Culture Change in Texas: 
A Survey of Practices, Implementation 
and Legislation in Long-term Care

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Culture change refers to the national movement that began in the mid-1990s that calls for the transformation of long-term care services for elders and individuals with disabilities. Culture change considers and respects the person-centered values of the individual receiving care and the people who provide care to the individual. Choice, dignity, respect, support, self determination, and pursuing purposeful living are the core person-centered values of culture change.

In a long-term care setting, culture change adoption requires changes in an organization’s practices, physical environments, and decision-making processes at all levels in order to provide person-centered care. These adjustments help an organization create a permeable environment that listens and adjusts to residents’ needs. It also helps organizations push past the plateau of complacency commonly seen in both residents and caregivers in long-term care. Higher satisfaction ratings from residents, family, and staff come out of promoting respectful relationships, supporting self-determination, and pursuing a purposeful life.

In Texas, culture change has reached to nursing homes for elders, long-term care settings for individuals with disabilities, and has affected legislation concerning state supported living centers. Though Texas still has a long way to go on the journey to making culture change the norm in long-term care, there are leaders and supporters in the field that can serve as inspiration and examples for future progress.

Culture Change in Texas

Today there are approximately 4,122 long-term care facilities in Texas that serve more than 200,000 Texans (Texas Culture Change Coalition, 2011). Long-term care facilities for elders
and individuals with disabilities provide continuous care to those who cannot care for themselves independently. Traditionally, long-term care facilities provide system-centered, custodial care and are run in a top-down form of management. Residents follow the rules of the facility and have little control over their schedules, activities or treatment. This institutional model of long-term care is common throughout the country, and Texas is not unique in this respect. However, some long-term care facilities in Texas choose to provide person-centered care and have moved away from the traditional system-centered model. The Texas Long Term Care Institute (the Institute) and the Texas Culture Change Coalition (TxCCC) are two entities that support and promote the adoption of culture change through research, training, education, and advocacy.

Promotion of Culture Change in Texas

The Texas Long Term Care Institute

The Texas Long Term Care Institute has been funded by the Texas State Legislature since 1993. Based out of Texas State University, the Institute has become a leader in the culture change movement through research and training. The Institute partners with other entities and conducts research in order to support systematic improvements to long-term care practices. Just a few of the topics studied by the Institute include: determining the effectiveness of changing nurse staffing structures in nursing homes, the effectiveness of dance therapy in treating patients with Alzheimer’s, and surveying the perceptions of long-term care nurses concerning quality care (Texas State University, 2011). In 2011, the Institute partnered with the
The Institute has provided research on the effectiveness of the Eden Alternative in Texas long-term care facilities. In the year 2000, researchers from the Institute observed the effects of Eden Alternative implementation in nursing homes in Texas. The study found increases in the following areas when the Eden Alternative was introduced into the sample nursing homes: resident independence, level of staff support for residents, and life satisfaction in residents. The main issue that became clear from this study was that effective leadership is the key to adopting the Eden Alternative (and thusly culture change) into a long-term care facility. In some instances, administrators and managers became obstacles to successful culture change adoption when they were not completely supportive of the process. The study determined that successful implementation of culture change completely hinges on quality leadership (Willie, 2001).

**Texas Culture Change Coalition**

In January of 2011, the Texas Culture Change Coalition (TxCCC) was founded by professionals, providers, and organizations in Texas focused on improving long-term care services for elders and individuals with disabilities. TxCCC is a nonprofit organization that brings together various individuals who wish to promote culture change adoption in Texas. These individuals meet together to offer their insights on policy, regulations, training, education, and other forums that can promote culture change in Texas. The coalition aims to bring various stakeholders to the culture change table, and include them in the journey of moving away from
traditionally accepted “custodial” care practices and toward positive lifelong living environments in long-term care. These stakeholders can be providers, advocates, organizations, regulators, family members of individuals receiving care, or any other person interested in promoting culture change.

At the core of TxCC, its members acknowledge that culture change recognizes the unique interests and needs of the individual receiving care, and centers care around the person. The coalition also emphasizes that culture change affects both elders and individuals of all ages with disabilities. The objective of TxCC is to support the transformation of motivated organizations into person-centered care communities through education and training (Texas Culture Change Coalition, 2011).

Culture Change Leaders

*The Eden Alternative® and Eden LifeLong Living™*

Founded in 1991, the Eden Alternative began as a movement in long-term care for elders that aimed to eliminate helplessness, loneliness, and boredom in long-term care facilities. Its founder, Dr. Bill Thomas, witness first hand that is was these “three plagues” that had the most negative effects on elders in nursing homes (not physical ailments) and elders were disempowered by the system in which they lived. The Eden Alternative has grown into an international nonprofit with 300 registered homes. Registered homes follow Eden’s Ten Principles, which encompass the core values of the Eden philosophy. Registered homes incorporate animals, plants, and children into the everyday lives of elders in order to provide a vibrant, spontaneous home where residents can thrive (The Eden Alternative, 2009). The Eden
Alternative can be considered a road map to culture change adoption. Through education and trainings throughout the nation, the Eden Alternative offers support to providers that want to adopt the Eden Principles into their facilities.

The Eden Alternative originally intended to improve the lives of elders in nursing homes, but its principles also apply to individuals with disabilities in long-term care settings. Individuals of various ages and disabilities also suffer from disempowerment and receive custodial, task-driven care. Because of these similarities, the Eden Alternative Principles were officially adopted into the field of long-term care for individuals with disabilities in 2009.

This formal adoption of Eden Principles created Eden Lifelong Living after collaboration and study by the Eden Alternative and the Seaton Foundation, an Austin, Texas-based nonprofit. The partnership and creation of Eden LifeLong Living was spearheaded by David Seaton, who owned two facilities in central Texas that cared for individuals with various disabilities. Through more than two decades of working in the field of long-term care for individuals with disabilities, Seaton recognized all too well that these individuals were as likely as elders to receive system-centered, task-driven, institutionalized care. The difference between these two populations, however, was that younger people with disabilities had not experienced the same varied life experiences as elders. For this reason, the Eden Principles were adjusted to address the specific needs of individuals with disabilities, such as embracing developmental milestones in one’s life and supporting long-term aspirations of individuals. (Eden LifeLong Living, 2010).
Facilities Providing Person-Centered Care in Texas

**Live Oak and Ridge Oak**

The Ridgeoak and Liveoak living communities are two facilities in Texas that offer person-centered care to individuals with disabilities. In Austin, Texas, Ridge Oak was the first long-term care facility for individuals with disabilities to become an Eden registered home in the nation. The facility originally had a clinical nursing staff, and provided services in a medical-based, task-oriented structure. Today, the facility no longer utilizes a nursing staff. The facility functions just as a home would for residents. There have not been higher incidences of illness or adverse medical issues without a full time clinical staff. Residents receive care for illnesses just as someone else would in their own home; they go to the doctor and receive appropriate medical care. By moving toward a less rigid and paternalistic structure for the residents, Ridge Oak saw an increase in residents’ happiness, a decrease in staff turnover, and there is now a waiting list for both residents and employees. The director of Ridge Oak has noted that culture change can turn a “rather unremarkable, small program into a vibrant, spontaneous and joyful environment for employees and residents alike” (Walton, 2006).

In Martindale, TX, Live Oak is a facility for people with various cognitive disabilities that has provided person-centered care for over a decade. Residents live in an enriching environment that enables them to grow and pursue their personal interests. From outings and involvement in the community to caring for the animals at the facility, residents have control over what they want to do and how they want to live. Residents enjoy private rooms and family-style dining. The facility places decision making responsibilities with the direct support
staff and the residents, which allows for a horizontal organizational structure as opposed to a top-down management style that is disconnected from the residents. The Live Oak and Ridge Oak facilities provide daily examples of successful culture change implementation in long-term care.

*The Brookwood Community*

Located west of Houston, Brookwood is a self-sustained community for individuals with various cognitive and developmental disabilities. Brookwood is a faith-based nonprofit, where each resident is valued for their unique abilities and contributes to the different trades that support Brookwood. Some of these trades or “enterprises” include hand crafts, word working, stone casting, and working in Brookwood’s café. Brookwood calls its residents “citizens,” and each individual has choice concerning every aspect of his or her life. “The Brookwood Community provides an educational environment that creates meaningful jobs, builds a sense of belonging, and demands dignity and respect for adults with disabilities” (Brookwood, 2012).

*Silverado*

With its foundations in California, Silverado memory care facilities can be found in five states in the U.S. To date, there are a total of 12 senior care and dementia care communities operated by Silverado in Texas. Founded on the principle that, “love is greater than fear,” Silverado is a pioneer in the field of providing compassionate and loving long-term care in vibrant environments. Silverado facilities are required to have dogs, cats, and other pets for the residents. All care is provided with dignity as its central focus. For example, residents are never
made to wear hospital gowns in the facility or bibs while dining. Silverado believes in the principle of “risk with dignity,” and as such, encourages residents to choose if they would like to walk on their own. If there is a chance that the resident might fall, special hip protectors can be comfortably worn under the resident’s clothes that will protect him or her from hip fracture. This is just one of many ways that Silverado provides person-centered care in a safe environment.

There are numerous accounts of residents coming to Silverado homes that were formally combative, angry, and violent. Once at Silverado, all these traits disappeared. Silverado proudly states that, to date, 3,300 memory-impaired individuals have regained their ability to walk once they came to a Silverado home, 2,400 regained the ability to eat on their own, and daily medications for Silverado residents are often reduced by as much as half. A reduction in medication improves both physical and mental health. The Silverado homes in Texas serve as an example that providing person-centered care to elders with memory impairment can be achieved with practical measures and create astounding outcomes (Shook and Winner, 2010).

**Green House**

Another example of culture change in action can be seen in the Green House Project, which supports the creation of facilities under the Green House model. Green House model homes can be considered a tangible embodiment of the Eden Alternative. These homes started to be built in the mid-1990s, and consist of small, self contained houses for elders. The typical architecture of a Green House home has six to ten private bedrooms that center around an open living area. This area will contain the kitchen, living room, dining room, and areas that are
needed to deliver skilled nursing care. This dwelling is intended to be a home, not simply a “homelike environment.” The staff in a Green House home consists of self-managed teams made up of certified nursing assistants. Together, the elders and direct support staff are the primary decision-makers for each community (The Green House Project, 2011).

Research has shown that elders in Green House homes have an improved quality of life and less prevalence of depression. Also, staff turnover in Green House homes is significantly lower than in traditional nursing homes. As of 2011, there were more than 99 Green House homes operating in 27 states. The homes vary in size, design, and operational structure, but all the homes follow the Green House principles of creating communities with high levels of care (The Green House Project, 2011).

To date, there are four Green House homes in Texas. The first Green House home in Texas lies within the Baptist Retirement Community’s campus in San Angelo. The organization’s history dates back to 1951, and today, various long-term care services are offered to elders in its different facilities. Baptist Retirement Community’s two homes for elders with memory impairment provide care in the Green House model and style. This means that residents have the choice of when they wake and go to sleep, the choice of what to wear, and can enjoy this autonomy in an intimate home environment (The Green House Project, 2011). By the end of November 2009, these two Green House homes had high family and resident satisfaction scores, and a staff turnover of 10% or less for a 12-month period (Buckner Retirement Services, 2010).
State Provision of Long-Term Care

The Texas Department of Aging and Disability Services (DADS) began formal operations in September of 2004 as a result of House Bill 2297 out of the 78th legislature. DADS was created in order to combine various existing services into one organizational entity: services for the aging, services for individuals with disabilities in the community and in state supported living centers, and regulatory services of community care programs and long-term care facilities. As a part of its services, DADS operates 12 of Texas’ State Supported Living Centers (SSLCs) (Texas Department of Aging and Disability Services, 2011). The State of Texas commissioned a report from the Legislative Budget Board (LBB) in 2011 to investigate the provision of care in Texas’ State Supported Living Centers. The LBB provided a comprehensive report of the history and current state of Texas SSLCs, and offered suggestions for their future.

Legislative Budget Board Findings

The LBB (2011) reported that Texas serves the largest institutionalized population of people with intellectual and developmental disabilities in the country, and this number is a disproportional percentage of the state’s population compared to other states in the nation.

According to the LBB (2011), Texas SSLCs provide various levels of care to individuals with an array of intellectual or developmental disabilities, from comprehensive medical treatment in a residential setting to short-term emergency services. Texas’ SSLCs currently embody the institutionalized model of care. Care for residents is system-centered, which keeps decision-making power out of the hands of the individual receiving care. There is a top-down
form of management, and employees are driven by custodial-care tasks. Individuals receiving care must comply with the regulations and schedules of the institution.

Many residents in SSLCs participate in work programs within the SSLC. These jobs typically involve simple, repetitive tasks for which the resident is paid. Most residents’ meals, recreational programming, and residents’ work schedules are determined by the facility, without input from the resident. Additionally, high staff turnover has been a constant characteristic of long-term care facilities in Texas and the nation. This high turnover rate results in a lower quality of care delivered to residents (LBB, 2011).

Past litigation has revealed civil rights violations and abuse of individuals receiving care in SSLCs. Through its own legislation, Texas has aimed at addressing the rights of individuals in institutionalized care. Legislation requires stricter screening of employees for SSLCs, creation of an independent ombudsman, monitoring of facilities via surveillance systems, and a process of review in the case of mortality, among other requirements. There has not, however, been a de-emphasis on the institutionalized model of care or a systematic plan aimed at deinstitutionalization. SSLC service expenditures have also increased by 93% in the past decade. Some of this increased spending has gone to increase staff and training. Despite this increased spending, the latter half of the past decade showed a 65% increase in confirmed incidents of abuse, neglect, and exploitation of individuals living in SSLCs (LBB, 2011).

In its report, the LBB offered recommendations to the 82nd Texas Legislature on how to address the issues that remain in SSLCs despite increased funding. Some SSLCs will be closed altogether. For the SSLCs that would remain, The Legislative Budget Board recommended that
culture change implementation could provide the systematic changes needed in SSLCs in order to improve quality of care and reduce staff turnover, thereby addressing the issues that were not solved with increased state funding (LBB, 2011). For this reason, HB 3197 was passed by the 82nd Texas Legislature and signed into law.

Legislation in Texas: House Bill 3197

House Bill 3197 calls for the creation of a culture change pilot program in State Supported Living Centers in Texas. The bill requires DADS to select one SSLC as the facility in which patient-centered care practices are adopted. The bill also requires DADS to partner with the Texas Long Term Care Institute in this process. Through this partnership, the Institute will offer suggestions on training and education options for employees of the SSLC. It will also provide various types of assistance to DADS for incorporating culture change practices into the facility, including scholarships for SSLC employees to attend culture change training (Coleman, 2011).

According to House Bill 3197 (2011, June 17), by September of 2012 DADS is required to provide a detailed report of the pilot program to the Texas Legislature on its progress in the culture change journey. Some of the variables DADS must report on include: a detailed description of the culture change process, a timeline for policy implementation, feedback from direct care staff regarding the culture change process, and the number of allegations of abuse and neglect in the SSLC (Coleman, 2011). This initiative will hopefully provide qualitative and quantitative data that supports implementation of culture change in SSLCs and pave the way for further implementation. DADS has already provided trainings and resources that support
the culture change process (DADS, 2011). From conferences to online resources, DADS has made it clear that regulations are not an obstacle to culture change implementation. DADS is an advocate itself for providing person-centered and person-directed care.

The Future for Texas

Though Texas has not been a major pioneer in the culture change movement compared to other states in the nation, many initiatives have pushed culture change into the forefront of both private and public long-term care facilities. Culture change has been implemented in various long-term care facilities in Texas for elders and individuals with disabilities. The facilities mentioned above do not represent an exhaustive list of culture change adopters. There are many other facilities in Texas that provide person-centered care to their residents daily. Through the success of these facilities, state legislation and support, supportive research done by the Texas Long Term Care Institute, and advocacy for culture change by the Texas Culture Change Coalition, the common goal of advancing culture change in long-term care in Texas will continue to grow and become the accepted way of delivering care in all long-term care facilities.
For more information on culture change in Texas, please refer to the following resources:

**Texas Culture Change Coalition:**
http://www.txccc.net/
A description of the objectives of TxCCC and upcoming events planned to foster growth of culture change in Texas.

**Texas Long Term Care Institute:**
http://ltc-institute.health.txstate.edu/
Information on the Institute’s past studies and publications, as well as information on trainings to be conducted by the Institute in the field of long-term care.

**Texas Department of Aging and Disability Services:**
Culture Change in Texas Long Term Care
http://www.dads.state.tx.us/culturechange/index.html
DADS offers educational research and support for long-term care providers interested in adopting culture change.

**Transform State Residential Services for Persons with Intellectual and Developmental Disabilities:**
http://www.lbb.state.tx.us/Health_Services/State_Supported_Living_Centers.pdf
A comprehensive report by the Legislative Budget Board Staff on possible culture change implementation in State Supported Living Centers, the financial implications for the State of Texas, and comparative studies of culture change implementation in other states.
References:


Coleman (House Author) & Deuell (Senate Sponsor). (2011, June 17). House Bill 3197: Relating to creating a pilot program to implement the culture change model of care at certain state supported living centers. In the Texas 82nd Congress.


