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A Time for Reform:
Close and Consolidate Texas' State Supported Living Centers

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Key Points

- Texas has not closed an SSLC since 1996, despite a long-term decline in the average monthly census, sub-standard care, and sharply rising costs.
- Deinstitutionalization is a national trend; most states have significantly reduced both their institutionalized population and the number of state-run facilities—except Texas, which still operates 13 SSLCs.
- Lawmakers should direct DADS to begin closing and consolidating SSLCs, beginning with the Austin facility, while implementing reforms to ease transition of SSLC residents into the community.
- People with intellectual and developmental disabilities, along with their families, are opting out of the SSLC system. These institutions will eventually close through attrition; state leaders need to step in and manage the transition to a community-based system.

Introduction

In late January 2014, Sean Yates, a 35-year-old resident of the Corpus Christi State Supported Living Center (SSLC), climbed the center's fence and walked away. Nearly a month later, his body was found in the Ship Channel near the Harbor Bridge in Corpus Christi.

Yates had been living at the SSLC for a decade and had a history of leaving the facility on his own, with no warning. Nine days before his disappearance, SSLC staff reduced his level of supervision. A subsequent investigation by the Department of Family and Protective Services (DFPS) determined SSLC staff had been negligent in reducing Yates' supervision, and a federal monitoring report found the center responded with a "lack of urgency" in addressing systematic institutional problems uncovered in an investigation of Yates' death.[1]

The federal report also noted other instances of neglect and poor planning on the part of SSLC staff in Corpus Christi. One man, who had been moved out of the center and into a group home in the community, was on a group outing at a restaurant when he ran across the freeway and a vehicle struck and killed him.[2] The center had no critical plan in place to help the man transition into the community, and did not conduct a critical review of the transition planning process after his death. Those in charge of the man's transition, the report states, simply concluded that he "did not have a history of running away, and nothing could have been done to prevent the event that caused his death."[3]

These incidents merely give a snapshot of the substandard quality of care at Texas' SSLCs. Along with similarly disturbing accounts from other SSLCs, the Corpus Christi cases illustrate why the time has come to close and consolidate these centers, and transition to a community-based system.

Most other states have shifted care for those with intellectual and developmental disabilities (IDD) to community settings, but Texas maintains an outdated system of large, state-run institutions—more than any other state—and today is far outside the mainstream when it comes to service delivery for people with IDD. The quality of care at Texas' SSLCs is woefully inadequate, and the cost of operating and maintaining these aging facilities continues to grow as the SSLC census steadily declines.

A Rising Trend of Deinstitutionalization

The movement of people with IDD out of public institutions and into community settings is a long-term trend in the United States. The average daily populations of state-run IDD facilities nationwide declined 78 percent between 1965 and 2011, while the share of those receiving care in the community increased 85 percent between 1977 and 2011.[4] As one might expect, 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, 13 states and the District of Columbia had no public institu-

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tions for people with IDD. In each case, the growth of the number of people with IDD receiving care in community settings 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 sustained decline in the average monthly census of the centers, which dropped 71 percent between 1977 and 2013, and 42 percent since 1996.[5] In contrast, states that have been most successful at closing institutions and moving their IDD populations into the community have actively pursued closure and consolidation. In the early 1990s, these states began to reform the way services are delivered to IDD populations and transition away from the use of large, state-run institutions. By 2010, Michigan had closed its last state institution and moved the entire IDD population into the community. As a result, the number of people with IDD in Michigan receiving Home and Community-based Services (HCS) experienced a 305 percent increase between 1991 and 2010.[6]

Florida pursued a similar policy, steadily reducing its state institution population between 1991 and 2011 while increasing the number of people with IDD being served in the community. During that time, the state reduced its number of institutions by half. Texas is an outlier in this regard; it has not closed an SSLC in 18 years despite a shift away from institutions and toward the community. Since 1991, the SSLC population has declined 47 percent and the number of those being served in the community through the HCS waiver has increased dramatically, from 973* in 1991 to nearly 25,000 in 2011.[7]

Unlike Florida and other states, Texas has not reduced the number of state institutions as the number of residents in those institutions has declined. If the SSLC census continues to decline at its current rate, in 10 years the system will house 85 percent fewer residents than it was built to serve.[8] And yet over the past decade Texas has encouraged the closure of large, private intermediate care facilities (ICFs) and even provided funds to incentivize closure and downsizing of ICFs through Money Follows the Person (MFP) grant funds administered by the Department of Aging and Disability Services (DADS). These large ICF closures have included facilities comparable in size to several SSLCs. In 2011, for example, the Willows Development Center in San Antonio closed its 208-bed facility, having transferred all its residents into smaller group homes in the community.[9]

Sub-Standard Care at Texas SSLCs

Why are people with IDD leaving SSLCs and moving into the community? In part, because of the poor quality of care they receive and the high rate of abuse, neglect, and exploitation (ANE) in state-run institutions. In 2013, there were 572 confirmed allegations of ANE incidents at SSLCs.[10] Such incidents have become so commonplace that DADS assumes they will occur and sets a "target" for the anticipated number of confirmed cases each fiscal year. In 2012, the target was 214 but the actual number of confirmed ANE incidents was 561—more than 260 percent of the target number.[11]

As a result of alleged ongoing civil rights violations involving ANEs, in 2009 the U.S. Department of Justice (DOJ) entered into a five-year, $112 million settlement agreement with the State of Texas that requires the state to undergo formal compliance reviews of 161 areas in need of improvement—things like reducing the number of confirmed ANE allegations—until the state reaches substantial compliance with all provisions of the settlement. Since 2009,

* This does not include those being served in community-based ICF-MR programs. Because such facilities are part of the ICF program, DADS considers them "institutional," although this is effectively a distinction without a difference. Six-bed ICF homes resemble HCS group homes far more than they resemble SSLCs.

In addition to substandard care, SSLCs are far more costly than community alternatives. The state spent more than $661 million on the centers in FY 2013 and appropriated approximately $1.3 billion for the 2014-15 biennium. As the census declines, cost per resident increases. The average monthly cost per SSLC resident is projected to increase from $14,773 in FY 2013 to $16,435 in FY 2014 and $17,570 in FY 2015.

federal investigators have threatened to cut funding to SSLCs more than 50 times, and only one SSLC has achieved more than 35 percent substantial compliance with the settlement requirements, even though all the centers were supposed to be at 100 percent compliance by June 2012.

It is true that there are confirmed allegations of ANEs in the HCS and ICF programs, but those rates are lower than SSLC rates—6 percent in ICFs, 10 percent in HCS, and 15 percent in SSLCs—despite a far greater number of residents living in group homes as part of the HCS program compared to the number of residents at SSLCs. More importantly, HCS group homes and ICFs can be shut down by the state if they are found to be in serious violation, while SSLCs cannot be shut down without action by the Legislature.

The Cost of SSLCs

In addition to substandard care, SSLCs are far more costly than community alternatives. The state spent more than $661 million on the centers in FY 2013 and appropriated approximately $1.3 billion for the 2014-15 biennium.[12] As the census declines, cost per resident increases (see Figure 1). The average monthly cost per SSLC resident is projected to increase from $14,773 in FY 2013 to $16,435 in FY 2014 and $17,570 in FY 2015.[13] In contrast, average cost per resident in the community is significantly lower—$5,812 for a three- or four-bed group home in the HCS program and $5,286 for a private six-bed group home in an ICF.[14]

Figure 1: SSLC Census vs. Cost (2005-2015)

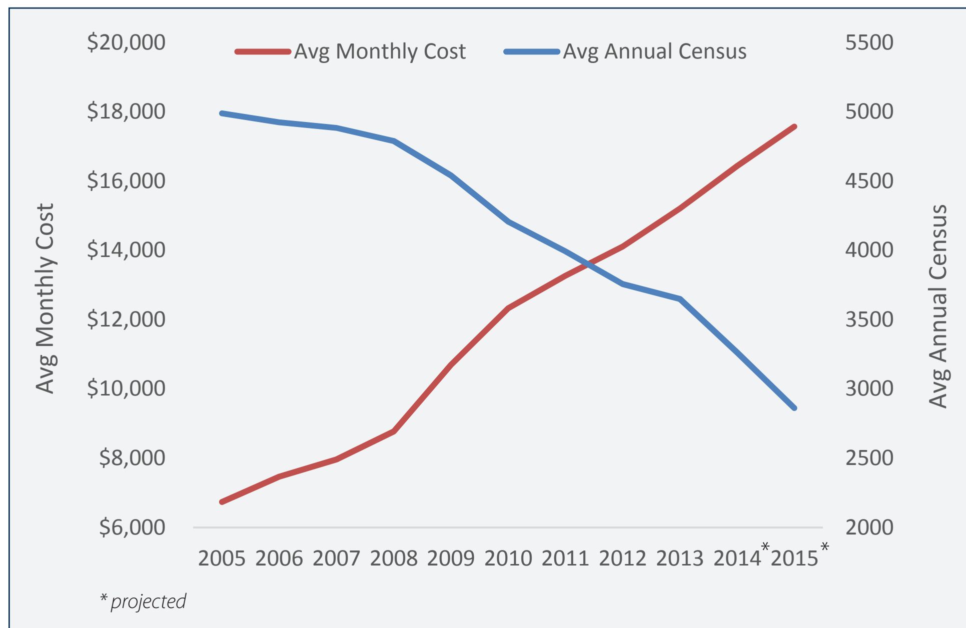

Figure 1 data shows that as the SSLC population declines, average monthly cost per resident increases.
Source: Legislative Budget Board

Providing 24-hour attendant services in a home or community-based setting would therefore cost $95,135 less than the projected average annual cost per resident at an SSLC—funds that could be used to increase reimbursement rates and encourage the development of more small group homes to serve those now living in SSLCs.

The disparity in average cost per resident—between HCS and SSLC, about $113,000 per resident per year—is significant enough to invite speculation on possible alternatives to the SSLC system. Based on a projected monthly cost per resident of $17,570 for FY 2015, the annual cost will be about $210,840. The cost of year-round, 24-hour attendant services—according to the state's Community Based Alternatives program for in-home nursing care[15]—is a maximum of about $317 per day, or $115,705 annually. Providing 24-hour attendant services in a home or community-based setting would therefore cost $95,135 less than the projected average annual cost per resident at an SSLC—funds that could be used to increase reimbursement rates and encourage the development of more small group homes to serve those now living in SSLCs.

The SSLC facilities themselves are also a source of rising costs, as most of them are aging and in need of ongoing repairs. The Legislature appropriated a total of $62 million last session for capital repairs and renovations, including upgrading information technology systems (electronic medical records, computers, videoconferencing equipment).[16] As the facilities age, however, it will be difficult to maintain funding for rising repair costs. The Austin SSLC was built in 1917, for example, and sits on more than 93 acres of prime real estate in central Austin. In 2012, the General Land Office estimated the SSLC had a value of more than $25 million and recommended the state sell the property.[17] Meanwhile, maintaining the Austin facility has become difficult and repair costs in FY 2012 exceeded $15 million. A number of buildings are too costly to repair and have simply been abandoned and boarded up, while others have not been renovated since they were built in the 1970s.[18] In many cases, the cost of repairs exceeds the value-in-use of the property.

Sunset Advisory Commission Staff Recommendations

In May 2014, Sunset staff published its recommendations for the DADS, which operates the SSLC system. Staff recommended that DADS be required to close the Austin SSLC by August 31, 2017 and establish an SSLC Closure Commission to identify five other SSLCs for closure by September 1, 2022, among other reforms.

Closure and Consolidation

Sunset staff is correct that the state must begin the process of closing and consolidating its SSLCs, and the Austin SSLC should be first. The facility should be closed as soon as possible and residents moved either into the community or into another SSLC, according to their choice. As part of this process, DADS should set a definite date of closure so private-sector providers in the community can ramp up capacity and accommodate an influx of former SSLC residents as the facility begins the process of closure.

However, instead of establishing the SSLC Closure Commission as outlined in the staff report, the Legislature should simply direct DADS in statute to close the Austin SSLC by August 31, 2017, and at least five additional SSLCs by September 1, 2022. In addition, DADS should be directed to close as many additional SSLCs as possible, rather than choosing five for closure.

Forensic Population

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 it should respond to this trend. The decline in the overall SSLC census has accompanied a rise in the number of alleged offenders committed to SSLCs as new residents. This increase has coincided with a growing forensic population at State Mental Hospitals (SMHs), grow-

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ing lengths of stay for forensic patients—often more than 90 days[19]—and an increasing number of violent incidents at SMHs.[20]

As the general population at SSLCs decreases and the alleged offender population increases, DADS should give special attention to how the state should structure closures and consolidations of SSLCs. Some changes might be required at the Mexia and San Angelo SSLCs, which serve alleged offenders with IDD who are being evaluated or are not fit to stand trial, as part of a broader reform effort. For example, DADS should consider moving the alleged offender population into Outpatient Community Restoration programs operated by the Department of State Health Services (DSHS) rather than increasingly placing them into SSLCs.

SSLC Staff Bonuses

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 transition into the community or another SSLC. Instead of setting a dollar amount, bonuses should be commensurate with staff salaries and other factors. Because SSLC staff salaries can range widely, in some cases between $27,000 and $154,000,[21] bonuses should not exceed 10 percent of an SSLC staff salary.

Improving Quality of Life at SSLCs

Sunset staff also recommended the Legislature direct DADS to focus on improving the quality of life for residents and staff at the remaining SSLCs. As part of this effort, DADS should be required to contract with a private, independent third-party vendor to audit conditions at SSLCs and report regularly to Health and Human Services Commission and DADS. Such an arrangement would separate regulatory and operational responsibilities, both of which are currently undertaken by DADS staff, and help attain substantial compliance with the DOJ settlement agreement.

Transition to the Community

The effort to close and consolidate certain SSLCs should include provisions that ensure capacity in the community, such as increasing provider reimbursement rates for people with higher behavioral and medical needs. DADS will also need to increase supports and services for the IDD population in the community during the period when SSLC residents are transitioning. This could be done by allowing those moving into the community to continue accessing some services provided by professional staff at an SSLC during a finite period of transition (such as dental, nursing, or physical and speech therapy services).

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 has averaged 232 residents annually for the last three years.[22]

Conclusion

Past proposals to close and consolidate Texas' SSLCs have gotten nowhere. A coalition of interests—families that may have institutionalized their loved ones decades ago and do not want the SSLCs closed, lawmakers with SSLCs in their districts who are concerned about the loss of jobs, and those employed at SSLCs—has blocked reform in the past and will attempt to block future reform efforts. Supporters of the SSLC system argue that abuse and neglect also occur in

private group homes, and that SSLCs are not unique in this regard. Although it is true that abuses do occur in the community, private facilities and group homes get shut down in the face of such violations. By contrast, SSLCs, no matter how bad, are rarely closed—as the Austin SSLC aptly demonstrates.

Ultimately, community-based solutions will improve accountability and in turn improve quality. Community is what Texans want—25,000 people eligible for placement in SSLCs currently choose to live in the community. Effective SSLC reform should include community placement for all who want it, guaranteed institutional care when families prefer that option, and appropriate assistance for displaced workers.

Simply put, state-operated institutions cannot be relied on to police themselves or enact needed reforms, and inaction has come at the expense of Texans with IDD. It is long past time for Texas to join the long-term trend of deinstitutionalization and carefully, deliberately begin the process of closure and consolidation. Other states have managed to shut down failing institutions and successfully move residents into community-based settings, and Texas should join their ranks.

After all, the SSLCs are closing by default as those with IDD and their families increasingly choose to live in the community. The only question for lawmakers is whether they will manage the gradual decline of SSLCs, or allow them to languish at the expense of those who remain trapped in a failing system. ✯

Endnotes

[1] *United States v. Texas*, *Monitoring Team Report, Corpus Christi State Supported Living Center,* United States Department of Justice (10 June 2014) 8.

[2] Krista M. Torralva, "Report: 'Serious concerns' continue to exist at state living center," *Corpus Christi Caller-Times* (5 July 2014).

[3] *United States v. Texas*, *Monitoring Team Report, Corpus Christi State Supported Living Center*, United States Department of Justice (10 June 2014) 11.

[4] Sheryl Larson et al., *Residential Services for Persons with Intellectual or Developmental Disabilities: Status and trends through 2011*, University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration (2013) xii.

[5] *Downsizing of the State Supported Living Center System*, Legislative Budget Board (Jan. 2013).

[6] Sheryl Larson et al., *Residential Services for Persons with Intellectual or Developmental Disabilities: Status and trends through 2011*, University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration (2013) 120.

[7] Ibid., 143.

[8] *Sunset Advisory Commission Staff Report*, Department of Aging and Disability Services (May 2014).

[9] Voluntary Nursing Facility and ICF/IID Closures Archive (updated 11 June 2014), Community Living Assistance and Support Services (CLASS) Resources, Texas Health and Human Services Commission (accessed 28 July 2014).

[10] *Sunset Advisory Commission Staff Report*, Department of Aging and Disability Services (May 2014) 19.

[11] *Self-Evaluation Report Submitted to the Sunset Commission*, Department of Aging and Disability Services (Sept. 2013) 29.

[12] *Fiscal Size-Up, 2014-15 Biennium*, Legislative Budget Board (Feb. 2014).

[13] Ibid.

[14] *Sunset Advisory Commission Staff Report*, Department of Aging and Disability Services (May 2014) 22.

[15] Community Based Alternatives (CBA), Health and Human Services Commission (accessed 7 July 2014).

[16] *Fiscal Size-Up, 2014-15 Biennium*, Legislative Budget Board (Feb. 2014) 179.

[17] *State Agency Property Recommended Transactions*, Texas General Land Office (Feb. 2013) 7.

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[19] *Managing and Funding State Mental Hospitals in Texas: Legislative Primer*, Legislative Budget Board Staff (Feb. 2011).

[20] Andrea Ball, "Patient violence jumps at state psychiatric hospitals," *Austin American-Statesman* (26 Jan. 2013).

[21] Salary index data for the San Antonio SSLC as reported by Indeed.com (accessed 28 July 2014).

[22] *Sunset Advisory Commission Staff Report*, Department of Aging and Disability Services (May 2014).

About the Author

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Davidson began his career in journalism, and has worked as a print and online reporter, managing and executive editor, and freelance writer for a wide variety of publications. He was Executive Editor for Issue Media Group, where he oversaw 19 weekly publications in the U.S. and Canada covering the creative economy, business innovation, and urban growth and design.

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