Appropriations Article II

- Establish the Closure Commission to independently identify State Supported Living Centers (SSLCs) for downsizing and eventual closure.
 - o In 2016 the average monthly cost for one SSLC resident will be \$18,489.98, and costs will rise to \$19,644.74 per person in 2017. A mere 3,047 residents are projected to live in all 13 SSLC in 2016 that number is projected to drop to 2,849 by 2017. (LBB) The annual population of SSLC residents has decreased at a rate of 4% while the population of people with IDD served in a community setting has grown by 4% annually.
 - o In 2016 the average number of individuals served per month on the Home and Community Based Services (HCS) waiver will be 22,880 individuals at an average monthly cost of \$3,604.72 per person. The average number of individuals on the interest list per month for HCS in 2016 will be 83,338 people waiting with zero supports with an average wait time of 12 plus years for services. (LBB)
- Delivering services to a person for a year in an SSLC costs about \$113,000 more than serving that person in an equivalent program in the community. (Sunset, p.2)
- All savings from closure and consolidation of SSLCs must be redirected into reducing the interest list for Home and Community Based Services and expanding the community's capacity to care for people with the highest level of need. Closing six state supported living centers would result in savings to state and federal funds that increase from \$7.3 million in FY 2016 to \$97.9 million by 2020 by eliminating SSLC operating costs. (Sunset, p.6)
- To transition from SSLCs to the Community, people with higher behavioral and medical needs require extra support
 - Require DADS to expand crisis intervention teams to provide increased supports to people with IDD in the community.
 - Crisis intervention teams would help individuals with extreme behavioral issues and dual diagnoses in crisis avoid negative interactions with law enforcement that might lead to unnecessary institutionalization.
 - Almost half of new admissions to the SSLC system are alleged offenders. (Sunset, p.19)
 - Most people with extreme behavioral issues are served in the HCS program in the community already. In fact, in fiscal year 2013, 127 people with the highest level of need were in the HCS program compared to 16 in SSLCs. This statistic clearly indicates the capacity of the community to serve this population. (Sunset, p. 34)
- Require DADS and HHSC, in rule, to add a reimbursement level that incentivizes providers to open small specialized group homes for people with high medical needs.
 - o Remember we are not talking about a large majority of SSLC residents. As of May 2014, 329 SSLC residents have a "severe" health status. (Sunset, p.36)
- Triple the numbers of Promoting Independence Emergency Diversionary Slots to help families in crisis avoid placing their loved ones in subpar SSLCs. No family should be forced to separate due to lack of services.
 - One of the most persistent issues surrounding the quality of care at SSLCs is ANE [Abuse, Neglect and Exploitation] of residents.
 - Although the number of confirmed allegations has decreased since 2011, the number remains high and, as a percentage of the declining population, has remained relatively constant. (Sunset, p.18)



- Transition the 206 children under the age of 21 currently segregated in SSLCs to a less restrictive community setting as soon as possible.
- When transitioning someone from a facility that is identified for closure or consolidation the state should look at community settings FIRST.
- Close the Austin SSLC by August 31, 2017.
 - AuSSLC should prove to the Texas Legislature that segregating people based on a disability label cannot be improved upon, nor is it a sustainable healthcare delivery model. AuSSLC has consistently failed to provide services to people with Intellectual and Developmental Disabilities despite unprecedented investment and oversight from DADS and the DOJ.
 - o "The Austin SSLC has had more trouble complying with basic standards for safety and adequate care than any other SSLC. The Austin SSLC has made the least progress in meeting the DOJ settlement agreement requirements of all the centers except for one, only having come into compliance with 20 percent of the required improvements. The center had the highest number of termination warnings, 33, since fiscal year 2009 after DADS staff inspected and found major violations. During each of the five visits between March and June of 2013, DADS regulatory staff determined the Austin SSLC was out of compliance with several requirements of the ICF program and began a process for termination of the center's certification and federal funding." (Sunset, p.24)
 - The Austin SSLC paid the Columbus Organization \$1.2 million for 8 months of operational related services at the facility to improve compliance in federal ICF eligibility standards.
 - In March 2014 DADS regulatory failed the facility in five out of eight areas of patient care that make it eligible for Medicaid money. That is the same number of citations it received before the Columbus Organization arrived. (Ball)
 - Sale of the Austin SSLC would result in an estimated revenue gain of \$25.1 million in 2016(Sunset, p.6)
 - "The Austin SSLC also has a history of immediate jeopardy findings. An immediate jeopardy finding occurs when an inspector discovers a facility is out of compliance with one or more program requirements that is likely to cause serious injury, harm, impairment, or death to a resident. Between October 2010 and May 2013, the Austin SSLC received six immediate jeopardy findings, double the number of any other center during that time." (Sunset, p.24)
- Use the current downsizing of the Austin facility as an opportunity to design a plan for the closure and consolidation of 5 more SSLCs.

WORKS CITED

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