

**From:** [Sunset Advisory Commission](#)  
**To:** [Dawn Roberson](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Friday, June 06, 2014 1:15 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

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Agency: DEPARTMENT AGING AND DISABILITY SERVICES DADS

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Your Comments About the Staff Report, Including Recommendations Supported or Opposed:  
Sunset Advisory Commission – Staff Report on DADS Texas Public Policy Foundation comments

Issue 1 – Despite Declining Enrollment, Skyrocketing Costs, and Questionable Quality of Care, Texas Continues to Operate 13 SSLCs.

The findings of Sunset staff are consistent with policy reforms advocated by Texas Public Policy Foundation (TPPF) (<http://www.texastribune.org/2013/09/24/guest-column-close-dangerous-state-disabled-center/>) regarding the closure and consolidation of Texas' State Supported Living Centers (SSLCs).

Texas is far outside the mainstream when it comes to service delivery for people with intellectual and developmental disabilities (IDD). While most other states have shifted care for IDD populations to community settings, Texas maintains an outdated system of large, state-run institutions in its 13 SSLCs—more than any other state.

The movement of people with IDD out of public institutions and into community settings is a long-term trend in the U.S. As the Sunset staff report notes, the average daily populations of state-run IDD facilities nationwide declined 78 percent between 1965 and 2011. This decline in census coincided with a reduction in the number of public institutions for people with IDD in most states, and as of 2013, thirteen states and the District of Columbia had no public institutions for people with IDD. In each case, the growth of the number of people with IDD receiving care in the community accompanied a reduction in the number of state institutions serving the IDD population.

This has been true for every state except Texas, which has not closed an SSLC since 1996 despite a significant and sustained decline in its SSLC census.

The average monthly census at Texas' SSLCs dropped 71 percent between 1977 and 2013, and 42 percent since 1996. ([http://www.lbb.state.tx.us/Documents/Publications/Issue\\_Briefs/520\\_HHS\\_Downsize%20SSLCs.pdf](http://www.lbb.state.tx.us/Documents/Publications/Issue_Briefs/520_HHS_Downsize%20SSLCs.pdf))

Many states began efforts to reform the way services are delivered to IDD populations and transition away from the use of state institutions in the early 1990s. Texas is an outlier in this regard. By 2010, Michigan had closed its last state institution and moved its entire IDD population into the community. The number of people with IDD in Michigan receiving Home and Community-based Services (HCS) grew from 2,122 in 1991 to 8,593 in 2010—a

305 percent increase. (<http://rtc.umn.edu/risp/docs/risp2011.pdf> p 120) Florida pursued a similar policy, reducing its state institution population from 1,977 residents in 1991 to 908 in 2011, while steadily increasing the number of people with IDD receiving HCS—2,631 in 1991 and 29,661 in 2011.

(<http://rtc.umn.edu/risp/docs/risp2011.pdf> p 107) As the IDD population has shifted into HCS, the state has gradually reduced the number of its institutions, closing half of them between 1960 and 2011. [staff report]

Texas has also seen a movement toward HCS and a declining census in its SSLCs. Since 1991, the SSLC population has declined 47 percent and the number of those receiving HCS has increased dramatically, from 973 in 1991 to nearly

25,000 in 2011. (<http://rtc.umn.edu/risp/docs/risp2011.pdf> p 141) As noted in the Sunset staff report, an average of 232 SSLC residents have transitioned to the community over the last three years. Yet the state has not closed an SSLC in 18 years. As the Sunset staff reports notes, if the SSLC census continues to decline at its current rate, in ten years the system will house 85 percent fewer residents than it was built to serve.

## Recommendations

### 1.1 Require DADS to close the Austin SSLC by August 31, 2017

The recommendation of Sunset staff is consistent with TPPF's position that DADS should close the Austin SSLC as soon as possible after moving residents either into the community or into another SSLC, according to their choice. As part of this process, DADS should initiate a survey of available services in the community and identify any shortages, working closely with local authorities and providers.

Sunset staff recommends a one-time retention bonus of up to \$2,000 for those who continue to work at the center until it closes. This amount may or may not be enough to incentivize SSLC staff to remain at the center until closure and ensure continuity of care for residents as they are transitioned into the community or another SSLC. Instead of setting a dollar amount, bonus should be commensurate with staff salaries and other factors.

Some have suggested that the sale of the properties should be used to fund construction of a new SSLC for Central Texas. If the construction of a new facility will serve merely to replace a closed facility, TPPF opposes such a plan, which would run counter to the broader efforts of consolidating the state's SSLCs and moving the IDD population into the community as much as possible. Moreover, proceeds from the sale of the Austin SSLC properties, which Sunset staff estimates could be more than \$25 million, should be used to offset the cost of paying retention bonuses to SSLC staff, moving residents into the community, and making infrastructure repairs to the remaining SSLCs.

### 1.2 Establish the State Supported Living Center Closure Commission to evaluate the SSLCs and determine an additional five centers to close.

Instead of the establishment of the SSLC Closure Commission as outlined in the Sunset staff report, TPPF recommends that the legislature direct DADS in statute to close the Austin SSLC by August 31, 2017, and close at least five additional SSLCs by September 1, 2022. In addition, DADS should be directed to close as many SSLCs as possible, rather than only choosing five for closure.

As part of this work, DADS should examine the possible causes for the growing number of alleged offenders committed to SSLCs in recent years and make recommendations on how DADS should respond to this trend. The decline of the overall SSLC census has accompanied a rise in the number of alleged offenders committed to SSLCs, as noted in the Sunset staff report. This increase has coincided with a growing forensic population at State Mental Hospitals (SMHs), growing lengths of stay for forensic patients—often more than 90 days—and an increasing number of violent incidents at SMHs.

(<http://www.statesman.com/news/news/local/patient-violence-jumps-at-state-psychiatric-hospit/nT7GH/>)

(<http://www.lbb.state.tx.us/Documents/Publications/Primer/Managing%20and%20Funding%20State%20Mental%20Hospitals%20in%20Texas%20-%20Legislative%20Primer.pdf>)

As the general population at SSLCs decreases and the alleged offender population increases, the Commission should give special attention to how the state should structure closures and consolidations of SSLCs, and what changes might be required at the Mexia and San Angelo SSLCs as part of a broader reform effort. The Commission should consider moving the alleged offender population into Outpatient Community Restoration programs rather than increasingly placing them into SSLCs.

### 1.4 Direct DADS to focus on improving the quality of life for residents and staff at the remaining SSLCs.

Not only should DADS be directed to improve quality of life for residents at remaining SSLCs, but the agency should give special attention to the alleged offender population.

As part of the ongoing effort to improve conditions at SSLCs and attain substantial compliance with the U.S. Department of Justice settlement agreement, DADS should also be required to contract with a private, independent third-party vendor to audit conditions at SSLCs and report regularly to HHSC and DADS. Such an arrangement would separate regulatory and operational responsibilities, both of which are currently undertaken by DADS staff.

## Issue 2 – To Transition From SSLCs to the Community, People With Higher Behavioral and Medical Needs Require Extra Support.

The effort to close and consolidate certain SSLCs should include provisions that increase capacity for SSLC residents to move into community settings.

Given the number of SSLCs residents that will need to move into the community as the state begins to close selected SSLCs, the legislature will need to increase incentives for providers to expand access and serve the IDD population in the community, especially those with high medical needs. DADS will also need to increase supports and services for the IDD population in the community and facilitate the transition of some SSLC professional staff to private providers in the community.

TPPF supports each of the recommendations put forth by Sunset staff in Issue 2, as they are necessary for the successful transition of a substantial portion of the SSLC population into the community. In order to meet the goal of closing the Austin SSLC by August 31, 2017 and closing five or more additional SSLCs by August 31, 2022, DADS will need to improve the transition rate from SSLCs to the community, which as mentioned above has averaged 232 residents annually for the last three years. The Sunset staff recommendations will aid in this effort and increase the likelihood for successful closure and consolidation of the state's SSLCs, while ensuring that the IDD population has sufficient support and services in the community.

Any Alternative or New Recommendations on This Agency: N/A

My Comment Will Be Made Public: I agree