

Background:

A. State Policy Issues

TCDD staff will provide an update regarding recent public policy activities, including the implementation of legislation and the budget adopted by the 82nd Legislature as well as preparation for the 83rd Legislature which begins in January 2013.

Discussion topics include:

- Legislative Appropriations Requests Summary
- Consumer Directed Services Workgroup Report Recommendations
- Children’s Policy Council Report Recommendations

B. Update on State Supported Living Center Monitoring Activities

The Committee will receive an update on recent Department of Justice monitoring team reports of State Supported Living Centers. A summary of the monitoring reports is provided.

C. Federal Policy Issues

TCDD Public Policy staff will provide an overview of the status and implementation of various federal legislative initiatives that impact people with developmental disabilities. Additional information is provided in meeting materials.

Public Policy Committee

Agenda Item 7.

Expected Action:

The Committee will receive updates on these items and may make recommendations for consideration by the Council.

Council

Agenda Item 16. B.

Expected Action:

The Council will receive a report from the Public Policy Committee and consider any recommendations offered from the Committee.

Texas Legislative Appropriations Requests

TCDD Summary

BACKGROUND

Prior to the start of each legislative session, the Legislative Budget Board and the Governor's Office of Budget, Policy and Planning jointly issue instructions to each Texas state agency regarding how to develop their Legislative Appropriations Request (LAR) which is their request for money to operate their programs over the next two-year biennium (fiscal years/FY 2014-15). Appropriations requests for state general revenue (GR) funds may not exceed the sum of those amounts expended in FY 2012 and budgeted in FY 2013. A supplemental schedule must show how agencies would cut an additional 10% (in 5% increments) in GR funds. Agencies may submit exceptional item (EI) requests for priorities that the agency considers of great importance in addition to the base budget. Each agency LAR can be several hundred pages in length and is available online at:

<http://docs.lbb.state.tx.us/display.aspx?DocType=LAR&Year=2014>.

Below is a simplified summary of the key items in various agencies' LARs that are important to individuals with developmental disabilities. For more information, contact Jessica Ramos at (512) 437-5417.

DEPARTMENT OF AGING AND DISABILITY SERVICES (DADS)

DADS administers long-term services and supports for seniors and people with cognitive and physical disabilities. DADS also licenses and regulates providers of long-term services and supports. DADS programs include State Supported Living Centers (SSLCs), home and community-based Medicaid waiver programs, nursing facilities and privately operated Intermediate Care Facilities (ICFs).

DADS Base Request

DADS FY 2014-15 base level request will provide services for about 220,900 Texans with 141,700 of those in community settings. The base request is \$131.94 million GR less than the current biennium, primarily because the expansion of STAR+PLUS managed care moved a large number of persons previously served by DADS to services provided by the Texas Health and Human Services Commission (HHSC). Budget instructions also prevent DADS from including funding in the base to serve an anticipated 284 persons who are expected to receive services by the end of FY 2013.

DADS Exceptional Items

1. Maintain Home and Community-based Services (HCS) for 284 persons that will be enrolled in services by August 2013, but not included in the 2014-15 request because budget instructions required that funding limits be set at the two year biennial average vs. "ramp up" methodology for program enrollment use by DADS:
\$9.1 million GR.
2. Increases in average cost per person due to increased utilization or acuity: \$114.6 million GR.
3. Promoting Independence: \$32 million GR.
 - a. Home and Community-based Services (HCS) Medicaid waiver services for 400 persons to transition from large Intermediate Care Facilities (ICFs) and State Supported Living Centers (SSLCs);
 - b. HCS waiver services for 192 children aging out of Department of Family and Protective Services (DFPS) foster care;
 - c. Crisis/diversion services for 400 persons at imminent risk of institutionalization (300 in the HCS waiver and 100 in the Community Based Alternatives (CBA) Medicaid waiver); and
 - d. HCS waiver services for the diversion of 360 persons with intellectual and developmental disabilities (IDD) from nursing facilities.
4. Community expansion with comprehensive waiver services to 16,628 persons: \$223.7 million GR.
 - a. 20% interest list reduction: Community Living Assistance and Support Services (CLASS) and HCS.

- b. 10% service level increase: Community Based Alternatives (CBA), Medically Dependent Children Program (MDCP), Texas Home Living (TxHML), STAR+PLUS and others.
- 5. Community First Choice (CFC) Option would provide 11,902 persons with a combination habilitation and attendant care service via a managed care organization: \$35.8 million GR.
- 6. Protecting Vulnerable Texans: \$15.6 million GR includes six exceptional items that request funding for, additional waiver reviewers (\$1.4 million GR), regulatory certification of day habilitation providers and other items: \$1.4 million GR.
- 7. Support for SSLC residents: \$27.7 million GR.
 - a. Electronic health records: \$7.8 million GR.
 - b. Construction to provide physical security of IT equipment at SSLCs: \$2.7 million GR.
 - c. Computers: \$317,129 GR.
 - d. Recruitment and retention of qualified developmental disability professionals: \$2.1 million GR.
 - e. Statewide video conferencing: \$528,953 GR.
 - f. Furniture and equipment: 7.4 million GR.
 - g. Vehicles - \$6.8 million GR.

DADS 10% Reduction Schedule

32 items make up the 10% reduction schedule. The first 19 items make up the first 5%. Items 20 through 32 make up the second 5%.

- 1. Eliminate the In-Home and Family Support (IHFS) program; 5,799 persons would no longer receive services: \$10 million GR.
- 2. Hiring and salary freeze in central administration: \$1.266 million GR.
- 3. Hiring and salary freeze in Information Technology (IT): \$1.575 million GR.
- 4. Non-Medicaid Service Reductions (contracts) of 11.4% would eliminate services for 631 persons: \$3.37 million.
- 5. IDD Community Services 11.4% reduction would eliminate services for 476 persons: \$7.843 million GR.
- 6. Promoting Independence Plan reduction in outreach awareness of 11.4%: \$619 thousand GR.
- 7-19. Across the board rate reduction of 1.173%.
- 20-32. An additional across the board rate reduction of 1.752%.
 - a. If items 7-32 are implemented, long-term services and supports providers, with the exception of SSLCs, would take a 2.925% rate reduction. For some this would be in addition to a 2% rate reduction required last session.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES (DARS)

DARS provides a variety of services to help individuals with disabilities improve function and become employed including: vocational rehabilitation to help people with disabilities prepare for, find, and keep employment; assistive technology and specialized telecommunication equipment; independent living services; deaf and hard of hearing services; Early Childhood Intervention (ECI); behavior supports for children with autism; and, comprehensive rehabilitation services (CRS) for individuals who have experienced a traumatic brain injury or spinal cord injury.

DARS Base Request

The DARS LAR base level request for 2014-15 is \$281 million GR and \$1.14 billion AF. There is a \$17 million All Funds reduction over the 2014-15 biennium in vocational rehabilitation. The request for the following DARS services are the same as budgeted for 2013: state independent living centers at \$5.3 million GR; DARS independent living services at \$15.7 million GR; Comprehensive Rehabilitation Services at \$24.8 million GR; autism services at \$3.3 million GR; and Early Childhood Intervention services (ECI) at \$154.7 million GR.

DARS Exceptional Items

- 1. Fund ECI services for children who met criteria in 2011 and fund the forecasted caseload of 27,424 children in 2014 and 28,951 in 2015: \$17.7 million GR.

2. Provide services to children currently eligible under the narrowed eligibility for ECI who have significant developmental delays: \$11.9 million GR.
 - a. DARS narrowed eligibility to stay within funds appropriated for FY 2012-13 because IDEA, Part C requires all eligible children to receive services. The narrowed eligibility increased the number of children with a medically diagnosed condition by 10 percent and those with delays in more than one area by 28 percent. These delays and medical conditions require more costly services.
 - b. If the above two Exception Items are not funded, DARS would have no choice but to further narrow eligibility for the second consecutive biennium.
3. Expand the Autism program to the Lower Rio Grande Valley, Far West Texas, the Panhandle and Northeast Texas: \$4.7 million GR.
4. Increase by \$25 million federal vocational rehabilitation grants: \$7 million GR.
5. Add three new independent living centers to the current 27 centers: \$2 million GR.

DARS 10% Reduction Schedule

1. Reduce match for federal VR funds by \$3.9 million GR over the biennium, reducing the number of individuals receiving VR services by 2,680 per year. Because state VR funds receive a 4:1 match, this would result in \$18.5 million All Funds reduction.
2. Reduce match for Medicaid-funded ECI services by \$2.5 million GR, eliminating services for 600 children per year.
3. Reduce CRS by \$5.5 million GR which reduces the number of individuals with traumatic brain or spinal cord injuries who receive services by 60 per year and increases the waiting list for these very time-sensitive services.

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

DSHS administers the Children with Special Health Care Needs (CSHCN) program, community mental health services, in-patient psychiatric services (state hospitals) and a far-reaching list of other public health programs from family and community health services to infectious disease prevention and tobacco reduction.

DSHS Base Request

The DSHS base level request for 2014-15 LAR is \$2.4 billion GR. Mental health services account for 70 percent the agency's of general revenue. The base budget does not provide any increases over the current budget for Children with Special Health Care Needs (CSHCN), Epilepsy Program or Community Mental Health and Crisis Services for Children and Adults. If the base request plus exceptional items were funded Texas would provide mental health services for 28,400 children over the biennium, less than 4 percent of the potential need and would remain last in the United States in funding mental health services.

DSHS Exceptional Items

1. Provide state match to establish a Medicaid state plan option to provide housing and community-based services so that people with extended stays in state mental hospitals can transition back to the community: \$7.9 million GR.
2. Fully fund waiting lists for Adult and Children's Community Mental Health Services and CSHCN: \$80.8 million GR.
3. Address security and capacity issues at state mental hospitals: \$17.7 million.
4. Fund adult safety net immunizations, as anticipated federal funding was reduced: \$26.7 million.

DSHS 10% Reduction Schedule

1. Eliminate services for 837 children currently receiving help through the Children with Special Health Care Needs program: \$1.9 million GR

2. Eliminate the Epilepsy and Hemophilia Program that assists 20,000 individuals with uncontrolled seizures or hemophilia with no other options. Children with developmental disabilities are at 4x greater risk of seizure disorders: \$5.5 million GR
3. Reduce funding to Children’s Mental Health Services: \$8.5 million GR.
4. Reduce Adult Community Mental Health: \$19 million GR.
5. Reduce funding for state and community mental health hospitals: \$67.9 million GR.

HEALTH AND HUMAN SERVICES COMMISSION (HHSC)

HHSC is responsible for the planning, operation and administrative oversight of Texas health and human services agencies and eligibility determination. HHSC administers Medicaid, Children’s Health Insurance Programs (CHIP), STAR+PLUS Texas Medicaid managed care and long-term services that serve around 164,000 seniors and people with disabilities.

HHSC Base Request

The HHSC base level request for FY 2014-15 totals \$48.8 billion. Of the total, \$19.1 billion is general revenue. Medicaid and CHIP costs were held flat at FY 2013 levels except for \$0.9 billion to cover population growth and the individual mandate under the Affordable Care Act. The budget also contains 18 cost containment strategies such as Medicare equalization and expansion of Medicaid managed care.

HHSC Exceptional Items

The LAR has 30 exceptional items including:

1. Maintain current services and administration in Medicaid, CHIP and others programs: \$1.37 billion GR.
 - a. Medicaid cost growth averages 2.3% per year.
2. Expand STAR+PLUS to Rural Service Areas: \$17.7 million GR.
3. Cognitive therapies to over 700 individuals with an acquired brain injury in STAR+PLUS and certain long-term services and supports waivers at DADS: \$1.9 million GR.
4. A 10% salary increase for certain health professionals delivering client care at DADS State Supported Living Centers and the DSHS state hospitals: \$28.8 million GR.
5. Increase in reimbursement for primary care: \$48.0 million GR.

HHSC 10% Reduction Schedule

1. Rate reductions of 1% across the board for Medicaid and CHIP providers: \$117 million.
 - a. Disability related-\$32 million GR; EPSDT-\$9.9 million GR; and prescription drugs-\$763,454 GR.
2. Salary freezes and reductions in staff and contractors: \$7.7 million.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS (TDHCA)

TDHCA administers federal housing and community services grants and acts as a housing finance agency for several low-income housing and assistance programs, including housing development, rental assistance, energy assistance, the Bootstrap Loan program and Amy Young Architectural Barrier Removal. TDHCA also ensures program compliance with state and federal housing laws and provides essential services and affordable housing to low-income individuals, including people with disabilities.

TDHCA Base Request

The majority of TDCHA housing programs are 100% federal funds, limiting general revenue demand. The Project Access program, for example, is a partnership between TDHCA, DADS and DSHS that utilizes federal Housing and Urban Development (HUD) Housing Choice Vouchers administered by TDHCA to assist low-income persons with disabilities in transitioning from institutions to the community by providing access to affordable housing. The Housing Trust Fund that includes the Bootstrap Loan and Amy Young Architectural Barrier Removal Program is in the base budget at the FY 2012-13 level of \$11.9 million GR which is \$9 million less than funds received for FY 2009-11. By statute, \$6 million of the Housing Trust Fund must be applied to the Bootstrap Loan program.

TDHCA Exceptional Items – None.

TDHCA 10% Reduction Schedule

1. Reduce funding for the Housing Trust Fund: \$304,500 GR.
2. Reduce funding for Housing and Health Services Coordinating Council: \$484,000 GR.

TEXAS EDUCATION AGENCY (TEA)

The Texas Education Agency (TEA) helps guide and monitor activities and programs related to public education. Texas public schools served over 4.9 million students during the 2010-11 school year. TEA provides federal and state policy/program implementation and oversight of the state's design for the education of students with disabilities under the Individuals with Disabilities Education Act (IDEA) and provides administrative support to the Texas Council for Developmental Disabilities.

TEA Base Request

The total LAR for TEA is \$24.4 billion GR and \$51.5 billion AF. The agency receives appropriations through a variety of sources, including the Permanent School Fund, property tax receipts, and the lottery among others. Funding for programs for students with disabilities is \$1.9 billion Federal Special Education and IDEA grants. Rider 37 sets aside \$32.9 million of the federal Special Education allotment for transfer to the Department of Assistive and Rehabilitative Services to support Early Childhood Intervention eligibility determination and comprehensive and transition services. The FY 2014-15 LAR reduces special education full-time positions from 120,351 in 2011 to 102,906 in 2015 and special education preschool is flat funded at \$22.2 million in federal grants only.

TEA Exceptional Items – None for students with disabilities. Exceptional items address technology, instructional materials, assessment and accountability.

TEA 10% Reduction Schedule

The majority of the 10% Reduction Schedule impacts all students by reducing GR funding to the Student Success Initiative by \$4.5 million; Academic Innovation by \$3 million; Humanities Texas by \$1 million and Amachi, the program for students with incarcerated parents by \$2.5 million. The following programs have a more direct impact on students with disabilities:

1. Reduces Best Buddies, a national mentoring program for approximately 575 students with disabilities in 32 high schools: \$500,000 GR.
2. Eliminates the Community in Schools program: \$19.6 million GR.
3. Eliminates Early Childhood School Readiness in 35,542 school districts, Head Start and local child care settings: \$7 million GR.
4. Reduces funding to Regional Education Service Centers: \$2.5 million GR.

Consumer Direction Workgroup

Biennial Report to the Texas Legislature

The Consumer Direction Workgroup (CDW) issued its biennial report to the 83rd Legislature in September 2012. The CDW was established to advise the Health and Human Services Commission (HHSC) regarding the delivery of services through consumer direction in all programs offering long-term services and supports (LTSS). The purpose of the report is to update legislators on the activities of the CDW and summarize the recommendations provided to HHSC and the Department of Aging and Disability Services (DADS). The report also provides recommendations for improving and expanding consumer direction in Texas LTSS.

What Are Consumer Directed Services (CDS)?

Consumer-Directed Services (CDS) offer more freedom, choice and control to people who use LTSS and mental health services, when compared to agency-directed services. Individuals have more influence in determining who provides their services and supports and when those services will be delivered.

Recommendations for Legislative Action

1. Direct health and human services (HHS) agencies to postpone further implementation of Electronic Visit Verification (EVV) in Medicaid waiver and managed care programs until accessibility issues are resolved.
2. Direct HHS agencies to adopt permanent policies to allow CDS employers the choice of full, partial or no participation in EVV.
3. Direct the Texas Dept. of Insurance to make workers compensation affordable for individuals who choose the CDS option.
4. Direct DADS and HHSC to use an individualized budget option and purchase goods and services to expand flexibility and control in consumer direction.
5. Direct the Dept. of State Health Services (DSHS) to expand CDS to individuals using public mental health services.
6. Direct HHSC, DSHS, and DADS to convene a task force to simplify rules for the 11 different managed care programs.
7. Direct HHSC and DADS to expand the CDS option to include all services within all the Medicaid waiver programs and STAR+PLUS based on the broad consumer direction option in the TxHmL program.
8. Direct HHSC and DADS to review and revise the annual employer supports limit to reflect cost of living increases and other increased costs.
9. Direct HHSC to standardize CDS pay rates for attendant/habilitation services among waivers based on the level of support needed instead of the program in which the individual is receiving services.
10. Direct HHSC to standardize supported employment pay rates among waivers and expand the CDS option to include supported employment for all waiver programs.
11. Direct DADS to expand consumer direction to include case management and service coordination.

Texas Children's Policy Council

Recommendations for Improving Services for Texas Children with Disabilities

The Texas Children's Policy Council (CPC) is charged with assisting the Texas Health and Human Services Commission (HHSC) in "developing, implementing and monitoring long-term supports and services programs for children with disabilities and their families."

CPC submitted its recommendations for the Texas Legislature in the upcoming legislative session. The council's recommendations include the following:

- **Restore Early Childhood Intervention (ECI) Funding**

In 2012, the Department of Assistive and Rehabilitative Services (DARS) received 14 percent less funding than in 2011 and, as a result, had to reduce the number of children receiving ECI Services on a monthly basis from 31,880 in 2011 to 27,784 in 2012. The Rand Corporation found that ECI programs provide a return to society ranging from \$1.80 to \$17.07 for each dollar spent on the program.

- **Improve Access to Mental Health Services to Keep Families Together**

In order to ensure that children receive the mental health services or treatment services they need, parents are voluntarily placing children in the custody of Child Protective Services (CPS). These parents are then placed on the abuse and neglect registry, even though they are simply trying to provide access to needed services. The CPC recommends strengthening the behavioral and mental health system so that parents do not have to relinquish custody of their children.

The reality for many families is that one of the quickest ways to access intensive mental health services is through the juvenile justice and foster care systems.

- **Create Urgent Family Crisis Support Infrastructure**

When families are in crisis due to a child's behaviors, medical conditions, or mental health conditions, families are forced to go where they can to receive support. In the absence of public home-based support, the supports can be found at state supported living centers, state hospitals, CPS, the justice system, etc. Short-term, low-cost measures would enable families to be served at home more quickly and less expensively than the current options.

- **Institute Behavior Intervention Teams**

Local communities, individuals, families, and providers need access to the expertise of behavior intervention teams during a crisis. Behavior Intervention Teams provide consultation, assistance with intervention and support strategies, training for providers and caregivers, and connections to additional services that may enable individuals to remain in their homes and community.

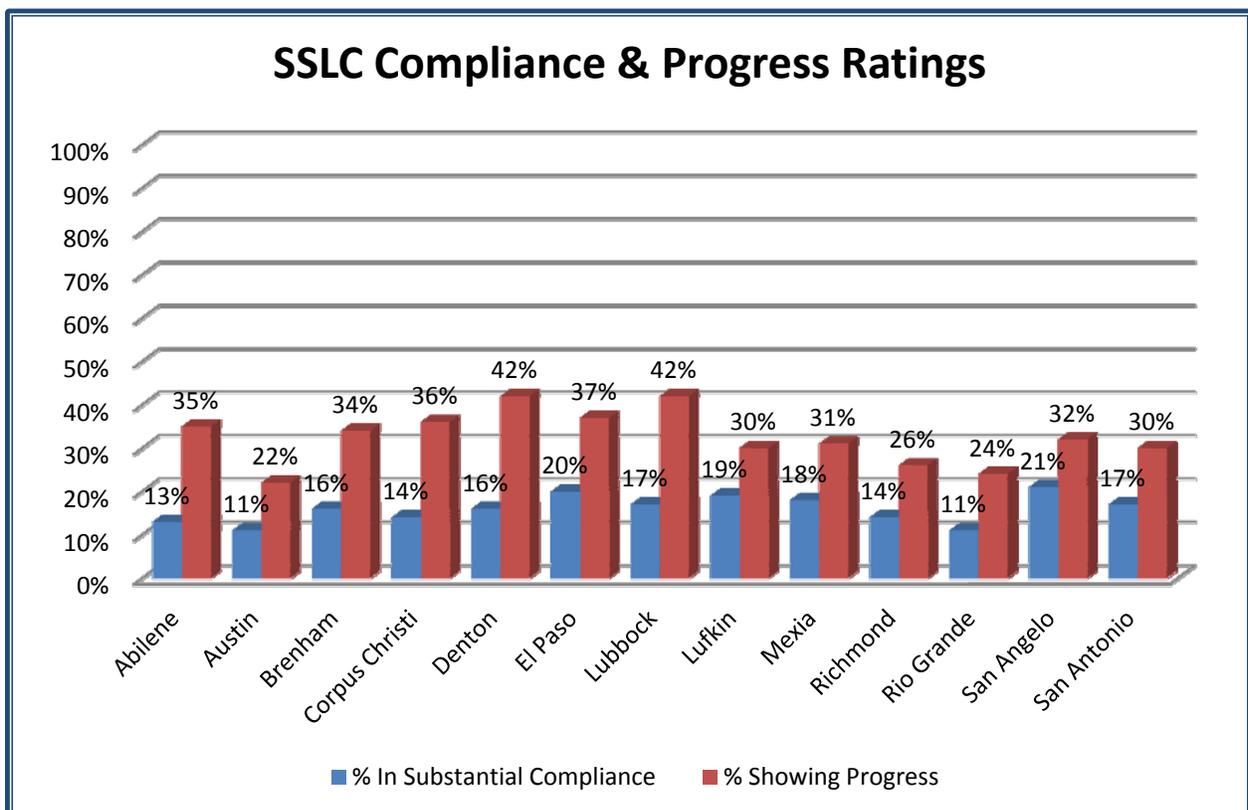
- **Create Single-Point Entry Website for Services**
Parents of a child diagnosed with a disability or special need have an intense need to find information that can help their child and family. The internet provides an overwhelming volume of complex information that is not easily accessed. There is no single point of entry for finding or receiving information across state agencies. The CPC supports the establishment of such a site.
- **Support Statewide Adoption of Positive Behavior Support (PBS)**
PBS is an evidence-based approach for preventing and intervening in challenging behavior. Research has shown that PBS can reduce problem behavior by over 90 percent, and problem behavior stopped completely in 26 percent of the studies. Implementing the statewide use of PBS would improve school behavior and reduce costs as well as improve quality of life.
- **Expand Family Partners**
Families of children with special needs and/or developmental disabilities are faced with seeking services from a complex system that is neither well-coordinated nor easy to access. The lack of guidance and support navigating the system often leaves families with no services or services that are not helpful. The training and certification of family partners via the Medicaid State Plan would help families learn more about effectively obtaining supports and advocacy for children with disabilities.
- **Staff Aging and Disability Resource Centers with Personnel Trained in Childhood Disabilities**
Although regional Aging and Disability Resource Centers (ADRCs) are likely to become a no wrong door / single point of entry point for disability and aging services if Texas enrolls in the Balancing Incentives Program (BIP), most of the resources offered through ADRCs are directed at adults with disabilities or the aging population. Thus, if ADRCs become the point of entry, ADRC staff should be knowledgeable about resources available for all people with disabilities, including children.

The complete report is available online at <http://www.hhsc.state.tx.us/si/C-LTC/2012-CPC-Leg-Report.pdf>.

State Supported Living Centers Monitoring Update

In June 2009, the State of Texas/Department of Aging and Disability Services (DADS) and the U.S. Department of Justice (DOJ) entered into a Settlement Agreement (SA) that covers the 12 State Supported Living Centers (SSLC) and the Intermediate Care Facility (ICF) component of Rio Grande State Center. As determined by the SA, three monitors, each with a monitoring team, are responsible for monitoring the facilities' compliance with the SA and related Health Care Guidelines. The monitoring teams examine activities in 20 different aspects of care provided to residents in each facility to determine the status of each facility's compliance with provisions of the U.S. DOJ Settlement Agreement. Within each section, there are a varying number of more specific provisions. Each provision is rated as in substantial compliance or noncompliance with the terms of the Settlement Agreement. There also are provisions that are not rated if the monitoring team had insufficient information.

Baseline reviews of the facilities were conducted from January through May 2010. The first round of compliance reviews were completed from July 2010 to January 2011. The second compliance reviews of each facility began in February 2011 and concluded in mid-July 2011. Council members received an update on the third compliance reviews in May 2012. This summary covers the last reports issued in the fourth round of compliance reviews.



This chart shows the proportion of compliance with all of the provisions evaluated in the fourth compliance review in the monitoring reports. The portion of the provisions that were showing progress is also provided, where available. For Austin SSLC's fourth round compliance review, no compliance data is available due to an agreement between the U. S. Department of Justice and the State of Texas to conduct an abbreviated review. The rate shown is for the third compliance review.

Denton State Supported Living Center (DSSLC)

Denton SSLC established policies on restraint that, if consistently applied, would achieve compliance with the SA. Although staff training in the area of abuse, neglect, and incident management was compliant with the SA, there were still several instances of late reporting of allegations. Moreover, investigations of incidents were not consistently initiated within 24 hours of a report. The monitoring team commended DSSLC on making significant progress in the provision of medical care, nursing care and pharmacy services. No provisions in the area of habilitation, training, education, and skill acquisition were in compliance. Skill acquisition programs lacked many of the elements essential to learning. Moreover, there were minimal supports or opportunities for learning. Although the number of individuals moving to the community remained low, there were numerous referrals for transition. The monitoring report stated that DSSLC was not assessing, planning for, or implementing a plan for each person's needs for education and awareness about community living options.

Austin State Supported Living Center (AUSSLC)

In March of 2012, DADS submitted a request to the DOJ for an abbreviated review for the fourth monitoring visit at AUSSLC to allow staff to devote significant resources to addressing the DADS Survey and Certification Team's directed plan of correction to address deficiencies at the facility. As a result, the monitoring team issued a brief report, recognizing the state's stipulation that AUSSLC has not made any significant progress since the last review. The purpose of the report is to identify any major safety or health concerns and briefly outline the status of AUSSLC's plans to comply with each section of the SA. There is currently a moratorium on new admissions to AUSSLC. Although the number of restraint uses declined overall, there were a number of individuals who were restrained on a regular basis. The facility's policies on abuse, neglect and incident management will assist AUSSLC in achieving compliance; however, timeliness and completeness of incident reporting is still a concern.

Lufkin State Supported Living Center (LSSLC)

Since the previous review, the number of restraints increased slightly. The monitoring team recommended that LSSLC apply the new state policy on restraint in order to reduce restraint use. DFPS confirmed four cases of physical abuse, one case of sexual abuse, two cases of emotional or verbal abuse, and three cases of neglect during the previous six months. DFPS investigated 49 serious incidents, which included three deaths. Although LSSLC was taking steps to reduce the number of incidents, the monitoring team recommended that they continue to aggressively work to reduce the number of incidents. LSSLC continued to make progress towards moving individuals to the most integrated community setting, although the referral and placement rate remained low.

Richmond State Supported Living Center (RSSLC)

RSSLC was compliant in 23 of 171 provisions rated by the monitoring team, or in 16 percent of provisions. This is a decline from 19 percent compliance in the previous review. The monitoring team observed that there was an increase in the use of restraint, and there was also improper documentation regarding each incidence of restraint use. The monitoring team recommended that RSSLC improve its investigation of incidents; often investigations were inadequate to make a determination about the cause, including eliminating the possibility of abuse or neglect. 86 percent of investigations were not reported to DFPS in the required time frame. The monitoring team observed that individuals at RSSLC were not adequately engaged. Skill acquisition programs were not designed with the preferences of the individual and were the same for many individuals. Monitors commended RSSLC for continuing to increase the number of individuals transitioning to the community.

San Angelo State Supported Living Center (SGSSLC)

The monitoring team pointed out that there was a notable and serious lack of progress in the medical and nursing departments, which was contributing to management issues in the pharmacy and psychiatry departments. The monitors commended the self-advocacy program at SGSSLC, crediting the program with helping individuals learn to make group decisions, problem solve and learn about transition to the community. Between December and April 18, 2012, there were 438 restraints used for crisis intervention with 73 individuals. Although this was a reduction since the previous monitoring visit, the monitoring team recommended additional improvement in this area. DFPS confirmed nine cases of physical abuse and 31 cases of neglect between December 2011 and April 2012. 79 additional serious incidents were investigated, which included 3 deaths. Between November 2011 and April 2012, there were 2,051 injuries at SGSSLC, which included 33 serious injuries that resulted in fractures or sutures. Monitors recommended aggressive action to reduce the number of injuries at SGSSLC. There was improvement in the provision of skill acquisition programs, although monitors recommended better evaluations of the programming available to ensure that it would help prepare individuals for community transition. Individuals at SGSSLC are transitioning to the community at an annual rate of approximately 10 percent, with 11 percent of the population on the active referral list. SGSSLC was following post-move policy consistently. According to the monitoring report, "Many of the post move monitoring reports noted that families were very happy to have their loved one nearby. Three individuals (20%) had experienced some problems, but they seemed to be getting resolved. One individual was doing very badly, including being moved from her group home to placement with her mother, and one individual died at around the time of the 90-day review."

Senate Health & Human Services Committee Hearing

The Senate Health and Human Services Committee met July 31, 2012, to monitor the implementation of the Department of Justice (DOJ) Settlement Agreement to address State Supported Living Centers. The Committee expressed frustration because the state is not further along in meeting requirements of the DOJ settlement agreement. None of the 13 SSLCs has achieved substantial compliance with the terms of the three year old DOJ Settlement Agreement. Commissioner Traylor stated that the issues are complex, but agreed the state should be further along by now. He faulted a continuing custodial care model that requires culture change. Assistant Commissioner Adams listed the many challenges associated with recruitment, retention, measuring residents' health and risks, strengthening professional collaboration, stimulating engagement in day programs, increased training, information sharing, discharge planning, and post move monitoring. Members questioned Traylor and Adams aggressively regarding whether DADS has enough money to hire adequate staff. DADS staff indicate that they have the budget authority to hire adequate staff, but they cannot fill those positions for a variety of reasons dependent on geography, type of professional, etc. *The Committee heard testimony that ran the gamut from support for consolidation of facilities to a proposal to increase the number of residents in SSLCs in order to reduce the average cost of care per person.*

IDD Local Authority-SSLC Pilot for Community Transitions Overview—October, 2012

Proposal. On June 12, 2012, the Texas Council of Community Centers, in collaboration with IDD Local Authorities of Austin-Travis County Integral Care, Bluebonnet Trails Community Services and Hill Country Mental Health and Developmental Disabilities Centers, submitted an invited proposal to the Department of Aging and Disability Services (DADS) for a pilot project to increase Local Authority supports enabling people to transition successfully from Austin State Supported Living Center (SSLC) to a home they have chosen in the community.

Approval. On July 24, 2012 DADS approved the pilot proposal for funding from the state's federal Money Follows the Person Rebalancing grant and established a performance contract provision with Austin Travis County Integral Care (ATCIC), the Local Authority serving the immediate community around Austin SSLC. ATCIC will provide management of the pilot project, working with other "designated" Local Authorities, those serving the communities to which a person at Austin State Supported Living Center would likely choose to move.

While ATCIC, Bluebonnet Trails and Hill Country are the designated Local Authorities serving the majority of people at Austin SSLC, an estimated 30 Local Authorities across the state are designated for one or more persons living at Austin SSLC. ATCIC will sub-contract with designated Local Authorities to provide post-move intensive service coordination for people moving from Austin SSLC to their communities.

Implementation. Pilot project implementation began September 1, 2012. The initial phase of the project has involved operational planning with partners, including DADS, Austin SSLC staff, designated Local Authorities, community service providers and advocacy representatives. The pilot project is providing the following types of support to people at Austin SSLC and their Legally Authorized Representatives who express a choice to move to a home in the community:

- Community Alternatives Exploration (individualized visits to community service providers)
- Enhanced Community Planning/Preparation (Person-Directed Plan upon referral to community)
- Intensive Post-Move Service Coordination (in addition to Targeted Case Management)

State Context. At a July 31, 2012 Senate Health and Human Services Committee hearing on implementation of the Department of Justice Settlement Agreement related to State Supported Living Centers, DADS Commissioner Chris Traylor and Assistant Commissioner Chris Adams provided invited testimony. They described the pilot in context of the Settlement Agreement's requirement for 90-day post-move monitoring of people leaving an SSLC, indicating the expanded partnership and involvement of Local Authorities through the pilot is expected to significantly improve transition and continuity for individuals. DADS expressed hope that activities initiated through the pilot would expand to other areas of the state--increasing partnerships and improving the transitions of other individuals choosing to move to homes in the community.