



State Supported Living Centers



The Issue

State Supported Living Centers (SSLCs), formerly known as state schools, are an increasingly inefficient and ineffective system of care for those with intellectual and developmental disabilities. The current state-run, institutional system is a Medicaid-funded program that suffers from higher provider rates but lower quality of care than privately-run facilities in the community. Past efforts to address these problems have yet to yield substantive reform.

Even before federal intervention arising from the *Olmstead* decision in 1999, states had been closing their state institutions and moving toward community care—the result of a movement by parents begun in the 1940s. Today, 12 states and Washington, DC, have closed their large public institutions—Alabama, Alaska, Hawaii, Maine, Michigan, Minnesota, New Hampshire, New Mexico, Oregon, Rhode Island, Vermont, and West Virginia. While the Department of Aging and Disability Services (DADS) has made tremendous progress in moving individuals to community care, consolidation of the facilities has not occurred in Texas, primarily because of legislative opposition. The resulting lower census per facility has increased costs per resident and aging structures require high maintenance costs.

Reports of deaths in the Lubbock SSLC and abuse in other facilities led to an investigation by the U.S. Department of Justice (DOJ) in 2005. The State of Texas entered into a settlement with the DOJ in 2009 that would ensure the standards in the SSLCs adhered to generally accepted standards of care, that protections were in place, and that residents would be given the choice to transition to community services. Despite significant reforms and increased expenditures, none of the 13 facilities have yet to achieve more than 40% substantial compliance with the provisions of the settlement.

The Facts

- Institutional care for persons with developmental disabilities in Texas is provided through SSLCs. These institutions were initially fully funded by the state and called state schools. In 1971, Congress authorized a new optional benefit to Medicaid—Intermediate Care Facilities for the Mentally Retarded (now referred to as ICF/IID facilities)—that brought federal funding for institutional services that are matched by state dollars.
- A 2013 brief by the Legislative Budget Board stated, “Texas continues to operate SSLCs despite 40-year nationwide trends of deinstitutionalization and expansion of community services, as well as ongoing quality of care concerns at the SSLCs highlighted by the Department of Justice.”
- DADS operates 12 SSLCs across the state—Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, San Angelo, and San Antonio—and contracts for IDD services at the Rio Grande State Center for a total of 13 sites, each of which is named in state statute.
- Texas maintains the highest number of SSLCs in the nation. California and Florida each operate five state facilities. Michigan operates none.
- The average monthly census in the facilities has declined 74% from 1973 to 2013 (from 13,700 to about 3,600). The last SSLC closure was in 1996, yet despite a 42% decline in census since that time, all 13 facilities remain open.

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- The DADS operating budget indicates the average monthly cost per individual served in a SSLC for FY 2011 was \$17,521 compared to a community ICF-IID rate of \$4,813. FY 2014 budget increases the SSLC cost 26%.
- Cost per individual in SSLCs excludes repair and renovation of more than \$6.4 million in FY 2013 and \$49 million in FY 2014. Capital costs are not reimbursed separately in community care and are instead included in the rate.
- The DADS operating budget also anticipates 514 confirmed incidents of abuse, neglect, or exploitation (ANE) at SSLCs in FY 2014.

Recommendations

- The number of SSLCs should be reduced through consolidation and closure from 13 to no more than 5 over the next two biennia.
- Ultimately, only forensic facilities should remain, and only in areas with adequate access to behavioral health specialists in the community.
- The movement toward services provided in the community will continue to decrease the census in the state's 13 SSLCs. Yet DADS is unable to adequately respond without clear legislative direction.
- Criteria should be established for closure based on factors such as census, ability of staff to achieve substantial compliance with the DOJ settlement, survey of private sector interest in adding capacity in the area, and the condition of SSLC facilities.

Resources

Privatize State Supported Living Centers by Arlene Wohlgemuth and Spencer Harris, Texas Public Policy Foundation (2010).

The Case for Inclusion: An Analysis of Medicaid Outcomes for Americans with Intellectual & Developmental Disabilities, United Cerebral Palsy (2013).

DOJ Monitoring Reports, Disability Rights Texas (2013).

Downsizing of the State Supported Living Center System, Legislative Budget Board Staff Issue Brief (Jan. 2013).

Rider 28 Cost Comparison Report, Texas Dept. of Aging and Disability Services (2011).

Parallels in Time: A History of Developmental Disabilities, The Minnesota Governor's Council on Developmental Disabilities (2006).

