Report Update for
State Supported Living Centers

Introduction and Charge

Biennially, the Texas Department of Aging and Disability Services (DADS) presents a report to update the public about the provision of services at state supported living centers (formerly state schools). Through this report for fiscal years 2010-2011, DADS fulfills the statutory mandate for developing a long-range plan containing information and recommendations regarding the most efficient long-term use and management of these facilities operated by DADS, as required in Part 1 of the Texas Health and Safety Code (THSC) – Title 7, Subtitle A, Chapter 533, Subchapter B, Section §533.032(c), Long-Range Planning.

This report consists of six primary sections.

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

Profile of State Supported Living Centers

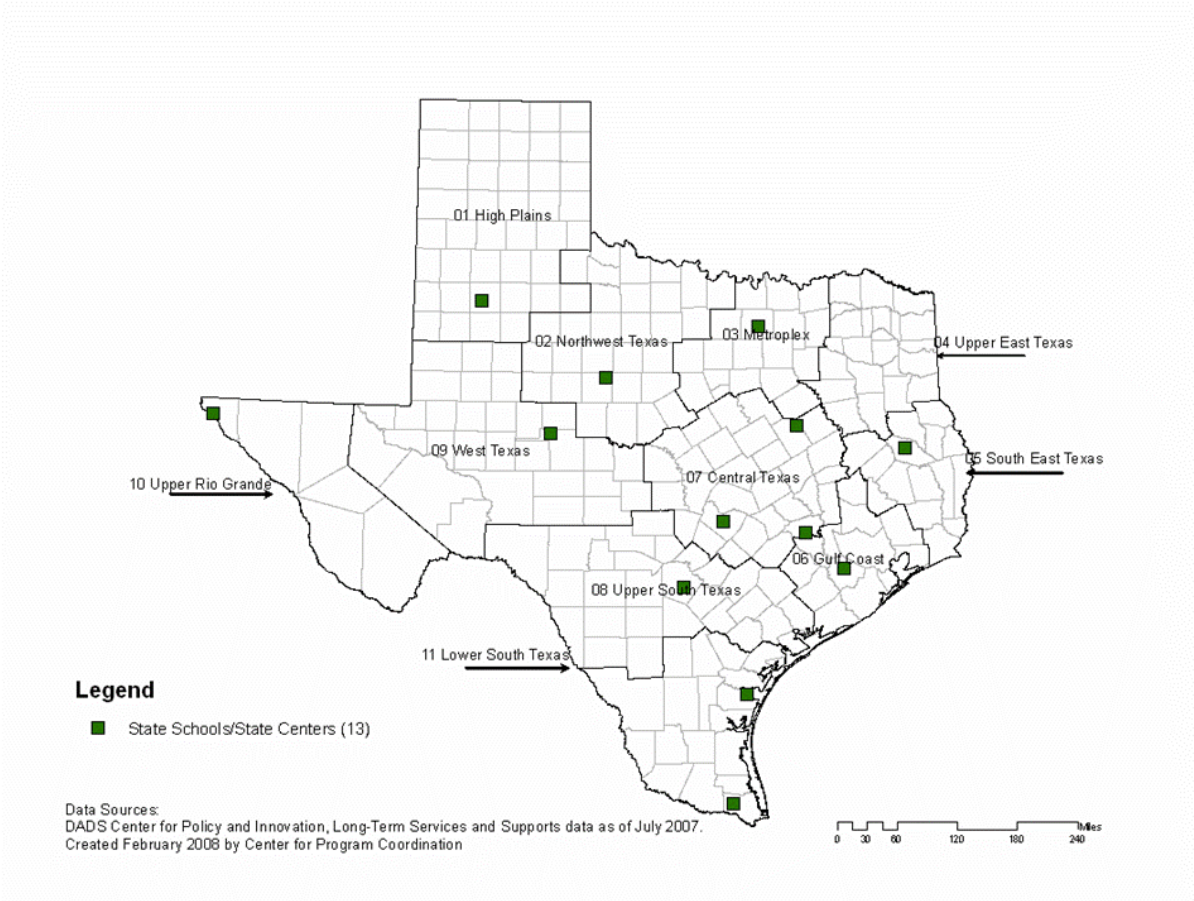
In Texas, state supported living centers are a part of the array of services for persons with IDD. Services and supports are provided at twelve state supported living centers operated by DADS and the ICF/MR component of the Rio Grande State Center operated by the Department of State Health Services (see Table 1). All data and information in this report except information about bond funding for maintenance and repairs includes operations in all thirteen of these locations.

Each center is certified as an intermediate care facility for persons with intellectual and developmental disabilities (ICF/MR), a Medicaid-funded federal/state service.

Approximately 60% of the operating funding for a state supported living center comes from the federal government and 40% comes from state general revenue or third-party revenue resources.

According to their vision, the state supported living centers are a partnership of consumers, family members, policy makers, authorities, and service providers who work together to create options and provide quality services that are responsive to each person's needs and preferences. Their mission is to provide leadership and system support that enables choice of service delivery options within the state's intellectual and developmental disabilities (IDD) service system which range from institutional care to supported living. To accomplish this, the state supported living centers strive to empower and support consumers in realizing personal goals and to offer them a variety of quality and cost-effective services including comprehensive review of living options available to them.

Table 1. Locations of State Supported Living Centers in Texas



State Trends

Enrollment

During fiscal years (FYs) 2004-2009, average enrollment of individuals served in the state supported living centers in Texas reflected a downward trend (see Table 2). As noted in the table, census declined by approximately 7.14% from 2004 through 2009. The trend downward in enrollment continues in 2010 and is projected to do so through succeeding years.

Table 2. Average Enrollment at State Supported Living Centers in Texas, FYs 2004-2009

Fiscal Year	Average Enrollment	Percentage Change
2004	4,985	
2005	4,977	<0.16%
2006	4,933	<0.88%
2007	4,909	<0.49%
2008	4,833	<1.55%
2009	4,629	<4.22%

Data Source: Health and Human Services (HHS) CARE System

Admissions and Separations

Since FY2004, separations from state supported living centers have exceeded the number of admissions. Table 3 details admissions and separations in the state supported living centers during FYs 2004-2009. Discharges include separations such as interstate transfers, discharge from a temporary emergency admission, and individuals found competent to stand trial or fit to proceed and/or not eligible for commitment during Criminal Code and Family Code evaluations.

Table 3. Admissions and Separations at State Supported Living Centers in Texas, FYs 2004-2009[1]

FY	Admissions	Separations			
		Movement to Alternate Living Environment	Deaths	Discharges	Total Separations
2004	220	75	116	29	220
2005	236	76	123	51	250
2006	227	97	138	56	291
2007	254	118	140	36	294
2008	269	206	128	28	362
2009	177	252	136	37	425

Data Source: HHS CARE System
[1]Excludes respite.

Types of Admissions

Admissions to state supported living centers are either voluntary or involuntary (see Table 4). Local Authorities (MRAs) serve as the point of entry for state supported living centers and other publicly funded services and supports for persons with IDD. The MRA determines an individual's eligibility for admission to a state supported living center. Types of voluntary admissions include respite admission and emergency admission for temporary placement and regular admission for longer-term placement. Involuntary admissions include Family Code and Criminal Code evaluations for temporary placement and regular and Criminal Code admissions for long-term placement.

Table 4. Definitions of Admissions Categories

Admission Category	Definition of Admission Category
Voluntary	
Respite	Time-limited service to address the individual's and/or his or her family's need for assistance or relief. Respite can be provided for a time period not to exceed 30 days. One 30-day extension may be allowed if the relief sought has not been satisfied during the initial 30 days. Admission requires consent of the adult with the capacity to give legally adequate consent, the guardian of an individual, or the parent of a minor.
Emergency	Time-limited admission for an individual who has an urgent need for services for a time period not to exceed 12 months. Requires consent of the adult with the capacity to give legally adequate consent, the guardian of an individual, or the parent of a minor.
Regular	Non-time limited placement for an individual who requires habilitative services, care, treatment and training. Regular admission requires consent of the adult with the capacity to give legally adequate consent. State supported living centers do not permit the regular voluntary admission of a minor.
Involuntary	
Regular	Admission of an individual, committed under the Persons with Mental Retardation Act (PMRA), Texas Administrative Code, Title 40, Part 1, Rule 2.255.
Criminal Code	Admission of an adult, who has been found incompetent to stand trial and there is no substantial probability that the individual will become competent in the foreseeable future. This is a commitment for non-time limited placement.
Criminal Code Evaluation	Admission of an adult for a period not to exceed 120 days. The inter-disciplinary team will submit to the court a report that describes the treatment provided for the individual, states whether the inter-disciplinary team believes the individual is competent or not competent to stand trial and whether the individual meets commitment criteria. If the court determines the individual is not

Admission Category	Definition of Admission Category
	competent to stand trial as a result of a diagnosis of mental retardation and the individual meets criteria, the individual may be admitted to a state supported living center for non-time limited placement.
Family Code Evaluation	Admission of a minor for a period not to exceed 90 days. The inter-disciplinary team will submit to the court a report that describes the treatment provided for the minor, states whether the inter-disciplinary team believes the minor is fit or unfit to proceed and whether the minor meets commitment criteria. If the court determines the child is unfit to proceed as a result of a diagnosis of mental retardation and that the child meets criteria, the child may be committed to a state supported living center for non-time limited placement.

From FY2004-FY2009, the most frequent type of admission to state supported living centers in Texas is "Involuntary Regular" (see Table 5). The number of involuntary regular admissions was the highest at 187 in FY 2007 and lowest at 96 in FY 2009.

Table 5. Categories of Admissions to State Supported Living Centers in Texas, FYs 2004-2009

	Voluntary Admissions			Involuntary Admissions				
FY	**Respite**	**Emergency**	**Regular**	**Family Code Evaluation**	**Criminal Code Evaluation**	**Criminal Code**	**Regular**	**Total**
2004	63	13	0	43	7	21	136	**283**
2005	48	35	0	45	7	8	141	**284**
2006	52	22	0	34	5	10	156	**279**
2007	41	5	0	43	3	16	187	**295**
2008	2	8	0	46	14	18	172	**271**
2009	0	5	0	40	13	12	96	**177**

Data Source: HHS CARE System

The Persons with MR Act establishes four mandatory admission criteria for admitting and committing an individual to a state supported living center (THSC, Title 7, Chapter 593, Admission and Commitment to Service, §593.052):

1. Proposed resident is a person with an intellectual and developmental disability;
2. Evidence is presented showing that because of the intellectual and developmental disability, the proposed resident:
    - represents a substantial risk of physical impairment or injury to himself or others; or

- is unable to provide for and is not providing for his/her most basic personal physical needs.

3. The proposed resident cannot be adequately and appropriately habilitated in an available, less restrictive setting; and
4. The residential care facility provides habilitation services, care, training and treatment appropriate to the proposed resident's needs.

To determine if an individual meets the second criterion above, DADS adheres to two standards that became effective on January 1, 2001. An individual must meet one of these two standards, as specified by TAC, Title 40, Social Services and Assistance, Part I, Chapter 2, Subchapter F, Continuity of Services:

1. Has an Intelligence Quotient (IQ) that is four or more standard deviations below the mean (in the severe or profound range of MR); or
2. Has an Inventory for Client and Agency Planning (ICAP) service level of 1–4 or an ICAP service level of 5 or 6 and also has extraordinary medical needs or has exhibited incidents of dangerous behavior.

Demographics

In the six-year period from FY2004-FY2009, the levels of intellectual and developmental disabilities as well as the adaptive behavior levels of individuals residing in state supported living centers has remained fairly static.

- Individuals with severe and profound levels of intellectual and developmental disability comprised 77% of the facility population in FY2004, compared with 71% in FY2009.
- The percentage of individuals with severe or profound adaptive behavior levels likewise has remained relatively constant at 85% in FY2004 and 80% in FY2009.
- In FY2004, 42% of individuals receiving services in state supported living centers were medically fragile, meaning they had moderate to severe health needs. In FY2009, this same group accounted for 35% of the population. Additionally, at the end of FY2009, 14% of individuals living in the facilities required 24-hour nursing services.
- In FY2004, 50% of the population in these facilities had significant behavioral health challenges in the moderate, severe, or profound ranges. This percentage grew to 52% in FY2009. Of the 177 admissions to state supported living centers in FY2009, 91.5% (162 individuals) had diagnoses of psychiatric disorders. These trends support the assumption that a growing proportion of the service delivery population in state supported living centers will have co-occurring behavioral health challenges; therefore, services and supports must be enhanced to effectively diagnose and treat these disorders to enable the individual to appropriately transition to living in the most integrated setting available to him/her.
- In FY2004, 76% of individuals receiving services in state supported living centers were age 35 and older. By FY2009, the proportion of this age group grew to 78%

[see Table 6]. In addition, individuals 55 years of age and older comprised 27% of the total population residing in the facilities in FY2009.

Table 6. Age of Individuals Served in the State Supported Living Centers, FY 2009

Age	0-21	22-35	36-44	45-54	55-64	65-75	76+
Population	318	654	912	1,405	870	279	103
Percent of Total Population	7%	14%	20%	31%	19%	6%	2%

Data Source: HHS CARE System, as of August 31, 2007

Level of Need

An individual's level of need is the result of an assessment to determine the intensity of services that individual may need. There are five levels of need intensity: intermittent, limited, extensive, pervasive, and pervasive plus. Individuals are classified at a higher intensity of need when they have more severe medical or behavioral needs. Pervasive and pervasive plus intensity levels of need refer to constant support needs across all environments and life areas. The characteristics of the individuals receiving services in state supported living centers, as reflected by level of need assessments, appear to have shifted during the past six years (see Table 7).

As of August 31, 2004, individuals with extensive, pervasive, and pervasive plus needs accounted for over 57% of the facilities' population and 55% as of August 31, 2009. Individuals with intermittent and limited needs accounted for 42% of the facilities' population as of August 31, 2004, and 44% as of August 31, 2009.

Table 7. Comparison of Level of Need in State Mental Retardation Facilities, August 31, 2004 and August 31, 2009

Level of Need	August 31, 2004	August 31, 2009
Intermittent	5%	5%
Limited	37%	39%
Extensive	35%	35%
Pervasive	22%	19%
Pervasive Plus	<1%	<1%
Total Population	5,003	4541

Data Source: HHS Care System

This shift in percentages of level of need reflects the admission of more capable individuals who exhibit significant behavioral challenges and have co-occurring mental

illness. In FY2009, 61% of individuals served in state supported living centers had a dual diagnosis of both intellectual or developmental disabilities and mental illness. Of individuals served, 52% received psychotropic medication and 60% had a behavioral management plan incorporated into their overall service plan.

Initiatives Affecting State Supported Living Centers in Texas

Home and Community-based Services (HCS) Waiver Program Services

The 2010-11 General Appropriations Act of the 81st Legislature provided funds for HCS waiver program service expansion. This expansion included funding for an additional 250 individuals to enroll in HCS services and move from state supported living centers. In addition, HCS program services become available throughout the year as individuals discontinue their enrollment in the HCS program. The availability of these expanded enrollment opportunities are used to support individuals who have chosen, either independently or with the assistance and support of their family or legally authorized representative, to seek alternative living options away from the state supported living facilities. The expansion of the HCS waiver program and the availability of increased operations for community-based services is consistent with the elements of Texas' Promoting Independence Plan which promotes public policies that enhance the ability of individuals with a disability to live in the most integrated residential setting.[1]

Increased Staffing

During the past two legislative sessions (80th and 81st sessions), the legislature has provided increased financial resources to support operational improvements in the state supported living centers in Texas. This support includes resources to fund an additional 2,850 FTE staff in the facilities across the state. These additional resources should also help the facilities achieve compliance with the settlement agreement between the State of Texas and the U. S. Department of Justice as well as to improve all aspects of service delivery in each of these facilities. (See Table below for a breakdown of the funded and filled FTEs by facility as of March 31, 2010.)

Table 8. Breakdown of FTEs and Fill Rates by Facility (as of 06/30/2010)

Facility	Funded FTEs	Filled FTEs	% Filled
Abilene	1,542.51	1,472.30	95.46%
Austin	1,221.38	1,137.78	93.16%
Brenham	1,105.61	1,043.50	94.38%
Corpus Christi	1,004.70	1004.70	100.00%
Denton	1,795.80	1,661.80	92.54%
El Paso	447.80	427.2	95.40%
Lubbock	951.56	870.36	91.47%

[1] http://www.dads.state.tx.us/providers/pi/2006PromotingIndependencePlan.pdf

Facility	Funded FTEs	Filled FTEs	% Filled
Lufkin	1,191.66	1,113.00	93.40%
Mexia	1,678.00	1,586.00	94.52%
Richmond	1,451.10	1,377.75	94.95%
San Angelo	861.20	811.20	94.19%
San Antonio	822.35	775.85	94.35%
All Facilities	14,073.47	13,281.44	94.37%

The Department of Aging and Disability Services is engaged in multiple efforts to ensure all positions are filled. These efforts require close coordination among state office, facility administration, Health and Human Services Commission (HHSC) Human Resources and accessHR, the human resources contractor for the Health and Human Services Enterprise. There is an ongoing review of staffing needs to address the complex array of services required to be provided by each of the state supported living centers.

DOJ Settlement Agreement

In May 2009, SCR 77, a resolution providing legislative approval for the settlement with the U. S. Department of Justice (DOJ) was filed with the Texas Legislature. SCR 77 brought resolution to the DOJ investigation of Texas state supported living centers that began in 2005. The settlement agreement was signed and filed with the federal court on June 26, 2009.

Implementation plans required by the settlement agreement were developed prior to the deadline established by the settlement agreement and each has been extensively revised to incorporate feedback received from the baseline reviews conducted at each facility between January-May, 2010. A statewide plan of improvement has also been extensively revised and serves as a basis for program improvement for the system of state supported living centers in Texas.

Baseline reviews conducted by independent monitoring teams selected jointly by DOJ and the state were conducted at each of the state supported living centers from January-May, 2010. Semi-annual compliance reviews will be conducted at each facility at six-month intervals beginning in July, 2010 and continuing until each facility has demonstrated evidence of continuous compliance with the requirements of the settlement agreement. Recommendations from both the baseline reviews and compliance monitoring visits will be used to guide facility improvement efforts until full compliance with the provisions of the settlement agreement are achieved in each facility.

SB 643

Senate Bill 643 passed during the 81st legislative session provides additional statutory framework for the protection and care of individuals with intellectual and developmental disabilities served by public and private providers of IDD services in Texas.

Major elements of this legislation include:

- Authorization for DADS to conduct fingerprint-based criminal history checks on employees and volunteers with direct contact with persons served
- Authorization of random drug testing of employees at state supported living centers
- Requirement to install video surveillance camera systems in common areas of all state supported living centers
- Creation of a mortality review process for persons receiving services in the IDD system in Texas
- Investigation of allegations of abuse, neglect and exploitation in private licensed ICFs/MR by the Department of Family and Protective Services
- Creation of a forensic facility at Mexia State Supported Living Center to serve persons with intellectual and developmental disabilities who are also high-risk alleged offenders
- Creation of an Office of Independent Ombudsman for the State Supported Living Centers reporting directly to the Governor
- Expanded regulatory oversight for providers of HCS waiver services including annual unannounced home visits in all group home and foster care provider locations
- Expanded training for persons providing services and supports for individuals receiving services both in state supported living centers and in community-based provider settings.

Efforts are underway to fully implement and measure the effectiveness of each of these statutory changes initiated by this legislation. To date, insufficient time has elapsed to adequately assess the effectiveness of implementation of each of these measures.

SB 1 – Sec 48

Factors Affecting Future Need for State Supported Living Center Beds

DADS strives to assure that an individual with IDD or their legally authorized representative has a choice among a full range of services and supports, including services provided by state supported living centers.

As noted previously, trending data indicates that admissions to state supported living centers appear to be almost wholly for individuals with IDD who also have co-occurring and very complex behavioral health challenges. Effective services and supports for this population, while often of a shorter duration than services and supports for individuals with very complex healthcare challenges, are also very clinically complex requiring the active engagement of a team of highly trained and competent clinical professionals including psychiatrists and behavior analysts. Additionally, these services and supports often require intensive direct service staffing that varies in intensity with the advent of specific behavioral ideations.

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

To provide a more organized framework for planning and structuring services and supports provided by the state supported living centers both now and in the future, the 81st legislature outlined requirements in Senate Bill 1, Section 48, that DADS reduce the number of state supported living center residents through census management, not closure, and to limit the number of residents residing at each state supported living center without removing a resident from a state supported living center against the resident's will or against the will of the resident's legally authorized representative for the purpose of meeting any potential capacity limits, and without denying admission to a state supported living center on the basis that the admission would cause the facility to exceed any potential capacity limit. The costs of serving reallocated residents will be financed through reduced expenditures for the operation of the state supported living centers. Efforts are ongoing to fully implement these census management provisions in the state supported living centers while also taking into consideration the increasing costs of providing services and supports for a population with increasingly complex healthcare and behavioral health challenges that require very complex, intensive and clinically appropriate supports.

Assumptions Related to Projections and Estimates of Potential Demand

DADS continues to develop resources and expand services and supports for individuals with intellectual and developmental disabilities. The demand for state supported living centers is affected by the availability of services and supports for persons with complex healthcare and behavioral health challenges in the community.

Several assumptions relate to the projections and estimates of the future demand for services at state supported living centers:

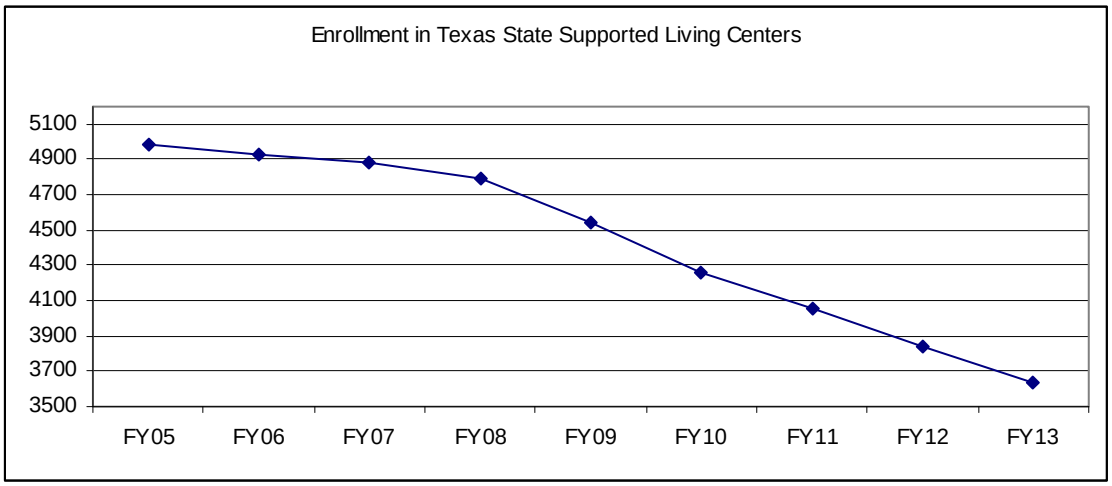
- Admissions to state supported living centers will continue to be both voluntary and court ordered.
- Individuals and their families and/or natural support systems will continue to be provided information about and choice of location and provider of IDD services for which the individual is eligible including services provided by state supported living centers.
- State supported living centers will continue to improve their services and supports focusing primarily on services for persons with severe and profound intellectual and developmental disabilities and those individuals who are medically fragile or who have significant behavioral health challenges.

- The appropriation of funding of 196 emergency institutionalization slots [2010-2011 General Appropriations Act, §48(a)(5)] for individuals with intellectual and developmental disabilities seeking crisis services and supports should reduce the demand for emergency admission to a state supported living center to some degree.

Projection of Future Enrollment

Based on current and historical data, DADS has prepared the projection of future enrollment using a simple linear regression model. As seen in Table 9, using an estimate of 22 admissions per month and approximately 39 separations per month, the average enrollment at the state supported living centers will continue its current downward trend.

Table 9. Enrollment Trend for State Supported Living Centers, September 2005 – September 2013



Date Source: HHS CARE System
[1]Actual enrollment reported for Sept. 2005-Dec. 2009, and projected enrollment reported for Jan. 2010-Sept. 2013.

Projections of State Supported Living Centers Maintenance Costs

New Bond Package

The physical structures of state supported living centers are aging and are in continuous need of repair and renovation. Needs to be addressed include the replacement or renovation of roofs, renovation of bedrooms, living rooms, and other living and day program areas. To address these issues, the 81st legislature appropriated $26.9 million in general obligation bonds for repairs and renovations to the physical structures at the state supported living centers to continue to maintain compliance with the Life Safety Code. Future investment in the maintenance and renovation of the state supported living centers and the inflationary costs of utilities will allow DADS to continue to provide

a comfortable and safe residential and day program setting for those who choose these services and supports.

Maintenance Cost Projections for FYs 2010-2015

To maintain buildings in their current condition, two types of activities are necessary: (1) anything that needs replacement should be replaced and (2) anything that needs maintenance should be maintained. The maintenance should be addressed to prevent further deterioration in the condition of the buildings. To address projections of maintenance costs for DADS state supported living centers, estimates were developed assuming that buildings would be maintained at current conditions. Projections of these costs were done using the HHSC Computer Aided Facility Management (CAFM) system, and are shown in Table 10, for the next six years.

These projections are for all state supported living center buildings. Different priorities are assigned to buildings depending on their use: residential buildings; buildings used for day programs and direct support services; administration buildings; support buildings, e.g., warehouse, kitchen, maintenance, and sites, e.g., electrical distribution, natural gas distribution. Maintenance costs for all building categories are available. Cost projections for residential and day program/direct support services buildings also are provided in the table below. Additional information and documentation is available in CAFM Strategic Planning - CAFM INFRASTRUCTURE PLANNING PROJECTIONS FOR FY10-15.

These projections are based on industry standards. Funds will be sought to address the most critical needs and Life Safety Code requirements. These cost projections also factor in reductions in numbers of persons served throughout the system based on current trends analysis (see Table 9).

Table 10. Cost Projections for Maintenance of Residential and Day Program / Direct Support Services Buildings for SSLCs, FY 2010 – 2015

	Day Program & Direct Support Buildings	Residential Buildings	Sub-Total	% of Total Maintenance Costs	Total Maintenance Cost
2010	8,937,251	17,002,366	25,939,617	34.1%	76,151,690
2011	12,886,114	19,844,428	32,730,542	41.3%	79,296,084
2012	11,440,748	18,503,437	29,944,185	36.6%	81,741,097
2013	11,594,876	18,763,505	30,358,381	41.4%	73,410,499
2014	11,144,551	18,420,710	29,565,261	31.0%	95,429,853
2015	9,276,411	16,661,712	25,938,123	37.8%	68,630,919
TOTAL	**65,279,951**	**10,9196,158**	**174,476,109**	**36.8%**	**474,660,142**

Data Source: Computer Aided Facility Management (CAFM) Strategic Planning Reports CAFM Office - Strategic Planning Doc: CAFM Strategic Plan MR-10-15 SUMMARY.doc

Future Directions

The Department of Aging and Disability Services will continue to focus on the identification and implementation of best practices across the state to more effectively serve individuals with complex healthcare and behavioral health challenges. Additionally, all facility operations, services and supports will be continuously improved to become fully compliant with the requirements of the DOJ settlement agreement.

Examples of ongoing improvement initiatives include the following:

- Recruitment and retention initiatives will continue to address difficult-to-fill positions (e.g., physicians, nurses, occupational and physical therapists, speech/language pathologists) and positions with high turnover rates (e.g., direct contact staff).
- Increased clinical, professional and paraprofessional staffing necessary to meet the increasing demands of effective service delivery for persons with very complex behavioral health challenges including:
  - Increasing the number of certified behavior analysts on staff at each of the state supported living centers;
  - Increasing the number of psychiatrists available to provide comprehensive diagnostic and clinical support services for individuals with complex behavioral health challenges; and,
  - Increasing the effective integration of both psychological and psychiatric services to assist individuals to function at the greatest level of independence

possible while receiving services at the state supported living center and/or in a more integrated setting should that be his/her choice.

- Increased efforts to identify and secure appropriate community-based services and supports for families of school-aged children seeking IDD services and supports who are currently being admitted to state supported living centers (excluding those persons in this age category who are being admitted through order of the court under Section 55.03 of the Texas Family Code.)
- Continued expansion and improvement of staff selection, staff training and staff retention efforts to assure that persons providing services and supports in state supported living centers are competent and well-equipped to carry out their job responsibilities.
- Expanded focus on health, physical and nutritional management services for persons with complex healthcare needs.
- Expanded focus on increasing functional communication abilities of persons served in the state supported living centers through:
  - Increasing the number of trained and qualified speech/language pathologists with specialized skills in the area of functional communication; and,
  - Increasing the availability and use of adaptive communication devices, both manual and electronic, to assist individuals to communicate more extensively and effectively.
- Continued focus on provision of comprehensive information on services and supports available in both institutional and community-based settings throughout the IDD service system in Texas for all persons currently receiving and seeking services and supports.