business-plan.pdf. Last accessed June 6, 2020.

[2] Texas Council on Community Centers. https://txcouncil.com/intellectual-developmental-disabilities/. Last accessed June 6, 2020.

[3] In the Code of Federal Regulations, active treatment in intermediate care facilities for individuals with intellectual disabilities means treatment that meets the requirements specified in the standard concerning active treatment for intermediate care facilities for persons with Intellectual Disability under 42 CFR 483.440(a). Active treatment is also defined in the 40 Texas Administrative Code Chapter 9, Subchapter E, Section 9.203(1).

[4] Persons with an Intellectual Disability Act. Texas Health and Safety Code Subchapter D Chapters 591, 592, 593, 594, 595, 597 (1991) (as amended in 2015).

[5] Health and Human Services Commission. Promoting Independence. https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/promoting-independence-pi. Last accessed June 6, 2020.

[6] Statistical information obtained through the SSLC internal reporting dashboard.

[7] 40 Texas Administrative Code Chapter 2, Subchapter F, Section 2.274.

[8] Statistical information obtained through the SSLC internal reporting dashboard.

[9] Statistical information obtained through the SSLC internal reporting dashboard.

[10] Statistical information obtained through the SSLC internal reporting dashboard.

[11] Statistical information obtained through the SSLC internal reporting dashboard.

[12] National Child Traumatic Stress Network. Facts on Traumatic Stress and Children with Developmental Disabilities. 2004. https://www.nctsn.org/sites/default/files/resources//traumatic_stress_and_children_with_developmental_disabilities.pdf. Last accessed June 6, 2020.

[13] National Association of State Mental Health Program Directors. The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System. August 2017.

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