



# State Supported Living Center Long Range Planning Report

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

***DRAFT***

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# Table of Contents

<b>1. Profile of State Supported Living Centers .....</b>	<b>2</b>
<b>2. State Trends.....</b>	<b>3</b>
Enrollment.....	3
Admissions and Separations .....	4
Types of Admissions .....	4
Demographics .....	8
Level of Need.....	9
<b>3. Initiatives Affecting State Supported Living Centers in Texas .....</b>	<b>9</b>
Staffing Levels .....	9
Department of Justice Settlement Agreement.....	10
Austin SSLC Census Reduction Plan .....	10
DADS Sunset Commission Review .....	11
<b>4. Factors Affecting Future Need for State Supported Living Center Beds.....</b>	<b>11</b>
Assumptions Related to Projections and Estimates of Potential Demand.....	11
Projection of Future Enrollment .....	12
<b>5. Projections of State Supported Living Centers Maintenance Costs .....</b>	<b>12</b>
Maintenance Funding.....	12
Maintenance Cost Projections for Fiscal Years 2017-2023.....	13
<b>6. Future Directions .....</b>	<b>13</b>
Quality Improvement Program .....	14
Pilot Project to Offer Clinical Support for Community-based Services.....	15
Increased Post-move Monitoring.....	16
DADS Nurse and Behavioral Health Line.....	16
SSLC Behavioral Health Crisis Stabilization Teams.....	16

## **Introduction and Charge**

Biennially, the Texas Department of Aging and Disability Services (DADS) presents a report to the public about the provision of services at state supported living centers (SSLCs). Through this report for fiscal years 2014-2016, DADS fulfills the 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, Section 533a.032(c), Long-Range Planning.

This report consists of six primary sections.

- Section 1 profiles the SSLCs in Texas.
- Section 2 presents state trends regarding the provision of services and supports for persons with intellectual and developmental disabilities (IDD) residing in SSLCs.
- Section 3 presents initiatives intended to improve services and supports for persons residing in the SSLCs.
- Section 4 identifies factors affecting the future need for institutional services provided by these facilities.
- Section 5 provides the projected cost for maintaining 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**

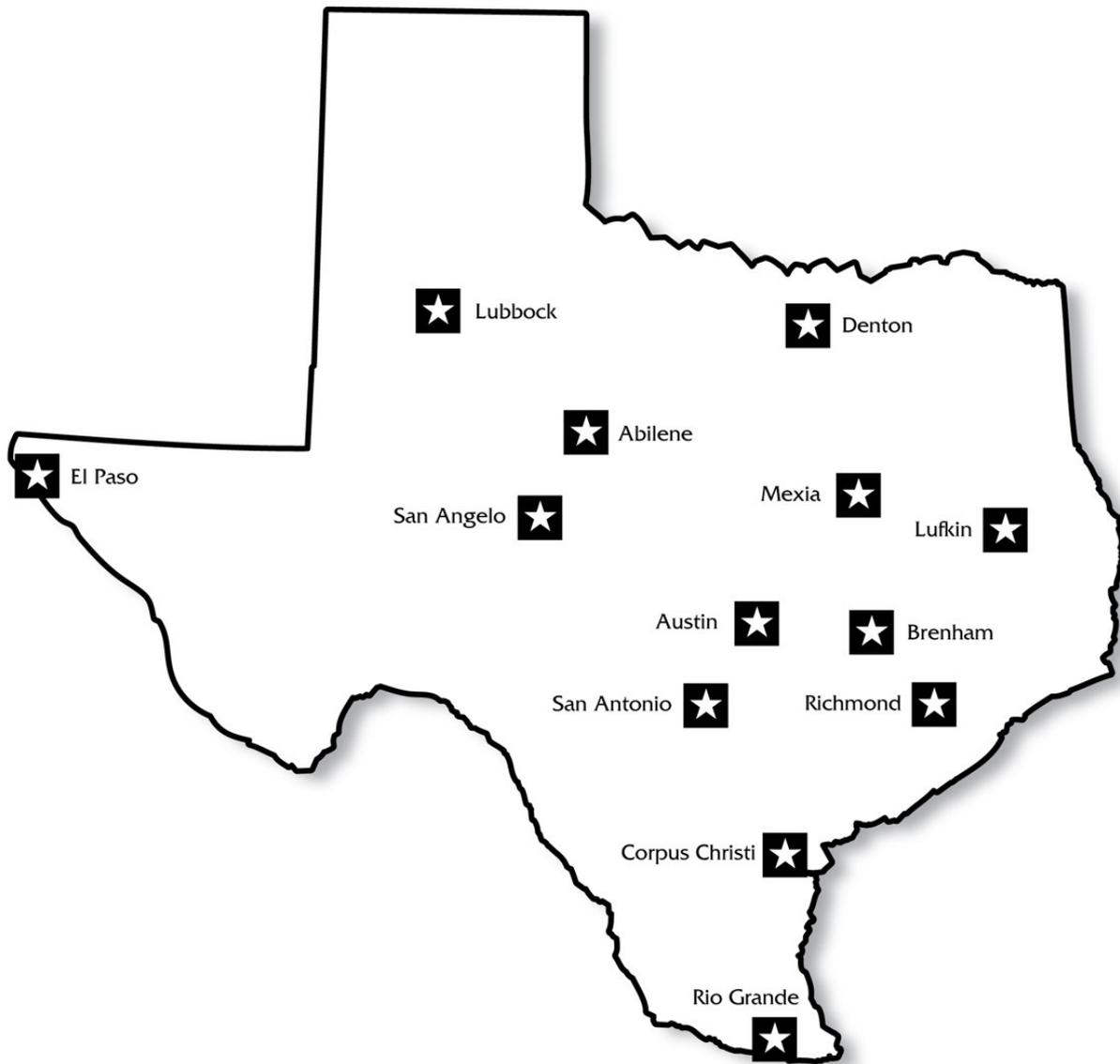
In Texas, SSLCs are one part of the array of services for persons with IDD. Services and supports are provided at 12 SSLCs operated by DADS and the intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID) component of the Rio Grande State Center operated by the Department of State Health Services (see Table 1). All data and information in this report 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 that individuals will experience the highest quality of life, supported through a comprehensive array of services designed to maximize well-being, dignity and respect. The mission of the SSLCs is to lead the effective design and delivery of quality, outcome-based, person-centered services and supports appropriate to the talents, strengths and needs of individuals through an integrated team approach. 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.

SSLCs provide campus-based, 24-hour residential services, comprehensive behavioral treatment and healthcare services, including physician, nursing, pharmacy, and dental services. Other services include skills training; occupational, physical, and speech therapies; nutritional management; vocational programs; short-term respite; emergency services; and services to maintain connections between residents and their families and natural support systems.

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



## 2. State Trends

### Enrollment

During fiscal years 2014-2016, average enrollment of individuals served in the SSLCs in Texas reflected a downward trend (Table 2). As of March 31, 2016, the SSLC census has declined by more than a third since FY2008.

**Table 2: Average Enrollment at SSLCs in Texas, Fiscal Years 2008-2016 (as of March 2016)**

Fiscal Year	Average Enrollment (FY)	Percentage Change
2008	4,833	-1.55%
2009	4,629	-4.22%
2010	4,337	-6.30%
2011	4,072	-6.11%
2012	3,881	-4.27%
2013	3,649	-5.98%
2014	3,439	-5.76%
2015	3,241	-5.76%
2016, as of March 31, 2016	3,143	-3.02%

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

### Admissions and Separations

Since fiscal year 2008, separations from SSLCs have consistently exceeded the number of admissions. Table 3 details admissions and separations in the SSLCs during fiscal years 2008-2016. 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 Code of Criminal Procedure and Family Code evaluations.

**Table 3: Admissions and Separations at SSLCs, FY 2008 through FY 2016**

Fiscal Year	Admissions	Community Transitions (Separations)	Deaths (Separations)	Discharges (Separations)	Total Separations
2008	269	206	128	28	362
2009	177	252	136	37	425
2010	170	330	140	34	504
2011	131	204	112	28	344
2012	133	207	96	37	340
2013	182	287	93	42	422
2014	196	261	86	34	381
2015	186	233	97	32	362
2016(As of March 31,2016)	99	72	61	17	150

**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 Intellectual and Developmental Disability Authorities (LIDDAs) serve as the point of entry for SSLCs and other publicly-funded services and supports for individuals with IDD. The LIDDA 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 Code of Criminal Procedure evaluations for temporary placement and civil commitments under the Persons with Intellectual Disability Act (PIDA), as well as commitments under the Family Code and Code of Criminal Procedure.

**Table 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 PIDA, 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.

<b>Admission Category</b>	<b>Definition of Admission Category</b>
<i>Code of Criminal Procedure Evaluation</i>	Admission of an adult for a period not to exceed 60 days for misdemeanors and 120 days for felonies (except pursuant to a one-time 60-day extension granted by the court). The interdisciplinary team will submit to the court a report that describes the treatment provided for the individual, states whether the interdisciplinary team believes the individual is competent or not competent to stand trial and whether the individual meets commitment criteria.
<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.

From fiscal years 2008 through 2016, 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 2008 at 182 commitments, and stands at 69 for FY2016 through the end of March.

**Table 5: Categories of Admissions to SSLCs**

Voluntary Admissions			Involuntary Admissions							
Fiscal Year	Emergency	Regular	Family Code Evaluation		Code of Criminal Procedure Evaluation		Code of Criminal Procedure	Regular		
			Admits	Discharged to Court	Admits	Discharged to Court		Adults	Children	Total
<b>2008</b>	8	0	47	19	14	8	18	90	92	269
<b>2009</b>	5	1	40	17	13	9	12	65	41	177
<b>2010</b>	3	1	41	18	15	5	19	52	39	170
<b>2011</b>	2	0	35	23	12	3	7	48	27	131
<b>2012</b>	6	0	31	14	9	6	21	41	25	133
<b>2013</b>	6	0	35	20	15	6	26	68	32	182
<b>2014</b>	7	0	37	21	10	2	19	76	47	196
<b>2015</b>	6	0	28	17	9	4	18	78	47	186
<b>2016</b> <i>(As of March 31, 2016)</i>	3	0	12	4	3	0	12	39	30	99

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

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

Individuals admitted for restoration under the Texas Code of Criminal Procedure Evaluation Period (adult over age 18 criminal court commitment) undergo a 60-day assessment period for misdemeanors, and a 120-day assessment period for felonies to determine whether or not the individual is competent to stand trial. If during this assessment period the individual is found not to be eligible for services in an SSLC or found competent to stand trial, the individual is discharged and returned to the committing court.

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

HSC, Title 7, §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 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 2008 through 2016, demographic data reflects an aging SSLC population that is increasingly medically fragile.

- Individuals with severe and profound levels of IDD comprised 72 percent of the SSLC population in fiscal year 2008, compared with 67 percent in fiscal year 2016.
- The percentage of individuals with severe or profound adaptive behavior levels has increased from 68 percent in fiscal year 2008 to 75 percent in fiscal year 2016.
- In fiscal year 2008, 35 percent of individuals receiving services in SSLCs were medically fragile, meaning they had moderate to severe health needs. In fiscal year 2016, this same group accounts for 44 percent of the SSLC population.
- The number of individuals with mental health needs, defined as an individual with an Axis 1 mental health diagnosis, has remained relatively constant since fiscal year 2008. In fiscal year 2008, 59 percent of SSLC residents had a mental health need, in FY2016, 62 percent of residents had a mental health need.
- Data reflects a shift in age of the population served in SSLCs since 2008. In FY 2008, 29% of the population were ages 45-54, while only 18% were ages 55-64. In 2016, 26% were ages 45-54 and 26% are ages 55-64. Additionally, the number of children (under age 18) served in SSLCs has continued to decline, with 164 served in FY2008 and 77 served in FY2016.

**Table 6: Age of Individuals Served in the SSLCs as of March 31, 2016**

Age	0-17	18-21	22-34	35-44	45-54	55-64	65-76+
<b>Population</b>	77	108	487	418	810	803	432
<b>Percent of Total Population</b>	2.5%	3.44%	15.35%	13.33%	25.84%	25.61%	13.78%

**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, appears to have stayed relatively constant since 2008 (Table 7).

**Table 7: Comparison of Level of Need in SSLCs, August 31, 2008, and March 31, 2016**

Level of Need	August 31, 2008	March 31, 2016
Intermittent	7.2%	6.5%
Limited	38.7%	38.9%
Extensive	34.4%	32.0%
Pervasive	19.2%	18.5%
Pervasive Plus	.4%	.5%
<b>Total Population</b>	<b>4,789</b>	<b>3,135</b>

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

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

**Staffing Levels**

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.

**Table 8: Breakdown of FTEs and Fill Rates by SSLC as of February 2016**

<b>Facility</b>	<b>Funded FTEs</b>	<b>Filled FTEs</b>	<b>% Filled</b>
Abilene	1,428.83	1,228.55	85.98%
Austin	1,197.85	985.58	82.28%
Brenham	1,059.90	989.80	93.39%
Corpus Christi	931.72	880.89	94.55%
Denton	1,730.49	1,579.09	91.25%
El Paso	448.57	432.33	96.38%
Lubbock	853.17	757.75	88.82%
Lufkin	1,194.06	1,135.13	95.07%
Mexia	1,543.67	1,359.17	88.05%
Richmond	1,301.58	1,232.08	94.66%
San Angelo	951.23	777.33	81.72%
San Antonio	810.33	714.50	88.17%
<b>All Facilities</b>	<b>13,451.39</b>	<b>12,072.21</b>	<b>89.75%</b>

**Department of Justice Settlement Agreement**

The State of Texas entered into a settlement agreement with the Department of Justice (DOJ) in June 2009, agreeing to make substantive changes in operations at each of the SSLCs to achieve targeted improvements in services and supports for individuals living in these facilities. DADS, DOJ and the independent settlement agreement monitors worked together at the conclusion of the eighth round of settlement agreement monitoring reviews to restructure and refine the criteria and tools utilized in determining compliance with the provisions of the settlement agreement. SSLCs are now evaluated every nine months under five domains of care through Quality Service Reviews (QSRs) that focus on outcomes for individuals who live at SSLCs. The ninth round of settlement agreement monitoring concluded in August 2015 and was considered a QSR baseline review with no compliance ratings. DOJ and DADS are in the process of finalizing compliance scoring criteria that will be used to determine each SSLC's compliance with the five domains of care.

DADS and DOJ have also agreed that state staff will begin conducting joint reviews with the independent settlement agreement monitors in order to establish inter-rater reliability using the QSR monitoring tools.

**Austin SSLC Census Reduction Plan**

In response to ongoing difficulty with staff recruitment and retention, and regulatory challenges impacted by high staff turnover, DADS leadership determined that a reduction in census at the Austin SSLC was necessary to ensure regulatory compliance and overall stability at the center.

The initial census reduction plan proposed closure of several cottages on campus, with a goal of lowering the Austin SSLC census to a more manageable level. 71 residents were impacted by the initial plan to close cottages on campus. Throughout 2014 and 2015, SSLC staff worked with residents, families and guardians to ensure proper placements for the individuals impacted,

resulting in 31 individuals transferring to another SSLC and 25 individuals transitioning to a community program.

After the transition and transfer of these 56 individuals, DADS leadership decided to suspend plans for further reduction for 90 days in order to evaluate whether they were still warranted. After the 90-day evaluation, it was determined that the Austin SSLC had stabilized enough to discontinue further census reduction plans.

### **DADS Sunset Commission Review**

In 2014, DADS went under review by the Sunset Commission. The objective of the Sunset Commission review is to evaluate the efficiency and effectiveness of state agencies and to offer recommendations to the legislature for reforms and improvements to consider. The Sunset Commission can also recommend complete abolishment of an agency.

Upon review of DADS, the Sunset Commission made several recommendations to the 84th Legislature for changes and reforms, including several affecting SSLCs. The Sunset Commission recommended closure of the Austin SSLC by August 31, 2017, and the appointment of an SSLC Closure Commission to evaluate the remaining SSLCs and identify five additional centers for closure. These recommendations were drafted into Senate Bill 204, 84<sup>th</sup> Legislature, Regular Session. While the bill ultimately did not pass and the legislature did not direct DADS to close any SSLCs, the uncertain future of the Austin SSLC and the SSLCs statewide may have had an impact on admissions and transitions during this time.

## **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.

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

### **Assumptions Related to Projections and Estimates of Potential Demand**

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 mostly 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.

### **Projection of Future Enrollment**

Based on current and historical data, DADS has prepared the projection of future enrollment using a simple linear regression module. As seen in Table 9, using an estimate of 15 admissions per month and approximately 27 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 2008 – 2019**

<b>Period</b>	<b>Ending/Targeted Enrollment</b>
FY09	4541
FY10	4207
FY11	3993
FY12	3756
FY13	3547
FY14	3362
FY15	3186
<i>FY16 projected</i>	3075
<i>FY17 projected</i>	2931
<i>FY18 projected</i>	2787
<i>FY19 projected</i>	2643

**Notes:** Data source is HHS CARE System. Actual enrollment reported for September 2008-July 2015, and projected enrollment reported for August 2016-September 2019. A slowdown in census reduction could occur for the following reasons: Individuals with more intensive medical and behavioral needs are transitioning to community settings more often 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 in continuous need of repair and renovation. Areas to be addressed include the replacement or renovation of roofs, HVAC, electrical and plumbing systems and renovation of bedrooms, living rooms, and other living and day program areas. To help address these needs, the 84<sup>th</sup> Legislature appropriated approximately \$10 million for repairs and renovations of SSLCs for the 2016-17 biennium; however, maintenance needs for the aging infrastructure are ongoing.

### Maintenance Cost Projections for Fiscal Years 2017-2023

Costs for maintaining buildings in their current condition include upkeep and repairs to prevent further deterioration, and replacement of any materials, equipment and fixtures that cannot be repaired in a cost-effective manner. To ascertain projections of maintenance costs for SSLCs, estimates 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.).

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**

	Day Program & Direct Support Buildings	Residential Buildings	Sub-Total	% of Total Maintenance Cost	Total Maintenance Cost
2017	\$32,086,185	\$32,742,072	\$ 64,828,257	64.4%	\$ 100,638,435
2018	10,708,445	10,464,549	21,172,994	46.0%	70,372,475
2019	11,235,568	11,484,627	22,720,195	47.0%	73,980,662
2020	11,235,568	11,484,627	22,720,195	47.0%	73,980,662
2021	10,982,663	10,386,568	21,369,231	46.6%	70,228,517
2022	10,982,663	10,386,568	21,369,231	46.6%	70,228,517
2023	10,982,663	10,386,568	21,369,231	46.6%	70,228,517
<b>Total</b>	<b>\$98,213,755</b>	<b>\$97,335,578</b>	<b>\$195,549,333</b>	<b>51.3%</b>	<b>\$582,996,155</b>

**Notes:** Data source is CAFM Office - CAFM Infrastructure Planning Projections for Fiscal Years 2017-2023.

### 6. Future Directions

In alignment with the 10-year plan outlined in the report required by the 2014-15 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 39, Senate Bill 1, 83<sup>rd</sup> Legislature, Regular Session, 2013), DADS will continue to focus on the identification and implementation of best practices across the state to more effectively serve SSLC residents and opportunities to extend SSLC resources to further support individuals living in the community by offering clinical supports and increased support for individuals transitioning

from an SSLC to the community. To achieve this, the SSLC division is currently implementing several initiatives that will have both short and long-term impacts across the state.

### **Quality Improvement Program**

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

#### *SSLC QI SYSTEM*

The SSLC QI program is designed to identify and address issues at the resident level. Key elements include:

- The *interdisciplinary team* develops and implements individual support plans that are based on resident preferences, goals, strengths, needs, and assessments that identify services, supports, and protections necessary to meet those needs. The team also tracks and monitors assessments within required timeframes and resolves discrepancies.
- *Incident management* is the process of identifying, reporting, analyzing and preventing unusual incidents, including abuse, neglect and exploitation (ANE).
- *Services and supports* are recommended as a result of individual support plan (ISP) assessments and implemented and evaluated to ensure they are leading to the desired outcomes. These include resident rights and satisfaction; access to appropriate equipment and services; social, educational and work opportunities; and access to behavioral and physical healthcare services.
- *SSLC QI* includes monitoring the timely and effective implementation of the ISP, setting SSLC goals, tracking administrative and outcome measures, identifying areas needing improvement and documenting decision-making.

#### *STATE OFFICE QI SYSTEM*

In addition to the SSLC QI system, the state office QI system is designed to identify and address issues both at the statewide and facility level. The purpose is to maintain a planned, systematic, organization-wide approach to monitoring, analyzing and continually improving the quality of care and services provided to individuals served at the SSLCs and the ICF/IID component of the Rio Grande State Center.

#### *QUALITY OF CARE*

The SSLC division has contracted with the University of Florida's Institute for Child Health Policy (IHP) to assist in developing and implementing the QI program with the following elements:

- A proposed organizational framework to guide the development of a quality of care measurement program for the DADS SSLCs;
- Sample quality of care indicators for the major domains that DADS has identified, which are important for individuals in the SSLCs and those transitioning to community settings; and
- A proposed process for measurement review and approval, particularly for those measures where no clear national standards are available.

Following implementation of the QI program, ICHP will track and trend physical and behavioral healthcare administrative and outcome measures and develop annual quality of care reports. These reports will demonstrate how the quality of physical and behavioral healthcare in the SSLCs compares to other long-term care institutional settings and populations nationwide. The reports will also track healthcare outcomes for each center and show how those outcomes compare among centers.

#### *CARE MANAGEMENT*

The SSLC division has contracted with Axis Point Health to provide coordinated care management services that include:

- Supporting the IDT clinicians in developing more effective care plans for SSLC residents based on risk;
- Providing resources and technical assistance to SSLC staff in implementing care management plans, including any specialized training;
- Identifying gaps in resources and reporting areas of potential improvement based on best practices and national clinical standards; and
- Providing a toll-free 24/7 nurse and behavioral health call line to individuals who have transitioned to the community, the providers, and LARs for the first 12 months.

#### *ELECTRONIC HEALTH RECORD*

An essential element of the new QI program is a robust electronic health record (EHR) to provide a means for securely and electronically sharing clinical and administrative information to support and enhance quality and continuity of care and to increase staff efficiency. The new EHR system being implemented by DADS will be called the Integrated Resident Information System (IRIS). Data entered into IRIS will become a baseline for measuring and reporting the success of the QI program and will enable staff to track and analyze data to identify trends across, among and within SSLC disciplines.

The objectives for IRIS are to:

- Facilitate the sharing of data within and across SSLCs;
- Improve the operational efficiency and productivity of SSLC staff;
- Enable more consistent statewide reporting through the reliable capture of critical data for measuring and determining quality of care outcomes and improvements;
- Improve coordination of care; and
- Provide a holistic view of resident health data to facilitate timely medical decisions.

IRIS is in the final stages of development and is scheduled to be on-line and in use at all DADS operate SSLC facilities by September 1, 2016.

#### **Pilot Project to Offer Clinical Support for Community-based Services**

One key to living in a community setting successfully is the availability of specialized services necessary to prevent individuals from having to move into more restrictive settings. Family members and LIDDAs alike have praised the availability of specialized care at the SSLCs, including dental care and quality adaptive equipment. As the SSLC census declines, DADS has

the opportunity to expand the delivery of specialized SSLC services and supports to individuals with IDD to promote living in the most integrated environment possible.

To that end, the SSLC division is currently in the planning process to implement a pilot project at a select number of SSLCs to offer some services to individuals living in the community. These services may include:

- Dental services
- Habilitation therapies
- Durable medical equipment (i.e., wheelchair) fabrication
- Acute care clinics
- Psychiatric clinics
- Behavioral health services
- Crisis stabilization services

### **Increased Post-move Monitoring**

DADS SSLC staff conduct post-move monitoring to ensure appropriate services and supports are in place for residents transitioning to a community setting and are provided in accordance with the individual's community living discharge plan. Historically, SSLC staff conducted post-move monitoring for 90 days following a resident's transition to a community setting. However, in January 2016, SSLC staff began conducting post-move monitoring for 12 months following a resident's transition to a community setting.

### **DADS Nurse and Behavioral Health Line**

DADS has established a 24/7 call line to connect caregivers with registered nurses who can assist with any physical or behavioral health needs experienced by individuals who recently transitioned from a SSLC to a community setting. The call line will also connect caregivers with LIDDAs, as appropriate.

### **SSLC Behavioral Health Crisis Stabilization Teams**

When the 24/7 nurse and behavioral health call line receives a call about an individual experiencing a behavioral health crisis, a behavioral health crisis stabilization team from the SSLC where the individual previously resided will provide supports to the individual and their caregiver(s), as needed.