



**STATE SUPPORTED LIVING CENTERS  
LONG RANGE PLANNING REPORT  
FOR FISCAL YEARS 2010-2012**

**As Required by  
Texas Health and Safety Code, Title 7, Subtitle A, Chapter 533,  
Subchapter B, Section 533.032(c)**

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**Texas Department of Aging and Disability Services**

**December 2012**

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## **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 (SSLCs). Through this report for fiscal years 2010-2012, 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 the Texas Health and Safety Code (HSC), 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 SSLCs in Texas.
- Section 2 presents state trends regarding the provision of services and supports for persons with intellectual and developmental disabilities (IDD) residing in SSLCs.
- Section 3 presents initiatives that are leading to improved services and supports for persons residing in the SSLCs.
- 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 SSLCs in Texas.

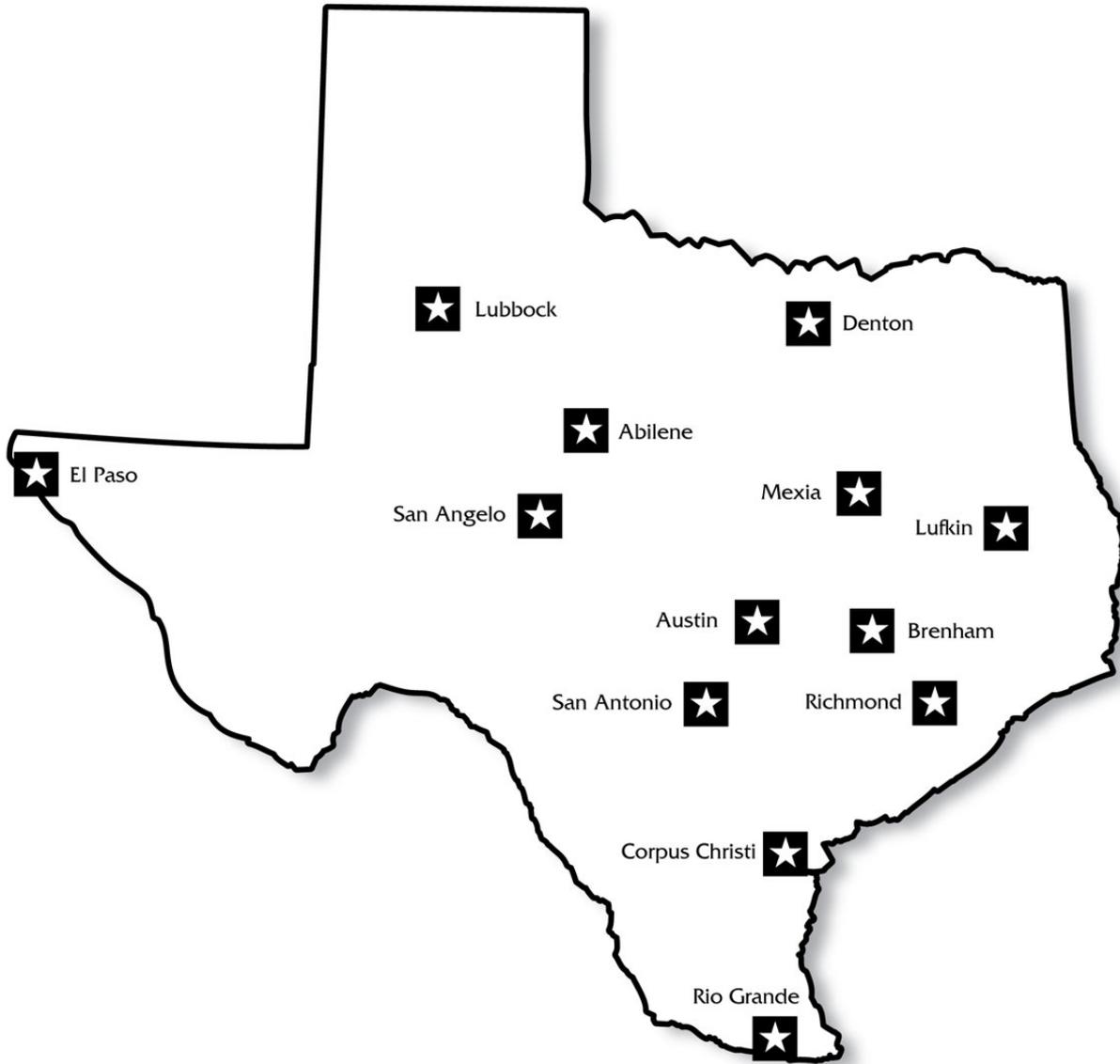
### **1. Profile of State Supported Living Centers**

In Texas, SSLCs are a part of the array of services for persons with IDD. Services and supports are provided at 12 SSLCs operated by DADS and the intermediate care facility for individuals with intellectual and developmental disabilities (ICF/IID) 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 13 of these locations.

Each center is certified as an ICF/IID, a Medicaid-funded federal/state service. Approximately 60 percent of the operating funding for an SSLC comes from the federal government, and 40 percent comes from state general revenue and third-party revenue resources.

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

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



**2. State Trends**

**Enrollment**

During fiscal years 2010-2012, average enrollment of individuals served in the SSLCs in Texas reflected a downward trend (see Table 2). As noted in the table, census declined by approximately 7.14 percent from 2010 through 2012. The trend downward in enrollment continues in 2012 and is projected to do so through succeeding years.

**Table 2: Average Enrollment at SSLCs in Texas, Fiscal Years 2004-2012 (as of June 2012)**

<b>Fiscal Year</b>	<b>Average Enrollment</b>	<b>Percentage Change</b>
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%
2010	4,337	6.30%
2011	4,072	6.11%
2012 (as of June 2012)	3,898	4.27%

**Notes:** Data source is Health and Human Services (HHS) CARE System

### **Admissions and Separations**

Since fiscal year 2004, separations from SSLCs have exceeded the number of admissions. Table 3 details admissions and separations in the SSLCs during fiscal years 2004-2012. 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 SSLCs in Texas, Fiscal Year 2004-June 2012**

<b>Fiscal Year</b>	<b>Admissions</b>	<b>Separations</b>			
		<b>Movement to Alternate Living Environment</b>	<b>Deaths</b>	<b>Discharges</b>	<b>Total Separations</b>
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
2010	170	330	140	34	504
2011	131	204	112	28	344
as of June 2012	110	159	83	31	273

**Notes:** Data source is HHS CARE System. Data excludes respite services.

### **Types of Admissions**

Admissions to SSLCs are either voluntary or involuntary (see Table 4). Local Authorities (LAs) serve as the point of entry for SSLCs and other publicly funded services and supports for persons with intellectual or developmental disabilities (IDD). The LA determines an individual's

eligibility for admission to an SSLC. 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 civil commitments under the Persons with Mental Retardation Act (PMRA) as well as commitments under the Family Code and Code of Criminal Procedure.

**Table 4: Definitions of Admissions Categories**

<b>Admission Category</b>	<b>Definition of Admission Category</b>
<b>Voluntary</b>	
<i>Respite</i>	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.
<i>Emergency</i>	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.
<i>Regular</i>	Placement for an individual who requires habilitative services, care, treatment and training. Regular admission requires consent of the adult with the capacity to give legally adequate consent. SSLCs do not permit the regular voluntary admission of a minor.
<b>Involuntary</b>	
<i>Regular</i>	Civil commitment of an individual under the PMRA, Health and Safety Code, Title 7, Subtitle D.
<i>Code of Criminal Procedure</i>	Commitment of an adult who has been found incompetent to stand trial as a result of a diagnosis of IDD, when there is no substantial probability that the individual will become competent in the foreseeable future.
<i>Family Code</i>	Commitment of a minor who has been found unfit to proceed as a result of IDD and who meets civil commitment criteria.
<i>Code of Criminal Procedure Evaluation</i>	Admission of an adult for a period not to exceed 120 days (except pursuant to a one-time 60-day extension granted by the court). The interdisciplinary team will submit to the court a report that describes the treatment provided for the individual, states whether the interdisciplinary team believes the individual is competent or not competent to stand trial and whether the individual meets commitment criteria.

<i>Family Code Evaluation</i>	Admission of a minor for a period not to exceed 90 days. The interdisciplinary team will submit to the court a report that describes the treatment provided for the minor, states whether the inter-disciplinary team believes the minor is fit or unfit to proceed and whether the minor meets commitment criteria.
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From fiscal years 2004 through 2012, the most frequent type of admission to SSLCs in Texas has been “Involuntary Regular” commitments (see Table 5). The number of involuntary regular commitments was the highest in fiscal year 2007 at 187 commitments, and lowest at 56 commitments for fiscal year 2012 through June.

**Table 5: Categories of Admissions to SSLCs in Texas, Fiscal Year 2004 through June 2012**

Voluntary Admissions			Involuntary Admissions							
			Family Code Evaluation		Code of Criminal Procedure Evaluation		Code of Criminal Procedure	Regular		
Fiscal Year	Emergency	Regular	Admits	Returned to Court	Admits	Returned to Court		Adults	Children	Total
2004	13	0	43		7		21	136		<b>220</b>
2005	35	0	45		7		8	141		<b>236</b>
2006	22	0	34	16	5	2	10	74	82	<b>227</b>
2007	5	0	43	22	3	1	16	82	105	<b>254</b>
2008	8	0	47	19	14	8	18	90	92	<b>269</b>
2009	5	1	40	17	13	9	12	65	41	<b>177</b>
2010	3	1	41	18	15	5	19	52	39	<b>170</b>
2011	2	0	35	23	12	3	7	48	27	<b>131</b>
2012	5	0	28	12	4	2	17	34	22	<b>110</b>

**Notes:** Data source is HHS CARE System.

Individuals admitted under the Texas Family Code (adolescent under age 18 criminal court commitment) undergo a 90-day assessment period to determine whether or not the individual is fit to proceed to trial. If during this assessment period the individual is found not to be eligible for services in an SSLC or found fit to proceed to trial, the individual is discharged and returned to the committing court.

Individuals admitted under the Texas Code of Criminal Procedure Evaluation Period (adult over age 18 criminal court commitment) undergo a 120-day assessment period to determine whether or not the individual is competent to stand trial. If during this assessment period the individual is

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

Individuals admitted under the Texas Code of Criminal Procedure (adult over age 18 criminal court commitment) have already undergone an assessment period prior to admission and have been found not competent to stand trial or have been adjudicated and sent to the SSLC for needed supports and services.

The Texas Health and Safety Code, Title 7, Chapter 593, §593.052 establishes four mandatory admission criteria for admitting and committing an individual to an SSLC:

1. The individual is a person with an intellectual or developmental disability;
2. Evidence is presented showing that because of the intellectual or developmental disability, the individual:
  - 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 individual 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 individual'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 Title 40, Texas Administrative Code, Section 2.255:

1. Has an Intelligence Quotient (IQ) that is four or more standard deviations below the mean (i.e., in the severe or profound range of an intellectual disability); 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 that would require direct nursing treatment for at least 180 minutes per week if the individual's caregiver were not providing such treatment or has exhibited incidents of dangerous behavior that would require intensive staff intervention and resources to prevent serious physical injury to the individual or others if the individual's caregiver were not managing such incidents.

## **Demographics**

In the eight-year period from fiscal year 2004 through June 2012, the levels of intellectual and developmental disabilities, as well as the adaptive behavior levels of individuals residing in SSLCs, have remained fairly static.

- Individuals with severe and profound levels of IDD comprised 77 percent of the facility population in fiscal year 2004, compared with 69 percent in fiscal year 2012.
- The percentage of individuals with severe or profound adaptive behavior levels likewise has remained relatively constant at 85 percent in fiscal year 2004 and 78 percent in fiscal year 2012.
- In fiscal year 2004, 42 percent of individuals receiving services in SSLCs were medically fragile, meaning they had moderate to severe health needs. In fiscal year 2012, this same

group accounted for 39 percent of the population. Additionally, as of June 2012, 16.5 percent of individuals living in the SSLCs required 24-hour nursing services.

- In fiscal year 2004, 50 percent of the population in these facilities had significant behavioral health challenges in the moderate, severe, or profound ranges. This percentage grew to 63 percent in fiscal year 2012. Of the 110 admissions to SSLCs in fiscal year 2012 (as of June 2012), 80 percent (88 individuals) had diagnoses of psychiatric disorders. These trends support the assumption that a growing proportion of the service delivery population in SSLCs 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 or her.
- In fiscal year 2004, 76 percent of individuals receiving services in SSLCs were age 35 and older. By June 2012, the proportion of this age group grew to 79 percent.

**Table 6: Age of Individuals Served in the SSLCs as of June 30, 2012**

Age	0-21	22-34	35-44	45-54	55-64	65-76+
<b>Population</b>	246	555	646	1,104	895	385
<b>Percent of Total Population</b>	6.42%	14.49%	16.86%	28.82%	23.36%	10.05%

**Notes:** Data source is HHS CARE System.

### Level of Need

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

Individuals with extensive, pervasive, and pervasive plus needs accounted for more than 57 percent of the facilities’ population as of August 31, 2004, but by June 30, 2012, the proportion of those residents decreased to 52 percent of the population. Accordingly, individuals with intermittent and limited needs accounted for approximately 42 percent of the facilities’ population as of August 31, 2004, and as of June 30, 2012, that proportion had increased to 45.5 percent.

**Table 7: Comparison of Level of Need in SSLCs between August 31, 2004 and June 30, 2012**

<b>Level of Need</b>	<b>August 31, 2004</b>	<b>June 30, 2012</b>
Intermittent	5.0%	6.5%
Limited	37.0%	39.0%
Extensive	35.0%	33.0%
Pervasive	22.0%	18.0%
Pervasive Plus	<1.0%	<1.0%
<b>Total Population</b>	<b>5,003</b>	<b>3,831</b>

**Notes:** Data source is 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 fiscal year 2012, 63 percent of individuals served in SSLCs had a dual diagnosis of both intellectual or developmental disabilities and mental illness. Of individuals served, 50 percent received psychotropic medication, and 62 percent had a behavioral management plan incorporated into their overall service plan.

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

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

While no significant expansion of funding for the HCS waiver program was provided in the General Appropriations Act from the 82<sup>nd</sup> legislative session, appropriate HCS residential slots have continued to be made available for any individual wishing to transition to community-based living from an SSLC. Education and exposure of individuals and their families to services and supports available in the community continues to expand at each of the SSLCs consistent with the provisions of the settlement agreement between the State of Texas and the U.S. Department of Justice (the “DOJ settlement agreement”). Transitions continue to be made at an average of 16-17 individuals per month.

#### **Staffing Levels**

During the 81st Legislative Session the legislature provided increased financial resources to support operational improvements in the SSLCs. These additional resources were aimed at helping the facilities achieve compliance with the DOJ settlement agreement, as well as improving all aspects of service delivery in each of these facilities.

The 82<sup>nd</sup> Legislative Session did not result in a change in staffing levels from the previous session. (See Table 8 for a breakdown of the funded and filled full time equivalent positions (FTEs) by facility as of July 2012.)

**Table 8: Breakdown of FTEs and Fill Rates by SSLC as of July 2012**

<b>Facility</b>	<b>Funded FTEs</b>	<b>Filled FTEs</b>	<b>% Filled</b>
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	427.20	95.40%
Lubbock	951.56	870.36	91.47%
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	14,073.67	13,281.44	94.37%

DADS 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 SSLCs.

### **Department of Justice Settlement Agreement**

In May 2009, Senate Concurrent Resolution (SCR) 77 providing legislative approval for the DOJ settlement was passed by the Texas Legislature. SCR 77 brought resolution to the DOJ investigation of Texas SSLCs that began in 2005. The settlement agreement was signed by the parties and filed with the federal court on June 26, 2009.

Baseline reviews conducted by independent monitoring teams selected jointly by DOJ and the state were conducted at each of the SSLCs from January to May 2010. Semi-annual compliance reviews have been conducted at each facility at six-month intervals since July 2010, and will continue until each facility has demonstrated sustained compliance with the requirements of the settlement agreement for one year. Recommendations from both the baseline reviews and compliance monitoring visits are being used to guide facility improvement efforts until full compliance with the provisions of the settlement agreement are achieved in each facility.

### **Senate Bill 643**

Senate Bill 643, 81<sup>st</sup> Legislature, Regular Session, 2009, provided additional statutory framework for the protection and care of individuals with IDD served by public and private providers of IDD services in Texas. Changes made under this legislation included:

- Conducting fingerprint-based criminal history checks for SSLC employees and volunteers with direct contact with persons served;
- Random drug testing of employees at SSLCs and installation of video surveillance camera

- systems in common areas of all SSLCs;
- Implementation of a mortality review process for persons receiving services in SSLCs; and
  - Creation of a forensic facility at the Mexia SSLC to serve persons with intellectual or developmental disabilities who are also high-risk alleged offenders.

#### **4. Factors Affecting Future Need for State Supported Living Center Beds**

DADS strives to assure that an individual with IDD or the individual's legally authorized representative has a choice among a full range of services and supports, including services provided by SSLCs.

As noted previously, trending data indicates that admissions to SSLCs appear to be mostly 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 specific behavioral needs.

With improved health care technology, the life expectancy for individuals with IDD continues to increase. Experts observe that with continued improvement in health status, individuals with IDD, particularly those without severe impairments, could be expected to have a life span equal to that of the general population. As individuals with IDD 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 SSLCs both now and in the future, Senate Bill 1, Section 48, 81<sup>st</sup> Legislature, Regular Session, 2009, outlined requirements to reduce the number of SSLC residents through census management, not closure, and to limit the number of residents residing at each SSLC without removing a resident from an SSLC 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 an SSLC on the basis that the admission would cause the facility to exceed any potential capacity limit. This language was continued by the 82<sup>nd</sup> Legislature in the DADS Rider 43 of the Appropriations Act. Efforts are ongoing to fully implement these census management provisions in the SSLCs while also taking into consideration the increasing costs of providing services and supports for a population with increasingly complex medical and behavioral health challenges that require 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 IDD. The demand for SSLCs is affected by the availability of services and supports for persons with complex medical and behavioral health challenges in the community.

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

- Admissions to SSLCs will continue to be both voluntary, for adults, and court ordered, for both adults and minors.
- 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 SSLCs.
- SSLCs will continue to improve their services and supports for persons with severe and profound IDD and those individuals who are medically fragile or who have significant behavioral health challenges.
- The appropriation of funding for 240 emergency institutionalization slots (2012-13 General Appropriations Act, DADS Rider 43, Senate Bill 1, 82<sup>nd</sup> Legislature, Regular Session, 2011) for individuals with intellectual and developmental disabilities seeking crisis services and supports should reduce the demand for emergency admission to an SSLC.

### 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 11 admissions per month and approximately 30 separations per month, the average enrollment at the SSLCs will continue its current downward trend.

**Table 9: Enrollment Trend and Projections for SSLCs, Fiscal Years 2005 – 2015**

<b>Period</b>	<b>Ending/Targeted Enrollment</b>
FY05	4989
FY06	4924
FY07	4884
FY08	4789
FY09	4541
FY10	4207
FY11	3993
FY12	3756
FY13 (projected)	3509
FY14 (projected)	3262
FY15 (projected)	2861

**Notes:** Data source is HHS CARE System. Actual enrollment reported for September 2005-July 2012, and projected enrollment reported for August 2012-September 2015. A slowdown in census reduction could occur for the following reasons: The SSLCs are transitioning individuals with more intensive medical and behavioral needs than they did in previous years. These specialty populations require that specific supports and services be secured and in place prior to the residents’ departure from the SSLC. In addition, implementation of the provisions outlined in the Settlement Agreement have led to the initiation of specific transition activities and monitoring that promote the facilitation of more successful placements from the SSLCs.

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

### **Maintenance Funding**

The physical structures of the SSLCs are aging and are in continuous need of repair and renovation. Needs to be addressed include the replacement or renovation of roofs, HVAC, electrical and plumbing systems, renovation of bedrooms, living rooms, and other living and day program areas.

The 82<sup>nd</sup> Legislature did not appropriate any funds for repairs and renovations to the physical structures at the SSLCs. The small amount of funds available are residual funds from previous bond appropriations.

Without future investment in the maintenance and renovation of the SSLCs, DADS' ability to continue to provide a comfortable and safe residential and day program setting for those who choose these services and supports will be compromised.

### **Maintenance Cost Projections for Fiscal Years 2013-2019**

Costs for maintaining buildings in their current condition include upkeep and repairs to prevent further deterioration, and replacement of any materials, equipment and fixtures that cannot be repaired cost effectively. To ascertain projections of maintenance costs for DADS SSLCs, 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 SSLC 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, etc.). 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 Fiscal Years 2013-2019.

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, Fiscal Years 2013-2019**

	<b>Day Program &amp; Direct Support Buildings</b>	<b>Residential Buildings</b>	<b>Sub-Total</b>	<b>% of Total Maintenance Cost</b>	<b>Total Maintenance Cost</b>
2013	\$12,275,820	\$30,191,281	\$ 42,467,101	57.3%	\$ 74,122,510
2014	13,819,688	29,997,046	43,816,734	45.0%	97,365,698
2015	11,385,992	28,004,928	39,390,921	49.1%	80,291,583
2016	11,821,050	32,181,749	44,002,798	45.2%	97,253,710
2017	10,972,938	25,417,492	36,390,430	58.2%	62,520,458
2018	13,539,626	36,693,379	50,233,005	48.7%	103,200,363
2019	9,517,631	23,547,883	33,065,514	53.4%	61,968,496
<b>Total</b>	<b>\$83,332,745</b>	<b>\$206,033,758</b>	<b>\$289,366,503</b>	<b>50.2%</b>	<b>\$576,722,818</b>

**Notes:** Data source is CAFM Office - CAFM Infrastructure Planning Projections for Fiscal Years 2013-2019.

## **6. Future Directions**

DADS 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 and to become fully compliant with the requirements of the DOJ settlement agreement.

Examples of ongoing improvement initiatives include the following:

- Continued recruitment and retention initiatives to address difficult-to-fill positions (e.g., physicians, psychiatrists, nurses, occupational and physical therapists, speech/language pathologists, dentists and clinical pharmacists) and positions with high turnover rates (e.g., direct contact staff and licensed nurses).
- Enhanced clinical, professional and paraprofessional staffing necessary to meet the growing 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 SSLCs;
  - Increasing the number of psychiatrists 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 SSLC and/or in a more integrated setting, should that be his or 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 SSLCs (excluding those persons in this age category who are being admitted through order of the court under Section 55.03 of the Family Code).

- Continued expansion and improvement of staff selection, staff training and staff retention efforts to assure that persons providing services and supports in SSLCs 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 SSLCs 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.
- Continued focus on community placement to return individuals to their home communities to live in more integrated settings.
- Continued refinement of the forensic services provided at the Mexia SSLC to assure these services are appropriate to Family Code and Code of Criminal Procedures evaluations and commitments and/or returning these individuals to their home communities to live in more integrated settings in the shortest time possible.
- Continue focused census reduction plans for the Austin SSLC to afford positive transitions for individuals to more integrated community settings and to reduce the stress on the infrastructure (both facilities and staffing) consistent with efforts initiated in March 2012.
- Continue expanding roles and responsibilities of transition specialists and increasing collaboration with local authorities to assist individuals and their families/legally authorized representatives to be exposed to and make informed choices about possible transition to more integrated community-based residential settings.
- Continue exploration of culture change in SSLCs to transform environments which encourage individuals to express choice and practice self-determination in meaningful ways at every level of daily life. Currently a pilot project is being conducted at Brenham SSLC.
- Continue to build knowledge and expertise in trauma informed care at Mexia SSLC and San Angelo SSLC by working with the Hogg Foundation for Mental Health. Trauma informed care takes into consideration the emotional needs of the individual as factors in challenging behavior, emphasizing the importance of a sense of safety, empowerment, positive identity, quality relationships and restraint alternatives.